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Syrian Refugee Families' Awareness of the Health Risks of Child Marriage and What Organizations Offer or Plan in order to Raise Awareness

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Syrian Refugee Families' Awareness of the Health Risks of Child Marriage and What Organizations Offer or Plan in order to Raise Awareness

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Table of Contents

Acknowledgements.....	4
Abstract.....	5
Introduction	8
Literature Review	12
Methodology	19
Results	26
Conclusion	38
Study Limitations	41
Recommendations for future studies	43
Bibliography	45
Appendices	47

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Abstract

Hypothesis: The hypothesis of the study assumes: If Syrian refugee families understood the health risks involved with child marriage and the severity of these risks, they would be less likely to choose to marry off their daughter under the age of 18. If these families had more health educational programs and had more access to these programs, these programs would influence their decision towards avoiding child marriage for their daughter(s).

Significance: According to UNICEF, one-third of registered marriages among Syrian refugees in Jordan between January and March 2014 involved girls under the age of 18. Child marriage puts girls at risk of health issues involved with premature pregnancy and domestic abuse, and it also cuts their education short. Since this research will look at how the awareness of child marriage's health risks affect families' decision about child marriage, it can help organizations and Jordan's government understand the importance of health education on this issue. For instance, if this study shows that when Syrian refugee families understand more about the long-term risks of child marriage, particularly with health, they choose not to marry their daughter underage, organizations will become more inclined to implement health education programs to spread awareness. If the study shows otherwise, future studies can look into what type of education will discourage child marriage, or what other factors will discourage this trend so that organizations can invest into these factors.

Methodology Description: This study's target group includes Syrian refugee families attending health clinics in Irbid, (preferably families who have experienced early marriage or plan on early marriage), and the following organizations: UNICEF and UNFPA. This study interviewed 4 Syrian refugee families at the Al takaful clinic in Irbid, and interviewed 2 physicians at the clinic. In addition, the study interviewed 2 employees at UNICEF and 2 at UNFPA. This study

also surveyed 15 employees at the Al Takaful Clinic, 15 employees at UNICEF and 15 employees at UNFPA.

Conclusion: Due to the mixed responses and the lack of scope in the study, the following conclusion requires more support but gives organizations an idea about how to further approach the issue of early marriage among Syrian refugees. Syrian refugees' perception of early marriage largely depends on their situation in Jordan, such as their ability to provide for their family, their feeling of safety, and their access to services like health and education. This study, as well as past studies, revealed how these factors largely determine if a Syrian refugee family chooses to marry their daughter early. Since these situations vary greatly between areas where refugees reside, whether that includes a refugee camp or urban setting, no one solution can prevent early marriage for a majority of refugees unless organizations find a way to feasibly provide safety and money to these refugees in their desperate state. Therefore, to prevent many of the negative consequences of early marriage, organizations who work with refugees should focus on how to prevent health issues like early pregnancy rather than how to prevent early marriage.

If organizations cannot stop early marriage, they should put more effort into preventing the issues that come with it. Organizations like UNICEF should continue their campaigns to raise awareness about the effects of early marriage, but they could include more education about safe sex (to prevent HIV/AIDS), family planning (to prevent early pregnancy), and domestic violence. Many of the health issues that result from early marriage come from early pregnancy, so organizations could specifically focus on this issue through their education, and find more ways to expand their education so as many refugees have access to the education as possible. Organizations and healthcare clinics should also encourage the use of contraceptives through

family planning services, if they do not already, and teach refugees about the benefits of contraceptives through their education sessions and through clinic visits. In addition, organizations and healthcare clinics should expand their women reproductive health facilities so that if girls become pregnant early, they have access to the care they need before complications arise.

Contribution of study and Importance: Organizations like UNICEF, UNHCR, Save the Children, and International Medical Corps continue working to implement campaigns to raise awareness about the effects of early marriage. However, since this study found that understanding the health risks of early marriage does not always outweigh other factors when refugees decide on their daughter's marriage, organizations can take this study's results, combined with their own experiences and opinions, to alter the focus of their campaigns. For instance, the Amani campaign includes 12 messages for children and 11 messages for adults about early marriage. Of these messages 3 messages for the children and 2 messages for the adults address health issues and how to get help for a safe pregnancy. Other messages address early marriage itself, such as its legality. The Amani Campaign should still include these other messages, but create more specific messages about how children and adults can protect themselves or young brides from health complications, and emphasize these messages more than the messages about preventing early marriage. This will help girls avoid these health complications in a feasible way, and hopefully give these girls and their families a safe, healthy start to their new lives.

Key Words: *Health Education, Obstetrics and Gynecology, Mental Health*

Introduction

Due to the influx of Syrian refugees into countries such as Jordan the past few years, immediate solutions to aid refugees take place, such as providing food and shelter for Syrian families. However, for refugees to build themselves up out of poverty, sustain themselves, and return to a more stable lifestyle, host countries must implement more long-term solutions. The issue of early marriage among Syrian refugees, in particular, creates long-term problems not only for the girl's health and her future children's health, but for her future family's status as her lack of education contributes to a continuous cycle of poverty (National Strategy Document on Prevention of Child Marriage, 2013). Syrian refugees give many reasons for marrying their daughter off before she is 18 years of age, but their reasons involve short-term pressures like financial burden rather than considering the long-term effects of early marriage as more important.

If this pattern of early marriage continues, and if it rises due to the displacement of Syrians, future problems will grow with health, education, poverty, etc. Therefore, addressing early marriage and understanding preventative solutions weighs heavy in value. Not only will prevention of early marriage directly help the girls and families involved, but it will help lift the strain of resources that Jordan must supply for refugees. For instance, preventing early marriage will prevent health issues like obstetric fistula, which requires healthcare services including a surgery (Council and Foreign Relations, 2013). These types of preventable costs, in addition to preventing health issues for a girl, give strong reason to put efforts into stopping early marriage. In addition, since girls who marry young usually do not continue their education, preventing early marriage helps keep girls in school. A higher education for Syrian refugee girls means they have a better opportunity to work and provide for their families, taking away their reliance on

Jordan for support. Even if they choose to have families and stay at home after their education, girls will most likely keep their own children in school and have more awareness about a healthy lifestyle that avoids more healthcare costs (Council and Foreign Relations, 2013). These examples support why there are many different ways preventing early marriage helps Syrians become independent and lessen the burden on Jordanians as the Syrian crisis continues. The main focus of the study is the health risks of early marriage because if Syrian refugees understand the health risks of this tradition, perhaps they will avoid it altogether. The health risks pose a serious threat to families' daughters who marry young, but Syrian refugees may not value these risks as an important enough reason to overrule their reasons for the marriage.

This issue especially relates to the regions in Jordan receiving Syrian refugees, as the displacement of Syrians may increase the pressures on families to marry their daughters under 18 years. According to UNICEF (2011), the "Syrian crisis has exacerbated existing pressures...to encourage early marriage and has also increased the danger that girls married early may end up in abusive or exploitative situations", (p. 9). Since girls married under the age of 18 face more health risks than older girls, particularly girls who become pregnant before the age of 20, the issue of early marriage strongly connects with health and the health education Syrian refugees receive while in Jordan. Although many themes tie with early marriage, the study focuses on health due to the lack of this focus in previous studies and due to its importance in a girl's life and her families' life. This study looks at Syrian refugees' health education about the issue of early marriage.

Based on this study's qualitative data collection, the outcomes may only represent the opinion of a minority of Syrian refugees, but they give a beginning step to understanding what refugees know about early marriage's health risks and how this affects their decision-making on

early marriage. According to the Migration Policy Center at European University Institute (2014), about 80% of Syrian refugees live in an urban setting in Jordan while about 20% live in the follow refugee camps: Za'atari, Al-Azraq, Marjeb al-Fahood, and Cyber City. The study, due to limited time and resources, interviewed refugees in urban settings around the Irbid area. The lifestyle of refugees in camps may vary greatly and affect their knowledge and opinion of early marriage's health risks. About 23% of refugees in Jordan reside in the Irbid area, larger than any other percentage of refugees in Jordan (Migration Policy Centre at the European University Institute, 2014). "Those who enter country through unofficial border crossings are hosted in refugee camps, but most refugees are residing in the northern governorate of Irbid" (UNFPA, 2013, p. 1). The study's interviews with refugees from this area hopefully represent this proportion of refugees as accurately as possible. Refugees who interviewed in the study gave their input on what they believed other Syrian refugees similar in their position would think. Interviews looked at Syrian refugees' opinions on early marriage, why they or family members chose this marriage at the time, and what refugees knew about the health risks of early marriage. In addition, the study interviewed and surveyed employees from UNFPA and UNICEF to understand their experience with Syrian refugees and early marriage. Their experiences included refugees inside the camps as well as outside. Interviews and surveys both asked employees about health educational programs either already offered to Syrian refugees or planned for implementation that included curriculum on the health risks of early marriage.

