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Mon Oct 14 04:27:32 2019

Citations:

Bluebook 20th ed.

Ignatius O. Nwimo; Sarah O. Egwu, Girl Child Marriage: Implications for Community Intervention Programmes, 37 J.L. Pol'y & Globalization 141 (2015).

ALWD 6th ed.

Ignatius O. Nwimo; Sarah O. Egwu, Girl Child Marriage: Implications for Community Intervention Programmes, 37 J.L. Pol'y & Globalization 141 (2015).

APA 6th ed.

Nwimo, I. O.; Egwu, S. O. (2015). Girl Child Marriage: Implications for Community Intervention Programmes. Journal of Law, Policy and Globalization, 37, 141-[i].

Chicago 7th ed.

Ignatius O. Nwimo; Sarah O. Egwu, "Girl Child Marriage: Implications for Community Intervention Programmes," Journal of Law, Policy and Globalization 37 (2015): 141-[i]

McGill Guide 9th ed.

Ignatius O Nwimo & Sarah O Egwu, "Girl Child Marriage: Implications for Community Intervention Programmes" (2015) 37 J of L, Policy & Globalization 141.

MLA 8th ed.

Nwimo, Ignatius O., and Sarah O. Egwu. "Girl Child Marriage: Implications for Community Intervention Programmes." Journal of Law, Policy and Globalization, 37, 2015, p. 141-[i]. HeinOnline.

OSCOLA 4th ed.

Ignatius O Nwimo and Sarah O Egwu, 'Girl Child Marriage: Implications for Community Intervention Programmes' (2015) 37 JL Pol'y & Globalization 141

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Girl Child Marriage: Implications for Community Intervention Programmes

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Abstract

Marriage before the age of 18 years is a serious global issue and a violation of a number of international human rights conventions. It has negative implications for young girls including lack of access to education, freedom of will, and the vulnerability to health problems, such as infant and maternal mortality, sexually transmitted diseases and vesico vaginal fistulae, yet many young girls in developing countries regard marriage as a means of securing their future. On the contrary, early marriages violate the rights of girls exposing them to often more negative consequences, including those concerned with their overall development thus leaving them socially isolated with little education, skills and opportunities for employment and self-realization. These conditions ultimately make married girls vulnerable to poverty. This paper provides details of concept and context of girl child or early marriage; causes, and consequences of early marriage, contemporary pressures and actions that have been taken on girl child marriage. Implications for intervention programmes to aid community members delay marriage of girls are suggested. Among such interventions is that since early marriage and childbearing are associated with less education and lower future income for young mothers, community programmes that keep girls in school should be provided.

Keyword: Girl child, Marriage, Community intervention, Programmes

1. Introduction

Girl child or early marriage is a complicated issue that affects the human rights of women across the globe. This issue is considered a violation on a major scale by activists because of its harmful implications (Population Council, 2004: 29). Girl child marriage is defined as a union where one or both partners are 18 years of age or younger. This usually happens through arrangement or parental consent (Assani, 2000:12). In most cases, it is the female who is underage and married off to a much older male. This has the propensity of creating many problems that affect the rights of women globally. When married off at such a young age many girls experience lower access to education, healthcare, and general freedom of will (Human Rights Watch and Amnesty International, 1997:4). The girls are more prone to diseases such as HIV/AIDS, as well as maternal and infant mortality (Islam, 1999:2). Because of the recognized dangers and implications, with the help of international conventions the marriage age has been established at 18 (United Nations, 1991:8; Marston et al., 2009:64). The issue, however, is still a major problem as there are other circumstances surrounding the issue.

In Nigeria; like other African countries (Demographic Health Survey, 2003:6, See Table 1), where the age of marriage is low; the incidence of child marriages might have heavy implications that could affect the healthcare and treatment of women in the country. The incidence is much higher in the northern region of Nigeria where prenatal care and free will for young married women are lower than in other regions of the country (Bello & Annabel, 2007:4). Inadvertently, the Northern region constitutes a majority of the Muslim population. With 53 million Muslims in the country, Nigeria has the second largest population of Muslims on the continent (Islam, 1999:1).

