RESEARCH BRIEF:
CHILD MARRIAGE AND EARLY UNIONS IN THE CARIBBEAN

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ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	**IPV**	Intimate partner violence
CMEU	Child marriage and early union	**KAP**	Knowledge, attitudes and practices
CRC	Convention on the Rights of the Child	**LAC**	Latin America and the Caribbean
CSE	Comprehensive sexuality education	**LACRO**	Latin America and the Caribbean Regional Office
FGD	Focus group discussion	**MICS**	Multiple Indicator Cluster Survey
GBV	Gender-based violence	**NEET**	Employment, education or training
GPECM	Global Programme to End Child Marriage	**SRHR**	Sexual and reproductive health and rights
HIV	Human immunodeficiency virus	**UNICEF**	United Nations Children's Fund

INTRODUCTION

In Latin America and the Caribbean (LAC), one in four girls under 18 years of age is married or in a union. This is the only region in the world where child marriage rates have hardly decreased over the past 25 years.[1]

Sustainable Development Goal 5.2 commits countries to "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation" as a necessary contributor to SDG 5: "Achieve gender equality and empower all women and girls".[2] While Caribbean countries have made political commitments to improve gender equality and sustainable development, child marriage and early unions (CMEUs) are still a barrier for many girls and young women to fulfil their rights and potential. There is a growing body of evidence on the underlying drivers, manifestations and impacts of CMEUs on the girls who marry, their families and communities. Data from the Caribbean, however, is limited.

Purpose of the brief

This research brief summarizes what is already known about CMEUs in the Caribbean, complemented by the findings of research commissioned by the United Nations Children's Fund (UNICEF) in the framework of the Spotlight Initiative Caribbean Regional Programme and conducted by the Institute for Gender and Development Studies at the University of the West Indies between 2021 and 2022, *Adolescent Unions in Six Caribbean Countries: Drivers, Manifestations and Consequences*.[3] The study was conducted in Antigua and Barbuda, Belize, Guyana, Haiti, Suriname, and Trinidad and Tobago.

What is in the brief

The brief is divided into four sections. Section 1 defines CMEUs as they are understood in the region and by adolescent girls, summarizes the regional data, and includes two case studies from Haiti and the experiences of Indigenous girls and women in the Caribbean.

Section 2 presents the perceptions and knowledge of CMEU of adolescent girls, drawing on a knowledge, attitudes and practices (KAP) survey that was conducted with 60 adolescent girls aged 15-17 years from the six study countries, and an additional 10 adolescent girls in Haiti who participated in a FGD and completed a briefer version of the KAP survey.

Section 3 presents the lived experiences of women who entered CMEUs as children, drawing on 48 interviews with women in the six countries.[i]

Section 4 summarizes the recommendations drawn from this study, organized around the Theory of Change adopted by the Global Programme to End Child Marriage.

The hope is that this research brief will be a valuable resource for policymakers, advocates and activists working to address CMEUs in the Caribbean, and that the insights and evidence presented will contribute to meaningful action and transformation in the region.

Methodology

The original research study combined a desk review and primary data collection. The desk review included a review of global, regional and country-specific literature on the different drivers, risk factors, and consequences of CMEUs, and an analysis of country-specific and regional laws, policies and strategies. Twelve focus group discussions (FGDs) were conducted with 53 participants, primarily representing state and United Nations (UN) agencies, from the six countries and across the Caribbean region, to explore how CMEUs are currently measured and existing strategies, good practices, and lessons learned across the Caribbean concerning prevention and response to CMEU. The findings of the desk review and FGDs are presented in Section 1 of this Research Brief.

A KAP survey was conducted with 60 girls aged between 14 and 18 years, 10 each from Antigua and Barbuda, Belize, Guyana, Haiti, Suriname, and Trinidad and Tobago. The survey sought information on what the girls thought about the issues faced by girls in their community, the reasons for, and consequences of, CMEUs, and to suggest recommendations about how to prevent CMEUs. The survey questions were adapted from a 2019 survey conducted by UNICEF Dominican Republic.[4] An additional 10 girls in Haiti, 9 urban and 1 rural, completed the survey but were asked to prioritise only one option for each closed question. In each country, a researcher was trained in feminist and ethical research, and in completion of the survey tool. The girls were recruited through existing adolescent girls or women-led support groups, or through child protection support services. The girls were not in recognized unions and were not asked to disclose confidential information. Parents or guardians signed consent forms prior to the survey, and the girls received a small remuneration upon completion. Researchers conducted group sessions with the girls, introducing the research and showing how to complete an online google form, clarifying any information and facilitating discussions on the questions where required. The KAP survey results are presented in Section 2 of this Research Brief.

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[i] Original transcripts of women's stories have been translated (from French in Haiti and Dutch in Suriname). Original transcripts have been edited for clarity but otherwise reflect the words as spoken by the women to the researchers.

Life history interviews were conducted with 55 women aged 18 years and over in the six countries who had been in unions before the age of 18. The goal of the interviews was to show the complexity and nuances of how women experience and negotiate CMEUs, and investigate women's feelings and reflections about their options, choices and life outcomes. The women were identified through religious, cultural, ethnic, state and feminist networks. A life story interview guide, with the required ethical approval, was used in all interviews. A free, prior, informed and ongoing approach to consent was used throughout. Participants were asked about their feelings at the end of the interview, and referrals were provided if needed. The women were remunerated for the interview, which lasted 1–1.5 hours. Women were selected to present characteristics of women most impacted by CMEUs and their harmful consequences in the six countries, including

Indigenous, migrant or displaced, rural, lower levels of education and low-income. Their stories are represented in Section 3 of this brief.

This research brief presents the women's voices as recorded for the original research. Women from Haiti and Suriname have had their French and Dutch interviews translated into English. Quotations in this brief have been edited for clarity purposes, by removing repetition and rectifying grammatical errors, without compromising the women's own words and meaning.

The ethnic categories referenced in this research brief relate to the original categories as used by the researchers, other than the 'African' and 'Indian' categories which have been changed to Afro-Caribbean and Indo-Caribbean for clarity.

SECTION 1:
CHILD MARRIAGE AND EARLY UNIONS IN THE CARIBBEAN

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Section 1 presents available data that already exists on CMEUs in the six Caribbean countries included in the regional research study – Antigua and Barbuda, Belize, Guyana, Haiti, Suriname and Trinidad and Tobago. It also summarizes the perceptions of adolescent girls and women who entered into early unions about why girls enter CMEUs and their experiences once in CMEUs.

1.1 CMEU in context

1.1.1 CMEU definitions

> **Box 1: CMEU definitions**
>
> **Child:** Any human being below the age of 18 years, in accordance with Article 1 of the Convention on the Rights of the Child (CRC).
>
> **Child marriage or union:** Child marriage is the marriage of a girl or boy before the age of 18 years and refers to both formal marriages and informal unions. Formal marriage could be under civil law and/or religious law, and customary laws and practices.[5]
>
> **Early marriage:** Early marriage is often used when it is a marriage before the legal minimum age of marriage in a country, or also sometimes used to describe marriages in which one or both spouses are 18 years or older, but with a compromised ability to grant consent.[6]
>
> **Informal union:** One in which a couple lives together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony.[7]

1.1.2 Laws on consent and marriage in the Caribbean

Table 1 shows the laws in relation to marriage. In line with the CRC, the **legal age of marriage** is recommended as 18 years for both males and females. However, the **'de facto' age of marriage** is considered lower when there are exceptions in law that allow marriage earlier than the legal age of marriage.

Consent to sexual activity can and usually is at a younger age than marriage, in recognition of consensual adolescent activity. However, age of consent must be complemented by access to **sexual and reproductive health and rights (SRHR)** information and services that can support adolescents to make fully informed choices.

Table 1: Caribbean laws on consent for sexual activity and marriage[8]

Country	Legal age of consent to sexual activity	Legal age of marriage	Legal access to SRHR
Antigua and Barbuda	16 for boys and girls for heterosexual acts. Anal sex between consenting adults and "serious indecency" (any non-penetrative same-sex activity) by Supreme Court in July 2022. If a male or female adult is no more than three years older than the minor and the court can prove the adult is not "wholly or substantially to blame", then the adult can be found not guilty of an offence.	18 for both women and men.	Most SRH services available without parental consent at 16 years, although contraceptive access limited to family planning information and condoms only. Parental consent required if under 16 for: contraceptives, including emergency contraception and sterilization; abortion, only available if necessary to preserve the life of the mother; human immunodeficiency virus (HIV) and sexually transmitted infections (STI) testing.

Belize	16 for girls, no age given for boys. Boys and girls under 15 years cannot legally consent in case of indecent assault; sexual activity with girl below years is a criminal offence. Same sex activity in 2016 but not yet officially repealed.	Boys and girls can marry with parental consent from 16 years. Widows and widowers can marry without parental consent from 16 years. Men and women can marry without parental consent from 18 years.	Parental consent required if under 18 for all SRH services, except HIV testing where parental consent required if under 17. Professionals can refuse to provide SRHR services based on conscientious objection.
Guyana	16 for boys and girls for heterosexual acts. Anal sex between consenting adults is criminalized.	16 for boys and girls with parental consent or with permission from the Chief Justice. No legal minimum age because girls under 16 years who are pregnant or have a child can petition a Judge of the High Court to marry the child's father so long as he is 16 years or above and claims the child as his own. 18 for women and men without parental consent.	No legal requirements for all SRH services. In the case of abortion, medical practitioners are required to direct them to services that provide moral guidance and family planning assistance, but can provide abortion (parental consent not required).
Haiti	15 for boys and girls. Anal sex between consenting adults in private (18+) is not criminalized.	15 for women and 18 for men. The President of Haiti can grant exemptions for girls and boys below legal age to marry for "serious reasons". If a girl aged 14 years or below is married and conceives a child within six months, the marriage cannot be annulled. If the child has turned 18 six months before the claim was made, the marriage cannot be annulled.	No data available on girls' and boys' access to SRH services. Abortion illegal in all circumstances for all ages.
Suriname	16 for boys and girls; sex with anyone under 16 years is a criminal offence. 18 for same sex relations.	15 for girls and 17 for boys. Parental consent required for males from 17 to 20 years and for females from 15 to 20 years. 21 for both women and men without parental consent.	Parental consent required for most SRH services (contraceptives including emergency contraception, sterilisation, HIV and STI testing) if under 16 years. Abortion illegal in all circumstances for all ages.
Trinidad and Tobago	18 for both women and men. 16 for sexual touching (assumed to be all non-penetrative sexual activity, including witnessing sex acts). Sexual activity between minors is legal with specified age differences (no more than two year difference if older child is 14 years, more if over 15 years), only if heterosexual. Anal sex between consenting adults (18+) was decriminalized in 2018.	18 for both women and men.	Parental consent required for access to most SRH services. Parental consent required for HIV testing if under 14 years. Parental consent required for STI testing if under 18 years. Abortion legal only to preserve health and life of the mother; parental consent required if under 16 years.

1.1.3 CMEU rates and age of sexual debut in the Caribbean: existing data[ii]

The **prevalence of CMEU in the Caribbean** is high *(see Figure 1)*, with Belize, Suriname and Guyana exceeding the average of the broader LAC Region. In these three countries, over one in three girls under 18 is married or in a union. There is virtually no official data on CMEUs among those aged 15 and below.
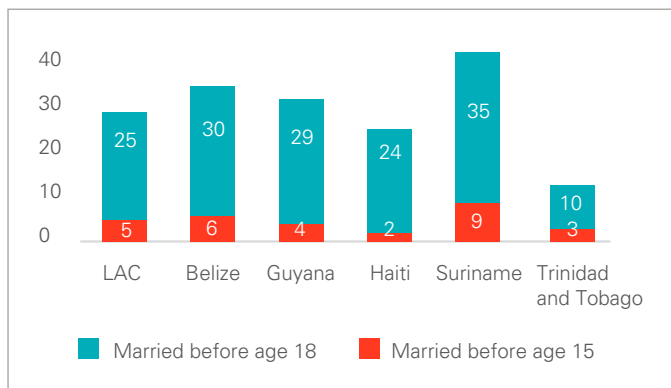
Figure 1: Percentage of adolescent boys and girls aged 15–19 years who are currently married or in union Source: national MICS

The Caribbean, like the rest of the LAC Region, has a higher-than-global-average number of boys who marry or are in unions before turning 18. Rates are especially high in Belize and Suriname *(see Figure 2)*.[9] However, girls remain disproportionately affected across the region.
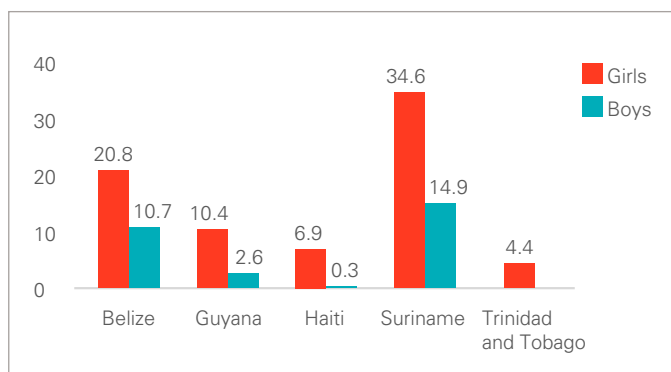
Figure 2: Percentage of adolescent girls married or in union before age 18

Of the six countries studied, only Belize and Trinidad and Tobago compile comprehensive data on both marriages and unions *(see Figure 3)*. The data from these two countries is over a decade old, but demonstrate that informal unions far exceeded formal marriages at the time.[iii] 'Visiting relationships' are widely recognized as a type of union in the Caribbean and should be taken into consideration in CMEU policy and programming interventions in this region, alongside the official definitions exampled above in Box 1.
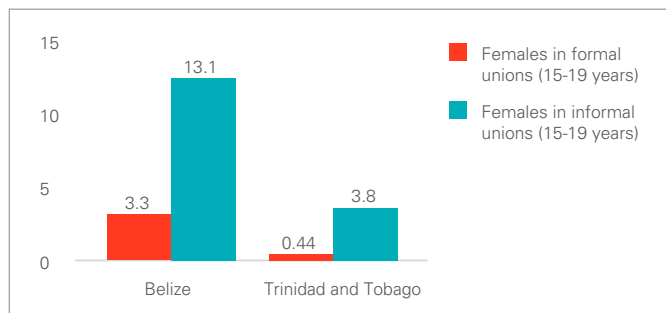
Figure 3: Percentage of females aged 15-19 years in formal and in informal unions, from national census data collected in 2011 and 2012

CMEU risks are higher than average for Indigenous populations, although there is no national-level data on CMEUs by ethnicity.

Limited data on CMEU prevalence makes it challenging to design interventions for the prevention of, and response to, CMEUs in the region, and to champion the human rights of adolescent girls.[10]

Age disparity in CMEUs. Global and regional data indicate that girls in informal unions often have older partners. Official data from the Caribbean on age disparities in CMEUs is limited *(see Figure 4)*. The research explored adolescent girls' perceptions about age disparity in relationships and the surveys indicate a prevailing perception of significant age disparities. Such age disparities increase the risks of harm due to power imbalances and gender-based violence (GBV).

[ii] All national data sources in this Brief are drawn from the following sources, unless otherwise referenced: Belize: Multi-Indicator Cluster Survey (MICS) 5 2015-6; Guyana MICS 6 2019-2020; Haiti Demographic Health Survey (DHS) 2016-2017; Suriname MICS 6 2018; Trinidad and Tobago MICS 4 2011.

[iii] The *2010 Belize census* distinguishes between married and living together, common-law marriage recognised in *Belize law* as living together as man and wife for at least five years, and 'visiting relationship' which is a recognised relationship but where the couple do not live together and where there is not a child. The *2011 Trinidad and Tobago census* distinguishes between marriage as 'having gone through a legal marriage ceremony or according to Hindu or Muslim rites, and includes people living apart from, though not legally separated from his/her married partner', and non-legal unions defined as 'common law and living with partner or "visiting" defined as having a birth within the previous 12 months and the partner is not a member of the household.
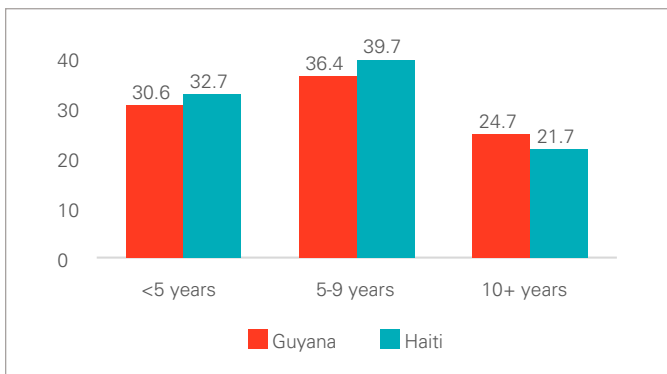
Figure 4: Percentage distribution of currently married women aged 15-24 by age difference between couples

The KAP survey of 60 adolescent girls in the research study asked girls at what age they thought girls usually began to have sex, usually got pregnant, and typically got married or lived with a man as married. In all countries, girls begin to have sexual relationships and pregnancies before the age of 18, while they 'get married or live with a man as if married' at much later ages. In all cases, the estimated age of starting sex and of getting pregnant was lower than the legal age of sexual consent and of marriage *(see Figure 5)*.

....

The Caribbean reality is that girls tend to be in informal unions, rather than formal marriage. Recognizing that most CMEUs are informal is essential to getting accurate data and developing appropriate policies and programmes.

....

