



A MULTI-SECTOR
APPROACH TO
HEALTH RISKS AND
CONSEQUENCES OF
CHILD, EARLY, AND
FORCED MARRIAGE



The United Nations Joint Programme for the Prevention of Child, Early, and Forced Marriage in Turkey, implemented by the United Nations Children’s Fund (UNICEF), International Organization for Migration (IOM), United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and United Nations High Commissioner for Refugees (UNHCR) with the financial assistance of Swedish International Development Cooperation Agency (SIDA) takes a multi-sectoral and holistic approach for conducting both prevention and intervention activities to strengthen national mechanisms for protection of women and children, and to promote positive social norms aiming to prevent child, early and forced marriages. With the primary objective of supporting the development of local institutional capacity for preventing child, early and forced marriage within the scope of the program, UNFPA has been conducting activities in the fields of promoting mother and child health, improving reproductive health and rights, supporting gender equality, combating violence against women and humanitarian aid in Turkey since 1971. UNFPA works for a more equal and safer world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

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CONTENTS

ACRONYMS	5
FOREWORD	6
ACKNOWLEDGMENTS	9
EXECUTIVE SUMMARY	11
A. INTRODUCTION	15
A Joint Approach to the Issue of Child Marriage	17
The Situation in the World and in Turkey	20
Causes of Child, Early, and Forced Marriage	23
Problems Caused by Child, Early, and Forced Marriage	27
Health Risks and Consequences of Child, Early, and Forced Marriage	31
Legislative Arrangements Relating to Child, Early, and Forced Marriage	36
B. OBJECTIVE AND SCOPE OF THE SURVEY	45
Research Method	48
Data Analysis	51
C. FINDINGS	53
Health Risks and Consequences of Child, Early, and Forced Marriage	55
Multi-factor Causes	64
Suggestions for Preventing Negative Health Consequences of Child, Early and Forced Marriage	88
D. DISCUSSION AND CONCLUSION	107
E. SUGGESTIONS FOR MULTI-FACTOR MEASURES AND INTERVENTIONS	117
F. APPENDIX	123
G. BIBLIOGRAPHY	141



FIGURES, TABLES AND GRAPHICS

FIGURES

Figure 1: Cause and Effect Cycle	28
Figure 2: CEFM and Its Consequences	29
Figure 3: Health Risks that CEFM Leads	111
Figure 4: Root Causes and Their Consequences	115

TABLES

Table 1: Gender Breakdown of the Percentage of First Marriages in Age Group 16-19 by Official Marriages	21
Table 2: Health Consequences of Child, Early and Forced Marriages	33
Table 3: National and International Legislation on Child, Early and Forced Marriages	41
Table 4: Field Provinces of the Research	48

GRAPHICS

Graphic 1: The Prevalence of Women Marrying Before the Age of 18 in Turkey (%)	22
Graphic 2: Distribution of Interviews According to Qualitative Method Techniques	49
Graphic 3: Distribution of Interviewees by Profession	50

ACRONYMS

CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women	SIDA	The Swedish International Development Cooperation Agency
CEFM	Child, Early and Forced Marriage	SSL	Social Services Law
CMC	Child Monitoring Center	STI	Sexually Transmitted Infections
CPC	Criminal Procedure Code	TAPV	Turkish Family Health and Planning Foundation
CPL	Child Protection Law	TCC	Turkish Civil Code
CRC	Committee on the Rights of the Child	TDHS	Turkey Demographic and Health Survey
DGFCS	Directorate General of Family and Community Services	TESEV	Turkish Economic and Social Studies Foundation
DGSW	Directorate General on the Status of Women	TAYA	Research on Family Structure in Turkey
ERI	Education Reform Initiative	TGNA	Turkish Grand National Assembly
GHI	General Health Insurance	TPC	Turkish Penal Code
HUIPS	Hacettepe University Institute of Population Studies	TurkStat	Turkish Statistical Institute
ICC	International Children's Center	UN	United Nations
IOM	The International Organization for Migration	UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
KEFEK	Committee on Equality of Opportunity for Women and Men	UNCRC	The United Nations Convention on the Rights of the Child
MoFLSS	Ministry of Family, Labour and Social Services	UNFPA	United Nations Population Fund
MoFSP	Ministry of Family and Social Policies	UNGA	United Nations General Assembly
MoH	Ministry of Health	UNHCR	The United Nations High Commissioner for Refugees
MoJ	Ministry of Justice	UNICEF	United Nations Children's Fund
MoNE	Ministry of National Education	ÜSEM	Training Center for Reproductive Health
NGO	Non-Governmental Organization	WHO	World Health Organization
ORSAM	Center for Middle Eastern Studies		
SDG	Sustainable Development Goals		



FOREWORD

Child marriage is a harmful practice affecting millions of children, especially girls, around the world which must be addressed with a multidimensional approach. Although increased national and international efforts at a global scale help reduce the number of child marriages, this practice still remains a social problem. Girls' education level decreases due to child marriages. Child marriage

blocks girls' access to the labor market, restricts their economic and social rights and liberties, which are essential for involvement in the society as strong individuals, and prevents them from sustaining a decent life as healthy individuals. Marriage is a concept for adult life; therefore, children should not become subjects of this concept.

Many international covenants, especially the Universal Declaration of Human Rights and the Convention on the Rights of the Child, call for the State Parties to adopt necessary measures to provide children with an equalitarian, healthy, participatory, and safe living environment. As stated by Dr. Natalia Kanem, the UNFPA Executive Director: "As long as girls are being married as children, we cannot achieve the gender-equal world that young people are demanding. Girls should have the power to make their own choices - about when and whom they will marry, about continuing their education, and about whether and when they have children". To this end, United Nations Population Fund (UNFPA) implements programs in different parts of the world to build institutional capacity with a view to preventing child marriages and attaining sustainable development goals, empowering girls, ensuring gender equality, preventing gender-based violence, and ensuring that individuals lead a healthy life.

UNFPA Turkey has been one of the implementing organizations of the '**The United Nations Joint Program for the Prevention of Child, Early, and Forced Marriage in Turkey**' implemented since 2018 by the United Nations Children's Fund (UNICEF), the International Organization for Migration (IOM), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and the United Nations High Commissioner for Refugees (UNHCR) with the financial assistance of the Swedish International Development Cooperation Agency (SIDA). UNFPA Turkey has been conducting capacity-building activities for service providers and community-based activities across the country and pioneering data-driven, qualitative and quantitative studies on the effects of child marriages on children's health.

This is a qualitative study focusing on the risks and results of child, early, and forced marriages on health and has been prepared based on in-depth interviews and focus group discussions with relevant service providers, public officials, civil society workers, and academics working in this field. This study reveals many health problems caused by child marriages and adolescent pregnancies, such as increased risk of maternal and newborn mortality, miscarriages, preterm births, difficult delivery, growth retardation during pregnancy, low birth weight, severe bleeding, fistula and tears, sexually transmitted infections, and postnatal complications. In addition to presenting the health-related burdens of child, early, and forced marriages, the study discusses many suggestions and interventions to address, manage and prevent the issue of child marriages from a health sector perspective with a multi-sectoral approach. The research also presents the reasons of child marriages, domestic and international legislation on child marriage, and current data on the subject.

I would like to take this opportunity to reiterate my thanks to esteemed researchers, the UNFPA Turkey Office and the Swedish International Development Cooperation Agency (SIDA) for their valuable contributions to this research and many other activities.

Karl Kulesa

UNFPA Representative, Ankara, Turkey



ACKNOWLEDGMENTS

This report has been prepared with the support of many academics, experts and organizations studying in the field of child, early and forced marriages.

The most important group contributing to this report is service providers. During the visits to respective provinces, interviews were conducted with medical doctors from various specialty areas, health workers, social workers, psychologists, lawyers from the child and women rights units of bar associations, and public prosecutors, all of whose opinions and suggestions were then incorporated into the present report.

Academics were another important group supporting the work. During visits to the provinces, interviews were also conducted with academics who work on child, early and forced marriage or have contact with institutions working on this issue.

We, United Nations Population Fund (UNFPA), would like to extend our thanks to all institutions and organizations and their staff who contributed to preparing this report by sharing their information, experiences and opinions, to the esteemed academics and experts who participated in the Advisory Board meeting, to Assoc. Prof. Ilknur Yuksel Kaptanoglu and the team of Hacettepe University Institute of Population Studies for their contributions to chapter on 'The Situation in the World and in Turkey: Causes of Child Marriage' and to Lawyer Seda Akço Bilen for her contributions to chapter titled 'Legislative Arrangements Relating to Child, Early, and Forced Marriage' and our researchers MD Arzu Köseli and Prof. Dr. Kezban Çelik.





EXECUTIVE SUMMARY

Child marriage is an harmful practice affecting millions of children and especially girls across the world and it must be addressed with a multi-dimensional approach. Although the increased national and international efforts all around the world decreases the rate of child marriages, this practice still remains to be a social problem. Many intertwined and mutually-reinforcing factors such as poverty, societal norms, harmful practices, socially created gender roles for girls and boys etc., play a role in leading to child marriages.

There are many studies showing that the number of child, early and forced marriages (CEFM) increases in times of conflict and humanitarian crisis. It is observed that the rate of early marriages increases inversely proportional to the education level of parents and children (TGNA, 2010). Despite global improvements in gender equality, girls are still more likely than boys to marry as children and do unpaid work. They are also at a significantly higher risk of gender-based violence and receive less education than boys (UNICEF, 2019a).

CEFM is perceived as a violation of child rights and women's rights, a form of gender-based violence and an obstacle to empowering all women and girls in the world and to achieving gender equality. Given its vital risks of CEFM, it threatens girls' right to survival and violates the principle of the best interests of the child. Therefore, it must be combated and prevented. At the same time, it is a social problem, which means, as with all social problems, it is multi-layered: transforming sociocultural structures is difficult. The problem can be solved only with concerted and effective interventions.

The issue of child, early, and forced marriage (CEFM) has become an agenda item in Turkey at different levels, for a long time. The 2000s witnesses the completion of Turkey's first demographic transformation, with declining fertility and infant mortality, increasing life expectancy, and a shift to three-fourths of the total population living in urban areas. One of the outcomes of this demographic transformation is related to age distribution. It brought about the window of opportunity that a young population can experience once in an historical transformation process. Also, along with technology becoming more advanced, widespread, and affordable, Turkey became a country where people more closely follow what is going on in the world. In 1989, when Turkey became a state party to the United Nations Convention on the Rights of the Child, a new phase began, and Turkey started to adopt international criteria regarding the definition of the child and who should be considered as such. With all these changes and transformations, the issue of CEFM started to be addressed in a different way.

Policies pursued earlier with the active participation of civil society focused on raising the rates of girls' school enrolment and retention, which meant, in an indirect way, combating CEFM. However, due to the increase of some reasons that can take girls out of the school environment recently, ways to combat CEFM started to be developed. There is a correlation between absence from school and child marriage, and early marriage becomes easy for girls who left school for various reasons. The idea that girls must be married off once they are out of school is compounded by a variety of factors, including family poverty, limited models encouraging girls to stay longer in education, limited and restrictive means of socialization



in small (rural and remote) settlements, traditions, misinterpreted religious norms, gender inequality, and the value attached to the girl child. CEFM causes children, particularly girls, to discontinue their education and undertake adult roles and responsibilities before completing their physical, biological, and psychological development. This state of affairs reproduces poverty, ignorance, violence, economic dependence, and powerlessness.

While CEFM entails many risks and adverse consequences, perhaps the most important of all is related to health. Because health risks and burden of disease; triggers negativities about health, quality of life and “right to life” one after another. These results include preventable deaths and disability.

This study focusing on CEFM-related health risks and negative health consequences was conducted using qualitative survey methodology. In this context, interviews were conducted with service providers from 83 different institutions and positions in 10 provinces. Interviews confirmed that service providers regard CEFM as a social problem and have opinions and experience about its causes and multi-layered nature.

In regards to health, the most important risk related to CEFM is pregnancy and, accordingly, dangerous situations for mother-child health. Pregnancy negatively affects the health of an adolescent, who is yet not mature in physiological, psychological and anatomical terms. It also negatively affects the health of new-borns and generates risks for both the mother and her infant. Adolescence is a difficult period in itself, as the adolescent tries to adapt to physiological changes taking place during this period and undergoes very important identity and personality development. When they are forced into marriage, which

is an adult practice, this period of preparation is missed, and the adolescent is now expected to respond to a role, status, and expectations for which she/he is not ready. This state of unpreparedness leads to psychological disorders, traumas, severe depression, and even suicide. Consequently, health risks and negative health consequences threaten both married girls and their children who will be born.

Another important finding of the study is that the regulations on legal age of marriage and the regulations in Turkish Penal Code (TPC) cause confusions among service providers. Turkish Civil Code (TCC) adopts age of 18 as legal age of marriage but allows those who attain the age 17 and 16 to marry under exceptional circumstances and subject to certain conditions. On the other hand, Turkish Penal Code defines all kinds of sexual attempt against children who are under the age of 15 as child molestation while such acts against those who attained the age of 15 are defined as sexual abuse in cases that suppress willpower, such as use of force or threat. In absence of such conditions, sexual intercourse with a child who completed the age of 15 without using force, threat and fraud is defined as the crime of ‘sexual intercourse with persons not attained the lawful age’, prosecution of which is subject to complaint under certain conditions. Therefore, implementers think that a grey area appears in child marriages issues.

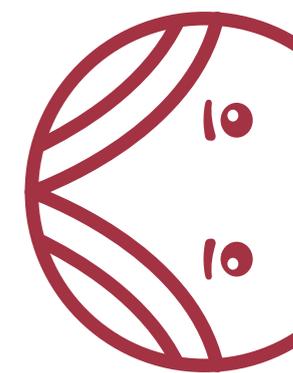
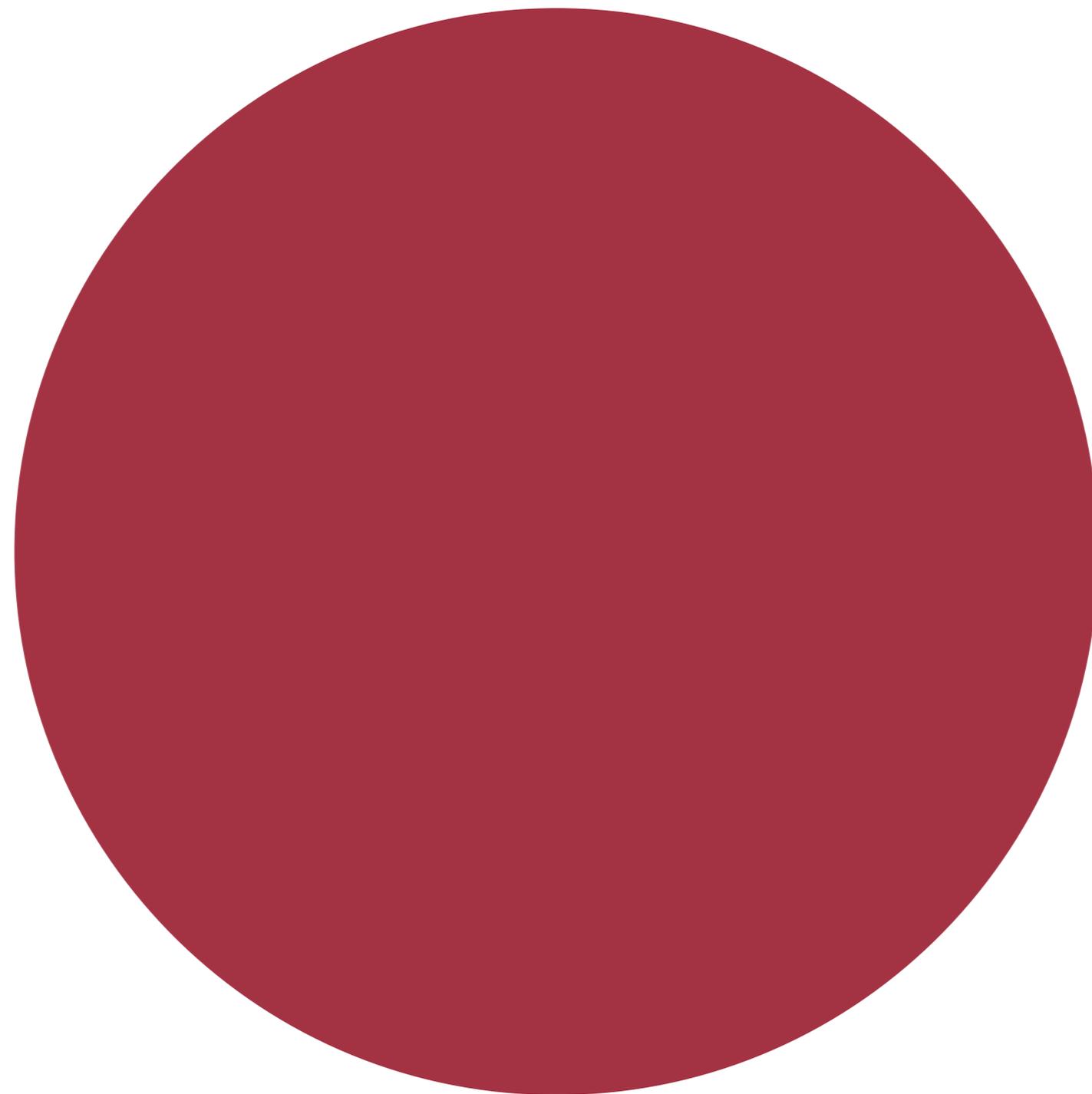
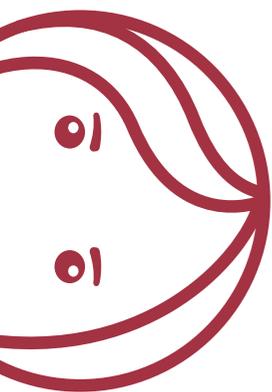
Different legal regulations or contradictions in the texts are reflected in service provision rendering the management of this field more difficult. On the other hand, such supportive factors as establishment of Child Monitoring Centers (CMC) and equipping them with qualified infrastructure and personnel ensures effective monitoring of sexual abuse cases for those below the age of 18.

The perception as to reporting the pregnancies of children above the age of 15 is subject to victim’s complaint causes significant challenges for service providers in managing the procedures for children between the ages of 16-18. Health service providers experience significant technical, ethical and security related challenges in operating the currently available mechanisms. The fact that there are legal regulations making it more challenging to distinguish between illegal and legal acts related to children in 16-18 age group and that the referral mechanism for health service providers are not regulated in detail renders the provision of child protection service more difficult. Unsafe working conditions lead to concerns and hesitation in health workers to initiate the processes. Another important finding of the study is related to challenges on effective implementation of legal regulations currently in place. Service providers stated that the legal system’s overall approach is to protect family unity and under some conditions this approach that prioritizing the family over the best interest of the child creates difficulties in managing the gray areas.

Another point to be addressed is that efforts to prevent CEFM are not sufficiently effective. Once CEFM takes place, it becomes more difficult to operate legal mechanisms and provide services. Interventions are based on single cases, and due to the possibility that CEFM-related work may further aggravate the case (avoiding health facilities, the risk of shifting to unsafe services), service providers may choose to remain inactive. Post-CEFM decisions about single cases may encourage the persistence of CEFM. Given this concern, preventive work is very important, in that the solution is to prevent CEFM before it takes place.

Permanent steps and interventions to be taken within the framework of a multi-sectoral approach

will play a key role in achieving the indicators of Sustainable Development Goals (SDGs) and the results of the “International Conference on Population and Development (ICPD) Action Plan”. More importantly, it will provide long-term and lasting benefits to the development of health indicators in our country, to decrease burden of disease and expenses.



A. INTRODUCTION



A JOINT APPROACH TO THE ISSUE OF CHILD MARRIAGE

The United Nations Convention on the Rights of the Child ratified by the Turkish Grand National Assembly (TGNA), thus becoming a part of domestic legislation, defines each individual under age 18 as a child, even if majority is considered to be attained earlier under any applicable law.

Childhood is a sociological phenomenon that varies in different societies, different historical periods, and even among different segments of the same society. This is also closely associated with how child marriages are conceived by different spheres of society during different historical periods. Given this, a person who would be recognized as a child in any part of the world can be seen as an adult in a given social structure (Köroğlu, 2014). In other words, the concept of the child may differ in each country due to historical and cultural reasons (Çelik, 2001). Although modern thinking considers age 18 as the start of adulthood as a universal standard, younger children may be considered adults in some parts of the world. As a result, child, early and forced marriages persist around the world.

It is reported that parents attribute three main types of values to their children: economic, psychological and social. Economic value includes the material benefits that children provide when they are young adults. Psychological value includes the gratification and proud of having a child and the parents' feeling of achievement by having a child. Social value is associated with social acceptance that people enjoy when they have a child. Maintaining the family name and family traditions by having a boy is also perceived as a traditional social value of the child (Kagıtcıbası and Ataca, 2005).



There are three major types of value attributed to a child by his/her parents: economic value, psychological value, and social value



Every individual below the age of 18 is defined as child. Both formal and informal marriages in which at least one of the parties is a child is called **'child marriage'** (ICC, 2019; Parliamentary Assembly of the Council of Europe, 2005). Therefore, 'child marriage' means a marriage in which one of the parties is below the age of 18. One of the major risks in child marriage is that a married child attains legal maturity by marriage and, therefore, falls outside the scope of special protective provisions of the conventions and laws and such child is held legally accountable for all his/her actions (ICC, 2006).

Although the concepts of "child marriage", "early marriage" and "forced marriage" are sometimes used interchangeably, each of these concepts describes a distinct situation. Attaining the minimum legal age does not necessarily mean that individual is ready for marriage.

'Early marriage' refers to the marriage of persons who have not attained the developmental level to assume the responsibilities of a marriage. Many UN documents use 'early marriage including child marriage' to emphasize that early marriage is not limited to child marriage (UNGA, 2012).

What matters on this issue is that the individual to marry is below the age of 18 or, although being above the age of 18, is not ready to give consent to a marriage due to physical, emotional, sexual and psychological development level or such other factors as lack of information on life choices. The marriage contract must be constructed based on the declaration of the 'full and free will' of the parties on establishing such a contract.'

'Forced marriage' is a marriage in which one of the parties does not have full and free consent in such marriage. There can be different forms of forced marriage. Trafficking in persons, traditional arranged marriages, abduction of girls, marriages for the purposes of obtaining citizenship status and marriages in which the victim lacks the capacity to give full and informed consent are all examples of forced marriages (UN Joint Programme for the Prevention of Child, Early and Forced Marriage, Inception Report, 2018).

Although different expressions such as early and forced marriages, child marriages, underage marriages, early marriages, child age marriages, forced marriage etc., are used in our country, 'UN Joint Programme for the Prevention of Child, Early and Forced Marriage' uses and emphasizes the expression 'child, early and forced marriages'.

Hence, the concept "child marriage" refers not to marriages legally performed but marriage in sociological terms. There are different approaches to marriage in both legal and cultural terms; however, there is a consensus in law and practices of advanced countries that underage marriage is wrong and should be prevented. In this context, underage marriage is considered a violation of a fundamental human right and an act of violence against the girl child. However, in spite of the existence of many prohibitive legal arrangements, CEFM still persist as a social problem both in Turkey and in other parts of the world (Uluç et al., 2018).

Sustainable Development Goals describe 17 goals adopted by the world leaders at UN Headquarters in 2015 with a view to eliminating poverty, protecting the planet and ensuring that all people live in peace and prosperity by 2030 (UN, 2015). Child, early and forced marriages constitute an impediment to at least eight development goals, i.e. enforcing gender equality, eliminating poverty, erasing hunger, reducing inequality, establishing good health and well-being, providing quality education, creating decent work and economic growth and guaranteeing peace and justice (Girls Not Brides, 2017).



¹ Universal Declaration of Human Rights Art. 16/2, UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages Art. 1, Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery Art. 1 and 2, International Covenant on Civil and Political Rights Art. 23, International Covenant on Economic, Social and Cultural Rights Art. 10, Convention on the Elimination of All Forms of Discrimination Against Women Art. 16, CEDAW Committee General Recommendations (Recommendation No. 29) Art. 21, Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence Art. 36.

THE SITUATION IN THE WORLD AND IN TURKEY

United Nations agencies compile the statistics on CEFM all across the world. These statistics are categorized as marriages 'before the age of 18' and 'before the age of 15' taking into account the official age of marriage varying between the countries (UNFPA, 2012; Köroğlu, 2014). The data on child marriages must be evaluated together with three determining factors, i.e. 'place of residence', 'education level' and 'household welfare level' (UNFPA, 2012). On the other hand, it is difficult to obtain concrete information as the legal systems of the countries do not often officially record the marriages that take place under the official age of marriage (IPPF, 2006; TGNA, 2010; Boran et al. 2013; Özcebe and Biçer, 2013; Köroğlu, 2014).

THE SITUATION IN THE WORLD²

The current data on CEFM show that **21% of the women in age group 20-24 all across the world married before the age of 18. This percentage means that 650 million women were married before the age of 18. Each year twelve million girls marry before the age of 18.** Thanks to the efforts to prevent such marriages, the marriage of 10 million girls has been prevented at global scale in the last 10 years and such improvement took place mostly in South Asia countries. However, such improvement observed in South Asia could not be achieved in the

countries in Latin America, Middle East and Africa. Current data show that the CEFM prevalence at global scale shifted from South Asia to Africa. The countries with highest percentage of women married before the age of 18 in age group 20-24 are located in Africa, i.e. 76% in Niger, 68% in Central African Republic and 67% in Chad (UNICEF, 2019). These marriages are considered one of the problems creating impediment to sustainable development.

THE SITUATION IN TURKEY³

The statistics on the marriages in Turkey include only the official marriages. A person must have completed the age of 18 to marry at his/her own will. Persons who completed the age of 17 may marry subject to the consent of their parents or guardians (TCC Art. 124; Directive on Marriage Procedures Art. 14 and 20). The judge can allow a woman or man who has completed the age of 16 to marry in extraordinary situations and for a very important reason. Therefore, the marriage statistics published by Turkish Statistical Institute provides information on the number of official marriages, the minimum age of which is limited to 16. As the child marriages are usually conducted in the form of religious marriage ceremony, the official statistics do not include all of the marriages

under the age of 18. This shortcoming in the data is completed mostly through the researches that include the religious marriages as well. Turkey Demographic and Health Surveys⁴, which is a demographic research that has been conducted every five year since 1968, is the most significant resource of data on women with respect to this topic. Besides, Research on Family Structure (TAYA)⁵ also provides data on this issue.

The official marriage statistics show that the age of marriage has increased both in men and women throughout the time. The average age of first marriage has increased from 23.7 to 24.8 in women and from 27.0 to 27.8 in men during the time period 2010 to 2018. The average age of first marriage in men is lowest in Şanlıurfa and Afyonkarahisar with 25.9 and in women with 21.9 in Ağrı (TurkStat, 2020).

2018 Turkey Demographic and Health Survey shows that median age of marriage for women in age group 25-49 is 21.4. In another words, half of the women married before the age of 21.4. When compared to the TDHS results of the previous years, the median age of marriage was 19.0 back in 1993 and it has increased more than 2 years in the last 25 years (HUIPS, 2019).

Among the marriages with official marriage contracts as reflected in the statistics, the data on the first marriages in age category 16-19 show that the rate of marriages in this age group has decreased in time. There is a decrease in the rate of marriages in age group 16-19 among the first marriages with official marriage contract (Table 1). As per this data, the rate of women marrying between 16-19 decreased from 26% in 2010 to 18% in 2018. The rate of men marrying at 16-19 decreased from 3% to 2% in the same time period (TurkStat, 2020).

TABLE 1: GENDER BREAKDOWN OF THE PERCENTAGE OF FIRST MARRIAGES IN AGE GROUP 16-19 BY OFFICIAL MARRIAGES

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
MEN										
16-19	14797	14203	14189	13532	12603	11641	10955	9805	9278	8359
Total	504192	509739	515198	513728	512612	514329	503480	483501	467070	455387
Ratio	0.03	0.03	0.03	0.03	0.02	0.02	0.02	0.02	0.02	0.02
WOMEN										
16-19	134396	130129	128550	122537	115660	107665	98933	88739	81588	71148
Total	510910	514423	520069	516635	513238	512234	497722	477408	459321	446720
Ratio	0.26	0.25	0.25	0.24	0.23	0.21	0.20	0.19	0.18	0.16

Source: Gender Statistics 2019 (TurkStat, 2020)

² This chapter was prepared by Associate Professor İlknur Yüksel Kaptanoğlu, a faculty member at Hacettepe University Institute of Population Studies (HUIPS).

³ This chapter was prepared by Associate Professor İlknur Yüksel Kaptanoğlu, a faculty member at Hacettepe University Institute of Population Studies (HUIPS).

⁴ Turkey Demographic and Health Researches (TDHS), one of the demographic studies carried out by Hacettepe University Institute of Population Studies in 1993, 1998, 2003, 2008 and 2018, is included within the scope of Macro DHS program

⁵ These researches are conducted within the body of Ministry of Family, Labour and Social Services (MFLSS).

As per TAYA (2016) data, the rate of those who had their first marriage before the age of 18 is 18%. This rate differs for women with 28% and men with 6% (MoFLSS, 2019).

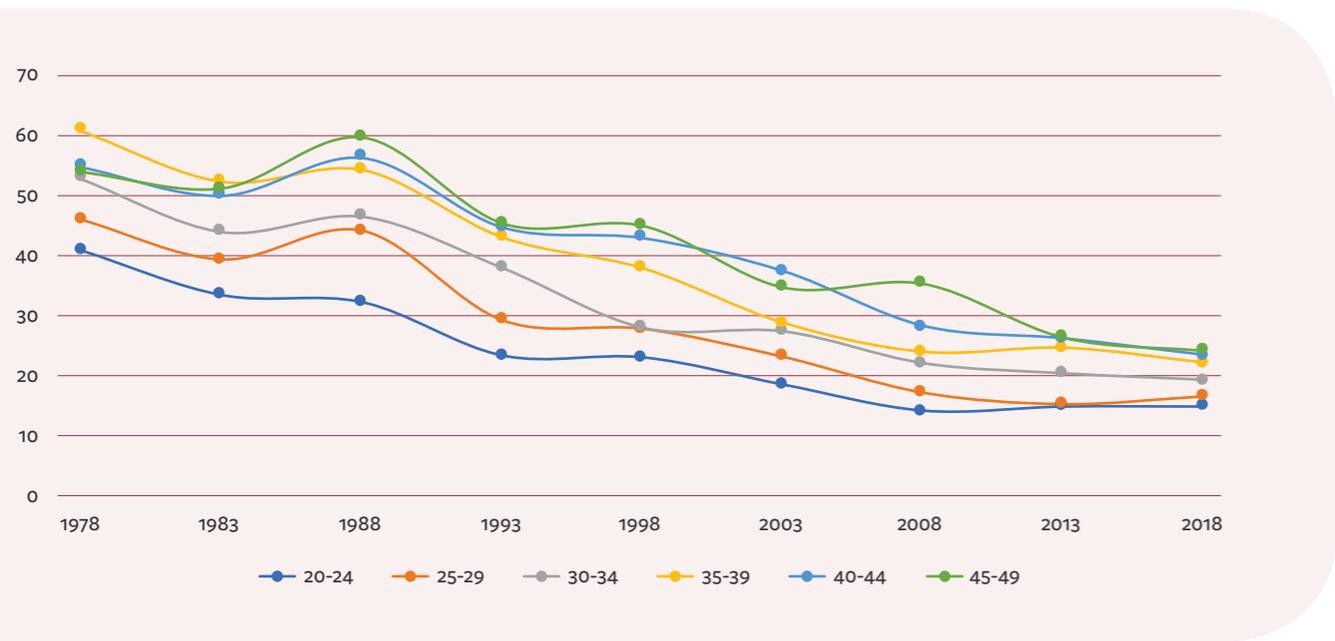
As per 2018 TDHS, the rate of women who had their first marriage before the age of 18 in age group 25-49 is around 21% (HUIPS, 2019). It is striking that the rate of women who had their first marriage before the age of 18 increases when the marriages conducted through religious marriage ceremony are included as well.

Although the statistics use different age groups, it is advised to use the age group of 20-24 as this group reflects the current situation of statistics with respect to CEFM. One of the indicators (indicator no. 5.3.1) for Goal 5 (gender equality and empowering women and girls) in Sustainable Development Goals is related to this issue.

The results of 2018 TDHS show that 15% of women in age group 20-24 were married or lived with a spouse before the age of 18 and that the rate for 'before the age of 15' in the same age group is 2% (HUIPS, 2019).

When the changes in the number of marriages before the age of 18 is analyzed for age group 20-24 using the data from demographic surveys (Graphic 1), **it is seen that the decrease rate of the CEFM has stabilized around 15% in the recent years. These results reveal the need for measures to be adopted to prevent such marriages which affect the children's lives in many aspects.**

Graphic 1: The Prevalence of Women Marrying before the Age of 18 in Turkey (%)



CAUSES OF CHILD, EARLY, AND FORCED MARRIAGE

Examining the causes of child, early, and forced marriages as indicated by international and national studies, it is seen that the followings are major determinants:



Taking the results of the studies into consideration, the causes of CEFM can be summarized as follows:

Economic Limitations: It is seen that poorest countries have the highest CEFM ratios and it is more widespread among poor individuals/poor families who have lesser sources and opportunities to invest in alternative choices for girls (Parsons et al., 2015).

It is determined that poor families choose to decrease their costs by marrying off their girls at early ages and to increase their income through receiving bride wealth (Yüksel Kaptanoğlu and Ergöçmen, as cited in Aktepe and Atay, 2017). It is seen that early marriages decrease as the economic level of the family increases (Ergin, 2018).

As per a report by the World Bank, girls married at child age earn 9% lesser income as adults when compared to those who were not married at child age (Wodon et al., 2017). The economic dependency and poverty of

such married child may reappear as a greater problem to be managed by the parents when their children are born (UNFPA, 2020).

Barriers to Educational Opportunities: It is known that, when compared to girls who received secondary or high school education in the developing countries, girls who received no education at all have 3 times higher marriage ratios and those who received only primary education have 2 times higher marriage ratios (UNFPA, 2012).

There is no clear information in the literature as to whether they drop out of school due to CEFM or CEFM happens due to school drop-outs. However, there are two main approaches as to the impact of education: The first approach asks the parents during household surveys why their children dropped out of school. The responses show that marriage is the major reason of dropping out in adolescent girls. The second approach is econometric approach and tries to estimate the impact



of CEFM on the girls's educational achievements. It is seen that child marriages have statistically meaningful impacts on secondary school enrollments and secondary school graduations in the countries where CEFM is widespread (Sub-Saharan Africa, Latin America, South Asia etc.) (Wodon et al., 2017).

The risk of early marriage is higher for girls with a low level of education who have experienced early childhood in non-urban environments (Yüksel Kaptanoğlu and Ergöçmen, 2012). Early marriages are more prevalent in families with a low level of education and weaker socioeconomic status. In these families there are different marriage plans for boys and girls. While the marriage of sons is conditional upon at least a minimum level of education and completion of military service, there is no such condition for daughters, and limited family income is devoted to the education of boys. Consequently, girls are engaged with the start of adolescence and then married (TGNA, 2009).

As per the Report on Marriage Preferences in Turkey published in 2015 by the Ministry of Family and Social Policies - General of Family and Community Services (DGFCs), the rate of early marriages among the lowest education level category, 'women with no education' is 33.6% where as such rate is 12% among 'women with secondary or higher education' in the highest education level category (MoFSP, 2015).

Place of Settlement: CEFM is more widespread in rural, underdeveloped and poor areas that are far from the city centers (Erulkar, 2013). The number of girls married before the age of 18 is 15.5 million in the urban area while this figure increases up to 51.9 million in the rural areas (UNFPA, 2012).

