



NAIROBI COMMITMENTS:

Towards the Three Zeros in Turkey

The decennial United Nations Population Conferences¹ have been instrumental in shaping the policy agenda of the twentieth century and setting a new agenda for the twenty-first century. Notable among these meetings, the 1994 International Conference on Population and Development (ICPD) held in Cairo² brought about a paradigm shift for population and development discussions with the recognition that people’s rights, choices and well-being are critical facets of sustainable development. In 2010, the 20-year Program of Action from the Cairo Conference was extended by the UN General Assembly in order to “fully meet its goals and objectives”³. The ICPD Program of Action, with its vision of integrated development, foreshadowed the 2030 Agenda for Sustainable Development that was adopted in 2015. Upon the adoption of Sustainable Development Goals (SDGs), the international community committed to put “people, planet and prosperity” at the center of sustainable development with a *leave no one behind* motto. In 2019, the 52nd Session of the UN Commission on Population and Development as well as the Nairobi Summit on ICPD+25, emphasized that there can be no SDGs without the ICPD.

ICPD, 1994	Sustainable Development Goals	“No SDGs without ICPD”
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- had substantial differences in “mood, tone, and purpose” from previous international population conferences (McIntosh and Finkle, 1995),
- was the most inclusive international population conference with the participation of a transnational network of Non-Governmental Organizations,
- yielded a change in focus from population and family planning to reproductive health and rights,
- re-focused population-related targets to improve the quality of life of all people,
- was a paradigm shift for population and development in the recognition that people’s rights, needs and aspirations are the path to sustainable development.

- Cairo principles have underpinned the SDGs, including**
- the need for non-discrimination and universality in both opportunities and outcomes
 - the centrality of health, education and women’s empowerment to sustainable development and,
 - the collective need to ensure environmental sustainability.

The UN Declaration dated 1 April, 2019, during the 52nd session of the UN Commission on Population and Development stated: “the full and effective implementation of the Program of Action and the key actions for its further implementation are essential to achieving the internationally agreed development goals, including those contained in the 2030 Agenda for Sustainable Development.”

Nairobi Summit on ICPD25 on 12-14 November 2019:
 “SDGs would not be achieved by deadline, 2030, unless the goals laid out in the ICPD Program of Action were reached.”



Zero unmet need for family planning



Zero preventable maternal deaths



Zero sexual and gender-based violence and harmful practices against women and girls

This brief presents developments in Turkey’s “three zeros” efforts, with up-to-date information and policy notes.

Nairobi Summit Commitments: Three Zeros by 2030

The Nairobi Summit was held in Kenya between the 12th and 14th of November, 2019, which was the 25th Anniversary of the ICPD. The summit with its banner of “Accelerating the Promise”, drew attention to the unfinished agenda of the ICPD. During the meeting, some 8,300 delegates from 172 countries made more than 1,250 commitments and the “Nairobi Statement on ICPD25: Accelerating the Promise”, containing 12 global commitments that formed the basis for other commitments, was released (ICPD25, 2019). The statement highlighted three zeros to achieve by 2030.



Towards the Three Zeros in Turkey

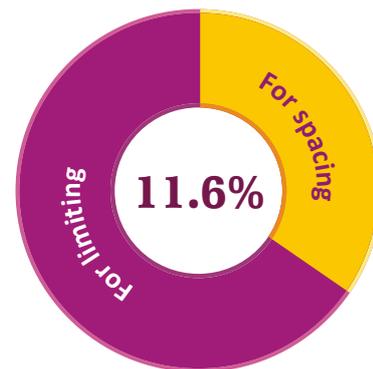


Unmet Need for Family Planning

Unmet need for family planning refers to the condition of women who are wanting to avoid or postpone childbearing, but who are not using any method of contraception. Unmet need may lead to unintended pregnancies, which pose numerous risks for women and societies when they are ended with unsafe abortion.

