

Child Marriage and Early Unions in Latin America and the Caribbean

in Latin America and the Caribbean in Humanitarian and Crisis Settings
2020







INTRODUCTION

Child Marriage and Early Unions (CMEU) are an important yet insufficiently recognized issue in Latin America and the Caribbean (LAC). CMEU are complex phenomena related to gender inequalities, violence, poverty, school dropout, adolescent pregnancy, inadequate legal frameworks and policies that deprive girls and adolescent girls of both present and future opportunities. In the LAC region, one out of every four women between the

ages of 20 to 24 was first married or in union before turning 18. This is the only region in the world where child marriage and early unions have not decreased in the last 25 years.

In Latin America and the Caribbean, the gender inequalities that adolescent girls face are what drives child marriages and early unions.

The greatest risk is faced by those who come from the **poorest homes**, the ones living in **rural areas** and those who belong to **indigenous and afro descendant** groups.

Other causes and consequences:



Early Pregnancy



School Dropout



Gender Violence



Unequal Gender Norms



ADOLESCENT GIRLS WHO ARE MARRIED OR IN UNION ARE DEPRIVED OF THEIR ADOLESCENCE AND OPPORTUNITIES FOR THEIR PRESENT AND FUTURE.

MORE

- Social insolation from family and friends and others sources of support.
- Intimate partner violence and other forms of violence.
- Probability of already being mothers or having a higher number of children at early age.



 Levels of education and job opportunities.

WHAT DO WE KNOW ABOUT CHILD MARRIAGE AND EARLY UNIONS IN CRISIS SETTINGS?

Crisis and humanitarian settings can include a wide range of situations happening before, during and after natural disasters, conflicts, pandemics and situations of human mobility. Persistent gender inequalities, increasing poverty and insecurity, lack of access to education and basic services, as well as changes in the social fabric, put girls and adolescent girls at

greater risk of CMEU. The vulnerability of girls and adolescents who are already married/in union also increases, as they are usually neglected due to the invisibility of their situation or due to discrimination against them.

POVERTY INCREASES VULNERABILITY TO CMEU

There is always the risk that any humanitarian situation increase poverty, having a greater impact on communities and households lower-income. For these families, marrying off a daughter or giving her away into a union may seem like the only choice to alleviate economic hardship, increasing the risk of greater age differences between the bride and groom, since it is believed that older men provide better financial security. In the region, one out of every five girls/adolescent girls married a man at least 10 years her senior.

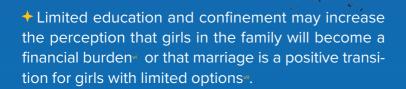
→ Adolescent girls might see a union or marriage as an alternative to meet their basic needs, or they might be more prone to sexual exploitation in order to improve the situation of their families.





EDUCATION

Data and evidence confirms that access to education is one of the most effective mechanisms to prevent child marriages and early unions and/or their impacts. With the closure of schools or the assignation of their facilities to other uses, adolescent girls lose a space for learning, socialization and protection.



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→ Distance education and other alternative methods of education do not always consider gender issues such as the digital divide or the time dedicated to care, or to domestic and/or income generating activities which affect many girls and adolescent girls, especially if they are married or in union.



- → Crisis situations limit their access to medical care, sexual and reproductive health attention, psycho-social support and other protection mechanisms.
- → The provision of sexual and reproductive health services and supplies, including those for menstrual health and preventing unwanted pregnancy.
- → The interruption of health services may also imply having fewer services and specialized personnel to attend to the needs of adolescent girls, such as attention during childbirth at health centers; medical and psychological attention required due to gender-based violence.



CMEU is a form of gender-based violence and it increases the probability of a girl experiencing violence from an intimate partner at some point in her life. In Latin America and the Caribbean, 4 out of every 10 girls between the ages of 15 and 19 have suffered violence from an intimate partner during the course of their lives.



