

The Child Marriage Research to Action Network (the CRANK)

CRANK research meeting: Child marriage in conflict- and crisis-affected settings – Learning from the latest evidence

CRANK research meetings 20 June 2023 – Key takeaways and notes

Key takeaways

- **Adapting to context is key to programme success and sustainability.** This means learning from existing evidence and programmes, and adapting them to crisis- and conflict-affected settings. This includes considering and responding to the drivers and consequences of child marriage before, during and after displacement.
- **Community engagement is key to the acceptability and long-term effectiveness of interventions.** This means building meaningful partnerships, led by community-based actors who know the context best, while acknowledging how they are also constrained by that context (e.g. poverty, insecurity and gender norms). In engaging boys, work on communication and negotiation skills is a powerful entry point; with men, focusing on the negative implications of marrying a girl under age 18 is also effective.
- **Further attention needs to be paid to the experience of displacement, and support continued through complex and protracted crises, and after marriage.** Married and displaced girls need to be made visible as marginalised groups who often experience emotional distress; interventions need to plan and budget to open and maintain their access to services and support, including through peer networks and access to supportive adults. Support for mental health, divorce and gender-based violence (GBV) services are also key.
- **Interventions need to be multisectoral and multi-dimensional.** Empowerment-based approaches are important, but difficult in crisis- and conflict-affected settings. Interventions need to address the structural barriers to girls' rights, agency and leadership, working across sexual and reproductive health and rights (SRHR), mental health, education, (non-traditional) livelihoods and economic empowerment, child protection and GBV, and laws and policies.

Presentations

Jean Casey, *Girls Not Brides: The Global Partnership to End Child Marriage*.

- Child marriage in conflict- and crisis-affected settings – this meeting builds on new data from UNICEF, and marks two important advocacy moments: International Day for the Elimination of Conflict-Related Sexual Violence (19 June), and World Refugee Day (20 June).

Maha Muna, Regional Gender Adviser for UNICEF Middle East and North Africa and lead of inter-agency collaboration: Gender in Humanitarian Action.

- Existing research on child marriage in conflict- and crisis-affected settings is largely focused on description and drivers, with increasing focus on impact evaluations and research on effectiveness of interventions in these contexts.
 - Recent UNICEF data – [Is an end to child marriage within reach?](#) – highlights the intersections between child marriage and crisis: COVID-19, conflict (10-fold increase in conflict deaths is

associated with 7% increase in child marriage), climate change (10% change in rainfall is associated with 1% increase in child marriage).

- Now we need to look at what works in programming, conduct operational reviews and research, and translate this into action. This means working at the systems level (national legislation across ministries), community level (including with women leaders, religious leaders, boys and men), service level (multisectoral approaches, investing in prevention strategies), individual level (investing in adolescent girls' programming, for girls' empowerment, agency, voice and leadership); working with boys and grooms (investing in change, quality learning, transition from learning to earning); and evaluating programmes.

Dr. Maia Sieverding, Assistant Professor of Health Sciences, American University of Beirut.

- A recent study on early marriage among Syrian refugees in Lebanon: [Amenah: Design and implementation of the Amenah early marriage pilot intervention among Syrian refugees in Lebanon](#).
- Syrian refugees in Lebanon:
 - Over 800,000 Syrian refugees registered with UNHCR – the real number is likely higher.
 - Protracted situation – many have been in the country 8 to 10 years.
 - No encampment policy – most live in rented apartments in Lebanese communities or informal tented camps.
 - Widespread poverty – exacerbated by economic crisis since 2019, so about two thirds are not able to meet their basic needs.
 - Policy – Syrian children can attend Lebanese public schools, in condensed afternoon shift, but there are supply and demand-side limits. 59% of 6- to 14-year-olds are in school, dropping to 27% for adolescents aged 15 to 17.
 - Reports of increasing child marriage prevalence among refugees.
- Amenah is a multi-phase study and project, which began with a child marriage prevalence survey (2016), followed by two phases of implementation research (2017-22).
- Contextualisation was key to the intervention, to ensure it was responsive to the refugee setting:
 - Much of the literature on theorising early marriage was from stable non-crisis settings – the team thought about the similarities and differences in drivers in this context.
 - 24.6% of Syrian girls aged 15 to 17 in Bekaa towns were married, and mothers saw this as a form of protection in a context of insecurity.
 - Child marriage was related to school enrolment, with a tipping point around age 13 to 14 years.
- The pilot focused on school retention for girls aged 11 to 14 who were in school, and engagement with mothers and fathers (later discontinued due to challenges in securing male participation).
- The community-engaged model was key to programme acceptance:

