

# BEYOND MARRIAGE AND MOTHERHOOD

Empowering girls by addressing adolescent pregnancies, child marriages and early unions



## Tailoring Programme Interventions for Southeast Asia and the Pacific



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## About this paper

This paper is the second in a series developed by UNICEF East Asia and Pacific and UNFPA Asia and the Pacific regional offices. The first paper, ***Beyond Marriage and Motherhood: Empowering girls by addressing adolescent pregnancies, child marriages and early unions – Patterns and Trends in Southeast Asia and the Pacific,*** explores the issues of adolescent pregnancy, child marriage and early union in Southeast Asia and the Pacific by investigating their prevalence, trends, drivers, patterns and typologies.

This second paper is designed to be used by practitioners working on child marriage and adolescent pregnancy and supports a targeted approach to these issues. UNICEF and UNFPA have committed to addressing adolescent pregnancy, child marriage and early union in their respective strategic plans and country offices in the region. Together with partners, they are supporting a range of interventions – particularly for adolescent girls. This paper draws on this experience and evidence base for interventions, to guide and support future programming at the country level.

The findings, interpretations and conclusions expressed in this report are those of the authors and do not necessarily reflect the policies or views of UNICEF or UNFPA.

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# Foreword

Adolescence is a pivotal period of development for girls, a time of rapid physical and psychological change. A period of transition and increasing independence, the second decade can offer exciting new opportunities and herald the realization of dreams. However, it is also a time when a girl's life course can be irrevocably altered.

For many adolescent girls across the Southeast Asia and the Pacific region, an unwanted pregnancy or child marriage can disrupt this important developmental period, limit their life choices and negatively impact their well-being. This is particularly so when violence, coercion or force are involved.

Empowering adolescent girls to reach their full potential is key to nations achieving sustainable development. However, across the region, too many girls lose life opportunities when they unintentionally become pregnant and/or are forced to marry early. UNICEF and UNFPA are committed to the Global Programme to Accelerate Action to End Child Marriage, and to prevent adolescent pregnancies which are both a driver and a consequence of child marriages and early unions.

Urgent action is essential as the COVID-19 pandemic has exacerbated gender inequalities, and reversed hard-fought gains. With limited time to achieve the Sustainable Development Goals, strategies and programmes must be better targeted. To effectively address adolescent pregnancies, early marriage and unions, interventions must be tailored to contexts as well as specific drivers and determinants.

The first paper in the Beyond Marriage and Motherhood series, *Patterns and Trends in Southeast Asia and the Pacific*, provides the situation analysis, exploring the interlinkages of adolescent pregnancy, child marriage and early union, and laying the foundation for a targeted approach. This second paper, *Tailoring Programme Interventions for Southeast Asia and the Pacific*, supports targeted action, providing guidance for the selection of strategies for specific situations. Deliberate investment in evidence-based interventions to address adolescent pregnancies, child marriages and early unions will offer girls opportunities to fulfil their potential, yielding benefits not only for girls' well-being and life course but also for their future family and community.

Girls' needs, aspirations and lived experiences must be central to any action that addresses early pregnancies, marriages and unions. They must be engaged and consulted in programme planning and empowered to make informed decisions about their own lives.



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# Acronyms

<b>APRO</b>	Asia and the Pacific Regional Office
<b>CEDAW</b>	Convention on Elimination of Discrimination Against Women
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CRC</b>	Convention on the Rights of the Child
<b>CSE</b>	Comprehensive Sexuality Education
<b>DHS</b>	Demographic Health Survey
<b>EAPRO</b>	East Asia and Pacific Regional Office
<b>GBV</b>	Gender-Based Violence
<b>IPV</b>	Intimate Partner Violence
<b>Lao PDR</b>	Lao People's Democratic Republic
<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender and Intersex
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>SDG</b>	Sustainable Development Goal
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health Rights
<b>STI</b>	Sexually Transmitted Infection
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund



# Executive Summary

This second paper, in the *Beyond Marriage and Motherhood* series, lays the foundation for a targeted approach to child marriage and adolescent pregnancy in Southeast Asia and the Pacific. It offers guidance for policy-makers and practitioners on evidence-based strategies using insights gained from the situation analysis in the first paper of the series, *Patterns and Trends in Southeast Asia and the Pacific*. This analysis explored issues of adolescent pregnancy, child marriage and early union, by investigating their prevalence, trends, drivers and patterns. Three types of child marriage and early union were identified, namely: i) forced or arranged child marriage, ii) circumstantial marriage, following premarital sexual activity or pregnancy and iii) self-initiated peer marriage or early union.

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Intervention strategies should be evidence-based and tailored to the specific situation

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**The differing patterns of adolescent pregnancy, child marriage and early union observed across Southeast Asia and the Pacific require tailored intervention strategies.** One size will not fit all. Effective interventions will understand the decision-making processes and address the drivers, in a specific context, whether at national or sub-national levels. Evidence-building is key to understanding the situation and how patterns of child marriage, early union and adolescent pregnancy vary for specific population groups.

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Interventions should focus on empowerment and avoid discriminating against or penalizing adolescents

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**Interventions should seek to empower not discriminate against or penalize adolescent girls and boys.** The implications of this approach vary for different stakeholders. For example, legislative reforms may differ depending on the type of marriage or union prevalent in a setting. Tightening child marriage legislation is particularly important in settings with arranged/forced marriages. However, care must be taken where circumstantial and self-initiated unions predominate that such legislation does not penalize developmentally normal adolescent sexuality and close-in-age relationships. A supportive legal environment, with a minimum age of consent to sex consistent with onset of consensual sexual activity in adolescents, is key when there are self-initiated or circumstantial marriages/unions. Similarly, while national action plans to address child marriage are important, a plan to address teenage pregnancies is needed when high rates of adolescent conception are driving marriages or peer-led unions. Such a plan should include ensuring adolescents have access to comprehensive sexuality education, both in- and out-of-school, as well as sexual and reproductive health (SRH) information and services.

**Girls, and their families, need to see and access alternative pathways to adulthood, other than motherhood and marriage.** Policy-makers, practitioners and societies should seek to empower girls with education and employment opportunities. In some instances, families may need economic incentives to keep girls in school. Life skills and comprehensive sexuality education also offer universal benefits. Interventions should prevent discrimination against married girls and adolescent mothers, so they too can continue their education. However, when arranged, forced or circumstantial marriages predominate, programmes also need to address gender-based violence (GBV) and reproductive coercion, including dedicated services for adolescent girls and provision of support for survivors. The implications for policy and programming of differing patterns of adolescent pregnancy, child marriage and early union will vary depending on the stakeholders involved (see figure next page). However, an evidence-based approach should be universal.



## IMPLICATIONS FOR STAKEHOLDERS

### GOVERNMENTS

- **Align legislation with CEDAW and CRC recommendations\* on the age of marriage**
- **Ensure legislation protects women's and girls' rights**, including adolescents' evolving capacities
- **Take an evidence-based approach** when developing strategies
- **Carefully monitor** the implementation and impact of legislation
- **Ensure adolescents are not penalized** for close-in-age sexual activity and have access to SRH services

### HEALTH AND EDUCATION SERVICE PROVIDERS

- **Prohibit and prevent discrimination** against adolescent girls who are married or mothers, by supporting their return to school
- **Ensure access to life skills and comprehensive sexuality education** for adolescents, including girls who are out-of-school, married or mothers
- **Enable independent access to adolescent-friendly SRH services** and contraception, regardless of girls' age or marital status

### UNITED NATIONS AND CIVIL SOCIETY

- **Advocate for an evidence-based approach** to adolescent pregnancy, child marriage and early union
- **Support research** to investigate patterns, prevalence and drivers at both national and subnational population levels

### PROTECTION SERVICES

Child protection, GBV services, judiciary, case workers, police

- **Tailor response and prevention initiatives** to include dedicated initiatives for adolescent girls, including married girls

**Note:** The CRC and CEDAW recommend the age for consent to marriage of 18 years of age. The only exemption being if the child is over 16 years; exercises full, free and informed consent; and the decision is made by a judge, based on maturity, rather than culture and tradition.

**In summary, recommended approaches for programming to address adolescent pregnancy and child marriage include:**

- **Adopt an evidence-based approach**, including evidence-building to determine prevalent patterns of marriage and early unions, at national and sub-national levels, to build a better understanding of decision-making, agency and consent. Prioritize effective interventions to address adolescent pregnancy, child marriage and early union.
- **Tailor interventions to the country context and different population groups**, including at sub-national level.
- **Take a comprehensive, multi-sectoral approach** that encompasses individual adolescent girls and boys, families and communities, institutions and services, social norms, and the legal and policy environment.
- **Avoid punitive legislation and respect young people's evolving capacity** and rights to self-determine their sexuality, relationships, sexual and reproductive health.
- **Ensure young people are central to any strategy and engaged** in intervention design, planning, implementation and evaluation.
- **Develop mechanisms to monitor interventions and be prepared to adapt the strategy** if unintended negative consequences arise.
- **Invest in programme implementation research and evaluation** to assess impacts and build the evidence-base on what works.





# Introduction

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This paper aims to lay the foundation for a targeted approach to child marriage and adolescent pregnancy, offering guidance for policy-makers and practitioners on strategies tailored to specific situations. It is the second paper in the *Beyond Marriage and Motherhood* series, with the first paper exploring the issues of adolescent pregnancy, child marriage and early union in Southeast Asia and the Pacific, through investigating their prevalence, trends, drivers, patterns and typologies. The following introduction details the findings from this analysis, laying the foundation for intervention strategies tailored to differing patterns and types of child marriage, early union and adolescent pregnancy.

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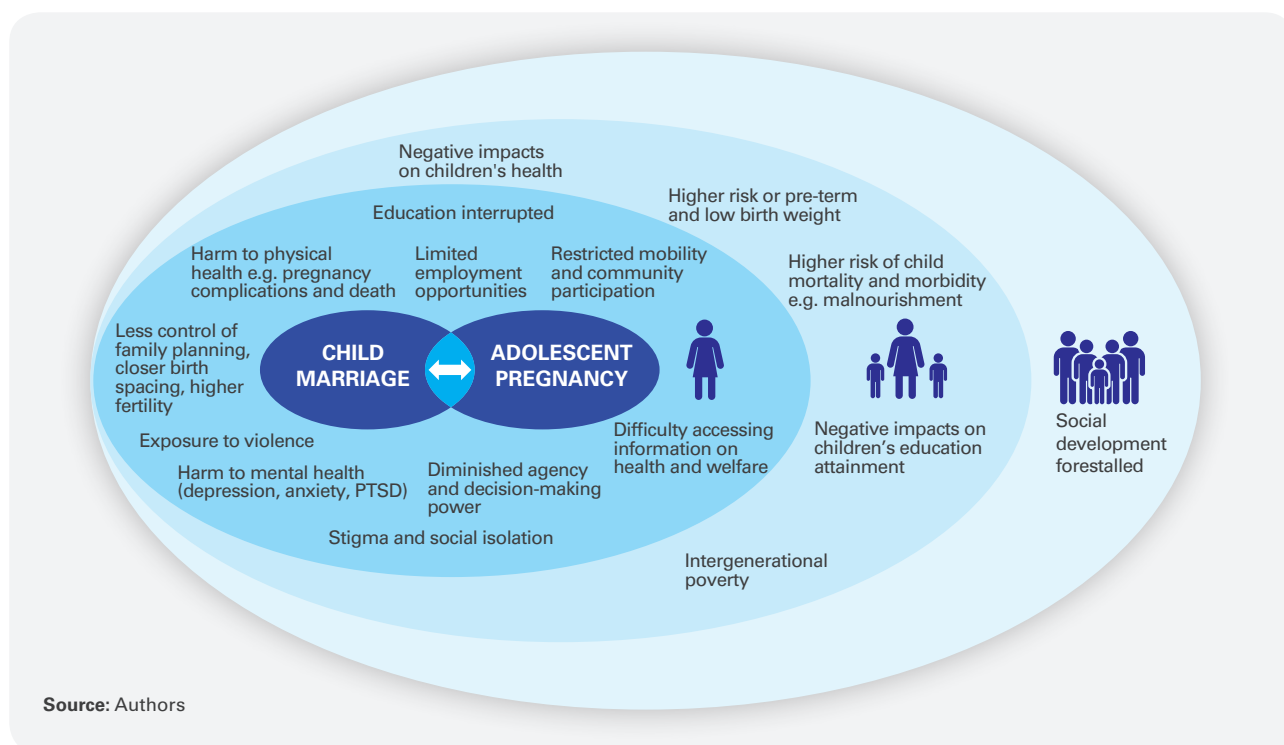
## 1. Need for Action

**The need for action to address adolescent pregnancy, child marriage and early union is well established.**

Adolescence represents the passage from childhood to adulthood: a key developmental period for socialization, internalizing gender norms, increasing agency and independence.(1–3) Pregnancy or union during this important period is life-changing and can be detrimental to the health and well-being of an adolescent girl.(2,4–6) Adolescent childbearing or marriage can compound social disadvantages for a girl and her family: disrupt her education, restrict her role to the domestic and reproductive spheres and limit her future employment opportunities (see Figure 1).(4,7,8) The economic impacts carry to the next generation and wider community, as the cycle of poverty is perpetuated and social development, including progress towards equality, is forestalled.(4,9,10)

**Governments across the region have committed to protect children’s rights and promote gender equality,** including by addressing child marriage, early union and adolescent pregnancy.(11–14) They have also made commitments to respect adolescents’ evolving capacities and support them to reach their full potential, through access to education and health services.(15,16) These pledges can be found in several core human rights instruments, with agreed targets and indicators detailed in the Sustainable Development Goals (SDGs).(17) Steps taken to address early marriage and pregnancy vary greatly between countries. Core to national strategies is legislation regarding the age of consent for sex and marriage.