As per the Report on Marriage Preferences in Turkey published in 2015 by the Ministry of Family and Social Policies - Directorate General of Family and Community Services, the rate of early marriages among the women

leaving in rural areas is approximately one-fifths (21.6%) where as such rate is 17% among the women living in urban areas (MoFSP, 2015).

Violence, Conflict and Humanitarian Crisis: Violence increases, access to education becomes limited, dimensions of poverty increase and the impacts of all other negative factors are coupled in times of conflict and humanitarian crisis. People adopt coping mechanisms with negative consequences in times of crises. Marrying off the girls is received as a means of protecting them and alleviating economic problems in conflict environments; however, it is known that such married children are trapped in a vicious circle of violence and violence continues to increase. Falling outside the scope of currently available protective system and mechanisms also causes the child marriages to increase. Obtaining the citizenship status of the destination country could also be a factor in child marriages (UNFPA, 2020).

Domestic violence, being exposed to domestic sexual abuse, suppression and the lack of love and affection much needed by the child may be factors causing the children perceive marriage as a remedy to these problems (Ergin, 2018).

Social Norms, Harmful Practices and Social Pressure: Although child marriage is considered to be 'traditional' in a society, it is one of the 'harmful traditional practices'. Because, regardless of being approved by the society, child marriages have the same negative impacts on the children (UNICEF, 2017a).

Such factors as pressures from neighbors, relatives and close friends, the fear of rumors, concerns for 'protecting the honor' 'remaining single forever' may be influential in parents' decision in marrying off their children.

Evaluating early marriage in the context of social legitimacy, Orçan and Kar (2008) explain the major cause of early

marriage by referring to traditions, customs, and social acceptance. A study by Elmacı and Ertem (2010) maintains that the value attributed to consanguineous marriage in tribal structures based on blood ties, the need for more children, and traditional practices such as *berdel* (a kind of bride exchange) and "cradle betrothal" force girls into early marriage (cited by Burcu et al., 2015). Another study investigating consanguineous marriages in Kırıkkale province in 2018 finds a high rate of such marriages (20.4%) where about a half (48.9%) are between first cousins (Erdem et al., 2018). The traditional family regards their daughter as a soul entrusted to the family for a specific period of time whose actual home is the home she makes with her husband (TGNA, 2010). It is believed that the placement of the girl child under the protection of a man will save her from possible cases of sexual harassment and violence. It is also a common belief that marriage at very young age will prevent girls from engaging in extramarital sexual intercourse and any resultant pregnancy (Aktepe and Atay, 2017). Another study conducted in Turkey reports that early marriage is fed by such traditional concerns as protection of chastity, transfer of a woman's economic burden to another, and acquisition of prestige attributed to the family by having a married daughter (Burcu et al., 2015).

Gender Inequality: Gender means the characteristics attributed to men and women, expectations from them and the responsibilities placed on them. These expectations and responsibilities are the source of discrimination in the private and public spheres.

Gender inequalities continue in many societies despite the global efforts. Marrying girls are perceived as a requirement for maintaining and strengthening the current social norms. Thus, women and girls are expected to accept their domestic roles and have lesser roles within the society. Hence, child marriages are perceived as a means of controlling sexuality and reproduction in the societies (IPPF, 2006).

In a 2018 study, Tuğrul states that one of the most important mechanisms ensuring the reproduction of child, early, and forced marriages is gender roles attributed and taught to women in patriarchal systems. Kiran (2017) says that although prohibited by legislation, child, early, and forced marriages continue on the basis of codes related to gender roles produced by a patriarchal society as unwritten rules.

The 2016 study on marriage relations between Syrians and Turkish citizens prepared by the General Directorate of Family and Community Services of the Ministry of Family and Social Policies summarizes the causes of child, early, and forced marriages as follows: "Lack of education; persistence of tribal traditions and customs with their cultural values and stereotypes in some regions; women's lack of awareness about their rights or absence of environments in which women can exercise their rights and will; religious sources legitimizing marriages by children; tendencies of some families to marry of their daughters for dowry or to reduce the economic burden on the family; presence of "role models" who have entered early marriage themselves; ideas about status that cannot be attained through education or employment but only through marriage." (MoFSP, 2016).



In summary, environments conducive to the early marriage of girls include a low family level of education and income, domestic violence, a low level of education of the individual concerned, domestic unrest, stereotypes adopted by families, sexist views, and traditions (Malatyali, as cited in Aktepe and Atay, 2017).

Considering international and national literature, what is known about CEFM

- A global problem.
- Disproportionately affects girls.
- Deeply rooted in social and economic institutions.
- Persists through religious beliefs, traditions and for some other reasons.
- Factors including family, gender inequality, poverty, strategies for economic survival, culture and traditions, unsafe environments, etc., all intermingle to encourage and compound trends of early marriage.
- Poverty, the idea of obtaining some wealth through a bride price, and a low level of education lead families to think their daughters will be protected by marrying.
- The lower the education level of parents and children, the higher the rate of early marriage.

Source: Yüksel Kaptanoğlu, İ. ve Ergöçmen, B. A. (2015). Erken Yaşlardaki Evlilikler ve Gebelikler. Symposium Presentation. Hacettepe University Institute of Population Studies.

As per Sub-Committee on Early Marriages of the Committee on Equality of Opportunity for Women and Men (KEFEK), there are various reasons for child marriages...Some of the main reasons are economic insufficiencies, traditional and religious beliefs, lack of education, domestic violence, property ownership and social pressure (TGNA, 2010).

Considering international and national causes of CEFM, we see that the common characteristics of the girls with a higher likelihood of early marriage are

- Low level of education.
- Fathers are illiterate.
- Living in a rural area.
- Living in households with a low income level.
- Traditional factors have a dominant role in marriage.
- Victims of armed conflict and forced migration.

Source: Yüksel Kaptanoğlu, İ. ve Ergöçmen, B. A. (2015). Erken Yaşlardaki Evlilikler ve Gebelikler. Symposium Presentation. Hacettepe University Institute of Population Studies.

PROBLEMS CREATED BY CHILD, EARLY, AND FORCED MARRIAGE

When the international and national literature is examined, the common characteristics of girls who are exposed to CEFM are:

- Drop out of education
- Experience curtailed participation in all spheres of social life
- Exposed to further social pressure and violence
- Lose control over their bodies
- Face very serious health problems

Source: Yüksel Kaptanoğlu, İ. ve Ergöçmen, B. A. (2015). Erken Yaşlardaki Evlilikler ve Gebelikler. Symposium Presentation. Hacettepe University Institute of Population Studies.

Child, early, and forced marriages may result in tragic consequences, first for individuals and then for society. These consequences manifest themselves in a variety of areas, from health to education and from social life to suicide. First appearing at the individual level, consequences then assume a social character and evolve into problems that are complex and difficult to solve (Aktepe and Atay, 2017). For this reason, children marrying at early ages later face outcomes such as withdrawal from friends, a lack of self-confidence, and absence from social

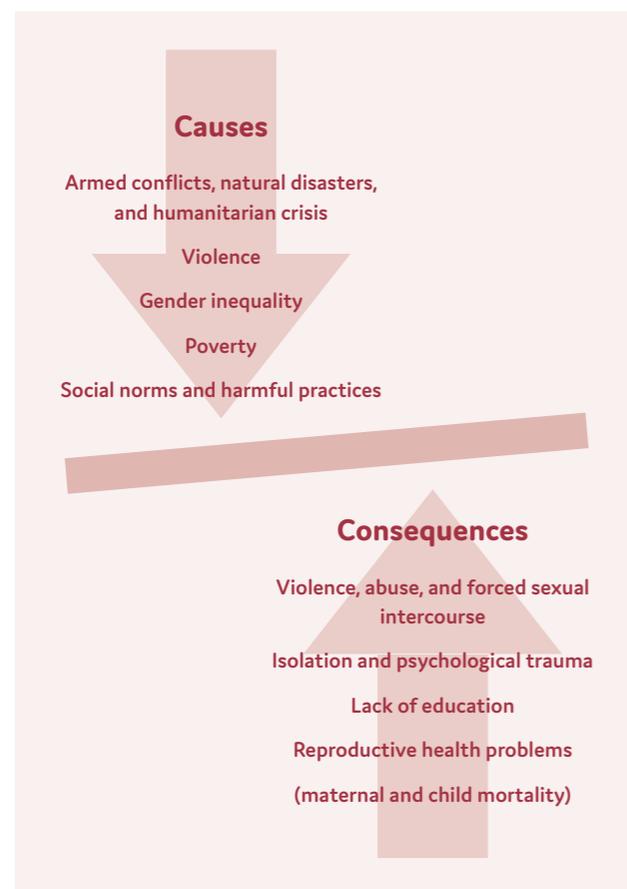
activities. Further, the uncompleted state of physical and emotional development may also lead to various diseases and psychological disorders (TGNA, 2010). Besides limiting individuals' right to education, early marriages also increase incidences of physical, psychological, and sexual violence against women (Flying News, 2012).

The main reason why CEFM creates negative consequences in many aspect and it has lifelong impact is that it coincides with adolescence. This is a period of transition from childhood to adulthood through rapid processes of growth, development, and maturation in physical, psychological, biochemical, and social terms. As the second important period of growth and development in a human life, adolescence may be problematic, and there are cases where adolescents concerned cannot adapt to these rapid processes. During this period, adolescents are confronted with problems related to psychosocial development while already busy with physical changes, growth, development problems, and building sexual identity (Aktepe and Atay, 2017). Adolescence is sometimes perceived as early adulthood and the physical changes in puberty are interpreted as the child is ready for marriage. Marriage interrupts children's physical, mental, sexual and social development at adolescence which is one of the most critical periods of life (UNFPA, 2020).

An adolescent is neither physically nor psychosocially mature enough for marriage, establishing a family, and bearing children. A psychologically mature individual has an individual identity and integrated personality.

She is capable of performing what is required for her life and skilled enough to cope up with present and future problems. In this respect, it is quite difficult for persons marrying early to make sense of what they are experiencing (İçağasioğlu Çoban, as cited in Aktepe and Atay, 2017).

Figure 1: Cause and Effect Cycle



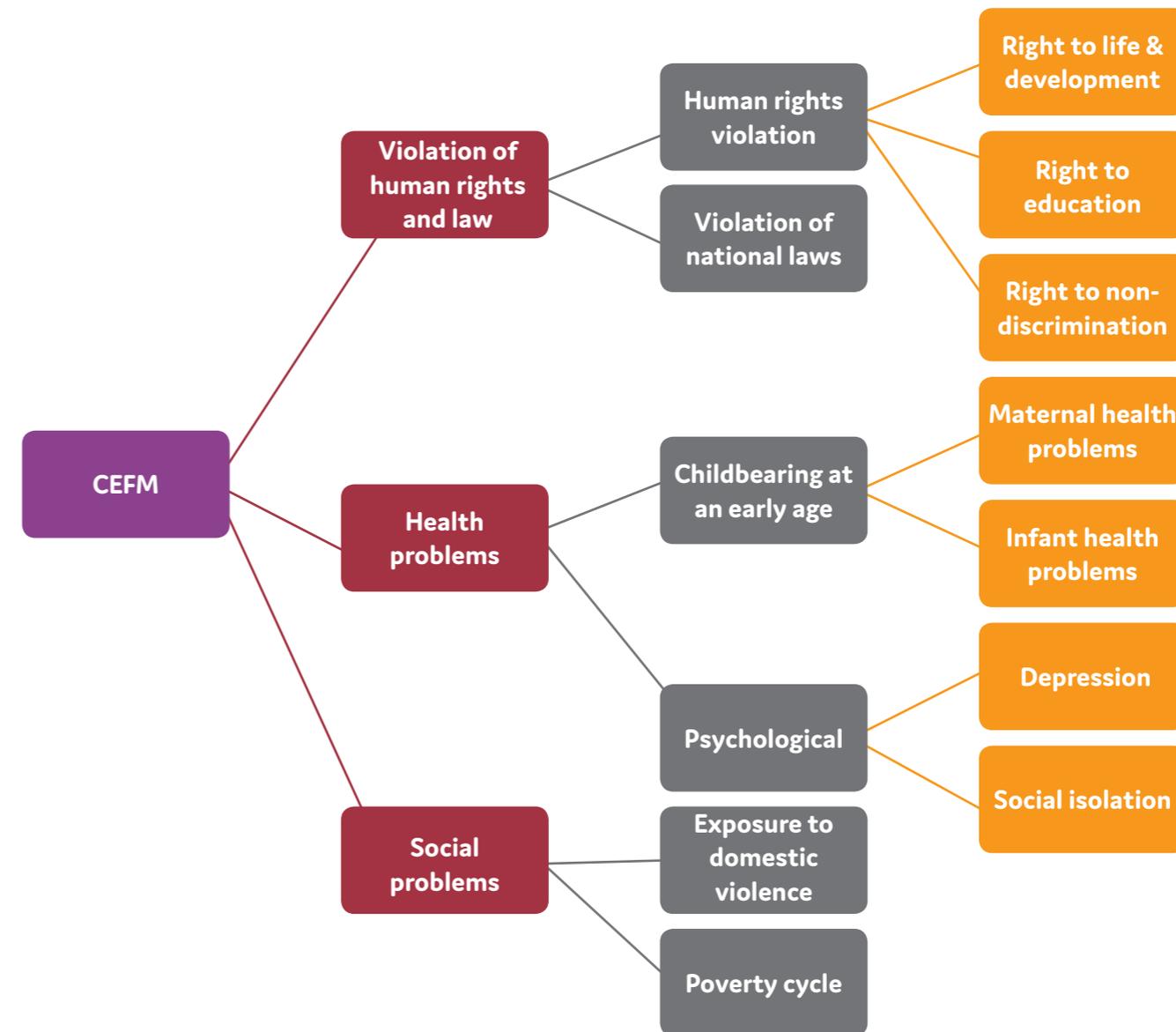
Although the relationship between child marriages and school drop-outs is complex, the qualitative studies conducted until today show that it is very difficult for the married girls in Turkey to continue their education after getting married due to the burden of domestic works.

The limitation on the freedom of travel, pregnancy and child bearing, house-related responsibilities and, in some countries, legal barriers to married/pregnant/child-bearing girls' continuing to school/work are the factors that separate children from their education life. Disengagement from education and employment prevent the girls's access to social networks and support services and pushes them into a circle of poverty (UNFPA, 2020).

CEFM include many forms of child abuse including sexual, physical and economic abuse and cause mental and bodily harm on the children. The studies show that women who married at early ages are more exposed to physical violence in their marriage when compared to women in other age groups. The findings of Research on Domestic Violence against Women in Turkey, which was conducted in 2014, show that there is a correlation between the women's age of marriage and the level of violence they suffer from their spouses. **As per the findings of the research, the rate of being exposed to physical violence at any stage of their life is 48% in women who married before the age of 18 while this rate is around 31% in women who married after the age of 18. There is more significant differentiation in being exposed to sexual violence as per the age of marriage. According to the findings of Research on Domestic Violence against Women in Turkey (2014), the rate of being exposed to sexual violence in women who married before the age of 18 is (19%) almost two times more than in women who married after the age of 18 (10%) (MoFSP and HUIPS, 2014).**

Women who are married at child age face many challenges in participating in social life. The fact that children are disengaged from education makes it difficult for them to have a profession and decreases their participation in labor life. Their dependency on other people is increased as they have no personal income. Not only young girls and women but also their children are affected by all these problems (UNFPA, 2020).

Figure 2: CEFM and Its Consequences



The consequences of child, early, and forced marriages can be summarized below:

Child, Early, and Forced Marriage is a Violation of Human Rights and Law.

Child marriage is a type of human rights violation and the most commonly observed form of sexual abuse where the girl child is concerned.

With regard to the child:

- It is a human rights violation.
- It is a violation of women's rights in the case of girls.
- It is a violation of the right to childhood.
- It is total disrespect to childhood, adolescence, and personal freedoms.

Leads to social problems:

- Lack of education, school dropout
- Unemployment, dependency, impoverishment
- Exposure to domestic and outer violence
- Increase in cases of separation and divorce
- Exposure to physical, sexual, emotional, social, and economic violence
- Remaining without social and emotional support
- Single parents and children
- Absence of role models
- Mothers and children unable to enjoy the right to and opportunities of education
- Gender inequality

Leads to health problems:

- Not being ready, in cognitive and psychological terms, for living together, marriage and childbearing
- Problem of unwanted, too early, or too frequent pregnancies
- Cases of unsafe abortion
- Higher risk of sexually transmitted diseases
- Higher risk of genital cancer
- Chronic complications that may result in the long term in urinary incontinence and encopresis
- Higher risk of mortality during delivery
- Higher risk of miscarriage and low birth weight
- Distorted psychological health

Many of these problems emerge in the short, medium, and longer term. When they emerge in the medium or longer term, the relationship between the emerging burden of disease and CEFM may be omitted or ignored.



HEALTH RISKS AND CONSEQUENCES OF CHILD, EARLY, AND FORCED MARRIAGE

According to UNFPA State of World Population 2020 Report, one in five children is married worldwide (UNFPA, 2020a). Today, it is estimated that 650 million girls and 118 million boys got married before the age of 18. Every year, 12 million girls are married before the age of 18. Today, nine out of 10 children who marry before the age of 18 are girls.

There is a strong relationship between child marriages and child pregnancies, abortions and births. Every year, 11% of births are given by girls between the ages of 15-19 and every year 50 thousand girls lose their lives because of pregnancy. According to UNFPA figures, each year in developing countries 7.3 million girls become pregnant before age 18, of whom 2 million are under age 15 (UNFPA, 2013). Almost 95% of adolescent births occur in developing countries and in these countries, about 90% of births to adolescents aged 15-19 occur within marriage (WHO, 2008).

Maternal, newborn and infant deaths are the leading health problems caused by adolescent pregnancies. **The leading cause of death for 15-19 year-old girls globally is complications from pregnancy and childbirth (WHO, 2018).** Maternal deaths in the 15-19 age range correspond

to 14% of all maternal deaths⁶ (WHO, as cited in UNICEF, 2012). Girls under 15 years are five times more likely to die than those aged over 20 and infant deaths are also twice as high in babies of very young mothers (UNFPA, as cited in IPPF, 2006). Stillbirths and newborn deaths are 50 per cent higher among infants of adolescent mothers than among infants of mothers between the ages of 20 and 29 (WHO, as cited in UNFPA, 2013). A stronger likelihood of low birth-weight in the infant has been recorded among adolescent mothers than among older peers (UNICEF, 2001).

Women experiencing pregnancy during their childhood face serious general health, sexual health and reproductive health problems. Child marriages shorten the life expectancy of girls, leaving them with lifelong health problems and significantly reducing the quality of their healthy life. These problems include preventable deaths, chronic diseases, and disability. As a result of child marriages and early pregnancies, many negative health consequences, risks and problems can occur such as maternal and infant deaths, miscarriage, premature birth, difficult birth, growth retardation during pregnancy, low birth weight, heavy bleeding, tears, being more exposed to sexually transmitted infections, postpartum complications.

⁶ According to the definition given by WHO, maternal mortality is the death of a woman while pregnant or within 42 days of the termination of a pregnancy due to any cause related to pregnancy (WHO, 2006).

Özpulat (2017) points out that child marriages are an important factor that increases the deterioration of women’s health and that poor access to pre and postnatal care, and that they cannot get enough information about sexuality and pregnancy. She also states that many complications such as anemia, premature birth, intrauterine development retardation⁷, early membrane rupture⁸, low birth weight, preeclampsia⁹, postpartum endometriosis¹⁰, cesarean section and urinary system infections, which increase the frequency maternal and infant deaths.

As the pelvis development of adolescent children continues, the pelvis size of adolescents cannot reach the size of the adult pelvis. For this reason, difficult births occur in pregnancies of this age group. One of the diseases that occur as a result of this is “obstetric fistula”¹¹. In the in-depth interview with Prof. Dr. Ayşen Bulut, it is emphasized that the daily and social lives of the sufferers are affected due to obstetric fistula and that the volume of existing social isolation has increased.

Cephalopelvic disproportion (incompatibility of the head with the birth canal during delivery), prolonged labor, difficult birth, growth retardation during pregnancy, pregnancy-related hypertension, preeclampsia, anemia, obstetric fistulas and tears, premature births, birth and postpartum bleeding, miscarriages, stillbirth conditions such as infertility and infection are common complications in adolescent pregnancies (Yakit and Coşkun, 2014).



- 7 **Intrauterine Development (or Growth) Retardation:** It is the development of the baby in the uterus below the general development capacity. The size of the baby detected by ultrasound during pregnancy is 10% below the last menstrual date.
- 8 **Early membrane rupture:** It is the situation of waters broke early in pregnancy. Before the labor pain begin, the amniotic membrane is torn and the water comes out or the membrane is torn without labor pains before 37th week.
- 9 **Preeclampsia:** Generally, the situation that may appear after the 2^{oth} week of pregnancy and can continue until the first week after birth with the blood pressure increase accompanied by protein excretion and edema.
- 10 **Postpartum Endometriosis:** It is an intrauterine infection or inflammation that can be seen after birth.
- 11 **Obstetric fistula:** The term that defines all the openings that should not be between the genital organs and the urinary and intestinal tract. It can cause urine or feces to leak into the vagina.

TABLE 2: HEALTH CONSEQUENCES OF CHILD, EARLY AND FORCED MARRIAGES

MEDICAL	PSYCHOSOCIAL
Insufficient bodily weight gain	Non-attendance in education institutions
Obesity, irregular increase in body weight	Restricted social activity
Preeclampsia	Loss of job opportunities
Anaemia	Poverty
Fistulas	Divorce and separation
Loss of or weakened bone tissue	Exposure to violence
Sexually transmitted infections	Social isolation
Cephalopelvic disproportion	Stress/depression
Massive bleeding	Substance abuse
Postnatal problems	Disturbance of overall state of well-being
Frequent pregnancies	Poor self-care
Maternal mortality	Increased expenditures on health and self-care
Infant mortality, low birth-weight	
Cancers	

Source: TGNA, Commission Report on Early Marriage (2010)

Women who marry at an early age are more exposed to sexually transmitted infections and their long-term effects later in life. In addition, early marriage brings along a fertility with prolonged time that begins at an early age, and health problems caused by multiple births are more common in this group (Karakaya, as cited in Yakıt and Coşkun, 2014). A girl who marries at the age of 13 has 26 per cent more children on average over her lifetime than

if she marries at 18 or later, according to a 2017 World Bank study of women who married young in 15 countries. Even if she married at 17, she would still have 17 per cent more children than if she had waited to the age of 18 or beyond (Wodon et al., as cited in UNFPA, 2020a).



Girls who are married off at an early age have limited power to refuse sexual intercourse compared to adults. Starting sexual act at an early age leads to unwanted and unplanned pregnancy and exposure to sexually transmitted infections. It is thought that these children and their families have low educational levels, do not have enough access to health services, therefore they are not aware of contraceptive methods and family planning, so unplanned and unwanted pregnancies are common (Soylu and Ayaz, 2013). Due to unwanted pregnancies, the individual who is a child has to undertake the responsibility of motherhood, which can cause many problems. Pregnancy of girls who have not yet completed their physical development can lead to permanent health and psychological problems, but also increases the risk of maternal and infant death (Aydemir, 2011; Malatyali, 2014).

Considering that women who marry at a child age do not have sufficient knowledge about sexuality, do not have enough freedom to determine the person to marry, and experience their first sexual intercourse before they fully develop sexually, it is expected to have a problematic sexual life. Studies have shown that the first sexual experience at an early age has a lifelong negative impact on sexual life. It is stated that especially girls who marry older men may experience sexual problems (Güneş et al., as cited in Aktepe and Atay, 2017). In Erulkar's (2013) study, it is seen that the will of women who married as a child to have sexual intercourse is significantly lower than women in the other age group (cited by Aktepe ve Atay, 2017).

According to a study conducted in Turkey, the ratio of forced sexual intercourse in the first night of the marriage of married girl children is three times greater than the control group and this supports the argument of married girl children have a problematic sexual life (Güneş et al., 2016). In addition, the incomplete sexual development causes mental disorders such as anxiety, fear, thrill, hopelessness and stress. Child marriage, though often intended by families to shield girls and young women from physical and sexual risks, often fails to protect them from HIV and other sexually transmitted infections (UNICEF, 2011).

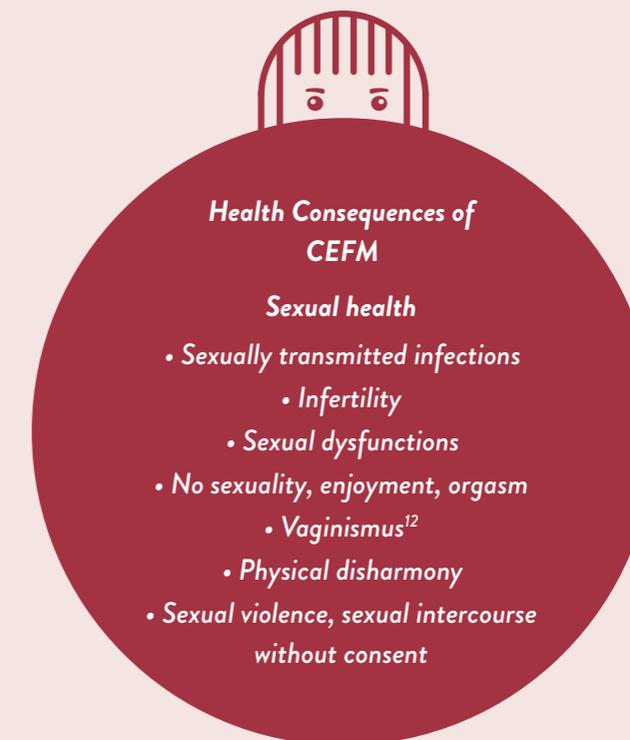
CEFM negatively affects public health; It is also seen that it impairs the general public health by causing gender inequality, low education level and poverty (Zengin et al., 2018). CEFM separates children from their families and friends and exposes them to domestic violence; jeopardizes their development, education and opportunities in social and professional fields. Early marriages can cause psychological problems as well as depression and suicide (Aktepe and Atay, 2017).

Child marriages are considered to be an important traumatic factor affecting the psychological and physical development of the individual, disrupting their education, and disrupting professional and social functionality (Güneş et al., 2016).

Children exposed to CEFM also have difficulties in accessing health and social security services. Another dimension of not being able to benefit from "pregnancy follow-up" and delivery services is the obligation to report unmarried children whose age is below the legal limit for marriage by healthcare providers. It is observed that spouses and family members who are likely to be punished prevent children from receiving health services. In addition, the lack of education, the problem of not knowing Turkish and the difficulty of expressing oneself also create difficulties in receiving prenatal health and care services (Yakit and Coşkun, 2014).

A study conducted with students of nursing and midwifery training programs evaluated students' level of information about early marriages. 93.5% of students considered marriages in the 13-18 age range to be early. When students were asked to name problems associated with early marriage, 80.4% referred to domestic, 79.4% to psychological, 75.9% to social, and 50.8% to health problems (Yaşar et al., 2018).

Another study conducted with nursing students in higher education also reached the same conclusion. At the end of this study, there is mention of a need to improve information about causes and health consequences of early marriages in the context of the modern roles of health professionals (Aydın and Akay, 2017).



In a survey investigating medical doctors' level of awareness and attitudes towards CEFM, a questionnaire remotely applied to 1,315 medical doctors, the results of which indicate that doctors have high level of awareness about the issue itself but less so about measures of prevention in social, political, and legal terms (Duman et al., 2017).

Considering both conclusions reached by studies on health risks and negative health consequences of CEFM, it is seen that this phenomenon produces a state of "ill-health" due to its physical, psychological, sexual, and social dimensions. Meanwhile, wide segments of the population, including health professionals, do not have sufficient knowledge and concern about these risks and consequences.

¹² **Vaginismus:** A type of sexual dysfunction in women characterized by a painful, involuntary tightening or spasming of the muscles that surround the vaginal entrance, which interferes with sexual intercourse.



LEGISLATIVE ARRANGEMENTS RELATING TO CHILD, EARLY, AND FORCED MARRIAGE¹³

The legislation on child, early and forced marriages must be analyzed in four areas: Concepts, age of marriage, regulations on prevention and regulations on prosecution of criminal acts.

REGULATIONS ON THE CONCEPTS

A **'child'** means every human being below the age of 18 years.¹⁴ **'Child marriage'** refers to both formal and informal marriages of the persons who are considered to be child under national or international law (ICC, 2019; Parliamentary Assembly of the Council of Europe, 2005). Attaining the minimum legal age does not necessarily mean that individual is ready for marriage. The marriages of persons who have not attained the developmental level to assume the responsibilities of a marriage are also considered **'early marriages'**. UN documents use

the expression 'early marriages including child marriages' to emphasize that early marriage is not limited to child marriage. What matters on this issue is that the individual to marry is below the age of 18 or, although being above the age of 18, is not ready to give consent to a marriage due to physical, emotional, sexual and psychological development level or such other factors as lack of information on life choices. The marriage contract must be constructed based on the declaration of the **'full and free will'** of the parties on establishing such a contract.¹⁵ One of the interests that the law aims to protect by determining the age of marriage is to ensure that individual has the capacity to make this decision based on 'his/her own will' as it affects the individual's whole life. As per Turkish Civil Code, distortions of will such as being deprived of capacity of discretion¹⁶ being deceived¹⁷

or intimidated into a marriage¹⁸ and being misguided for such an important quality or characteristics of the spouse¹⁹ causes annulment of a marriage²⁰. If a marriage is established based on one of these distortions of will or if one of the parties do not declare full and free will to such marriage, such marriage is considered to be a **'forced marriage'**.²¹

REGULATION ON THE AGE OF MARRIAGE

As per Turkish Civil Code, a person must have completed the age of 18 and have mental competence to get married²². Persons who have completed the age of 17 may marry with the consent of their parents or guardians.²³ Those who do not have parents or guardians may marry with the consent of custodian authority (court of peace).

However, judge (of a family court) may give permission for marriage of a male or a female completed age of sixteen in extraordinary situations and for a very important reason.²⁴ Attention must be paid that this is an exceptional case and it is bound by strict conditions. In order for a judge to give permission for marriage of a child who completed age of 16, the application must be filed by the child²⁵, the opinion of the child and the parents or custodian must be obtained whenever possible²⁶, it must be checked whether the child has full and free consent in the marriage²⁷ and it must be investigated whether there are extraordinary situations and very important reasons for such marriage²⁸. As the lack of capacity to discretion is a reason for nullity of a marriage, it must be examined whether the child has the capacity to form a full and free will before deciding on existence of such full and free will. Observing the best interest of the child²⁹ in taking the judicial and administrative decisions is a requirement of the Convention on the Rights of the Child³⁰ and

¹³ This chapter was prepared by Seda Akço Bilen, Lawyer.

¹⁴ UN Convention on the Rights of the Child art. 1; Turkish Civil Code (TCC) art. 11.

¹⁵ Universal Declaration of Human Rights Art. 16/2, UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages Art. 1, Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery Art. 1 and 2, International Covenant on Civil and Political Rights Art. 23, International Covenant on Economic, Social and Cultural Rights Art. 10, Convention on the Elimination of All Forms of Discrimination Against Women Art. 16, CEDAW Committee General Recommendations (Recommendation No. 29) Art. 21, Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence Art. 36.

¹⁶ Turkish Civil Code Art. 125 ve 148

¹⁷ TCC Art. 150

¹⁸ TCC Art. 151

¹⁹ TCC Art. 149

²⁰ TCC Art. 145

²¹ The UN Joint Programme for the Prevention of Child, Early, and Forced Marriage in Turkey, Inception Report (2010), (Unpublished Report).

²² TCC Art. 124 and 125

²³ TCC Art. 126; Marriage Legislation Art. 14 and Art 20

²⁴ TCC Art. 124

²⁵ TCC Art.128

²⁶ TCC Art.124

²⁷ TCC Art.145, 148, 149, 150, 151

²⁸ TCC Art.124

²⁹ General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1) <http://www.cocukhaklarileme.org/wp-content/uploads/CRC14-R.pdf> (accessed on 03.03.2020)

³⁰ UNCRC Art. 3



the Turkish Civil Code³¹. Therefore, in assessing the applications for marriage permit, the best interest of the child must be taken into consideration too. In examining the best interest of the child, in addition to the impacts of the marriage on the child's physical and mental health, the obligations assumed³² by the parties of the marriage as per Turkish Civil Code and the doctrine as well as the risks caused by attaining majority³³ by marriage must be taken into consideration.

Considering these provisions, it can be said that the articles of law are in accordance with the condition 'determining the age of marriage and exceptional conditions must be strictly defined in the regulation' as required by the General Comment³⁴ jointly prepared by CEDAW and CRC in 2014. However, the frequency of child marriages despite these restrictive regulations shows that there is a need for more clear and explicit legal regulations on the minimum age of marriage. One of the recommendations in the current international documents on this topic is that the minimum age of marriage must

be increased to 18 within the scope of efforts to prevent child, early and forced marriages.³⁵

REGULATIONS FOR PREVENTING THE CHILD, EARLY AND FORCED MARRIAGES

In order to prevent early and forced marriages of children, in addition to the conditions to be sought in examining the applications for marriage permits related to children who completed the age of 16, there are some other preventive mechanisms such as appointment of custodian to allow the child to form an independent and free will in applications for marriage permits, notifying the case to the Ministry of Family, Labour and Social Services which has the right to intervene in the court case³⁶, the exercise of 'objection in favor of public interest' against the marriage permit decisions by the public prosecutors and directors of civil registries, etc.

The proceedings related to protecting a child against child, early and forced marriage shall be conducted within the frame of general rules of child protection law.

Accordingly, all parties informed about such a risk have the obligation to report³⁷ to the Provincial Directorate of Family, Labour and Social Services. All persons and especially the public officers working with the children must know the conditions that may pose a risk of child, early and forced marriage and use the reporting mechanism to report such risks. For instance, in cases when an application for marriage permit is declined, it must be considered that there is still continued risk for the relevant child. It is known that such alternatives as reapplying to marriage permit at another court or marrying off children without official marriage contract may be resorted to in such cases. Therefore, it is important to report the case to the MoFLSS when an application is filed for marriage permit. When the application for marriage permit is rejected, the court rejecting such application must notify the case to the juvenile judge and/or the Ministry of Family, Labour and Social Services in order to ensure that the child is protected and/or supported.³⁸

In addition to being harmful for the physical and mental health of the married child, child and early marriages entail a series of risks amounting to violation of right to life such as maternal and child mortalities and threatening public health. Preventing child, early and forced marriages is one of the major obligations of the states in the field of child protection.³⁹ Upon receiving such reporting, the Provincial Directorate of Family, Labour and Social

Services must assess the risk and ensure that measures are taken to eliminate such threats.⁴⁰ The Provincial Directorate may also act ex officio. Accordingly, all measures under the Turkish Civil Code, Child Protection Law and Law on the Protection of Family and Prevention of Violence against Woman may be applied separately or jointly.

REGULATIONS ON THE PROSECUTION OF CRIMINAL ACTS

Child, early and forced marriages constitute a crime too. More than one type of crime may be relevant depending on the characteristic of the act. However, one of them is more prominent: sexual crimes. Some of the child, early and forced marriages are conducted among the peers, but where it is conducted by an adult constitutes a considerable amount of these marriages. Turkish Penal Code makes no distinction as to the age of the perpetrator and, therefore, there is no difference between these two cases from legal perspective. However, the type of crime changes depending on the age of the victim and the conduct of sexual behavior but it must be noted that criminal nature of such act never changes.