The study expected to find that if Syrian refugees knew more about the health risks of early marriage, they would decide to avoid this tradition despite factors that may pressure them towards it. If the study's expectations prove true, health education programs offered to Syrian refugees pose as a possible solution to prevent families from choosing early marriage for their

daughter. Of course, the factors Syrian refugees consider when deciding on early marriage largely depend on the refugees' current living conditions, which vary throughout Jordan and require more interviews of refugees in different places of residence.

The theory of the study is that if Syrian refugees receive easily accessible health education, whether from Jordan's government or another organization, that teaches them about the health risks of early marriage, Syrian refugees will not choose early marriage for their daughter.

Terms:

Early/Child Marriage: Any marriage involving a girl and/or boy under the age of 18

Syrian refugee: Any Syrian displaced from their home in Syria since Syria's civil war began around March 2011. Refugees in this study particularly refer to the Syrian refugees in Jordan.

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

Literature Review

Increase in Child Marriage Among refugees in Jordan

As the Syrian crisis intensifies and refugees leave their home countries, Jordan now hosts over 615,000 Syrian refugees (Migration Policy Centre at the European University Institute, 2014). In 2013, 25% of all Syrian registered marriages in Jordan involved someone between the age of 15 and 17, according to *A Study on Early Marriage in Jordan 2014*, by UNICEF.

Although UNICEF reports that 87.4% of registered child marriages in Jordan in 2013 involved Jordanian nationals, Syrian refugee girls made up 7.6%, a huge jump from 1.7% the year before. However, not all Syrian refugees register their marriages in Jordan, so this percentage may be higher (UNICEF, 2014). This percent increase implies that the Syrian refugees' displacement, and the factors that come with it, have caused pressure for families to marry their daughters young. As the UN Women study (2013) puts it, "this study notes that the sense of economic and physical insecurity that, among other factors, drive early marriage is amplified in displacement." (p. 3).

Syrian Tradition

Despite the increase in early marriage among Syrian refugees in Jordan, it is important to note that early marriage holds deep roots in Syria and continues present day. When UN Women assessed Syrian refugee families in Jordan, a study further detailed later, almost 100% of the 613 respondents agreed that early marriage among Syrians predated the Syrian crisis as an acceptable practice (UN Women, 2013).

Negative Effects of Child Marriage

UNFPA's 2005 *Child Marriage Fact Sheet* explains the negative effects of child marriage, including its health effects. For instance, girls under the age of 18 will likely become pregnant if they are married, and this premature pregnancy raises the risks of different health

issues. Health issues include obstetric fistula, a condition where, when the girl is in labor, her baby's head puts pressure on her pelvis and prevents blood flow to her rectum, bladder, and vaginal tissues. These tissues die, leaving a hole that allows excretion to pass through without the girl's control. Pregnant girls under the age of 20 also face a higher risk of maternal mortality and morbidity, in addition to a higher risk of contracting HIV/AIDs (Girls not Brides, n.d.). For instance, the WHO reports that girls aged 15-19 are twice as likely to die in childbirth as mothers aged 20 years and older (Council and Foreign Relations, 2013).

Babies born from under aged mothers also face consequences. They tend to have weaker immune systems, lower birth weights, and a higher risk of malnutrition (Council and Foreign Relations, 2013). Unfortunately, girls married young also face a higher risk of domestic abuse from their husband, which not only harms them physically but mentally too. Knowing these health risks that child brides may face, in addition to the other negative consequences of child marriage, this rise of child marriage among Syrian refugees in Jordan requires preventative strategies. This study will look at one possible preventative strategy: health educational programs.

Why a rise in Early Marriage

Whether a Syrian refugee lives inside a camp or outside of one in Jordan, they face challenges and fears they did not face before the Syrian crisis. It is important to keep in mind, however, that about 4 in every 5 Syrian refugees in Jordan do not live in a refugee camp (UNHCR, 2014). According to Human Rights Watch (2013), refugee sites in Jordan lack resources to support the overcrowding population. Of 613 participants assessed by UN Women in 2013, almost 1/3 of all families lived with one or more other families in the same home (UN Women, 2013). This overcrowding places a strain on food, clothing, and other essential items.

With the already limited resources, women and girls do not always have safe access to these resources, such as clinics and schools (Human Rights Watch, 2007). Due to fear for women's safety, male relatives prevent women from leaving the house often, especially in urban refugee areas (Human Rights Watch, 2013).

In addition, Syrian refugees face financial struggles. UN Women claims that the majority of households cannot find any work and therefore depend on their family savings. In one month during the UN Women's study, 70% of households faced unemployment (2013). Based on their living conditions, Syrian refugees choose early marriage as a response to the above factors. For example, refugees hear rumors of rapes and kidnappings, particularly in refugee camps like Za'atari, and fear for their daughter's protection. Therefore, marriage provides this protection for the daughter, and families often choose cousins or distant family members as the husband for their daughter. Even though it is less common, some refugee families accept money from men in return for their daughter's hand in marriage (BBC, 2014). A Jordanian midwife named Mounira Shaban, from the Zaatari camp, explained it as, "Some families marry off their daughters because of tradition. Others see a husband as protection for their daughters, but the UN says most are driven by poverty" (BBC, 2014). Despite available services to refugees, accessibility rises as an issue for refugee women, particularly outside of refugee camps. If a woman or her male relative fears for her safety, if she cannot safely travel or afford to travel, and if she cannot find child care, a woman has little chance of ever receiving available services provided by organizations like UNHCR.

Although the trend of early marriage among refugees causes concern, anyone learning about the matter must keep in mind that not all refugee families choose marriage for their daughters under 18 due to their displacement. In fact, some families avoid early marriage for

their daughters because of their displacement. Abu Nizar, a refugee interviewed by Human Rights Watch, explained that he would not marry his daughters in Jordan because he cannot guarantee their rights in Jordan. The family left their identity documents in Syria (2013).

Legality of Early Marriage in Jordan

By Jordanian law, marriages must involve persons aged 18 years or older, a higher requirement than Syria's law of 16 years for girls and 17 years for boys. However if a shari'a court judge approves the marriage, a child aged 15-17 years may get married (IRIN News, 2012). This approval requires agreement from both the child and the child's legal guardian, and cannot cause discontinuation of education (UNICEF, 2014). UNICEF claims that few married girls complete their education when conducting an assessment of Syrian refugees in Jordan, raising question of how well a shari'a court judge upholds to the mentioned requirements, and if a girl's education ever receives attention from the judge after marriage. Perhaps UNICEF's claim represents unregistered marriages, however, since "Syrian refugees are not uniformly registering their marriages in Jordan...registered marriages provide an incomplete picture." (UNICEF, 2014).

UN Women Study

To better understand early marriage among Syrian refugees in Jordan, UN Women conducted a study from December 2012 to March in 2013 called *Gender Based Violence and Child Protection Among Syrian Refugees in Jordan with a Focus on Early Marriage*. The UN Women study looked into gender-based violence, education, and refugee access to basic resources and specialized services. This ISP aids this research project because it reveals Syrian refugees' reasoning behind why they or their families chose early marriage. Their reasoning raises questions about what refugees know about the consequences of child marriage, such as

health risks, and how the knowledge of these consequences affect families' decision-making of child marriage compared to other influential factors, like financial burden.

The following data results from a questionnaire given to 613 Syrian refugees outside of the Za'atari refugee camp during the UN Women study. Of these participants, 51.3% females and 13% males were married before the age of 18 (most prior to arrival in Jordan). 44% of all participants believed that 15-17 years was the normal age of marriage for girls. The need to provide protection of daughters and the economic benefit of fewer children in the house showed as the most common reasons for early marriage. UN Women also believes that gaps exist in awareness and services focusing on early marriage and its consequences. Knowing this, the proposed independent study project will look at the current services and awareness to better understand these gaps, since this study from UN Women did not focus on this specifically. However, UN Women looked into women and children's access to basic and specialized services and found that they face challenges leaving the home without a male family member. 1/5 of girls never go outside the house, and due to this limited mobility, women and children limit themselves to receiving education and aid. The proposed independent study project will look into the details of current services to understand their accessibility based on this information.

At the end of the study, UN Women proposed possible solutions for early marriage.

Solutions related to the independent study project include:

1. Raise awareness of parents, community leaders, and policy makers about health and rights implications of girls marrying young
2. Donors should support community-based initiatives to change effects of social norms, and long-term programs that address causes of early marriage (this relates to organizations initiating educational programs)

3. Service providers should increase efforts for better outreach with information and services

One statement from the study particularly important to note in relation to the independent study project: “Majority of respondents, both male and female, did not think that there were potential negative mental, physical or social consequences of early marriage” (p. 32). Despite this information, awareness of early marriage could have increased over the past year and a half. In addition, this UN Women study does not specify their questions used in the study, especially any questions on health risks regarding early marriage or educational programs about these health risks.

