

Child Marriage and Health Consequences in Nigeria

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Abstract

Child marriage is a human rights violation that prevents girls from obtaining an education, enjoying optimal health, maturing, and ultimately choosing their own life partners. Child marriage is driven by poverty and has many effects on girl's health such as increased risk for sexually transmitted diseases (STD), cervical cancer, death during childbirth, and obstetric fistulas. Girls' offsprings are at increased risk for premature birth and death as neonates, infants or children. To stop child marriage, policies and programmes must educate communities, raise awareness, engage local and religious leaders, involve parents and empower girls through education and employment.

Keywords: Child marriage; betrothal; custom and bride price.

1. Introduction

Child Marriage and child betrothal customs occur in various times and places; this is a situation whereby children are given in matrimony - before marriageable age and often before puberty. Today such customs are widespread in parts of Africa, Nigeria, Asia, Oceania and South America; in former times it occurred also in Europe. It is frequently associated with arranged marriage. Child marriage, defined as marriage of a child under 18 years of age, is an ancient, worldwide custom. Other terms applied to child marriage include "early marriage" and "child brides". Early marriage could be seen as vague because what is early for one person may be late for another. Thus, in the words of [6], child marriage could be seen as being a complex issue in Nigeria. It could be viewed differently depending on the context and based on the cultural and religious differences, regional and ethnic disparities, among others. Child marriage could therefore be seen as a protective mechanism against premarital sexual activity, unintended pregnancies, and sexually transmitted diseases (STDs). The latter concern is even greater in this era of HIV/AIDS.

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The socio economic status of parents in most cases appears to account for one of the reasons why children marry early or betrothed to marriage. Author [7] expressed the feeling that the high level of poverty being experienced in most rural areas in Nigeria, could often explain why child marriage predominates in such areas too. If they marry men outside their village, they must move away. Coping with the unfamiliar situation inside and outside the home creates an intensely lonely and isolated life. As these girls assume their new roles as wives and mothers, they also inherit the primary job of domestic worker. Also, for the fact that the husband has paid a hefty dowry, the girl has the immediate pressure to prove her fertility [12]. Girls often embrace their fate and bear children quickly to secure their identity, status, and respect as an adult. As a result these young girls have high total fertility rates but have missed the opportunities to be children: to play, develop friendships, bond, become educated and build social skills. One fundamental difficulty with child marriage is that girls are financially dependent on their husbands and therefore seems to lack the power to make demands upon them. They cannot ask their husbands to get an HIV test; they cannot abstain from intercourse or demand condom use, According to [5] and [11] they cannot also insist that their husbands should be monogamous; and ultimately, they cannot divorce because they cannot repay their dowry, [8]. In addition, returning to their parents' home may not be an option because divorce is considered unacceptable and leaving their husbands may have serious implications on the social or tribal ties that were developed during the marriage. The aristocrats of some cultures, as in the European feudal era tended to use child marriage as a method to secure political ties. Families are able to cement political and/or financial ties by having their children marry. The betrothal is considered a binding contract upon the families and the children. The breaking of a betrothal can have serious consequences both for the families and for the betrothed individual. Poverty, religion, tradition, and conflict appear to make the rate of child marriage in Sub - Saharan Africa similar to that in South Asia. [10]. In many cultures a man pays a bride price to the girl's family in order to marry her. In many parts of Africa and in Nigeria in particular, this payment, in cash, cattle, or other valuables, decreases as a girl gets older. Even before girl reaches puberty, it is common for a married girl to leave her parents to be with her husband. Many marriages are related to poverty, with parents needing the bride price of a daughter to feed, clothe, educate, and house the rest of the family. This might explain why, despite the fact that many poor countries enact marriageable laws to limit age at marriage between 16 to 18 years, traditional marriages of girls of younger ages are still widespread [15]. Meanwhile, a male child in these countries is more likely to gain a full education, gain employment and pursue a working life, thus tending to marry later. In Mali, the female: male ratio of marriage before age 18 is 72:1. in Kenya, 21:1 [10]. The various UN-commissioned reports indicate that in many Sub-Saharan countries, there is a high incidence of marriage among girls younger than 15. Many governments have tended to overlook the particular problems resulting from child marriage, including obstetric fistulae, premature births, stillbirth, sexually transmitted diseases (including cervical cancer), and malaria [10]. In parts of Ethiopia and Nigeria, numerous girls are married before the age of 15, some as young as the age of 7 [4]. In parts of Mali 39% of girls are married before the age of 15. In Niger and Chad, over 70% of girls are married before the age of 18. [10]. The consequences of early pregnancy and childbearing are dire. According to the [19] girls aged 15-19 are twice more likely to die during pregnancy or childbirth than women aged 20-24. Among girls aged 10-14, the risk is five times greater. Rates of maternal mortality in francophone West Africa are among the highest observed in the world, with rates of death per 100,000 women of 1,000 in Burkina Faso. 1,200 in Mali, and 1,600 in Niger, making it unlikely that any of these countries will meet Millennium Development Goal 5 by 2015. In remote

