CHILD MARRIAGE IN HUMANITARIAN CRISES

Girls and Parents Speak Out on Risk and Protective Factors, Decision-Making, and Solutions

HUMAN RIGHTS CENTER
UC Berkeley School of Law

Save the Children

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INFORMATION AND RESEARCH CENTER

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Julie Freccero
Audrey Taylor

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2224 Piedmont Avenue, Berkeley, CA 94720
Telephone: 510.642.0965 | Email: hrc@berkeley.edu
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Finsgate, 5–7 Cranwood Street, London, EC1V 9lH, UK
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Front Cover Photo: Masa, age 16, avoided child marriage thanks to Save the Children. Photo © Chris de Bode, Save the Children (2018)
Back Cover Photo: South Sudanese refugee girls create collages as part of a participatory workshop in Uganda. Photo © Audrey Taylor, HRC (2020)
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ABBREVIATIONS

CBO	Community-Based Organization
CEFM	Child, Early, and Forced Marriage
CM	Child Marriage
COVID-19	Coronavirus Disease 2019
CTP	Cash Transfer Programming
GBV	Gender-Based Violence
HRC	Human Rights Center, School of Law, University of California, Berkeley
IFH	Institute for Family Health-Noor Al Hussein Foundation
IPV	Intimate Partner Violence
IRB	Institutional Review Board
IRCKHF	Information and Research Center–King Hussein Foundation
JOHUD	Jordanian Hashemite Fund for Human Development
JORISS	Jordan Response Information System for the Syria Crisis (JORISS), Ministry of Planning and International Cooperation
MENA	Middle East and North Africa
NFI	Non-Food Item
NGO	Non-Governmental Organization
OPM	Office of the Prime Minister, Uganda
PDM	Post-Distribution Monitoring
PPE	Personal Protective Equipment
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
UNCST	Uganda National Council for Science and Technology
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

CHILD MARRIAGE is a well-recognized global phenomenon, which may disproportionately impact girls in humanitarian crisis and displacement, such as armed conflict or nature disaster.[1] The consequences of such marriages are dire. We know that girls who are married young in humanitarian contexts face poorer educational outcomes, serious physical and sexual violence, poor mental and physical health outcomes, and complications or even death in childbirth. Most importantly, it is a violation of girls' full rights as children. Research to better understand child marriage in settings of crisis has only recently begun to gain traction. Yet, in spite of the recent progress that has been made, there are still significant gaps in the existing literature for practitioners seeking to develop evidence-based programming.

In order to address these gaps, the Human Rights Center (HRC), Save the Children, and Plan International partnered on a long-term research initiative to strengthen child marriage prevention and response in humanitarian settings. This qualitative study, the second phase of the three-phase initiative, sought to better understand the risk and protective factors, decision-making processes, service and support needs of girls and their caregivers that contribute to vulnerability to child marriage, and community perspectives on solutions for addressing and responding to child marriage in humanitarian settings.

METHODOLOGY

This qualitative study uses a youth-centered, participatory approach in order to ensure adolescent girls' voices are at the center of research findings and recommendations. Research activities included the following:

- Participatory research workshops with girls ages 10–17. Activities included flower mapping, world café-style focus groups, and drawings or collages.
- Semi-structured interviews with girls ages 14–17, married and unmarried
- Semi-structured interviews with male and female parents and caregivers of adolescent girls
- Semi-structured interviews with key informants in UN agencies, NGOs, government institutions, and community leadership roles

Recruitment took place in two South Sudanese refugee settlements in Uganda and two primarily Syrian urban refugee communities in Jordan. In total, research participants included 280 married and unmarried girls ages 10–17, 67 male and female caregivers, and 46 key informants. The research objectives and instruments were modified following the onset of the Coronavirus Disease 2019 (COVID-19) pandemic in order to better understand its impact on

child marriage among displaced Syrians in Jordan. (Data collection in Uganda was completed prior to the pandemic.) Following data collection, coding, and analysis, researchers held 10 workshops with girls and caregivers across the four research sites to ensure the validity of the findings.

FINDINGS

What Puts Girls at Risk of Child Marriage (And What Protects Them)

This research used an ecological framework to determine what factors girls and caregivers perceived to put them at risk of, or protect them from, child marriage in humanitarian settings.

Girl Level: Primary risk factors included: 1) girls' positive feelings and attitudes toward child marriage; 2) girls not being enrolled in school, failing grade levels, or refusing to attend school; 3) behavioral risk factors that put a girl at higher risk of rape or pregnancy, such as traveling unaccompanied or at night, pre-marital sex, survival sex, and rebellious or stubborn attitudes of girls towards authority figures; and 4) girls experiences of rape or other forms of sexual exploitation.

Protective factors included girls' beliefs that it is best to wait until after age 18 or later to marry, strong negative feelings towards child marriage, and girls' educational goals and dreams for the future.

Family and Friends Level: Primary risk factors included: 1) poverty and inability to meet girls' basic needs; 2) child maltreatment or neglect, including physical violence, heavy domestic workloads, and abandonment; 3) family norms around child marriage, family pressure to drop out of school and marry, and unhelpful beliefs around markers of marriage readiness such as puberty; 4) gender norms and beliefs, such as those portraying girls as a burden on their families, and traditional beliefs and customs such as dowry practice, and 5) negative peer examples or influence on marrying young or engaging in behaviors that put girls at increased risk of marriage, like skipping school.

Protective factors included positive peer pressure, and parents who provide for their daughters' basic needs, support her educational goals, and generally believe girls should wait until at least age 18 to marry.

Community Level: Primary risk factors included: 1) community norms and influence, including lack of support for girls being forced into marriage, and leaders who facilitate child marriages; and 2) harmful community-accepted markers of maturity and marriage readiness, like having breasts.

Protective factors were also primarily related to community norms and influence, including community members who would support a girl and possibly intervene if she was being forced into marriage.

Societal Level: Primary risk factors included: 1) failures of the legal system, 2) food distribution practices in the settlements which incentivized child marriage, and 3) girls' access to some media in urban contexts that portray marriage unrealistically.

Protective factors focused on strong laws and policies against child marriage and effective enforcement.

How Girls and Their Families Decide on Child Marriage

Researchers explored girls' agency in marriage decision-making, the roles of individuals involved in the process, and the key factors considered by girls and caregivers when making decisions about a girl's marriage. The perceived benefits and disadvantages of child marriage are reported in order of significance.

Do Girls Have a Say in the Decision?: Girls' participation in marriage decision-making was reported to vary widely across a continuum, with most responses falling on one end or the other. On one side, girls could freely choose when and whom to marry

(more common over time since displacement), while on the other, girls had little or no say and were pressured or forced by their parents to marry (more common among families facing economic hardship, pregnant girls, or very young girls). There were also a wide variety of situations in between. Individuals involved in marriage decision-making included various family members and relatives, neighbors, and clan members in Uganda, and girls' parents (nearly exclusively) in Jordan.

Benefits Girls and Caregivers See in Child Marriage: The five significant perceived benefits of child marriage for girls included: 1) the ability to escape from difficult home situations such as abuse or excessive housework; 2) having basic needs met and financial support from a husband; 3) pleasing their parents; 4) avoiding the stigma of delaying marriage too long; and 5) reproductive benefits, such as the ability to have more children.

The two major perceived benefits of child marriage for caregivers included: 1) economic benefits from decreased family size and dowry income, and 2) relief from the financial and emotional burden of caregiving.

Disadvantages Girls and Caregivers See in Child Marriage: The five major perceived disadvantages of child marriage for girls included: 1) fear of mistreatment or abuse by their husbands or in-laws; 2) fear of inability to handle heavy domestic and childcare duties; 3) fear of negative health impacts, particularly complications during childbirth and poor birth outcomes; 4) concerns about negative emotional or psychological impacts, such as isolation from friends and family, severe stress, depression, and suicidality; and 5) concerns about the inability to finish school because of resistance from their husbands or domestic workloads.

The four significant perceived disadvantages of child marriage for caregivers included: 1) fear for their daughters' educational and economic prospects; 2) fear for their daughters' health and safety, including complications during pregnancy and childbirth and domestic violence; 3) concerns about their daughters' ability to manage issues with their husbands and domestic responsibilities; and 4) concerns about increased risk of divorce when girls marry young.

What Services and Support Girls and Caregivers Need to Delay Marriage

Researchers spoke to girls and their caregivers about the services and support they need in order to delay marriage for themselves or their daughters, and the barriers they faced in accessing existing services and support. These are reported in order of significance.

Basic Needs: Girls, particularly those in settlements, needed support for basic needs, including food, clothes, housing, bedding, sanitary pads, and soap. Caregivers also requested basic needs support, which they preferred in the form of cash assistance, but also food assistance and support with items such as housing, bedding, clean water sources, and clothing.

Educational Barriers: Primary and secondary education were largely available to girls, but girls faced a number of barriers to accessing them. Financial barriers included lack of funds for school fees, uniforms, and supplies. Other barriers were long distances to school, lack of sanitary products for menstruating girl; and resistance from caregivers or male relatives to girls attending school. Caregivers worried about girls' rebellious attitudes toward, or disinterest in, school. Girls for whom traditional education was a poor fit needed alternative educational programs and vocational training.

Employment-Related Needs: Girls and their families needed financial support in the form of cash, loans for small businesses, or vocational training, as well as more income-generating opportunities.

Barriers to employment-related support included limitations of existing income-generating programs, girls' lack of sufficient academic qualifications for most jobs, family members who actively prevented girls from working, heavy domestic workloads, and workplace stigma against non-nationals.

Sexual and Reproductive Health: Girls had significant sexual and reproductive health (SRH) needs, including better access to services and SRH information and education on topics like sex education, menstruation, and contraception and family planning. Barriers to receiving services or SRH information included a girl's age (younger girls had more difficulty with access), lack of awareness of where to find services or information, long distances to—or cost of—services, resistance from parents or peers, and girls' feelings of fear, shame, or shyness.

Protection: Girls needed greater protection support, such as protection advising, sensitization activities, and safe houses in the camps, or protection services in urban communities. Parents needed education on how to raise daughters without abuse and care for their needs. Barriers to existing protection services included insufficient services and ineffective police protection, lack of awareness of services, girls' fear of accessing services, or obstruction from family members.

Other Support Needs and Barriers: Girls and their caregivers needed sensitization and awareness-raising activities—particularly more programming on child marriage and related issues for adolescents and caregivers—and more centers in settlements where girls could receive this support. Girls also needed psychosocial support services, such as education on coping skills, and stress and trauma management, and requested these be provided via one-on-one advising, group therapy, and activities such as games, handicrafts, and vocational training. Corruption was a general barrier to girls and caregivers receiving all types of support and services.

What Girls and Caregivers Think Would Prevent Child Marriage in Their Communities

Girls and caregivers shared the following strategies and solutions, to be implemented by NGOs, government, and UN agencies, that they felt would prevent child marriage in their communities. These are reported in order of significance.

Sensitization and Awareness-Raising: Sensitize and raise the awareness of girls, their caregivers, and community leaders on the harms of child marriage and benefits of education. Use formats such as community events, lectures, campaigns, trainings, drama, and personal stories or anecdotes from women and girls who have been negatively impacted by child marriage. Hold activities in community spaces or centers already frequented by parents and community members. Train community and religious leaders so that they can work to sensitize community members.

Education: Advise, support, and enable girls to complete their education before getting married. Address girls' financial barriers to education, including costs, such as primary and secondary school fees and materials, uniforms, and sanitary pads; tutoring and educational support; and even university tuition. Address other barriers in settlements, such as long distances to school, overcrowding, and school safety by hiring more female teachers and informing girls of how to report sexual harassment by male teachers.

Economic / Basic Needs: Provide girls and their caregivers with financial assistance and support for basic needs. Provide cash directly to adolescent girls or their caregivers to dissuade girls from turning to marriage for support. Prioritize those most vulnerable to child marriage using eligibility criteria, or through outreach by community leaders. In camp settings, consider making cash payments to parents conditional upon girls' school attendance, and

provide girls with basic items such as underwear, soap, and school uniforms. Provide girls with more vocational training and income-generating opportunities close to their communities, cash-for-work programs, and loans to start small businesses.

Protection: Provide girl-only safe spaces in the community where girls can participate in sensitization activities, engage with their peers, and access protection support when needed. Educate girls and caregivers on safety risks and protection strategies in their communities. Improve protection for girls from sexual harassment in schools and the community. In settlements, provide women and girls, particularly those with disabilities and those with many children, with adequate shelter and shelter-construction support.

Psychosocial Support: Provide girls with easily accessible psychosocial support, including individual counseling, support groups, and social activities. Provide opportunities for girls to develop healthy peer relationships, such as through skill-building workshops, games, art classes, and lectures addressing child marriage and other health and protection topics.

Health: Provide girls with SRH education and services, including family planning and education on the prevention of sexually transmitted infections (STIs) and early pregnancy risks. Provide girls with education on health and hygiene, how to access health services, and how to care for babies. Establish more health facilities where needed.

Law and Policy: In Uganda, ban minors from going to local discos and implement stronger child protection policies at the community level. In Jordan, issue and enforce a law to prohibit exceptions to the 18-year minimum age for marriage. Regarding education policy, provide refugee girls in Uganda with school fees and supplies through secondary school; in Jordan, improve monitoring and enforcement of mandatory school attendance for girls below age 18.

Responding to Child Marriage: How to Support Married Girls

This study also examined the service and support needs of married, pregnant, parenting, and divorced girls, as well as strategies and solutions for supporting them. (Note that many of the service and support needs and barriers to accessing services previously reported apply to girls generally, and thus should also be considered.)

Service and Support Needs

- Basic needs, including food, items for the house and kitchen, personal hygiene supplies, clothing and shoes for themselves and their children, housing, and clean water.
- Educational support, addressing barriers including resistance from their husbands, parents, or in-laws; heavy domestic and childcare duties; stigma against married girls in schools; educational costs; and restriction from attending traditional schools (especially for pregnant girls).
- Sexual and reproductive health services, including family planning services and better access to perinatal care and birthing centers, as well as education on family planning and birth spacing. Barriers included resistance from husbands, in-laws, friends, or family; heavy domestic and childcare duties; and myths about birth control.
- Economic support, such as cash support, vocational training, income-generating opportunities, and loans to start small businesses. Barriers included resistance from husbands, parents, or in-laws to a married woman working; heavy domestic and

SPECIAL REPORT

How COVID-19 Has Impacted Child Marriage Among Refugees in Jordan

A few girls and caregivers said COVID-19 restrictions and the inability to earn income had delayed or prevented child marriages because wedding halls were closed, gatherings prohibited, and people could no longer afford wedding expenses. However, a significant number of girls reported that many adolescent girls in their communities got engaged or married during COVID-19 lockdowns. They felt this was due to:

- Engaged girls accelerating previous marriage plans during the lockdown period due to the decreased costs usually associated with throwing weddings.
- Jealousy of sisters or peers whose husbands treated them well during lockdown.
- A desire to leave home because of increased housework or parents' rules and restrictions.
- Pressure from or forced marriages by parents who are unemployed or facing financial hardship caused by COVID-19.
- Feeling that, with schools closed and few opportunities for employment, girls have no better alternatives than child marriage.

RECOMMENDATIONS

- Consider the use of additional cash transfer programming (CTP) during the enforcement of COVID-19 restrictions that prevent parents and girls from being able to work; at a minimum, ensure the continuation of the existing level of financial assistance and aid.
- Ensure access to and availability of remote or in-person education as appropriate. Where possible, use distance learning methods to keep girls connected to school to mitigate risks of child marriage. Ensure families have the technology required for all children in the household to continue their education, and provide educational support services for distance learning.
- Adapt and continue to implement child marriage prevention programming and awareness raising efforts online during COVID-19 periods of lockdown and restrictions where feasible for girls and their caregivers. Educate parents to address factors that incentivize girls to marry early. Address gender disparities in housework and family rules and restrictions.
- Improve access to remote psychosocial support and gender-based violence (GBV) case management, particularly for married girls, as COVID-19 restrictions may negatively impact girls' mental health and increase household violence. Where in-person activities are necessary, ensure service providers have access to appropriate personal protective equipment (PPE) and that services are delivered in compliance with local regulations, at a minimum.
- Ensure that pregnant women and girls can continue to access antenatal care, transportation, and emergency medical services during periods of COVID-19 lockdown/restrictions.

childcare duties; and difficulty finding employment due to incomplete education and restricted movement by husbands.

- **Protection education,** such as where to seek help for intimate partner violence (IPV), and protection services. Husbands needed awareness-raising sessions on gender-based violence and how to treat their wives. Barriers included insufficient services (particularly for IPV), lack of awareness of services or fear of accessing them, ineffective police protection, and obstruction by husbands or family.
- **Other support needs** included general psychosocial support services, such as education

on coping with stress or parenting, conflict management with spouses, and social opportunities; and more services and support for the girls' children, such as help meeting basic needs, better childcare options, and education on childrearing.

Strategies and Solutions

- Sensitization and awareness-raising: Provide training, lectures, and activities for married girls, as well as targeted outreach to raise their awareness about available programs and services.
- Education: Provide advice and guidance to support married girls to return to school and finish their education. Provide schools, vocational training centers, and scholarship opportunities specifically for married and divorcing girls.
- Protection: Provide protection services such as advising, case management, and referrals to support married girls experiencing domestic violence. Use community leaders and NGO staff to help identify married girls who are being abused, make referrals to counseling services, and support them in returning to their parents' homes.
- Psychosocial support: Provide psychosocial support services for married girls, especially those experiencing IPV, such as counseling on issues in their marriages, advice about their options (including divorce), and referrals to support services.
- Health: Provide SRH education and services to married girls, such as family planning and education on STI prevention and the risks of early pregnancy. Provide married girls with education on general health and personal hygiene, where to access health services, and how to care for babies.

RECOMMENDATIONS

Cross-Sectoral

1. Advocate for child marriage risk and protective factors, and decision-making factors to be included in various humanitarian assessments, and then communicate findings to appropriate sector working groups.
2. Ensure activities to address risk factors are included by sector in humanitarian response plans.
3. Ensure humanitarian needs assessments and response plans are informed by an intersectional gender analysis and sex-, age-, and diversity-dissagregated data.
4. Ensure groups most vulnerable to child marriage are included in services and that services are tailored to their needs.
5. Implement measures to reduce corruption during program registration and goods distribution.
6. Involve girls in the design of adolescent programming and efforts to prevent child marriage.

Cash and Livelihoods

1. Consider CTP when designing child marriage interventions. Integrate child marriage risk factors into household vulnerability assessments for cash programming. Conduct risk assessments and post-distribution monitoring (PDM) to identify protection risks and barriers.
2. Provide vocational training, economic empowerment education, and age-appropriate income generating opportunities which are safe and legal for married and unmarried girls; include alternatives for girls who have not completed school.
3. Provide caregivers with vocational training, employment and income-generating

opportunities, and supplies and capital to start small businesses.
4. Address barriers to girls' access to work opportunities.

Education

1. Improve access to schools (including secondary and alternative basic education) by ensuring educational opportunities are available and convenient to all population centers. Ensure boarding school options or safe and convenient transportation are provided for those who live far from schools.
2. Ensure girls are enrolled in and attending school from primary through secondary. Support community leaders to monitor and support school engagement.
3. Assess and address financial and practical barriers to school attendance for all girls.
4. Support married girls to stay in or return to school and complete their education through specialized support services and schools. Address barriers specific to married girls.
5. Provide girls with meaningful educational alternatives to child marriage. Increase opportunities for continued education after secondary school. Provide non-traditional educational alternatives for girls who are unable or unwilling to attend traditional schools.
6. Provide financial and material support to keep girls in school, such as free primary and secondary education, scholastic materials, uniforms, and sanitary pads.
7. Establish systems of accountability for sexual harassment and assault in schools. Educate girls to recognize and report incidents. Hire more female teachers and implement safety measures.
8. Sensitize girls, caregivers, and husbands on the importance of girls' school attendance. Address family and community cultural norms and traditions that deprioritize or inhibit girls' education. Enlist community and religious leaders to raise awareness on the importance of girls' education.

Food Security and Nutrition

1. Ensure all girls and caregivers have their basic nutritional needs met.
2. Advocate for measures to help mitigate risks of food-distribution policies and practices in settlements which may incentivize child marriage.
3. Ensure caregivers and married or divorced girls have sufficient access to loans, tools and seeds, and land for cultivation of food (where appropriate).

Health

1. Improve access to and provision of quality adolescent-friendly SRH information and services. Address myths about contraception. Educate married and pregnant girls on healthy pregnancy, newborn care, and general health and hygiene.
2. Address barriers to girls' access to existing SRH services. Provide discrete transportation options to health centers for married girls (where needed).
3. Provide easily accessible, quality, comprehensive sexuality education for adolescent boys and girls. Provide SRH education on topics relevant to adolescents, such as puberty and menstruation.
4. Educate husbands, girls, boys, caregivers, and in-laws on the dangers of early pregnancy and childbirth and the importance of adequate birth spacing.
5. Address barriers to girls' access to general health services and support.

Laws, Policy, and Advocacy

1. Strengthen legal and policy frameworks and the enforcement of child marriage laws at the national level.

2. Address barriers to caregivers seeking legal support for child marriage.
3. Educate communities on child marriage laws and policies—especially those that differ from laws and policies in their country/communities of origin.

Non-Food Items (NFIs) / Basic Needs

1. Ensure all caregivers and girls, especially those with increased vulnerability to child marriage, have their basic needs met. Ensure the children of parenting girls have their basic needs met.
2. Reduce barriers to girls receiving support and services for basic needs.

Protection

1. Provide protection services for all girls, including GBV and case management services, within child protection programming. Ensure accessible reporting channels and case management services are available to girls experiencing pressure to marry early and domestic and sexual violence. Educate girls on how to report protection concerns. Collaborate with law enforcement and community leaders to ensure effective community response to child marriage.
2. Remove barriers to ensure girls are able to safely access protection services.
3. Educate caregivers on the importance of positive, engaged parenting, and on the dangers of mistreatment, neglect, child abuse and other forms of violence, and heavy domestic workloads.
4. Advise girls, their caregivers, and communities on safety risks in camps and urban communities and on safety precautions and protection strategies, including for GBV prevention. Support parents to implement rules and strategies to keep girls safe.
5. Take measures to protect girls' safety in transit. Educate girls and caregivers on safe transit practices. Provide them with cash or basic needs security so girls do not have to engage in high-risk activities. Work to address norms and traditions that unnecessarily restrict girls' movement (where relevant).
6. Implement girl-only safe spaces where girls can go for protection concerns or visit after school and on weekends for social activities and sensitization.
7. Develop and implement community-based strategies for protection monitoring to identify and reach families with girls who are most vulnerable to child marriage, violence, or abuse, and provide them with support. Support community leaders to intervene to prevent child marriages, and make referrals to protection services or law enforcement where necessary. Ensure police and security personnel are easily accessible within refugee communities.