1.1.4 CMEUs in the Caribbean: norms, perceptions and attitudes

There is a widespread distrust of adolescent sexual choice and desire, informed by inequitable gender norms, and mediated by adolescents' social, political and economic contexts. Restrictions are therefore imposed on adolescent girls learning about, or expressing, their sexuality.[11]
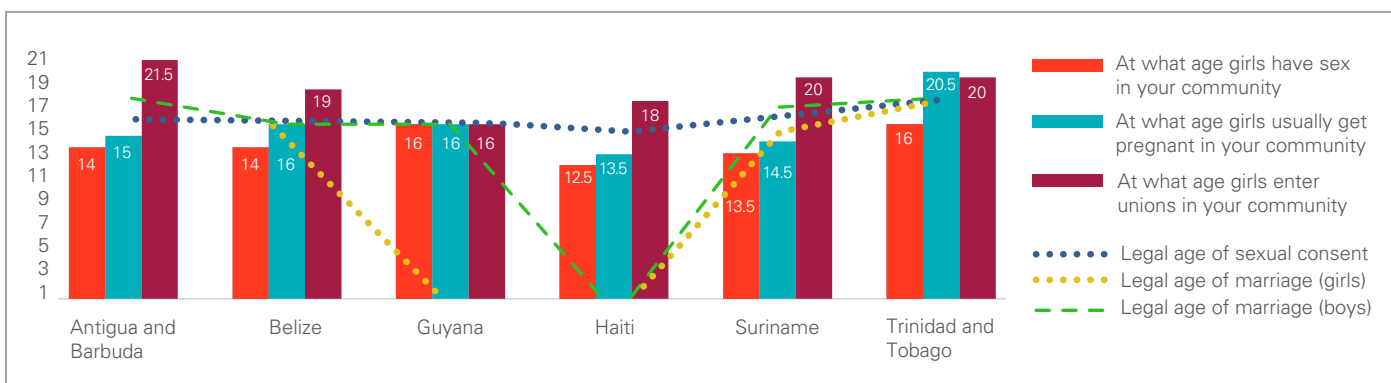
Adolescent perceptions of 'consent' are complex and cannot be addressed by laws alone, as further explored in Section 2.

The KAP survey with 60 girls and the stories of 48 women who had entered marriage or union as children both showed that girls felt that adolescent girls want to learn about and experience sex.

"The first time I had sex was with my boyfriend and I really cared about him."
– 34-year-old Saamaka woman, urban Suriname

The adolescent girls and women recognized economic and other structural factors as CMEU drivers, such as lack of family support for girls' education, lack of family protection of girls and poverty. But at least half of girls in four of the six countries, except Antigua and Barbuda and Trinidad and Tobago, said that a girl "likes older men", when asked why girls might enter a union with a man who was 10 or more years older than them.

Adolescent girls also felt that, as much as they had some active choice, men cannot be changed. 'Changing boys and men's attitudes' were least selected options for CMEU prevention amongst the KAP respondents.

"My father and mother did not educate me about sex, sexuality, cohabitation or anything like that. Not about sex at all. I guess my mother did not feel free enough to talk with me about it."
– 27-year-old Javanese woman, semi-urban Suriname

"Well, my mother is strictly Christian so our house it was more like, when you get married, then you have sex. Then you are supposed to submit to the man, this kind of thinking. It was never 'let me talk with you, let me tell you what is sex'… It was more like strong Christian values."
– 20-year-old Afro-Caribbean woman, semi-urban Trinidad and Tobago

The perceptions of adolescent girls and the experiences of women who entered CMEUs shared in this research reflect a particular aspect of CMEUs in the Caribbean. Girls appear

Figure 5: KAP respondents' estimates of sexual debut, pregnancy and unions in their community (median) compared to national laws (n=70)

to enter a relationship in adolescence that is initially not perceived or intended to be a permanent union. However, if the adolescent girl becomes pregnant and experiences child birth, it is difficult to leave the relationship. It can be even more difficult if the girl moved in with the person to leave a violent home. This seems to be because of factors related to gender norms in relationships, social expectations about power within relationships and about motherhood, and lack of access to information and support. Sections 2 and 3 present the perceptions and experiences of adolescent girls and of women who entered CMEUs in the six countries.

Adolescent girls recognize the role of sexual desire, even when this is expressed in a context of lack of choice. However, this lack of choice too often results in early unions, frequently caused by pregnancy or by social pressure to enter a more permanent union with a partner.

Girls need to be empowered to make informed choices based on knowledge about their rights and bodies. The lack of access to education, information and support, alongside other drivers, results in increased risk of negative consequences of informal adolescent unions.

1.2 Drivers of CMEU

DRIVERS

SOCIAL NORMS

Society
• Legal frameworks that allow CEFMUs and prevent access to SRHR
• Resilient social norms

Community
• Limited access to education

Family/Relationships
• Burdensome care work and domesticity
• Family violence
• Violence against children (child sexual abuse, neglect)

Individual
• 'Acceptance of commonly held gender norms'

POVERTY AND ECONOMIC FACTORS

Society
• Lack of policies that invest in adolescent growth, SRHR

Community
• Lack of access to services (child protection, justice, education, health)

Family/Relationships
• Household poverty, including maternal poverty

Individual
• Lack of support for staying in school, etc.

OUTCOMES

IMMEDIATE
• Teen pregnancy
• Increased risk of intimate partner violence
• Age-disparate relationships
• Reduced access to education for some
• Poorer economic prospects, increased domestic care burden for some, satisfaction in parenthood/caring relationships/independence

LONG-TERM
• Iner-generational impact of poverty & limited access to SRHR, education

SOCIETY
COMMUNITY
FAMILY/RELATIONSHIPS
INDIVIDUAL

Social Norms and Attitudes
Poverty and Economic Factors
Drivers
Lack of Agency
Lack of Opportunity
Fear or Girls' Sexuatily & Pregnancy
Age of Marriage

Figure 6: The inter-connected drivers and consequences of CMEU in the Caribbean
Source: Adapted from a conceptual framework proposed by Psaki, et al and informed by findings from the 2021-2022 regional study: Adolescent Unions in Six Caribbean Countries: Drivers, Manifestations and Consequences[12]

Every girl under 18 who enters into a CMEU, whether she perceives it as chosen or forced, does so within the broader framework of societal norms and economic circumstances. Gender norms play a role, as do other cultural and social norms, including those related to religion, race, ethnicity and local disparities *(see Figure 6)*.

The key drivers reviewed in this brief are: poverty, family and partner violence, limited access to SRHR information and services, and limited empowerment opportunities through education and livelihoods. Harmful gender norms and other social norms and attitudes influence all these drivers.

1.2.1 Poverty, economic dependence and insecurity

Poverty was the most chosen response to why girls enter into early sexual relations with men across all six countries and was emphasized by the majority of girls in Antigua and Barbuda, Guyana, Haiti and Suriname. Many of the 48 women who had entered into unions before they were 18 talked about poverty as a driver of CMEU.1

"I could have refused to marry, but I had to look realistically at my circumstances. I took the time to say, 'yes'. I had extensive talks with my husband [she was 17, he was 26]. I made finishing my education a condition. So you could say, if the circumstances had been different, I would not have had to marry."
– 36-year-old Indo-Caribbean woman, semi-urban Suriname

Even if an early sexual relationship was not initially intended as a lasting commitment, often girls remained within that relationship or subsequent ones that became more permanent (early) unions.

There is no recent poverty data for adolescents for any of the six countries surveyed. The adolescent poverty rate of 58.5 per cent in Haiti is from 2012. There is similarly no youth unemployment data for Haiti, Suriname, and Trinidad and Tobago. In the three countries with data, female unemployment is higher than male unemployment *(see Figure 7)*. In three of the six countries – Belize, Guyana and Haiti – more girls than boys are not in employment, education or training (NEET), with more than one third in Belize and almost half in Guyana *(see Figure 8)*.
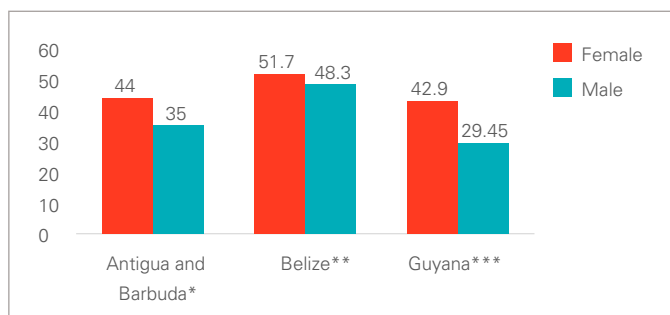
Figure 7: Percentage of unemployed female and male adolescents and young people

*15-19 years, 2018
**14-24 years, 2021
***15-24 years, 2021
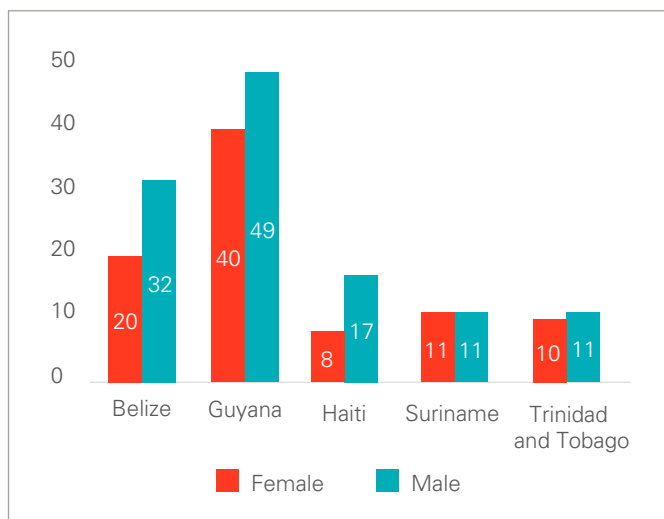
Figure 8: Percentage of adolescent girls and boys not in education, employment or training
Source: Analysis using data from UNESCO data portal

There is limited data on time spent on unpaid care and domestic work, but high NEET rates for adolescent girls and young women are often linked to their disproportionate engagement in unpaid work compared to adolescent boys and young men.[13] This in turn restricts girls' wider options and, potentially, increases the driver for entering CMEUs.

1.2.2 Violence and abuse

Adolescent girls report experiencing and witnessing all forms of violence in the family home – physical, sexual, and emotional or neglect. The adolescent girls and women who participated in the research report that one of the main reasons for leaving home and living with partners or having relationships that often become violent and exploitative, was to escape family violence or child sexual abuse. The incidence of violent discipline and strict parenting in the six Caribbean countries (although data from Antigua and Barbuda is limited) is high *(see Figure 9)*.[14]
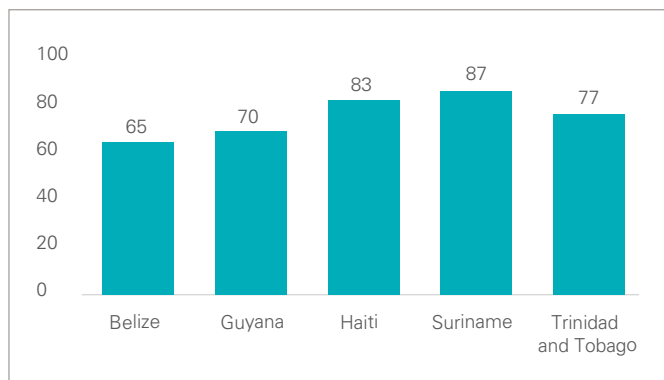
Figure 9: Percentage of children aged 1 to 14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month
Source: UNICEF from latest MICS data.

"Because most of the time these things happen, we always want somewhere to go. And then we are running from our family, running from what is happening to us and we run into, you know, people that take advantage of us, mainly older men who are preying on little girls."
– 21-year-old Afro-Caribbean woman, urban Antigua and Barbuda

There is an intersection between violence against children and family violence witnessed by children, on the one hand, and intimate partner violence (IPV) in early relationships, including CMEUs, on the other. Boys who witness GBV at home are more likely to be IPV perpetrators as they grow older.[15]

"If my parents stopped lashing me, I wouldn't have left so early at 15. I would have still stayed home and lived like a young girl. My mom was the one who told me to accept the man or else my father would lash me but now when I think about it when I have the man already, better I would have taken the lashing than be with the man. At that time, I had already stopped school."
– 29-year-old Indigenous woman, rural Belize

Family violence and GBV are underpinned by harmful norms about how women 'should' behave. Haiti has the highest endorsement rate of traditional norms about gender, sexual behaviour and IPV among 18–24-year-olds in the six countries, with 73.8 per cent of females and 69.4 per cent of males endorsing wife-beating.[16]

....

Gender norms intersect with other discriminatory social norms and attitudes. In the Caribbean, these relate to age, economic status, race or ethnicity, and other social and religious, political and economic contexts.[17]

....

There is, in addition, a lack of access to child protection services across the region, making it difficult for girls to seek preventive or responsive support rather than find refuge in CMEUs. Challenges include an overall lack of data for designing prevention and response services, an absence of legal aid, limited or unharmonized standards and protocols for prevention of, and response to, child protection concerns, and limited staff training, including training on gender-transformative approaches.[18]

The following life story illustrates this need for services. A 27-year-old, Creole, Belizean woman had grown up with her grandmother, witnessing and experiencing violence in her community and at home. After being accused of theft at age 13 while living with her aunt and uncle, she lived on her own in a youth hostel. She then moved in with her mother and stepfather, who tried to rape her. She was not believed by her mother and had to run away and leave school when her stepfather stopped paying fees. She engaged in consensual sex aged 17 with a partner aged 34. When asked what could be different, she says "better protection from my family" could have prevented her from entering an early union. "It is difficult to say (what she could have done differently), I was not able to go back to my auntie nor my mother or anyone else in the social service".

1.2.3 Pregnancy, and sexual and reproductive health

The LAC Region's adolescent fertility rate is higher than the global average *(see Figure 10)* and is high across the six countries of the study. Although it is falling for women of all ages, it is dropping more slowly than the global average; in the Caribbean, it remains high, especially in Guyana and Belize.
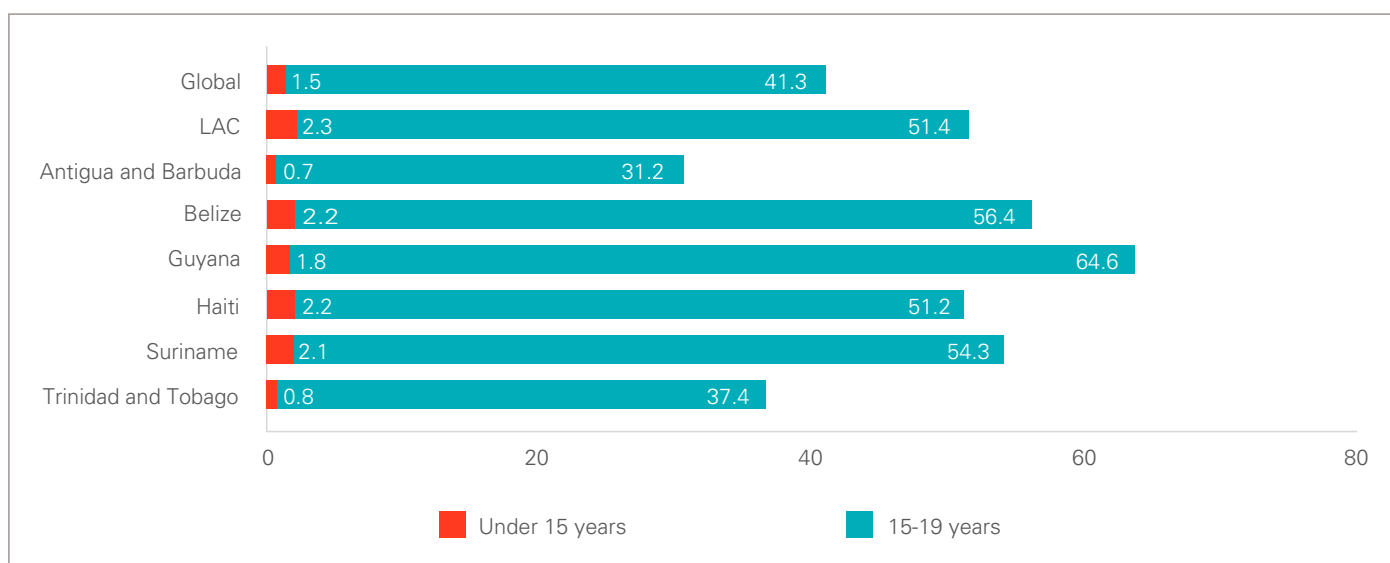
Figure 10: Adolescent birth rate, per 1000 women aged 10-14 years and 15-19 years

Many girls fall pregnant before cohabiting, with rates being near or above 50 per cent in Haiti and Trinidad and Tobago, for example.[19] Adolescent girls in the survey felt that pregnancy was often, although not always, followed by moving in with the father and entering an early union. For many, early pregnancy is unplanned and unwanted. Adolescent girls and boys need comprehensive sexuality education (CSE) to be able to choose if and when a pregnancy is wanted, and access to counselling and services.

Of the six countries surveyed, five – excluding Antigua and Barbuda – are below the LAC average rate of adolescent girls aged 15–19 having their need for family planning satisfied with modern methods *(see Figure 11)*. Some of the women interviewed said that, despite having access to SRHR information, they either did not use contraceptives or got pregnant. They also discussed the expectations placed on them to have sex, as well as lack of education or employment options. Most of the women felt that, if they had had access to information, support and services, their futures may have been different. Antigua and Barbuda have enacted legislation for universal health coverage, a policy that makes it easier to access SRHR services. placed on them to have sex, as well as lack of education or employment options. Most of the women felt that, if they had had access to information, support and services, their futures may have been different. Antigua and Barbuda has enacted legislation for universal health coverage, a policy that makes it easier to access SRHR services.
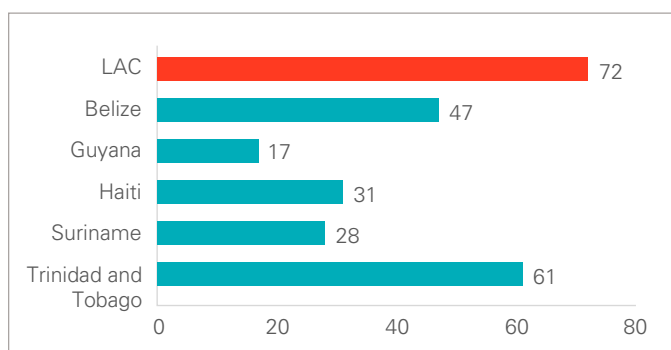
Figure 11: Percentage of adolescent girls aged 15-19 who have their need for family planning satisfied with modern methods (SDG 3.7.1)
Source: Regional data bank for statistical follow-up to the SDGs in Latin America and the Caribbean[20]

Figure 12 shows higher adolescent birth rates in Indigenous and rural communities. Belize, Guyana and Suriname have the highest adolescent birth rates, and the Indigenous adolescent birth rates exceed the national average.
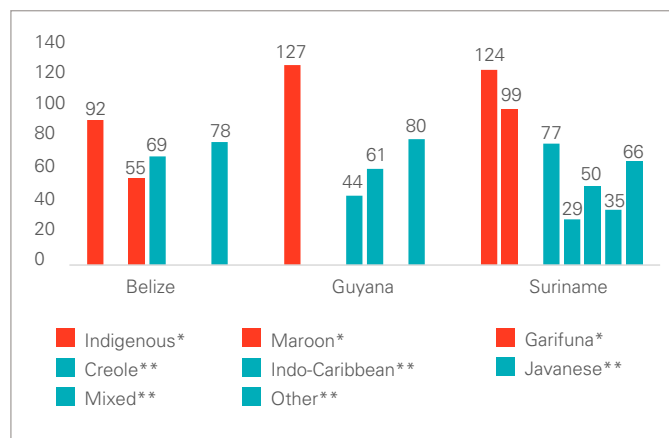
Figure 12: Adolescent birth rate (age-specific fertility rate for women 15-19 years) by ethnicity of household head

** Identified or self-identified as Indigenous ethnicity
** Identified or non-identified as Afro-Caribbean or other non-Indigenous ethnicity*

Unequal gender norms play a significant role in SRHR choices and availability. They endorse the idea of motherhood being what girls should aspire to and reinforce power relations that tolerate male reluctance to use condoms or other contraceptive methods, or refusal to accept the responsibilities that come with pregnancy, including financial provision or involvement in child rearing with a lingering expectation for men to be less engaged in caregiving and more inclined toward disciplinary roles, perpetuating traditional gender divisions in parenting responsibilities.

