Understanding forced and child marriage

While actors such as traffickers, marriage brokers, and armed groups can be involved in forced marriages, they are often a family matter. Seventy-three per cent of people in a forced marriage were forced to marry by their parents, with a further 16 per cent forced by other relatives. Over half (53 per cent) were coerced through emotional abuse and threats, including the threat of estrangement from family members and of self-harm by parents.

Complex and intersecting factors increase the risk of forced and child marriage. These factors include gender biases, harmful cultural practices, poverty, sexuality, gender identity, socio-political instability, conflict, climate change, irregular migration, and a lack of access to education and employment, among many others. Geography also plays a large role in magnifying risk, as inequalities within and between countries can impact vulnerability to exploitation.

Broadly, these risks are a function of survival needs or social value, although in practice these drivers are often intertwined. When basic needs are threatened, struggling families may turn to negative coping mechanisms to survive. Forced and child marriages are seen as practices that can reduce the economic burden on a household living in extreme poverty, protect vulnerable (and typically female) family members from sexual violence, ensure access to critical resources, and provide certainty for a child’s future in times of crisis. Shocks spur risk as they exacerbate existing inequalities. Conflict can directly result in forced marriages, including where women and girls are abducted and forced to marry fighters. For people fleeing crises, risks can arise while on the move or in refugee camps. Among displaced populations, and in the absence of other opportunities, marriage can be seen as the best option to provide future security. At times, children themselves have made the decision to marry: for example, some Syrian refugee girls living in Lebanon have reportedly chosen marriage to escape poverty and abuse. Further, protracted instability can increase risk of forced and child marriage long after the initial ceremony and can entrench vulnerability across generations.

Social values dictate when and for whom vulnerability to forced and child marriages increases. The risk of being forced to marry is typically higher for people who belong to multiple marginalized groups, based on sex assigned at birth, sexual preferences, gender identity, ability status, and belonging to a religious or ethnic minority group. Women and girls are disproportionately affected due to widespread gender biases that devalue girls from conception and throughout their lifetime. These biases are reflected in deeply entrenched patriarchal norms surrounding female purity, pre-marital sex, and traditional roles that keep women and girls out of work and the schoolroom, and limit them to roles of wives, mothers, and homemakers. In some communities, reaching menarche signals a girl is “ready” for marriage.

Patriarchal gender roles also influence access to resources in the home. Parents who are unable to afford to send all of their children to school will prioritise the education of sons over daughters due to beliefs that boys have a greater future earning potential, while daughters are destined for another family. Globally, one out of every four adolescent girls aged between 15 to 19 years are neither in education, employment nor training, as compared to one-tenth of boys of the same age. However, these gender roles also influence boys’ risk of child marriage. While they are valued as economic contributors, and when resources are scarce, typically receive greater resources including access to food and schooling, an early start into economic independence can make boys more vulnerable. Much like norms that dictate girls’ physical maturity is a sign that they are “ready” for marriage, boys who enter the workforce and fill the role of “family provider” at a younger age face greater risks of child marriage.
Breaking the cycle: A child marriage survivor’s story

Sharon35 never had the opportunity to go to school in Kenya, where she lived. From the age of six, she was working to support her family. Her parents told her that she had stopped working to attend school, as she wanted, then her siblings would go hungry. When Sharon was nine years old, her father forced her to undergo FGM. Sharon was married only two years later when she was just 11 years old.

Once Sharon was married, her family would receive her bride dowry. Her father was particularly excited to receive the dowry and would “brag about it to the other elders who had many cows.” However, at the time, Sharon did not understand that she had been married — she believed that she was being sent to live with another family to help them with their chores. At the beginning of her marriage, Sharon’s new husband lived and worked away in Mombasa and so she spent most of her time with her kind and elderly mother-in-law who called Grandmother (Koko). The situation changed when her husband returned from work, as not only was it clear that he was unwell, but Sharon was obliged to live with him: “I was afraid of him. I didn’t want to live or sleep with him in the same bed. [But] they told me that as a wife I was supposed to live with my husband. It was then that the reality dawned on me that I was married.”

