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Married adolescents: An overview

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Married Adolescents: An Overview

Nicole Haberland, Erica Chong, Hillary Bracken

Paper prepared for the WHO/UNFPA/Population Council
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INTRODUCTION: IN NO ONE'S SPHERE

In developed countries, “adolescence” is the term used to describe the transition between childhood and adulthood. Coined in the beginning of the twentieth century, the term commonly connotes a stressful and critical period during which young people struggle to come to terms with their sexuality; a widening world beyond their family; new ideas; and their changing social capabilities, roles, and responsibilities.

As the age of marriage increased and this transition period expanded in many developing-country settings, this developed-country definition became more applicable. The changing needs of many young people were observed, and in response a wave of programmes and services, including family life education for adolescents in school, adolescent reproductive health services, youth centres, and other teen-oriented programmes were created. Together, the increasing age of marriage and the existing paradigm of adolescence naturally focused reproductive and sexual health and development activities on unmarried girls and boys.

Since the mid-1970s major social and economic development and health initiatives have been mounted that could, and should, include married adolescents among the beneficiaries: girls' education, community-based livelihood programmes for women, safe motherhood initiatives, child health (or maternal and child health) programmes, and, most recently, programmes to reduce gender-based violence and increase HIV/AIDS prevention, care, and support. Yet married adolescent girls have markedly less access to schooling than their unmarried counterparts. Similarly, the experience of most community-based, livelihoods, and social mobilisation programmes directed at women tend to attract older, married, and parous women. Without special effort, they do not necessarily reach the newly married.¹

It is understandable, though lamentable, that social development schemes have not purposefully included young, newly married women, however, their relative exclusion is less expected in mainstream reproductive health initiatives. While these initiatives do not deliberately exclude married adolescents, they generally have not mounted concerted efforts to include them either. The often-unconscious assumption we have made is that once married, young women and men have access to the services they need—at least as much access as older women and men in the same context would. As Gage (2000: 190) notes, “. . . married women have always been treated as adults with respect to the delivery of reproductive health information and services, regardless of age.”

Other papers in this compendium document the scant attention paid to young married women in the safe motherhood field (Miller and Lester 2003). Similarly, campaigns to encourage more positive partner involvement in reproductive health typically have not considered the special needs of married girls and boys (Barker 2003). While adolescents increasingly are targeted in

¹ Social programmes for adolescents also have a mixed record. For instance, participants in an adolescent livelihoods programme in India that was open to both married and unmarried girls included a proportion who were engaged (11.5 percent) and who were married but not yet cohabiting (9.0 percent), but only a very small proportion of married girls (4.3 percent) (Widge 2003). In contrast, a third of the participants in the K-Rep livelihoods programme for adolescent girls in Kenya are married (Banu Khan, personal communication, 2003).

HIV/AIDS initiatives, this attention has been largely reserved for those who are unmarried (Bruce and Clark 2003).

We argue that married adolescent girls are a universe of their own and, by virtue of their age, marital status, and gender, are at a confluence of social vulnerabilities. The transition to marriage or married status for girls often is associated with limited access to knowledge, impeded autonomy, and removal from previous social networks and support at the exact moment that they plausibly have unprecedented, uninformed, and unprotected sexual exposure; are in new, often hierarchical, and sometimes abusive relationships; and are under strong pressure to bear a first child. This conjunction at the very least suggests the need for concerted attention and distinctive outreach and social support strategies.

Not only does their vulnerability and distinct social profile argue for special attention; the number of married girls is substantial. Among women aged 20–24 in developing countries, over a third are married by age 18 (Mensch 2003). In the vast majority of these countries, most of the sexual activity among adolescent girls takes place in the context of marriage (Bruce 2002). Young men also are married as adolescents, but to a far lesser extent (Mensch 2003). We explore the variation and trends in early marriage in the second part of this overview, “Early Marriage Remains Extensive.”

Many young women (and a small number of young men) enter into marital unions not because of their own desires or wishes, but at their parents’ behest. Mothers, fathers, or other senior members of the household often select the spouse and determine the timing of marriage (and, effectively, the timing of sexual initiation). The lack of consent in many cases and recognition of the evolving cognitive capacities of adolescents, among other factors, have contributed to an emerging consensus that early marriage is a human rights abuse. The sections “Marital Patterns Are Diverse” and “Early Marriage Is an Abuse of Rights” consider the diversity of marital patterns and examine the rights issues related to early marriage.

We also examine the social context of these marriages in the section entitled “Social and Economic Dimensions of Married Adolescent Girls’ Lives.” Many young girls are married to men they meet perhaps once before their wedding night. They go to live in a new family away from their natal home, far from familiar social and familial networks. In hierarchical extended families they will be the most junior members of the household by virtue of both their gender and age. We review aspects of marriage and how they relate to young women’s autonomy, isolation, and reproductive health. Finally, we examine whether married adolescent girls differ from unmarried adolescents and slightly older married women in terms of mobility, decisionmaking, social networks, and exposure to media.

Social vulnerabilities are of concern in their own right, but they also interact with physiological vulnerabilities. In the section “Sexual and Reproductive Health” we summarise findings from other papers in this compendium to examine the special sexual and reproductive health needs of married adolescents and the youngest first-time mothers.

Finally, we conclude with some of the policy and programme implications of these data.

EARLY MARRIAGE REMAINS EXTENSIVE

Age at marriage in the developing world is increasing almost without exception. An analysis by Mensch, Singh, and Casterline (2004) found substantial declines in the proportion of young men and women married in most developing-country regions.² Though a declining phenomenon, the number of individuals affected remains large. If the timing of marriage does not change, over 100 million girls will be married as children (as defined by the Convention on the Rights of the Child) in the next ten years (2002 Population Council analyses of United Nations country data on marriage).

Such global figures are useful in gauging the scope of the problem but have more limited utility for policies and programmes. There is enormous variation in age at marriage between and within regions, and between and within countries. Table 1 shows data from selected countries in seven regions. Generally, the lowest median ages at marriage are found in countries in West Africa and South Asia. For instance, the median age at marriage for girls aged 25–29 in Chad is 15.9 years; and in Bangladesh, 15.4 years. In contrast, countries in Latin America and the Caribbean have relatively higher median ages at marriage. Brazilian and Haitian women aged 25–29, for example, have a median age at marriage of 21.0 and 20.6 years, respectively.

Table 1. Median age at marriage and percentage of women aged 25–29 married by age 18 (Demographic and Health Survey data)

| Country | Median age at marriage (years) | Married by age 18 (%) |
|--|--------------------------------|-----------------------|
| West Africa | | |
| Burkina Faso 1999 | 17.7 | 60 |
| Chad 1996 | 15.9 | 73 |
| Ghana 1998 | 19.6 | 33 |
| Mali 2001 | 16.8 | 63 |
| Nigeria 1999 | 18.6 | 45 |
| East Africa | | |
| Ethiopia 2000 | 17.2 | 57 |
| Kenya 1998 | 20.2 | 31 |
| Tanzania 1999 | 18.8 | 42 |
| Southern Africa | | |
| Malawi 2000 | 18.1 | 49 |
| Mozambique 1997 | 17.3 | 59 |
| South Africa 1998 | — ^a | 11 |
| Zimbabwe 1999 | 19.8 | 30 |
| Latin America and the Caribbean | | |
| Brazil 1996 | 21.0 | 25 |
| Guatemala 1999 | 19.2 | 37 |
| Haiti 2000 | 20.6 | 31 |
| Peru 2000 | 21.9 | 22 |

continued

² The exceptions were South America for men and women (where early marriage was not that common previously); West and Middle Africa for men (here there was little change in men's age at marriage between surveys/cohorts); and possibly South and Southeast Asia for men (one index, the singulate mean age at marriage, showed an increase of over half a year, while another, percent of men married between ages 20 and 29, remained stable from 1970 to 1989 and 1990 to 2000).

Table 1. (continued)

| Country | Median age at marriage (years) | Married by age 18 (%) |
|-------------------------------------|--------------------------------|-----------------------|
| South Asia | | |
| Bangladesh 2000 | 15.4 | 75 |
| India 1998–99 | 17.4 | 57 |
| Nepal 2001 | 17.0 | 63 |
| Pakistan 1990–91 | 18.9 | 42 |
| Southeast Asia | | |
| Indonesia 1997 | 19.9 | 33 |
| Philippines 1998 | 22.7 | 14 |
| Middle East and North Africa | | |
| Egypt 2000 | 20.8 | 25 |
| Jordan 1997 | 23.1 | 14 |
| Morocco 1992 | 22.3 | 23 |
| Yemen 1997 | 16.6 | 64 |

^a Less than 50 percent were married by age 25.

Source: Data from Statcompiler at www.measuredhs.com, accessed 4 December 2003.

The proportion of girls married before their eighteenth birthday—perhaps a more useful indicator—varies widely as well (Table 1). In some countries, such as Brazil, Egypt, Peru, the Philippines, and South Africa, 25 percent or less of girls aged 25–29 were married by age 18. In other settings, such as Ghana, Guatemala, Indonesia, Malawi, and Nigeria, between 33 and 49 percent of girls in this age group were married by their eighteenth birthday. The proportion climbs to over 50 percent in some countries, such as Mozambique (59 percent), Nepal (63 percent), Mali (63 percent), and Bangladesh (75 percent).