If the married or to-be-married child is under the age of 15 or attained the age of 15 but lack the ability to understand the legal consequences of such act or if such sexual act is conducted by force, threat or fraud or any other distortion of will, then such act would constitute

31 TCC Art. 339 ve 346

32 TCC Art. 188-190

33 TCC Art. 11

34 General recommendation / general comment no. 31 and 18 of UN Committee on the Elimination of Discrimination against Women jointly with the CRC Committee on the harmful practices, 6.3. <http://www.cocukhaklarizleme.org/wp-content/uploads/GenelYorum18-harmfulpractices-fv.pdf> (accessed on 27.03.2020)

35 Council of Europe: Parliamentary Assembly, Resolution 1468 (2005) on Forced Marriages and Child Marriages (2005) [https://rm.coe.int/090000168079eff8; Report of the Office of the United Nations High Commissioner for Early and Forced Marriage](https://rm.coe.int/090000168079eff8;Report%20of%20the%20Office%20of%20the%20United%20Nations%20High%20Commissioner%20for%20Early%20and%20Forced%20Marriage) <https://www.ohchr.org/Documents/Issues/Women/WRGS/ForcedMarriage/NGO/GirlsNotBridesSecretariat.pdf>

36 Law no. 6284 on Protection of Family and Prevention of Violence against Woman, Art. 20/2 'The ministry can, if deems necessary, participate in an administrative, punitive and judiciary lawsuit or ex parte proceeding opened due to the violence or violence threat against women, children and family members.'

37 Law on Social Services (SSL) Art. 21; Child Protection Law (CPL) Art. 6; Directive on the Implementation of Protective and Supportive Measures issued as per Child Protection Law Art. 6 and Law on Protection of Family and Prevention of Violence against Woman, Art. 7

38 CPL Art. 6 and 9

39 UNCRC Art. 19

40 SSL Art. 21



‘child molestation’ crime⁴¹. In case of performance of sexual abuse by inserting an organ or instrument into a body and in such cases if the perpetrator is the educator, trainer and other persons responsible from protection and observation of the child, these shall constitute aggravating factors for the penalty.

If the married or to-be-married child has completed the age of 15 but lack the ability to understand the legal consequences of such act or such act is committed using force, threat and fraud, then it would constitute the crime of ‘sexual intercourse with persons not attained the lawful age’⁴². If the perpetrator is someone under the restraint of marriage with the child or a person to adopt or become foster family of the child, the act shall be prosecuted without being bound to complaint. The prosecution of the crime is bound to complaint of the victim. The right to file a complaint for such act is vested in the victim only.

The fact that actions involving sexual abuse of children are defined as separate crimes depending on the age of the victim and that the prosecution of certain types of crimes of ‘sexual intercourse with persons not attained the lawful age’ are bound to complaint of the victim causes confusion. In practice, some people interpret these provisions as the ‘age of consent to sexual intercourse’ as per the Turkish Penal Code and there are some others who argue that a crime, the prosecution of which is bound to complaint of the victim, cannot be reported by third parties. Both interpretations are legally wrong. Firstly, the fact that no force is used or no resistance

was exhibited by the child during the performance of act cannot be interpreted as consent and, thus, the act must be investigated and prosecuted upon complaint by the child. Therefore, there is no consent in this case to render the relevant act lawful.

On the other hand, although prosecution of certain modalities of the act is bound to complaint, a person who is informed of such an act becomes aware of a crime. A third person therefore cannot be expected to know all details of the act and conduct an assessment as to the lawfulness of such act. Hence, third parties cannot know whether prosecution of such an act is bound to complaint or determine the free will of the victim as to filing a complaint and, for these reasons, such third parties still have the obligation to report the crime they have learned. However, the investigation and prosecution authorities who received such reporting may investigate whether the victim wants to file a complaint before deciding on launching an investigation or prosecution.

Lastly, it must be noted that ‘not reporting the crime’ also constitutes a crime under Turkish Penal Code.⁴³

⁴¹ SSL Art. 21

⁴² TPC Art. 104

⁴³ TPC Art. 278, 279, 280

TABLE 3: NATIONAL AND INTERNATIONAL LEGISLATION ON CHILD, EARLY AND FORCED MARRIAGES

INTERNATIONAL INSTRUMENTS

Universal Declaration of Human Rights (1948)

Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery (1956)

UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1964)

International Covenant on Civil and Political Rights (1966)

International Covenant on Economic, Social and Cultural Rights (1976)

Convention on the Elimination of All Forms of Discrimination Against Women (1979)

Convention on the Rights of the Child (1989)

Statement on Elimination of Discrimination Against Women (1993)

CEDAW Committee General Recommendation No 21 (1994)

4th World Conference On Women Beijing Declaration And Action Platform (1995)

Beijing+5 Political Declaration And Outcome Document (2000)

The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) (2011)

Commission on the Status of Women Draft Decision and Report of the Secretary-General on Forced Marriage (2017)


TABLE 3: NATIONAL AND INTERNATIONAL LEGISLATION ON CHILD, EARLY AND FORCED MARRIAGES
NATIONAL INSTRUMENTS

The Constitution of the Republic of Turkey (1982)

Turkish Civil Code numbered 4721 (2001)

Turkish Penal Code numbered 5237 (2004)

Child Protection Law numbered 5395 (2005)

Law on the Protection of Family and Prevention of Violence against Woman numbered 6284 (2012)

Law on Social Services numbered 2828 (1983)

DIRECTIVES

Directive on Marriage Procedures (1985)⁴⁴

Directive on the Implementation of Protective and Supportive Measure Decisions issued as per Child Protection Law (2006)

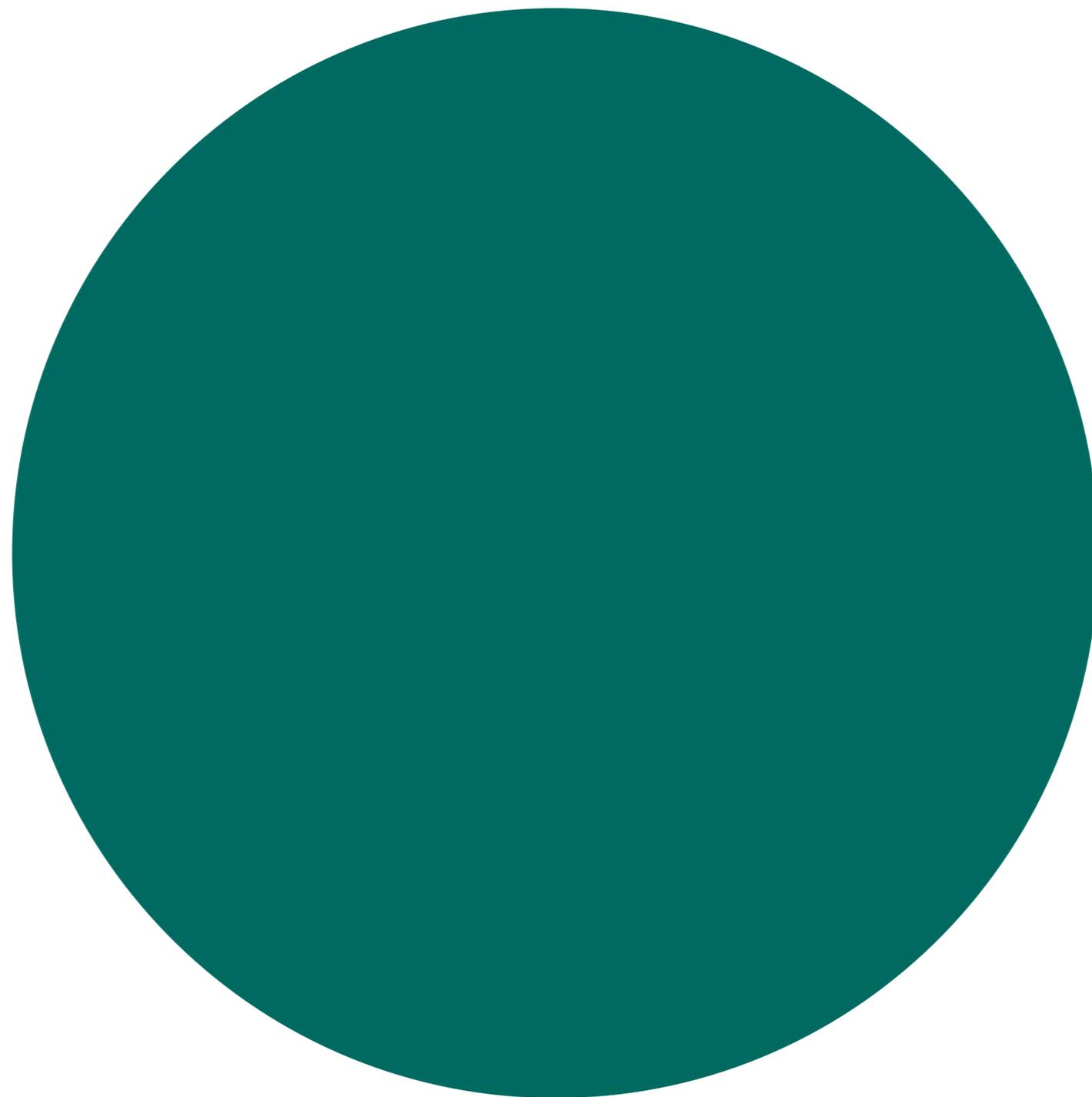
⁴⁴ The Marriage Legislation took effect on 10 July 1985, and some amendments on it were made in 2003 and 2006. Article 14 of the legislation titled "Conditions of and Competence for Marriage" stipulates who can marry in the context of age. Accordingly, any person over age 18 without any court probation can marry without any need for permission or consent by any other person. Males and females over age 17 can marry with the permission of parents, and if there is no parent, of the legal guardian. Males and females over age 16 can marry with permission granted by a judge. Persons without mental competence and minors at the age of 15 cannot marry even if they are considered by the court as having reached majority.

SERVICE DELIVERY PROTOCOLS

Directorate General of Public Health has prepared "Prenatal Care Management Guideline", "Birth and C-section Management Guideline", "Emergency Obstetric Care Guideline" and "Postpartum Care Management Guideline" with the contributions of scientific commissions and the relevant professional institutions, so that service providers can offer a standard, safe and qualified services in terms of maternal and newborn health.

The protocol on "Women and Reproductive Health Monitoring and Counselling in Family Health Services" which was published by Directorate General of Public Health of the Ministry of Health (MoH), stipulates that the women between age group 15-49 are monitored twice a year with six-month intervals in order to provide information about their fertility behaviors, detect pregnancy in an early stage, receive information about how they use contraceptive methods, conduct medical examination counselling regarding women's health issues, increase the awareness of people to ensure that they receive services in an early period, and detect health risks at an early stage and provide treatment.

It is important to regularly monitor the women aged 15-49 at Family Health Centers for the diagnosis and proper follow-up of unmarried and married adolescents in the registered population. It is also important to provide this adolescent group with counselling and service delivery on healthy living, diet, body development and reproductive health. Ministry of Health has already identified all relevant services for the adolescents to be delivered by primary health care institutions according to Infant, Child, Adolescent Monitoring (2018) (see Annex 3) of the Ministry of Health. In addition, "Psycho-Social Monitoring Form for the Pregnant-Baby-Child" plays an important role to identify risky situations.



B. OBJECTIVE AND
SCOPE OF THE SURVEY



With its components (1) Sexual and Reproductive Health, (2) Gender Equality and Women's Empowerment, (3) Population Dynamics, and (4) Humanitarian Assistance, the UNFPA Country Programme focuses on advocacy and policy dialogue in supporting government efforts to promote reproductive health and reduce gender inequalities, particularly among vulnerable population groups. The programme works on a transformative development agenda which is universal, inclusive, human rights-based, integrated, and loyal to the principles of equality. The programme needs data collected through scientific methods to make its work more effective, develop its strategies, policies and advocacy, policy dialogue/recommendations.

It appears that now there is rather comprehensive literature on causes and consequences of CEFM. Given the relevant information, it is observed that risks are distributed variably with respect to regions, a rural/urban distinction, social classes, values, and beliefs. At this point, it is also observed that legislative arrangements in effect at the national level as well as relevant social policy practices and sensitivities all affect practical experiences. The present study focuses particularly on the health consequences of child, early, and forced marriages.

The first point of focus is short, medium and long term consequences of CEFM. In this context, information was collected about the perspectives, how frequently they come across such cases, what they can/cannot do given specific cases, and the ideas, experiences, and suggestions of health service providers. In addition, it was considered necessary to collect information about the ideas, experiences, and suggestions of other stakeholders, including victims and others engaged in relevant advocacy activities. Problems faced in workflows and referral mechanisms in the reporting of child marriages,

bottlenecks in the working of intervention mechanisms, and suggestions for solutions were also covered. It was also investigated whether there are action plans in surveyed provinces to prevent child, early, and forced marriages, whether existing action plans have health components, their contents if there are, and reasons for their absence where there are no such plans.

The present study recognizes that both causes and possible consequences of child, early, and forced marriages are closely related to gender inequality. Hence, gender equality was considered an important parameter starting from the document review stage and guided assessments in all interviews and stages of the report preparation process.

Under these major objectives, the survey was conducted in 10 provinces. It was a qualitative survey without any claims to being representative. Nevertheless, the survey attempted to depict regional differences and priorities, activities of different civil society organizations, and work in different academic fields, and to cover all these as fully as possible.

RESEARCH METHOD

It was observed that the data needed in the context of the survey were of a qualitative nature. Through a qualitative survey, it is possible to depict the views, experiences, and suggestions of health workers as service providers and others who are responsible for various dimensions of the issue. This is because qualitative research allows for gathering information about individuals, processes, and phenomena; identifying experiences, behaviour, and activities; covering intentions, desires, values, and ideas; and conveying information, beliefs and opinions in detail. Qualitative data constructed through a flexible methodological approach and direct quotations sensitive to individuals' circumstances, the contextual character of social phenomena, spatial existence, and the world of symbolic meaning is based on the meaning in the discourse of what is investigated rather than the words of the researcher (Kümbetoğlu, as cited in Çelik and Yüce Tar, 2016). Qualitative survey methodology was employed in order to make use of these opportunities.

The techniques were semi-structured interviews, in-depth interviews, and focus group discussions, as are commonly used in qualitative surveys. Semi-structured and in-depth interviews are flexible types of interviewing. With the use of these techniques and depending on how the interview progress, researcher can direct the flow of the interview by asking the person to elaborate his/her answers by addressing additional and sub-questions. However, the researcher should prepare the questionnaire in advance including all the questions that s/he is planning to address within the scope of the research design. The focus group technique offers more chances to give depth to interviews since there is synchronous conversation with

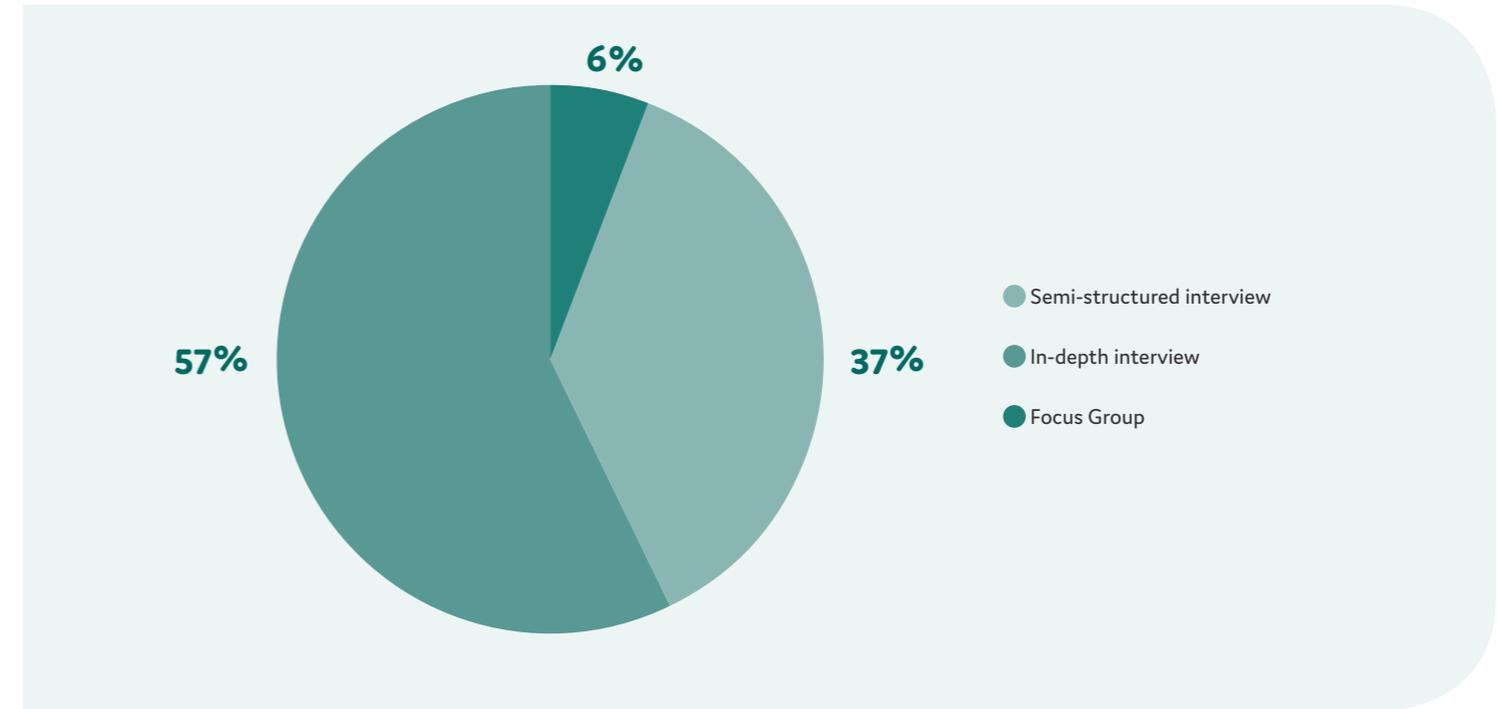
more than one person. As the number of participants increases, the process naturally gains a more interactive and dynamic character. Data that cannot be obtained otherwise can be obtained by using group interaction (Kümbetoğlu, 2005).

In this context, field provinces and regions of the research can be seen in Table 4.

TABLE 4: FIELD PROVINCES OF THE RESEARCH		
SURVEY PROVINCES	REGIONAL REPRESENTATION	
Ankara 7 Niğde 9 Konya 5	Central Anatolia 21	
Istanbul 5 Bursa 5	Marmara 10	
Izmir 19	Aegean 19	
Samsun 6	Black Sea 6	
Mersin 12 Hatay 6	Mediterranean 18	
Şanlıurfa 9	South-eastern Anatolia 9	
Total	83	

Distribution of the 83 interviews conducted in the survey by their methodological techniques can be seen in Graphic 2:

Graphic 2: Distribution of Interviews According to Qualitative Method Techniques



4 focus group meetings were held in the provinces of Ankara, Mersin, Izmir, and Samsun. There were 5 participants in each: In total, 20 participants were

interviewed. The distribution of interviewees by profession can be seen in Graphic 3.

Graphic 3: Distribution of Interviewees by Profession



Though varying with respect to workload, frequency of encountering CEFM, and professional experiences of the service providers, interviews lasted, on average, 30-40 minutes. Of the interviews, 75 were tape recorded with the permission of interviewees. Recorded interviews were then transcribed. Following transcription, all interviews were printed, keeping the identities of interviewees anonymous. This yielded an 800-page-long data set. Eight service providers did not want their interviews recorded for various reasons. Detailed notes were taken in these cases.

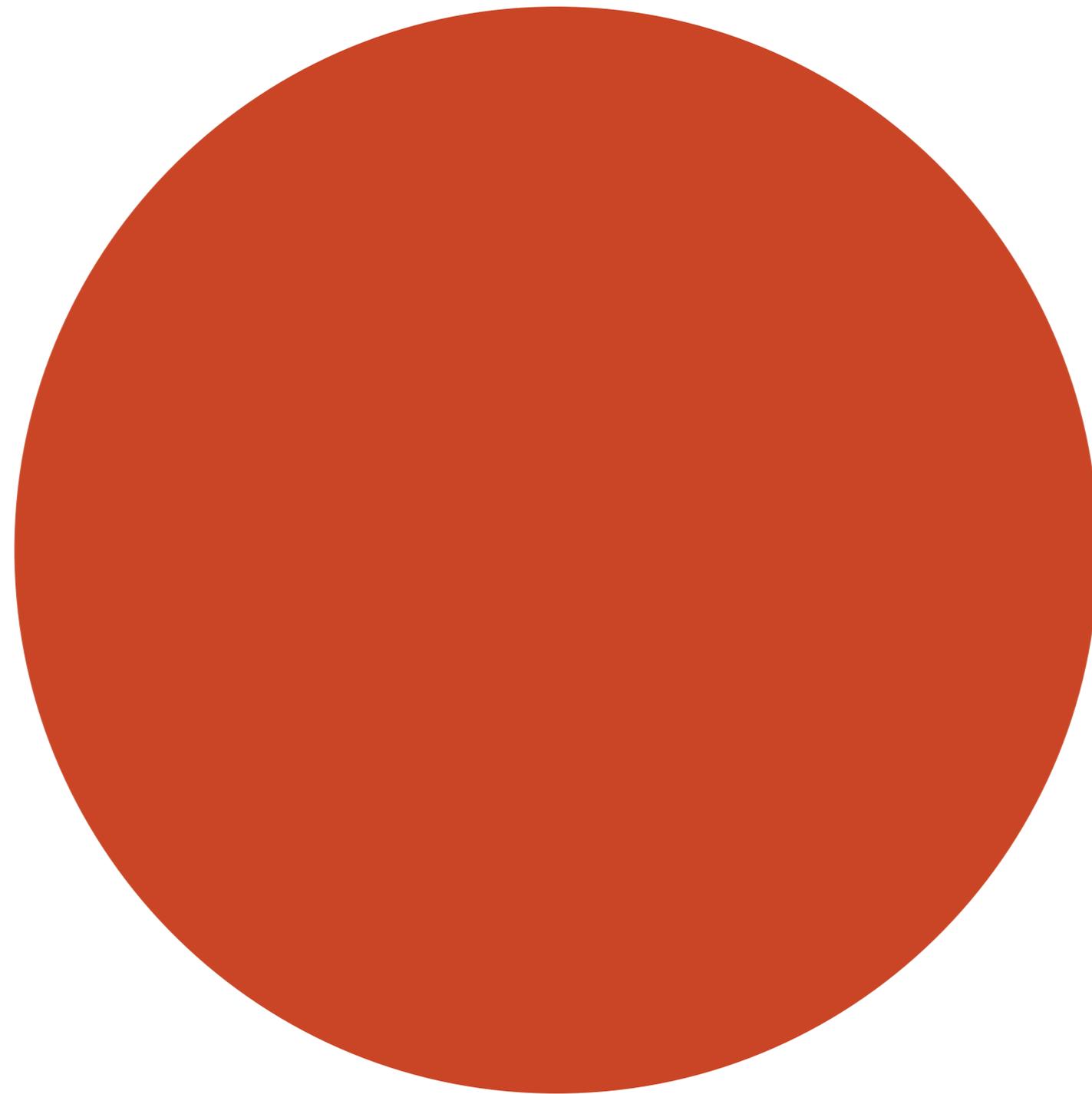
The field survey was conducted during the period from November 2018 to February 2019. The field survey team consisted of two persons, one sociologist and one medical doctor. An interview form was used for semi-structured interviews. The interview form was designed to include different questions with respect to the institutions and positions of professionals interviewed along with common questions for all interviewees.

DATA ANALYSIS

The analysis of data obtained through qualitative survey methodology is conducted systematically and with sound logic but distinctly from quantitative or statistical analysis (Neuman, 2017). In qualitative surveys, data is analysed by dividing it into categories on the basis of themes, concepts, or other similar characteristics. Here, data must first be grouped by taking due account of survey questions. In the process of analysis, order was given to data by grouping responses that corresponded to respective questions. Grouping data this way allows for reducing data into small, operable sets. Specific themes and patterns are found on the basis of grouped data.

Analyses, interview transcripts, and field notes amounting to about 800 pages were first compiled in a single file. All raw data was read by two researchers. Then, different files were prepared with answers corresponding to survey questions. Each file was read again to catch themes and patterns. Themes and patterns were read again for the last time by connecting them to basic survey questions and analysed in the context of the primary objectives of the survey.

Following the completion of data analysis, provisional outcomes were presented to the advisory board to receive feedback from experts on the board. Participants in the meeting, which lasted a full day, were 13 experts from different fields of expertise (obstetrics, public health, law, demographics, universities, civil society, psychology, and sociology). Feedback and suggestions were both assessed under a separate heading and used in developing further suggestions.



C. FINDINGS



Aiming for a detailed assessment of health risks and negative consequences of child, early, and forced marriage, the survey indeed compiled rather rich data. Data obtained were evaluated under three topics related to child, early, and forced marriage: 1) health risks and outcomes, 2) multi-factor causes, 3) suggestions on preventing negative health consequences of child, early and forced marriages. In the “Findings” section of this report, each topic is evaluated through statements made by service providers. In the “Conclusion” of the report, there is an evaluation of findings that may contribute to the development of recommendations.

HEALTH RISKS AND CONSEQUENCES OF CHILD, EARLY, AND FORCED MARRIAGE

The primary objective of the present study is to focus on health risks and negative health consequences of child, early, and forced marriages. In all interviews conducted accordingly, possible health risks of such marriages were evaluated independently of the respective duties of service providers. At the same time, health-related dimensions and risks were discussed in more detail with health service providers. Before taking a look in detail at the health risks and consequences described by health service providers, the point that needs particular stress is the consensus that children’s anatomy, physiology, and psychology cannot be considered compatible with marriage.

In the study, the health risks of CEFM and the risks stated by service providers regarding the negative health consequences are similar to those stated in the literature. Complications caused by pregnancy and birth, Sexually Transmitted Infections (STIs), genital cancers, maternal and infant mortality are the primary health risks. In addition, the early initiation of in sexual activity means an early start to fertility, bringing along too many births accompanied by many health problems deriving from excessive fertility. Particularly in environments where patriarchal values are dominant and a large family is regarded as a source of power, women are seen as “incubation machines”, where early marriage is considered to be a way of increasing the number of children.

The fact that girls are forced to marry at a young age and have sexual intercourse although they are not biologically and mentally ready was discussed not only in terms of physical health but also mental health. In fact, a family practitioner mentioned the case of a woman who married without experiencing regular menstruation and never experienced it until age 24 after successive pregnancies. It must be accepted that the experience of this woman in having several pregnancies one after the other is a rather severe form of violence.

While service providers participating in the survey who had education and training in medicine and health assessed risks more in the context of physical and physiological health, others with different training backgrounds approached the issue by focusing on psychological health risks. Nevertheless, the health risks and negative health consequences of child, early, and forced marriages were assessed by coupling the terms **“CEF + pregnancy + child.”**



Pregnancy is the most important risk

In this context, the most important risk is considered to be risky and unwanted pregnancy. Pregnancy is considered the most important risk since it gives rise to other risks and outcomes in maternal and child health and childcare. Girls' anatomic, physiological, and psychological immaturity of constitutes vital risks for both themselves and their unborn children.

"Unfortunately, every child marrying under age 18 is subject to risk factors related to **sexually transmitted diseases** before others related to pregnancy. **We cannot protect these adolescents from sexually transmitted infections.** After these, when we speak about pregnancy, the risk of miscarriage is very high. Also, the risks of low birthweight and maternal and infant death during delivery are high."

(CHILD PSYCHIATRIST)

This risk emerges as a result of not knowing about methods of contraception. A body that is not ready anatomically or physiologically experiencing pregnancy is too risky and may lead to fatal outcomes.

"**Cervical cancer** is related to the length of the period of sexual activity. Early pregnancy is another consequence of early marriage since **they don't know how to protect against it.** First pregnancy mortality is more common in early marriage. In early pregnancies, **the risk of miscarriage and premature birth is higher.** One of the most important problems is what is called pregnancy toxemia or preeclampsia. This may emerge over a long period of time extending from mild blood pressure to epileptic fits during pregnancy which disrupt liver and kidney functions..."

It is a medical situation that may lead to maternal and infant deaths."

(GYNAECOLOGIST)

Unwanted pregnancy, disruption in physiological and psychological health

In case of unwanted pregnancy, trauma becomes more severe while health risks double. Termination of unwanted pregnancies mostly cannot be done through public health institutions due to relevant legislative arrangements. This may lead to unsafe operations in some "back-alley" facilities. Health risks further increase when these services are provided by unqualified persons in unsafe conditions.

"We come across young people on few occasions. But outcomes stand grimly before us: HIV infection at first intercourse; the termination of pregnancy in informal and unsafe procedures with money borrowed from friends; an increase in **genital tract infections and cases of infertility.**"

(MEDICAL DOCTOR)

It generates ill-health

The World Health Organization (WHO) defines health as "State of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Service providers who have received training in health take this definition of health as a basis and assess health risks of child, early, and forced marriages accordingly. From a holistic perspective, these marriages generate physical, emotional, and social risks and disturb the state of well-being of persons concerned.

"The issue has many dimensions. In fact, it is not possible to think about health from a single dimension. **There is physical health, and one can also mention mental and social health.** Yes, there are many areas indeed. If we talk about the physical health dimension, vaginal birth is the most desired type, especially in early pregnancies. **If the first birth is vaginal, then the women's chance of giving birth again is higher. Caesarean section, on the other hand, limits this chance. If physical development is not yet complete, there are prolapses and ruptures.** Urinary bladder prolapses are frequently observed in older age. Difficult labouring **leads to problems in babies** as well, including retarded mental development and malnutrition. While using some for her own needs, the mother transfers vitamins and other nutritious substances to her child, **so we see cases of low birthweight. Or you may see anaemic mothers.** Mothers may **haemorrhage, which may be fatal.** In psychological terms, being a **child herself,** the mother cannot adequately nourish her child. She cannot handle, does not know how to feed. There may be problems in breastfeeding since breasts are yet not fully developed. I have come across young mothers sleeping on top of their sleeping babies. **One woman told me: 'I fell asleep while breastfeeding, and my baby suffocated; I feel the pang of conscience. So am I bound for hell now?'** There are too many mothers having such problems"

(MIDWIFE)

They are not ready

All health risks associated with child, early, and forced marriage are addressed in the context of not being ready. Unpreparedness in anatomical, physiological, psychological, and social terms constitutes the most important factor giving rise to health risks.

"First of all, there are psychological risks. The patient may not have developed the psychology of being a mother. There may be **problems in physiological terms like the as yet undeveloped condition of the genital organs.** Caesarean section may be necessary. The condition of a 14- or 15-year-old child and a 20-year-old adult greatly differ in such situations. At least one is aware of what is happening while the other may not be. The case of the newborn is another problem."

(MEDICAL DOCTOR)

The health risks of CEFM is not associated only with physiological health. Effects on psychological health lead to trauma and prevent the healthy completion of psychological development.

"**Neither biological nor mental development of a person is complete until age 21.** This leads to a serious trauma for both biological and mental development."

(ACADEMIC, PUBLIC HEALTH SPECIALIST)

One of the most important risks touched upon by health service providers is related to incest. Health problems experienced in cases of incest are far deeper, as they are accompanied by heavy traumas. It may even end up with the risk of suicide if the child marriage coincides with any incidence of incest.

"What bothers me the most is the case when the child born to an early marriage is not claimed by anybody and is taken under state protection. There are other problems as well: incestuous relationships, short-lived relationships, sending the married girl back to her family due to an age difference; **ruptures in reproductive**



organs, urinary incontinence, and suicides in the saddest cases. Early marriage is too heavy a responsibility for both parties. Whether by consent or force, couples subscribe to increasing psychological problems as a result of responsibilities assigned by their elders. Lack of information and experience in sexual matters causes an erosion of self-confidence, which may go as far as suicide and homicide. Adding economic problems to this, the problem gets even worse. Clinicians name **vaginismus** as one of the problems most frequently faced by young girls.”

(MEDICAL DOCTOR)



Not being ready to motherhood causes child health issues

As much as for maternal health, there are also significant risks for children's health. Starting from pregnancy, vital risks emerge for both the mother and infant. Anatomical and physiological immaturity generates further perilous outcomes with pregnancy. Not yet ready for the process, a girl cannot properly take care of her newborn child. There is frequent mention of young mothers stressed by childcare due to their already heavy workload at home and in the fields. The lack of appropriate care frequently leads to cases of infant mortality and morbidity. Expectations are higher when the case is rural girls married too early. Household chores and agricultural work combined with pressures to have a child immediately after marriage can make a healthy motherhood and childcare impossible.

“The child may not be physiologically ready to give birth and care for her child. **Maternal and infant death may follow one another in either order.** The married girl is afraid to go to a health facility since she is too young and her marriage is not official. So, she may have anaemia, hypothyroidism, or some other problem. All these affect the unborn child. The child may be born **unhealthy.** For the young mother, having a live baby is of course not the same thing as playing with a doll. These children may lose their lives when food or drink enters the trachea, causing aspiration, which is then considered ‘natural suffocation while asleep.’”

(FAMILY PRACTITIONER)



The period of adolescence cannot be completed healthily

Adolescence is already a difficult period in itself, and addition marriage adds an extra factor to these difficulties, upsetting the whole process and affecting negatively personality development and the psychological and emotional health of the adolescent. Lack of information about the difficulties of adolescence and ways of coping with it makes the direct transition from adolescence to adulthood even more problematic. Children unable to experience a healthy period of adolescence should not be expected to be healthy adults.

“An adolescent at that age has duties to perform. **First of all, she is in the process of building her identity.** Who am I, where I am coming from, and where am I heading, who is my family, what will happen to me, and where will I stand in this life, with which sexual identity? These are questions that puzzle minds during this period.

The period of adolescence must be one during which

adolescents are occupied only with these questions.

This is a normal process that each adolescent experiences, but with early marriage you assign everything to a person without her authentic development. Yes, you are now 14 or 15, what the heck is adolescence? You are a spouse now, a mother... You assign this person some roles that she is yet not ready for, roles that can be assigned to adults only. So, no healthy adolescence is experienced by children and young people married early.”

(CHILD PSYCHIATRIST)



Being a parent requires preparation and support even in adulthood. This status, which brings along new roles and responsibilities, is too much for a child and thus seriously disturbs the state of well-being in adolescence.

“When a female is married and gets pregnant before age 18, medically we call it an ‘adolescent pregnancy’. The uterus, the organ in which the woman's baby develops, has not yet completed its development. The pregnancy happens when the **uterus is still not fully developed, hormonal functions are yet not mature, and the process of oostosis is still going on.** She is not emotionally and psychologically ready to take care of a newborn. It is still difficult when parents are 30-40 years old, so just think about a mother at age 17 or 18. She must be emotionally ready, but it is not the case; so, it goes like ‘let's see what happens’. **This is risky both for the mother and the newborn.** The child may have malformations or stunted development.”

(FORENSIC SCIENTIST)



Detrimental to public health

Indirect health consequences are also important. A girl involved in child, early, and forced marriage is torn away from the education system and starts living with her husband's family. Having to live with family elders without sufficient education further weakens the child, who is already weak, and may lead to consequences violating the right to survival.

“Before undertaking any family responsibility, the child has to complete his/her physical, emotional, and social development first. When married early, this process is not only interrupted but also shaped to cause negative traumatic effects. Then there are associated risks relating to the right to education and, **when health problems emerge, the right to survival.** Once married, if a child is unable to protect herself from abuse or neglect in her new family this means violation of the right to survival.”

(CHILD PSYCHIATRIST)



“Not adequately informed about methods of contraception, this group experiences unwanted pregnancies. Postnatal trauma becomes a more common problem when somebody becomes a mother during childhood. Such situations pave the way for future suicides and suicidal intent.”

(ACADEMIC, PUBLIC HEALTH SPECIALIST)



SEXUAL HEALTH

Recent studies show that the age at first marriage is rising throughout the world, including in Turkey. It can be said that this trend is associated with longer life expectancy, more years in education, and unemployment deriving from changes in the labour market. Meanwhile, the age at



marriage varies with respect to gender, education level, and place of residence. Women marry earlier than men, people with a low educational level earlier than educated ones, and rural people earlier than urban residents. This means there is now a longer period for sexual maturation prior to marriage. Proper management of this period is possible when adolescents have the access to information and counselling services that they may need. However, many studies confirm that there are many barriers for youth in accessing these services (Population Association, 2016).

