

Early Marriage and Adolescent Girls

Girls at risk of child marriage and those already married need greater policy and programmatic attention.

Programs addressing adolescent reproductive health and HIV prevention have focused primarily on unmarried youth. However, the majority of recent unprotected sexual activity among adolescent girls in most developing countries occurs within marriage. Girls married before age 18 have low educational attainment, earning power, and social mobility. In some settings, married girls have been shown to have higher rates of HIV infection than their sexually active unmarried peers.¹

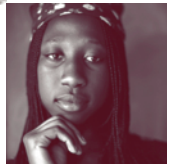
All regions have countries with areas where early marriage is prevalent, but it is most pronounced in South Asia and West Africa. In Bangladesh, India, Mali, and Nepal, at least half of all women currently ages 20 to 24 were married by age 18, according to Demographic and Health Survey (DHS) data. In certain regions of Bangladesh, Ethiopia, India, and Nigeria, at least 40 percent of these women were married before age 15. If current patterns continue during the next decade, more than 100 million girls will be married before the age of 18 (considered the legal minimum age of marriage in most countries), according to a Population Council analysis of United Nations country data. Early marriage among boys is much less common.

Policy and program managers are working in two primary ways to address the disadvantages faced by girls who marry early: to support later age of marriage and to respond to the needs of young married girls. In this article, “girls” refers to those under age 18.

Early Marriage Risks

When girls are married at a young age, it is often due to poverty, dowry pressures, parental concerns about premarital sex and pregnancy, or other economic or cultural reasons. For many, marriage marks the beginning of their sexual life and an increased social isolation, as girls typically leave their homes and natal villages, losing contact with friends and peers. Existing data cannot definitively show the causal links between early marriage, poverty, low educational attainment, and other social indicators, which are likely multi-directional. However, studies have found that married girls have many disadvantages related to health, social, and economic spheres, hampering their ability to negotiate their reproductive and broader lives, including the needs of their children.

- *Marriage for many girls is the beginning of frequent and unprotected sexual activity.* The younger the bride, the more likely she is to be a virgin. Frequency of sexual intercourse among married girls is far higher than among unmarried sexually active girls. Analysis of DHS data shows that in 27 of 29 countries, more than half of recent unprotected sexual activity occurs within marriage.²
- *Married girls, under pressure to become pregnant, are likely to face the risks of childbirth.* First births carry special risks for both mother and child, and 90 percent of first births that occur before age 18 occur within marriage, according to an analysis of DHS data by the Population Council. First-time mothers younger than age 16 are at greater risk of maternal and infant mortality.³





To help reduce early marriage, programs can foster policies and norms that support later marriage and offer services, resources, and options to families to delay marriage.

- *Married girls have distinct and in some settings substantial risks of acquiring HIV.* Child brides have frequent, unprotected sex, often with an older partner. The younger the bride, the larger the age gap with her spouse. Older males are more likely to be sexually experienced and may thus have an elevated risk of being HIV-infected. In Kisumu, Kenya, and Ndola, Zambia, studies using bio-markers found higher HIV infection rates among married girls ages 15 to 19 compared to sexually active unmarried girls of the same age (33 percent compared to 22 percent in Kenya, and 27 percent compared to 16 percent in Zambia).⁴
- *Young married girls have low educational attainment and few schooling opportunities.* Across regions, the percentage of girls married by age 18 decreases as the number of years of schooling a girl has received increases.⁵ Married girls rarely attend school.
- *Married girls have less household and economic power than married women.* Population Council analyses of data from Egypt and Kenya, and from a study in India, indicate that married girls have less decision-making power than married women, often living with little authority under the supervision of their new mothers-in-law.⁶
- *Married girls have less mobility than their unmarried counterparts or married women.* Analyses of data from Population Council projects in India and Kenya, and a study in Bangladesh, found significant differences in the mobility of married girls, measuring how often they went to such places as a tea stall, another neighborhood, restaurant, bank, or post office.⁷
- *Married girls have less exposure to modern media.* Studies in Bangladesh, Ethiopia, and Nepal, as well as the Kenya data analysis, show that married girls are generally exposed to less media than unmarried girls or girls who married later.⁸ Increasingly, modern media are a means of providing information on reproductive health and HIV prevention, increasing social contact with the world, changing interpersonal communications about HIV/AIDS, and in some cases changing social norms.⁹
- *Married girls have limited social networks.* The Bangladesh study and India analysis found

that married girls, who often move to their husbands' communities, are far less likely than their unmarried peers to have friendship networks and the decision-making power and spaces in which to meet friends and peers.¹⁰

- *Married girls may be at greater risk of gender-based violence in some settings.* An analysis of DHS data from nine countries found that, controlling for other characteristics, in about half the countries (Egypt, Haiti, India, and Nicaragua) young age at marriage significantly increased a girl's or woman's risk of ever experiencing violence.¹¹

Delay the Age of Marriage

To help reduce early marriage, programs can foster policies and norms that support later marriage and offer services, resources, and options to families to delay marriage.