**Figure 1** Potential consequences of child marriage and adolescent pregnancy for a girl, her children and society

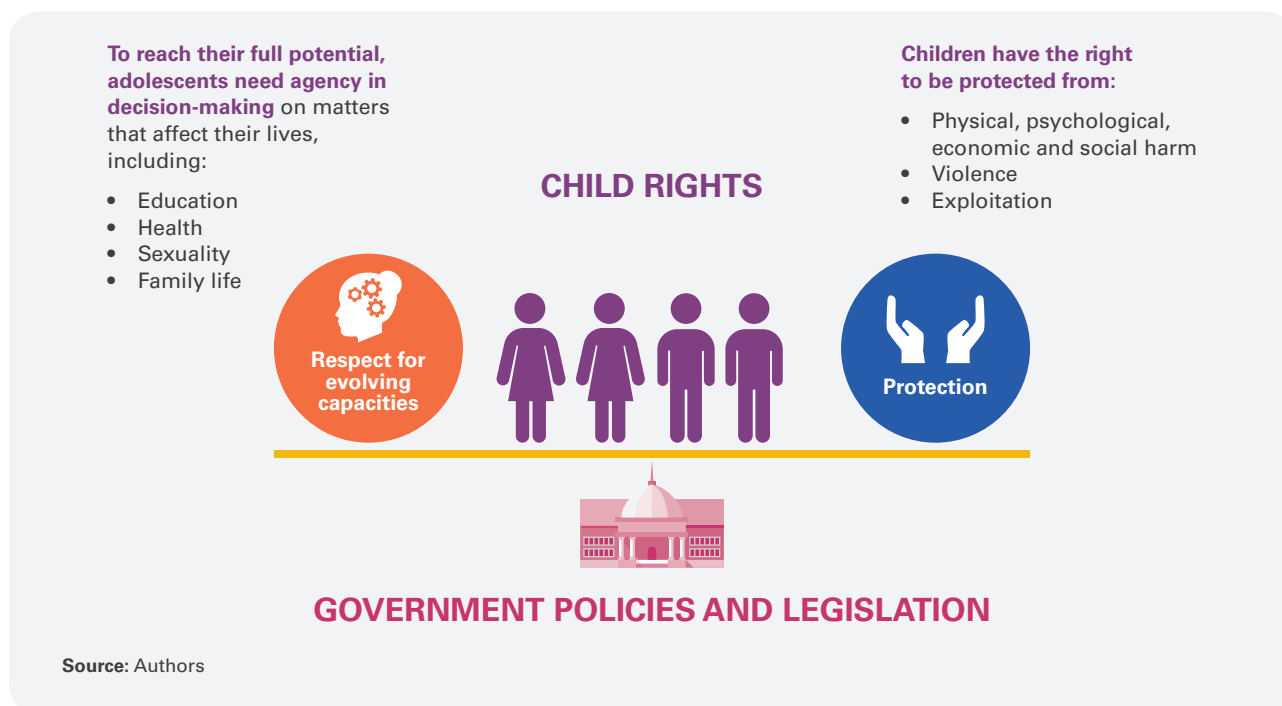


**Effective legislation must balance protection with respect for adolescents’ evolving capacities** (see Figure 2). There is considerable variation in the legal ages for consent to sex and consent to marriage across the region.<sup>(2)</sup> Most countries have a lower age of consent to sex than marriage. It is advisable to set the minimum age of consent to sex at an age that is consistent with the age of initiation of consensual sexual activity. This recognizes young people’s right to increasingly make independent decisions about their sexuality and relationships.<sup>(2,18,19)</sup> Higher ages for consent to sex and/or marriage are more common in settings where adolescent sexuality is stigmatized. Such laws risk punishing young people, by penalizing close-in-age consensual relationships.<sup>1</sup> They also raise barriers to young people’s access of SRH information and services.<sup>(19–22)</sup> It is important that legislative and policy frameworks that address adolescent pregnancy and child marriage, reflect the reality of adolescent sexual behaviour and respect as well as support young people in their choices, not punish them.



<sup>1</sup> Close-in-age exemptions, commonly known as ‘Romeo and Juliet laws’, are used in many countries around the world to prevent the prosecution of young people who engage in consensual sexual activity, when both participants are close in age to each other, and one or both are below the age of consent.

**Figure 2** Legislation must balance child protection with respect for children’s evolving capacities



## 2. Patterns and Typologies

At a regional level, UNICEF and UNFPA have proposed three broad patterns of adolescent pregnancy, child marriage and early union in Southeast Asia and the Pacific<sup>2</sup>(23):

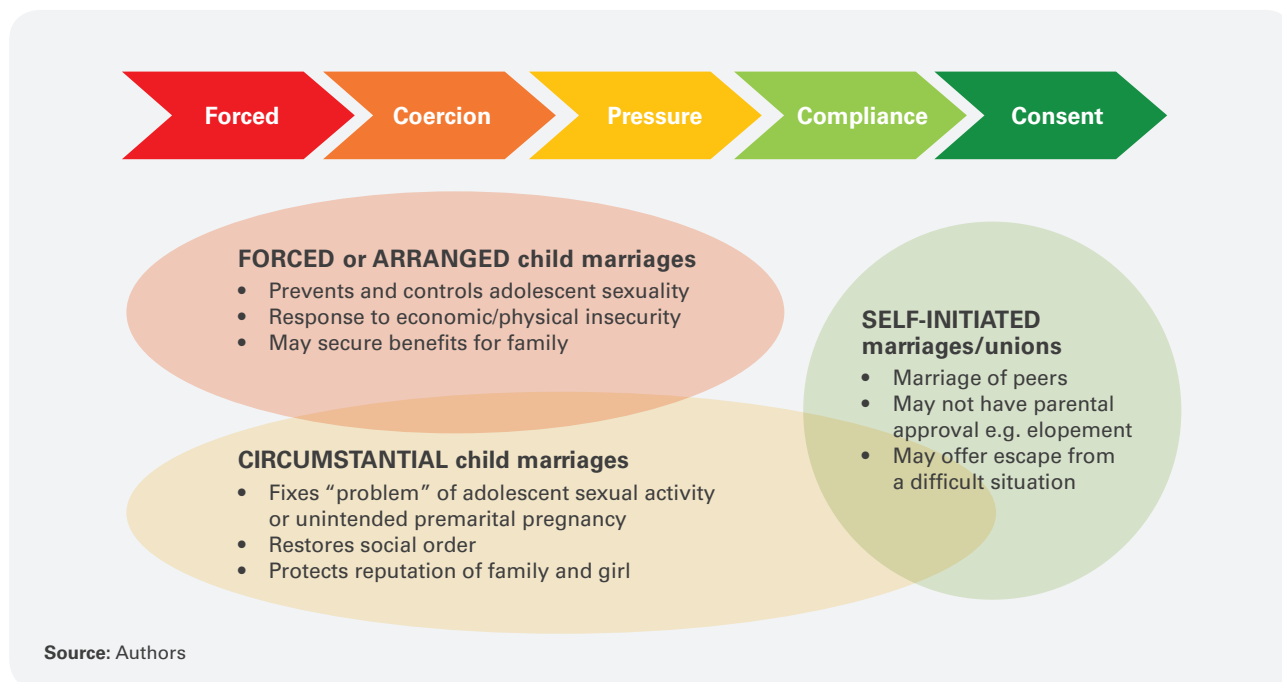
- 1) **Forced/arranged child marriages** are generally driven by poverty, as well as by crises and shocks, and social norms that deem girls a “burden on the household”. These marriages are also a means of managing adolescent premarital sexuality and ensuring marriage precedes pregnancy.
- 2) **Circumstantial child marriage** is a response to premarital pregnancy and/or adolescent sexual activity. It is a means of protecting the girl’s and family’s reputation and may also be used to resolve pregnancies resulting from sexual violence.

- 3) **Self-initiated marriages** are when young people decide to marry, elope or cohabit in order to have a sexual or “love” relationship. Taboos around premarital sex and social pressure may encourage young people to choose to marry. Marriage may also be seen as a pathway to adulthood or an escape from a difficult family situation.

**The extent to which there is consent is particularly important in identifying harm in child marriages** (see Figure 3). Arranged and forced marriages lack meaningful consent and violate a girl’s human rights. In contrast, a self-initiated union may represent girls’ agency and evolving capacities, although she may not always have the necessary knowledge to give full, free and informed consent. Circumstantial marriages, in contrast, can span the breadth of the consent continuum – from force to compliance and consent. These differing typologies require tailored approaches to address their underlying drivers. Research is needed to better understand these drivers and the extent of differing types of child marriage among various population groups.

<sup>2</sup> See the first paper in this series, *Beyond Marriage and Motherhood: Empowering girls by addressing adolescent pregnancies, child marriages and early unions – Patterns and trends in Southeast Asia and the Pacific*, for more information on this typology.

**Figure 3** Levels of consent in differing patterns of child marriage and early union



### 3. Prevalence and Trends

**Across Southeast Asia and the Pacific, adolescent pregnancy, child marriage and early union is characterized by considerable heterogeneity.**<sup>3</sup>(24–31) Many girls enter marriage or union before 18 years of age, but rates vary considerably between countries from 11–33 per cent. The highest rates of child marriage/early union are seen in Cambodia, Lao PDR, Papua New Guinea and Thailand. In many settings, progress to address child marriage is stalling. Over the past decade, child marriage/early union has not significantly declined in Lao PDR, Thailand and Timor-Leste, while rates have actually increased in the Philippines.

**Adolescent childbearing also varies considerably across the region, from 5–18 per cent,** with the highest prevalence in Lao PDR and Papua New Guinea. Across countries, rates have been relatively stagnant over the past decade, with only Thailand showing a significant decline. Fresh analysis, in the first paper of the series, has demonstrated that a significant proportion of these adolescent pregnancies are conceived before marriage, and seem to be driving circumstantial child marriages across the region. Most women who conceive premaritally in adolescence are married or in-union by the time their child is born, suggesting that child marriage is used to solve the ‘problem’ of unintended adolescent pregnancy. In most countries, rates of premarital conception are increasing.

**In most countries, rates of premarital conception are increasing and likely driving circumstantial marriages**

<sup>3</sup> See the first paper in this series, *Patterns and trends in Southeast Asia and the Pacific*, for a detailed situation analysis. This analysis utilized data from women’s individual questionnaires in Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) between 2014 and 2019.