- Pilot implemented by female Syrian Community Workers, some of whom had been married before age 18. They understood the context, maintained contact with girls and mothers, and the community.
- At a later stage, the Community Workers worked with – and coached and mentored – younger Peer Educators from the communities, to ensure ownership and deeper engagement with the intervention. They delivered the girls’ sessions.
- In the expansion phase, the programme:
 - Engaged in- *and* out-of-school girls aged 11 to 17, because girls who are out of school are at most risk.
 - Engaged married girls, as they are the most isolated and need access to the information/training shared through the programme.
 - Strengthened the sexual and reproductive health (SRH) content, responding to challenging and conservative attitudes in this community.
- The follow up with participants (immediately after the programme ended, and again in January 2023), showed improvements in attitudes around early marriage. The ideal age expressed by them was above 18, higher than normative age of marriage in the community. This was sustained at the 6-month follow up. They also saw improvements in attitudes around SRH.
- Implications for research:
 - Drivers of early marriage in this context were related to practices dating from Syria *and* to displacement. They were not representative of the country of origin: most participants were from rural areas where child marriage was already more prevalent pre-conflict.
 - The community-engaged model was critical, but Community Workers are also constrained by the context and existing norms.
 - Longer-term follow up is important.
- Implications for policy and practice:
 - Empowerment-based approaches are important but difficult with insecurity, poverty and limited access to education – interventions also need to address these structural barriers.
 - Critical to address the role of family in interventions on child marriage – especially for engaging men.

Dr. Nicola Jones, Principal Research Fellow, Gender and Adolescence: Global Evidence, ODI.

- Recent research on adolescent girls’ experiences in conflict- and crisis-affected communities in Bangladesh, Ethiopia, Jordan and Lebanon: [“There should be some freedom in our lives”:
Exploring adolescent girls’ experiences of child marriage.](#)
- Focus on context affected by forced displacement.
 - Increasing recognition that drivers of child marriage are exacerbated by crisis and conflict, but little attention to the links between forced displacement, living as a refugee and child marriage. The Sustainable Development Goals do not explicitly talk about refugees and internally displaced persons, and do not require disaggregation by refugee status.

- Mixed-methods longitudinal study, looking at the experiences of 1,179 married girls in Bangladesh, Ethiopia, Jordan, and a follow up with 125 married girls. Findings include:
 - Many refugee girls marry very young – as young as 10 (something that is hidden by averages). In Jordan, Syrian girls married at an average of 15.4yrs; in Bangladesh, girls living in camps married at an average of 15.2 years; in Ethiopia, the average across locations was 15.1 years.
 - Girls tend to marry young adult men – nearly 6 years age difference across contexts.
 - Most were reportedly content with the timing of their marriage. In Bangladesh, Rohingya girls were motivated to marry to increase food security, and only 18% of Rohingya girls would have preferred to wait.
 - The reality of marriage was challenging for many girls, and early divorce very common – in Ethiopia, divorce rates were as high as 30% in some regions.
 - Marriages were generally rushed, with families seeing marriage as a form of protection – in Bangladesh, 28% of married Rohingya girls had known their husbands for less than a week, and 45% less than a month; in Jordan, 27% of Syrian girls had known their husbands for less than a month.
 - Married girls are extremely stressed by the demands of marriage and motherhood – comparing developmental and crisis-affected settings, rates of intimate partner violence (IPV) was very high, and access to support very limited in crisis-affected settings.
- Emotional distress:
 - Entrenched gender norms left girls with little choice.
 - All married Rohingya girls agree that “a wife should obey her husband at all times” and that “a husband’s use of violence should not be discussed outside the household”.
 - Married girls are increasingly and very isolated – 52% of married Rohingya girls reported having a trusted friend; in Jordan, married girls also reported having limited mobility, not having opportunities to leave their household.
 - 39% of married Syrian girls living in Jordan had scores on the General Health Questionnaire indicating emotional distress – the likelihood and depth of distress is likely higher than captured.
- Implications for policy and programming:
 - Invest in prevention and in support for married girls, with support targeting girls, families and communities, including cash plus programming.
 - Ensure married/divorced girls psychosocial wellbeing – peer networks, supportive adults, improved family communication.
 - Strengthen married girls’ access to education and SRHR.
 - Reduce the risk of violence by twinning programming on fostering alternative non-violent masculinities with community sensitisation on preventing and reporting IPV and strengthening justice and survivor services.

- Limited visibility of married girls in crisis-affected contexts – need to include them in our programming – e.g. in upcoming revised Age, Gender and Diversity Policy at UNHCR, Global Compact for Refugee; UNICEF’s new Adolescent Girl Strategy.