Additional Suggested Solutions

UNICEF, along with its partners, made goals for 2014 and beyond to ensure the best quality of education for Syrian refugee children. These goals include providing safe spaces for children to attend class, as well as psycho-social programs to address any psychological issues children face (UNICEF, 2014). Human Rights Watch suggested that organizations offering services for refugees, such as awareness programs, must strengthen accessibility to these services. Ways to improve accessibility includes offering multiple services in one location, offering child care, and offering transportation (Human Rights Watch, 2013). The Council on Foreign Relations listed multiple solutions for early marriage, which will require extensive funding, time, trial and error, etc. The list mentioned the following: expand maternal and reproductive health services, expand access to education, spread awareness, and offer incentives to families. CFR also suggests expanding education through ways such as including sexual-health topics into lesson plans and aiding girls’ families with school enrollment and financial assistance (Council and Foreign Relations, 2013). Nice Nailantei Leng’ete, an advocate from a

Maasai Community who escaped child marriage, stated her belief of how to approach solving early marriage, “You don’t just import and tell people what to do. Everyone needs to get informed and let the decision come from them,” (Girls not Brides Organization, 2014).

Criticism of Suggested Solutions

Solutions to prevent early marriage, such as the ones mentioned above, sound appealing but require large amounts of effort and long-term research and analysis. For instance, UN Women’s suggestion to raise awareness among community members, families, and policy makers about the health implications of early marriage may not show a change in the trend of early marriage for several years. This study hopes to discover how raising health awareness will impact decision-making of early marriage, but health awareness alone may not be enough. In addition, organizations must consider multiple factors before implementing health awareness programs. Factors such as accessibility, sensitivity of curriculum, audience, attracting refugees, and others affect an awareness program’s impact.

The mentioned solutions also do not include concrete ways to address the immediate fears and feelings of desperation Syrian refugees face in Jordan. If families give reasons such as financial burden, male protection over females, and overcrowding to marry their daughter early, organizations should also consider finding solutions for these factors until enough evidence shows awareness provides substantial reason to prevent early marriage, hence the purpose of this study.

Methodology

To understand how the knowledge of the health risks of early marriage affects the decision-making behind early marriage, a study requires at least a few months and, ideally, a sample of Syrian refugees to analyze before, during, and after health awareness sessions for the most accurate results. However, due to limited time and resources, this study adjusted to a small sample size of Syrian refugees, UNFPA employees, UNICEF employees, and Al-Tkaful healthcare employees through interviews and surveys. Overall, the research data collection did not reach the original goal of around 50 surveys, and the number of interviews of Syrian refugees did not reach the original goal of 7, but the current data will hopefully help future studies. In addition, since the study could not observe refugees before, during, and after a health awareness session to see how the session affected their decision-making, the study instead collected what refugees' believed the effects would be if refugees knew more about the health risks of early marriage.

The study first focused on the interviews with Syrian refugees. The researcher wants to learn about how Syrian refugees consider health risks when deciding early marriage, so hearing their opinion contributes the best understanding. Since refugee camps pose a safety risk for research and require paperwork and approval, the researcher focused elsewhere for research locations. Also, a majority of Syrian refugees live outside the camps, so conducting research in urban areas appeared preferable, although Syrian refugees in camps may face different challenges and live in different conditions that affect their opinion of early marriage. As mentioned before, about 23% of Syrian refugees in Jordan live in the Irbid area, most likely due to its proximity to the Jordan-Syria border (Migration Policy Centre at the European University

Institute, 2014). With this knowledge, interviewing Syrian refugees in Irbid became an appealing option.

Keeping the limited time in mind, the researcher decided to interview Syrian refugees in the Al-Tkaful Healthcare clinic because of its feasibility. This clinic treats Syrian refugee patients who live in the Irbid area, and it required simple paperwork for permission to conduct research in the clinic. Al-Tkaful Healthcare clinic also provided a safe place for the interviews and surveys rather than a Syrian refugee's home. If a Syrian refugee ever felt uncomfortable during an interview or survey, they could leave the clinic. If they felt uncomfortable in their own home during research, they may feel it goes against their culture to send the interviewer or surveyor away, hence why the clinic provided a more ideal research area. In addition, Al-Tkaful Healthcare's employees could answer surveys to add to the data collection of the study. Employees could also help with recruiting patients for the interviews, since reaching out to refugees for interviews occurred on the spot in the clinic. With these reasons, the healthcare clinic proved the optimal place for interviews and surveys of Syrian refugees and employees.

To find employees from organizations that worked with solving or relieving the issue of early marriage, such as UNICEF, the study reached out through email to: UNICEF, UNFPA, International Medical Corps, and Save the Children. With limited time and lack of response from some organizations in time for the study, only UNICEF and UNFPA's participation could contribute to the study. The study looked to these organizations' employees because with their broad work involved with early marriage, they could give information about health educational programs offered to refugees and what programs they planned. Also, these employees' observations of refugees and interactions with them could contribute to understanding refugee's decision-making process behind early marriage.

This information can support the data collection of the study because it will show where awareness programs are lacking (which areas do not receive these programs, which areas receive them but refugees have little access, etc.) and where they are productive. Although Syrian refugees' opinions contain the most value in this study, the restrictions that come with interviewing refugees prevented the study from collecting the originally planned amount of data. For this reason, interviewing and surveying organization employees will supplement the data collection, plus employees may have experience seeing the effect of current health awareness programs on Syrian refugees' perspectives of early marriage. Interviewing and surveying employees occurred at UNFPA's site in Amman, while surveying the UNICEF employee occurred through email because of limited time and availability. To clarify the structure of the study, the research collected: 2 UNFPA interviews, 5 Syrian refugee interviews (3 individual, 2 together as a couple), 2 Al-Tkaful employee interviews, 18 Al-Tkaful employee surveys, 4 UNFPA surveys, and 1 UNICEF survey.

The first data collection occurred at UNFPA. To protect the identity and integrity of the 2 participants in the interviews, the interviewer explained the purpose and content of the interview before beginning the questions. Then, the interviewer asked the 2 interviewees to read and sign a consent form. This form can be found near the end of this document. The interviewer implemented the same process with the Syrian refugees and the Tkaful Healthcare Center employees for their interviews. All participants remained anonymous, and the interviewer explained that participants could leave the interview at any time they chose. In addition, the interviewer asked permission to record the participants before beginning the interview. If participants did not want their voice recorded, the interviewer only took handwritten notes.

Syrian refugees and the Tkaful Healthcare Center employees received consent forms in Arabic, as this is their first language, while the UNFPA employees received consent forms in English. Also, if a participant did not understand the consent form or could not read it, the translator, who accompanied the interviewer for all interviews with Syrian refugees and Tkaful Healthcare Center employees, explained the consent form to the participant. If the UNFPA employees did not understand the consent form, the interviewer explained it verbally. Both UNFPA employees spoke English fluently, and therefore received an English version of the consent form.

For surveys, the researcher obtained verbal consent from all employees, and email consent from the UNICEF employee. The researcher gave out English surveys to the UNFPA employees and UNICEF employee, as all these employees could read and write in English at a high level. Al-Tkaful employees received Arabic surveys, as their level of English would not guarantee the most accurate responses for the survey. If Al-Tkaful employees did not understand the survey, the translator would verbally explain the survey question by question to the participant to ensure they understood each part. The beginning of all surveys included a short explanation of the purpose of the study, so that participants knew the main idea of the survey before beginning. All participants had the option to stop their surveys if they felt uncomfortable or if they did not want to answer the questions.

Although data collection in this study included some high quality responses from participants, challenges arose that prevented the study from reaching its ideal quality of data. Regarding the interviews for employees from organizations involved with Syrian refugees, many organizations did not respond until several weeks after the initial email. Late responses prevented data collection in time to finish research; however, future research can further this

study by contacting these organizations again for data collection. Additional organizations that future studies could contact include: Save the Children, UNHCR, and International Medical. Also, the organizations that contributed to the study, UNFPA and UNICEF, could not supply all possible information because of limited time. UNICEF, for instance, has multiple employees with knowledge and experience with early marriage, so further studies could conduct interviews with these employees and send out several surveys.

Challenges rose with interviewing Al-Tkaful employees because after conducting all refugee interviews, the researcher found very few employees at the clinic who had experience with early marriage. Not all employees came to the clinic during the days of the research, and many employees felt too occupied with work and could not give time for an interview. Therefore, the two employees who participated in the interviews did not have very much experience with seeing early marriage among Syrian refugees. Another obstacle rose while interviewing Syrian refugees because without actually implementing a health awareness program, the interviewer could not question the effects of the program on refugee's perspectives without asking for speculation. For instance, when asked about how understanding the health risks of marriage may affect their decision-making, refugees could only give speculation about their thoughts and others' thoughts if they learned of these risks. Finding refugees who had the time to interview became difficult because the interviewer requested their time on the spot rather than planning the interview ahead of time with them. Of course, planning these interviews ahead of time with Syrian refugees lacked feasibility.