Unconscious about sexual health

Becoming informed about sexuality is problematic due to various factors, including the way it is conceived by society, gender roles, socioeconomic status, education, and place of residence (Population Association, 2016). Regarded as a taboo, sexual issues are not talked about at home or at school. As a result, not only children who marry early but almost all adolescents are unable to safely obtain basic information about this issue. As confirmed by a gynaecologist who was interviewed, "even university graduates in Turkey may not know what a healthy sexual life is."

"We must focus on schools and teachers rather than doctors. Academics are quite informed. But I was really surprised in meetings with in-service teachers since they were so closed and uninformed. The number of doctors working in this field is known, but there are a million teachers in contact with children every day. **Adolescence as a period is somewhat late for managing these affairs. It is important for teachers to create environments in childhood where issues related to sex and health can be discussed and where girls and boys develop together.**"
 (PUBLIC HEALTH SPECIALIST)

"We just don't talk about issues. **Not only persons married early but also university students have no information on these issues. Almost all young males in Turkey are unaware what a healthy sexual life is.** What they know is merely hearsay, and they think it is something like 'pornographic films'. Yet, life is quite different, especially when married. What about the existing approach in our day: if you have sexual relations with someone without her will, it is an assault, even if she is your wife. But almost nobody knows this... Not knowing... Wedding night bleeding, for example, for a young girl... She does not know what is normal and what is not; then comes many cases of ill health and fears. **Suicide attempts based on fears and so on... It is a big circle whose elements trigger each other.**"
 (CHILD DEVELOPMENT SPECIALIST)

It leads to sexual dysfunction

Sexuality, sexual development, genital organs and their functions, and healthy sexual development are not topics taught in families and schools. Ignorance in such issues gives rise to many sexual health problems when girls are married off.

"The child does not know her sexuality. Let's start from the basics. The girl does not know her own sexuality and her genital organs. There is menstruation but without knowing what it is and why it happens. There are children scared of their blood who think something bad has happened. We have this phenomenon of virginity. She may have concerns that she might have lost it. **We frequently come across cases of sexual dysfunction in marriages among these children.**"
 (GYNAECOLOGIST)

"Knowing about and feeling one's own body and observing changes in it is, in fact, a **painful process** for women in the transition from childhood to adolescence and then to adulthood. Experiences during this period may later lead to sexual dysfunctions. In marriage there may be cases, for example, like **thamuria as well as trauma, cyanosis, ruptures, etc.** in the genital organ since it is still small."
 (GYNAECOLOGIST)

Healthy sexuality cannot be learned

These risks further increase in cases where the marriage is a child-adult typology (see page: 76). In such cases, both physiological and psychological risks increase as a result of anatomic disharmony, problems such as vaginismus are experienced, and healthy sexuality is never learned. The increase of sexual information with aging may cause a return to past experiences. As stated by a forensic medicine expert, here the connection is broken, and the child starts to understand what she experienced was not normal. One who is attempting to settle accounts with her past cannot emerge as healthy from this process. **The possibility is disturbed relations, withdrawal, and distancing from social relations.**

"... it is not possible for a child to conceive sexuality with an adult as play. If there is an adult – a person over age 18 – involved in sexual relations with another person, girl or boy, under age 18, there is a problem here. The child cannot take this as play or a normal course of events. Maybe she takes this as a kind of affection. Whenever she finds out that she is being used sexually, the connection breaks. She withdraws, her social relations cease, she leaves school, she puts distance between herself and her family. **It may not mean leaving home; she may share the same environment with others but nothing else,**

no communication, no sharing of experience, etc. This is more dangerous, and things seem to head that way"
 (FORENSIC SCIENTIST)

MENTAL HEALTH

It leads to mental trauma

Service providers associate sexual health with mental health. As sexuality is seen as a taboo and not spoken about at all at home or at school, there is no knowledge about how to manage the hormonal changes that occur with adolescence. All factors combined, including insufficient information about sexuality and not yet complete anatomic and physiological development transforms sexual experience into trauma. It is clear that such severe trauma will inevitably damage emotional health, and, in fact, all health service providers recognize this connection.

"Some of my counselees said that socially, **sexuality is not something taught to girls, to the contrary, it is taboo, forbidden to talk about.** It is denounced and seen as a source of shame. Yet, a married girl is expected to experience all these things suddenly in one night. Without any prior information, the girl learns something from the man's approach or behaviour toward her that night. So they say later 'I was scared and thought I was going to die when blood came out,' or 'It was painful, but I could not say I didn't want it because they had told me earlier what not to say.' 'There were situations that happened when I did not want it but could not say that. Now I know what it is and can say I don't want...' I found it impressive when one said, 'I am tired, working all day and then working at night.'" (PSYCHOLOGIST)



It causes severe depression

The experience of severe depression is a reality that psychiatrists and psychologists in particular observe in their cases. The negative consequences and health risks of child marriage become more visible as time passes. The emergence or observation of psychological outcomes, in particular, requires time. Women generally start talking retrospectively about their psychological problems and difficulties at advanced ages. Given their very young age, the powerlessness and high expectations that they are confronted with keep them silent and prevent them from seeking help for their psychological difficulties. Psychologists as service providers state that women start speaking at advanced ages.

“Women who married too early were, in general, from lower educational and economic status; they had too many children, and consequently they were worn out. The risk of depression was high and so were concerns about not coping with and caring properly for their children. As we observed in our unit, mother-infant relations were problematic. I recall many such cases. Of course, it could lead to problems in attachment as well; I mean there were cases of negative attitudes toward the child including psychological, verbal, or physical abuse. In other words, you had to work a lot on the mother’s depression and mother-child relations. **In a sense, it meant raising the mother herself together with her child.**”
 (CHILD PSYCHIATRIST)

“In fact, there are so many traumatic cases going on and there is a dangerous aspect to this; this might turn into traumas transferred from one generation to another. I will not describe it as ‘woman cannot heal herself’, because this is not just her responsibility alone; however, **her unseen and unheard trauma may be transferred to the children she brings up.** Those children may think that marriage is like the one they see and witness and thus dream about such kind of a marriage.

That is to say, this manifests itself in two extremes: Either conditioning oneself completely against that kind of marriage saying ‘I will not have a marriage like the one my parents had’ or they may think ‘Oh, that is what marriage is like.’”
 (PSYCHOLOGIST)

It is also an important problem when sexual desires are curbed and there is no enjoyment of sexual relations, but these remain unspoken. The idea of family privacy and unease about speaking about a woman’s sexuality exacerbate the existing state of depression.

“When the child is forced into a sexual union as a minor or even when she has reached the age of majority, this may leave a lasting impact on the child. It may then lead to **loss of libido** or the emergence of a reactive state. This experience may continue throughout life, but they don’t usually share this with us. We’ve had patients that we wanted to refer to psychologists, but they don’t want it. We said, ‘your baby died, but you avoided seeing a psychologist and had problems in your next pregnancy’, but many did not accept it.”
 (FAMILY PRACTITIONER)

“We cannot understand because marriage is a closed book in our society. Home and family are both issues seen as taboo here. After getting married, a woman does not talk about her home and home affairs with others except very close people. Nobody cares as well. Yet, many cases that lead as far as depression actually stem from early marriages, including at age 16-17. The act of getting married is something related to a person’s being prepared for it; you have to be prepared for it. Why do educated people marry around 30? It is not only a matter of finding a job. If you let a child marry at age 17 without any preparation, this will bring along negative consequences **that may assume the form of psychological depression.**”
 (CHILD DEVELOPMENT SPECIALIST)

INTERMEDIATE CONCLUSIONS RELATED TO HEALTH RISKS AND NEGATIVE HEALTH CONSEQUENCES OF CHILD, EARLY, AND FORCED MARRIAGE

- The leading health risk of child, early, and forced marriage is related to “early and high-risk pregnancy”.
- Another health risk in child, early, and forced marriages is related to the “initiation of sexual relations too early and without being ready for it.”
- When sexuality is a taboo, not taught or even spoken about in schools, early marriage means getting married without any information about health, sexuality, sexual development, and growth, which result in many unsafe behaviours and negative health consequences.
- Early pregnancy seriously threatens the health, life quality, and development of both the pregnant woman and her unborn child and may lead to mortality.
- CEFM is a social problem that impedes physical, sexual, and emotional development and aggravates associated health risks.
- Though not as visible as physical health risks, sexual and psychological health is as important as other types, and early marriage poses three risks simultaneously: depression, severe trauma, and suicidal behaviour.
- In general, families, schools, and society are not aware about health risks associated with child, early, and forced marriages and the resultant negative health consequences.
- CEFM is one of the most important factors triggering, directly or indirectly, miscarriages, a high rate of primary caesarean section, infertility, frequency of systemic diseases, sexually transmitted infections, genital cancer, and chronic diseases.
- Given its short-, medium- and long-term risks and negative health consequences, early marriage increases the burden of health expense in terms of both public funding and individual budgets.

The persistence of child, early, and forced marriages in spite of physical, sexual, and psychological risks and negative health consequences touched upon by health service providers is another situation for which the present study seeks to provide explanation. The causes of this persistence will be examined again, together with comments by service providers.



MULTI-FACTOR CAUSES

1. CAUSES OF CHILD, EARLY, AND FORCED MARRIAGE

It was discussed in the early parts of this report that there is now a significant body of knowledge about the drivers of child, early, and forced marriage and that the leading causes given in the relevant literature include socioeconomic difficulties, traditional beliefs, behaviour and attitudes, domestic violence, gender inequality, natural disasters, armed conflicts, and migration. In studies conducted in Turkey and elsewhere, all these constitute a multi-layered structure leading to child marriages.

What must be accepted first is that child marriage is a social problem, and a social problem cannot be reduced to a single causality. It can also be added that in spite of its multi-layered character and various causes, the two most important and cross-cutting factors are “poverty” and “gender inequality”.

Early marriage is a multi-factor phenomenon

Service providers from different institutions and positions interviewed in this survey prioritize causes of child, early, and forced marriages based on their knowledge and experience. As a result, causes vary depending on the professional role, institution, region, and practical cases observed by service providers. However, it can be said that causes such as poverty, ignorance, traditions, religion, and culture are commonly stated by all. Given this, it can be concluded that service providers regard causes of child marriage as “multi-factor”.

“Early marriage is a **multi-factor phenomenon**. Causes may be multiple including geography, level of education of family members, limited material means, gender discrimination, considering marriage as the only way of protecting girls from sexual abuse, etc.”

(FAMILY PRACTITIONER)



1.1 Socioeconomic causes

Poverty is one of the leading risks

The most important cause commonly stated by all service providers is poverty. Poverty creates a cycle pertaining to all of a family’s decisions and life experiences. It is also stated that the relationship between poverty and early marriage also has a dimension preventing the education of girls. In this context, education is both the cause and the effect. There is a close relationship between early marriage and girls’ absence from school. There is also a relationship between girls’ shorted participation in education and family poverty. Families in poverty have difficulties sending their children to school and their children’s time spent in education is shorter. There are various factors leading to this situation, including the remoteness of their settlements to towns, family concerns about using child labour (i.e. seasonal agricultural work and subsistence farming), and life in poor urban neighbourhoods. Once they are out of school, marrying daughters early becomes a “necessity.” Causes such as school dropout, poverty, lack of options, and use of child labour in agriculture are mentioned more frequently going from west to east, from urban to rural, and from men to women.

“...**poverty is probably one of the leading risks**. We see poverty in the forefront of almost all cases of abuse. And poverty brings along some other risks as well. The father who is not able to provide for his family resorts to violence at home because he does not know how to control his temper and overcome it through other social activities. Child abuse and neglect can be seen in all segments of society, but we come across such cases more frequently among the poor.”

(ACADEMIC, SOCIAL PAEDIATRICES)



“**As the level of education decreases in a region, as economic status worsens** with ensuing poverty, you see more cases of early marriage.”

(ACADEMIC, PUBLIC HEALTH SPECIALIST)



Both for mitigating the burden and making some money

It seems that economic reasons are the most important reasons among all regarding early marriage of the girls. According to service providers, this way the household reduces by one member that it otherwise has to sustain and gets some benefits from the other side in marriage. Of course, not all families follow this course. It is also required to live in social environments where such marriage is regarded as “normal”.

“The child is considered as an economic burden to the household, she is close to maturity, the family members believe that she reached marriage age and expect her to make **an economic contribution to the family in the form of bride price.**”

(SOCIAL WORKER)



“Another reason is economic concerns. In other words, the child, who is seen as a burden due to **the inability of the family to be self-sufficient** and the lack of economic income sources, will have gone from home whenever the child gets married. There will be some income following marriage.”

(SOCIAL WORKER)



The term may change but all is for material returns: Dowry, bride price, and so on...

What is known as dowry or bride price is the manifestation of gender inequality, which means, though under different terms, reaping material benefits by marrying off girls early. The amount of dowry is determined by such factors as the age, beauty, and skills of the girl concerned.

“The amount of the bride price varies by age and the physical characteristics of the girl concerned. She makes comments on herself such as ‘I am special. I worth 40 thousand Turkish liras’. **Younger age, obedience, peppiness, skills, etc., are other factors pushing up the amount of the bride price.** She is still very innocent and naïve. All these increase her ‘value’”

(SOCIAL WORKER)





In provinces like Şanlıurfa and Adiyaman, the common practice of seasonal migrant agricultural work, family poverty, and early marriage can be associated with each other more easily. Seasonal migrant work affects children's schooling; combined with family poverty, withdrawing girls from school becomes one of the major causes of child marriage. The unfavourable living conditions of migrant workers, especially in places they move to, and additional difficulties in protecting girls lead families to consider early marriage as a mechanism of protection.

"I think **socioeconomic status** is the leading cause when we consider the causality of it. When the child finishes primary school, she moves to other parts of the country with her family for migrant agricultural work. She starts doing things that are physically difficult for her. Then, when her family gets acquainted with another that is economically better off, they want their daughter to get married to a member of that family. Here, the decision is taken by the family, not the girl herself."

(FAMILY PRACTITIONER)



In summary, poverty is associated with early marriage since the girl child can be seen both as an economic burden and a source of income at the same time (Köroğlu, 2014).

1.2 Causes Related to School and the Education System

School dropout⁴⁵, leaving school

The 2017-18 Education Monitoring Report warns that the causes of school dropout should not be limited to non-school factors such as socioeconomic status, gender, and ethnic identity and mentions two theoretical approaches in examining the causes of school dropout (Bradley and Renzulli, as cited in ERI, 2018).

The first approach focuses on factors "pushing" students out of school while the second focuses on factors "pulling" students from their schools. The focus on push factors investigates causes in the school itself. According to this approach, exclusion and omission by school management and teachers for various reasons result in poor performance and make students feel incompetent (Jordan et al., as cited in ERI, 2018).

School dropout is a very important situation affecting or determining the life experiences and chances of both girls and boys. Young women who were not able to continue to advanced levels of education have trouble finding jobs. The most important factors here include traditional roles that girls undertake in family care, very limited opportunities for children, care of disabled or ill family members, and discriminatory attitudes in working and social life (Genç Hayat Foundation, 2017).

Family poverty is another important reason. All these factors come together to drive girls out of school, and early school leaving on the part of girls leads to early marriage. There is a positive correlation between the increase in education level and the increase in marriage age for girls (UNICEF, 2017).

Many service providers interviewed during the survey focused on causes that can be considered "pull factors" and established a connection between school dropout and child, early, and forced marriage by explaining socioeconomic factors that lead to girls leaving school early.

School non-attendance is not tracked

Social workers and child development and public health specialists, in particular, state that there is an approach in Turkey attentive to children's participation in compulsory education that includes punitive measures. However, they also add that there is no effective system for keeping track of non-attending students and point to "non-attendance" as an important problem. They establish a connection between early marriage and the absence of an effective system that identifies the causes of non-attendance and where these students are.

As the service providers stated the fact that this process is not monitored should be seen as one of the important elements of both the reason and the persistence of the CEFM. In some provinces included in the survey, Niğde for example, there is a well-developed system for school administrations to track students. The effectiveness of this system was confirmed by a psychological counselling and guidance (PCG) expert joining the process.

"Parents in a family have to send their child to school. The Ministry of National Education follows school attendance quite strictly **but not after the child is withdrawn from the school.**"

(SOCIAL WORKER)



School dropout and absenteeism

The surveys "Causes of Class Repetition and School Dropouts in Secondary Education" and "The Education and Employment Status and Needs of Children in the 14-18 age group who are out of Formal Education" conducted by the Ministry of National Education in cooperation with UNICEF show that grade 9, the first year of upper secondary education, is the most critical one in terms of class repetition and school dropout (ERI, 2018). This data and observations by service providers overlap: the last 4 years in the system do not work effectively; 12 years of compulsory education are in practice only 8 years, and this situation encourages early marriages. According to May 2019 data shared by MoNE with ERI, the number of students between the ages of 14-17 attending open high school has decreased by 23.6% reaching 254,476 in comparison to 2017-2018 academic year. These students constitute 23% of the students in open high school. This figure was 23.9% in 2017-18 and 29.5% in 2016-17. The ratio of students of age group 14-17 in open education high schools to all secondary education students has been gradually decreasing. Although open education is an opportunity for those who are aged 18 and above and haven't completed their education yet, it is important to pay attention to the current situation of 14-17 year-old students forming almost one fourth of all open high school students, and continue efforts to reduce this number (ERI, 2019).

⁴⁵ The Ministry of National Education 2014 Report states that school dropouts increased by 35% from 2013 to 2014. It means that from 2013 to 2015 over 400,000 children, mostly girls, dropped out of school. The major targets in education under the chapter education in Turkey-EU accession negotiations in line with EU 2010 strategy include reducing early school dropouts below 10 per cent and increasing the share of persons with university education in the age group 30-34 up to 40 per cent. Despite MoNE initiatives and campaigns such as "Girls to School!", "Increasing Girls' School Enrolment", "Mother and Daughter at School" as well "Conditional Cash Transfer" for Education, 40 per cent of girls still drop out before reaching high school level.



Non-governmental organizations, social workers and psychological counselling and guidance experts who are closely working with children touch upon the importance of rates of attendance to open high schools, problems related to monitoring of school attendance as well as school attendance becoming 'flexible' as it still continues to be a significant problem in especially secondary school level.

"There is unfortunately **no follow-up during the last 4 years of 4+4+4**. The child appears to be somewhere, but there is still a gap. We don't see parties saying **"Why is this child not attending high school even though she/he has to attend?"** and follow him or her."

(PCG EXPERT)

Respondents consider longer education models necessary for girls. In the absence of such models, people tend to think that girls do not need to stay in education longer anyway.

"We also see this in the field: the girl says she left her school fully based on her own decision and will. For her, education has ceased to be a means to empowerment, standing on her own feet, and gaining economic independence. Yes, **girls need role models in this respect** and a vision for future."

(CSO WORKER)

Advantages and disadvantages of open high school⁴⁶

Recently there has been an increase in enrolment in open (distance learning) high schools. The last 4 years of 12 the years of compulsory education can take place through open high schools, and gender is an important factor in preferring open high school. Girls have a larger share in this move to open education. Various factors, including the idea that girls do not have to stay long in education, school bussing, and girls' low expectations about their capability, leads to a rupture from formal education.

Learned helplessness or just ignoring

Another point mentioned by social workers as service providers is related to disadvantaged groups, including the Roma first of all. Their short duration in education appears to be considered normal by both these children and their teachers. The tendency of teachers to think that these children would not stay long in education anyway weakens efforts to keep track of students. It is almost established without questioning that Roma children will remain uneducated and the girls will marry early. At this point, the approach of seeking reasons behind school dropout within the school itself or "being pushed out of school" becomes more explanatory.

"The school does not worry much. We see it here. I don't want to say bad things, but it is a kind of learned helplessness. **They do not attach any importance to the issue, and they are not happy to teach there anyway.** They are bothered by face-to-face contact with those people. The child, for example, has not been attending

school for 2 months and the teacher just says, 'I reported it to the Ministry of National Education.'"

(SOCIAL WORKER)

1.3 Family-related causes and gender inequality

The utilitarian/economic value of the child

It was mentioned earlier that assigning value to the child from a utilitarian or economic perspective is common in developing countries and in rural parts of these countries. This approach to valuing facilitates the shortening of the period of childhood and making the child a part of family subsistence and coping mechanisms. Families tend to think that their children's labour is important in remaining out of poverty; meanwhile, a relationship can be established between the use of child labour, especially in agriculture, and early marriage. Service providers, particularly family practitioners and social workers, draw attention to this point, adding that childhood is shorter in families subsisting on agricultural labor.

"This is not a problem of families whose socioeconomic status is above a certain level, in the urban. Economy is, again, one of the determining factors. If the child is not in education and the family has limited material means, they want to give her away to get rid of care-work and responsibility of the child. **All in all, education and economic status are the two leading factors**"

(SOCIAL WORKER)

Let's marry her off as soon as possible

It is easier to consider girls not enrolled in school as a "hazard". It is thought that the girl may face a misfortune at any time, the family may get into trouble, and if not in school, she must be with her husband. Service providers say families want to have their daughters married for the girls' "protection". The idea is to minimize the possibility that she experiences a sexual relationship before marriage and to protect the "honour" of the family, which are in fact reflections of deep-rooted gender inequality. The concept of honour becomes functional in the name of protecting both the family and the girl child. At this point, the question of "who is supposed to protect the child" may come up. It is in fact the family that is expected to attend to her education, preparation for the future, and protection from all forms of abuse and neglect; yet, instead of doing what they are supposed to do, families take the easy way out by marrying off their daughters. And it is justified as protecting the girl.

"There is a different concept of honour. As a result, families think, "let's marry her off" instead of her looking out to others and inviting some bad attributions to the family and her honour."

(CHILD DEVELOPMENT SPECIALIST)

"In economic terms, there is the need of the family to reduce the number of members they must feed –so to speak, reducing number of the mouth to feed. The other factor is the idea, which is the result of ignorance, that sexuality experienced in adolescence can be 'cleaned up' by marriage."

(PUBLIC PROSECUTOR)

⁴⁶ The number of students attending open high school has increased by 65% within the last five years. While it was 940,268 in the 2011-2012 school year, it increased to 1,554,938 in the 2016-2017 school year. The percentage of open high school students among those in formal education was about 24% in the 2011-2012 school year and rose to 36% in 2016-2017 (ERI, 2018a).



Consanguineous Marriage⁴⁷

Consanguineous marriage is a form that still prevails particularly in the South-eastern Anatolia region. Combined with family poverty, consanguineous marriage leads to girls' being married off early based on a family decision. It is based on the acquaintance of families and the assumption that close relatives will treat the girl better. To avoid possible problems that may arise if their daughters are married to persons from unknown families and to maintain relations with close relatives, families usually prefer paternal cousins for their daughters.

"There are more cases of consanguineous marriage here. **If there are 2 persons who want to marry the same girl, the priority rests with the relative.** If the girl prefers the other, she must then run away [elope]. It is actually the girl who runs away, but it is called abduction. After things are settled and there is a marriage, the groom kisses the hand of his father-in-law. The father saves face with his relatives, saying, 'I did not keep her away from you; she was abducted.'"

(CHILD DEVELOPMENT SPECIALIST)

"There are those 'selling' the child for a bride price, but according to my personal experience, **cases are mostly associated with early marriages between close relatives.**"

(LAWYER)

A way of avoiding family problems

Problems like domestic violence, pressure, family unrest, sexual abuse, and pressure lead to the idea that girls can get rid of all these issues by running away. Besides domestic problems, the recent boom in technology-based social networks and media lead families to think that marrying their young girls off is a way of keeping them from making bad decisions and preferences.

"These are already disturbed children, not the kind raised in love and affection from their families. Why she marries if she comes from a good family atmosphere? She marries early to escape or to avoid the evil attitude of the parents. Or get married to get rid of poverty and troubles in the family... All these factors **push her to get married.**"

(ACADEMIC AND MEDICAL DOCTOR)

Causes such as incest, harassment, assault, etc.

There are also cases that the literature does not explicitly cover and that service providers cannot definitively spot which are related to the early marriage of girls victimized by incest and assault. Incest, in particular, is a problem in Turkey that is hard to mitigate and uncover. This point is raised by a 2009 study titled "Understanding the Problem of Incest in Turkey" (Population Association and UNFPA). The report states that the number of cases of incest that are spotted is below what must be reported, adding that physical, psychosocial, and sexual health problems emerge among children exposed to domestic

sexual abuse. Considered an intra-family moral problem, cases of incest and their victims are covered up by family members. While urgent intervention must take the form of measures to protect a child's health, family members prioritize the moral dimension of the issue. It is therefore quite difficult to assess the actual dimensions of the problem of incest within families (Population Association and UNFPA, 2009). Aware of this difficulty, service providers state that families find early marriage as a solution to "cover up the issue" and to "keep it strictly within the family."

"Girls exposed to incest are surely married off early. **The case is covered up.** And there are also cases of *berdel* and dowry."

(CSO REPRESENTATIVE)

Too many children, a large family, and a large tribe!

It is also stated that tribal system (ashiret) is fed by larger family and, thus, it has impacts on early age marriages and increased fertility. The large family concept still exists in social life and, to attain this social status, CEFM relations may be established to promote early age marriages and to ensure increased number of childbearing.

"This may be related to the concept of power and its sources adopted by families. After all, we have a **tribal culture** here. In this culture, one tribe is considered superior to another if it has more numerous members bearing the same family name and if there are more males. **It is a matter of having more members and reaching fertility early.** There is significant difference

between the fertility rates of a girl marrying at 15 and another marrying later at age 20 to 25."

(FAMILY PRACTITIONER)

Transferring gender inequality

On the basis of its frequent mentions in literature and daily life experiences, it can be said that family and marriage are the leading institutions where gender perceptions are dominant (Kıran, 2017). Gender inequality is an important cause of child marriage. There are inequalities between women and men in society driven by patriarchal values. In the background, we find social-cultural meanings and values attributed to the sexes. For example, the boy child is valued more, given that the girl child will leave the family one day (Durdu and Yelboğa, 2017). Psychologists, lawyers, and social workers as service providers draw attention to gender inequality and stress the perception that deems girls "worthless".

"Of course, gender inequality is still a problem in our country without much progress, and one of its unfortunate outcomes is that **we victimise our children by marrying them off too early.**"

(LAWYER)

1.4 Causes related to legislation and enforcement

Laws prioritizing not the child but the family

According to the opinions of lawyers interviewed, the Turkish legal system assigns priority to the protection of the family. As a result, instead of effectively enforcing existing legislation, the system strives to protect the family and its unity. In fact, the family cannot duly

⁴⁷ Based on Research on Family Structure 2016, examining persons at age 15 and over who have marriage experience with respect to kinship with their spouses, we find that 23.2% of these persons have kinship ties with their spouses. According to the findings of the same survey, the prevalence of consanguineous marriages is the highest in South-eastern Anatolia with 42.6% and lowest in Western Marmara region with 8.9%. <http://www.tuik.gov.tr/PreHaberBultenleri.do?sessionid=vrG1ZhcSdJ9PC1kmrBv8YvQ7G4C9YNzChZJTpKfvPDL2JvQZC672!825055425?id=24646>



perform its main duty of protecting its members. Instead of focusing on why the family fails in this area, the system sticks to protecting the family as if there is no problem, and this may lead to multiple abuses of children. The child, who couldn't be protected by the family, is once again not protected by law and this can betray the trust in the system and affect the functions of the system.

"Since we consider both parties children, in order for protecting the children and the family... The supreme court jurisprudence also advocate this. As you know, our **judicial system attaches primary importance to the family unity**. It is considered **more important than individuality**. Therefore, protecting family unity has always been a priority for us."

(LAWYER)

"So, family union is established. I even saw this in several institutions where I worked. **A girl is married and is now pregnant. There are professionals asking 'Why should we separate them and apply sanctions?'** They think taking them here means separating and disrupting the family union. I know there are social workers asking why they are kept busy with such affairs. I think there is a share of decision makers who are moulded by old traditions, regarding early marriages as normal in their culture: 'I myself married young, so what?' **There is an established structure saying 'So what? There is a family union there, and that is what you wanted. Isn't it?'**"

(SOCIAL WORKER)

No sanctions!

Services providers have a consensus on the state's failure to effectively use its sanctioning power being one of the causes of child, early, and forced marriage. Given that persons under age 18 cannot get a driver's license, vote, or manage companies and that the state uses its sanction power effectively in these areas, its indecisive approach to underage marriages is questionable. It is believed that **this problem can be solved with political will and strict enforcement of existing legislation.**

"... at the point where we are now, the world has changed so much, but there is no significant reduction yet. There are many programmes and projects, but it still persists as a cultural problem. I can say that **no serious work on this**. No work and no dissuasive sanctions."

(SOCIAL WORKER)

"I saw that only when there is the case of dowry or when the child actually suffered physical violence and that is documented. But I did not see that when it is a plain marriage. **The court also looks at the case from a masculine perspective, even if the judges are women.**"

(SOCIAL WORKER)

Supportive political climate even if passive

Another point mentioned as being as important as poor enforcement of legislation is related to a "supportive political environment even if passive". Service providers think "encouraging" or "supporting" environments are created by such affairs as the tendency to authorize religious officials to perform marriages, general amnesty toward early married couples, encouraging families to have at least 3 children, and absence of sexual and reproductive health education in schools.

"Meanwhile there are policies and practices supporting this. The draft bill to reduce the legal age for marriage, attempts to confer **marriage authority to religious officials**, and so on. We know that there are many cases of marriage performed by religious officials, but their visibility is kept down in various ways."

(PSYCHOLOGIST)

"I think child marriages as well as ensuing sexuality have serious effects on health. About 15 years ago, we had systematic teaching in schools about reproductive health, family planning, sexual health, and STDs when we observed that children were short of information on these issues and their responses were quite daring. Today, **unfortunately we cannot teach these in schools.**"

(MEDICAL DOCTOR)

1.5 Causes Related to War and Forced Migration

Natural disasters and wars are cited in the literature as causes of early marriage. A connection is well known between situations like natural disaster and war that radically change life practices, and both cases are stated as motives for early marrying off of girls.

Forced migration is an event for families that causes them to lose their previous solidarity mechanisms and to try to start a new life amidst uncertainties. This is also a factor leading to child, early and forced marriages. In order to protect their daughters and cope with deep poverty, families tend to marry off their daughters as a way of relating to the local population and thus finding a place in their new environment.

The civil war in Syria had similar effects. According to data supplied by the General Directorate of Migration Management, there are 3.6 million Syrians in Turkey under "temporary protection" status. Though mainly concentrated in border provinces, there are Syrian refugees in almost all provinces of Turkey, and child, early, and forced marriages are more common in cities where refugees have settled. All service providers interviewed in 10 provinces say the event is becoming more visible, particularly in Şanlıurfa, Mersin, and Hatay provinces.

"I can give you the prevalence as 60%. I think it is the more or less same for the Turkish population. **But upon the arrival of the last group of Syrian refugees, it climbed to 90%**. Now not only child marriages but the practice of having a second wife has become all too common. **For that reason, I can say... the prevalence is around 90% for now**"

(LAWYER)

"I witnessed that upon the arrival of Syrian refugees. The prosecutor said: **'Stop reporting; we cannot deal with it'**. So it became something **quite normal** in places like Urfa, Antep, Adana, and Mersin, where the number of Syrians is too high. Together with them, we did not report Turkish citizens either."

(SOCIAL WORKER)

"Prosecutors decide for non-prosecution, and it is left there... Prosecutors say there is such a culture of marrying off children early in Syria; **it is a cultural tradition, so there are no grounds for any prosecution.**"

(CSO WORKER)



Service providers and especially social workers who work in the field of service provision for Syrian groups and monitor and are familiar with the local dynamics criticize the attitude of local people saying that they exploit the weaknesses of the Syrian women who have fled the war and are in a difficult situation. They even defend themselves by saying that “what they did is only to protect and support them”.

“Local people have their misdoings too. They started to see **children and women fleeing war as its spoils**. Unfortunately, this is the case. What happened? Children were married off as a spoil of war. Age does not matter here; marriage is seen as a way out.”
 (SOCIAL WORKER)



Found out that girls can get married after age 12

The population of Syria was around 23 million before the war broke out. The average age of women at marriage was 23, and the total fertility rate was 3.3.⁴⁸ While the legal age of marriage was 17 for women and 18 for men, it is known that religious marriages were quite common in rural areas.

Service providers remark that not only child marriage but also polygamy is on the rise. Polygamy with Syrian women and marital ties as a means of material returns are becoming more common. According to the findings

of a study by Şenol and Dinç (2017), men who want to marry Syrian women apply to intermediaries and pay them. Without official registry as citizens or migrants and given their young age, Syrian girls get married temporarily through religious marriage. It is stated that the lack of official registration as a citizen or immigrant and the fact that the official marriage cannot be announced due to their age causes Syrian girls to marry temporarily with imam marriage, and this number has also increased (Aybar et al., 2018).

“In this region, any girl out of school **is married before age 18 anyway**. The arrival of Syrians further consolidated this. According to their civil code in Syria, young girls over age 12 are allowed to marry. In their statements, they say ‘**Our wedlock is through a judicial authority; we are officially married.**’”
 (CHILD PSYCHIATRIST)



According to Pınar and Mazman (2016), marrying Syrians has turned into a new commercial sector. A report prepared by ORSAM and TESEV also discusses marriages by Syrians and finds that bride price is given in these marriages. Hence, by marrying their daughters off, Syrians adopt a deliberate attitude in the name of both protecting their children and earning some money (ORSAM and TESEV, 2015). The study by Aksu Kargin (2018) conducted in Hatay and Gaziantep provinces finds

an increase in child and religious marriages, leading to “stateless children” born to these marriages.

1.6 Other causes

Culturalizing the practice

Infective judicial and sanctioning procedures also contribute to the continuation of early marriages. **There is a state of “impunity” without effective enforcement of laws. This leads to negative consequences in two ways: 1) preventing active intervention by service providers in some cases –‘nothing will happen even if I report the case, so I will be alone with risks to face’ and –2) the issue becoming “natural”** meaning that among service providers as well, early marriage is accepted as a “culture/tradition” attributed to special localities and communities.

“... there is a perspective that legitimizes early marriages. **There are judicial personnel actually supposed to investigate such cases who think that early marriage is a part of the culture of the region that we must all accept.** And we keep struggling against this way of thinking.”
 (CHILD PSYCHIATRIST)



“It is **becoming normal within the family too**. That is what we have to break. The process is gradually pushing girls out of school, social, and working life.”
 (SOCIAL WORKER)



The overall outlook and *de facto* state of events differ, and this prevents consistent and stern application of the law. Imposing a penalty in *de facto* cases puts the woman and the child in a more difficult position. This leads, as stated by a lawyer, to “law adapting itself to the community”. What must be the case, however, is “communities adapting themselves to the law”. As a result of *de facto* situations, intermediate solutions facilitating the sustenance of traditional practices prevail.

Language barrier in access to education

One of the points raised by service providers working in south-eastern provinces is the difficulties related to the language barrier. In the multi-language region, the problems experienced by children whose first language is not Turkish in access to and continuity in education, and in academic success impact their duration of attendance in education. A similar difficulty is also true for the parents and grandparents of these children. This problem is transferred from generation to generation, leading to the belief that children, particularly girls, would not participate in education for very long anyway.