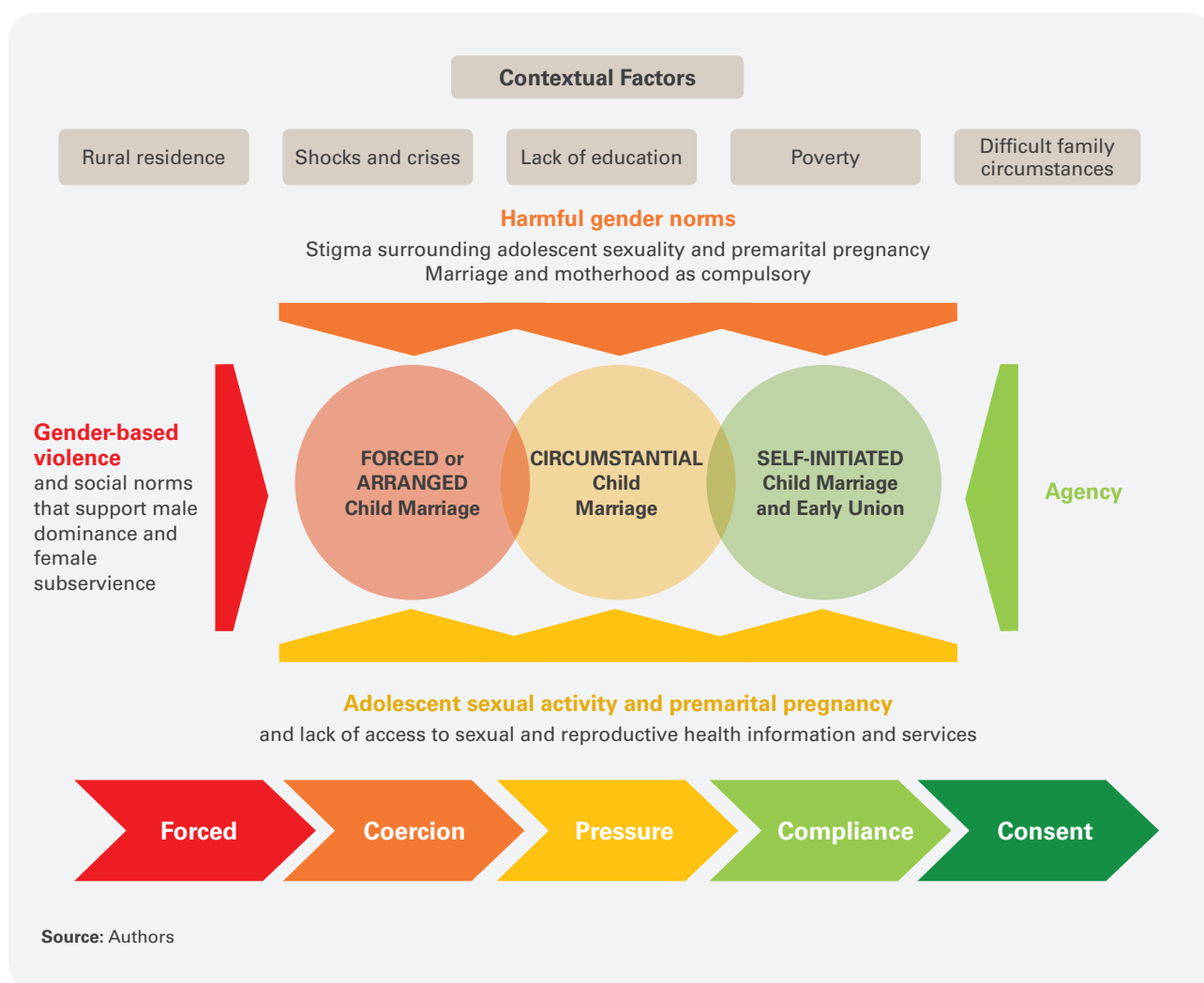
## 4. Context and Determinants

The drivers of adolescent pregnancy and child marriage are complex and inter-related (see Figure 4). (1,3–5,7,20,32–47) While there are universal drivers, their contributions and the resulting situations vary across countries. To effectively reduce early marriages and pregnancies, strategies must be designed to address the specific drivers and patterns in each context.

**Gender norms, that stigmatize adolescent sexuality and limit women to domestic and reproductive roles, underpin marriage and motherhood as central to a girl’s transition to adulthood.**(4,33,37,40,48–53) Developmentally normal sexual activity, combined with lack of access to SRH information and services, can not only result in adolescent pregnancy – but may

also drive child marriage or early union(2,3,8,21,50,53) An unintended pregnancy may trigger a circumstantial marriage, to protect the honour of the girl and her family.(33,37,48,50,53) For some adolescents, evolving capacity leads them to choose to marry and have children. However, in other situations, harmful social norms deprive women and girls of agency and force them to marry. Norms which support unequal power relations and large spousal age gaps, gender-based violence (GBV) and other harmful practices may be associated with more non-consensual unions.(47,53–58) Socio-economic factors, such as poverty and low education level, are not only contributors but also perpetuated by early marriage and childbirth.(4–6,33–36,53) Shocks and crises, such as the COVID-19 pandemic, exacerbate physical and financial insecurity to further increase rates of child marriage and adolescent pregnancy.(5,33,38)

**Figure 4** Context, determinants and level of consent for proposed typology of child marriages/early unions



## 5. In Summary

**Child marriage, early union and adolescent pregnancy are complex issues, with varying patterns and prevalence across and within countries.** While data is not currently available to determine the prevalence of the different types of child marriage suggested, the features and patterns of unions provide some clues. For example, settings with large spousal age gaps, and where child marriage is a strategy to manage/avoid premarital sexual activity, may have a greater propensity for forced or arranged marriages. Peer relationships and sexual activity among unmarried adolescent girls may be an indicator of self-

initiated unions. Premarital or unintended/mistimed pregnancies, including those resulting from sexual violence and coercion followed by marriage before birth, is suggestive of circumstantial marriages/unions. Informal unions may reflect either agency or pressure from circumstances. The prevalence of differing types of child marriage and early union will likely vary between specific population groups, depending on the age at marriage of both the girl and her spouse, education and socio-economic status as well as ethnicity, religion and location. However, viewing adolescent pregnancies, child marriages and early unions through this typology lens provides a foundation for tailoring evidence-based programme interventions to address specific situations.







# Tailoring Intervention Strategies

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This chapter provides an introduction to how intervention strategies may differ depending on the prevalent type or pattern of child marriages and early unions. The global evidence for programme interventions is discussed and examples of strategies are provided for differing patterns and drivers.

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## 1. Different Patterns Require Different Approaches

**The differing patterns of adolescent pregnancy, child marriage and early union observed across the Southeast Asia and the Pacific region require different intervention strategies.** A ‘one-size-fits-all’ approach to addressing early pregnancy and marriage is unlikely to succeed and may even cause harm. For example, legislation prohibiting child marriage can be used to break-up consensual adolescent relationships. An approach focused solely on forced and arranged marriages is unlikely to address the drivers of self-initiated or circumstantial marriages. In some instances, these interventions may penalize or even criminalize young people’s agency and evolving autonomy.

- 1) **When child marriages are arranged by a girl’s parents or caregivers, it is particularly important that strategies engage families and communities.** This includes provision of economic support and opportunities, education for parents and adolescents about young people’s right to decide when and who to marry as well as changing harmful norms that stigmatize adolescent sexuality and reinforce the lower value of girls.
- 2) **When circumstantial marriages are occurring, strategies need to address the factors driving adolescent pregnancies** that result in child marriages. This includes transforming harmful social and gender norms that pressure adolescents to marry in order to be sexually active or to resolve ‘the problem’ of an adolescent pregnancy.

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Different strategies are needed to address different drivers and patterns of adolescent pregnancy, child marriage and early union.

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3) **When adolescents are entering into self-initiated marriages and unions, it is essential to ensure they have other options**, including opportunities for employment and education. There is also a need for strategies that build positive parenting skills and prevent violence and abuse in families, to support adolescents in difficult home situations. However, at the heart of any intervention must be the recognition of their evolving capacity and agency, as highlighted by the Child Rights Committee.(15)

**Interventions to empower adolescents, particularly girls, with life skills and knowledge are needed across all patterns and pathways.** This is necessary to develop capacities, maximize choices and ensure consent,

and includes access to comprehensive sexuality education and SRH information and services.

**Intervention strategies should be tailored to the country context** (see Figure 5). Before designing an intervention, it is important to understand the specific patterns and drivers of adolescent pregnancy, child marriage and early union in that particular context. This includes determining the extent to which different types of child marriage and early union predominate among specific population groups at the sub-national level. Data on decision-making in marriage, together with qualitative studies on pathways to and patterns of adolescent pregnancy and child marriage, will help determine priority interventions.

**Figure 5 Examples of intervention strategies for adolescent pregnancy and child marriage/union**



## 2. Overview of Global Evidence for Interventions

**Globally, there is growing evidence for effective interventions to address adolescent pregnancy, child marriage and early union.** Reviews have identified protective factors including staying in school, higher education levels among parents – especially mothers, quality comprehensive sexuality education, access to and use of contraception and a supportive and enabling legal and policy environment.(47)

**Research suggests a combination of interventions is most effective in reducing adolescent pregnancies.**(2) Access to quality, adolescent-friendly SRH information and services, that are respectful and confidential, is essential.(59) This includes access to contraception, without parental consent restrictions, for unmarried adolescents. Access to quality education, including comprehensive sexuality education aligned with international standards, is also key. Additional measures proven to be effective include cash incentives to stay in school, addressing harmful social norms and a supportive legal and policy environment.(4,33)



**However, there is a need for more research on what works to prevent adolescent pregnancy among girls,** particularly in settings where pregnancies precede and drive child marriage and early union. Greater focus is needed on how to change social norms that stigmatize and shame adolescent sexuality and pressure girls to marry early, particularly to “resolve” a pregnancy. In addition, there is a need for greater attention to develop opportunities and pathways to adulthood outside marriage, particularly for adolescent girls.

**Effective interventions to address child marriage target individual, family and community levels** This includes empowering girls with information, life-skills and support, engaging communities to influence attitudes and increase awareness, providing incentives to keep girls in school and economic incentives. Some evidence reviews suggest that comprehensive, multi-component interventions are more likely to be successful, particularly those with an empowerment approach.(60,61) Single component interventions, in particular cash or in-kind transfers designed to keep girls in school, have also been found to be effective in delaying marriage. Such interventions are likely to be more beneficial when coupled with programmes that improve the quality, accessibility, and safety of education and schools.(60)

**Currently, there is a lack of intervention research, from Southeast Asia and the Pacific, on what works to address child marriage and early union.** Instead, most evidence on interventions is drawn from other regions, such as South Asia, where arranged marriage remains common, gender norms restrict adolescent girls’ agency and mobility, premarital sexual and romantic relationships are not accepted, and premarital sexual activity and self-initiated marriages are uncommon.(62) As such, there is a need to build the evidence base for what works, in specific country contexts, to address the diverse patterns and pathways to child marriage and early union in the region.(2)

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**Southeast Asia and the Pacific lacks intervention research on what works to address child marriage and early union.**

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### 3. Examples of Intervention Strategies

The following section presents examples of intervention strategies, found to be effective in addressing different patterns and drivers of child marriage, in specific country contexts.

#### 3.1 Enabling and Supportive Legislative Environment

**Appropriate legislation, for age of consent to sex and marriage, can help set a normative standard which supports longer-term social norms and behaviour change.** The recommended age for consent to marriage is 18 years, while the minimum age for consent to sex is recommended to be lower, at 15–16 years, depending on the context.(11–13,22,63,64)

**Across the Southeast Asia and the Pacific region, there is considerable variation in legislation for consent to sex and marriage.**(2) The legal minimum age for marriage varies from 17–21 years, with nearly half of countries mandating an age older than 18 years. Gender disparities, enabling girls to be married at a younger age than boys, are notable in Papua New Guinea, Samoa and Viet Nam, and for Muslim marriages in Malaysia and the Philippines. Most countries set a lower age for consent to sex than for marriage. A minimum age of consent to sex of 15–16 years is common, with the range being 12–18 years (see Annex 1). Several countries have close-in-age exceptions, which permit consensual sexual activity between peers, younger than the minimum age. Only Malaysia requires couples to be married to engage in sexual activity. A few other nations are also considering reforms to raise the age of marriage above 18, and to align the age of consent to sex with that for marriage.(2) However, such amendments risk penalizing young people and undermining their evolving capacities, as discussed further below.

**Age of consent to marriage legislation may not deter child marriages and early unions and instead drive the practice underground.** Discrepancies between laws, attitudes, beliefs and actual practices can act as barriers to implementation of legislation designed to prevent child marriage.(4) Laws banning child marriage are unlikely to address circumstantial child marriages/unions triggered by adolescent pregnancy.

Such bans may also drive the practice underground, leading to more informal and un-registered unions, deception regarding age of marriage partners, crossing borders to avoid restrictions or increases in self-initiated marriages through elopement.(8,18) Exemptions and exceptions which allow marriage before 18 years with the consent of parents, courts or religious authorities, also allow arranged child marriages to continue, including for children under the age of 16 years.(2) The exception suggested by the CRC and CEDAW, for a child to marry before 18 years, is to respect a *“child’s evolving capacities and autonomy in making decisions that affect his or her life,”* in which case they must be at least 16 years, mature and capable, with such decisions being made by a *“judge based on legitimate exceptional grounds defined by law and on the evidence of maturity, without deference to culture and tradition.”*(64) A rigorous procedure is needed, for a judge to meaningfully consult with an adolescent girl, to determine her capacity, maturity and autonomy in decision-making.(65,66)

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**Banning child marriage may drive the practice underground, or increase self-initiated marriages through elopements, as well as early unions involving cohabitation.**

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**Legislation which aims to curb child marriage can also penalize adolescent agency and evolving capacity.** A higher minimum age for consent to sex or marriage risks criminalizing consensual, self-initiated marriages/unions between adolescents and reinforces the stigma and shame associated with adolescent sexual activity and unintended pregnancies.(20,22) For example, in India, child marriage and child protection laws have had unintended adverse consequences leading to young people, and in some cases their families, being criminalized.(67,68) Parents can also use child marriage laws to break-up self-initiated unions between adolescents. As a result, adolescent boys in consensual relationships are being imprisoned for sexual assault under child protection laws. In addition, adolescent girls who seek help for unintended pregnancies risk mandatory reporting under these laws, which treat all sex under the age of 18 as rape.(67,68)

**Ensuring the minimum age of consent to sex is consistent with the onset of consensual sexual activity in adolescents recognizes and protects young people’s agency to engage in consensual relationships.** The Child Rights Committee has called on States to *“avoid criminalizing adolescents of similar ages for factually consensual and non-exploitative sexual activity.”*(15) Close-in-age exceptions (sometimes called “Romeo and Juliet clauses”) to age of consent laws, provide additional protection for consenting

relationships between adolescents. While raising the age of consent to sex to that of marriage may intend to protect young people, in practice it leads to restrictions on young people’s right to access SRH information and services and penalizes consensual relationships.(20) Refusing access to these services also diminishes sexual agency as it denies young people the right to make decisions about whether, when, how and with whom they have sex.(20,22,69)

## Recommended Strategies: Legislation

Effective intervention strategies ensure that laws, for age of marriage and consent to sex, are consistent with international standards, including:

- Ensuring child marriage laws are the same for adolescent girls and boys, with an age of consent to marriage of 18 years.
- Closing loopholes in child marriage laws that allow arranged child marriages to take place as well as exemptions to child marriage laws which allow adolescents under 18 years to be married with permission of parents or a religious leader.
- Ensuring a rigorous procedure for a judge to meaningfully consult with an adolescent girl, to determine her capacity, maturity and autonomy in decision-making when an exemption is sought.
- Ensuring the age of consent to sex is set at an age consistent with the onset of consensual sexual activity in adolescents. An age of consent to sex of 15–16 years is often recommended, depending on the context.
- Allowing for close-in-age exceptions to the age of consent for sex, recognizing that sexual activity can be a normal part of adolescent development.
- Eliminating age and marital status requirements to access contraception and family planning services.
- Carefully monitoring implementation of existing child marriage and age of consent laws to address potential adverse consequences. Monitor and assess the impact of these laws, including how criminalization of close-in-age marriages impacts rates of elopement, cohabitation and informal unions.