Table 1: Average age of girls at first marriage and first birth in some African countries

Country	Median Age at First Marriage	Median Age at First Birth
Nigeria	17	20
Cameroon	17	19
Mali	16	19
Senegal	17	19
Guinea	16	18
Niger	15	18

(Source: Demographic Health Survey (DHS), 2003)

Early marriage is seen as one way to ensure that a girl is protected, or placed firmly under male control; that she is submissive to her husband and works hard for her in-laws' household; that the children she bears are legitimate; and that bonds of affection between couples do not undermine the family unit (Caldwell & Caldwell, 1977:7; Assani, 2000:10). Parents may genuinely feel that their daughter will be better off and safer with a regular male guardian. In conflict-torn northern Uganda, for example, some families marry their young daughters to militia members in order to defend family honour or secure protection for themselves and the girl (Human Rights Watch and Amnesty International, 1997:4).

Early marriage impact on girls have three key concerns and they include the denial of adolescence experience, the curtailment of personal freedom and lack of opportunity to develop a full sense of selfhood as well as the denial of psychological and emotional well-being, reproductive health and emotional opportunity. Young girls are robbed of their youth and required to take on roles for which they are not psychologically or physically prepared (Patricia, 1987:44). Many have no choice about the timing of marriage or their partner. Some are coerced into marriage, while others are too young to make an informed decision. Young females deprived of the opportunity to complete schooling have difficulty in developing self identity and less confidence in voicing their opinions (United Nations Children's Fund, 2001:15). In addition, girls married, at a young age are less equipped to care for themselves and their children and are more economically and psychological dependent on their husbands (Singh & Sharma, 1996:149; Dow, 1998:16). This early marriage also deprives the girls of the opportunity for personal development as well as their rights to full reproductive health and well-being, education and participation in civic life.

The international community recognizes child marriage as a serious development problem, but growing awareness has not led to committed and coordinated action against the practice. Political commitment at the highest levels can help achieve a world where girls are healthy, safe and empowered. Decision makers, development experts and donors have turned their attention to what can be done to prevent girls from marrying too early and protect those who are already married (Save the Children UK, 2000:5).

However, regardless of concerted efforts made by both governmental and non-governmental organizations to discourage girl child or early marriage, the practice does not seem to abate. This paper therefore analytically approaches the subject matter in view to discuss the concept and context causes, consequences, contemporary pressures; actions taken to discourage girl child marriage and further provides the implications of the practice for community intervention programmes.

2. Concept and Context of Girl Child Marriage or Early Marriage

Girl child or early marriage refers to any form of marriage that takes place before a child has reached 18 years (United Nations, 1994:5). The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (United Nations, 1994:5), the most comprehensive international bill of rights for women, states that any betrothal or marriage of a child should not have any legal status. The Committee that monitors this convention states further in General Recommendation 21 (Article 16:2) that the minimum age for marriage for the female should be 18 years, the age when they have attained full maturity and capacity to act (United Nations, 1994:5). Most early marriages are arranged and based on the consent of parents and often fail to ensure the best interests of the girl child. Early marriages often include some element of force. A forced marriage is defined as any marriage conducted without the full consent of both parties and where duress is a factor (United Kingdom Foreign and Commonwealth Office, 2000:2). Although children below 18 years sometimes choose to marry freely with or without the consent of their parents, these cases will not be explored in this paper however, this is

an area that requires an in-depth research. Marriage of adolescent girls is often a traditional practice, dictated by customary and religious laws and exists alongside national laws on minimum age of marriage.

Current estimate (Bruce, 2009:18) shows that approximately 82 million girls between 10-17 years will be married before they reach 18 years. Of the 331 million girls aged 10-19 in developing countries, 163 million will be married before they are 20. Early marriage is more prevalent in developing countries, particularly in the poorer rural sections of the community. A study (Singh & Samara, 1996:150) demonstrates that the higher the level of urbanization, the less likely it is that women marry before they reach 20 years. A close review of the evidence on the links between poverty and the pressure to marry early reveals that in wealthier countries, where girls have equitable access to education, further training and other employment opportunities, early marriages are rare (Bruce, 2003:7). For example, in the United States of America only 4% of girls marry before they are 19-years old, in Canada this is about 1%, while in the United Kingdom only 2% of girls make the choice to marry early.