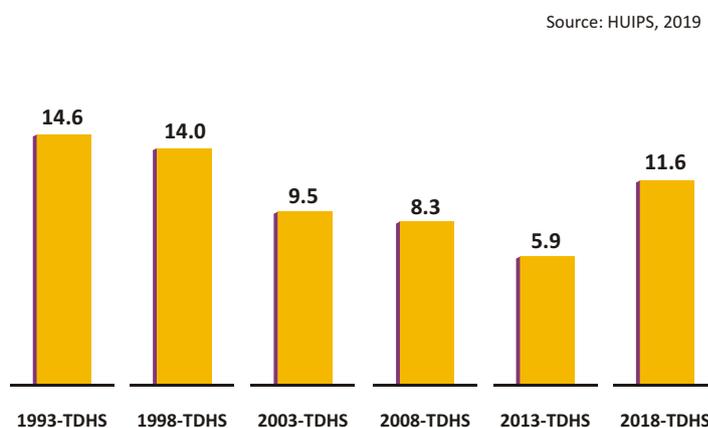
Unmet need for family planning among currently married woman age 15-49, Turkey 2018

- According to the Turkey Demographic and Health Surveys (TDHS), although unmet need among currently-married women steadily declined for two decades after 1993, there was a sharp increase during the five years previous to 2018, from 5.9% to 11.6%.
- This increase is mainly due to the increase in unmet need for limiting births.
- Unmet need for limiting births increased from 3.3% to 7.6% from 2013 to 2018, whereas unmet need for spacing increased from 2.6% to 4.0% (HUIPS 2014; 2019).



Source: 2018-TDHS

Trends in unmet need for family planning among currently-married women age 15-49, Turkey 1993-2018 (%)



- One of the reasons for this increase in unmet need may be the decline in the overall use of contraception, which fell from 73.5% to 69.8% in the last 5 years before 2018, mainly due to the increase in non-use of contraceptives and the decline in the use of traditional methods.
- Although increases in the use of modern contraceptive methods continue, the prevalence of non-use has increased. Additionally, the use of traditional methods has declined, but has not been fully offset through an increase in modern method use.

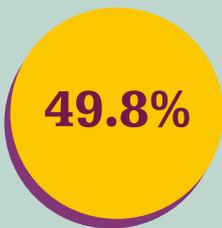


60.6%

Source: 2018-TDHS

The proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1)

Over the 25 years between 1993 and 2018, the proportion of women who have their need for family planning satisfied with modern methods increased from 44.7% to 60.0% among currently-married women (data not shown here) (UN DESA PD, 2020; HUIPS, 2019). This is also reflected by the increase in the use of modern contraception: among married women, the use of modern methods increased from 31.0% to 48.9% from 1988 to 2018. Recently, and for the first in time in history of Turkey, the gap between withdrawal method and condom use has almost disappeared, falling to only 1.3 percentage points (HUIPS, 2019).



49.8%

Source: 2018-TDHS

The proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG indicator 5.6.1)

Women's informed decision-making in three areas - consensual sexual relations, contraceptive use and seeking reproductive health care - is important to provide gender equality and universal access to sexual and reproductive health and rights (UNFPA, 2020a).

In Turkey, only half of women make their own informed decisions in these three areas.

Policy Note



Considerable progress in meeting the family planning needs of individuals and families has been made in Turkey (Akin and Ali, 2020). However, the recent increase in the unmet need for family planning needs attention. The reasons underlying this unexpected trend should be analyzed further as it denotes a retrogression from the objective of zero unmet need for family planning services. Access to family planning is a human rights issue, but its maintenance is not straightforward. As Akin and Ali (2020) note, "decreasing unmet need is a multisectoral task engaging and involving scientific stakeholders, and public awareness through consistent advocacy efforts." Perhaps a stronger tone and advocacy are needed in the policy environment and public discourse.

For Turkey, the policy component of Family Planning Effort

(FPE)Score, which is a measure that quantifies the strength of national Family Planning Programs, has been declining since 1999. It is currently only 38.6 over 100, close to the level seen in 1989, indicating that family planning programs should be strengthened (FPE, 2020).

Another indicator related to unmet need is women's reproductive autonomy, which is often hindered due to "harmful and discriminatory social norms and practices, and women's lack of agency and financial resources" (UNFPA, 2020a). Gender equality is essential to improve health and ensure women's reproductive autonomy. Turkey has made significant progress in its policies and legislation to achieve gender equality (T.R. Presidency, Presidency of Strategy and Budget, 2019). However, that progress appears to be limited when women's reproductive autonomy is considered.

