Child, Early and Forced Marriage in Turkey

Data Analysis of Turkey Demographic and Health Surveys 1993-2018

Sweden
Sverige

HACETTEPE
UNIVERSITY

NEE | INSTITUTE OF
POPULATION
STUDIES

UNFPA

Child, Early and Forced Marriage in Turkey

Data Analysis of Turkey Demographic and Health Surveys **1993-2018**

CONTENTS

ABBREVIATIONS

ANC	Antenatal Care
CEDAW	The Convention on the Elimination of all Forms of Discrimination Against Women
CEFM	Child, Early and Forced Marriage
DHS	Demographic and Health Survey
HH	Household
HUIPS	Hacettepe University Institute of Population Studies
IOM	International Organization for Migration
IUD	Intrauterine device
MoFLSS	Ministry of Family, Labor and Social Services
NUTS	Nomenclature of Territorial Units for Statistics

QRE	Questionnaire
TCC	Turkish Civil Code
TDHS	Turkey Demographic and Health Survey
TURKSTAT	Turkish Statistical Institute
UN WOMEN	The United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

TABLES

FIGURES

FOREWORD

Child marriage is a violation of human rights and a significant obstacle to the empowerment of women and girls. Every year, 12 million girls are married off during their childhood and therefore deprived of their many fundamental rights, especially their rights to education and health. Child marriage is an obstacle, especially for girls, to living an equal, healthy, non-violent, and quality life with a bright future. To overcome this obstacle, civil society organizations, United Nations agencies, scientists, independent networks, and, in particular, the signatory states to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women need to continue to exert effort without slowing down.

The United Nations Population Fund (UNFPA) works to end child marriage and to achieve the Sustainable Development Goals in Turkey and around the world. Within this framework, '**The United Nations Joint Program for the Prevention of Child, Early, and Forced Marriage in Turkey'** has been carried out since 2018 by the United Nations Children's Fund (UNICEF), the International Organization for Migration (IOM), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations High Commissioner for Refugees (UNHCR) and UNFPA. Within the scope of this joint programme, UNFPA Turkey has conducted capacity-building activities for service providers and community-based activities across the country and has pioneered data-driven, qualitative and quantitative studies on the health consequences of child marriages.

The quantitative, data-driven **"Child, Early and Forced Marriage in Turkey: Data Analysis of Turkey Demographic and Health Surveys 1993 - 2018"** report, which was collaboratively developed by UNFPA and the Hacettepe University Institute of Population Studies, analyses the current situation of child marriage in Turkey. This study is underlaid by the descriptive analysis of the last 25-years of data from the Turkey Demographic and Health Survey series, which is conducted by the Hacettepe University Institute of Population Studies and is the most comprehensive, long-running and comparative demographic data source in this field. The report focuses on the prevalence of child, early and forced marriages, reproductive health, reproductive rights, and socio-cultural factors. Within the framework of reproductive health rights, the use of contraceptive methods, fertility preferences, age at first birth, type of birth, and pre- and post-natal care are covered. There are also analyses of child nutrition and health. Under the subject of socio-cultural factors, the basic characteristics of women who have been exposed to child marriage, their pre-marital characteristics, the way their first marriage was established, their relations with their spouses, their attitudes towards gender equality, and physical violence were evaluated.

I hope this report will build fundamental grounds for the studies and programmes focusing on the prevention of child marriage, and for this, I would like to register my gratitude to researchers at Hacettepe University Institute for Population Studies, to my colleagues at the UNFPA Turkey Country Office, and to the Swedish International Development Cooperation Agency (SIDA).

Hassan Mohtashami
UNFPA Representative, Ankara, Turkey

ACKNOWLEDGEMENT

The twenty-first century is an era where the objective is to provide a global dimension to human rights and to determine the goals required to be attained as per the Sustainable Development Goals and the 2019 Nairobi Summit (ICPD+25), and where the priority is to eliminate discrimination with a future perspective. Within this scope, I am confident that this study, which has been conducted taking into account the Turkey Demographic and Health Surveys will contribute to the efforts to prevent child, early, and forced marriages, which have an adverse effect on the physical and mental development of girl children, and which bring about maternal deaths and the risk of various health problems due to pregnancies/births taking place before the physical development of the body is complete.

Child, Early and Forced Marriage in Turkey: Data Analysis of Turkey Demographic and Health Surveys 1993-2018 was carried out in cooperation with the United Nations Population Fund Turkey Office and the financial support of Swedish International Development Agency (SIDA). I would like to thank all the experts in this project, on behalf of the representative of the United Nations Population Fund Turkey Office, for their contributions and support for the study.

It is the Turkey Demographic and Health Surveys that have made this study possible; I would like to thank all the academics of the Institute of Population Studies who have carried out these surveys for their valuable contributions. I would also like to thank Assoc. Prof. İlknur Yüksel-Kaptanoğlu, Faruk Keskin, and Akya Akarsu, who have, with their dedicated work, completed **Child, Early and Forced Marriage in Turkey: Data Analysis of Turkey Demographic and Health Surveys 1993-2018.**

Prof. Dr. A. Banu Ergöçmen
Director

Introduction

Child, early and forced marriage (CEFM) is among the most important global social problems. This issue, which is a clear violation of children's rights, is among the particular violations of human rights. Furthermore, this issue leads to adverse effects, especially, on women's lives.

CEFM reinforces gender inequalities which hinder women's many rights, such as the right to education and employment, reproductive health rights and the right to life without violence. As a multidimensional issue, CEFM is defined as a form of discrimination and a public health issue and an impediment to the sustainable development goals, as well as a criminal offence at the international level, and one of the forms of gender-based violence.

This study aims to contribute to efforts for the prevention of CEFM in Turkey through a data-based analysis with a special emphasis on reproductive rights. The data of the Turkey Demographic and Health Survey (TDHS) was used in the analysis. The TDHSs are important data sources that collect comprehensive and detailed information on the reproductive health, socio-economic characteristics, marriages, work life and attitudes of women in the 15-49 age group. In this report, which aims to steer the efforts towards preventing CEFM, information on the current status was gathered using 2018-TDHS data. Furthermore, snapshot of Turkey over the past 25 years is presented through analysis of the TDHSs conducted in 1993, 1998, 2003, 2008 and 2013.

In this report:

I. This section, which is allocated to the background information on CEFM, includes concepts and global statistics as well as the legal regulations in Turkey and the current statistics.

II. The second section is allocated to selected studies on CEFM in Turkey.

III. This section, where the data sources and method of the study are presented, includes information on the data of six TDHSs conducted since 1993.

IV. This section presents the analyses on 1993-2018 TDHSs and focuses on the changes that have occurred over the time related to CEFM. The findings of the analyses are presented under the following titles: CEFM prevalence, reproductive health and rights, child health and social and cultural factors.

V. The last section is allocated to a brief evaluation of the changes observed in the last 25 years based on descriptive analyses.

I.
Background of Child, Early and Forced Marriage (CEFM)

Child, Early and Forced Marriage

While the concepts of child marriage, early marriage and forced marriage are used interchangeably, all of these concepts highlight diverse dimensions of the issue.

□ **Child marriage**
Religious or civil marriages where at least one of the parties is under the age of 18.

□ **Early marriage**
Marriages that at least one of the parties is under the age of 18 or marriages where parties are not equipped to give consent due their physical, emotional, sexual and psychological level of development and their lack of knowledge on individuals' life choices, despite being over the age of 18.

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

CEFM combines these interrelated concepts. These marriages occurring, during childhood, before the age of 18, are defined as early marriages as it is unacceptable for children to be ready and give consent in many respects. Furthermore, these marriages, which are largely decided by families, are treated as one of the forms of forced marriage, since it is not possible for children to enter marriage with the full and free will which is essential for marriages.

CEFM is violations of children's fundamental rights. Child and forced marriage hinder children's education, limit their social, psychological, physical and cultural development, and restrict their freedom.

CEFM is a global problem that is not limited to a particular region and is experienced in all corners of the world. While it is more common in low-and middle-income countries, it also occurs in high-income countries. The available data provides information mainly on the countries where standard research is conducted. In sub-Saharan Africa, 38% of women aged 20-24 were married before the age of 18. On a global scale, Niger has the highest proportion of marriages before the age of 18 (76%) (UNICEF, 2019b). In high-income countries, the forced marriage aspect of the issue comes to the forefront.

CEFM is a matter of education. Child marriage leads to interrupted education. It causes premature participation in the labor force among boys and causes girls to shoulder responsibilities of motherhood and domestic work in a period when they are not ready to take on such responsibilities. It is estimated that 2.5 million children worldwide do not continue their education.

CEFM is a poverty and economic issue. As a mechanism for coping with economic problems and poverty, families opt for marrying off their children and asking for a bride price to marry off their daughters. Even though having one less person from the household and their daughters living in a more comfortable home are among the motivations, the stated economic-related reasons are supported by social and cultural norms.

Due to limited educational opportunities, CEFM negatively affects children's participation in the labor force at later ages. It reduces the adult participation of girls in the labor force, due to low levels of education.

CEFM hinders child development and participation in social life. It causes the best interests and special protection of the child to be overlooked. This issue, which has been addressed in many international conventions, especially the UN Convention on the Rights of the Child, emphasizes that childhood is the most auspicious, and thus important, period, for physical, mental, psychological, and social development.

CEFM is a form of discrimination against girls. These marriages, to which women and men are subjected, signal gender inequality. Childhood pregnancy and motherhood further restrict girls' lives. Worldwide, 21% of young women aged 20-24 were married before the age of 18. This percentage indicates that 650 million women were married as children, and 12 million girls enter marriage every year (UNICEF, 2019a). Even though CEFM is usually addressed in terms of girls, this issue also creates problems for boys. UNICEF states that 115 million men were married as children, and 23 million of them were married before age 15 (UNICEF, 2019b).

CEFM is a sexual and reproductive health problem. CEFM has serious adverse consequences, especially in terms of the sexual and reproductive health of girls. Since the International Conference on Population and Development held in Cairo in 1994, this issue has been addressed on the basis of sexual health and reproductive health rights. Adolescent pregnancies and motherhood in childhood in particular carry crucial risks for maternal mortality and the health of the infants of child mothers.

CEFM is forms of gender-based violence. The marriage/marrying off of women as children results in sexual intercourse before reaching physiological and physical maturity, unwanted pregnancies, and psychological, physical and sexual violence. In such marriages, girls face a higher risk of violence perpetrated by their spouse's family.

CEFM is an issue of human/women trafficking. Marrying off girls for money is an especially important form of forced marriage. As stated in the initial report of the United Nations Joint Programme on the Elimination of Child, Early and Forced Marriage, forms of forced marriage include "trafficking, traditional arranged marriages, kidnapping of girls, marriages for the purpose of obtaining citizenship, and marriages in which the victim lacks the capacity to give full and informed consent" (United Nations Joint Programme for the Prevention of Child, Early and Forced Marriages, 2018).

CEFM is an obstacle to sustainable development. The importance of the issue has been evaluated on a global scale, and the relevant criteria have been included in the 2015 to 2030 Sustainable Development Goals. The prevalence of marriages occurring before the ages of 18 and 15 is also among the indicators related to the goals of gender equality and the empowerment of women and girls.

CEFM has been defined as a problem in international conventions and documents. This practice is contrary to many international conventions, starting with the Universal Declaration of Human Rights, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the International Conference on Population and Development held in Cairo, the Beijing Fourth World Conference on Women, and the Istanbul Convention.

CEFM continues to exist through traditions ingrained in societies. Despite the Convention on the Rights of the Child, which is the most widely ratified convention and which draws attention to the prevention of CEFM, along with CEDAW, CEFM is still an ongoing practice feeding on societal norms.

Every child, early and forced marriage is caused by different reason(s).These reasons are often intertwined and typically reinforce each other.

The common reasons for CEFM suggested by the literature are:

- Poverty and economic conditions

- Lack of education

- Gender inequality

- Cultural norms and, traditions

- Gender-based violence

- Conflict and crisis settings

(Plan International UK, 2020)

CEFM is multi-dimensional issue. Therefore, combating CEFM requires a multi- and inter-disciplinary approach that includes various disciplines such as education, health, economy, sociology and law. As mutual grounds for all related disciplines, gender equality should also be taken into consideration.

Global Prevalence of CEFM

The indicator used to measure the prevalence of CEFM at the global level centers on the age criteria of such marriages. This indicator, accepted by UNICEF and other international organizations, is the proportion of marriages occurring before the ages of 18 and 15 among women in the 20-24 age group. The same indicator is also used in the indicators of UNICEF, the United Nations 52 Minimum Set of Gender Indicators and the Sustainable Development Goals to demonstrate the prevalence of CEFM (UNICEF, 2005; UN, 2015; UNSD, 2019).

Sustainable Development Goal 5

Target 5.3.
"Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation"

Indicator 5.3.1.
"The proportion of women aged 20-24 years who were married or in a union before the age of 18 or 15".

Worldwide, the proportion of marriages before the age of 18 is slowly decreasing. In 2000, while one-third of women in the 20-24 age group entered marriage before the age of 18, in 2017 this proportion declined to one in five women. As a result of efforts to prevent child marriages in the last 10 years, child marriage of 25 million girls has been prevented. This decrease occurred in South Asia, where child marriage was the most common. Within ten years, the proportion of women who were married before the age of 18 decreased from 49% to 30%. Today, Child marriages are most common in sub-Saharan Africa, at 37%, according to data released by UNICEF. UNICEF states that if measures are not expedited, by 2030 more than 120 million girls are at risk of getting married before reaching the age of 18 (UNICEF, 2019b).

Age at First Marriage and CEFM in Turkey

Marriage in Turkey is regulated according to the Turkish Civil Code (TCC) and the Regulation on Marriage Procedures. Since the amendment to the TCC in 2002, the legal age of marriage has been set as 17 for both men and women.

TCC Article 124

"A man or a woman cannot get married until they reach the **age of 17 years**. However, a judge, in exceptional circumstances and for some very important reasons, may allow the marriage of a man or woman who has completed **16 years of age**".

Following the amendments to the Regulation on Marriage Procedures in 2003, the criteria for marriage were redefined:

Regulation on Marriage Procedures Article 14

Men and women who have reached the age of **eighteen** and are not put under guardianship by the court marry without the consent or permission of another:

a) Men and women who have reached the age of **seventeen** can marry with parental consent, or if there is a guardian, with the consent of the guardian or the guardianship,

b) Men and women who have reached the age of **sixteen** can marry with the approval of a judge.

In Turkey, where marriage is common, a small increase in the age at first marriage and a decrease in marriage under the age of 18 have been observed throughout the years. **The mean age at first marriage in the country increases slowly over time.** According to official statistics, which only include civil marriages, the mean age at first marriage increased from 23.7 for women in 2010 to 24.8 in 2019.

Over the same period, the mean age at first marriage for men increased from 27.0 to 27.8 (TURKSTAT; 2020).

According to official statistics comprised only of civil marriages, the total proportion of women aged 16-19 in marriages declined from 26.3% to 15.9% between 2010 and 2019. In the same period, the marriages in the 16-19 age group among men declined from 3% to 1.9% (Figure 1).

Since official statistics do not cover all marriages, research results are often used for more detailed information on this topic. The Turkey Family Structure Survey and the TDHS are the most commonly used surveys included in the Official Statistics Programme.

Figure 1. Proportion of 16-19 Age Group in First Marriage Proportion of women and men aged 16-19 in total marriages (%) TURKSTAT

Source: Gender Statistics, 2019, TURKSTAT

Female
Male

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Female	26,3	25,3	24,7	23,7	22,5	21,0	19,9	18,6	17,8	15,9
Male	2,9	2,8	2,8	2,6	2,5	2,3	2,2	2,0	2,0	1,9
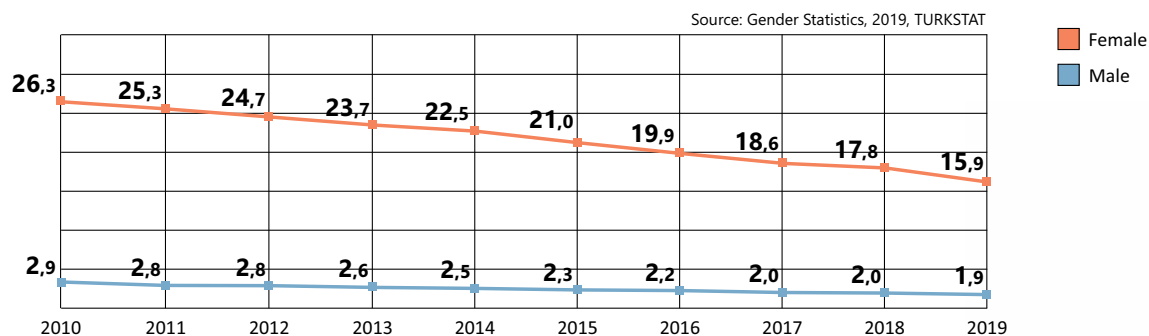
II.
Selected Studies
on CEFM in Turkey

Child, early and forced marriage, which plays a crucial role in shaping the lives of, women and girls in particular has gained increasing international interest in the last decade. Along with studies focusing on the causes and outcomes of this issue, research by United Nations entities such as the United Nations Population Fund (UNFPA), The United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN), the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO) and, especially, the United Nations Children's Fund (UNICEF) employ up-to-date data. In Turkey, public institutions, international organizations, universities, non-governmental organizations and research companies generate information on this issue. A literature review[1] for 2000 to 2019 showed that the number of publications on the topic increased in the last two years. Due to the multi-dimensional nature of the issue, the studies on CEFM require a multi-disciplined approach.

Among public institutions, various directorates of the T.R. Ministry of Family, Labor and Social Services (MoFLSS) carried out and/or supported nationwide studies that also include information on the prevalence of CEFM. The Turkey Family Structure Survey[2] conducted in 2006 and 2011, and the Study on Domestic Violence against Women[3] conducted in 2008 and 2014 are among these studies. (MoFP, 2006; MoFP, 2011; HUIPS, 2009b; 2015).

The academic studies, which increased in 2013 and are largely based on field studies, draw attention to the multi-dimensional nature of CEFM. The necessity of using a multidisciplined approach for this issue is one of the common grounds for these academic studies (TÜBAKKOM, 2015; Gök, 2016; Anık & Barlin, 2017). While the majority of the studies on CEFM were carried out in the fields of sociology, health and law, other disciplines such as psychology, social work, economy, communication,

history, film and music studies have also contributed on this issue. Even though disciplinary perspectives are dominant in these studies, they include information, evaluations and interpretations of the reasons, consequences, and legal dimension of this issue.

The often-intertwined reasons that reinforce CEFM include poverty, low levels of education, lack of legal regulations, violence and abuse, cultural practices and, customs and traditions, along with gender inequalities and migration (Gök, 2016; Anık & Barlin, 2017; Kahraman & Şenateş, 2018). Many studies mention the choice of marrying off girls at earlier ages as a means of coping with financial issues, especially among poor families. The studies also focus on the relationship between this issue and social and cultural factors (Anık & Barlin, 2017; Boran et al., 2013; Mıhçıokur et al., 2010). For instance, according to the findings of a qualitative study conducted by Anık & Barlin (2017), the issue of seeing girls as a means for economic gain is decisive in marriages decided and forced by families, especially by the fathers. Similarly, bride price can also be traditionally important for families (Kara, 2015). While these marriages are seen as a way to mitigate the economic burden, it is also mentioned that through these marriages, the liability and responsibility of "honor" was transferred to the other family along with the economic burden (Burcu et al., 2015; Kıran, 2017). Related to programmes aimed at the elimination of CEFM reinforced by the product of financial circumstances and cultural practices, some studies assert that preventions falls short without programmes aimed at ending poverty (Çakmak, 2009). On the other hand, it is mentioned that consanguinity played an important role in child marriages and that consanguineous marriages were very prevalent due to both economic reasons and cultural codes (Altuntek, 2001; 2006; Yüksel-Kaptanoğlu & Ergöçmen, 2012; Baykara-Krumme, 2016; Kahraman & Şenateş, 2018; Kayi et al., 2018).

---

[1] In the literature review, the concepts of child marriage, early marriage and forced marriage and their combinations were used as key words. The sources were categorised according to the aim, methodology (target group, methods etc.) of the study, publication type (article, report) and academic discipline.

[2] Conducted by the General Directorate of Family and Community Services affiliated with the MoFLSS, and TURKSTAT.

[3] Studies conducted by Hacettepe University Institute of Population Studies with the support of the General Directorate on the Status of Women affiliated with the MoFLSS.

CEFM occur more prevalently among families with lower levels of education and, consequently, is a hinderance to girls' right to education, which points out that the level of education plays an important role in terms of both causes and consequences of early marriage. (Malatyalı, 2014; Yüksel & Yüksel, 2014; Edirne et al., 2010; Yüksel-Kaptanoğlu & Ergöçmen, 2012; Yavuz, 2012; Yağbasan & Tekdemir, 2017; Boran et al., 2013; Aktepe & Atay, 2017; Ertem et al., 2008). In their study focusing on the impact of families' level of education, especially fathers' low levels of education, on CEFM Yüksel-Kaptanoğlu and Ergöçmen stated that girls should have a minimum of secondary education for the prevention of CEFM. Supporting the rights of girls to education is one of the common recommendations mentioned by most studies for the prevention of child marriages and adolescent pregnancies (Edirne et al., 2010; Yavuz, 2012; Yüksel-Kaptanoğlu & Ergöçmen, 2012; Boran et al., 2013; Aktepe & Atay, 2017; Mıhçıokur et al, 2010; Kıran, 2017).

Violence and abuse, both create an environment for the formation of CEFM and increase the risk of violence as a result of these marriages (Kardam & Yüksel, 2009; Güler & Küçüker, 2010; Anık & Barlin, 2017). Studies show that women who have experienced child, early and/or forced marriage were subjected to more oppression and violence (Şen & Kavlak, 2011; HUIPS, 2015; Adalı, 2020). Since child marriage also brings with it the act of sexual intercourse with a child, it is an act of child abuse and sexual violence against children (Yüksel & Yüksel, 2014). Due to this abuse, violence and social exclusion faced at very young ages, children who are married suffer from depression, risky behavior, and suicidal tendencies (Eyüboğlu & Eyüboğlu, 2018).

Studies on CEFM highlight that customs and traditions, cultural practices and imposed gender roles influence CEFM and violate children's fundamental rights (Gök, 2016; Kıran, 2017; Anık & Barlin, 2017; Kahraman & Şenateş, 2018). Although in limited numbers, certain studies in literature,

music and film bring to the forefront, justification of child marriage by society (Çaycı, 2014; Ünal 2017).

Health-related studies address this issue with a reproductive health rights perspective and largely focus on adolescent pregnancies, access of adolescent mothers to reproductive health services, and the perspectives of healthcare personnel on this issue. There are certain studies that focus on women's mental health and the trauma caused by these marriages. The majority of studies related to the causes of adolescent pregnancies, mention the economic, social and cultural factors that instigate adolescent pregnancies. For instance, Nasıroğlu and Semerci (2017), state that the issues of unemployment, not having social security and living in crowded households are among the risk factors affecting adolescent pregnancies. Furthermore, studies also mention the social pressures created by traditional structures that force women to have children right after marriage (Ertem et al., 2008). Family structure, a history of violence in the family or having older siblings who also had adolescent pregnancies are among the important factors affecting adolescent pregnancies (Gökçe et al., 2007). It is mentioned that the age difference between spouses is also an important factor affecting adolescent pregnancies (Yavuz, 2012).

Studies on the relationship between adolescent pregnancies and healthcare services, focus on the attitudes, knowledge and responsibilities of healthcare personnel on this issue (Yakıt & Coşkun, 2014; Aydın & Akay, 2017; Kavlak et al., 2018). For instance, adolescent pregnancies are linked with premature birth and low birth weight, and it is noted that the reason for these issues might be insufficient antenatal birth services (Edirne et al., 2010). Şen & Kavlak (2011) highlight the importance of nursing care for adolescent pregnancies and touch upon the importance of improvements in adolescent mothers' levels of knowledge about pregnancy and infant care, along with the improvements in the quality of services provided before, during and after births. Child mothers' lack of information

both on reproductive health and childcare creates a negative impact on infants in cases of adolescent pregnancy. The risk of mortality for women and children increases in pregnancies before the age of 18 (Edirne et al., 2010; Şen & Kavlak, 2011; Boran et al, 2013; Ertem et al., 2008). A study conducted among Kurdish-speaking women in the Southeastern Anatolia Region highlight the importance of the healthcare professionals raising awareness on the negative effects of CEFM (Ertem & Koçtürk, 2008). Yavuz (2012) stress the significance of establishing reproductive-health related programmes aimed at spouses.

It is also mentioned that the lack of information, especially in terms of reproductive health, family planning and use of contraceptive methods, poses a risk for sexually transmitted infections (Yavuz, 2012; Özcebe et al., 2013; Uslu, 2018). In addition to the risk factors for reproductive health, sexual intercourse at very early ages result in psychological problems for girls whose mental and physical development is not yet complete (Soylu et al., 2014; Koçtürk & Bilginer, 2019). Child marriages render children vulnerable to all kinds of abuse and lay a great deal of responsibility on the shoulders of children and adolescents (Aktepe & Atay, 2017; Anık & Barlin, 2017). Therefore, some studies aim to identify psychological problems caused by early marriage and adolescent pregnancies, as well as to offer solutions to these problems. For instance, Yağbasan and Tekdemir (2017) focus on the mother-child relationship among women who have experienced child marriage and adolescent pregnancies and mention the problems and difficulties caused by the responsibility of becoming mothers as children.