Marriage among boys is much less common. Table 2 presents data from those Demographic and Health Surveys (DHS) that have included individual men’s questionnaires. In contrast to women, the vast majority of men marry after age 20. Of 38 countries in which men were interviewed for the DHS (conducted between 1990 and 2002), none had a median age at marriage of less than 20 years among 30–34-year-olds, and 11 countries had a median age at marriage of above 25 years. For instance, while the median age at marriage among 30–34-year-old women in Burkina Faso was 17.6 years, among 30–34-year-old men the median age was 25.2 years. In Ethiopia, 85 percent of 30–34-year-old women were married by age 20, compared to 20 percent of men in the same age group.

Table 2. Median age at marriage and percentage of women and men aged 30–34 married by age 20 (DHS data, all countries that collected data on men)

| Country | Median age at marriage (years) | | Married by age 20 (%) | |
|--|--------------------------------|------|-----------------------|-----|
| | Women | Men | Women | Men |
| West and Central Africa | | | | |
| Benin 2001 | 18.7 | 24.3 | 63 | 24 |
| Burkina Faso 1998–99 | 17.6 | 25.2 | 84 | 10 |
| Cameroon 1998 | 17.2 | 25.1 | 72 | 13 |
| Central African Republic 1994–95 | 17.3 | 23.2 | 75 | 29 |
| Chad 1996–97 | 15.9 | 22.5 | 85 | 26 |
| Côte d’Ivoire 1998–99 | 18.4 | 26.3 | 64 | 11 |
| Gabon 2000 | 20.1 | 24.2 | 50 | 23 |
| Ghana 1998 | 18.7 | 24.8 | 62 | 18 |
| Guinea 1999 | 16.2 | 26.1 | 81 | 16 |
| Mali 2001 | 16.2 | 25.4 | 80 | 11 |
| Mauritania 2000–01 | 16.9 | 27.1 | 68 | 14 |
| Niger 1998 | 15.1 | 22.8 | 91 | 26 |
| Nigeria 1999 | 17.7 | 25.6 | 65 | 17 |
| Rwanda 1992 | 20.2 | 23.8 | 48 | 13 |
| Senegal 1997 | 17.4 | 30.0 | 70 | 4 |
| Togo 1998 | 18.8 | 24.6 | 63 | 18 |
| East and Southern Africa | | | | |
| Comoros 1996 | 18.4 | 25.6 | 62 | 14 |
| Eritrea 1995 | 17.1 | 23.6 | 71 | 12 |
| Ethiopia 2000 | 15.8 | 24.3 | 85 | 20 |
| Kenya 1998 | 19.2 | 25.0 | 56 | 12 |
| Malawi 2000 | 17.7 | 22.9 | 76 | 23 |
| Mozambique 1997 | 17.4 | 22.4 | 73 | 30 |
| Tanzania 1999 | 18.5 | 23.8 | 68 | 22 |
| Uganda 2000–01 | 17.8 | 22.3 | 74 | 25 |
| Zambia 2001–02 | 18.1 | 23.0 | 69 | 17 |
| Zimbabwe 1999 | 19.7 | 24.3 | 54 | 14 |
| Latin America and the Caribbean | | | | |
| Bolivia 1998 | 21.0 | 23.3 | 42 | 20 |
| Brazil 1996 | 21.0 | 23.7 | 41 | 18 |
| Dominican Republic 1999 | 19.5 | 24.6 | 54 | 22 |
| Haiti 2000 | 20.8 | 26.0 | 43 | 15 |
| Nicaragua 1997–98 | 18.3 | 22.2 | 66 | 32 |
| Peru 1996 | 20.9 | 24.2 | 43 | 17 |
| South and Southeast Asia | | | | |
| Bangladesh 1996–97 | 14.1 | 23.1 | 92 | 23 |
| Nepal 2001 | 16.8 | 20.1 | 82 | 49 |
| Pakistan 1990–91 | 18.2 | 23.0 | 63 | 22 |
| Central/West Asia | | | | |
| Armenia 2000 | 20.1 | 24.7 | 49 | 5 |
| Kazakhstan 1999 | 21.1 | 23.7 | 32 | 8 |
| Turkey 1998 | 20.3 | 24.0 | 48 | 13 |

Source: Data from Statcompiler at www.measuredhs.com, accessed 4 December 2003.

Country-level data often mask profound intra-country differences. Table 3 looks more closely at variation within states/regions/populations of Ethiopia, Guatemala, India, and Nigeria. While 50 percent of Indian girls aged 20–24 were married by their eighteenth birthday nationally, in Bihar, Rajasthan, and Uttar Pradesh, this proportion is between 62 percent and 71 percent. In Nigeria, 73 percent of girls aged 20–24 in the conservative north were married by age 18 compared to

only 23 percent in the south-central regions. Indeed, in the north among 20–24-year-olds, the median age at marriage is 15.3 years. In Ethiopia, there is a three-year difference in the median age at marriage for Amhara and the country overall. Guatemala data show differences between indigenous versus nonindigenous populations: 45 percent of indigenous girls aged 20–24 compared to only 29 percent of nonindigenous girls of the same age were married by age 18.

Table 3. Percentage of women aged 20–24 married by ages 15 and 18 and median age at marriage (DHS data)

| Country | Married by age 15 (%) | Married by age 18 (%) | Median age at marriage (years) |
|-----------------------|-----------------------|-----------------------|--------------------------------|
| Ethiopia 2000 | 19 | 49 | 18.1 |
| Amhara | 50 | 80 | 15.0 |
| Affar | 20 | 70 | 16.2 |
| Guatemala 1999 | 9 | 34 | 19.5 |
| Indigenous persons | 16 | 45 | 18.4 |
| Nonindigenous persons | 6 | 29 | 19.9 |
| India 1998–99 | 24 | 50 | 18.0 |
| Rajasthan | 36 | 68 | 16.0 |
| Bihar | 40 | 71 | 15.7 |
| Uttar Pradesh | 36 | 62 | 16.2 |
| Nigeria 1999 | 20 | 40 | 19.6 |
| South-central regions | 8 | 23 | — ^a |
| Northern regions | 45 | 73 | 15.3 |

^a Less than 50 percent were married by age 20.

Source: Population Council analyses of DHS data.

In sum, while the proportion of girls who marry before they reach age 18 undoubtedly is declining, it is still a significant phenomenon. Indeed, in many developing-country settings, most sexually active adolescent girls are married. An analysis of data from 45 recent DHS shows that in 82 percent of the countries surveyed, over 60 percent of sexually active 15–19-year-old girls are married (Bruce 2002). In the following sections we examine the social, legal, and health dimensions of early marriage.

MARITAL PATTERNS ARE DIVERSE

There is great variation within and across cultures and regions regarding the marital process itself. So while we speak of marriage in rather generic terms in this paper, the enormous diversity in union formation patterns requires comment. Indeed, the nuances of the marital process and the changing dynamics of union formation within cultures over time have been the focus of a considerable body of anthropological and demographic work.

Several themes in the literature are important to highlight in this paper. First, marriage often is not simply a union between a woman and a man; rather it is often characterized as an alliance between the man's and woman's families (Dyson and Moore 1983; Fricke, Syed, and Smith 1986; Grosz-Ngaté 1988; Isiugo-Abanihe 1994; Locoh 1994). In a study in Karnataka State, India, Caldwell, Reddy, and Caldwell (1983: 348) comment, "Parents are not primarily choosing a wife for their son . . . [rather] . . . [t]hey are primarily acting as principals in selecting their daughter-in-law."

Second, in some settings, particularly in sub-Saharan Africa, marriage is not clearly delineated by a ceremony or legal document as it characteristically is in Western countries (Ngondo and Pitshandenge 1994). Instead, marriage is more typically a process with several stages including betrothal/promising, granting of sexual rights/initiation of sexual relations, commencement of cohabitation, and a ceremony/celebration, which can occur in different sequence and last for different lengths of time (Meekers 1992; van de Walle and Meekers 1994). For instance, Shona marriages in Zimbabwe are described by Udry, Dole, and Gleiter (1992): The union formation process is long, and as a relationship develops, there may be exchanges of tokens that indicate growing seriousness. Further steps involve someone from the man's family approaching the woman's family to indicate an interest in union. This may lead to negotiations between the families, which in turn may lead to an initial agreement and exchange with the woman's family that confers sexual privileges on the man. Later payments and exchanges may lead to co-residence and the assertion of rights over the children born to the couple. Similarly, van de Walle and Meekers (1994) find that some ethnic groups in Côte d'Ivoire recognise unions as legitimate before cohabitation begins. Other unions in Africa do not necessarily result in legal marriage (Karanja 1994; Meekers 1992).

This has obvious implications. One regards the categorisation of unions: "The concepts of marriage used in surveys do not appear to correspond well to the actual union formation process in many parts of sub-Saharan Africa. The frequently used terms 'formal marriage,' 'consensual union,' and 'informal union' are often ill-suited to describing reproductive unions . . ." (Udry, Dole, and Gleiter 1992: 10). In some settings, then, we are imposing dichotomous categories that are not uniformly defined, or may not even identify the most relevant point in a process of transition. In the Côte d'Ivoire study, van de Walle and Meekers (1994) suggest that unions should be dated back to the celebration or ritual exchange that indicates social sanction—the time when the couple begins sexual relations. Even with such adjustments, the subtleties that are inherent in the marital transition in some settings are obscured by existing categories. Married/unmarried distinctions may be a crude variable through which to understand and explore complex relations and processes.