The average age at which women first marry varies tremendously throughout the world. For instance, in India marriages tend to take place at a significantly earlier age than they do in the United States and Canada (Bruce, 2003:13). The median age of Indian women at the time of their first marriage is just under 19. Nearly 44% of women in India between the ages of 15 and 19 are married. In Jamaica, on the other hand, women marry much later in life. The median age of first marriage for Jamaican women is 31. Less than 1% women in Jamaica between the ages of 15 and 19 are married (A Joint Report of UNICEF & UNAIDS, 2002:4; Population Reference Bureau, 2003:56). In Nigeria, which is currently facing economic difficulties, age at marriage has barely risen, and in the North of the country the average age has fallen to 17 years since 1990 (Centre for Gender and Social Policy Studies, 1998:23). In Kebbi State, Northern Nigeria, the average age of marriage for girls is just over 11 years, against a national average of 17 (Centre for Gender and Social Policy Studies, 1998:23). A UNICEF study shows (Alan Guttmacher Institute, 1998:45) that economic hardship is encouraging a rise in early marriage, even among some population groups that do not normally practice it. Parents have become anxious about the danger of their daughters becoming pregnant outside marriage. Thus any early opportunity for marriage may be seized upon (Centre for Gender and Social Policy Studies, 1998:23). The situation in Ebonyi State may not be different from what is obtainable in other parts of Nigeria, though no empirical evidence is specifically available on girl child marriage in the state.

3. Causes of Early Marriage

In spite of the legal sanctions against marriage before age 18 and the growing awareness among leaders and educators that it is harmful to girls and their families, parents continue to insist upon marrying their daughters in their mid-teens and will go to some lengths to thwart all opposition. Why? More than 80% of respondents if studied could cite no reason other than it was a tradition they had to adhere to. Population Reference Bureau (2003:55) reported that the strongest reason for early marriage is the desire or need to maintain the family's good name and social standing. For men in particular, the success of their children is a measure of manhood and community status, and a daughter's success rests in her making a good marriage and linking her family to another family, thereby strengthening both. Concern about a girl becoming pregnant out of wedlock is also prevalent, though not nearly as significant as the issue of status. Only about one-fifth of the respondents (Population Reference Bureau, 2003:55) reported this as a reason for early marriage. This worry is growing, however, with modern outside influences and the increased incidence of premarital sex among adolescents (Murray & Lopez, 1998:32).

For hundreds of years, marriage was a means of establishing political and social bonds, strengthening a family or clan, and often smoothing a quarrel or resolving a conflict (United Nations, 1991:9). As a result, marrying girls at a young age was firmly established as a desirable move, and the availability of girls for such transactions added to their value as children (Human Rights Watch and Amnesty International, 1997:12).

For some families, the desire to get money paid to the girl's family by the boy's family upon agreement to marriage is an incentive to arrange a marriage, but it ranked only 6 out of 8 factors influencing young marriage by the respondents in a study (Roy, 2008:609). Though important, the above is not a major factor reinforcing the continued practice. Further, based on interviews and focus group discussions conducted by Roy, there is little doubt that parents are well aware of the negative consequences of early marriage, which are commonly discussed in communities. Though many condemn it in public, they seem compelled to continue its practice. This pursuit of tradition in the face of compelling negative evidence tends to be common to every culture.

4. Consequences of Early Marriage

Having established the significant prevalence of early marriage in most countries across the globe, and the social constructs that make people value and perpetuate it, this paper places particular importance on analyzing the impact on the individual girls, their families, and communities, both immediate and long-term. Results of the Pathfinder quantitative survey show that about 27% of marriages in urban areas and 19% in rural areas had ended in divorce or separation (Pathfinder International/Ethiopia, 2006:21). Of those that had married more than once, nearly 56% reported that their first marriage ended either because they were too young or not interested in the marriage. Nearly 52% of these dissolved marriages ended within 3 years. Research reports indicate that many girls run away from marriages only to be sent back by their parents (The Inter-African Committee, 2003:3; Working Group on Forced Marriage, 2000:11). These women often end up in cities expanding the population of commercial sex workers.

The Millennium Development Goals (MDG) (United Nations Children's Fund, 2001:13) for universal female education are showing results in Ethiopia, as 23% of the respondents studied in a research were currently attending school and more than 80% of girls aged 12 to 14 were in school. Of significance, however, is the fact that among out-of school respondents in this study, 28% cited marriage and 19% cited childrearing obligations as their reasons for leaving. Four per cent cited their husbands' disapproval of their school attendance (Pathfinder International/Ethiopia 2006:21).