CEFM, which increases with low levels of education and poverty, vary according to regions and rural areas. Many studies showed that CEFM is more common in the Eastern and Southeastern regions of Turkey (Orçan & Kar, 2008; Dağdelen, 2011; KAMER Foundation, 2016; Yağbasan & Tekdemir, 2017; Altay, 2017; Subaşı-Kırıkçı, 2018; Boğucu, 2018; Kahraman & Şenateş, 2018). However, there are also studies which illustrate that this issue is not limited to a specific region (Yüksel-Kaptanoğlu & Ergöçmen, 2012; Köse, 2014; Anık & Barlin, 2017; Wringe et al., 2019).

The fact that CEFM is common among girls and women that arrived in Turkey from Syria after 2011 has increased the number of studies in this area that focus on the migrants. These studies suggest that families regarded marrying off their daughters as a source of income; the girls can be married off as second wives through religious marriage and are forced to be sex workers. Moreover, access to health services, as well as children's and women's rights are also covered along with the prevalence of CEFM and reproductive health services (TTB, 2014; Süt, 2017; Şenol & Dinç, 2017; Ördek, 2017; Şimşek et al., 2018, Yücel et al., 2018; Çelik & Vural, 2018; Wringe et al., 2019; MAZLUMDER, 2014; Badael Foundation, 2019).

Studies by non-governmental organizations, on the other hand, cover the issue from the perspective of the violation of children's, women's and human rights (Flying Broom, 2010; UNICEF, 2011; Göç Vakfı, 2012; Göç Vakfı, 2013, Demirdirek & Şener, 2014; Güney et al., 2014; Göç ve İnsani Yardım Vakfı, 2015; KAMER Foundation, 2016; Çocuk Vakfı, 2016; Rittersberger-Tılıç & Çelik, 2016; Damarlı & Kuyucu, 2017; Arkadaş-Thibert et al., 2017; Sakallı et al., 2017; UNICEF, 2018).

The nationally representative TDHSs conducted with five-year intervals are among the studies that produce data on this issue (HUIPS; 1994, 1999, 2004, 2009a, 2014, 2019a). This study includes analyses that are based on TDHS data.

III.
Data Sources
and Method

In this study, the current status of CEFM in Turkey and changes over the years are presented through analyses of TDHS data. Since 1968, Hacettepe University's Institute of Population Studies (HUIPS) carried out 11 nationally representative demographic surveys with five-year intervals. The TDHSs conducted since 1993, are in line with the standards of the Demographic and Health Survey (DHS[4]) Programme. Since 1984, the DHS Programme has provided technical support to more than 400 surveys in over 90 countries for advancing the global understanding of health and population-related changes in developing countries. The technical assistance of the DHS Programme consists of data quality control and contribution to analyses. The DHS Programme has a worldwide reputation for collecting and disseminating nationally representative, accurate data on fertility, family planning, maternal and child health, gender, HIV/AIDS, malaria, and nutrition.

These internationally comparable cross-sectional surveys demonstrate trends over time. With these household-based surveys, information is collected through face-to-face interviews from women of reproductive age (15-49 years) on fertility, infant and child mortality, contraceptive methods, immunization and, antenatal and postnatal care, as well as women's socio-demographic characteristics and marriage.

The TDHSs are rich data sources for CEFM through modules with country-specific expansions, such as marriage history and work history. Since in TDHS, the definition of marriage also includes religious marriage and people who live together without a formal union, along with civil marriage, comprehensive information is collected on marital issues.

---

[4] The DHS Program, https://dhsprogram.com/Who-We-Are/About-Us.cfm

Data Sources

This study used data from surveys conducted by HUIPS between 1993 and 2018 with five-year intervals , namely 1993-TDHS, 1998-TDHS, 2003-TDHS, 2008-TDHS, 2013-TDHS and 2018-TDHS. Information on the sample size, design, estimation domains and questionnaires are presented in Table 1 (HUIPS, 1994; 1999; 2004; 2009a; 2014; 2019a).

In these household-based surveys, a household (HH) questionnaire, and an individual (woman) questionnaire

(QRE) were used for women in the 15-49 age group. The husband questionnaire was used for the women's husbands only in the 1998 survey. The woman QRE was comprised of modules on women's basic characteristics, migration history, pregnancy, birth history and fertility preferences, antenatal and postnatal care, breast feeding and nutrition, immunization, marriage history, husband's background, women's status, and anthropometric data of women and children. As part of 2018-TDHS, a separate field study was conducted for Syrian migrant women using the same questionnaires, and a report was prepared (HUIPS; 2019b).

Table 1. TDHS Information, 1993-2018

	1993-TDHS	**1998-TDHS**	**2003-TDHS**	**2008-TDHS**	**2013-TDHS**	**2018-TDHS**
Sample Size	8,619 HH 6,519 women	8,059 HH 8,576 women 1,971 men (husbands)	10,836 HH 8,075 women	10,525 HH, 7,405 women	11,794 HH 9,746 women	11,056 HH 7,346 women
Sample Design	Weighted, multi-stage stratified, cluster sampling	Weighted, multi-stage stratified, cluster sampling	Weighted, multi-stage stratified, cluster sampling	Weighted, multi-stage stratified, cluster sampling	Weighted, multi-stage stratified, cluster sampling	Weighted, multi-stage stratified, cluster sampling
Estimation Domains	Turkey, Urban/rural Five regions*	Turkey, Urban/rural Five regions*	Turkey, Urban/rural Five regions* NUTS 1 Regions**	Turkey, Urban/rural Five regions* NUTS 1 Regions** 7 largest metropolitan cities***	Turkey, Urban/rural Five regions* NUTS 1 Regions** 7 largest metropolitan cities***	Turkey, Urban/rural **** 5 regions * NUTS 1 **
Questionnaires	HH QRE, Individual QRE (ever-married women of 15-49 age)	HH QRE, Individual QRE (ever-married women, never-married women of 15-49 age) Male QRE (husbands)	HH QRE, Individual QRE (ever-married women of 15-49 age)	HH QRE Individual QRE (ever-married women of 15-49 age)	HH QRE, Individual QRE (ever-and never-married women of 15-49 age)	HH QRE, Woman's QRE (all ever-married and never-married in 15-49 age group)

* West, South, Central, North, and East regions, ** The 12 Nomenclature of Territorial Units for Statistics. Estimations were presented for selected indicators with a sufficient number of observations.
*** Metropolitan cities with population above one million: Istanbul, Ankara, Izmir, Bursa, Adana, Konya, and Gaziantep
**** Due to administrative naming changes, the urban/rural division was defined as a survey variable considering the former administrative status and population size of each cluster.

Method

In this study, the data from six TDHSs conducted over the last 25 years were analyzed descriptively in terms of CEFM. Marriages of women in the 20-24 age group before the ages of 18 and 15 are usually used in the measurement of CEFM. The age of 18, which is considered the end of childhood, and the age of 15, which is set as the start of the reproductive ages due to increased health risks, are the criteria for age at marriage used in these measurements. Many international organizations, especially UNICEF, focus on the marriage of women in the 20-24 age groups which provides information on recent marriages to reflect the current status of CEFM. Along with recent marriages, the prevalence of CEFM can also be discussed for wider age groups to provide information on the previous periods.

This study focuses on the descriptive analysis of marriages before the age of 18 in the 20-24 age group using the data from the last 6 TDHSs, conducted between 1993 and 2018, which shows change through the years cross-sectionally. The analysis of 2018-TDHS, the latest survey, also includes marriages before the ages of 18 and 15 in the 20-49 age group along with the 20-24 age group. The figures display change over the years cross-sectionally in the characteristics of women who married before the age of 18 in the 20-24 age group, whereas the tables include descriptive analysis both for the 20-24 and 20-49 age groups. The data analysis on women married before the age of 15 is provided solely for the 20-49 age group without the 20-24 age group due to a low number of observations.

For the examination of CEFM patterns, the categories of existing variables were restructured, and new variables were created. All percentages were calculated considering the complex sample design. In the tables, the percentages are weighted, whereas the number of observations is unweighted. The last two columns of the tables comprised of the 2018-TDHS include the values for all women to facilitate the comparison of age groups.

Despite the multi-dimensional nature of CEFM, the analysis of these study is limited to the data related to CEFM in TDHS. Within this context, for the prevalence of CEFM, the analyses focus on reproductive health and rights and, child health, as well as social and cultural factors that include the characteristics of women and their marriage. Under the social and cultural factors, the relationship between CEFM and basic characteristics of women, premarital characteristics, formation of first marriage, spousal relationships, gender equality, attitudes towards marriage and physical violence are analyzed.

IV.
Child, Early and Forced Marriage

CEFM Prevalence in Turkey

In Turkey, the change in the prevalence of CEFM was calculated cross-sectionally for the last 40 years using the data from 11 demographic surveys conducted since 1978. Figures 2 and 3 show the prevalence of marriage before the ages of 15 and 18 among women of reproductive ages. The findings show that, in the 40-year period, the prevalence of marriage before age 15 among women aged 20-24 declined from 10% to 2% (Figure 2). Similarly, while 41% of women aged 20-24 married before age 18 in 1978, this proportion was 15% in 2018 (Figure 3).

In the last 40 years, there has been a decline in the prevalence of marriage before the ages of 15 and 18 in all age groups. However, data from the last two surveys did not follow this downward trend.

In 2018-TDHS, among women aged 20-24 at the time of the survey who married before the ages of 15 and 18, the prevalence of marriage before age 18 was 14.7%, and the prevalence of marriage before age 15 was 2.0%. As expected, marriage during childhood was more prevalent among women in the 20-49 age group. Among women in this age group, the prevalence of marriage before 18 and 15 was 19.9% and 3.6%, respectively.

Figure 2. Prevalence of Marriage Before Age 15 Women at reproductive ages by five-year age groups (%) HUIPS

Source: HUIPS Demographic Surveys (HUIPS, 1980; 1987; 1989; 1994; 1994; 2009a; 2014; 2019a)
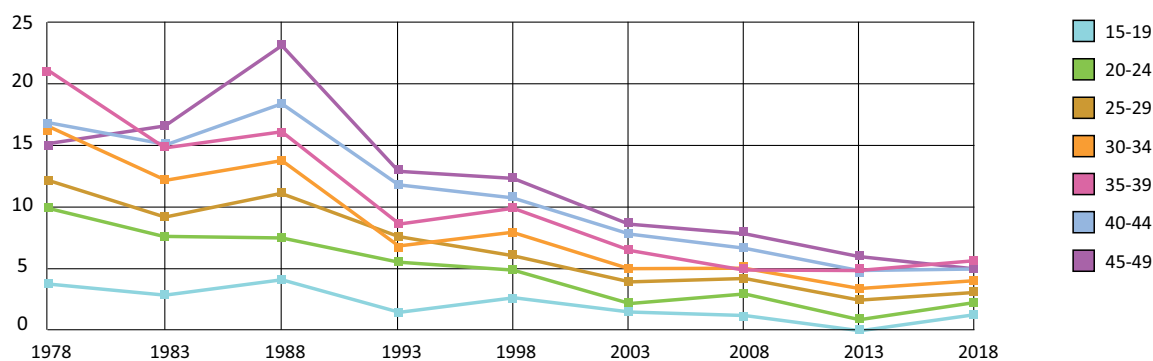
Figure 3. Prevalence of Marriage Before Age 18 Women at reproductive ages by five-year age groups (%) HUIPS

Source: HUIPS Demographic Surveys (HUIPS, 1980; 1987; 1989; 1994; 1994; 2009a; 2014; 2019a)
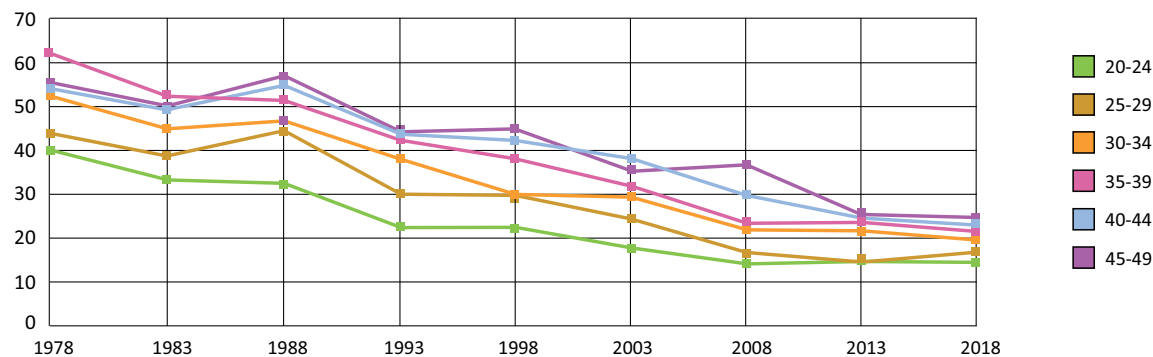
Within the scope of 2018-TDHS, a separate field study was carried out with the Syrian Migrant Sample. Accordingly, interviews were conducted with 2,216 Syrian migrant women aged 15-49 in 1,826 Syrian migrant households. In the 2018-TDHS Syrian Migrant Sample carried out with the same questionnaire, the prevalence of CEFM calculated using the marriage-related data on Syrian[5] migrant women shows that Syrian migrant women are more prevalently subjected to child marriage (HUIPS, 2019b). According to the 2018-TDHS Syrian Migrant Sample, among Syrian migrant women aged 20-24, the proportion of marriage before age 18 was 44.8% and the proportion of marriage before age 15 was 9.2%.

The place of residence (urban/rural), region and wealth index of women married as a result of CEFM were analyzed. Regional information was provided according to two definitions: Five regions refer to the conventional regions used in TDHSs, 12 regions refer to the Nomenclature of Territorial Units for Statistics (NUTS-1) regions inTURKSTAT's Classification of Statistical Units. Wealth index is an indicator of the economic level calculated based on the durable goods owned by the households (Annex Table 1).

Place of Residence
It is seen that, in the last 25-year period starting in the 1990s, the prevalence of marriage before age 18 in rural and urban areas followed a declining trend. Over the years,

Figure 4. CEFM Prevalence by Place of Residence (%) 1993-2018-TDHS
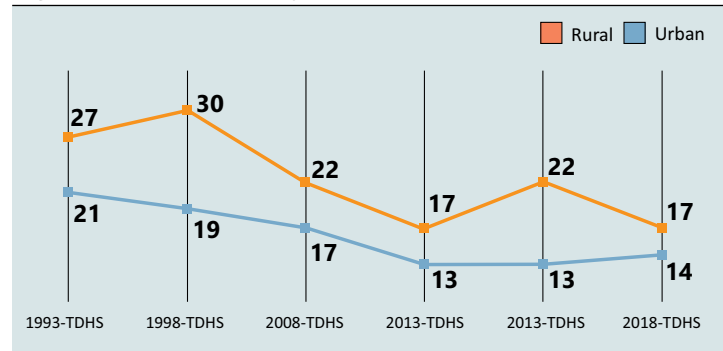
fluctuations have been observed, especially in rural areas. It is observed that among women living in rural areas, the proportion of women aged 20-24 who married before age 18 is still at high levels (Figure 4).

Regions
Even though CEFM began to decline starting in 1993, this downward trend did not continue in every region after 2008. Among five regions, the most consistent decline in the proportion of child marriage among women aged 20-24 was observed in the North, with proportions falling from 21% in 1993 to 5% in 2018. On the other hand, the declining trend in the East and the South, which initially had higher CEFM, slowed and, in fact, CEFM proportions are increasing in both of these regions (Figure 5).

For 12 regions, there are also regional differences in terms of CEFM. There has been an increase in West Marmara,

Figure 5. CEFM Prevalence by 5 Regions (%) 1993-2018-TDHS
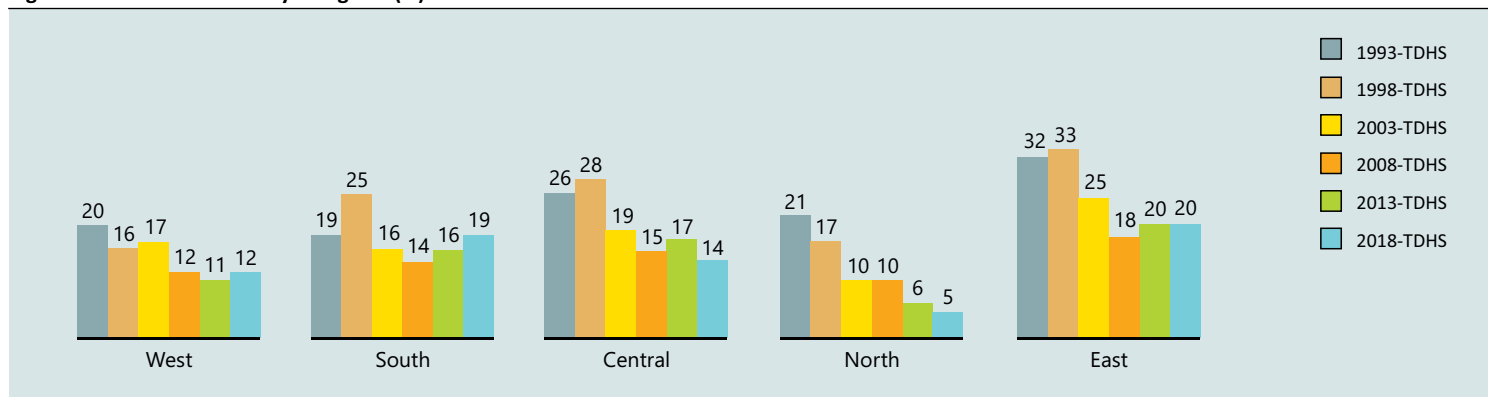
[5] For CEFM analyses carried out using data collected from 2018-TDHS Syrian Migrant Sample see Yüksel-Kaptanoğlu and Dayan, 2020.

Figure 6. CEFM Prevalence by 12 Regions (%) 2003-2018-TDHS

Legend: 2003-TDHS, 2008-TDHS, 2013-TDHS, 2018-TDHS

Istanbul: 15, 13, 12, 15
West Marmara: 18, 9, 6, 12
Aegean: 23, 12, 12, 14
East Marmara: 13, 10, 11, 7
West Anatolia: 18, 15, 16, 12
Mediterranean: 16, 14, 16, 19
Central Anatolia: 18, 20, 19, 18
West Black Sea: 14, 9, 14, 6
East Black Sea: 11, 12, 7, 6
Northeast Anatolia: 22, 20, 16, 17
Central East Anatolia: 28, 20, 20, 16
Southwest Anatolia: 24, 16, 21, 23
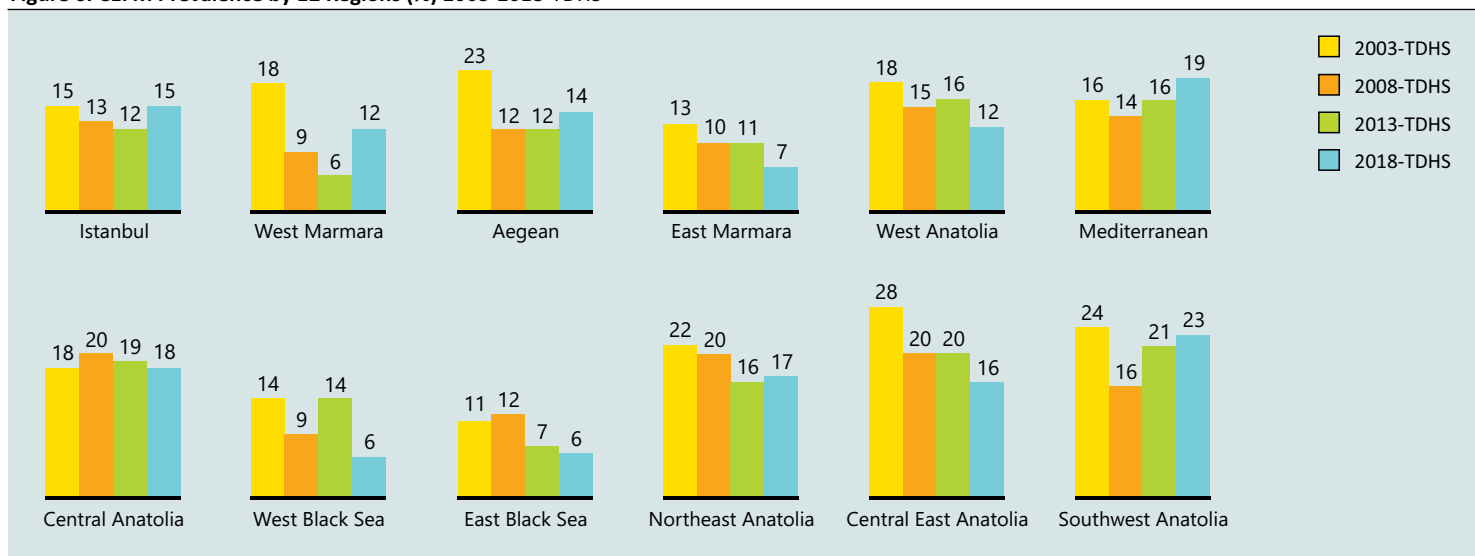
Aegean, Mediterranean and Southeast Anatolia, especially after 2008. For instance, the prevalence of CEFM, which was 6% in 2013, doubled in 2018. While child marriage of young women aged 20-24 increased slightly in Istanbul, it remained stable in Central Anatolia. In other regions, the declining trend continued over the years (Figure 6).

According to the 2018-TDHS data, the prevalence of CEFM is the highest among women in Southeast Anatolia, at 23%. This region is followed by Mediterranean (19%), Central Anatolia (18%) and Northeast Anatolia (17%). CEFM is the lowest in the West Black Sea region, at 6% (Figure 7).

Wealth Level

There is a negative relationship between CEFM and wealth level. Women aged 20-24 who married before age 18 live in the poorest wealth level households. With a fixed pattern, the prevalence of CEFM decreases with increasing wealth level. Thirty-six percent of women living in the poorest households and 7% of women living in the richest households married before age 18. As a striking point, there has been a marked increase in the prevalence of CEFM among women living in the poorest households in 2018-TDHS (Figure 7).

Figure 7. CEFM Prevalence by Wealth Index (%) 1998-2018-TDHS

Legend: 1998-TDHS, 2003-TDHS, 2008-TDHS, 2013-TDHS, 2018-TDHS

Poorest: 39, 27, 25, 27, 36
Poorer: 30, 22, 23, 17, 20
Middle: 25, 22, 14, 19, 10
Richer: 17, 19, 7, 6, 7
Richest: 9, 16, 4, 4, 7
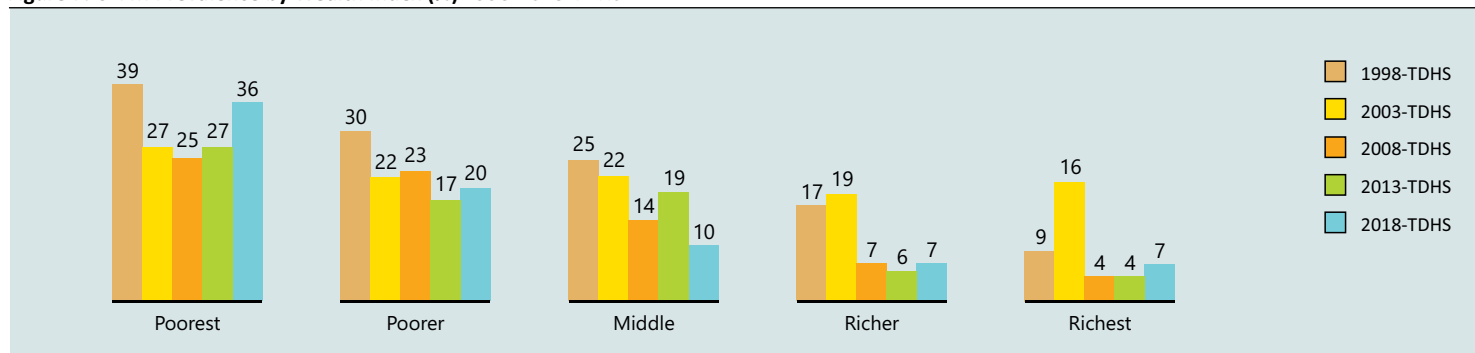
Reproductive Health and Rights

One of the crucial consequences of child marriage is child pregnancies. Regarding reproductive health and rights, the knowledge of women who married as children about the fertile period, as well as their knowledge and use of contraceptive methods were examined (Annex Table 2).

Accurate Knowledge about the Fertile Period

Women's knowledge about the fertile period reflects their level of knowledge about sexuality. While the study findings show that the proportion of women with knowledge about the fertile period increased over the years, it is seen that, from 1993 to 2018, only one fourth of women had information on this issue (Figure 8). The majority (76%) of the women in the 20-24 age group who married before age 18 have no knowledge about the fertile period.

Talking about Family Planning

It is understood that, similarly to the knowledge about the fertile period, talking with someone about family planning is also not common. While 71% of women in the 20-24 age group stated that they did not talk with someone about family planning, this proportion increased to 79% for women who married as children (Annex Table 2).