Maternal Deaths

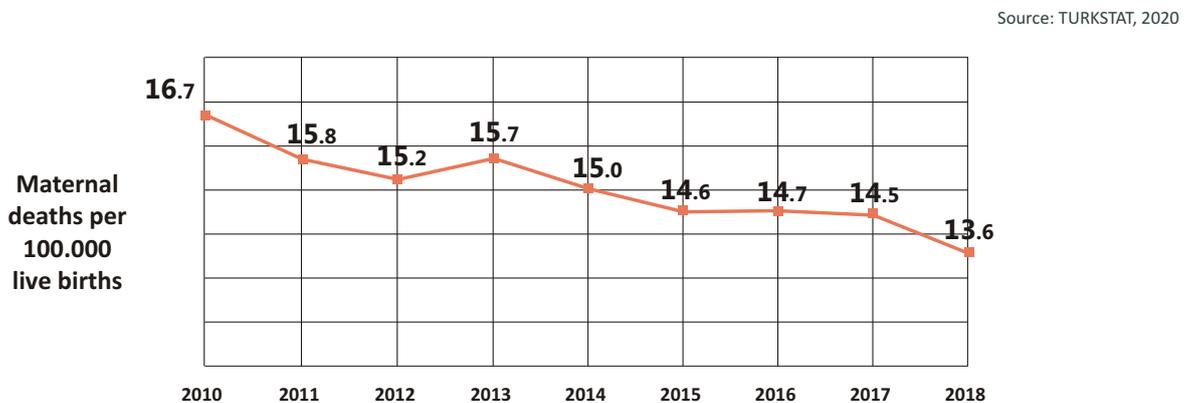


13.6

Maternal mortality ratio: The annual number of maternal deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth, or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births, for a specified year (SDG indicator 3.1.1)

Source: TURKSTAT, 2020

Maternal mortality ratio, Turkey



- Most maternal deaths are preventable, according to estimates by the WHO (88-98%), UNICEF (almost 80%) and WB (74%) (OHCHR, 2009).
- Maternal mortality ratio declined from 16.7 in 2010 to 13.6 in 2018, according to T.R. Ministry of Health statistics (TURKSTAT, 2020).

Policy Note



In the 1950s, maternal mortality was high due to illegally induced abortions in Turkey. According to a survey that took place in 137 villages in 1959, there was excessive maternal mortality in rural settlements and 53% of maternal deaths were caused by abortion (Fişek, 1971). The 1960s brought about a turning point where governmental efforts started to reverse pronatalist population policies, in turn yielding the first anti-natalist Population Planning Law of 1965 and the Second Population Planning Law of 1983. The latter legalized induced abortion up to 10 weeks on request. In the period between 1983 and 2000, contraceptive use increased, abortion incidence declined, and maternal deaths from unsafe abortions declined sharply and almost disappeared (Akin, 2007).

All these factors are interconnected. The decline in abortions was mainly due to decline in abortions associated with traditional method failure (Senlet et al., 2001) and the legal policies in effect. Turkey is among the most successful countries where the global goal for 2030 has already been exceeded in maternal mortality and the share of direct maternal deaths in total maternal deaths have been decreasing (from 59.5% to 45.0% between 2012 and 2015) (Engin-Üstün et al., 2019). However, despite the accomplishments of the past 35 years, further efforts are needed in order to reach Nairobi's "0" preventable maternal death commitment. The last miles are always the most difficult, but success comes with determination.



Gender-Based Violence

8.2%

Proportion of ever-married women (aged 15-59 years) subjected to physical violence by intimate partner in the previous 12 months (a proxy for SDG indicator 5.2.1)⁶

Source: Turkey VAW, 2014

5.3%

Proportion of ever-married women (aged 15-59 years) subjected to sexual violence by intimate partner in the previous 12 months (a proxy for SDG indicator 5.2.1)

Source: Turkey VAW, 2014

25.7%

Proportion of ever-married women (aged 15-59 years) subjected to psychological violence by intimate partner in the previous 12 months (a proxy for SDG indicator 5.2.1)

Source: Turkey VAW, 2014

The current information on the prevalence of being exposed to different types of domestic violence by an intimate partner is based on the most recent research on domestic violence against women in Turkey (Turkey VAW 2014). The prevalence of exposure to lifetime violence is much higher among women, with physical violence standing at 35.5%, sexual violence at 12.0%, and psychological violence at 43.9% (HUIPS, 2015).