Statistically, women who marry early are likely to bear more children than those who marry later. Young mothers exercise less influence and control over their children and have less ability to make decisions about their nutrition, health care, and household management. Among the study respondents, those married under 15 averaged 4.96 children; those married between 15 and 17 had 4.15, and those over the age of 18 averaged 3.12 children (United States Bureau of the Census, 2008:12).

Young girls can face considerable physical pain associated with sexual intercourse as a result of the physiological immaturity of their sexual organs. Complications due to pregnancy at a young age frequently include obstetric fistula, that is, perforation of the bladder or bowel, due to prolonged delivery. They are also vulnerable to exposure to HIV/AIDS (Akpan, 2003:70) due to multiple partners among men with much younger wives.

It is generally accepted that childbearing among women aged 15-19 doubles the risk of death due to pregnancy-related causes compared to women in their twenties (Population Reference Bureau, 2003:57). Hospital-based studies from Nepal have shown an association between teenage pregnancy, pregnancy-induced hypertension and anaemia. The same studies found that fetal loss and abnormal deliveries were higher among teen mothers (Malla & Shrestha, 1996:69). The percentage of pregnant women attending antenatal care (ANC) is low in most developing countries, probably due to a lack of adequate services. Even in urban areas, where health facilities are within easy reach, pregnant adolescents attend antenatal facilities at lower rates than adult women (Adhikari & Amatya, 1996:17).

The health problems linked to early marriage not only affect the pregnant mother and unborn child, but also continue after childbirth. Evidence shows that infant mortality among very young mothers is higher, sometimes two times higher, than among older mothers (United Nations, 1989:62; The Inter-African Committee, 2003:44). There is also a stronger likelihood of low infant birth weight among adolescent mothers. This is mainly associated with poor maternal nutrition, reinforcing the point that adolescents are unready for childbirth. If a mother is under 18, her baby's chance of dying in the first year of life is 60% higher than that of a baby born to a mother older than 19 (United Nations Children's Fund, 1994:23). The immaturity and lack of education of a young mother challenges her capacity for nurture. In a forum conducted by Save the Children Fund, this issue was one of the main reasons given by Nepali children for avoiding early marriage (Save the Children UK, 2000:7).

The risks of early pregnancy and childbirth are well documented. These include increased risk of dying, increased risk of premature labour, complications during delivery, low birth weight, and a higher chance that the newborn will not survive (Senderowitz, 1995:49). Pregnancy-related deaths are the leading cause of mortality for 15-19-year-old girls worldwide. Mothers in this age group are at least twice as likely to die in pregnancy as women aged 20-24. Girls under age 15 are five times as likely to die as women in their twenties. The main causes are haemorrhaging, sepsis, pre-eclampsia and obstructed labour (World Health Organization, 2000:201).

For every woman who dies in childbirth, 30 more suffer injuries, infection and disabilities, which usually go untreated and some of which are lifelong. High rates of vesico-vaginal fistula are clearly identified with marriage and childbearing in the 10-15 age grouping (Akpan, 2003:71; Population Council, 2004:24). In one study in

Niger, 88% of women with vesico-vaginal fistula (VVF) were in this age group at marriage (United Nations Children's Fund, 1998:6). Mothers whose pelvis and birth canal are not fully developed often endure very prolonged labour (World Health Organization, 2000:199). Unless the mother receives emergency obstetric care, relentless pressure from the baby's skull can damage the birth canal, causing breakages in the wall, allowing uncontrollable leakage from the bladder into the vagina. Fistula conditions are permanent without surgical interventions to re-seal tissues (Adamson, 1996:52). Such intervention may not be sought and may be hard to access.

The prevalence of VVF disabilities is not fully known, but World Health Organization estimates that there are two million women living with VVF and an additional 50,000-100,000 cases every year, many of which go untreated (United Nations Population Fund, 2000:4). A girl with the VVF condition is usually ostracized as unclean, and is often divorced. In Niger, VVF is the reason for 63.3% of all divorces (Assani, 2000:12).

