

## Child Marriage as a Health Issue – Nepal Case Study

Aleksandra Perczynska, Her Turn Program Coordinator; Daniel Coyle

### **Early marriage as a main health challenge related to children in Nepal**

Child marriage is recognized globally as a public health problem and it has been reflected in many international legal instruments. The Universal Declaration of Human Rights specifies that individuals must enter marriage freely with full consent and must be at full age. Child marriage impedes the achievement of MDGs, particularly goals one to five: eradication of poverty, universal access to education, women empowerment, reducing child mortality and improving maternal health. It undermines several rights guaranteed by the Convention on the Rights of the Child, including “the right to education (article 28), to be protected from all forms of physical or mental violence, injury or abuse, including sexual abuse (article 19) and from all forms of sexual exploitation (article 34), to protection against all forms of exploitation affecting any aspect of the child’s welfare (article 36),” and, most importantly in the context of this paper, “the right to the enjoyment of the highest attainable standard of health (article 24).”

Despite all these instruments and the general consensus, in Nepal early marriage remains a persistent problem that affects children, especially girls, on an enormous scale. Research shows that over 10 per cent of girls below the age of fifteen and 51 percent of those below eighteen are married off. This means that Nepal places 8<sup>th</sup> in the world in terms of child marriage rates. According to the Central Child Welfare, as many as 34 per cent of all new marriages in Nepal involve children under the age of 15. In some areas, especially in southern Terai districts neighboring with India, the numbers can be even more alarming. In Rupandehi district alone, over half of marriages involve girls under the age of 12 and 89.5 per cent of girls are married before they reach 18.

The causes behind the prevalence of child marriage are complex and interrelated. It has been correlated with families’ poverty, girls’ low education level, traditions like dowry (e.g. the younger and less educated the bride, the lower dowry requirement), and social perceptions of girls and women, such as beliefs concerning the “marriageable age” and families’ fear of elopement. Despite the fact that it is the early marriage that poses numerous threats, a married girl is perceived as safer from harm because it is believed that she has a husband to watch over her.

There are numerous health risks that a girl is exposed to when she is married before she turns eighteen. She is expected to start being sexually active and bear children before her body has fully matured. One common problem amongst women in Nepal that is related to early child birth is uterine prolapse – a debilitating condition where the muscles and ligaments can no longer hold the uterus in place. While uterine prolapse can be caused by inadequate child spacing, lack of proper rest after childbirth and demanding labor during pregnancy, it has also been linked to early child birth. Symptoms can include pelvic pain, frequent urination, painful sexual intercourse, vaginal bleeding, reproductive and urinary tracts infections, constipation, vaginal discharge, difficulty walking, and urinary incontinence, which severely compromise affected girl’s ability to perform daily activities like walking, manual labor, sitting, or lifting her baby.

The physical symptoms and discomfort are only a part of the problem. There is also social stigma against Nepali women who suffer from uterine prolapse. They are often perceived as “impure” by their husbands, families, and communities. Some have reported that their refusal to be sexually active with their spouses due to the pain and discomfort has led to marital rape, domestic violence, and the husband to abandon and/or take on a new wife. These reports, combined with the fact that girls who marry before the age of eighteen are more likely to experience domestic and sexual violence in their marital

households, suggest that the condition may disproportionately lead underage girls to be abused in this manner.

The stigma and fear associated with uterine prolapse also prevents women from seeking medical help at early stages of the condition when treatment is easier and more affordable. Price and access to healthcare alone further increases the severity of this and other health risks related to child birth as underage girls are much less likely to have access to the resources needed to seek treatment. Because of the social stigma related to the condition, it is difficult to determine the prevalence of uterine prolapse in Nepal; however, reporting rates range from nine to forty-four percent of women. In other countries, uterine prolapse is usually found in post-menopausal women. Yet, uniquely in Nepal, young women also suffer from this condition. One study found that as many as 14 per cent of cases occurred in women before they reached the age of twenty. In other districts, that rate can reach higher than 23 per cent. Perhaps most significantly, one study found that as many as 61 per cent of women with uterine prolapse had their first child before the age of nineteen. Studies have also shown that most women, a majority of whom were married before they turned 18, began to have symptoms after their first child birth. This is partially due to the expectation in Nepali communities, that pregnant women need to continue performing manual labor immediately or very soon before and after delivery.

