

Knowledge Brief

Health, Nutrition and Population Global Practice

SOCIOECONOMIC DIFFERENCES IN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH: MARRIAGE

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KEY MESSAGES:

- Marriage marks the beginning of exposure to the risk of pregnancy, sexually transmitted infections, and gender-based violence. Early marriage often limits young girls' autonomy, knowledge, resources, and decision-making power.
- Among the five countries studied, rates of marriage among women aged 15–19 are highest in Niger, where nearly two thirds (64 percent) adolescent women have been married. Approximately one third of adolescent women in Burkina Faso and one quarter of those in Ethiopia, Nigeria, and Nepal have been married.
- Adolescent marriage—at any age and before age 15—is more common among adolescent women who live in rural areas and have less wealth and education.

Introduction

Adolescent Sexual and Reproductive Health (ASRH) is one of five areas of focus of the World Bank's Reproductive Health Action Plan 2010–2015 (RHAP), which recognizes the importance of addressing ASRH as a development issue with important implications for poverty reduction. Delaying childbearing and preventing unintended pregnancies during adolescence has been shown to improve health outcomes and increase opportunities for schooling, future employment, and earnings (Greene and Merrick, 2005).

Early marriage often marks the beginning of exposure to the risk of pregnancy and sexually transmitted infections (STIs). Research has shown that adolescent marriage is associated with unplanned pregnancy, rapid repeat childbirth, inadequate use of maternal health services, and poor birth outcomes, among other negative maternal and child health outcomes (Godha, Hotchkiss, and Gage, 2013; Raj and Boehmer, 2013; Santhya, 2011).

Furthermore, research in Ethiopia has found that adolescent females who marry before the age of 15 are at higher risk of intimate partner violence and coercive sex than those who marry between ages 15–18 (Erulkar, 2013).

At the 65th World Health Assembly, representatives agreed that early marriage is a violation of the rights of children and adolescents. Early marriage is illegal in most of the places where it occurs. It limits young girls' autonomy, knowledge, resources, and decision-making power (World Bank, 2014). Adolescent marriage is also much more likely to affect females than males; in the developing world, 16 percent of females are married in comparison to 3 percent of males (UNFPA, 2013).

Data from UNFPA (2012) indicate that adolescent marriage or being in a union is common and closely intertwined with social disadvantage in all regions of the world. South Asia (SA) has the highest prevalence of women 20–24 years of age who were married or in a union by age 18 (46 percent), followed by West and Central Africa (41 percent), and East and South Africa (34 percent). Adolescents are less likely to be married or in a

union in Latin America and the Caribbean (29 percent) and East Asia and the Pacific (EAP) (18 percent). In SA and EAP, adolescent marriage is more common in rural areas (54 percent and 23 percent, respectively) than in urban areas (29 percent and 11 percent, respectively). The disparity by wealth quintile is largest in SA: 72 percent of adolescents within the poorest quintile are married before turning 18 years of age, compared to 18 percent in the richest quintile. In EAP, 29 percent of adolescents in the poorest wealth quintile are married, compared to 7 percent of adolescents in the richest quintile.

This brief is part of a larger study whose overall purpose is to: (i) highlight the multisectoral determinants of ASRH outcomes; (ii) explore further the multisectoral supply- and demand-side determinants of access, utilization, and provision of services relevant to identified ASRH outcomes; and (iii) identify multisectoral programmatic and policy options to address critical constraints to improving ASRH outcomes. The goal is to incorporate the main findings and recommendations into existing and new World Bank lending operations while simultaneously informing ASRH policies, policy dialogue and interventions for inclusion in country strategies.

Using data from the most recent Demographic and Health Surveys (DHS) on female respondents ages 15–19, this brief examines the current status of adolescent marriage and compares indicators of adolescent marriage by socioeconomic status (SES) in 5 countries: Burkina Faso, Ethiopia, Nepal, Niger, and Nigeria.