"It needs to be a conversation had in schools more often… And parents need to not treat it like a taboo subject…Once we start having public conversations about sex and sexuality, parents won't think it's such a taboo topic and will be more inclined to talk about it with their kids. Our society needs to not be afraid to talk about sex and related topics…Parents, especially those of girls, should talk more, be open. They are having the conversations with each other, parents need to be the one they have it with."
– 36-year-old Afro-Caribbean woman, semi-urban Antigua and Barbuda

1.2.4 Lack of access to education

Being in school is known to be one of the most effective ways to protect against CMEUs,[21] though the connection between CMEUs and school dropout is not clear-cut. For example, girls who are no longer in school because of poverty may enter into unions or get pregnant because of lack of choice, but equally, entering into an early union, or pregnancy and childbirth, can result in school dropout.

There are high rates of dropout in upper secondary school, and significantly higher rates of girls not in education, employment or training than boys *(see Figure 8)*. School dropout is greater in rural areas across the region *(see Figure 13)*.
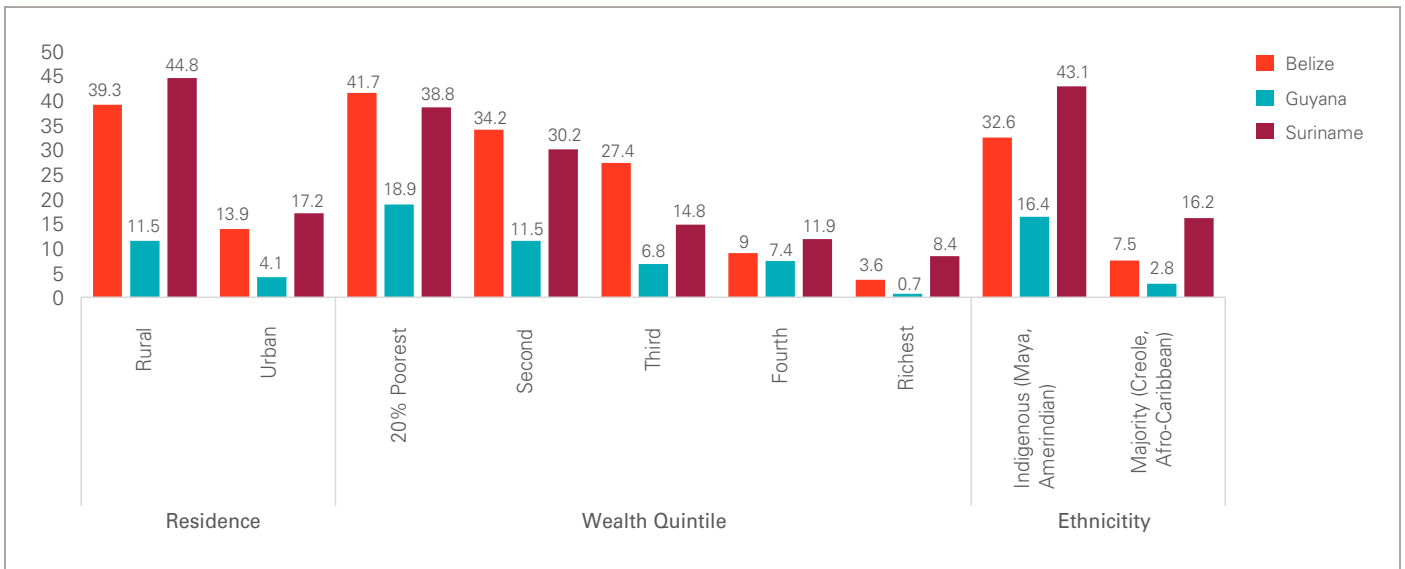
Figure 13: Percentage of girls of secondary school age out of school by residence, wealth quintile and ethnicity

CSE aims to equip children and young people with the knowledge, skills, attitudes and values that will empower them to: "realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives."[22] CSE may delay initiation of sexual intercourse, reduces risk-taking, and increase the use of condoms and other contraceptives when needed, when programmes are effectively implemented. CSE programmes that intentionally address gender transformation and harmful gender norms have improved results for the health and well-being of both girls and boys of all sexual orientations and gender identities.[23]

There are laws and policies for CSE in the region. In Antigua and Barbuda, 76–100 per cent of primary and secondary schools, and 51–75 per cent in Guyana, report as 'fully implementing a national CSE policy'. There is a national CSE teacher training programme in Antigua and Barbuda, and a national, gender-transformative CSE curriculum in Guyana.[24] There are no national policies for Haiti and Suriname, and no data for either Belize or Trinidad and Tobago.

Only limited data exists on the implementation of CSE in primary and secondary education, and in non-formal education or community settings. Most importantly, adolescent girls and boys not in school will not benefit unless a high-quality CSE programme is being delivered outside the formal school system.

"They should provide more programs to help girls stay in school and be educated so they avoid having sex with older men. Yes, you could be in a relationship but not a sexual one. Occupy yourself. They say the devil finds idle people. If that idleness in me had been occupied, I might have a different life today."
– 21-year-old Afro-Caribbean woman, urban Guyana

1.2.5 Persistent gender inequalities perpetuated by resilient social norms

Gender inequality and other discriminatory social norms and attitudes determine the roles of girls and boys, adolescents and young people, and women within their family, community and society.[25]

Gender norms also underpin high levels of violence against girls and women, restrict access to SRHR – including access to information and services for adolescent girls – and create assumptions about girls' caring responsibilities and employment opportunities. They limit the expectations and aspirations of girls and women as equal partners within the home, and active participants in community and society.[26] Addressing deeply ingrained norms is crucial to dismantling barriers, promoting gender equality, and creating a more equitable and inclusive society for girls and women.

Gender inequality also influences girls' experiences of marriage. The same gender norms that influence assumptions about girls' rights to equal education, domestic responsibilities and expression of their views influence their experiences of marriage or union. Family violence and lack of freedoms within the family home to access information, education and opportunities are often replicated in marriage.

Girls who enter into CMEUs across the LAC Region face a significant burden of care and responsibility. Education, training, and economic policies that would alleviate the caring burden include family-friendly childcare policies.

The KAP survey and women's life stories show how much gender norms lead to entry into early unions and challenging situations once in the union, illustrated further in Sections 2 and 3.

Gender norms influence expectations about girls' roles as mothers and carers.

"Parents don't tell you (about sex) but they tell you about cooking and cleaning to take care of your house. I took care of my siblings so I could prepare for that. When it came to sex, my mom didn't tell me about that"
– 27-year-old Indigenous woman, urban Belize

1.2.6 Migration, humanitarian crises and COVID-19

Conflict and humanitarian crises cause disruption, increase poverty and disrupt the provision of basic services, which exacerbate the drivers of CMEUs.

Migrant girls and women are at increased risk of violence, particularly GBV and lack of family support. There is much migration across the region, especially Venezuelan migration to the six study countries and internal displacement in Haiti. Section 3 highlights the life stories of displaced and migrant women and girls.

COVID-19, and the resulting strict social-distancing measures, led to an increase in violence, as it significantly disrupted services. In Trinidad and Tobago, there was a 119 per cent increase in calls reporting IPV to the National Domestic Hotline in 2020. Formal and informal employment opportunities became scarce, household stress increased, and access to safety for girls and women at home was reduced.[27]

....

The climate crisis is already putting pressure on economies, communities and households, especially the poorest and those already at risk of displacement. This will exacerbate the underlying drivers of CMEU. Indigenous women are already identified as being at heightened risk of GBV due to the climate crisis.[28]

....

1.3 The consequences of CMEU for adolescent girls in the Caribbean

Girls in CMEUs have very little negotiating power, restricted freedoms and opportunities, and limited access to services and support.[29] The fact that CMEUs in the Caribbean are overwhelmingly informal, and the limited data from the six countries in this research, makes it challenging to confidently identify the consequences that are directly linked to CMEU. There is data on the consequences of early sexual debut resulting in unwanted pregnancy and on high levels of IPV

experienced by adolescent girls. However, it is more difficult to identify a direct cause and effect.

Data from LAC overall shows that both CMEUs and motherhood before 17 years significantly increase the risks of experiencing intimate partner violence (IPV). In some cases, women who first give birth as adolescents are two to three times more likely to experience physical or sexual violence from a partner than those who first give birth in adulthood.[30]

IPV is the second leading cause of death among girls aged 10–14 in LAC, and the leading cause of death among girls aged 15–19. Self-harm jumps from being the fifth leading cause of death among girls aged 10–14 to the third among girls aged 15–19.[31] Haiti's national Violence Against Children Survey, conducted in 2012, revealed that almost half of ever-married adolescents aged 15–19 have experienced at least one form of physical, sexual or emotional violence.[32]

Section 2 discusses the perceptions of adolescent girls in the six countries and Section 3 shares the experiences of women who entered marriage or union as children. The qualitative study findings provide more insights into the consequences as experienced by girls and women.

1.4 Haiti case study

In Haiti, adolescent girls and young women face significant challenges. The country is experiencing great levels of political turmoil and civil unrest, with high, and growing, levels of gang-related violence. The impact of natural disasters is worsened due to poor infrastructure and poverty. Currently, almost half the country's population need immediate humanitarian aid, yet access to aid and essential services is hampered by armed violence.[33] Over 58 per cent of the population lives below the poverty line. An estimated 96,000 people are internally displaced.[34]

Gender inequality and gender norms that favour men underpin the economic and political barriers, and are evident in adolescent girls' perceptions as well as in women's life stories. In other words, key drivers of CMEUs are present.

KAP survey

Twenty girls in Haiti participated in the KAP survey that was conducted across the six countries *(see Introduction: Methodology)*.

The girls were first asked about the **main problems facing adolescent girls in their community**. Ten of the girls could select multiple options from a list of 20 possible answers. The four most commonly selected options were: 'lack of access to jobs'; 'exchange of sex for food, money, school fees'; 'cannot participate fully in school'; 'not enough to eat'. Among the 10 mostly urban girls who only chose one of these options, three girls selected "they witness or experience violence at home", whilst two girls opted for each of the following responses,

"they cannot participate fully in school", "they don't have access to sexual health care (confidential counselling and contraception)" and "lack of access to jobs".

The main answers given by adolescent girls in the survey for why adolescent girls enter into relationships with older men when they are young were 'being forced by their parents' and because girls 'need help' (used to describe the need to enter into a relationship with a man who can provide money or goods initially). Girls were also asked about relationships with men 10 years or more older than girls, and poverty was the over-riding choice. Importantly, girls also chose responses that highlighted that it was felt to be socially acceptable. When asked who was responsible for older men being in relationships with adolescent girls, half of girls felt it was largely her family or the girl herself. Only three felt it was the responsibility of the older man.

Girls were asked about what might happen to girls that enter early unions. Few positive consequences were identified; many negative consequences were selected. Violence – physical and emotional – were the most selected options, followed by unwanted pregnancy, poverty, failure to finish school and servitude.

When asked whether and when parents could permit their daughter to marry (noting that the law in Haiti states girls can marry without parental consent from age 15), five of twenty girls thought that parents should not let their daughter marry before age 18, but the majority of both rural and urban girls thought that girls could "when the couple wants to get married" (5 of 20 responses), "if she is pregnant" (eight of twenty responses) and "if it can help to financially support her parents and family" (two responses).

Girls unanimously did think it important to finish education before having children and made a number of recommendations. They felt that parents and families should be responsible for teaching about sex; possibly the church, but not "the state (government)".

Life stories

All quotes are from life stories told by Haitian women aged 18 to 23 years, all Afro-Haitian except one with no religious affiliation. All live in low-income, high density areas in Port-au-Prince, Haiti.

Lack of safety underpinned women's experiences. All eight women interviewed spoke about rampant violence in the urban neighbourhoods of Port-au-Prince, where they live.

"My neighbourhood is not really safe. There are places you cannot go because there is a lot of shooting going on. All the young boys in the neighbourhoods have firearms… It's not good. I have a little brother who's 12. I have a son and by looking at their elders, they will think that what they're doing is good."

Family support and violence. Adolescent girls and women experienced love and security within their homes while being surrounded by violence. One woman recounted how her

family refused to let her terminate her unplanned pregnancy when she was 15, and that her mother took her in when her partner became abusive. However, alongside the warmth and care, the stories demonstrated that family life can also be difficult, with violence among family members and physical, verbal and emotional violence. In particular, **male violence towards women** appears to be largely condoned or seen as something that can't be changed. Still, the girls and young women showed a strong sense of spirit and resilience. They give examples of combating violence:

"They [participant's parents] used to fight, I used to separate them…I was the only one in the house who could separate them. My stepfather listened to me when I told him that fighting was wrong…I respected him so he respected me too."

Education is viewed as extremely important. Young women are encouraged to attend school, often with significant family sacrifice. Some women felt that they had no choice but to enter a union in order to be able to attend school. Even after early union and pregnancy, education was still an aspiration.

Girls' parents and **families were often opposed to their early unions, largely driven by male family members. Family disruption** from death or separation is also a running theme. The deaths of mothers, in particular, have a significant impact on the lives of girls. In many cases, it is the mothers who keep their daughters in school and provide guidance. Three of the eight women interviewed stopped education after their mothers died.

"I had eight siblings including me… They encouraged me [to go to school] but my friends were a bad influence, I gave up. My mom was the one to encourage me the most. She died."

Lack of SRHR information and services: None of the girls reported learning about family planning or sexual health at school or in clinics, and none had access to the internet. Some were reluctant to take contraceptives because of fears of health – which would be alleviated through better education – or because the partner did not agree with it. Only two young women had used contraceptives; they generally do not want to get pregnant yet, but most are not using family planning methods.

Gender norms favouring men seem to be especially strong, influencing girls' pregnancy and relationship outcomes. Girls have restricted access to information about sexuality, as there is a strong taboo around talking about sex. Young women spoke about being told to not have sex but were not given any information about it. Some were kicked out of their childhood homes when they were found to be pregnant. They speak of having questions about sex, pain, pleasure and protection, but not receiving answers from families.

"No, the thought [to end the relationship] never crossed my mind… Because once a child menstruates, she has to look for someone to help her. Some families will help you, others won't help at all…No, they [participant's family] did not help… to pay the school, help to give me what I needed."

Once in a relationship and pregnant or with a child, it is difficult to leave the relationship, even when it is violent. As men are predominantly seen as providers, they cannot be challenged, either by the woman or her family.

"When I'm talking to him, he gets very upset with me to the point of almost hitting me. He screams at me. He never wants to admit he's wrong…He hits. Sometimes, he slaps me…I am with an orphan child. I don't want to live without a man."

Young women generally do not see themselves as victims. All reported that their first sexual encounter was consensual. However, a strong sense of regret comes across in their stories, in that they believe they should have completed their education and delayed sex and childbirth and tend to blame themselves for having made errors. But they do not blame the men, observing that men also have a right to fall in love, it is "part of their nature/they can't help it" and "that's how girls like them."

Aspirations. All of the young women's stories showed a passion to make things work, even in the face of adversity. For some, their life experiences reinforced their desire to do better:

"I liked the idea of being a doctor very much. Sadly, I didn't reach that level, but I liked the idea of becoming a doctor a lot….When you have a child, there are a lot of things you can't learn, but there are still things you can learn. If I had money, I would study cosmetology because near my house, that's in high demand. If I had the opportunity, I would sell too [she would also be a vendor], because I have a child."

While Haiti has serious issues with civil unrest, natural disasters and poverty, it also has a proud history of resilience and a strong sense of community, which emerge in the voices of adolescent girls and young women. They have clear, consistent recommendations about the importance of education, and of loving and caring family support. This presents opportunities to prevent CMEUs, and to protect the rights and wellbeing of girls and women who enter CMEUs.

1.5 Indigenous girls and women case study

CMEU rates are higher in Indigenous communities in the Caribbean, as well as girls in rural areas and those living in poverty. There is a prevailing myth that CMEU is the culture of Indigenous peoples.[35] In practice, CMEUs in Indigenous communities are driven primarily because of structural inequalities and stigma that disproportionately affect Indigenous communities and others living in rural areas and poverty.[36]

CMEU has a disproportionate impact on Indigenous girls across LAC, as well as on girls in rural areas and those living in poverty.[37] In the six countries of this study, three countries have communities that are identified as Indigenous, Maroon and Afro-Indigenous. More than 15 per cent of the population in Belize are Indigenous (Mopan Maya and Q'eqchi' Maya) or Garifuna (Afro-Indigenous). In Guyana, around one in ten people are Indigenous, known as Amerindian. Around one in ten of the population of Suriname are Maroon or Indigenous.[38] Many of these Indigenous communities are also rural – often depending on subsistence agriculture – and impoverished, with less access to services.