Most importantly, governments should avoid adopting laws that penalize adolescent sexuality and close-in-age relationships.

## INDONESIA: Raising the age of marriage



In 2019, Indonesia amended the 1974 National Marriage Law to raise the age of consent to marriage for adolescent girls from 16 to 19 years, matching the age for boys. The reform was hailed as a sign of progress in preventing child marriage in Indonesia, where 11 per cent of women aged 20–24 years are married before the age of 18 years. While further research is needed, there is evidence that suggests child marriage may be on the rise since the amendment.

While the legal age of marriage has increased to 19, parents can seek dispensation from courts or religious authorities for an underage marriage. Exemptions to the legal age of marriage have been growing for some years, with requests increasing two and a half-fold between 2005–2018. These requests have risen significantly since the reform with 24,000 requests received in the first half of 2020 alone, compared to 23,000 in the previous full year.<sup>(70–72)</sup> Most exemptions are approved, particularly cases of adolescent pregnancy, when courts grant dispensation to protect the girl and her child from the stigma associated with premarital sexual activity and pregnancy.

The COVID-19 pandemic and associated response measures have also stimulated a surge in child marriages and adolescent pregnancies. Some early marriages likely follow an unintended pregnancy, however others may be a response to financial hardship. There has been a significant rise in poverty in Indonesia since the onset of the pandemic, with millions out of work. Financial pressures and school closures have resulted in 9.7 million children at risk of school dropouts.<sup>(72)</sup> As a result, parents may seek to marry-off daughters to reduce the economic burden on their household.

Raising the legal minimum age for marriage may drive child marriages underground.<sup>(73)</sup> If a dispensation is not granted, families may not register the marriage at all or adolescents may marry in secret.<sup>(73)</sup> Parents may even not apply to the courts for dispensation for younger adolescents.<sup>(74)</sup> An unintended consequence of raising the marriage age may also be stigmatizing adolescents who marry under the age of 19.

This example highlights the potential unintended consequences of raising the age of marriage above 18. Where there is a significant gap between legislation and the social norms and practices that support child marriage, legislation alone is not an effective deterrent.<sup>(19,62)</sup> It is recommended to establish a minimum age of consent to marriage at 18, for both sexes, in line with international standards. Legislative provisions must also be complemented by strategies to empower adolescent girls, engage families and communities, and provide incentives to keep girls in school.



### 3.2 Keeping Adolescent Girls in School

**Higher levels of education among women are strongly correlated with lower prevalence of child marriage and early union.** This is particularly true for mothers' education: a study on drivers of child marriage in South Asia found a strong correlation between the education levels of mothers and declines in child marriage.(75) Globally, evidence shows that just one generation of education for women reduces child marriage among their daughters considerably.(60) Women with lower levels of education are also more likely to enter into marriages or unions under the age of 18 years.(60)

**A recent systematic review found conditional cash incentives to keep girls in school was the single most successful intervention to delay child marriage,** across settings.(60) This includes cash transfers to support girls' attendance and progress in school, including through large-scale government programmes. However, cash incentives which include delaying marriage as a specific condition, have had mixed results and lack proof of effectiveness.(60)

**Increasing girls' participation and retention in schooling has also proven to be effective in reducing adolescent pregnancy globally and in the region.** Once girls leave school, due to pregnancy, they are unlikely to return.(2) Interventions that prevent stigma and discrimination in education settings and provide support to adolescent mothers and married girls to return to school, are therefore important in

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**Programmes to address adolescent pregnancy, child marriage and early unions can benefit from leveraging initiatives to increase girls' participation in school.**

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countries where the prevalence of early marriage and pregnancy are high.

**Improving women's and girls' education not only helps prevent child marriage and adolescent pregnancy, it also offers girls an alternative future beyond marriage.** Programmes to address early pregnancy, marriage and unions can benefit from linking to and leveraging initiatives to increase girls' participation in school. This includes interventions to enhance the quality of education to ensure safety in and on the way to school, address school-related violence and bullying as well as improve access to digital technologies and learning, especially for adolescent girls.(60)

**Girls' education and livelihood skills are also vital if marriages or unions break down.** Child and early marriages are more likely to end in separation and divorce.(5,8,35) Marriages triggered by an unintended adolescent pregnancy may also be more likely to flounder.(8,35,39) For most, divorce and separation will force women and their children further into poverty unless they have an education and skills to seek employment.(8,76)

## Recommended Strategies: Girls' Education

Interventions to address adolescent pregnancy, child marriage and early union, should:

- Prioritize investment in women's and girls' education.
- Invest in conditional cash transfers to keep girls in schools, but not to delay marriage.
- Prohibit discrimination against pregnant and married adolescent girls in schools.
- Provide support to adolescent mothers and married girls who return to school.
- Leverage existing initiatives to promote girls' participation and retention in education.

### THAILAND:

#### Prevention and Solution of Adolescent Pregnancy Problem Act



In 2016, Thailand passed the Act for the Prevention and Solution of the Adolescent Pregnancy Problem. The law aims to enhance the quality of SRH education and services for adolescents, including by increasing coordination across ministries. The act enshrines young people's right to make informed decisions, access information and services and equal treatment without discrimination, including confidentiality and privacy. It provides that adolescents over 10 years old have the right to make independent choices in accessing reproductive health services.

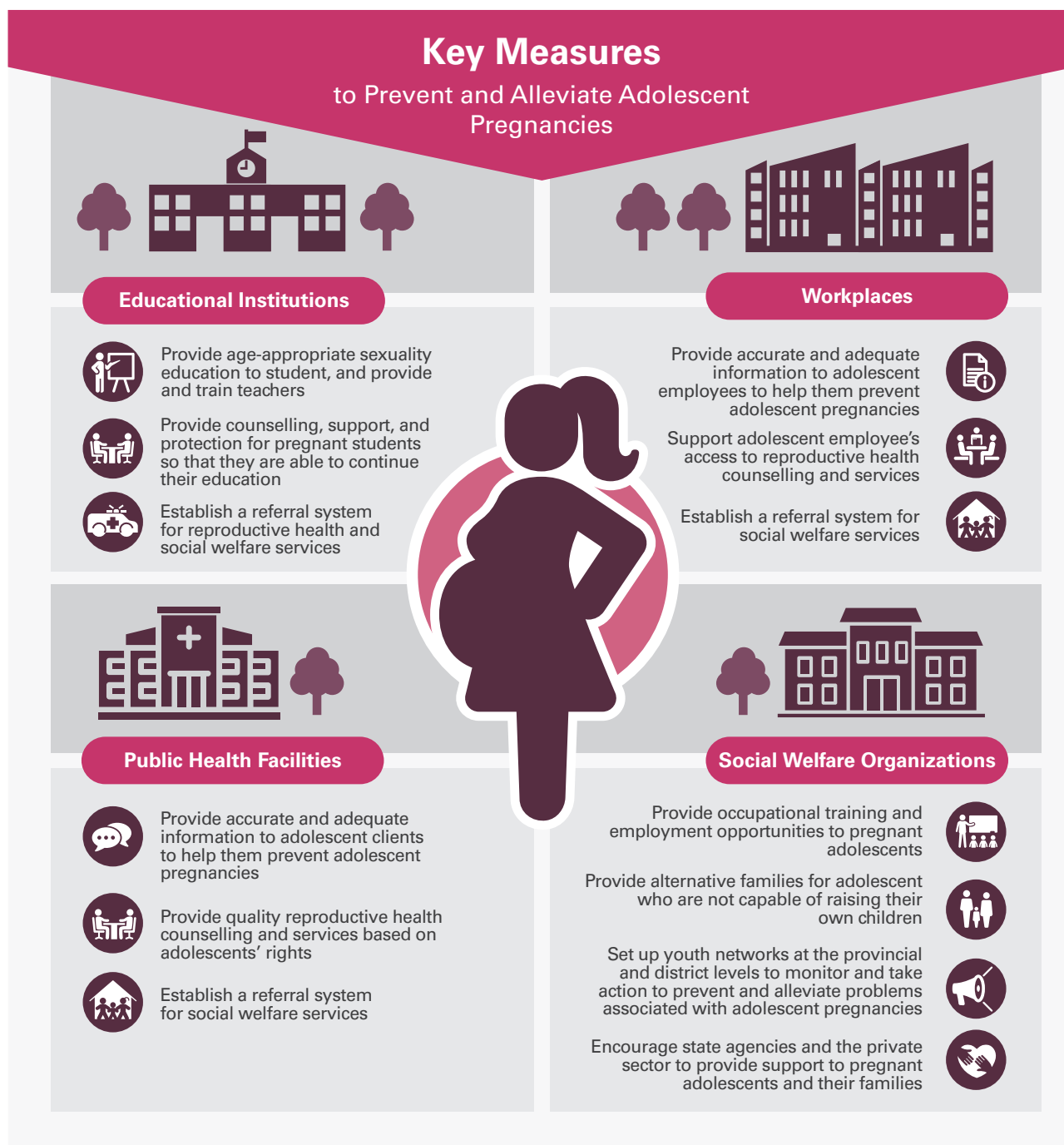
It specifically requires schools to provide comprehensive sexuality education and ensures that pregnant students can continue their schooling.

A cross-sectoral approach for implementation of the act is mandated across sectors: education, labour, health, social welfare and local administration. The act is overseen by a committee to propose policies and strategies, guidelines, legislative reforms and address implementation bottlenecks.(77–79) A national strategic plan for teenage pregnancy (2017–2026) was adopted to support implementation of the law. There is evidence that this approach may be working: the latest MICS survey conducted in 2019 showed a decline in adolescent pregnancy rates.(29) Nearly three-quarters (74 per cent) of married or in-union adolescent girls aged 15–19 years were using modern methods of contraception and 90 per cent reported having studied sexuality education in school.

However, sexuality education does not reach one-in-four boys and one-in-10 girls who are out of school.(29) More research is needed to understand if and how the act has impacted those not in school, as well as young people in rural areas and the poorest quintiles, where rates of adolescent pregnancy remain high. There is also a need to investigate the drivers of declines in adolescent pregnancy and to understand the impact of recent legalisation of abortion before 12 weeks.



**Figure 6 Thailand: Act for the Prevention and Solution of the Adolescent Pregnancy Problem**



Source: Based on UNFPA infographic (80)

### 3.3 Economic Incentives

Evidence is mixed regarding the use of economic incentives to address adolescent pregnancy and child marriage. Globally, studies have shown economic incentives, including cash and in-kind transfers, to delay marriage or prevent adolescent pregnancy have been successful in some settings, but not in others.(59–61)

Economic incentives may be more effective in addressing arranged child marriage in contexts when supporting norms are already weak or softening.

**Economic incentives may be more effective in contexts where norms supportive of child marriage are weak or softening.** Across the region, early pregnancy and marriage strongly correlate with socio-economic status, with higher rates among lower wealth quintiles and in rural areas. Research from South Asia indicates that economic growth leads to declines in child marriage. This is particularly so in settings where child marriages are declining and the underlying social norms that support these unions are less influential.(75) However, economic development has less impact on the prevalence of child marriage in areas where the practice is common, and presumably supported by strong social norms.(75)

**Despite positive results in some settings, there are no guarantees that cash transfers for household economic support will be spent in ways that protect a girl from child marriage.** When cash transferred for household economic support runs out, so does

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**Economic incentives to support households or delay marriage do not change underlying structural inequalities and social and gender norms.**

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the incentive to not arrange marriage.(60) Paying families to offset the cost of raising girls may also reinforce their lower value and unwantedness.(81) Economic incentives that focus specifically on delaying marriage to the age of 18 or reducing unintended adolescent pregnancies do not change underlying structural inequalities or social and gender norms.(60) However, investments in girls' education creates lasting value and impacts, with the opportunity to empower adolescent girls and shift these norms.(60,81)

**More favourable job markets, that create employment opportunities for girls in early adulthood, have been shown to be key for delaying marriage** in South Asia.(60) In countries where women's labour force participation is low, marriage is itself a livelihood strategy for women and girls. The potential for future economic opportunities for adolescent girls provides an alternative and can help delay marriage.(60) For example, young women's increased participation in garment factory employment in nations such as Bangladesh is estimated to have had a much greater impact on reducing child marriage than any programme intervention.(60) Livelihood skills interventions also show positive impacts in addressing child marriage. Targeted interventions to increase skills, capacities and provide employment opportunities can help provide alternatives to arranged child marriage and self-initiated marriages/unions as well as offer an alternative pathway to adulthood for adolescent girls.(60,82)

## Recommended Strategies: Economic Incentives

- Economic incentives may be more effective in contexts where norms supportive of arranged child marriage are softening.
- Cash incentives targeting household economic support need to be carefully designed as they can have mixed results in preventing child marriage and adolescent pregnancy. Instead, they can inadvertently reinforce the perception that girls are unwanted or a burden.
- Cash incentives to keep girls in school are a proven strategy to address unintended adolescent pregnancy and child marriages/early unions.
- Employment opportunities are effective in delaying marriage, offering an alternative to arranged as well as self-initiated marriages/unions.
- Both education and employment opportunities provide an alternative pathway to adulthood for adolescent girls.

