



Commentary

Young Leaders' Experiences and Recommendations to Strategically Tackle Child, Early, and Forced Marriage

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Tackling the drivers and outcomes of child marriage requires the voices of young activists and researchers as we are able to bring a fresh perspective to understanding the pressures that adolescent girls face in our communities and contribute ideas about solutions that will resonate in our specific contexts [1]. In this commentary, we bring together the voices and experiences of three young women activists and researchers from three additional regions—Eastern Europe, Latin America, and the Middle East. Identified through the Adolescent Girls Investment Plan (The Adolescent Girls Investment Plan (AGIP) is a global partnership co-chaired by Plan International and Girls Not Brides (GNB) that aims to stimulate the development of investment frameworks and tools for decision makers to confidently deliver a comprehensive approach to advance gender equality through girl-centered approaches and actions. For more details, see <https://adolescent-girls-plan.org/>.) youth network, we each bring a unique perspective, including an 18-year-old advocating for child marriage prevention laws in Guatemala, a 24-year-old building child marriage prevention into medical training and health care in Lithuania and beyond, and a 23-year-old pioneering participatory research approaches to strengthen data and evidence-informed programming for married girls in her Syrian refugee community in Jordan.

Eyleen, 18, Guatemala, Girls Not Brides

We adolescent girls seek to create a better future, filled with possibilities that allow us to fulfill our dreams. However, child marriage and early unions is one of the biggest problems that girls face in many countries. In my native country Guatemala, one in three girls will not be able to pursue the opportunities available to them because of child marriage or early unions. Girls married as

children or living with their partners, in Guatemala and beyond, often stop studying and face serious physical and mental health risks, representing a serious violation of their rights.

I learned more about the inequalities experienced by girls when I joined the Let Girls Lead Network, an initiative of Rise Up, which empowers adolescents to lead projects that contribute to a world where all girls can access education, good health systems, and equal opportunities. Although the Guatemalan Congress raised the minimum age of marriage to 18 in 2015, there was an exception to the rule that allowed girls and boys under 18 to marry. With continued efforts from many civil society organizations and young activists like me, we were able to secure the approval of decree 13-2017 of the Civil Code, eliminating the exception to marry before 18. I was a part of this collective effort and represented the voices of my generation in front of decision makers in the Congress in 2017. I continue to be a part of national and global efforts to end child marriage, including as a Let Girls Lead Network leader.

Decree 13-2017 was a crucial step to prevent child, early, and forced marriage. However, there are still major gaps in its implementation. The challenges I face as a young leader include a lack of up-to-date data about child marriage and early unions in my country and globally to measure progress and re-evaluate strategies. Despite such challenges, I have been able to engage with family, friends, teachers, decision makers, and students on the importance of working and investing to achieve the fulfillment of girls' full human rights. Going forward, I want to call for a present and future with more opportunities for all girls of my generation to fulfill our dreams.

Eglė Janušonytė, 24, Female, Lithuania, Women Deliver

Encouraging health care professionals to tackle child marriage has been challenging as a young advocate. Although medical students globally mobilize and take a stance on a variety of sexual and reproductive health and rights (SRHR) issues, child marriage has not yet captured the spotlight in these advocacy efforts. In Europe, the issue is often viewed as nonexistent, which spurred my efforts to advocate for its abolition internationally. While

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Europe may not be the epicenter of this problem, we nonetheless can use our collective voices to strive for the elimination of child marriage everywhere. To help guide fellow medical students, in August 2020, in my role as the Liaison Officer for SRHR at the International Federation of Medical Students' Associations (IFMSA), I contributed to a policy document on abolishing child marriage. Unanimously adopted by the IFMSA General Assembly, the policy calls on medical students, teaching institutions, the health care sector, and governments to undertake concrete steps to address child marriage. This led to IFMSA, a collective of over 1.3 million medical students internationally, developing a coordinated stance against child, early, and forced marriage.

Why health care professionals are not yet leading advocacy efforts to eliminate child marriage stems from traditional education systems that often lack a specific, holistic, and human rights–based approach to patients' health. From what we witnessed through student discussions and surveys we conducted on the status of medical education worldwide, we were disappointed, yet not surprised, to see that human rights education is a rarity in medical curricula, whereas SRHR as a concept is even less well recognized (Preliminary findings presented at AMEE 2020 and International Conference on Population and Development, Nairobi Summit. Factsheet provided here.). Some youth try to address these gaps through nonformal education spaces and peer-to-peer workshops. For example, medical students in Turkey organized an impressive regional workshop on the disruptive effects of child marriage and its impact on mental and physical development. However, in the absence of institutional support to ensure modules on gender as a determinant of health (including the detrimental impacts of child marriage) are compulsory in our training, our scope to bring about change is limited.

Beyond the medical world, I see a need for advocates and practitioners seeking to tackle child marriage to engage more proactively with health care professionals. Health care workers are often in close contact with communities and engage regularly with parents and families, and so could play an important role in championing conversations about the far-reaching impacts of child marriage practices. In short, urgent action is needed to ensure health care workers are prepared to take on this role and accelerate conversations.

Sarah Alheiwidi, 23, Stateless Syrian in Jordan, GAGE

As a young female stateless Syrian researcher living in Jordan, I became passionate about researching the experiences of adolescent girls who are married as children as I have seen firsthand the detrimental effects marriage can have on the lives and futures of girls from the same heritage as me. In Jordan, the statistics for the Syrian refugee community are alarming: an estimated 37% of Syrian women between the ages of 20 and 24 were married before age 18 [2].

Given the multilayered social norms shaping their lives, research with married girls requires an especially sensitive approach. Understanding the perspectives and experiences of ever-married girls in humanitarian settings demands a strategic, individualized approach for each girl.

Married adolescent girls are cautious to share their experiences as it is culturally taboo to reveal details of married life, especially about reproductive health and intimate partner violence. Working as a qualitative researcher with the Gender and Adolescence: Global Evidence (GAGE) longitudinal study, which aims to understand what approaches can most effectively

support the full capabilities of adolescent girls in low- and middle-income settings [3], I visit the same Syrian refugee girls multiple times, and this enables me to build rapport and trust. I start by discussing our research aims with their in-laws and husbands, emphasizing how the wider refugee community can benefit from their contributions. With the girls, I discuss our privacy protocol in detail so that they can feel confident, and I am always on the alert in interviews as to whether the family are trying to listen in. I quickly but subtly change the topic as needed; the girls appreciate this concern for their safety—which is rare. I also make myself available by phone or WhatsApp if they have any questions or concerns afterward. I am seen as neutral but also familiar as I am from the same community and understand the norms they have to negotiate.

Even so, such research is far from easy. What I find sobering is the limited referral pathways that exist for girls in reality. GAGE has a robust referral protocol, but this appears to be insufficient to make a real difference. Having interacted with the same girls over a three-year period, I see that even cases who I have referred, for example, because of impending forced marriage, because of serious physical and psychological violence, or because they voiced suicidal thoughts are not getting the attention and follow-up services they urgently need from humanitarian and governmental actors. If we encourage girls to speak out for their rights, we need to ensure that their courage is matched by systems and budgets that can provide them with the support they need to be free from the chains of child marriage.

Concluding Reflections

As young activists and researchers with a passion to support adolescent girls who have not had the same opportunities that we have had and who face diminished futures because of child marriage, we want to emphasize the importance of systematically including our voices and experiences in policy, practice, and research spaces to strengthen evidence-informed and context-appropriate solutions. To achieve the Sustainable Development Goal target of eliminating child marriage by 2030, is going to require a collective and inclusive effort.

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