- → Violence against women and girls mostly happens at home and is perpetrated by people known to them.
- ★ Economic dependence on their partners prevents many adolescent girls from escaping homes where they are abused.
- → Isolation from family and friends undermines adolescent girls mental health who are married or in union.
- ♣ In crisis settings, families often anticipate an increase in violence and they see marriage as a means of protection. However, adolescent girls face greater sexual violence within marriage.
- → Crises exacerbate the risks of sexual exploitation and human trafficking for women and girls.

2. HOW TO ENSURE SAFETY AND EMPOWER ADOLESCENT GIRLS BEFORE, DURING AND AFTER A CRISIS TO PREVENT AND RESPOND TO CMEU

Every response to a humanitarian or crisis situation must adapt to the social and cultural context and consider the following principles:

- → Analyze the gender aspect of a crisis and the diversity of girls and adolescents affected, so that efforts promote positive gender norms and reach those who are most in need.
- Assume that gender-based violence –including CMEU– is happening and it is a serious and potentially fatal protection issue, independently of the presence or absence of concrete and reliable evidence.

→ Responses must be aligned with national, regional and international instruments on human rights, and GBV prevention and response, including the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

Additionally, the response must develop actions of prevention and attention to CMEU during the stages of preparedness, response and recovery after the crisis. However, it must also contribute towards a structural elimination of this practice, which is harmful for girls development.

The following are some specific guidelines for each stage.

PREPAREDNESS

Is the knowledge and capabilities developed by governments, organizations, communities, families and individuals in order to anticipate, respond to and recover from a crisis. Preventing CMEU at this stage includes:

- AWARNESS RAISING and CAPACITY BUILDING at a national, local and community level with a focus on prevention of and response to GBV, including CMEU.
- → BASIC SERVICES such as access to comprehensive health information and services, support for survivors of GBV, or education

- have gender and age-sensitive emergency protocols, inventories and stockpile of supplies.
- → DATA and INDICATORS disaggregated by sex and age that allow for the identification of the needs and capabilities adolescent girls, and for a quick assessment focused on programs and policies.

- → COORDINATION, capacity mapping, available and operational services and information exchange among different CMEU actors, including the communities, and adolescent and youth's organizations and networks.
- → FINANCING with a sustained and multi-year investment on CMEU prevention, mitigation and response, both in times of stability as well as in times of crisis.

RESPONDING

Implies providing emergency services and public assistance during or immediately after a crisis.

- → ENGAGEMENT AND EMPOWER-MENT of diverse groups of girls and adolescent girls from the onset of the response, through community engagement mechanisms, youth networks, digital media, etc.
- ACCOMPANIMENT AND INFOR-MATION on CMEU prevention and response for adolescent girls, through local support networks known to them. Teachers, social workers, mentors, etc. may be of help checking up on their well-being and alleviating isolation.
- LEADERSHIP AND INCLUSION of women and gender specialists in the response teams, at national, local and community levels. The situation of women, adolescent girls must be a fixed item in the agenda at response team meetings of all levels, and it must have an assigned focal point.
- → EDUCATION that is continuous, at a distance, universal, gender-sensitive and culturally appropriate. Programs must be flexible and allow girls to learn at their own pace so as not to discourage girls who often bear a disproportionate burden of household chores and care.

- Consider low-tech approaches, such as printed reading and writing materials, radio and TV broadcasts in order to reach the most marginalized girls.
- If digital solutions are accessible, make sure that girls are trained on the digital skills needed, including knowledge that will keep them safe online.
- → ADAPTATION of existing GBV protocols and updating of referral routes that reflect the changes in available facilities, particularly for sexual and reproductive health, psychological attention and medical care related to GBV. Women's shelters must be included as essential services in order to guarantee their functioning and financing.
- → Strategic DISSEMINATION of access to basic services and reporting of gender-based violence, through mechanisms which are accessible and safe for survivors, appropriate for girls and adolescents, as well as through SMS, webpages, or strategies at pharmacies, supermarkets or other places that are accessible in case of a lockdown.
- SOCIO-ECONOMIC SUPPORT, such as cash transfers, food and basic product distribution –including those related to menstrual hygiene management with dignity— so that families do not resort to CMEU as a survival strategy.