“It may derive from the multilingual character of the region. Children in this region speak **Arabic and Kurdish** mostly. **If you cannot understand what the teacher is saying, you cannot learn and tell it to your parents at home.** Parents are in no position to be satisfied with their children’s learning in schools: **if school is of no use, then let them work as agricultural labourers...** Children have drifted more and more away from education.”
 (CHILD PSYCHIATRIST)



⁴⁸ Reaching puberty is a precondition for marriage under the Syrian Personal Status Law. The legislation sets the minimum age for marriage as 18 for males and 17 for females (Syrian Personal Status Law, Article 16). If a boy at age 15 or a girl at age 13 claims to have reached puberty, a judge may grant permission for marriage if he/she is convinced about the sincerity of their claims and reaches the opinion that minors concerned are physically mature enough. According to the International Convention on the Elimination of all Forms of Discrimination against Women on 28 March 2003, Syria has a reservation to paragraph (2) of Article 16 in the convention, which states: “The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.” (https://www.ailevecalisma.gov.tr/Raporlar/ATHGM/Suriyeliler_ile_Turkiye_Cumhuriyeti_Vatandaslari_Arasindaki_Evlilik_Iliskileri_Arastirmasi.pdf)



2. DO CHILD, EARLY, AND FORCED MARRIAGES HAVE SPECIFIC TYPOLOGIES?

The 2015 report “Marriage Preferences in Turkey” prepared by the General Directorate of Family and Community Services mentions the presence of 3 different typologies in marriages: In the “child-adult” typology, families marry off their daughters by force with older males. In the “child-child” typology, the couples marrying are children. The latest typology includes early marriages as a result of girls “emulating” each other (MoFSP, 2015). It must be stated that the differences observed by service providers interviewed in this survey are similar to these typologies. Given the different provinces included in the survey, it can also be said that some typologies are more congruent with specific groups.

“Child-Adult Marriage” Typology

Environments approving child-adult marriage typology and conditions conducive to early marriage also include polygamy. This typology is referred to more by service providers in southern provinces (Şanlıurfa, Hatay, and Mersin). Here, the age difference between the adult and the child is bigger, and such cases are often associated with polygamy. Service providers with experience working in these provinces say it has become more visible in Turkey upon the arrival of Syrians.

“Child-Child Marriage” Typology

The experience of service providers suggests the existence of two groups in which this typology can be commonly observed. The first is the Roma people. It is stated that family compulsion is not relevant to this group since children convince their families to de facto situations after having run away. It is believed that early

marriage is something normal in the Roma way of life and applying sanctions in this regard is of no use. Since sanctions would make the life of an early-married girl and her child more difficult, impunity is preferred. It appears easier to some to believe in the unchangeable nature of the Roma and to associate the issue with “culture” instead of focusing on the social causes of early marriage.

“Let’s take the case of Roma citizens for example. They say that is what we have seen and it is our way of life. There are cases when we bring the principle of personal impunity. Among children, for example...The couple married before age 18 with religious wedlock, and they had a child. Delivery took place in a hospital. While it was ignored earlier, it became a criminal case upon the birth of the child. So, we try to mitigate talking about traditions and customs, **personal impunity**, the harm of putting people in what we call HAGBİ (deferment of the announcement of the verdict). We say the **bride and the child will be in a difficult position if the father is taken in**. But we don’t do all these things at ease and without any hesitation. It is because it is not reasonable in legal and sociological terms to let an immature person, a child, get married. **Though not explicitly required by the law, somebody married off early according to traditions and customs enjoys impunity under the established case law.**”

(LAWYER)

The second group comprises those engaged in seasonal migrant agricultural work. Child, early, and forced marriages can be commonly observed in this group where marriages are mostly with cousins.

“Emulation” Typology

The third typology is akin to what is called “emulation” mentioned by those having experience in service delivery in central regions like Konya and Niğde. Particularly girls who are out of school and living in areas distant from urban centres may emulate the marriage of others. Or girls facing problems in their families and exposed to violence may see marriage as a means of emancipation. A study by Anik and Barlin conducted in Balıkesir province maintains that the problem of “child brides” does not emerge only upon marriages forced by families, but there are also young girls running away from their families and getting married (Anik and Barlin, 2017).

“It has its connections with poverty but not in all cases. There are early marriages also fuelled by the spirit of youth. When they come to hospital, they say they met on the internet, and **‘when our families opposed us, we ran away and got married!**’ It is more frequently observed in **separated and broken families**. There are even marriages where both are still attending school.”

(MIDWIFE)

3. DOES CHILD, EARLY, AND FORCED MARRIAGE DIFFER BY GENDER?

Today, it is estimated in all around the world that there are approximately 115 million boys who were forced to marry at an early age and this number is around 650 million for girls. Although child marriages as well as early and forced marriages are such problems that can affect both genders as they cannot fulfill their responsibilities as adults and they must take full responsibility of a child while they themselves are at a child age; it has a disproportional impact especially

on women and girls in terms of prevalence and consequences such as death due to birth, birth complications, sexual and reproductive health problems, exposure to domestic violence, inability to participate in economic life and being isolated from social life (UNFPA, 2020).

Child marriage violates a girl’s right to the highest attainable standard of health, as described in the International Covenant on Economic and Social Rights, the Women’s Convention and the Child Rights Convention. For example, child marriage is associated with early, poorly spaced, repeated pregnancy and childbirth, and pregnancy-related deaths are the leading cause of mortality for girls between 15 and 19 years of age (WHO, as cited in UNFPA, 2020a).

The preventable maternal deaths, injury and mutilation due to violence, lack of receiving medical care due to limited access to health services, lack of information about reproductive health and sexual health due to different beliefs and taboos and having to cope with the related health problems, problems resulting from unhealthy nutrition and diseases related to living in unhealthy conditions (UNFPA, 2020). Given these rates, it can be said that “it is an issue for girls”, as stated by service providers.

There were service providers who drew attention to the fact that work on CEFM mostly focus on girls, thus omitting the boy child. Public health specialists in particular stress that while there is nothing wrong in that focus given the health risks and negative health consequences of early marriage, there is still a need to develop a more integrated perspective that covers boys as well in the context of mental health. Boys growing up in poor families and attending poorly endowed schools are uninformed about sexual health and healthy sexuality. Due to patriarchal family structure, boys



cannot go to their fathers as source of information, and they have to experience sexuality in risky ways. The resulting suggestion is to include boys in both studies and preventive initiatives.

“There is some work in relation to women but none with men, unfortunately. Years ago, in one of the specialty theses I managed, we evaluated in comparative terms how male and female children identify themselves. It always came out that boys were far behind girls in that respect. Children from economically better-off families and good schools were more informed, while those from poorer environments had little information. While girls have their mothers as sources of information, boys do not. We found that **they were almost totally disconnected from to their fathers.**”

(ACADEMIC AND PUBLIC HEALTH SPECIALIST)

“We learned a lot about males in our surveys. For example, teachers take students to a brothel to have them learn about sexual intercourse. A sports team winning a tournament is taken to another city as a reward trip, including to the brothel in that city.”

(ACADEMIC AND PUBLIC HEALTH SPECIALIST)

4. DOES CHILD, EARLY AND FORCED MARRIAGE DIFFER BY PLACE OF SETTLEMENT?

According to observations of service providers, child marriages are more common in rural areas. It is especially commonly observed in the communities who live in mountain villages far away from town centers.

As per the Report on Marriage Preferences in Turkey published in 2015 by the Ministry of Family and Social

Policies - Directorate General of Family and Community Services, the rate of early marriages among the women leaving in rural areas is approximately one-fifths (21.6%) where as such rate is 17% among the women living in urban areas (MoFSP, 2015).

Nevertheless, it is also true that child marriages are becoming more common and visible in urban settlements as well mainly as a result of international and internal migration.

“Now we have this phenomenon of rural to urban migration. Regressions in crop farming and animal husbandry encourage this migration, leading to formation of ghettos and poor urban neighbourhoods. So, I think **it is now common in urban areas as well; more so in settlements and neighbourhoods where socioeconomically disadvantaged people live.**”

(SOCIAL WORKER)

5. ARE CHILD, EARLY, AND FORCED MARRIAGES ON THE RISE?

Based on their experience and observations, service providers give varying responses to the question of whether child, early, and forced marriages are rising or declining: i) it is recently on the rise, ii) decreasing, and iii) no change. No definite answer is possible since there is no mechanism to track cases of early marriage. It is also stated that it is not possible to determine the true frequency of early marriages due to informal marriages' not being registered and data collection methods used to determine marriage statistics (Boran et al., 2013). TDHS data reveals that the rate of marriages before age 18 is higher only in religious wedlock. 28.1% of marriages where both procedures (civil and religious) are followed and 44.7% of marriages where exclusively the religious

procedure is followed involve persons under age 18. This is statistical proof that a large majority of child marriages is actually not legal (Yüksel Kaptanoğlu and Ergöçmen, 2012).

Figures do not reflect reality: We see only the tip of the iceberg!

“If you ask whether the present rates of abuse reflect the actual situation, they do not. **Only a small number of actual cases are brought to justice.** I think the actual prevalence is much higher. What is brought before the court has characteristics in conformity with what we find in relevant literature.”

(FORENSIC SCIENTIST)

“Earlier we did not see it since it was not framed as a problem. Now it has become visible as such. I don't think there is any change at a macro level. We had studies on this issue in the 2000s, and it is still going on. **The rates are, statistically, more or less the same.** So, I don't think there is a significant increase in cases of child marriage and child abuse including sexual abuse.”

(FORENSIC SCIENTIST)

“Child marriage is quite common in our country. Of course, it has its religious, economic, and cultural dimensions. I think the visibility of such cases has increased as social media is used more widely. **As it became more visible, we concluded that there was an increase in the number of cases.**”

(LAWYER)

According to some service providers, there are cases which are not yet reported while numbers appear to be increasing since there is now closer follow-up relative to the past. However, this follow-up system is not systematic and regular, and as interest in the issue may change depending on a given environment, it is not possible to make a clear projection.

“There is the impression that child pregnancies are increasing over time. Of course, not all these children apply to us directly. Since they are illicit, we learn about them by **coincidence.** When somebody applying to a health institution is identified as pregnant, the institution has to report this. So, if this person is under the duty domain of a family practitioner, it automatically falls into our screen.”

(FAMILY PRACTITIONER)

It is observed that there is presently an increase in some provinces. Nevertheless, it is the general opinion that applications to official authorities do not reflect the actual number of cases.

“I have witnessed within the last few days **15-year-old girls coming in pregnant.** These are what we could see; they overcome their fears and apply. **But there are many other who cannot, not going to any health facility and giving birth to her child at home. We cannot see them because they are hidden.** You can come across this in cases of compulsory check-up or a case of disease. There are also some tragicomic situations: Having no official wedlock due to her young age, she registers her child with her parents, which **officially makes the young mother the sister of her child.**”

(FAMILY PRACTITIONER)



It does not seem possible to obtain definite information about the prevalence of early marriage and to discover all the related dimensions. The reasons for not being able to obtain sound data are various: firstly, marriages where a party is under the legally defined age for marriage are not officially recorded (Köroğlu, 2014). Secondly, due to various concerns, there may be deliveries in places other than health facilities where newborns may not be registered at all.

INTERMEDIATE RESULTS ON CAUSES OF CHILD, EARLY, AND FORCED MARRIAGE

It is observed that service providers from different institutions, provinces, and positions mention different points as causes of child, early, and forced marriages and connect the issue with some different facts. Observations made by service providers on causes suggest the following:

- The issue is multi-dimensional and multi-layered in that has its connections with various factors, including socioeconomic structure, traditions and customs, family structure, the value attached to the child, existing legislative arrangements and their enforcement, and political will.
- The family, who is supposed to protect, care for and prepare the child for the future, cannot do so properly.
- Social state institutions that need to keep the child in education and step in in case of poverty and economic insufficiency of the family cannot provide effective service provision in some cases.
- Legal mechanisms, that should intervene in case of neglect and abuse of children, punish the criminals and provide legal protection for the child, sometimes prioritize the protection of family integrity, which cause not to uphold the best interests of the child and make the perception of impunity widespread.

6. MECHANISMS WORKING/NOT WORKING: DILEMMAS EXPERIENCED

It was mentioned earlier that there are mechanisms and arrangements geared toward preventing or mitigating health risks and negative health consequences of child, early, and forced marriages. However, it appears that service providers in different provinces and at different levels of authority and responsibility have varying concerns as well as problems about actually using these mechanisms.

Difficulties Faced by Health Service Providers

As discussed earlier, pregnancy is the most important risk associated with child, early, and forced marriage, but detection of cases of child marriage is more difficult if there is no pregnancy. For health service providers, besides difficulty in detecting cases of early marriage, it is not considered to be beneficial if there is no pregnancy. If pregnancy occurs in the 15-18 age range, the pregnancy form is filled out, and the case is recorded.

Doing or not doing?

It must be mentioned firstly that the moment in which parties in child, early, and forced marriage first encounter service providers seems to be problematic. Service providers are applied to at the stage where the child concerned cannot be protected. When application is made at such a late stage, health service providers face a dilemma and, as stated by a family practitioner, "tradition binds them." Professionally, they tend not to accept such marriage, but worry that they may unintentionally harm the person involved if they operate under existing mechanisms. This is where the dilemma of a singular or universal approach emerges. Being aware that this dilemma contributes to the perpetuation of child marriages, service providers frankly accept that they have lost against traditions. For many service providers, it is too late to refer to mechanisms to provide sufficient protection to the child.

"When it comes to our social values and conservative environments with low socioeconomic status, they can refer to religious wedlock in case of pregnancy even if it does not exist. The family may find ways of reconciliation with the other side. But this is not a cure for a bleeding wound. **The traditional approach ties our hands in a way.** This is bad, and if we take the issue as a whole, there is no dissuasive measures; **such cases are not sufficiently penalized, and this leads to new cases.** This is the sad part. **This is what makes our hands tied.**"
 (FAMILY PRACTITIONER)

The level of personal sensitivity of service providers may lead to operating existing mechanisms, thinking about new solutions, or stalling. Each service provider has his/her doubts about what other service providers can do and moves in line with his/her own preconceived ideas.

"When dealing with cases of child marriage, our trouble derives from problems in reporting, **an insensitive approach by other institution**, families' behaviour toward health personnel, and the media revealing cases with their different dimensions."
 (MEDICAL DOCTOR)

Reporting is risky!

Possible risks associated with reporting are a factor that places service providers in a dilemma and makes them inactive in some cases. Health workers constitute the group which feels these risks most closely. Family practitioners are responsible for a specific population group and depending upon their duration of service in a specific locality, they are in a position to use notification and reporting mechanisms quickly, which, at the same time, increases risks for this group. Family practitioners say

their reporting can be easily detected by their clients; they are working unprotected in easily accessible spaces, which make them vulnerable to risks in various forms such as physical assault and harassment, including threats to life.

"There are some risks that affect our actions. **It may be problematic to keep records in cases of early pregnancies**, so we are reluctant to record these. It entails reporting, and relatives of the case may come in and harass or even threaten us. We are worried about such possibilities. **The region is not so peaceful, you know.**"
 (FAMILY PRACTITIONER)

Not our job!

It is also believed that it should not be the duty of the doctor to report cases. Family practitioners, in particular, closely follow their group of families and are well informed about all patients. Having a certain level of relationship with their registered population group, they may be hesitant to do something or act against families. There is no problem or vagueness if the CEFM case is under age 15, but they prefer to "stay out of it" in cases occurring after age 15.

"If I see a pregnant girl at age 15, I report this no matter where I work, public or private. It is a problematic situation. **Patients keep their distance due to legislation. So, the girl has no medical examination until age 18. Her delivery is attended by some midwife, and that is all without any follow-up.** There is the worry that either she or her husband will be prosecuted if the case is recorded and reported."
 (GYNAECOLOGIST)

"In my opinion, it is not our duty. If we report the case of pregnancy, the provincial health directorate has to inform the law enforcers. It is a problematic region. I mean, people threaten us here. **Our working conditions are not so easy, and we don't want to come in. Yes, it is not the correct attitude, but we have our own families and safety concerns.**"

(FAMILY PRACTITIONER)

Effective enforcement of legislation may increase health risks

Families learning about the illicit nature of child marriage do not bring their children to health facilities. The result is that the pregnant child cannot be followed up on, and health services can be delivered. Given the risks involved, some service providers may avoid reporting and ignore such cases. Avoiding reporting mechanisms is considered to be preferable to undertaking responsibility for health risks and negative health consequences.

Service providers state that they do not want to risk the health of the child who will be subject to the reporting and they evaluate the risk together with the adverse health consequences that may be related to the inability of both the child and the person who subject to CEFM to access health care. Actually, both service providers and the pregnant child are unprotected. Ignoring and recording or recording only after the legal minimum age is regarded as a means of ensuring safety for both sides.

"...We had a patient not yet 15-16, and **we kept her waiting, I mean we did not report her pregnancy for 2-3 months until she reached that age.**"

(FAMILY PRACTITIONER)

"Unfortunately, only a fraction of adolescent marriages is registered. Since we are scrupulous in starting legal procedures, their families prevent children from seeking health services even in cases of pregnancy. **Knowing the penalty that is applicable, they do not bring pregnant children to a health facility. This is a problem for us, health workers.**"

(MEDICAL DOCTOR)

We have no safety!

Health workers in general and doctors in particular enjoy only limited protection for their safety. There is a significant problem in this respect, not only in the context of initiatives in cases of child, early, and forced marriage, but in all others as well. Recently, there has been an increase in cases of violence against doctors, and doctors are often express their fears, because there are no protective mechanisms.

"There are two risks for us that I have directly experienced. The first is actually related to the subject, but since we prepare our reports with a focus on protecting the person concerned, it is not so problematic. **But we have our own safety risks.** The court does not keep our reports confidential. Both parties can see our reports. If our report is for protecting the child or a woman, and if penal sanctions are applied, **we become targets.**"

(PSYCHOLOGIST)

"There is nothing protecting the doctor. **The profession is troublesome** in cases that require reporting. If you report officially, you start facing threats, some saying 'I'll shoot you right in the head.'"

(GYNAECOLOGIST)

"In trainings, we discuss these issues with colleagues. They say, "When we report a case of early marriage to the Ministry of Family and Social Policies or to law enforcers for intervention, we come under threat." **Unfortunately, there is no system protecting us in such cases.** We have colleagues who suffered coercion and even physical assaults by families."

(ÜSEM TRAINER)

Syrians make up another group that doctors do not want to take risks for. Pregnancies under age 15 are common in this group, but they go unreported. In the case of family practitioners in particular, resorting to reporting mechanisms in such cases is considered "**unnecessary**". They remain inactive for various reasons: they do not want "to be involved", they perceive that child marriages are "normal" among Syrians and they also think that Syrians marry off their daughters at early ages as a way of reaping material benefits and it is "acceptable" among Syrians. It can also be added that their dilemma in this case is not so serious since they may be thinking that they do not have to deliver services to Syrian refugees.

"We report what we have recorded. If there is an early marriage, we report it since it is compulsory to do so. We see many pregnant girls above age 16, but it falls as low as age 14 or 15 among Syrians. **Since many of them are not registered, we cannot report these cases.**"

(FAMILY PRACTITIONER)

"**To be frank, we cannot do anything if we come across a 14-year-old pregnant Syrian girl. You know there are many procedures involved.** Since the patient is not registered with us, we say, 'Why bother?' You see we already have a rather heavy workload. I mean, **we don't want to get tangled up in that.**"

(FAMILY PRACTITIONER)

"...for example, we register Syrian children and then we are worried if we cannot reach them again. Because it reflects on us as poor performance, and we face pay cuts. **The primary health care services have to be strengthened in this regard.** As I said, when we report early marriages, some authorities at higher levels must handle them without our intervention."

(FAMILY PRACTITIONER)

Our workload is too heavy

Health service providers in general and family practitioners in particular have large population groups to attend to. Their workload is heavy, and they are highly concerned with performance-related issues. Given this system, they want to remain out of anything may further increase their workload, create difficulties at the local level, or even bring along risks and hazards.



“Now, as we are working like this, can I explain to a 15-year-old child why she was married at that age? I can’t. If they drop our total number of patients to 2,000, let’s say, the number of our daily polyclinic appointments will be reduced to 40 or 30, and we can spare more time for each of our patients.”
 (FAMILY PRACTITIONER)

The opinions of health service providers suggest that their stance on the issue of CEFM is determined mainly by whether there is a case of pregnancy or not. In other words, health risks other than pregnancy, for example, psychological health and other physical problems, are mostly ignored. If there is a pregnancy, a form recording a high-risk pregnancy is filled out, and so the state of pregnancy is reported. In case of pregnancy among girls under age 15, however, there is no hesitation at all: it is a red line. On the other hand, the approach to pregnancies in the interval is not as sensitive. Confusing legislative arrangements together with factors like religion, tradition, and poverty make cases in the 15-18 age range seem “natural”.

Dilemmas Faced by Service Providers Other Than Health Workers

Besides health workers, the situation is also complex for lawyers and social workers. Legislation and established norms may be in contrast in many cases. Asking for the enforcement of penal sanctions, insisting on this, and mobilizing the existing system for this purpose is not considered useful, besides its potential to re-victimize the child. Deepening the dilemmas related to this issue, firstly, service providers do not have firm trust in the penal system, and secondly, they start to question for whom this penalization will be useful. Given that the legal-social-cultural system fails in protecting a single child, they experience this dilemma more deeply when they are confronted with “two children”, a child mother and her child.

“Meanwhile, we observe in the field that early pregnancies are common. These are risky pregnancies that require close attention and follow-up. **But they remain out of the system when it comes to using health services.** Unfortunately, we don’t have an established policy or strategy to convince these people.”
 (CSO WORKER)

“They did not explicitly say not to report but made it conditional by adding ‘if no consent’ and ‘under age 15’. **But they said not to report if the age is 16 or 17.** So, there is a borderline in applying sanctions: above as a result, we started not reporting cases at age 16 or 17. **This is because if you report, they know it and do not come for health services; their children cannot be monitored, including their vaccines. So, it becomes a serious problem. There has been an increase in deliveries at home.** The Ministry of Health finally found this solution and issued a communique in 2012. **Now it is normalized with Syrians and nothing much is done.**”
 (SOCIAL WORKER)

“If the child is under 17, the marriage is not legal, and a judicial report is made. Such marriages take place through religious procedures. Then they remain out of the coverage of the system unless there is a health problem. **The health system comes to know about such cases only in case of pregnancy.**”
 (ACADEMIC AND PUBLIC HEALTH SPECIALIST)

Reporting is mixed up with betrayal

In particular, service providers in the field of law think it is actually the obligation of all to report. Child, early, and forced marriages do not happen as a result of decisions taken one day; it is actually a process known by others besides the families concerned, including relatives, neighbours, local headmen, and those selling bridal trousseau. One point stressed during interviews was the legitimization of early sexual relations through religious marriage. It is stated that religious personnel have an important role in cases of marriage where there is no civil wedlock (MoFSP, 2015). Since it is religious marriage that makes early marriages morally acceptable, religious officials are well aware of this and even play a key role in the realization of early marriages. Furthermore, since information about the identity of the reporting person can easily be acquired, and reporting about a neighbour, relative, or somebody in one’s close network will not be considered something “nice”, many people avoid using the mechanism of reporting.

“It does not happen in just one day. It has a background; families visit each other. **I think religious officials are more influential than local headmen. They are taken more seriously by local people.** I wish they could be mobilized to convince people that it is not a correct thing to do.”
 (SOCIAL WORKER)

Grey Area in the 15-18 Age Range

Implementers think that the differences between the regulations in Civil Code on the age of marriage and the age criteria adopted in the Penal Code on sexual offenses create a gray area for protecting the children against sexual abuse and early age marriages. Turkish Civil Code adopts age of 18 as legal age of marriage but allows those who attain the age 16 and 17 to marry with the decision of a judge and

permission of their custodians. On the other hand, Turkish Penal Code defines all kinds of sexual attempts against children who are under the age of 15 as child molestation while such acts against those who attained the age of 15 are defined as sexual abuse in cases that suppress willpower, such as use of force or threat. In absence of such conditions, sexual intercourse with a child who completed the age of 15 without using force, threat and fraud is defined as the crime of ‘sexual intercourse with persons not attained the lawful age’, prosecution of which is subject to complaint under certain conditions. Thus, no prosecution can be conducted against a person marrying informally with a child who has completed the age of 15 unless the child files a complaint (MoFSP, 2015). However, this by no means implies the consent of the child. Therefore, although the child may not have objected at the time of the incident, s/he always has the right to complain, and investigation and prosecution will be started against the perpetrator when the child files a complaint. However, this causes confusion among service providers and undermines the efforts in combating against early age marriages.

“...This is entirely due to the perception created by our legal system. When we take the Child Protection Law, for example, it clearly states that each person under age 18 is a child, and the Civil Law says even if considered to have reached majority earlier. But there is also the Penal Code, and it envisages sanctions for those under 15. **It is not clear about the age interval 15-18; it says it depends on the complaint and mitigates the penalty. It gives the impression that a person from age 15 to 18 is not a child.** The Civil Code allows marriage at ages 16 and 17, which means that there are contrasts in legal provisions, leaving room for interpretation. **This can be stopped by amending legislation and considering all under age 18 to be children without any ambiguity.** We are a Party to the Convention on the Rights of the Child, and according to Article 90 of the Constitution, this Convention is superior



to domestic law. But nobody pays any heed to this. Even hospitals do not report cases from the age range of 15-18; **they just bypass it, saying 'There is consent.'**"
 (LAWYER)

"Now they have learned it too. They know well how court procedure goes. **Their threshold is not 18 but 15. They know the man will be penalized if his bride is yet not 15.** If under 15, there is the sanction of arrest no matter what the other side says about her consent."
 (SOCIAL WORKER)

Given statements made by service providers in general, it can be said that the 15-18 age range is seen as a grey area in which both overall outlook and related services display variance. Age 15 is undisputedly accepted as a threshold under which marriages are considered as sexual abuse and forced marriage. The same clarity, however, does not exist for ages above 15, and, consequently, we observe different practices as well as suggestions.

"The **12-15 age range is directly considered sexual abuse.** But here, in Urfa, the terminology has changed. Even prosecutors regard cases in the 12-15 range as 'early marriage' instead of child abuse. They bring cases to CMC partly because of what is imposed by law. We don't handle many early marriages in the 15-18 range here. **I have repeatedly said this is also abuse, but they pass over such cases using their excessive workload as an excuse.** There is an interview room at the prosecutor's office. The police spare 2 minutes or so to take the children's testimony: 'Were you in love? Did you want to marry or not? Did you give your consent or not?'"
 (CHILD PSYCHIATRIST)

The grey area creates a climate where intervention becomes too difficult by excusing the issue as sexual freedom or discovery of sexuality in some cases and due to the difficulty of detection, if there is no pregnancy, in others.

The grey area leads to "adolescent marriages and pregnancies"

"The most important problem in Turkey in this respect is that of 'adolescent marriage'. **There is still ambiguity as to what must be done in the grey area of ages 17-18.**"
 (GYNAECOLOGIST)

"Unfortunately, there are gaps between what is laid down in laws and enforcement. Hospitals, for example, may or may not report relevant cases. Even when reported, there may not be any proper action. Yes, there are contacts, interviews, assessments, etc., but they are not followed by any sanctions."
 (CSO WORKER)

"If there is no other problem, parental consent is now considered secondary to the child's consent. So, what does that mean? **This means, in a sense, de-criminalizing sexual relations and unofficial marriages in the 15-18 age range.** Why? Because if a girl or boy at age 15 or 16 says it was with his/her own consent, even parents have no say. This is de facto de-criminalization."
 (RETIRED PUBLIC PROSECUTOR)

INTERMEDIATE CONCLUSIONS ON DILEMMAS

- The main issue is protection; in other words, it is essential to prevent the marriage of the child. If marriage is not or cannot be prevented, this makes the child unprotected and more vulnerable.
- When a child is married, this is a child that could not be protected by her family, relatives, local headman, religious officials, the law, and her school in some cases; hence, trying to protect the child after her marriage does not seem meaningful as a belated intervention.
- Service providers in general and health professionals in particular may avoid existing mechanisms in order to protect both themselves and the married child.
- What causes dilemma in the service providers interviewed or cause them not to act is that they think there are inconsistencies in legal texts. Although everyone under the age of 18 is considered to be child, the fact that different age criteria are set in the provisions of laws related to age of marriage and sexual offenses leads to confusion among them. Service providers do not find it meaningful and helpful to try to operate legal mechanisms within an obscure and unclear legal structure. Possibility of marrying-off children with the permission of parents turns service providers approach into critical, insecure in terms of the system, and sceptic.
- Some service providers, especially family practitioners working in risky areas with safety problems, have worries about their personal safety since there are no protective measures.
- Below the age of 15 is considered a 'red line' and there is no dilemma or confusion as to the children in this age group, who are citizens of the Republic of Turkey. However, it is observed that service providers do not have clear and correct information on the reporting obligation with respect to cases of children below the age of 15 who migrated from Syria.
- The "Adolescent Monitoring Form" issued by the Ministry of Health is not known or implemented by health workers.
- CSOs working with refugees can reach the Provincial Directorates of Family Labour and Social Services using the telephone line 183. In some cases, referral mechanism may not properly function within service delivery system.



SUGGESTIONS FOR PREVENTING NEGATIVE HEALTH CONSEQUENCES OF CHILD, EARLY AND FORCED MARRIAGE

What must be done?

It must be first stated that interviewed service providers consider child, early, and forced marriages to be a social problem. This means that they are aware of the multi-layered nature of its causes. They agree that this social problem must be solved. Also, their responses to the question of what can be done as solutions are quite detailed.

It is possible to gather suggestions on what needs to be done under six categories: 1) suggestions envisaging going deeper into root causes, 2) suggestions related to school and the education system, 3) suggestions related to health services, 4) suggestions stressing the need for political and social will, 5) suggestions on using existing mechanisms more effectively, and 6) practical suggestions that can be implemented right away.

1. SUGGESTIONS REQUIRING GOING DEEPER INTO ROOT CAUSES

One of the points on which service providers have a consensus is the need to go deeper into root causes and address these causes. In this respect, the most important cause is seen in the situation of girls who have left the

education system. There is a correlation between girls' short participation in education and early marriage, and it is necessary to keep girls longer in education to break this link.

"...the problem must be **radically eliminated** without waiting for future corrections. To do this, we must educate each child. Marriage is closely correlated with education. So, if girls in particular are educated well from the beginning there will be no early marriage that we have to struggle with."

(GYNAECOLOGIST)

"I think these 'leaks' from the education system must be stopped. The state has a serious recording system indeed. **It is possible to 'catch' girls out of education with this system.**"

(SOCIAL WORKER)

"**Let the child finish high school and see if she wants to go to university or get married.** A step immediately ahead makes a person eager to reach the next one."

(PCG SPECIALIST)

Concentrating on preventive efforts was mentioned as a way of reaching and addressing root causes. Service providers think that necessary interventions come late in problems such as violence against women and abuse of women and girls; work to combat the problem comes only after the emergence of cases. They say preventive work is important; however, these mostly remain reactive whereas there is need for proactive work. The essence of the issue is to maintain control and prevent the emergence of undesired cases.

Increasing preventive initiatives

"...Because unfortunately, we have a side like this socially. I think we have some errors as civil society organizations and activists: We know what to do and how to react when an issue suddenly falls onto our agenda, **but we are mostly inactive about root causes and environments which give rise to child abuse.** We have to think in advance which preventive measures can be used."

(PSYCHOLOGIST)

Another point that must be made in relation to root causes is understanding why families want their daughters marry early instead of keeping them in school. In this context, it is necessary to support poor families and make state institutions more effective in intervening before early marriages take place. In fact, there are institutions that can be active in this regard, and preventive work must be conducted in a way to remove all of families' possible excuses.

"Many problems exist since we cannot intervene early. **We can only see the outcome.** We are not present at the beginning with children and families. We appear when something happens, when a case emerges. As

lawyers, we cannot intervene before children are forced or accustomed to the idea of marriage. The state must take care of what is going wrong as a result of material constraints. I mean, if a family cannot take care of its child, there are child protection agencies, care institutions, guardians, etc. When families marry off their small children, it is a relief only for parents, giving rise to more severe problems with very young mothers. **Therefore, state institutions must get involved.** Otherwise, we as lawyers can take the case only with outcomes."

(LAWYER)

"It must be ensured that health service providers at relevant branches, starting from health directorates, undergo compulsory in-service training. **It is also necessary to eliminate contrasting provisions in our legislation and increase penalties applicable to grooms or families allowing child marriage.** Including awareness building on these issues in the curriculum of universities as well as in secondary and primary education if possible. In all congresses, a session may be allocated to this issue. While collecting data, ministries may have a separate column for early pregnancies and their reporting."

(PUBLIC HEALTH SPECIALIST)

According to service providers, it seems possible to make civil society organizations, media, and religious officials more sensitive in the context of preventive work and to recruit them as stakeholders in this work. Having all parties act together can contribute to the creation of common sensitivity about the issue. Training activities will also have an important role in mobilizing all stakeholders. Trainings focusing particularly on health risks and negative health consequences of early marriage would be quite useful.



It is also stressed that well-founded analysis of the existing state of affairs is important in the context of preventive efforts. This includes compiling persuasive works and statistics and conducting comprehensive studies. It must start with preparatory work on the existing situation, its causes, changes over time, and negative consequences and then convince decision makers in light of this preparation that it must be a priority issue.

Appropriate analysis of the existing situation

There is as of yet no reliable baseline study on child, early, and forced marriages, so such a study is suggested for an effective work against this problem. It is difficult to identify illicit cases, but this is not the only impediment to knowing about the actual situation. It is also a problem that decision makers in some provinces act tediously for various reasons and that there are worries that identification of the actual situation at the local level might be conceived as weakness on the part of public servants. Indeed, this sensitivity was observed during field work when service providers, including social workers, said they are inculcated with the discourse, **“let’s not allow our province to be associated with this issue.”**

“The existing state of affairs must be analysed well, statistics must be available, and **we must see what the situation is like.** For example, we must see the rates of marriage in Samsun. But we can do none of these things. It is as if there is a forbidden zone there: “Don’t go in, let it evolve on its own...”
 (SOCIAL WORKER)

“It must be accepted that this is the problem of a country, Turkey. On our part, we must gather all relevant data to present to decision makers and ensure that it has a firm place in national health policy. **Once there is a policy decision, it covers everything, including law, justice, health, religious affairs, etc.”**
 (ACADEMIC/SOCIAL PAEDIATRICS)

A need to break the vicious cycle

Child, early, and forced marriage constitutes a vicious cycle. In such marriages, the vulnerability of the child mother in health, social, and economic terms is transferred to her child, and the condition is reproduced this way. It is therefore necessary to break this vicious cycle, and education is considered the most important means to do this.

“It is better if the mechanism is set as **considering the absence of education with its domino effect.** I mean, if families are uneducated, they transfer to their children what they know by tradition, which has a domino effect. With early marriage, the child is deprived of developmental opportunities without any serious contribution to the country.”
 (GYNAECOLOGIST)

2. SUGGESTIONS ON SCHOOL AND THE EDUCATION SYSTEM

School is considered the most important mechanism in preventing CEFM. According to service providers, schools and the education system embody immense opportunities in this regard. Mobilizing and using these opportunities effectively will contribute both to the prevention of early marriages and the empowerment of girls.

The first and most effective way of using schools is to ensure school attendance and retention. In other words, monitoring of not only enrolment but also attendance is very important but requires more active involvement of the Ministry of National Education.

One of the ways of empowering both girls and boys is to keep them in school. Thus, according to service providers, it is, first of all, necessary to ensure the retention of all children, especially girls, in the education system.

Let’s get them educated: Both girls and boys

“Let’s get our boys and girls all educated. Let’s give them opportunities to work. Let them have social power, strong feet on the ground both materially and emotionally. This is necessary for both girls and boys. Boys do not get pregnant, but I think they are abused too.”
 (FAMILY PRACTITIONER)

Keeping children in the education system is very important for several reasons. Firstly, more education is necessary for their orientation to occupations that require a specific educational background. Also, the education of children from disadvantaged families in particular will compensate these families. When girls are concerned, they can report cases of abuse, harassment, or even prospects of early marriage to their teachers and guidance counsellors if they are in school. In this sense, the school and teachers turn out to be a very significant place and persons in keeping an eye on children, listening to their problems, and finding solutions. If unprotected by family and close friends, the only and perhaps the last chance of the child is school retention and support from teachers. No reliable support mechanism is left when children drop out of school. Hence, the school must be seen as a primarily significant institution in preventing early marriages.