Use of Contraceptive Methods

Regarding fertility regulation, the pattern of contraceptive use among women in the 20-24 age group who married before age 18 changes over time. For the same age group between the years 1993 and 2008, there was a downward trend for the proportion of women married as children who

Figure 8. Accurate Knowledge of the Fertile Period Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
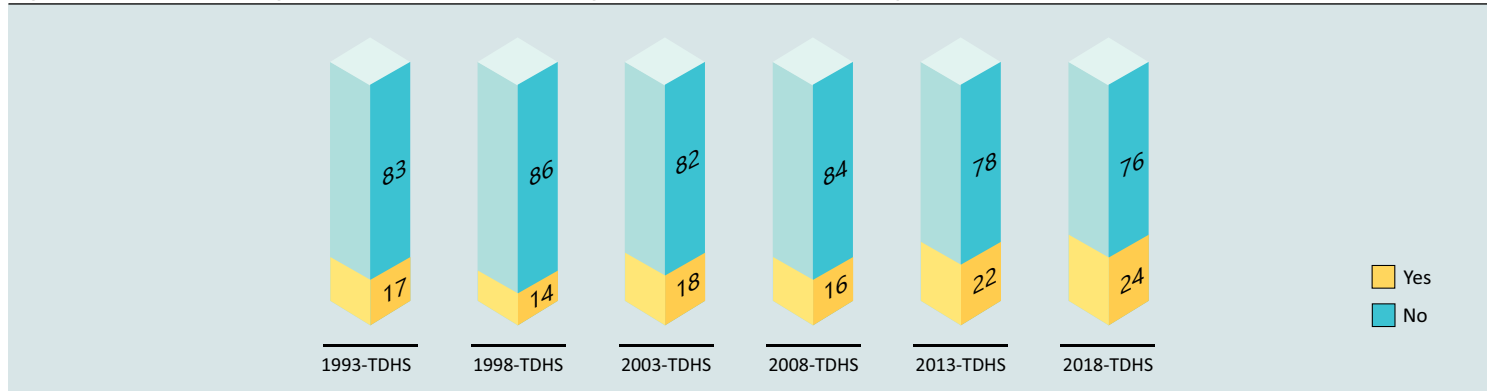
Figure 9. Use of any Contraceptive Method Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
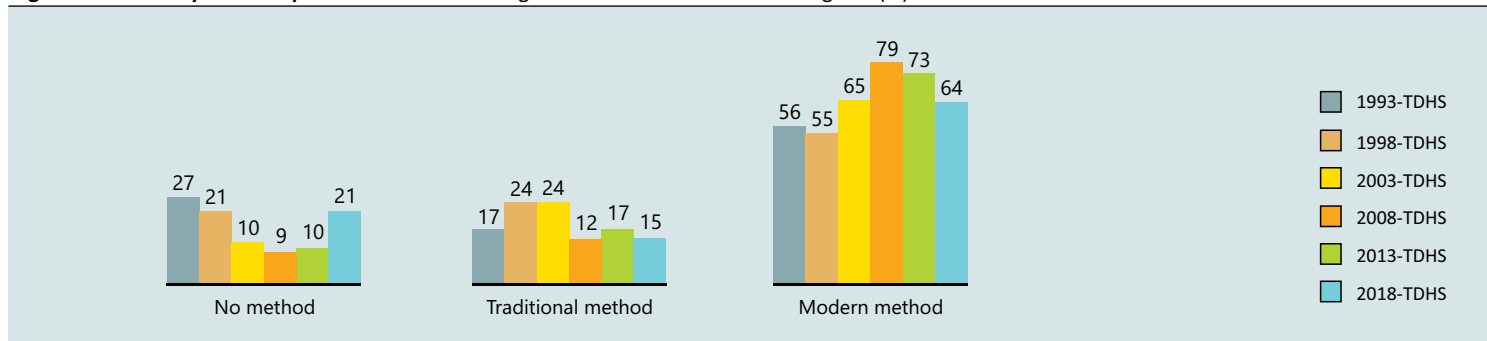
never used a contraceptive method, while this situation changed after 2008. According to the findings of 2018-TDHS, one out of five women who suffered CEFM never used a contraceptive method. Relatedly, the increase in the use of modern contraceptive methods such as female sterilization, intrauterine device (IUD),diaphragm/foam/jelly slowed after 2008 and decreased to 64% in 2018. A similar pattern can also be observed for traditional methods which consists mainly of withdrawal (Figure 9).

Furthermore, in 2018-TDHS, among women in the 20-24 age group, the proportion of modern method use is 25%, and the proportion of traditional method use is 7%. This proportion is 64% and 15%, respectively, among women in the same age group who married before age 18. There is a similar pattern for women in the 20-49 age group who married as children (Annex Table 2).

Among women married as children who used any method, the proportion of those who used modern methods first followed a downward trend between 2008 and 2018 (Figure 10). At the time of the survey, the findings on the current use of contraceptive methods demonstrate that in the last survey the non-use of contraceptive methods increased significantly. For the first time in 25 years, with almost half of the women (47%) in the 20-24 age group who married before the age of 18, the proportions of non-use of

contraceptive methods reached the level observed in 1993. Relatedly, the proportions of both traditional and modern method use dropped to the 1993 level (Figure 11).

On the other hand, contraceptive method use among women married before ages 15 and 18 is higher than the contraceptive method use of all women in both of the age groups. For instance, while 39% of women in the 20-49 age group use modern methods, 47% of women in the same age group who married before the age of 18 and 48% of women married before the age of 15 use modern methods. Similarly, while 14% of women in the 20-24 age group use modern contraceptive methods, it is 32% among women who married before the age of 18 (Annex Table 2).

In TDHSs, women who use modern or traditional methods are asked whether they prefer another method. While the proportion of women preferring another method decreased in the last 25 years, one fourth of women in the 20-24 age group who married before age 18 stated that they wanted to change the method.

Knowledge of Source of Supply for Contraceptive Methods
In TDHSs women who never used any method or who use traditional methods were asked whether they knew any supply source for contraceptive methods. The level of knowledge about supply sources for any method increased

Figure 10. First Contraceptive Method Use
Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

Figure 11. Currently Used Contraceptive Method
Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
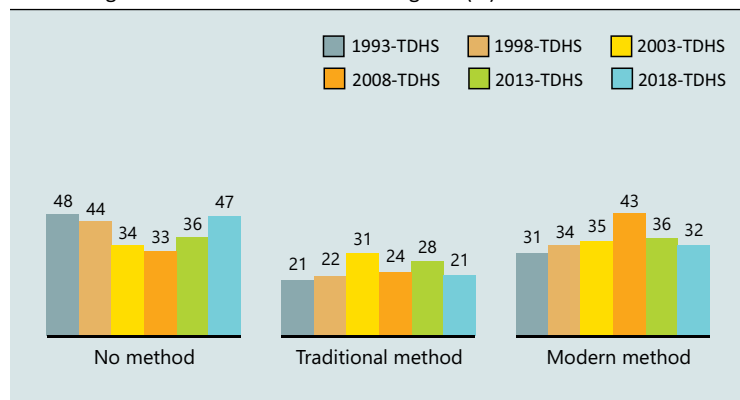
Figure 12. Knowledge of Source of Supply for Contraceptive Methods Women aged 20-24 who married before age 18 (%)

87	77	91	84	71
13	23	9	16	29
1993-TDHS	1998-TDHS	2008-TDHS	2013-TDHS	2018-TDHS

Yes
No
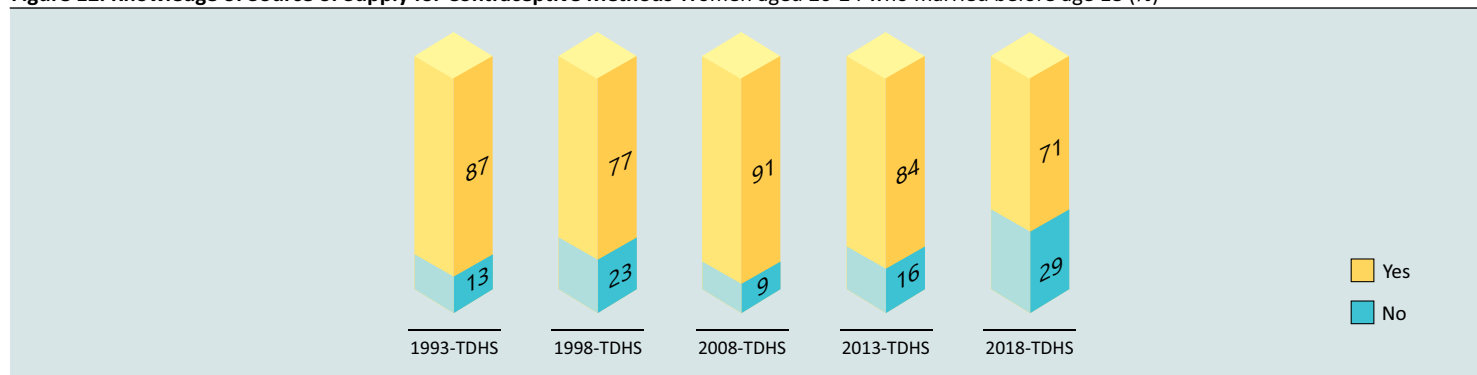
between 1993 and 2008 and decreased after 2008 (Figure 12). According to 2018-TDHS, one-fourth of women who did not use modern methods in the 20-24 age group did not have information on this issue. Among women in the 20-24 age group who married before age 18, the proportion source of supply for any method was 29%.

Unmet Need for Family Planning
Unmet need for family planning is defined as the "proportion of women who (1) are not pregnant and not postpartum amenorrhoeic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrhoeic and their last birth in the last 2 years was mistimed or unwanted" (HUIPS, 2019a). Even though the unmet need for family planning among currently married women aged

20-24 declined from 15% to 6% between 1993-2013, it increased to 12% in 2018-TDHS (HUIPS, 2019a). While there is a similar pattern for women aged 20-24 who married before age 18, the unmet need for family planning of these women has always been higher than women aged 15-49, except in 2003. Figure 14 shows that, over the years, the unmet need for family planning declined from 21% in 1993 and that between 2003-2013 the unmet need for spacing and limiting the childbearing fell to 10%. In 2018-TDHS, in parallel with the decline in contraceptive use, the unmet need increased to 16% in 2018. The proportion of unmet need for spacing was 10%, and the proportion terminating pregnancies with induced abortions was 6%. These findings indicate that, in terms of unmet need for family planning, the need for spacing is higher.

Figure 13. Need for Family Planning Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

1993-TDHS
1998-TDHS
2003-TDHS
2008-TDHS
2013-TDHS
2018-TDHS

	Unmet need for spacing	Unmet need for limiting	Met need for spacing	Met need for limiting	No unmet need
1993-TDHS	9	12	25	27	27
1998-TDHS	8	8	27	31	25
2003-TDHS	5	5	39	32	19
2008-TDHS	5	5	37	32	20
2013-TDHS	7	3	44	16	23
2018-TDHS	10	6	35	21	28
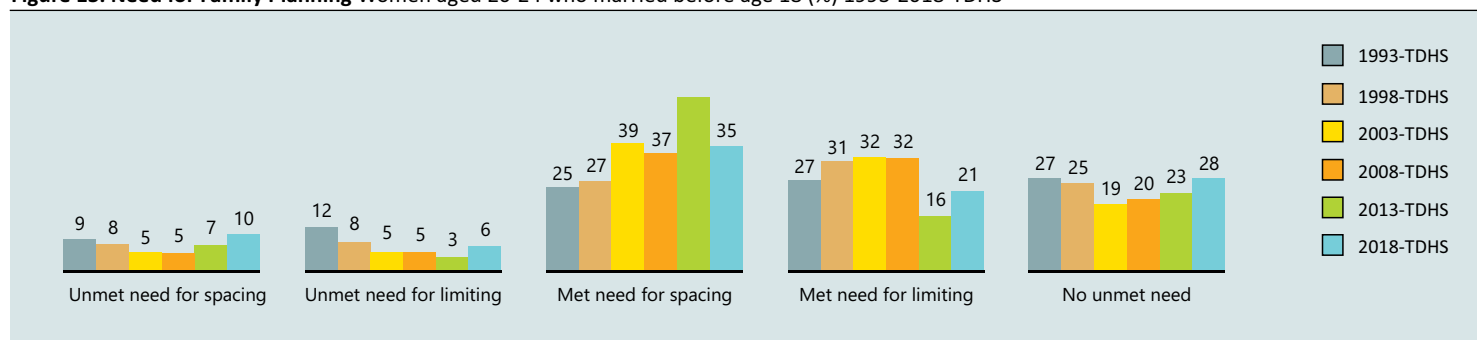
▪ Termination of Pregnancies

The termination of pregnancies is addressed under two questions: number of terminated pregnancies and views on pregnancy termination. Women were asked whether they approve of induced abortions and whether they would choose induced abortions in case of an unwanted pregnancy (Annex Table 3).

Table 2: Terminated Pregnancies

Mean number of terminated pregnancies	1993-TDHS	1998-TDHS	2003-TDHS	2008-TDHS	2013-TDHS	2018-TDHS
	0,386	0,391	0,322	0,253	0,339	0,300

In the last 25 years, the proportion of at least one terminated pregnancy among women aged 20-24 who married before age 18 is presented in Figure 14. While in 1993, 3 out of 10 women had at least one terminated pregnancy, this proportion increased slightly over the years. In the 2018 survey, 2 out of 10 women had this experience. The total number of terminated pregnancies increases with the onset of fertility at earlier ages. For women aged 20-24 who married before age 18, the mean number of terminated pregnancies did not change significantly over the years (Table 2).

Attitudes toward Induced Abortion

According to the findings of 2018-TDHS, the approval of induced abortion is at lower levels among women married as children. When compared with 2003-TDHS, the proportion of disapproval increased from 83% to 93% in 2018-TDHS (Figure 15). In 2018-TDHS, the proportion of disapproval of induced abortion among women aged 20-49 was 79%, and for women married before ages 15 and 18, this 83% and 86%, respectively. There was as a similar situation for the 20-24 age group. Among the 20-24 age group, 93% of women married before age 18 disapproved of induced abortion. Women who married as a result of CEFM disapproved of induced abortion at higher levels than women in the same age group. Furthermore, in the case of unwanted pregnancies, the proportion of women stating that they could have induced abortions in case of unwanted pregnancies is the lowest among women aged 20-24 who married before 18 for both of the age groups (Annex Table 12).

Figure 15. Approval of Induced Abortion
Women aged 20-24 who married before age 18 (%) 2003-2018-TDHS
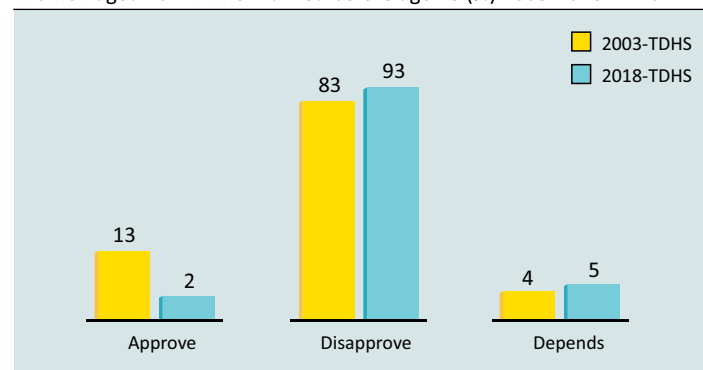
Figure 14. Terminated Pregnancy Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
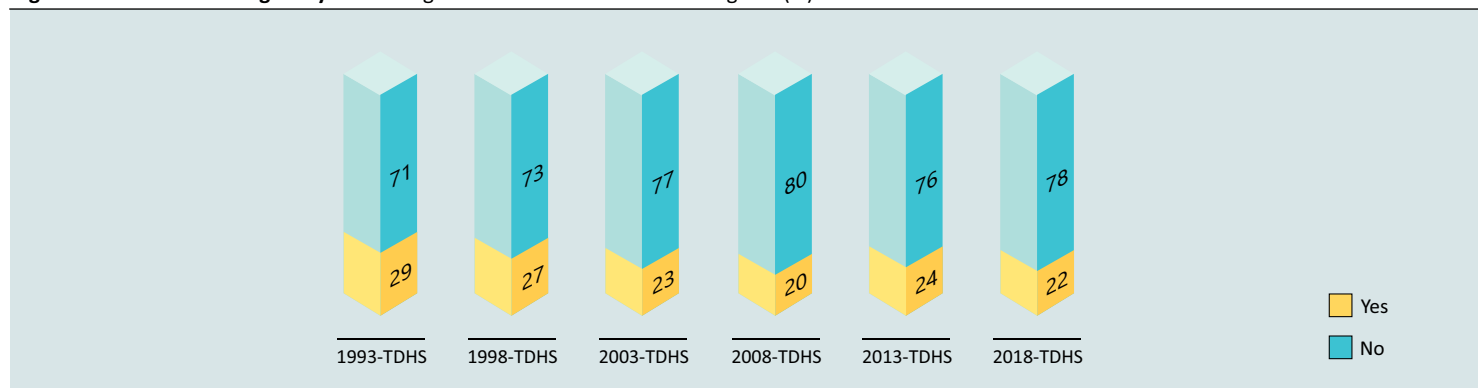
Fertility Preferences

The ideal number of children, desire for more children and sex preference of only child, asked in the last survey, provide information on the fertility preferences of women married as children. In the last 25 years, while the mean ideal number of children among women aged 20-24 who married before age 18 was around 2,5 children between 1993 and 2003, it increased in the last three surveys to 2,85 children in 2013 and 3,14 in 2018 (Figure 16).

Women's Desire for More Children

The change in the desire for more children among currently married women over the years points to the increase in the desire for (more) children among women aged 20-24 who married before age 18, in the last two surveys. The women who want children soon, within 2 years and after two years, as well as women who want children but are unsure of timing, are included in the group of women who want children. The group of women who do not want children is comprised of infecund and sterilized women, as well as women who do not want children. In 2013-TDHS, 66% of women aged 20-24 who married before age 18, and 62% of women in the same group in 2018 want children. Following the inclusion of undecided women (5%), it is seen that since 2008 the desire for children has increased significantly compared to previous years (Figure 17).

Related to the answers given to the question about the sex preference of an only child asked to women in 2018-TDHS, more than 60% answered "it does not matter". For both of the age groups and ages at marriage, it is mentioned that the preference for girls is more dominant and one out of four women prefers girls (Annex Table 4).

Fertility

Among the factors that affect fertility, women's age at first birth has an important place. The total fertility rate calculated for women aged 15-49 in Turkey shows that the mean number of children per woman is 2,3. The total fertility rate of 2,7 observed in 1993 stalled at the beginning of the 2000s and reached 2,3 in the last two surveys. While the 20-24 age group had the highest fertility rate up until 2003, after 2003 it shifted towards the 25-29 age group.

Figure 16. Ideal Number of Children Women aged 20-24 who married before age 18 (mean) 1993-2018-TDHS

Figure 17. Women's Desire for More Children Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

Number of Live Births and Living Children

Since women married as children stay in the fertility period longer, the number of births among these women tends to increase in parallel with that duration. Considering the last 25 years, the fertility pattern of women aged 20-24 who married before age 18 showed a declining pattern for the period between 1993 and 2013. In contrast, the findings of 2018-TDHS point to a shift towards an increasing pattern of fertility (Table 3).

When the number of live births which was 2.01 25 years ago and the mean number of living children is examined for all women aged 20-24, it is seen that these indicators are higher among women who married before age 18. According to the findings of 2018-TDHS, the total number of live births (0,50) and the mean number of living children (0.48); is more than 3.5 times for both indicators among women who married before age 18 in the same age group (1,86 and 1,73, respectively) (Annex Table 5). **These results show that pregnancies and births increase among women who entered marriage as children.**

Table 3. Mean number of live births and number of living children (women aged 20-24 who married before age 18) 1993-2018-TDHS

	1993-TDHS	1998-TDHS	2003-TDHS	2008-TDHS	2013-TDHS	2018-TDHS
Total number of live births	2,01	1,93	1,80	1,81	1,69	1,86
Number of living children	1,84	1,81	1,71	1,74	1,65	1,73

Age at First Birth

WHO recommends that first marriages should not be before age 18, and first births should not be before age 20. When the age at first birth in the last 25 years in Turkey is examined for women aged 20-24 who married before age 18, the age at first birth is lower than age 20. While the proportion of women who had their first births after age 20 is higher in 1993-TDHS than other studies, this proportion is only at 9%. In 2018-TDHS, 54% of women aged 20-24 who married before age 18 had their first births at ages 18-19 and, 33% at ages 15-17 (Figure 18).

Figure 18. Age at First Birth Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
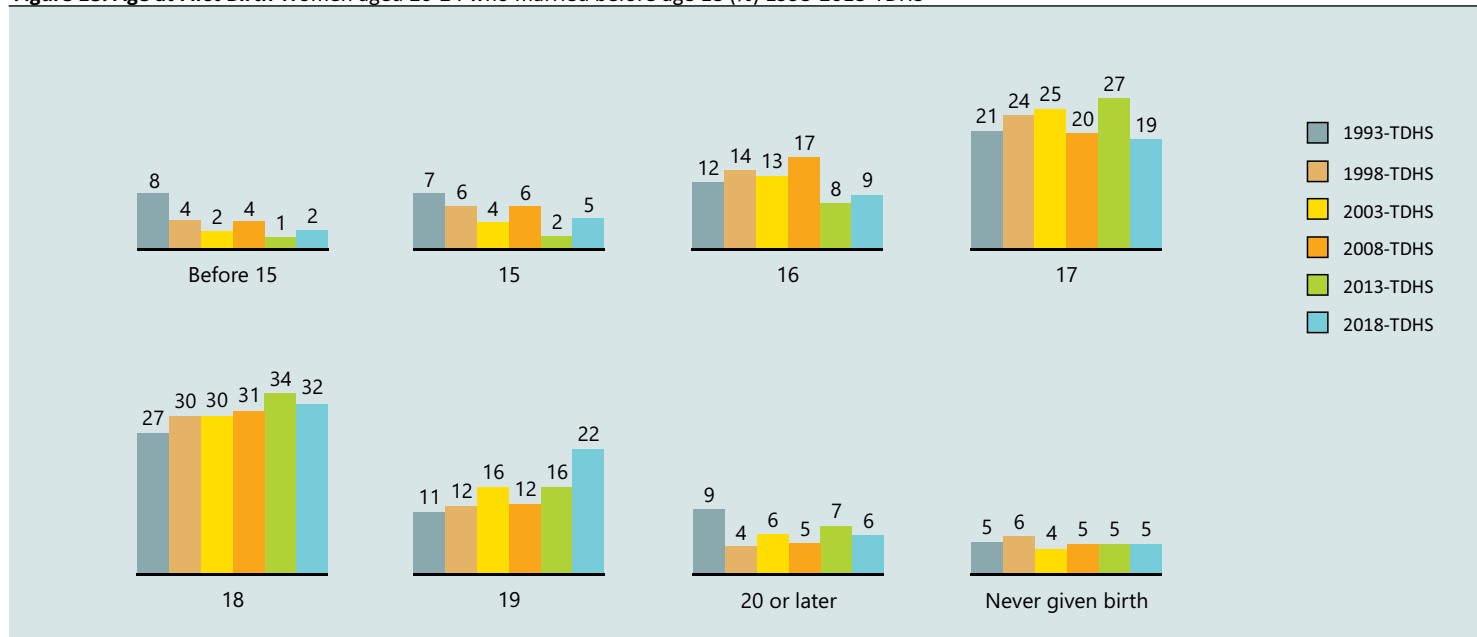
Figure 19. ANC within the first trimester of pregnancy Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
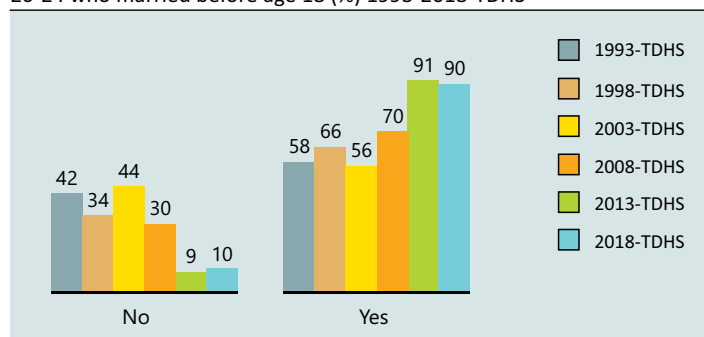
Figure 20. ANC from Skilled Healthcare Provider Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
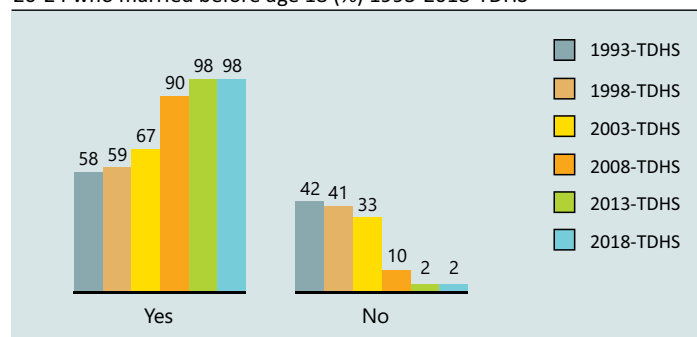
▪ Antenatal Care, Delivery and Postnatal Care

Antenatal and postnatal care are vital for protecting the health of the mother and infant and reducing vital health risks. Receiving antenatal care (ANC) in the first trimester of pregnancy, the frequency of visits, antenatal care from healthcare personnel such as doctors, nurses, midwives are among the service criteria recommended by WHO for this period. In this section, where the relationship between CEFM and antenatal care is examined, the effectiveness of antenatal care provided is also addressed. These indicators were calculated by women who gave birth in the last 2 years. The postnatal care, on the other hand, was examined according to care provided in the first 2 days and in 41 days (Annex Table 6).

Antenatal Care
The rate of antenatal care within the first trimester of pregnancy increased in the last 25 years. While 58% of

women aged 20-24 who married before age 18 reported receiving antenatal care in 1993-THDS, this percentage reached 90% in 2018. This finding points to a significant improvement in antenatal care services (Figure 19). Nevertheless, a detailed examination of 2018-THDS data shows that women marrying before age 18 receive less antenatal care compared to other women in their age groups. For instance, while 90% of women aged 20-24 who married before age 18 receive antenatal care within the first trimester of pregnancy, this percentage is 94% for all women in the same age group (Annex Table 6).