Surveys became a challenge because the researcher aimed to retrieve around 20 surveys from UNFPA, but due to employees' busy schedules, only 4 could fill out the survey. Also, lack of time with UNICEF resulted in only 1 survey, through email. Employees from these

organizations also felt that they should only fill out the survey if they were heavily involved with early marriage among Syrian refugees. If they did not have strong experience, they did not fill the survey out, which unfortunately limited the number of responses. Granted, employees with strong experience give high quality results, but even employees without strong experience understand what awareness programs their organization offers, so their responses matter too.

The original plans of the study aimed for about 50 surveys, as said before, because around 20 would come from UNFPA, 20 from the Al-Tkaful clinic, and around 10-15 from UNICEF. However, due to the challenges mentioned above regarding employees' busy schedules and their lack of experience with Syrian refugees, only 23 contributed to the study. This hurt the scope of the data, since a large number of responses may better represent what employees believe should happen to help prevent early marriage. However, this number does not necessarily hurt the quality of the data, since most of the quality of the data comes from the Syrian refugee interviews. Also, the survey originally had more questions inquiring what employees suggested to solve early marriage. However, by the time plans became set to send out the surveys, the survey needed to narrow its focus more on just health awareness programs as a possible solution.

For the interviews of employees, the interviews of the UNFPA employees did not satisfy all originally planned questions because the employees had meetings to attend and could not finish the interviews. The interviewer asked these originally planned questions, but could not ask as many additional questions as desired. These additional questions include questions based on what the employees said to further understand their opinion, not questions on the interview guide as attached to this document. This hurt the quality and depth of the data, as perhaps more inquiries about employees' opinions could better explain their views.

For the interviews of the Syrian refugees, the translation from the interviewer's questions to the translator's explanation sometimes caused confusion for the participants. To better clarify the questions, the interview changed some questions, but these questions may have restricted how freely a participant could answer. For instance, if a Syrian refugee did not understand the question, "How would knowing the health risks of early marriage affect the decision-making of early marriage among your family and friends?", re-wording the question in a way like, "How would your family feel about early marriage after knowing the health risks?" may lead the refugee to say they would feel against early marriage. This obstacle hurts the quality of the data because participants may answer differently if they considered all factors that affect the decision-making of early marriage rather than just considering how knowing the health risks makes them feel about the issue.

Results

UNFPA Interviews

The 2 participants of the UNFPA interviews will remain anonymous and therefore called UNFPA employees, as they agreed to be affiliated with UNFPA in their interviews. First, the two employees described their background at UNFPA, as both have experience with early marriage. Then, participants answered questions regarding the study's focus of health risks and early marriage. The interviewer began by asking what the employees believed Syrian refugees knew about the health risks of marriage and from where that knowledge comes. One employee explained that through one study's survey they heard about at a conference, many Syrian refugee women surprisingly knew a lot about the health risks such as childbirth complications and a higher risk of violence. Unfortunately, despite this knowledge, these women still felt pressure to choose early marriage. This pressure comes from both the husband and from the family's living situation, like their financial status. In fact, based on one UNFPA employee's opinion, the Syrian crisis causes so many pressures on refugees to marry their children early that organizations should focus less on preventing early marriage and more on preventing early pregnancy since these pressures influence refugees so strongly and may not go away any time soon.

When asked about health awareness sessions offered to Syrian refugees on the health risks of early marriage, the UNFPA employee explained some of the currently implemented programs. The following details of the programs come from both the interviews and UNFPA Jordan's website. UNFPA offers different health awareness programs in partner with other organizations. One program called Safe Spaces, in partnership with the Institute for Family Health, offers Syrian refugee girls some safety awareness programs in addition to other services

like psychosocial support. 8 of the 17 safe spaces are camp-based. Awareness programs talk about women's rights, gender-based violence, and similar topics. In partnership with the Ministry of Health, Jordan Health Aid Society, and others, UNFPA provides reproductive health education to all refugee camps and 10 governorates in Jordan. As part of UNFPA's seventh country program, a project called Shobak Sehetna teaches youth about reproductive health in youth centers. Another program, called Shababna, teaches university students about reproductive health. Alongside the Ministry of Health, UNFPA offers awareness activities to women and girls in 17 comprehensive centers and National Women's Healthcare Center. In response to the Syrian crisis, UNFPA supports reproductive health clinics that offer awareness sessions and education to its patients. Health education includes family planning, early pregnancies, and breastfeeding. UNFPA also has a program called Y-peer education, which teaches youth about early marriage and trains young Syrians inside camps to reach out to their peers and teach them about topics such as reproductive health and gender-based violence (UNFPA, n.d.).

Another campaign, Amani, focuses on child protection and gender based violence. Supported by organizations like UNFPA, UNHCR, and UNICEF, this campaign teaches communities about how to protect children and adults from violence through messages and images of a girl named "Amani" and her family. The campaign recognizes early marriage as one of the forms of sexual gender based violence. Amani gives Syrian refugee communities multiple messages on how to protect children from early marriage. These communities can distribute the messages through learning spaces, local radio, health clinics, and many other methods that also cater to the population of Syrian refugees unable to read. Amani provides messages supporting children, and separate messages supporting adults. Messages include: "Delaying a first

pregnancy until a girl is at least 18 years of age helps to ensure a safer pregnancy and childbirth” and “In some cases, the offer of marriage...may result in abuse or abandonment of the bride”. The campaign also offers contacts for Syrian refugees if they are planning an early marriage so that they can learn more information before making the decision (UNICEF, 2014).

Regarding the demographics of these health awareness programs, one UNFPA employee said that mostly women and the women’s children attend the sessions offered in refugee camps. Men do not attend the sessions as often for different reasons such as work. However, some sessions take place in the afternoon so that working men can attend as well. With that said, one UNFPA employee explained that women do not usually make the decision of early marriage without their husband, so attendance from men at these sessions is important. Unfortunately, measuring the effects of these awareness programs on Syrian refugees’ perspective of early marriage becomes difficult and so far, no concrete study looks at the effects. Discussed later in this study, the 5 Syrian refugees who participated in this study did not know of any health education programs, and with hundreds of thousands of refugees living in Jordan, organizations like UNFPA face a large population that they may never fully reach, especially with limited funding and resources.

When asked about refugee awareness of these health programs, one employee explained that people spread the word throughout the community, and sometimes radios or even social media tell refugees about the programs. Some posters, found on UNFPA Jordan’s website, show maps of the locations where women can go for reproductive services and education. In terms of access, some programs are located in schools as an easy and safe place for families to gather. Other programs occur in healthcare facilities, which an employee noted as better than a facility just affiliated with psychiatry to save families embarrassment. Most women require permission

from their husbands before they can leave the house and visit a clinic, but the employees said that usually, husbands allow this.

One UNFPA employee wanted to make it clear that although early marriage rises as a trend among Syrian refugees in Jordan, some families choose not to marry their daughter young due to the current crisis. The media does not expose this trend like it exposes the rise of early marriage.

Syrian Refugee Interviews

The study interviewed 2 women individually, 1 man individually, and a married couple. They will be called: Woman 1, Woman 2, Man 1, and the couple.

Woman 1, age 27, came to Jordan from Da'ara around 3 years ago with her family. She currently lives in a house in the Irbid area. When asked if she knew anyone married under the age of 18, she answered that her sister was married at age 16 and is pregnant now at age 17. Woman 1 was married at the age of 17. Both women got married before coming to Jordan, and they married this young because in their village, this pattern is tradition and happens often. Woman 1 emphasized that the girl can choose not to marry if she wants to continue her studies. She also explained that the tradition of early marriage continues in Jordan, as she sees it often. In her opinion, Syrians do not feel more pressure to get married young just because of their displacement.

Woman 1 does not know about the health risks of early marriage, but she would no longer have acceptance of early marriage if she knew there were risks involved. She would also tell her friends and family about the health risks, and she thinks they may change their beliefs based on what she told them. Woman 1 does not know of any programs that teach about the

health risks of early marriage. She only knows of a program about domestic violence offered by Al-Tkaful Association.

Woman 2 did not give information about when she came to Jordan, but she lives outside of a camp in a rented house. This woman was married when she was 14 to her cousin. Her family made the decision, but if she could go back in time, she would say no. At the time, she was too young, and thought that getting married only meant she would wear a dress. Woman 2 sees early marriage increasing among Syrian refugees in Jordan. She said that for the past couple of months, more girls at the age of 14 get married, and most of these marriages are between Syrians. Woman 2 does not know about the health risks of early marriage, other than from her own experience, including the risk of domestic violence. If she knew the health risks now, she would not want to marry her own kids before the age of 18. She believes that people like her under the age of 30 may feel the same if they knew about the health risks. However, she thinks people above the age of 30 would never change their mind about early marriage, no matter the health risks. She explained that people above 30 only have influence about the decision-making of early marriage if they are the parents, but grandparents do not have as much influence. In Woman 2's opinion, health education programs could help prevent about 50% of early marriages.