Psychosocial Support

1. Provide psychosocial support, counseling, and advice for unmarried, pregnant, and married girls. Address barriers to girls' access to these services.
2. Provide games, activities, and sports for all girls for trauma healing, self-empowerment, and socialization. Teach and encourage healthy peer relationships and responses to negative peer pressure. Provide opportunities for married girls to socialize and develop peer relationships. Remove barriers to girls receiving sports and recreation services.
3. Educate caregivers on the importance of psychosocial support, peer relationships, and recreation for girls.

Sensitization and Awareness-Raising

1. Provide girls with trainings and workshops addressing empowerment topics. Support them to develop and pursue their own educational, employment, and life goals. Provide tools and life skills to aid in marriage decision-making.
2. Educate girls on challenges and issues relevant to adolescents, including the harms associated with child marriage. Engage teachers to help mobilize girls and have girls themselves lead activities.
3. Provide married girls with sensitization and awareness on topics relevant to them, such as family planning, child-rearing, or domestic violence.
4. Hire more women in leadership positions in government and humanitarian agencies and engage strong women role models in programming to inspire and educate girls.
5. Provide regular and accessible sensitization, awareness-raising activities, training, and programming on child marriage, marriage decision-making, the importance of education for girls, and the support available to girls, their caregivers, boys, and young men. Teach parents and their children how to have open dialogue. Address barriers to sensitization and awareness-raising support.
6. Address family and community norms and traditions around child marriage. Tailor child marriage awareness-raising, education and responses to the needs, customs, and beliefs of each community. Address beliefs about girls that lead to child marriage. Sensitize them on the dangers of stigma around premarital sex and pregnancy, relationships with boys, or rape.
7. Work to address social and cultural norms around child marriage. Use accurate depictions of child marriage and its consequences to educate the community and shift cultural norms. Conduct community awareness and sensitization activities via radio, social media, or print journalism.
8. Identify and target marriage decision-makers and key community influencers with sensitization and awareness-raising activities. Reinforce girls' voice and agency in decision-making and educate caregivers on how to support their daughters to delay marriage.
9. Enlist the help and support of key community and religious leaders in raising awareness and educating others on the dangers of child marriage; identifying and advising girls at risk of child marriage; advising their caregivers; and intervening to prevent child marriages in their communities when possible.

Shelter and WASH

1. Ensure all girls and their caregivers have access to safe and adequate shelter and shelter construction and maintenance support to minimize exposure to protection risks.
2. Ensure all caregivers and girls have their basic water, sanitation, and hygiene (WASH) needs met—including soap, pads, underwear, clean water sources, and safe access to latrines—in order to prevent them from dropping out of school or turning to marriage.

Areas for Further Research

1. Address ongoing data and knowledge gaps on child marriage in humanitarian contexts. Work across cluster lead agencies to ensure coordination on safe and ethical data collection, analysis, and use.
2. Conduct rigorous evaluations of the impacts of interventions recommended by the community on preventing child marriage in humanitarian settings. Conduct evaluations of single- and multi-component interventions, as well as those in acute and protracted humanitarian settings.

3. Evaluate the impact of CTP on child marriage as a primary outcome in humanitarian settings. Build the evidence base to explore the impact of various models of cash programming.
4. Conduct rigorous evaluations of interventions to support married girls in humanitarian settings to address the lack of evidence-based child marriage response programming.
5. Conduct research with men and boys in humanitarian settings to better understand their experiences and needs related to child marriage, as well as their role in perpetuating or preventing it, and better understand how to engage men and boys in helping to prevent child marriage or support their young wives.
6. Conduct rigorous research on the long-term impact of the COVID-19 pandemic on child marriage in humanitarian settings, including impacts on child marriage rates, practices, and perceptions.

INTRODUCTION

CHILD MARRIAGE, defined as a formal or informal union before the age of 18, is a well-recognized global phenomenon.[1,2] Only in recent years, however, have we begun to understand the unique challenges and ramifications of child marriage during humanitarian crises and displacement, such as armed conflict or natural disaster. New research in the Middle East and North Africa (MENA) region and Bangladesh has confirmed that child marriage is prevalent among girls displaced by conflict in these settings.[3] Presently, of the 20 countries with the highest child marriage prevalence rates, the top 10 are considered fragile or extremely fragile states, and 12 are struggling with severe humanitarian crises.[4] While child marriage has been known to decrease during some conflicts,[5] in the majority of reported cases, it has increased due to a number of complex and compounding risk factors. In South Sudan, for example, recent research found that 71% of girls in the conflict-affected region of Nyal were married before age 18, up from the national prevalence of 45% prior to the conflict.[6] Likewise in Lebanon, a 2016 study found that the percentage of Syrian refugee girls under age 18 who were married (23%) was nearly 3 times higher than it had been in pre-conflict Syria (8.5%).[7] Girls who are married young may face a number of serious consequences that impact nearly every aspect of their lives. These consequences range from poor educational outcomes to serious physical and sexual violence and poor mental and physical health outcomes—particularly difficulties or even death in childbirth. At a fundamental level, child marriage deprives girls of their full rights as children.

In spite of the severity and extent of this issue, research to better understand child marriage in humanitarian settings has only recently begun to gain traction and the attention it critically needs. Currently, the majority of available data focuses on drivers or risk factors. Among the drivers most commonly identified are harmful social norms, including gender norms and inequality, compounded with poverty and economic insecurity, altered family structures, safety and security concerns, the desire to protect girls' sexuality or honor, limited educational or economic alternatives for girls, the need for social or emotional support, and breakdown of the rule of law.[8] The decision-making processes of girls and their families are rarely explored, but where they are, studies tend to agree that parents or male family members are the primary decision-makers and that girls themselves have little to no voice or agency in the process.[9] Where studied, priority needs for preventing child marriage were improved livelihood, economic, and educational opportunities, as well as better access to sexual and reproductive health (SRH) information and services.[10] Married girls requested support to help them adjust and adapt to married life, as well as better connect with peers and access livelihood and education programs.[11] Community ideas for strategies and solutions, addressed in only a few studies, included the need for improved safety and security overall, better

educational and economic opportunities for girls, and greater awareness-raising on child marriage and the importance of education for girls, parents, and community members.[12]

Despite recent progress, significant gaps persist in the existing literature for practitioners seeking to develop evidence-based programming to address and respond to child marriage. While there is a growing body of research on the causes of child marriage in humanitarian contexts, the existing studies tend to focus on high-level drivers, failing to capture more actionable risk factors and differentiate decision-making factors that may be impacted by humanitarian response programming.[13] Only a few studies probe the support and service needs of adolescent girls and their families related to preventing child marriage, [14] and even fewer consider the support needs of already married girls.[15] Notably, there is also a significant gap in the research on community perspectives on prevention and response strategies regarding child marriage, with only a couple rigorous studies including this question as an explicit research objective, neither of which included the perspectives of girls under 18 years of age.[16] Finally, there is currently no published research examining what protective factors contribute to delaying marriage for adolescent girls in humanitarian contexts. These gaps are particularly significant given that there are also no rigorous evaluations of interventions designed to address child marriage in humanitarian settings. There remains an urgent need for empirical evidence to inform the development of effective programming to prevent and respond to this challenge.

THE STUDY:

Child Marriage in Humanitarian Settings Research Initiative

IN ORDER TO ADDRESS THESE GAPS, the Human Rights Center's Health and Human Rights Program (HRC), Save the Children, and Plan International partnered on a long-term research initiative to strengthen child marriage prevention and response in humanitarian contexts. The Child Marriage in Humanitarian Settings Initiative was launched in 2017 and involves three phases designed to generate critical new evidence to improve programming and protect girls' rights in crises.[17] In Phase One, we completed a review of the global evidence on child marriage prevention and response interventions in humanitarian and development contexts. This research included a comprehensive literature review, a mapping of Save the Children's past and current child marriage programming using internal and published documents, and interviews with practitioners working to address child marriage in 21 countries or regions, primarily in humanitarian contexts, to better understand their urgent research needs and priorities. The final report, "Toward an End to Child Marriage: Lessons Learned from Research and Practice in Humanitarian and Development Sectors," was published in 2018.[18]

The gaps identified during Phase One research informed the objectives of Phase Two, presented here. This qualitative, participatory study, implemented in two humanitarian contexts in partnership with Plan International in Jordan and Save the Children in Uganda, explored the following key questions:

1. What are the risk and protective factors for child marriage at each ecological level?[19]
2. How are decisions about a girl's marriage made? (How much agency do girls have in the process? What are the primary decision-making factors?)
3. What are the critical service and support needs of adolescent girls and their families that contribute to girls' vulnerability to child marriage in humanitarian crises?
4. What are community perspectives on strategies and solutions?

Research findings included in this report will be used by Save the Children and Plan International to inform the design of a new intervention to prevent child marriage in humanitarian contexts, which will be piloted and evaluated in Phase Three of the research initiative.

METHODOLOGY

STUDY DESIGN: YOUTH-CENTERED PARTICIPATORY RESEARCH

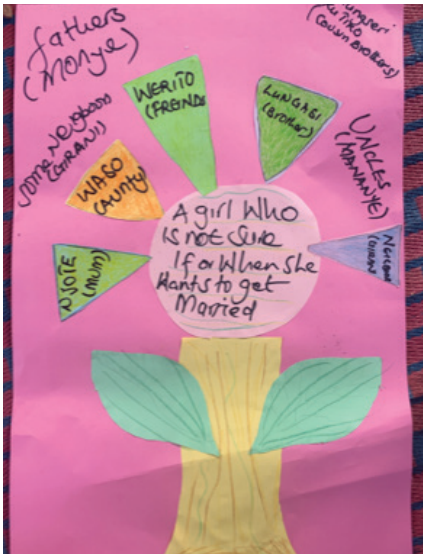
The Human Rights Center (HRC)—together with Save the Children, Plan International, the Information and Research Center of the King Hussein Foundation (IRCKHF) in Jordan, and community-based researchers led by Clare Bangirana in Uganda—designed a participatory qualitative study to ensure that adolescent girls' voices and perspectives would be central to research findings and recommendations. Research activities included youth-centered participatory workshops with adolescent girls, ages 10–17, as well as semi-structured interviews with older adolescent girls, ages 14–17, male and female caregivers, and key informants in the United Nations (UN), non-governmental organizations (NGOs), government agencies, and community leadership roles.

In designing study instruments, HRC researchers applied an ecological framework to explore risk and protective factors for child marriage at the individual, family, community, and societal levels. To understand decision-making processes related to child marriage, researchers used novel study instruments to explore adolescent girls' agency in marriage decision-making, the roles of individuals involved in the process, and key decision-making factors, including girls' and caregivers' perceptions of the benefits and disadvantages of child marriage. A multi-sectoral approach was used to explore service and support needs of adolescent girls and caregivers that contribute to vulnerability to child marriage. Finally, researchers asked adolescent girls and their caregivers for their thoughts on strategies to reduce girls' vulnerability to child marriage in order to aid in the development of programming that is grounded in community perspectives.

Participatory research methods were selected as a primary method of data collection to ensure that the process was interesting and engaging for girls, offered creative ways for girls to express their views, and provided girls with a space for collective reflection with their peers and greater ownership over the research process. HRC identified participatory research activities used in previous studies with youth impacted by conflict and displacement and adapted those field-tested methods to explore the research topics. To ensure the selection of age-appropriate, culturally relevant participatory activities for adolescent girls, and gather early community input into the study design, researchers established Youth Advisory Groups at each site. Each group was composed of adolescent girls ages 10–17 from the research communities, who provided feedback on the activities, study procedures, and sensitive aspects of discussing child marriage.

Each participatory workshop was composed of the following three research activities, which were delivered in a small group format:

- Flower Maps: Girls were told hypothetical stories about girls like them in different situations related to child marriage and



Flower map from Palorinya, Uganda showing who girls would turn to for support in marriage decision-making.

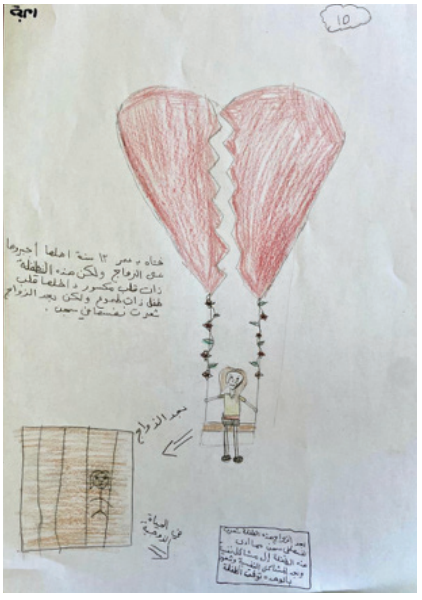
Collage by an older girl in Uganda showing the life of a girl who waited until age 18 to marry.

Flower map from Karak, Jordan showing who a girl would turn to for support if she was being forced into marriage.

asked to write down on paper flower petals the important people or institutions to which they would go for support in times of difficulty or distress.[20] The larger or smaller size of the petals reflected greater or lesser support. The petals were then placed together to create a flower mapping of important support and services available to girls, as well as illustrate critical gaps.

- Drawings and Collages: Girls were asked to make a collage using images from popular local magazines or to draw a picture portraying a girl who was married at 10–14 years old. They were then asked to describe to the group how the girl in the picture would feel about her marriage and her life.
- World Café: Girls were given instructions for engaging in a focus group-like activity using a musical chairs-style format. Girls were assigned to tables, each with a set of questions for group discussion on a different topic related to child marriage.[21] Girls discussed the topic at their table until the music began to play. Then they rotated to a different table for a new question.

Semi-structured interview guides were designed for three target groups: older adolescents aged 14–17, parents and caregivers of adolescent girls, and key informants involved in child marriage response. For adolescent girls, researchers developed an anecdote about a 14-year-old girl whose parents arranged for her to get married. This anecdote was used to explore girls' perceptions of child marriage, decision-making factors and processes, and what support would help girls to delay marriage. The research guide for male and female caregivers explored their perceptions of the benefits and drawbacks of child marriage, the service and support needs of girls and caregivers that contribute to girls' vulnerability to child marriage, and strategies for helping girls in their community to delay marriage. Finally, a guide for key informants helped researchers to gain a better understanding of the humanitarian response context, child marriage practices, and lessons learned in programming in the research locations.



Drawing by an older girl in Karak, Jordan portraying the feelings of a girl who married at age 13. The drawing says, "This heartbroken child has ambitions, but after marriage, she felt like she was in prison."

Institutional Review Board (IRB)-approved ethical and safety measures were taken to protect participants throughout the study. HRC researchers collaborated closely with local research and NGO partners to develop legally and culturally appropriate informed consent procedures for each context. In order to mitigate risk of caregivers or community members retaliating against girls for their participation, adolescent girls were approached about their interest in participation first, wherever possible. With approval from the girls, researchers then obtained informed consent from each adolescent's parent or caregiver before asking for her informed assent in age-appropriate language. Informed consent was also obtained from emancipated minors in Uganda and caregiver and key informant participants. In-person research activities with girls were conducted in semi-private locations where girls could be observed, but not overheard. In order to protect their privacy and minimize the risk of re-traumatization, girls were never asked to share their personal experiences of child marriage. Additionally, researchers ensured that adequate referral mechanisms were available in each research location, and that girls and caregivers were informed about how to obtain these services.

Ethical approval for this study was obtained through the University of California, Berkeley's Committee for the Protection of Human Subjects IRB and Save the Children UK's Research and Evaluation Ethics Committee, as well as MildMay Uganda Research Ethics Committee and Jordan University for Science and Technology's IRB.[22]

DATA COLLECTION

HRC researchers collaborated closely with local research partners IRCKHF in Jordan and a team of researchers led by Clare Bangirana in Uganda to complete data collection and provide partners with training in the research methodology, ethical issues, and study procedures. Save the Children Uganda and Plan International Jordan provided critical technical and logistical support.

Fieldwork in Uganda took place in February 2020 among South Sudanese refugee communities living in Bidi Bidi and Palorinya refugee settlements in the West Nile Districts of Yumbe and Moyo. Fieldwork in Jordan was completed in July and August 2020 with primarily Syrian refugees in urban settings in Al Karak and East Amman. These research locations were selected because they offer: geographic and cultural diversity, diversity in humanitarian response programming and resourcing, little previous data collection in order to minimize research fatigue, and the opportunity to examine the research topics in both camp and urban settings.

Researchers used purposive sampling to recruit married and unmarried refugee girls ages 10–17 and male and female caregivers of adolescent girls in the research sites in Uganda and Jordan. Additionally, in Jordan, some host community members were also recruited in accordance with Jordanian government requirements that 30% of all refugee-

TABLE 1: Study Sample by Method and Research Site

	Uganda		Jordan	
	Bidi Bidi	Palorinya	Al Karak	E. Amman
Girls 14–17 (Interviews)	28	29	25	26
Parents / Caregivers (Interviews)	18	18	15	16
Girls 10–13 (Participatory Workshops)	28	28	17	N/A
Girls 14–17 (Participatory Workshops)	34	34	31	N/A
Totals	217 (181 girls*)		130 (99 girls**)	

*22% married **10% married

related programs also benefit vulnerable Jordanian host populations. Key informants were selected based on their leadership roles in the community or within organizations and institutions involved in child marriage prevention and response.

A total of 172 married and unmarried girls (85 older girls and 87 younger girls) were recruited for nine participatory research workshops. In addition, 108 older married and unmarried girls ages 14–17 and 67 parents and caregivers were interviewed across the four research sites. In Uganda, participants included South Sudanese refugees from the Bari, Kuku, Pojulu, Modi, Acholi, Kakwa, Lugbara, and Nuer ethnic groups, among others. In Jordan, the majority of study participants were Syrian refugees, though two unmarried Palestinian girls and three Palestinian caregivers also participated. The remaining 30% of the sample consisted of Jordanian girls and caregivers from host communities. Married girls comprised 10% of girls in Jordan and 22% of girls in Uganda. Additionally, male caregivers comprised 22% and 39% of caregivers in Jordan and Uganda respectively.

The 34 key informants in Uganda and 12 key informants in Jordan included community and religious leaders and practitioners in local and international NGOs, UN agencies, and government institutions involved in addressing child marriage, such as the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA), the Office of the Prime Minister in Uganda (OPM), and the Institute for Family Health (IFH) and the Jordanian Hashemite Fund for Human Development (JOHUD) in Jordan.

In Uganda, data collection activities were completed in February 2020, shortly before the onset of the COVID-19 pandemic and enforcement of related restrictions. Research team members conducted three workshops at each site—two with younger girls ages 10–13 and one with older girls ages 14–17—with each consisting of 20–23 participants. Interviews with older girls, parents and caregivers, and key informants were also conducted on site in both locations.

In Jordan, due to the worsening COVID-19 pandemic and response measures, interviews with girls, parents and caregivers, and key informants were conducted by phone in July 2020. In August, research team members conducted three participatory workshops in Karak (one with older girls and two with younger girls) in compliance with government regulations, including requiring participants to wear masks, providing hand sanitizer, and limiting the number of participants to 16 in each workshop. Workshops in East Amman were not held due to a spike in COVID-19 cases in the location during the intended research period and the subsequent implementation of government restrictions. Study instruments in Jordan were adapted to add questions exploring the impact of COVID-19 on girls' lives, including their health and well-being and access to services and education, on marriage perceptions and decision-making, and on their related service and support needs.

Participatory workshops and interviews with adolescent girls and caregivers were audio-recorded, translated, and transcribed from local languages to English.[23] HRC researchers coded the transcripts using the qualitative data analysis application Dedoose. A quarter of total transcripts were double coded to ensure high intercoder reliability among research team members. Researchers then analyzed the data to identify key themes in the areas of child marriage, including risk and protective factors, decision-making, relevant service and support needs of girls and their caregivers, and community perspectives on strategies and solutions. Flower maps and drawings and collages from participatory activities were analyzed alongside relevant transcript data to aid in data interpretation. Researchers drew on key informant interview notes for additional context and triangulation.

COMMUNITY DATA VALIDATION WORKSHOPS

After identifying findings, research team members conducted workshops with adolescent girls and caregivers in the research sites to share the findings with community members — many of whom had participated in the study — and to obtain their feedback. Data validation exercises consisted of presentations of key findings followed by discussions with community members seeking their input on the accuracy of findings and whether any key issues had been missed. A total of 10 workshops were held with girls and caregivers across the four research sites.

In Uganda, due to camp access restrictions related to COVID-19, Save the Children staff were trained to facilitate the workshops on behalf of the researchers in October 2020. Workshops were held on site in compliance with government regulations, which included the provision of masks and hand sanitizers, holding outdoor meetings, and limiting to a maximum of 12 participants. Because data collection had taken place prior to the onset of COVID-19, participants were asked about the current relevance of research findings, and how COVID-19 and the related restrictions had impacted adolescent girls and marriage decisions in their communities. In Jordan, research team members held validation workshops in November 2020. Due to the COVID-19 situation and related restrictions, workshops were held virtually using Zoom.

LIMITATIONS

The research methodology and its implementation have a few important limitations. First, the recruitment of study participants was limited to areas where Save the Children and Plan International implement programming either directly or through community partners. As such, a majority of research participants were also likely to be program beneficiaries or caregivers of program beneficiaries. In Uganda, Save the Children's community mobilization teams were involved in the recruitment of adolescent girls for participatory research workshops. In addition, the workshops were held in programming spaces operated by Save the Children and the Institute for Family Health (IFH) Karak and East Amman, an implementing partner of Plan International Jordan. As these NGOs implement or support child marriage prevention programming in the research communities, these factors may have influenced responses on the topic, for example, if participants said what they thought programming staff would want to hear, or feared losing benefits if they responded incorrectly. To mitigate this risk, research staff informed girls and caregivers during the consent process that they were from an independent organization, that participation in the study would not impact their ability to participate in NGO programming, and that responses would be kept anonymous and confidential.

The number of male caregivers was limited due to recruitment challenges, particularly in Jordan, resulting in fewer male perspectives on the research topics. Likewise, we were unable to include

the perspectives of boys in this research due to limited time and resources. In addition, due to the COVID-19 pandemic and related restrictions in Jordan, researchers were unable to conduct participatory research workshops in East Amman, resulting in a smaller data set in Jordan and particularly, more limited data from younger girls ages 10–13.