The Indigenous girls surveyed in the three study countries of Belize, Guyana and Suriname were out of school at greater rates than their study peers, and they reported that they were expected to marry and have children at younger ages than their study peers.

Indigenous women who entered CMEUs reflected on both positive and negative aspects of their culture and community. Those from rural areas spoke of childhoods spent in loving families and tight-knit communities – albeit with considerable hardships.

"I have seven siblings. My mother always find time for us. There were about 15 people in our three-bedroom house…. My mother took care of us and she always found time to care for our needs… Everyone around us had our backs so I wouldn't say we grew up hard."
– 18-year-old Garifuna woman, urban Belize

However, such communities can prevent support reaching girls who experience child sexual abuse or get pregnant, due to family stigma and shame, or the fact of living remotely with few services. That said, parental communication is again absent.

"When growing up, in the Maya culture, that was not a conversation to hold with a young lady. I didn't even know about my menstruation until I saw blood then I got to know. These things were just closed until the time came."
– 27-year-old Mopan Maya woman, urban Belize

Some women suggested that it was not their culture to attend school. "The parents should give it a try for girls to finish their education. They don't give a chance for their child to go to school. They stay at home to do house chores and some men are looking and engage their child. Mostly girls don't go to school in this community"
– 26-year-old Mopan Maya woman, rural Belize

Other Indigenous girls spoke of support to go to school, only for this to be prevented due to poverty.

"Back then as a child, if my father had a good job, with good pay and my mother had everything on the table so we could live our life happily, I don't think I would have stopped school."
– 28-year-old Q'eqchi' Maya woman, rural Belize

Gender inequalities were also mentioned. One woman had to stop attending school to care for her six brothers, who continued their education.

"They (girls) stay at home to do house chores and some men are looking and engage their child. Mostly girls don't go to school in this community. If girls went to school, they wouldn't end up in early unions"
– 26-year-old Mopan Maya woman, rural Belize

The women's life stories illustrate the importance of taking culture into consideration, even while not accepting that CMEU is inevitable and noting that a minority of women overall noted culture, including a minority of Indigenous women. When asked if entering early marriage is a form of violence, the response was, "No. It is a part of our culture. In Maroon culture, it is normal for girls to start relations early. If you want to change things you have to take the people's culture into account"
– 34-year-old Saamaka woman, urban Suriname.[iv]

It is important to listen to girls and women from such communities. What is most striking is that all the mothers spoke of wanting to do things differently with their own children.

"As a mother, I talk a lot with my daughter and it works."
– 44-year-old Saamaka woman, urban Suriname

Indigenous and rural girls and women recommended increased access to information, economic and employment support, and services. Notably, they emphasized the importance of going to marginalised communities:

"Organizations and institutions should build offices on different locations in the interior, and work from there to inform and educate boys and girls about early unions and marriage. Teachers should also give this information in school.
– 34-year-old Saamaka woman, urban Suriname

[iv] The research asked this question of adolescent girls and women who had entered CMEUs in order to gain understanding of local perceptions around CMEUs and, more broadly, around gender norms and social expectations including in relation to violence. According to the International Classification of Violence Against Children, child marriage is not categorised by definition as an act of violence, whilst it is recognised that there are various physical, psychological and sexual acts of violence that occur within the context of a marriage involving a child. United Nations Children's Fund, *International Classification of Violence against Children*, 2023.

SECTION 2:
ADOLESCENT GIRLS' PERSPECTIVES ON CMEU

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2.1 Placing adolescent girls' voices at the centre of CMEU activism and action

CMEUs are both a cause, and a consequence, of deep-seated gender inequalities and restrictive gender norms.

CMEUs are rooted in, and perpetuated by, gender inequalities and discriminatory social norms relating to race, ethnicity, culture and class. These norms define the expectations, roles and agency of girls and women in the family, community and society. They determine when and why adolescent girls enter into unions, and their experiences once in a relationship. In general, these norms also reproduce fear and control of adolescent sexuality and consent, as well as denial of girls' SRHR.[39] These gender norms are often reflected in legal frameworks, policies and social institutions, making it difficult to tackle CMEUs.[40]
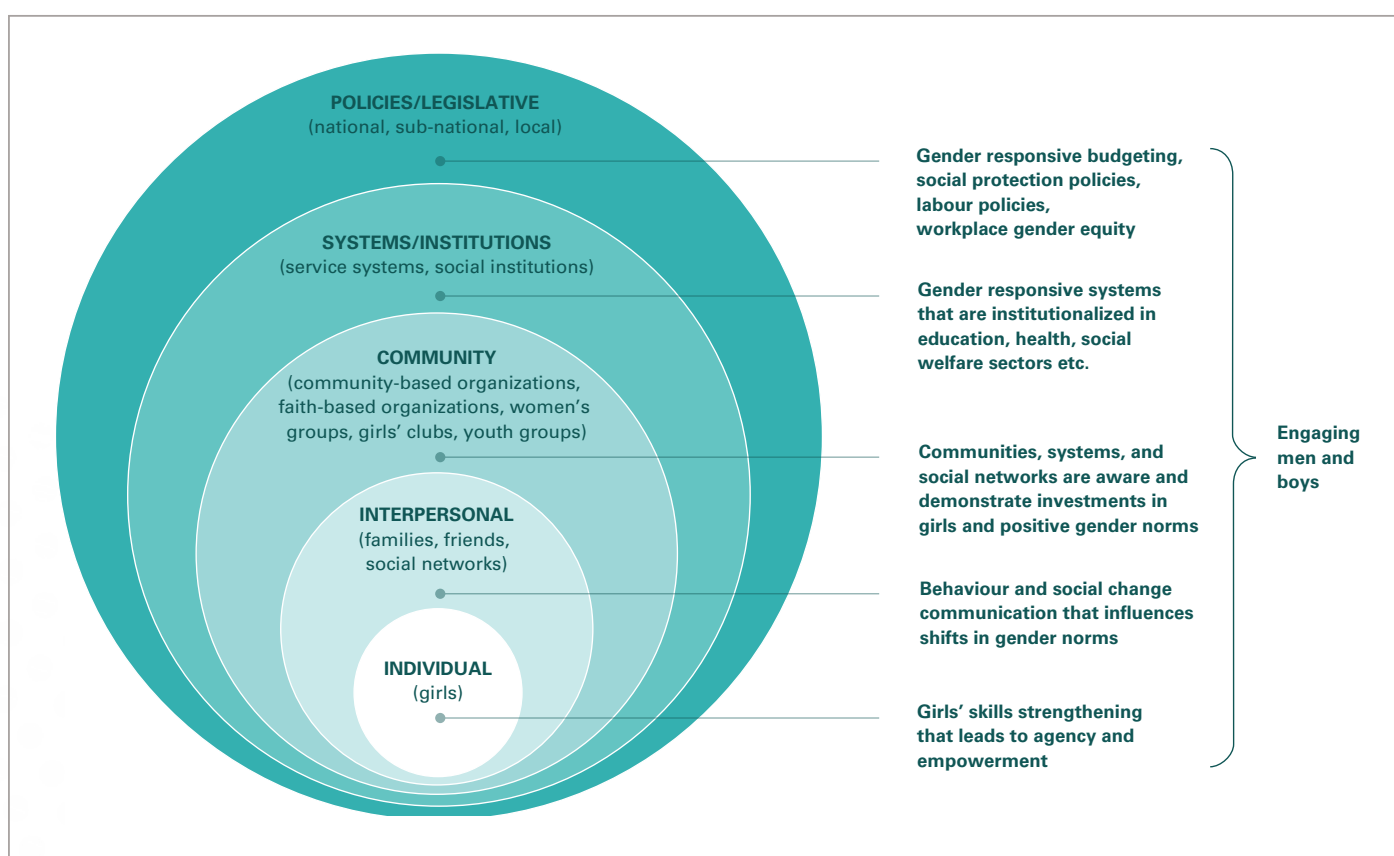
Figure 14: Gender norms and gender-transformative opportunities to tackle child marriage
Adapted from UNICEF, Technical Note on Gender-Transformative Approaches in the Global Programme To End Child Marriage Phase II: A summary for practitioners

It is essential to take a gender-transformative approach (*see Box 2*) to tackling CMEUs if they are to be prevented, and if adolescent girls and women who have entered CMEUs are to thrive.

Supporting the agency and voices of adolescent girls and young women is key. Listen to what they understand and believe, and empower them to critically examine their lives and the inequities in their societies. This enables them to choose and shape their own futures.

Gender-equitable social norms must be promoted within families and communities, including **engaging boys and men as advocates of gender equality.** Services that invest in girls and promote positive gender norms must be designed and delivered, including SRHR, gender-equitable education and livelihood opportunities, and programmes that prevent and respond to family, GBV and community-level violence. Laws and policies must tackle structural gender inequalities, promote gender-inequitable social norms and invest in girls' and women's access to safety, economic security and self-determination.[41]

Box 2: A gender-transformative approach to tackle CMEUs

Gender equality: women and men, girls and boys, enjoy the same rights, resources, opportunities and protections.[42]

Gender norms: informal, entrenched and widely held beliefs about gender roles, power relations, and the ideas or 'rules' about how girls and boys, women and men, are expected to be and to act. Learnt early in life, they sustain unequal power dynamics that typically favour what is considered 'masculine' over that which is considered 'feminine'. They undermine the rights of women and girls, and restrict opportunity for women, men and sexual minorities to express their true selves.[43]

Gender-transformative approach: aims to achieve gender equality and empower girls, women and gender non-conforming youth by: critically examining inequalities and gender roles and norms; recognizing and strengthening positive norms that support equality and an enabling environment; addressing the unequal power positions of women, girls and marginalized groups by transforming the underlying social structures, policies and social norms that perpetuate and legitimise gender inequalities.[44]

2.2 Adolescent voices on preventing CMEUs and supporting adolescent girls living in CMEUs

Seventy adolescent girls participated in the *Adolescent Unions in Six Caribbean Countries: Drivers, Manifestations and Consequences* research conducted between 2021 and 2022.[45]

2.2.1 Profile of the respondents to the KAP survey

The 70 girls were all aged between 14 and 18 years, with five aged 14 years, one aged 18 years and the rest evenly divided between 15 and 17 years. There was a deliberate attempt to involve adolescent girls from Indigenous, migrant and rural communities, as well as girls both in and out of school.

More than half (55 per cent) were rural and the rest rural. In terms of ethnicity, the largest category identified as Afro-Caribbean (44 per cent), followed by Indigenous (20 per cent), and an equal split between Indo-Caribbean, Creole and

Mixed (12 per cent each). Of the 60 girls completing the full KAP survey, most (43) identified as being attracted to males, 8 identified as being attracted to both males and females, 6 identified as being attracted to females, and 3 said that they did not know. Of the 60, 56 identified as female, 2 as non-binary and 2 preferred not to say. Three quarters of girls were in school, with the rest out of school including a larger number from Guyana than all other countries. Almost all (96 per cent) had access to an electronic device although not all had access to the internet (76 per cent had access).

2.2.2 Context in which adolescent girls experience CMEUs

The first question in the KAP survey was about the main issues that they thought that adolescent girls in their communities face (*see Figure 15*). They were provided with a list of options and could select as many as they wished, except 10 additional girls in Haiti who were asked to select only one option.
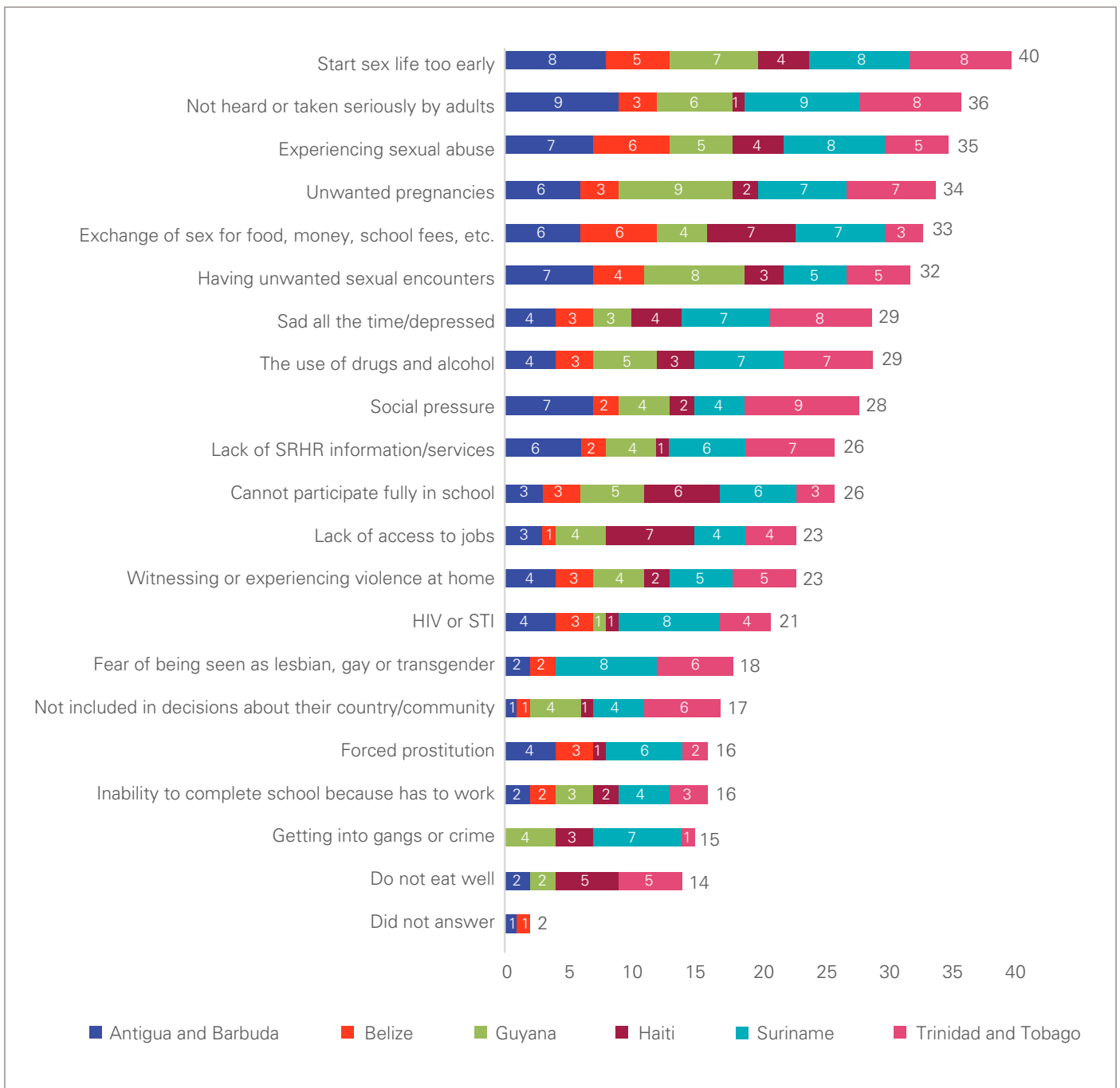
Figure 15: Concerns faced by adolescent girls in your community, identified by respondents (n=60)

Note: Response options have been sorted in order of number of responses. They were not grouped by theme in the survey tool. The categories employed in the graph were directly drawn from the KAP survey.

Violence, including sexual violence, and sexuality-related concerns were the most important issues identified. Girls from all six countries believe that one of the biggest concerns for adolescent girls in their community was starting sex life too early.

Being heard and being taken seriously ranked second in total number of choices. In Antigua and Barbuda, and Suriname, 9 in 10 girls selected this options; 8 in 10 girls in Trinidad and Tobago. Only 1 of the 10 rural girls in Haiti chose this concern, suggesting it wasn't a top priority for them.

2.2.3 Adolescent girls' perception of drivers of CMEU

The girls were asked their opinions about a girl who marries or has a relationship with a man 10 years older than her (*see Figure 16*).