### 3.4 Life Skills and Comprehensive Sexuality Education

**Life skills education is a core component of most programmes to prevent adolescent pregnancy, child marriage and early union.** Evidence from countries, such as Bangladesh, suggests that dedicated life skills and gender equality training can be effective in reducing child marriage.(2,60) Provision of life skills education at adolescent girls clubs and in school settings is proven to increase girls' social and psychological well-being, knowledge, access to and use of health and education services.(82) It has also been found to generate positive changes in attitudes towards gender equality, and decreased acceptance of gender-discriminatory practices, such as child marriage.(82) As the content of life skills education varies across settings, it is important to ensure the curriculum is aligned with what is known to be effective practice. For example, inclusion of gender equality in programme curricula leads to greater effectiveness.(83)

**Comprehensive sexuality education (CSE) is effective in delaying sexual debut and reducing unintended adolescent pregnancy.**(2,45,46,54,84) School-based CSE programmes have shown positive effects in increasing young people's knowledge and improving attitudes related to SRH.(85) CSE also contributes to delayed onset of first sex, reduced risk behaviours and increased use of condoms and contraception. (2,45,54,84) CSE programmes that address gender by challenging harmful gender norms and promoting gender-equitable relationships are more effective in reducing sexually transmitted infections and unintended pregnancies.(83) CSE also plays a key role in promoting respectful, equal and non-violent relationships contributing to prevention of GBV.(2,83)

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Comprehensive sexuality education contributes to delayed sexual debut, decreased frequency of sex and sexual partners, reduced risk behaviours and increased use of condoms and contraception.


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**However, no country in the Southeast Asia and Pacific region currently provides a national CSE curriculum that meets international standards.**(86) There is limited education that addresses vulnerable groups of young people, including LGBTI and people with disabilities, or that recognizes diversity in gender identity and sexual orientation. Inclusion of participatory approaches that are peer-based and student-centred – providing young people with opportunities to interact and learn from each other, to promote changes in behaviour and develop life skills – are limited in school-based CSE.(2) Moreover, there are significant barriers to accessing CSE in schools: CSE is poorly implemented and/or skipped in many school settings across the region and is not available to married girls or adolescent mothers who have dropped out of school.(2,86)

**Provision of out-of-school CSE programmes can help reach married adolescent girls and mothers.** Peer-led sexuality education programmes, provided in informal and out-of-school settings, can present an alternative to school-based CSE. Evidence for their effectiveness is mixed: many programmes have been small-scale and not always well evaluated.(2,85,87) However, some out-of-school CSE programmes were found to be effective in reaching young people not engaged in formal education, including due to adolescent pregnancy and child marriage. These out-of-school initiatives often face implementation challenges, are resource-intensive and generally small-scale with limited coverage.(2)


**Digital CSE has been shown to improve knowledge of SRH and use of contraception in high-income settings.**(2) Programmes that combine digital and face-to-face learning are more effective.(88) Several recent studies have mapped the growing number of available digital sexuality education resources in Asia and the Pacific. However, few platforms provide comprehensive, evidence-based and gender-responsive content, and evidence for their impacts is limited (see Figure 3 for examples).(89,90) Nevertheless, provision of online CSE including through digital applications is promising, particularly when combined with face-to-face programming.(88) Digital sexuality education offers an opportunity to privately provide access to personalized content at scale, including information about young people's rights and prevention of GBV.

**Figure 7** Examples of digital sexuality education from Asia and the Pacific




**LOVE MATTERS**

Available worldwide in five languages, this website engages young people to talk about love, sexuality, gender rights and relationships, but has a suggested age restriction of 18 years.



**TEEN MOM**

Teen Mom cartoons on the Thai application LINE Webtoon aim to reduce rates of adolescent pregnancy, STIs and HIV and help young people access SRH advice and services.



**YOUTH CHHLAT**

Youth Chhlat is a Cambodian multimedia platform for sexuality education that includes a website, Android app, YouTube info-cartoons, mobile podcasts, and question-answer services accessible from mobile phone SMS, Facebook Messenger and email.

Source: UNICEF (89)

Most young people in the region get their information about sexuality from peers and the internet – not in school.(86) Increasingly young people are looking online for information about sexuality and health and want information about sex that includes relationships, communication with partners and positive sexuality.(89) However, they may also be exposed to pornography, which can be violent, unsafe and non-consensual, which may impact their beliefs and attitudes about sex, including unrealistic expectations about sexual relationships. There is a need to support digital sexuality initiatives that provide evidence-based, quality information on SRH, sexuality and relationships, so that young people can find more reliable sources when they search online.

COVID-19 pandemic response measures, including social isolation and online schooling, have increased young people’s time online and their potential exposure to pornography and online sexual exploitation and abuse.(91,92) Provision of life skills education and CSE is even more important in this context and should include digital literacy and online safety, prevention of GBV, sexual exploitation and abuse as well as provision of accurate, safe and gender-responsive information about sexuality. Significantly greater investment in peer-based life skills education, CSE programmes and digital sexuality education is needed in the region.



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## Recommended Strategies: Life Skills and Comprehensive Sexuality Education

- Life skills education is effective in addressing child marriage and empowering adolescent girls.
- To ensure effectiveness, life skills curricula should be carefully reviewed to align with good practice, including content on gender equality.
- Comprehensive sexuality education, in and out of school, is proven to delay early sexual debut and prevent unintended adolescent pregnancy.
- CSE can also support more gender-equitable relationships and help prevent GBV.
- To be effective, CSE should be aligned to international standards, including participatory approaches and building life skills.
- Out-of-school CSE is effective in reaching adolescents who have dropped out of school, including as a result of pregnancy, child marriage and early union.
- Peer-based education and online/digital sexuality education can complement more traditional approaches.
- Online/digital sexuality education is more effective when combined with face-to-face CSE.
- Greater investment in life skills and comprehensive sexuality education is needed, particularly in the context of COVID-19 and young people's increased exposure online.

### 3.5 Sexual and Reproductive Health Information and Services

**Access to sexual and reproductive health (SRH) information and services is an important strategy to prevent unintended adolescent pregnancy.**(2,93,94) Adolescent-friendly health services are more likely to be effective and can help overcome barriers to access. Adolescent health services are designed specifically for young people to be convenient, private and confidential, with staff who are friendly, respectful, and non-judgemental.(2,95) These factors help overcome stigma and discomfort, particularly among unmarried young people. Improvements in service quality, coupled with efforts to generate community support, have been found to be effective in increasing use of SRH services among young

people.(95) Efforts to enhance health provider training as well as provision of clear implementation guidelines and operational support have also been shown to improve quality and uptake of services.(2,95–98)

**Most countries in Southeast Asia and the Pacific recognize the importance of providing adolescent-friendly health services,** and many have realized or are developing standards to define adolescent-responsive service delivery.(2,95) However, there are numerous implementation challenges. For example, while Lao PDR has developed the National Adolescent and Youth Friendly Services Guideline, a study in Khammouane province found that young people were not aware of services, which were unavailable for unmarried young people and that service providers felt ill-prepared to provide SRH services to adolescents.(99) In Indonesia, guidelines on provision of youth-friendly health services were

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**Adolescent-friendly health services offer accessible, non-judgemental care with qualified staff who respect young people's rights, privacy and confidentiality.**

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adopted in 2003, however only half of government-run health clinics have integrated these services, and uptake among young people remains low. Barriers include geographical distance and cost, as well as limited capacity and conservative attitudes of service providers.(100)

**Age provisions and requirements for parental or spousal consent for young people to access SRH should be removed.** In some countries, the legal

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**In some countries, the legal age of consent to healthcare is 18 years, and those younger require the consent of a parent or guardian to access health services, including for SRH.**

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age of consent to healthcare is 18 years and young people under this age require the consent of a parent or guardian to access health services.(101,102) Married adolescent girls may also require the consent of their spouse, religious leaders or another authority. Reform of these requirements is needed to ensure young people, in particular adolescent girls, can exercise their right to access information and services. These provisions violate young people's right to privacy, confidentiality and act as a barrier to accessing SRH services.(2) Several countries, in Southeast Asia and the Pacific, have recently adopted laws or policies to ensure young people can independently access these services, including Lao PDR, Myanmar, Papua New Guinea and Thailand. (101)

**Meeting the unmet need for contraception among adolescent girls would reduce unintended pregnancy by up to 60 per cent globally.**(93) Significant unmet need for contraception is reported by married and unmarried adolescents in the Asia-Pacific region, with low use of contraception among unmarried sexually active adolescent girls.(2) Adolescent girls, including those married, also encounter difficulties refusing sex, negotiating safe sex and use of contraception.(103) Some nations still require spousal consent for access to SRH and contraception.

For example, in Indonesia contraception can only be given to a married woman with her husband's consent.(101,102) Interventions supported by evidence include combining education programmes in schools and communities with adolescent-friendly health services, health centre outreach activities and media campaigns.(93) Provision of contraception in combination with SRH education is effective in preventing repeat pregnancies among adolescents. (2,104)

**Abortion remains illegal or restricted in most countries in Southeast Asia and the Pacific,** with the exception of Cambodia, Thailand and Viet Nam.(2) Yet a significant proportion of unintended pregnancies in the region end in abortion: 65 per cent of all unintended pregnancies in Asia and 38 per cent in the Pacific.(2) Estimates suggest the abortion rate for East and Southeast Asia is 43 per 1,000 women aged 15-49.(105) While data on abortion among adolescent girls is scarce, one study in Papua New Guinea where access to abortion is highly restricted, found that 71 per cent of women accessing post-abortion care were aged 15-24 and 39 per cent were unmarried.(2)

**Unsafe abortion is a leading cause of maternal mortality and morbidity.** Recent estimates by the Guttmacher Institute suggested that 2.4 million women aged 15-49 in Southeast Asia have abortions in unsafe conditions every year.(93) Abortion is more likely to be unsafe – conducted by unskilled providers and/or using unsafe methods – where it is highly restricted or illegal. Even where it is legal and available, stigma prevents many young people from seeking safe abortion, as well as post-abortion care.(106,107) Adolescent girls and unmarried young women are at higher risk of abortion-related morbidity and mortality in some countries.(2)

**Ensuring access to SRH information and services, as well as GBV services and support, is also critical for married girls and adolescent mothers.** These services not only facilitate access to education and contraception to help prevent adolescent pregnancies, they also provide an entry point for support and referrals for GBV within marriage.(2) SRH services can improve access to and quality of maternal and post-natal care for adolescent pregnancies and mothers. In addition, these services can be an entry point to increase support for young parents, including psychosocial care.(2,103,108)

## Recommended Strategies: Sexual and Reproductive Health Information and Services

- Access to adolescent-friendly health services that are accessible, private and confidential, with staff who are positive, friendly and non-judgemental, can improve young people's access to SRH information and services.
- Awareness raising and demand generating activities should be linked to adolescent-friendly SRH services.
- Laws and policies should be reformed to remove mandatory age, parental or spousal consent requirements for young people to access SRH services, including contraception and comprehensive abortion care.
- Improve knowledge of and access to modern contraceptive methods to avoid unintended pregnancy.
- Increase access to post-abortion care and, where legal, comprehensive safe abortion to help reduce unsafe abortion, maternal mortality and morbidity.
- Provide access to SRH services and information to married girls and adolescent mothers, including as an entry point for referral to psychosocial support and GBV services.

### MYANMAR and PAPUA NEW GUINEA: Improving access to sexual and reproductive health information and services



Several countries in the region, with high rates of adolescent pregnancy and/or child marriage, have adopted laws and policies to ensure young people and adolescents can access SRH information and services, including by amending or removing parental consent provisions.