Finally, in Jordan, research team members were unable to travel to research sites and conduct in-person interviews due to the COVID-19 pandemic and related restrictions. Phone-based interviews can create challenges for researchers to establish the rapport needed to discuss sensitive topics. This, in turn, may have limited participants' willingness to share their opinions. In addition, phone interviews can present safety and ethical concerns as researchers have limited knowledge of the participants' interview setting and level of privacy. To mitigate these risks, HRC submitted, and received approval for, an amended ethical protocol for remote data collection to UC Berkeley's IRB. Among measures taken, research teams regularly debriefed about challenges and employed strategies to protect girls' safety, including asking questions about each participant's level of privacy, and establishing a safe word at the beginning of an interview that could be used to indicate that another person had entered their space, as well as regularly checking in with participants about their level of comfort and whether they were okay to continue the interview if there was any disruption.[24]

OVERVIEW OF RESEARCH SITES

UGANDA

Uganda, one of the top refugee hosting countries in the world, is currently home to more than 1.4 million refugees.[25] A majority of these refugees come from South Sudan, a country that has been plagued by civil war since 2013 when a presidential coup attempt led to an outbreak of violence across the country.[26] Since then, thousands of people have died and more than 4 million people have been displaced from their homes, with over half of those seeking refuge in surrounding countries such as Uganda. The country now hosts more than 887,000 South Sudanese refugees in settlements located across the West Nile region.[27]

For this research, we collected data in two of the largest of the settlements — Bidi Bidi (pop. 232,718) and Palorinya (pop. 122,250). In both of these locations, adolescent girls ages 12–17 represent roughly 10% of the population, and child marriage is reported to be a significant, ongoing challenge in spite of strict Ugandan laws against the practice.[28,29] Provision of services in both settlements is spearheaded by UNCHR and OPM with support from implementing partners. Unfortunately, with the diversion of funds to newer humanitarian crises, many NGOs are significantly decreasing assistance or even withdrawing altogether, particularly in Palorinya — a settlement which is especially difficult to access, has poor infrastructure, and where environmental conditions can be harsh.

Little is known about child marriage among South Sudanese refugees in Uganda. There is currently no relevant prevalence data. However, the rate of child marriage in South Sudan generally is 52%, and recent research in the conflict-affected region of Nyal found rates closer to 71%.[30] This suggests that already significant rates of child marriage in this population may have increased during the conflict. Indeed, the only published study among South Sudanese refugee girls in Uganda that includes findings on child marriage reported that child, early, and forced marriage (CEFM) were the most common forms of gender-based violence (GBV) girls experienced. While girls, their parents, and community members did not view child marriage as positive, they felt it was a necessary coping mechanism during the crisis for dealing with food insecurity and economic instability.[31] In Nyal, South Sudan, community members added that increased threats of sexual violence and the breakdown of the rule of law — including respect for traditional authority and customs — also increased the rates of child marriage among displaced girls.[32]

JORDAN

The Syrian civil war, which began during the Arab Spring protests in 2011, is now entering its tenth year.[33] Over the course of that time, 6.6 million Syrians have been displaced internally and another

5.6 million have sought refuge in nearby countries and across the globe.[34] Jordan currently hosts a population of around 662,000 refugees,[35] more than 83% of whom live outside camps in urban areas.[36] Of these urban refugees, 7% are females ages 12–17 years.[37] For this research, we collected data in two urban areas with significant Syrian refugee populations — Al-Karak and East Amman. Karak, a small city in the southern region of Jordan, currently hosts 8,482 Syrian refugees (1.3% of Jordan's Syrian refugee population), many of which are unregistered. This places significant strain on local public services and infrastructure and causes competition between refugees and host community members over jobs, housing access, and relief assistance.[38] East Amman, an older, more affordable area in the capital city of Amman, is home to 194,865 Syrian refugees — nearly 30% of Jordan's Syrian refugee population.[39] Refugees living in this area, as in other areas in Jordan, face significant challenges: expenses often exceed incomes, many children are out of school, and most families suffer from poor psychological wellbeing and have limited opportunities for community engagement and participation.[40] The refugee response in both cities (and across the country) is coordinated by UNHCR under the leadership of the Government of Jordan in collaboration with NGOs, community based organizations (CBOs), UN agencies, and refugee and host communities.[41]

Child marriage is a common practice among Syrian refugee populations residing in Jordan. According to research conducted by the United Nations Children's Fund (UNICEF) in 2014, 31.7% of all registered marriages among Syrian refugees involved a child bride, an increase from 25% in the previous year.[42] In actuality, however, rates are likely to be higher, as many marriages go unregistered.[43] Of these marriages, a significant portion involve men who are substantially older than their brides.[44] While Syrian refugees reported that child marriage was a well-accepted practice in Syria prior to the conflict, many felt that conflict and displacement exacerbated the practice and increased the risk to girls that they will end up in abusive or exploitative marriages.[45] A recent literature review on child marriage practices among Syrian refugee communities in Jordan and Lebanon found that the most common drivers of child marriage among this population included parents' desire to physically protect their daughters, the family's financial need, and community and familial expectations and notions of family honor.[46] Legal efforts to address the issue are hampered by existing Jordanian law which sets 18 as the legal age for marriage, but allows for special exceptions for girls as young as 15, such as in cases of pre-marital sexual relations or pregnancy.[47]

FINDINGS

WHAT PUTS GIRLS AT RISK OF CHILD MARRIAGE (AND WHAT PROTECTS THEM)

This research used an ecological model to examine what factors girls and caregivers perceived to put them at risk of — or to protect them from — child marriage in humanitarian settings. The social-ecological model, frequently used in public health research, recognizes that violence, including forms of GBV like child marriage, is the result of a complex interplay between factors at the individual (girl), relationship (family and friends), community, and societal levels.

At the Girl Level

When looking at risk factors at the level of the adolescent girl herself, the primary risk factor identified by girls and caregivers in both locations was girls' positive feelings and attitudes towards child marriage. While only some girls and a few caregivers said that girls under the age of 18 felt they were ready to marry, a number of girls in both locations, particularly among 10–14-year-olds in Uganda, expressed positive feelings about child marriage in discussions and in their drawings. For example, some girls drew young child brides, whom they described as happy, in a loving relationship, eating well, able to make money, and wearing a beautiful wedding dress. According to some girls and caregivers, this may place them at higher risk of child marriage.

> *Some girls want to get married. They think that life will be happy. They want to wear the white wedding dress and live the married life. After a while, they discover that getting married early is a wrong decision. —older girl, age 17, Karak*

Some girls also felt that girls are ready to marry as soon as they can handle housework, regardless of their age, and a few felt that reaching puberty was a sign of readiness for marriage.

Girls and caregivers in both countries felt there was a strong link between child marriage and girls not being enrolled in school, failing grade levels, or refusing to attend school. This was the most common individual-level risk factor reported in Jordan. Girls and caregivers felt girls who are not in school, regardless of the cause, are at higher risk of child marriage for many different reasons. For example, girls who do not like school feel they can get out of it by marrying, or girls who fail coursework may become discouraged and feel they are not capable of doing anything meaningful with their lives other than marrying and running a household.

In Uganda, the risk factors most commonly mentioned by girls and caregivers were behavioral, typically including those that put a girl at higher risk of rape or pregnancy, such as going out to the discos, traveling unaccompanied or at night, alcohol

consumption, pre-marital sex, survival sex,[48] and rebellious or stubborn attitudes of girls towards their parents or other adults. Key informants said pregnancy was a leading cause of child marriage in the settlements. However, in Jordan, only a few girls and one caregiver reported a behavioral risk factor — namely rebellious attitudes of girls towards their parents. Other risk factors that arose in Uganda among some girls and caregivers included a girl's beliefs about herself, such as that she was was not intelligent enough to stay in school, and whether a girl had survived rape or other forms of sexual exploitation, such as coercion to engage in sexual acts in exchange for basic needs, such as food or shelter.

> *When you move alone in bad roads and get raped, you may conceive and be forced to marry.*
> *—older girl, age 15, Bidi Bidi*

Girls and caregivers raised a number of factors they believed to be protective against child marriage. Most significantly, a majority of girls stated that they felt the appropriate age for a girl to marry was after 18, and more than half of Jordanian girls and some Uganda girls felt ages over 20 years were best. Additionally, most girls in both countries expressed strong negative feelings toward child marriage, saying a girl would not feel okay if her parents wanted her to marry—that she would feel angry, afraid, sad, stressed, or would suffer. In drawings and collages, the participating girls portrayed young brides as poor, uneducated, malnourished, overworked, abused, isolated from friends and family, and in poor health. A number of girls in Jordan and some in Uganda felt strongly that a girl should complete educational milestones, such as secondary school or university, before marrying.

> *Some [girls] like school. . . . Their school achievement is good, and they are passing grades with high scores. This makes her feel special. . . . So, she would think to herself, 'Why should I drop school? I am excellent at school. I shall finish and get the Tawjihi [secondary school] certificate, then I can get married.' —older girl, Amman*

Some girls in Uganda also felt it was important for a girl to reach economic milestones, such as getting a job, before marrying. In addition, a number of girls and caregivers in both locations said they felt that a girl's enrollment in school was a strong protective factor against child marriage. Some girls in Uganda also mentioned that economic opportunities for girls helped to delay marriage. Behavioral protective factors such as respecting parents, being a "good and disciplined" girl, avoiding discos or traveling alone or at night, and "staying away from boys" were also mentioned among some South Sudanese girls and a number of, mostly male, caregivers. Finally, some girls and a few caregivers in both countries felt that the beliefs a girl held about herself, including having her own dreams and ambitions for her future, could delay marriage.

> *I prefer that a girl go and mingle with women and people and go out and differentiate right from wrong and live her childhood to the maximum. The more childhood a girl lives, the more she wins in this life. —older girl, age 17, Karak*

At the Family and Friends Level

Many risk factors at the level of family and friends were significant in both Uganda and Jordan. However, the exact extent to which they impacted child marriage differed by country. In both countries, poverty was a significant risk factor identified by more than half of caregivers and a number of girls. Reasons for this were similar in both countries. Girls said that if their families were poor, they would marry early in order to have their financial needs and desires taken care of by a man and relieve their families of the responsibility of caring for them. Caregivers said that marrying off a daughter helped to reduce the financial burden on the family

and ensure that their daughters' needs were being met. In addition, both girls and caregivers said that some families marry off daughters young in order to obtain the dowry, though this was more commonly reported in Uganda than Jordan. In Uganda, half of caregivers and a number of girls also reported that girls marry young because their caregivers are not able to provide for their basic needs, such as food, clothing, or school fees and supplies, so they seek out men to provide for their needs instead.

> *Those that are above 16 years decide to get married when there is no support. Even me the parent, I would not stop that marriage, because after all, she has reduced the burden on me. If I was rich, then I would bother to bring her back. But since there is nothing, then I just let her go.*
>
> *—male caregiver, Bidi Bidi*

The most common risk factor for child marriage in Uganda was child maltreatment or neglect, most often by male (but also female) caregivers, especially those under the influence of alcohol. This included physical violence, heavy domestic workloads, quarreling between parents and girls, girls being made to feel they are not welcome at home, and being abandoned via death, separation from, or remarriage of a caregiver. Girls not living with their biological parents were said to be treated particularly poorly — frequently being denied food, beaten, and overworked. In these cases, girls and caregivers said that girls saw marriage as a means of escape from difficult home situations.

In Jordan, however, family norms (the spoken or unspoken guidelines within a family for how members should behave), fell second in importance to poverty. These included having a mother or other female family member who married before 18 and strong family pressure to drop out of school and marry. Some girls and around half of caregivers said it was common for parents to consider a girl ready for marriage whenever they felt she was grown or mature enough, even if that was less than age 18. Puberty, a girl's experience of rape, or her lack of enrollment in education were also cited as major motivators for parents to marry a daughter, regardless of age. A number of girls in Jordan and a few in Uganda said that even if a girl does not want to get married, her parents may force her to do so. Gender norms and beliefs that portray girls as a burden on their families and a lower educational priority than boys place girls at higher risk of child marriage in both contexts, as do traditional beliefs and customs, particularly with regards to dowry practices.

> *Some families force their children to get married because they have bad [financial] conditions. The family needs the dowry, so they marry off their daughters early. —older girl, age 15, Amman*

Finally, girls and caregivers in both countries reported a strong link between peer norms and influence and child marriage. Peers were said to influence child marriage decision-making by being a poor example and marrying early themselves, giving poor advice, such as encouraging their friends to accept marriage proposals or arrangements, and in Uganda, encouraging behaviors which were thought to put girls at increased risk of marriage, such as going to the disco or skipping school.

There are a number of protective factors at the level of family and friends. By far the most important, mentioned by a number of girls and some caregivers, were positive peer pressure, parents who provide for their daughters' basic needs, supportive parenting, and strong parental support for education. Supportive parenting was defined as encouraging girls to delay marriage, keeping open dialogue with them — including on the dangers of child marriage, actively engaging in their daily lives, and treating them well, for example, by giving them age-appropriate home responsibilities and allowing free time for hobbies and play. Positive peer pressure included peers who actively discourage their friends from marrying young or are good role models, encourage their friends to stay in school, or, if they are

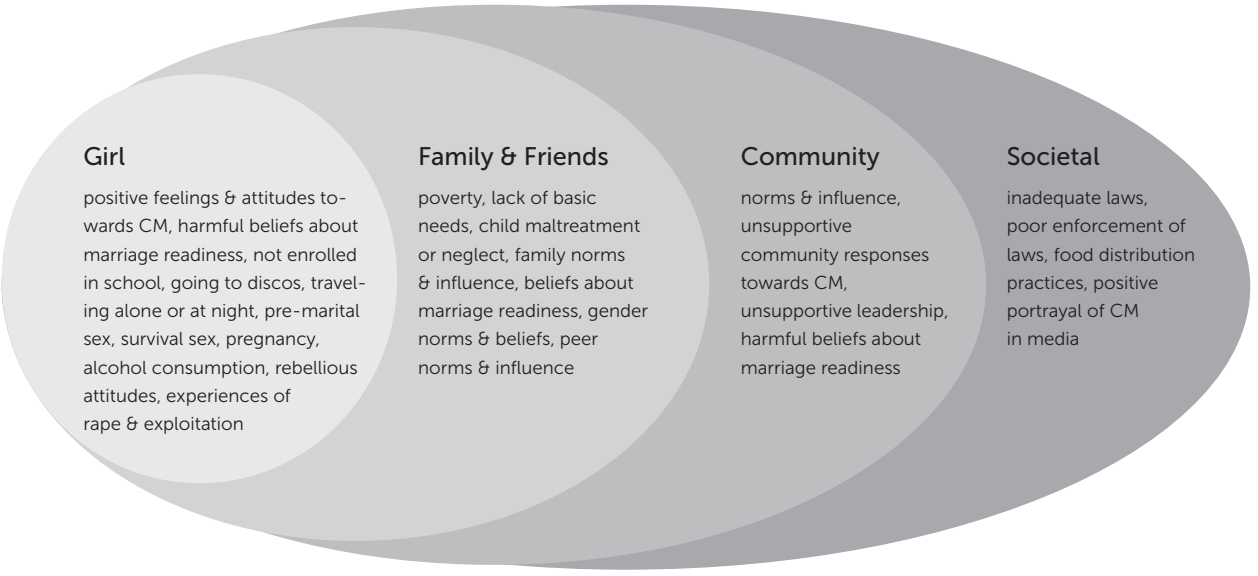


FIGURE 1: Risk Factors for Child Marriage in Humanitarian Settings

married, share their negative experiences of child marriage to discourage other girls from making the same decision.

> *People [here] live in a congested manner, and girls keep seeing others going to school, smartly dressed in their uniforms. It encourages them to go to school. The fact that educated people keep moving into the community makes people admire education, while back in Sudan those educated ones would just pass by and never stop to speak to people. — female caregiver, Bidi Bidi*

Finally, in both contexts, some girls and most caregivers felt that an important protective factor against child marriage in their communities was parents who strongly believe that a girl should wait until the age of 18 and achieve certain educational milestones, such as completing secondary school, before marrying.

At the Community Level

Researchers identified fewer risk factors for child marriage at the community level in both Uganda and Jordan. By far the most commonly reported of these fell under community norms and influence. Some girls in both countries felt that if a girl resists her parents' efforts to marry her, members of her community would actively encourage her to accept the marriage and treat her badly if she refused. A few even felt that community leaders would actively support and even facilitate child marriages. Outside of this, there was little consensus on what specific norms and influence were most significant. In Uganda, some girls discussed harmful community-accepted markers of marriage readiness, like having breasts or getting pregnant, while in Jordan, girls spoke of reaching the age of maturity at which you were deemed ready for marriage — 13, 14, or 15 years of age in some girls' communities.

Similar to risk factors, there were very few protective factors identified at the community level, and those that were identified had to do with norms and community influences. In both countries, a number of girls felt that members of their communities would

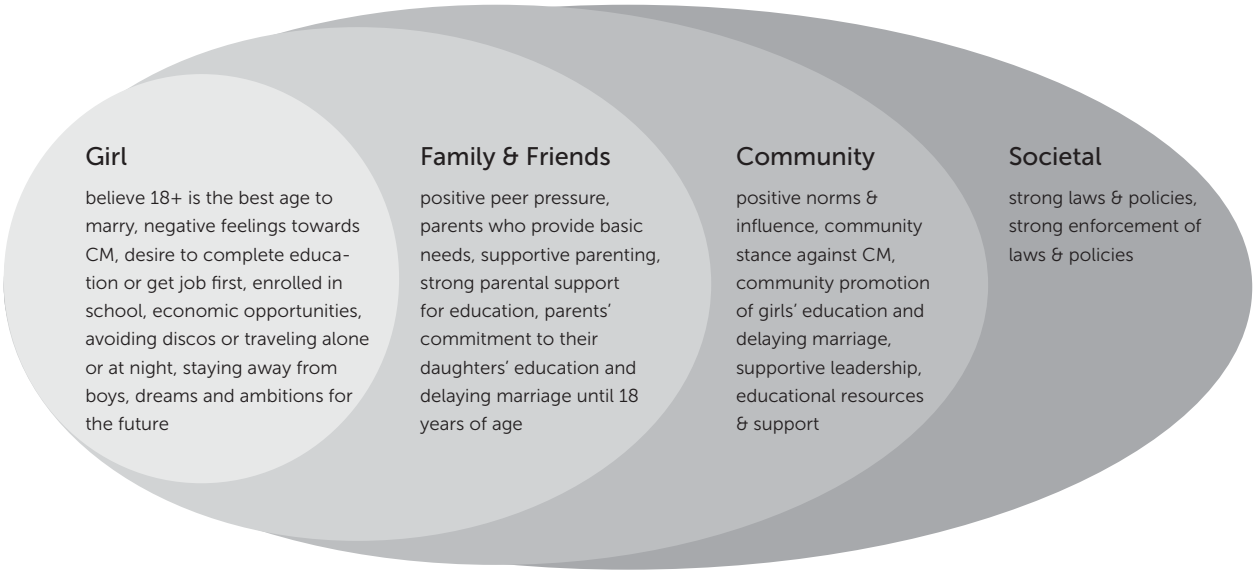


FIGURE 2: Protective Factors Against Child Marriage in Humanitarian Settings

respond supportively if a girl's parents attempted to force her into marriage, saying they would feel bad for her, advise her not to accept, speak to her parents to dissuade them, and in Uganda, provide her with basic needs or even open their home to her.

> *[Community members] may help her — maybe tell her to go to their place, or they may talk to her parents and tell them that the girl does not want to get married. — older girl, age 14, Amman*

Beyond that, we found little consensus. In Uganda, a few girls reported clan beliefs that a girl should delay marriage until 18 or 20, or that she can only marry when she has completed school. In Jordan, a few girls said that while child marriage was common in Syria, the traditions were changing in alignment with what were perceived to be Jordanian norms of waiting until age 20 or later. A few girls and caregivers felt that strong community-level support for girls' education and resources, such as free schools and supplies, were protective against marriage. In addition, a few girls and caregivers felt that community leaders who were committed to doing sensitization activities and intervening to stop instances of child marriage in their communities had a positive impact on child marriage rates.

At the Societal Level

Few strong societal level risk and protective factors arose in either setting. A few caregivers in both settings and one girl in Uganda discussed failures of the legal system. In Jordan, responses focused on ways parents could get around the legal age requirements for marriage by soliciting help from someone they knew in the courts or simply choosing to delay registering a marriage in the courts until the girl was old enough. In Uganda, one girl spoke of lack of will for prosecuting men who marry girls as long as they can afford to care for them. Outside of the legal framework, societal level risk factors in Uganda focused on food distribution processes in the settlements, which a couple of girls and some caregivers felt promoted marriage in at least three ways. First, when food distributions to families were too small, girls married in order to obtain enough food to eat, particularly for families who rely on selling portions of their rations as a primary source of income.

Second, food distributions based on family size incentivized girls to marry young and have children to increase their own ration size. Finally, delayed food distributions for any reason led families to resort to marrying their daughters young in order to meet basic needs.

In Jordan, some youth and caregivers pointed to girls' access to some media, such as TV and cell phones with internet, and the media's unrealistic portrayals of marriage, especially child marriage, as significant drivers of the practice.

> *I think [TV] series have a great impact because they show things in a beautiful way. If a girl in the series gets married at the age of 17, and she enjoys her life and is happy, other girls start thinking of getting married to live that beautiful life. Series ignore the hard part of marital life. I think series have a significant impact on girls. — older girl, age 14, Karak*

Protective factors at the societal level tended to focus on laws and policies and their implementation. In both countries, girls and caregivers discussed how strong laws around the legal age of marriage had helped to deter the practice in their communities. In Uganda, a few girls and caregivers observed that the practice had decreased since they had arrived from South Sudan. They attributed this to stronger enforcement of child marriage laws by government agencies, as well as advocacy, promotion, and child marriage prevention work from NGOs which they felt had caused many parents and girls to choose to delay marriage and dissuaded some men from choosing to marry underage brides. This was confirmed by key informants who said it was common for girls in the settlements to go, or be sent, back to South Sudan for marriage in order get around Ugandan child marriage laws.

What Has Changed Since Displacement

Girls and caregivers in both countries discussed changes in risk factors for child marriage due to conflict-related displacement. In Uganda, girls and caregivers felt that risk factors for child marriage were not significantly different from their conflict-affected communities back in South Sudan. In particular, nearly half of caregivers felt that behavioral and family-level risk factors such as going to dances, pre-marital sex, or negative peer pressure had more or less stayed the same. However, there was considerable disagreement as to how the change in circumstances had impacted the incidence of child marriage. Some girls felt there had been no significant change between countries. A few girls and a number of caregivers felt the situation had improved, as food was in better supply, school access had significantly improved (a couple caregivers said this was the main reason for moving to the settlements), parents' views on education for girls had improved, and Ugandan child marriage laws are better enforced than those in South Sudan.