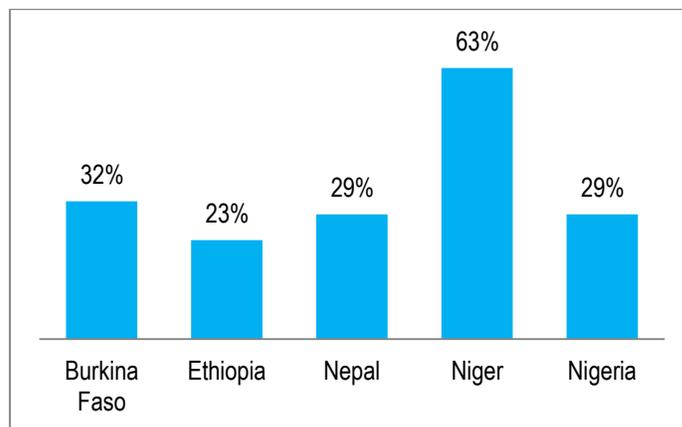
Cross tabulations between socioeconomic characteristics and marriage outcomes within each country were completed if at least 10 percent of the population reported the outcome. Pearson’s chi-squared tests were used to assess the statistical significance of differences in marriage outcomes by rural/urban residence, education level, employment status, and household wealth quintile. Throughout the report, only differences significant at the 0.05 level (two-tailed tests) are discussed. All data in this report are weighted.

Study Findings

EVER MARRIED

At least one in five adolescent women have been married in all countries studied (Figure 1). Marriage is most common in Niger where 63 percent of adolescent women have been married. Approximately one third of adolescent women in Burkina Faso (32 percent) and one quarter of those in Ethiopia (23 percent), Nigeria (29 percent), and Nepal (29 percent) have been married.

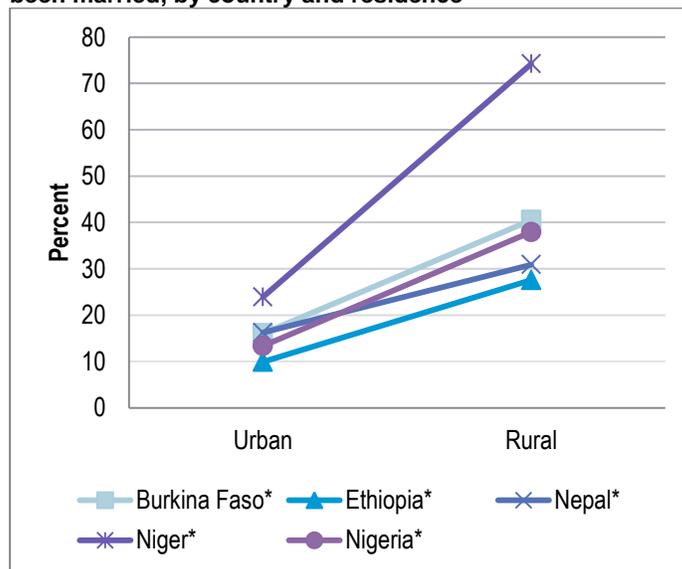
Figure 1. Percentage of women aged 15–19 who have ever been married, by country



Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

In all countries studied, the prevalence of marriage is higher among adolescent women in rural than in urban areas. The rural-urban disparity in adolescent marriage is greatest in Niger (74 percent in rural areas versus 24 percent in urban areas) (Figure 2).

Figure 2. Percentage of women aged 15–19 who have ever been married, by country and residence

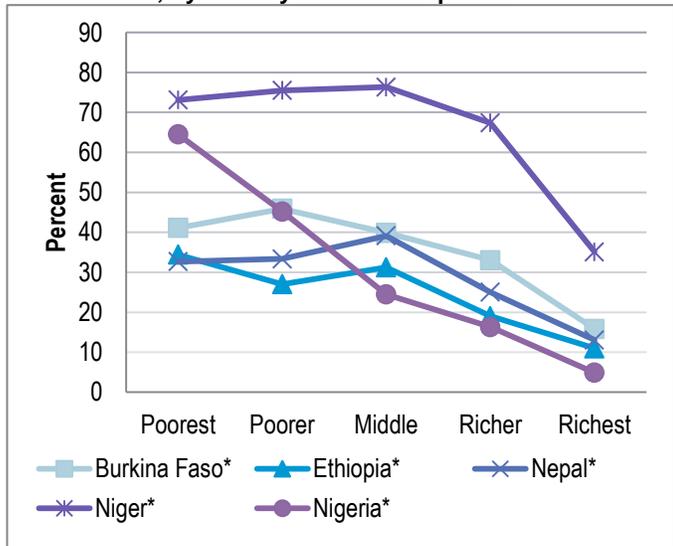


*Statistically significant difference (p<.05)

Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

In all countries studied, adolescent women from the poorest households are more likely to have been married than those from the wealthiest households. There is a negative linear relationship between household wealth and adolescent marriage in Nigeria. In Niger, Burkina Faso, Nepal, and Ethiopia marriage rates are lower for adolescent women in the top two wealth quintiles (Richer and Richest), compared to those in the bottom three wealth quintiles (Poorest, Poorer, and Middle) (Figure 3).

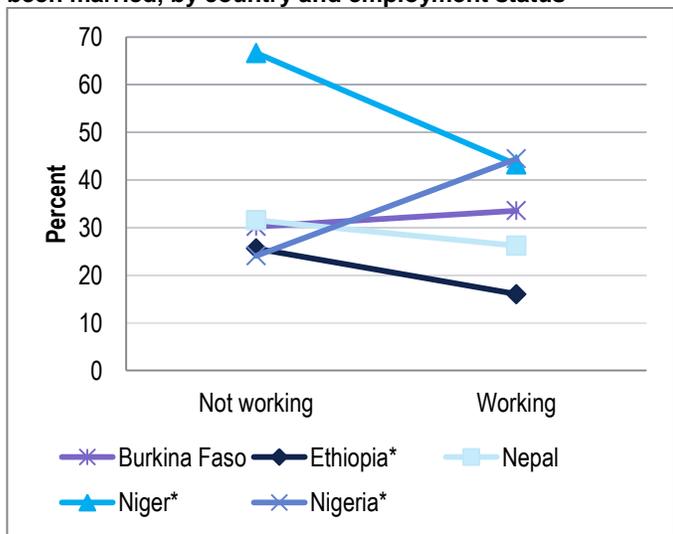
Figure 3. Percentage of women aged 15–19 who have ever been married, by country and wealth quintile



*Statistically significant difference ($p < .05$)
Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

In Niger and Ethiopia, unemployed adolescent women have higher rates of marriage than those who are working. The opposite is true in Nigeria (Figure 4).

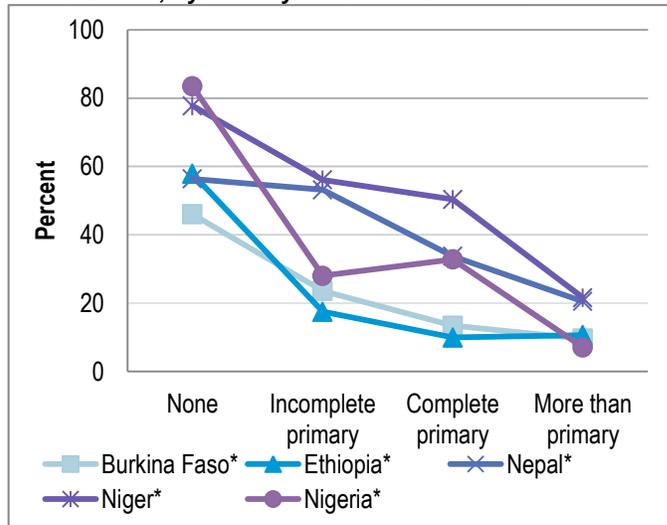
Figure 4. Percentage of women aged 15–19 who have ever been married, by country and employment status



*Statistically significant difference ($p < .05$)
Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

In all countries studied, marriage is more common among less-educated adolescent women (Figure 5). The disparity is greatest in Nigeria where 83 percent of adolescent women with no education have been married, compared to 28 percent of those with incomplete primary education, 33 percent who have completed their primary education, and 7 percent with more than a primary education.