areas of Africa; Nigeria and Malawi in particular, where boys are valued far more than girls, older men prize young wives, fathers covet dowries and mothers are powerless to intervene, many African girls like Mwaka must leap straight from childhood to marriage at a word from their fathers. The consequences of these forced marriages are staggering adolescence and schooling cut short; early pregnancies and hazardous births, adulthood often condemned to subservience. The list has grown to include exposure to HIV at an age when girls do not grasp the risks of AIDs. Increasingly educator's health officials and even legislators discourage or even forbid these marriages. In Ethiopia, for example, where studies show that in a third of the states girls marry under the age of 15, one state took action in April. Officials said they had annulled as underage the marriages of 56 girls ages 12 to 15, and filed charges against parents of half the girls for forcing them into the unions.

Yet child marriages remain entrenched in rural pockets throughout sub-Saharan Africa, from Ghana to Kenya to Zambia, according to studies show that the average age of marriage in this region remains among the world's lowest and the percentage of adolescent mothers the world's highest. "There is a lot of talk, but the value of the girl child is still low", said Seodi White, Malawi's coordinator for the Women in Law in southern Africa Research Trust. "Society still clings to the education of the boy, and sees the girls as a trading tool. In the north, girls as early as 10 are being traded off for the family to gain. After that, the women become owned and powerless in their husbands' villages. For the almost 50 million poor women and girls in francophone West Africa, the prospects of a better life are bleak. Schooling - typically the pathway to a better life is often cut short by early marriage, which is common across much of francophone West Africa. In Mali, 65 percent of women aged 20-24 were married by the age of 18, and 25 percent were married by the age of 15. In Niger over 70 percent are married by 18 and 36 percent are married before age 15. Early marriage increases social isolation and launches girls on a cycle of poverty, gender inequities, and high risk of dying from pregnancy and childbirth. Child marriage is a violation of human rights. It forces children to assume responsibilities and handle situations for which they are often physically and psychologically unprepared.

- Women and girls in francophone West Africa fare worse than their peers elsewhere on the continent on these issues.
- Africa will fail to meet the MDGs if the outcomes for millions of girls and women in francophone West Africa continue to be neglected.
- Child marriage, which is common throughout francophone West Africa, receives little visibility and little funding from donors for programs to reduce the practice, despite its link to increased rates of maternal mortality, fistula, and HIV/AIDs [13].

1.1 Effects On Offspring

Child marriage affects more than the young girls, the next generation is also at higher risk for illness and death. Adolescent mothers have a 35% - 55% higher risk than older women for delivering infants who are preterm and of low birth weight. Mortality rates are 73% higher for infants born to mothers < 20 years of age than for those born to older mother [20] The infant mortality rates in Mali are 181 per 1,000 born to mother's ages 20-29 years; in Tanzania these rates are 164 and 88, respectively (1). These deaths may be partly because the young mothers are unhealthy, immature, and lack access to social and reproductive services. Their babies are also at high risk of

acquiring HIV at delivery and during breastfeeding. Mothers who have had malaria are at increased risk for premature delivery, anemia, and death. Untreated STDs such as gonorrhoea, Chlamydia, syphilis, and herpes simplex virus infection can have deleterious effects on neonates, such as premature delivery, congenital neonatal infections, and blindness. Even the mortality rate for children < 5 years can be 28% higher for children or to young mothers than for those born to mothers > 20 years. [2]. However, awareness of reproductive health issues in developing nations is growing. Critical issues are the high prevalence of HIV/AIDS among young people; childbearing by young girls, which can lead to obstetric fistulas and death of the mother; and child marriage; [11].

