Most of the girls are getting married at 13, 14, 15 years old. When you are 16 years old and you are not married, the community starts to gossip that you are an 'old maid'. That is the reason why most of the girls are getting married so young.

—Roma child spouse

Legal context


A uniform definition of the term ‘child’ does not exist within the Serbian legislative framework, and different laws use different terms in regard to children. The Constitution applies the term ‘child’ to all persons who have not attained the age of majority. The Family Law uses the term ‘child’ without clear definition, referring to persons under 18 years of age. The Criminal Code defines a ‘minor’ as a person 14–18 years of age, and a ‘child’ as a person under 14 years of age. The Law on Health Protection uses the terms ‘child’ and ‘minor’ without a precise definition.

According to the Family Law, marriage cannot be contracted by a person under 18 years of age. In addition, the future spouses have to declare their consent before a state registrar. Exceptionally, a court can allow a minor who has reached 16 years of age to contract a marriage if the person is physically and mentally ready for matrimonial life. The law also stipulates that marriage is not valid if a spouse agreed to enter it under duress, or out of fear caused by a serious threat.

The Criminal Code of the Republic of Serbia stipulates that it is a criminal offence for an adult to live in a common-law marriage with a minor. In practice, few people convicted of this charge face imprisonment. In addition, the relevant article clarifies that if a marriage is then contracted, criminal prosecution shall not go ahead, reducing the deterrent effect of this law. In most cases, only one of the spouses – the girl – is under 18 years of age.
Family planning and reproductive rights

The Health Care Law and the Health Insurance Law provide for healthcare coverage of certain subpopulations, including women in relation to family planning and pregnancy. Abortion is legal. Sexual and reproductive health education is not a part of school curricula. Consequently, adolescents rely on the Internet, magazines, peers, and media to learn about sex. These sources of information are not always reliable and adolescents do not always understand the information provided. NGOs are usually the only source of reliable information about sexual and reproductive health for young people.

According to the Multiple Indicator Cluster Survey (MICS) conducted in 2010, about 2 per cent of women and 4 per cent of men had experienced sexual relations before reaching 15 years of age. Adolescent girls are less likely to use contraception than older women, the MICS found. Only about 45 per cent of girls aged 15–19 who were married or in union reported currently using a method of contraception, compared to 61 per cent of 20- to 24-year-olds and 69 per cent of women in the age group 35–39 years.

The survey found unmet need for contraception among 7 per cent of women overall who were married or in union, and among 7.2 per cent of women in the 15–19 age group. In Roma settlements 10 per cent of women who were married or in union reported an unmet need for contraception.

Child marriages in Serbia

The rate of child marriage among the general population in Serbia is low. According to the MICS, as of 2010 fewer than 1 per cent of women aged 20–49 were married before the age of 15, and 8 per cent married before the age of 18. About 5 per cent of young women aged 15–19 were married or in union. Location appears to be an influential factor: 8 per cent of girls aged 15–19 living in rural areas were recorded as married, compared to 4 per cent in urban areas. Level of education and socio-economic status were also influential factors. MICS data indicated that more women than men get married before the age of 18. The age difference between partners is believed to contribute to abusive power dynamics.

A number of factors influence the incidence of child marriages. These include poverty, protection of girls, family ‘honour’, and the provision of stability during periods of social upheaval.

Child marriage is recognised as a problem by the state, but only as a general issue and in the legislation pertaining to family planning and child protection. Concrete measures for addressing child marriages have not been implemented.

Child marriage among Roma in Serbia

Prevalence rates of child marriage are much higher among the Roma population of Serbia.

According to the 2002 Census, 108,193 citizens of the Republic of Serbia declared themselves as Roma. However, many surveys indicate that the number of Roma in Serbia is significantly higher; estimates range between 250,000 and 500,000. Many Roma are not registered in official records, meaning that they lack identification documents.

According to the MICS (2010), 14 per cent of Roma girls in the age group 15–19 years were married before reaching the age of 15, and one third had their first child before turning 18. Nearly half of young Roma women in the age group 15–19 years were married or in union (44 per cent). This proportion varies between urban (40 per cent) and rural (52 per cent) areas, and is strongly related to the level of education. By contrast, only 19 per cent of Roma men in the age group 15–19 years were married or in union.