> *We could have chosen to hide in the bush, but . . . we wanted our children to go to school. And if you bring a child, and she gets married, you as the parent will not be happy and will [say] that if you knew they were going to get married, it would be better if you remained in the bush and stayed. We brought them so that they can study.*
>
> *— female caregiver, Palorinya*

A few caregivers also said that seeing highly educated female NGO staff and government workers in the settlements had inspired them and their daughters to prioritize education. However, a number of caregivers and a few girls felt that the situation had worsened since arriving in the settlements. They felt this was primarily because in the settlements, families had less access to money than they had in South Sudan; basic needs, such as clothes, soap, and school fees, were harder to access; girls and boys lived too

close together and were "difficult to control"; and girls more frequently attended discos. A few caregivers also mentioned that school girls ages 12–16 received financial support in South Sudan, which they no longer did in the settlements.[49] They felt this had contributed to higher rates of child marriage overall.

In Jordan, risk factors for child marriage were also fundamentally the same as those in Syria, but a few were felt to be more significant in Syria than in Jordan. The most common of these were customs and traditions. A few girls and some caregivers said that traditions around child marriage were stronger in Syria, where it was more common for girls to marry young, particularly if they were marrying a cousin or other relative. Girls who reached age 20 or older were thought to be more difficult to manage and considered unmarriageable.

> *Syrians marry young. That's how things are since forever. In the past they even got married as early as 7 or 8. They marry them off for no reasons—just that it's a tradition. — younger girl, age 13, Karak*

Another driver a few girls and caregivers felt was exacerbated in Syria was insecurity. They said that many caregivers viewed marriage as offering protection for their girls, either because it would provide a husband to look after them, or because militants were more likely to sexually assault and kidnap unmarried girls. Finally, some caregivers noted legal failures in Syria, where courts commonly approved marriages for girls under 16. While a couple of girls felt there had been no change in child marriage rates between Syria and Jordan, two male caregivers felt it had worsened due to the difficulties of refugee life, including insecurity, as well as a male preference for younger girls. Among female caregivers, however, a few felt there had been a meaningful improvement in child marriage rates in Jordan thanks to growing awareness of the dangers of child marriage and the benefit to girls of delaying.

HOW GIRLS AND THEIR FAMILIES DECIDE ON CHILD MARRIAGE

This study explored two key aspects of child marriage decision-making. First, researchers explored adolescent girls' agency in decisions about marriage, focusing on agency as "the capacity for purposive action, the ability to make decisions and pursue goals free from violence, retribution, and fear."[50] In the process, researchers also sought to understand the roles of various individuals involved in the decision-making process. Second, researchers explored decision-making factors by gathering information on the perceived benefits and disadvantages considered by girls and caregivers when making decisions about a girl's marriage.

Do Girls Have a Say in the Decision?

When discussing how much agency adolescent girls have in decisions about marriage, girls and caregivers provided a range of responses. On one side of the continuum, many girls and caregivers in both countries said that girls are free to choose when and whom to marry. In Uganda, girls and caregivers reported that it is common for girls in the camp to choose for themselves. In some cases, this meant sneaking away and getting married secretly without telling their parents until later. Several of them explained that this is a departure from how marriages were handled in the past or when they were in South Sudan, when parents made marriage decisions for their daughters.

> *. . . she [the girl] is the one choosing the man and she will bring him home herself. These days they don't choose husbands for girls, [the girls] make their choices. — older girl, age 16, Bidi Bidi*

In Jordan, many caregivers and girls said that girls have the final say in deciding when and whom

to marry, although they often seek support and advice from their parents before making a decision.

> *It's entirely up to the girl. We tell her about the suitor, and she makes the decision. We do not force her. But in the end, if she reaches an age where she might marry late, we'd convince her and tell her what the future might hold. We won't force her. In the end, she does what makes her happy.*
>
> *— female caregiver, Amman*

In both countries, girls and caregivers also described situations in which girls have some agency in decision-making about their marriages, although more limited. In Uganda, some girls and caregivers said that girls choose their potential husband and bring him home to meet their parents and other relatives. They described a process in which family members interview the man about his background to determine if he is suitable for the girl and, ultimately, must provide approval for the marriage to take place. According to one father,

> *The reason why we tell girls to bring their boyfriends home is so that the parents get to know where the man comes from, which clan he belongs to, and whether the family has any bad records. When the home is discovered to have bad records, then the parents will decide their daughter cannot marry [a man] from such a home.*
>
> *— male caregiver, Bidi Bidi*

Similarly, in Jordan, some girls said that they choose when and whom to marry, but that their parents can either accept or reject this decision. However, a significant number of girls and caregivers in Jordan said that girls make marriage decisions together with their parents.

At the other end of the continuum, many participants in both countries said that girls have little or no say in marriage decisions, and that they feel pressured or forced by their parents to marry, often for the economic benefit or the dowry. Notably, this was reported by many girls both countries, but only by some caregivers in Jordan and a few in Uganda. In Uganda, many girls reported that girls often face negative consequences if they do not agree to a marriage, including excess housework, the denial of school fees and basic needs, and physical and emotional abuse by their parents, including being forced to leave their homes. When asked what would happen to a girl if her parents wanted her to marry and she refused, one girl said:

> *If she tells them that, the parents will chase her away from their home and tell her to go wherever she wants, and they will be beating her all the time. Even if she goes to the center, they will be beating her because they want her to marry.*
>
> *— older girl, age 17, Paloryina*

Some girls said that girls are forced by parents and other community members to marry when they become pregnant, a dynamic that was also described by several key informants.

> *Some of the parents do not help us, forcing us to just stay home and stop going to school. Then when we get pregnant, they forcefully send us to get married and leave their homes.*
>
> *— older girl, Palorinya*

In Jordan, many girls and a number of caregivers said that the decision about a girl's marriage is made entirely by her parents.

> *If the parents want their daughter to get married they will insist on this decision and they will force the girl to get married."*
>
> *— older girl, age 17, Amman*

They explained that, in some cases, parents may use threats or violence to force a girl to marry a man if she does not want to do so. For example, in Uganda, when a group of younger girls was asked during the world café activity how a girl's parents

would respond if she refused an arranged marriage, they replied that "they might hit her," "they might force her," and "they might speak with her violently or be violent with her." In both countries, forced marriage was reported to be more common in situations where girls are younger or when parents are facing financial hardship.

In general, girls' agency in marriage decision-making was not found to be homogenous within communities. It varied widely depending on a number of factors, including girls' socioeconomic contexts, as well as their age, and the norms, values, or traditions within her family. As one girl in Jordan, described:

> *Some families let the girl choose when to get married. And some families [say] 'this is the age when girls within our family get married – you have to get married,' while some [other] families let her do what she wants. It depends on how the family or the customs and traditions are.*
>
> *— older girl, age 17, Karak*

In exploring girls' agency in the decision-making process, researchers also asked about other influential individuals involved. Responses differed significantly by country. In Uganda, many girls and caregivers said that other family and community members are involved in the marriage decision-making process, including brothers, uncles, aunts, grandparents, clan members, neighbors, and community and religious leaders. They may provide advice to girls about marriage, approve of a marriage, make marriage arrangements, or participate in discussions about the dowry. By contrast, in Jordan, a girl's parents, her father in particular, were the only individuals reported to play a significant role in the marriage decision-making process. The involvement of other family members was reported to be minimal.

How Girls and Their Caregivers Decide When They Should Marry

The Benefits of Child Marriage for Girls

In both countries, girls and caregivers reported five significant perceived benefits of child marriage for adolescent girls: 1) escape from a difficult home situation, 2) securing basic needs and financial support, 3) pleasing their parents, 4) avoiding stigma, and 5) reproductive benefits.

The most commonly perceived benefit of child marriage for girls, raised by girls and caregivers across research sites, was the ability to escape from difficult home situations. This might include maltreatment or abuse, conflict with their parents, and excessive amounts of housework. In Jordan, girls also spoke of escaping from strict rules that restrict their freedom and prohibit them from leaving the house, purchasing certain items, or buying certain clothes.

> *When you work a lot — fetching water is all on you, everything that is to be done at home is done by you — then girls will . . . say 'why do I suffer like this? It's better that I suffer in my own home.' So they decide to leave home and get married and work in their own home.*
>
> *— older girl, age 16, Bidi Bidi*

> *[Some girls get married early because] her parents keep her locked inside the home and don't let her go out, which makes her want to get married to be free to go wherever she wants to.*
>
> *— younger girl, age 12, Karak*

Financial and other support for basic needs was perceived as a benefit of child marriage in both countries. In Uganda, this was the most commonly reported reason why girls marry at a young age. The majority of girls and caregivers reported that girls marry to receive support from the husband for their basic needs, especially if these are not being provided

to her at home. Basic needs included school fees, school uniforms, clothing, shoes, body oil, and soap. In Jordan, a significant number of girls said that one of the main reasons girls get married is so that their husbands will provide for their needs and give them a better, more comfortable life. They mentioned being able to buy clothes, make-up, a phone, a car, or a home, or having the experiences of going out to restaurants or being able to travel.

In addition, many girls in both countries said that girls get married to please their parents. In Jordan, this generally meant giving in to pressure from parents who want to see their daughters married and giving them grandchildren. In Uganda, participants spoke of marrying to avoid disapproval or negative treatment from their parents who would be unhappy with them if they refused.

Some girls and caregivers said that avoiding the community stigma associated with delaying marriage too long is also thought to be a major benefit of child marriage. In both countries, they discussed the negative perceptions of being seen as "too old" for marriage and having limited options for suitors as they age.

> *Getting married young is better. Where we used to live, when a girl turns 18 without marrying, we say that she's a spinster—that she'll never get married.*
>
> *— female caregiver, Amman*

In Jordan, girls and caregivers noted that community members gossip about girls and women who are 20 years old or older and not yet married. Older unmarried girls are frequently criticized, blamed, and viewed as stubborn or engaging in "deviant" or negative behaviors. In Uganda, the stigma associated with delaying marriage included being seen as unintelligent or unable to make good life choices, burdening the family, or being sexually promiscuous.

Finally, some respondents in both countries said a key benefit of child marriage for girls was the perceived reproductive benefits. In Uganda, having children was one of the most commonly cited reasons why girls marry young. Girls and caregivers explained that getting married young is beneficial because it enables you to have a larger number of children. Some noted increased family size meant families were able to obtain greater food rations. As one parent said, "*They want to produce [children] faster. They want to increase the ration size so that they can eat more.*" Caregivers and girls in both countries expressed fear that girls would be unable to have children if they waited too long. In Jordan, fewer girls highlighted the reproductive benefits; although some girls said that girls marry early because they want to have children and satisfy their desire to have a family of their own.

In Jordan, a significant number of girls and caregivers highlighted the perceived emotional benefits of marriage, explaining that girls marry young because they are seeking happiness with their husbands and in married life, because they are in love, or want emotional support. By contrast, the emotional benefits of marriage were only cited by a few girls and caregivers in Uganda.

The Benefits of Child Marriage for Caregivers

Girls and caregivers in both countries reported two major perceived benefits of child marriage for caregivers: economic benefits and relief from the burden of caregiving. Economic benefits were the most commonly cited, including the lower cost of a decreased family size and the family receiving a dowry for their daughter, which was viewed as an important source of income in both the camp and urban contexts studied.

> *As parents, we have nothing to take care of these girls. If a girl decides to get married — even at 10 years — for us we shall let her go so that she relieves us from the burden of taking care of her, and so we also get the little money in the form of dowry. — male caregiver, Bidi Bidi*

A few girls in Uganda said that parents may pressure their daughters to marry so that they can use

the dowry to start a business or use it for their son to pay the dowry for his marriage.

> *And sometimes if they also have a son: If they have a boy in their family and that boy is older and the [child] who follows is a girl, they will just force her into marriage so that the brother can come and use the dowry to get a wife. — older girl, age 17, Bidi Bidi*

The second perceived benefit of child marriage for caregivers was relief from the burden of caring for a daughter, particularly financially. In this case, marriage was seen as a way of relieving the expenses for parents who do not have enough money to cover their food or other basic needs and expenses. In Uganda, this also included relieving the burden of caregiving for parents of daughters who regularly misbehave, do not listen to them, or argue with them.

In Uganda, many caregivers and a few girls thought that an additional benefit of child marriage for parents was the addition of grandchildren, which brings them joy and the respect of other community members, unites families, and provides them with help as they age. In Jordan, some girls and caregivers said that having a husband would help protect girls from general harm and from "deviation," "going out with young men and doing something wrong," or engaging in other behaviors before marriage which can bring shame to the family.

The Disadvantages of Child Marriage for Girls

Girls and caregivers in both countries identified five major perceived disadvantages of child marriage for adolescent girls: 1) mistreatment or abuse by husbands, 2) inability to handle heavy domestic workloads, 3) complications during pregnancy and childbirth, 4) negative emotional or psychological impacts, and 5) an inability for her to finish school and achieve financial stability.

The majority of girls in Uganda and a significant number of girls in Jordan mentioned fears of abuse, mistreatment, and neglect by husbands as a primary perceived drawback of child marriage. They explained that girls who marry at a young age are more likely to experience physical and emotional abuse from their husbands or be neglected or abandoned by their husbands. In both locations, girls spoke of intimate partner violence (IPV) as common and shared stories about girls or young women who had violent husbands as a factor that made them want to delay marriage.

> *Because she's young, he'd [her husband] control her. If she's young and he's older than her, he'd control her and hit her. He'd do whatever he wants. — older girl, age 15, Amman*

> *They mistreat you. Everything is on you. The husband does not provide and he will always abuse you. — younger girl, Palorinya*

In addition, in Uganda, girls said that husbands often abused or neglected young girls if they were unable to manage heavy housework or produce enough children. In Jordan, girls spoke of husbands having controlling behavior with young girls — such as preventing them from attending school or limiting their movement outside of the house — because they are less mature, experienced, and able to advocate for themselves. Some girls in both countries said that girls who marry young are also more likely to experience abuse from their in-laws.

Many girls and caregivers in Jordan and Uganda discussed the limited ability of girls to manage a domestic workload as a major disadvantage of child marriage. They explained that the significant household responsibilities, such as cooking, cleaning, laundry, childcare, and in the case of Uganda, digging, garden work, collecting water and firewood, and repairing their homes, would be unmanageable or too stressful for a young girl. Across research sites, girls said that many girls delay marriage because they fear taking on these significant responsibilities.

> *Girls who get married early will be anxious, and they will undertake a big responsibility. They will be*

> *under the control of their husbands. They will be forced to do laundry and cook. I think there are no good things in getting married early. They are just young girls. — older girl, age 17, Karak*

> *The hard things about marriage: cooking is you, fetching water, washing clothes all you, buying soap, all you. The husband only supports himself. He does not buy you soap. He gets you pregnant but does not buy you a basin, does not provide for the baby, and once you give birth, he impregnates you again. This makes [a] woman suffer a lot.*
> *— older girl, age 16, Bidi Bidi*

The fear of negative health impacts, particularly during pregnancy, was one of the most commonly reported disadvantages of child marriage for girls. In both locations, girls expressed concerns about serious complications or death during childbirth and poor birth outcomes if girls become pregnant at a young age.

> *The pregnancy and delivery are very difficult for a 14-year-old girl. The pregnancy and delivery could hurt her since she is physically immature.*
> *— older girl, age 17, Karak*

In Uganda, girls also mentioned that young girls may not be able to produce children yet, which can be a major cause of tension with their husbands. Some girls also worried that girls who marry young may become sick from overworking or may not be able to buy healthy food or medicine if they are not adequately supported by their husbands.

Many girls in both countries spoke about the negative emotional and psychological consequences of child marriage. In Jordan, this was the most commonly reported disadvantage of child marriage by girls and caregivers. This was often expressed through the drawings and collages they produced during the participatory workshops. Girls reported that those who marry early are more likely to be unhappy, suffer from anxiety and depression, and to be under severe stress. Reasons for this included being under tremendous pressure to manage housework and childcare, having conflicts with their husbands, not having adequate financial or emotional support, and being unable to continue their education. In both countries, some girls described the loss of freedom, isolation from friends and family, and feelings of loneliness associated with marriage, as married girls are restricted in their mobility, either by their husbands or by their domestic responsibilities. When asked why some girls delay marriage, two responded,

> *A husband's home is a prison. If you go there, they will be forcing you. You don't move, you don't do anything. That is the reason that makes some girls wait [to] get married.*
> *— older girl, age 17, Bidi Bidi*

> *Living with her parents, she is free. But when she gets married, he [her husband] will tell her to stay home, keep her locked inside the home, and whenever she tells him, 'I want to visit my parents,' he refuses. — younger girl, age 12, Karak*

In both countries, it was reported that married girls face risks of depression and may commit suicide if they are pressured or forced into marriage against their wishes, are being mistreated, and want to leave their marital homes.

Finally, a significant number of girls and a few caregivers in Jordan and Uganda said they thought that a main disadvantage of child marriage for girls is that they are unable to complete their education. Girls may be prevented from continuing school by their husbands, or because they have too many responsibilities to carry out at home. They feared that without an education, they will not be able to pursue their ambitions and achieve financial stability to ensure better lives for themselves and their families.

TABLE 2: Decision-Making Factors for Child Marriage in Humanitarian Settings

Girls		Caregivers	
Perceived Benefits	Perceived Disadvantages	Perceived Benefits	Perceived Disadvantages
• escape from difficult home situation • basic needs & financial support • pleases parents/family • avoiding stigma of delaying marriage too long • reproductive benefits — having more children, avoiding fear of infertility	• fear of mistreatment or abuse by husband • fear of inability to handle domestic workload • fear of complications during pregnancy & childbirth • concerns about negative emotional/psychological impacts • concerns about finishing school and achieving financial stability	• economic benefits — lower cost of decreased family size and dowry • relief from burden of caregiving — financial, basic needs, parenting • grandchildren • protection for their daughters from harm and deviation	• fear for daughters' long-term educational and economic prospects • fear for daughters' health, safety, and wellbeing • concerns about daughters' ability to manage issues with husband/domestic responsibilities • concerns about divorce

The Disadvantages of Child Marriage for Caregivers

Girls and caregivers in both countries reported four significant perceived disadvantages of child marriage for caregivers: 1) fear for their daughters' educational and economic prospects, 2) fear for their daughters' health and safety, 3) concerns about their daughters' ability to manage issues with their husbands and their domestic responsibilities, and 4) concerns about divorce.

The most commonly reported drawback of child marriage for caregivers in both contexts was fear for their daughters' long-term educational and economic prospects. A large number of caregivers in Jordan and Uganda expressed concerns that their daughters would have to drop out of school and would not be able to attain financial security and escape poverty. They shared their preferences for their daughters to complete their education and secure employment before marrying so that they may enter their marriages in a better position to support themselves and their families and have a brighter future.

> *If you are a father or a mother and you have a child who has studied and is at the age of 20 and above, when she gets married, the parents will be happy because they know she can provide for herself at home. — female caregiver, Palorinya*

Caregivers in both countries also expressed concerns about their daughters' health, well-being, and safety. They noted that caregivers do not want their daughters to marry young because they are worried that they will experience complications during pregnancy and childbirth. As one parent said:

> *We never want girls to get married at an early age, because if she gets pregnant, she will not be able to deliver the child because she is too young.*
> *— female caregiver, Bidi Bidi*

They also expressed fear that young girls are more likely to be mistreated or abused by their husbands or their husbands' families. In Jordan, caregivers also said that they worry that young girls are more likely to be unhappy and have negative marriage experiences.

In Jordan and Uganda, some caregivers also said caregivers do not want girls to marry early because they worry that their daughters will not be emotionally mature enough or prepared to deal with conflict with their husbands and manage the responsibilities of childcare and domestic work.

Finally, some girls and caregivers explained that caregivers are concerned that when girls marry at a young age, their marriages are more likely to end in divorce, which they view as a significant disadvantage of child marriage. Parents also feared that young girls would be unable to care for their children on their own after a divorce and would need to return to their parents' home for financial and childcare support.

> *When they are taken and things don't work out, they are brought back to you. They suffer so much and lack help. They even don't have clothes; they come with nothing. Like, I have one of mine here who came back with two children with nothing, just suffering. — female caregiver, Palorinya*

WHAT SERVICES AND SUPPORT GIRLS AND CAREGIVERS NEED TO DELAY MARRIAGE

In this study, researchers spoke to girls and their caregivers about the services and support they need in order to delay marriage for themselves or their daughters, and the barriers they faced in accessing existing services and support. Findings are listed from the most commonly reported to the least. They also discussed the major needs of married girls, as well as those who are pregnant or seeking a divorce (see pages 43–47).

Basic Needs

Many of the most commonly reported service and support needs were similar in both countries, though specifics often differed. The most significant difference was with support for basic needs. In Uganda, a number of youth and most caregivers reported that basic needs — things like food, clothes, housing, bedding, sanitary pads, and soap — were needed in order to prevent child marriage. Only some girls and caregivers in Jordan expressed the same (though key informants in Jordan emphasized this more often).

> *Sometimes when they [girls] ask for anything, their parents do not support them. Girls have different needs, like pants, braziers, and petticoats; sometimes pads won't last the month. And then, because she is a girl, she may not get this money. So, some boys take advantage of that to deceive the girls to sleep with them in order to get something that they need. . . . When the parents see now that she is already pregnant, they will not want her to stay at home. Some girls will be chased away or the parents will escort them to marriage.*
>
> *— older girl, age 15, Bidi Bidi*

Caregivers requested support with basic needs in order to prevent them from having to marry their daughters early and said that they preferred that these needs were met in the form of cash assistance. However, food assistance and support with items such as housing, bedding, clean water sources, and clothing were also welcome.

Educational Barriers

The next most significant support need identified by many girls and most caregivers in both countries was help addressing educational barriers. While girls generally had access to primary and secondary educational institutions, girls faced a number of barriers to accessing them. These included financial barriers, such as lack of funds for school fees, uniforms, and supplies, as well as resistance from caregivers or male relatives to girls attending school, for

example, because they felt it was shameful and unnecessary for girls to attend school or needed their help at home.

> *There are issues of uniforms which most of us cannot afford. We just wait for the food rations, and when we sell it to buy the children uniforms, it doesn't last for the month. Some of the bigger girls need things like sanitary pads which are no longer distributed, and once they get stained at school, they never go back. — female caregiver, Bidi Bidi*

Nearly half of caregivers in Uganda and some in Jordan worried about girls' rebellious attitudes or disinterest in school. Other caregivers and some girls felt that schools were too far away from their homes and that the long distances to and from school could be unsafe or challenging for girls to walk, especially for the younger ones. Girls and caregivers in Uganda worried that a lack of pads and sanitary products kept girls from attending school during menstruation.

In both countries, girls and parents spoke of the need for alternatives to traditional education such as alternative basic education programs in their communities for girls who were left behind by the educational system during the war, or for whom traditional education was not effective. They felt there was a particular need for vocational training in things such as tailoring, hairdressing, catering, or carpentry and building that could provide girls with greater financial independence.