Man 1 came from Syria 3 years ago from Dara. He lives in a rented house in Al-Ramtha. As the previous participants mentioned, Man 1 said that marriage under the age of 18 was very common in his village, and his wife was married at the age of 17. Usually, the parents will decide, but the girl can accept or not. When asked why people choose early marriage while finding refuge in Jordan, Man 1 explained the pressures of displacement. He said many people are in fear of their security, and they face many hardships. Man 1 that many refugees marry their

daughters to other Syrian refugees because of the fear that Jordanian people will try to marry their daughters for enjoyment only. Despite Man 1's knowledge of people married under the age of 18, he did not know of the health risks of early marriage. He believes that if Syrian refugees learned of the health risks, they may accept the idea, but not all would stop this tradition. For him, he would disagree and avoid early marriage for his children if he knew more about the health risks. Man 1 does not know of any health education programs that teach about early marriage health risks. He believes if these programs existed, about 70% of people who attend would change their minds about early marriage and avoid the tradition. He would attend if these programs existed. After interviewing Woman 1, Woman 2, and Man 1, all believe they would avoid early marriage if they knew of the health risks, but none believe that everyone else would avoid it as well, just some. Although the participants may speak truthfully, this could also reflect a social desirability bias.

The couple came to Jordan in August of 2012 after their house was invaded and destroyed. They currently live in a village area of Irbid. They see early marriage a lot, and they married their own daughter to her cousin when she was 14 years old because they wanted to protect her. The day before the interview, the couple discussed their 12 year old daughter to be married soon. Since school is far from their home, the couple fears for their daughters' protection, and so they believed marrying her would keep her safe. They do not think their 14 year old daughter was old enough to understand the marriage when it happened. When asked about the health risks, the couple said they knew about pregnancy complications, and they considered this before deciding to marry their daughter off, but several factors overruled this. They believe their daughter is more mature than her age, they fear for her safety, and they do not have enough money to support their whole family. In addition, the family is not in their home

country, and they believe they have no rights as Syrians. If a Jordanian attacks their daughter or themselves, the law will side with the Jordanian no matter the circumstance, in their opinion. They are afraid a Jordanian may attack their daughter, and if they complain, they may get kicked out of Jordan. For these reasons, the health risks of marriage were not important enough compared to their fear of safety.

Al-Tkaful Interviews

Al-Tkaful employees will be called Employee 1 and Employee 2 to maintain anonymity.

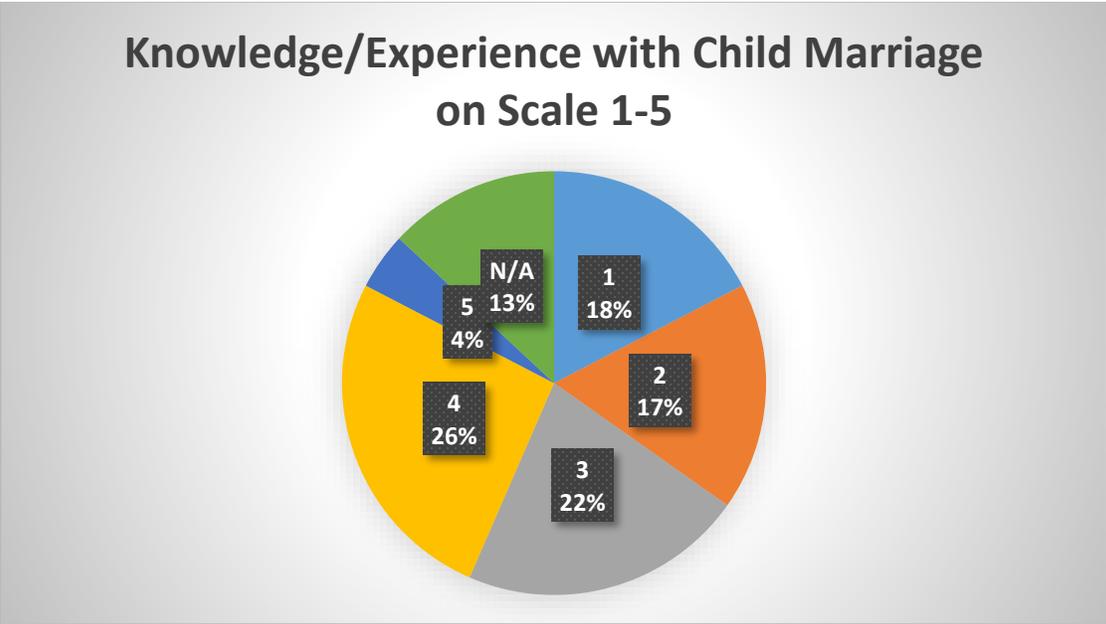
Employee 1 noticed girls around the health clinic that looked under the age of 18 and were married, but they did not see these girls pregnant or with children, so they have not noticed what health issues these girls may suffer, if any. The employee knows that Syrian refugees choose early marriage because of the hardships of displacement, and that the father of the girl wants to marry her off as soon as possible for her protection. Employee 2 said that about 35% of the married girls that come into the clinic are under the age of 18, and their age averages around 14 to 15 years old. The employee does not think Syrian refugees know about the health risks because they do not have access to education about this. They said that some clinics offer education about family planning, but this employee did not mention any at the Al-Tkaful clinic when asked.

Employee 1 knows Syrian refugees personally because some live near employee 1, but this employee does not know refugees' personal views of early marriage. In Employee 1's opinion, if refugees knew about the health risks, they would not choose early marriage for their daughter. This employee believes more places should offer education programs on this topic. They believe that in order to make an impact on refugees' opinion of early marriage, refugees must continuously attend the education programs because one visit will not be enough to help. Employee 2 also believes education programs could help, but they must be advertised in a way

that reaches all refugees, since some families cannot read and therefore methods like pamphlets would exclude many people.

Survey Results

Al-Tkaful, UNFPA, and UNICEF employees all received the same survey questions. Questions focused on how education programs teaching about the health risks of child marriage will affect Syrian refugees’ perceptions of child marriage, based on employees’ experience with these refugees and what they have seen with child marriage. Of the 23 participants, only 26% believed they had level 4 knowledge of or experience with child marriage among Syrian refugees, on a scale of 1-5. 35% had a level 1 or 2 knowledge of or experience with this. The researcher kept this in mind when evaluating the employees’ opinions in the survey.



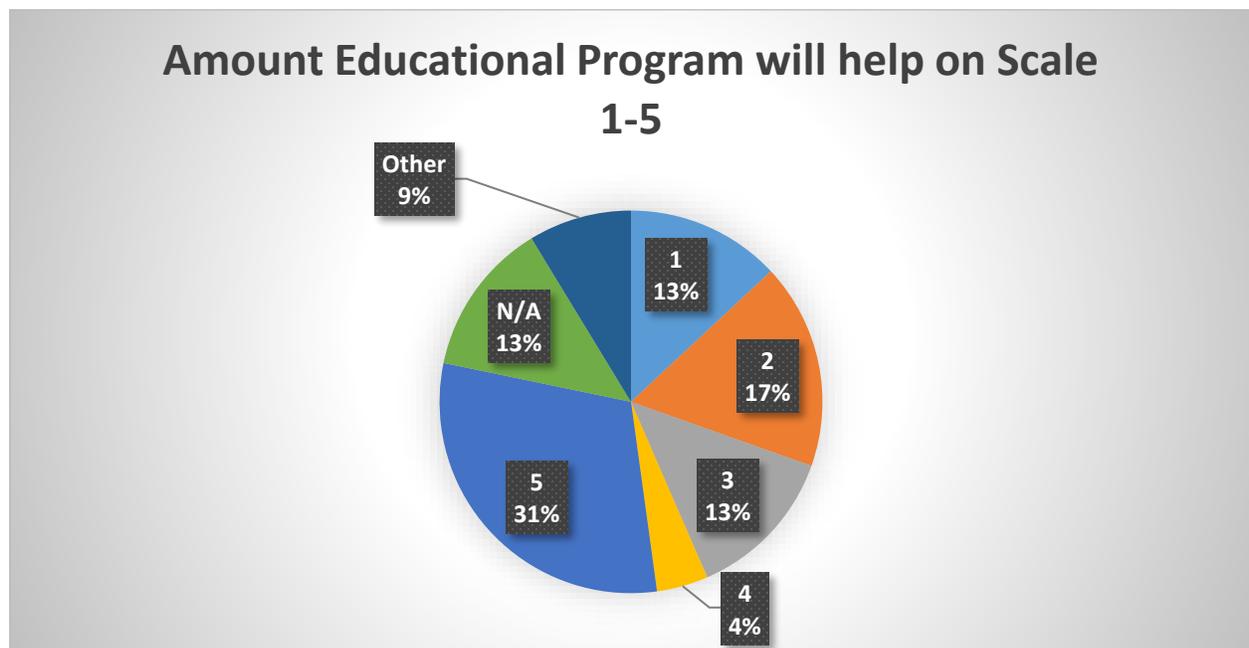
Of the different causes of child marriage, most employees thought Syrian families chose to marry off their daughter early because they either felt unable to provide for their daughter (27% said this) or they feared for their daughter’s safety (25% said this). Following these 2 causes, 21% of employees said families feel peer pressure to marry their daughter young, 18% put Other,

and 9% said families are offered money in exchange for their daughter. Note that participants could choose more than one cause. As an explanation for Other, one participant explained that “Families are hoping to benefit from the marriage to reach a better situation for their daughter and themselves i.e. shelter, bail-out of camp, etc. “. Participants reported different health issues they saw among girls married young, most recalling how weak and fatigued girls look, in addition to psychological issues and pregnancy issues. However, 13 of the 23 responded that they did not have enough knowledge or experience to answer.