One third of women in the age group 15–19 years had already given birth at the time of the MICS, including 4 per cent of girls who had had a live birth before they reached 15 years of age. Early childbearing was more frequent among women in rural areas than in urban areas and among women who had no education or who had only completed primary education. Only about 41 per cent of women, married or in union, in the age group 15–19 years, were currently using a method of contraception, compared to 59 per cent of those in the age group 20–24 years, and 78 per cent of women in the age group 35–39 years.
The level of women’s autonomy in the majority of Roma families is restricted in many aspects – in education, employment, family relations, and family planning. Serbian society in general and the Roma community in particular are very patriarchal, and this is reflected in the low, subordinate status of Roma women. Roma families are often large, with several generations sharing a communal household. One Roma child spouse interviewed for this research reported that as the youngest daughter-in-law in her husband’s family, she had to serve her in-laws and do whatever they asked, but keep silent herself.

Young married Roma women also face domestic violence, not only from their husbands, but also from their in-laws. Twenty-seven per cent of Roma men questioned for the MICS agreed that a husband has the right to beat his wife if she neglects the children, 21 per cent if she argues with him, and 20 per cent if she goes out without telling him. Men living in poorer households were much more likely to agree with one of these reasons.

Lack of identification documents acts as an obstacle to health care, as do lack of health insurance, the fact that many Roma families came from Kosovo and do not speak Serbian, and the discriminatory attitudes of healthcare workers. Further factors preventing Roma women from using health services include poor understanding of the significance of preventive examinations, low self-esteem, lack of time or money, and traditional attitudes that a woman must always be on her feet, and that it is a shame to waste time going to the doctor.

Roma women face double or multiple forms of discrimination, and are highly marginalised. Unfortunately, there is little acknowledgement of the direct and indirect discrimination that Roma women face when attempting to find work. This means that there are no legal mechanisms in place, or action on the part of state institutions, to combat this discrimination.

Child marriage is closely linked to early school dropout among Roma girls in Serbia. On one side, this is linked to discrimination in the school system, where there are no measures to ensure the inclusion of Roma children. But on the other side, families seldom support schooling for female children. Due to the belief that their daughters need to prepare for marriage and motherhood, Roma parents often withdraw them from school while they are still very young (12-14 years old). Roma women are expected to be virgins when they marry, and this is also closely linked to the high school-dropout rates of Roma girls at puberty. Their families fear that social activities at school could lead to girls losing their virginity, which would inflict shame upon the girl and her family.

As a rule, marriages in the Roma community are contracted in an unofficial manner, are not registered, and are not reflected in the official statistics. This is the case whether the marriage is arranged and involves the payment of bride price, or whether the young couple decides to marry without parental consent. In cases of arranged marriage, bride price can be very high; one child spouse interviewed for this study reported feeling that she had been ‘sold’.

Responses to child marriage

Strategy for the Improvement of the Status of Roma. In 2009, Serbia adopted the Strategy for the Improvement of the Status of Roma, which contains a separate chapter on the position of women, including recommendations targeted at child marriage. The 2009-2011 National Action Plan (NAP), stemming from this strategy, specified measures related to this problem in the form of youth counselling centres and legal education of the Roma population. The 2012-2013 Draft NAP also aims to target early and arranged marriages through: continued education of civil servants and other employees who come into contact with Roma, awareness-raising on Roma women’s issues, and education of Roma school assistants on human rights and gender equality.

Roma Health Mediators. Since 2008, the Ministry of Health has employed 75 Roma women as health mediators, in 59 municipalities. All the mediators live in Roma settlements, have children themselves, and have completed primary school. Their task is to liaise between the Roma community and health institutions, and to encourage Roma women to use health services, including reproductive and maternal health services. The health mediators are also active in providing assistance in social care, humanitarian aid, and education.
**Recommendations**

- Adopt a standardised definition of a child as a person under 18 years of age in the relevant legislation.
- Consider establishing a code of conduct in the case of child marriages, involving all the relevant institutions: social welfare centres, schools, local healthcare providers, Roma NGOs, and relevant courts. The cooperation of different institutions in cases of domestic violence and trafficking of human beings could serve as a good example of a multisectoral approach.
- Consider establishing training programmes for civil servants and other professionals who either come into contact with child spouses or who are expected to address and challenge the issue proactively.
- Implement appropriate programmes to address gender stereotypes and gender inequality.
- Invest in addressing poverty and education especially among marginalised groups.

**Roma-specific recommendations**

- Establish monitoring and coordination mechanisms for the implementation of the Strategy for Roma, its Action Plan, and other relevant documents. Apart from line ministries and other relevant institutions, the government should involve all relevant Roma experts from the NGO sector to monitor the implementation of strategic documents.
- Collect more detailed statistical data on child marriages, in order to facilitate the monitoring of developments in this area.
- Conduct education activities on women’s and children’s human rights, including considering the consequences of child marriage, on a regular basis in Roma settlements. Here, Roma health mediators could be a useful link between the state and the Roma community, to begin raising awareness to combat child marriages.