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Child Marriage in the Context of the HIV Epidemic

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As the HIV epidemic has matured, in many settings it has become a disease of young women. In sub-Saharan Africa, 75% of the 6.2 million young people aged 15–24 living with HIV are female (UNAIDS 2004). At the same time, child marriage, though on the decline, persists. In parts of Africa, there are large pools of girls at risk of child marriage and many millions of young wives who were married as children.

The Population Council has undertaken a multi-level investigation of how to respond to the common presence of these two phenomena—child marriage and the HIV epidemic. One level of investigation examines the impact of child marriage on the epidemic, including on rates of HIV infection among women and girls. A second level of investigation seeks to understand and mitigate the significant risks to girls' well-being and safety that arise from the fact of child marriage alone, and the distinctive risks it brings within the context of the HIV epidemic. This brief summarizes the Council's work in several areas. It presents an overview of the challenges child marriage poses to the rights and health of girls, identifies factors potentially implicated in the epidemiological impact of child marriage on the spread of HIV, and summarizes two interventions aimed at addressing the difficulties faced by married girls and girls at risk for early marriage, difficulties that may be substantially compounded in the presence of an HIV epidemic.

Child marriage fosters conditions that can compromise a young bride's rights and safety

The majority—often the vast majority—of sexually active girls aged 15–19 in developing countries are married. Child marriage (marriage before age 18), though declining, remains a fact of life in South Asia, portions of Latin America, and many sub-Saharan African countries. If present patterns continue, over 100 million girls will be child brides in the next decade.

The Population Council's research on early marriage and the situation of married girls examines the correlates of early marriage, such as poverty and low educational attainment, and how the transition into marriage affects girls' social networks, decisionmaking power, sexual and reproductive behaviors, and ability to negotiate with partners and family. Social and health policy has paid minimal attention to child brides as a separate category, typically grouping all married women together regardless of current age, age at marriage, or characteristics of the marriage. Youth-serving initiatives have similarly overlooked both girls at risk of child marriage and married girls, directing their attention mainly to unmarried, often school-going populations. Examinations of the coverage of such initiatives indicate an almost complete absence of married girls (Mekbib, Erulkar, and Belete 2005). This lack of policy and program attention is cause for concern. Adjusting the balance, creating a sensitivity to the needs of these girls, and devising practical policies to encourage the abandonment of child marriage and support those girls already married are of particularly urgent concern (as shown below) in settings with generalized HIV/AIDS epidemics (defined as HIV prevalence above 5% among antenatal clients; see Table 1 for examples of countries with high rates of child marriage and generalized HIV epidemics).

For the average child bride, marriage entails dramatic changes. The younger the bride, the more likely it is that she enters marriage as a virgin. Even for girls who report having previously been sexually active, marriage nearly always greatly increases sexual frequency and the pressure to bear children.

The younger the bride, the larger the age difference between the girl and her husband. Among women in West Africa who marry before age 18, mean spousal age differences range from seven years in Ghana to 14 years in Guinea (Clark, Bruce, and Dude 2005). The young age at marriage

TABLE 1 Percentage of young women aged 15–24 married by age 15, married by age 18, and infected with HIV, by country and regional hotspot

Country (regional hotspot)	Percent married by age 15		Percent married by age 18		Nationwide HIV prevalence rate in young women aged 15–24
	Nationwide	Regional hotspot	Nationwide	Regional hotspot	
Ethiopia (Amhara)	19	50	49	80	10.0
Mozambique (Nampula)	22	53	57	82	18.8
Nigeria (Northwest)	19	41	43	79	7.0
Tanzania (Shinyinga)	6	14	39	59	9.7
Uganda (Eastern)	15	21	54	63	5.6
Zambia (Luapula)	9	16	44	55	25.2

Source: Demographic and Health Surveys and UNAIDS.

and large age differentials in the context of a growing HIV epidemic present three issues of concern:

- Husbands of child brides, on average, are older than boyfriends of unmarried girls of comparable age. Older males are more likely to be sexually experienced, and this results in a greater lifetime risk of carrying sexually transmitted infections such as HIV. Clark (2004) calculates that in Kisumu, Kenya, 31.1 percent of male partners of married girls aged 15–19 are infected with HIV, compared to 12.3 percent of the partners of unmarried girls of the same age.
- The age gap between spouses may, in some settings, further intensify the power differential between husbands and wives, discouraging the open communication required to ensure voluntary counseling and testing, sharing of results, and planning for safe sexual relations throughout marriage (Clark, Bruce, and Dude 2005).
- Girls who are forcibly initiated into sexual relations may be particularly susceptible to sexually transmitted infections, including HIV infection, both because of the physical trauma and because of the immaturity of their genital tract (Bolan, Ehrhardt, and Wasserheit 1999).

