



Child Marriage and Family Planning: An Information Sheet

In January 2016 the family planning community will convene in Indonesia for the International Conference on Family Planning (ICFP). The rights and needs of adolescent girls – and the barriers to realising them – must be at the heart of these discussions to see progress on maternal and child health. By acting to prevent child marriage, we could dramatically improve maternal and child health for millions of girls worldwide.

The scale of child marriage is huge: 15 million girls a year are married before the age of 18. One in three girls in the developing world is married before the age of 18. If there is no reduction in the practice of child marriage, 1.2 billion women alive in 2050 will have married in childhood – that is equivalent to the entire population of India.¹

Child marriage drives adolescent pregnancy and impacts girls' ability to choose *if and when* to have children

- The **relationship between child marriage and adolescent pregnancy varies** across contexts; in most cases, child marriage is a driver of early pregnancy; however, in some cases it is a consequence.
- **Adolescent birth rates are highest where child marriage is most common:** 95% of the world's births to adolescents occur in developing countries. 90% of these adolescent births are to girls already married or in a union.²
- Child brides become mothers at an early age, often because they are **under intense social pressure to prove their fertility**. They are more likely to experience early, frequent and often unwanted pregnancies.
- Child marriage encourages the **initiation of sexual activity at an age when girls' bodies are still developing** and when they know little about their sexual and reproductive health and rights, including their right to access family planning.³
- Many girls, especially those who are married or living with older partners, **lack the confidence and agency to assert their preferences and needs**, particularly when it comes to negotiating safe sexual practices and using family planning.

Preventing child marriage could accelerate efforts to improve maternal, new-born and child health

- Pregnancy and childbirth complications are the **second leading cause of death among 15 to 19 year olds globally**, after suicide.⁴ Girls who give birth between 15-19 years are **much more likely to die in childbirth** than girls 20-24 years and those under 15 are at even greater risk.⁵

¹ UNICEF, *Ending Child Marriage. Progress and prospects*, 2014

² UNFPA, *Motherhood in Childhood: Facing the challenge of adolescent pregnancy, State of World Population*, 2013

³ UNFPA, *Marrying too Young, End Child Marriage*, 2012

⁴ WHO, *Preventing Suicide: A Global Imperative*, 2014

⁵ UNFPA, *Motherhood in Childhood – Facing the Challenge of Adolescent Pregnancy*, 2013. Nove A, Matthews Z, Neal S, Camacho AV. *Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries*. Lancet Global Health 2014

- Where girls survive childbirth, they are at **increased risk of post pregnancy-related complications**. For example, 65% of all cases of obstetric fistula occur in girls under the age of 18.⁶
- Early childbearing also **increases the risks to newborns**. In low and middle income countries, babies born to mothers under 20 years of age have a 50% higher risk of being stillborn or of dying within the first few weeks of life than those born to older women. They are more likely to have a low birth weight which can cause long-term health effects.⁷
- **By accelerating cross-sectoral efforts to prevent child marriage, and addressing the social determinants of adolescent pregnancy** – including tradition, gender roles and inequality, poverty, insecurity, and a lack of alternative opportunities for girls – we can make significant progress in family planning efforts and maternal, new-born and child health.⁸

Adolescent girls must be a priority group for family planning efforts

- Despite their significant need for maternal health services, **child brides are often isolated, hard to reach, and unaware that such services are available**. Compared to older groups, child brides have both the lowest use but highest unmet need for contraception.⁹
- **Maternal health and family planning programmes must reach adolescent girls and be tailored to their needs**. It is vital that they are able to access quality health services that are adolescent-friendly and confidential, and therefore must be involved in designing solutions.
- **Health services can also be an entry point to other services**. Since child brides are often hard to reach, it is important that they are simultaneously given opportunities to engage in formal and informal education, skills building activities and income-generating opportunities.¹⁰
- 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 family planning. Safe spaces have resulted in increases in the proportion of girls who demonstrate knowledge about contraception, increases in the proportion of girls who speak to peers about contraception, and increases in the self-reported use of contraception by sexually active girls.¹¹

About *Girls Not Brides*

***Girls Not Brides* is a global partnership of more than 550 civil society organisations** from over 75 countries united by a commitment to work in partnership to end child marriage and enable girls to fulfil their potential. In consultation with members, *Girls Not Brides* created a common [Theory of Change](#), which outlines the range of approaches needed to end child marriage.

⁶ WHO retrieved from: http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ Jan 2016

⁷ WHO Guidelines, *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*, 2011, UNFPA, *Motherhood in Childhood – Facing the Challenge of Adolescent Pregnancy*, 2013

⁸ WHO Guidelines, *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*, 2011

⁹ UNFPA, *State of the World Population*, 2013

¹⁰ Partnership for Maternal, Newborn and Child Health, *Reaching Child Brides, Knowledge Summary: Women’s & Children’s Health*, 2012

¹¹ Erulkar, A., & Muthengi, E. *Evaluation of Berhane Hewan: A Program to Delay Child Marriage in Rural Ethiopia*, *International Perspectives on Sexual and Reproductive Health*, 35 (1), 2009