What is missing in the literature we examined is any in-depth exploration of the implications of such patterns for young women. Do the various phases give the woman more opportunity to terminate a marriage process? Do they expand or constrain her mobility, education, and so forth? Do they circumscribe her ability to exercise choice in terms of the timing and nature of sex? How does a woman experience the stages of the process? What say does she have as the process moves forward? Is the male free to have sexual relations with other women during the time he has sexual privileges but is not yet residing with his wife? Does this change when cohabitation begins?

Third, the literature describes the enormous diversity in marriage customs and the changes that marital processes and traditions are undergoing throughout the developing world. The implications of this for this paper are that some of the issues highlighted below are more or less germane in some settings than others, and that change is possible, indeed, is constantly occurring.

Fourth, when examining the literature perhaps the most striking observation is the paucity of studies that look explicitly at how adolescents experience this process, and whether and how marriage affects the autonomy, reproductive health, and prospects of girls and young women. Aspects of this are examined below, where we consider data from recent and emerging studies.

EARLY MARRIAGE IS AN ABUSE OF RIGHTS

Regardless of differentials in process, it can be argued that early marriage is a violation of several international agreements. One of the first international instruments of the United Nations—the Universal Declaration of Human Rights (1948)—considered marriage (article 16). It specified that “marriage shall be entered into only with the free and full consent of the intending spouses.” This was also stated in the International Covenant on Civil and Political Rights in 1966 (article 23), the 1962 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (article 1), and the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, article 16.1.b).

These legal pronouncements are not new concepts. Both Christianity and Islam, for example, speak to the importance of consent to marriage. What varies, however, is how “consent” is typically understood and experienced. In contexts where girls and women have limited say in decisionmaking in general, and where marriage is nearly universal, a girl or young woman may have little real choice when parents ask if she agrees to a marriage. Her agreement in fact can perhaps often be more aptly characterised as submission or “habitual acquiescence” than genuine consent.³

There are examples of national laws that recognise this social context but, in contrast, effectively consider such submission as valid. For instance, in Ethiopia, the Constitution states that marriage requires the free and full consent of the prospective spouses, and, per its Civil Code, consent for marriage obtained by violence is invalid. Yet the Civil Code also says that consent “prompted by ‘reverential fear’ towards an ‘ascendent’ or another person,” is not considered to have been obtained by violence (Center for Reproductive Law and Policy 2001: 22).

The issue of consent is further confounded when marriage and motherhood (and to a lesser degree, marriage and fatherhood) in any given context are the path taken with few exceptions. When there are no viable alternatives to these social scripts, is the decision to marry an actual choice? Envisioning a different future—much less pursuing one—is extraordinarily difficult. When there is not a real option of refusal—because assent is expected and cannot be distinguished from “habitual acquiescence,” or there are no viable alternatives to marriage—true consent may not have been achieved.

However, even if girls and boys freely agree to marriage, given their cognitive development are they capable of consenting to marriage? While the 1989 Convention on the Rights of the Child (CRC) acknowledges the “evolving capacities” of the child to consent, given the context in which early marriage takes place, the life-changing nature of marriage, and the consequences to physical and mental health, some say that the presumption should be that a child under age 18 does not have the capacity to consent to marriage (Laura Katzive, personal communication, 2003).

Thus, while women’s right to consent to marriage has been codified, one can argue that a girl younger than age 18—particularly in contexts where girls and women have low power—may

³ Feminist political theorist Carole Pateman uses the term “habitual acquiescence” in an essay examining women, consent, and liberal democracy (Pateman 1980: 150).

have little real choice even if she is asked whether she agrees to a marriage, thus violating her right to consent. The degree to which young women have genuine say in marriage decisions varies from setting to setting. For instance, a recent qualitative study in three localities in Egypt finds that female wage labourers exercised considerable say in the arranged marriage process (Amin and Al-Bassusi 2004). Consent remains an important—if underutilised—safeguard where arranged marriages are the norm. The challenge is to make consent more authentic by delaying marriage and by expanding the idea of consent to give it more meaning and value in the context of arranged marriages (Sajeda Amin, personal communication, 2004).

Perhaps a more direct confrontation of early marriage is in the language of CEDAW and the CRC. For instance, CEDAW states in article 16.2, “The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory” (Convention on the Elimination of All Forms of Discrimination Against Women 1979).⁴ Subsequently, the CEDAW Committee identified age 18 as the appropriate legal age of marriage for both women and men (Center for Reproductive Law and Policy and University of Toronto International Programme on Reproductive and Sexual Health Law 2002).

The CRC also provides protection. Specifically, article 1 of the CRC defines age 18 as the outer boundary of childhood: “. . . a child means every human being below the age of eighteen years . . .” (Convention on the Rights of the Child 1989), and then outlines the rights to which children are entitled. Many of these rights are circumscribed or effectively precluded for a girl upon marriage, such as the right to not be separated from her parents against her will (article 9), the right to freedom of expression (including seeking and receiving information and ideas, article 13), the right to education (articles 28 and 29), the right to rest and leisure and to engage in play and recreational activities (article 31), and the right to protection from sexual exploitation and abuse (article 34).

Yet the CRC explicitly includes a caveat: The eighteenth birthday is the outer boundary of childhood “. . . unless, under the law applicable to the child, majority is attained earlier” (article 1). Individual countries may thus decide whether marriage confers majority status and thus removes a girl (or boy) from the protections of the CRC.

There is an emerging international consensus that marriage before age 18 is child marriage. Of the 126 countries that have ratified or signed CEDAW and have established minimum ages of marriage, 69 percent set the age at 18 or above, and 64 percent set the same minimum age for girls as that for boys (International Planned Parenthood Federation and International Women’s Rights Action Watch 2000). Several countries have selected an even higher legal age; El Salvador, Ghana, Rwanda, and Zambia, for instance, have set the minimum age at 21 for females and males.

Of course, laws are only as strong as their enforcement, and, in some settings, religious or traditional practices or caveats for parental or judicial consent supersede or permit circumvention of civil legislation. For instance, while the minimum age at marriage in Ghana is 18 for both girls

⁴ Registry systems are recommended as a way to curb the practice of child marriage, as many such marriages are unrecorded.

and boys, exceptions can be made with the consent of a parent or guardian. Moreover, most marriages are entered into under customary and Muslim laws, which do not specify a minimum age (Center for Reproductive Law and Policy 1999). In Colombia, where the legal age at marriage is 18 for both boys and girls, boys over age 14 and girls over age 12 may marry with the consent of their parents (Center for Reproductive Law and Policy 2000). Turkey's legal age at marriage is 15 for women and 17 for men, but religious marriages still take place earlier (Ilkkaracan and Women for Women's Human Rights 1998).

Existing laws, civil or religious, are only part of the picture. Traditional practice varies greatly, and, as described above, many girls marry before the legal minimum age. For instance, in a review of marriage law and practice in the Sahel, Boye and colleagues (1991: 346) point out that while minimum ages of marriage exist, "Tradition rarely imposes an absolute minimum marriage age and usually allows the parents to choose the time of marriage." And, as the actual data on age at marriage indicate, in many settings it is tradition that holds sway, rather than legal age at marriage.

Even within existing civil law there are contradictions. For instance, in Pakistan the legal age of marriage for females is 16, while for males it is 18. But, according to the 1939 Dissolution of Muslim Marriages Act, section 2, a girl who is married before age 16 may dissolve her marriage before the age of 18 if the marriage has not been consummated. "The latter requirement ignores the reality of the married lives of child brides, who rarely are in a position to refuse sexual relations with their spouses. This is especially so in a context where marital rape is not recognized as a criminal offence, even for minor girls" (Center for Reproductive Law and Policy 2003, section I).

While a number of countries have recognised that early marriage is a rights violation by enacting legislation, there has been little empirical investigation of the effect of marriage on girls. Early marriage is not only a rights issue, but may affect girls socially, economically, and physically. The sections entitled "The Transition to Marriage: A Confluence of Profound Changes" and "Married Adolescent Girls: A World Apart" examine the limited data on married adolescents and summarise the main features of early marriage and their significance for child brides, and how the risks and vulnerabilities married adolescents face uniquely set them apart from both their unmarried peers and married young women.

SOCIAL AND ECONOMIC DIMENSIONS OF MARRIED ADOLESCENT GIRLS' LIVES

The Transition to Marriage: A Confluence of Profound Changes

Rather than a simple change in status from unmarried to married, marriage is a process that changes virtually all the known and safe parameters of girls' lives—with whom they associate, where they live, what happens to their bodies, and their sexuality. While marriage marks an important transition for all women, and some changes are inherent for females of all ages, because of their young age girls may find themselves particularly isolated and may have less power to negotiate a state of affairs with which they can feel safe and comfortable.⁵ Specifically, “marriage,” depending on the setting, will represent some combination of specific changes and features for a girl:

- when a female marries (age, age at marriage);
- how she marries (her say in selecting a spouse, payment of dowry or bridewealth);
- who she marries (familiarity with spouse, spousal age difference);
- what happens upon marriage (sexual initiation, disruption of social support networks, commencement of childbearing); and
- where she lives upon marriage (nuclear/extended household, polygynous/monogamous marriage).

There are other features—such as the nature of the marriage process itself in some settings—that may be implicated as well, but that have not been explored from this perspective.