Dr. Rochelle Burgess, Associate Professor in Global Health, University College London and **Dr. Nyaradzayi Gumbonzvanbda**, Founder and Chief Executive of the Rozaria Memorial Trust.

- The MARCH-ZIM project in Zimbabwe: [Exploring and addressing the mental health consequences of child marriage](#) (upcoming).
- Interest in filling a gap in the child marriage landscape – development of specific community-driven and owned programming dealing with the mental health consequences of child marriage.
- Everyday lives in complex crisis: much of the world exists in complex emergencies as “conflict co-occurs with multiple additional, and often intractable, demographic, environmental, economic and social instabilities” Straus Center – and this is the case in Zimbabwe:
 - Food insecurity – 7 million identified as food insecure in 2021, related to climate change and expected to increase.
 - High inflation – disruption of food and fuel imports due to conflict in Ukraine.
 - Education and youth – financial constraints, adolescent pregnancy, child marriage, increasing school dropouts due to COVID-19 (23%).
- Mental health consequences of child marriage – if we discuss mental health in a more complex and comprehensive way, we talk about the drivers of child marriage. We need programmes that are sensitive to the mental health needs of girls before, during and after marriage – girls face intersecting needs and challenges.
- Shamva District, Zimbabwe, has 1 in 2 child marriage prevalence, the highest in the country; it is also a site with common mental disorders and limited access to support services.
- By mapping pathways for care and access to mental health support services, the intervention found similar challenges across the Global South – most services are clustered in cities and follow old colonial structures, making mental health support hard and/or expensive to access. Girls’ and women’s position within the household further limits their access.
- Trying to understand the intimate relationships between child marriage and mental health, and the burden among young people – working with young women and communities with a methodology that could be used in other locations; co-production; three parts:
 1. Mini population survey conducted in Shamva District, with 100 women who were married before age 18 – piloting tools: Common Mental Disorders (SSQ); Questionnaire to assess presence of depression (PHQ9).
 2. Life history/family history interviews – understanding young women’s decision-making and experiences, nodes in lives, where households and cultures can be protective and therefore amplified.
 3. Psychosocial retreat intervention.
- 68% of women in survey met criteria for a common mental disorder according to the SSQ – three times the 15% reporting depression in a 2022 national population survey. Related factors likely to cause this include unwanted pregnancy (reflective of issues around agency).

- Family income reduced the odds of depression by 84% – offering opportunities to generate income and also care for people’s emotional wellbeing.
- Implications for policy, programmes and planning:
 - Include these screening tools in all data collected (PHQ-9, P4 suicide screening tool). So many are at risk of suicide, self-harm (50% were at very high risk) – screening and then providing support to address mental health issues is an essential part of doing ethical research in these contexts.
 - Tailor to local dynamics of trauma and stress.
 - Need better and targeted resources to look at how we think about mental health in this landscape – drive political will to bring attention to this overlooked area.

Dr Aisha Hutchinson, Lecturer in Social Sciences, King's College London.

- A recent scoping review (forthcoming): Mapping key factors for successful child marriage programming and intervention contextualisation, with a particular focus on conflict-affected communities. Part of a larger project with The Women’s Refugee Commission and Rozaria Memorial Trust – [A feminist vision for ending child marriage in East Africa: Road map 2023-27](#).
- No past reviews have included evaluations of programmes with crisis-affected communities – because evaluations have not met the criteria for inclusion and because it is difficult to do interventions and research in these contexts.
- Review included 30 programmes, drawing on 36 studies; 20 evaluations had not been included in other reviews, showing the quick expansion of the field.
 - The majority of studies where evaluations took place were in West, Central, East and Southern Africa, and South Asia.
 - Only two specifically focused on conflict-affected contexts: A small-scale pilot study in Jordan and COMPASS in Ethiopia and the Democratic Republic of the Congo (largely unsuccessful on child marriage outcomes).
 - Most programmes were supported by an international organisation and implemented by a national partner in a single country.
 - Most were multi-year programmes, integrating child marriage programming into wider programming (eg. SRHR, education), working across five dimensions (girls’ and youth empowerment, community social norms change, economic training, schooling and structural change). There was least evidence relating to structural change, including the impact of national laws and policies.
 - 10 reported positive change in child marriage-related outcomes; 13 reported mixed success; 7 reported no significant change – most had other outcomes not related to child marriage (e.g. gender equality or education).
- It is difficult to compare the best approach in different settings, as common approaches were adapted (e.g. cash transfers differ by conditionality, duration and amount) or had different outcomes in different contexts – so, no clear successful single or combination of approaches emerged.
- Implications for policy and practice – contextualisation:

- Need to adapt programmes and theory of change to conflict- and crisis-affected settings and to local context, recognising different drivers, operational context, target groups.
- Need to work with unmarried and married girls to build their agency – need to think about how to do this in crisis-affected contexts, and how decision-making or drivers have changed through context.
- It is important to think about how different interventions fit together, how information is shared and how collaboration happens. Different approaches tend to target different levels, with programmes holding together different actors across the humanitarian, development and peacebuilding nexus. No one organisation can do all this, so it is essential to collaborate across sectors, with locally-based organisations who know the context.
- Need more evaluations of interventions with crisis-affected populations. Need more detail about the nuance of programming and for that to be included in evaluation design to support the process of contextualisation.

Q&A and discussion

What were the challenges in gaining approval to conduct girls' sessions? How can we overcome these?

- Maia: Amenah could not implement sessions in schools, but could recruit girls from schools, including by reaching out to parents. Syrian girls in Lebanon already attend the second school shift, which is a condensed programme, so adding more content would be counterproductive. So, the project worked with public and non-governmental organisation-run schools to identify girls, and scheduled sessions outside school hours to avoid clashes.

How can we engage boys and men and address harmful masculinities across contexts?

- Maia: The economic situation in Lebanon meant boys and men work informally with competing demands on their time, and attending the intervention was not a priority where earning a livelihood was so critical. Work with adolescent girls was also seen as the mother's responsibility.
- Nicola: Programming with younger adolescent boys, teaching communication and negotiation skills is powerful. UNICEF in Jordan is doing this with refugee boys and girls and with at-risk host communities – boys valued this very highly, and reported they were not learning this in school or from their families, making it an important entry point. Discussions related to consent are more complex and have implications for IPV, so having a gender lens in the curriculum is crucial.

GAGE also spoke to men who had married girls under age 18 to understand their motivations. In this, a focus on negative implications was effective – e.g. high rates of divorce, which come with costs; and sexual incompatibility with little comprehensive sexuality education (CSE), which was a driver for girls to initiate divorce. Communication of rights-based approaches needs to be layered with these more practical considerations.

- Rochelle: The MARCH-ZIM project builds on deep, longstanding community engagement in these issues by Rozaria Memorial Trust, including young researchers. Need to acknowledge and work with male understandings of their power, reorienting this to new ways of change, encouraging men to engage in community participations.

Also need a methodology to encourage ownership of interventions – this project created groups around key issues and actors (nodes), so they could come together to share learnings across groups. Participants were brought together in a facilitated/coordinated approach. Because they were part of this process and narrative of priorities, they feel ownership of the final project.

How can we provide support and protection for mental health in research?

- Maia: Encountered huge mental health challenges among this population in Lebanon. The challenge is to manage this in a context where there were limited support services. Amnah tried to use referral services, but did not feel these were effective.
- Rochelle: A first key step is to budget for mental health support in research and programming. More than identifying need, budgets and plans need to include making mental health support available (e.g. for counselling) especially where there is no/limited care in the wider landscape, and particularly for the most marginalised people.

Economic empowerment, work and life opportunities for divorced girls, financial independence influencing their decision/ability to leave a marriage

- Nicola: Important to prevent child marriage, but also provide a safety net and bridge to girls who are or have been married (ever-married girls). In the Middle East and Horn of Africa there is a high level of stigmatisation around divorce; peer and/or family support is key to shaping whether a girl decides to stay in a marriage that is violent.

Skills-building is still concentrated in traditional industries, and girls often experience mobility restrictions due to gender norms. We need to think about non-traditional sectors/occupations like IT, plumbing and electricians, ensuring those girls and women are providing services to women (e.g. through home visits, when men are not present/admitted).

- Maha: The transition to earning also provides an alternative to child marriage, to support their families and address negative coping mechanisms during economic hardship.

Access to SRHR services, especially specialised services, where girls are living in volatile contexts.

- Rochelle: Work done by Rozaria Memorial Trust is rooted in increasing girls' access to SRHR and services, and the main gap is in mental health services. This means creating opportunities for holistic support, through pathways in strong partnerships with ministries and health and welfare sectors.

Starting very local, with meaningful co-production work, is key to the replication of this model – community partners and social workers can facilitate and link research with action, and drive that action, reducing lag between crisis and response.

Protracted conflicts – how to use the nexus work to respond, with the cash transfer programme

- Maia: Many crises today are protracted, so we need to focus on e.g. access to education for the long term, as many refugee girls will be in their new country for a long time (not just emergency interventions).