Antenatal Care from Skilled Healthcare Providers
The proportion of antenatal care from skilled healthcare providers has increased over the years (Figure 20). According to the findings of 2018-TDHS, the proportion of four or more antenatal care visits is at the same level for all women in the 20-24 age group (89%) as for women

Figure 21. Place of Delivery Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

36
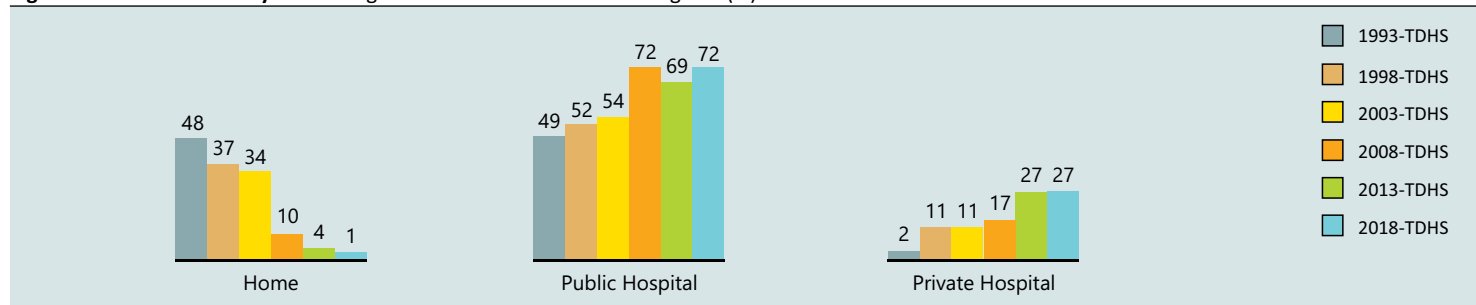
married before age 18 (88%) (Annex Table 6). There is a similar improvement in the antenatal care received from skilled providers and the effectiveness of antenatal care services. The percentage of antenatal care received by women aged 20-24 who married before age 18 reached 98% in the last survey. In terms of access to effective care services, 85% of women in the same age group are able to benefit from these services (Annex Table 6).

Delivery

Deliveries occurring in health facilities and with skilled healthcare providers are crucial for the health of women and infants. Information on where, with whose assistance and how the deliveries occur is provided for the births in the last two years among women aged 20-24 who married before 18.

The proportion of institutional deliveries increased rapidly in the last 25 years, and in 2018 all deliveries occurred in either public or private hospitals. The share of deliveries occurring in public hospitals (72%) is at the highest level compared to the previous years (Figure 21). Ninety-nine percent of women aged 20-24 who married before age 18 delivered in a health facility (Annex Table 6). In parallel with this improvement, the share of births delivered by healthcare providers also increased over the years. Almost all of the births of women who fell pregnant as a result of CEFM were delivered by skilled healthcare providers (Figure 22).

Type of Delivery

Despite the improvements observed in birth-related health services, the most adverse circumstances for women who married before age 18 occur in the type of deliveries. Over the years, there has been a significant increase in the share of births delivered by cesarean section (C-section). While 7% of women aged 20-24 who married before age 18 reported having a cesarean section in 1993-TDHS, this percentage reached 43% in 2013-TDHS (Figure 23). According to 2018-TDHS findings, while 47% of women aged 20-24 had a cesarean section, it declined to 38% among women married before age 18 (Annex Table 6).

Figure 22. Deliveries by Healthcare Providers
Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
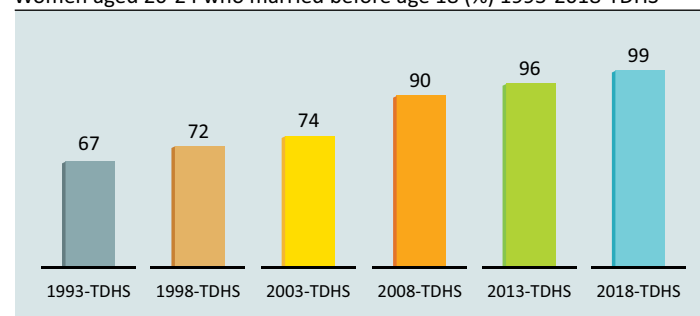
Figure 23. Deliveries by C-section
Women aged 20-24 who married before age 18 (%)1993-2018-TDHS
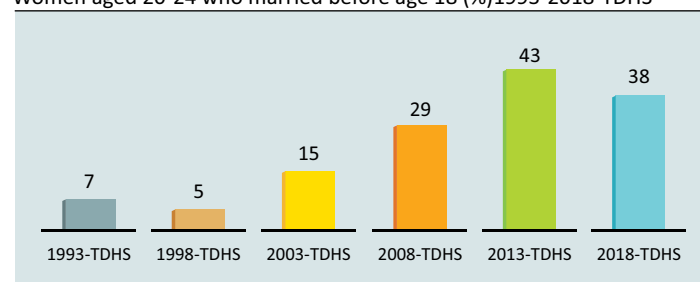
Figure 24. Timing of Postnatal Care
Women aged 20-24 who married before age 18 (%) 2008-2018-TDHS
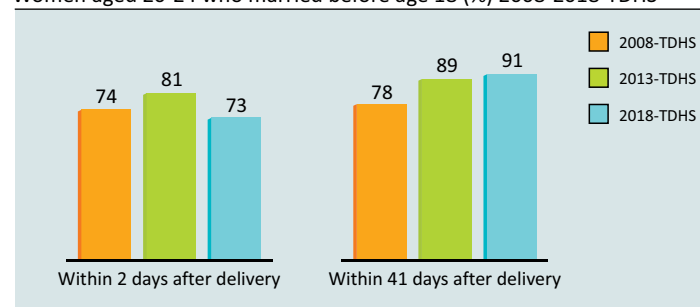
Postnatal Care

Postnatal care covers the last births that occurred in the previous two years. According to the findings of the last three TDHSs, the proportion of women receiving postnatal care during the first 41 days after delivery increased. This percentage, which was 78% in 2013-TDHS, reached 91% in the last survey. On the other hand, the proportion of women who report receiving postnatal care in the first 2 days after delivery declined to 73% in 2018-TDHS (Figure 24).

Child Health

Within the scope of TDHS, regarding the health of children of women who gave birth at a young age as a result of CEFM, birth weight and breastfeeding practices were evaluated. The changes observed over time in the variables of, height-for-age, weight-for-age and weight-for-height, which are among the important indicators of children's health, were analyzed. Furthermore, information on early childhood development, which was collected for the first time in 2018-TDHS, of children born as a result of CEFM, is also presented.

Birth Weight of Babies

Low birth weight both provides information on maternal nutrition, and increases the risk of mortality in early childhood. In TDHS, the information on birth weight for live births in the last five years is collected through self-reporting by women or from birth-related documents. According to 2018-TDHS findings, the proportion of children with a birth weight lower than 2,5 kg was at 12% (HUIPS, 2019a). According to the findings of the last five TDHSs, the proportion of birth weight under 2,5 kg among children born to women aged 20-24 who married before age 18 fluctuated between 12% and 15% (Figure 25).

According to 2018-TDHS results, the proportion of children with birth weight lower than 2.,5 kg among babies of women in the 20-24 and 20-49 age groups who married before age 18 was 12%. The most disadvantaged group in terms of birth weight is women aged 20-49 age who married before age 15 (15%) (Annex Table 7).

Breastfeeding

Breastfeeding, along with its nutritional value, is one of the important factors that strengthen the bond between the mother and the newborn. WHO recommends that babies be breastfed within the first hour of life and exclusively breastfed within the first 6 months of life (WHO, UNICEF, 2003). In TDHSs, information is collected on breastfeeding of last-born children in the 2 years preceding the survey for a period of time, breastfeeding of these babies within the first hour of life, exclusive breastfeeding, and feeding of babies with breast milk

Figure 25. Birth Weight < 2,5 kg (%) Women aged 20-24 who married before age 18 (%), 1998-2018-TDHS

Figure 26. Breastfeeding within the First 1 Hour* Women aged 20-24 who married before age 18 (%) 1998-2018-TDHS
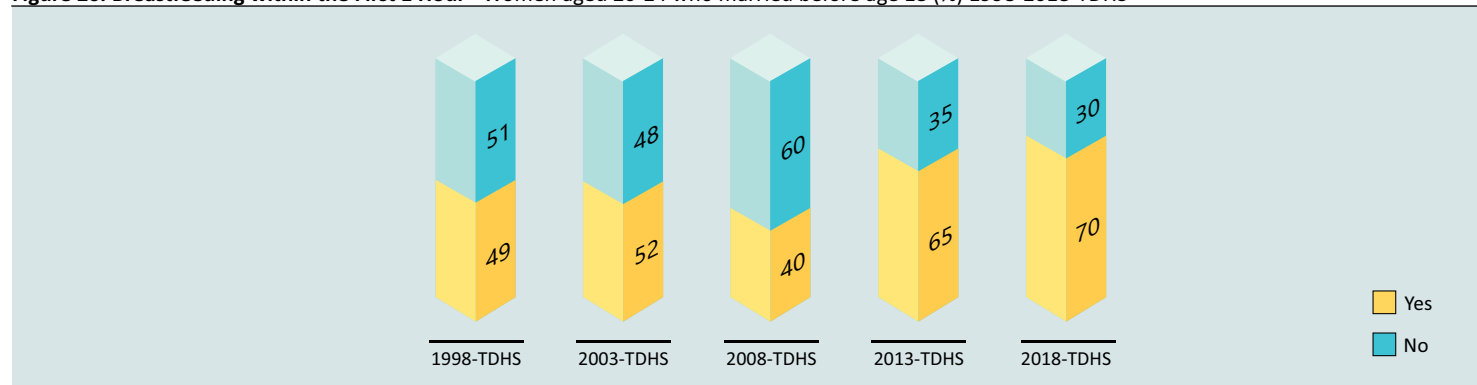
* Among last born children in the 2 years preceding the survey

Figure 27. Age-appropriate Breastfeeding 0-23 Months* Women aged 20-24 who married before age 18 (%) 1998-2018-TDHS
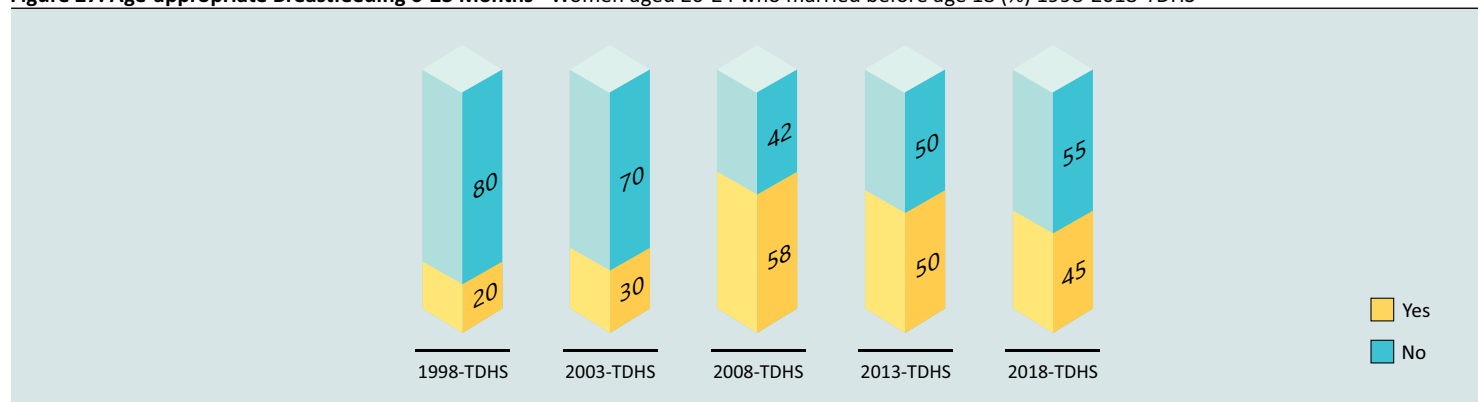
	1998-TDHS	2003-TDHS	2008-TDHS	2013-TDHS	2018-TDHS
No	80	70	42	50	55
Yes	20	30	58	50	45

*Children aged 0-5 months: Exclusive Breastfeeding. Children aged 6-23 months: Breast milk and complementary foods.

and complementary foods (HUIPS , 2019a). Study results, which cover last births in the 2 years preceding the survey, show that almost all children born to women aged 20-24 who married before age 18 were breastfed for a period of time. In five TDHSs conducted between 1998 and 2018, the proportions of children breastfed for a period of time among last births in the 2 years preceding the survey were 98%, 99%, 97%, 99% and 97%, respectively. There has been an improvement over the years for breastfeeding within the first hour of life or, in other words, early initiation of breastfeeding. In 1993, the proportion of early breastfeeding of children born to women aged 20-24 is 49%. In 2018-TDHS, this percentage increased to 70% (Figure 26).

Age-appropriate breastfeeding was calculated according to the exclusive breastfeeding of children under 6 months of age, and feeding of children between 6-23 months of age with breast milk and complementary foods. Figure 27 shows the proportions of age-appropriate breastfeeding of children aged 0-23 months born to women aged 20-24 who married before age 18. The findings demonstrate that the proportion of age-appropriate breastfeeding, which increased from 20% to 58% between 1998 and 2008, began to decline after 2008. While in 2018-TDHS, 51% children aged 0-23 months born to women aged 20-24 were receiving age-appropriate breastfeeding, this

percentage decreased to 45% for women in the same age group who married before the age of 18 (Annex Table 7).

Nutrition of Children

Within the scope of TDHSs, height and weight measurements, which enable evaluations on the nutritional status of children, were taken. On the basis of these measurements, in other word anthropometric measurements, standard indices of stunting, wasting, underweight and overweight are calculated for children under the age of 5. By comparing with the WHO growth standard reference population, these indices are expressed as standard deviation units (Z-scores) from the median of the reference population. Values less or greater than 2 standard deviations from the median of the reference population are used to define malnutrition. The weight-for-height index (wasting) is a sign of acute undernutrition, the height-for-age index (stunting) is a sign of both chronic and acute malnutrition, and the weight-for-height index is a measure of overnutrition (HUIPS, 2019a). The change in the nutritional status of children under the age of 5 over the years, has improved for all indices (HUIPS, 2019a).

Postnatal Care of Children

According to 2018-TDHS, for the last births in the 2 years preceding the survey among women aged 20-24 who married before age 18, 71% of infants received postnatal care in the first 2 days. This proportion is slightly higher

than that of all women in the same age group. A similar situation can be seen for women aged 20-49 who married before age 15. Children born to women married before 18 in the same age group also receive postnatal care in the first 2 days at similar levels of all women. These results point out that women married before age 18 are not in a disadvantageous position in terms of children's postnatal care (Annex Table 7).

Early Childhood Development
For the first time in 2018-TDHS, information was collected on early childhood development of children under the age of 5. An early childhood development index which considers being developmentally on track in at least three of the domains of literacy-numeracy, physical learning and social-emotional learning, was calculated. 2018-TDHS indicates that 74% of children aged 3-4 years born to women in the 15-49 age group are on track in at least three of the four domains of childhood development (HUIPS; 2019a). 2018-TDHS provides the early childhood development index[6] calculated for the children aged 3-4 years born to all women and women married before age 18 in the 20-24 and 20-49 age groups. The index values are lower for the children of women in the 20-24 and 20-49 age groups who married before age 18. These results point out that the early childhood development of children born to women who married before age 18 is affected negatively (Annex Table 7).

▪ **Characteristics Before Marriage**
Information on the premarital characteristics of women and their spouses are limited to data on women's childhood place of residence, the educational level of women's parents and consanguineous marriage of the women's parents.

Childhood Place of Residence
Childhood place of residence is among the underlying factors that affect CEFM and, considering the importance of long-lasting cultural dynamics of the childhood environment, it was used as an indicator that provides information on this issue. For this indicator, the place of residence was defined as provinces, district centers or villages where women lived the longest until the age of 12. According to study findings, among women aged 20-24 who married before the age of 18, marriage before the age of 18 is more prevalent among those who lived in villages during their childhood. In the 25-year period, these percentages nearly halved, falling from 60% to 34%. This pattern changed in 2018-TDHS. In 2018-TDHS, the type of settlement where marriage before age 18 is the most prevalent among women aged 20-24 is district centers (Figure 28).

While in the surveys prior to 2013-TDHS, the share of women living in villages during their childhood and who married before age 18 is higher, a different situation was

Figure 28. Childhood Place of Residence Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
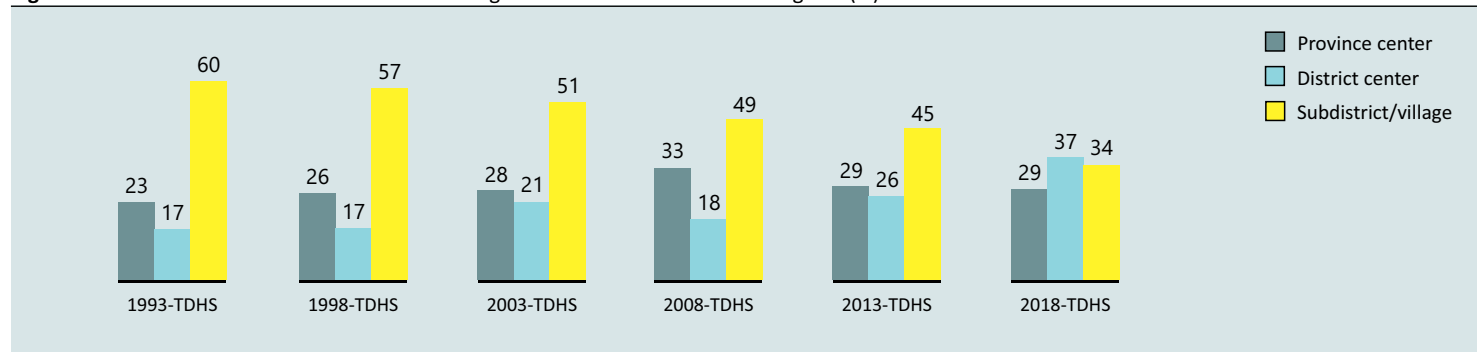
6 Early childhood development index was calculated as being developmentally on track in at least three of the domains of literacy-numeracy, physical learning, and social-emotional learning.

observed in 2018-TDHS. In 2018-THDS, the majority of women aged 20-24 who married before age 18 lived in district centers during their childhood. When the 2018-TDHS data are examined for the 20-24 and 20-49 age groups, while half of the women aged 20-49 who married before age 18 lived mostly in villages during their childhoods (50%), this percentage is 55% among women marrying before age 15. For both of these age groups, only a small proportion of young and older women who married before age 18 lived in city centers (Annex Table 8).

Educational Level of Parents

Child marriage is directly correlated with low educational levels. It is known that along with the educational level of children married/married off, the educational level of parents is decisive for this issue. The results of the last six surveys point out that there are no changes in the educational level of parents of women aged 20-24 who married before age of 18. Among the mothers of women

who married as a result of CEFM, the proportion of mothers with secondary level or higher education is no more than 4%, and the proportion of mothers with no education or incomplete primary education is the highest for all periods (Figure 29).

The educational level of fathers, which is deemed more decisive in terms of CEFM decisions, is also substantially low. In all of the surveys, the fathers of women aged 20-24 who married before age 18 mostly completed primary school. The fact that, for women who married as a result of CEFM, there has not been a decrease in the proportion of fathers with secondary level or higher education can be interpreted as a result showing that the increase in education level will not be sufficient for the prevention of these marriages (Figure 30).

When the pattern of the relationship between parents' educational level and CEFM is examined according to the

Figure 29. Mother's Educational Level Women aged 20-24 who married before age 18 (%) 2003-2018-TDHS

Legend:
- No educ/prim. incomp.
- Complete primary
- Complete secondary or higher

2003-TDHS: 67, 28, 5
2008-TDHS: 63, 35, 2
2013-TDHS: 66, 32, 2
2018-TDHS: 63, 34, 3
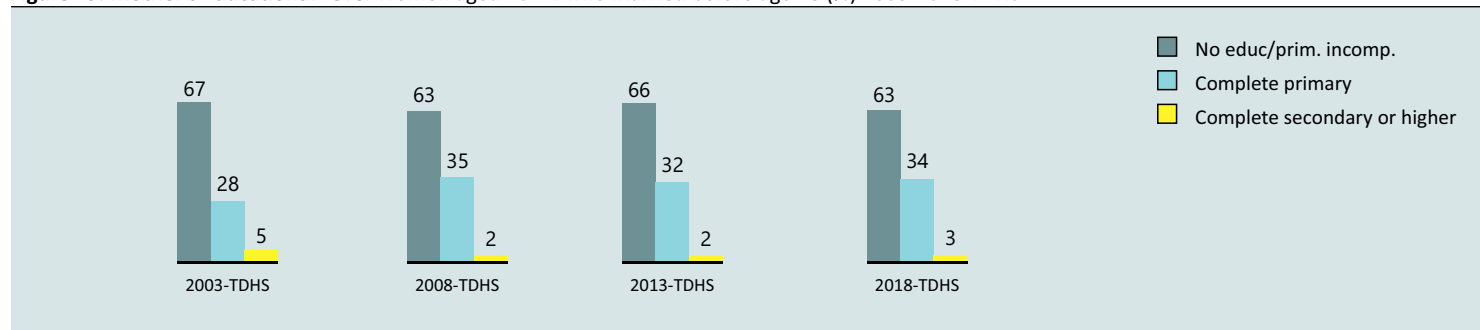
Figure 30. Father's Educational Level Women aged 20-24 who married before age 18 (%) 2003-2018-TDHS

Legend:
- No educ/prim. incomp.
- Complete primary
- Complete secondary or higher

2003-TDHS: 33, 58, 9
2008-TDHS: 30, 57, 13
2013-TDHS: 34, 56, 11
2018-TDHS: 30, 58, 12
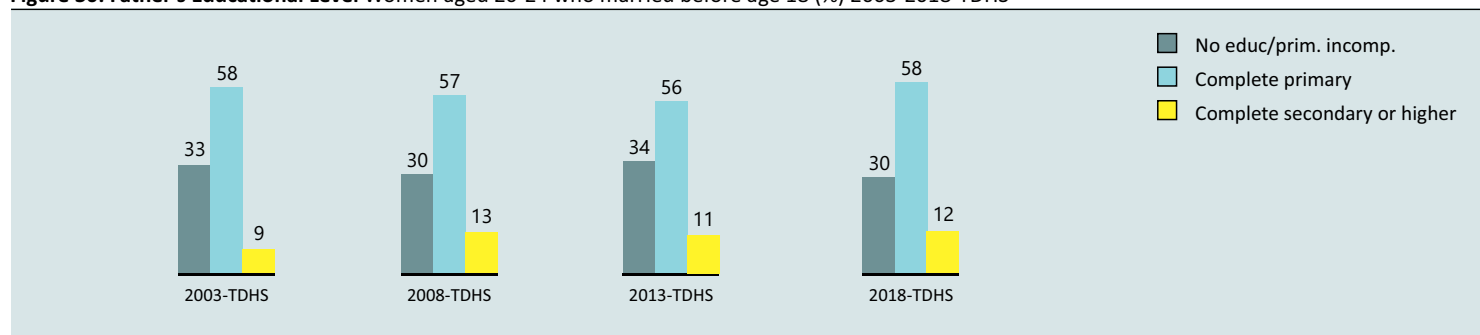
20-24 and 20-49 age groups for 2018-TDHS, a similar result can be observed. Among women who married before age 18, the educational level of women's parents is lower (Annex Table 8).

Consanguineous Marriage of Parents

Consanguineous marriage is one of the important factors portraying the effect of traditions on the formation of marriages. The consanguineous marriage[7] between the parents of women and their spouses is a factor that encourages consanguineous marriage of young women and causes women being married off as children. The findings presented in Figure 31 indicate that consanguinity between the parents of women increased over the years. The findings highlight that among women married before age 18, the share of women who are children of parents

with consanguineous marriage is increasing. The proportion of consanguineous marriage between parents of women aged 20-24 who married before age 18, which was 28% in 2008, increased to 42% over the course of 10 years (Figure 31). Furthermore, the consanguinity between the parents of women's spouses also increased from 28% to 37% in 10 years. According to these results it can be stated that consanguineous marriage has a negative impact in terms of women who marry as children (Annex Table 8).

Formation of Marriage

For the formation of marriage, the variables of women's marriage decision in first marriage, how they met their spouses, type of marriage and order of civil and religious marriage, bride price, consanguinity, and initial family structure were examined (Annex Table 9).