Below we examine aspects of the marital process that may bear directly on a young woman's experience, her autonomy and prospects within her new household, and her reproductive health. Some subset of these variables below commonly characterises a married girl's situation. Each may be independently associated with autonomy and/or reproductive health outcomes. Unfortunately, as noted above, very few studies have focused on married adolescents. This is also true of studies—beyond small-scale inquiries—on female empowerment. We thus draw primarily on literature on women's autonomy and supplement when possible with data from DHS.

When: Age and age at marriage

Older age and later age at marriage have both been linked positively, although not consistently, with women's autonomy and reproductive health. It should be noted that there are measurement

⁵ We emphasise here that we cannot determine from the data available whether marriage causes social or health disadvantages. The point is that a number of variables related to marriage in general, and some particularly in relation to marriage during adolescence, may be associated, through different pathways in different contexts, to married girls' vulnerability, even after controlling for other characteristics such as education and socioeconomic status. However, this analysis still does not determine whether early marriage and other characteristics of marriage are associated with, or cause, the increased vulnerability of married adolescent girls. We cannot determine from these cross-sectional data whether the suspected cause predates the effect, and there may be other factors of which we are not aware that contribute to the associations. Thus, the evidence, while intriguing, is not enough to determine causality.

issues with age-related variables due to respondents' often not knowing their exact age and tendencies to misreport age at marriage upward.

Age at marriage

. . . [A]t that time I did not want to marry as it was too soon. So I told my mother about it but she did not agree and said that I will have to get married early. . . . (Female respondent, Gujarat, age 17, married) (Haberland, McGrory, and Santhya 2001)

The question of whether age at marriage is an independent risk factor for adverse health and autonomy outcomes, apart from current age—that is, that it has sequelae well after adolescence—has been explored in some studies of women's empowerment. In these, researchers have examined whether and how age at marriage is related to women's autonomy. While there are some contradictory findings in the studies we found, later age at marriage may have positive effects on some aspects of women's autonomy and reproductive health.

For instance, Kishor (2000) found in Egypt that marriage age was strongly and positively linked to several dimensions of empowerment, including participation in the modern sector, lifetime exposure to employment, and marital advantage (e.g., marriage age, spousal age difference, choice of spouse, marriage to relative). All three of these dimensions were associated with infant immunisation, and the employment dimension was also associated with infant survival in the full multivariate model.

In contrast, Jejeebhoy (2000) found that delayed marriage has inconsistent effects and does not automatically enhance autonomy. On bivariate analysis, in Uttar Pradesh it had minimal effects on measures of women's autonomy. In Tamil Nadu delayed marriage led to increased freedom from threat and greater control over economic resources. "For the most part, however, the evidence suggests that it is the traditional influence of longer duration of marriage rather than delayed marital age that confers greater autonomy on women" (Jejeebhoy 2000: 227).

Age at marriage has been independently associated with spousal communication on family planning. For instance, studies in Ethiopia (Hogan, Berhanu, and Hailemariam 1999) and Togo (Gage 1995) found that, controlling for other factors, women who married after their eighteenth birthday were more likely to discuss family planning with their spouses than those who married at younger ages. In Togo, women who married after their eighteenth birthday were 59 percent more likely than those who married before age 16 to discuss family planning with their partners, and were 53 percent more likely to have ever used a modern method of contraception (Gage 1995). Other family planning-related indicators examined were not consistently associated. In Ethiopia, while women age 18 or older when they married are more likely to discuss family size and family planning with their spouses, age at marriage had no significant effect on desire to limit or space births. Current contraceptive use was strongly and significantly affected by age at marriage in urban areas, but not in rural areas (Hogan, Berhanu, and Hailemariam 1999). The variable "duration of marriage" was not considered in these studies, so it is not clear whether the effects of this variable would change their findings.

To investigate whether age at marriage is independently associated with variables related to women's autonomy among younger women, we analysed data from the NFHS-2 (National Family Health Survey) on Rajasthan. For the variable "age at marriage" we confined our analysis to a subsample of women aged 20–29. Logistic regression was used to identify factors associated with women's decisionmaking power in different domains, including cooking, visiting, health care, the purchase of household goods, and the ability to maintain a small savings. At the bivariate level, older age at marriage was positively associated with having some or independent say over whether to visit friends or relatives ($p=0.001$) and with being allowed to maintain separate finances ($p<0.0001$). After controlling for sociodemographic and other marriage-related variables (e.g., duration of marriage, caste, religion, standard of living, literacy, place of residence, age), the association with keeping separate finances became insignificant, but women who married at age 18 or later were significantly more likely to have a say in decisions about visiting their parents or siblings than women who married before age 18 ($OR=1.28$; $p<0.05$). While results are preliminary, they suggest that age of union may not have a uniform effect on young Rajasthani women's autonomy in different social and economic domains.

Age at marriage may be associated with intimate partner violence. Again, looking at data from the NFHS-2, among young women aged 20–29 nationwide, 17 percent reported ever being mistreated physically by their husband or in-laws. In a majority of these cases (97 percent), the woman reported that her husband was the abuser. After controlling for various marriage and sociodemographic variables (e.g., level of education, duration of marriage, ethnicity, working for cash), those who were married at age 18 or later were significantly less likely to report ever experiencing abuse by their husbands and in-laws than women who married before age 18 ($OR=0.71$; $p<0.001$).

As this paper was being edited, a comprehensive analysis of DHS data from nine countries (Cambodia, Colombia, Dominican Republic, Egypt, Haiti, India, Nicaragua, Peru, and Zambia) on domestic violence was published by ORC Macro (Kishor and Johnson 2004). Among the many correlates examined are age, age at marriage, spousal age difference, and household structure. Age at marriage is defined as a categorical variable: younger than 15 years, 15–19, 20–24, and 25 and older. Across almost all countries, after controlling for other factors, the risk of ever experiencing violence decreases with increased age at marriage, reaching significance in about half the countries. Age at marriage is less consistently related to current experience (within the past year) of violence, although it is related strongly and significantly in both India and Zambia where the current risk of violence declines as age at first marriage increases (Kishor and Johnson 2004).

Age

... I was very small and I did not understand about marriage. I used to do what my parents told me. (Female respondent, Gujarat, age 31 or 32) (Haberland, McGrory, and Santhya 2001)

Perhaps more consistently than age at marriage, age has been found to have independent effects on women's autonomy. Analysis of the Rajasthan NFHS-2 data revealed that young women aged 25–29 were significantly more likely than 15–19-year-old girls to be able to set aside money for

personal use even when controlling for sociodemographic variables including whether a woman earned cash for work (OR=1.49; $p<0.01$). Age was not associated with having a say in decisions regarding visiting parents and siblings, but women aged 25–29 were more likely than girls aged 15–19 to have some say in what they cooked (OR=1.50; $p<0.1$).

These findings are echoed in the literature on women's autonomy. In Mason's (1998) analysis of individual and household-level variables' effects on married women's domestic power, in five Asian countries, she found that wives' age is strongly related to domestic power. In India, Malaysia, Pakistan, the Philippines, and Thailand, older women have a greater influence over economic decisions than younger women, even after controlling for land ownership and work for pay.

Jejeebhoy (2000) found age to have a strong positive influence on all autonomy indicators. Older women have greater access to resources, greater decisionmaking authority, and are more mobile than younger women. Upon multivariate analysis, age, along with marital duration, encourages less threatening relations in Tamil Nadu. In Uttar Pradesh age contributes to control over economic resources.

Examining the relationship between age and gender violence, Kishor and Johnson (2004) found inconsistent patterns across countries. Upon multivariate analysis, they found that a married woman's age significantly affects her risk of violence in about half the countries, and that where it does, girls aged 15–19 are at greater risk than older women. In Egypt, Haiti, India, and Nicaragua, the odds of currently experiencing violence are significantly lower for older married women than for married girls aged 15–19.

How: Selecting a spouse and financial transactions

Say in selecting a spouse

If you are promised, your parents will not inform you ever of what's going on. They will hide everything. I was not even aware of my engagement; only on the wedding day was I informed. (19-year-old Burkinabe woman) (Saloucou, Kabore, and Traore 2002)

There are limited large-scale datasets that include variables on spousal selection, however, some indicate that the younger the age at marriage, the less say a woman has in selecting her spouse or the less likely it is that she will be asked her consent before she is given in marriage. For instance, in a large study in rural Bangladesh, 66 percent of girls married at age 18 or older were asked their consent, whereas only 41 percent of girls who were married before their eighteenth birthday were asked their consent (Amin 2004). The 1995 Egypt DHS included questions on spousal selection. Analysis of these data reveals that among women aged 20–29, younger ages at marriage were associated with less say in selecting a spouse.

Say in selection of one's spouse is an aspect of the marital process that has been examined as an indicator of women's autonomy (Gage 1995; Kishor 2000). It is hypothesised that arranged marriages typically place women in a lower power position vis-à-vis their husbands, and, conversely, that women who choose their spouses enter the relationship on a more equal footing.

In the 1995 Egypt DHS, bivariate analysis revealed that self-choice was positively associated with education, literate parents, and working before marriage (El-Zanaty et al. 1996).