Response	Antigua and Barbuda	Belize	Guyana	Haiti	Suriname	Trinidad and Tobago	Total
Needs help	5	3	5	8	5	7	33
Likes older men	6	2	6	7	8	4	33
Relationship result of parental failure to educate or protect her	7	7	5	2	5	4	30
Economic difficulties	3	3	4	7	5	5	27
Was forced by her parents	2		2	8	7	7	26
Has low self-esteem	5	2	4	3	6	2	22
Will have unplanned pregnancies earlier	4	2	5	2	2	6	21
Is doing what the community expects	4	2		7		7	20
Probably experienced violence at home	3	4	1	2	2	8	20
Has a different life ahead (stormy)	2	2	1	6	4	4	19
Is a gold digger	2	1		6	6	2	17
Did not have a choice in this matter	3	1	1	4	2	6	17
Girl is rebellious	2			7	2	1	12
Has a secure future	1	1	2	3	3	2	12
Is intelligent, thinks about her future	1		4	1	3	2	11
Is a person with no values	4	1	1	3			9
I don't know/other	1	2					3

Legend: ■ Antigua and Barbuda ■ Belize ■ Guyana ■ Haiti ■ Suriname ■ Trinidad and Tobago

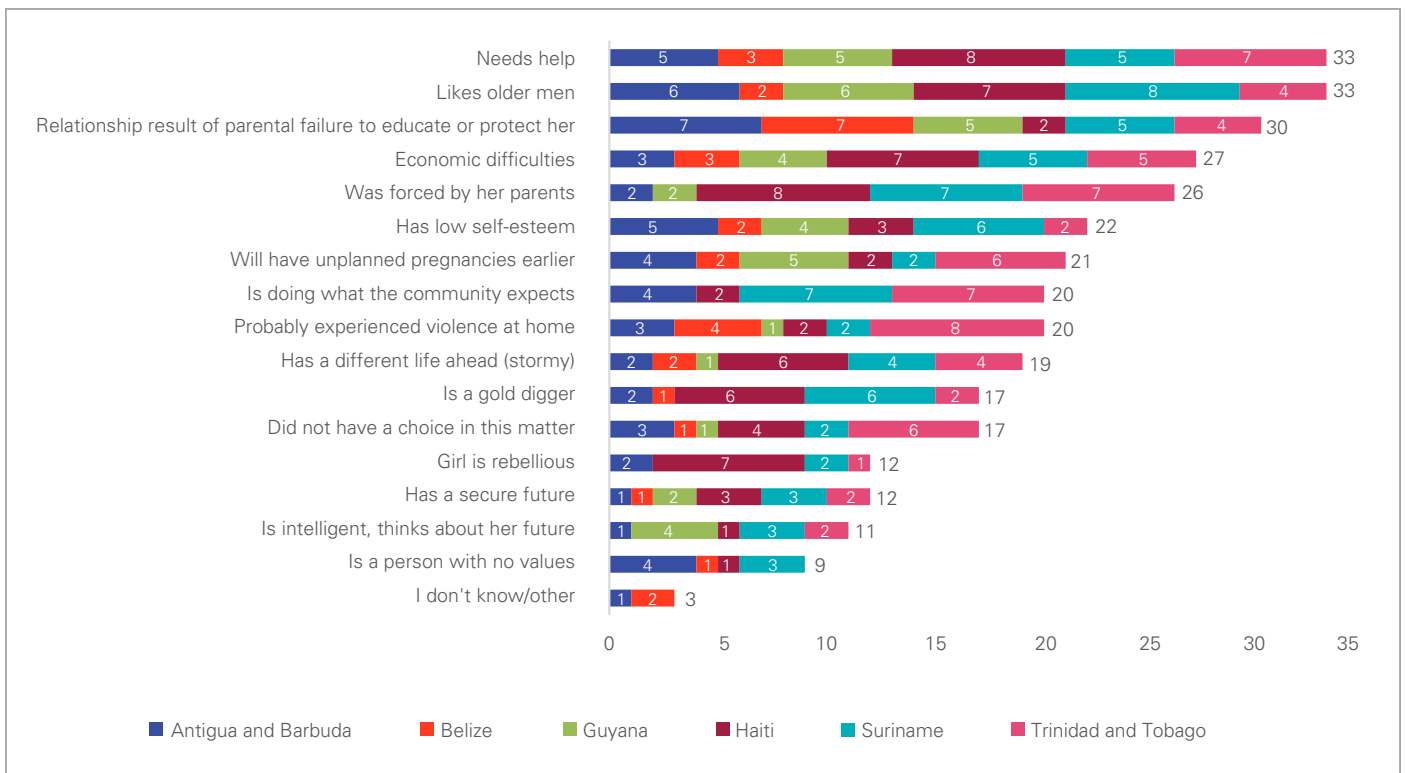*Figure 16: Your opinion about adolescent girls marrying or being in a relationship with a man 10 years older than her, identified by KAP respondents (n=60)*

Note: Response options have been sorted in order of number of responses. They were not grouped by theme in the survey tool.

In the sample of 60 girls who could choose as many answers as they wished (*see Figure 16*), **violence and poverty** were seen as the two underlying drivers of CMEUs with someone much older (*see Figure 16*). Answers included 'economic difficulties' for poverty, and 'probably experienced violence at home' for violence. 'Needs help' was identified by girls, in the discussions reported during completion of the reports, as meaning violence, economic challenges for the family, and similar challenges. The focus on violence and poverty was especially true in countries in which the respondents were more likely to be low-income, out of school and Indigenous (Belize, Guyana, Haiti, Suriname).

In Haiti, 7 of the 10 girls who could only select one option, chose 'economic difficulties'. Generally, the girls felt that **lack of family support for girls' education** and **lack of family protection** were important drivers. Across all countries, however, girls **did not always victim-blame** their peers in CMEUs.

Very few girls thought that being in a CMEU would lead to a secure future. In all countries except Belize, the majority thought that the girl **'needs help'.** However, the responses show that girls also recognize **agency and sexual desire but may not recognize the widespread grooming and male predation that starts at an early age for girls.** In most countries, the majority said it might be because a girl "likes older men".

"Demonstrating adolescent girls' recognition of sexual desire perhaps combined with issues of predatory masculinity, grooming and transactional sex, 6 of the 10 [girls who completed the KAP survey] perceived that these relationships occur because a girl "likes older men". What is significant is the extent to which girls downplayed community/cultural expectations (4 out of 10 responses), experiences of "violence at home" (3 of 10 responses) and "economic difficulties" (3 out of 10 responses) suggesting that they were less conscious of systemic, social and cultural roots of CMEUs and even issues of grooming."
– Researcher, Antigua and Barbuda

Girls acknowledge the unequal power dynamics and challenges associated with relationships between adult men 10 or more years older than the adolescent girls.

Girls were then asked their opinions about men who are 10 or more years older entering CMEUs with adolescent girls (*see Figure 17*).
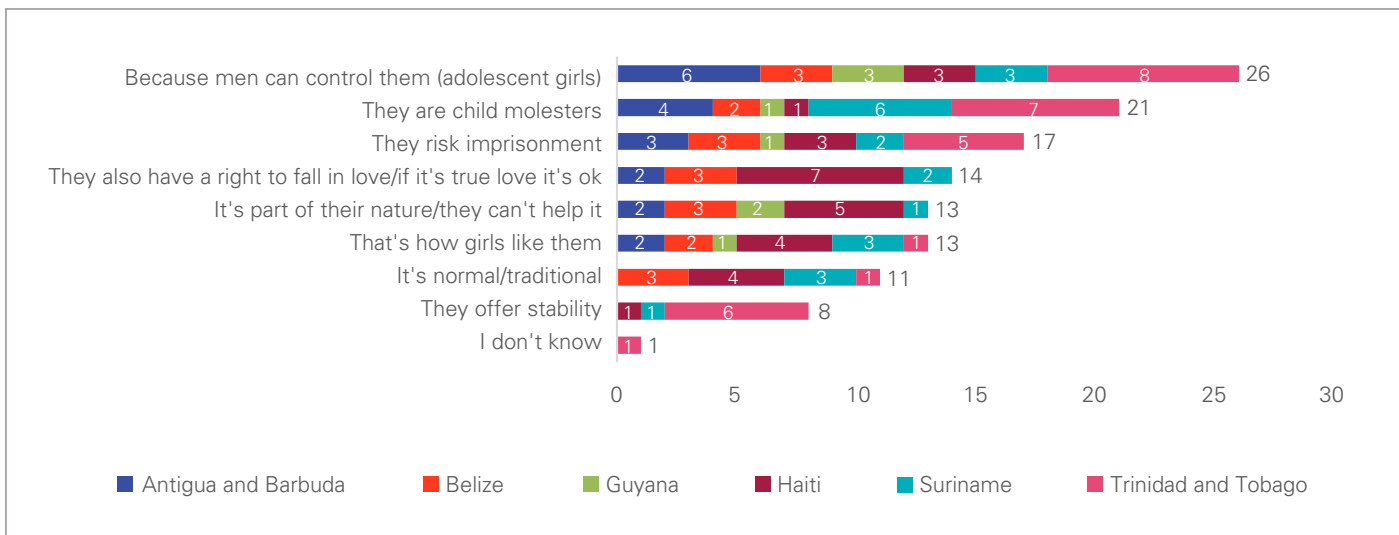
Figure 17: What do you think of men who are 10 years older, marrying or being in a relationship with an adolescent girl? (n=60)

Note: Response options have been sorted in order of number of responses. They were not grouped by theme in the survey tool.

Many girls in all six countries thought that men involved in CMEUs prefer girls over women "because they can control them" or "it's their nature, they can't help it" (see Figure 18). This is something that is normalised, reflected in the numbers who view it as typical male behaviour and something they cannot do much about. These responses were more prevalent in the countries where more girls are poor and/or out of school, Belize and Haiti especially. Some girls also considered such men child molesters, suggesting that girls have conflicting views about both early and age-disparate unions.

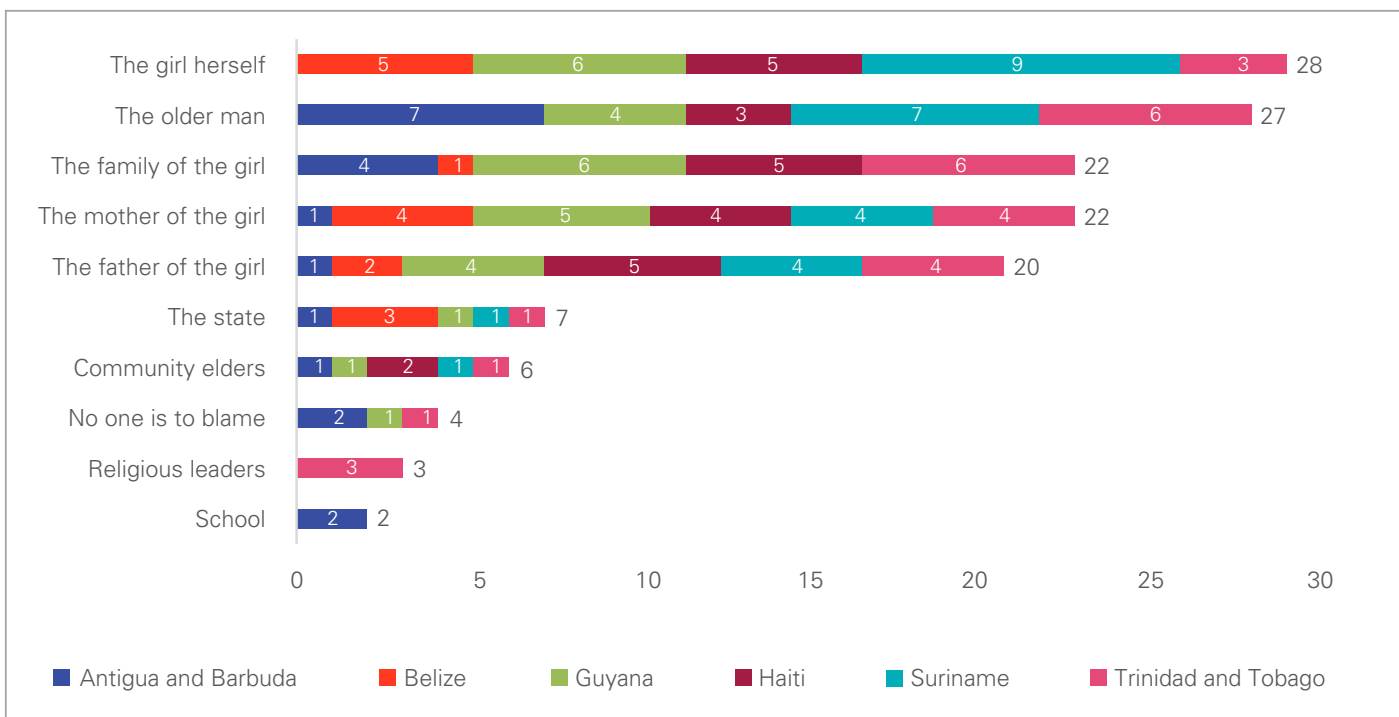

Figure 18: Who is responsible for men being in relationships with adolescent girls? (n=60)

Note: Response options have been sorted in order of number of responses. They were not grouped by theme in the survey tool.

Girls were asked why CMEUs happen and who is responsible for them. The majority considered the girl herself to be responsible, with responsibility for the older man second. Across all six countries, girls ascribed responsibility to the girl, man or girls' family – with the mother being held more responsible than the father – and rarely, if at all, religious leaders or the state. As the answer to the question 'Who is responsible for men being in relationships with adolescent girls?', girls did recognize that poverty and violence puts girls at risk of CMEUs, but their opinions about girls who do marry or enter a relationship with an older man (*see Figure 17*) recognize that adolescent girls do have sexual agency and may see a CMEU as a way to escape from violent families or dire circumstances, but also importantly as part of their desire for love, care and protection.

The girls in the KAP survey rarely exclusively recognized behaviours and practices that would be generally recognized as predatory masculinity, grooming and transactional sex, as indicated in their responses on questions about the concerns faced by adolescent girls in their community (*see Figure 15*) and who is responsible for older men being in relationships (*see Figure 18*). In these responses, they did identify such behaviours but often alongside other factors. The women's life stories that follow in Section 3, however, show that predatory masculinity and grooming are prevalent. Adolescent girls did, however, recognize that what is happening is unjust.

"I think they are nasty people to be doing that to these young girls. They should let them grow up and enjoy their life." – Adolescent KAP respondent, Antigua and Barbuda, as reported in researcher's report

Overall, girls were not aware of the more systemic or institutional gendered drivers.

"Across all countries, girls and families, particularly mothers, rather than the state and religion, which institutionalise unequal gender norms, and, most importantly, more than older man who carry more interpersonal power, seem to be unfairly held to a higher standard." – Researcher, Suriname

The KAP findings highlight the importance of local context. In Antigua and Barbuda and in Suriname, over half saw girls with older men as having "low self-esteem" or needing help. In Suriname and in Trinidad and Tobago, girls saw the girl as being forced. Rural and Indigenous girls felt stronger community or family expectations. However, this was not universal, nor was it linked to religious or cultural expectations. This suggests that addressing CMEUs is not simply a matter of changing social norms that are common across the region but addressing multiple drivers and desires at the same time.

The KAP survey suggests that girls enter into relationships with older men often because of perceived potential benefits or because of necessity. The response that was most widely selected by adolescent girls, however, is that older men choose relationships with adolescents because they can control them. Adolescent girls recognize the wide range of underlying drivers that result in adolescent relationships with older men, including poverty, family violence, and limited access to education and SRHR support and services. In Belize, Haiti and Suriname, adolescent girls also consider family and cultural pressure to be one factor in entering relationships with older men.

2.2.4 Adolescent girls' perceptions of the consequences of CMEU

Girls have low expectations of CMEUs. When asked to name positive consequences, less than half could think of any positive consequences (*see Figure 19*). In general, the 'positives' selected were represented as opportunities to escape difficult situations such as poverty, family violence or lack of love. It is possible that those who selected motherhood and family are, in part, conforming to gender norms that expect girls to want motherhood and domesticity, and have a romanticised view of relationships.
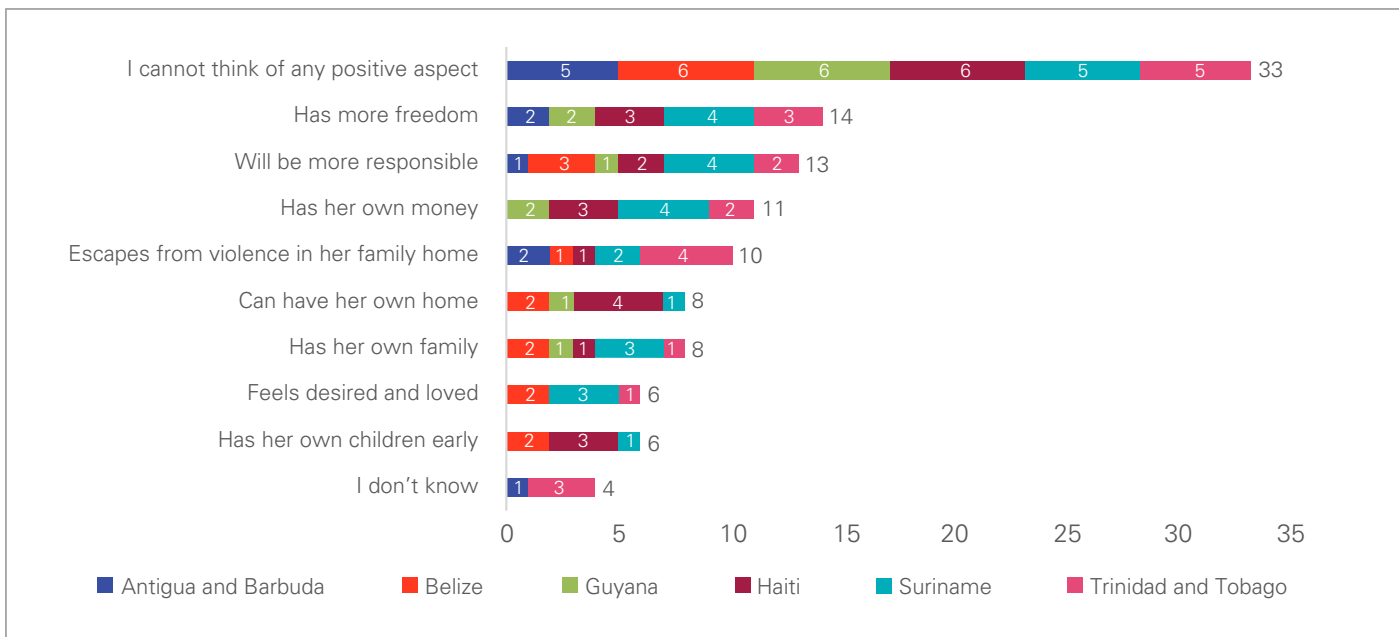
Figure 19: In your opinion, does marrying or living together as if married have any positive consequences for an adolescent girl? (n=60)

In contrast to the positive consequences, girls selected multiple negative consequences. As seen in Figure 20, the majority of girls in almost all countries highlighted **violence,** **confinement to domesticity, unwanted pregnancy, threat to schooling, health risks and loss of youth.**
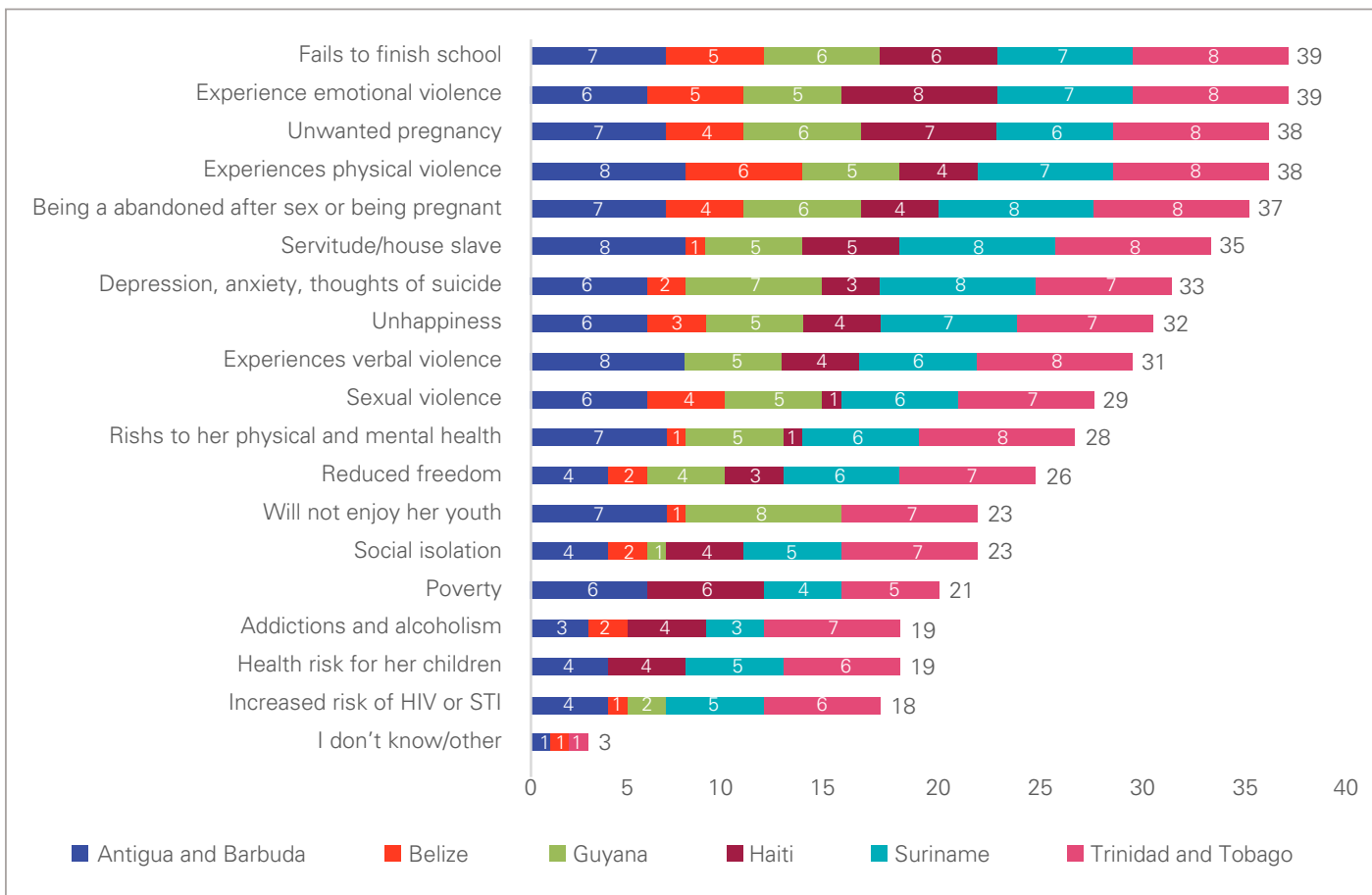
Figure 20: What are the negative consequences a girl may face by marrying or living together as married? (n=60)

Note: Response options have been sorted in order of number of responses. They were not grouped by theme in the survey tool.