Figure 31. Consanguineous Marriage of Women's Parents Women aged 20-24 who married before age 18 (%) 2008-2018-TDHS
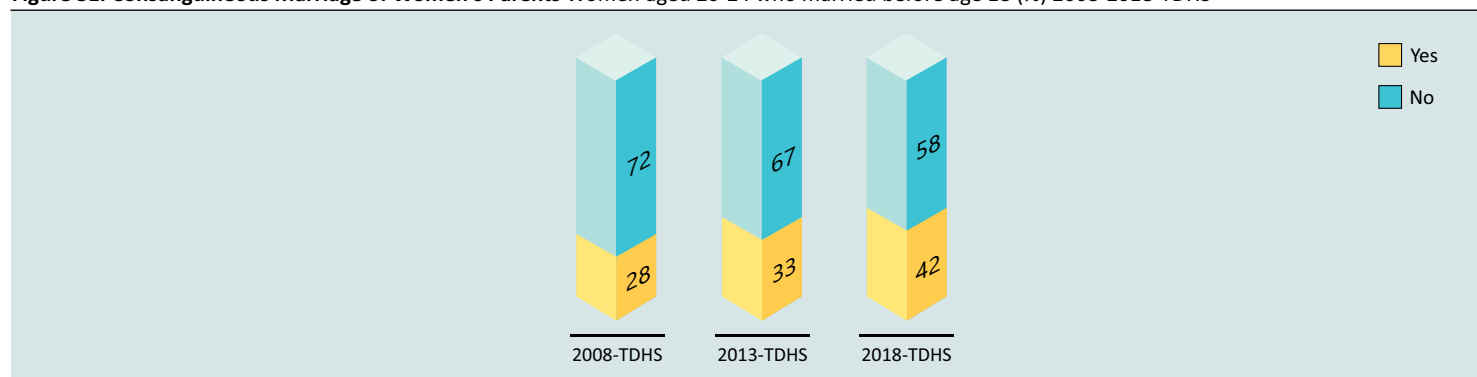
Figure 32. Marriage Decision Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
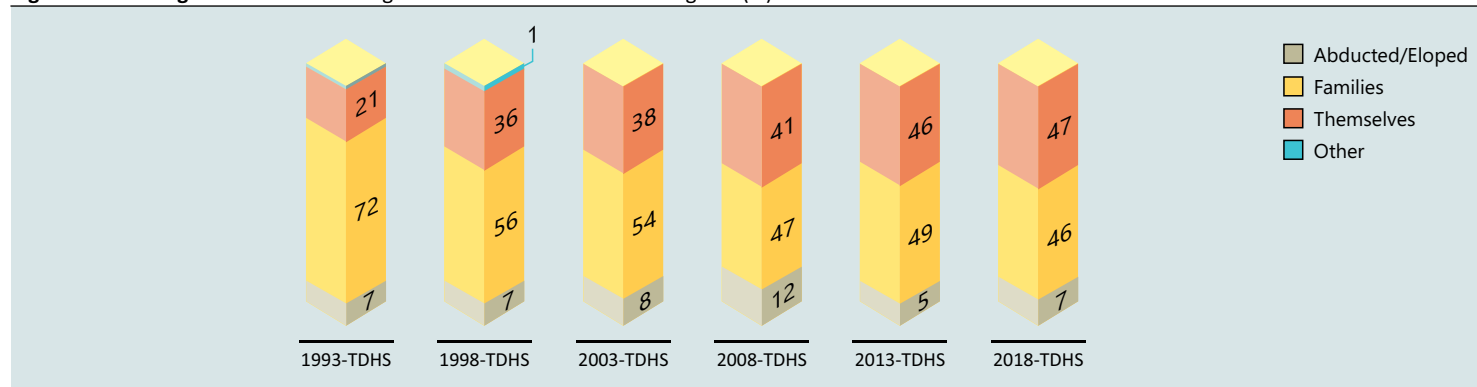
7 The information on consanguinity between parents started to be collected after 2008-TDHS.

Figure 33. Ceremony Type and Order Women aged 20-24 who married before age 18 (%), 1998-2018-TDHS

Legend:
- Only religious
- Both, religious first
- Both, civil first
- Only Civil

	1998-TDHS	2003-TDHS	2008-TDHS	2013-TDHS	2018-TDHS
Only religious	19	14	6	3	7
Both, religious first	47	55	67	77	64
Both, civil first	31	27	24	18	25
Only Civil	3	3	3	1	4
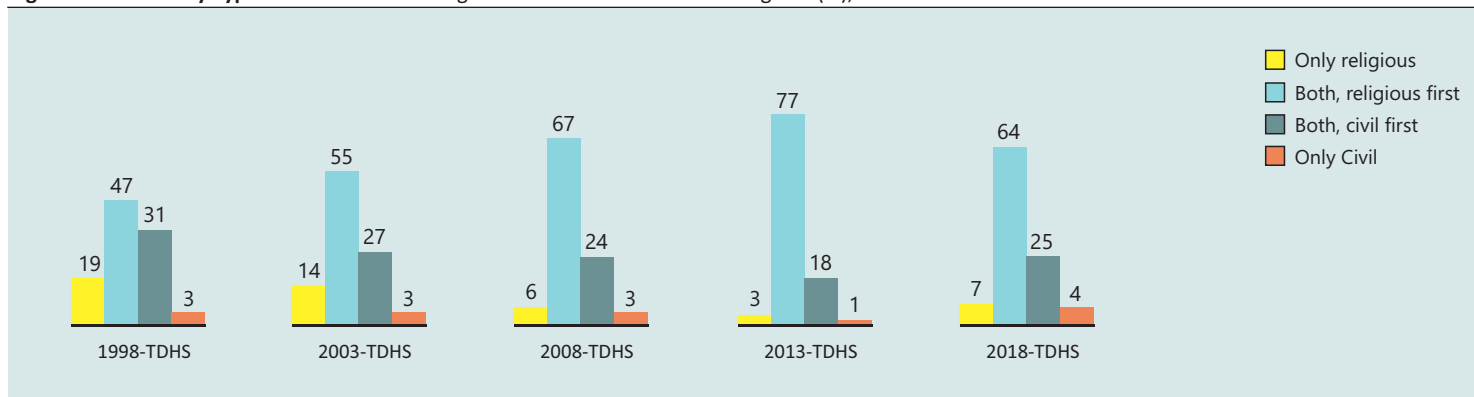
Meeting Spouses and Marriage Decisions

The method of meeting a spouse and marriage decision give information on the arrangement and support of child marriages by parents and relatives. The question regarding the method of meeting the spouse is only included in 2018-TDHS. The results show that 69% of women aged 20-24 who married before age 18 met their spouses through their families or relatives. The decrease of this rate to 55% for all married women in the same age group reveals the prevalence of meeting through family and relatives in terms of CEFM.

Figure 32 shows the change in the marriage decisions of women aged 20-24 who married before age 18 over the years. The results highlight a decrease over the last 25 years in the proportion of marriages decided by families. While in 1993, more than 70% of women aged 20-24 married before age 18 as a result of their families' decision, this proportion was 46% in 2018-TDHS. On the other hand, while 21% of young women made the marriage decision themselves in 1993, the proportion of women who made the decision to marry as children themselves increased to 47% in the last survey.

In marriages decided by families, the "approval" of this decision by girls under the age of 18 does not mean "consent" was taken for these marriages, since the cases where the marriage decision was taken by families and girls' "approval was not asked" cover only a portion of forced

marriage. There has been a decrease regarding this issue. The proportion of marriages decided by families where the approval of girls was not asked, which was 15% in the 1993 survey, was found to be 5% in 2018-TDHS.

Type and Order of Marriage Ceremony

In marriages before age 18, religious marriage is preferred for marrying off girls who have not reached the legal age of marriage. In order to observe the impact of religious marriages on CEFM, the "type/order of ceremony" variable was created. Figure 34 shows the type and order of marriages for 1998-2018-TDHS. It is common for young women to have both civil and religious marriage. The proportion of those having both types of ceremonies, which was 78% in 1993, increased between the period of 1993-2013 and reached 95% in 2013. This proportion declined to 89% in 2018-TDHS. The proportion having only civil marriage did not change over the years, and in 2018-TDHS 4% of women in the younger age groups reported having only religious marriages. In the last 25-year period, the proportion having only religious marriages decreased. However, there was a slight increase in the last survey.

In terms of the order of civil and religious ceremonies, in marriages before the age of 18, religious ceremonies were always performed first. According to 2018-TDHS, 64% of women married before age 18 had a religious ceremony

first; 7% of them have only had religious ceremony. Therefore, **in the 20-24 age group, in 71% of the marriages before the age of 18, a religious ceremony was performed first. In 2018-TDHS in the 20-49 age group**, more than three-quarters (77%) of women who married before the age of 15 and had both ceremonies had, the religious ceremony first. The order and type of ceremonies according to age groups have a similar pattern (Annex Table 9).

Consanguineous Marriage

The consanguineous marriage among women married before age 18 remained stable in the last 25-year period, at 30%. In these marriages, it is seen that consanguineous marriages with paternal relatives were more common and even increased over time. Consanguineous marriage with paternal relatives increased from 13% in 1993 to 18% in 2018. On the other hand, the share marrying distant relatives in the "other" category fell from 8% to 2%. The fact that three out of 10 women married/married off as children had consanguineous marriage draws attention to the role of such marriages for CEFM (Figure 34).

Bride Price

Bride price is another practice that reflects the effect of traditions in the formation of marriages. In 1993-TDHS, for the marriages of approximately four out of 10 women in the 20-24 age group who married before age, 18 bride price

was given to the women's families. While a slight decrease has been observed for this practice starting from the end of the 1990s, the 2018-TDHS results point to the same level of bride price practice as 25 years ago (Figure 35).

In the 2018-TDHS data, while the proportion of marriage where bride price was given was 35% for women in the 20-49 age group who married before age 15, this proportion was 27% for women married before age 18. Furthermore, **while the proportion of marriage where bride price was given was 27% in the 20-24 age group, this proportion was 38% for women in the same age group who married before age 18.** These results show that child marriages where bride price was paid increased in 2018-TDHS.

In child marriage, married life usually starts with living with the husband's family. The 2018-TDHS results show that approximately eight out of 10 girls in the 20-24 age group who were married/married off before the age of 18 started their marriage in households in where at least one relative liveds (Annex Table 9).

Figure 34. Consanguineous marriage Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

Legend:
- No relation
- Paternal blood relative
- Maternal blood relative
- Other

1993-TDHS	1998-TDHS	2003-TDHS	2008-TDHS	2013-TDHS	2018-TDHS
8	8	7			2
10	14	9	12	14	12
13	15	10	22	24	18
69	63	74	66	62	68
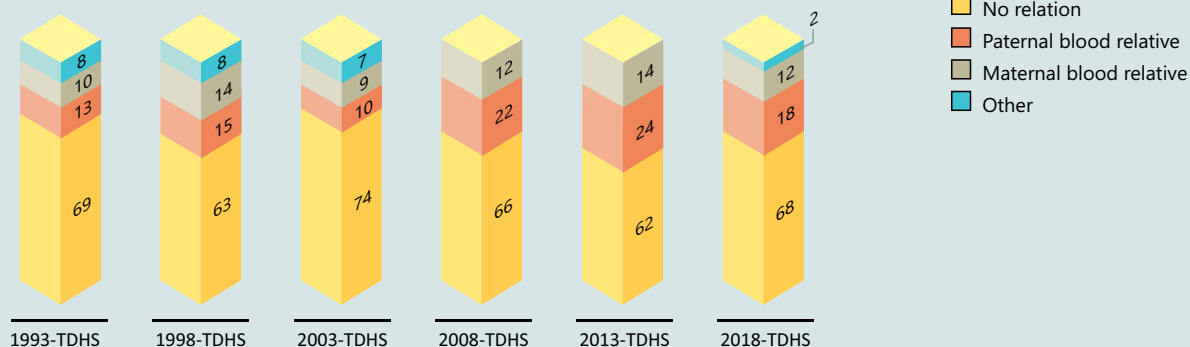
Figure 35. Bride Price Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

Yes
No

37	32	23	24	29	38
63	68	77	76	71	62

1993-TDHS 1998-TDHS 2003-TDHS 2008-TDHS 2013-TDHS 2018-TDHS
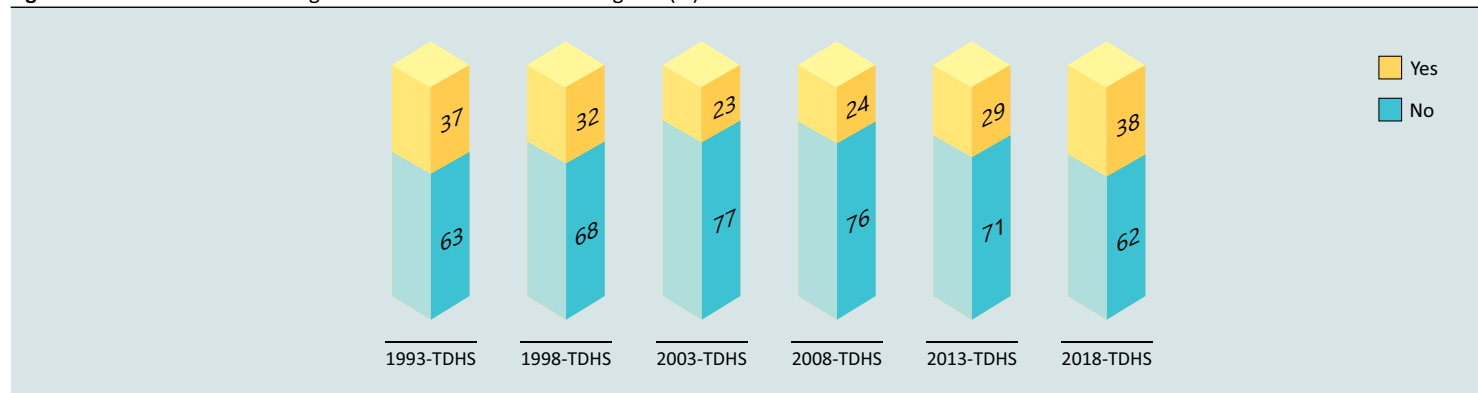
▪ Characteristics of Women

The characteristics of women married as children give an idea about the lives of women who were subjected to these marriages and the impact of such marriages on their lives (Annex Table 10). Relatedly, examining the mother tongue of these women, it is seen that CEFM is more prevalent among women whose mother tongue is Kurdish. According to 2018-TDHS results, the mother tongue of seven out of 10 women aged 20-24 who married before the age of 18 was Kurdish, for two out of 10 women it was Turkish, and the mother tongue of one out of 10 women was Arabic or another language.

Educational Level of Women
CEFM prevents girls from continuing their education. The mean years of education of women aged 20-24 who married before age 18 has increased from 4 to 7 years in

the last 25 years (Figure 36). In the period from 1993 to 2008, CEFM was the most prevalent among women with primary school education, whereas after 2013 it was more prevalent among women with secondary school education. According to 2018-TDHS, among women married before age 18, the proportion of women with complete secondary education was 52%, the proportion of women with no education or incomplete primary school education was 11%, the proportion of women with complete primary school education was 30% and the proportion of women with high school education was 7%. While the increase in the share of women with complete secondary school education can be evaluated as a positive outcome in terms of the increase in the compulsory education period, it is seen that having complete secondary school education does not protect girls from child marriage (Annex Table 10).

Figure 36. Mean Years of Education Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

3.8   4.4   4.9   5.1   6.0   7.0

1993-TDHS 1998-TDHS 2008-TDHS 2013-TDHS 2013-TDHS 2018-TDHS

45
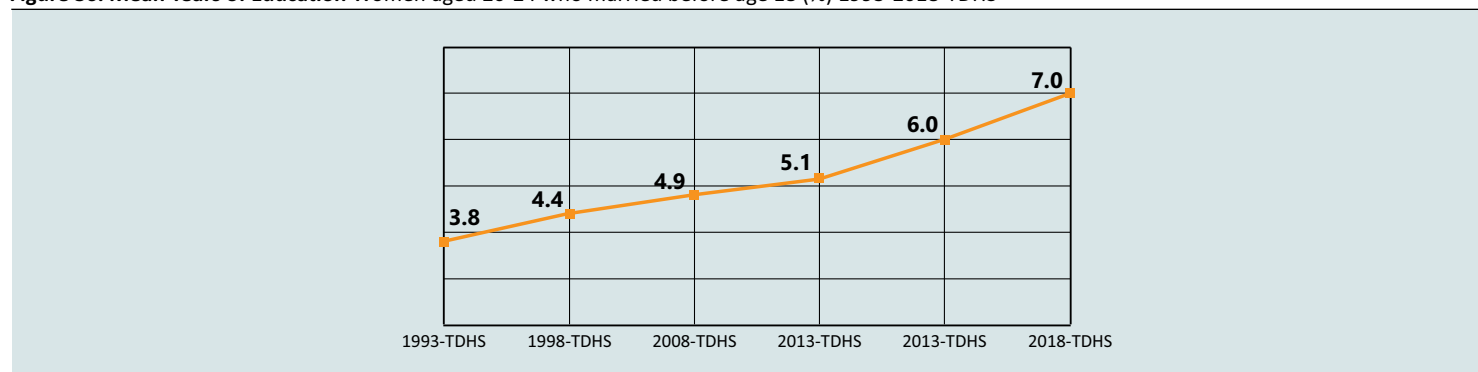
Employment Status of Women

Another adverse effect of child marriage is not being able to participate in employment. In Turkey, where female participation in employment is low, the participation of women married before age 18 in employment further decreased in the last 25 years. While 75 out 100 women reported not currently working in the 1993 survey, in 2018, 86 out of 100 women were out of employment. Furthermore, the ones who do participate in employment often work in jobs without any social security (Figure 37). The results indicate that the lives of women married before age 18 are mostly limited to their homes.

Among women's reasons for not working, being busy with household chores, childcare and not being allowed to work by their spouses and families are at the forefront. The last three surveys revealed that one-fourth of women aged 20-24 who married before age 18 were not allowed to work (Figure 38). These results show that household chores, childcare and not being allowed to work are among the three main impediments to the participation of women in employment and that there has not been a significant change on this issue over the years.

Women's Ownership of Income and Goods

The ownership of goods variable refers to owning a house, land or a car either alone or jointly with someone else. The answers given in the last two TDHSs showed that the level of ownership of income and goods among women aged 20-24 who married before the age 18 does not exceed two out of 10 women (Figure 39).

Figure 37. Employment of Women Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS
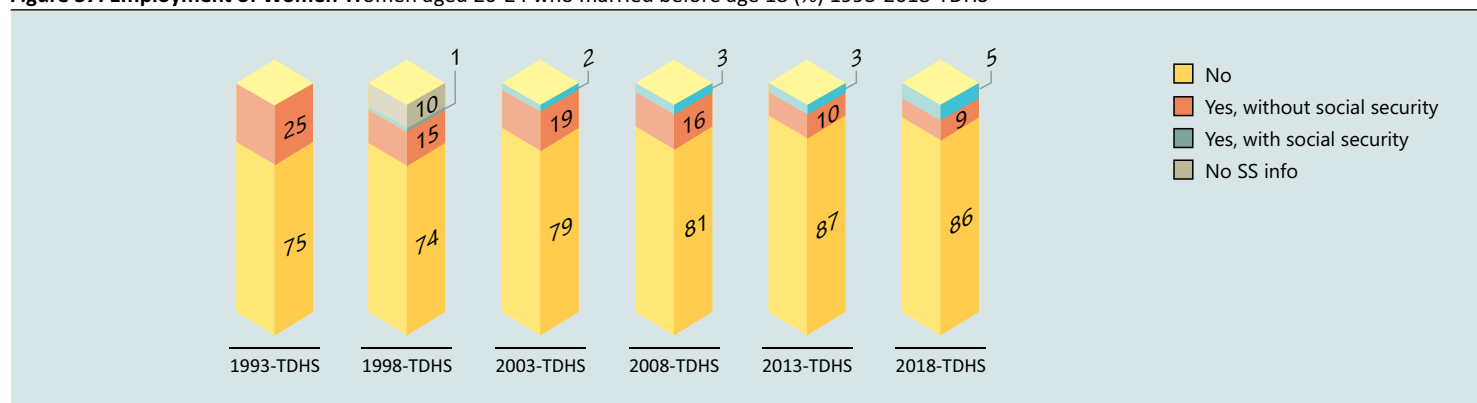
Figure 38. Reasons for Not Working Women aged 20-24 who married before age 18 (%) 2003-2018-TDHS
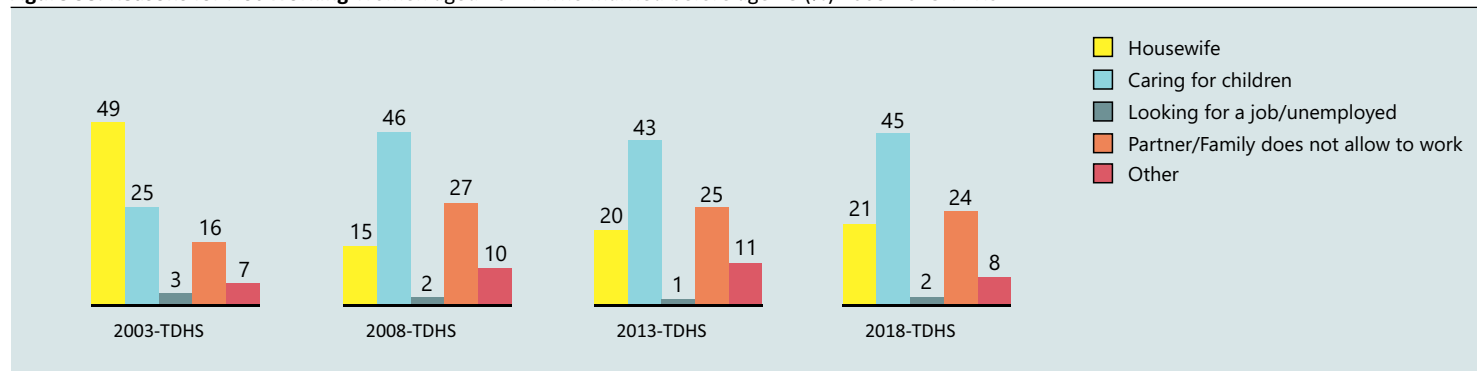
Figure 39. Ownership of Income and Goods Women aged 20-24 who married before age 18 (%) 2013-2018-TDHS

Legend:
- 2013-TDHS
- 2018-TDHS

Income Ownership: No — 87, 81; Yes — 13, 19
Goods Ownership: No — 79, 82; Yes — 21, 18
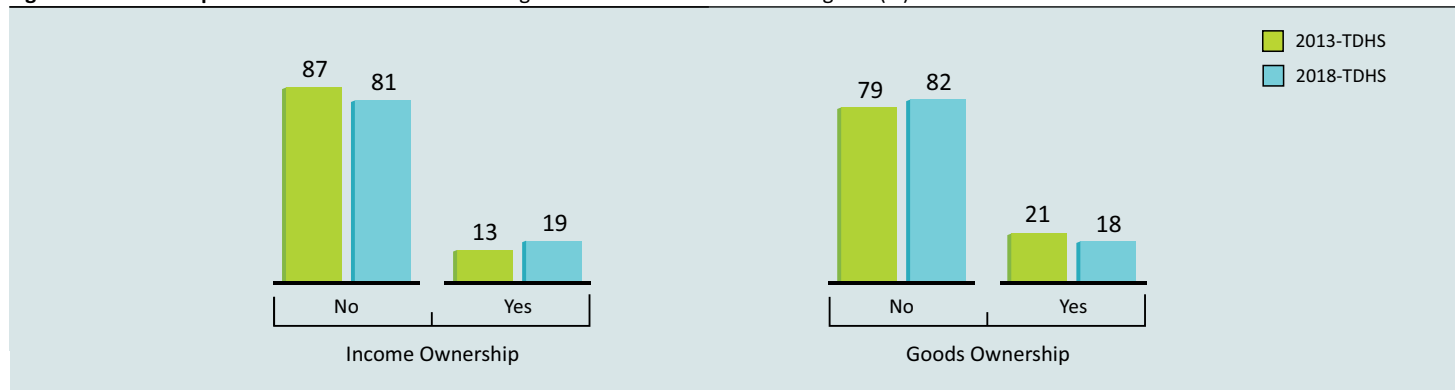
In 2018-TDHS, while 27% of women aged 20-49 stated having an income of their own, this proportion declined to 14% for women married before the age of 15. Furthermore, while 21% of women in the 20-24 age group reported having an income of their own, this proportion is 20% for those married before age 18. The fact that the proportion of ownership of goods is 32% for all women and women married before 18 in the 20-49 age group, and 31% for women married before age 15 indicate that women can independently acquire assets and goods only at older ages (Annex Table 10).

▪ **Women's Relationship with Spouses**

Age and educational differences between spouses, the decision maker for women's healthcare, spouses' limiting behaviors, women being able to say "no" to sexual intercourse all give information on the status of women in their marriages. While polygyny is discussed extensively in terms of CEFM, this issue was not included in the study since it would not be correct to make interpretations using TDHSs about polygyny as, country-wide, it is at very low levels. Analyses were made for women whose first marriages continue.

Age Difference between Spouses
Age and educational differences are among the important factors affecting the power relations between spouses. In marriages in Turkey, men are generally older than women. Figure 40 shows that this pattern did not change over the years for women aged 20-24 who married before age 18. While these proportions fluctuated at times, more than

Figure 40. Age Difference Between Partners Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

Legend:
- Partner is 10+ years older
- Partner is 5-9 years older
- Partner is 1-4 years older
- Same age
- Woman is older

1993-TDHS: 13, 56, 29, 1, 1
1998-TDHS: 16, 46, 32, 4, 2
2003-TDHS: 19, 52, 26, 3
2008-TDHS: 21, 54, 23, 2
2013-TDHS: 17, 59, 23, 1
2018-TDHS: 16, 50, 30, 3, 1
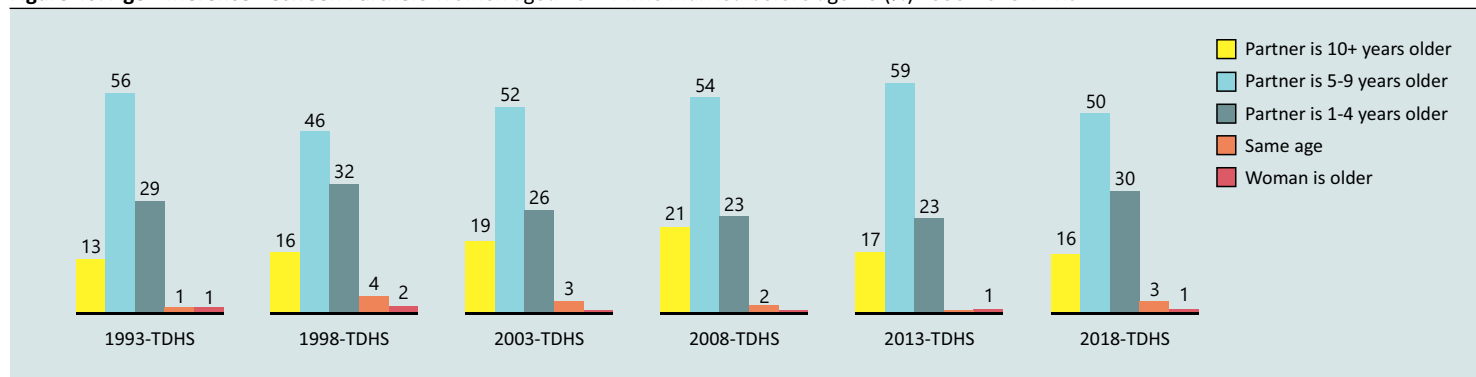
half of the women in this age group married men 5-9 years older than them. In the last three surveys, the proportion of marriages with an age difference of 10 or more years is close to one-fifth. In 2018-TDHS, the spouses of two out of 10 women who married as a result of CEFM are 10 or more years older, the spouses of five out of 10 women are 5-9 years older and spouses of three out of 10 women are 1-4 years older.