The degree of say over spousal selection is not static. In the literature on nuptiality, one of the recurring themes regarding spousal selection is the increase in partners choosing their own spouse or increasing parental “consultation” with the prospective spouses (Caldwell, Reddy, and Caldwell 1983; Gage-Brandon and Meekers 1993; Locoh 1994; Malhotra 1991, 1997; Pilon 1994). It should be noted that in the vast majority of instances “choice in spouse” is not a yes/no answer, rather, “[i]n actuality, totally arranged and completely self-chosen marriages represent only two extremes of a continuum; individuals in most societies marry with varying degrees of input somewhere between the two” (Malhotra 1991: 550; see also Gage-Brandon and Meekers 1993). Indeed, as noted above, qualitative work in three localities in Egypt finds that female wage labourers exercised considerable say in the arranged marriage process (Amin and Al-Bassusi 2004).

The input an individual has in choosing a spouse differs sharply by gender. In studies that have examined the changing patterns in spousal selection by gender, the trend looks markedly different for males and females. In northern Ghana, Ezeh (1993) finds that men have a much greater say in choosing a partner than women do. In India, the vast majority of marriages are still arranged. And while many parents claim that they consult with their children before a decision is finalised, “In the case of daughters this means little more than informing them. . . . Parents arranging the marriage of a son in his mid-twenties are increasingly likely to give him some veto power, especially if he has secondary school education or they lack property to act as a lever” (Caldwell, Reddy, and Caldwell 1983: 348). Similarly, Malhotra (1991) finds that despite dramatic changes in patterns of mate selection, women in Java, Indonesia, have had and continue to have less say in choosing their spouses than men. The study found that the amount of say women had is associated with family class background and education; for men, neither of these is important, but premarital residence is critical.⁶

Whether the lack of say in selecting a spouse has independent associations with married girls’ autonomy or reproductive health, and in which direction, is a question for further research. Some studies among women, however, indicate that spousal selection may be a factor in women’s autonomy and infant health. For instance, conducting multivariate analysis of data from the Egypt DHS, Kishor (2000) found that the empowerment factor “marital advantage” (which incorporates variables on age difference between spouses and selection of spouse, among others) is positively correlated with infant immunisation, although not infant survival. In her analysis of women’s autonomy and its relation to contraceptive behaviour in Togo, Gage (1995) found that the more say a woman had in selecting her spouse, the greater the likelihood there was of spousal communication about family planning and modern contraceptive use. Wolff, Blanc, and Gage (2000) found that parental influence on marriage choice had no significant effects on sexual negotiation outcomes in one district of Uganda and significant effects in another (higher parental involvement increased the likelihood of a high score on a refusing-sex scale, but decreased comfort in discussing sex with a partner).

⁶ Of course there are ethnic groups, even in countries with a high proportion of arranged marriages, that allow women greater say in the process of spouse selection, or where couples, more so than parents, arrange their own marriages (Adongo et al. 1997; Fricke and Teachman 1993).

In summary, women generally have less control over selection of spouses than men, and in many instances have no say at all. The degree of input a woman has in the process of choosing a spouse may be independently associated with some indicators of empowerment and reproductive health. Further research is warranted. At the other end of the spectrum, unions in which a woman selects a spouse without her parents' consent may carry risks in terms of undercutting avenues of future support. Meekers and Gage (1995) consider the consequences of a woman in sub-Saharan Africa *not* obtaining the consent of her parents, suggesting that doing so may jeopardise her ability to return to her natal home if the union dissolves.

Dowry and bridewealth

Bridewealth and dowry—the transfer of money, goods, or services from the groom's family to the bride's, and from the bride's family to the groom's, respectively—are another documented, changing characteristic of many marriages in Africa, South Asia, and the Middle East (Caldwell, Reddy, and Caldwell 1983; Isiugo-Abanihe 1994; Lindenbaum 1981; Locoh 1994; Rao 1993, 1997). Inflation of both bridewealth (Isiugo-Abanihe 1994; Locoh 1994) and dowry (Caldwell, Reddy, and Caldwell 1983; Lindenbaum 1981; Rao 1993, 1997) is mentioned frequently. The changing nature of dowry from the traditional giving of gifts by the bride's family to the bride and for the bride, to more of a “groomprice” (i.e., payments in cash and kind to the family of the groom) has also been noted in the literature (Basu 1999; Rao 1997).

The varying nature of the transaction (for instance, payments that accrue mostly to the groom's family or intergenerational transfers of wealth to help the young couple set up their household) is thought to interact with poverty in different settings to delay or hasten the timing of marriage (Caldwell, Reddy, and Caldwell 1983; Schuler, Hashemi, and Badal 1998; Singerman and Ibrahim 2001), but there is little empirical evidence. One exception is research by Amin, Mahmud, and Huq (2002) that found a clear association between age at marriage and dowry in rural Bangladesh: Dowry is higher for girls who marry when they are older.

The adverse effects of dowry on women's autonomy and well-being are documented in past research on adult women. A longitudinal study in rural Maharashtra found that whereas dowry was seen as optional in 1975–76, in 1987 it was viewed as obligatory, because if it was not given, women would suffer (Vlassoff 1994). The increase in dowry-related violence in Bangladesh and India is further evidence of the practice's ill effects. “In rural Bangladesh (as in India) dowry has evolved into a system of institutionalized extortion, often fueled by violence against young wives. Violence and threats of further violence (in some cases even to the point of murder) are used to extort money or property from the young woman's relatives, sometimes in excess of what was promised at the time the marriage was negotiated” (Schuler et al. 1996: 1733).

Brideprice also commodifies women. In a discussion about whether a wife can refuse sex with her husband and his prerogative to beat her, a female respondent in an in-depth study in Ghana stated, “He has courted me with his *kola*, salt, and guinea fowls. He has paid the bridewealth of three cows to my father. That is why he has absolute authority over me and my children” (Adongo et al. 1997: 1793).

The effect of dowry and bridewealth specifically on adolescent girls/young women has not been well studied to date. One notable exception is a recent study of adolescents in Bangladesh. Suran and Amin (2004) found that after controlling for confounding variables, female respondents (currently married, aged 15–24) who paid dowry were significantly more likely to report being abused in the past year (OR=1.55; p=0.01), and that those who made dowry payments after marriage had a much greater likelihood of having been beaten (OR=6.62; p=0.01), than those who did not pay dowry.⁷

In studies among women, the monetary exchange process, as well as the context in which the transaction takes place, bears heavily upon how dowry affects women's autonomy. In a study in South India, Rao (1997) found upon regression analysis that "dowry shortfall" was the most significant correlate of the incidence of a woman being beaten by her husband. The larger the shortfall between the dowry anticipated by the husband's family and the dowry actually received, the greater the probability that the woman would be beaten.⁸

In her analysis of data from Egypt, Kishor (2000) found that dowry was associated with two dimensions of empowerment, namely, participation in the modern sector and devaluation of women. She suggests that this apparent contradiction may be due to the fact that dowry is, on the one hand (as expected), a reflection of the low economic and social worth of women, but also that women whose families have to bear a large part of their marriage expenses are the ones with relatively high exposure to the modernised world. Jejeebhoy (2000) finds that in Uttar Pradesh, after controlling for other factors, dowry significantly enhances women's decisionmaking authority, mobility, and control over resources, while in Tamil Nadu, the influence of the size of dowry on every autonomy indicator explored is insignificant. She suggests that traditional factors conferring authority on women continue to have a powerful effect in Uttar Pradesh where there are wide gender disparities, but are largely insignificant in more egalitarian Tamil Nadu.

The effect of context is also seen in a study in two districts of Uganda (Wolff, Blanc, and Gage 2000). In one district, where bridewealth that does not include the exchange of livestock is more common and women are more likely to control their own income, bridewealth payment had no association with sexual negotiation outcomes (i.e., say in whether or not to have sex, score of conditions under which a married woman can refuse sex, and ease/difficulty of discussing sex with partner). In the other, where bridewealth involving cattle exchange is the norm and there are low levels of female education, bridewealth appears to have a negative association with influence over sex.

These findings regarding dowry and the other variables discussed in this section highlight the importance of context in understanding the determinants and indicators of women's empowerment (Jejeebhoy 2000; Malhotra, Schuler, and Boender 2002; Mason 1998). In more traditional settings with strong gender disparities, higher dowry may be protective in that it directly or indirectly reflects the female's natal family's resources, privilege, or connection to the modern world (Kishor 2000) or is a reflection of the continuing power of traditional factors to confer authority (Jejeebhoy 2000). Yet, at the same time, dowry is inarguably a practice that

⁷ Most (94 percent) of the respondents reporting abuse said they were abused by their husbands.

⁸ As 64 percent of women aged 20–24 in Karnataka are married by age 20 (NFHS-2 1989–99), we can infer that this abuse affects married adolescents.

devalues women (Kishor 2000), relegating discussion of women's "worth" to factors such as attractiveness, reputation, and family prestige (Amin, Mahmud, and Huq 2002) and in some settings rendering women and girls more vulnerable to abuse (Rao 1997; Suran and Amin 2004).