RECOVERY

Consists of restauration and improvement of facilities, livelihoods and life conditions of the communities affected by the crisis.

- → REOPENING OF SCHOOLS, with a focus on guaranteeing their return to school, offering a flexible learning approach, which does not discourage girls from going back to school. This includes pregnant girls and young mothers who often face stigma and discriminatory back-to-school laws. Automatic promotion, remedial courses and accelerated learning may be necessary.
- → SOCIO-ECONOMIC SUPPORT for the families so that girls and adolescent girls may go back to school; and for those who are married or in union, so they may achieve financial autonomy without dropping out of school.

- → DOCUMENTATION on the changes in gender roles and norms caused by the crisis –including those surrounding the practice of CMEU— in order to inform programs and policies.
- → EVALUATION and ACCOUNT-ABILITY on gender strategies and those responsible for its application at all levels.

3. LONG-TERM STRATEGIES TO END CMEU

Measures taken during a crisis are palliative in nature, while the elimination of child marriage and early unions requires systemic changes. The harmful nature of this practice in the life of girls and adolescent girls has led to its recognition as one of the indicators in the Sustainable Development Goals (5.3). As such, all the countries in the region are committed to eliminating it.

Data and evidence show that a reduction is possible when there is investment and coordinated actions in order to generate the necessary changes. Four strategies are currently yielding positive results:

- Aligning national frameworks with international standards on marriage age and gender equality.
- → Supporting the empowerment of girls and the transformation of gender norms working with boys, men, families and communities.
- → Advocating for policies and services that address the causes and consequences of child marriage and early unions.
- → Generating evidence, establishing strategies of joint advocacy and breaking public silence on the issue of CMEU.

Putting an end to CMEU at a global scale requires a comprehensive, coordinated and long-term approach, with partnerships that include sustained commitments and investments. The regional offices for Latin America and the Caribbean of UN Women, UNFPA and UNICEF are working together so that adolescent girls in the region can enjoy their rights and decide if they wish to marry or be in a union, as well as decide when and with whom.



In recent years, the largest migratory movements in Latin America and the Caribbean have originated from Central America and Venezuela.

The physical integrity and food security of migrant or refugee adolescent girls is at risk. They are exposed to experiencing discrimination, violence and human trafficking, among other dangers. Their access to basic services is limited and their living conditions in collective centers, shelters and temporary accommodation may lead to overcrowding, high levels of stress, fear and uncertainty. Some studies indicate an increase in the number of unions and marriages among migrant and refugee girls—, mainly to alleviate poverty, as a form of protection or even to obtain the necessary documentation in the destination country.

Recommendations:

- → Mapping of the population at risk of CMEU; of adolescent girls who are married or in unions; and of available/missing services.
- → Dissemination of information about the risks of CMEU and the services available for the prevention and response to address this practice.
- → Provision of humanitarian assistance and inclusion in national systems of social protection and health.
- → Guaranteeing the safety and rights of migrant girls and adolescent girls, including their right to seek asylum.





CMEU AND HEALTH CRISES

A review of health crises such as epidemics and pandemics give us a glimpse of their impact from a gender perspective. For instance, an emergency health response might mean that resources for sexual and reproductive services might be diverted in order to face the crisis. This situation could result in an increase of maternal and neonatal mortality, and an increase in unmet need for family planning, as well as an increase in the number of high-risk abortions and sexually transmitted infections.

These crises also provide us with good practices to protect girls and adolescent girls as can be found in the recommendations below.

Recommendations:

- → Studies about the Ebola crisis pointed out that the increase in household chores and domestic care activities, as well as a shift towards income generating activities, limited the possibilities for girls to study at home. In communities with girls clubs, where efforts were conducted to raise awareness about the value of education for girls, fewer girls experienced adverse effects and they were more prone to go back to school.
- → At the beginning of the COVID-19 pandemic, Argentina established pharmacies as the place to go for assistance on GBV issues. The Dominican Republic continued providing food at school facilities, following the recommendations developed by the FAO, WFP and UNICEF to minimize contagion and in Honduras, teachers delivered food to their students' homes, while checking in on their wellbeing.



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