When asked about what Syrian refugees know about the health risks of child marriage, 5 participants answered that refugees do not know about the health risks, 10 participants answered they do not have enough knowledge or experience for this question, and the others responded differently. One participant said that most refugees don't know, another said that refugees know the risks but refugees ignore them because they do not have enough money so they prefer early marriage. Some places participants believe from which Syrian refugees learn about the risks include: the internet, habits, their neighbors, NGO volunteers, and focus groups. UNICEF explained that it teaches refugees about the “negative consequences of early marriage through its GBV prevention and response intervention...child-friendly spaces and...child protection committees in the host communities and camp settings.” The 5th question of the survey asked employees to explain what educational program opportunities Syrian refugees received to learn of the health risks of child marriage. 15 of the 18 Al-Tkaful employees did not know of any programs, while the other respondents expressed that they were either no programs, there was a need for programs, or that the Al-Tkaful Association offered a program the year before. UNFPA and UNICEF employees talked about educational sessions provided in safe spaces for women or

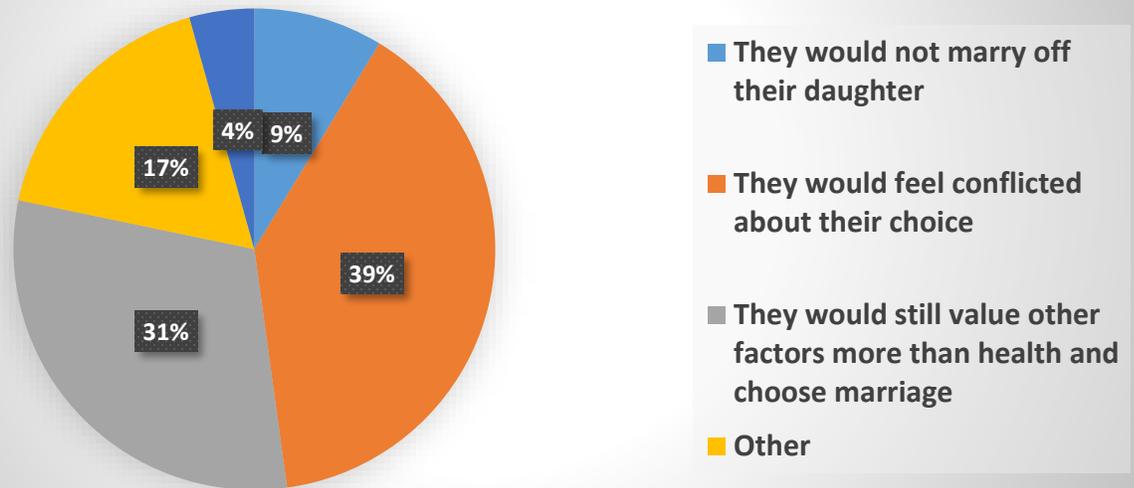
health clinics. This study explains these programs more in detail under the section “UNFPA Interviews”.

Question 6 asked participants to rate on a scale 1-5 how much they felt educational programs help prevent Syrian refugees from choosing child marriage for their daughter. The results, seen below, show that even though 31% of respondents believed the programs help at a level 5, 30% rated the programs’ helpfulness at either 1 or 2. One respondent commented that the educational program work best when created with community members and “tested on different target groups in the communities to ensure the messages are actually relevant and appealing for the audience we aim to reach”.



Respondents then answered how they felt Syrian refugees would value the health risks of child marriage when deciding whether to marry off their daughter or not. The results show as follows:

How Knowledge of Health Risks may influence Syrian Refugees



A majority of respondents said refugees would either feel conflicted about their choice or would still value other factors more than health while deciding on early marriage. These results contrast with the previous question because if 31% of participants believe health education programs help at a 5 level, the highest level on the scale, then why would only 9% of the participants say that the knowledge of health risks would change refugees' minds about child marriage? This suggests that participants did not fully understand one or both of the questions. Al-Tkaful employees gave various reasons for their choice. One person said that if the program reached refugees' minds, they would stop marriage. Another said that if refugees live in a good situation, they will not choose early marriage. Others argued that because families want protection and because of tradition, families will still feel hesitant.

One UNFPA employee said, "Armed with the knowledge, most parents of Syrian refugees still would not wish to marry her so young but may still face too many difficulties without solutions that make them feel they have no other options". Another employee believes safety and settlement will outweigh the health risks when refugees consider early marriage, while

another believes understanding the impact of education will take several years because the programs aim to change the behavior of a community. Lastly, a UNICEF employee believes the success of the program depends on the target group. They gave an example that for fathers attending an awareness program, they felt more strongly when they learned how early marriage causes health risks for childbirth rather than when they learned about the legality of early marriage.

The last question of the survey asked participants what their organizations planned for further health educational programs, if any, that would raise awareness about child marriage's health risks. UNFPA and UNICEF employees explained that they would continue their currently implemented programs, such as the Amani campaign and campaigns partnered with International Medical Corps and other organizations. One employee emphasized that UNFPA leads reproductive health programs to refugees both inside and outside camps. Many Al-Tkaful employees did not know of any future plans for educational programs, but a few said that if more programs were implemented, they would attend and support the programs, and they believed more health clinics should offer these programs (R. Fowler, personal communication, December 6, 2014).

Conclusion

Would health awareness programs be worth the investment?

According to the UNFPA interviews and 31% of the surveys, it seems that although Syrian refugees may know the health risks, they still tend to choose early marriage for their daughters because of stronger pressures. In contrast, Woman 2 believes 50% of people attending health awareness programs will avoid early marriage, and Man 1 believes 70% will avoid early marriage, according to the Syrian refugee interviews. However, neither of these 2 participants knew of the health risks, and the only refugees that knew of the health risks (the couple) still chose early marriage for their daughter because of other factors they felt more important, such as financial burden and safety. Unfortunately, organizations cannot feasibly ensure refugees' safety and provide families with enough money to feed all of their children. Therefore, the refugees who live in desperate enough conditions that face factors as mentioned above may not change their mind about early marriage if they know the health risks.

If this is true, then perhaps organizations should focus more on the prevention of the health issues connected to early marriage rather than the prevention of early marriage itself. The suggestions below go into detail about how organizations could prevent the health issues connected to early marriage, some of which organizations already implement but could invest in more. Of course, just because a majority of opinions from this study believe health awareness programs do not provide the persuading factors for Syrian refugees to avoid early marriage does not mean programs trying to prevent early marriage prove unnecessary. Organizations like UNICEF and UNFPA should continue their health education that includes early marriage as a topic, because even if this education does not prevent early marriage, it may prevent the high risks that come with it. Although this study focused on how knowledge of health risks affects

the decision-making of early marriage, organizations do not know the effectiveness of their programs without an extensive study that would take several years.

How to Prevent Health Issues 1: Increase Education

Organizations like UNICEF should continue implementing programs like Amani, but could include more messages about how girls can take care of their body during pregnancy and how often they should visit a doctor, if campaigns do not already include these. Perhaps awareness programs such as this can apply specific messages for husbands on how to help their wife during her pregnancy so that they have a safe delivery and a healthy baby. Since one survey respondent explained how some fathers value the health risks of early marriage more when it relates to their first born child, awareness programs could emphasize how early pregnancy affects the baby. In addition, organizations should continue expanding their awareness about gender based violence with sessions for men and women.

One UNFPA employee explained in their interview that not enough men attended their awareness sessions that cover topics like early marriage and gender based violence. They also explained how men usually have the final say when deciding on early marriage, and from Syrian refugee interviews, they also have the authority over when the woman leaves the house. If girls need healthcare services or education in regards to early pregnancy, or other issues, the men of the house need to understand the importance of allowing the girl to leave and receive help. Awareness programs that encourage men's attendance can help raise this understanding, as one UNFPA employee mentioned. Whether organizations already offer awareness programs like this or not, the number of Syrian refugees in Jordan continues to rise and so do their needs. If health issues that connect with early marriage do not receive medical attention, several girls will suffer

or die, as well as their children, so organizations must expand their prevention programs of these issues.