For example, in **Myanmar**, the Family Planning Guidelines for Service Providers (2018) provide that young people aged 15 years or over must be assured of confidentiality and privacy, and services must ensure that an adolescent's choices are her own and she is not unduly pressured to make decisions by her partner or family.(109)

**Papua New Guinea's** Sexual and Reproductive Health Policy (2014) commits to increasing access to family planning services for adolescents. The policy does not require parental consent for unmarried adolescents over the age of 16 accessing family planning services.(101)

## 3.6 Prevention of Sexual Violence and Coercion

**Adolescents are particularly vulnerable to GBV, including sexual, intimate partner and dating violence.**(110) Perpetration and victimization often begin or are exacerbated during this stage of life. In many countries, sexual violence is first reported during adolescence. Intimate partner violence (IPV) often starts early in relationships, with physical and sexual violence being common in informal adolescent relationships.(110,111) Several studies, from the region and beyond, have found that sexual violence, rape and coerced or pressured sex contribute to early sexual debut.(37,110–115) Adolescent girls who experience coerced sex are also at greater risk of unintended pregnancy.(47) Adolescent pregnancy and child marriage are risk factors for violence: married girls and adolescent mothers experience higher levels of IPV than older women.(110)

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**Some countries still allow rapists to escape legal charges, including under statutory rape laws, if they marry the victim.**

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**Marital rape is not recognized as a crime in several countries in the region,** including Malaysia and Myanmar.(111,116) Some countries, such as the Philippines and Thailand, still allow rapists to escape legal charges, including under statutory rape laws, if they marry the victim.(1,117) Adolescent girls who fall pregnant as the result of rape, may be forced to marry the perpetrator in some settings.(118)

**Sexual coercion and violence, IPV and reproductive coercion are closely linked.** Reproductive coercion interferes with the autonomy of a person to control their own body and make decisions about their reproductive health. This includes coercion and pressure to become pregnant or to continue or terminate a pregnancy.(119) IPV in young people's relationships is often correlated with reproductive coercion as well as sexual and physical violence.(120) Reproductive coercion contributes to unintended adolescent pregnancies and is also found in arranged child marriages, where there is often significant pressure to begin early childbearing.

There is a need for more research to better understand the role that social pressure and reproductive coercion play in adolescent pregnancies.

**There is a growing evidence base for what works to prevent violence against women and girls.**(121–124)

The many effective interventions to address GBV include:

- **Economic interventions**, such as cash transfer programmes or combined economic and social empowerment programmes, targeting women. These reduce women's economic dependence and enable them to leave violent relationships. Cash transfer programmes are more effective when combined with social components, such as group discussions. Combined economic and social empowerment programmes are more impactful when gender and power relations are encompassed.
- **Parenting programmes to prevent IPV and child maltreatment** that include a focus on gender and power relations.
- **Community activism to shift harmful gender attitudes, roles and social norms.** Interventions which are intensive and implemented over a longer time period (18–24 months) are more effective. Programmes that seek to engage men and boys on issues of gender equality and GBV to change social norms are more effective when women and girls are also engaged.
- **School-based interventions to prevent dating and sexual violence, as well as interventions for gendered peer violence.** Longer programmes with trained facilitators or teachers, that apply participatory learning approaches and include gender and power relations, are more effective.
- **Alcohol and substance abuse interventions for individuals and couples.** These interventions can be effective in reducing IPV and non-partner sexual violence and are particularly effective when working with couples.
- **Couples interventions focused on transforming gender relations**, including gender roles and decision-making within relationships.
- **Interventions with female sex workers to reduce violence by non-partners**, in particular empowerment programmes, collective action and interventions to reduce substance abuse.



However, some interventions – such as brief bystander ones, social marketing campaigns and edutainment, counselling and safety planning for pregnant women – have been assessed as ineffective.(121)

**As adolescents are particularly vulnerable to GBV, specific strategies are needed for prevention and to address early perpetration.** Examples of interventions to prevent violence include dating violence interventions in schools, community-based interventions to promote gender-equitable attitudes among boys and girls, and parenting interventions to prevent child maltreatment and abuse.(125) Adolescent girls' clubs have also been shown to help reduce acceptance of violence and increase access to and utilization of services.(82,125) In school settings, promising approaches involve reflection and consciousness-raising on gender identities, norms and inequalities that shape the risk and experiences of sexual violence, as well as working with teachers, schools, parents and communities.(126)

There is an opportunity to strengthen the interlinkages between programmes to prevent violence, comprehensive sexuality education and life-skills training, through common curricula and messaging.

**Adolescent girls often fall between violence response services targeting women and those focused on children.**(110,111) Most adolescent victims and survivors do not seek help from available services. Some may not be accessible or appropriate for adolescents experiencing IPV. Services for children may not recognize young people's agency in consensual relationships or offer support to married girls experiencing IPV. One example of service provision targeting adolescent girls is safe spaces in emergency settings that provide an entry point for a range of services, including livelihood skills, psychosocial counselling for violence, access to SRH information and referrals to services.(127) There is an urgent need for GBV and child protection services to include a greater focus on the experiences and needs of adolescent girls, including those married or in-union.

## Recommended Strategies: Addressing Sexual Violence and Coercion

- Include interventions to prevent and respond to sexual violence and coercion, IPV and dating violence in programmes to address adolescent pregnancy and child marriage.
- Urgent reform is needed of laws which permit marital rape or allow a perpetrator to escape prosecution for rape, by marrying the victim.
- Reproductive coercion is strongly linked to IPV, sexual coercion and violence, highlighting the need for integrated interventions to address GBV and SRH needs.
- Invest in interventions proven to be effective and avoid those without evidence of effectiveness.
- A specific focus on prevention and response to violence against adolescent girls is essential.
- Leverage commonalities in prevention initiatives effective for adolescent girls, such as school-based programming, life skills and comprehensive sexuality education.
- Response services should specifically target adolescent girls, for example by providing safe spaces in emergency settings and ensuring tailored responses to married/in-union girls who experience violence.

### 3.7 Social and Gender Norm Changes

**Social and gender norm changes are essential to tackle harmful norms**, including those that penalize adolescent sexuality and support arranged and circumstantial child marriages. The stigma associated with adolescent sexuality is a driver of child marriage and early union in the region and globally. Young people, particularly girls, are shamed and penalized for sexual activity outside marriage.(3,5) In most countries regionally, adolescent girls are blamed for premarital sexual activity, even when it is non-consensual. They are expected to be responsible for preventing sexual activity and controlling boys' behaviour.(37,39,53) Gender norms that define women's and girls' identity and value in terms of their reproductive function and consider a woman's life incomplete unless she marries and bears children, contribute to marriage as a "compulsory" social institution. Perceptions of adolescent girls as being more desirable, malleable and easier to control, drive marriage of younger brides.(33,38,53)

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**Adherence to unequal gender norms and attitudes develops early in life, so interventions must also start early.**

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**Gender norms and attitudes shaped in early childhood, intensify in adolescence and become entrenched over time.** By early adolescence, girls and boys (aged 10–14 years) already express different gender attitudes.(128,129) Parental expectations and interactions also change in early adolescence with parents treating children differently based on gender. Adolescence brings greater autonomy and freedom for boys. In contrast, girls face greater restrictions and controls, generally on the grounds they need protection and their reputation reflects on the family.(129) The influence of gender and social norms in childhood and early adolescence means interventions should also start early, ideally in childhood, through parenting programmes, school-based initiatives and comprehensive sexuality education.

**There is growing evidence regarding the drivers of social and gender norm changes.**(128,130–133) Macro level factors, such as economic development and the spread of communications technology, are significant drivers of social norm changes. Deliberate efforts to change norms – such as new laws and policies, programmes and social activism – also contribute, as does exposure to new ideas through formal and informal channels, such as social media.(132) However, the same forces that can shift gender and social norms in positive directions can also undermine gender equality and reinforce discrimination. Efforts to change norms can result in backlashes and resistance, including on the basis of tradition and culture.(132)

**Harmful gender and social norms are complex and interwoven.** For example, norms that support arranged child marriage are linked to those about sexuality and marriage, family roles and responsibilities of parents and children as well as gender roles and identities.(5,128,133) These norms are "sticky" – they are persistent, entrenched and reinforced by structural inequalities and discrimination.(132,133) Deciding where to focus social norm change efforts – whether on the norms that support child marriage, or those that penalize adolescent sexuality and unintended pregnancy, gender inequality or norms surrounding adolescence more broadly – is critical in the context of limited resources.



### Evidence-based effective interventions include:

- Influencing norms that support arranged child marriage through girls' clubs and empowerment programmes, coupled with initiatives that educate and mobilize parents and community members, including by promoting community dialogue and providing edutainment.(5) Girls club programmes should not be standalone but engage girls' families and communities, including male family members, to ensure girls have a supportive environment and to lessen the potential for conflict or backlashes.(134)
- Addressing norms regarding adolescent sexuality and unintended pregnancy, through community-level interventions targeting parents, teachers, health providers and the larger community. This includes curriculum-based family life education, peer education and support, adolescent safe spaces, community dialogue and mass media campaigns.(135)

**Several studies have shown that changes in child marriage norms have been driven more by economic growth and employment opportunities, than programme interventions.**(60,75) Similarly, changing family sizes and compositions, declining fertility rates, changes in employment opportunities

and access to the internet and social media, have contributed to changes in norms around adolescent sexuality and pregnancy.(128) For this reason, interventions that aim to change gender and social norms are more likely to be effective if also addressing structural factors, such as access to employment and retention in education.(128) Successful interventions should be scaled-up once there is evidence of their effectiveness.

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**Interventions to change social norms are more likely to be effective if they also address structural factors such as access to employment and education.**

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**Measuring social and gender norm changes is challenging** and effective measures are often not included in programme interventions. Changes in attitudes and behaviour while important, are not sufficient to measure whether underlying norms have also changed. Clear measures, including which norms are expected to change and how they will be monitored over time, should be included in programme design and implementation.(135)

### Recommended Strategies: Social and Gender Norm Change

- Programme interventions should address harmful social and gender norms that support arranged child marriage and penalize adolescent sexuality and unintended pregnancy.
- As social and gender norms are formed at an early age and quickly become entrenched, interventions need to start as young as possible.
- Take an evidence-based approach with proven strategies for changing specific norms that support child marriage and penalize unintended adolescent pregnancy.
- Social norm change is likely to be more effective when combined with interventions that address structural drivers, such as women and girls' participation in employment and education.
- Measurement of changes in norms, as well as attitudes and behaviour, should be included in programme design and implementation.

## INDONESIA and MALAYSIA:

### A multi-sectoral approach to addressing the drivers of child marriage



In January 2020, **Malaysia** adopted the National Strategy Plan in Handling the Causes of Child Marriage. The plan is explicitly designed to address the drivers of child marriage in the country's context, including low household income and poverty, lack of access to SRH education and parenting skills, limited school attendance, stigma and social norms underlying child marriage and gaps in legislation that provide for marriage under the age of 18. The need for reliable data, on marriage and divorce under the age of 18, is also a priority.

Importantly, the strategy recognizes unintended adolescent pregnancy as a driver of child marriage and provides for access to SRH education and services to prevent adolescent pregnancy, including through provision of in-school and digital/online comprehensive sexuality education.(136,137)

**Indonesia** adopted a National Strategy on the Prevention of Child Marriage in February 2020 that recognizes the complex drivers of child marriage and the significant variance of rates across the country. The strategy focuses on empowerment of young people, including through provision of life skills education, changing social norms, improving parenting skills and providing family economic support. It ensures access to services and information, including health and education, keeping children in school and implementation of legislation encompassing marriage registration. The strategy also recognizes that unintended adolescent pregnancy is a driver and provides for comprehensive sexuality education and referrals to services for unintended adolescent pregnancy, as well as providing support for married adolescents.(138)



## 4. Research on Pathways and Drivers

**There is currently insufficient evidence on the effectiveness of targeted programmes to address adolescent pregnancy and child marriage** in most countries in the region. Data is needed on the patterns of adolescent pregnancy, child marriage and early union, and the prevalence in each country. Research is necessary to determine how patterns vary at sub-national level, including among specific populations of differing socio-economic status, ethnicity, location or religion. A better understanding of different patterns and dynamics according to the age at which girls marry, as well as the spousal age gap, is also needed. Research should include regression analysis to better understand the primary drivers of child marriage and early union in each context. Key issues to consider include decision-making and agency, the quality of consent and circumstances surrounding child marriages and early unions. Questions to be answered include who are the primary decision-makers, are marriages arranged or self-initiated, is there strong social pressure to marry early and are unintended, premarital adolescent pregnancies leading to circumstantial child marriages and early unions?

**Data on sexual violence and coercion is also important to understand the extent to which these factors may be contributing** to unintended adolescent pregnancy and child marriage. Useful

information could also be gathered on attitudes and norms, such as the ideal age for marriage, gender roles and expectations. Such questions could be included in dedicated surveys on violence against women and children, and in the domestic violence and women's empowerment sections of DHS and MICS surveys.(81) However, appropriate enumerator training for these highly sensitive topics is key to maximize disclosure, ensure accuracy, safety and confidentiality standards.(139)

**Research on pathways and drivers will be valuable to support the design of effective intervention strategies.** This includes further research on consent, sexual agency and decision-making in child marriage and early union. Causality analysis – using regression or multivariate statistical analysis of proposed drivers of adolescent pregnancy, child marriage and early union – is necessary to build an understanding of the most salient factors in each context. In addition, further analysis of the extent to which different typologies predominate among specific population groups, including at sub-national level, is needed.