Employment-Related Needs

Employment-related support was another significant service need of a number of girls and most caregivers in both contexts (the second most commonly mentioned in Jordan). Some girls and caregivers said that girls and their families desperately need financial support in the form of cash, loans for small businesses, or vocational trainings, and that there needed to be more income-generating opportunities. These needs suggest that there are currently poor economic alternatives to marriage for girls and their families. For example, some girls said that if a girl refused an arranged marriage, she would have difficulty getting work instead. Barriers to income-generating opportunities for girls were numerous. These included limitations to income-generating programs currently offered by NGOs, lack of sufficient academic qualifications for most jobs, family members who actively prevented them from working due to cultural norms or safety concerns, heavy unpaid domestic workloads, and stigma in the workplace against non-nationals.

> *She [a woman or girl] can work from home, but not from the outside... This is the way things happen in our community. We do not like the idea of our girls leaving the house every day. This is our tradition. None of the girls in my family work. No, we Syrians are very worried about our girls.*
>
> *— female caregiver, Amman*

When discussing girls' needs related to financial decision-making, caregivers in both locations had mixed views as to whether a girl has autonomy over how her money is spent or saved. Most said it ultimately depended on her family, noting that many monitor how the money is spent and may demand a portion of it.

Sexual and Reproductive Health

When asked where they would go for SRH services, many girls in both locations identified appropriate medical facilities, such as a health center, hospital, or family planning clinic, which they said were generally available to them. Others identified NGOs or teachers, the police or family protection departments, and some in Uganda said community or church leaders. However, a number of girls and caregivers in both contexts still identified significant

SRH service needs, though these focused more heavily on access to services in Uganda, and on sexual health information and education in Jordan. Common barriers to services in both contexts included age—younger girls had more difficulty accessing SRH services, long distance to services, cost, and lack of awareness of what services were available to them. In Uganda, girls also faced resistance from parents or neighbors, myths about family planning (such as that it would make a girl more likely to be promiscuous), crowding and long waits at health centers, and girls' own hesitancies to obtain services such as shyness or fear.

> *I know family planning is good for the health, but girls don't need to use those things because they are dangerous. Use of family planning may damage the girl's womb. — female caregiver, Bidi Bidi*

Girls in both locations said they were most likely to seek SRH information from informal sources. In Uganda, this was most commonly a neighbor, followed by a female relative such as an aunt, sister, mother, or grandmother. In Jordan, this was almost exclusively a girl's mother, though a few went to other female relatives or friends or even the internet. Only a few girls in either location said they would go to a doctor, teacher, or NGO. Girls and caregivers in both countries expressed a desire for more information on sex education, menstruation, and birth control and family planning. Barriers identified in both countries included a lack of awareness of where to go for such information; feelings like fear, shame, or shyness in seeking it out; and resistance from others, such as parents or peers. In Jordan, some girls also said it was difficult for younger girls to access this kind of information due to their lack of awareness of services and resistance from others. As one older girl in Amman said,

> *She [a 14-year-old girl] is not old enough [to receive this kind of information]. Her parents stood against her. If her husband had been wise, he would not have married her while she was at this age. She did not complete her education, and this indicates that she is ignorant. She would think this is not one of her rights, and she would adapt to it without doing anything else. — older girl, age 16, Amman*

Protection

Half of caregivers and some girls in both countries reported a need for greater protection support for girls, though the kinds of support varied significantly by context. In Uganda, a few girls said they needed places in the settlements to go for protection and sensitization activities, such as safe houses or centers. In Jordan, a few caregivers reported lack of protection services in their communities and expressed fear that their girls would experience sexual harassment on the streets or in public spaces.

Among caregivers, a few in Uganda said that parents need education on how to raise daughters without abuse and care for their needs. Barriers to existing protection services in Uganda included insufficient services and ineffective police protection, either because the police were difficult to find, were too far from communities, or generally provided poor protection. In Jordan, barriers centered around difficulties with Family Protection Department Centers, including that girls did not know about them, were afraid to go to them, or could not access them because of obstruction from family members.

> *Here in the camp, once you get married, no one will have the intention of bringing you back home, especially if you get married in a different camp. Even if you complain that things are not going on well, your parents will say, 'You wanted your marriage! We don't have money for transport to go and rescue you,' which means no one will rescue you.*
> *— older girl, Palorinya*

Other Support Needs and Barriers

In addition to those noted above, other support needs for girls and their caregivers included sensitization and awareness-raising and psychosocial support. Sensitization and awareness-raising activities, requested by some girls and a number of caregivers in both countries, centered on the need for more programming on child marriage and related issues for both adolescents and parents (particularly in Jordan), as well as centers in Ugandan settlements that girls could attend on the weekends to receive this type of programming. Half of caregivers in Uganda and some girls and caregivers in Jordan felt psychosocial support services were a critical need for girls, and that these services should include education regarding coping skills, stress and trauma management, and group therapy. However, in Jordan, there was a preference for one-on-one support and advising, while in Uganda, there was a preference for games, sports, handicrafts, and vocational training as psychosocial support.

In addition to those specific barriers to support and services listed above, a number of caregivers in Uganda and a few in Jordan felt that corruption was a barrier to girls' and caregivers' access to support and services, generally speaking. For example, caregivers in Uganda felt that community leaders were prioritizing family and friends over other community members who were in greater need when developing beneficiary lists or diverting goods and services before girls and their families were able to receiving them. They also expressed frustration that, because of widespread corruption, NGOs were ending programming critical to addressing child marriage.

WHAT GIRLS AND CAREGIVERS THINK WOULD PREVENT CHILD MARRIAGE IN THEIR COMMUNITIES

A critical component of our research was gathering community members' perspectives about and suggestions for the strategies and solutions they felt would help to end child marriage in their communities. This focus was designed to ensure that study recommendations and any resulting programming are grounded in community knowledge and perspectives, and that adolescent girls, in particular, have a voice in shaping the programs and policies that impact their lives. Below is a summary of key strategies and solutions recommended by girls and caregivers in both countries, listed from the most commonly reported to the least.

Sensitization and Awareness-Raising

The majority of girls and caregivers in both countries recommended that UN and NGO staff sensitize girls, their caregivers, and community leaders on the harms associated with child marriage and early pregnancy, and on the benefits of girls delaying marriage and finishing their education. They provided numerous examples of places where such sensitization programming could take place, including community events, campaigns, lectures and community meetings for community members, and recommended integrating sensitization activities into trainings, lectures, and activities for girls. In Uganda, girls and caregivers also suggested the use of drama for girls, while in Jordan, they recommended using videos, stories, and anecdotes from older girls and women who were negatively impacted by child marriage. In addition, they suggested using social media (Facebook and WhatsApp) to inform girls about sensitization campaigns and lectures, as well as providing more opportunities for girls to engage in dialogue with their peers on the topic.

> *When a girl sees girls who are married early, she will start thinking that this is normal and that it is okay for everyone to get married at an early age. However, when she hears someone talking about their experience of getting married early and about the difficulties they faced, this may make her change her mind. — female caregiver, Amman*

Marriage decision-making and empowerment were also recommended as important sensitization topics for girls in Jordan. In Uganda, participants felt it was important to educate girls about the programming and resources available to them, as well as on protection strategies such as not traveling alone or at night. They indicated that these topics, and child marriage in general, should be addressed through targeted child marriage programming and integrated into other programs and services for adolescent girls. In Jordan, girls and caregivers felt the negative consequences of child marriage should be taught to children in schools.

In both countries, girls and caregivers said that community leaders should be sensitized and then engaged in work to sensitize others on the benefits of delaying marriage. They felt that leaders in the community, as well as NGO staff, should visit girls' homes to educate them and their parents on the importance of delaying marriage.

> *You go to [girls] homes and talk to them with the parents on the benefits of studying, and you tell them that these girls will be the ones working for the UN, Save the Children, or the other organizations in the future. — older girl, age 17, Bidi Bidi*

In Jordan, one male caregiver recommended engaging religious leaders to sensitize community members on the dangers of child marriage during weekly sermons.

> *"What may affect people is the mosques. . . . People can be educated through Friday's prayer sermons. In these sermons, people can learn about permitted and prohibited matters, and this can make a difference in their life. — male caregiver, Karak*

Several girls and caregivers in both countries suggested that UN agencies and NGOs sensitize parents on the importance of preventing their daughters from marrying early, so that they can in turn advise their daughters and support them to stay in school. In both countries, girls felt it would be helpful if parents were encouraged in such meetings to take a supportive, positive stance towards delaying marriage and encourage dialogue, rather than enforcement through strict rules and punishment. In both countries, participants suggested holding these meetings and lectures in common locations, such as community centers or meeting spaces, that are already frequented by parents.

Education

Both girls and caregivers highlighted education support as essential to preventing child marriage. They emphasized the importance of parents, community leaders, and NGO staff advising, supporting, and enabling girls to complete their education before getting married. As one girl said when asked how she would support her own daughter someday to delay marriage,

> *I will let her get attached to education, and make her education all she cares about, and allow her to live the life she has to live. I will tell her it is too early to get married. — older girl, age 16, Karak*

One way they felt this could be done was for the government, UN, and NGOs to address girls' financial barriers to education. In Jordan, this included financial support for university tuition expenses, tutoring and educational support, and other education-related expenses. In Uganda, girls and caregivers spoke of the need to pay for school fees for all refugee girls, particularly for secondary education,

and for materials such as books, school uniforms, shoes and sanitary pads to enable all girls to attend school. They also recommended addressing other educational barriers, such as long distances to schools and overcrowding by building more primary and secondary schools in the refugee settlements and sending more girls to boarding schools. Hiring more female teachers and advising girls on how to report incidents of sexual harassment and assault by male teachers was also mentioned as essential to making schools in Uganda safer places for girls, a recommendation that was reinforced by several key informants.

Economic / Basic Needs

The majority of girls and caregivers in Uganda and almost half of caregivers in Jordan felt that providing girls and their caregivers with financial assistance and support for basic needs was a critical strategy for preventing child marriage. In Uganda, girls wanted financial support to meet their most basic needs, which included soap, sanitary pads, shoes, and school uniforms and fees for primary and secondary school. In Jordan, girls generally wanted financial support to improve their quality of life with items such as phones, new clothing, university tuition, or a nicer home. In both countries, girls and caregivers suggested providing cash assistance either directly to girls or to their caregivers so that girls do not turn to marriage for support. They emphasized identifying and prioritizing the most vulnerable using different strategies. In Jordan, they suggested that the government, UN agencies, and NGOs use eligibility criteria, such as prioritizing families where there are many children, where the father is elderly or cannot work, or where there is otherwise no financial provider. In Uganda, they suggested that community leaders conduct outreach to identify the girls most in need and support them to obtain basic items from UNHCR and NGOs. They also recommended providing cash to the parents of adolescent girls for school attendance to incentivize girls' education. In Uganda, the majority of caregivers and a significant number of girls also emphasized the need to provide girls with basic items such as clothing, body oil, bedding, sanitary pads, underwear, soap, wash basins, and school uniforms and supplies. They also felt that if food rations were increased, parents could provide for all of their children, eliminating pressure for girls to leave home and marry.

> *The financial issue is the most important thing. Why do people make their daughters marry early? They may be financially unable to spend money on their daughters. They cannot provide her with basic needs like food and drinks. — male caregiver, Karak*

Girls and caregivers in both countries also recommended that the government, NGOs, and UN agencies provide girls with more vocational training and income generating opportunities for both married and unmarried girls. This included training programs and workshops on skills such as tailoring and hairdressing, as well as support in identifying employment opportunities. In Jordan, girls recommended that vocational training components be integrated into existing adolescent programming, while in Uganda, girls emphasized the need for vocational training centers to be located within or close to camp settlements. In Uganda, they also expressed a need for cash for work programming and loans for women and girls to start small businesses.

> *If they can be given loans, then they can use them for businesses, like making pancakes and buying produce. Some of them just lack startup capital.*
> *— male caregiver, Palorinya*

Protection

Protection strategies to address child marriage were shared by over half of caregivers in Uganda and some girls in both contexts. Some girls in both

countries felt that there should be safe spaces in the community for girls only, where they can participate in sensitization and awareness raising activities, engage with their peers, and seek support if they are at risk of child marriage or have other protection concerns. Girls in both contexts and some caregivers in Uganda emphasized that parents and community leaders should advise and support girls to focus on their education and wait until they are older to get married. In Uganda, they also felt that girls and caregivers should be educated on safety risks and protection strategies for girls in their communities. These strategies included prohibiting girls from going to discos and from traveling unaccompanied or after dark, and putting security policies, procedures, and staffing in place in the settlements at night. As one older girl from Palorinya said,

> *Moving at night puts someone at risk. You may be exposed to other things that put your life at risk too, like marriage. When you move at night, someone can attack you and take you to their place, and then he marries you. — older girl, age 14, Bidi Bidi*

In both countries, girls and caregivers expressed a desire for girls to be better protected from sexual harassment in schools and in the community.

> *She dropped out of school in the fourth grade. Peace and mercy be upon prophet Mohammad, my girl is good looking, so young men started to harass her. She returned home several times crying. Whenever I ask her about the reason, she used to tell me that young men harass her and follow her on the way to school and back home. . . . I feel afraid for her. When I told her father, he decided that she must drop school.*
>
> *— female caregiver, Amman*

Finally, in Jordan, some girls and caregivers mentioned that parents should protect their daughters from harmful traditions, norms, and pressure to marry at a young age, while in Uganda, some caregivers recommended that UN agencies and NGOs provide caregivers and girls—particularly women and girls with disabilities, and women with many children—with adequate shelter and shelter construction support, as girls are exposed to protection risks when they try to gather materials to build or repair their own homes.

> *If the UN had the money, I would say girls should be built houses, because in this place . . . termites keep destroying [them]. And now it becomes difficult to build each child a house, which stresses the child to take different risks . . . to build their own houses. — female caregiver, Bidi Bidi*

Psychosocial Support

Over half of caregivers in Uganda, some caregivers in Jordan, and some girls on both contexts recommended that the government, UN agencies, and NGOs provide girls with easily accessible psychosocial support in the forms of counseling, support groups, and opportunities to engage in social activities with their peers. In Uganda, one caregiver mentioned that girls should be trained to provide peer-to-peer counseling to each other. In both Uganda and Jordan, a number of study participants recommended that girls be provided with opportunities to develop healthy peer relationships through activities they enjoy, such as skill-building workshops, games, art classes, sewing, and lectures to raise awareness of child marriage and other health and protection issues impacting their lives.

> *I am requesting that they bring training schools and counselling points within the camp that are easily accessed and that can help girls to learn the dangers of early marriage.*
>
> *— female caregiver, Bidi Bidi*

Health

Almost half of caregivers and some girls in Uganda provided health-related strategies and solutions. They recommended that UN agencies and NGOs provide girls with SRH education and services, including family planning and education on the prevention of sexually transmitted infections (STIs) and the risks associated with early pregnancy. Some participants felt that community leaders and parents should advise girls on reproductive health issues and on how to delay early pregnancy. They also requested that UN agencies and NGOs provide girls with education on general health and personal hygiene topics, how to access health services, and how to care for their babies. They also highlighted that all girls should have access to healthcare and highlighted the need for more health centers in Palorinya.

> *Support them by telling them to go check themselves in the hospital, and since they are still young, [that] to space their children, they should use family planning. — male caregiver, Palorinya*

Girls and caregivers in Jordan did not mention health-related strategies to address child marriage. However, one key informant explained that unmarried girls need better access to SRH services, as currently they are not able to access these services at health centers run by the Ministry of Health because they require proof of marriage. Similarly, three key informants in Jordan said that girls need better access to SRH information and education, particularly because these topics are regarded as taboo in the community and rarely discussed.

Law and Policy

Some girls and caregivers in both countries felt that legal and policy strategies are important for preventing child marriage. In Uganda, girls and caregivers recommended banning minors from going to local discos, or banning discos from operating in the community entirely, as these are places where girls often consume alcohol, meet men, become pregnant, and end up marrying young. They also mentioned the need to develop and implement stronger child protection policies at the community level. In Jordan, some caregivers and a number of key informants recommended issuing and enforcing a law to prohibit exceptions to the minimum age of 18 for marriage in Jordan. In both countries, study participants mentioned education-related policies to prevent child marriage, including providing all girls in the refugee settlements in Uganda with school fees and supplies, and better monitoring and enforcement of mandatory school attendance for girls below the age of 18 in Jordan.

Responding to Child Marriage: How to Support Married Girls

Service and Support Needs

Girls and caregivers noted a number of service and support needs specific to married girls, as well as those who are pregnant or divorcing.[51] These are included below, from most commonly reported to the least. However, it is important to note that many of the service and support needs and barriers to accessing services found on pages 36–39 apply to girls generally, and thus should be considered alongside those presented here.

Basic Needs: In both countries, but particularly in Uganda, girls and caregivers said married girls, as well as pregnant and divorcing girls, required support for basic needs. This included support for

items like food; things for the house and kitchen, such as utensils and bedding; personal hygiene supplies, such as soap and sanitary pads; clothing and shoes for themselves and their children; and housing and clean water. Barriers to receiving basic needs and support were the same as those listed for unmarried girls, with the additional challenge of restricted movement for married girls in Jordan.

Educational Barriers: Educational services for girls were generally available in both Uganda and Jordan. However, married girls faced a number of barriers in accessing them. First and foremost, married girls face strong resistance from their husbands, for example, because husbands may believe women should not be educated once they are married. Husbands may also worry that wives will neglect home duties, or fear for their safety during travel to and from school. Married girls may also face resistance from their parents or in-laws, particularly in cases of forced marriage. Married girls in both countries frequently faced stigma if they attempted to return to school after marriage or were barred from attending schools altogether, particularly if they were pregnant. Heavy domestic workloads and childcare were also major barriers to girls returning to school. In Jordan, many girls and caregivers said that the only way that most married girls are allowed to return to school is if they can find an alternative to traditional education, such alternative basic education programs, vocational schools, or homeschooling. These barriers were so strong that a number of girls and many caregivers in both countries said a girl was unlikely ever to return to school after marriage. Girls and caregivers in both locations said that married and divorced girls desperately need alternatives to the traditional educational system, including schools for married girls, alternative basic education programs, vocational schools, and help with the cost of school fees and supplies.

Sexual and Reproductive Health: Married girls in both countries were generally reported to have access to at least some SRH services. However, some participants stressed that these services were often not adolescent-friendly, a point they felt was critical due to the risks associated with early pregnancy and childbirth in girls whose bodies had not fully developed. A few girls and caregivers in both locations discussed the need for improved family planning services, and in Jordan, caregivers said girls needed better access to perinatal care and birthing centers. Caregivers in both locations, particularly in Uganda, felt that married girls needed education on family planning and birth spacing. In both countries, the most significant barrier for girls accessing SRH services was resistance from husbands, for example, because they wanted their young wives to have children right away, or because they did not want them traveling alone. Resistance from in-laws, friends, or family, and heavy domestic duties and childcare were the next most significant barriers. In Uganda, girls also said that myths about birth control—that it could make you sterile or sick, for example—and a lack of education on alternative ways to prevent pregnancies had stopped girls from seeking family planning services.

When discussing girls' agency in pregnancy decision-making, some girls in Uganda said married girls may have a say in the matter, depending on how kind and thoughtful her husband is; however nearly twice that number said girls have little to no say in the decision of whether and when to have children. In Jordan, the response was split nearly equally, though among those who said girls did have a say, less than half had an unqualified 'yes'. If they wanted to delay childbirth, girls in both countries said a girl should first turn to contraception. However, in Jordan, some girls said a married girl would have no choice because her husband likely would not allow contraception. In Uganda, some girls said that not having sex with their husband — or leaving him altogether — was their best or only option.

> *In our community, a girl who gets married must have a baby right away. She can convince him to wait after she has two children, but not before having any children.*
>
> *— older girl, age 17, Karak*

Other general health needs identified for married girls in Uganda included latrines, infection prevention, discrete transportation to health centers, and financial support for health services and medications for themselves and their children. Caregivers in Jordan said simply that married girls needed basic health services.

Economic Support: Some girls and caregivers felt married girls needed some form of economic support. In Jordan, girls and caregivers felt financial support in the form of cash was necessary for girls who were married or looking to divorce. In Uganda, caregivers said married girls needed job opportunities; vocational training, such as tailoring or hairdressing; loans for startup capital for small businesses, such as making small food items to sell on the roadside; and cash support. Income-generating opportunities were seen to be particularly crucial for girls in abusive relationships in Uganda, as many are unable to leave because of economic dependence on their spouses.

The most significant barrier to employment specific to married girls in both countries was resistance from husbands who, for example, felt they should be able to provide for the needs of their wives, accused wives of trying to meet other men, or felt it was not appropriate for women to work outside the home. Other barriers in both countries included resistance from parents or in-laws to a married woman working and heavy domestic workloads and childcare. Married girls in Uganda also struggled to get work because of incomplete educations. In Jordan, the movement of married girls was heavily restricted.

> *Honestly, I'm against their [women and girls'] employment if the husband is financially capable. What would the girl want other than having a child or two, having everything else she wants, and a husband that helps her, is good to her, respectable, and wants to make her happy? . . . Some wives would feel superior to their husbands. She'd tell him, 'I earn money, just like you do. I do whatever, just like you do.' This leads to problems.*
>
> *— male caregiver, Amman*

In both countries, girls and caregivers generally agreed that decisions about how money earned by a married girl was spent would be a joint decision between husband and wife, though a few said she could spend it as she pleased, and a few said she would have no say over how the money was spent whatsoever.

Protection: A few caregivers in Uganda felt married girls should be educated about where to seek protection if they were experiencing abuse, while in Jordan, a few girls felt there should be awareness-raising sessions for husbands about how to treat their wives. When asked where a married girl would go if she was being abused, most girls said a girl would have to ask family to intervene with the husband on her behalf or get a divorce—an option they admitted would be difficult due to stigma against divorced girls and the inability to care for themselves financially. Some girls in each country shared alarming responses, including that there was no place a girl could go, that her only option was to discuss it with her husband, or that she would have to run away from home or move away from her community. A few girls in Uganda said that suicide would be her only option.

> *She can commit suicide and also poison herself. She could move away from that place . . . like in the bush and stay there, but she could die there. — older girl, age 17, Bidi Bidi*

Barriers to existing protection services in Uganda included insufficient services, particularly for girls experiencing IPV, and ineffective police protection. In Jordan, barriers centered around difficulties with Family Protection Department Centers, including that girls did not know about them or were afraid to go to them. Some said they could not access these centers because of obstruction from their husbands or family members.

Other Support Needs and Barriers: Other priority service and support needs for married girls include psychosocial support and support for children. Girls and caregivers in both countries thought married girls would benefit significantly from having access to general psychosocial support services, as well as education on coping with stress, parenting, and conflict management with their spouses. In Uganda, girls and caregivers felt married girls would also benefit from improved social opportunities to attend activities and make friends who could support them. Finally, a few girls and women in both countries spoke of the need for more services and support for the children of married girls, including help meeting their basic needs, better childcare options so that mothers could work or go to school, and education for girls on how to properly raise and care for children.