Assuring girls' school attendance, even if not at the appropriate grade for age, is protective of girls reproductive health, fostering delayed marriage, delayed sexual debut, and, among those sexually active, increased contraceptive and condom use. Specific programs of substantial scale, such as those in Bangladesh and Mexico, have improved schooling outcomes for girls.¹²

Providing economic opportunities can also delay the age of marriage. Unmarried girls' participation in wage-earning factory work in the garment industry in Bangladesh increased the average age at marriage both among the working girls and the nonworking girls who live in the communities of origin of the working girls.¹³

A five-year project in Nepal found that involving the community in efforts to improve opportunities for unmarried girls contributed to changing traditional attitudes about early marriage among parents and communities. The project provided information and services for adolescents using peer education, youth clubs, street theater, and skills-building workshops.¹⁴

Other approaches to delaying marriage include developing meaningful policies regarding registering marriages and enforcing laws concerning minimum age at marriage. A related task is to work with religious leaders, parents, and others who shape community norms to discourage marriage below the legal minimum age.

Provide Support to Married Girls

For those who do marry at a young age, policy-makers and program managers should open new educational opportunities, expand social networks, build economic assets, enhance the negotiating power of married girls, and provide reproductive health and HIV prevention information and services to married girls, and, as appropriate, to their partners.

Specific strategies are needed to help girls make the transition to marriage as safely as possible. For example, a program in western Kenya is raising awareness of HIV risks associated with early marriage, establishing clubs for married girls, and promoting voluntary counseling and testing among those couples newly married or contemplating marriage.

Health strategies are needed to delay the first birth, support first-time mothers, and prevent the transmission of HIV and other sexually transmitted infections (STIs). Programs must consider the limited mobility of married girls in order to design socially acceptable means to provide needed information, social connections, and services.

The First-time Parents Project in India offers one model. Through household visits, it provides information on birth spacing, safe delivery, postpartum care, and partner communication to married girls and their husbands. To increase married girls' connections with non-familial peers and mentors and to enhance their ability to act on their own behalf, the project organizes girls who are recently married and pregnant or postpartum for the first time into groups that engage in various social and economic activities.¹⁵ The belief is that empowerment is good in and of itself, but also that such efforts are needed if these girls are to benefit fully from health interventions.

Another project in India offers an integrated package of reproductive health information, clinical referrals and services, and related counseling. A preliminary analysis of the project found a 10 percent to 25 percent increase among participants in knowledge of reproductive health and sexual issues as well as more couple communication and an increase in the proportion of married girls seeking treatment for STIs.¹⁶

In Nepal, a three-year project compared intervention models with control groups, including a group of married women under age 25. The project found that communication-based interventions, including health fairs, talk programs, and educational events for husbands, resulted in pronounced increases in young women's safe motherhood practices.¹⁷ Other measurements increased as well, such as contraceptive knowledge and practice, but not as significantly.

ADDITIONAL RESOURCES ON MARRIED ADOLESCENT GIRLS

The World Health Organization, in collaboration with the United Nations Population Fund (UNFPA) and the Population Council, held a Technical Consultation on Married Adolescents in Geneva in December 2003 to examine the issue of married adolescents and young parents and to identify programs and research that address their needs. Background papers for the meeting are available on the Population Council's Web site. In addition to documents referenced in the main text of this YouthLens, other selected reports are summarized below.

Population Council – Transitions to Adulthood Project

<http://www.popcouncil.org/ta/marRI.html>

- Married Adolescents: An Overview (2004)
- The Roles, Responsibilities, and Realities of Married Adolescent Males and Adolescent Fathers: A Brief Literature Review (2004)
- Child Marriage Briefing Sheets, with Information on Ethiopia, Mali, Mozambique, Nigeria, and Zambia (2004)
- The Experience of Adolescence in Rural Amhara Region Ethiopia (2004)
- Transitions to Adulthood Brief Numbers 3, 6, 8, 9 and forthcoming on early marriage and child marriage and HIV (2005)

The International Center for Research on Women (ICRW)

- When Marriage Is No Haven: Child Marriage in Developing Countries (2004). Available: http://www.icrw.org/docs/2004_info_childmarriage.pdf
- ICRW Policy Advisory on Child Marriage (2003). Available: <http://www.icrw.org/docs/childmarriage0803.pdf>

United Nations Children's Fund (UNICEF)

- Early Marriage, A Harmful Traditional Practice: A Statistical Exploration (2005). Available: http://www.unicef.org/publications/index_26024.html

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In Nigeria, Adolescent Health and Information Projects works to train married and divorced adolescents in income-generation skills and to provide them with health information. Its project operates on the principle that expanded economic options can enhance reproductive health interventions.