School as the most effective reporting mechanism if the child is attending school

It is said that guidance teachers work effectively and mechanisms work when children are referred to guidance services. In particular, service providers working in Child Monitoring Centers (CMCs) touched upon the importance of this point and stated that school is indeed an effective mechanism.

“Schools are good about reporting. Believe me, guidance counsellors at school are doing very well in this respect. Many reports from schools were coming to us. This is an advantage for the law enforcement. Let’s give the example of the child who is about to come in: it was, in fact, a case of elder brother incest. All procedures were conducted by the school without informing the family. Then we decided together with the prosecutor where to refer the case.”
 (CHILD PSYCHIATRIST)

The school and education system as a means should not be taken only in the context of students in formal education. Service providers have comprehensive suggestions for education that include non-formal and adult education as well. They also state that education must be developed and delivered in a way that is flexible, sensitive to the region concerned, and addressing adolescent and reproductive health issues.

“Of course, examples of this can be found in advanced societies. It is certain that they are delivering this education, and we can adapt this to our circumstances. It requires some efforts and a broad consensus. Consensus is necessary; they may ask ‘Are you trying to divert us?’ After eliminating such barriers, **I think education is a**



heart of the matter to healthy parenting and healthy development of children and adolescents.”

(FAMILY PRACTITIONER)



“There are compulsory trainings that all personnel must take during the year. Apart from these, there are also trainings on some special days, for example about violence against women. Can it be better? Yes. There could be trainings tailored to the needs of specific regions, for example. **I mean not the same training for all regions.**”

(MIDWIFE)



3. SUGGESTIONS ON HEALTH SERVICES

Training how to manage sexual health and development

Health service providers and education service providers must work together. Adolescence is a difficult period. Adolescents absolutely must be informed about the physiological, biological, and hormonal changes taking place during this period, and school is the most suitable place to give this information; this is the reason why these two groups of service providers must collaborate. Although there have recently been some flaws in this education, all adolescents must receive it. Many studies conducted in Turkey show that the adolescents need to know their physical, emotional and psychological developments that accelerate in that age period and it is quite clear that there is a lack of information sources from which they can learn how to manage these changes. In this context, they must receive correct and reliable information on certain issues such as sexual health, right to sexual health, sexual development process, sexual abuse etc., so that they can close this information gap.

Discovering sexuality and forcing someone to marry is not the same thing!

“I think all sexual acts in the 0-18 age range must be considered abuse and brought before judicial authorities. First, it is necessary to take testimonies of the persons involved in cases in CMC environments, and then prosecutors and judges must decide if there should be a court procedure. This is necessary to protect children from such acts. **There may be some acts that cannot be considered crimes. Also involved are some sexually oriented games or actions that adolescents engage in to try to discover sexuality.** Of course, these cannot be considered crimes.”

(CHILD PSYCHIATRIST)



“Think, where do young people learn sexuality from? We could talk about freedom and a liberal approach with tolerance if we had a system teaching children about their bodies starting from primary school, their anatomy, physiology, and then the discovery of sexuality. But when these are absent, **if you marry a 16-year-old girl off to a 30- or 40-year-old man, this is not freedom but abuse.**”

(FORENSIC SCIENTIST)



Another deficiency identified by the service providers is that TPC does not include a specific provision on the nature of sexual acts between the peers while defining the sexual offenses. Service providers state that considering sexual acts among the peers the same as those acts being displayed by an adult person on a child, cause problems in practice and that such attitude must change.

“Adolescent follow-up” protocol is to be implemented if not pregnant

As far as health services are concerned, early marriages become an issue only when there are cases of pregnancy. If there is no pregnancy, it does not seem possible to identify early marriages and attend to health outcomes and the other difficulties involved. There was only one family practitioner who mentioned the “adolescent monitoring protocol”; the others did not touch upon the issue. It is possible, then, to say that the common approach is “no problem if there is no pregnancy.” In contrast, ensuring the widespread use of the protocol facilitating the monitoring of adolescents’ health development other than in cases of pregnancy will make it possible to keep track of other health risks as well.

“When an adolescent comes to me for examination, there is an adolescent monitoring protocol that I must follow. I am supposed to conduct observations on that adolescent in specific intervals. I must ask him or her some questions and conduct some examinations. And we receive training: there is a training programme in reproductive health that consists of 5 modules.”

(FAMILY PRACTITIONER)



There is a need to improve health literacy

Given the very low level of health literacy, it was suggested to bring this level up. Non-formal education and training in childhood, child physiology, adolescence, etc. may contribute to higher levels of awareness and information. On this foundation, it will be easier to explain why children should not be married and why their anatomy and physiology are not incompatible with marriage. Given the present low level of health literacy, people tend to think that adolescence means girls are ready for marriage.

There is a need to further develop a multi-disciplinary approach

Since causes are considered multi-factor, solutions also must be multi-factor and highly participatory. What needs to be done in this regard is to create an environment together with mechanisms to mobilize all parties simultaneously and ensure their collaboration. More specifically, health workers, educators, lawyers, religious officials’ civil society organizations, and the media should work together to find solutions and launch preventive actions. The first in this series of action are initiatives focusing on prevention, and the second is the protection of the child after marriage.

In preventive work, it is essential that all parties work as a team and each actor/party knows what others are doing and how. Secondly, once there is marriage, there is a need to respond to the needs of the child without causing new trauma.

“A multi-disciplinary approach is needed; this is not an issue that related to medicine and doctors only. Let’s say we had a diagnosis and came to the conclusion that there was abuse. We checked for sexually transmitted diseases and pregnancy or its prevention... **Then what? Then, the case must be undertaken by other professionals.** Will there be legal support? Protection by social workers? Discussing the issue with the family? Economic support? Support for education? **In other words, there is a need for a multi-disciplinary team response.**”

(FORENSIC SCIENTIST)





“There are too many difficulties and problems, and I think social scientists have an important duty to perform in this area, I mean to be active through CSOs. If you look only at the political side of the issue, you may miss the human, sociological, and psychological dimensions and processes. If you miss these, you may fail to understand emotions, neglect a person’s emotional state, and judge when a complaint is received: ‘How can you do this? How come you are so frightened?’, etc. These are questions that all, both children and adults, are closed to. **So, in order to help and stand with him/her, professionalism, activism, law, and economics should all be considered simultaneously.**”

(PSYCHOLOGIST)

“The approach to the solution must be multi-disciplinary. The Ministry of National Education, security, and Religious Affairs should all be involved. There are some places where the words of a religious leader can be more influential than those of an educator, security officer, or health worker. **Then all should work together.**”

(FAMILY PRACTITIONER)

Effective work on the part of health service providers only will not be sufficient in preventing cases of CEFM. It is necessary to enhance the sensitivity and awareness of the society as a whole. This awareness is needed for effective delivery of health services. Effective prevention work will be possible only if collective work is ensured and a multidisciplinary approach is developed.

“**It is not enough to be a health worker only.** Each person has his or her choice regarding perceptions. Some think that the issue must make sense in religious terms. Others first look at the health dimension of the issue, and others think in social terms. As I said earlier, parties from different professions must come together, and one of these should be religious leaders. There will be a gap if you miss any.”

(MIDWIFE)

“**Health literacy is too low in general regardless of gender.** So, I think training in health literacy must come first for other trainings to be useful. This training can be given at the national or local level.”

(MEDICAL DOCTOR)

“**People must first be convinced that the physiology of a child is not fit for giving healthy birth at age 15 and a 16- or 17-year-old person cannot care for and raise a child in a healthy manner.** We say consanguineous marriages are quite prevalent in the region. Maybe this is the top province in the country in this regard. We investigate diseases that may have been transmitted by parents by taking a blood sample from the ankle. We lead the world in phenylketonuria. While other countries do not know about this problem, we came across this in all examinations while we were students. Why? Because it is common here. So, we must take necessary preventive measures.”

(FAMILY PRACTITIONER)

4. SUGGESTIONS STRESSING POLITICAL AND SOCIAL WILL

It is reported that being determined and consistent is important. The first and most important thing to do in this context is to “call the child a child”. This, in turn, requires the elimination or abandonment of all arrangements and practices that turns the 15-18 age range into a grey area and creates confusion. As stated by service providers, recognizing that all persons under age 18 are children and being consistent in this recognition without allowing for any excuse on the basis of “consent”, “adolescence” or “own will” is the first and most important step. UN Convention on the Rights of the Child that Turkey has been a party since 1989, already defines individuals under 18 as child. Therefore, Turkey also has an obligation to protect the best interest of the child as a party to the Convention.

Child must be taken as child! It is up to age 18 and no flexibility in that!

“The age must be set at 18, and it must be definite. **If you don’t let a person under age 18 have a gun, buy alcohol, or get a driving license, then you should not let him/her marry either.**”

(SOCIAL WORKER)

“It is age 18 – Since Turkey ratified the Convention on the Rights of the Child, it has become a part of our domestic law according to Constitutional Article 90. **Therefore, I think all marriages before age 18 is child’s sexual abuse regardless of its social acceptance or any court decision. Since in almost all cases the person that the girl marries is over age 18, it is child abuse, and it has to be named as such.**”

(FORENSIC SCIENTIST)

“Children have yet not completed their development. The Convention on the Rights of the Child, which we ratified, says a person under age 18 is a child. It is so in both legal and medical terms. Then it is senseless to pull this down to 15 or 16, 14, 13 ...; **this means legalizing these cases of abuse.** This means legitimizing something that is bad although it may be accepted by society.”

(FORENSIC SCIENTIST)

“**She is just a child, as simple as that.** Marriage is something that is completely different, a huge responsibility in itself. Marrying off a child who is not yet ready for that responsibility and leaving school means exposure to all forms of violence, including psychological, physical, and sexual violence.”

(SOCIAL WORKER)

“It must be accepted that any marriage before age 18 is a child marriage, and **there must be no debate on this.** There may be issues like criminal liability or family consent. But international conventions unequivocally tell us something: We particularly stress for educators and local headmen that if they witness any underage marriage and fail to report, it they can be held liable.

What we consider a red line must be drawn by the state too. There is a red line if you have ratified an international convention.”

(SOCIAL WORKER)

Social service providers, in particular, say it is not so difficult to accept all persons under 18 as children and to avoid any flexibility in that definition. They think this is possible by referring to specific examples that can be very useful in advocacy work. If a person is not allowed to get a driver's licence, manage a company, or vote in elections before age 18, what makes it difficult to prevent early marriages? Or if there is no hesitation about sanctions to be applied if a person drives a car while under age 18, if courts do what is required in such cases, what prevents following the same course in cases of CEFM?

Being firmly decided

Attention was drawn to the importance of being altogether resolute. Training of health workers or CMC workers only will not be sufficient to prevent child marriages and operate existing mechanisms. A resolute position may also prevent the reflection of different mentalities and different gender values on service delivery.

"There are two things that make you do something: we do it either willingly or for fear of something. If we cannot pass on some information to people in the first way, then we do it by making them afraid. **If we cannot convince people that early marriage is bad, then we must resort to fear. And this is the fear of penal sanctions.** Just look at cases of homicide, abuse, and illicit marriages; they show that people may even ignore the possibility of punishment by the state."

(CHILD DEVELOPMENT SPECIALIST)

"My father is a police officer. I can talk about cases in police stations assuredly by knowing these cases well. There is domestic trouble where the wife says her life is in danger, **but our police officers focus only on reconciliation... If I have no power to protect myself, then the state has to protect me.** This is one of the reasons for its existence."

(CHILD DEVELOPMENT SPECIALIST)

"OK, sexual assault is an act involving force, but deceiving a still immature person is a form of assault also. In legal terms, these are considered sexual abuse, sexual crimes. There are some cases coming before me when I am assigned as a defence attorney under the CPC (Criminal Procedure Code). **In such cases, we try to discern cases. There may be attempts to determine age by bone assessment, or the child may be actually older, but her birth registry was made late.** There is a need to discern such cases."

(LAWYER)

"**There is a law there, and it is not enforced. It must be asked why it is not enforced.** The case is so in Samsun, for example. The Ministry of National Education accepts the situation thinking, 'Why victimise the family further by applying fines?'"

(SOCIAL WORKER)

Concepts of the child and consent should not be used together

The warning by a psychologist is worth attention: "How can one talk about the 'consent' of a child in a society where there is no gender equality, where the girl child in particular is brought up with values such as

docility, obedience, submissiveness, etc.?" Under these circumstances, there should be no mention of or reference to "consent," and what may seem "like consent" must be further investigated.

"In such cases, it is nonsense to say, 'The child married by her own will.' **So, is this really 'consent?' How can it be, given all the pressures and impositions?** How could she withhold her consent?"

(PSYCHOLOGIST)

"Why did this child give consent? How would a child actually want it? This is important for me. There may be something frightening her; she may have some other troubles with her family. The child may desire a new life. **Maybe she is trying to escape from unhappiness.**"

(SOCIAL WORKER)

Watch your terms: No use of "child bride"

It is also emphasized that girls cannot be considered "brides" in child marriages as a marriage requires physical, emotional and psychological maturity. It is stated that the term "bride" has both an encouraging and legalizing connotation, therefore we must pay attention to the language we use.

In spite of this, it is observed that the term "child brides" is used in many international and national publications. When the issue was first brought to the public agenda in Turkey, the term "child bride" started to be used widely in daily life when referring to marriages performed during childhood. Similarly, many international funding agencies as well as United Nations agencies use different terminology. For example, the title of the report released by the UNFPA in 2012 is "Marrying Too Young: End Child

Marriage," and the programme carried out jointly by UNFPA and UNICEF is titled "Global Programme to Accelerate Action to End Child Marriage." Service providers draw attention to the importance of using terminology that is careful, sensitive, and dissuasive.

"I think it should be classified as abuse, child abuse in all cases. **The term "bride" invokes legitimacy; in patriarchal societies,** being a bride is something sacred. Hence, this term overshadows childhood. So, the concepts used are also critical, and relevant things must be reconsidered and re-written with special focus on women and children."

(PSYCHOLOGIST)

Emphasize that political determination is important

Service providers frequently express that they need to know the political determination exist to solve this issue in order to be more determined on this issue, they state that individual determination is not enough without political determination. It is also emphasized that service providers who are supported by political determination can be more courageous. Otherwise, it is inevitable to fail to act. The first step in building political will is to admit that child marriage is a problem in Turkey, which, despite varying by regions and places of settlements, has a nationwide character. It is also common among refugees, migrants, asylum seekers, etc. from different states living in Turkey. The causes of the problem may differ, but the underlying one is poverty and deprivation. These facts must be voiced louder. To do this and to make service providers more resolute, it must be known by all that there is political will at the highest level to combat this phenomenon. Once backed up by this political will, service providers will be able to act boldly; in the absence of this support, it is easier to remain inactive.



“Early marriage is a fact. If you want to put a sanction on this, it should not go as applying it to person A but not to person B or applying it in region A but not in region C. It is also a problem that there are many authorities regarding this as something quite normal. There is the case of a police station sending a woman victim of violence back, saying, ‘It is your husband after all...’ It is happened in November 25-International Day for the Elimination of Violence Against Women. **Then persons in decision making and enforcement bodies must be selected well.**”
 (MIDWIFE)

“For example, the district governor in Havza lodged a criminal complaint against all parents not sending their children to school. What is the condition of the child? Why don’t they, particularly girls, come in? After this action of the district governor, there was an improvement in rates of enrolment. **So, it works when decision makers take the case seriously and launch action with sanctions.**”
 (SOCIAL WORKER)

5. SUGGESTIONS FOR EFFECTIVE USE OF EXISTING MECHANISMS

There is a need to improve inter-agency cooperation

Interviews with service providers from different institutions and mandates suggest that causes of child, early, and forced marriages are of a multi-factor nature. Since there are multiple causes that are interrelated, service delivery too must be addressed in its multiple dimensions. A variety of service providers are confronted with cases of child, early, and forced marriage at different stages and try to extend services in their respective fields. Hence there are many institutions involved in

service delivery. This situation points to the importance of cooperation and coordination. Service providers state that there are significant gaps in this respect. In fact, each institution works within the boundaries of its mandate when a case comes before it. However, due to the absence of networking between different institutions and service providers, work remains fragmented where some are unaware of what others have been doing. Therefore, the need to develop inter-institutional cooperation is stressed.

“I think institutions are performing fine individually. **Each is doing fine, but these are not integrated. There are not networks; parts do not touch each other.** Now, social services, the health sector, the child commission of the bar association, children’s police, psychologists, etc. are all working; but they do not get in touch in a network to operate the system as a whole.”
 (FORENSIC SCIENTIST)

“The clinical, physical, and emotional trauma dimensions of the case are not assessed much. The part related to pregnancy is addressed by Child Adolescence Units in provinces. Consequently, **there is no holistic perspective;** even the victimization of the child is examined in pieces while registering.”
 (MEDICAL DOCTOR)

To bring about a functioning feedback process

All service providers, who inform their senior authorities within service delivery system and refer the case to a higher institution or another related institution, state that they want to know and follow up all measures taken for the incident/case as well as all the procedures (if and when the legislation allows). This requires a well-established feedback system and service providers, social workers

in particular, state that there is no such system. Service providers can obtain some feedback only on their own efforts but not about the eventual status of any case due to the absence of any inter-institutional coordination network. The absence of a working feedback system causes service providers to develop doubts about whether other institutions are performing their duties. Especially in cases transferred to the judicial system, there is no information about sanctions applied, if any, and this lack of information is a factor discouraging service providers.

“No, we get no feedback about that. I mean there is no feedback about the present status of the child, whether he has been placed in an institution or if she is still being abused. So, it is like ‘Well, we referred the case and our job is finished.’ **We don’t know what that child is facing afterwards, how could she heal and leave her trauma behind, and how she is now.** As social workers, we say, ‘Go to that clinic’, but we have no information whether she goes or her family takes this seriously. There is no system, no binding provision on this.”
 (SOCIAL WORKER)

“After doing his/her job, **nobody cares what happens next.** I mean, we prepare and send the report, but we have no idea what happened after.”
 (FORENSIC SCIENTIST)

“There is no automatic reporting in social services. We interview and prepare a social investigation report about the patient and send our documents to the official designated by the hospital. It is an official procedure.

Mostly there is no feedback. **I mean if you don’t have any particular interest in the case, you don’t know what happened afterwards in the given system.**”
 (SOCIAL WORKER)

There is a need to break the mould

When a service provider comes across a case of child marriage, the procedure to follow is mostly determined not by legislation but by the service provider’s personal approach to the issue. If the service provider adopts a shallow approach based on culture and traditions or with complacency that “all parties are happy”, then he or she tends to conceal the case. If the service provider considers the issue a violation of child and human rights, as abuse, then he or she takes it seriously and applies necessary procedures (Arslan, 2018). It is accepted by some that one should worry about the social acceptance of early marriage, about normalization of the practice, and there is a need to disturb what seems to be the established routine.⁴⁹ However, service providers, as natives of the region they work in, regard early marriage as an outcome of culture, poverty, and tribal structures and think applying sanctions without eliminating root causes will be of no use. It is not seen as being meaningful to report a woman married at age 15 who has 2 children, which may even harm the woman concerned. The attitude adopted by service providers to condone relevant cases in fact perpetuates the existing state of affairs, practices, and impunity. Hence, service providers who are not natives of their duty area maintain that it is necessary to act against the established routine and take risks in order to effectively combat child marriages.

⁴⁹ The case of a social worker who disclosed that there were 115 pregnant children under age 18 who came to Kanuni Sultan Süleyman Hospital within a period of 5 months which were covered up instead of being reported to the police can be seen as an example of breaking the mould.



“You indeed do something just by taking these cases and bringing them here: ‘One minute, there is something wrong here...’ What happens is observed by her sister. She learns in advance what will happen if she does the same: Lots of procedures at the centre, court proceedings, police, and social workers coming in to investigate, etc. With all these, you demonstrate that what happened is wrong and illegal. **Let’s get rid of the approach not to touch it, not to disturb a cultural phenomenon. To the contrary, let’s do it.** Maybe the family order at the time will be disturbed; but we will be facing much fewer cases of this kind 30 years later.”

(CHILD PSYCHIATRIST)



“We report that. I mean, we don’t care about the age threshold of 15 or so and report that there is a case of child abuse, sexual abuse. When we do it, they have to start an investigation. There are cases where we quarrel with prosecutors when they say, “Well you have reported a case, but the girl is over age 15, and the law says...” **And I say ‘go and read Constitutional Article 90 and the Convention on the Rights of the Child; just start an investigation and close the file if there is no abuse’. Yes, their workload will increase this way, but isn’t it worth it?”**

(FORENSIC SCIENTIST)



There is a need to follow penalties, stress and make them public

There is no follow-up system on what sanctions are applied to parents involved in child, early, and forced marriage, family elders approving the marriage, and religious officials who perform this act in some cases. In other words, there is no information what happens when the case is carried to the judiciary and whether

any penalty is given. The media is particularly criticized in this respect: the media likes featuring news about child marriages but has no interest in what happens after, including penalties if any, or what happened to the child after. Respondents say the media has an inclination toward pornographic language, sensationalizing, and, in some cases, encouraging news about the issue.

“It must be demonstrated, made visible. Teachers do not forget the initiative taken by a preschool teacher and the punishment given to the school director as a result. I recall that the school director was convicted with 4 times life sentence, and we witnessed that in the media. We don’t forget the preschool teacher in that case. Why? **It is because we know the court verdict...** Neither we nor teachers forget the case after the media message that exalts the profession of teaching on the example of that courageous teacher. **But we don’t have any knowledge of fathers and mothers punished for marrying off their underage daughters.”**

(SOCIAL WORKER)



Service providers from different professions and institutions have some degree of mistrust in the system about the enforcement of many provisions in the legislation. This problem of mistrust is further fuelled by “action plans” which do not go beyond wishes and desires without any workflow plan or service provision standard about how “actions” are to be realized.

“There is a procedure applied until one goes out of the CMC: **I don’t make you the same promise related to the legal side of the issue.** I tell families **I cannot promise you that the perpetrator will be punished.** I would not create trust between the child and myself by making such a promise. I can just say I want him to be punished as you

do. I think the difference between these must disturb some people.”

(SOCIAL WORKER)



“If it were up to me, frankly, I would consider punishing parents who married off their child.. There are initiatives at present to this end, and I think it is progress, but...”

(ÜSEM TRAINER)



6. PRACTICAL, PRAGMATIC, AND IMMEDIATELY APPLICABLE SUGGESTIONS

Service providers who are in the field of law and social workers point to the importance of civil society organizations active in child, early, and forced marriages and suggest that these organizations are supported. There is also a need to recognize and support rights-based CSOs that are engaged in advocacy and awareness raising activities.

“**We are aware of and enjoy the support of civil society.** They have very serious support and follow-ups, especially in the follow-up of some cases that are reflected in the press or are on the front burner, or in applying a little pressure at the investigation stage, and in providing economic and legal support to the child and the family. This is fine and what it must be.”

(SOCIAL WORKER)



Turkey has become a migrant destination: There is a need to train migrants as well

Turkey, having been a sending country for a long time, has recently become a receiving country with an intense migrant population. Presently, there are about 5 million migrants in the country from different nationalities and under different types of status, which makes their adaptation to domestic legislation an important issue that also requires relevant training.

“We tell them they are subject to the provisions of the TPC and Constitution and about our work in migrant offices and the migration directorate.”

(LAWYER)



A “witness protection” -like system may be introduced for an effective and reliable reporting mechanism

It was discussed earlier that reporting is important in using existing mechanisms to prevent child, early, and forced marriages. It was also mentioned in this context that service providers have doubts about this, and personal safety concerns are particularly relevant in the case of family practitioners. Further, it was stated by lawyers that the most important obstacle to reporting not only by service providers but all citizens is related to keeping the identity of the reporter confidential. It is suggested that there must be a system preventing the denouncement of the reporting person as “informer” and protecting anonymity. Otherwise, both citizens and service providers will remain worried about their safety, which will naturally have detrimental effects on preventive initiatives and efforts.



“They can find out who the reporter is. We hear about some files that are kept confidential, but it does not work in practice. A lawyer, for example, can easily find in the file the person who reported the case.”
(SOCIAL WORKER)

Public Campaigns

Also stressed is the need to enhance awareness building efforts in child, early, and forced marriages. It is said there is need to use printed, verbal, and electronic media effectively and to bring the issue to the media in striking ways. Public campaigns function as serious warnings, so they must stress that early marriages are not legal and that actors involved are punishable, mentioning penalties that can be applied (KADEM, 2014). In this context, it is considered useful to mainstream a channel of communication stressing social, legal, and health-related dimensions of the issue.

“But it can be public campaigns indeed. Though not to be exaggerated, **these campaigns do spread some information.** I mean, information about relevant laws, its causes, and consequences, and so on. I am indeed affected when I see one: for example, I nearly start crying when I see the figure of a bride holding her doll. There may be more such images.”
(GYNAECOLOGIST)

“Visual media can be used; religious institutions can be used. There are many attending Quran courses; they can be informed there. Yet, here we have to explain it to our teachers. **They say what we are saying is wrong; they have to be convinced first.** We are playing videos transmitting health information. Once when we were

talking about family planning, we used figures of male and female bodies. They raised objections and questioned why we were doing this. When the mentality is different, you cannot say much. But is there something we can say? Yes, there is.”
(FAMILY PRACTITIONER)

“We are practising the only profession that allows touching the human body. **Nobody can touch someone who has lost his/her consciousness, but we can. We can, and this further increases our responsibility. Touching the body of a person means touching his/her life.** By this, I mean you can influence many patterns existing in the life of a child.”
(ACADEMIC, SOCIAL PAEDIATRICS)

“...it must start first building a **common language and concept** among those institutions and professions in charge of protecting the child. But from time to time you come across discourses and events that make you doubt whether **legislators, law enforcement officials, lawyers, health professionals, and even mental health specialists are sufficiently informed about the issue.**”
(CHILD PSYCHIATRIST)

There is a need to convince people that reporting is a duty

Lawyers interviewed in the survey stress that reporting is the responsibility of all citizens, even entailing “penal sanctions for not reporting”. Yet, the majority of citizens are unaware of this duty or choose not to report even if they are. So, child, early, and forced marriage is something that all know about without talking about it.

A situation where information is followed by inaction leads to a kind of “unity” that produces an “**area of irresponsibility**” justified by respect to family decisions and not intervening in the private sphere. This points to the importance of efforts to make everyone aware of their reporting responsibility while being protected from possible consequences of this reporting.

“One point must be made clear: **You are not the decision-making authority; you just have your responsibility.** You have the responsibility of reporting, and your neighbour has the same; if you come across a case of violence, you must report it. This is your duty, and people must be made clear about this. **The law must be clearer and firm in this respect, but how it can be made so? I don’t know**”
(SOCIAL WORKER)

It may be useful to develop such practices as a “green detector”⁵⁰

Reporting responsibility rests not only with service providers but also with ordinary citizens. Interventions done after child marriage create many ethical/moral obligations and problems. The crucial point is to perform these interventions before marriage takes place. Yet, both ordinary citizens and service providers presently have worries and safety concerns about using reporting mechanisms. The green detector is a system developed by the Green Crescent Society which keeps the identity of the reporter confidential. It may be useful to develop a similar system.

⁵⁰ The practice of the mobile Green Detector consists of a series of activities carried out jointly by the Ministry of Health and Istanbul Directorate of Health. These activities are carried out in coordination with field teams under the Directorate of Health inspecting the use of tobacco products in indoor spaces. <https://www.yesilay.org.tr/tr/kurumsal-projeler/yesil-dedektor-uygulamasi>

“Yes, he first considers what will happen to him instead of the violence reported. He does not think about the victim but himself: **“What will happen to me if I report?”**”
(SOCIAL WORKER)

“There are many cases, and **perhaps they see these as unsolvable.** They say, ‘Don’t report...’”
(SOCIAL WORKER)

Nothing new is needed; it will be sufficient to operate existing mechanisms!

Among service providers, social workers and psychologists in particular think there is no need to come up with something new. According to them, given the decisions taken and legislative arrangements in the system, there is nothing missing at the theoretical level; the problem is related to actually operating these mechanisms and systems. As in the case of violence against women, there are mechanisms to prevent this violence, but service providers, instead of using these mechanisms, may act according to their perspectives, their own conceptions of family, childhood, and manhood. **So, they say, it is this point that must be touched and changed. In this respect, there is a sufficient arrangement at both the international and domestic levels. For an effective struggle, the point is to create and strengthen sensitivity about the child, who must be considered a child, and how marriage will affect their life.**



"I think it is not related to authorization. What actually matters here is sensitivity. **I mean, there is need for building child-sensitivity throughout the country.** Otherwise, there is a system that is at least theoretically functional. If it is not working, it is because people do not make it work. Security personnel do not take the action they are supposed to. Isn't it the same in the case of violence against women? A victimized woman goes to the police station, and the police try to reconcile the parties. Instead of doing what must be done, they send the woman back home. I mean there is actually a system that can work, but it is not really operated, in this case, for sensitivity about protecting the family."

(CSO WORKER)

Municipalities have to be more active

Municipalities must be activated in relation to child, early, and forced marriages in terms of their preventive and rehabilitative work. In fact, municipalities must have deep knowledge about their locality and local dynamics and characteristics to make their plans accordingly with due accounting of local sensitivities.

"One must see the point that some services and facilities have to be made a part of the basic responsibilities of municipalities. The existing legislation allows for this. For example, municipalities with population exceeding 100,000 can open women's shelters. But there is no sanction if it does not, and there is no supervision regarding whether they have such shelters. The municipality with a women's shelter does not enjoy any budget support for this from the Ministry of Family and Social Policies. Municipal election campaigns are mostly

built on what is visible, and these shelters do not suggest this advantage. You cannot run an election campaign on the trauma of women accepted by shelters. So, it does not seem rational to many municipalities to allocate a budget for such initiatives. In the final analysis, there are matters **left to the conscience of persons, elected leaders, and so on.** That's why something serious needs to be done about it."

(PSYCHOLOGIST)

Decision makers must explicitly accept that there is a problem

It is critical to present and recognize child, early, and forced marriages as a social problem. Instead of stuffing the issue in a multi-layered area characterised by traditions, culture, religion, poverty, disempowerment, etc. and declaring it as "unsolvable", it is necessary to call it a problem and develop trust in the soluble nature of social problems. It is also mentioned that decision makers in some provinces who are supposed to solve the problem tend to hide it instead. It is, therefore, also necessary to understand that it would be of no use to cover up or ignore any social problem.

"It must be first accepted that this is a problem, it must be said that what we face today is a problem fuelled by gender inequality, and relevant action must be taken accordingly."

(PSYCHOLOGIST)

"There are many of them in some of our districts. Unfortunately, some official authorities do not admit this. **They cover cases up with the motive of avoiding any bad mention of their localities.** There are also religious marriages with an older uncle or grandfather, which we call incest. This is a form of early marriage, and they are kept covered up."

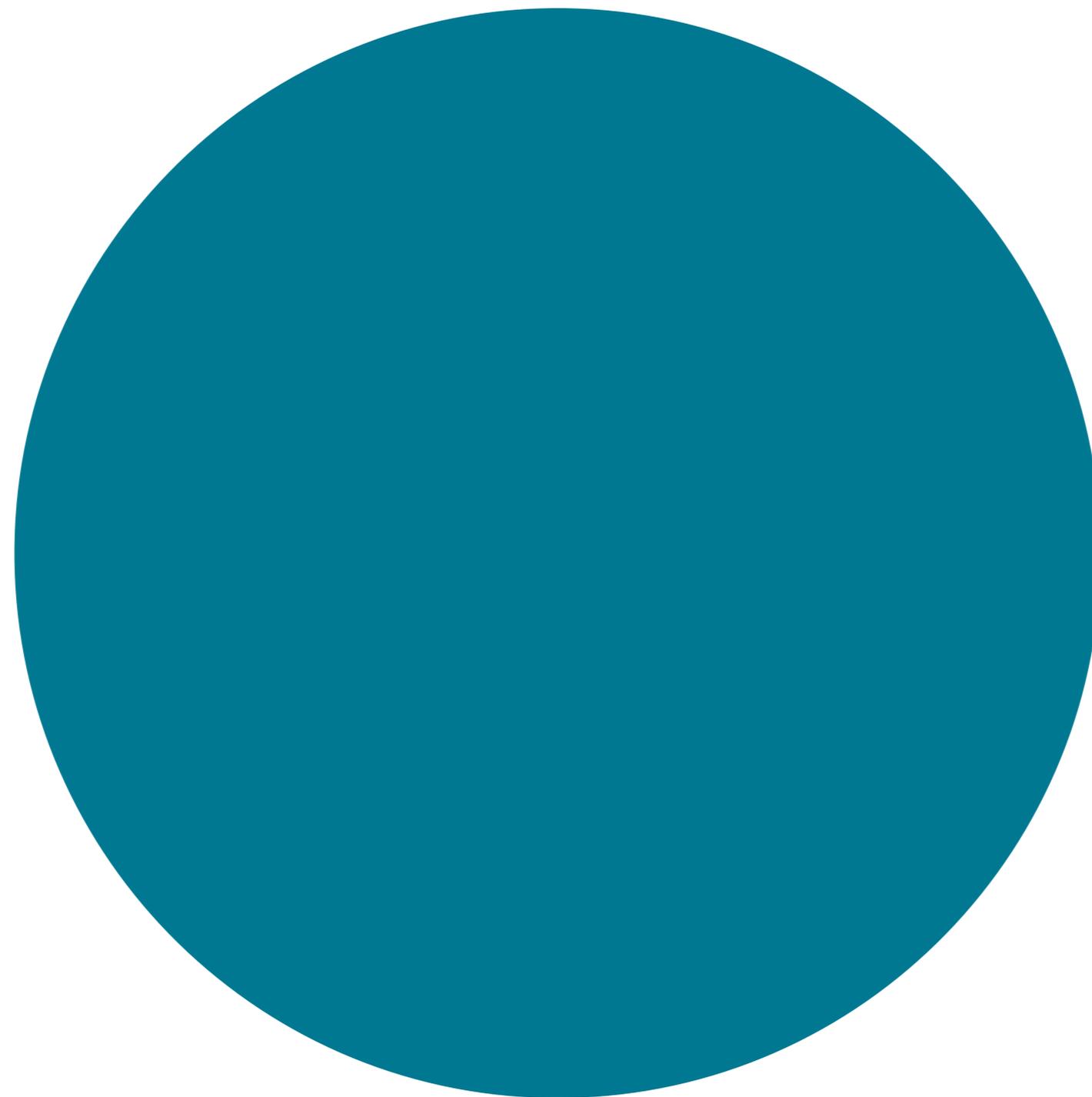
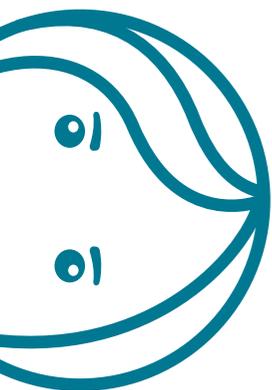
(LAWYER)

"...of course, **there is a need to carry out awareness-raising work** for security personnel, for those implementing social policies, and other relevant units. **I think it is beyond awareness,** there must be sensitivity building as well. Correct action requires increased awareness and sensitivity."

(CSO WORKER)

"Behind differing actions of institutions and authorities, we find varying levels of information. There are cases when they do not know what action to take. When they know, **they may take the initiative of not doing it.**"

(CSO WORKER)



D. DISCUSSION
AND CONCLUSION



DISCUSSION AND CONCLUSION

The present study targeting a detailed analysis of risks and consequences associated with child, early, and forced marriages resulted in the collection of quite rich data. This section evaluates opinions, experiences, and suggestions of service providers from different regions, institutions, and fields of expertise and some important conclusions pointed out in the advisory meeting.

