

# CHILD MARRIAGE AND MATERNAL HEALTH

Every year 12 million girls are married before the age of 18. If progress is not accelerated, 150 million girls could be married in childhood by 2030.<sup>1</sup> As a key driver of adolescent pregnancy, child marriage has a hugely detrimental impact on the health and wellbeing of girls and young women, who are more susceptible to experiencing complications during pregnancy and childbirth. The children of child brides are also at higher risk of poor health outcomes than children of girls who marry later. If we act to prevent child marriage now, we could dramatically improve health outcomes for millions of girls and women worldwide, and those of their children.

## Why are child brides at risk of poor health outcomes?

- **Child brides are under intense social pressure to prove their ability to have children**, which makes it likely they will experience early and frequent pregnancies.<sup>2</sup> Evidence shows that pregnancy and childbearing is more risky for adolescent girls than for older women due to the fact their bodies are still developing.<sup>3</sup>
- **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 rights (SRHR), and their right to access contraception.<sup>2</sup>
- **Child brides are often isolated, hard to reach, and unable to access services**, despite their significant need for sexual and reproductive health care, including maternal health services.<sup>2,3,4</sup>
- **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.<sup>2</sup>



Photo: Agustina with her daughter at their home.  
Priscilla Mora Flores/ Girls Not Brides

## We must address child marriage and support child brides if we are to improve maternal health

- An estimated 21 million girls aged 15 to 19 and 2 million girls aged under 15 become pregnant in developing countries every year.<sup>5</sup>
- **90% of adolescent births are to girls already married or in a union.**<sup>3</sup> Countries with high rates of child marriage typically have poor maternal and child health outcomes, including higher rates of infant and maternal mortality, and lower use of skilled birth attendants.<sup>6</sup>
- **Complications arising from pregnancy and childbirth are consistently among the leading causes of death for 15- to 19-year-old girls globally.**<sup>7</sup> Common complications of childbirth such as hypertensive disorders, haemorrhage, premature labour, systemic infections, and obstructed labour are more likely among girls aged 15 to 19 than those just a few years older, and those aged under 15 are at even greater risk.<sup>3,8,9</sup>
- High levels of unplanned pregnancy and restrictive abortion laws mean that pregnant **adolescent girls in developing countries frequently turn to clandestine, unqualified abortion providers who put their health and even lives at risk.** While data is unreliable, Guttmacher estimates that between 8–11% of all maternal deaths are due to unsafe abortion,<sup>10</sup> and that adolescent girls are more likely than older women to go to unsafe providers.<sup>11</sup>
- Girls are also at increased risk of post pregnancy-related complications. A systematic review found that up to **86% of cases of obstetric fistula occur in girls under the age of 18.**<sup>12</sup>
- Child brides are likely to have more children over their lifetimes than their peers who marry later,<sup>13</sup> and to have small intervals between each birth, both of which increase the lifetime risk of developing complications during pregnancy.<sup>14,15</sup>
- Children born of child brides face greater health risks and even death compared to those born to older

mothers; they are also more likely to have low birth weight and poor nutritional status throughout their childhood.<sup>16,17</sup> An estimated 2.1 million children could survive past age five and 3.6 million children could avoid stunting if child marriage was eliminated.<sup>13</sup>

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

- **Focus on the social determinants of early pregnancy for both married and unmarried girls in programming for maternal health.** Unmarried adolescent girls who experience unintended pregnancy may find themselves at a higher risk of child marriage, or choose marriage as they cannot see other options for their future.
- **Increase access to contraception for both married and unmarried adolescent girls, so that they can delay and space pregnancies.** Successful programmes will combine youth-friendly health care with CSE and engagement with parents, husbands/partners, and the wider community on SRHR.<sup>4</sup>
- **Provide age appropriate Comprehensive Sexuality Education (CSE)** which includes discussion of gender, rights, and empowerment, to equip girls with the knowledge and skills to make healthy choices related to their SRHR. CSE should include referrals to service delivery points as appropriate.<sup>18</sup>
- **Create safe spaces for girls.** Safe space programmes provide an opportunity for girls to learn about SRHR and reduce girls' social isolation. Studies have shown that safe spaces can achieve a range of positive SRHR outcomes including increasing girls' health knowledge and use of health services such as contraception, HIV testing and treatment, and maternal health and first-time parent support services.<sup>19</sup>
- **Tailor maternal health programmes to the unique needs of adolescent girls.** Programmes must cater to the needs of married girls as well as girls who are pregnant outside of marriage. Adolescent girls have a right to access quality health care and information that are adolescent-friendly and provide them with the knowledge and support they need to manage



Photo: Pippa Ranger / Department for International Development

their SRH needs now and in the future. As part of quality maternal health care, adolescents should be counselled on contraception options after giving birth.

- **Ensure safe abortion and post-abortion care are available**, including routine counselling on post-abortion contraception. Service providers from other sectors should also play a role providing referrals and information about safe abortion.
- **Use health care as an entry point to other services.** Health care providers, including those working at

a community level, can help link girls to a variety of other services and support including nutrition, child protection, education and income-generating opportunities.<sup>20</sup>

- **Work across sectors to prevent child marriage.** Programmes should address factors such as poverty, insecurity, gender inequality, and girls' lack of economic and educational opportunities.<sup>15</sup>

This brief was developed by the *Girls Not Brides* secretariat, and does not necessarily reflect the views of every member of the *Girls Not Brides Partnership*.

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**Girls Not Brides is a global partnership of more than 1200 civil society organisations from over 100 countries united by a commitment to work in partnership to end child marriage and enable girls to fulfil their potential.**

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