Again, there are differences between countries. In Guyana, fewer girls felt that a CMEU would reduce freedom or create social isolation, yet at the same time, 8 of 10 thought a girl will not enjoy her youth, 7 thought a girl could experience "depression, anxiety, thoughts of suicide", half thought a girl would experience some form of violence, risks to her physical and mental health, and servitude. Understanding what may cause social isolation is central to programming with adolescent girls in CMEUs. Conversely, in Trinidad and Tobago, seven of the girls thought that girls in CMEUs would experience servitude and social isolation.

....

Despite recognizing and valuing adolescent choice and agency when identifying the drivers of CMEU, girls generally recognize that multiple kinds of violence and harm are a potential consequence of CMEUs.

....

2.2.5 Adolescent girls' beliefs about ideal relationships and unions

Adolescent girls in all countries overwhelmingly believe that unions and marriage should happen when a girl is independent and has finished her studies. They felt, equally strongly, that

girls should not be in relationships with older men, although in only three countries did five or more girls choose the option of not being in a relationship under any circumstances before age 18 *(see Figure 21)*.

The ideal answers contrast with their perceptions about the age at which girls usually have sex, get pregnant and get married or live with a man as if married *(see Figure 5 in Section 1.1.3)* The ages of sexual debut and pregnancy are consistently younger than consent and marriage laws in all six countries. Likewise, getting married or living 'as married' is significantly later.

"In a sense, where families cannot protect girls, adult maturity, independent income and completed schooling appear to be perceived as protective factors, rather than legally defined age of consent."
– Researcher, Guyana

Girls were strongly opposed to the idea of exchanging sex for food, good marks in school, money, favours and gifts, although in all countries except one (Guyana), they recognized that there may be circumstances in which it was acceptable. Only one girl (in Haiti) thought it was acceptable if the family asked her to do it. Nonetheless, girls indicated that they were familiar with peers in such relationships, including with men much older. Thus, transactional and age-disparate relationships are perceived as negative but are familiar realities to the adolescents in this survey.
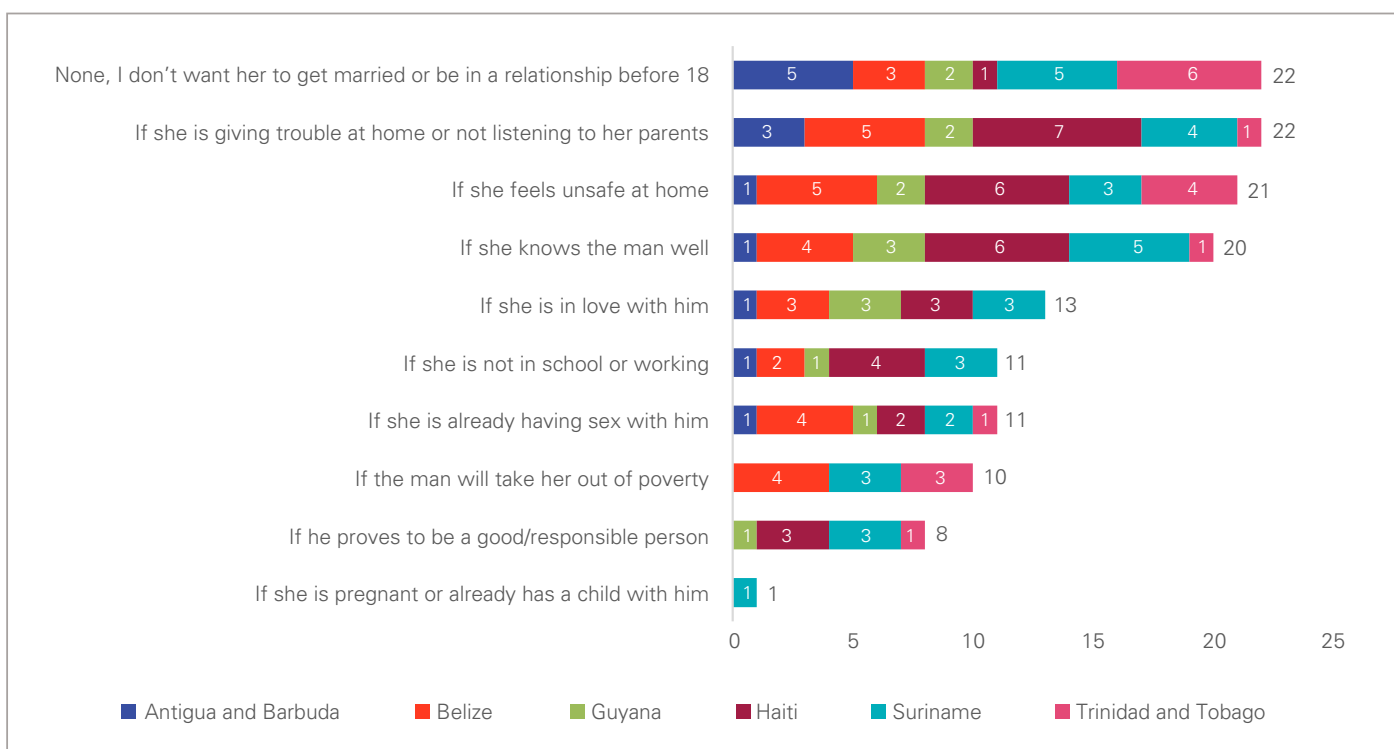

Figure 21: Adolescent girls' beliefs about the conditions under which an adolescent girl can be in a relationship with a man five years older (n=60)

Note: Response options have been sorted in order of number of responses. They were not grouped by theme in the survey tool.

2.2.6 Adolescent girls' levels of knowledge about their rights in relation to CMEU

Except for girls in Suriname and Trinidad and Tobago, who were well informed about the **legal age of consent and marriage**, most girls were unsure of the laws in their country. In Guyana, for example, 7 out of the 10 girls did not know what the legal age of consent was.

Most girls said they had a trusted adult to speak to – 19 out of 20 girls in Haiti said they had someone *(see Figure 22)*.
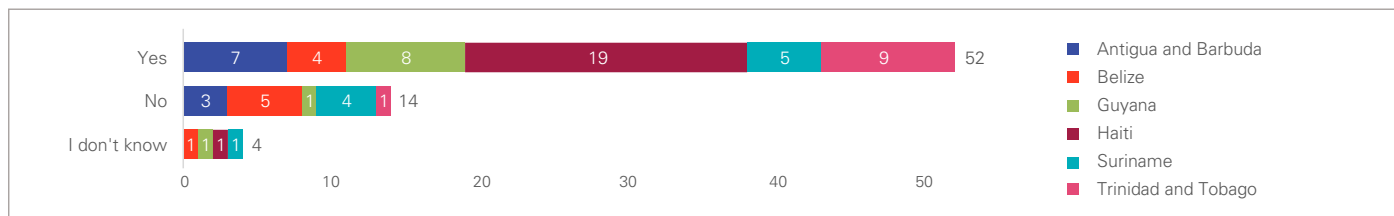
Figure 22: Did trusted adults ever talk to you about the consequences of getting married or being in a relationship with a man while an adolescent? (n=70)

Despite this positive response, 'lack of access to SRHR information' was selected by 26 of 60 respondents, when asked what were the main problems adolescent girls face in their community *(see Figure 15)*. A higher number of girls in Belize and Suriname, where the majority were rural and more were out of school, had a trusted adult to talk to, compared with the other countries.

Section 3 presents the experiences of 48 women from the 6 countries who entered a CMEU. In contrast to the perceptions of the KAP respondents, who are not currently in a CMEU, the women report a general lack of support and information from trusted adults, both in their family and at school or other supportive services. It is apparent that, even though girls feel that they have a trusted adult, for many women already in CMEUs, they talk of lacking a trusted adult before they

entered the CMEU and lack trusted adults when they needed support once in the CMEU, such as to escape violence, access SRHR information and services, or have support caring for their children.

Girls were asked about what might work to prevent CMEUs *(see Figure 23)*. Access to education about the consequences of CMEUs, staying in school and sex education were the top three, followed by access to education and empowerment. It is noticeable that few girls felt that changing men's behaviour or working with men as champions are likely to be effective actions. This reflects the gender norms held by girls and reflected in their perceptions of why girls may enter CMEUs and why men may have relationships with girls, as discussed above.
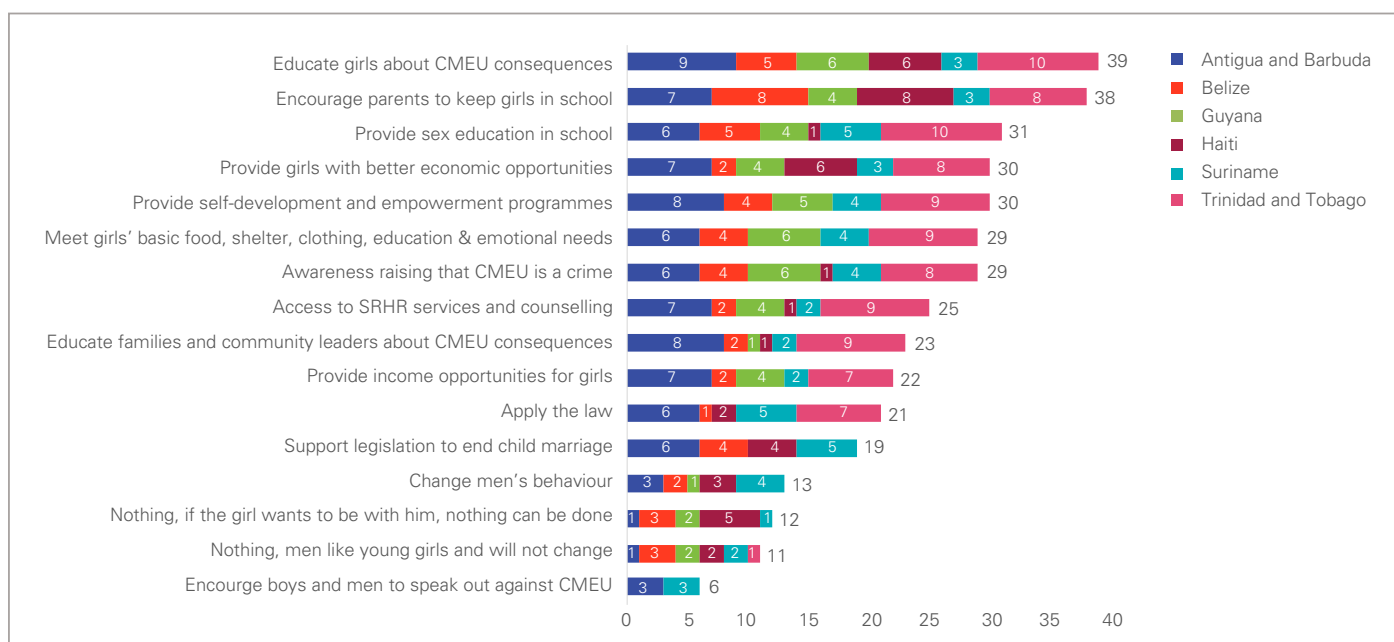
Figure 23: How can relationships between men and adolescent girls be prevented? (n=60)

Note: Response options have been sorted in order of number of responses. They were not grouped by theme in the survey tool.

Finally, girls were asked if they would be interested in attending activities to prevent early marriages *(see Figure 24)*.
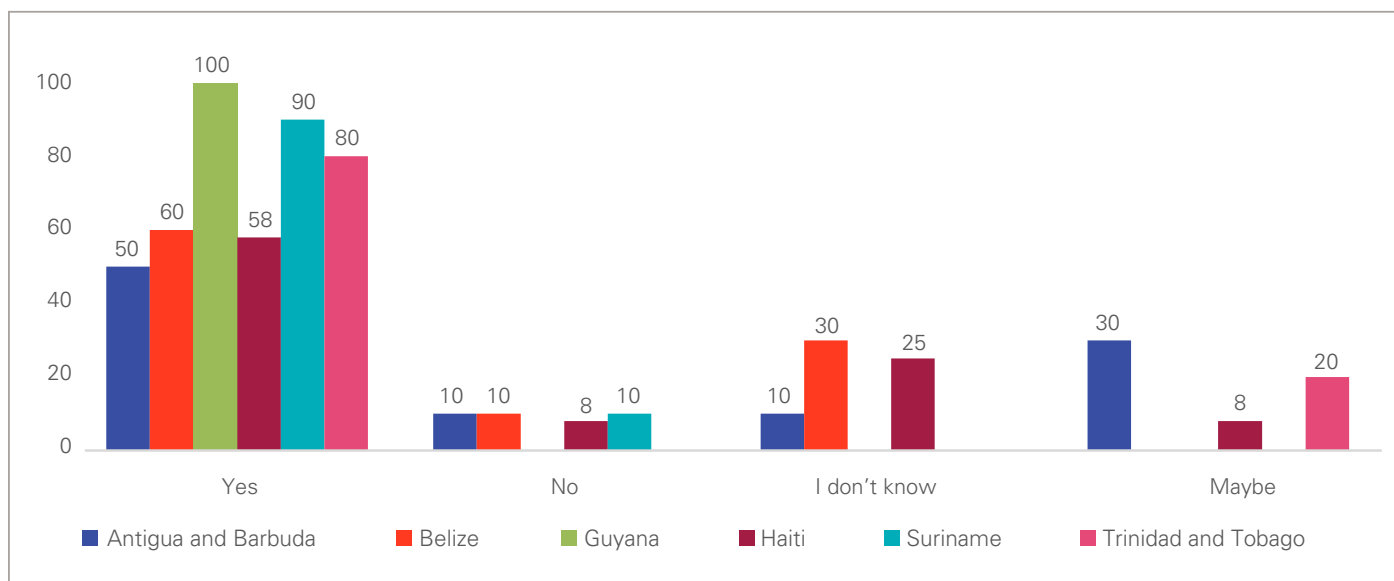
Figure 24: Would you be interested in attending activities to prevent early marriages or relationships of men with adolescent girls? (%) (n=60)

2.3 Key findings from the KAP survey

The KAP survey demonstrates that adolescent girls do understand the challenging contexts in which they and their peers live and are aware of the pressures that may result in CMEUs. Violence and starting a sex life too early are their main concerns, followed by poverty.

Adolescent girls wish for agency to take decisions and be listened to. They wish to have access to SRHR, and access to options that enable them to stay in school. The fact that the response 'not being listened to and valued' was selected by adolescent girls in countries where they were most likely to be in school suggests that they have a sense of self-worth that activists, programmes and planners can build on.

Adolescent girls recognize that **violence and poverty are drivers of CMEU**, and were able to make suggestions on how to support girls in poverty and who experience violence. When asked if they would join groups to build up their skills or knowledge in these areas, most were keen.

Adolescent girls are making choices in relation to **their sexuality and sexual desire**. They felt that in general they were not forced into relationships by family, with some exceptions, although accepted that poverty or violence

might be a driver. The adolescent girls almost universally hold to the prevailing **gender norms** that drive CMEUs, including assumptions that men are not able to, or it is not appropriate for men to, take on the responsibility for more gender-equitable relationships, that there is an inherent power dynamic in relationships with older men, and that relationships with older men may be the only solution, in their context, to getting away from poverty or violence. Girls appear to accept that they are in part to blame if they enter a CMEU and the results are negative.

In general, the adolescent girls **did not recognize the structural drivers of CMEUs**. They did not have a sense of the role and responsibility of family and community, or religious or state institutions, to prevent CMEUs and support girls who are exposed to the risk of CMEUs.

Though the adolescent girls reported that they **have people they can trust and can talk to, it appears that these people do not provide information on SRHR,** as evidenced further in Section 3. Access to information and sex education were in the top options that adolescent girls selected as preventive activities.

