Child Marriage Threatens Girls' Health

Tracy Hampton, PhD

IN SOME COUNTRIES, A HIGH PROPORTION of girls will be married before they reach adulthood. They—and their future children—often experience numerous hardships and ailments, from malnutrition and physical abuse to infection with HIV.

Investigators are striving not only to uncover the many negative health effects these girls experience but also to encourage governments, local leaders, and residents to end the practice of child marriage.

"Cultural traditions are hard to change. We have to work within existing community structures and bring recognition to communities about how child marriage compromises opportunities and health for women and their children," said Anita Raj, PhD, professor of Social and Behavioral Sciences at Boston University School of Public Health and Boston University School of Medicine.

SOCIAL EXPECTATIONS

Even as women in European and North American nations have been postponing marriage to focus on careers and other priorities, in India, almost half (44.5%) of women aged 20 to 24 years marry before they reach their 18th birthday. "Girls in India grow up with the normative expectation of marriage within a societally determined time frame," said Subha Sankar Das, PhD, assistant director at MAMTA Health Institute for Mother and Child, an internationally recognized nongovernmental organization based in India that focuses on integrated health and development issues in the context of poverty and rights of women in India and other nations. "With gender bias so prevalent, girls' opportunity for education and livelihood is curbed, and they are never socialized to possibly widen their world view as an alternative to early marriage," he added.

The scenarios in much of South Asia, sub-Saharan Africa, and the Middle East are not much better. According to the United Nations Children's Fund, 43% of women in Afghanistan were married before age 18 years; in Nepal, 51% were; and in Mali, Chad, and Niger, more than 70% were (http://www.prb.org/Articles/2010/menachildmarriage.aspx). Overall, more than 64 million women worldwide who are aged 20 to 24 years were married or in a marriage-like relationship before age 18 years. The traditional practice of child marriage is most common in poor, rural communities, and it often perpetuates the cycle of poverty. Impoverished parents often believe that child marriage will protect their daughters; in reality, it usually burdens girls with limited options and poor health.

Because of pressure from their husbands and in-laws to bear sons, young brides often miss out on an adolescent period between puberty and adulthood and are forced to undergo multiple pregnancies in quick succession. According to Raj's research, child marriage is significantly associated with no contraceptive use before first childbirth, high fertility (3 or more births), a repeat childbirth in less than 24 months, multiple unwanted pregnancies, pregnancy termination, and female sterilization (Raj A et al. *Lancet*. 2009; 373[9678]:1883-1889).

Early sexual activity and childbearing by child brides can harm both the mother and her children. One of the most tragic effects of child marriage is borne out by statistics on mortality during childbirth. According to the World Health Organization, the rate of women dying during childbirth in India is 540 per 100 000 live births compared with single digits in Europe and the United States (http://www.who.int/whosis/mort/profiles/mort_searo_ind_india.pdf). Also, the risk of malnutrition is higher in young children born to mothers married as mi-

Child marriage in India, in other countries in South Asia, and in much of sub-Saharan Africa and the Middle East, usually leaves girls with limited options and threatens their health.

Prakash Hatvalne/AP Images

nors than in those born to women married at age 18 years or older (Raj A et al. *BMJ.* 2010;340:b4258).

BURDENS OF BEING FEMALE

In related research, investigators are working to uncover the physical abuse experienced by girls and women in nations where child marriage is common. Raj often collaborates with her husband, Jay Silverman, PhD, on this research. Child marriage fits into the broad topic of gender-based violence, said Silverman, who is associate professor of Society, Human Development, and Health and Director of Violence Prevention Programs in the Division of Public Health Practice at the Harvard School of Public Health in Boston.