Educating Syrian refugee families about the health risks of early marriage, as well as about other negative consequences of early marriage, still help prevent some early marriage, and they encourage safer practices within marriages, so this study does not suggest giving up on this prevention method altogether. However, changing the focus of these programs more towards preventing the negative consequences rather than the marriage may prove more effective since Syrian refugee families still face other burdens that push them towards early marriage. If the 5 Syrian refugees who participated in the interviews did not know of the health risks of early marriage outside of their own personal experiences, health education must continue to expand, especially in the Irbid area where a large population of refugees reside.

How to Prevent Health Issues 2: Increase Health Services

In addition to expanding health education, organizations like the ones in the study must increase their support for services that prevent and treat these health issues. Health issues like obstetric fistula and HIV/AIDs, of which girls face a higher risk when married early, require intensive health services, some at very high costs. To prevent these issues, healthcare clinics could encourage the use of contraceptives through their health education, and strengthen their family planning services by offering free contraceptives if they do not already. One UNFPA employee discussed this, saying they believe encouraging contraceptives to prevent health issues will prove a better approach than trying to persuade families not to marry their daughter early. Preventing HIV/AIDs and early pregnancy not only could save a girls' life, it could save her education, as issues like pregnancy prevent any chance of her continuing her schooling.

Study Limitations

Ideally, the study would obtain as many Syrian refugee interviews as possible until saturation, because although the interviews obtained gave valuable information, the study could have reached a more concrete conclusion with more interviews. Also, the study could have benefitted more if the interviews only included Syrian refugees who knew the health risks of early marriage, because refugees who did not know the risks could only answer certain questions out of speculation. Refugees who knew the risks could explain why or why not they chose early marriage based on this knowledge. Since the interviewer could not speak Arabic fluently with the Syrian refugees, the interviewer felt restricted with the questions they could ask and how they worded the questions, since the translator needed to understand the questions to communicate to the Syrian refugees. With a translator, some questions and answers may have changed slightly after translation compared to what the speaker originally said.

In addition, due to technical and safety matters, the interview could not go into Syrian refugee camps to speak with refugees. Since fear of safety and poverty are both strong factors that pressure families to choose early marriage, interviews from refugees in camps would give the study a different perspective of the decision-making behind early marriage. Also, due to the questions the researcher would like to ask Syrian refugees, the study could not hand out surveys to refugees without too many issues. One, many Syrian refugees at the Al-Tkaful clinic could not read and write, and two, the researcher's questions depended on what refugees knew about the health risks of early marriage. Without these limitations, the researcher could have expanded their scope of refugee participants to better saturate the data.

Time limited the study the most, because without enough time, the researcher could not reach out and schedule as many interviews and surveys as preferred. Also, interviewing Syrian

refugees and employees at the Al-Tkaful healthcare clinic required time and transportation, so even though the interviewer collected 7 interviews from the clinic, the study would benefit if the interviewer could spend the week at the clinic. In addition, many UNFPA and UNICEF employees could not give their time for the surveys or interviews due to their busy schedules, so if the researcher had more weeks to offer meeting with these organizations, the researcher could collect more data. Other organizations did not respond to the researcher's request for interviews and surveys, for possible reasons such as lack of the use of email or lack of time. Perhaps if the researcher visited these organizations in person, the researcher could set up meetings with their employees. Their input could either support or contrast with UNFPA's and UNICEF's inputs, because even though UNFPA and UNICEF covered some of their health education programs in their interviews and surveys, employees from different organizations may perceive the programs differently and add another perception to the results.

Other than time, the study's narrow topic limited the study. Although early marriage connects to several issues, like gender-based violence, children's rights, and maternal morbidity/mortality, the study found difficulty finding employees of organizations who associated their work as involved in early marriage. Therefore, not many employees believed their qualifications fit for what the studying was looking, since the study asked for employees who had experience or knowledge of child marriage. The study's limitations also included the fact that understanding how health awareness affects refugees' perceptions of early marriage requires extensive, long-term studies. To truly see how health awareness programs prevent or do not prevent early marriage, a study would need to research Syrian refugees before, during, and after a program, as mentioned in the Methodology section.

Further studies:

In order to prevent more early marriages, and to prevent the health issues and other negative consequences of early marriage, researchers interested in the matter could expand on this study. If time, funding, and resources permit, researchers could interview and survey Syrian refugees before an organization like UNICEF implements one of their awareness campaigns like Amani. Then, as refugees learn about early marriage, whether about the health effects, the educational effects, or the financial effects, researchers could interview and survey the refugees to see how their perceptions change. Studying the effectiveness of educational sessions based on their curriculum could help organizations understand what type of curriculum influences refugees the most, based on the audience attending the sessions (does gender-based violence influence women's perception more than men? What influences men's perception the most?).

Since men usually make the final decision about early marriage, researchers could study how to get more men involved in attending the currently implemented educational sessions. As organizations expand their programs to reach more refugees, researchers could look into what areas in Jordan need the programs the most based on population, lack of health services, poverty, prevalence of early marriage and early pregnancy, etc. Researchers could also study what access Syrian refugee girls have to reproductive health services, and how many attend, especially for pre-natal, antenatal, and postnatal care. Understanding the health services girls receive when facing the negative consequences of early marriage could help organizations understand where they could invest more educational programs to coincide with these services, in addition to investing more family planning programs to prevent health issues like pregnancy complications. Overall, no one solution, whether it be educational programs, financial support, or health services, will prevent early marriage and its consequences, but if researchers continue looking

for the most effective solutions that prevent the most consequences, more refugee girls can receive the help they need to take care of themselves, their families, and their futures.

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SIT Study Abroad

a program of World Learning



CONSENT FORM

1. Brief description of the purpose of this study

Syrian Refugee Families' Awareness of the Health Risks of Child Marriage and What Organizations Offer or Plan in order to Raise Awareness

The purpose of this study is to look at what Syrian refugee families know (particularly families facing the decision whether to marry their daughter underage or families who have already decided) about the long term risks of early marriage for a girl's health. In addition, a second focus of the study will look at what organizations offer or plan to offer for Syrian refugees that provides health education related to the risks of underage marriage, such as pregnancy complications and abuse.

2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

- a. **Privacy** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.
- b. **Anonymity** - all names in this study will be kept anonymous unless the participant chooses otherwise.
- c. **Confidentiality** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to the participant.

Participant's name printed

Participant's signature and date

Interviewer's name printed

Interviewer's signature and date

SIT - مدرسة التدريب الدولي- الدراسة في الخارج

برنامج للتعلّم العالمي

نموذج الموافقة

1. وصف ملخص لهذه الدراسة

تهدف هذه الدراسة إلى الاطلاع على ما تعرفه العائلات السورية اللاجئة (بشكل خاص تلك العائلات التي تواجه معضلة اتخاذ قرار الزواج المبكر لفتياتها، أو تلك العائلات التي اتخذت ذلك القرار بالفعل) عن المخاطر الصحية بعيدة المدى التي قد تواجهها الفتيات اللاتي تزوجن مبكراً. بالإضافة لذلك، ستركز الدراسة على جانب آخر يتمثل بالتعرّف على الهيئات التي تعرض المساعدة، أو تخطط لها فيما يختص بالتنقيف الصحي للاجئين السوريين حول الزواج المبكر و مخاطره مثل مضاعفات الحمل، أو التعرّض للإساءة.

2. إشعار بالحقوق

تماشياً مع المعايير الأخلاقية لجميع أطروحات ال SIT ISP، تم استعراض الدراسة الحالية و الموافقة عليها من قبل المجلس المحلي للاستطلاع. كما يمكن لأي مشارك إذا شعر، في أي وقت من الأوقات، بخطر تعرّضه لأذى الانسحاب من المقابلة أو إنهاؤها. الرجاء التكرّم بقراءة متأنية للعبارات المذكورة أسفل.

أ. **الخصوصية.** سيتم تسجيل و حماية جميع المعلومات التي تقدّمها في هذه المقابلة. إذا لم ترغب بتسجيل المعلومات التي تطرحها، يمكنك إعلام الشخص الذي يقابلك بذلك.

ب. **الإفصاح عن الهوية.** ستبقى أسماء الأشخاص المشاركين في المقابلات مجهولة، إلا إذا رغب الشخص المقابل الإفصاح عن اسمه.

ج. **السريّة.** سيقوم الشخص الذي يجري المقابلة بالحفاظ على السريّة التامة للأسماء و حمايتها. و بتوقيعك أسفل هذه الورقة، فأنت تمنح الشخص الذي يقابلك كافة المسؤوليات لتنفيذ هذا العقد و محتواه. سيقوم الشخص الذي يقابلك كذلك بتوقيع نسخته من نفس العقد و يسلمها للمشاركين.

توقيع المشارك و تاريخ المقابلة

أسم المشارك طباعاً

توقيع المقابل و تاريخ المقابلة

اسم المقابل طباعةً

المشاركين الأفاضل،

نشكر لكم استعدادكم للإجابة على الاستبانة. موضوع الاستبانة هو الزواج تحت عمر 18 سنة (أو ما يسمى بزواج الأطفال في استبانتنا هذه) و الآثار الصحية لمثل هذه الزيجات. تراعي دراستنا هذه السرية التامة و ستبقى مجهولة الأسماء. تقوم بإجراء هذه الدراسة الطالبة ريتشيل فاوولر، و ذلك ضمن برنامج الدراسة في الخارج في مدرسة التدريب الدولية في عمان. و يمكن التواصل معها عبر البريد الإلكتروني، rfowler@andrew.cmu.edu ، في حال الرغبة بطرح أسئلة للاستفسار عن امور تتعلق بالاستبانة.