Early marriage dangerously denies girls of school age their right to education thereby undermining MDG 3 Target 4, which is focused at eliminating gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015 (United Nations Development Programme, 2001:8). The connection between the number of years of a girl's schooling and the postponement of marriage is firmly established by demographic and fertility studies (Demographic Health Survey, 2003:7). On average, women with seven or more years of education marry four years later and have two fewer children than those with no education (United Nations Population Fund, 1990:54). Early marriage is an important potential contributor to HIV exposure and other negative reproductive health outcomes for adolescent girls across sub-Saharan Africa and northern Nigeria in particular (Islam, 1999:4).

Several studies from across the globe have documented poorer outcomes for children born to adolescent mothers compared to older mothers. The National Fertility and Health Survey found that neonatal mortality among children of adolescent mothers was 73% higher than children of older mothers, and 25% higher than children of mothers aged 30-39 (The Inter-African Committee, 2003; Population Council, 2004:28; Population Council, 2007:15). Studies have also found a 25%-66% higher incidence of low birth weight among children of adolescent mothers (Dali & Pradhan, 1992:16; Adhikari & Amatya, 1996:17). One hospital-based study (Adhikari and Amatya, 1996:20) found a perinatal mortality rate that was twice as high among children of adolescent mothers compared to children whose mothers were older than age 19 (40.5 versus 18 per 1000 births). In addition, evidence (Dali & Pradhan, 1992:18) suggests that children of older adolescents (aged 17-19) fare better than those born to younger adolescents (aged 16 or younger), when outcomes such as low birth weight and pre-term birth are compared.

5. Contemporary Pressures and Early Marriage

The theory of demographic transition, which has governed population policies since the 1970s, assumes that societies eventually abandon the strategy of high fertility when mortality declines due to health improvements, and under the pressures of urbanization and modernization (Caldwell, 1982:59). The extended family begins to break up into nuclear components, and some couples leave for the towns. Individual wage labour replaces family-based production and instead of being an economic necessity, children become a 'cost'. Women may join the labour force, and receive an education beyond that needed for household management. In these circumstances, marriage and childbearing may be postponed. Many developing countries are part way through the demographic transition and witness recent declines in fertility (Lendon, 2001:65). Parts of any national population; better-educated and better-off urban dwellers, may adopt the norms of the industrialized world, including later marriage and child bearing.

However, other groups may continue in the old patterns. Extended and nuclear families may exist side by side, even in the same generation. Where average age of marriage appears to be rising, this may disguise the fact that very large sub-populations are still marrying very young. Old beliefs, customs and moral codes tend to persist during demographic transition, while new circumstances make only gradual inroads into actual practice (Caldwell, 1982:60). The resilience of traditional practices and customs is illustrated by the situation of British girls from families of South Asian and Middle Eastern origin sent on a visit 'home', only to discover that they are to be forcibly married to a stranger (Working Group on Forced Marriage, 2000:3). Since older women are more likely than men to be excluded from new ideas, they are often the last to abandon the ideas that framed their own lives. Marriage patterns, alongside other aspects of family formation, are subject to acute development pressures such as declining incomes from the land, rapid urbanization, population mobility, and the explosive

nature of global markets, all of which are currently causing profound social commotion and economic marginalization.

The outcome for families is increasing fragmentation and the erosion of their extended structure. Families in the process of transition may, therefore, be caught between traditional and modern values. Men in search of work may join the individualist world in town; while the women they married in their teens, and their children, continue their traditional lives in the countryside (Caldwell, 1982:66). This pattern is particularly common in sub-Saharan Africa. Thus the impact of early marriage may be reinforced in the shorter term by the very process the world calls development.

6. Taking Action on Early Marriage

A range of policies and programmes is needed to reduce early marriage and its impact. Actions to fulfill or restore the rights of those already married need to go hand in hand with preventive actions aimed at the wider community. The United Nations Children's Fund (UNICEF) has initiated a myriad of activities in order to discourage girl child marriage. The scope of UNICEF activities is wide and includes support for the physical well-being of girls; education for empowerment and intellectual development; support for psychological well-being and emergency assistance; support for improved economic status; legal change; and advocacy (United Nations Children's Fund-UNICEF, 2001:31). One example of programmes that focus on prevention is UNICEF Australia's project in Niger.