These conditions of girls' sexual lives in early marriage may place child brides in a particularly vulnerable position in the context of the HIV epidemic. Indeed a study in Kisumu, Kenya and Ndola, Zambia found strikingly high HIV prevalence rates among married girls. Alarming in and of itself, in these two settings the rates were substantially higher than the rates among unmarried girls (in Kisumu, Kenya, married girls' rates were 32.9 percent compared to 22.3 percent for their sexually active unmarried counterparts and in Ndola, Zambia, 27.3 percent versus 16.5 percent) (Glynn et al. 2001).

Married girls face a host of other challenges that limit their ability to promote their health and well-being. Child brides often experience a sudden decline in their social networks, leaving them with few, if any, friends and peers. This social isolation can close them off from essential (and in many settings constitutionally guaranteed) rights. Married girls also typically have low educational attainment and no schooling options, limited control over resources, highly restricted mobility, and little or no power in their new households (Haberland, Chong, and Bracken 2003). Thus, married girls face significant challenges in negotiating safe sexual relations at the time of marriage and, just as important, in negotiating their safety over time.

Child marriage in the context of the HIV epidemic

Where biomarker data are available, it is clear that marriage does not protect girls from HIV. And once married, an early end to marriage does not appear to provide much protection. Girls who have passed through marriage and become widowed, divorced, or abandoned may be at particularly high risk of HIV, either because of the nature of their marriage or the substantial social isolation and economic risk they face post-marriage. In Uganda, 17.2 percent of previously (but not currently) married girls aged 15–19 were found to be HIV positive, a rate five times that of sexually active unmarried girls and four times that of currently married girls (Gray et al. 2004). In some settings, such as Ethiopia, a high proportion of girls—7.6 percent of rural girls (ORC Macro 2001) and 12 percent in the Amhara region (Erulkar et al. 2004)—are already divorced or widowed.

These and other epidemiological findings led the Population Council, in December 2004, to convene a meeting of demographers, epidemiologists, practitioners, and policy analysts to lay out the terrain for exploration of the links between the HIV epidemic and child marriage. Various aspects of marriage formation were designated as important, including trends in the timing of marriage for brides and grooms, the selection of marital partners, the influence of dowry/brideprice, the effect of delaying marriage on premarital sexual behaviors, the relationship between marriage, pregnancy intentions, and HIV risks, and the merits and feasibility of potential protection strategies (see Population Council 2005 for the meeting report).

The Council has also been analyzing Demographic and Health Survey (DHS) and ethnographic data to explore the potential risk factors for HIV among married girls. Special attention has been given to partner characteristics, sexual frequency, pregnancy intentions, and important contextual variables that influence access to services, such as social isolation and exposure to media.

A sometimes silent but powerful policy concern is that delaying marriage will increase the proportion of sexually active girls engaged in risky relationships. Analyses of DHS data indicate, however, that while premarital sex has increased as early marriage has declined, the prevalence of girls' sexual initiation by age 18 has for the most part declined or remained unchanged. An investigation by Mensch, Grant, and Blanc (2005) of 27 sub-Saharan countries indicates that in the 24 countries where there was a significant decline in early marriage, the overall proportion of women reporting having had sex before age 18 declined significantly in 13 countries, remained largely unchanged in 8 countries, and increased in 3 countries. Mensch, Singh, and Casterline (forthcoming) observe, "Delaying women's age at marriage, if it delays sexual intercourse, should reduce the age-specific rate of HIV infection among young women."