Significant conclusions pointed out are as follows:

Causes

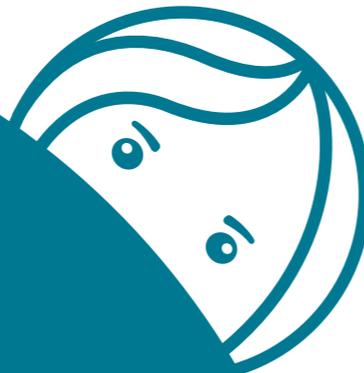
- Child, early, and forced marriages are related to family poverty.
- It gets easier when life in rural environments or disadvantaged parts of urban centres is combined with family poverty.
- In families subsisting on agriculture, consanguineous marriage and the need for child labour may encourage child, early, and forced marriages.
- Child, early, and forced marriages are closely associated with not being in school. Not being in school, in turn, has many familial, environmental, and school-related reasons.
- Child, early, and forced marriages are cases that close contacts know well but pretend to be unaware of in many cases.
- Child, early, and forced marriage is a social problem that mainly affects girls.
- Child, early, and forced marriages vary by regions and localities.
- Child, early, and forced marriages emerge when the family, social services, health and justice systems are involved if the relevant systems fail to maintain the best interest of the child.

Health Risks and Consequences

- Child, early, and forced marriages cause vital health risks and negative health consequences.
- Child, early, and forced marriages generate unhealthy situations since the child is not “anatomically, physiologically, psychologically, or socially ready”.
- Child, early, and forced marriages lead to heavy depression by making the period of adolescence, which is already difficult, even more problematic.
- Child, early, and forced marriage may lead to maternal and child mortality or shorten the lifespan of both the mother and her child.
- With higher fertility and shorter birth intervals, there is a higher risk of anaemia, miscarriage, infection, and cancer. Early onset of sexual activity increases the risk of cervical cancer and sexually transmitted diseases.
- The life quality of parents and the child is lowered.
- It increases the burden of disease.
- It increases the incidence of sexual dysfunction and an unhealthy sexual life.

Consequences

- Child, early, and forced marriages constitute a human rights violation.
- Child, early, and forced marriages constitute a severe case of violence.
- Child, early, and forced marriage is a crime.
- Child, early, and forced marriages deepen and reproduce gender inequalities,
- Child, early, and forced marriages generate a “sense of worthlessness” on the part of girls.



1. IT MARKS A MULTI-FACTOR SOCIAL PROBLEM

CEFM is a social problem. Factors that cause this problem are also social. Due to the very nature of society, no social problem can be reduced to a single causality. In other words, the problem of child, early, and forced marriage is a multi-factor one.

Who marries their children off early? To respond to this question, it may be better to first ask the question, who does not? What is suggested by existing literature and confirmed by the findings of this study is that child marriages are very rarely or never seen among urban/educated families who attach importance to the education of their children and keep them in school. The period of childhood and participation in school is longer in urban, middle class families in which the psychological value attached to the child is a determining factor. These families place the child at the centre, and his/her preparation for adulthood and best interests are considered essential. The outcomes of all studies in the world and in Turkey, including the present one, show that the problem of CEFM becomes more pronounced when moving from urban to rural settings, from males to females, and from rich to poor. The climate normalizing CEFM is reproduced through the use of child labour, children's lack of access to education or shortened participation, large families living in poverty, and gender ideology that determines the value attached to the girl child. This climate refers the marriage of children who must be protected, educated, and prepared for the future to culture, traditions, and the concept of "honour" and thus avoids responsibility. The family does not or cannot fulfil the duty of taking care of and protecting the child; educational institutions do not effectively track children who leave the education system early, this is still considered an unsolvable issue as health workers are concerned about child's safety and security and they don't want to take an additional risk

of secondary abuse/neglect of the child. Justice system may prioritize family and family of and therefore, it is not always possible to preserve the principle of the best interest of the child. The related institutions and stakeholders may not be influential and child marriages, one of the most severe forms of neglect and abuse, continue to occur.

2. IT ENTAILS A VITAL HEALTH RISKS

"Pregnancy" is the most important health risk associated with child, early, and forced marriage. This is so because girls under a certain age have incomplete anatomic, physiological, and psychological development.

In childhood pregnancies, girls are not ready to have a healthy pregnancy process in terms of biological and mental aspects, give birth and take care of the newborn; which will bring along the related risks and problems. The most terrifying consequences of these risks are that maternal and infant deaths and complications are higher in this age group compared to expectant mothers between the age of 20-29. Skeletal and muscle system development in adolescents is not yet complete and has not reached the adults' level. Therefore, some complications may occur during delivery which can be quite difficult. In addition, the rate of anemia, premature and/or abort delivery, high blood pressure during pregnancy and C-section delivery is higher in child mothers.

Another risk in adolescent pregnancies is newborn and infant deaths. The frequency of low birthweight and abort births is higher in childhood pregnancies. If a baby is born with less weight than s/he should be, they can develop many health problems. These health problems may result in the development of certain diseases such as mental retardation and epilepsy in the future.

Early marriage can easily turn into high-risk pregnancy since married girls are mostly unaware of contraceptive methods and are generally expected to have a child soon. Health

service providers also consider pregnancies under age 18 "high-risk", which is noted in the title of the reporting form prepared by the Ministry of Health. Risks other than pregnancy, for example psychological and sexual health risks associated with child marriage, cannot be detected in absence of pregnancy and associated with early marriage.

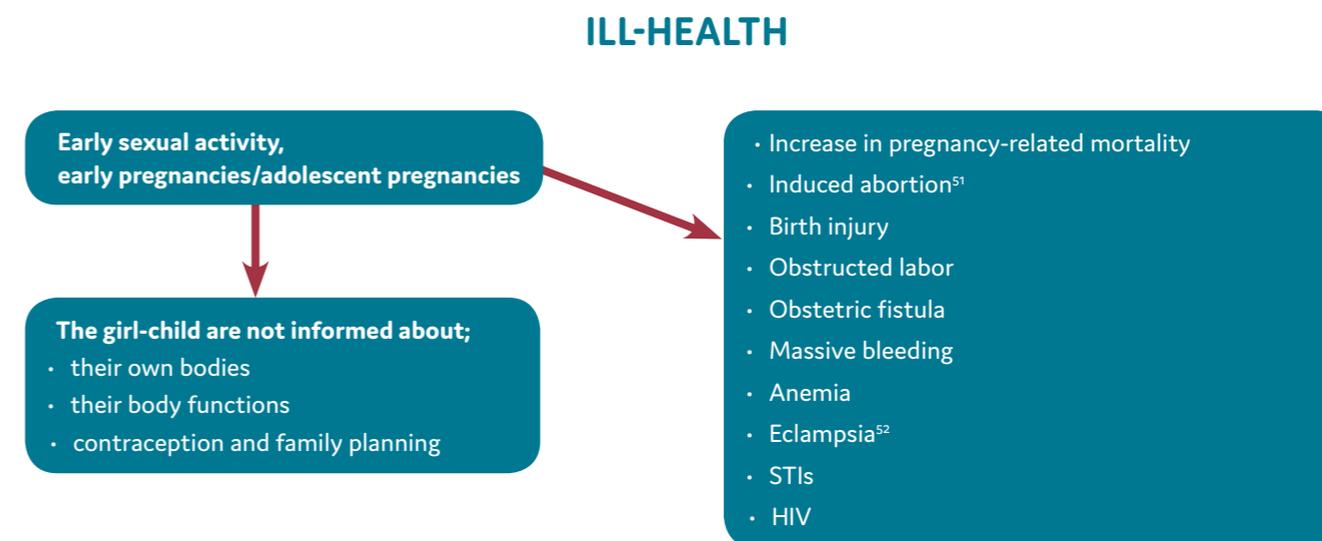
When pregnant women who are under 18 and have informal marriage apply to a health institution or organization, law enforcement or judicial units are notified if they are under 15. On the other hand, those who are 15 yet still under 18 are usually reported if there is any sign of violence, threat, deception or intervention against their will.

In most cases, there is no reporting if there is no pregnancy due to various reasons, including workload, safety concerns,

considering cases as "too late to intervene", and worries about making life even more difficult for the married girl by reporting. Meanwhile, all service providers accept that child, early, and forced marriages bring serious health risks and consequences. However, since their visits to health services are mostly for pregnancy, it is considered to be "too late," curbing the motive for taking initiative and reporting.

It seems that, in order to ensure that a child who married off benefits from an effective protective intervention, the health professionals must be willing to report the case to child protection authorities, the reporting obligation must be regulated in a way to cover all children below the age of 18 and be clear enough to avoid any confusion and the post-reporting process must run smoothly to ensure the safety and security of the child.

Figure 3: Health Risks that CEFM Leads



⁵¹ **Induced abortion:** It is the termination of pregnancy with an intervention. Induced abortion can be performed in safe medical environments that comply with laws and health rules, as well as outside the health system.

⁵² **Eclampsia:** It is the advanced stage of preeclampsia. A serious condition of pregnant women at the end of pregnancy, caused by toxemia, in which the woman has high blood pressure and may go into a coma.

The condition reached upon pregnancy is seen as “too late” and leads to inactivity due to worries about increasing health risks associated with measures that may threaten the life of a young girl. Health service providers may also remain inactive in order to protect the pregnant girls and to conduct follow ups. This is because of the possibility that married girls may avoid health facilities for fear of intervention, which may make their pregnancies even more risky. Going deep into root causes and ensuring avoidance of pregnancy is therefore attached more importance accompanied by relevant protective and preventive measures. Service providers regard avoidance of a situation where their professional, ethical, and moral values and norms may clash as the first step to take.

Health service providers in particular think it may be quite effective in combating child, early, and forced marriages to put the stress on health risks and negative health consequences. It is considered that no one would push his/her child to death if associated risks are explained fully and well. Health must be used effectively as an issue that has the potential for creating common ground. In this context, the negative impact of early marriages on health must be taken into consideration in terms of maternal and baby health and it must be effectively and continuously reminded that pregnancy and birth related mortality risk of those who get pregnant before 18 significantly increases compared to those in their 20s, and the risk of miscarriage, stillbirth and infant mortality is much higher. The level of awareness can be raised by stressing the possibility of maternal and infant mortality and other health problems if young pregnancies are delivered in unsanitary circumstances due to fear of penal sanctions. Health risks and consequences must be used as the most important tool that does not lead to a clash of values.

3. EXISTING MECHANISMS

Child Monitoring Centres: The presence of Child Monitoring Centres (CMC) in hospitals/institutions under the Ministry of Health and their coordination by the Ministry means there is a mechanism to protect children under age 18. Meanwhile, the effective protection of children by these centres depends on effective functioning of reporting mechanisms. As stated by service providers, however, only the tip of the iceberg is known, and services can be extended to few children since reporting and informing mechanisms do not work effectively. It must be added here that CMCs are well equipped, have trained personnel, and are capable of delivering effective services in cases that are able to reach them.



Legal Obligation to Report: It is against the law not to report a crime to authorities. Reporting of such cases is the responsibility of all. It is probable that many persons, businesses (hairdresser, wedding hall, etc.), and even institutions (religious centres, school, hospital, court, etc.) have information about a case of child marriage. Yet, there is no reporting at all or very rarely. The effectiveness of reporting mechanisms is curbed by various factors, including the belief that the problem cannot be solved, an absence of mechanisms to protect those who report, the presence of actors that do not regard CEFM as a problem, and ideas that the child is “owned” by her family and thus regarding any disposal by the family as “normal”.

Existing legislative arrangements also lead to confusion and leave the age range of 15-18 as a “grey area”. This grey area leaves service providers undecided and inactive, which leads to some de facto situations, further problematizing the issue.

Considering the risks on the health professionals and the child due to entailing the health professionals to determine whether an incident the child has been exposed to constitutes an offense, the reporting obligation must be revised in a way to cover all children below the age of 18 and reporting procedures must be regulated clear enough to avoid any doubts or concerns.

4. WHAT NEEDS TO BE DONE FOR PREVENTION

Quality and sustainable education for all children focusing on girls in particular

It is clear that pursuance of economic and social policies geared to keeping girls in school longer are necessary to prevent their early marriage. Besides establishing their recognition as children by society and delaying

their marriage, girls’ school retention is also important in the transition to adolescence and adulthood as free and autonomous individuals equipped with better understanding of their rights and capable of making their own decisions (Köroğlu, 2014). The only way to break the cycle of curtailed education and early marriage is to sustain their education. There is a need to develop mechanisms of intervention that will not allow the shaping of girls’ futures by such factors as family poverty and the need for child labour.

Quality education fine-tuned to age must include what healthy sexuality means for males and females, how to manage sexual drives, bodily changes at certain ages, etc. Both acting as if there is no sexuality and “uninformed sexual freedom” must be regarded as dangerous, and the education system must address gaps in these areas. Teaching sexuality is not the same thing as sexual freedom. In this area, there is a need to develop quality training programmes, with the assistance of health professionals, that will not lead to a clash of values.

A need to go deeper into root causes

Early and forced marriage is not an isolated problem but the outcome of the combination of many social and structural problems. Hence, policies must target the solution of fundamental social problems as the source of early marriages. In this context, it is necessary to combat poverty and develop policies to ensure quality, equal, and free education opportunities to all (Köroğlu, 2014).

One of the common findings of the present study parallel to earlier studies is the stress on poverty as one of the main causes of early marriage.

53 <https://khgmsaglikhizmetleridb.saglik.gov.tr/TR,42930/cocuk-izlem-merkezleri-hakkinda-genelge.html>

Things to do

- Bringing the legal minimum age of marriage in Turkey up to 18 for both females and males without exception,
- Monitoring marriage and birth registries,
- Promoting inter-agency cooperation,
- Building awareness among public servants,
- Monitoring girls' school attendance and support throughout their educational lives,
- Including community leaders and religious officials, and men in the process,
- Improving health literacy through family trainings,
- More effective use of printed and visual media,
- Full enforcement of existing legislative arrangements.

In addition, there is a need to go deeper into root causes of the problem, combat such fundamental problems as poverty and ignorance, and ensure sensitivity to gender equality. Beyond being a social problem in itself, child, early, and forced marriages must be addressed as a human rights violation and solved through a rights-based approach (Köroğlu, 2014). It is also necessary to recall frequently that it constitutes a "crime".

Outcomes of various studies including the present one suggest that the most important factor that produces a grey zone and confusion in relation to the 15-18 age range is "difficulties in calling the child a child." Different legal regulations or contradictory issues in the instruments

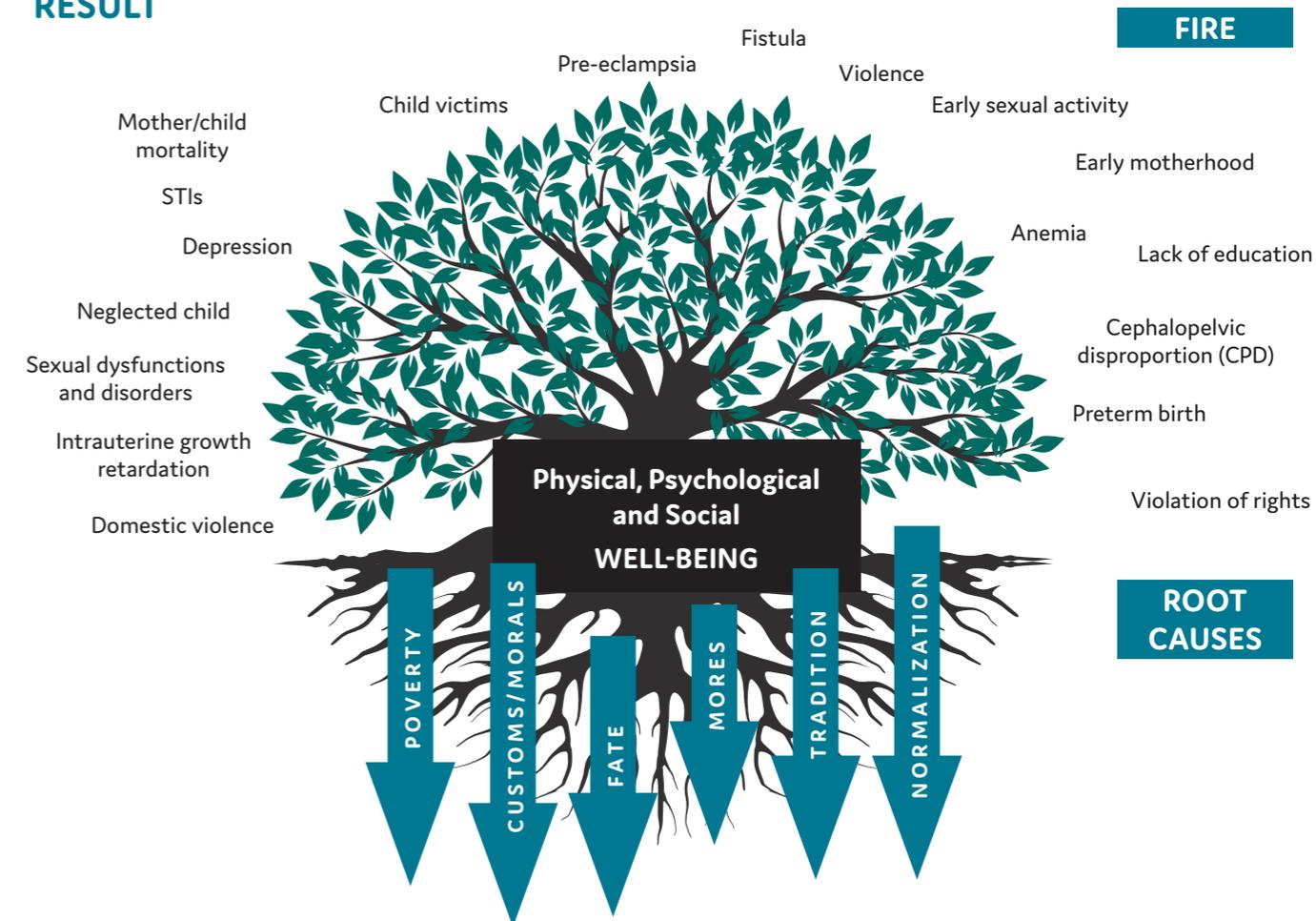
are all reflected in service provisions, making the management of this area difficult. The frequency of child marriages despite these restrictive regulations shows that there is a need for more clear and explicit legal regulations on the minimum age of marriage. One of the major recommendations in the current international instruments on this topic is that the legal minimum age of marriage must be increased to 18 without exception within the scope of efforts to prevent child, early and forced marriages (Parliamentary Assembly of the Council of Europe, 2005; United Nations High Commissioner for Human Rights "Early and Forced Marriage" Report).

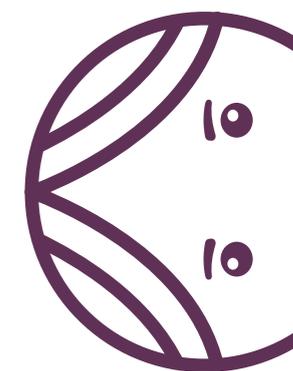
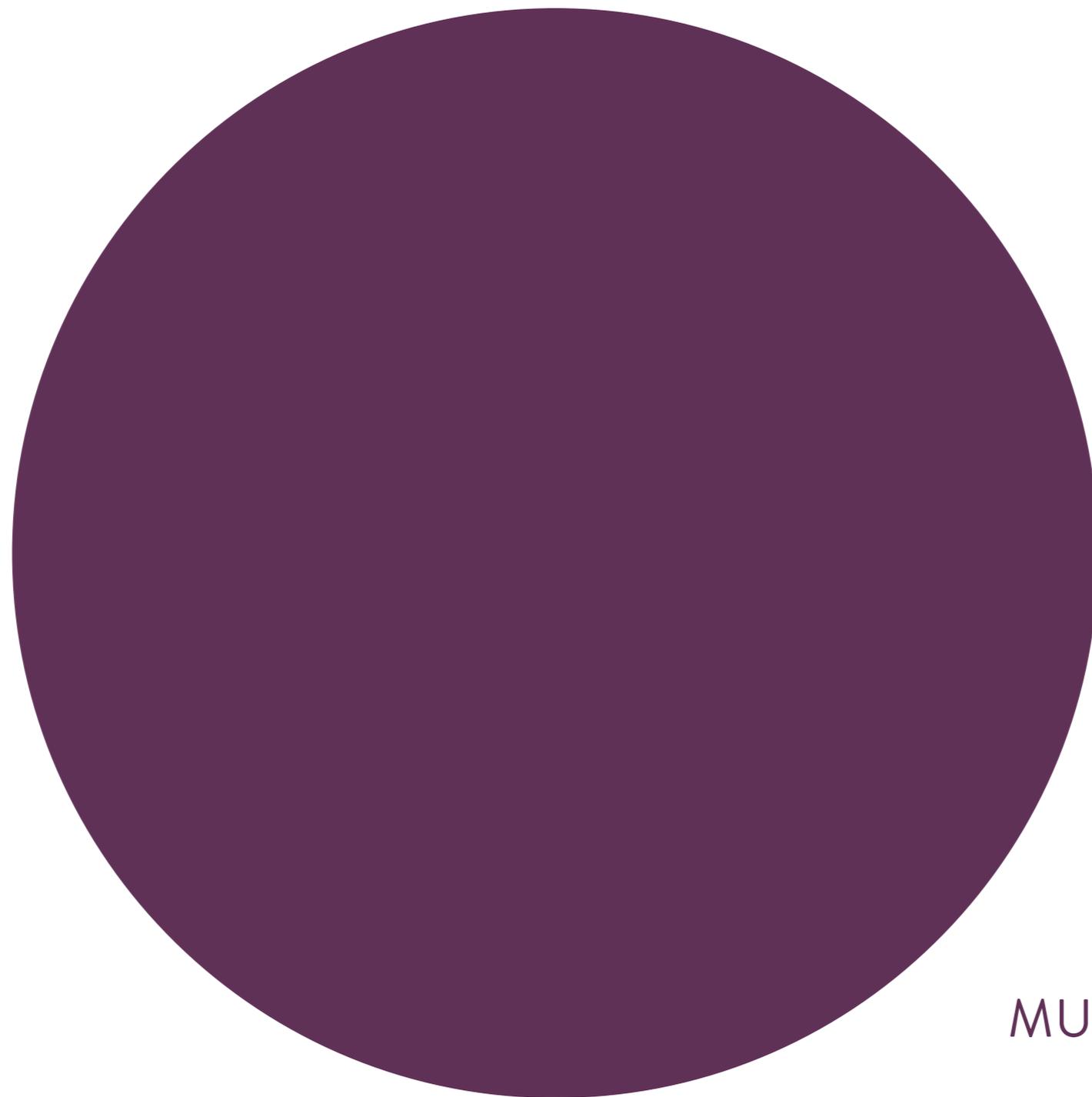
Local causes must be taken into account

Although environments giving rise to child marriages have characteristics in common, causes and dominant typologies may differ at the local level. It is important to find out the prevailing typology at the local level and how it sustains itself. Hence, while underlying principles in combat work must apply nationwide, instruments of intervention must be determined at the local level in line with local priorities and with the participation of local actors.

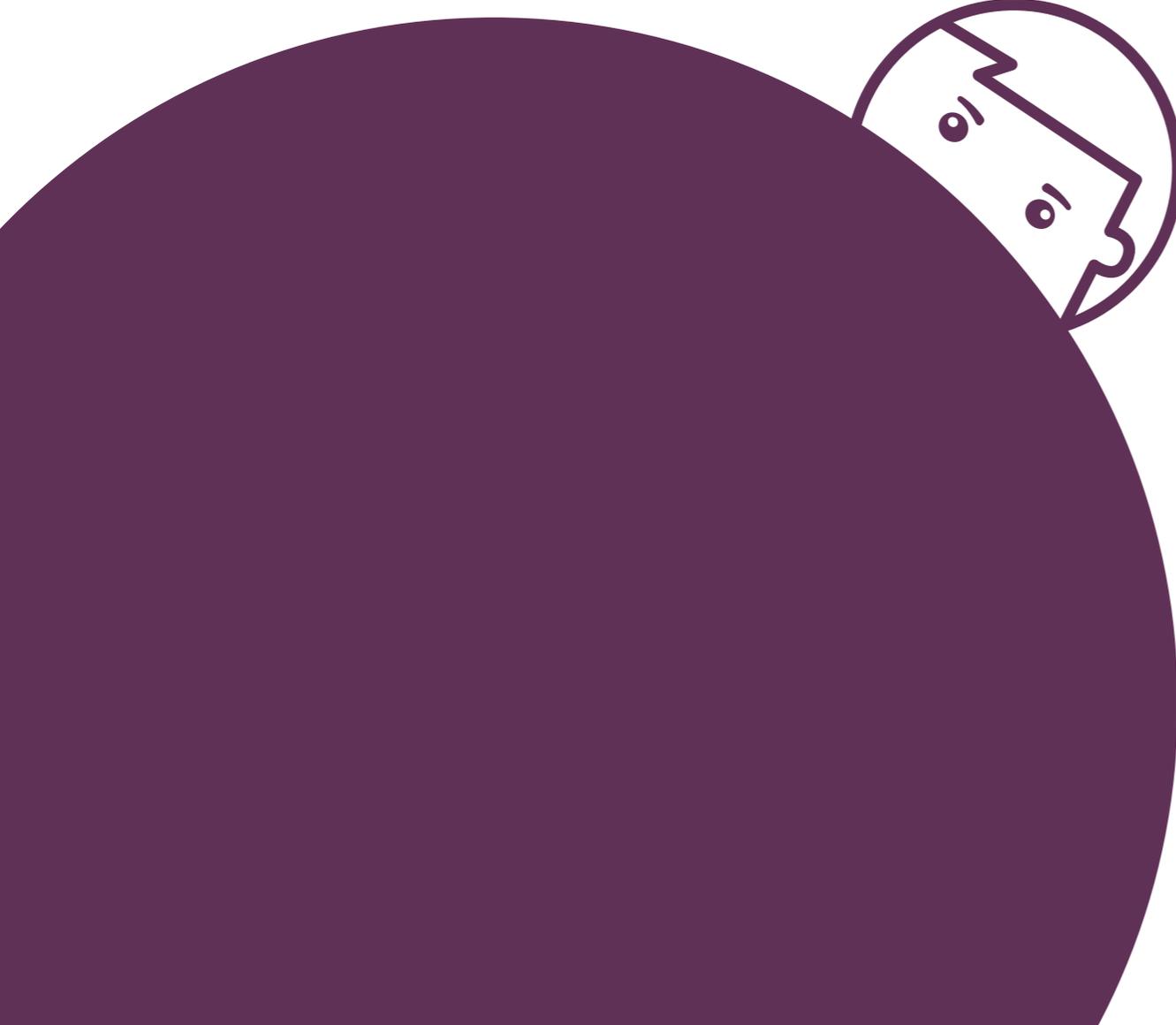
Figure 4: Root Causes and Their Consequences

RESULT





E. SUGGESTIONS FOR
MULTI-FACTOR MEASURES
AND INTERVENTIONS



Immediate outreach to vulnerable families with welfare services and assistance

When adopting measures related to child, early, and forced marriages, the first steps to take include focusing on poor families, early identification of out of school girls in particular, and addressing reasons lead to their disengagement from education.

Urgent and careful follow-up of school non-attendance

School non-attendance must be carefully monitored. In this context, school heads, classroom teachers, and guidance counsellors must act together, and a system must be in place that is not confined to just reporting non-attendance but also follows up on such cases.

Urgently ensuring that 12 years of uninterrupted education actually takes place in schools

Participation in 12 years of schooling must be actively monitored. Given that girls in particular discontinue during the last 4 years and open high school preferences must be rearranged. This is also necessary to lower the rate of NEET (**Youth Not in Employment, Education or Training**), which is high in Turkey.

It must be explicitly stated: "It is a violation of human rights and legislation and both constitute a crime."

There is a need for a change in mentality to ensure that the problem of child, early, and forced marriage is not merely marked as a "traditional/cultural" phenomenon but recognized as a violation of the human rights guaranteed by many national and international instruments. In order for tradition and culture to change and transform, it is a must to conduct a consistent, determined and decisive struggle. Building trust in a society is possible only if you

discover a way that is based on common values and has no communication accidents. In this regard, NGOs, universities, service providers and policy makers should act together.

There is an urgent need to develop consistent legal and social language

The regulations in Civil Code on the age of marriage and the age criteria adopted in Penal Code regulations on sexual offenses are different and such differences create a gray area in terms of protecting the children against sexual abuse and early age marriages. Different legal regulations or contradictions in the texts are reflected in the service provision rendering the management of this field more difficult. Effective and sustainable policies cannot be developed to prevent child marriage (Diren, as cited in Ova, 2014). Therefore, advocacy activities must be conducted for a single definition of 'child' to eliminate such confusions and avoid any gray areas to cause different interpretations in practice.

There is a need to demand immediate prevention, saying, "We all know and shall not remain silent."

CEFM occurs in public. Therefore, it is necessary to carry out an advocacy work that can say "We all saw that, we were all there and now we object". Parents, relatives, mukhtars, teacher, hairdressers, florists and wedding hall owners, participants in that wedding, opinion leaders, religious leaders, health and social service providers should be able to say that "We all take part in this crime as we pretend that it never happened yet we all knew what was going on. That's it, we will not take part in this crime anymore."

There is a need to transform the value of the child

There is a need to stress more that the girl child is not an economic burden but a social "value". Parents must be trained



in child rearing, and this work must be made systematic and institutional throughout the country. There must be public campaigns, and relevant sanctions must be enforced (Yüksel and Yüksel, 2014).

There is a need to establish a standard reporting mechanism

There must be a standard and efficient reporting mechanism that does not change for individuals, institutions, and regions. Particularly in health service delivery, there must be a standard procedure to be followed by local health managers and cases of child, early, and forced marriage must be reported.

There is a need for a system that protects those who report the cases

There must be a safe reporting system protective of health service providers in particular. This protection is essential for medical doctors and relevant health service providers to work in safety and operate reporting mechanisms.

Neither sexual freedom nor denial of sexuality

Everyone should have access to informative trainings that will explain physiological and psychological changes that occur during adolescence and highlight the fact that these changes do not mean that you become an “adult” now. The management of sexuality is not the denial of sexuality or marrying off children. Adolescent health trainings to be organized must be comprehensive, scientific, free from conflict of value, emphasizing partnership and age-appropriate.

At the end of the study, the importance of inter-agency cooperation became clearer in developing a more effective method of combating the problem. Meanwhile, this cooperation requires the fulfilment of respective institutional responsibilities. In the light of findings of the present study,

it is useful to summarize the respective responsibilities of institutions for effective prevention work.

Taking account of opinions stated by the 83 service providers interviewed in this study, the institutional structures that should be absolutely and basically the activities that should be carried out are as follows.

Education Sector

- The indirect effects of educational institution are quite high in combating CEFM. Keeping children in school is the most effective tool to prevent early marriage.
- There must be a system for actively monitoring school non-attendance.
- There is a need to collect information about school dropouts, reasons behind them, and where children are after dropping out.
- There is need to investigate why girls in particular prefer to transfer to open high school for the last four years of 12 years of compulsory education and to make it difficult to transfer from formal education to open high school.
- There is a need to strengthen guidance units in schools. These units are essential in following up on children and providing safe environments that children can access. Also necessary in this context is informing psychologists and guidance counsellors about CEFM and strengthening support mechanisms.
- Upon the support of the Ministry of Health and protocols to be enacted, age-appropriate adolescent development and health courses must be included in school curricula and made a part of general education.

Health Sector

- All provincial health service providers should notify CEFM to a common authority through a common channel, it should be immediately referred to the law enforcement

management to be decided by provincial or district health administrators and the responsibility and implementation must be given to provincial, district or hospital health management instead of the health service providers.

- There must be a regulation and circular in compliance with the law to inform health service providers without leaving any ambiguity.
- Extending legal support to health service providers and the sharing of responsibility by health service providers and lawyers is crucial.
- Phasing in youth-friendly service units for CEFM and adolescent pregnancies is needed.
- In underage pregnancies, there must be arrangements to avoid delay and the child’s victimization in referrals from child polyclinics to maternity polyclinics.
- There must be standards set in compliance with children’s rights in relation to “reports and opinions on fitness with respect to health” which may be requested by courts in relation to CEFM, and there must be a protocol with the Ministry of Justice (MoJ) if necessary.
- Apart from pregnancy, there must be programmes for follow-up and support in cases of CEFM, and there must be continuous availability of services related to high-risk pregnancies.
- When necessary and upon request, abortion services must be available and accessible.

Justice Sector

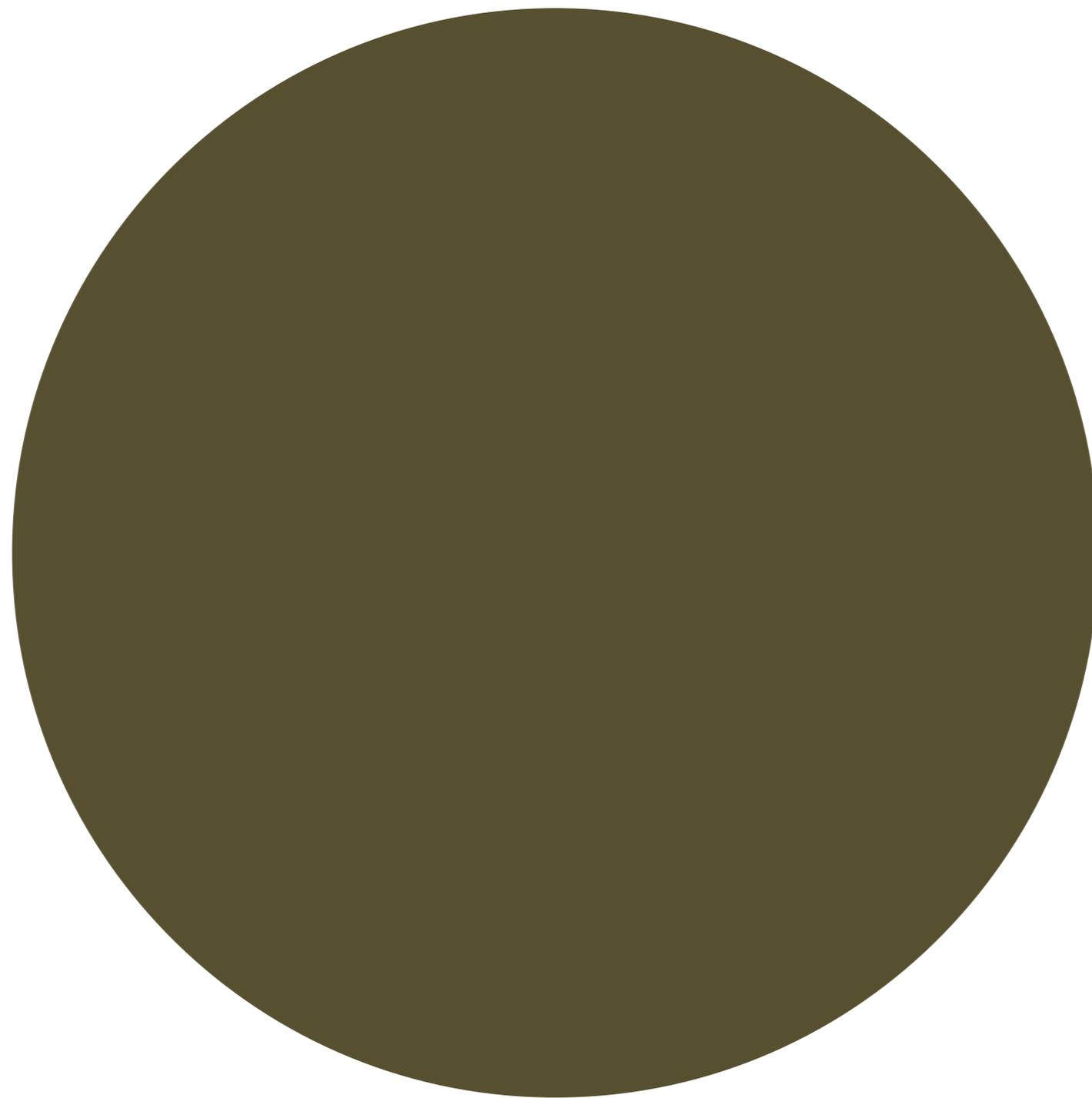
- A mechanism must be developed for health service providers in CEFM and especially for primary health care personnel so that reporting activities will be facilitated and those who report the incident/case can be protected. The identity of the official who report the incident through the assignment of special personnel must be confidential from perpetrators.

