

Talking points: Child marriage and maternal and child health

Child marriage and maternal health are inextricably linked. Evidence shows that girls who marry before the age of 18 are more likely to experience unwanted pregnancies, are vulnerable to sexually transmitted disease, and are at higher risk of sexual and reproductive health morbidities and maternal mortality.

The scale of the problem is huge: between 2010 and 2020 it is estimated that 142 million girls will marry as children.ⁱ But if we act to prevent child marriage now, we could dramatically improve the maternal and child health outcomes for millions of girls and women.

To improve maternal and child health worldwide, we must address child marriage and support child brides

- **Pregnancy and childbirth are dangerous for child brides:**
 - Girls who give birth before the age of 15 are five times more likely to die in childbirth than girls in their 20s.ⁱⁱ
 - Complications in pregnancy and childbirth are the leading cause of death in girls aged 15-19 in low- and middle-income countries.ⁱⁱⁱ 90% of adolescent pregnancies in the developing world are to girls who are already married.^{iv}
 - Where girls survive childbirth, they are at increased risk of pregnancy-related complications. For example, 65% of all cases of obstetric fistula occur in girls under the age of 18.^v
- The children of child brides are at substantially greater risk of perinatal infant mortality and morbidity, and **stillbirths and newborn deaths are 50% higher** in mothers younger than 20 years than in women who give birth later.^{vi} Child brides are also more likely to have babies with low birth weight.^{vii}
- **Child marriage is a large-scale problem:** worldwide more than 60 million women aged 20–24 – or 400 million aged 20–49 – were married before the age of 18 years.^{viii}
- **Reducing child marriage could accelerate our efforts to reduce maternal mortality:** There are strong correlations between maternal mortality rates and child marriage prevalence rates. A 10% reduction in child marriage could be associated with a 70% reduction in a country's maternal mortality rates.^{ix}

The life of a child bride: what do we need to consider when trying to improve her maternal health?

- Child brides are under **intense social pressure to prove their fertility**, which makes them more likely to experience early and frequent pregnancies.^x
- **Child brides become mothers at an early age:**
 - In middle- and low- income countries, almost 10% of girls become mothers by age 16; the majority of these pregnancies take place within marriage.^{xi}
 - 90% of births to adolescents aged 15-19 are to married girls.^{xii}
- **Child marriage encourages the initiation of sexual activity** at an age when girls' bodies are still developing and when they know little about their bodies, their sexual and reproductive health, and their right to access contraception.^{xiii}
- **Hard to reach:** Despite their significant need for maternal health services, child brides are often isolated, hard to reach, and are often unaware that such services are available.
- **Difficulty in asserting themselves:** It is extremely difficult for child brides to assert their preferences and needs to their older husbands, particularly when it comes to negotiating safe sexual practices and the use of family planning methods.

What can be done to improve the maternal health of child brides?

- **Focus on the social determinants of early pregnancy**, which also underpin child marriage, in programming for maternal health. Cross-sectoral action is required at all levels to address factors such as poverty, insecurity, the lack of alternative opportunities for girls, traditional roles of wives and mothers, and gender inequality.^{xiv}

- **Tailor maternal health programmes to the unique needs of child brides:** Child brides have a right to access quality health information and services that are adolescent-friendly.
- **Use health services as an entry to other services:** Once child brides have been reached, it is also important that they are given opportunities to engage in formal and informal education, skills building activities and income-generating opportunities.^{xv}
- **Safe spaces:** Effective programmes include the creation of ‘safe spaces’ where married girls and those vulnerable to early marriage can seek support from each other and learn about maternal health services. Programmes that include such safe spaces have resulted in an increase in the proportion of girls who demonstrate knowledge about contraception; increases in the proportion of girls who speak to a peer about contraception; and increases in the self-reported use of contraception by sexually active girls.^{xvi}

What will it take to end child marriage?

- **Empower girls at risk of child marriage** by improving access to quality primary and secondary education, informal education, livelihood skills, safe spaces and support networks for girls, and by developing economic and livelihood opportunities for them.
- **Support and protect girls who are already married** by providing them with options for re-entry into schooling, sexual and reproductive health information and services, livelihood skills and opportunities, and providing safe spaces and support networks for them to discuss the challenges they face at home.
- **Enact, enforce, and raise public awareness of legislation that sets a minimum legal age for marriage** (of at least 18, in line with the Convention on the Rights of the Child). Governments in countries where child marriage is prevalent should also strengthen birth and marriage registration systems, protect girls from violence in the home, improve their ability to access justice, and secure their property rights.
- **Incorporate a focus on child marriage prevention and mitigation into existing development policies and programming:** Governments – and donors - should ensure that child marriage prevention and mitigation is included within existing health, education, poverty reduction and child protection work.
- **Speak out and change community attitudes and engage advocates for change:** Laws alone won’t end child marriage. To change attitudes and social norms that result in harm to girls, we must engage and mobilise members of the community including boys, girls, parents, families, and religious and traditional leaders. In particular young people can be mobilised as powerful advocates to end child marriage, as well as giving a voice to those at risk of or affected by child marriage.
- **Continuously learn about what works:** Greater attention must be given to evidence generation and monitoring and evaluation to collect better information on the number of children married early, the causes and consequences of child marriage, and to identify and scale up successful programmes, both in the prevention of child marriage and to mitigate the negative health outcomes for child brides.

About Girls Not Brides

- *Girls Not Brides* is a global partnership of more than 250 non-governmental organisations across 50 countries working to tackle child marriage at the grassroots, national and global levels.



Endnotes

ⁱ UNFPA, *Too Young to Wed*, 2012

ii UNFPA, *State of World Population*, 2005

iii WHO, *Report by the Secretariat: Early marriages, adolescent and young pregnancies*, 16 March 2012

^{iv} UN Inter-agency Group for Child Mortality Estimation, 2011

^v WHO Fact Sheet WHO/MPS/08.14, *Why is giving special attention to adolescents important for achieving Millennium Development Goal 5?*, 2008

vi WHO *Guidelines on preventing early pregnancy and poor reproductive outcomes in adolescents in developing countries*, 2011; Chandra-Mouli V, Camacho AV, Michaud PA, *WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*, *Journal of Adolescent Health*, 2013

vii Martin JA, Hamilton BE, Sutton PD, et al. 2003

viii WHO, *Report by the Secretariat: Early marriages, adolescent and young pregnancies*, 16 March 2012

^{ix} Professor Anita Raj, University of California, San Diego School of Medicine, May 2013

x Levine, R., Lloyd, C., Greene, M., & Grown, C., *Girls Count: A Global Investment and Action Agenda*. Washington DC: Center for Global Development, 2008

xi WHO, *Adolescent Pregnancy*. http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/

xii WHO, *Adolescent Pregnancy*, MPS Notes Volume 1 No.1, 2008

xiii WHO Fact Sheet WHO/MPS/08.14, *Why is giving special attention to adolescents important for achieving Millennium Development Goal 5?*, 2008

xiv WHO *Guidelines, Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*, 2011

xv PMNCH, *Reaching Child Brides*, Knowledge Summary: Women's & Children's Health, 2012

xvi Erulkar, A., & Muthengi, E. *Evaluation of Berhane Hewan: A Program to Delay Child Marriage in Rural Ethiopia*. *Intl Persp on SRH*, 35 (1), 2009