Delaying age at marriage and promoting a safer transition to marriage

In regions with high rates of both child marriage and HIV, strategies for delaying age at marriage and protecting married girls include the following: highlighting the neglect and distinct needs of married girls to policymakers and program managers; advocating for legal reform or better enforcement of existing laws; and addressing the social, cultural, and economic forces that underlie the practice of child marriage. In the Amhara region of Ethiopia and in western Kenya—two settings where the legal age of marriage is 18 for both men and women yet where child marriage continues to be common—the Council, in collaboration with local partners, is evaluating community-level efforts to reduce the pressures for early marriage, support those girls already married, and protect them from unsafe sexual relations and the risk of HIV/AIDS.

Fostering a childhood free of marriage in Amhara, Ethiopia

The Amhara region of Ethiopia has one of the highest percentages of child marriage in the world. According to DHS data, 50 percent of women currently aged 20–24 in Amhara were married by age 15. In addition, HIV prevalence in Ethiopia is estimated at 10 percent among women aged 15–24, and in Bahir Dar (the capital of Amhara) the rate is among the highest in Ethiopia, at 23 percent (UNAIDS/WHO 2004).

The Council conducted a survey of 1,865 married and unmarried adolescents aged 10–19 in two rural Woredas (Districts) of Amhara. Among ever-married girls, only 5 percent knew their husband beforehand, only 15 percent knew about the marriage before it happened, only 20 percent consented to the marriage, and 81 percent characterized their sexual initiation as forced and against their will (ranging from 90 percent of girls married before age ten to 60 percent of girls married at age 16 or older). Among sexually initiated married girls, 69 percent had their first sex before they started menstruating.

In-depth interviews with girls aged 10–19 painted a disturbing picture of early marriage from the child bride's point of view. One girl described her sexual initiation and sexual relations as follows:

> **I hate early marriage. I was married at an early age and my in-laws forced me to sleep with my husband and he made me suffer all night. After that, whenever day becomes night, I get worried thinking that it will be like that. That is what I hate most. (11-year-old girl from Amhara, Ethiopia, married at age 5; first had sex at age 9; Erulkar et al. 2004)**

In Amhara, the Council, the Ethiopian Ministry of Youth, UNFPA, and local partners are collaborating on a program to reduce the incidence of child marriage. The intervention provides girls with a space where they can interact with peers and female mentors. Dialogue with their families strongly discourages child marriage and encourages school registration and attendance. Small amounts of material support are provided to the girls and their families to encourage continuous participation in the program over at least an 18-month cycle. Conscious that a critical mass of participation is required for significant social change, the collaborators have aimed for the intervention to reach at least 30 percent of the eligible girls in each village.

The intervention also includes the creation of meeting spaces for married girls—in effect, married girls' clubs. These clubs meet at least once a week and provide married girls with social support, appropriate health information, and engagement in community development activities.

Providing support and promoting the safety of married girls in western Kenya

Girls in western Kenya, as in many other parts of Africa, enter marriage with a number of disadvantages: a relative lack of schooling, low status in their marriages and often in their new families, frequent unprotected sexual relations, and the expectation of imminent pregnancy. Despite their distinct needs and specific risks, married girls in this region tend to be grossly underrepresented in, or entirely absent from, conventional social, health, and economic initiatives directed at their age group. Moreover, conventional HIV-protection strategies—which include abstinence, reducing the number of partners, use of condoms,

and mutually monogamous sexual relations with an uninfected partner whose HIV status has been discerned—are extremely difficult for married girls to implement, given their lack of autonomy, their relative immaturity, and the nature of marriage itself.

In a district of Nyanza province, Kenya with high levels of early marriage, the Population Council and the Program for Appropriate Technology in Health, together with local partners, are designing and implementing an intervention to support and empower approximately 2,000 newly married adolescent girls and girls considering marriage. The intervention includes three initiatives:

- the dissemination of messages to raise awareness of HIV risks associated with early marriage, conveyed through radio, drama, and community leaders;
- the establishment of clubs for married girls; and
- the promotion of voluntary counseling and testing (VCT) among newly married couples and couples contemplating marriage, through community-level VCT promotion and subsidies for transportation to and from available services.

Areas for future work

The Council, in collaboration with its partners at UNFPA, UNICEF, the World Health Organization, the International Center for Research on Women, and the International Women's Health Coalition, will continue to advocate for the elimination of child marriage and develop and test intervention approaches to delay age at marriage and support married girls. Other activities will include developing program models of social support, targeted health messages, protection strategies, and services appropriate for married girls and their partners in settings where HIV is a concern, including areas in sub-Saharan Africa and India.

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