



Child marriage and maternal health: an information sheet

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

Countries with high rates of child marriage typically have poor maternal and child health outcomes, including higher rates of infant and maternal mortality, higher fertility rates, and lower use of skilled birth attendants². If we act to prevent child marriage now, we could dramatically improve these health outcomes for millions of girls and women worldwide.

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

- **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.**³
- **Pregnancy and childbirth are dangerous for child brides:**
 - Pregnancy and childbirth complications are the **leading cause of death for 15 to 19 year old girls globally.**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 **increases the risks for new-borns** too. In low and middle income countries, babies born to mothers under 20 years of age have a 50% higher risk of being still born 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.⁶ Over a fifteen year period, **an estimated 2.1 million children could survive** beyond the age of five if child marriage was ended; 3.6 million could avoid stunting.⁷
- **Reducing child marriage could accelerate efforts to reduce maternal mortality:** There are strong correlations between maternal mortality rates and child marriage prevalence rates. If child marriage rates were to be reduced it is likely that maternal, new-born and child health indicators would also improve.

The life of a child bride: what do we need to consider 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.⁸ In Democratic Republic of the Congo,

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

² Raj, A and Boehmer, U, 2013, 'Girl Child Marriage and its Association with National Rates of HIV, Maternal Health, and Infant Mortality Across 97 Countries', in *Violence Against Women*, Vol.19, No. 4, pg. 536-551

³ UNFPA, *Motherhood in Childhood: Facing the challenge of adolescent pregnancy*, *State of World Population*, 2013

⁴ WHO, *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation*, 2017

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

⁶ 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

⁷ For the time period of 2016 to 2030. World Bank and International Center for Research on Women, *The Economic Impacts of Child Marriage: Child health and nutrition brief*, 2017

⁸ Levine, R., Lloyd, C., Greene, M., & Grown, C., *Girls Count: A Global Investment and Action Agenda*. Washington DC: Center for Global Development, 2008

Ethiopia, Mali, Pakistan and Zambia, girls who marry at age 17 are likely to have about 20% more children than those who marry at age 18 or older.⁹

- **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.¹⁰
- **Hard to reach:** Despite their significant need for maternal health services, child brides are often isolated, hard to reach, and 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 mostly older husbands, particularly when it comes to negotiating safe sexual practices and using family planning methods.

What can be done to improve the maternal health of adolescent girls?

- **Cross-sectoral action is required** to address factors such as poverty, insecurity, the lack of alternative opportunities for girls, traditional roles of wives and mothers, and gender inequality.¹¹
- **Focus on the social determinants of early pregnancy for both married and unmarried girls, which also underpin child marriage, in programming for maternal health.** Many girls who find themselves pregnant due to a lack of knowledge about sex and/ or have limited access to sexual reproductive health services, may find themselves at a higher risk of child marriage or choose marriage as they cannot see other options for their future.
- **Tailor maternal health programmes to the unique needs of adolescent girls:** programmes must cater to the needs of child brides as well as girls who are pregnant outside of marriage. Adolescent girls have a right to access quality health information and services that are adolescent-friendly and provide them with the knowledge and support they need to manage their sexual reproductive health needs now and in the future.
- **Use health services as an entry point 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.¹²
- **Create safe spaces for girls:** 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.¹³

About *Girls Not Brides*

***Girls Not Brides* is a global partnership of more than 750 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.

⁹ World Bank and International Center for Research on Women, *The Economic Impacts of Child Marriage: Global Synthesis Brief*, 2017

¹⁰ WHO Fact Sheet WHO/MPS/08.14, *Why is giving special attention to adolescents important for achieving Millennium Development Goal 5?*, 2008

¹¹ WHO Guidelines, *Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*, 2011

¹² PMNCH, *Reaching Child Brides*, Knowledge Summary: Women's & Children's Health, 2012

¹³ Erulkar, A., & Muthengi, E. *Evaluation of Berhane Hewan: A Program to Delay Child Marriage in Rural Ethiopia*. Intl Persp on SRH, 35 (1), 2009