The UNICEF Australia Early Marriage of Girls Project in Niger began in December 1999, with support from the Australian Government's overseas aid programme (Lendon, 2001:69). It aims to increase the average age of marriage of girls and to increase the number of girls receiving an education. These aims are being achieved by working with traditional chiefs and religious leaders, who organize large gatherings in the villages to discuss early marriage and its serious consequences. The plays, songs, debates and speeches originating from the project are broadcast over national radio and filmed by a video crew. Two videos have been produced; one for government officials and other decision makers, the other to promote discussions at the community level. The project also advocates a change of the practice and law within the government.

Early female marriage has its own opportunity costs to the individual and the community. As a result of early marriage, girls are denied the chance to continue with education and the benefits that come with it (Bello & Annabel, 2007:5). There are strong negative associations between women's schooling and fertility, that negative association is stronger in the case of women's education than that of men (Cochrane, 1983:590; Cleland & Rodriguez, 1988:439; Schultz, 1993:7). Schultz (1993:7) has observed that women's education is likely to bring important changes in fertility, nutrition, and children's health and schooling. This implies that better educated women should post lower mortality rates for children below five years.

This is the case in Kenya where there is a reduction of 26% in child mortality when children of mothers who have never been to school are compared with those who have lower primary education. The decline for those with upper primary, lower primary to secondary and above is 40%, 58%, and 71%, respectively (Central Bureau of Statistics, 1996:21)). These support Caldwell's (1986:176) findings that children of unschooled women have higher infant mortality rates. Other potential consequences of early female marriages include early parity and bearing of many children both of which often affect maternal and child health negatively.

7. Implications for Community Intervention Programmes

The girl child, who delays marriage and childbearing benefits by completing her growth first before getting involved in family life, avoids putting her and her baby at risk of nutritional deprivation. This evidence points to a need for programmes to assist the girl child:

1. Because early marriage and childbearing are associated with less education and lower future income for young mothers, community programmes that keep girls in school should be promoted. The attainment of higher levels of education by young women can be expected to yield a greater use of reproductive health services and better employment prospects.
2. Parents and community members need to be informed about the adverse health and social consequences of early childbearing, as well as the benefits of delaying marriage and childbearing until at least two completed years after menarche. Therefore family health education guidance should be provided parents at the community level to enable them appreciate the benefits of delaying marriage for the girl child.

3. Where marriage in adolescence continues, promoting contraceptive use at the community level can delay childbirth until the couple is physically, socially and emotionally ready to bear a child. Therefore, there is a need for community reproductive health services, particularly adolescent-friendly family planning.
4. Programmes to improve the economic status of adolescent women can bring about positive change, since economic factors may lie behind early marriage and childbearing. Therefore early adolescence skill acquisition centres should be established in communities that practice early marriage.
5. Interventions at increasing young women's independence and chances after marriage should be initiated at the community level. Since marriage has been shown to have harmful effects on young women, programmes should aim at supporting married girls' autonomy. Such programmes should provide opportunities to develop vocational competencies like hair dressing, sewing, and computer appreciation, among others.
6. In reducing the pressure expected on married girls to become pregnant and give birth, efforts should be made to delay child births. Efforts should be made to emphasize that pregnancy should be postponed to a later date since first births for very young girls produces elevated risks.
7. There should be attempts at encouraging greater intimacy between married partners to make for discussions on and use of modern contraceptives and other sex-related issues through community-based reproductive health programmes. Mutual pleasure and desire should be stressed with regard to marital sexual relations, and the rights of husbands or wives to decline undesirable sexual relations should be emphasized at community levels.

8. Conclusion

Child marriage perpetuates an unrelenting cycle of gender inequality, sickness and poverty. Its consequences ripple through the world's poorest regions devastating the lives of girls, their families and their communities. Despite nearly universal condemnation, this harmful tradition thrives. If nothing changes, another 100 million girls will be married within the decade. In view of the high incidence of adolescent child marriage in the developing countries, appropriate policy and programmatic measures should be undertaken immediately to reduce the incidence of early marriage and early childbearing that can have negative health, social and economic consequences, including the curtailment of education and job prospects of young mothers.