Another severe health risk married girls face is obstetric fistula – a debilitating condition that was eliminated in the developed countries at the end of nineteenth century due to availability of cesarean sections. Obstetric fistula can occur when the baby's head and/or shoulders are too large for the mother's pelvis. This often results in obstructed labor which can last for several days. Without skilled treatment, obstructed labor can often lead to the death of the fetus and tearing on the walls of the vagina. This tearing results in a fistula which was labeled by the WHO as "the single most dramatic aftermath of neglected childbirth." The risk of fistula in girls aged 10-14 is estimated to be as high as 88 per cent, and while it is again difficult to accurately assess the prevalence of the condition in girls in rural areas, research shows that adolescent mothers are at particular risks because their pelvises are underdeveloped. Some estimates point to 200-400 new cases in Nepal each year. While it isn't clear how many of these occur in adolescent mothers, experts agree that early pregnancy is one of the major risk factors. In statistical terms, it seems minor in comparison to the number of girls who experience child marriage, but the devastating health and social effects, combined with the numerous unreported cases, point to an urgent need to eliminate the condition entirely as it is the case in more developed countries. Similarly to uterine prolapse, women suffering from obstetric fistula face social isolation and shame from their husbands and communities because of the "impurity" associated with the symptoms. This further prevents many women from seeking care and treatment when available. While obstetric fistula treatment has a success rate of 90 per cent, most women don't realize that it can be treated.

Both uterine prolapse and obstetric fistula are major examples of maternal morbidity in Nepal. It's important to recognize that early pregnancy and child bearing also increases maternal and child mortality rates, constituting a threat to both mothers and newborns. Adolescent mothers in general but particularly those from rural areas are at a disproportionate risk of either infant or maternal mortality due to hemorrhaging and obstructed labors. Studies show that maternal mortality is strongly associated with the age of mother and one study reports that early conception and marriage takes more lives than people in Nepal realize (Juhee V. Suwal, *Maternal Mortality in Nepal: Unraveling the Complexity*, 2008). Nepal's maternal mortality ratio for women under the age of twenty is twice as high (297 per 100,000 live births) as women in their twenties (155 per 100,000 live births) and significantly higher than country's average (229 per 100,000 live births).

In terms of infants' health, studies have shown that the ones whose mothers haven't reached the age of 18 have a 35 to 55 per cent higher risk of being pre-term or underweight than older mothers' infants.

Young girls are pressured to bear children as soon as they are married off, but infant mortality rates are 60 per cent higher if the mother is below 18. Even if the children survive their first year, they still have a 28 per cent higher mortality rate before they reach the age of five than children born to older mothers. This data is associated with many factors, including the physical and emotional immaturity of the mothers, their malnutrition, and lack of access to social services and health care. One maternal mortality and morbidity study conducted between 2008-2009 also found that the leading cause of death of women between the ages of 15 and 49 in Nepal (16 per cent) was suicide. While it is difficult to assess how many of these were related to early marriage, it is necessary to note that as many as 21 per cent of these suicides were committed by women and girls under 18.