2.9%

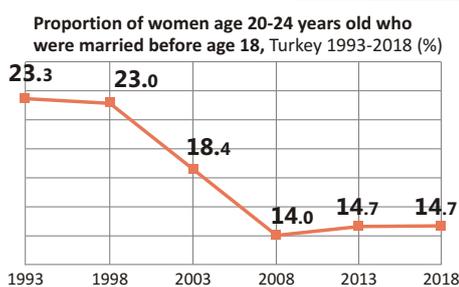
Proportion of women (aged 15-59 years) subjected to sexual violence by persons other than intimate partner after the age of 15 (a proxy for SDG indicator 5.2.2)⁷

The original SDG indicator 5.2.2 refers to the current situation (the previous 12 months), whereas Turkey VAW 2014 provides information on the period since the age of 15; hence, the indicator above corresponds to an earlier reference period. According to the Turkey VAW 2014 survey, the primary perpetrators of sexual violence are people other than family members. Some 55.9% of women stated that the perpetrators were strangers, followed by male relatives (16.9%), male friends (12.7%), and someone from the workplace (11.5%).

Source: Turkey VAW, 2014

14.7%

Proportion of women aged 20-24 years who were first married or in a union before age 18 (SDG indicator 5.3.1)⁸



According to the TDHS, in the 25 years since 1993, the proportion of women age 20-24 who were married by the age of 18 has declined by 8.6 percentage points, stabilizing around 14-15%⁹. In Turkey, legal age at marriage is regulated by the Civil Code and Marriage Regulation¹⁰. Minors cannot get married until they complete the age of 17 years based on Civil Code Article 124, but 16-year-olds can marry through a court decision under special circumstances. Based on Marriage Regulation Article 14, on the other hand, men and women who completed the age of 18 and were not put under guardianship by the court, marry without the consent or permission of another. Men and women who completed the age of 17 can marry with parental consent, and men and women who completed the age of 16 can marry with the approval of the judge.

Source: 1993-TDHS, 1998-TDHS, 2003-TDHS, 2008-TDHS, 2013-TDHS, 2018-TDHS

Policy Note



Turkey was the first country to sign and ratify the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). Law No. 6284 to Protect Family and Prevent Violence against Women, was adopted in 2012, to which a number of amendments were made in 2014. The number of Violence Prevention and Monitoring Centres (ŞÖNİM) reached 81 as of November 2019, and the number of Women's Shelters increased to 145 (T.R. Ministry of Family, Labor and Social Services, 2020).

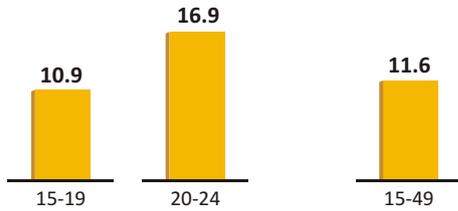
However, more progress is needed in order to combat violence against women. For instance, child marriage is associated with more domestic violence (HUIPS, 2015) and a revision in current legislation for women and girls in the context of prevention of early and forced marriages is needed, as suggested in Turkey's 2nd VNR (T.R. Presidency, Presidency of Strategy and Budget, 2019).



LEAVING NO ONE BEHIND...

Youth

Unmet need for family planning among currently-married women by Age, Turkey 2018 (%)

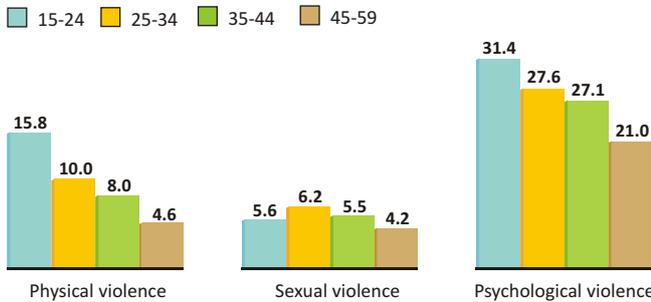


There are disparities in the level of unmet need for family planning. Married youth, specifically women of age 20-24 are disadvantaged compared to the average level in unmet need for family planning.

Source: 2018-TDHS

Youth

Proportion of women subjected to different types of violence by intimate partners in the previous 12 months by age, Turkey 2014 (%)

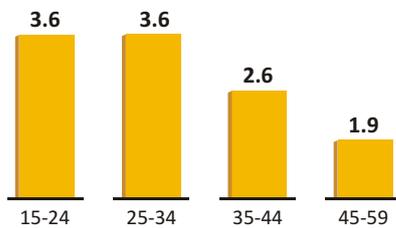


Current prevalence of partner violence among ever-married women is much higher among younger women.