**Evaluation of interventions is necessary to build the evidence base and determine which programmes are effective** at addressing adolescent pregnancy and child marriage. To date, most evidence originates from outside the region. While this evidence can help inform programme design to a certain extent, further research in Southeast Asia and the Pacific on effective interventions is required given its specific context.

### Recommended Research:

- Research on the patterns, pathways and drivers of child marriage and adolescent pregnancy is needed in each country context and where prevalence is higher, at sub-national or local levels, including among specific population groups.
- Research into decision-making and consent in child marriages/early union is essential to establish the role of agency as compared to social pressure, coercion and force.
- Data on sexual violence and coercion, among adolescents, will build an understanding of how it contributes to unintended pregnancies and circumstantial marriages.
- Rigorous evaluations of programme effectiveness should be prioritized to identify what works.
- Enabling young people to participate in research and honouring the principle of 'nothing about us, without us', will ensure their voices are heard and lived experiences understood.

## NEW RESEARCH:

### Understanding pathways to adolescent pregnancy in Southeast Asia



respect to child marriage/early union. For this reason, UNICEF and UNFPA are undertaking a study on drivers and pathways for adolescent pregnancy in four countries in Southeast Asia (Cambodia, Indonesia, Lao PDR and Malaysia). The study will involve participatory research methods, in two sites in each country, with adolescent girls who have begun childbearing. The objective is to examine the context and pathways to adolescent pregnancy and marriage by exploring the lived experience of young mothers.

Adolescent pregnancy remains a concern in the region and some countries – such as Cambodia, the Philippines and Thailand – have adopted strategies to address it. However, surprisingly little is known about the social determinants of adolescent pregnancy, and very few large-scale studies capture the experiences of adolescent girls themselves. While household surveys provide useful information about potential drivers of adolescent pregnancy, there is a need for a better understanding of the context, determinants, pathways and relationships with

## 5. Designing Intervention Strategies

**Strategies to address adolescent pregnancy, child marriage and early union should seek to empower,** not discriminate against or penalize, adolescent girls and boys. The implications of this approach vary for different stakeholders engaged in policy and programme interventions (see Figure 8). For example, when governments undertake legislative reforms to ban child marriage, there is a risk of punishing developmentally normal adolescent sexuality and close-in-age relationships. This is particularly the case in settings where circumstantial and self-initiated unions predominate. It is important that governments respect adolescents' evolving capacity and provide a supportive legal environment, with a minimum age of consent to sex consistent with the onset of consensual sexual activity in adolescents. Additionally, legislation should enable adolescents to independently access youth-friendly

SRH services and contraceptives, without parental or spousal consent. Legislative reforms to outlaw child marriage should also take care to not remove legal protection for a girl or woman married before 18 years, as it has potential to affect divorce and property rights as well as the legitimacy of children. The implementation and impacts of child marriage legislation should be carefully monitored to ensure it does not have negative consequences for young people or drive child marriages underground.

**For service providers, interventions should ensure adolescent girls are not discriminated against.** This includes supporting married girls and adolescent mothers to return to school and unlocking access to educational opportunities for those out-of-school, including life skills and CSE. SRH services must be adolescent-friendly and accessible to married and unmarried girls. Similarly, protection services, including child protection and GBV responses, should include dedicated initiatives for adolescent girls, including those married.

**Figure 8** Designing intervention strategies to address adolescent pregnancy, child marriage and early union: implications for stakeholders

IMPLICATIONS FOR STAKEHOLDERS	
<p><b>GOVERNMENTS</b></p> <ul style="list-style-type: none"> <li>• <b>Align legislation with CEDAW and CRC recommendations* on the age of marriage</b></li> <li>• <b>Ensure legislation protects women’s and girls’ rights</b>, including adolescents’ evolving capacities</li> <li>• <b>Take an evidence-based approach</b> when developing strategies</li> <li>• <b>Carefully monitor</b> the implementation and impact of legislation</li> <li>• <b>Ensure adolescents are not penalized</b> for close-in-age sexual activity and have access to SRH services</li> </ul>	<p><b>HEALTH AND EDUCATION SERVICE PROVIDERS</b></p> <ul style="list-style-type: none"> <li>• <b>Prohibit and prevent discrimination</b> against adolescent girls who are married or mothers, by supporting their return to school</li> <li>• <b>Ensure access to life skills and comprehensive sexuality education</b> for adolescents, including girls who are out-of-school, married or mothers</li> <li>• <b>Enable independent access to adolescent-friendly SRH services</b> and contraception, regardless of girls’ age or marital status</li> </ul>
<p><b>UNITED NATIONS AND CIVIL SOCIETY</b></p> <ul style="list-style-type: none"> <li>• <b>Advocate for an evidence-based approach</b> to adolescent pregnancy, child marriage and early union</li> <li>• <b>Support research</b> to investigate patterns, prevalence and drivers at both national and subnational population levels</li> </ul>	<p><b>PROTECTION SERVICES</b></p> <p><b>Child protection, GBV services, judiciary, case workers, police</b></p> <ul style="list-style-type: none"> <li>• <b>Tailor response and prevention</b> to include dedicated initiatives for adolescent girls, including married girls</li> </ul>

Source: Authors

Note: The CRC and CEDAW recommend the age for consent to marriage of 18 years of age. The only exemption being if the child is over 16 years; exercises full, free and informed consent; and the decision is made by a judge, based on maturity, rather than culture and tradition.

### Recommendations for Legislation:

- **Age of marriage 18 years** with no exceptions based on parental consent or religious authority.
- **Only recommended exception:** decision to be made by a judge, without deference to culture and tradition, based on the evolving capacity, maturity, capability and autonomous decision-making of a child 16 years or older.
- **Lower age of consent to sex** than consent to marriage.
- **Remove restrictions to access of family planning services** and contraception based on age and/or marital status.
- **Reform rape laws** that permit marital rape and marriage to avoid rape charges.

**All stakeholders must take an evidence-based approach to adolescent pregnancy and child marriage.**

Interventions should be designed based on the specific context and patterns of adolescent pregnancy, child marriage and early union observed in each country and sub-national population groups. In Southeast Asia and the Pacific, settings requiring differing priority strategies and interventions may include the following:

- Where there are **high rates of adolescent pregnancy** – including unmarried conception and childbearing, and **informal unions** – such as in the Philippines and Thailand, priority intervention strategies include ensuring adolescents’ access to CSE (in- and out-of-school) and SRH information and services. This includes ensuring the right of adolescent mothers to return to school.
- Priority strategies for settings with high rates of **informal unions and/or self-initiated marriages** include empowering adolescent girls, providing economic incentives and ensuring access to employment opportunities. With these settings, poverty is often a driver, including among specific population groups such as in Lao PDR and Viet Nam. Economic incentives may include cash transfers to keep girls in school, while employment offers a pathway to adulthood outside marriage.

- High rates of **arranged and circumstantial marriages**, such as in Indonesia and Malaysia, require strategies that remove parental or religious exemptions to child marriage laws, engage families and communities to change social norms, and provide access to SRH information. Premarital sexual activity is not acceptable in these settings and norm changes should address the stigma associated with adolescent sexuality, and accessibility of SRH services for unmarried adolescent girls. It is particularly important to ensure efforts to address arranged child marriage do not criminalize or penalize consensual close-in-age relationships and self-initiated marriages.
- Where high rates of violence, including sexual violence and coercion, are likely contributing to **unintended adolescent pregnancy and circumstantial child marriage**, such as in Papua New Guinea and Timor-Leste, priorities should include GBV prevention and responses for adolescents. In addition, it is essential strategies include CSE, SRH information and services, and empowerment interventions.

**Some countries in the region demonstrate significant variations in sub-national patterns** of adolescent pregnancy, child marriage and early union. This is the case for ethnic minority groups in Lao PDR and Viet Nam as well as indigenous and Muslim communities in the Philippines. In response, intervention strategies should be adapted and customized for specific population groups.



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## PHILIPPINES:

### Addressing child marriage and adolescent pregnancy



The Philippines has high rates of adolescent pregnancy and child marriage: 11 per cent of women aged 20–24 gave birth under the age of 18, and 17 per cent were married or in-union. Cohabitation is more common than formal marriage among adolescent girls (15–19 years) with 7 per cent in-union compared to 1 per cent married. Early marriage/union is significantly more common in rural areas (21 versus 12 per cent in urban areas), while adolescent pregnancy occurs only slightly more in rural areas (12 per cent compared to 9 per cent in urban areas). Premarital conception (36 per cent) is relatively common with adolescent pregnancies (as reported by women aged 20–24 years), as are mistimed (33 per cent) or unintended births (5 per cent), among girls 15–19 years.

There is generally a considerable age gap between adolescent mothers and their partners, with a majority of fathers aged 20 and above. This indicates that most pregnancies, particularly among younger adolescents, are not occurring in close-in-age relationships. Some of these pregnancies will be the result of sexual exploitation or abuse, where sexual activity with a girl under 18 years involved unequal or coercive conditions or force.

While the legal age of marriage in the Philippines is 18 years, exceptions have allowed marriage at a younger age.<sup>(2,140)</sup> Muslim laws have until recently set a lower age of marriage, at 15 years for boys and 12 for girls, provided they have reached puberty. One study from the autonomous region of Muslim Mindanao, found 17 per cent of girls married before 18 years were 9–14 years at the time of marriage.<sup>(141)</sup> Arranged and forced marriages are occurring in these communities, some following conflict, disasters and displacement.<sup>(141,142)</sup> Forced marriage also occurs in indigenous communities, such as the B’laan in South Mindanao, including marriages arranged when the girl is very young.<sup>(143,144)</sup> Families often marry-off daughters for economic reasons, but also to resolve feuds and debts. Marriages may also be arranged to “resolve” cases of GBV.

This data suggests that two distinct patterns of child marriage/union may be occurring in the Philippines. At the national level, rates of informal unions are rising, while in Muslim and indigenous communities forced and arranged marriages are taking place. While marriages/unions may be more likely to precede pregnancy in rural, Muslim and indigenous communities, in other settings unintended pregnancies may be driving circumstantial informal unions. These different patterns of require specific strategies and interventions.

The Philippines recently passed legislation to ban child marriage.<sup>(145,146)</sup> This includes sanctions on adults who arrange and consent to child marriage as well as on adults who contract a child marriage with a minor below the age of 18 years. Cohabitation of an adult with a child is also prohibited. The proposed law includes measures to empower girls through education and economic support, and engage families and communities to prevent child marriage. In addition, in July 2021, President Duterte enacted an executive order prioritizing measures to address adolescent pregnancy, including through provision of comprehensive sexuality education.<sup>(147)</sup> Legislation to address adolescent pregnancy has been developed and advocates a comprehensive approach, including access to CSE and adolescent-friendly health services.<sup>(148)</sup>

If carefully implemented, these policies and laws will be important steps towards addressing adolescent pregnancy and child marriage in the Philippines. It will be important to ensure that the child marriage law is not applied to consensual close-in-age, peer marriages and unions, given the harmful consequences of penalizing and criminalizing peer-led marriages and unions, as demonstrated in countries in South Asia. Instead, implementation of the law should focus on forced and arranged marriages which do not have meaningful consent.

In a promising step, the proposed child marriage law includes specific clauses that ensure the property rights of the woman and her children are protected and that children are still legitimate. This is important to ensure child marriage legislation does not penalize adolescent girls married as children. In other settings, similar legislation has resulted in voiding child marriages with girls losing legal protections and potentially being viewed as “damaged goods.”<sup>(67,149,150)</sup>

Other interventions for prioritization in areas of the Philippines with high rates of premarital adolescent pregnancy and circumstantial marriages should include improving unmarried adolescent girls’ access to SRH services. While in areas with forced and arranged marriages, conditional cash transfers to keep girls in school could be considered. Action that supports married girls’ and adolescent mothers’ access to education should also be prioritized nationally.



# Key Messages

This guidance note outlines impactful evidence and examples for intervention strategies to address adolescent pregnancy, child marriage and early union in Southeast Asia and the Pacific.

A summary of key principles and recommended approaches for programming is as follows:

- **Adopt an evidence-based approach.** Intervention strategies should be grounded in: i) evidence about the different patterns and typologies of adolescent pregnancy, child marriage and early union relevant to the setting, ii) evidence about the extent to which different patterns predominate in different population groups, and iii) evidence about what works. As data is currently limited in the context of Southeast Asia and the Pacific countries, investment in evidence-building should be prioritized.
- **Tailor interventions to the country context.** ‘One size does not fit all’ and intervention strategies should be adapted to the country or sub-national context and to the different patterns and typologies identified in research. Targeted strategies may be required for specific population groups depending on the age at marriage, location, socio-economic factors, ethnicity or religion. Countries with high rates of premarital conception, and/or pregnancy and marriage resulting from sexual violence and coercion, require different approaches to settings where child marriage is common and precedes pregnancy. A holistic, integrated approach is needed in countries with high rates of child marriages/unions and premarital, adolescent pregnancies.
- **Ensure a comprehensive, multi-sectoral approach.** Intervention strategies should target all levels – individual adolescent girls and boys, families and communities, institutions and services, society-wide social and gender norms, and an enabling legal and policy environment. Social and gender norm change interventions combined with programmes tackling structural drivers, such as education and employment, are likely to be more effective. Single interventions such as communications or legislative changes, on their own, are less likely to be effective.
- **Respect young people’s rights and avoid punitive legislation.** A key message from the papers in this series is that laws and policies banning child marriage, raising the age of marriage above 18, or aligning age of consent to sex laws with marriage laws, while well-intended, can have severe and harmful consequences for adolescents and young people. Interventions must first and foremost respect and protect the rights of young people, including the evolving capacities of children and adolescents to self-determine their sexuality, relationships and SRH. Young people should be central to any intervention design and, where relevant, be engaged in planning, implementation and evaluation. Countries in Southeast Asia and the Pacific have the opportunity to learn from the experiences of South Asia, where legislative reforms are now being documented as penalizing or criminalizing adolescent sexuality.