Because young brides have little power in their new households, they are also vulnerable to numerous forms of domestic violence from their husbands and in-laws. While reliable statistical data does not exist, there is a lot of anecdotal evidence in media of how dowry disputes between families end in domestic violence, dowry killings, and sexual abuse. When a husband's family is not satisfied with bride's dowry, they use her as a leverage to pressure her parents for more goods or money, and there have been many reports, especially from the southern districts, of girls being tortured, and attacked with acid or kerosene. A bride's young age means she has less agency, education, and consequently, less access to resources and protection mechanisms that can guarantee her security. Other forms of domestic violence have also been correlated to the age at which women marry. In one study, women who were married before they turned eighteen were twice as likely to have been beaten and threatened as women who married later. They were also three times as likely to report having been coerced into sexual activities than their peers who married after turning eighteen. Being subjected to domestic and sexual violence has a devastating psychological impact and results in trauma of girls and women who often don't know how and where to seek help. It is also important to note that child marriage has been used commonly by human traffickers as a technique to convince families to give their daughters away in exchange for a "good" marriage and a small amount of money. These girls are later trafficked and fall victim to sex slavery in Nepal or India and face a whole other range of health risks: HIV/AIDS, STDs, psychological trauma and very high rates of sexual violence.

The social and economic aftermaths of child marriage are as dire as the health consequences and affect girls disproportionately because it is girls who give birth, because more girls than boys are married off – their spouses being often men older than them – and because married girls have less power in their new husbands' households. As for social consequences, child marriage significantly limits girls' access to education, which results in their life long disempowerment. Usually child brides are forced to drop out because they are expected to take upon women's duties in the household, which consume most of their days, leaving no time for studying. The younger they are, the less education they receive, and the wider the spousal age gap, the less power they have in their new families in relation to their life's choices, their reproductive rights such as timing and spacing their children, and their access to resources. In terms of economic consequences, young brides are also much more likely than girls who marry later to remain in poverty because they are unable to develop life skills or relevant livelihoods opportunities.

### **Recommendations for good practices to protect children in especially difficult circumstances**

While the problem of child marriage is recognized globally, because it is so intricately connected with unique socio-cultural contexts, it requires complex and localized solutions. There are numerous good practices, from local level interventions to state level policies, that increase the success rate of child marriage prevention programs. Research points to several indicators that put certain demographics in especially difficult circumstances and at risk of being married off early. The girls disproportionately

vulnerable are those from poverty stricken households, from communities who practice dowry and from rural areas and certain ethnic groups of Nepal.

Policy concerning child marriage in Nepal has already begun to tack the issue, and it has been made illegal for girls under twenty to marry. However, law enforcement and relevant protection mechanisms are still severely lacking considering that vast parts of the country currently do not have access to police and security forces. Additionally, there is a tremendous need for awareness in government institutions concerning the severity and legal implications child marriage now holds. Schools, health posts, and local government offices need to be trained and educated on the appropriate response to child marriage in their areas and resources need to be provided to these institutions to combat child marriages in their areas.

It is widely agreed that education is a strong preventative measure that determines likelihood of early marriage. Education helps girls negotiate when and whom they marry and will greatly determine their ability to control their reproduction. Not only girls' enrollment, but also retention and performance at primary and secondary levels need to be prioritized if child marriage is to be ended. In order to improve these indicators, girl friendly environment has to be created in schools, including improved water and sanitation, separate, safe and private toilets, and teachers trained to respond to girl-specific health and safety issues. Gendered sensitized teachers with raised awareness in rural schools can monitor at risk girls and communicate with appropriate law enforcement agents when necessary. Schools can also help educate families about the legal, health, social, and economic consequences of early marriage and potentially convince families to marry their daughters off later.

Poverty is another strong risk indicator in early marriage, and many parents view their daughter's marriage as a form economic relief; i.e. "one less mouth to feed." In regards to dowry, often younger girls require lower dowries, which incentivizes early marriage through social systems. The government of Nepal has already incentivized inter-caste marriages and widow marriages, and it is possible that policies that also incentivize legal-aged marriage can be implemented in the most affected districts. Because of the link between poverty and child marriage, poverty reduction and job creation programs can also contribute to delaying the age at marriage.