- In cooperation with Ministry of Health; law enforcement and judicial personnel should be trained on health risks and CEFM consequences.
- Judiciary personnel must be trained in CEFM-related health risks and consequences in cooperation with MoH, and the cooperation of judiciary personnel must be ensured so as to give priority to the best interests of the child, including his/her health, through an information, education, and communication guide.
- In cases of CEFM that are allowed in extraordinary cases as specified by law, health protection measures must be made compulsory until the child concerned reaches age 18, and these health protection measures must be specified (i.e. periodic check-ups, counselling, provision of specific services without charge).
- Public service providers engaged in CEFM reporting in judiciary processes can be accorded protection and anonymity. Instead of their full names, their registration or diploma numbers may be used as in the case of judges and prosecutors.

Social Services Sector

- Children identified as at risk of CEFM during service delivery and investigation reports must be shared with relevant health institutions and services must be provided to conduct prevention and protection work together (early warning approach).
- Postnatal contraception methods and services must be included in service procurement packages for maternity services under General Health Insurance (GHI), whether public or private.
- Different sanctions including restriction on service procurement contracts within the scope of General Health Insurance can be imposed on private health institutions that do not report CEFM cases.





F. APPENDIX



APPENDIX 1

INTERVIEW FORM

1.1 Interview Form for Health Workers

This interview form will be used for health services providers, including doctors, midwives, nurses, psychologists, and psychiatrists.

General Introduction

- Firstly, can you introduce yourself?
- How long have you been in this profession?
- How long have you been working in this province?
- Considering your career as a professional, what do you think about the prevalence of child, early, and forced marriage in our country?
- Given your time in this city, is there something different and unique about this place? Does prevalence differ with respect to rural/urban distinction, family size, poverty, ethnic group, or specific administrative districts/villages?
- Can you give a percentage about the prevalence?
- Based on your own observations and professional experience, can you say whether cases of child, early, and forced marriages have declined or increased in recent years?
- What could be the reasons behind this change?

Causes of child, early and forced marriage

- Can you tell us about the root causes of early and forced child marriages? **(As a facilitator, the interviewer may, if needed, pose additional questions on points related to social, economic, cultural, psychological, and religious causes and problems related to gender inequality)**

- As far as families are concerned, which characteristics may be related to child, early, and forced marriage? **(If needed, the interviewer may pose facilitating questions related to the economic and educational status of the family, number of children, causes related to migration and ethnicity, and the value attached to the child)**

Consequences of child, early, and forced marriage

- Do you think child, early, and forced marriage could have positive outcomes? If yes, what?
- Do you think child, early, and forced marriage could have negative outcomes? If yes, what?

Health consequences of child, early and forced marriage

- In relation to the health consequences of child, early, and forced marriage, what is your experience from your routine course of work?
- Can you assess the health consequences of child, early, and forced marriage?
 - On the basis of your knowledge?
 - On the basis of your experience?
 - On the basis of groups to which you provide services?
- What are the consequences and effects of child, early, and forced marriage on health status?
 - Overall health
 - Sexual and reproductive health
 - Mental/emotional health





- Do these differ between men and women? If yes, how so?
- How can child, early, and forced marriage affect the health status of a young mother and her child?
 - Maternal health
 - Newborn health
 - Children's health
- At present, are there any women among those receiving your services who have health problems related to child marriage? If yes, what are their complaints?
- Are there any workflow procedures, instructions, and/or protocols in your institution related to cases of child marriage?
- Which steps do you follow when facing a case of child marriage?
- What kind of difficulties do you face when managing a case of child marriage?
- During your education, professional life, and volunteer activities, if any:
 - Before starting your professional career, did you take part in training programmes on this issue? If yes, what were they?
 - Did you attend any in-service training on this issue after starting your professional career? If yes, which institution organized that training? Which topics did it cover? How did this training affect your routine work?

- Are there any cases of early and forced child marriage in your family or among your relatives?
 - If yes, has the person concerned faced any negative health consequences?
 - What were these problems?
 - Where did they receive services for these problems?
 - To what extent was the fact of early marriage taken into account by service providers while services were being delivered?

What can be done to prevent negative health consequences of child, early, and forced marriage?

- When did you first realize that early and forced child marriage constitutes a problem?
- Do health service providers have a role in preventing such marriages? Should they? If yes, what kind of role could it be?
- Do health institutions have a role in preventing such marriages? Should they? If yes, what kind of role could it be?
- Personally, have you done anything to prevent early and forced child marriages? What are you doing now?
- What are your specific suggestions in the field of health for combating child marriages?
- What can be done to inform and raise awareness concerning negative health consequences of child marriage among the following:
 - Decision makers?
 - Opinion leaders?
 - Parents?
 - Society in general?

1.2 Interview Form for Professionals Other Than Health Workers

This interview form will be used for professionals other than health workers, including guidance counsellors and social workers.

General Introduction

- Firstly, can you introduce yourself?
- How long have you been in this profession?
- How long have you been working in this province?
- Considering your professional life as a whole, what do you think about the prevalence of child, early, and forced marriage in our country?
- Given your time of service in this city, is there something different and unique about this place? Does prevalence differ with respect to a rural/urban distinction, family size, poverty, ethnic group, or specific administrative districts/villages?
- Can you give a percentage about the prevalence?
- Based on your own observations and professional experience, can you say whether cases of child, early, and forced marriages have declined or increased in recent years?
- What could be the reasons behind this change?

Causes of child, early, and forced marriage

- Can you tell us about the root causes of early and forced child marriages? **(As a facilitator, the interviewer may, if needed, pose as additional questions on points related to social, economic, cultural, psychological, and religious causes and problems related to gender inequality)**

- As far as families are concerned, which characteristics may be related to child, early, and forced marriage? **(If needed, the interviewer may pose facilitating questions related to the economic and educational status of the family, number of children, causes related to migration and ethnicity, and value attached to the child)**

Consequences of child, early, and forced marriage

- Can child, early, and forced marriage have positive outcomes? If yes, what are they?
- Can child, early, and forced marriage have negative outcomes? If yes, what are they?
- How does child, early, and forced marriage affect a person's attendance and performance in school? Does it differ for female and male students? If yes, can you describe these differences?
- How does early and forced child marriage affect a person's ability to work and build a career?
- Do you have any information about the health consequences of child marriage? If yes, what are these consequences? How and where did you obtain this information?

Encountering cases of child, early, and forced marriage

- If a girl attending school is married, what course does school management follow? What can school management do and not do in this regard?
- If a boy attending school is married, what course does school management follow? What can school management do and not do in this regard?
- Are there any workflow procedures, instructions, and/or protocols in your institution related to cases of child marriage? Should there be?



Preventing child, early, and forced marriage

- Do you think schools have roles to play in preventing early and forced marriages?
- What are your specific suggestions in the field of education for combating child marriage?

1.3 Interview Form for Lawyers, CMC Workers, and Security Forces (Police, Gendarme)

General Introduction

- Firstly, can you introduce yourself?
- How long have you been in this profession?
- How long have you been working in this city province?
- Considering your professional life as a whole, what do you think about the prevalence of child, early, and forced marriages in our country?
- Given your time of service in this province, is there something different and unique about this place? Does prevalence differ with respect to the rural/urban distinction, family size, poverty, ethnic group, or specific administrative districts/villages?
- Can you give a percentage about the prevalence?
- Based on your own observations and professional experience, can you say whether cases of child, early and forced marriages have declined or increased in recent years?
- Based on your own experience, what could be the reasons behind this change?

Causes of child, early, and forced marriage

- Can you tell us about the root causes of early and forced child marriage? **(As a facilitator, the interviewer may, if needed, pose as additional questions on points related to social, economic, cultural, psychological, and religious causes and problems related to gender inequality)**
- As far as families are concerned, which characteristics may be related to child, early, and forced marriage? **(If needed, the interviewer may pose facilitating questions related to the economic and educational status of the family, number of children, causes related to migration and ethnicity, and value attached to the child)**
- Are cases of abduction common in this region? In which groups it is more common, and how it is eventually concluded? (i.e. remains within families, ends in wedlock, referred to the judiciary, etc.)

Consequences of child, early, and forced marriage

- Can child, early and forced marriage have positive outcomes? If yes, what are they?
- Can child, early and forced marriage have negative outcomes? If yes, what are they?
- Do you have any information about the health consequences of child marriage? If yes, what are they? Where did you get this information?

Present status of legislation and its enforcement

- Is relevant legislation sufficient?
- What kind of difficulties are there?

- Is there any case that has come to the fore with a health consequences and you have achieved something? What did you do?
- What was the health problem that came to the fore? To what extent was child marriage taken into account in the process of accessing health services and recovery/treatment? Can you share your observations/experiences?

Preventing child, early, and forced marriage

- What must be done to prevent child, early, and forced marriage?
- What can be done to make existing arrangements more effective?
- What can be done for raising awareness related to health consequences in particular?

1.4 Interview Form for CSO Workers Focusing on the Prevention of Child, Early, and Forced Marriage

General Introduction

- Firstly, can you introduce yourself?
- How long have you been working for this CSO?
- How long have you been working in this province?
- Considering your professional life as a whole, what do you think about the prevalence of child, early and forced marriage in our country?
- Given your time of service in this province, is there something different and unique about this place? Does prevalence differ with respect to the rural/urban distinction, family size, poverty, ethnic group, or specific administrative districts/villages?

- Can you give a percentage about the prevalence?
- Based on your own observations and professional experience, can you say whether cases of child, early, and forced marriages have declined or increased in recent years?
- Based on your own experience, what could be the reasons behind this change?

Causes of child, early, and forced marriage

- Can you tell us about the root causes of early and forced child marriages? **(As a facilitator, the interviewer may, if needed, pose as additional questions on points related to social, economic, cultural, psychological, and religious causes and problems related to gender inequality)**
- As far as families are concerned, which characteristics may be related to child, early, and forced marriage? **(If needed, the interviewer may pose facilitating questions related to the economic and educational status of the family, number of children, causes related to migration and ethnicity, and value attached to the child)**
- Are cases of abduction common in this region? In which groups it is more common and, how it is eventually concluded? (i.e. remains within families, end in wedlock, referred to the judiciary, etc.)

Consequences of child, early, and forced marriage

- Can child, early, and forced marriage have positive outcomes? If yes, what are they?
- Can child, early, and forced marriage have negative outcomes? If yes, what are they?



- Do you have any information about the health consequences of child marriage? If yes, what are they? Where did you get this information?
- What kind of work do you conduct to prevent child, early, and forced marriage? What services do you offer in this area? Are you engaged in any activities related to the health dimension of the issue?

Encountering case of child, early, and forced marriage

- As a CSO, what is the frequency of encountering women who married during childhood and by force?
- What are your activities (i.e. home visits, information building, training, support in accessing services, psychosocial support, etc.)?
- How do they reach you?
- What course do you follow when you receive a report or are informed about a case of child, early, or forced marriage? What do you do? (Convincing families, reporting cases to provincial directorate of Family, Labour, and Social Services/CMC/security services/prosecutor, etc.) What are the points that you take particularly into account?
- What kind of difficulties do you face?
- What kind of justifications and arguments are the most effective when trying to convince families to give up their prior beliefs about early child marriage? **(i.e. legislation, legal sanctions, education, health, etc.)**
- Does it work in convincing families when you talk about the negative **health consequences** (with respect to maternal and child health) of child marriage? Has it, or do you think it will?
- With which institutions do you collaborate more frequently? Which institutions and persons are most supportive in your work? (i.e. local headmen, teachers,

gendarme, family practitioners, midwives, prosecutors, district or provincial governors, religious officials, etc.)

- Did you encounter any case of risk (with respect to maternal and infant health) associated with child marriage? If yes, what did you do or which course did you follow? Do you refer people to healthcare institutions? What happens when you do?
- Has there been a case that emerged due to health consequences where you achieved something? What did you do?
- What was the specific health problem that was revealed? To what extent was child marriage taken into account in the process of accessing health services and recovery/treatment? Can you share your observations/experiences?

Preventing child, early, and forced marriage

- What must be done to prevent child, early, and forced marriage?
- What can be done to make existing arrangements more effective?
- What can be done for raising awareness related to health consequences in particular?

1.5 In-depth Interview Form

This was prepared for in-depth interviews to be conducted with women in the age range of 20-25 who married while under age 18 and experienced health problems. The objective of the interview is to obtain a health-focused understanding of experiences of women who married before age 18.

Before starting each interview, the interviewer will introduce himself/herself, explain the objective of the survey, and ensure that interviews will be conducted in an atmosphere of mutual trust and sincerity.

General introduction

- Let me learn a little about you—How old are you? Where were you born? Can you tell us about your parents and siblings?
- What is your educational background? How many years of schooling did you complete? Why did you quit? Would you have liked to stay in school longer? Why?

Married life

- How old were you when you got married? How was it decided?
- What is the educational status of your spouse? What is his job?
- Where did you live when you first got married? Did you have your own home right after marriage? Did you live/are you living with your spouse's family?
- Is there an age difference between you and your spouse? If there is, did it lead to any problems? Do you think there should be an age difference between couples?

Preparedness for marriage

- Were you informed by anybody before getting married?
- Did you receive any information about marriage during your school years?
- Among your friends, radio or television, social media, family, relatives, close friends, etc., which was most informative for you about issues related to marriage?
- Was there anyone preparing, informing, or supporting you particularly in relation to the wedding night?

Health and maternity

- When was your first pregnancy (in months or years after marriage)?

- When was your first birth (in months or years after marriage)?
- How many pregnancies have you experienced? How many births?
- Have you experience any cases of miscarriage or induced abortion?
- Did you have health check-ups during your pregnancy? If yes, where?
- Where did delivery take place? Was there a birth attendant? (e.g. doctor, midwife, neighbour)
- How was the delivery? Normal or caesarean?
- Did you and your baby have any health problem after delivery? If yes, what were they?
- Did you breastfeed your child?
- Did you use any family planning method before and/or after birth? (Who used it, you or your spouse? Where did you get this service (public/private), and who informed you? Which methods?)
- Have you experienced short- or long-term problems with gynaecological problems related to pregnancy and maternity? What were they, and what was done?
- Did you think these health problems might be associated with early pregnancy/maternity? In your opinion, could this be the case?
- Was there any change in your relations with your spouse after maternity?
- Have you experienced any problems sexually?
- What do you think about acts of violence from a husband/partner? Have you ever been exposed to these? If yes, did you seek assistance? Did you take any legal course of action?



Rights

- Have you ever worked for wages? What job, for how long, and how did you use your earnings? Can you tell about it?
- What do you think about women's paid employment? (is it good, difficult, etc.?)
- Do you have the ability to decide about the education and future plans of your children (male and female)?

For the future

- Do you want your daughter or son to get married early? If you don't, what will you do about it?
- What can be done to prevent child, early, and forced marriages? With whom does the primary responsibility rest in this regard? (e.g. the state, parents, the individuals concerned)

Focus group leader:

Date, start time, and finish time:

Location:

Introduction and acquaintance

The interviewer introduces himself/herself, thanks interviewees for accepting the invitation, asks each participant to state his/her name, place of residence, age, educational background, and present employment status.

Focus group participants

NO	AGE	EDUCATION	OCCUPATION	WORKPLACE
1				
2				
3				
4				
5				
6				
7				
8				

1.6 Interview Form for Focus Group Meetings

The interview will be conducted with CSO and government workers who may have opinions, experiences, and suggestions regarding the risks and consequences of early and forced marriage in surveyed provinces. The themes in focus groups will be determined with an eye to specific dynamics in respective provinces.

The objective is to find out the causes and prevalence of early and forced marriage in the locality, whether it differs with respect to specific groups (ethnic, socioeconomic, urban/rural distinction, etc.), and to get an idea about possible solutions particular to health problems and risks through an active and dynamic group work. A further goal is to find out whether there is any province-level work on this issue, an action plan, for example, and whether the Ministry of Health is involved in such efforts.

- I want to talk with you first about what should be understood about child, early, and forced marriages: What age is too early for marriage? Does it differ for males and females?
- Considering this region and province, in particular, what can you say about early and forced child marriages? Has this practice increased or decreased in recent years?
- In this region and province, is there any village, neighbourhood, or group in which early and forced child marriage is relatively more common? If so, what might be the reasons?
- Do you have information about the health consequences and effects of such marriages? Where did you get this information?
- Have you participated in any training, seminar, or conference on this issue? If yes, which negative consequences of such marriages were particularly emphasized?
- In regard to public services delivered in this region, how can you assess their work related to the prevention of early and forced marriages and services extended to specific groups?
- In regard to civil society organizations active in this region, how can you assess their work related to the prevention of early and forced marriages and services extended to specific groups?
- What can be done to inform and raise awareness concerning negative health consequences of child marriage among the following:
 - Decision makers (central state, municipalities)
 - CSOs
 - Lawyers
 - What should be done to raise awareness in society in general?

APPENDIX 2: ADOLESCENT MONITORING CIRCULAR

T.C.
SAĞLIK BAKANLIĞI
Türkiye Halk Sağlığı Kurumu

T.C. Sağlık Bakanlığı
Türkiye Halk Sağlığı Kurumu

T.C. Sağlık Bakanlığı
Türkiye Halk Sağlığı Kurumu

T.C. Sağlık Bakanlığı
Türkiye Halk Sağlığı Kurumu

Sayı : 67414668/234.99
Konu : Form-1 Öğrenci Muayene/İzlem Formu

.....VALİLİĞİNE
(Halk Sağlığı Müdürlüğü)

Okul sağlığı; öğrencilerin, okul çalışanlarının sağlığını değerlendirilmesi, geliştirilmesi, sağlıklı okul yaşamının sağlanması ve sürdürülmesi, öğrenciye ve dolayısıyla topluma sağlık eğitiminin verilmesi için yapılan çalışmaların tümü olarak tanımlanmaktadır.

Okul Sağlığı Programı kapsamında halen Sağlık Bakanlığı ve Milli Eğitim Bakanlığının ortaklaşa yürütmekte oldukları pek çok program ve proje bulunmaktadır. Her iki Bakanlığın yapılanmalarında 2011 yılında yaşanan dönüşümün ardından, 25.09.2006 tarihinde imzalanmış olan Okul Sağlığı Hizmetleri İşbirliği Protokolü'nün güncel ihtiyaçları karşılamadığı belirlenmiş ve yenilenmesi gerekliliği hasıl olmuştur. Bu kapsamda, Protokol yenileme çalışmaları başlatılmış ve 17.05.2016 tarihinde Bakanlığımız ile T.C. Milli Eğitim Bakanlığı arasında yeni "Okul Sağlığı Hizmetleri İşbirliği Protokolü" imzalanmıştır. İlgili protokole aşağıda belirtilen linkten ulaşmak mümkündür. <http://cocukergen.thsk.saglik.gov.tr/2013-08-28-13-18-43/mevzuat.html>

25 Ocak 2013 tarihli ve 28539 sayılı Aile Hekimliği Uygulama Yönetmeliğinin 4. Maddesi, 5 Şubat 2015 tarihli ve 29258 sayılı Toplum Sağlığı Merkezi ve Bağlı Birimler Yönetmeliğinin 30. Maddesi ve yeni Okul Sağlığı Hizmetleri İşbirliği Protokolü gereğince öğrencilerin yıllık periyodik muayene/izlemlerinin kayıtlı oldukları aile hekimi tarafından yapılması gerekmektedir. Söz konusu muayene/izlem, öğrencilerin yaş özellikleri dikkate alınarak Bakanlıkça yayımlanan rehberler (Bebek Çocuk Ergen İzlem Protokolleri) doğrultusunda yapılmalıdır. Muayene/izlem sırasında yapılacak hizmetlere ilişkin özet tablo Ek-1'de yer almaktadır.

Muayene/izlem verilerinin Aile Hekimliği Bilgi Sistemine (AHBS) girilmesinin ardından Ek-2'de yer alan "Form 1: Öğrenci Muayene/İzlem Bildirim Formu" doldurularak çıktısının aileye verilmesi ve okula iletilmesinin sağlanması gerekmektedir. Sağlık Bilgi Sistemleri Genel Müdürlüğü tarafından Form 1'in Aile Hekimliği Birimlerinin ekranlarına eklenmesi için AHBS yazılım firmalarına duyuru yapılmış ve Ek-3'de yer alan yazı ile bildirilmiştir.

Korkutreis Mah. İlkiz Sok. No:4 Kat:5
THSK Çocuk ve Ergen Sağlığı Daire Başkanlığı

Evrağın elektronik imzalı suretine <http://e-belge.saglik.gov.tr> adresinden 8ca64083-cd14-490d-9765-f36185566fd2 kodu ile eri ebilirsiniz. Bu belge 5070 sayılı elektronik imza kanununa göre güvenli elektronik imza ile imzalanmıştır.

Okul Sağlığı Programı kapsamında öğrencilerin yıllık periyodik muayene/ izlemlerinin aksamadan yapılabilmesi için;

1. Öncelikle konunun iliniz bünyesindeki tüm Aile Hekimliği Birimlerine ve Toplum Sağlığı Merkezlerine duyurulması,
2. Öğrenci muayene/ izlemlerini baslatmadan evvel İl genelinde gerekli planlamaların ve düzenlemelerin yapılması.
3. İl/İlçe Milli Eğitim Müdürlükleri ile koordineli çalışılması,
4. Program kapsamında gerekli takiplerin yapılması

büyük önem taşımaktadır. Konu hakkında gereken hassasiyetin gösterilmesi ve muayenelerin aile hekimliği birimlerinde yapılmalara yol açmadan gerçekleştirilmesi hususunda;

Bilgilerinizi ve gereğini rica ederim.

Prof. Dr İrfan ŞENCAN
Bakan a.
Kurum Başkanı

EKLER:

- 1- Çocuk ve Ergen İzlemleri Özet Tablo (1 sayfa)
- 2- Form 1 (1 sayfa)
- 3- Sağlık Bilgi Sistemleri Genel Müdürlüğü'nün 13/10/2016 tarihli ve 1667189002-234.99-E.758 sayılı yazısı

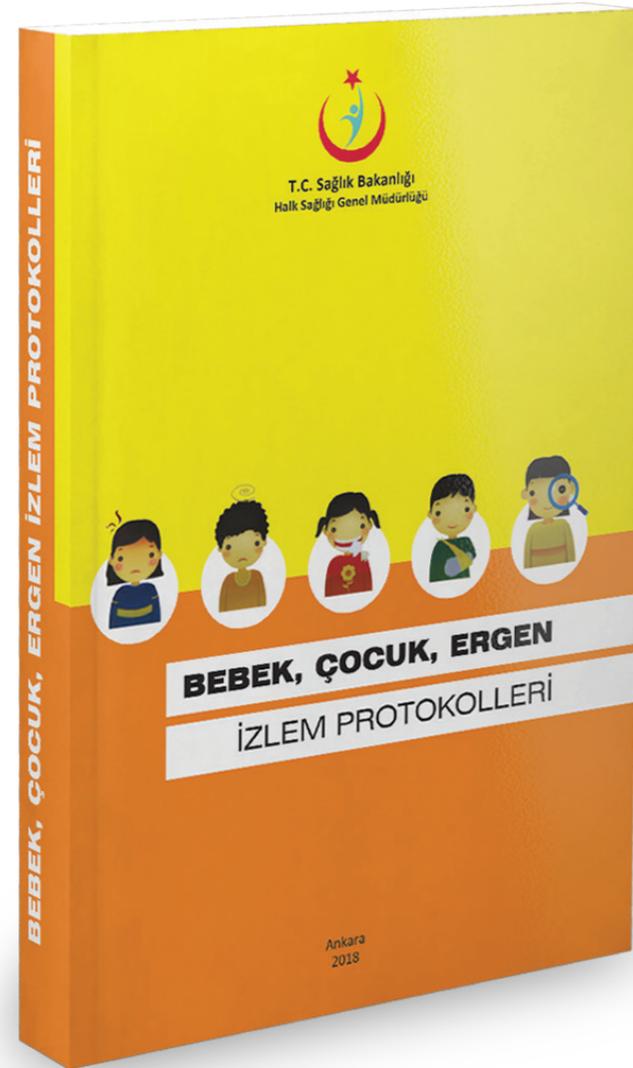
DAĞITIM:

Gereği: 81 İl Valiliği **Bilgi:** Milli Eğitim Bakanlığı, Mesleki ve Teknik Eğitim Genel Müdürlüğü

Korkutreis Mah. İlkiz Sok. No:4 Kat:5
THSK Çocuk ve Ergen Sağlığı Daire Başkanlığı

Evrağın elektronik imzalı suretine <http://e-belge.saglik.gov.tr> adresinden 8ca64083-cd14-490d-9765-f36185566fd2 kodu ile eri ebilirsiniz. Bu belge 5070 sayılı elektronik imza kanununa göre güvenli elektronik imza ile imzalanmıştır.

APPENDIX 3: INFANT, CHILD, ADOLESCENT MONITORING PROTOCOLS



For protocols visit: <https://docplayer.biz.tr/3140362-Bebek-cocuk-ergen-izlem-protokolleri-turkiye-halk-sagligi-kurumu.html>

APPENDIX 4: ADVISORY BOARD MEMBERS

NAME-SURNAME	INSTITUTION
Alanur Çavlin	Hacettepe University Institute for Population Studies
Aslı Koçak Arıhan	Ankara Bar Association
Ayşe Akın	Başkent University Women - Child Health and Family Planning Research and Application Center
Berna Dilbaz	Turkish Gynecology and Obstetrics Association
Burcu Atlı	Mother Child Education Foundation
Ceren Kalay Eken	Ankara Bar Association
Ezgi Türkçelik Türkel	Başkent University Women - Child Health and Family Planning Research and Application Center
Hasan Deniz	Mother Child Education Foundation
İlknur Yüksel Kaptanoğlu	Hacettepe University Institute for Population Studies
Merve Yelken	Ankara Bar Association
Neslihan Güney	Ankara University
Nurcan Müftüoğlu	Turkish Family Health and Planning Foundation (TAPV)
Orhan Derman	Hacettepe Üniversitesi
Pınar Okyay	Association Of Public Health Specialist
Selen Örs Reyhanoğlu	United Nations Population Fund
Sema Kendirci	Turkish Women Union



APPENDIX 5: ADVISORY BOARD MEETING

Before the last part evaluating the outcomes and suggestions of the survey, an evaluation was done about the advisory board formed specifically for the survey and the outcomes of its meeting. The meeting of the board took place with the participation of persons working in the area of child, early, and forced marriage, contributing to the visibility of the problem, and conducting advocacy activities. The meeting was planned to share the major findings of the survey that focused on health risks and negative health consequences of child, early, and forced marriages, to disseminate these findings, and to follow a participatory course at the stage of developing suggestions.

One point that was raised during the meeting that is also frequently touched upon in this report is the need to recognize child, early, and forced marriage as a “violation of human rights”. It is essential to stress this point and to reach a consensus in order to conduct relevant advocacy activities.

Another point remarked on by the advisory board is related to follow-up with figures. Compilation of qualitative data is considered important, but it is also necessary to keep a record, particularly of marriages before age 15, with quantitative data. It is assumed that –despite the absence of data sets that allow regular follow-up – child marriages in the 15-18 age group have been in decline since 2010.

Data collected in relation to child, early, and forced marriages mainly focus on the girl child, and priority is given to the girl child in preventive efforts. It is understandable given the nature of the issue, but it is stated that there is a need to collect information about males as well in order to wage effective battle against this phenomenon. In other words, there is a need to understand the world of males too to affect that world. The project “The First Job is Fatherhood” launched within the last year by AÇEV is important, in that the “fatherhood approach”

facilitates getting closer to the world of males. Hence, early marriages can also be included in the project to collect information and data relating to the stance of males with respect to early marriages.

The issue of child, early, and forced marriage is very closely associated with gender. It is therefore stated that the situation of girls, their lack of education, and rights that cannot be exercised will remain intact unless there is change in mechanisms that generate gender inequalities. Withdrawal of girls from school, and using girls as a means of coping with poverty must be seen as outcomes of gender inequality, and it must be accepted that there can be no effective prevention work unless these inequalities are eliminated.

The “reproduction of male sexuality” is considered to be an issue that can be addressed in the context of gender equality. This issue was brought up by the advisory board and also expressed by some service providers during the field survey. Although important in understanding the problem and in advocacy work, the issue was not elaborated on. It was mentioned earlier that child, early, and forced marriage manifests itself in various typologies, among which the most widely known is the “child-adult” typology. There is a relationship between the formation of this typology and the construction of male sexuality. It does not seem possible to develop effective prevention tools without recognizing this relationship as a problem. It is, in part, an outcome of values produced by the modern world, which, through age discrimination, attribute dynamism, beauty, charm, and innovativeness to youth while denoting old age as dependence, a burden, and a lack of charm. Further, values and images constructing sexuality are also important where the body desired by male sexuality is constructed as a young body, making “child-adult” marriage a natural impulse for males in combination with other practices of sexuality. In this context, it is underlined that these images and constructions related to male impulses and sexuality must be seen as a problem and fought against.

In the same context, training in sexuality, impulse control, and sexual freedom are issues that must be addressed carefully. Instead of behaving as if there is no such thing as sexuality, it is necessary to teach it. Teaching those who resort to early marriage in order to cover up the sexuality of their daughters and teaching that there can be no sexual freedom without being informed can be considered together. There must be a well-founded consensus between schools and families in teaching healthy sexuality and controlling risks and sexuality. It must ease other contrasts, produce common ground, and inform all parties about changes taking place in the bodies of male and female children and how to manage them. It must be firmly established that there can be no sexual freedom without education in sexual health; education and training in sexual health placing children at the centre and transcending polarization of liberal/conservative family values must be immediately developed and delivered to all adolescents.

Another important point raised in advisory meeting is the need to create a new subdomain of health legislation. This means bringing together workers from the fields of health and law, guiding the legislators, upholding the child’s best interest without superseding traditional values, and targeting changes in attitude. This health legislation must take due account of the health risks and consequences of early marriage and place the child at the centre, eliminating contrasts between legal texts and the tradition of law that is excessively sensitive to prevailing circumstances.

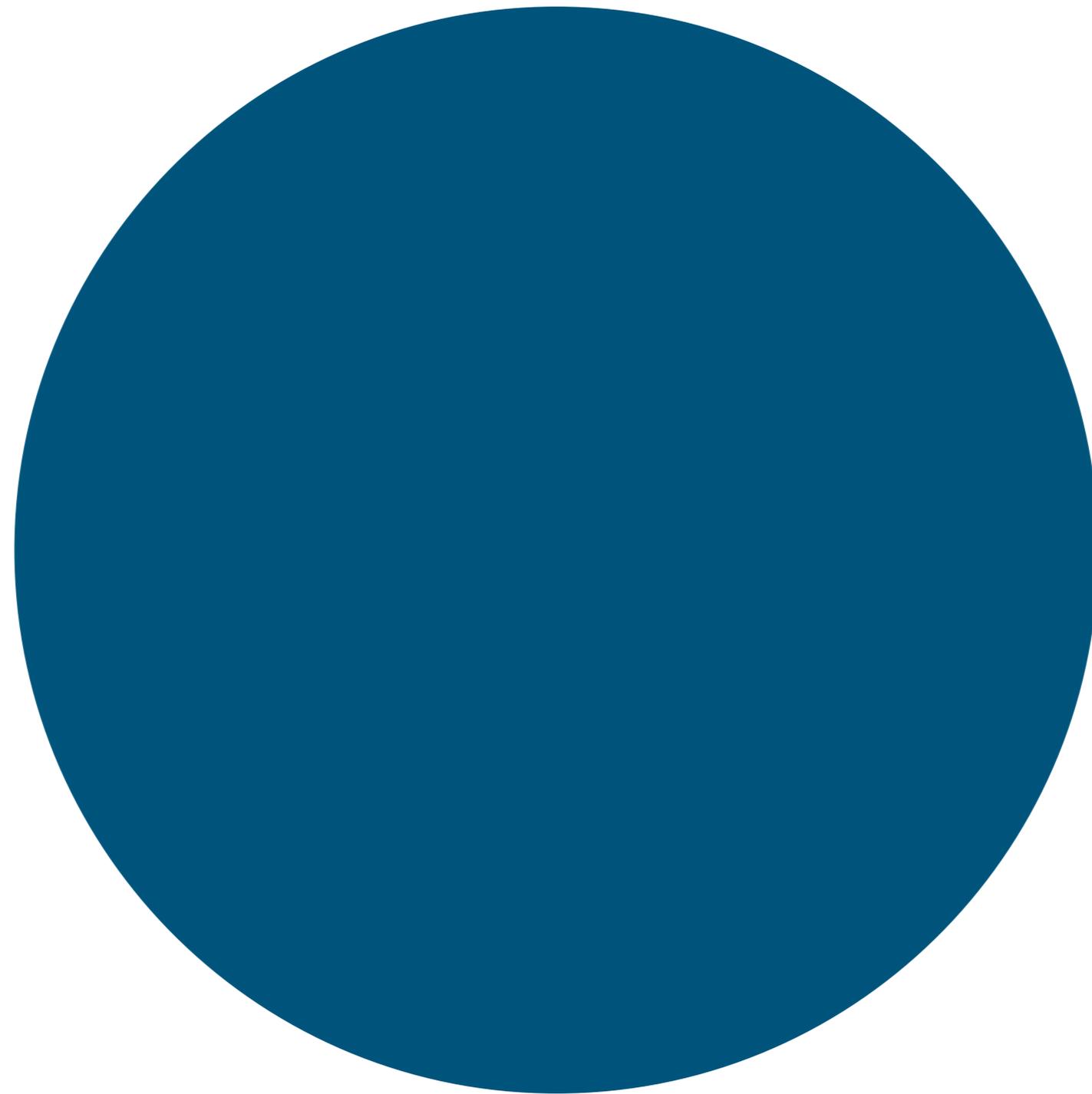
The issue of “political will” as one of the major findings of the survey that was also elaborated on by service providers at different levels was also discussed in the advisory board meeting. Political will is vital in combating child, early, and forced marriages. There are service providers saying that this determination does exist in some cases, but there are also discourses and debates undermining it. The possibility of attending the last 4 years of the 12 years of education in open high schools, pronatalist discourses, the closure of youth centres, the authorization of religious officials to perform marriages, and draft bills suggesting the removal of penalties

for perpetrators of sexual abuse if they marry their victims are among developments in daily politics that undermine this will and even create an environment encouraging early marriages. In order to ensure and maintain political will, the health risks and consequences of child, early, and forced marriage must be used in a persuasive way, and politicians must be convinced that it is a matter of survival for children.

Experts on the advisory board from the fields of law and health touched upon the importance of operating existing mechanisms while also taking seriously the safety concerns of service providers. It is not sufficient to say that reporting is the responsibility of all and a legal obligation. To make reporting mechanisms effective and ensure the fulfilment of legal obligations by all, there is need to provide completely safe environments, including the anonymity of reporters. It is stated that the assignment of responsibility will remain useless unless the security and safety of individuals is ensured.

Members of the advisory board state that the present study focusing on the health risks and consequences of child, early, and forced marriages offers quite a strong starting point for developing preventative tools. Additionally, they stated that there is a need for work on the needs and roles of various groups, including decision makers, service providers, schools, and media workers. Importance was also attached to reaching children and youth, parents, and CSOs along with development of visual materials using careful language, active use of social media, and development of short videos.

It was added that the development of a strategy for awareness raising and prevention formulated on a sound basis with comprehensible and accurate language communicating its requests to the public sector would contribute greatly. It was commonly agreed that there is a need to fund ways to avoid communication problems and a “clash of values,” placing the child at the centre, and in particular pointing out health risks in an explicit way.



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