Who: Familiarity with spouse and spousal age difference

When the wedding day approached, dresses were made, and netela and necklaces were bought. When they arrived, I was put on a mule and went. . . . [I had no idea where I was going.] When I'm told to go, I go. In the countryside there is a tradition of being shy and timid, so there is no asking questions. (Ethiopian girl, age 19, married at age 12) (Erulkar and Mekbib 2004)

Familiarity with spouse

Some girls never meet their prospective spouse or meet him only briefly before the wedding. In intervention research in India that surveyed over 2,100 married girls and young women, 69 percent of girls in Vadodara, Gujarat, and 80 percent of girls in South 24 Pargana, West Bengal, never met their husband before they were married (Santhya and Haberland 2003). In other settings, where marriage to relatives is common,⁹ it is possible that a girl may be more likely to know her husband before marriage, but this is not automatically the case. For instance, the 1995 Egypt DHS found that among married women in Egypt who did not choose their husbands (77 percent), 49 percent of females who married a nonrelative met their future husband or met him alone before marriage, compared to 66 percent of females who married a relative (El-Zanaty et al. 1996). So, while females were more likely to have met their husband if he was related, one-third had not met him or not met him alone before marriage.

Nonetheless, data on spousal familiarity are very limited, and its effects, if any, have not been well explored.

Spousal age difference

Of the many girls/young women who marry early, a large number enter into unions with men many years their senior. Table 4 shows data on the difference in mean age at marriage between men and women in selected countries.

⁹ In some settings, particularly North Africa, Central and West Asia, and parts of South Asia, marriage to relatives is still relatively common and ". . . marriages contracted between persons who are related as second cousins or closer account for 20 percent to over 50 percent of the observed total in the present generation" (Bittles 1994: 563). In a recent national survey of youth in Pakistan, for instance, 80 percent of females reported that they are married to a relative (Sathar et al. 2003).

Table 4. Mean age at first marriage in Central and Western Africa for women and men and difference in mean age at marriage

| Country | Women (years) | Men (years) | Mean age difference (years) |
|--------------------------|---------------|-------------|-----------------------------|
| Burkina Faso | 18.9 | 27.5 | 8.6 |
| Cameroon | 20.2 | 26.7 | 6.5 |
| Cape Verde | 25.7 | 28.0 | 2.3 |
| Central African Republic | 19.4 | 24.4 | 5.0 |
| Chad | 18.0 | 24.1 | 6.1 |
| Congo | 16.6 | 24.9 | 8.3 |
| Congo Republic | 18.4 | 27.0 | 8.6 |
| Côte d'Ivoire | 20.9 | 28.1 | 7.2 |
| Gambia | 19.2 | 28.4 | 9.2 |
| Ghana | 20.5 | 26.2 | 5.7 |
| Guinea | 18.8 | 26.1 | 7.3 |
| Liberia | 20.4 | 26.9 | 6.5 |
| Mali | 18.4 | 25.8 | 7.4 |
| Mauritania | 20.5 | 28.1 | 7.6 |
| Niger | 17.6 | 23.9 | 6.3 |
| Nigeria | 20.3 | 27.2 | 6.9 |
| Senegal | 20.0 | 28.1 | 8.1 |
| Sierra Leone | 24.3 | 27.6 | 3.3 |
| Togo | 21.3 | 27.0 | 5.7 |

Source: United Nations Department of Economic and Social Affairs 2000.

Spousal age differences are greater for girls who marry earlier. Mensch (2003) examined spousal age differences for women aged 25–34 by age at marriage, and found this pattern to hold for all regions. For example, the mean spousal age difference for women who married at ages 14–15 in the Dominican Republic is 9.0 years, compared to 5.5 years for women who married at ages 20–21. The corresponding spousal age differences for women in Mali are 12.8 years versus 10.1 years, and for women in Nepal, 5.0 years versus 2.9 years.

It makes intuitive sense that larger differences in age between a young woman and her husband would contribute to her having relatively less power in the marriage. “One may argue that in societies where power to make decisions and control resources lies with those who are senior in age, the wider the age gap between spouses, the more the wife will be subject to age bias and not just gender bias in the curtailment of her autonomy by her husband and his family” (Abadian 1996: 1797). Indeed, some studies have used spousal age difference as an indicator of, or proxy for, women’s autonomy (Abadian 1996; Hogan, Berhanu, and Hailemariam 1999).

Whether spousal age difference is correlated with adolescent girls’ autonomy has not been studied to our knowledge. Looking again at the Rajasthan NFHS-2 data among 15–19- and 20–29-year-olds, no significant relationship was found in preliminary analyses between spousal age difference and household decisionmaking (e.g., cooking and visiting) or being able to set aside money for personal use. Further research into the effects of spousal age difference on married girls is warranted.

Among studies of women, the effect of spousal age difference is inconsistent. Using data from Tamil Nadu and Uttar Pradesh Jejeebhoy (2000) finds little support for age difference between spouses influencing autonomy. Kishor and Johnson (2004) did not find spousal age difference to

have an effect on partner violence in most of the nine countries they studied. Kishor (2000) conducted a factor analysis that found spousal age difference (together with “chose spouse,” “married to relative,” and “marriage age”) associated with her “marital advantage” dimension of empowerment in Egypt. As noted above, this marital advantage dimension of empowerment is a determinant in infant immunisation, although not survival of infants. The author suggests that this is because getting an infant fully immunised requires empowerment in terms of a woman being able to manipulate her environment whereas infant survival is influenced most by the mother’s circumstances and context.

A study of women’s status and contraceptive behaviour in southern Ethiopia also found that the difference between husband’s and wife’s ages had an inconsistent effect upon multivariate analysis (Hogan, Berhanu, and Hailemariam 1999). The authors found that spousal age difference (husbands are at least ten years older) was not associated with spousal communication about family size and family planning, desired fertility (limiting and spacing), or contraceptive behaviour (current use or future intention). Contraceptive knowledge, however, was associated with spousal age difference: knowledge of modern methods (rural: OR=0.71, $p \leq 0.05$; urban: OR=0.64, $p \leq 0.05$) and knowledge of sources (rural: OR=0.84, not significant; urban: OR=0.72, $p \leq 0.05$).

Abadian (1996) found that spousal age difference became a significant determinant of fertility in 54 countries once “female age at marriage” was removed from the multivariate model.

What happens: Sexual initiation, disruption of social support networks, and commencement of childbearing

Sexual initiation

Then [after getting her first period], after two to three months my mother-in-law sent my husband to sleep with me because I had grown up. He would come to sleep and then his hands and legs would be all over me. I used to feel strange. I would start screaming the moment he did that, and he would go away. Finally, when he did it the first time, it was painful. I cried for days. I was scared, wondering what he was doing to me . . . I would tell my mother-in-law that I wished the night never came because at night her son used to come inside to sleep. He never came during the day. She used to laugh at this and say I should go to him, I am no longer a child. (Woman living in Mumbai slums, married three years before menarche) (George 2002)

For many girls, marriage marks the transition to becoming sexually active. This sex is often unprepared and unsafe. Women describe their sexual initiation at marriage in a variety of overlapping ways, including unexpected, embarrassing, frightening, painful, or inevitable (George 2002; Haberland, McGrory, and Santhya 2001; Khan, Townsend, and D’Costa 2002; Santhya, McGrory, and Haberland 2001).¹⁰ Moreover, sex for married girls is likely to be unprotected. Indeed, in an analysis of DHS data from 25 countries, Bruce and Clark (2003) found that in 21 countries the proportion of girls who were married among 15–19-year-old girls

¹⁰ George (2002) examines narratives of Mumbai working-class women’s first sexual experiences and distinguishes four types of brides: reluctant, shy, fearful, or pragmatic.

who had unprotected sex (i.e., sex without a condom) the previous week was 70 percent or higher.¹¹

Disruption of social support networks

In many developing-country settings, marriage is patrilocal and, once married, a female goes to live in her husband's or husband's family's home. Contact with old friends is often severed, and social interactions are primarily comprised of the girl's marital family or those sanctioned by her in-laws. A young woman in West Bengal, India, says, "[In my natal home] I had many school friends as well as friends of the neighbourhood. I used to chat with them, go outside. But I cannot do all these things here in my marital home. Can we stay in the marital home as we did in our natal home?" (Santhya, McGrory, and Haberland 2001).

Commencement of childbearing

The pressure to bear a child soon after marriage is intense, and the interval between marriage and first birth actually is shrinking across the globe. In South and Southeast Asia, the interval was 31 months for 40–44-year-old women, but only 20 months for 20–24-year-old women. Similarly, the interval in West and Central Africa was 34 months for 40–44-year-old women, and 21 months for 20–24-year-old women (Mensch 2003). The risks of first pregnancies are aggravated by the social and economic circumstances of young married girls (which are examined in depth elsewhere in the compendium), who often are ill-equipped to handle their own physiological, emotional, and economic needs, much less those of a newborn baby.

While numerous problems may accompany childbearing, the birth of a child is commonly thought to increase women's status. Looking at the Rajasthan NFHS-2 data, among 15–20-year-olds, having one or more children was not associated with increased ability to set aside money for personal use or visit parents and siblings. However, when controlling for caste, standard of living, religion, and place of residence, women with no children were more likely than those with children to have no say in what to cook (OR=1.28; $p<0.1$).

Studies among women find that having a child, particularly a son, influences autonomy. For instance, Rao (1997) found in Karnataka, India, that the number of male children significantly reduces the incidence of wife-beating. Similarly, in Bangladesh, Schuler and colleagues (1996) found that women who have more surviving sons have less chance of being beaten. Using bivariate analysis, Jejeebhoy (2000) detected a strong positive influence of parity: In Uttar Pradesh, women with large numbers of children (especially sons) have greater mobility, access to resources, and decisionmaking power than lower-parity women. The same was true in Tamil Nadu, though associations were weaker.