Strategies and Solutions

Girls and caregivers shared strategies and solutions they felt would be helpful in responding to child marriage and supporting married, pregnant, and divorcing girls to live fuller, healthier lives.

Sensitization and Awareness-Raising: Girls and caregivers in both countries said that the UN and NGOs should provide training, lectures, and activities for married girls. They also recommended targeted outreach to married girls to ensure that they are aware of available programs and services, given that they are more likely to be isolated and face increased barriers to accessing services. In Jordan, girls and caregivers indicated a need for awareness-raising to change community perceptions and social norms around expectations for married girls so that they can more easily return to school.

Education: In both countries, girls and caregivers recommended providing advice and guidance to married girls to support them to return to school and finish their education. In Uganda, they also suggested that married girls should have their own schools or vocational training centers, located within or close to the camps, that are tailored to meet their needs.

> *They [married girls] need to be advised and encouraged to go back to school. Some of the girls remain in their marital homes, not because they are happy, but because they think even if they go back home the situation may be bad. So they end up tolerating it. There is a need to bring vocational schools nearer so as to equip girls with some skills for survival.*
>
> *— female caregiver, Bidi Bidi*

Likewise, a few girls in Uganda felt there should be special school opportunities and sponsorships for divorced or divorcing girls so that they could avoid the stigma against divorced girls in schools and continue their education, regardless of whether their parents were willing to pay for school fees.

Economic: In Jordan, caregivers felt that married girls should be identified and prioritized for cash assistance in order to provide for the basic needs of their children such as milk, diapers, and healthcare expenses. Girls and caregivers in both countries also recommended that the government, NGOs, and UN agencies provide married girls with more vocational training and income generating opportunities. This included training programs and workshops in skills such as tailoring and hairdressing, as well as support in identifying employment opportunities.

Protection: Girls and caregivers in both countries recommended that UN, government, and NGO staff provide protection services such as advising, case management, and referrals to support for married girls who experience domestic violence. They felt that community leaders and NGO staff could help to identify married girls who are being abused or mistreated, make referrals to counseling services, and where possible, support them to return to their parents' homes. In Uganda, some caregivers recommended that UN agencies and NGOs provide married girls with adequate shelter and shelter construction support, as they are exposed to protection risks when they try to gather materials to build or repair their own homes.

Psychosocial Support: Psychosocial support services for married girls were recommended by many caregivers and some girls in both countries. They felt that, in particular, married girls who are experiencing domestic violence should be provided with counseling on the issues in their marriages, obtain advice about their options, including divorce, and receive guidance and referrals to support services.

Health: Nearly half of caregivers in Uganda and some girls in both countries recommended that UN agencies and NGOs provide married girls with SRH education and services, including family planning and education on prevention of STIs and the risks associated with early pregnancy. Some participants also requested that UN agencies and NGOs provide married girls with education on general health and personal hygiene, as well as information on how to access health services and how to care for their babies.

WHAT THIS MEANS FOR PROGRAMMING IN HUMANITARIAN SETTINGS

FROM THE BEGINNING of this research, we and our partners set out to generate youth-centered evidence that is both informative to—and actionable by—humanitarian practitioners working on the issue of child marriage in displacement contexts. The following discussion aims to link findings with a clear vision for how they can be applied practically to create meaningful, sustainable change.

WHAT PUTS GIRLS AT RISK OF CHILD MARRIAGE (AND WHAT PROTECTS THEM)

Many of the risk factors, such as poverty, insecurity, and family separation, that we have identified in Jordan and Uganda, have been identified in other humanitarian settings. However, the youth-centered methodology utilized in this study helped to highlight other factors that have been under-recognized until now. The first of these is child maltreatment or neglect. While previous research has identified the threat of violence from outside the home as a driver of the practice, there has been little evidence until now showing that violence from within the family—often exacerbated by displacement and its related stressors—can be just as real of a threat for adolescent girls. Any programming to address child marriage in humanitarian settings, particularly in settings of protracted displacement, should work to address these factors, for example, by promoting supportive parenting. The second of these are behavioral risk factors which arose in Uganda, such as going to discos, traveling alone or at night, pre-marital sex and pregnancy, alcohol consumption, and rebellious attitudes of girls towards authority figures. By better understanding how girls and caregivers perceive these actions and the outcomes of child marriage to be linked, we can help to shift the blame away from girls and onto the harmful social norms and gender inequality that make these behaviors so deeply unsafe for girls. Finally, this is the first time that multi-country research has identified peer pressure as a significant risk factor for child marriage in these settings—an important finding that confirms that peer relationships are critical to healthy adolescent development whether at home or in a displacement setting.

Understanding the risk and protective factors for child marriage in any context is critical to developing effective programming. While there are many of these that refugee communities in Jordan and Uganda shared in common, no two settings will ever be alike. Risk factors can vary significantly between contexts and may be of higher or lower priority in one context over another. Thus, while there are some general categories of risk and protective factors that practitioners should consider, we recommend that national and local GBV coordination groups conduct GBV assessments during the program design phase in order to identify child marriage risks and protective factors at each ecological level and ensure programs are addressing root causes.

One of the major challenges with much of the existing data on drivers for child marriage is that while it helps us to understand the phenomena better, many of the drivers are simply not actionable in any meaningful sense; it is a tall order to expect any one or even several NGOs or government institutions to entirely eradicate poverty or national insecurity. Thus, one of the significant contributions of this study was its focus on more actionable risk and protective factors for child marriage that may be impacted by humanitarian-response mechanisms, projects, and programming in meaningful ways. Protective factors, previously unaddressed in the literature on child marriage in humanitarian settings, play a particularly unique role. While we may not be able to eliminate poverty, we can ensure that parents are empowered to help meet their daughters' most basic needs, such as soap and clothing— a simple action that girls and caregivers told us would have a profound impact.

HOW GIRLS AND THEIR FAMILIES DECIDE ON CHILD MARRIAGE

Most of the previous research on marriage decision-making for adolescent girls in humanitarian contexts concludes that girls have little or no agency in the decision-making process, with parents or male family members as the primary decision-makers. However, this study highlights the wide variety in levels of agency in marriage decision-making that girls can have, even within the same community. While most of the responses from girls and caregivers fell at either end of the continuum—that girls alone choose whom and when to marry or that girls are forced by their parents into marriage—a variety of responses fell in between. These included situations where girls have more or less agency and where parents and family members have different levels of involvement, advice, or required approval. For example, in the research communities in Jordan, where most girls lived with their biological parents, girls said that their father and mother are the only other individuals involved in the decision-making process, with some saying that their fathers have the final say and others reporting that mothers are more influential, as they advise girls in their decisions. In Uganda, however, where many nuclear families have been disrupted by conflict and displacement and many fathers do not reside in the refugee settlements, parents had different levels of involvement. Decision-making often included male relatives, such as uncles, brothers, and grandparents, as well as clan members, neighbors and other community members. Understanding girls' agency, as well as the role and influence of various individuals involved in the marriage decision-making process, is critical to designing responsive interventions to support girls in their decision-making and create an enabling environment for girls to delay marriage.

Further, the key decision-making factors of adolescent girls and caregivers identified in this research can be used to develop targeted programming to address both the community perceptions and practical needs contributing to child marriage in humanitarian settings. For example, UN agencies and NGOs can reinforce the perceived disadvantages of child marriage (e.g. harmful health consequences for their daughters) and address misinformation related to the benefits of child marriage (e.g. that marrying early will allow girls to have more children), and counter the stigma associated with delaying marriage that influences decision-making (e.g. that girls who wait until they are older to marry are promiscuous, unintelligent, or a burden on their families). With regards to addressing practical needs, our finding, for example, that current food rationing practices are unintentionally incentivizing early pregnancies and marriage in Uganda highlights the need to ensure adequate food distribution and other basic needs. Likewise, the significant perceived economic benefits of child marriage for girls and caregivers underscores the potential of cash programming as a solution to preventing child marriage in humanitarian contexts.

Finally, despite the selection of two very geographically and socioeconomically distinct humanitarian contexts, the categories of decision-making factors that arose from this research were remarkably similar. For example, key benefits of child marriage raised by girls in both countries included a desire to escape from their home situations, the ability to have children sooner, and the ability to avoid stigma. However, in spite of the similarities, each factor still arose in different ways. Girls had different reasons by context for wanting to escape their homes. Likewise, they associated different benefits with having children sooner and wanted to avoid different types of stigma. Therefore, while the decision-making factors identified in this research can be applied as an initial framework to guide intervention design, it is critical that practitioners also have an in-depth understanding of how these factors present in each context in order to influence marriage decision-making behavior in crisis.

WHAT GIRLS AND CAREGIVERS THINK WOULD WORK TO PREVENT AND RESPOND TO CHILD MARRIAGE IN THEIR COMMUNITIES

Another critical contribution of this study is the exploration of child marriage prevention and response strategies and solutions in humanitarian contexts from the perspectives of youth, caregivers, and community members themselves. By collecting the majority of data from girls ages 10–17, much of it using youth-centered participatory research methods, we sought to amplify the voices of displaced girls in this discussion and in the design of subsequent programming. Importantly, our community validation workshops then enabled us to share preliminary findings and check the accuracy of our analysis and interpretation of the data with youth and caregivers.

The three highest priority solutions for adolescent girls and caregivers were addressing barriers to education to keep girls in school, conducting community sensitization and awareness-raising, and providing financial support for girls and their families. It is essential that the UN, governments, and NGOs support girls in humanitarian contexts to enroll in and continue their education. This can be done by addressing financial and practical barriers to education, such as school fees, uniforms, and materials; distance to schools; and protection concerns. Context-specific educational barriers should be assessed and addressed in program design. Likewise, the fact that many girls and caregivers recommended sensitizing and raising awareness of girls, their parents, and community members on the benefits of delaying marriage, through a variety of events, campaigns, and activities, highlights the need to implement targeted programming aimed at changing social norms around child marriage in humanitarian settings. While ensuring basic needs are met is certainly the highest priority in the acute stages of an emergency, this research suggests that once a situation stabilizes, community sensitization efforts and programming to change norms around marriage may not only be feasible, but should also be a high community priority in settings of protracted displacement.[52] Further, the disruption of traditional family and community structures and movement to new social, cultural and legal contexts in displacement may present an ideal opportunity to shift and redefine marriage and gender norms.

With regards to financial support, respondents in both countries strongly recommended cash assistance to adolescent girls or their caregivers. For caregivers, cash could relieve extreme financial hardship, offset financial incentives for them to marry off their daughters early, and enable them to provide for their daughters' needs. For girls in Uganda, cash could help cover their most basic needs, such as shoes, school uniforms, and soap, while for girls in Jordan, cash could help improve their quality of life with things like clothing, university expenses, or phones. In both locations, some study participants suggested providing cash to caregivers at the household

level, while others recommended providing directly to adolescent girls. In Uganda, some participants suggested making cash programming conditional upon girls' school attendance, which they felt had been effective in South Sudan. Despite the promise of cash to address risk and decision-making factors for marriage, evidence on the impact of cash programming on child marriage outcomes in humanitarian contexts is extremely limited. A 2018 review of the literature on the impact of cash transfer programming (CTP) on preventing and mitigating GBV identified four studies on the topic—two that demonstrated a positive impact on child marriage and two that were neutral. Among those with a positive impact, one with Syrian refugee communities in Jordan concluded that cash transfers conditional upon education helped to prevent early marriage, while the other in Somalia found that some respondents had used multi-purpose cash grants on girls' tuition and income-generating activities, reducing the frequency of early marriage in the communities studied.[53] However, evidence on the safety and effectiveness of providing cash assistance to adolescent girls as direct recipients in humanitarian contexts is extremely limited. Intervention evaluations to assess the impact of cash programming on child marriage in humanitarian settings, exploring the impact of conditionality and targeting, are urgently needed.

Other important components of child marriage interventions emphasized by girls and caregivers were vocational training and income generating opportunities, various forms of psychosocial support, safe spaces for girls offering social activities and protection advice and support, education for girls and parents on protection risks and strategies, and better protection from sexual harassment and abuse in schools and in the community. Caregivers and girls in Uganda also felt that SRH services and information, particularly on early pregnancy risks and prevention, as well as more accessible health centers, would go a long way in preventing child marriage.

Another important contribution of this study is with regards to strategies and solutions to support already-married or divorcing adolescent girls. Through this research, we learned that married girls are often more isolated and face greater barriers to services. Thus, their specific needs should be prioritized in programming. Married and divorced girls must be supported to return to school (though necessary interventions vary by context), prioritized as recipients of cash programming, informed through targeted outreach about programming and services available, and provided with access to psychosocial support and protection services—particularly in situations of domestic violence and abuse. However, there is very little research available on the impact of support programming on outcomes for already-married girls.[54] Further evidence on interventions to support married girls in humanitarian settings is urgently needed.

The community-driven strategies to address and respond to child marriage offered above provide important elements to consider when designing interventions to prevent child marriage in humanitarian contexts. However, these strategies must be tailored to the local context, and we recommend conducting initial assessments using methods such as focus group discussions with girls and caregivers to fully develop these approaches with community input. Further, strategies and solutions shared by adolescents and caregivers were well-aligned with the service and support needs they identified as critical to preventing child marriage. However, it was uncommon for study participants to take into account the barriers to accessing existing support and services they had highlighted—for example, resistance from husbands or family members, girls' heavy domestic workloads and family responsibilities, and stigma in schools against married girls or in the workplace against non-nationals. Any efforts to implement programming to address child marriage should also ensure major barriers like these are addressed in order to make services accessible to those most vulnerable to child marriage. In particular, practitioners

may consider combining new or existing efforts with sensitization for husbands, fathers, and other family members in order to minimize resistance to girls' participation in programming and promote sustainable change. Efforts to sensitize and engage men and boys in conversations about the negative consequences of child marriage for girls, their families, and their communities are important strategies for creating sustainable change.

HOW TO PREVENT AND RESPOND TO CHILD MARRIAGE IN HUMANITARIAN SETTINGS:

Combined Recommendations

THE FOLLOWING RECOMMENDATIONS are presented by sector in order to better support international NGOs actively working to address child marriage in humanitarian settings. However, many of these recommendations are also applicable to local NGOs, government bodies, UN agencies, CBOs, and research institutions addressing child marriage in humanitarian settings.

CROSS-SECTORAL

1. Advocate for the inclusion of child marriage risk and decision-making factors in assessments carried out by GBV national and local coordination groups, as well as by other sectors. These may include rapid needs assessments, rapid gender analyses, household vulnerability assessments, or GBV assessments. Then, communicate relevant findings to the appropriate sector working groups.
2. Advocate for the inclusion of activities to address child marriage risk factors by sector in humanitarian response plans.
3. Ensure that all humanitarian needs assessments and humanitarian response plans are informed by an intersectional gender analysis and the collection and analysis of sex, age-, and diversity-disaggregated data. Humanitarian needs assessments and humanitarian response plans should ensure that the needs of adolescent girls, particularly those at higher risk of child marriage or who are already married, are identified and addressed.
4. Ensure populations that are particularly vulnerable to child marriage are included in services and that services are tailored to their needs. Such populations may include girls who are married, pregnant or parenting, divorced, separated, or widowed, as well as unaccompanied girls from homes with no provider or a provider who is elderly or has a disability, those not living with their biological parents, those with disabilities, and those from large families, especially families with many daughters.
5. Implement measures to reduce corruption during program registration and distribution of goods or services in order to reach adolescent girls and families most vulnerable to child marriage. Ensure community leaders and NGO agents are not prioritizing family and friends over those most in need and that they are not able to tamper with registration lists and reroute good and services away from the intended beneficiaries.
6. Involve girls in the design of adolescent programming and efforts to prevent child marriage by obtaining their input through participatory activities and focus group discussions.

CASH AND LIVELIHOODS

1. Consider cash transfer programming (CTP) in the design of child marriage interventions to offset the perceived benefits of obtaining a dowry and decreasing family size, and to reduce the risk of turning to marriage as a coping strategy for meeting basic needs in situations of poverty. Integrate child marriage risk into household vulnerability assessments for cash programming to identify households with girls at risk of child marriage and prioritize those for cash assistance. Conduct risk assessments, as well as post-distribution monitoring (PDM) to identify protection risks and barriers associated with the targeting and delivery of cash to vulnerable groups to inform the design of context appropriate programming. See the "Safer Cash Toolkit" for practical recommendations and tools for conducting risk assessments and PDM to ensure safety and efficacy.[55]
2. Provide vocational training aligned with local labor market demands, economic empowerment education, and age-appropriate income-generating opportunities which are safe and legal,[56] such as cash for work programs for married and unmarried adolescent girls, especially for those who would like to delay marriage, and include alternatives for girls who have not completed school. Integrate these activities into existing adolescent programming for girls, such as safe spaces or psychosocial support.
3. Provide parents and caregivers with employment and income-generating opportunities, vocational training, and supplies and capital to start small businesses so that they can provide for the basic needs of their children. (Note: this may apply more in a protracted displacement situation and depends on laws/policies regarding refugee employment.)
4. Address barriers to girls' access to work opportunities, such a lack of income-generating opportunities (including culturally sensitive, women-only work spaces); distance to existing opportunities; resistance from husbands and parents or caregivers, particularly men; insufficient training or experiences in managing a business; insufficient start-up capital; stigma against women and girls working outside the home; lack of awareness about income-generating opportunities; as well as heavy domestic workloads, childcare burden, inadequate educational attainment, and restrictions on or insecurity of movement for girls.

EDUCATION

1. Improve access to schools, including secondary school and alternative basic education programs, by ensuring that educational opportunities are available and convenient to all population centers — including the most remote — and equally distributed across settlements. Ensure that boarding options are provided for those who live far from school where contextually appropriate, or that safe and convenient transportation services are provided for those who live at a distance from school or who have travel restrictions imposed by caregivers.
2. Ensure girls are enrolled in and attending school from primary through secondary. Support community leaders to monitor and support school engagement for married and unmarried girls in their communities.
3. Ensure educational opportunities for all girls by assessing and addressing financial and practical barriers to attendance, including, for example, lack of awareness of the importance of education, heavy domestic workloads, stigma and social and cultural beliefs against girls attending school, cost of education (such as school fees, uniforms, and supplies), resistance from caregivers, and lack of underwear and sanitary products in camp contexts.

4. Support married girls to stay in or return to school and complete their education through specialized support services or schools. Address barriers specific to married girls, such as resistance from husbands, childcare burden, and stigma and restrictions against married or pregnant girls in the educational system—particularly in lower grades and levels.
5. Provide girls with meaningful educational alternatives to child marriage. Increase opportunities for continued education after secondary school, including scholarships for universities that would otherwise be cost prohibitive for many displaced girls. Provide alternatives to traditional educational approaches, such as alternative basic education or home learning programs, as well as contextually appropriate vocational training options, such as tailoring, handicrafts, or salon work, for girls whose education was disrupted by conflict, are married, have children, or who otherwise do not feel traditional education meets their needs.
6. Provide financial and material support to keep all girls in school by providing free primary and secondary education, and as well as scholastic materials, at least two uniforms, shoes, underwear, and sanitary products, especially for those most vulnerable to dropping out of school. These may include unaccompanied girls, girls with ill caregivers, girls from large families, girls who have refused child marriage, married girls, girls who are pregnant and gave birth during school, or girls who are separated or divorced, and those who otherwise do not have the support of a husband or caregiver.
7. Establish systems of accountability for addressing sexual harassment and assault in schools by creating codes of conduct where they do not already exist, implementing anti-sexual harassment training for teachers and school leadership, establishing clear referral pathways and protocols, and ensuring access to clear reporting channels within schools. Educate girls and boys on how to recognize and report incidents. Hire more female teachers, following gender-responsive recruitment strategies, and put measures in place to ensure that classrooms are safe spaces for all.
8. Sensitize girls on the importance of attending school. Sensitize caregivers, and in particular fathers and husbands of adolescent girls, on the value and importance of continued education for their daughters and wives in order to secure their support for girls' education. Address family and community cultural norms and traditions that deprioritize or inhibit girls' education. Enlist community and religious leaders in efforts to raise awareness on the importance of educating girls before marriage.

FOOD SECURITY AND NUTRITION

1. Ensure all caregivers and girls, including unmarried, married, pregnant or parenting, and divorcing girls, as well as those not living with their biological parents, have their basic nutritional needs met, including sufficient amount and quality of food, in order to prevent them from turning to negative coping mechanisms, such as survival sex or marriage as a solution to meeting these needs.
2. Advocate for measures to help mitigate risks of food distribution policies and practices in settlements which may incentivize child marriage, such as delayed distributions, the need for some families to sell food as a primary source of income, and handling of ration size related to family size.
3. Where appropriate, ensure caregivers and married or divorced girls have sufficient access to loans, tools and seeds, and land for cultivation of food to improve income and supplement food rations.

HEALTH

1. Improve access to and provision of quality adolescent-friendly SRH information and services, including education on STI and pregnancy prevention and the risks associated with early pregnancy, as well as contraception/family planning, comprehensive abortion care, and perinatal services for married and unmarried girls. Integrate child marriage prevention and response activities into existing SRH service provision. Address myths or rumors about contraception (e.g. that it could make you sterile), and age and fertility (e.g. that you will not be able to have children if you wait until you are older). Provide education to married and pregnant girls on how to have healthy pregnancies, as well as newborn care, and health and hygiene.
2. Address barriers to girls' access to existing SRH services, including cost; lack of awareness of existing information and services; stigma around family planning and safe abortions; stigma around provision of SRH services for young or unmarried girls; heavy domestic workloads; resistance from husbands, parents, in-laws, or others; and girls' fear or shame when seeking it out. Where needed, provide discrete transportation options to health centers for married girls.
3. Provide easily accessible, quality comprehensive sexuality education for adolescent boys and girls that teaches the importance of consent and safe sex practices to prevent STIs and unwanted and early pregnancy, as well as educating them on the dangers of early pregnancy and childbirth and the importance of birth spacing and family planning. Provide SRH education on topics relevant to adolescents, such as puberty and healthy menstruation.
4. Educate husbands, girls, boys, caregivers and in-laws on the dangers of early pregnancy and childbirth and the importance of adequate birth spacing.
5. Address barriers to girls' access to general health services and support including distance from health centers and lack of transportation, limited or poor-quality health services, insufficient/inconvenient days or hours of operations for health facilities, cost of healthcare, in particular medications, and a lack of awareness about available services in the community and how to utilize them.