Source: Turkey VAW, 2014

Youth

Proportion of women ever subjected to sexual violence by persons other than intimate partner by age group, Turkey 2014 (%)

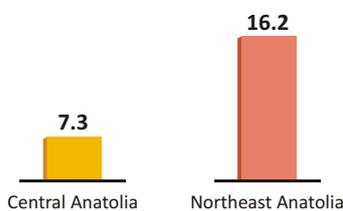


The proportion of women who were subjected to sexual abuse by non-partners since the age of 15 is highest for women aged 15-34. Although this is a cumulative indicator measuring almost a lifetime of experience, its relatively higher prevalence among youth may be due to an increasing trend of this indicator over time, or reporting errors among the older groups.

Source: Turkey VAW, 2014

Regional Disparities

Unmet need for family planning among currently-married women: highest vs lowest region, Turkey 2018 (%)

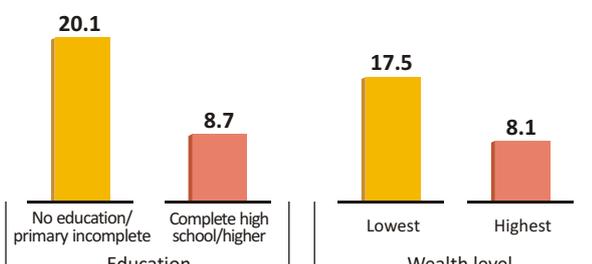


Although there is not much urban/rural difference in unmet need for family planning, regional disparities remain. There is an 8.9 percentage-point difference between Central Anatolia and Northeast Anatolia. Northeast Anatolia is 4.6 percentage-points higher than the country average.

Source: 2018-TDHS

Socioeconomic Disparities

Unmet need for family planning among currently-married women: comparisons by education and wealth, Turkey 2018 (%)

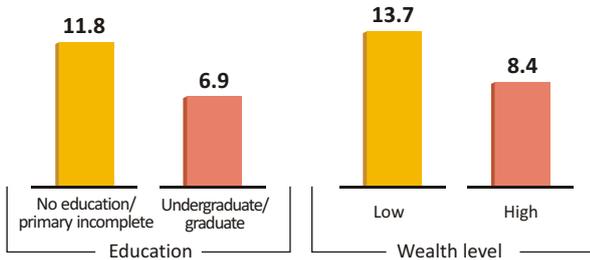


There are also disparities in unmet need for family planning with respect to conventional socioeconomic variables, namely education and wealth. In the group with no or primary incomplete education, 1 in 5 women have unmet need for family planning. Some 17.5% of the poorest women have unmet need for family planning, whereas this proportion declines to 8-9% among women with better socioeconomic conditions.

Source: 2018-TDHS

Socioeconomic Disparities

Proportion of ever-married women subjected to physical or sexual violence by their intimate partners in the previous 12 months: comparisons by education and wealth, Turkey 2014 (%)

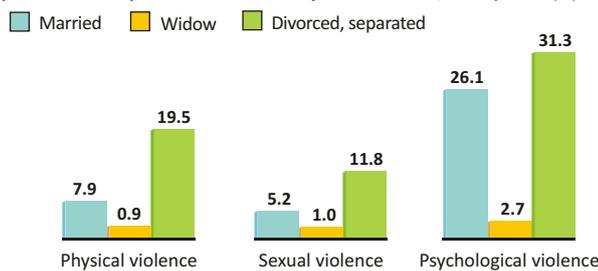


Current exposure to physical and/or sexual violence is associated with education and wealth. Low levels of education and wealth increases women's risks of intimate partner violence.

Source: Turkey VAW, 2014

Socioeconomic Disparities

Proportion of women subjected to different types of violence by intimate partners in the previous 12 months by marital status, Turkey 2014 (%)

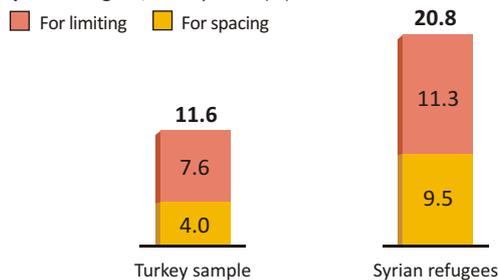


Marital status is another variable associated with prevalence of gender-based violence. Prevalence of physical, sexual and psychological violence from intimate partners is higher for divorced and separated women.