SECTION 3:
UNDERSTANDING CMEU IN THE CARIBBEAN THROUGH WOMEN'S LIFE STORIES

SECTION 3: UNDERSTANDING CMEU IN THE CARIBBEAN THROUGH WOMEN'S LIFE STORIES

3.1 Introducing the women who shared their life stories

As part of the research study conducted in the six countries, fifty-five women were interviewed in urban and semi-urban (35) and rural (13) areas. These women were all over 18 years of age and had entered a CMEU when 17 years or younger. Most of the women who were interviewed had children. Eight women from each of the six countries were interviewed, with an additional four in Suriname and three in Belize to include a sufficient number of women in their twenties; eight representative life stories for Belize and Suriname were then selected. In Antigua and Barbuda, Haiti and Trinidad and Tobago, all women self-identified as African. In Belize, seven self-identified as Indigenous or maroon, and in Guyana, Suriname and Trinidad and Tobago, the women were of different ethnicities, including Indigenous or Maroon, Afro-Caribbean, Indo-Caribbean, mixed, Creole and white.

3.2 Women's life stories of entering and living in CMEUs

The women's stories illustrate the realities of the challenges they face. They also highlight strength and resilience, and the difference that can be made when girls and women receive support from their families or partners, or are able to access education, health, training or other services and supports.

....

Social norms and gender inequalities that are strongly held and resistant to change are at the root of CMEU. They contribute to and exacerbate the drivers of CMEU, including poverty, economic dependence, family violence, child sexual abuse, neglect, confinement to caregiving and domestic roles, limited schooling access, discrimination and social insecurity.

The drivers that lead to CMEUs are often reproduced within the CMEU. Girls and women who enter CMEUs often face higher risks of intimate partner violence (IPV), unplanned pregnancy, reduced school attainment, increased reproductive and maternal ill-health and death, confinement to care work and domesticity, and economic dependence.[46]

....

3.2.1 Circumstances in which women enter CMEUs

The life stories provide insights into what can be achieved within communities, nationally and across the Caribbean, if policies and programmes adopt the recommendations put forward by those with lived experience of CMEUs.

Family violence

Family violence was the most common driver that women mentioned in the life stories. The women talked of either choosing to enter a CMEU to escape a violent family context or fleeing their family home and finding that a CMEU was the only option available.

"I did not grow up in a loving environment. I wanted more attention from my parents, more love. I never had that. I got that from my first husband, who gave me a lot of attention and love. I think that's why I took the step to leave and get married…My parents never had time for me. My youth was not that good. I often saw my father beating up my mother. He did not hit me but I witnessed the violence."
– 38-year-old Indo-Caribbean woman, rural Suriname

"The way how I see it, family violence, what I notice about it, females tend to get abuse. Their parents don't allow them to have a boyfriend because they won't focus on school. The girls would try to have a little fun, but the parents won't see it like that and think all the girl is just thinking about boys. The parents don't allow them to go hang out with friends and might beat the girls. It is more emotional and physical. It is emotional in the way that the parents tell their daughters that they are stupid, they are not focused on the correct thing and all the girl can do is cry. They can't do anything but listen to what their parents say. Everyone tries to get on that person's case. The simplest of mistakes they make it into a big thing by other members of the family. People in the community would say that it's because the parents keep the girl home and don't let her go ou; that's why she can't handle herself outside."
– 18-year-old Indigenous woman, urban Belize

"I would have done things differently in terms of not allowing myself to become submissive to somebody that was not even my husband. […] I just wish I had somebody older to talk with me and say, "Listen to me, the way that this person is grabbing you and shouting at you is not okay", because growing up in a house where you thinking that having an argument means breaking glass on somebody head, you won't see that as toxic, you will see that as normal. In my first relationship I thought this is what the violence was about. I wish I had somebody to talk to me and say, "Listen, this is wrong, this is not what love is about."
– 20-year-old, Mixed woman, semi-urban Trinidad and Tobago

Many women talked of child sexual abuse. For some, the chance to share their life stories was the first time they disclosed the abuse.

"You know I feel as though he doesn't understand the kind of effects being molested by someone has on you mentally. It's not something that you ever get over and it affects your day to day life until you die I should say."
– 21-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

The following story highlights how child sexual abuse, widely held gendered norms within families and communities, and lack of support from child protection or justice institutions leave girls often with no alternative option but to enter into a CMEU.

"When I told her I have been sexually abused by my stepfather, my mother became furious, cussed me out and asked why I was only now telling her that story. I never had dared to tell her before. […] My mother cussed me out for my stupid behaviour, as my stepfather took care of us and housed us. My mother beat me up and ordered me to withdraw my statement from the police. She also promised that from now on, she would stay home with me and my brothers. That is why I withdrew my previous report and lied to the police. My mother did not keep her promise though. She came and went just like before."
– 28-year-old Javanese woman, semi-urban Suriname

Women experienced violence not only in the family home but in the community also, most markedly in Haiti, but also for Venezuelan migrant women and some women in urban Trinidad and Tobago and Belize. Although the community violence is not in itself described as a direct reason for entering a CMEU, all the women in Haiti and some women in other areas talked about how it restricted the choices that they were able to make. The woman speaking below comes from one of the most violent areas of Port-au-Prince, Haiti and experienced violence at home and on the streets, resulting in her stopping school attendance and being encouraged by her family to enter an early union with a 26-year-old man.

"There's a problem in education and insecurity. If there is a war around the school, they close it. And it opens when the bad guys give order for it to reopen. The problem of insecurity, well if you don't put God ahead of you, you might go out and not come back… I have a little brother who goes to school in Delmas 19. When there are shootings, he can't go…You can go out and not return. They can kidnap you or kill you and you don't come back."
– 18-year-old Afro-Caribbean woman, urban Haiti

"When we first move over here, it never had no violence, no shoot out, no nothing and, then, when we get to meet other people, it had a group of fellas who wanted to rape us and they was trying to let the boys and them they used to lime with encourage we to go up through the tracks for them to rape us and them came and tell us don't go outside, stay inside, they was planning to rape we and we was just 14 or 16 and they wanted to rape us."
– 22-year-old Afro-Caribbean woman, urban Trinidad and Tobago

Predatory behaviour and grooming

One of the common elements of the stories is girls being groomed by an older man, or surrounded by masculine aggression and predatory behaviour. These were not always recognized as such, accepted as normal by girls, their families or communities, and entrenched in institutions and services that should protect women.

"He used to say like," "If you don't do this (sex), it's because you don't love me, you don't want no relationship with me", and I use to feel a type of way because I wasn't ready for a relationship or to have sex with anybody and he just keep coming at me every minute to have sex."
– 22-year-old, Afro-Caribbean woman, urban Trinidad and Tobago

One reoccurring theme of these stories was the limited options to finish the relationship when it was at an early or temporary stage.

"He appeared to be a good man and then he turned into a demon because everything changed…When I got pregnant/[…] Something happened and I told my family that. They went to talk to him and told him that if he didn't want me anymore, to give me back. Because he seemed to be tired of me. And my family wasn't tired of me. He was upset, cussed at my family and as a result, my family said they wouldn't get involved anymore."
– 21-year-old, African woman, urban Haiti

"So, I ended up in this big trap. I'm trying to shift the trap right and just for life to go on, smooth. […] I have a lot of difficulties but I'm still trying and learning at the same time. Because in this early relationship it doesn't like really work that much the way how you want it. So, to make it work you does have to try and keep trusting in yourself a whole bunch, everything. It is really hard to grow a young baby when you're just a teenager. […] Especially now that I have another one and the other one is just two... It is very, very, very hard. But it is good in a way. I'm not saying it is bad, it's all experience and life- we all have to face that. And well my grandmother say once you make your bed hard, you have to lie down on it."
– 24-year-old, Mixed woman, urban Guyana

Lack of basic needs and education

Women spoke of entering CMEUs because of a lack of basic needs or education. For some, this was due to family poverty, often itself because of gender inequalities that result in single mothers struggling to provide for their children.

"When my father died in 2005 my mother couldn't [pay for education]. I asked the man for help. The man I was with…I was in seventh grade and he helped me with school because my mother couldn't. I was 12. I had a child with him when I was 15. Now I'm 22…Because I got pregnant. [she stopped school]. After the baby was born, I went to live with him."
– 23-year-old Afro-Caribbean woman, urban Haiti

"They stay at home to do house chores and some men are looking and engage their child. Mostly girls don't go to school in this community. If girls went to school, they wouldn't end up in early unions."
– 26-year-old Mopan Maya (Indigenous) woman, rural Belize

Lack of access to quality information about SRHR

This was a common reason for entering early unions. The women talked about not having information from parents, school or from other sources.

"Parents don't tell you (about sex) but they tell you about cooking and cleaning to take care of your house. I took care of my siblings so I could prepare for that. When it came to sex, my mom didn't tell me about that… At school they taught us about it but not the details of what would happen. The boys would talk and then you have an idea what they do."
– 26-year-old, Indigenous woman, urban Belize

3.2.2 Women's experiences in CMEUs

Unequal power relations within the relationship

For many women, the reality of living in a CMEU was not as they had expected or hoped. Their stories illustrate the reality that the gender and economic inequalities that are **CMEU drivers are perpetuated once in a union**. Their family life, child sexual abuse, domestic responsibilities and neglect influenced the nature of the relationship with their partner or restricted their opportunities for economic, education or personal fulfilment.

This woman is one of the few who recognize the importance of **the role men play in preventing CMEUs** by being responsible for their own behaviour, and the need for this to be recognized and addressed.

"Okay, the impact on those types of situations is that the girls' youth is being robbed, if you understand. But it robs you of your innocence, it robs you of your childhood, yeah. It just robs you of everything. Because then they are supposed to know better. The older person is supposed to know better, you understand?"
– 27-year-old Afro-Caribbean woman, Antigua and Barbuda

The unequal power balance within the relationship, and the acceptance and condoning of male control within a relationship, resulted in violent and unhappy relationships for the majority of women.

"I think I was just crazy over it. I was in love with him, I just wanted. He used to take care of me, be there for me, in the bad times and in the good times and then things just change, he wasn't like that anymore... I can't be back in that relationship. The thing that's preventing me from going back in the relationship is the domestic violence, that's the thing that's keeping me away from it."
– 24-year-old Indo-Caribbean woman, rural Guyana

This is not always the case. Some of the women, especially the older women, did talk of being supported by their partner. However, they often felt they'd had to negotiate this support and, as in this story, were heavily dependent on male financial support.

"I was depending on my mom for everything – my mom used to buy milk, pampers, everything [for her one-year-old son]. That was a huge burden for her, so I actually decided to find someone to help me with my son. After a while I just went out and met someone. We just talked at first. For an entire month we just talked over the phone and then after that we started to go out and it just kicked off from there.. He is about 42 and he has a job. He offered for me to live with him but am not ready for that. […] He takes care of all my needs and he is not abusive. […] I feel he cares because he would offer to buy things for my son out of the blues even if he doesn't need it. He just cares about me and my son."
– 18-year-old Garinagu (Indigenous)woman, urban Belize

Many women did not remain in the relationship they entered as a child. For most, however, they continued with other similarly violent or oppressive relationships.

Pregnancy and motherhood

Many of the women talked of unplanned and early pregnancies that foreclosed their options.

"My mother used to be hungry, beg my father for money, tell him we're hungry… After my father left then I used to go on the road…Begging. Asking people for things, for money… So I tell my mother, I'm going to Guyana. […] I come here. I was 15 years, me alone, to see like what I could do." After taking back food for the family, she returned and, for a period, engaged in sex work to survive, followed by a relationship with a gang member who assisted her family financially. "I was 16. […] He used to help me…Like money, food, everything he used to buy…Somebody killed him. […] When girls, when women come here for work, for support, like I tell you, if you not working sex work, or you don't have a man, you don't have the money that you need to mind you and your family, your children, pay rent, pay light bill, you understand?… In my case, it's like that…plenty girls that I know, it's like that."
– 18-year-old, Venezuelan white migrant woman, urban Guyana

Many of the women talked about their **experiences of motherhood**, and their love for and commitment to their children.

"My son changed everything. He is all I worry about now.",
– 23-year-old Afro-Caribbean woman, urban Haiti

Motherhood, despite the pleasure that it brings, is also a source of worry. Women want to do the best for their children, but talked of a lack of opportunity to complete their own studies or to get decent employment. For many, their **aspirations were cut short or severely restricted**. Both social and community norms, and the economic impacts of pregnancy, play a role. The woman below describes her story once becoming pregnant.

"I chose not to go to school. I chose to stay home. I could have continued and finished. They gave me the opportunity to sit my final exams, but I didn't because I was ashamed of what people would say about me so that's why I didn't proceed."
– 18-year-old Garinagu (Indigenous) woman, urban Belize

Isolation, lack of support and lack of access to services

The women's life stories illustrate an ongoing lack of access to SRHR information and support to adolescents and young women, whose needs should be a priority for both their own health and that of their children, combined with men's reluctance, or downright refusal, to use condoms.

"The guy I'm with says he doesn't like people who use protection because it makes you sick." "I tried family planning once, and I got sick. I couldn't breathe. A doctor told me it was because of it. And I started being afraid of all contraception methods."
– 18-year-old, Afro-Caribbean woman, urban Haiti

Many also deal with physical, emotional and sexual violence. What is clear from their stories is that they feel caged and unable to escape, due to a **lack of support from family, community or institutions that should be there to help them**.

"When I'm talking to him, he gets very upset with me to the point of almost hitting me. He screams at me. He never wants to admit he's wrong…He hits. Sometimes, he slaps me…I am with an orphan child. I don't want to live without a man."
– 18-year-old Afro-Caribbean woman, urban Haiti

"The good aspect of that relationship is that he was the person that protected me, always want you to be there. That was the good aspect of the relationship. The bad thing about it was that he was very abusive. In every possible way that you could think, he was abusive. I couldn't even have a phone, I couldn't call my mom. It was like I was trapped in a house, couldn't go outside. I couldn't tell her [participant's mother] actually what was going on in my life. And if I got on the road, like the amount of bruises that I had on my skin, I had to wear sleeves to cover it up so people wouldn't see. People say why didn't you talk about it? I couldn't talk about it. I felt trapped. Yes, the neighbours knew. But even if the neighbours knew, they couldn't say nothing because I had to stay, right. I couldn't say nothing right because I knew even if I told anybody, why he's doing this, to me he would come home and still do it to me."
– 24-year-old, Indo-Caribbean woman, rural Guyana

Women described isolation and a lack of support from their partner or family. In the case below, the woman talks of her second baby, following her father's sexual abuse that caused it. In this case, no family support, child protection or justice support was ever offered.[v]

"I feel like sometimes I have a mental breakdown. Like for instance, the other day my baby was crying, crying, crying and I really felt like I just wanted to scream, like my mind was going to explode and I just didn't, I felt like I didn't have any control over my body. Like my mind was telling me, "just throw the baby into the wall", you know, and I just really had to run from the baby to go somewhere to calm down because I don't even know how to explain that, but I really, I really felt awful. After I had to hug up my baby and say, "Mommy is so sorry"."
– 21-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

Poverty and lack of access to education

Some women spoke of curtailed opportunities for schooling or for future employment.

"I wanted to become a doctor, and I wanted to get married and have two kids, a girl and a boy, and I wanted to work from home. Now, I want to keep a roof over my children's head."
– 23-year-old Afro-Caribbean woman, urban Antigua and Barbuda

In some cases, families continue to support women who enter CMEUs.

"I got my diploma because of my mother. I had dropped out and returned and she watched my baby."
– 27-year-old Garinagu (Indigenous) woman, urban Belize

Getting pregnant and leaving school was hell for me. I thought I could forget all my dreams about becoming a teacher. But luckily both my own family, and the family of my partner supported me…first child I had when I was 16 years old."
– 44-year-old Saamaka (Maroon) woman, urban Suriname

Lack of financial support was a challenge for most. In the following case, a young woman successfully obtained a court ruling confirming that her child was the result of rape by her father, this young woman is still receiving no state intervention or support, although she is now being supported by an NGO.

"I went to him, he said the child isn't his child, so, umm, I went to court for him to pay child support and they did a DNA test and it turns out my child is my fathers' child, and they arrested him, he's on remand, they say it's a possibility he can come out on bail, but they never said anything about child support. So I have to look after her myself, same as I was doing 6 years ago."
– 21-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

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[v] The research protocol included referrals and ongoing support for women who disclosed situations such as these when they told their stories.

Resilience

Despite the challenges the women spoke of, they demonstrate resilience. One woman who experienced family violence and incest talks of her strength.

"I believe from what I went through, you know, I believe I'm built for anything. You know I'm always prepared for something to happen and I feel like you know situations can put me through war and I will only come back out with a few scratches."
– 21-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

"Uh, I think that even if you get in a relationship early in life, you should not go and have kids with the man. Find out what you're really ready for in life. And if you find parts of the relationship that doesn't make sense, you should not pursue a relationship that doesn't make sense. Figure it out. Know what you want in life. Because life is not just a one-way road, you know. And for order to do that-girls in general, even if you get into relationships and you love this person, you don't have to stay because, 'oh well, it's just one mistake, two mistakes, oh we're gonna fix it.' And then it's not working. So, they should not get in early relationships because it does not help. It does not help mentally, physically, emotionally. It doesn't worth it."
– 24-year-old, Indo-Caribbean woman, rural Guyana

"I'm a very strong black woman. I tell myself that every day."
– 25-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

3.3 Key findings from women's life stories

The life stories of women who entered CMEUs under age 18 illustrate the realities behind the data describe in Section 1.

The women generally did not intentionally enter a CMEU, although in some cases they did agree to marry or enter a union as if married. The majority, however, started in relationships either as a part of growing up or as a way of escaping violence or poverty in the family home. Most women described their journey into CMEU as a series of events – boyfriend, pregnancy, having to leave school.

The majority of women had stories of violence within their relationships. Some tried to leave successfully, others were unable to leave because of family pressure. While some did make the relationship work over time, for many it has been a matter of managing to make the most of the situation.

Women talked of loving their children and focusing on supporting their children as a motivation in their lives. They also talked of motherhood being challenging due to poverty and lack of support. Women had limited access to information and support, including lack of access to SRHR information and services.