LAWS, POLICY, AND ADVOCACY

1. Strengthen legal and policy frameworks and the enforcement of child marriage laws at the national level in refugee hosting countries, including through addressing legal loopholes and harmonizing disparate legal frameworks, (e.g. legal exceptions in Jordan which allow for the marriage of girls between the ages of 16–18 with a judge's approval), and by repealing laws and policies that create barriers to girls accessing their rights to education and SRH information and services.[57]
2. Address barriers to caregivers seeking legal support for child marriage, including fear that they will be blamed, mishandling of cases by the authorities, and fear authorities will release perpetrators early because of family complaints.
3. Educate communities, including traditional and religious leaders, on child marriage laws and policies, especially those that differ from laws and policies of their country/communities of origin.

NON-FOOD ITEMS (NFIS) / BASIC NEEDS

1. Ensure all caregivers and girls, including unmarried, married, pregnant or parenting, and divorcing girls, as well as those not living with their biological parents, have their basic needs

met in order to prevent them from looking to survival sex or marriage as a solution to meeting their needs. These may include soap, clothing, shoes, sanitary pads, and home items such as bedding. Ensure basic needs of children of married, unmarried, and divorced girls, such as soap, diapers, and clothing, are also met.

2. Reduce barriers to girls receiving support and services for basic needs, including limited cash, lack of awareness on how to apply for services, limited program eligibility criteria, resistance from married girls' husbands, and availability and accessibility of services and support in camp and urban contexts.

PROTECTION

1. Provide protection services for both unmarried and married girls, including services to address GBV and GBV case managers within child protection programming. Ensure accessible reporting channels and case management services are available to girls experiencing pressure to marry early and domestic and sexual violence. Educate girls on how to report protection concerns, including child marriage attempts by caregivers, and what services and support they can expect. Collaborate with law enforcement and community leaders to ensure that reports of child marriage are taken seriously at the community level.
2. Ensure girls are able to safely access protective services by removing barriers related to distance to police or NGO support services, cost of transportation, and lack of community-based security personnel to report to in settlements, as well as resistance from husbands or caregivers to girls seeking services, or girls' awareness of available support and services, particularly in urban communities.
3. Educate biological and non-biological caregivers on the importance of positive, engaged parenting in order to help prevent early pregnancy and marriage, as well as how to positively respond to parenting challenges of raising adolescents (e.g. rebellion, stubbornness, etc.), including healthy, non-violent/abusive discipline and conflict-management techniques. Educate caregivers on the dangers of mistreatment, neglect, child abuse, and other forms of violence. Teach them about the importance of reasonable workloads at home, as well as the dangers of overly strict parenting. Consider adapting existing positive parenting programs to humanitarian settings or scaling up current programs. See, for example, *Parenting without Violence* by Save the Children or the *Adolescent in Crisis Life Skills and Parenting Package* by Plan International.[58]
4. Advise girls, their caregivers, and communities on safety risks in camps and urban communities and safety precautions and protection strategies, including for GBV prevention. Support parents to implement rules and strategies to keep girls safe, such as not allowing them to travel alone or at night.
5. Take measures to protect girls' safety in transit — particularly during high-risk activities such as traveling for school, chores, or entertainment — for example, by providing better lighting, easily accessible security personnel, and other security measures on frequently-travelled roadways. Provide safe transportation options for girls to and from school. Educate girls and caregivers on safe transit practices, not traveling at night, traveling in groups, etc. Where needed, provide girls and caregivers with cash or basic needs security so girls do not have to engage in high-risk activities such as collecting firewood. Where relevant, work to address family and community norms and traditions that restrict girls' movement and freedom unnecessarily.
6. Implement safe spaces for girls, such as safe houses or community centers where girls can

go for protection concerns or visit after school and on weekends for social activities and sensitization on topics important to adolescent girls, including their rights and the benefits of delaying marriage.

7. Develop and implement community-based strategies for protection monitoring to identify households / girls at risk of child marriage, girls experiencing maltreatment or neglect, and married girls experiencing domestic violence. For example, work with community and religious leaders to identify and reach those families most at risk of marrying off their daughters early or those who are experiencing violence or abuse, and provide them with support. Support community leaders to intervene early to prevent marriage of girls and to make referrals to protection services or law enforcement where necessary. Ensure police and security personnel are easily accessible within the communities.

PSYCHOSOCIAL SUPPORT

1. Provide psychosocial support, counseling, and advice for unmarried girls, especially those at risk of marrying early, as well as pregnant and married girls who may be facing marital problems or domestic violence. These may include one-on-one and peer-to-peer counseling, support groups, trainings and advising on stress and conflict management, and social activities for girls to engage with their peers. Address barriers to girls' access to these services, including cost, lack of awareness of available programming, lack of services, resistance from husbands and parents, and discrimination against girls.
2. Provide games, activities, and sports for both married and unmarried girls for trauma healing, self-empowerment, and socialization. Teach and encourage healthy peer relationships and appropriate responses to negative peer pressure. In particular, provide opportunities for married girls to socialize and develop healthy peer relationships. Remove barriers to girls receiving sport and recreation services, including the exclusion of married girls from most existing play centers.
3. Educate parents and caregivers on the importance of psychosocial support, peer relationships, and recreation for girls, including the importance of taking girls for mental health support and decreasing household workloads in order to ensure girls have time for after-school and weekend activities.

SENSITIZATION AND AWARENESS-RAISING

1. Provide girls with training, lectures, and workshops addressing empowerment topics, including recognizing their self-worth, autonomy, voice and agency, and women and girls' rights. Support them to develop and pursue their own educational, employment, and life goals and ambitions, and provide them with the tools and life skills to aid in marriage decision-making. See, for example, the *Adolescents in Crisis Life Skills and Parenting Package* by Plan International.[59]
2. Educate girls on challenges and issues relevant to adolescents, such as the importance of marriage readiness, the harms associated with child marriage, menstruation, and pregnancy readiness. Establish a realistic image of marriage for girls (e.g. the challenges of housework, relationships with the husband and his family, child-rearing, economic challenges, etc.). Consider conducting these activities using peer counseling and support groups, workshops, and educational videos. Engage teachers to help mobilize girls for such activities and have girls themselves lead the activities, for example, having girls who married/

nearly married young, or girls who have attended continuing education share their stories to educate unmarried girls on the challenges of and alternatives to child marriage. Integrate these topics into life skills curricula for girls and general curricula in schools.

3. Provide married girls with sensitization and awareness on topics relevant to them, such as family planning, child-rearing, or domestic violence. See, for example, the *Tailored Package for Early Marriage* developed by the International Rescue Committee (IRC) for Syrian and Lebanese married or engaged girls.[60]
4. Hire more women in leadership positions in government, NGOs, and UN agencies in humanitarian settings to serve as role models and promote positive gender norms. Identify and engage strong women role models in programming to inspire and educate girls.
5. Provide regular and accessible sensitization, awareness-raising activities, training, and programming on child marriage, marriage decision-making, girls' rights to and the importance of education to a healthy future and economic prospects, and the support available to girls and their caregivers, as well as boys and young men. Target caregivers of adolescent girls, particularly those of younger adolescents and those facing economic hardship. Teach parents and their children how to have open dialogue about child marriage. Address barriers to girls' and caregivers' sensitization and awareness-raising support, including distance to sensitization lectures, resistance from parents and husbands, and limited programming on child marriage.
6. Address family and community norms and traditions around child marriage, including dowry practices, inappropriate beliefs about markers of marriage readiness, and stigma associated with marrying older. Tailor child marriage awareness-raising, education, and responses to the context-specific needs, customs, and beliefs in each community. Address beliefs about girls that lead to child marriage, including beliefs that girls are fragile and sensitive and in need of protection from deviation, or will have difficulty becoming pregnant or finding a partner if they do not marry early. Sensitize families and communities about the dangers of stigma around premarital sex and pregnancy, relationships with boys, or rape, which lead to girls marrying early in order to preserve honor. For an example of norm change programming implemented and evaluated in a humanitarian context, see *SASA!* developed by Raising Voices in Uganda.[61]
7. Work to address social and cultural norms around child marriage, for example, by addressing unrealistic depictions of child marriage shown on TV or social media. Use accurate depictions of child marriage and its consequences to educate the community on the dangers of child marriage and shift cultural norms. Conduct community awareness and sensitization activities via radio, social media, or print journalism.
8. Identify and target caregivers and others involved in marriage decision-making, as well as key influencers in the community with sensitization and awareness-raising activities, including other family members such as uncles, brothers, grandparents, and community leaders, religious leaders, local government officials, and law enforcement. Reinforce girls' voice and agency in the marriage decision-making process, and educate caregivers on how to support their daughter's decision to delay marriage.
9. Enlist the help and support of key community and religious leaders in raising awareness and educating girls and other caregivers and community leaders on the dangers of child marriage, identifying and advising girls at risk of marriage and their caregivers, and intervening

to prevent child marriages in their communities where able.

SHELTER AND WASH

1. Ensure all girls, including unmarried, married, pregnant, and divorcing girls, as well as their caregivers, have access to safe and adequate shelter and shelter construction and maintenance support in order to minimize their exposure to protection risks from gathering materials to build or repair their own homes. Prioritize shelter support for particularly vulnerable women and girls, including those with disabilities and those with many children.
2. Ensure all caregivers and girls, including unmarried, married, pregnant or parenting, and divorcing girls, as well as those not living with their biological parents have their basic water, sanitation, and hygiene (WASH) needs met in order to prevent them from dropping out of school and/or turning to marriage as a solution to meeting their needs. These may include soap, sanitary pads, underwear, adequate clean water sources, and safe access to latrines.

AREAS FOR FURTHER RESEARCH

1. Address ongoing data and knowledge gaps on child marriage in humanitarian contexts to ensure that girls are able to hold duty-bearers accountable to their commitments and to drive urgently needed resources. This includes working across cluster lead agencies to ensure coordination on safe and ethical data collection, analysis, and use.
2. Conduct rigorous evaluations of the impacts of various interventions for preventing child marriage recommended by girls, their caregivers, and community members on child marriage in humanitarian settings. Build the evidence base of evaluations of single and multi-component interventions, as well as interventions in acute and protracted humanitarian settings.
3. Evaluate the impact of CTP on child marriage as a primary outcome in humanitarian settings. Build the evidence base to explore the impact of various models of cash programming, including interventions targeting girls or their caregivers and conditional and unconditional designs, on child marriage in humanitarian settings.
4. Conduct rigorous evaluations of interventions to support married girls in humanitarian settings to address the lack of evidence-based child marriage response programming.
5. Conduct research with men and boys in humanitarian settings to better understand their experiences and needs related to child marriage, as well as their role in perpetuating or preventing child marriage of girls, and to better understand how programming can engage them in helping to prevent child marriage, or for those already married, to better support their young wives.
6. Conduct rigorous research on the long-term impact of the COVID-19 pandemic on child marriage in humanitarian settings, including its impact on child marriage rates, practices, and perceptions.

SPECIAL REPORT

HOW COVID-19 HAS IMPACTED CHILD MARRIAGE AMONG REFUGEES IN JORDAN

THE ONSET OF THE COVID-19 pandemic occurred midway through this study, after we completed data collection in Uganda and before we began in Jordan. To inform efforts to address child marriage and support adolescent girls during the COVID-19 pandemic, we adapted our study instruments to explore the following additional research questions in urban refugee contexts in Jordan:

1. How have COVID-19 and related restrictions impacted adolescent girls?
2. How have COVID-19 and related restrictions impacted marriage perceptions and decision-making?
3. What services and support do adolescent girls and their caregivers urgently need during the COVID-19 pandemic?

FINDINGS

How COVID-19 Has Impacted Adolescent Girls

Through interviews and participatory workshop activities, we asked girls and caregivers how the COVID-19 crisis and related restrictions were affecting adolescent girls in their communities generally. Their responses fell within four main areas: economic impacts; mobility, health and wellbeing; access to education; and access to other programs and services.

Economic

A significant number of caregivers and some girls reported that COVID-19 and related response measures caused financial hardship for many families because parents and girls could no longer go to work or find new work assignments. This caused families to struggle to pay for rent, clothing, or other basic needs, and even face eviction from their homes. They noted that some parents were unable to provide girls with items they needed or enable them to engage in activities and programs due to financial constraints caused by the COVID-19 crisis.

> *Yes, it [COVID-19] has affected us. My husband didn't go to work during the crisis, and we were five months behind on the rent.*
>
> *— female caregiver, Amman*

> *Actually, our financial situation got worse. We could not fulfill the children's needs because we did not have enough money. Children got depressed to some extent because of staying at home. They needed things that we were unable to provide.*
>
> *— female caregiver, Karak*

Mobility, Health and Well-being

Many girls and caregivers said that COVID-19 restrictions had a negative impact on girls' mental health, causing them stress, depression, fear, and anxiety. Many girls felt socially isolated since they were unable to see their peers at schools, or socialize

with friends, relatives, or other supportive people in their lives outside of their homes. Some girls noted that life was particularly difficult for married girls during the lockdown period because they are completely isolated in their homes, their husbands place greater housework demands on them, and they are unable to receive support from their mothers or other family members.

> *I have been prevented from going out and visiting my family since they are far away. I have been alone in my home. A girl needs to see her mother once a week. This has dramatically affected me. This is a kind of psychological distress.*
>
> *— older married girl, age 17, Amman*

A significant number of girls and caregivers shared that they enjoyed the extra quality time they could spend with their families; however, some girls felt it had led to increased tension, violence, and arguing in the home instead. Many girls spoke of the challenges associated with being restricted from leaving their homes at all times during the lockdown period.

> *Further, girls were prevented from free mobility, and they were under considerable pressure. Some girls were depressed and started to think of negative things. — older girl, age 17, Karak*

However, some girls and mothers mentioned that they rarely left home or were not allowed to leave by their husbands or fathers even before the lockdown went into effect, so they did not feel as impacted by the restrictions as others with greater pre-COVID mobility. Some girls highlighted that girls were disproportionately impacted by the movement restrictions during the COVID-19 lockdown because they were not allowed to leave home at all, while their mothers could go to the market and would often bring their brothers to help. Girls also had to bear the burden of the household cleaning and other chores for the family while home all day, while their brothers were not expected to do any housework. As one younger girl in Karak explained, "It's not allowed. They are boys." Finally, they noted that the COVID-19 crisis was particularly challenging for pregnant women and girls: due to the increased burden on medical facilities and systems, they could not easily access prenatal care or ambulance services, which were required to travel to the hospital after the 6pm curfew.

> *I was about to give birth in the street. No one was allowed to be outside after 6pm, and I was in labor at 12am. We called them [ambulance services] around 50 times, and they didn't answer because everyone else was calling too.*
>
> *— older married girl, age 17, Amman*

Access to Education

The majority of girls said they continued to attend school either through broadcasted educational programming on TV channels or online through mobile phone-based platforms. However, most girls and caregivers said that girls found distance learning to be very challenging. They explained that they felt distracted and bored, had difficulty learning without being able to interact with their teachers, and missed the social aspects of school. Some girls decided not to attend classes at all.

> *We weren't understanding the class like we used to before when the teacher used to explain it. When we watch it on TV, it's not the same. We get lazy about studying through the TV.*
>
> *— older girl, age 16, Karak*

Some girls expressed disappointment that fewer lectures were offered and that they felt they were falling behind or not learning much during this time. A significant number of girls and caregivers reported that many girls could not continue their education and access classes after the onset of the COVID-19 crisis due to technical and logistical challenges such as poor signal or too few learning devices to accommodate all of the children in the household,

insufficient internet credit, and poor communication to families about how to access online classes.

> *The majority of the girls were not able to proceed with their education. Some parents do not own mobile phones or internet connection to help their children study online—the majority of the parents. For example, I know four or five Syrian families who received nothing from schools or the Ministry of Education, and they know nothing. All they know is that schools are closed. — male caregiver, Karak*

Some girls said that although some CBOs/community centers continued to provide tutoring and educational support services online or by phone, many closed these programs and did not provide an alternative format. Finally, a few caregivers spoke about the burden that distance learning places on mothers to teach lessons and support girls with their homework, which was extremely challenging for mothers with low literacy levels.

Access to Other Programs and Services

Many girls and caregivers said that most or all of the community centers and organizations that adolescent girls relied on for critical support and services, such as health, life skills, and GBV prevention programming; vocational training; educational support; psychosocial support; and religious and social activities, were closed during the COVID-19 lockdown period and did not offer programming in alternative formats. A number of girls said that some centers and organizations continued to implement programs, including sensitization activities, vocational training, religious sessions, and educational support, by transitioning to mobile phone or online platforms such as Zoom, WhatsApp, or Facebook groups. However, many girls felt they were not as helpful or enjoyable as in-person activities.

> *We used to attend beauty salon classes. They continued it in a group on WhatsApp. They held the classes in the form of videos, but it was not as useful as it was in reality. . . . We could not practice what we learned. — older girl, age 17, Karak*

In addition, sensitization lectures and activities tended to shift focus to COVID-19 prevention rather than child marriage, early pregnancy, and other topics previously covered. A number of girls said that they had not heard about any opportunities to participate in online programs, but would be interested in them.

Regarding COVID-19 response efforts, many girls said they were not aware of any new programs or services offered after the onset of the COVID-19 crisis aside from online educational programming. Some caregivers said they continued to receive the same aid or financial support they had previously received from various UN agencies. Notably, a number of girls described how girls helped each other to navigate the challenges of online education by supporting each other with lessons and studying through WhatsApp groups and by phone.

> *Education was difficult because it was hard for us to get answers to any of our questions. . . . We helped each other as girls. If one girl has information that the other doesn't have, we used to help each other. — older girl, age 14, Karak*

Some girls said that they would like to contribute to COVID-19 response efforts in their communities, but were either not aware of any opportunities or were unable to do so because of restrictions.

A few girls who participated in research activities in July and August 2020, after the period of complete lockdown ended, said that some centers and community-based organizations had resumed programs addressing health and hygiene, life skills, and educational support with requirements in place that girls wear masks and maintain social distancing.

How COVID-19 Has Impacted Marriage Perceptions and Decision-making

A significant number of girls said that many adolescent girls in their community got engaged or married during the COVID-19 lockdown.

> *For people around me, almost one thousand marriages happened since the beginning of the COVID-19 crisis! — older girl, age 16, Karak*

> *For my friends, half of them got engaged and married during the lockdown . . . when such things happen, and students are off school, and girls realize that there is no use in studying, all of them might do the same. It happens.*
>
> *— older girl, age 16, Karak*

> *Since the beginning of the COVID-19 crisis, we hear of marriages happening every day.*
>
> *— older girl, age 16, Karak*

Girls cited several reasons for the higher numbers of marriages they observed among their peers. First, they noted that some girls chose to accelerate their marriage plans during the lockdown period, viewing it as an opportunity to get married in their homes or gardens without having to pay the high costs typically associated with weddings, such as renting a wedding hall or throwing a big party. Second, they said that some girls were jealous of their sisters or peers who were married and treated well by their husbands during lockdown, which made them want to be married also.

> *When girls saw how the married women spent time with their husbands and noticed that their husbands loved them, they started thinking about getting married to live this life.*
>
> *— older girl, age 15, Karak*

In addition, some girls accepted marriage proposals because they wanted to leave home, either due to the increased burden of housework placed on them or due to their parents' rules and restrictions.

> *Some girls started thinking of marriage just in order to get rid of their parents. They wanted to live their own life without their family's restrictions.*
>
> *— older girl, age 17, Karak*

Unemployment and financial stress caused by the COVID-19 lockdown led some parents to pressure or force their daughters to get married to reduce their household expenses and receive the dowry.

> *What happened during the COVID-19 crisis is that everyone stopped working. Therefore, some parents forced their daughters to get married so they'd take the dowry—the money.*
>
> *— older girl, age 15, Amman*

Further, some girls felt that, because schools were closed and they could not go to work, there was no use in studying and that they should get married. Finally, some caregivers felt that girls got married during the lockdown because in general they were less occupied with school and activities and had more free time to think about marriage.

By contrast, a few girls and caregivers said that the COVID-19 restrictions and inability to earn income had delayed or prevented marriages from happening because wedding halls were closed, gatherings were prohibited, and people could no longer afford the expenses of a wedding, including wedding halls, parties, or dowries.

> *People became financially broken because of the COVID-19 crisis. People became unable to get married and open houses. — older girl, age 16, Karak*

What Adolescent Girls Need During COVID-19

When asked about the most critical services and support that married and unmarried adolescent

girls need during the COVID-19 crisis, girls and caregivers provided a wide variety of recommendations. Many girls and caregivers felt that counseling and psychosocial support services for girls are urgently needed during and after the COVID-19 crisis. They suggested that both individual counseling and group social activities be provided to girls and linked to other services such as vocational or employment services, or made available through school counselors when girls return to the classroom. Some girls highlighted that married girls, particularly the very young ones, should be prioritized for psychosocial support during the COVID-19 crisis, since they are confined to their homes, isolated from family and social support networks.

Financial support for basic needs such as food, clothing, rent, and education-related costs (described below) was also one of the most commonly cited needs of girls during the COVID-19 crisis. Girls and caregivers suggested that this be provided in the form of regular stipends to girls during and after the crisis, or to their parents to support them in paying rent and to make products to sell from their homes during the lockdown when they are unable to go to work and earn income. Many girls said that married girls should be provided with financial support for milk, food, diapers, and medical care for their children.

> *The only thing that we lacked for was financial support. There was no work. Our men work on a daily basis. They are daily paid. If they did not work, we do not eat that day. We had to borrow money.*
>
> *— female caregiver, Karak*

A significant number of girls and some caregivers said that girls need educational support services to help with distance learning and assignments. Some caregivers also recommended that schools provide girls with items such as tablets, mobile phones, and sim cards for online learning to ensure that all girls are able to continue their education during the COVID-19 crisis.

> *The schools may distribute tablets to students because some families cannot afford to buy mobile phones, or do not have one, or do not have an internet connection. They may give them a tablet with a SIM card and internet connection for one, two, or three months where the educational programs are provided for them. . . . Some people cannot buy phones or access internet. Some girls love school, and mobile phones can help them.*
>
> *— male caregiver, Karak*

Many girls requested more online sensitization and awareness-raising programs, lectures, and workshops during the lockdown period addressing a range of topics, including personal health and hygiene, how to protect themselves from COVID-19, self-care and stress management strategies, and the harms associated with child marriage and importance of finishing their education. These activities would also provide them with more opportunities to engage with their peers during the COVID-19 crisis.

A number of girls said that girls and their families also need basic hygiene items, such as hand sanitizer, masks, and cleaning supplies, or financial support to purchase these items. Finally, some girls highlighted the need for vocational training programs, many of which were suspended or canceled during the lockdown period, and assistance finding employment opportunities.