Silverman has discovered that abused pregnant women in countries with high rates of child marriage are more likely to experience pregnancy complications, to give birth prematurely, to deliver low-birthweight infants, and to miscarry. Husbands and in-laws often deny these women skilled medical assistance during childbirth. Also, if an Indian husband physically and sexually abuses his wife, her risk of becoming infected with HIV is nearly quadruple that of women not experiencing intimate partner violence (Silverman JG et al. *JAMA.* 2008; 300[6]:703-710). "Abusive men are far more likely to take high levels of sexual risk, such as hiring commercial sex workers, and abusive HIV-positive men are more likely to transmit HIV to their partners compared with HIV-positive non-abusive men," said Silverman.

Das described the case of a girl who was married at age 13 years and who then soon became pregnant. She wrote of her personal story to MAMTA, describing how her husband was HIV-positive although she was not notified and did not receive special care for herself or for her newborn girl.

"By the time she completed her one month, her father passed away and I noticed that my child is also not well," the girl wrote. "I don't want to lose her at any cost, I tried a lot with all kinds of treatment but all in vain, she also passes away in six months."

Silverman noted that young children (particularly girls) of abused women are at increased risk of developing other life-threatening illnesses and of dying. "Children of women who are being abused by a male partner are more likely to suffer from diarrheal disease and respiratory infection," as well as being more likely to die, said Silverman.

Silverman's research in the slums of Mumbai indicate that nonviolent maltreatment, such as forcing a woman to take on a heavy workload or allowing her only scraps to eat, is also associated with a broad range of poor maternal health outcomes. In addition, a young wife who is isolated and powerless may be unable to obtain necessary health care because of distance, expense, or the need for permission from her husband or in-laws.

FINDING SOLUTIONS

The solutions to these problems run counter to centuries of ingrained traditions and cultural beliefs. "It's very easy for people to look at this issue and think, 'How can people do this?'" said Raj. "But child marriage is often viewed as a normative and acceptable process in many traditions, which makes it difficult to address."

Violence and abuse can be diminished, Raj said, only if India and other countries change their preference for giving birth to boys and make a concerted effort to allow girls to contribute to society. Ironically, many families say they want to protect their female children from sexual violence by marrying them off early. "That motivation is entrenched in the communities, so we need to demonstrate that there are other options," she said.

Das agreed, noting that in some cases, girls and their parents want to delay marriage but lack options. He added that dignity also comes into play. "Control of women's sexuality is reflected in the fear of loss of virginity in girls before marriage," he said. "This is the worst shame that can be brought upon a family, so girls are often married early to prevent premarital sex or pregnancy."

The most important targets of intervention may not be the women and girls themselves but their husbands and in-laws, who hold power over them. "The key is to work with men to change gender norms and behaviors that put women and girls at risk," said Silverman. Raj's research team, in collaboration with Silverman, plans to train local traditional providers of health care, who are usually men, to counsel young married men about the benefits of proper health care for women, with particular attention to family planning and medical services during labor and delivery. "We want them to understand that traditional treatment of a woman who is pregnant places not only her health at risk but also the pregnancy as well," said Silverman. The project will target rural young couples, with the goal of supporting vulnerable wives aged 15 to 24 years, based on recruitment of husbands aged 18 to 30 years into the study. Das added that interventions at the individual and family level must be supported with broader community-level efforts to support what he calls positive deviants, those who have decided to postpone marriage until girls reach adulthood.

Educating females may also help prevent abuse and child marriage. "Educating girls increases the time to marriage and childbearing, increases women's potential for economic independence, and increases their value within society," said Silverman. Greater efforts are needed to persuade parents to keep their daughters in school to ensure that they receive at least a basic education.

Various international human rights agreements protect children from child marriage. These include the Universal Declaration of Human Rights (1948), the Convention of Eradication of All Forms of Discrimination Against Women (1979), the Convention on the Rights of the Child (1989), and the African Charter on the Rights and Welfare of the Child (1990). All call for the free and full consent of both parties to marry and a minimum age of marriage of 18 years. Many individual nations also have laws against child marriage.

"Policies have been in place in India since 1973, but clearly policies are not sufficient to prohibit child marriage," said Raj. "Enforcement of policy is key." □