شكرا لكم،

ريتشيل فاوولر

1. الرجاء وضع درجة لخبرتك فيما يخص زواج الأطفال لدى اللاجئين السوريين و ذلك بوضع دائرة على الرقم الذي يمثل رأيك في المقياس المذكور أسفلاً.

معرفة/ خبرة قليلة 1 2 3 4 5 معرفة/ خبرة كبيرة

2. بناءً على معرفتك أو خبرتك، ما هي في اعتقادك من التالية الأسباب التي تسبب زواج الأطفال؟
- أ. تشعر العائلات بعجزها عن إعالة بناتها.
 - ب. خوف العائلات على سلامة بناتها.
 - ج. تعرض العائلات لضغوط محيطية لتزويج بناتها مبكراً.
 - د. حصول العائلات على المال مقابل تزويج بناتها.
 - هـ. عوامل أخرى

إذا قمت بوضع دائرة على أكثر من نقطة، رتب الأحرف التي قمت باختيارها من الأسباب التي تعتبرها الأكثر تأثيراً إلى تلك الأقل تأثيراً.

3. ما هي القضايا المتعلقة بالصحة التي لاحظتها على الفتيات اللواتي تزوجن تحت سن الثامنة عشر من بين اللاجئات السوريات؟ ضع إجابة "لا أعرف" إذا كنت لا تمتلك المعرفة و لا الخبرة عن الموضوع المطروح.

4. برأيك، ماذا يعرف اللاجئون السوريون عن المخاطر الصحية للزواج المبكر لبناتهم؟ و من أين حصلوا على تلك المعرفة؟ ضع إجابة " لا أعرف" إذا كنت لا تمتلك المعرفة و لا الخبرة عن الموضوع المطروح.

5. الرجاء تزويدنا بشرح مبسط عن أية برامج تعليمية تم توفيرها للاجئين السوريين تحذرهم فيها من المخاطر الصحية لزواج الأطفال. إذا كنت لا تمتلك المعرفة او الخبرة عن الموضوع اكتب "لا أعرف"

6. كم تشعر بأن مثل تلك البرامج ساهمت في الحد من اختيار العائلات السورية اللاجئة التزويج المبكر لبناتها؟ إذا لم تكن تعرف عن أي برامج بهذا الخصوص، ما هي نوعية البرامج التي تقترحها و التي تعتقد انها ستساعد في هذا المجال؟ اختار الرقم الذي يعبر عن إجابتك

7. كيف ترى أثر قيمة المعرفة بالمخاطر الصحية على زواج الأطفال لدى العائلات من اللاجئين السوريين و هل سيؤثر ذلك ك على قرارهم بتزويج مبكر لبناتهم؟ قم باختيار واحدة من المقترحات التالية و قدّم تفسيراً لسبب اختيارك هذا.

- أ. لن يقوموا بتزويج مبكر لبناتهم بعد معرفتهم بذلك.
 - ب. سيشعرون بالتردد و تتضارب أفكارهم بشأن اتخاذ قرار تزويج مبكر لبناتهم
 - ج. لن تؤثر عليهم و سيقومون بتزويج مبكر لبناتهم لاعتقادهم بتغلب قوة أثر العوامل الأخرى على العواقب الصحية.
 - د. غيرها-----.
- تفسير سبب اختيار الإجابة:

8. إذا كانت المنظمة او الهيئة التي تنتمي إليها تخطط لتطبيق برامج للتثقيف الصحي، ترفع من خلالها درجة الوعي بخصوص المخاطر الصحية للزواج المبكر، الرجاء شرح ذلك في المساحة أسفل؟

SIT Study Abroad

a program of World Learning



Dear Participants,

Thank you for your willingness to answer this questionnaire. The questionnaire's topic is about marriage under the age of 18 (referred to as child marriage in this questionnaire) and the health effects of this marriage. This questionnaire is confidential and you will remain anonymous. Rachel Fowler, an undergraduate student studying in the School of International Training study abroad program in Amman is conducting this questionnaire. Please contact me by my email, rfowler@andrew.cmu.edu, if you have any questions or concerns about the questionnaire.

Thank you,

Rachel Fowler

1. Please rate your knowledge of or experience with child marriage among Syrian refugees by circling one of the numbers below on the scale.

Little knowledge/experience 1 2 3 4 5 Very knowledgeable/experienced

2. Based on your knowledge or experience, what do you think are the causes of child marriage? Please circle all the following that apply.

- a. Families feel unable to provide for daughter
- b. Families fear for daughter's safety
- c. Families feel peer pressure to marry daughter young
- d. Families are offered money in exchange for daughter
- e. Other

If you circled more than one, please write the letters of your choices in order from most influential cause to least influential cause.

3. **What health issues have you seen in girls who were married under the age of 18 among Syrian refugees? Put “N/A” if you do not have experience or knowledge of this issue.**

4. **In your opinion, what do Syrian refugees know about the health risks of child marriage for their daughter? Where does this knowledge come from? Put “N/A” if you do not have experience or knowledge of this issue.**

5. **Please explain any educational programs offered to Syrian refugees that warn them of the health risks of child marriage. Put “N/A” if you do not have experience or knowledge of this issue.**

6. **How much do you feel these programs help prevent Syrian refugees from choosing child marriage for their daughter? If you do not know of any programs, how much do you feel this type of program would help?**

Does not Help 1 2 3 4 5 Helps a lot

7. **How do you feel Syrian refugees would value the health risks of child marriage in their decision for marrying off their daughter? Please choose one then explain your decision below.**
 - a. They would not marry off their daughter with this knowledge
 - b. They would feel conflicted or in between about their choice
 - c. They would still value other factors more than health risks and choose to marry off their daughter
 - d. Other _____.

Please explain:

- 8. If your organization plans to implement any health educational programs in regards to raising awareness about child marriage's health effects, could you please explain below?**

Interview Guide for Syrian Refugee Interviews

Before Interview Begins:

Describe topic: Today I will ask you questions about marriage involving girls under the age of 18. I will call this early marriage. I want to understand what Syrian refugees know about the health risks of early marriage, and how this knowledge affects their decision to choose early marriage for their daughter.

Consent:

Please read the consent form. All information you give will remain anonymous. You can stop this interview at any time, and you do not have to answer a question if you do not want. You have the option of being recorded. Please let me know if you do not want to be recorded. Also, you will not be compensated for your participation.

Start Recording

1. Could you please tell me a little about yourself, such as when you came to Jordan, and where you live?
2. Do you know anyone, such as in your family, that has married before the age of 18?

If so, could you explain who made this decision and why?

3. Why do you think Syrian refugees choose to marry their daughter off before she is 18? What is your opinion on this?
4. What do you know about the health risks of early marriage? Where did you learn this?

If you know about the health risks....

5. How does this affect your view of early marriage? Do you think early marriage is still necessary for Syrian refugee girls?
If families know about the health risks, how do you think this affects their view of early marriage?

If you do not know about the health risks...

6. If you knew that there were health risks with early marriage such as pregnancy complications, how would this change your view? How would it change others' views if they knew of the health risks?

7. Do you know of any health education programs offered to you?
If so, what do these programs teach? Who offers them?

If not, would you like health education programs that teach about the health risks of early marriage? How do you think this type of program would affect Syrian refugees?

Interview Guide for UNFPA, UNICEF, and Al-Tkaful Employee Interviews

Before Interview Begins:

Describe topic: Today I will ask you questions about marriage involving girls under the age of 18. I will call this early marriage. I want to understand what organizations and clinics offer to Syrian refugees that teach about early marriage's health risks. I also want to understand how understanding the health risks affects Syrian refugees' perspectives of early marriage.

Consent:

Please read the consent form. All information you give will remain anonymous. You can stop this interview at any time, and you do not have to answer a question if you do not want. You have the option of being recorded. Please let me know if you do not want to be recorded. Also, you will not be compensated for your participation.

Start Recording

1. Please describe your background at [Insert name of organization or clinic]. How does this relate to early marriage
2. From your experience, what do families know before they decide on early marriage? Where does this knowledge come from?
3. How do you think families weight these factors? If they knew more about health risks, how would this affect their decision about early marriage?
4. What currently implemented health education programs exist for Syrian refugees? (does not have to be affiliated with employees' organization or clinic)
5. Could you give me more details about these programs? What is the curriculum of the program? Who has access? What are the demographics of the attendees?
6. How do you think these programs affect Syrian refugees?
7. What programs/opportunities do you think your organization or clinic should offer for Syrian refugees related to early marriage and its health risks? Please give your suggestions.