WHAT THIS MEANS FOR PROGRAMMING IN HUMANITARIAN SETTINGS DURING COVID-19

This research offers some of the first empirical evidence on the impact of COVID-19 on child marriage — specifically, on adolescent girls' marriage perceptions and decision-making. A significant number of girls described an alarming number of girls in their communities who had become engaged or married during the enforcement of the COVID-19

lockdown. They felt child marriages were increasing during this period. While we do not have the data to confirm an actual increase in child marriage rates after the lockdown, we do have information from girls about the factors that place girls at increased risk of marriage. These have important implications for programming during the COVID-19 pandemic. For example, the increased economic strain on families due to the inability to earn income, cited as a key reason why girls got married during the lockdown, points to the importance of cash programming in mitigating risks of child marriage in acute emergencies. Girls and caregivers suggested cash transfers or regular stipends provided to girls or their parents during the COVID-19 crisis to mitigate risks of child marriage.

Keeping girls enrolled and engaged in school during the pandemic is critical, as girls emphasized that when schools are closed, some girls view marriage as their best option. Key programming considerations from this research include the use of distance learning methods for delivering education and educational support services, such as online, television broadcasts, or phone-based programming and services; ensuring that families are informed about how to access online programming; and providing phones or tablets, sim cards, and internet credit to reduce financial and logistical barriers to participation. However, in lower resource settings, such as the refugee settlements in Uganda, where this is not feasible due to a lack of internet capacity, then the use of community radio or in-person formats that comply with local regulations at a minimum (e.g. being outdoors, wearing masks, distancing, including a limited number of participants) should be explored.

This research also highlighted the gendered impacts of COVID-19 and related service needs. Girls described the disproportionate impact of the COVID-19 pandemic on girls, including the increased burden of housework and greater restrictions on mobility — key reasons why girls there marry early, which have only intensified during the pandemic. These findings underscore the need to continue online sensitization and awareness-raising workshops and activities for girls and their parents addressing the importance of girls' education, the negative impacts of child marriage, and of harmful gender norms during the COVID-19 crisis. Relatedly, girls and caregivers described the increased stress, anxiety, sense of isolation, and potential exposure to increased household tension and violence girls experience during COVID-19. They pointed to the importance of making counseling, psychosocial support services, and protection case management continuously available to girls, through phone or online platforms, where possible, as an essential component of the COVID-19 response.

Other responses, such as vocational training programs, opportunities for girls to earn income, and opportunities for them to stay connected to their peers and support each other through online workshops, programming, and WhatsApp groups also emerged as important during the COVID-19 crisis. Additionally, findings point to a critical need to prioritize outreach efforts to married girls, as well as access to financial assistance to support their children and psychosocial support to cope with increased isolation during lockdown periods. Further, it is critical to ensure that women and girls can safely access essential SRH and maternal health services during pregnancy and childbirth without fear of contracting COVID-19 during periods of lockdown restrictions. Finally, hygiene items such as masks, soap, and hand sanitizer requested by girls in this research, as well as education about COVID-19 prevention, should be integrated into existing adolescent services and other humanitarian response programming to ensure that COVID-19 does not disproportionately impact the most socioeconomically vulnerable communities.

How COVID-19 Has Impacted Child Marriage Among Refugees in Uganda

COMMUNITY FEEDBACK

Data collection in Uganda was completed before the onset of COVID-19. Consequently, the following information about the impact of COVID-19 on girls and child marriage was provided by adolescent girls and caregivers during Community Data Validation Workshops held in October 2020.

How COVID-19 Has Impacted Adolescent Refugee Girls

- **Economic:** Already high levels of poverty escalating. Business opportunities declining due to restrictions on gatherings such as markets.
- **Social:** Significant social disruptions, including family separation through divorce, mothers abandoning children to escape IPV, and fathers abandoning families for single women. Increased rates of anti-social behavior such as "theft, immorality, and hooliganism." Parents overworking children during the lock-down with garden work, household chores, and caring for siblings.
- **Access to Education:** Educational programs closed, leaving girls bored, lonely, and overworked at home and causing fear girls will never have the opportunity to return.
- **Access to Other Programs & Services:** Girls afraid to access youth-friendly corners for services because of COVID-19. Social distancing difficult at home and in critical public spaces like water sources. Sanitary products expensive and difficult for girls to obtain as they are no longer provided by schools. Food rations in Palorinya reduced to one meal per day.
- **Mobility, Health, and Wellbeing:** Acts of GBV increasing. Alcoholism increasing among youth and care-givers (due in part to a belief that alcohol cures COVID-19). Alcoholism increasing domestic violence. Pregnancy among girls increasing, along with (usually unsafe) abortions. Girls afraid to access SRH services like family planning for fear of contracting COVID-19.

How COVID-19 Has Changed Marriage Perceptions and Decision-making

- Child marriages on the rise due to COVID-19 and related restrictions. Reasons include 1) that girls are concerned schools will never reopen, and so resort to early pregnancy and marriage, and 2) that girls may marry nationals in order to obtain land for cultivation.

What Refugee Girls Need During COVID-19

- Vocational skills training to improve economic situations.
- Free safe spaces or youth corners where adolescent girls can receive SRH services and advice without fear of contracting COVID-19.
- Continuous sensitization for parents and the community on the negative impacts of child marriage.

HOW TO PREVENT AND RESPOND TO CHILD MARRIAGE IN HUMANITARIAN SETTINGS DURING COVID-19: COMBINED RECOMMENDATIONS

1. Consider the use of additional CTP, particularly to the most vulnerable families, during the enforcement of COVID-19 restrictions that prevent parents and girls from being able to work. This will address the increased financial strain on families that puts girls at risk of marriage and ensure that caregivers can continue to meet girls' basic needs. At a minimum, ensure the continuation of the same level of financial assistance and other forms of aid to families during the COVID-19 crisis.

2. Provide NFIs to meet the basic needs of adolescent girls and their families — such as food, clothing, sanitary pads, and items for babies and young children.

3. Provide hygiene kits with items such as hand sanitizer and masks for protection against COVID-19 and information and education on how to prevent its spread. Integrate these components into existing programs and services for adolescent girls.

4. Ensure access to and availability of education (either in-person or remotely, as required). Where possible, keep girls connected to school to mitigate risks of child marriage during the COVID-19 pandemic through distance learning methods: online platforms, television programming, phone-based programming, or in lower resource settings, the use of community radio or in-person formats that comply with local regulations at a minimum (e.g. being outdoors, wearing masks, distancing, including a limited number of participants). Ensure that families have the radios, mobile devices, sim cards, and internet credit required for all children in the household to be able to continue their education. Provide educational support services for those in need of additional support for distance learning.

5. Improve access to phone or internet-based counseling and psychosocial support and GBV case management, particularly for married girls, as COVID-19 restrictions may have a negative impact on girls' mental health, causing anxiety, depression, and social isolation, and increased risk of household tension and violence. Where in-person services are deemed necessary, as well as in low-resource settings lacking internet capacity, ensure that service providers have access to appropriate personal protective equipment (PPE) and that services are delivered in compliance with local regulations, such as providing masks and sanitizer, physical distancing, outdoors where possible, and with limitations on the number of people gathered in one space.

6. Ensure that pregnant women and girls can continue to access antenatal care, transportation, and emergency medical services during periods of COVID-19 lockdown / restrictions.

7. Adapt and continue to implement child marriage prevention programming and awareness-raising efforts during COVID-19 periods of lockdown and restrictions online where feasible for girls and their caregivers. Educate parents to address factors that incentivize girls to marry early, including increased housework and restrictions that make girls want to escape home, increased isolation, and mobility restrictions. Address gender disparities in housework and family rules and restrictions, and educate parents about the negative impact on girls' psychological health.

8. Continue to implement programming for adolescent girls, including life skills education, GBV services, empowerment programming, vocational training, and income-generating activities during COVID-19 periods of lockdown and restrictions to provide girls with training, activities, and ways to socialize with their peers. Adapt implementation to comply with government regulations, such as limiting group size, prioritizing outdoor gatherings, observing social distancing and mask protocols, or implementing services by phone or online platforms where feasible.

9. Disseminate information and increase awareness among girls and their caregivers about new programs and services, or those offered in new remote formats to ensure all girls have access to programming during COVID-19 restrictions.

10. Create peer support networks / opportunities for girls to support each other in the response—where girls can offer each other educational and social support during the implementation of restrictions.

11. Ensure safe access to SRH information and services during the COVID-19 pandemic through online, phone, or text messaging formats, or in-person with appropriate protocols. Raise awareness among girls that services are available and that protocols (social distancing, masks, etc.) are in place to keep patients safe from COVID-19.

12. Implement protective measures (social distancing, mask protocols, etc.) at water points to reduce girls' exposure to COVID-19 (Uganda/camp-specific).

13. Provide girls with menstrual pads and other basic items that they may have only accessed through schools or programs (Uganda / camp-specific).

NOTES

1 "Child Marriage," *UNICEF,* September 2020, https://www.unicef.org/protection/child-marriage (accessed January 20, 2021).

2 The authors acknowledge that individuals or organizations may prefer other terminology, including "child, early, and forced marriage" (CEFM) or simply "early marriage." However, as early marriage is frequently inclusive of adolescents and young adults above 18, and forced marriage may happen to anyone, regardless of age, we have chosen to use "child marriage" for clarity and accuracy. For further discussion on terminology, see Susanna Greijer and Jaap Doek, *Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse* (Luxembourg: Interagency Working Group on Sexual Exploitation of Children, 2016), 62–64.

3 Kara Hunersen, W. Courtland Robinson, Nishan Krishnapalan, and Janna Metzler, *Child Marriage in Humanitarian Settings in the Arab States Region: Study Results from Djibouti, Egypt, Kurdistan Region of Iraq and Yemen* (New York: Women's Refugee Commission, 2020).

4 *Child Marriage in Humanitarian Contexts* (London: Girls Not Brides, 2020), 2.

5 Jenny Birchall, *Child, Early and Forced Marriage in Fragile and Conflict Affected States* (Brighton, UK: K4D Research Helpdesk, Institute of Development Studies 2020), 2.

6 *Born to be Married: Addressing Early and Forced Marriage in Nyal, South Sudan* (Oxford: Oxfam International, 2019), 5.

7 S. Abdulrahim, J. DeJong, R. Mourtada, and H. Zurayk, "Estimates of Early Marriage among Syrian Refugees in Lebanon in 2016 Compared to Syria Pre-2011," *European Journal of Public Health* 27, no. 3 (2017): 323.

8 Birchall, "Child, Early and Forced Marriage in Fragile and Conflict Affected States," 9–15.

9 See for example, R. El Arab and M. Sagbakken, "Child Marriage of Female Syrian Refugees in Jordan and Lebanon: A Literature Review," *Global Health Action* 12, (2019): 6; *Born to be Married*, *23*; Hunersen et al., *Child Marriage in the Arab States Region*; Aisha Hutchinson, Philippa Waterhouse, Jane March-McDonald, Sarah Neal, and Roger Ingham, "Understanding Processes of Risk and Protection that Shape the Sexual and Reproductive Health of Young Women Affected by Conflict: The Price of Protection," *Conflict and Health* 11, no. 15 (2017): 6–7; Jennifer Leigh et al., *Child Marriage in Humanitarian Settings in South Asia: Study Results from Bangladesh and Nepal* (UNFPA APRO and UNICEF ROSA, 2020), 78; and Judith-Ann Walker, "Building Resilience and Resistance to Child, Early, and Forced Marriage through Acquiring Skills," *Global Economy and Development at Brookings Working Paper* 129 *(2019):* 35–36.

10 Rima Mourtada, Jennifer Schlecht, and Jocelyn DeJong, "A Qualitative Study Exploring Child Marriage Practices Among Syrian Conflict-Affected Populations in Lebanon," *Conflict and Health* 11, no. 27 (2017): 60–61; *Adolescent Girls in Crisis: Voices from the Lake Chad Basin* (Surrey, UK: PLAN International, 2018), 25; and Sonya EM Knox, "How They See It: Young Women's Views on Early Marriage on a Post-Conflicting Setting," *Reproductive Health Matters* 25 (2017), S101.

11 Anita Raj, Charlemagne S. Gomez, and Jay G. Silverman, "Multisectoral Afghan Perspectives on Girl Child Marriage: Foundations for Change Do Exist in Afghanistan," *Violence Against Women* 20, no. 12 (2014): 1496–97; and Jennifer Schlecht, Catherine Lee, Brad Kerner, Meghan Greeley, and Robinson Courtland, "Prioritizing Programming to Address the Needs and Risks of Very Young Adolescents: A Summary of Findings across Three Humanitarian Settings," *Conflict and Health* 11, no. 31 (2017), S25.

12 Raj et al., "Multisectoral Afghan Perspectives," 1497–99; Alex Buckman, "Causes and Consequences of Child Marriage among Syrian Refugee Populations in Jordan: An Investigation of Perceptions," *Independent Study Project (ISP) Collection* 2824, (2018): 27; and Mourtada et al., "A Qualitative Study Exploring Child Marriage Practices," 60–61.

13 Though the terms are often used interchangeably, we have chosen to use the term "risk factors" rather than "drivers" in this study, as we feel the term "risk factors" more inclusively captures the attributes, characteristics, and exposures which impact child marriage outcomes from the perspective of the individual, as opposed to the term "drivers" which tends to refer to factors influencing the phenomena at large.

14 Mourtada et al, "A Qualitative Study Exploring Child Marriage Practices," 60–61; *Adolescent Girls in Crisis*; and Knox, "How They See It," S101.

15 Raj et al., "Multisectoral Afghan Perspectives," 1497–99; and Schlecht et al., "Prioritizing Programming to Address the Needs and Risks of Very Young Adolescents," 25.

16 Raj et al., "Multisectoral Afghan Perspectives," 1497–99; and Mourtada et al., "A Qualitative Study Exploring Child Marriage Practices," 60–61.

17 The term 'girl' is used throughout this report to include children under 18 years who identify as girls and those who were assigned female sex at birth.

18 Julie Freccero and Audrey Whiting, *Toward an End to Child Marriage: Lessons from Research and Practice in Development and Humanitarian Sectors*, (UC Berkeley Human Rights Center, 2018), https://www.law.berkeley.edu/wp-content/uploads/2018/08/Toward-an-End-to-Child_Marriage_Report_FINAL.pdf (accessed February 3, 2021).

19 The social-ecological model, frequently used in public health research, recognizes that violence, including forms of gender-based violence like child marriage, is the result of a complex interplay between factors at the individual (girl), relationship (family and friends), community, and societal levels. See Etienne Krug et al., "World Report on Violence and Health," World Health Organization, Geneva, 2002, p.9, available at: http://www.who.int/violence_injury_prevention/violence/ world_report/en/summary_en.pdf (accessed February 16, 2021).

20 These included stories about a girl who is not sure if she wants to get married, a girl who disagrees with marriage arrangements made by her parents, and a married girl who wants support and information about access to SRH services, challenges with their husbands, or obtaining divorce.

21 Topics included: how marriage decisions and plans are made, how girls think about marriage, reasons why girls either marry early or delay marriage in their communities, and ways that they would help girls to delay marriage if they were a parent, local leader, or member of the government, a UN agency, or an NGO.

22 Government institutions that provided approval for the implementation of this research include the Uganda National Council for Science and Technology (UNCST), the Office of the Prime Minister (OPM) in Uganda, and the Jordan Response Information System for the Syria Crisis (JORISS) at the Ministry of Planning and International Cooperation.

23 In Uganda, the majority of interviews and participatory research activities were conducted in Kakwa, Kuku, Juba Arabic, and Modi. In Jordan, they were conducted in Arabic.

24 Special thanks to Agnes Grace Nabachwa and Sylvia Namakula from Healing and Resilience after Trauma (HaRT) in Uganda for inspiring many of the methods used in our ethical protocol for phone-based research during COVID-19 restrictions. See "Trauma-informed Phone Interviews on Sensitive Topics: Learning from the COVID-19 lockdown in Uganda," *Sexual Violence Research Initiative (SVRI)*, June 18, 2020, https://www.svri.org/blog/trauma-informed-phone-interviews-sensitive-topics-learning-covid-19-lockdown-uganda (accessed February 3, 2021).

25 *Inter-Agency Revised Uganda Country Refugee Response Plan*, (Kampala: UNHCR, 2020), 10.

26 "The Facts: What You Need to Know about the South Sudan Crisis," *Mercycorps*.org, June 24, 2019, https://www.mercycorps.org/blog/south-sudan-crisis#crisis-south-sudan-start (accessed January 2021).

27 *Inter-Agency Revised Uganda Country Refugee Response Plan*, (Kampala: UNHCR, 2020), 10.

28 "Uganda Refugee Statistics November 2020—Bidibidi and Palorinya," *UNHCR Operational Portal—Refugee Situations*, December 2020, https://data2.unhcr.org/en/documents/details/83550 and https://data2.unhcr.org/en/documents/details/83560 (accessed January, 2021).

29 See Uganda's *Children Act of 2016,* available at https://www.unicef.org/uganda/reports/children-act-amendment-2016. Although many advocates say the law suffers from poor enforcement and contradictory civil, religious, and customary laws, many of which allow marriage as early as 16, early marriage is also seen to provide protection against strict defilement laws which criminalize sex with a minor. See, for example, "Uganda," *Girls Not Brides.org,* 2021, https://www.girlsnotbrides.org/child-marriage/uganda/ (accessed February 3, 2021).

30 Birchall, "Child, Early and Forced Marriage in Fragile and Conflict Affected States," 5&7.

31 *Adolescent Girls in Crisis*, 13&31.

32 *Born to be Married*, 6.

33 "Syria," *Internal Displacement Monitoring Center,* 2020, https://www.internal-displacement.org/countries/syria (accessed January, 2021).

34 "The Syrian Emergency," *UNHCR.org,* 2021, https://www.unhcr.org/en-us/syria-emergency.html (accessed January, 2021).

35 "Syria Regional Refugee Response," UNCHR.

36 "Jordan," *UNHCR Operational Update*, October 2020, https://reporting.unhcr.org/sites/default/files/UNHCR%20 Jordan%20 Operational%20Update%20October%202020.pdf

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38 "South Jordan- The Forgotten Corner of the Syrian Crisis," *OHCA*, *Relief Web* October 1, 2013, https://reliefweb.int/report/ jordan/south-jordan-forgotten-corner-syrian-crisis (accessed February 3, 2021).

39 "Syria Regional Refugee Response," UNHCR.

40 Bassam Abu Hamad et al., *A Promise of Tomorrow: The Effects of UNHCR and UNICEF Cash Assistance on Syrian Refugees in Jordan*, (London: Overseas Development Institute, 2017).

41 "Jordan," *UNHCR.org,* November 2019, https://reporting.unhcr.org/jordan (accessed February 3, 2021).

42 *A study on Early Marriage in Jordan* (Amman: UNICEF, 2014), 8.

43 *A study on Early Marriage in Jordan,* 31.

44 *Too Young to Wed* (London: Save the Children, 2014), 6.

45 *A study on Early Marriage in Jordan,* 9; and Spencer, *To Protect Her Honour*, 7.

46 El Arab and Sagbakken, "Child Marriage of Female Syrian Refugees in Jordan and Lebanon," 6.

47 *A study on Early Marriage in Jordan,* 31.

48 Defined as the exchange of sexual activities for basic needs, such as food, clothing, or shelter. According to The International Working Group on Sexual Exploitation of Children, survival sex is a form of transactional sex, and "children engaged in transactional sex should be viewed as victims of sexual exploitation on the basis that children cannot consent to engaging in sexual activities in exchange for material benefits or any other form of consideration." See Greijer and Doek, *Terminology Guidelines For the Protection of Children,* 33.

49 This is likely a reference to cash transfers made as part of the UK Aid-funded Girls' Education South Sudan (GESS) program which provides direct cash payments to all girls in Primary grades 5–8 and Secondary grades 1–4 enrolled in and regularly attending school.

50 Sarah Gammage, Naila Kabeer, and Yana van der Meulen Rodgers, "Voice and Agency: Where Are We Now," *Feminist Economics* 22, no. 1 (2016): 6, https://doi.org/10.1080/13545701.2015.1101308 (accessed February 3, 2021).

51 Many girls and caregivers in both Uganda and Jordan said that divorce was an option for girls, especially in situations of IPV, and was becoming increasingly common in their communities. However, girls who were divorced faced a number of challenges, including having to provide for themselves or their children alone or return to their family homes (if they were accepted there), risk losing custody of their children, and potentially face stigma in their communities.

52 One such program evaluated in humanitarian settings is SASA!. See *Implementing SASA! in Humanitarian Settings: Tips and Tools* (Kampala, Uganda: Raising Voices, Programming for Prevention Series, Brief No. 6), https://raisingvoices.org/wp-content/uploads/2013/02/ProgramBrief-6.-Implementing-SASA-in-Humanitarian-Settings.RaisingVoices-December-2018-LG.pdf (accessed February 11, 2021).

53 Allyson Cross, Tenzin Manell, and Melanie Megevand, "Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes: Evidence and Future Research Priorities," *Collected Papers on Gender and Cash Transfer Programmes in Humanitarian Contexts* (Women's Refugee Commission and IRC, 2018), 19.

54 An example of a promising intervention for evaluation is the Tailored Life Skills Package for Early Marriage produced for Syrian and Lebanese engaged or married girls. See *The Tailored Life Skills Package for Early Marriage* (New York: IRC, na), https://www.gbvsurvivor.gr/the-tailored-life-skills-package-for-early-marriage/?lang=en (accessed February 17, 2021).

55 *Safer Cash Toolkit: Collecting and using data to make cash programs safer* (New York: IRC, 2019), https://reliefweb.int/report/world/safer-cash-toolkit-collecting-and-using-data-make-cash-programs-safer (accessed February 11, 2021).

56 For what constitutes age-appropriate income-generating opportunities for children which are safe and legal, see "What is Child Labor," ILO.org, na, https://www.ilo.org/ipec/facts/lang--en/index.htm (accessed March 9, 2021).

57 For further information and recommendations on what all laws should require regarding child marriage, see *Child Marriage and the Law: Technical Note for the Global Programme to End Child Marriage* (UNICEF, 2020), https://www.unicef.org/media/86311/file/Child-marriage-the-law-2020.pdf (accessed February 22, 2021).

58 *Parenting Without Violence* (London: Save the Children, 2020), https://resourcecentre.savethechildren.net/keyword/positive-parenting?embed=1 (accessed February 11, 2021); and, *Adolescents in Crisis: Life Skills and Parenting Package* (Surrey, UK: Plan International, 2020).

59 *Adolescents in Crisis,* Plan International.

60 *Tailored Life Skills Package,* IRC.

61 *Implementing SASA! in Humanitarian Settings,* Raising Voices.

HUMAN RIGHTS CENTER
UC BERKELEY SCHOOL OF LAW
2224 PIEDMONT AVENUE
BERKELEY, CA 94720
510.642.0965

HRC@BERKELEY.EDU
HUMANRIGHTS.BERKELEY.EDU
MEDIUM.COM/HUMANRIGHTSCENTER
@HRCBERKELEY