In the 1995 Egypt DHS, the proportion of women who alone or together with their husbands have final say on decisions regarding household budget, children's marriage plans, and food cooked increases with parity, but decreases with parity for decisions about visiting friends and relatives (bivariate analyses, El-Zanaty et al. 1996). The proportion of women who alone or

¹¹ In the other four countries the proportions were: 13 percent (South Africa), 49 percent (Ghana), 53 percent (Gabon), and 68 percent (Benin).

jointly have the final say about having another child is 66.6 percent for women with no children, versus 82.2 percent for women with one to two children (bivariate analyses, El-Zanaty et al. 1996).

Where: Nuclear versus extended household and type of marriage

Nuclear versus extended household

... I was afraid to get married. I was very young when I got married and I did not know my in-laws so I was afraid after marriage as how would they [in-laws] treat me? (Female respondent, age 17, Gujarat) (Haberland, McGrory, and Santhya 2001)

Upon marriage, many girls move in with their husband's extended family. The effect of co-residence with in-laws appears to have a strong effect on some elements of women's empowerment. It has not been studied with regard to married adolescents.

Co-residence with in-laws may be more common among girls who marry during adolescence. The 1995 Egypt DHS collected data on co-residence and found that women who were married at age 18 or younger were more than twice as likely as women who married at age 25 and older to live with their husband's family after marriage (El-Zanaty et al. 1996). We found this held true when the sample was restricted to a younger cohort (i.e., young women/girls aged 15–29). While 76.2 percent of these young women who were married before age 18 lived with their husband's family after marriage, only 58.5 percent of those who were married at age 18 or older did.

On bivariate analysis, intervention research in Vadodara, Gujarat, and South 24 Pargana, West Bengal, found that living in a nuclear (vs. extended) household was associated with greater mobility among newly married and first-time mothers (20 percent vs. 12 percent; $p=0.011$ in Gujarat; 24 percent vs. 12 percent; $p=0.000$ in West Bengal) (Santhya et al. 2003a).¹²

Findings from studies among women indicate that co-residence may be an important determining variable. Jejeebhoy (2000) finds that in Tamil Nadu and Uttar Pradesh co-residence with the mother-in-law "severely constrains" a woman's autonomy. The effect is particularly strong in the more gender-stratified state of Uttar Pradesh (Jejeebhoy 2000).

Kishor (2000) finds that living with in-laws—currently, as well as during the early years of marriage—has a negative effect on two dimensions of women's empowerment: participation in the modern sector (lived with in-laws) and family structure amenable to empowerment (lived/lives with in-laws). In examining the effects of these empowerment dimensions on infant survival, the study finds that a woman who resides in a household amenable to empowerment (in addition to current/past residence with in-laws, variables in this domain also include expenditure control and participation in decisionmaking) significantly increases the probability of infant survival. For infant immunisation, both participation in the modern sector and family structure amenable to empowerment are significantly associated.

¹² Over 90 percent of respondents in both sites were 15–24 years old.

In contrast, Kishor and Johnson (2004) found in their analysis of domestic violence that after controlling for other factors, extended household structures tended to be protective in most countries. However, this association was only significant for India (current and ever experience of spousal violence), Colombia (ever experience), and the Dominican Republic (current experience).

A closely related element of household structure that has been examined is whether a woman is married to the head of the household. Results of studies among adult women indicate a connection between the wife's relative position in the household hierarchy and her autonomy. In a five-country study in Asia, Mason (1998) finds that in India, Pakistan, and Thailand, women who are the wives of household heads have a greater influence in the household's economic decisionmaking than women who live in a subordinate position.¹³

The negative effects of co-residence with in-laws and not being married to the household head are apparently quite strong in these settings, and the proportion of married adolescents who are affected by this is substantial. For instance, analysing the 1995 Egypt DHS data, 67.6 percent of women aged 15–29 lived with their husband's family. In a study in India among first-time mothers (over 90 percent of whom were 15–24 years old), 70 percent of respondents in South 24 Pargana, West Bengal, and 91 percent in Vadodara, Gujarat, lived in extended households (Santhya et al. 2003a).

Polygyny

I don't talk much because I belong to him and I am the youngest wife. (17-year-old Burkinabe girl) (Saloucou, Kabore, and Traore 2002)

Women's status in a polygynous marriage is affected not only by the wife's position vis-à-vis her husband's, but also by her position vis-à-vis other co-wives in terms of age, education, and family background (Gage-Brandon and Meekers 1993). Polygyny is found mostly in sub-Saharan Africa, although it is also practiced elsewhere, albeit in a much lower proportion of marriages (e.g., Haiti, India, Nepal, Pakistan, and Turkey). In the literature on nuptiality in sub-Saharan Africa, a recurring conclusion is that polygyny is not necessarily decreasing, just changing form (Bledsoe and Pison 1994; Karanja 1994; Lesthaeghe et al. 1994; Meekers 1992). Official polygyny seems to be being replaced by the practice of monogamously married men forming informal unions with one or more other women—"outside wives" or *deuxièmes bureaux*.

Few of these authors look at the implications of this transition for women. Two exceptions are Gage and Bledsoe (1994) and Locoh (1994). Gage and Bledsoe suggest that women's education may exacerbate hierarchies among women who are with one man, with the outside wife (and her children) in second-tier status. However, they qualify this statement and note that wives in polygynous unions were "... differentiated even in the past by their family statuses and their order of precedence in the household. But nowadays education appears if not to create then to

¹³ Data on Malaysia were in the same direction, but were not significant. In the Philippines, more than 90 percent of all women sampled were married to the heads of households, but those who were not had no less economic power than those who were (Mason 1998).

intensify differences among women” (Gage and Bledsoe 1994: 158). Locoh (1994), in contrast, suggests that these new unions give women conjugal freedoms that they never would have had in either conventional monogamous or polygamous unions.

The status of children in these unions is also of concern. Gage and Bledsoe (1994) point out that men typically favor more-educated women with the best family connections by directing more resources to them. Depending on their mother’s marital status, the children can inherit very different life prospects (Gage and Bledsoe 1994). Efforts to clarify the status of unions and of children have been complicated. “Depending on the kind of legislation the state passes, a particular woman may be classified as a wife or a mistress. She and her children may have full rights to inherit her husband’s property, or she may have none” (Ngondo a Pitshandenge 1994: 117).

Trends in official polygyny notwithstanding, there are still a substantial proportion of polygynous marriages. The DHS collected data on polygynous unions in 30 countries in recent surveys (1994–2004). Prevalence of polygyny among married adolescents ranges from 10 percent or less in countries such as Ethiopia, Malawi, and Zambia to between 26 percent and 35 percent in countries such as Benin, Guinea, and Nigeria (Table 5).

Table 5. Percentage of girls aged 15–19 in monogamous/polygynous marriages and mean spousal age difference (DHS data)

| Country | Currently married or living together (%) | Of married, in polygynous marriages (%) | Mean age difference (years) | | Mean age difference (polygynous–monogamous) (years) |
|----------------------------------|--|---|-------------------------------|-------------------------------|---|
| | | | Girls in monogamous marriages | Girls in polygynous marriages | |
| Benin 1996 | 29 | 35 | 7.8 | 13.3 | 5.5 |
| Cameroon 1998 | 34 | 22 | 8.3 | 20.8 | 12.5 |
| Central African Republic 1994–95 | 39 | 21 | 6.4 | 11.5 | 5.1 |
| Chad 1996–97 | 47 | 21 | 8.7 | 16.1 | 7.4 |
| Ethiopia 2000 | 23 | 5 | 7.8 | 18.1 | 10.3 |
| Gabon 2000 | 18 | 15 | 7.7 | 11.4 | 3.7 |
| Guinea 1999 | 44 | 30 | 11.4 | 19.8 | 8.4 |
| Malawi 2000 | 33 | 7 | 5.3 | 9.6 | 4.3 |
| Mali 2001 | 46 | 22 | 10.2 | 18.7 | 8.5 |
| Niger 1998 | 60 | 21 | 8.7 | 17.1 | 8.4 |
| Nigeria 1999 | 27 | 26 | 9.7 | 19.6 | 9.9 |
| Tanzania 1996 | 23 | 21 | 7.4 | 22.1 | 14.7 |
| Togo 1998 | 19 | 23 | 7.0 | 14.5 | 7.5 |
| Uganda 2000–01 | 29 | 21 | 5.6 | 10.1 | 4.5 |
| Zambia 2001–02 | 24 | 8 | 6.2 | 8.9 | 2.7 |

Spousal age differences are strikingly higher in polygynous marriages than in monogamous marriages. While the mean age difference between girls and their husbands in Cameroon is 8.3 years for those in monogamous marriages, the spousal age difference is 20.8 years for those in polygynous marriages. In Ethiopia the mean spousal age differences are 7.8 years for monogamous and 18.1 years for polygynous marriages.