Educational Level Differences between Spouses
In almost half of the marriages, the educational level of women's spouses is higher. Even though there has not been a change for cases where the educational level of husbands is higher than of women, the change in the last 25 years points to an increase in cases where women's educational level is higher than their spouses. While in 1993 8% of women in the 20-24 age group who married before age 18 had a higher education level than their spouses, in 2018 this proportion increased to 29%. This finding is striking in that even though three out of 10 women aged 20-24 who married before age 18 had a higher educational level than their spouses, they still entered marriage during childhood (Figure 41).

Spouses' Limiting Behaviors
To reveal whether the lives of women who were married/married off as children are being limited in their relationships with their spouses, it was examined whether there were any limitations on women's certain daily acts. A categorization was made according to being subjected to one or two, or three or more limiting behaviors. These behaviors include preventing a woman from seeing her friends, limiting contact with her family, insisting on knowing where the woman is, distrust with money issues and accusing her of being unfaithful. Looking at the change over the course of 10 years, the proportion of women subjected to limiting behaviors among those aged 20-24 who married before age 18 declined from 60% in 2008 to 49% in 2018. Nevertheless, almost half of the women's behaviors are still limited by their spouses (Figure 42).

When the 2018-TDHS results are examined in detail, the proportion of limiting 1-2 behaviors of women in the 20-49 age group is 32% while, this proportion is 34% for women who married before the age of 18. The most striking finding for limiting behaviors for women in older age groups is that while the proportion of limiting 3 or more behaviors is 5% for all women, it doubles for women married before the age of 15. On the other hand, in terms of the 20-24 age group, marriage before age 18 did not cause a significant difference for limiting behaviors (Annex Table 11).

Beyond limiting behaviors, the decision maker for women's healthcare, women being able to refuse sexual intercourse whenever they want, and polygyny are also decisive factors for unequal power relations in marriage.

Figure 41. Educational Differences between Spouses Women aged 20-24 who married before age 18 (%) 1993-2018-TDHS

Legend:
- Woman is more educated
- Spouses have same education level
- Partner is more educated

1993-TDHS: 8, 40, 52
1998-TDHS: 8, 42, 50
2003-TDHS: 13, 36, 51
2008-TDHS: 14, 37, 49
2013-TDHS: 26, 28, 46
2018-TDHS: 29, 18, 53
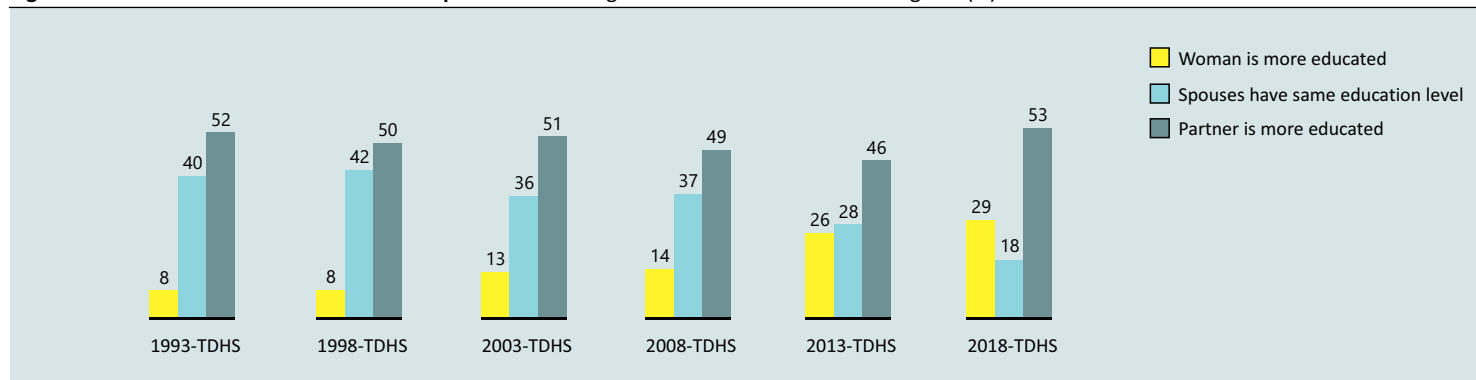
Figure 42. Limiting Behaviors Women aged 20-24 who married before age 18 (%) 2008-2018-TDHS

Legend:
- No limiting behavior
- One or two limiting behavior
- Three or more limiting behavior

2008-TDHS: 40, 43, 17
2013-TDHS: 43, 53, 4
2018-TDHS: 51, 41, 8
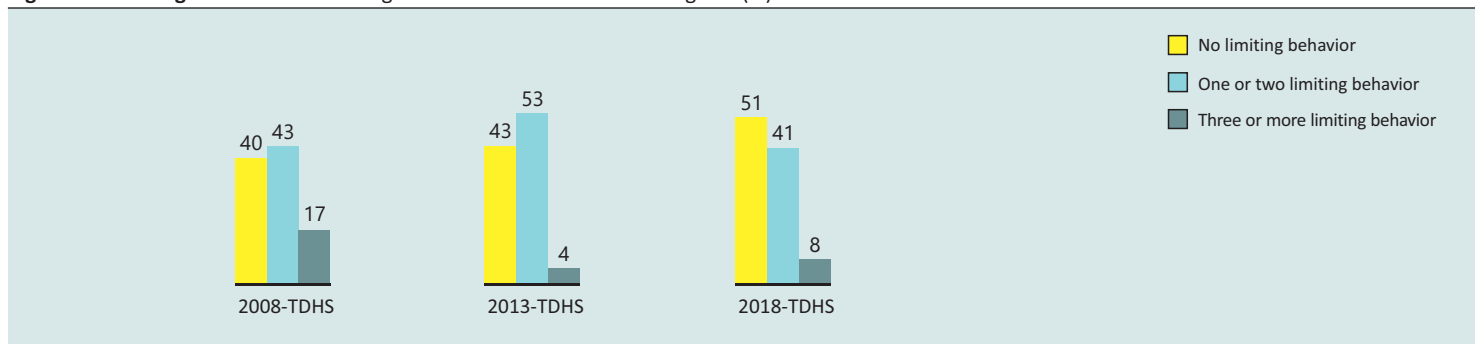
According to 2018-TDHS, 77% of women aged 20-24 who married before age 18 reported making decisions on healthcare together with their spouses. The proportion of women making decisions by themselves is 23% for all women and 17% for women married before age 18.

▪ Attitudes of Women

Women's preference about marriage age and, their attitudes toward gender equality and physical violence as well as their ability to refuse sexual intercourse reveal to what extent women adopt the traditional roles attributed to women and men by the society.

Women's Preference about Marriage Age

According to the answers given to the question "At what age would you have wanted to get married?" asked in the last two TDHSs, women aged 20-24 who married before age 18 reported mostly wanting to marry after the age of 20. The mean age at marriage preference[8] was 22.5 in 2013 and 22.6 in 2018. In both of the surveys, nine[9] out of 10 women aged 20-24 who married before age 18 reported wanting to marry at later ages. While wanting to get married at later ages is more prevalent among women, the decline in the proportion of women wanting to marry after age 20 from 87% in 2013-TDHS to 78% in 2018-TDHS is striking (Figure 43).

In 2018-TDHS, 1% of women who would have wanted to marry after age 20 preferred before age 15, 6% of these women would have preferred to be married between ages 15-17 and 10% of these women preferred ages 18-19. However, in 2013-TDHS, before age 15 was not mentioned as a preferred age for marriage, and 6% of women preferred ages 15-17 while 4% preferred ages 18-19 (Annex Table 12).

Figure 43. Age at Marriage Preference of Women Women aged 20-24 who married before age 18 (%) 2013-2018-TDHS

Legend:
- 2013-TDHS
- 2018-TDHS

Before age 20: 10, 17
20 or later ages: 87, 78
Does not want marriage: 3, 5
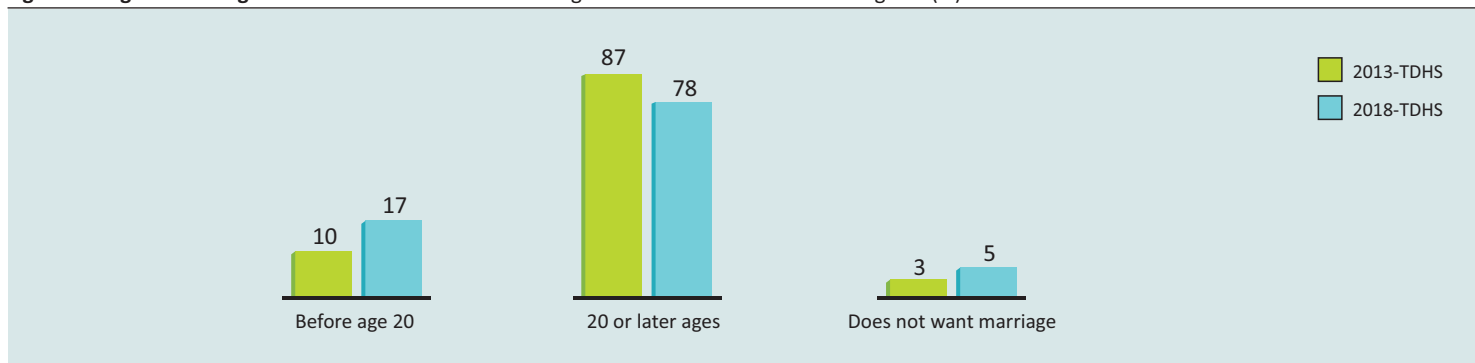
8 Women who stated "would not have want to married" were not included in mean calculations.

9 According to 2013-TDHS, 92.8% of women aged 20-24 who married before 18 wanted to get married later, 4.3% said they got married at the age they wanted, and 2.9% did not want to get married. Similarly, in 2018-TDHS, the same proportions are 93.3%, 1.8% and 4.9%, respectively.

Attitudes towards Gender Equality

In order to observe some attitudes towards gender equality, various statements were read to women, and they were asked whether they agreed with them. According to Figure 45, which presents the change in the common three variables over the last three surveys, the approval of egalitarian attitudes among women aged 20-24 who married before age 18 changed for the statements on education of girls, men's contributions of men to household chores, women who have small children working and being a virgin when getting married. Even though among women aged 20-24 who married before age 18, the proportion of women who agree with the statement "women should not work, if they have small children" had a declining trend between 2008 and 2018, currently 56% of women approve of women not working if they have small children. Furthermore, 24% of women agree with the statement "important decisions in the family should be made only by the men of the family", and 45% of women do not agree with the statement "women should be more involved in politics" (Figure 44).

Attitudes towards Physical Violence

The attitudes toward physical violence were categorized based on whether or not women justify violence when the following situations occur: going out without telling the husband, neglecting the children, answering back to the husband, refusing to have sex with the husband and burning the food. In Figure 46, it is seen that in the last 20 years the share of women who do not justify physical violence in any situation increased among women aged 20-24 who married before the age of 18. While in 1998, only four out of 10 women stated that they did not approve of physical violence, in 2018, eight out of every 10 women stated that they did not approve of physical violence (Figure 45).

It is seen that nine out of 10 women in the 20-49 age group interviewed within the scope of 2018-TDHS and eight out of every 10 women who married before the ages of 18 and 15 did not approve of physical violence in any way. There is a similar pattern for the 20-24 age group (Annex Table 12). Despite these increasing proportions over time, the level of agreeing with any cause is higher among women who married in childhood.

Figure 44. **Attitudes Toward Gender Equality** Women aged 20-24 who married before age 18 (%) 2008-2018-TDHS
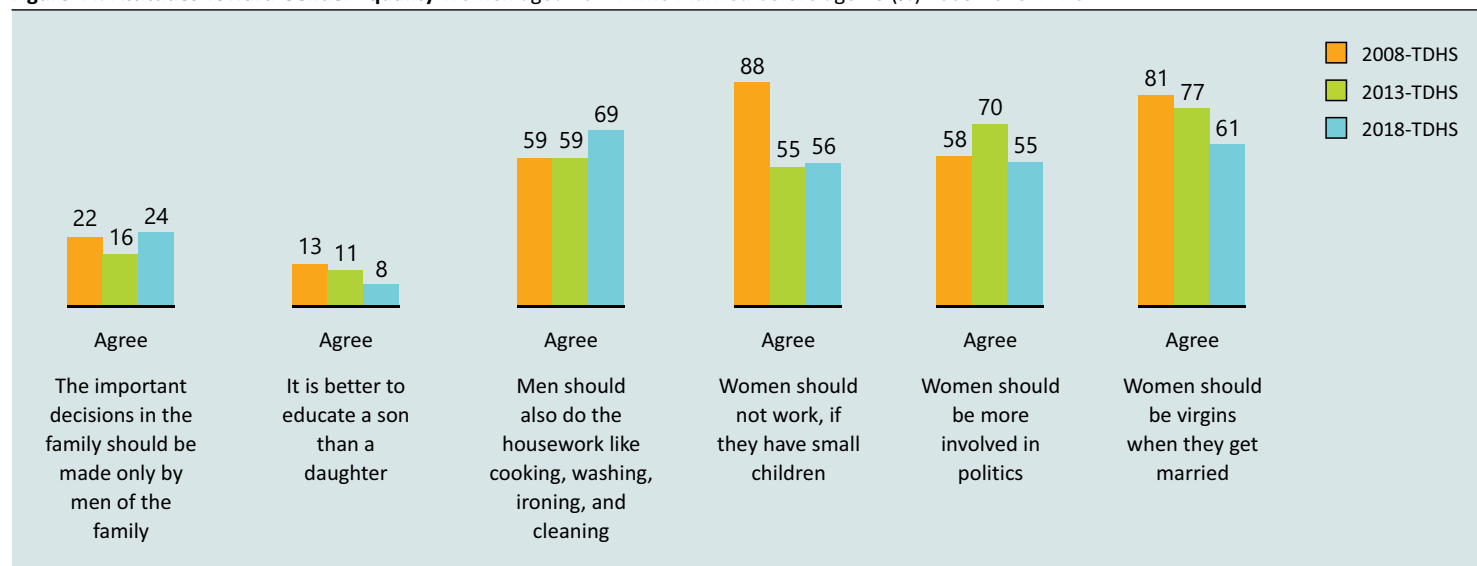
Figure 45. Attitudes Toward Physical Violence Women aged 20-24 who married before age 18 (%) 1998-2018-TDHS

Legend:
- Not justified at all
- At least one reason
- No or don't know

Data by survey year:
- 1998-TDHS: 39, 57, 4
- 2003-TDHS: 54, 44, 2
- 2008-TDHS: 72, 27, 1
- 2013-TDHS: 83, 16, 1
- 2018-TDHS: 83, 17
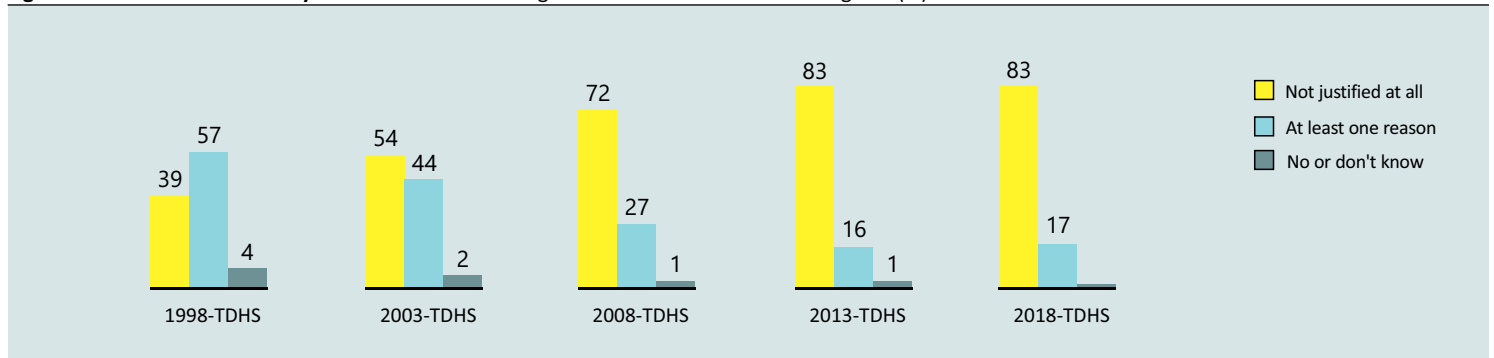
Women's Refusal of Sexual Intercourse

The proportions regarding women's refusal of sexual intercourse are at a similar level for all women and women who marry as a result of CEFM for both age groups. Eight out of every 10 women in the 20-24 and 20-49 age groups stated that they can refuse sexual intercourse. Among women who married before age 18, while these proportion remain the same for young women, it falls to 7% in the 20-24 age group (Annex Table 11).

V.
The Highlights of
TDHS Analyses

This study aims to offer scientific support through the provision of data-based information for the programs, efforts and implementations aimed at eliminating child, forced and early marriage. The information is produced through the analysis of Turkey Demographic and Health Surveys conducted at five-year intervals between 1993-2018. In this way, the aim was to highlight the current status of CEFM in Turkey and changes throughout the years. This study, which addresses CEFM as harmful practice that violates human rights, children's rights and women's rights, harms girls' physical and mental health, limits their education and future lives, and hinders development and equal participation in all spheres of life, investigated marriages before the age of 18, especially among women in the 20-24 age group. Relatedly, this report presents data and analysis that can be used for policies and programs which aim to establish the harmful practice of CEFM as a criminal offence and to eliminate such practices.

- **Prevalence of CEFM**
The proportion of women who married before the age of 18 among the 20-24 age group declined between 1993 and 2008. However, this observed decline did not continue in the period between 2008 and 2018. This country-wide stall observed in the past 10 years is not homogeneous among regions. In the past 10 years, the proportions of CEFM increased in West Marmara, Aegean, Mediterranean and Southeast Anatolia. Child marriage is more prevalent among young women who grew up and still live in rural areas.

- **Impact of Educational Attainment on CEFM**
The study findings distinctly reveal the relationship between CEFM and the duration and low levels of education. The educational levels of mothers and fathers among families who support CEFM, which hinders the education of boys and girls, are also low. The increase in the proportion of women with higher levels of education than their spouses demonstrate that an increase only

in women's educational level is not sufficient for the prevention of CEFM.

- **The Relationship between CEFM and Economic Level**
TDHS does not include information on the extent of the effects of poverty and economic level among the reasons for child, early and forced marriage of women. However, the increase in bride price practices points to the families' support of child marriage in the formation of marriages. The increase in the proportion of women who experienced CEFM living in poor households in the past 10 years indicates that these marriages occur more frequently among low-income groups. Girls with low levels of education also have very low levels of participation in employment later in life. In addition to employment, their income and property ownership are also at low levels.

- **CEFM in terms of Sexual Health, Reproductive Health and Rights**
WHO defines reproductive health as having a satisfying and safe sex life, having the capability to reproduce and the freedom to decide if, when and how often to do so. In all of these stages the physical, mental and social well-being of individuals is of first priority (WHO, 2020). In terms of reproductive and sexual health, this study covers the use of family planning/contraceptive methods, pregnancies, adolescent pregnancies and births.

According to the study results, it is striking that three out of four women in the 20-24 age group who married before the age of 18 did not know about the fertile period. The finding that three out of four women did not talk with somebody about family planning indicates inadequate knowledge about reproductive health. The fact that half of the women in the 20-24 age group who entered marriage before the age of 18 did not use contraceptive methods highlights the need for further efforts in terms of access to services, along with the desire to become pregnant. One-third of women in the same

age group did not know about the sources for accessing contraceptive methods. On the other hand, three out of four women who use contraceptive methods want to change the current contraceptive method used. The unmeet family planning need, declining since 1993, doubled to 12% in the 2018-TDHS compared to 2013. The findings on contraceptive methods indicate that there is a problem in terms of access to reproductive health rights. These findings reveal that one of the core underlying problems is women's lack of fundamental knowledge about sexual and reproductive health.

The analysis of TDHSs shows that reproductive health has improved positively in terms of maternity and delivery services in parallel with the pronatalist policies that have become widespread since 2008. The ideal number of children increased after 2008, reaching 3.14 for the first time. Women in the 20-24 age group who entered marriage during childhood want to have more children, and the rate of birth termination also decreased. Nine out of 10 women who married before the age of 18 gave birth before the age of 19. In the same age group, the fertility of women who married as children increased compared to the previous survey, and the rate of abortion decreased. These results indicate that almost all CEFM translates to childhood pregnancy. The reflection of pronatalist policies on antenatal, delivery and postnatal services occurred predominantly in the form of performing births in hospitals by skilled healthcare personnel. One of the two areas where there is a lack of delivery services is the high prevalence of cesarean section and relatively low levels of postnatal care within the first two days of delivery compared to other care services. The opposition towards induced abortions as part of pronatalist policies has affected the opinions of young women. In terms of child health, while there are certain disadvantages for the same age group, there has been an improvement over the years in parallel with the improvements in postnatal care.

- **Factors Affecting CEFM in the Formation of Marriages**
Considering the importance of marriage and having a family in Turkey, the formation of marriages is important for CEFM. In terms of CEFM, which is usually arranged by families, one of the important changes seen after 2008 is the increasing proportion of girls under the age of 18 also approving of the marriage decision. For these marriages, the "consent" and "approval" of children is a legally controversial topic. According to the Turkish Civil Code, a person who does not possess distinguishing power cannot marry. Furthermore, marriages should happen with "full and free consent of the parties". Even though the opinion of the child is sought in marriage approval applications and her/his ability to distinguish is investigated, the issue of giving full and free consent is not investigated. While in the study, their consent to marriage is examined, the conditions of this consent are not known. Therefore, we do not have enough data for the examination of this consent.

Another legally problematic issue is that the initial type of ceremony for these marriages held before the age of 18 is religious marriages. Up until 2015, individuals who only had religious ceremonies without civil marriages were sanctioned with prison as per Article 230 of the Turkish Civil Code (230/5 and 230/6). With the nullification of these articles by the Constitutional Court, the deterrence against opting for religious marriages of children when the required criteria for civil marriage are not met was removed. The study results highlight that in almost three out of four marriages, the religious ceremony was performed first. Following the Constitutional Court decision, due to a lack of a new regulation aimed at the officiants of child marriages, the protection ensured by the marriageable age limitations enforced by the Turkish Civil Code became dysfunctional.

Consanguineous marriages and couples' not living alone at the beginning of their marriages point to traditional practices. The impact of consanguineous marriages on the reinforcing impact of consanguineous marriages on child marriages did not change over the years.

Living with the family of the man at the beginning of the marriage also has adverse effects on the status of girls in the marriage.

- **The Status and Attitudes of Women in Terms of CEFM and their Spousal Relationships**
Having at least a five-year age difference between the spouses among women in the 20-24 age group who married before the age of 18 is a prevalent pattern. The actions of half of the women are limited by their husbands. On the other hand, the proportion of women justifying any physical violence decreased, and the proportion of women stating that they can refuse sexual intercourse increased. However, it is seen that women did not adopt a more egalitarian perspective in terms of attitudes towards gender. Despite the fact that CEFM is a result of gender inequalities and restricts the lives and hinders the development of women, it is seen that women adopted a more egalitarian perspective except for involvement in politics.

Analysis of the last six TDHSs highlights that CEFM continues to be a pressing issue in Turkey. While there are certain improvements in delivery care services in parallel with pronatalist policies, the findings demonstrate that there is a lack of information, especially on contraceptive methods. That said, health is not only limited to physical health. When mental health and social well-being are considered, the lack of creating areas for children's personal development through participation in education, employment and social inclusion comes to the forefront. Moreover, nine out of 10 women in the 20-24 age group who married before the age of 18 mentioned wanting to marry at a later age. While the discourse mentions a tendency toward child marriage

for women, the findings demonstrate that women who married as children are not happy about the ages at which they married.

Even though Turkey is a party of numerous international conventions on the elimination of CEFM, CEFM is still not fully outlawed despite legal regulation of civil marriages. International conventions urge signatory countries to determine minimum age of marriage and warn the parties to take all precautions for the prevention of civil or religious marriages before the age of 18. Since the identification of marriageable age is not a sufficient prevention of societally justified child marriages, steps aimed at shifting the traditional and cultural norms are necessary. In addition, the fact that seven out of 10 women married/married off as children have Kurdish as mother tongue, two have Turkish as mother tongue and one has Arabic as mother tongue hints that including multilingual tools and methods in the studies to be carried out on this issue can lead to more positive results.