Other types of programs might also be targeted to married girls. Programs and policies to promote married girls' continuation of or return to school are needed. Given the strong filtering of information and support role of husbands, mothers-in-law, and others, and since married girls often lack ready access to mainstream media, media messages might be designed strategically for parents, husbands, in-laws, and other gatekeepers. Some governments are using marriage registration systems to provide young people with reproductive health information and to visit young couples who have recently had a child.¹⁸

Millions of girls around the world have their childhood cut short and their social, educational, and economic opportunities limited when they enter into marriage before age 18, often with a stranger and often without their input or consent. They face social isolation, unwanted sex, and potential risks to their health. Public- and private-sector leaders and programmers must work together to delay the age at marriage and support married girls.

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REFERENCES

1. Bruce J, Clark S. *The Implications of Early Marriage for HIV/AIDS Policy*. New York: Population Council, 2004.
2. Blanc A, Way A. Sexual behavior and contraceptive knowledge and use among adolescents in developing countries. *Stud Fam Plann* 1998;29(2):106-16; Bruce.
3. Miller S, Lester F. *Meeting the Needs of the Youngest First-Time Mothers*. Background paper presented at WHO/UNFPA/Population Council Technical Consultation on Married Adolescents. New York: Population Council, 2003.
4. Clark S. Early marriage and HIV risks in sub-Saharan Africa. *Stud Fam Plann* 2004;35(3):149-60; Glynn J, Carael M, Auvert B, et al. Why do young women have a much higher prevalence of HIV than young men? A study in Kisumu, Kenya and Ndola, Zambia. *AIDS* 2001;15(Suppl 4):S51-S60.
5. Mensch B. The transition to marriage. In Lloyd CB, ed. *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. (Washington, DC: The National Academies Press, 2005)416-505.
6. Santhya, KG, Jejeebhoy S. Sexual and reproductive health needs of married adolescent girls. *Econ Polit Weekly* 2003;38(41):4370-77.
7. Amin S, Mahmud S, Huq L. *Baseline Survey Report on Rural Adolescents in Bangladesh*. Dhaka: Ministry of Women's Affairs, Government of Bangladesh, 2002.
8. Thapa S, Mishra V. Mass media exposure among urban youth in Nepal. *Asia-Pacific Pop J* 2003;18(1):5-28; Amin.
9. Geary CW, Mahler H, Finger W, et al. *Using Global Media to Reach Youth: The 2002 MTV Staying Alive Campaign*. Youth Issues Paper 5. Arlington, VA: Family Health International, 2005.
10. Amin.
11. Kishor S, Johnson K. *Profiling Domestic Violence: A Multi-Country Study*. Calverton, MD: ORC Macro, 2004.
12. Lloyd CB, ed. *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. Washington, DC: The National Academies Press, 2005.
13. Amin S, Diamond I, Naved R, et al. Transition to adulthood of female garment-factory workers in Bangladesh. *Stud Fam Plann* 1998;29(2):185-200.
14. Mathur S, Mehta M, Malhotra A. *Youth Reproductive Health in Nepal: Is Participation the Answer?* Washington, DC: International Center for Research on Women, 2004.
15. Santhya KG, Haberland N. *Empowering Young Mothers in India. Transitions to Adulthood Brief No. 8*. New York: Population Council, 2005.
16. International Center for Research on Women (ICRW). *Youth, Gender, Well-being, and Society: Emerging Themes from Adolescent Reproductive Health Intervention Research in India*. Washington, DC: ICRW, 2004.
17. Center for Research on Environment, Health, and Population Activities. *Determining an Effective and Replicable Communications-Based Mechanism for Improving Young Couples' Access to and Use of Reproductive Health Information and Services in Nepal: An Operations Research Study. Frontiers Final Report*. Washington, DC: Population Council, 2005.
18. Mathur S, Greene M, Malhotra A. *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls*. New York: International Center for Research on Women, 2003.

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