Figure 5. Percentage of women aged 15–19 who have ever been married, by country and education level

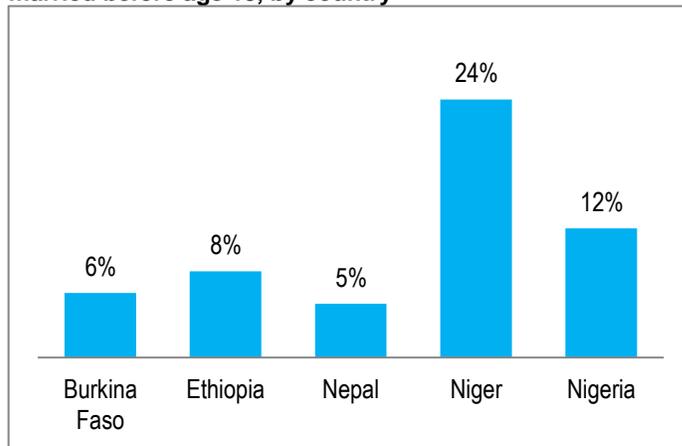


*Statistically significant difference ($p < .05$)
Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

MARRIED BEFORE 15 YEARS OF AGE

Among the countries studied, marriage before age 15 is most common in Niger (24 percent) and Nigeria (12 percent). Less than 10 percent of adolescent women were married before age 15 in Burkina Faso (6 percent), Ethiopia (8 percent), and Nepal (5 percent) (Figure 6).

Figure 6. Percentage of women aged 15–19 who were married before age 15, by country



Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Significant socioeconomic differences in marriage before age 15 were found in Niger and Nigeria. Results indicate that in both countries, marriage before age 15 is more common in rural (29 and 17 percent, respectively) than in urban areas (5 and 4 percent, respectively). Wealth is negatively associated with marriage before age 15 among adolescent women in both countries. However, in Niger,

marriage before age 15 is far less common in the richest wealth quintile (10 percent) than in the bottom four wealth quintiles, which have early adolescent marriage rates ranging from 31 percent in the poorest quintile to 26 percent in the second wealthiest quintile.

While marriage before age 15 is more common among unemployed adolescent women in Niger, the opposite is true in Nigeria. In both countries, marriage before age 15 is most common among adolescent women with no education and relatively uncommon among women who have completed their primary education and beyond.

Policy Challenges

Although the majority of countries have signed international charters and covenants that discourage adolescent marriage, and have laws and policies that make early marriage illegal, it is still pervasive. Early marriage threatens efforts to create more educated, healthier, and economically stable populations (ICRW, 2010). It not only puts adolescent females at risk for poor health outcomes, such as high adolescent fertility and maternal mortality rates, but they also enter adulthood in extremely unequal conditions. They are less likely to attend school and experience higher levels of fertility over their lifetime in comparison to women who marry at later ages (UNFPA, 2013). The WBG's RHAP is supporting better access to, and provision of, affordable ASRH services and strengthening monitoring and evaluation. Post-2015, the WBG is working to ensure Universal Health Coverage (UHC) of sexual and reproductive health (SRH) by helping countries build healthier, more equitable societies. To do this requires the following, adapted to each country's unique needs:

- Scaling up the most effective ways to incentivize demand for ASRH, including family planning at the country level
- Delivering on the continued need to strengthen country capacity
- Leveraging the WBG's multisectoral advantage to improve ASRH outcomes, including SRH as a tool for women's empowerment
- Reaching the poorest, marginalized, and vulnerable populations to facilitate access to health services and promote UHC and equity.

Conclusion

This study highlights the high prevalence of adolescent marriage and the subsequent ASRH challenges that girls face, including high fertility rates. Early marriage is strongly associated with poverty, low educational attainment, and rural residence. Increasing knowledge among families and communities about the benefits of delaying early marriage can lead to greater educational achievement for all, lower fertility, increased life expectancy for women, and benefits to children's health and education. Political will, aligned with effective programs and policies, will enable millions of adolescent females and their families to reach their potential.

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