By providing data-based findings that can be used for policies for the elimination of CEFM, which is among the obstacles to sustainable development and is one of the forms of gender inequalities faced by women, and for combating societal and cultural norms that promote and reinforce CEFM, this study aims to contribute to the efforts in this field.

Annex Tables

Annex Table 1. CEFM and Place of Residence, Region and Wealth Index (%) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Region										
West	12,1	35	100,0	262	3,2	71	17,4	353	100,0	1.926
South	18,9	24	100,0	115	4,4	35	22,5	181	100,0	779
Central	14,0	28	100,0	177	2,9	40	20,5	285	100,0	1.258
North	5,1	8	100,0	121	1,9	18	16,0	139	100,0	814
East	20,4	63	100,0	294	5,3	90	25,1	407	100,0	1.557
Residence										
Urban	14,0	104	100,0	694	3,0	143	18,2	873	100,0	4.555
Rural	17,1	54	100,0	275	5,6	111	26,0	492	100,0	1.779
NUTS 1 Region										
Istanbul	15,1	13	100,0	73	2,5	14	16,6	92	100,0	528
West Marmara	12,1	9	100,0	64	4,4	26	18,1	103	100,0	561
Aegean	14,3	11	100,0	66	3,8	19	18,3	93	100,0	489
East Marmara	6,8	7	100,0	89	2,8	15	17,5	97	100,0	540
West Anatolia	11,9	10	100,0	70	2,7	13	17,0	84	100,0	468
Mediterranean	18,9	24	100,0	115	4,4	35	22,4	181	100,0	779
Central Anatolia	18,0	11	100,0	57	3,9	18	27,5	128	100,0	453
West Black Sea	6,1	5	100,0	74	2,3	12	19,9	103	100,0	532
East Black Sea	5,7	5	100,0	67	2,4	12	16,6	77	100,0	427
Northeast Anatolia	17,2	14	100,0	72	6,7	30	25,6	114	100,0	432
Central East Anatolia	16,1	16	100,0	91	5,2	26	24,7	124	100,0	481
Southeast Anatolia	22,9	33	100,0	131	5,1	34	25,2	169	100,0	644
Wealth Index										
Poorest	35,6	68	100,0	197	8,4	100	33,5	404	100,0	1.216
Poorer	20,3	42	100,0	231	4,4	69	27,0	367	100,0	1.343
Middle	9,5	25	100,0	207	3,4	46	20,5	272	100,0	1.297
Richer	6,5	14	100,0	206	2,1	24	14,9	199	100,0	1.276
Richest	7,5	9	100,0	128	1,3	15	9,8	123	100,0	1.202
TOTAL	14,7	158	100,0	969	3,6	254	19,9	1.365	100,0	6.334

Annex Table 2. CEFM and Contraceptive Use (%) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Knowledge about fertile period										
Yes	24,0	37	27,9	256	20,3	42	22,2	279	29,1	1.684
No	76,0	121	72,1	713	79,7	212	77,8	1.086	70,9	4.650
TOTAL	100.0	158	100.0	969	100.0	254	100.0	1.365	100.0	6.334
Talking about FP with someone										
Yes	20,8	32	29,3	272	21,8	52	19,1	250	25,1	1.521
No	79,2	126	70,7	697	78,2	202	80,9	1.115	74,9	4.813
TOTAL	100.0	158	100.0	969	100.0	254	100.0	1.365	100.0	6334
Use of any method										
Never used	21,2	30	68,0	614	10,7	33	10,5	143	25,8	1.476
Only traditional method	15,0	26	7,1	92	11,4	31	10,5	164	9,6	697
Modern method	63,9	102	24,9	263	78,0	190	78,9	1058	64,6	4.161
TOTAL	100.0	158	100.0	969	100.0	254	100.0	1.365	100.0	6334
First method used*										
Traditional method	40,5	51	46,4	172	30,0	69	29,9	390	33,1	1.669
Modern method	57,6	74	51,9	178	69,1	149	69,1	820	66,0	3.152
Other	2,0	3	1,8	5	0,9	3	1,0	12	1,0	37
TOTAL	100.0	128	100.0	355	100.0	221	100.0	1.222	100.0	4.858
Currently used method										
No method	47,0	72	78,3	728	33,7	95	33,3	451	44,7	2.703
Traditional method	21,4	35	7,7	90	18,8	48	19,7	284	16,3	1.127
Modern method	31,6	51	14,0	151	47,5	111	47,0	630	39,0	2.504
TOTAL	100.0	158	100.0	969	100.0	254	100.0	1.365	100.0	6.334
Prefer to use a different method**										
Yes	24,1	19	23,5	52	16,5	28	18,9	164	17,2	607
No	75,9	67	76,5	189	83,5	131	81,1	750	82,8	3.024
TOTAL	100.0	86	100.0	241	100.0	159	100.0	914	100.0	3.631
Knowing any source of FP***										
Yes	71,0	74	74,2	594	68,4	93	76,6	541	78,9	2.950
No	29,0	33	25,8	224	31,6	50	23,4	194	21,1	880
TOTAL	100.0	107	100.0	818	100.0	143	100.0	735	100.0	3.830

* For women ever-used any method   ** For women currently using method   *** For women not using modern method

Annex Table 3. CEFM and Terminated Pregnancies (Mean and percent) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n
Total number of terminated pregnancies										
	0,30	158	0,09	969	0,87	254	0,74	1.365	0,47	6.334
	%	n	%	n	%	n	%	n	%	n
Ever had a terminated pregnancy										
Yes	21,8	34	7,5	82	45,5	113	42,9	588	29,6	1.984
No	78,2	124	92,5	887	54,5	141	57,1	777	70,4	4.350
TOTAL	100.0	158	100.0	969	100.0	254	100.0	1.365	100.0	6.334
Approval of induced abortion*										
Approve	2,2	4	10,5	84	4,9	12	4,2	48	9,4	480
Disapprove	92,6	144	78,6	779	82,8	215	86,2	1.190	78,8	5.116
Depends	5,2	9	10,9	100	12,3	25	9,6	118	11,7	698
TOTAL	100.0	157	100.0	963	100.0	252	100.0	1.356	100.0	6.294
Choosing induced abortion for unwanted situations										
No	89,2	143	81,5	814	73,2	188	79,1	1.097	78,0	5.072
Yes	6,2	10	12,2	99	11,7	28	9,5	117	12,3	635
Not applicable (infecund)	0,0	0	0,0	0	11,6	30	8,4	111	5,4	359
Don't know	4,6	5	6,3	56	3,5	8	2,9	40	4,3	268
TOTAL	100,0	158	100,0	969	100,0	254	100,0	1.365	100,0	6.334

* Total number can be less due to missing observations.

Annex Table 4. CEFM and Fertility Preferences (Mean and percent) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n
Ideal number of children*										
	3,14	158	2,79	964	3,43	251	3,18	1.359	2,87	6.292
	%	n	%	n	%	n	%	n	%	n
Women's desire for more children**										
Wants	62,0	91	72,9	314	12,1	25	19,5	225	27,4	1.334
Undecided	5,2	6	3,9	16	1,3	5	2,3	27	4,1	206
Wants no more	32,8	51	23,2	105	86,6	183	78,2	942	68,5	3.374
TOTAL	100,0	148	100,0	435	100,0	213	100,0	1.194	100,0	4.914
Sex preference of 1 child * *****										
Girl	26,8	39	25,3	244	25.0	64	23.3	303	26.9	1604
Boy	13,4	20	12,6	119	9.6	28	11.8	160	11.0	681
Does not matter	59,8	96	62,1	577	65.4	155	64.9	854	62.1	3819
TOTAL	100,0	155	100,0	940	100.0	247	100.0	1317	100.0	6104

* Non-numeric answers are discarded.

** Calculated for women still at their first marriage.

*** Total number can be less due to missing observations.

**** Not asked to women with zero ideal number of children.

Annex Table 5. CEFM and Fertility (Mean and percent) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	Mean	n	Mean	n	Mean	n	Mean	n	Mean	n
Number of living children										
	1.73	158	0.48	964	3.46	254	3.06	1.365	1.87	6.234
Total children ever born										
	1.86	158	0.50	969	3.71	254	3.23	1.365	1.94	6.334
	%	n	%	n	%	n	%	n	%	n
Age at first birth*										
Never given birth	5,5	7	22,3	94	1.9	5	1,7	18	6,6	308
Before age 15	1,7	1	0,6	1	18,2	36	3,3	38	0,8	40
15	5,3	8	1,9	8	33,6	69	7,2	86	1,7	86
16	8,7	14	3,0	14	16,1	33	11,3	139	2,7	143
17	18,8	34	6,6	34	12,8	29	21,6	260	5,0	263
18	32,1	49	13,6	55	5,3	14	29,3	353	8,0	405
19	21,8	28	16,7	68	4,9	9	12,6	142	9,1	461
Age 20 or later	6,1	7	35,5	161	7,2	18	13,0	158	66,1	3.208
TOTAL	100,0	148	100,0	435	100,0	213	100,0	1.194	100,0	4.914

* Calculated for women still in their first marriage

Annex Table 6: CEFM and Antenatal Care, Deliveries and Postnatal Care Services (%) 2018-TDHS

Last birth in the last 2 years	20-24 age group				20-49 age group					
Age at marriage	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
Antenatal Care	%	n	%	n	%	n	%	n	%	n
ANC visit during the first trimester of pregnancy*										
Yes	90,2	69	94,2	206	*	*	92	177	93,8	858
No	9,8	8	5,8	15	*	*	7,8	19	6,2	65
TOTAL	100,0	77	100,0	221	100,0	24	100,0	196	100,0	923
ANC Visit										
No visit	2,0	1	3,7	5	(2,9)	1	3,5	7	3,5	31
1-3	10,2	9	7,1	20	(16,3)	5	7,5	16	5,9	63
4 or more	87,8	68	89,2	201	(80,7)	19	88,8	179	90,4	857
Don't know	0,0	0	0,0	0	(0,0)	0	0,2	1	0,3	3
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
ANC from skilled healthcare provider										
Yes	98,0	77	96	221	(97,1)	24	96,5	196	96,5	923
No	2,0	1	3,7	5	(2,9)	1	3,5	7	3,5	31
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
Effective antenatal care[1]										
Yes	85,4	66	87,2	196	(72,2)	17	84,8	169	87,2	823
No	14,6	12	12,8	30	(27,8)	8	15,2	34	12,8	131
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
Place of delivery										
Home	1,2	1	0,4	1	(4,9)	1	0,5	1	0,3	4
Public Hospital	72,1	59	67,0	162	(81,2)	20	75,5	157	58,3	598
Private Hospital	26,7	18	32,4	62	(13,9)	4	24,0	45	41,2	350
Other	0,0	0	0,2	1	(0,0)	0	0,0	0	0,2	2
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
Delivery by a skilled provider[2]										
Yes	98,0	77	99,4	224	(100,0)	25	99,0	201	99,5	948
No	1,2	1	0,6	2	(0,0)	0	1,0	2	0,5	6
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954

Annex Table 6: CEFM and Antenatal Care, Deliveries and Postnatal Care Services (%) 2018-TDHS

Last birth in the last 2 years	20-24 age group				20-49 age group					
Age at marriage	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
Postnatal Care	%	n	%	n	%	n	%	n	%	n
C-section										
Yes	38,1	31	47,0	100	(31,4)	8	40,2	83	54,4	510
No	61,9	47	53,0	126	(68,6)	17	59,8	120	45,6	44
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
PNC in the first 2 days										
Yes	72,9	59	76,7	174	(90,8)	24	79,6	167	78,5	759
No	27,1	19	23,3	52	(9,2)	1	20,4	36	21,5	195
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
PNC in the first 41 days										
Yes	91,4	72	94,2	212	(100,0)	25	93,4	190	95,5	909
No	8,6	6	5,8	14	(0)	0	6,6	13	4,5	45
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954

* Total number can be less due to missing observations.

1 Effective ANC: ANC visits in the first three months; 4 or more visits in total; ANC from skilled provider

2 Deliveries performed by skilled healthcare personnel (doctor, nurse or midwife)

Annex Table 7. CEFM and Child Health (%) 2018-TDHS

All births in the last 5 years	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Birth weight less than 2.5 kg										
Yes	12,0	28	12,0	60	15,1	14	12,4	85	11,8	331
No	88,0	180	88,0	401	84,9	78	87,6	523	88,2	2.268
TOTAL	100,0	208	100,0	461	100,0	92	100,0	608	100,0	2.599
Height for age										
Severely stunted	3,2	6	3,3	13	1,4	1	1,5	9	1,5	42
Stunted	11,0	21	8,1	32	12,1	9	7,0	41	6,0	156
TOTAL	100,0	167	100,0	365	100,0	80	100,0	507	100,0	2.069
Weight for age										
Severely underweight	0,0	0	0,2	1	0,0	0	0,0	0	0,4	7
Underweight	3,4	6	2,5	10	2,2	2	1,7	11	1,5	37
High weight for age	2,6	6	3,8	13	5,5	4	6,1	26	4,7	96
TOTAL	100,0	174	100,0	383	100,0	83	100,0	521	100,0	2.139
Weight for height										
Severely Wasted	1,2	2	0,7	3	0,0	0	0,4	2	0,7	11
Wasted	3,6	7	2,5	12	5,0	4	1,6	10	1,6	37
Overweight	4,2	9	7,2	23	11,7	10	9,5	46	8,1	165
TOTAL	100,0	169	100,0	364	100,0	80	100,0	504	100,0	2.057
Last birth in the last 2 years										
Postnatal Care	%	n	%	n	%	n	%	n	%	n
Postnatal Care in the first 2 days										
Yes	71,3	52	67,6	151	(74,4)	20	67,1	135	68,4	646
No	28,7	26	32,4	75	(25,6)	5	32,9	68	31,6	308
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
Breastfed within the first hour of life after delivery										
Yes	70,0	54	70,5	152	(56,0)	15	68,9	134	70,9	648
No	30,0	24	29,5	74	(44,0)	10	31,1	69	29,1	306
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954

Annex Table 7. CEFM and Child Health (%) 2018-TDHS

Last birth in the last 2 years	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Breastfed for a period of time										
Yes	97,1	75	98,5	221	(95,1)	24	98,0	197	97,7	930
No	2,9	3	1,5	5	(4,9)	1	2,0	6	2,3	24
TOTAL	100,0	78	100,0	226	100,0	25	100,0	203	100,0	954
Age-appropriate breastfeeding of 0-23 months*										
Yes	45,1	31	51,0	111	(58,2)	14	48,8	93	55,0	514
No	54,9	42	49,0	110	(41,8)	11	51,2	104	45,0	429
TOTAL	100,0	73	100,0	221	100,0	25	100,0	197	100,0	943

∗ Calculated for children living with mothers.

Children aged 0-5 months: Exclusive breastfeeding.

Children aged 6-23 months: Breast milk and complementary food.

Annex Table 8. CEFM and Premarital Characteristics (%) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Childhood place of residence*										
Provinciale center	28,5	38	38,8	341	19,9	46	21,2	265	32,0	1.819
District center	37,0	49	34,4	302	25,2	55	28,8	343	31,3	1.813
Sub district/village	34,5	70	26,8	323	54,9	149	50,0	744	36,7	2.631
TOTAL	100,0	157	100,0	966	100,0	250	100,0	1.352	100,0	6.263
Mother's education*										
No education/ primary incomplete	63,3	102	33,7	376	78,7	201	72,3	982	53,8	3.606
Complete primary	33,6	48	49,8	450	18,4	39	24,8	316	36,0	2.101
Complete secondary school/higher	3,1	4	16,5	133	2,8	5	2,9	32	10,1	532
TOTAL	100,0	154	100,0	959	100,0	245	100,0	1.330	100,0	6.239
Father's education*										
No education/ primary incomplete	29,6	49	14,5	162	47,3	113	38,6	495	24,3	1.611
Complete primary	58,0	81	50,1	465	47,8	94	53,3	640	51,8	3.049
Complete secondary school/higher	12,4	19	35,4	316	4,9	12	8,1	104	23,9	1.320
TOTAL	100,0	149	100,0	943	100,0	219	100,0	1.239	100,0	5.980
Consanguineous marriage between parents										
Yes	41,7	56	28,.8	282	28,8	65	26,7	336	24,2	1.559
No	58,3	102	71,2	687	71,2	189	73,3	1.029	75,8	4.775
TOTAL	100,0	158	100,0	969	100,0	254	100,0	1.365	100,0	6.334

* Total number can be less due to missing observations.

Annex Table 9. CEFM and Formation of First Marriage (%) 2018-TDHS

Age at marriage	20-24 age group					20-49 age group					
	Before age 18		TOTAL			Before age 15		Before age 18		TOTAL	
	%	n	%	n		%	n	%	n	%	n
Method of meeting spouse*											
Family/relatives	69,1	110	54,6	259		74,6	172	75,3	957	59,5	3.182
Other	30,9	46	45,4	192		25,4	58	24,7	320	40,5	2.018
TOTAL	100,0	156	100,0	451		100,0	230	100,0	1.277	100,0	5.200
Arrangement of marriage*											
Abducted	0,6	1	0,3	2		0,8	3	0,6	8	0,4	22
Families without women's consent	5,1	6	2,1	8		23,0	51	13,7	173	6,0	314
Families with women's consent	40,9	65	29,9	132		40,9	101	45,9	574	33,7	1.806
Themselves	46,6	73	61,0	276		29,1	61	34,0	447	56,4	2.843
Eloped	6,8	11	6,8	33		6,4	14	5,6	73	3,5	209
Other	0,0	0	0,0	0		0,0	0	0,1	2	0,1	6
TOTAL	100,0	156	100,0	451		100,0	230	100,0	1.277	100,0	5.200
Type of marriage ceremony and marriage order*											
Only religious	7,4	8	7,6	31		4,8	10	3,6	37	2,1	105
Both, religious first	64,0	109	52,7	251		77,0	182	63,1	854	51,3	2.798
Both, civil first	25,0	35	37,4	162		12,7	28	30,2	358	43,3	2.165
Only civil	3,5	4	2,2	7		4,8	8	2,4	23	2,9	120
No ceremony	0,0	0	0,0	0		0,7	2	0,6	5	0,4	12
TOTAL	100,0	156	100,0	451		100,0	230	100,0	1.277	100,0	5.200
Consanguineous marriage*											
No relation	68,1	109	76,7	341		60,3	136	64,2	822	75,9	3.925
Paternal blood relative	18,5	31	12,9	68		25,1	58	22,2	284	14,0	759
Maternal blood relative	11,7	14	9,8	40		13,7	34	12,7	160	9,7	493
Other	1,7	2	0,6	2		0,9	2	0,8	11	0,4	23
TOTAL	100,0	156	100,0	451		100,0	230	100,0	1.277	100,0	5.200
Existence of bride price*											
Yes	38,2	58	26,9	125		35,0	85	26,8	365	15,0	893
No	61,8	98	73,1	326		65,0	145	73,2	912	85,0	4.307
TOTAL	100,0	156	100,0	451		100,0	230	100,0	1.277	100,0	5.200
Initial family structure*											
No one	24,0	35	43,3	187		18,3	34	22,7	250	47,5	2.253
Only respondent's relatives	0,2	1	0,3	2		0,3	1	0,1	3	0,4	26
Only husband's relatives	75,1	119	56,1	260		81,4	195	76,2	1.012	51,5	2.893
Both women's and husband's relatives	0,7	1	0,4	2		0,0	0	1,0	12	0,5	28
TOTAL	100,0	156	100,0	451		100,0	230	100,0	1.277	100,0	5.200

* Total can be less due to missing observations. Calculated for women with one marriage.

Annex Table 10. CEFM and Basic Characteristics of Women (%) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Women's mother tongue										
Turkish	65,4	98	78,6	718	61,5	148	69,4	920	79,7	4.888
Kurdish	21,0	42	16,0	198	27,4	83	22,5	348	15,2	1.132
Arabic and other	13,6	18	5,4	53	11,2	23	8,1	97	5,1	314
TOTAL	100,0	158	100,0	969	100,0	254	100,0	1.365	100,0	6.334
Women's education										
No education/ primary incomplete	10,6	16	3,2	39	35,0	97	21,5	327	10,7	804
Complete primary	30,2	47	8,8	99	49,0	121	52,2	690	33,7	2.237
Complete secondary	52,1	84	25,7	277	11,1	27	20,2	273	15,4	1.023
Complete high school / higher	7,1	11	62,3	554	4,9	9	6,2	75	40,1	2.270
TOTAL	100,0	158	100,0	969	100,0	254	100,0	1.365	100,0	6.334
Women's current working status*										
Working with social security	4,7	6	6,8	70	6,7	14	8,7	104	19,7	1.099
Working without social security	9,5	16	15,9	127	16,0	43	16,1	237	11,6	802
Not working	85,8	136	77,4	772	77,3	196	75,2	1023	68,7	4.431
TOTAL	100,0	158	100,0	969	100,0	253	100,0	1.364	100,0	6.332
Women's reasons for (currently) not working										
Student	0,0	0	22,5	153	0,0	0	0,5	3	5,1	187
Housewife	21,7	31	9,9	87	31,4	67	32,4	361	24,5	1.212
Caring for children	45,0	56	18,5	152	15,6	30	23,3	226	25,3	1.084
Looking for a job/unemployed	1,8	3	16,5	117	3,0	7	3,9	39	9,3	379
Partner/family does not allow	23,8	35	11,5	99	19,0	37	17,2	171	11,8	535
Other	7,7	11	21,1	164	31,0	55	22,8	223	24,0	1.033
TOTAL	100,0	136	100,0	772	100,0	196	100,0	1.023	100,0	4.430
Income ownership*										
Yes	19,5	27	38,0	327	15,6	37	19,7	248	32,1	1.824
No	80,5	131	62,0	642	84,4	217	80,3	1.117	67,9	4.506
TOTAL	100,0	156	100,0	969	100,0	254	100,0	1.365	100,0	6.330
Ownership of goods*										
Yes	18,5	30	12,9	136	31,5	79	31,8	440	31,9	2.063
No	81,5	128	87,1	833	68,5	175	68,2	925	68,1	4.271
TOTAL	100.0	158	100,0	969	100,0	254	100,0	1.365	100,0	6.334

* Total can be less due to missing observations.

Annex Table 11. CEFM and Spousal Relationship of Women (%) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Age difference between partners*										
Partner is 3 or more years older	85,3	135	78,3	353	95,2	218	86,8	1115	63,7	3.353
Age difference is less than 3 years	14,0	20	21,2	96	4,8	12	13,1	161	33,5	1.696
Woman is 3 or more years older	0,7	1	0,5	2	0,0	0	0,1	1	2,8	151
TOTAL	100,0	156	100,0	451	100,0	230	100,0	1277	100,0	5200
Educational difference between partners*										
Woman is more educated	29,0	40	31,0	123	13,5	17	17,5	153	23,7	998
Spouses have same education	17,6	29	23,5	106	46,9	64	37,9	377	36,6	1.681
Partner is more educated	53,4	66	45,5	182	39,6	57	44,5	458	39,7	1.839
TOTAL	100,0	135	100,0	411	100,0	138	100,0	988	100,0	4.518
Existence of limiting behaviors*										
No limiting behavior	50,7	76	50,8	224	55,4	134	59,9	772	63,0	3.242
One or two limiting behaviors	40,8	66	42,5	196	34,0	74	32,8	423	32,1	1.706
Three or more limiting behaviors	8,6	14	6,7	31	10,6	22	7,3	82	4,9	252
TOTAL	100,0	156	100,0	451	100,0	230	100,0	1.277	100,0	5.200
Decision makers on women's health care*										
Respondent alone	16,7	28	23,3	104	34,5	73	32,9	381	37,7	1.789
Women and partner	77,0	119	71,5	324	60,4	145	61,9	824	57,9	3.155
Partner alone	5,3	7	3,6	18	4,8	11	4,8	65	4,1	238
Other	1,1	2	1,5	5	0,2	1	0,4	7	0,3	18
TOTAL	100,0	156	100,0	451	100,0	230	100,0	1.277	100,0	5.200
Women's decision about sexual intercourse*										
Cannot refuse	17,5	24	15,3	59	19,4	46	17,8	212	13,0	698
Can refuse	78,7	125	81,5	372	75,2	170	77,6	1.002	83,3	4.283
Depends	3,9	7	3,2	20	5,4	14	4,6	63	3,7	219
TOTAL	100,0	156	100,0	451	100,0	230	100,0	1.277	100,0	5.200
Polygamous marriages*										
Yes	1,5	3	0,7	4	1,6	2	1,7	20	1,2	65
No	98,5	153	99,3	447	98,4	228	98,3	1.257	98,8	5.135
TOTAL	100,0	156	100,0	451	100,0	230	100,0	1.277	100,0	5.200

* Total can be less due to missing observations. Calculated for women with one marriage.