References

- A Joint Report of UNICEF and UNAIDS. (2002). *Young people and HIV/AIDS: Opportunity in crisis*. New York: United Nations, p. 4.
- Adamson, P. (1996). *A failure of imagination in the progress of nations*. New York: United Nations Children's Fund, p. 52.
- Adhikari, N., & Amatya, A. (1996). *Outcome of adolescent pregnancy*. Paper presented at 8th Congress of Pediatrics, Kathmandu, Nepal October, 4-7, 17-22.
- Akpan, E. (2003). Early marriage in eastern Nigeria and the health consequences of vesico vaginal fistulae among young mothers. *Gender and Dev.* 11(2): 70-6.
- Alan Guttmacher Institute. (1998). *Into a new world: Young women's sexual and reproductive lives*. New York: United Nations Children's Fund, pp. 39-51.
- Assani, A. (2000). *Etude sur les mariages precoces et grossesses precoces au Burkina-Faso, Cameroun, Gambie, Liberia, Niger and Tchad*. Abidjan: United Nations Children's Fund, pp. 8-15.
- Bello, M., & Annabel, S.E. (2007). *The experience of married adolescent girls in Northern Nigeria*. Retrieved August 7, 2014, from <http://www.popcouncil.org/pdfs/Nigeria.MarriedAdol.pdf>, pp. 1-7.
- Bruce, J. (2003). *Overview and reflections of child marriage and adolescent policy*. Washington, DC: International Center for Research on Women, pp. 7-18.
- Bruce, J. (2009). *Married adolescents girls; human rights, health and development needs of a neglected majority*. Paper presented by the Population Council at the Supporting Event: Early Marriage in a Human Rights Context, United Nations Special Session on Children, 8-10 May, pp. 18-21.

- Caldwell, J.C. (1982). *Theory of fertility decline, population and social structure: Advances in historical demography*. London: Academic Press, pp. 50-71.
- Caldwell, J.C. (1986). Routes to low mortality in poor countries. *Population and Development Review*, 12(2), 171-220.
- Caldwell, J.C., & Caldwell, P. (1977). Role of marital sexual abstinence in determining fertility: A study of the Yoruba in Nigeria. *Journal of Population Studies*, 31(1), 6-8.
- Centre for Gender and Social Policy Studies. (1998). *Final report on national baseline survey of positive and harmful traditional practices affecting women and girls in Nigeria*. Ile-Ife: Centre for Gender and Social Policy Studies, Obafemi Awolowo University, Ile-Ife, pp. 20-26.
- Central Bureau of Statistics. (1996). *Population monograph of Nepal*. Kathmandu: Nepal Central Bureau of Statistics, pp. 17-25.
- Cleland, J., & Rodriguez, G. (1988). The effect of parental education on marital fertility in developing countries. *Population Studies*, 42(3), 419-42.
- Cochrane, S.H. (1983). Effects of education and urbanization on fertility. In R.A. Bulatao and R.D. Lee (Eds.), *Determinants of fertility in developing countries*. New York: Academic Press, pp. 587-626.
- Dali, S.M., & Pradhan, N. (1992). Obstetric performance of adolescent pregnancy at TUTH. *Journal of Institute of Medicine*, 14(1), 13-19.
- Demographic Health Survey. (2003). *Annex to facts about adolescents (10-14 year-olds) from the Demographic and Health Survey: Statistical tables for program planning*. Retrieved August 7, 2014, from <http://www.popcouncil.org/gfd/gfddcountries.html>, pp.1-9.
- Dow, U. (1998). *Birth registration: The first right in the progress of nations*. New York: United Nations Children's Fund, p. 16.
- Human Rights Watch and Amnesty International. (1997). *The scars of death: Children abducted by the Lord's Resistance Army in Uganda*. New York: Human Rights Watch and Amnesty International, pp. 1-25.
- Islam, M.M. (1999). Adolescent children in Bangladesh. *Asia-Pacific Population Journal*, 14(1), 3-4.
- London, S. (2001). *Early marriage of girls in Niger*. Ndjamen: United Nations Children's Fund, pp. 60-75.
- Malla, D.S., & Shrestha, P.L. (1996). *Adolescent pregnancy and its outcome*. Kathmandu: Nepal Hospital, Kathmandu, Nepal, p. 69.
- Marston, M., Slaymaker, E., Cremin, I., Floyd, S., McGrath, N., Kasamba, I., Lutalo, T., Nyirenda, M., Ndyababo, A., Mupambireyi, Z., & Zaba, B. (2009). Trends in marriage and time spent single in sub-Saharan Africa: A comparative analysis of six population-based cohort studies and nine Demographic and Health Surveys. *Sexually Transmitted Infection*, 85, 64-71.
- Murray, C., & Lopez, A. (1998). *Health dimensions of sex and reproduction*. Geneva: World Health Organization, pp. 61-74.
- Pathfinder International/Ethiopia. (2006). *Report on causes and consequences of early marriage in Amhara region*. Addis Ababa: Pathfinder International/Ethiopia. Retrieved August 7, 2014, from <http://www.pathfind.org>, p. 21.
- Patricia, R.A. (1987). *Age at menarche and growth among adolescent females in rural Bangladesh: Implications for child*. Unpublished PhD Thesis, John Hopkins University, Baltimore, Maryland.
- Population Council. (2004). *Child marriage briefing: Nigeria*. Retrieved August 7, 2014, from <http://www.popcouncil.org/pdfs/briefingsheets/nigeria.pdf>, pp. 23-30.
- Population Council. (2007). Consequences of early marriage on female schooling in rural Bangladesh. *Health and Science Bulletin*, 5(4), 13-8.
- Population Reference Bureau. (2003). 2003 world population data sheet. Washington, DC: Population Reference Bureau, pp. 55-58.
- Roy, T.K. (2008). Determinants of early marriage in Rajshahi, Bangladesh. *Pakistan Journal of Social Sciences*, 5(6), 606-611.
- Save the Children UK. (2000). *Early marriage: Whose right to choose?* London: Forum on Marriage and the Rights of Women and Children, pp. 1-5.

