Child marriage and family planning: an information sheet

The scale of child marriage is huge: 15 million girls a year are married before the age of 18. Child marriage can have a detrimental impact on the health of girls and their children as child brides are often pressured to prove their fertility early. Child brides have an enormous unmet need for family planning/contraception and are more likely to experience adverse sexual and reproductive health outcomes and increased maternal morbidity and mortality. By acting to prevent child marriage, we could dramatically improve maternal and child health for millions of girls and young children worldwide.

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.¹
- 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.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.
- 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.³
- It is estimated that 70,000 adolescent girls in developing countries die of causes related to pregnancy and child birth every year.⁴
- 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 18.⁵
- Early childbearing also increases the risks to new-borns. 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

¹ UNFPA, Motherhood in Childhood: Facing the challenge of adolescent pregnancy, State of World Population, 2013
² UNFPA, Marrying too Young, End Child Marriage, 2012
³ WHO, Preventing Suicide: A Global Imperative, 2014
⁴ UNFPA, Motherhood in Childhood: Facing the challenge of adolescent pregnancy, State of World Population, 2013
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.6

- **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, lack of alternative opportunities for girls – we can make significant progress in family planning efforts and maternal, new-born and child health.7

**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.** Both unmarried and married girls **often face stigma** when trying to access reproductive health services, meaning they are less likely to return for follow up care. Compared to other age groups, girls who are married have both the lowest use but highest unmet need for contraception.8

- **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.

- **Programmes which work to provide girls with information and resources about their sexual and reproductive health and rights**, including the harmful impacts of child marriage, can improve knowledge and encourage girls to seek out health care. For example, effective safe space programmes have shown positive results around the proportion of girls who demonstrate health knowledge, 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.9

- It is also important that **health services support married adolescent girls** with their reproductive health needs and provide safe and supportive care for unmarried and at risk girls.

- **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

**About Girls Not Brides**

**Girls Not Brides** is a global partnership of more than 700 civil society organisations from over 90 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.


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

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


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