Source: Turkey VAW, 2014

Refugees

Unmet Need for Family Planning among Currently-Married Women: Syrian Refugees, Turkey 2018 (%)



Nationally representative data for Syrians with temporary protection status from 2018-TDHS reflects a very high level of unmet need.

Additionally, child marriage is very common among Syrian women aged 20-24, with the level of 44.8%.

Source: 2018-TDHS Syrian Migrant Sample and 2018-TDHS

Challenges Posed by the COVID-19 Pandemic

The COVID-19 pandemic could undermine the progress made towards achieving the three zeros of Nairobi Summit Commitments. According to the Interim Technical Note by UNFPA (2020b):

- Without mitigation strategies, depending on the degree that health services are disrupted and the duration of these disruptions (lock-downs), between 13 million and 51 million women will be unable to use modern contraceptives, leading to 325,000–15 million unintended pregnancies in low- and middle-income countries.
- If violence increases by 20% during periods of lockdown, there would be an additional 15 million cases of intimate partner violence for an average lockdown duration of 3 months, 31 million cases for an average lockdown of 6 months, 45 million for a lockdown of 9 months, and 61 million for a lockdown of one year, worldwide.
- Based on the assumptions of (i) a delay of one year in the implementation of a package of interventions to reduce child marriage and (ii) economic downturn and increasing poverty (10% reduction in GDP per capita), an additional 13 million child marriages are expected between 2020 and 2030.

Furthermore, the COVID-19 pandemic is expected to increase maternal mortality through direct and indirect effects. Between 12,200 and 56,700 additional maternal deaths due to indirect effects are expected over 6 months across 118 low-income and middle-income countries, from the least severe to the most severe scenario. For Turkey, maternal deaths are expected to increase by 3 to 19 per month, from the least to the most severe scenarios (Robertson et al., 2020).

The challenges posed by the COVID-19 pandemic cannot be tackled alone and strong global partnerships and cooperation as suggested by the SDG target 17.1 are needed now more than ever. COVID-19 disproportionately affects the poor and vulnerable. Therefore, solidarity, inclusion and equity policies should be maintained, keeping vulnerable populations at the front and center.

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1 The World Population Conference held in Rome in 1954, the World Population Conference held in Belgrade in 1965, the World Population Conference held in Bucharest in 1974, the International Conference on Population held in Mexico City in 1984, the International Conference on Population and Development held in Cairo in 1994.

2 The International Conference on Population and Development follows and builds on other important international activities (UN, 1994): (a) The World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, held in Nairobi in 1985; (b) The World Summit for Children, held in New York in 1990; (c) The United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992; (d) The International Conference on Nutrition, held in Rome in 1992; (e) The World Conference on Human Rights, held in Vienna in 1993; (f) The International Year of the World's Indigenous People, 1993, which would lead to the International Decade of the World's Indigenous People; (g) The Global Conference on the Sustainable Development of Small Island Developing States, held in Barbados in 1994; (h) The International Year of the Family, 1994.

3 UN Resolution 65/234, para. 2, of 22 December 2010.

4 Technically speaking it is the proportion of women who (1) are not pregnant and not postpartum amenorrheic, and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrheic and their last birth in the last 2 years was mistimed or unwanted among currently married women age 15-49.

5 The Family Planning Effort Index (FPE) is a measure that quantifies the strength of

national Family Planning Programs. The FPE has been collected periodically since 1972, and provides results across four key components: policies, services, evaluation, and access. The index was developed to measure the level of effort that goes into FP programs, and to track how this changes over time.

6 Original SDG indicator: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (SDG indicator 5.2.1)

7 Original SDG indicator: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence (SDG indicator 5.2.2)

8 Original SDG indicator: Proportion of women aged 20-24 years who were first married or in a union before age 15 and before age 18 (SDG indicator 5.3.1)

9 TDHS covers all union types, including religious ones.

10 According to the Civil Code Article 124, “a man or a woman cannot get married until they complete the age of seventeen years. However, a judge, in exceptional circumstances and for some very important reasons, may allow the marriage of a man or woman who has completed sixteen years of age”. The Marriage Regulation Article 14 states, on the other hand, that “men and women who completed the age of eighteen and were not put under guardianship by the court marry without the consent or permission of another: a) Men and women who completed the age of seventeen can marry with parental consent, if there is no guardian, with the consent of the guardian or the guardianship, (b) Men and women who completed the age of sixteen can marry with the approval of the judge.”