1.2 Cervical cancer

Child marriage and polygamy play an important role in another deadly disease, cervical cancer. Although many African nations do not have the capacity to adequately or effectively screen for cervical cancer, the incidence of cervical cancer in Africa is estimated to be extremely high. Common risks for cervical cancer and child marriage, low socioeconomic status, poor access to health care, and husbands who had multiple sex partners. For example, in Mali, cervical cancer is the most common cancer in women, has an age-standardized incidence rate of 24.4 over 100,000 and is the second most common cause of death from cancer, [1]. In a case-control study of 200 participants with and without cervical cancer, among whom the mean age at marriage was 15 years; The risk factors identified were child marriage, high parity (>10 children), polygamous husbands (.2 wives), and poor genital hygiene (no tap water available and reuse of sanitary napkins). Another study in Morocco had similar findings [3]. With cervical cancer risk factors identified as child marriage, high parity, long term use of oral contraceptives, and poor genital hygiene (control participants bathed more frequently and case-participants used homemade sanitary napkins more frequently). Other studies have also implicated hygiene as a possible factor [14].

1.3 Children Delivering Children

Births resulting from child marriages are said to be "too soon, too close, too many, or too late," [19]. For example a high percentage of girls in Ethiopia (25%), Uganda (42%) and Mali (45%) have given birth by the age of 18 compared with only 1% in Germany, 2% in France and 10% in the United State [9]. The problem with children delivering children is that the young mothers are at a significantly higher risk than older women for debilitating illness and even death. Compared with women less than 20 years of age, girls 10-14 years of age are 5-7 times more likely to die from childbirth, and girls 15-19 years of age are twice as likely [17]. For example in Mali, the maternal mortality rate for girls aged 15-19 is 178 per 100,000 live births and for women aged 20-34, only 32 per 100,000 in Togo for the same age groups, these rates are 286 and 39 respectively [9]. Reasons for these high death rates include eclampsia, postpartum haemorrhage, HIV infection, malaria and obstructed labour. Obstructed labour is the result of a girl's pelvic being too small to deliver a fetus. The fetus's head passes into the vagina, but its shoulders cannot fit through the mother's pelvic bones. Without a cesarean section, the neonate dies, and the mother is fortunate if she survives. If hemorrhage does not occur and the girl does survive, the tissue and bones of the neonate will eventually soften and the remainder will pass through the vagina. Many times, obstructed labour leads to fistulas; the pressure of the fetal head on the vaginal wall causes tissue

necrosis, and fistulas develop between the vagina and the bladder or rectum after the necrotic tissue sloughs. More than 2 million adolescents are living with fistulas, and fistulas develop in =100,000more each year [19]. Girls aged 10-15 years are especially vulnerable because their pelvic bones are not ready for childbearing and delivery. Their risk for fistula is as high as 88% [18]. Once a fistula is formed, fecal or urinary incontinence and personal nerve palsy may result and may lead to humiliation, ostracism and resultant depression. Unless the fistula is surgically repaired, these girls have limited chances of living a normal life and bearing children.

1.4 Conclusion

In all of these, ending child marriage requires a multifaceted approach focused on the girls, their families, the community and the government. Culturally appropriate programs that provide families and communities with education and reproductive health services can help stop child marriage, early pregnancies and illness and death in young mothers and their children. Furthermore, to spare the lives of our children and make them healthy, it is better for parents to look for other means to keep soul and body together rather than giving out their children early for marriage. By the time the girls are given education, they would have grown older and would be able to make a better home.

1.5 Recommendations

Lack of enforcement renders laws against child marriage ineffective. Through media campaigns and educational outreach programs, governments need to take responsibility for stopping this practice. Local, regional and national governments can also implement health outreach programs for girls and boys. Learning about reproductive and sexual health, STD prevention, contraception, AIDS and how to seek health care helps girls negotiate safer sex. Governments should incorporate preventive and treatment programmes on reproductive health issues into their health services. Necessary preventive services include supplying condoms, educating patients about contraceptive methods, providing diagnostic screening for HIV and offering treatment options such as medications, cesarean sections and postpartum care.

1.6 Limitation and suggestion for further research

This paper was an opinion paper which discussed child marriage as human rights violation, which puts the girl-child at a disadvantage in terms of her access to education, empowerment, and good health, among others. The study could therefore serve as a good reference point to other researchers in related studies on child marriage. However, for the purpose of generalization, it is suggested that further researches could be geared toward qualitative studies that would employ the use of inferential statistics, to provide more reliable data on child marriage.

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