CHILD MARRIAGE: Complicated Problem, Simple Solution

Value Girls

The Problem

In the next decade, 14.2 million girls will be married under the age of 18 per year, roughly 39,000 each day. Early marriage thwarts a girl’s chances at education, endangers her health and cuts short her personal growth and development.

Health risks to the girl are particularly troubling. Girls under 15 face the highest risk of death in childbirth. Complications in pregnancy and childbirth are the leading cause of death among adolescent girls in developing countries. Child brides are more likely to experience violence in their marriages, less likely to be able to negotiate for their own rights, more isolated, and more likely to get HIV. The children of a child bride are more likely to die in infancy, more likely to be malnourished, and less likely to get an education. Taken together, the costs of this practice are too high to be ignored.

The Causes

Child marriage is a problem that happens in all religions, across income brackets, countries, and levels of education. At its heart, child marriage happens because communities do not value girls as much as boys. Girls’ value is often as labor for household chores and a future mother, not as an individual. That’s why globally, 14% of girls are married before they are 18, and only 5% of boys.

Beyond that, each community has its own complex reasons for child marriage, and causes vary widely based on context—and any solutions have to address the causes in that context. Some of the key reasons that communities cite for child marriage:

- **Lack of alternatives for girls**—Child marriage is the only option for some girls to have a secure future because they cannot be educated or earn an income on their own. Parents will marry a girl early to ensure that she can have a secure future, rather than risk waiting and having her not get married at all.

- **Concern for girls safety**—Parents worry that as a girl hits puberty, she will be subject to harassment and violence, so they marry her to protect her.

- **Economics**—As a girl gets older, her dowry costs usually go up, as do the costs of her education and support. Parents marry a girl early to keep dowry low, and so they don’t have to support her. In systems where there is a bride price (parents get money from the groom’s family when their daughter weds), parents may also marry a daughter for the cash they will get.

- **Controlling a girl’s sexuality**—Many people believe that having a daughter marry while she is a virgin is paramount to family honor, and so they marry her young to ensure her virginity at marriage. Young girls also have little access to family planning, and if they get pregnant, their parents will want to marry them immediately.

- **Demand**—Parents-in-law often want their son’s wife to be younger so that she will be easier to control and stay home to take care of the household. They also want a young bride who will have many grandchildren.

The Solution

Since the root causes of child marriage stem from not valuing girls, the solution is to work with communities...
to increase the value of girls. CARE works with families, communities and local organizations to reduce the prevalence and mitigate harmful impacts of child marriage through educational and behavior-change programs.

CARE focuses on finding community-driven solutions that raise the value of girls, and increase opportunities for everyone, girls and boys, men and women. In each context, we work with the community to uncover and address the root causes in that context, and to build social will to support girls’ rights and opportunities.

CARE also advocates at the local, national, and global levels to increase the commitment to ending child marriage, by passing laws to protect girls and prevent child marriage, and to implement laws that already exist. Our advocacy extends beyond a focus on formal policy change, towards the larger goal of influencing social and structural change to address early marriage.

**Some CARE Programs**

**Tipping Point (Nepal and Bangladesh):** Aimed at mapping underlying causes of child marriage and coming up with social change strategies to prevent child marriage, the Tipping Point is active in over 100 communities in Bangladesh in Nepal. The project connects local to USG and global advocacy, and is piloting research and social change techniques.

**Girls Not Brides, USA:** CARE has been a longtime leader in advocating to prioritize child marriage in US foreign policy. CARE co-chairs the GNB USA coalition which is comprised of more than 50 organizations with offices in the United States. GNB USA is affiliated with Girls Not Brides, a global partnership of more than 300 civil society organizations from 67 countries working to address child marriage. CARE and our partners have applied strategic and consistent pressure on US policy makers and have had terrific success over the recent years to secure strong political and financial commitments to end child marriage and support married adolescents around the world. Specifically, GNB USA was instrumental in securing language on early marriage was included in congressional re-authorization of the Violence against Women Act (VAWA) legislation, mandating the Secretary of State to develop a multi-year, multi-sectoral national strategy to end child marriage. Current efforts are targeted at the US Administration to support and monitor implementation of recent policy successes.

**TESFA (Ethiopia):** A development and research project that seeks to bring measureable positive change in the economic outcomes and sexual reproductive health of adolescent girls who are or have ever been married. The project reached over 5,000 married adolescents and stopped at least 180 child marriages. Girls have reported more support from their families on family planning as well as more favorable attitudes from husbands towards family planning. Additionally, girls have reported improvements in school attendance, mobility, perceptions of self-worth, and mental health. Increased couple communication, particularly around decision-making is also reported among participants.

6. Ibid. Page 10

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