Research updates

Ending Child Marriage Through Community-Led Media Series (ENCASE project)

The ENCASE project is a controlled, pre-post intervention study to change attitudes toward child marriage in south-western Nigeria, using targeted radio programming (drama). It is a collaboration between researchers at the College of Medicine, University of Ibadan and McGill University Canada, funded by Grand Challenges Canada (Stars in Global Health Award).

An initial situation analysis was conducted among the Hausa/Fulani group south-western Nigeria (the qualitative phase of the project), and interviews and focus group discussions were conducted with community leaders and stakeholders, giving insights into local perceptions of the drivers and consequences of child marriage. A quantitative baseline survey was also conducted with 1,600 older members of the Hausa communities in two south-western States in Nigeria: Ondo State (control site) and Oyo State (Intervention site).

The Intervention (Radio drama: BURINA):

The ENCASE project co-produced a series of radio drama (with a Local Advisory Committee, members of the Hausa communities and married girls) using the ideas and findings from the situation analysis. Fictitious stories depicting the drivers, consequences and dangers of child marriage were developed into scripts to produce the radio drama series.

- The radio drama (BURINA: My ambition and hopes) is currently airing on three local radio stations in Ibadan, Nigeria.
- The quantitative endline assessment will be conducted after airing.

For more information, please contact Olubukola Omobowale: ocomobowale@com.ui.edu.ng

A feminist vision for ending child marriage in East Africa: Road map 2023-27

In January 2021, the Women's Refugee Commission, King's College London, and Rozaria Memorial Trust launched a multi-stage participatory action research process with experts and practitioners from feminist, women-led, and women's rights civil society organizations (CSOs) in Eastern Africa. They aimed to:

- Understand gender transformation and patriarchy.
- Advance discussions on lasting, equity-driven and culturally- and contextually-grounded solutions to end child marriage.
- Learn how to enhance coordination and collaboration within regional and local disaster planning, management and response.

Over two years, the initiative identified gaps in existing practice and promising evidence-informed strategies that can be used to prevent child marriage and respond to the needs of ever-married girls.

Recognising the urgency of action in humanitarian settings, the consortium developed a new road map to expedite progress towards ending child marriage by 2027, ahead of the SDG deadline of 2030. The resulting [A feminist vision for ending child marriage in East Africa: Road map 2023-27](#) was successfully launched in March 2023.

The task now is to develop the consortium and ensure successful implementation of the road map. A secretariat will be established to facilitate coordinated, collective action; it will be held by a grassroots organisation and supported by an Advisory Committee including some international organisations. This is intended to decolonise the differing priorities and dominance of large or international organisations.

A fundraising strategy is also needed, as funding and resourcing for collective action and for grassroots organisations are vital. The consortium will be holding a research workshop in September 2023, which will be supported by a brief consultation on child marriage research gaps, needs and priorities in East Africa. This will be sent out to the Delphi research participants to gather further details to support development of the research agenda in September.

Resources shared

Human Rights Centre, Save the Children, Plan International, 2021, [Child marriage in humanitarian crises](#).

Presler-Marshall, E., Oakley, E., Jones, N., Alheidwidi, S., Mitu, K., Yadete, W., Youssef, S., Guglielmi, S., Baird, S., and Malachowska, A., 2023, [“There should be some freedom in our lives”: Exploring adolescent girls’ experiences of child marriage](#).

Rialet, J., Greene, M. E., Lauro, G., 2022, [Boyhood and child, early and forced marriages and unions: An evidence review](#), Washington, D.C.: Equimundo and New York: UNFPA.

Sieverding, M., Bteddini, D., Mourtada, R., Al Ayoubi, L., Hassan, O., Ahmad, A., DeJong, J., Abdulrahim, S., 2022, [Design and implementation of the Amenah early marriage pilot intervention among Syrian refugees in Lebanon](#).

UNICEF, 2023, [Is an end to child marriage within reach?](#)

The CRANK, 2023, [CRANK research spotlight: Addressing child marriage and supporting married girls in conflict- and crisis-affected settings](#), *Girls Not Brides* and the UNFPA-UNICEF Global Programme to End Child Marriage.

[CRANK research meeting: Child marriage in conflict- and crisis-affected settings – Learning from the latest evidence](#)

[CRANK research meeting: Child marriage in humanitarian settings](#)

Patient Health Questionnaire-9 (PHQ-9), for example these from [Patient UK](#), [Washington University](#) and [Stanford University](#).

P4 suicide screening tool, for example these from [GeroCentral](#) and [Accountable Health Partners](#).

Platforms for collaboration and learning:

[Global Network on Mental Health and Child Marriage](#)