- Schultz, T.P. (1993). Returns to women's education. In E.M. King and M.A. Hill (Eds.), *Women's Education in developing countries: Barriers, benefits, and policies*. Baltimore: Johns Hopkins University Press, pp. 1-15.
- Senderowitz, J. (1995). *Adolescent health: Reassessing the passage to adulthood*. Washington, DC: World Bank.
- Singh, S., & Samara, R. (1996). Early marriage among women in developing countries. *International Family Planning Perspective*, 22(2), 148-57.
- The Inter-African Committee. (2003). Traditional practices affecting the health of women and children. *Newsletter*. 3(1), 3-5.
- United States Bureau of the Census. (2008). Early marriage statistics. Retrieved August 5, 2009, from <http://www.census.gov>, pp. 1-15.
- United Kingdom Foreign and Commonwealth Office. (2000). *A choice by right*. London: University Press. Retrieved August 4, 2014, from www.homeoffice.gov.uk
- United Nations Children's Fund. (1994). *Too old for toys, too young for motherhood*. New York: United Nations Children's Fund, p. 23.
- United Nations Children's Fund. (1998). *Early marriage in Niger*. Niamey: United Nations Children's Fund, p. 6.
- United Nations Children's Fund. (2001). Early marriage: Child spouses. *Innocenti Digest No. 7*. FL, Italy: Innocenti Research Centre, pp. 13-31.
- United Nations Development Programme. (2001). *Millennium declaration goals*. Retrieved May 11, 2014, from <http://www.undp.org/mdg/basics.shtml>, pp. 1-38.
- United Nations Population Fund. (1990). *State of the world's population*. New York: United Nations Population Council, p. 54.
- United Nations Population Fund. (2000). *Memo of 10 October on early marriage*. New York: United Nations Population Council, pp. 1-29.
- United Nations. (1989). Adolescent reproductive behaviour: Evidence from developing countries. *Population Studies*, 2(109), 56-60.
- United Nations. (1991). *The world's women 1970-1990: Trends and statistics*. New York: United Nations, pp. 1-32.
- United Nations. (1994). General recommendations on the elimination of discrimination against women, No. 21, thirteenth session. Retrieved August 7, 2014, from <http://www.un.org/womenwatch/daw/sedaw/recomm.htm>, p. 5.
- Working Group on Forced Marriage. (2000). *A choice by right*. UK Government, Home Office. Retrieved August 7, 2014, from <http://www.homeoffice.gov.uk>, pp. 1-28.
- World Health Organization. (2000). *Adolescent sexuality*. Geneva: World Health Organization, pp. 151-230.

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