They lived together for three years while grappling with her husband’s mysterious illness. Despite trying, they never had children. One day when Sharon was fetching water from the river, she overheard her neighbours gossiping about her husband having “a disease with no medicine” and that he had given it to his wife. Sharon did not know what HIV or AIDS were, and her husband never discussed it. Shortly after he died, the village elders informed Sharon that she needed to have children, who according to local custom, would be given the name of her deceased husband. Sharon refused many times, but eventually was coerced into having sex with men from the village. It was only when she became pregnant and attended an antenatal clinic for the first time that Sharon was told she was HIV positive.

While Koko was alive, Sharon began taking antiretroviral medication and went on to have another two children to continue her husband’s name. When Koko passed, there was no one to support Sharon, and she moved away to find work. However, as she became increasingly sick and had limited opportunities, she had to leave her children to go house-to-house begging for food. She was often abused by her neighbours. Despite her worsening health, Sharon continues to provide for her children as she wants to see them receive the education she missed out on.

“For now, though, I am very weak but have decided to be strong for my children. I want them not to hate me, but to love me. A culture that oppresses women. A culture that forces women to marry men they don’t choose. A culture which forces young girls to marry old men. A culture that does not even listen to women and girls.”

*Not her real name*
Promising Practices to end forced and child marriage

There were 38 evaluations of programs that aimed to combat forced or child marriage in the Promising Practices Database, which covered 32 countries, with the majority delivered in countries in Asia and the Pacific, followed by Africa. Most programs were targeted at females and most were focused on adolescent and child girls. Only one program solely targeted adults who were forced to marry. Interventions commonly included some aspect of risk-based prevention or service delivery and included activities such as preventative education, awareness-raising campaigns, training for service providers, community groups, and conditional cash transfers. Conditional and unconditional cash transfers, specifically, have had some success in delaying the age of first marriage and to improve educational outcomes for girls. While some reliable lessons can be learned from this subset of evaluations, there is a clear need for stronger methodologies and pre- and post-implementation analyses to make more effective decisions about what works.

Effective programs included preventative education, community or support groups, and training for service providers. Among the programs evaluated was the Tostan Community Empowerment Program (CEP), which has reported promising impacts in Somalia and Senegal.10 The CEP is a community-led program that aims to transform harmful gender norms and empower women and girls to become leaders in their communities and be able to make their own decisions regarding health, education, and finances, promoting better life outcomes for themselves, their families, and future generations.11 In Senegal, the program was linked with changed attitudes towards forced and child marriage among community leaders and other participants, as well as a subsequent decline in child marriages within the community.12 Similar results were identified in Somalia, where changes in attitudes led to the abandonment of FGFM and forced and child marriage.13

Recommendations for governments

1. Enshrine a suite of trauma-informed and survivor-centred measures in legislation, and ensure that these measures are available for survivors of forced and child marriage. It should include criminalising the act of marrying someone who does not consent, regardless of their age, and criminal protections that protect the individual from marriage without having to penalise the perpetrators, who are often family members.

2. Ensure the minimum legal age of marriage is set at 18 years of age without exception, including in customary and religious laws.

3. Conduct community-driven attitude change campaigns to subvert harmful patriarchal norms that subjugate women and girls and confine men to rigid stereotypes of masculinity, all of which work to increase their risk of forced and child marriage.

4. Amend gender discriminatory nationality laws including those that prevent the denial, loss, or deprivation of nationality on discriminatory grounds. Grant protection status to stateless migrants, facilitate their naturalisation, and ensure all infants are registered at birth to prevent statelessness.

5. Increase access to primary and secondary school education for all children and particularly girls, which may include the removal of school fees, provision of cash or in-kind transfers, and raising awareness among families of the benefits of educating girls. These programs should focus on those most at risk of not receiving an education, such as girls in conflict zones, people with disabilities, or those from socio-economically disadvantaged backgrounds.