Another factor that plays an enormous role in perpetuating child marriage are the cultural and social norms surrounding girls. Local community and religious leaders need to be trained on the impact child marriage has on the future of the girls, the community and economic viability of families. These leaders have the power to shape cultural practices regarding child marriage and are often sought out to condone or condemn certain pairings. If they are convinced that early marriages are not beneficial to the community, this practice would be prevented through socio-cultural mechanisms: they would not participate in, or approve, the marriage ceremonies. Women's organizations and other pre-existing mechanisms that promote women's leadership can also be mobilized within this same spectrum to add pressure against child marriage.

While local level interventions are required to create long lasting change, state level advocacy is also necessary. There is a lot of debate about various forms of women's discrimination, such as domestic violence or human trafficking, but the issue of child marriage is often neglected and under discussed considering its prevalence. Arguably, there is a hidden acceptance of the status quo and a reluctance to take any real substantive steps to address the issue in larger policies concerning women in Nepal. Stronger collaboration and coordination between relevant state and local authorities, women's organizations, and the media is required in order to raise awareness and change the common acquiescent attitude. NGOs should also rigorously monitor and evaluate their interventions and share their lessons learned in reference to particular programs and cultural contexts.

Last but not least, the girls, especially vulnerable ones, should be involved in the process. Girls' empowerment programs, livelihoods trainings, and life skills education enable them to realize their potential as leaders and agents of change. Girls, with the support of their teachers and community leaders, can play an active role in transforming gender norms in their families and communities. Increased confidence that stems from empowerment programs helps the girls negotiate key life decisions and transfer the knowledge about the negative consequences of early marriage to their fathers and mothers. Educated girls are also much more likely to be aware of their rights and the resources that do exist in the event that they face the prospect of child marriage.

While delaying marriage should be a priority, girls who have already been married must also not be neglected. They are the most vulnerable and carry many of the aforementioned health and social burdens, and hence should be included in local level interventions. Their needs are different than those of unmarried girls and include access to informal and formal education, access to birth control, access to health care facilities, and enhanced negotiating power in their marital households. Because adolescent mothers have a higher risk of pregnancy related problems, their access to antenatal, childbirth and postnatal care should be prioritized and include emergency obstetric care. It is also vital to raise their awareness concerning the risks they and their children face during and after early pregnancy, so that they can prevent them.

### **What are the main barriers when trying to implement children's right to health?**

In reference to child marriage, the main barrier in implementing children's right to health is lack of law enforcement and protection mechanisms for at risk and affected children. Low awareness of law enforcement agents at the local level undermines the implementation of the existing laws and prevents girls from enjoying freedom from child marriage.

Similarly, education officials and teachers lack knowledge on the adverse effects of early marriage as well as the necessary prevention tools and response mechanisms. In many cases, even if teachers know their female students are about to be married off and drop out of school, they are not aware of what can be done to prevent the marriage or keep the girl at school. Low awareness exists also in local women's groups and community based organizations who can also play an active role in prevention and response. The issue of child marriage is further complicated by the fact that many children don't have their birth certificates and in some cases it is impossible to assess the age of a girl and prove that the law has been violated. Marriage ceremonies are also informal and there are no records in local administration units that a marriage has even taken place.

Wide acceptance of this harmful practice on a national level points to the need to prioritize legal-age marriage. Due to the long term political instability and deadlock in Nepal, many substantive debates on women's issues in Nepal have been passed over amidst party politics, and girls suffering from child marriage have been overlooked. In order to change the patterns of marriage in Nepal, the political systems and social norms that support women's disenfranchisement need to be transformed. Girls' and women's social status needs to be uplifted and gender equality in all areas of Nepali society needs to increase. Child marriage is only one aspect of wide spread gender discrimination and represents the overall low social status of girls and women in Nepali society. Low prioritization of girls' education, low level of women's participation in the decision making processes and social pressure to get married young are all prevalent and strongly relate to the issue of child marriage. Despite the commonly held belief that girls are safer married, considering the numerous health risks discussed above, girls have much higher chances of exiting cycles of poverty and violence and of leading healthier and happier lives when they marry as an adult.