All of the women interviewed recommended widespread access to CSE and health and family life education (HFLE). All the women who shared their stories expressed a desire to have trusted adults speak with them about sex, relationships, love and violence. The absence of such communication is a driver of CMEUs.

Interventions that transform tolerance of (gendered) child sexual abuse and promote disclosure and reporting to trusted adults, law enforcement, legal, social and health services are necessary to break silences about sexual violence against girls.

It [sex] needs to be a conversation had in schools more often… And parents need to not treat it like a taboo subject… Once we start having public conversations about sex and sexuality, parents won't think it's such a taboo topic and will be more inclined to talk about it with their kids. Our society needs to not be afraid to talk about sex and related topics… Parents, especially those of girls, should talk more, be open. They are having the conversations with each other, parents need to be the one they have it with."
– 36-year-old Afro-Caribbean woman, semi-urban Antigua and Barbuda

"I think that we should educate our youths and empower our youths, especially our young girl and our young men. I say young men because I have young friends who are, who have been molested by men and because of that […] So, I think that we should educate them, educate the parents… Education is very vital… They should help (government)."
– 27-year-old Afro-Caribbean woman, urban Antigua and Barbuda

SECTION 4:
CONCLUSIONS AND RECOMMENDATIONS FOR CMEU PRACTITIONERS, ADVOCATES AND POLICY MAKERS IN THE CARIBBEAN

SECTION 4: CONCLUSIONS AND RECOMMENDATIONS FOR CMEU PRACTITIONERS, ADVOCATES AND POLICY MAKERS IN THE CARIBBEAN

The recommendations that follow include the voices of the adolescent girls and women who participated the study and draw on recommendations made by activists and advocates who contributed to the study.[vi] They draw on the growing body of evidence of what works to prevent child marriage.[47]

The recommendations are presented below in line with the Theory of Change of the Global Programme to End Child Marriage (GPECM).

GPECM Outcome 1: Adolescent girls at risk of and affected by child marriage are effectively making their own informed decisions and choices regarding marriage, education and sexual and reproductive health.

1.1 Invest in scaled up delivery of empowerment programmes that focus on increasing girls' agency and equipping them with knowledge and skills to avoid CMEU.

Empowerment programming starts with addressing girls own gender norms and other social and cultural norms that currently normalise early unions.[48] Effective programmes must link empowerment with practical approaches and life skills that have economic or other education benefits.[49] Transformation of harmful gender norms involves working with boys and men, and community engagement programmes to support gender transformation.

Life skills programming[vii] is effective in supporting and empowering adolescent girls at risk of or already in CMEUs when the life skills programming provides locally relevant knowledge and skills alongside addressing norms around gender with girls and their peers, family and community and matching life skills training with work on increased access to employment opportunities that are not exploitative and are sustainable.[50]

- **Gender-transformative awareness-raising programmes with girls.** These must start from an early age and address issues of gendered behaviour, gender norms and socialisation, recognizing abuse and violence, and understanding their rights.

- **Gender-transformative programmes with boys.** Start from an early age; can be delivered in and out of school, with girls or in boy-only groups. Should address gendered

norms and expectations to promote gender-equitable practices for boys for CMEU prevention, and also support boys' own development, including those who do not conform to stereotypical masculine ideologies.[51]

- **Financial literacy programmes, entrepreneurial skills and adolescent-focused savings and loans initiatives** should be combined with gender-transformative life skills for greatest impact. They also boost girls' self-esteem and confidence. There are several programmes delivered in the Caribbean.[52]

1.2 Change attitudes, norms and behaviours around adolescent sexuality.

Programmes should increase critical awareness of gender roles and norms; use girl-centred, participatory approaches; create public platforms for girls' and adolescents' leadership and voices in communities; offer rights-based, context-specific developmentally and age-appropriate comprehensive sexuality education; work with communities to address child marriage and sexuality; and advocate for improved availability, accessibility, acceptability and quality of health and SRHR services and education.[53]

- **Women with lived experience in CMEUs have the knowledge and experience** to guide activists, policy makers and planners. Their strength and resilience can be mobilised.

"Well, I'm going to be so honest with you. Speaking from experience, girls mostly start to get sexual feelings from about the age of 13, I would say. You know they start to get those kinds of feelings and they basically need someone to talk to them in a timely manner and say they should use protection, because you can't tell the girl, "Don't do this, don't do that" because they are feelings that you know are kind of hard to control. It's hormones. You just now getting accustomed to hormones, and you may not know how to control them or they make it even easier for you to give in. So I don't think you can tell someone, "Don't have sex, don't do this, don't do that…" I think the most you can do is guide them on how to do it the correct way…and that would more help them to decide if they want to or if not."
– 21-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

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[vi] There is a growing evidence base on the causes and consequences of CMEU although there is still limited evidence of which interventions are effective at CMEU prevention, in which contexts and whether in combination or stand-alone. There are limited examples from the Caribbean. Where documented examples from the Caribbean exist they are included here.

[vii] Life skills are defined as "a large group of psychosocial and interpersonal skills that can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help lead a healthy and productive life." UNICEF and Education for Change, Global Evaluation of Life Skills Education Programmes, final report, 2012, p.1, cited in: Global Programme to End Child Marriage, *Technical Note on Adolescent Girls' Empowerment Through Life Skills in The Global Programme To End Child Marriage, 2020.*

- **Change attitudes, norms and behaviours around gender roles and decision-making with boys and men, girls' families and other key stakeholders**, such as teachers or health workers.

  One important approach in this area is promoting gender-transformative parenting programmes. These support parents and caregivers to promote positive gender norms that enhance child development, reduce harsh discipline and child maltreatment, increase parental guidance and support for adolescents, enhance adult-child communication, so that girls know they can go to someone for support and information.[54] Two components of parenting programmes found to be protective against very early child marriages, including in one Latin American country (Peru), were parent-child relationship quality and quality parent-child communication.[55]

- **Educate men and boys to take responsibility for preventing unplanned pregnancies and practice positive masculinities**, through programmes for boys and men that promote awareness, facilitate discussion, and instigate reflection around CMEU-related issues, including patriarchy, gender, and power, masculinities and transitions from boyhood to manhood, impact on the gendered distribution of family responsibilities, parenting, and interpersonal relationships, and the impact of violent behaviour. Training programme facilitators in gender-transformative approaches are essential.[56] Initiatives such as the Caribbean Male Action Network (CariMAN) are invaluable partners in regional CMEU programming.[57] Responsible fatherhood programmes have been shown to be effective and are successful, both for the fathers of adolescent girls and for adolescent boys who will become fathers.[58]

  "I think that we should educate our youths and empower our youths, especially our young girls and our young men. I say young men because I have young friends who are, who have been molested by men and because of that […] So, I think that we should educate them, educate the parents… Education is very vital… They should help (government)."
  – 27-year-old Afro-Caribbean woman, urban Antigua and Barbuda

1.3 Ensure that women who have entered CMEUs are included in life skills and empowerment programmes.

Their aspirations may have changed or been deferred but are not gone. The voices and experiences of young mothers are central to any CMEU programmes, which should include an empowerment programme for adolescent girls and women already in unions.

"I've always had an interest in medicine. I still have it now… No one pushed, no one really cared for my dreams.… I have a passion about being a doctor, but I feel like being a nurse is the first stepping stone. And when I say doctor, I mean like a brain surgeon actually, a neurosurgeon. That's something that I

always wanted, so that is still a dream for me."
– 21-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

"When you have a child, there are a lot of things you can't learn, but there are still things you can learn. If I had money, I would study cosmetology because near my house, that's in high demand. If I had the opportunity, I would sell good too, because I have a child."
– 21-year-old, Afro-Caribbean woman, urban Haiti

1.4 Identify and support partnerships with activists and organizations working on gender-transformative approaches with boys and men.

- **Opportunities for dialogue between men and women, boys and girls within communities** can start breaking the taboos around all forms of GBV, including IPV and VAC. Inter-gender dialogue offers the chance to focus on promoting positive gender norms within communities, such as sharing domestic and caring burdens, and enhancing girls' and women's voices in community activities, including leadership positions. An important part of promoting such dialogue is to demonstrate to adolescent, and younger, girls that communities can hold men accountable for their behaviours.

- **Community awareness programmes.** Work with community leadership, religious institutions and youth groups on raising awareness of the negative impact of early pregnancy and CMEUs, and the link with violence. Place adolescent girls in a positive light and show what they can contribute to the community.

  "You could easily go into their community, put up a tent, and have a little talk, a little meeting with them. Get an area where everyone can come from in that community. Some would come but not all, so that's a start. They need so much, everything they could get. They need to go to school."
  – 19-year-old, Garinagu (Indigenous) woman, urban Belize

  "Make sure they know the laws about different abuse, also the information about sex and sexual health. Help girls to go to school – primary and high school. I will make my children go to high school. If I have a daughter, I would send her to school. I tell my sons to try their best in school."
  – 29-year-old, Q'eqchi' Maya (Indigenous) woman, rural Belize

- **Work in partnership with women activists, Indigenous community activists, and adolescent and young people's groups** to place CMEUs within the broader movement.[59]

  "I don't want to say that I regret my past and my experiences, but trust me if I could have just you know, I mean it would be so crazy for me to just say I would have done it differently because that mean my parents would

have to do something differently… What they [girls at risk of entering CMEUs] need? They need guidance. Support, not just financial, although that's very important. Lack of money causes many of them to enter into an early union… I also believe parents need to encourage the girls that drop out from pregnancy to get back in school. Education is important. You have to break the cycle… And maybe talks on sex education, condom use and so…yes, and how important, well the importance of it in preventing pregnancy."
– 27-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

GPECM Outcome 2: Relevant sectoral systems and institutions effectively respond to the needs of adolescent girls and their families.

2.1 Develop a roadmap to strengthen the child well-being system such that it effectively addresses CMEUs.

A systems-strengthening approach requires assessing the interconnected components that must be in place to better protect children and to ensure that this system is inclusive of actions to respond to and end CMEU. This involves assessing the laws and policies, governance and coordination mechanisms and processes, human resources, financing, monitoring and data collection, as well as the services that prevent CMEU and respond to and support adolescent girls at risk or in CMEUs, and their families. It includes looking at the roles of adolescent girls and boys, families, the communities in which they live, service providers and civil society working at local and national levels.[60] Belize has developed a **road map** for the prevention of and response to CMEU, which is a good example of a systems approach in the region.[61]

The following actions in Outcome 2 are sector-specific recommendations that can contribute to a larger system to address CMEU.

- **Keep girls in education, especially secondary education.** Keeping girls in school has been shown to be one of the most effective ways to reduce CMEUs.[62] It increasingly appears as if all prevention activities should include a component that focuses on keeping girls in school. In the Caribbean, girls are staying in school for longer but there is still inequality based on income, identity and ability.[63]

- **Provide youth-friendly sexual and reproductive health and rights information and services**, including free contraceptive access and counselling, menstrual health management, maternal health, management of sexually transmitted infections and health-sector response to gender-based violence. Access must be timely, before girls are at the age when they are starting sexual relationships. SRHR access means providing direct services, and also working with parents, communities and staff to understand how to support children so that they feel able to involve parents and caregivers or have appropriate support where this is not possible.

- **Invest in safe spaces** where adolescent girls, both not yet or already in early unions, can access information, peer support and access to services, including GBV and violence responses. This should include childcare for teenage mothers, who note that social isolation is one of the biggest challenges they face. In some contexts, safe space programmes that open up to the wider community can be an opportunity to address wider community norms on CMEU.[64]

"I needed support, a safe place where I can talk about things confidentially and get a lot more mature responses. As a teenager, you becoming into an young adult so you don't want people constantly telling you what to do as if you're child. You want to be heard, you want to be, you know, viewed…because most of the teenagers these days are so rebellious, they are not heard and they are being told what to do, they being told how to live, they being told what is best for them and nobody wants to listen, nobody wants to say, "Okay, let's have a conversation and not a discussion". I guess not being in a dictatorship situation, being able to share your opinions… it is my life as well."
– 20-year-old, Mixed woman, semi-urban Trinidad and Tobago

- **Provide social protection and economic opportunities** for girls living in poverty. This might include targeting social protection interventions to adolescent girls at risk of or already in early unions. It is important that cash transfers are seen through a gender lens and do not reproduce harmful gender norms, such as assumptions that girls and women should be responsible for family caring. Cash transfers linked to staying in school have been show to reduce child marriage in some contexts, although only if girls who traditionally cannot access education are supported.[65]

'Cash plus' support programmes that provide cash transfers combined with targeted support for girls, including for those who have left CMEUs, such as economic strengthening and livelihoods, mental health or substance dependence support are being trialled in other countries in LAC.[66] Social protection interventions can relieve household financial stress, a known driver of child abuse and neglect, exploitative child labour and IPV, all of which, in turn, are drivers of CMEU.[67]

- **Provide child protection and GBV services that are actively aware of the needs of adolescent girls.** Adolescent girls are often not seen as children, so child protection services may not prioritise their needs.[68] Likewise, GBV services that target adults tend not to consider adolescent girls, especially if they are not yet married or living in unions as if married. This requires that health and child protection staff be trained to understand the gendered drivers of CMEU, and to address issues of all forms of violence experienced by adolescent girls, including family and intimate partner violence. This includes safe spaces and temporary shelters where girls can access support if experiencing violence.[69]

- **Provide access to justice** programmes, such as legal aid, making reporting easier, and community awareness to enforce existing laws that target GBV and CMEU, including consent and predatory male behaviour. Strengthen existing legal mechanisms to receive, monitor and investigate complaints of abuse and neglect in a child-sensitive manner, and ensure the proper prosecution and adequate punishment of perpetrators. This includes considering the abuse of adolescents to be as important as violence against children.

- **Provide social protection interventions known to be effective at addressing CMEU risks**. This includes school attendance-related cash transfers, linking child grants with adolescent girl vocational skills or education, and linking the wider social protection with child protection and GBV services so that families in poverty can support their girls to continue studies and access protection support. Some social protection programmes in LAC link conditional cash transfers with maternal and child health services, and are seeking to raise awareness of IPV. These may not reach younger adolescent girls. Combining lessons from family-focused cash transfers and education-specific cash transfers are important to consider.[70]

- **Provide comprehensive sexuality education in the context of the Health and Family Life Education (HFLE) curriculum in all schools and to out of school youth.** This evidence-based approach is the best way to delay sexual debut and improve health outcomes and is also an entry point to addressing harmful gender beliefs and norms held by boys and men.[71]

A recent review of comprehensive sexuality education[viii] in the Caribbean provides useful recommendations and guidance for in-school policy makers and practitioners. The review found many strengths in the region, including a growing commitment to providing sexuality education in school, national policies in some countries in the region and more education provided to younger age groups.

- **Implement age-appropriate interventions that strengthen girls' resilience and capacity to heal from family violence, gender-based violence and child sexual abuse,** and strengthen child protection services, backed up by legal aid and a functioning child justice system. A priority need is to provide social and child protection interventions that help to end family violence and offer a safe space for girls and women experiencing violence.

"You feel like you can never trust anyone and you're always you know rethink about it and you always in this stage of anxiety and depression and I feel like you know, the only way there is to help people that have gone through to what I went through is to first provide somewhere where they could live. Because most of the time these things happen, we always want somewhere to go. And then we are running from our family, running from what is happening to us and we run into you know more, you know people that take advantage of us, mainly older men who are preying on little girls."
– 21-year-old, Afro-Caribbean woman, urban Antigua and Barbuda

GPECM Outcome 3: Enhanced legal and political response to prevent child marriage and to support pregnant, married, divorced or widowed adolescent girls and girls at risk of marriage

3.1 Include and empower the voice and agency of women and girls, particularly those who are socially and economically disadvantaged, adolescent mothers, Indigenous and from rural communities, to contribute their ideas, knowledge, experiences and perspectives in programmes, policies, decision-making and advocacy.

3.2 Advocate for budget allocation. Influence government budgets to ensure they are appropriate for addressing CMEUs and other adolescent girls' needs and rights. Activists must identify the priority health, education, child protection or other budgets that would make a significant difference to addressing the drivers of CMEU. Partner with activists already working on budgeting for children and adolescents in other areas, and ensure that CMEU considerations are taken on board.[72]

3.2 National laws on child marriage, consent and access to sexual and reproductive health and rights services should be gender equitable, with ages the same for both sexes and address the needs and rights of people of all sexual orientations and gender identities, including age of consent. Age of consent to marriage must be 18 years for all, without exceptions. Child marriage should be prohibited in accordance with international conventions such as Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the CRC. Currently, laws in five of the six countries allow exceptions to 18 being the age of consent to marriage. Age of consent to sexual relations may be earlier, in recognition that adolescents may be mature enough to consent to sexual relations but not yet ready to enter into a potentially lifelong contractual relationship, such as marriage.

- Policies will need to consider the reality of girls' early sexual debut, pregnancy and how they enter into unions. Policies and laws will need to reflect how CMEUs are understood by girls and their families and communities. They should facilitate access for adolescent girls to the services that they need to prevent entry into unwanted early pregnancy or union. If laws criminalize adolescent sexuality, then it is harder for adolescents to have consensual relationships that don't cause harm. Laws

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viii The definition of comprehensive sexuality education used in the Caribbean is: "A rights-based and gender-focused approach to sexuality education, whether in-school or out-of-school. CSE is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development." UNESCO, *International Technical Guidance on Sexuality Education: An Evidence- Informed Approach for Schools, Teachers and Health-Educators, 2018.*

and policies should apply to both formal marriage and to informal unions.

- Laws and policies on education access must ensure **access to girls before, during and after pregnancy** and ensure that the education services is free, universal, gender-sensitive and culturally appropriate.

- Promote policies that protect the rights of pregnant teenagers, young mothers and their children, including support for staying in school if pregnant or a mother, and enable access to vocational training and employment opportunities.

3.3 Generate and use robust data and evidence to inform programmes and policies relating to adolescent girls and harmful practices.[73]

Investing in data and generating and disseminating evidence on what works to prevent child marriage are essential to developing smart, effective policies and programmes that can lead to large-scale change. Local and national data from the six countries in this study and across the Caribbean are essential to highlight the distinctive realities in this part of the world. Data collection and sharing can also importantly identify what is working well in order to scale this up further.

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