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**Interventions must respect and protect the rights of children and adolescents to self-determination regarding their sexuality, relationships and sexual and reproductive health, in line with the evolving capacities of the child.**

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- **Monitor, anticipate and adjust for unintended consequences.** Some interventions, such as cash transfers to delay marriage or empowerment interventions targeting adolescent girls, can have unintended consequences. Cash transfers to delay marriage may reinforce the lesser value of girls and the perception they are a burden. Provision of transfers to keep girls in schools accompanied by programming, with parents of adolescents, to address harmful social and gender norms may be more effective. Empowering adolescent girls can create backlash in their communities if programming does not also engage adolescent boys, parents, and

community leaders. This reinforces the importance of a comprehensive, multisectoral approach.

- **Assess impacts.** All too often interventions are not evaluated. Greater investment in programme implementation research and evaluation is needed, especially in the Southeast Asia and the Pacific region where evidence for impacts of interventions remains limited. Countries should plan and budget for robust and independent evaluations of policies and programme design.



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# Annex

**Annex Table 1 Age of Consent and Age of Marriage Laws in Southeast Asia and the Pacific**

Key Points:	Legal age of consent to sex		Legal Age of Marriage		
	<ul style="list-style-type: none"> <li>• Range: 12–18 years.</li> <li>• Most common age of consent is 15–16 years.</li> <li>• Several countries have close-in-age exemptions which permit a younger age of consent.</li> <li>• Malaysia requires a couple to be married to consent to sex.</li> </ul>		<ul style="list-style-type: none"> <li>• Range: 17–21 years.</li> <li>• Half of countries mandate an age older than 18 years.</li> <li>• Legal age of marriage for girls is younger than for boys in several countries.</li> <li>• Most countries will permit marriage below the legal age with parental consent and/or court approval.</li> <li>• Exemptions that lower the legal age for marriage are particularly common for Muslim girls.</li> </ul>		
Country	Legal age consent to sex		Legal age of marriage		Exemptions and exceptions to legal age of marriage
	Female	Male	Female	Male	
<b>Southeast Asia</b>					
<b>Cambodia</b>	15	15	18	18	16 with parental consent and if other party is at least 18.
<b>Indonesia*</b>	18	18	21	21	19 with parental consent. Lower with a court order.
<b>Lao PDR</b>	18	18	18	18	15 under special circumstances.
<b>Malaysia</b>	16 (after marriage)	after marriage	21	21	Non-Muslim marriages: 18 for males and females with parental consent; or 16 for girls if granted by the chief minister with parental consent. Muslim marriages: 16 for girls; and under 16 for girls with permission of Sharia court.
<b>Myanmar</b>	16	16	18	18	
<b>Philippines**</b>	12	12	21	21	18 with parental consent. Muslim marriages: 15 years in Mindanao; and 12 for girls who have reached puberty with order of Sharia court.
<b>Thailand</b>	15	15	20	20	Under 20 with parental consent and under 17 with court order.
<b>Timor-Leste</b>	16 or 14 if not taken advantage of	16 or 14 if not taken advantage of	17	17	16 with parental consent or authorization from the civil registrar.
<b>Viet Nam</b>	16 Sex between 13-15-year-old adolescents is not an offence.	16 Sex between 13-15-year-old adolescents is not an offence.	18	20	

Country	Legal age consent to sex		Legal age of marriage		Exemptions and exceptions to legal age of marriage
	Female	Male	Female	Male	
<b>Pacific Islands</b>					
<b>Federated States of Micronesia</b>	16 to 18	16 to 18	18	18	16 for girls with parent consent (Kosrae, Chuuk, Pohnpei states).
<b>Fiji</b>	16	16	21	21	18 with parental consent or commissioner/magistrate consent.
<b>Kiribati</b>	15	15	21	21	17 with parental consent or licence provided by a minister.
<b>Marshall Islands</b>	16 or 14 close in age	16 or 14 close in age	18	18	
<b>Nauru</b>	16 or 13 close in age	16 or 13 close in age	18	18	
<b>Papua New Guinea</b>	16	16	16	18	14 for girls and 16 for boys with court order.
<b>Samoa</b>	16	16	19	21	16 for girls and 18 for boys with parental consent.
<b>Solomon Islands</b>	15	15	18	18	15 with parental consent or judge/magistrate consent.
<b>Tonga</b>	15	15	18	18	15 with parental consent.
<b>Tuvalu</b>	15	15	21	21	18 with parental consent or judge/magistrate consent.
<b>Vanuatu</b>	15	15	21	21	16 for girls and 18 for boys with parental consent.

\* Indonesia Child Protection Law is 18. Penal Code is 15 for girls. Aceh province: Muslims can only consent to sex after marriage.

\*\* Recently in the Philippines, new legislation has been approved in principle, that would ban child marriage and impose sanctions on adults who arrange and consent to child marriage as well as on adults who contract a child marriage with a minor under 18.



# Glossary of Terms

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<b>Adolescence</b>	The second decade of life spans the ages of 10–19 years. Young or early and late adolescence encompasses the 10–14 and 15–19 age brackets, respectively.
<b>Arranged marriage</b>	The bride and groom are selected by individuals other than the couple themselves, particularly by family members such as parents. Arranged marriages may be non-consensual or consent may be limited, pressured or forced.
<b>Agency</b>	Agency means the personal capability to act and make free and informed choices to pursue a specific goal. Agency is also considered an asset.
<b>Autonomy</b>	People’s capacity to make free and informed decisions about their lives, enabling them to be and act in accordance with their own aspirations and desires, given a historical context that makes those possible. Women’s autonomy is often conceptualized as having three dimensions: <ol style="list-style-type: none"><li>1. Physical autonomy: the freedom to make decisions regarding sexuality, reproduction and the right to live a life free from violence.</li><li>2. Economic autonomy: the right to work and earn one’s own income, distribution of paid and unpaid work between women and men.</li><li>3. Autonomy in decision-making: women’s participation in all branches of government, signing of CEDAW optional protocol, positioning of national machineries for advancement of women.</li></ol>
<b>Child marriage</b>	Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child.
<b>Consent</b>	<p>“No” means No. “Yes” means Yes. Consent is an agreement between participants to engage in sexual activity or enter into marriage. It must be freely and actively given and cannot be provided by someone who is under the influence of drugs or alcohol or by someone underage. Consent is specific, meaning that consent to one act does not imply consent to any others, and reversible, meaning it may be revoked at any time.</p> <p>The right to marry with <i>full, free and informed consent</i> is enshrined in the Universal Declaration of Human Rights. A child aged under 18 years is considered unable to provide such consent. However, committees for the Convention on Elimination of Discrimination Against Women (CEDAW) and Convention on the Rights of the Child (CRC) have recognized the right of a person under 18 years to marry under specific circumstances, namely: the child is over 16 years of age and exercises full, free and informed consent; and the decision is made by a judge, based on maturity, rather than culture and tradition.</p>
<b>Early union</b>	An inclusive term that includes child marriage and cohabitation with intimate partner under the age of 18 years.

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**Empowerment**

The empowerment of women and girls concerns them gaining power and control over their own lives. It involves awareness-raising, building self-confidence, expansion of choices, increased access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality. This implies that to be empowered they must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), but also have the agency to use these rights, capabilities, resources and opportunities to make strategic choices and decisions (such as is provided through leadership opportunities and participation in political institutions).

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**Forced marriage**

Forced marriage is a marriage in which one and/or both parties have not personally expressed their full and free consent to the union.

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**Gender**

A social and cultural construct, which distinguishes differences in the attributes of women and men, girls and boys, and accordingly refers to the roles and responsibilities of women and men. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men.

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**Gender-based violence (GBV)**

GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, such as sexual exploitation/abuse and forced prostitution, domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation and honour killings and prevention of widow inheritance. There are different kinds of violence, including (but not limited to) physical, verbal, sexual, psychological, and socio-economic violence.

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**Gender discrimination**

Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status on the basis of equality of women and men, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other fields.

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**Gender equality**

The concept that women and men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and differences of women and men, and the roles they play. It is based on women and men being full partners in the home, community and society. Equality does not mean that women and men will become the same, but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born female or male.

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**Gender norms**

Gender norms are ideas about how women and men should be and act. We internalize and learn these "rules" early in life. This sets up a life-cycle of gender socialization and stereotyping. Put another way, gender norms are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time.

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## Harmful practices

Harmful practices are persistent practices and behaviours that are grounded on discrimination on the basis of sex, gender, age and other grounds as well as multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering. The harm that these practices cause to the victims surpasses the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, educational, economic and social status.

Practices are regarded as harmful if they meet the following criteria:

- a) They constitute a denial of the dignity and/or integrity of the individual and a violation of human rights and fundamental freedoms enshrined in international human rights instruments.
- b) They constitute discrimination against women or children and are harmful insofar as they result in negative consequences for them as individuals or groups, including physical, psychological, economic and social harm and/or violence and limitations on their capacity to participate fully in society or develop and reach their full potential.
- c) They are traditional, re-emerging or emerging practices that are prescribed and/or kept in place by social norms that perpetuate male dominance and inequality of women and children, based on sex, gender, age and other intersecting factors.
- d) They are imposed on women and children by family, community members, or society at large, regardless of whether the victim provides, or is able to provide, full, free and informed consent.

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## Informal union

Informal unions are generally defined as those in which a couple lives together for some time and intends to have a lasting relationship, but for which there has been no formal civil or religious ceremony, i.e. cohabitation.

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## Intimate partner violence

A pattern of assaultive and coercive behaviours – including physical, sexual, and psychological attacks, as well as economic coercion – that adults or adolescents use against their intimate partners. It includes a range of sexually, psychologically and physically coercive acts used against an adult or adolescent women by a current or former intimate partner, without her consent. Though women can be violent towards men in relationships, and violence exists in same-sex partnerships, the largest burden of intimate partner violence is inflicted by men against their female partners.

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## Patrilineal

Descent or inheritance through the male line.

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## Patrilocal

Pattern of marriage where the couple settles with the husband's family or community. Once married, a bride may not see her family again.

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## Participation

Participation refers to people (individually and/or collectively) forming and expressing their views and influencing matters that concern them directly and indirectly.

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## Power

Power involves the ability, skill or capacity to make decisions and take action, physical force or strength. The exercising of power is an important aspect of relationships. The more power a person has, the more choices are available to that person. People who have less power have fewer choices and are, therefore, more vulnerable to abuse. Several kinds of power are involved in the empowerment process:

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**Power over:** Mutual and exclusive relationship of domination or subordination, which implies that power only exists in limited quantity. This power is exerted over someone or, in a less negative way, allows someone to “be guided”. It triggers passive or active resistance.

**Power to:** Is about being able to act. It can begin with the awareness that it is possible to act, and can grow in the process of taking action, developing skills and capacities, and realizing that one can effect change.

**Power with:** Social or political power which highlights the notion of common purpose or understanding, as well as the ability to get together to negotiate and defend a common goal (individual and collective rights, political ideas such as lobbying, etc.). Collectively, people feel they have power when they can get together and unite in search of a common objective, or when they share the same vision.

**Power within:** Describes the sense of confidence, dignity and self-esteem that comes from gaining awareness of one’s situation and realizing the possibility of doing something about it. This notion of power refers to how individuals, through self-analysis and internal power, can influence their lives and make changes.

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### Sexual activity

Physical contact of a sexual nature.

In the context of this paper, the term “sexual activity” generally refers to sexual intercourse involving an adolescent girl and a man or adolescent boy.

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### Sexual debut

Had first sexual intercourse.

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### Sexual exploitation

Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

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### Social development

Development is a comprehensive economic, social, cultural and political process, which aims at the constant improvement of well-being of the entire population and of all individuals on the basis of their active, free and meaningful participation in development and in the fair distribution of the benefits resulting therefrom. Inclusive social development encompasses a wide range of issues including, but not limited to: poverty eradication, reduction of inequalities, employment generation, promotion of cooperatives, family, role of civil society, older persons and ageing, youth, disability and indigenous peoples.

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### Trafficking

The recruitment, transportation, transfer, harbouring or receipt of persons by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (including, at a minimum, the exploitation of prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or the removal of organs).

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### Voice

Voice means the ability and confidence to articulate thoughts and emotions.

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### Young people

Young people are those aged 10–24 years. The term combines adolescents (10–19 years) and youth (15–24 years).





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