Annex Table 12. CEFM and Attitudes of Women (%) 2018-TDHS

Age at marriage	20-24 age group					20-49 age group					
	Before age 18		TOTAL			Before age 15		Before age 18		TOTAL	
	%	n	%	n		%	n	%	n	%	n
Attitudes towards gender equality (agree)*											
The important decisions in the family should be made only by men of the family.	23,6	36	8,8	95		21,1	60	17.9	256	10,2	745
Men should also do the housework like cooking, washing, ironing, and cleaning.	68,7	112	55,1	573		73,8	193	70,9	1.003	60,0	4.044
It is better to educate a son than a daughter.	8.4	12	4.5	52		16,0	42	10.6	150	7,1	496
Women should not work, if they have small children.	55,9	85	41,9	408		54,3	142	50.0	686	42,3	2.727
Women should be more involved in politics.	54,6	91	73,1	687		67,4	169	70,3	972	74,9	4.704
Women should be virgins when they get married.	60,8	99	52,4	539		77,3	204	74,9	1.044	62,5	4.154
Marriage is a lifetime relationship and should never end.	75,3	116	86,3	818		76,9	192	78,6	1.069	85,1	5.319
It is better to get a divorce than to continue an unhappy marriage.	84,0	131	90,4	871		85,0	211	85.8	1.172	90,3	5.666
TOTAL	100,0	158	100,0	969		100,0	254	100,0	1.365	100,0	6.331
Attitudes towards physical violence (justification)											
Not justified at all**	83,0	136	91,3	877		76.0	187	81.3	1.091	89,2	5.556
TOTAL	100,0	158	100,0	969		100,0	254	100,0	1.365	100,0	6.334
Approval of induced abortion*											
Approves	2,2	4	10,5	84		4,9	12	4,2	48	9,4	480
Does not approve	92.6	144	78,6	779		82,8	215	86,2	1190	78,8	5.116
Depends	5,2	9	10,9	100		12,3	25	9,6	118	11,7	698
TOTAL	100,0	157	100,0	963		100,0	252	100,0	1.356	100,0	6.294
Choosing induced abortion for unwanted situations											
No	89,2	143	81,5	814		73,2	188	79,1	1.097	78,0	5.072
Yes	6,2	10	12,2	99		11,7	28	9,5	117	12,3	635
Not applicable(infecund)	0,0	0	0,0	0		11,6	30	8,4	111	5,4	359
Don't know	4,6	5	6,3	56		3,5	8	2,9	40	4,3	268
TOTAL	100,0	158	100,0	969		100,0	254	100,0	1.365	100,0	6.334

Annex Table 12. CEFM and Attitudes of Women (%) 2018-TDHS

Age at marriage	20-24 age group				20-49 age group					
	Before age 18		TOTAL		Before age 15		Before age 18		TOTAL	
	%	n	%	n	%	n	%	n	%	n
Preferred age at marriage										
Before age	17,2	27	5,7	60	9,6	25	11,9	167	6,5	423
Age 20 or later	77,9	126	90,5	870	76,0	193	78,7	1.072	84,8	5.356
Does not want marriage	4,9	5	3,8	39	14,4	35	9,4	125	8,8	554
TOTAL	100,0	158	100,0	969	100,0	253	100,0	1.364	100,0	6.333

* Total can be less due to missing observations.

** Not justified at all: Does not agree with any of the statements.

References

Adalı. T. (2020). "Çocuk ve Erken Yaşta Evlilik". In Kişisel Olan Politiktir Kadınlara Yönelik Eviçi Şiddet Verisi ve Politika (ed.) İlknur Yüksel-Kaptanoğlu. NotaBene Yayınları. İstanbul.

Aktepe. E.; Atay. İ. M. (2017). Çocuk Evlilikleri ve Psikososyal Sonuçları [Child Marriagesand Psychosocial Outcomes]. *Psikiyatride Güncel Yaklaşımlar. 9* (4). 410–420. https://doi.org/10.18863/pgy.310791

Altay. S. (2017). *Sosyal Kelam Açısından Yoksul Mahallelerdeki Kadınlarda Dini Düşünce ve Bu Düşüncenin Sosyal Yaşama Yansımaları (Diyarbakır Örneği) (Doktora Tezi)*. Dicle Üniversitesi. Diyarbakır. Türkiye.

Altuntek. N. S. (2001). Türkiye Üzerine Yapılmış Evlilik ve Akrabalık Araştırmalarının Bir Değerlendirmesi. *Hacettepe Üniversitesi Edebiyat Fakültesi. 18* (2). 17–28.

Altuntek. N. S. (2006). Bone and flesh. seed and soil: Patriliny by father's brother's daughter marriage. *Ethnology. 45* (1). 59–70. https://doi.org/10.2307/4617564

Anık. M., Barlin. R. (2017). Türkiye'de Çocuk Gelinler Sorunu: Balıkesir Örneği [The Problem of Child Brides in Turkey: Balıkesir Example]. *İnsan Ve Toplum Bilimleri Araştırmaları Dergisi. 6* (3). 1827–1841. http://www.itobiad.com/download/article-file/337894

Arkadaş-Thibert. A., Ergin. E., Kor. İ. (2017). *Türkiye'de Çocuğa Karşı Şiddet Durum Raporu.* Çocuğa Karşı Şiddeti Önlemek için Ortaklık Ağı Bilkent.

Aydın. D., Akay. B. (2017). Hemşirelik Öğrencilerinin Erken Evlilik ve Çocuk Gelinler Hakkındaki Görüşlerinin Belirlenmesi [Assessment of the Opinions of Prospective Nurses on Early Marriage and Child Brides]. *Clinical and Experimental Health Sciences. 7* (2).39–44. https://doi.org/10.5152/clinexphealthsci.2017.112

Badael Foundation. (2019). *Suriyeli Kadınların Türkiye'de Yaşama Bakışları: Haklar. Toplumsal İlişkiler ve Sivil Toplum [Syrian Women's Perspectives on Life in Turkey]*. İstanbul.

Baykara-Krumme. H. (2016). Consanguineous Marriage in Turkish Families in Turkey and in Western. *International Migration Review. 50* (3). 568–598. https://doi.org/10.1111/imre.12176

Boğucu. M. (2018). *Çocuk Yaşta Evliliklerin İhmal ve İstismar Kapsamında Değerlendirilmesi: 2016 Yılı Ağrı Örneği (Yüksek Lisans Tezi) [The Evaluation of Child Marriage in the Scope of Negligence and Abuse: Year 2016 Ağrı City] (Master's Thesis)*. Mimar Sinan Güzel Sanatlar Üniversitesi. İstanbul. Türkiye.

Boran. P., Gökçay. G., Devecioğlu. E., Eren. T. (2013). Çocuk Gelinler [Child Brides]. *Marmara Medical Journal. 26* (2). 58–62. https://doi.org/10.5472/MMJ.2013.02751.1

Burcu. E., Filiz-Yıldırım. F., Sırma. Ç.S., Sanıyaman. S. (2015). Çiçeklerin Kaderi : Türkiye'de Kadınların Erken Evliliği Üzerine Nitel Bir Araştırma. *Bilig. 73.* 63–98.

Çakmak. D. (2009). *"Türkiye'de çocuk gelinler"*. In *Birinci hukukun gençleri sempozyumu hukuk devletinde kişisel güvenlik. Bildiri tam metinler e-kitabı*. Ankara: Ankara Üniversitesi Hukuk Fakültesi.

Çaycı. M. Ş. (2014). *Toplumsal Cinsiyet Bağlamında Kadın; Cinsiyet Ayrımcılığının Kadın Ağzı Türkülerde İşlenişi (Yüksek Lisans Tezi) [Woman Within the Context of Gender; The Analysıs of Sexual Discrimination in "Woman-Talk" Folk Songs] (Master's Thesis).* Haliç Üniversitesi. İstanbul. Türkiye.

Çelik. İ. A., Vural. F. (2018). Suriyeli Mülteci Kadınların Kuma Dramı: Kilis İli Örneği [Second Wife Dram of Syrian Refugee Women: Kilis Sample]. *Uluslararası Toplum Araştırmaları Dergisi. 8* (14). 341–382. https://doi.org/10.26466/opus.406308

Çocuk Vakfı (2016). *Çocuğun Cinsel İstismarı. Ceza Kanunu Maddesi. Raporu.*

Çocuk Yaşta. Erken ve Zorla Evliliklerin Önlenmesine Yönelik Birleşmiş Milletler Ortak Programı (2018). Başlangıç Raporu (Yayımlanmamış Rapor).

Dağdelen. G. (2011). *Early Marriage: The Case of Van Province in Turkey.* Middle East Technical University. Ankara. Türkiye.

Damarlı. N., Kuyucu. N. (2017). *Kadına yönelik şiddetle mücadele mekanizmaları izleme raporu.* Kadın Dayanışma Vakfı (Foundation for the Support of Women's Work).

Demirdirek. H., Sener. U. (2014). *81 İl İçin Toplumsal Cinsiyet Eşitliği Karnesi.* TEPAV.

Edirne. T., Can. M., Kolusari. A., Yildizhan. R., Adali. E., Akdag. B. (2010). Trends, characteristics, and outcomes of adolescent pregnancy in eastern Turkey. I*nternational Journal of Gynecology and Obstetrics. 110.* 105–108. https://doi.org/10.1016/j.ijgo.2010.03.012

Ertem. M., Kocturk. T. (2008). Opinions on early-age marriage and marriage customs among Kurdish-speaking women in southeast Turkey. *Journal of Family Planning and Reproductive Health Care. 34* (3). 147–152. https://doi.org/10.1783/147118908784734927

Ertem. M., Saka. G., Ceylan. A., Değer. V., Çiftçi. S. (2008). The Factors Associated with Adolescent Marriages and Outcomes of Adolescent Pregnancies in Mardin Turkey. *Journal of Comparative Family Studies. 39* (2). 229–239.

Evlendirme Yönetmeliği 1985. 85/9747 https://www.mevzuat.gov.tr/MevzuatMetin/3.5.859747.pdf

Eyüboğlu. D., Eyüboğlu. M. (2018). Küçük Yaşta Evlendirilmek İstenen Çocuklarda Psikiyatrik Bozukluklar ve Sosyodemografik Özellikler. *Klinik Psikiyatri Dergisi. 21* (2).

Göç Vakfı (2012). *2012 Yılı İnternet Medyası Çocuk Hal İhlali İzleme Raporu.*

Göç ve İnsani Yardım Vakfı (2015). *2015 Yılı İnternet Medyası Çocuk Hal İhlali İzleme Raporu.*

Gök. M. (2016). Child marriages in Turkey with different aspects. *International Journal of Human Sciences. 13* (1). 2222–2231. https://doi.org/10.14687/ijhs.v13i1.3795

Gökçe. B., Özşahin. A., Zencir. M. (2007). Determinants of adolescent pregnancy in an urban area in Turkey: A population-based case-control study. *Journal of Biosocial Science. 39* 2). 301–311. https://doi.org/10.1017/S0021932006001763

Güler. Ö., Küçüker. H. (2010). "Early Marriages Among Adolescent Girls in Afyonkarahisar. Turkey".
European Journal of General Medicine. 7 (4). 365-371.

Güney. A., Karadağ. G., Saygılıgil. F., Ayla. F. (2014). T*ürkiye'de Kadın Sağlığı Politikaları Forumu.*
Mavi Kalem Sosyal Yardımlaşma ve Dayanışma Derneği (Mavi Kalem Social Assistance and Solidarity Association).

HUIPS. Hacettepe University Institute of Population Studies (1980).
Turkish Fertility Survey 1978. Ankara. Turkey.

HUIPS. Hacettepe University Institute of Population Studies (1987). 1983 *Turkish Fertility,*
Contraceptive Prevalence and Family Health Status Survey. HUIPS. Ankara. Turkey.

HUIPS. Hacettepe University Institute of Population Studies (1989). 1988 Turkish Population
and Health Survey. HUIPS. Ankara. Turkey.

HUIPS. Hacettepe University Institute of Population Studies and Macro International Inc. (1999).
Turkish Demographic and Health Survey 1998. HUIPS. Ankara. Turkey.

HUIPS. (2009a). Turkey Demographic and Health Survey 2008. Hacettepe University Institute
of Population Studies, Ministry of Health General Directorate of Mother and Child Health and Family Planning,
T.R. Prime Ministry Undersecretary of State Planning Organization and TÜBİTAK, Ankara, Turkey

HUIPS. (2009b). *Domestic Violence against Women in Turkey 2008.* Hacettepe University Institute
of Population Studies and T.R. Ministry of Family and Social Policies General Directorate
on the Status of Women Ankara. Turkey.

HUIPS. (2014). 2013 Turkey Demographic and Health Survey. Hacettepe University Institute
of Population Studies, T.R. Ministry of Development and TÜBİTAK, Ankara, Turkey

HUIPS. (2015). *Research on Domestic Violence against Women in Turkey 2014.*
Hacettepe University Institute of Population Studies and T.R. Ministry of Family and
Social Policies General Directorate on the Status of Women Ankara. Turkey.

HUIPS. (2019a). 2018 Turkey Demographic and Health Survey. Hacettepe University
Institute of Population Studies, T.R. Presidency of Turkey Directorate of Strategy and
Budget and TÜBİTAK, Ankara, Turkey

HUIPS. (2019b). 2018 Turkey Demographic and Health Survey Syrian Migrant Sample. Hacettepe University
Institute of Population Studies, T.R. Presidency of Turkey Directorate of Strategy and Budget
and TÜBİTAK, Ankara, Turkey.

Kahraman. A.B., Şenateş. T. (2018). Çocuk Gelinler (Siverek Örneği) [Child Brides (Siverek Case)].
Sosyal Bilimler Dergisi. 5 (29). 380–392

KAMER Foundation. (2016). *Kadın Hakları İnsan Haklarıdır Projesi.* Diyarbakır.

Kara. B. (2015). Değişen Aile Dinamikleri Açısından Erken Yaşta Evlilikler Sorunu ve Toplumsal Önemi
[The Matter of Early Marriage and Its Social Importance In Terms Of Changing Family Dynamics].
Süleyman Demirel Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi. 20 (2). 59–72.

Kardam. F., Yüksel. İ. (2009). *"Perceptions about Violence against Women: Qualitative Research Results"*
In Domestic Violence against Women in Turkey 2008 HUIPS and Directorate General on the Status of Women
Ankara. Elma Yayıncılık.

Kavlak. O., Atan. Ş. Ü., Yaşar. Ö.. Yanık. N. T. (2018). Üniversite Öğrencilerinin Erken Yaş Evlilikler Hakkında Bilgi
ve Görüşlerinin İncelenmesi [Examination of Informationand Opinions of College Students About
Early Age Marriages]. *Sted. 27* (1). 37–44.

Kayi. I., Simsek. Z., Beyazgul. B. (2018). Reproductive health. consanguineous and teenage marriages
among farmworkers in Turkey. *European Journal of Public Health. 28* (4).

Kıran. E. (2017). Toplumsal Cinsiyet Rolleri Bağlamında Türkiye'de Çocuk Gelinler [Gender Roles and Child
Marriage in Turkey]. *Balkan Sosyal Bilimler Dergisi.* 1–8.

Koçtürk. N., Bilginer. Ç. (2019). Negative reactions to the sexually abused victims. withdrawing the complaint and
outcomes of the litigation: the first data from Turkey. *Journal of Forensic Psychiatry and Psychology. 30* (1). 152–166.
https://doi.org/10.1080/14789949.2018.1523947

Köse. N. (2014). *Acarlar Beldesinde Okul Terkleri ve Devamsızlık Sorunu (Yüksek Lisans Tezi)*
[Dropout and Truancy Problems in Acarlar District (Master's Thesis)]. Adnan Menderes Üniversitesi. Aydın. Türkiye.

Malatyalı. M. K. (2014). Türkiye'de "Çocuk Gelin" Sorunu ["Child Bride" Problem in
Turkey]. Nesne. 2 (3). 27–38. https://doi.org/10.7816/nesne-02-03-03

Mazlumder (2014). The Report on Syrian Woman Refugees Living Out of the Camps.
Mazlumder Women Studies Group. https://istanbul.mazlumder.org/webimage/files/The%20Report%20on%20Syrian
%20Women%20Refugees(1).pdf (Erişim tarihi: 07.02.2020)

Mıhçıokur. S., Erbaş. F., Akın. A. (2010). Çocuk gelinler ve beklenen olumsuz sonuçları
[Child Brides and Expected Negative Results]. Sağlık ve Toplum. 1:3-12.

Nasıroğlu. S., Semerci. B. (2017). Erken yaşta evlilik için başvuran kızların ruhsal değerlendirmesi
ve risk etkenlerinin belirlenmesi [Mental assessment of girls consulting for early marriage and identifying
risk factors]. *Anadolu Psikiyatri Dergisi. 18* (5). 460–467. https://doi.org/10.5455/apd.258477

Orçan. M., Kar. M. (2008). Türkiye'de Erken Yaşta Yapılan Evlilikler ve Risk Algısı: Bismil Örneği
[The Early Marriage and the Perception of Risk in Turkey: The Case of Bismil]. *Aile ve Toplum. 4* (14). 97–112.
https://doi.org/10.21560/spcd.08372

Ördek. K. (2017). *Türkiye'de Geçici Koruma Altındaki Suriyeli Kadın ve Kız Çocukların ihtiyaç Analizi.*
Kırmızı Şemsiye Cinsel Sağlık ve İnsan Hakları Derneği.

Özcebe. H., Biçer. B. K. (2013). Önemli Bir Kız Çocuk ve Kadın Sorunu: Çocuk Evlilikler [An important female child and woman problem: Child marriages]. *Türk Pediatri Arşivi. 48* (2). 86–93.

Plan International UK. (2020). Ending Child Marriage. https://plan-uk.org/about/our-work/child-marriage

Rittersberger-Tılıç. H., Çelik. K. (2016). *Genç Nüfusa Genel Bir Bakış [An Overview of Turkey's Young Population].* Nüfusbilim Derneği.

Sakallı. A. E., Doğan. D., Günel. H., Güreli. Z. (2017). *Mor Çatı Deneyimi Kadına Yönelik Şiddete Dair Neler Anlatıyor?* Mor Çatı kadın Sığınağı Vakfı [Mor Çatı Women's Shelter Foundation].

Soylu. N., Ayaz. M., Yüksel. T. (2014). Early-married and sexually abused girls differ in their psychiatric outcomes. *Child Abuse and Neglect. 38.* 1552–1559. https://doi.org/10.1016/j.chiabu.2014.05.017

Subaşı-Kırıkçı. E. (2018). *Güneydoğu Anadolu Bölgesi'nde Kız Çocuklarının Erken Yaşta Evlilikleri ve Din Algısı: Şanlıurfa Örneği (Yüksek Lisans Tezi).* Harran Üniversitesi. Şanlıurfa. Türkiye.

Süt. H. K. (2017). Suriye'den Göç Eden Kadınlar ve Üreme Sağlığı Sorunları [Women Migrating from Syria and Reproductive Health Problems]. *Sağlık ve Toplum. 27* (1). 3–7.

Şen. S., Kavlak. O. (2011). Çocuk Gelinler: Erken Yaş Evlilikleri ve Adölesan Gebeliklere Yaklaşım [Child Brides: Approach to Early Marriage and Adolescent Pregnancies]. *Aile ve Toplum. 7* (25). 35–44.

Şenol. D., Dinç. A. (2017). Türkiye'nin Suriyeli Çocuk Gelinleri: Sosyolojik Bir Değerlendirme [Syrian Child Brides of Turkey: A Sociological Review]. In *Uluslararası Göç ve Çocuklar.* Transnational Press London.

Şimşek. Z., Yentur-Doni. N., Gül-Hilali. N., Yildirimkaya. G. (2018). A community-based survey on Syrian refugee women's health and its predictors in Şanlıurfa. Turkey. *Women and Health. 58* (6). 617–631. https://doi.org/10.1080/03630242.2017.1321609

T.R. Ministry of Family Planning (MoFP)-General Directorate of Family and Community Services. (2006). *Research on Family Structure in Türkiye 2006*

T.R. Ministry of Family Planning (MoFP)-General Directorate of Family and Community Services. (2011). *Research on Family Structure in Türkiye 2011.*

Ministry of Health, Hacettepe University Institute of Population Studies (HUIPS) and Macro International Inc. (1994). *Turkey Demographic and Health Survey 1993.* HUIPS. Ankara.

HUIPS. (2004). Turkey Demographic and Health Survey 2003. Hacettepe University Institute of Population Studies, Ministry of Health General Directorate of Mother and Child Health and Family Planning, State Planning Organization and European Union, Ankara, Turkey

TÜBAKKOM (2015). *Tübakkom 13. Dönem 2. Yürütme Kurulu Toplantısı 11.09.2015 Tarihli "Çocuk Gelinler" Çalıştayı.* https://doi.org/10.1377/hlthaff.2013.0625.

Türk Ceza Kanunu [Turkish Penal Code] 2004. 5237.
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5237.pdf

Türk Medeni Kanunu [Turkish Civil Code] 2001. 4721.
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.4721.pdf

Türk Tabipler Birliği (TTB). (2014). S*uriyeli Sığınmacılar ve Sağlık Hizmetleri Raporu.*

TURKSTAT (Turkish Statistical Institute). (2020). Toplumsal Cinsiyet İstatistikleri 2019. Yayın No. 4575.

Flying Broom. (2010). *Küçük Yaşta ve/veya Zorla Evlilikler.*

UNICEF (2019a). Around 23 million boys have married before reaching 15; 'we can end this violation' says UNICEF chief.
UN News. https://news.un.org/en/story/2019/06/1039971 (Retrieval: 30.11.2019)

UNICEF (2019b). Child Marriage Around the World Infographics.
https://www.unicef.org/stories/child-marriage-around-world (Retrieval: 30.11.2019).

UNICEF (2005). *Early Marriage A Harmful Traditional Practice A Statistical Exploration
2005.* https://books.google.com/books?id=FOn-h6oSVQwC&pgis=1

UNICEF (2011). *Türkiye'de çocukların durumu.* 1–127.
https://abdigm.meb.gov.tr/projeler/ois/egitim/032.pdf

UNICEF (2018). Child Marriage Latest trends and future prospects. *Economic and Political Weekly.*
https://doi.org/10.1177/104438942500600710

United Nations (UN). (2015). Sustainable Development Goals.
https://sustainabledevelopment.un.org/?menu=1300

United Nations Statistics Division (UNSD). (2019). The United Nations Minimum Set of Gender Indicators

Uslu. F. G. (2018). *Adölesan Annelerin Sosyo-Demografik Özellikleri ve Doğum Sonuçlarının
Değerlendirilmesi (Yüksek Lisans Tezi)*. Aydın Adnan Menderes Üniversitesi. Aydın. Türkiye.

Ünal. B. (2017). *Türk Sinemasında 2010 Sonrası Filmlerde Çocuk Gelin Temsili (Yüksek Lisans Tezi).*
Anadolu Üniversitesi. Eskişehir. Türkiye.

WHO, UNICEF. (2003). *Global Strategy for Infant and Young Child Feeding.*
Geneva. Switzerland: World Health Organization.

WHO. (2020). Reproductive Health in the Western Pacific.
https://www.who.int/westernpacific/health-topics/reproductive-health.

Wringe. A., Yankah. E., Parks. T., Mohamed. O., Saleh. M., Speed. O., Scott. J. (2019). Altered social trajectories and risks of violence among young Syrian women seeking refuge in Turkey: A qualitative study. *BMC Women's Health. 19* (9). 1–8. https://doi.org/10.1186/s12905-019-0710-9

Yağbasan. M., Tekdemir. N. (2017). Sosyolojik Perspektiften Çocuk Gelinlerin Yaşadıkları Travmalar (Doğu ve Güneydoğu Anadolu Özelinde Anne-Çocuk İlişkisi ve İletişimi Bağlamında Bir Alan Araştırması) [Child Brides' Traumas in Sociological Perspective (A Field Research in The Context of Mother-Child Relationship and Communication In Eastern and Southeastern Anatolia)]. *Sosyal Bilimler Dergisi. 4* (16). 18–32.

Yakıt. E., Coşkun. A. M. (2014). Toplumsal Açıdan Çocuk Yaşta Evlilikler Gerçeği: Hemşire ve Ebenin Sorumluluğu [The Truth of Child Marriage in a Social Context:Responsibilities of the Nurse and Midwife]. *Hemşirelikte Eğitim ve Araştırma Dergisi. 11* (3). 3–10.

Yavuz. S. (2012). A comparative analysis of adolescent fertility in Morocco. Egypt and Turkey. *Coğrafi Bilimler Dergisi.* 10 (2). 111-127.

Yücel. A., Utas. C., Luchsinger. G., Kavlak. İ.V., Kristjansdottir. I.B. Freizer. S. (2018). Türkiye'de geçici koruma altındaki Suriyeli kadın ve kız çocukların ihtiyaç analizi [Needs Assessment of Syrian Women and Girls Under Temporary Protection Status in Turkey]. UNWOMEN and SGDD-ASAM.

Yüksel. H., Yüksel. M. (2014). Çocuk İhmali ve İstismarı Bağlamında Türkiye'de Çocuk Gelinler Gerçeği [The Reality of Child Bride in Turkey within the Framework of Child Neglect and Abuse]. *Çankırı Karatekin Üniversitesi Sosyal Bilimler Enstitüsü Dergisi. 5* (2). 1–24.

Yüksel-Kaptanoğlu. İ., Ergöçmen. B. A. (2014). Early Marriage: Trends in Turkey. 1978-2008. *Journal of Family Issues.* 35 (12). 1707–1724. https://doi.org/10.1177/0192513X14538025

Yüksel-Kaptanoğlu. İ., Ergöçmen. B. (2012). Çocuk Gelin Olmaya Giden Yol [Factors That Pave the Way for Becoming a Child Bride]. *Sosyoloji Araştırmaları Dergisi. 15* (2). 128–161. https://doi.org/10.18490/sad.85353

Yüksel-Kaptanoğlu, İ., Dayan, C. (2020). Child, Early and Forced Marriages Among Syrian Migrant Women in Turkey In Syrian Refugees in Turkey A Demographic Profile and Linked Social Challenges, Routledge

Child, Early and Forced Marriage in Turkey

Data Analysis of Turkey Demographic and Health Surveys 1993-2018

ICPD25
International Conference on
Population and Development

50 UNFPA
SINCE 1969