The relationship of polygyny to women's autonomy has not been explored in the same detail as its relationship to fertility and contraception. That said, Adongo and colleagues (1997: 1791) state in a study in Ghana, ". . . polygyny weakens the emotional bonds between spouses, thereby impeding communication about reproduction or matters of collective concern to families. Polygyny extenuates gender segmentation and stratification, isolating women from decisions of importance to the immediate family or kin." Wolff, Blanc, and Gage (2000) examined the effects of polygyny and wife rank (monogamous; polygynous—first wife; polygynous—second wife) on sexual negotiation in two districts in Uganda. Multivariate analysis revealed that in neither district did these marriage characteristics have a significant influence on sexual negotiation.¹⁴

In contrast, the relationship of polygyny to fertility and contraception has been explored further (e.g., Ezeh 1997; Gage 1995; Hogan, Berhanu, and Hailemariam 1999). Upon multivariate analysis, Hogan, Berhanu, and Hailemariam (1999) found that in urban areas women in polygynous marriages were only 56 percent as likely as monogamous women to discuss family size and family planning with their spouses. In rural areas, only discussion of family planning was significantly associated with the type of marriage—women in polygynous marriages were 27 percent less likely than women in monogamous marriages to discuss family planning. Gage (1995) found, in a bivariate analysis of data from Togo, greater communication about family planning in monogamous than polygynous marriages (with communication least prevalent among junior wives in polygynous unions). However, upon multivariate analysis (when controlling for sociodemographic and other relevant variables), polygyny was not significantly associated with spousal communication or with any other outcomes examined, including modern contraceptive use.

Conclusion

The relationship between some of these marriage-related variables and women's autonomy is fairly consistent and strong, while for others it is weak or inconclusive and could benefit from further investigation. Certainly the possible effects of these variables on adolescent girls' autonomy and reproductive health bear further exploration. For instance, it may be that some factors, such as spousal age difference, have different effects among adolescent girls/young women than among women in general. Yet there are no studies that have examined empowerment in this manner among adolescents. The multidimensional nature of empowerment poses a further challenge—whether and how a particular variable is correlated with which outcomes of interest will vary from setting to setting, as will the meaning of that association.

Despite the research gaps and challenges, the point we make is that a number of these variables related to marriage in general, and especially to marriage during adolescence, may be associated, through different pathways in different contexts, to married girls' vulnerability, even after controlling for other characteristics. As noted above, however, this analysis cannot determine whether early marriage and other characteristics of marriage are associated with or cause the increased vulnerability of married adolescent girls. There may be other factors of which we are not aware that contribute to the associations, and cross-sectional data such as these do not elucidate whether a suspected cause predates an effect.

¹⁴ Sexual negotiation outcomes were: woman reports more or equal influence over whether or not to have sex; score on conditions under which a married woman can refuse sex; and difficulty in speaking with partner about sex.

Married Adolescent Girls: A World Apart

While we cannot determine causality with existing studies and data, we can look more closely at outcomes: specifically, how married girls fare when compared to other girls or young women on indicators of empowerment and social isolation. In this section we explore whether the situation of married girls is different from that of unmarried girls and that of slightly older married young women in terms of autonomy and social networks. In addition to examining data from selected Demographic and Health Surveys and articles based on DHS data, we draw on data from the following studies:

- Amin, Mahmud, and Huq (2002): 2001 baseline survey of rural adolescents in Bangladesh; sample of 2,544 girls and 1,729 boys, married and unmarried, aged 13–22;
- Erulkar and Onoka (2003): 2001 population-based survey of young people in Nyeri and Nyandarua, Kenya; sample of 2,717 young people, married and unmarried, aged 10–26; analysis for the following is restricted to females aged 20–24;
- Santhya et al. (2003a, 2003b): 2002 baseline survey for the First-Time Parents Project conducted among newly married women and first-time pregnant or first-time mothers; sample of 1,114 in Gujarat and 1,039 in West Bengal; over 90 percent of respondents in both sites aged 15–24; and
- Thapa and Mishra (2003) and Shyam Thapa (personal communication, 2003): 2000 Nepal Adolescents and Young Adults (NAYA) Survey; sample of 7,977 female and male adolescents aged 14–22.

Married girls consistently have less schooling

Women's education is widely used both as a proxy for women's empowerment (Abadian 1996), and as an independent variable that is consistently and positively linked with women's reproductive health, sexual negotiation, infant mortality, and autonomy outcomes (Jejeebhoy 1995; Wolff, Blanc, and Gage 2000).

Across regions, the percentage of women married by age 18 decreases with increasing years of schooling (Mensch, Singh, and Casterline 2004). For instance, among women aged 20–24 in South and Southeast Asia, the proportion married by age 18 increases from 17.3 percent among those with eight or more years of schooling to 55.7 percent among those with 0–3 years of schooling. Similarly in West and Central Africa the proportion is 14.1 percent among women with eight or more years of schooling and 70.5 percent among those with 0–3 years of schooling. In South America the corresponding figures are 10.8 percent and 41.7 percent (Mensch, Singh, and Casterline 2004). It is important to note that some, but not all, of the decline in early marriage is explained by the increase in schooling for women (Mensch, Singh, and Casterline 2004).

Country-level studies mirror this pattern: Married girls consistently have less schooling. For instance, in northern Nigeria the discrepancy is substantial: 73 percent of married girls aged 15–19 received no schooling compared to 8 percent of never-married girls (analyses of data from 1999 Nigeria DHS). In Kenya, Erulkar and Onoka (2003) found that among girls aged 20–24, those married during adolescence were significantly more likely to have fewer than nine years of education than girls married after age 20 and unmarried girls (77.5 percent, 47.6 percent, and

34.3 percent, respectively; $p < 0.001$). Those married during adolescence had, on average, 8.1 years of education versus 9.6 years for those married after age 20, and 10.4 years for those not yet married ($p < 0.001$). Similarly, in Bangladesh, Amin, Mahmud, and Huq (2002) found that 68.5 percent of unmarried girls were in school compared to only 2.8 percent of married girls.

Looking at DHS data from selected countries that include both married and unmarried females in their samples offers an interesting perspective on marriage and schooling (Table 6). As expected, the proportion of girls who are married and in school is substantially lower than the proportion of unmarried girls who are in school. Of interest is that in some countries (Brazil, Kenya, and Mozambique) unmarried girls with children are significantly more likely to be in school than married girls without children ($p < 0.01$, $p < 0.05$, $p < 0.05$, respectively).

Table 6. Percentage of girls aged 15–19 enrolled in school, by marital and parenting status (DHS data)

| Country | Married | | Unmarried | |
|----------------------|------------------|---------------|------------------|---------------|
| | Without children | With children | Without children | With children |
| Brazil 1996 | 12.8 | 10.3 | 76.2 | 29.8 |
| Burkina Faso 1998–99 | 0.0 | 0.3 | 13.5 | 2.7 |
| Ethiopia 2000 | 3.8 | 1.4 | 34.6 | 2.1 |
| Ghana 1998 | 7.7 | 0.9 | 45.3 | 0.0 |
| Haiti 1994–95 | 32.7 | 5.1 | 74.9 | 9.7 |
| Kazakhstan 1995 | 13.7 | 7.1 | 61.5 | 0.0 |
| Kenya 1998 | 3.7 | 1.0 | 63.4 | 8.9 |
| Mozambique 1997 | 0.6 | 3.5 | 30.3 | 5.7 |
| Nicaragua 1998 | 15.6 | 7.7 | 66.5 | 12.5 |
| Nigeria 1999 | 3.2 | 0.7 | 69.5 | 3.2 |
| Zimbabwe 1999 | 2.4 | 2.0 | 56.7 | 0.0 |

Married girls appear to have less mobility

Women’s mobility—often measured by whether a woman can go unescorted to selected places—is a frequently used indicator of women’s empowerment. Across studies, married girls appear to have less mobility than their unmarried counterparts or slightly older married young women.

The Kenya study in Nyeri and Nyandarua (Erulkar and Onoka 2003) found more limited mobility among girls married during adolescence than among either unmarried girls or girls married after age 20. A higher proportion of unmarried girls, and a higher proportion of girls married after age 20, went to a restaurant, a bank, or a post office in the last week than girls married during adolescence ($p < 0.001$ for each variable). While a higher proportion of 20–24-year-old females who were married during adolescence went to the market in the past week than their unmarried counterparts, this was not significant.

Comparing younger married girls and older married girls, the same study finds that older married girls (i.e., those 20 years old and over) appear to be more mobile than younger married girls (i.e., those younger than age 20). The difference is significant for both going to the bank and going to the post office in the past week ($p < 0.05$), though the proportion is quite low even among older married girls. A larger proportion of older than younger married girls went to a restaurant (40.5 percent vs. 33.3 percent) or to the market (67.3 percent vs. 56.3 percent), though neither approaches significance.

In the India study, married women who are age 20 years and above, compared to married adolescent women, have somewhat more freedom on a mobility index: 12.9 percent of girls age 20 and over versus 8.5 percent of girls under age 20 ($p < 0.05$) in Gujarat, and 18.4 percent versus 10 percent ($p = 0.000$) in West Bengal (Santhya et al. 2003b). This limited mobility is observed in the Indian NFHS as well. The proportion of married girls aged 15–19 who are able to go to the market without permission is about half that of 20–34-year-olds who are able to go (13.8 percent vs. 28.1 percent). The same is true for the proportion not requiring permission to visit friends (10.2 percent of 15–19-year-olds and 20.8 percent of 20–34-year-olds) (Santhya and Jejeebhoy 2003).

In Bangladesh, Amin, Mahmud, and Huq (2002) find that married girls have less freedom of movement than unmarried girls. While 31.7 percent of unmarried girls can visit other neighbourhoods, only 24.1 percent of married girls can; and 9.5 percent of unmarried versus 3.2 percent of married girls went to a tea stall. In contrast, a much higher proportion of married and unmarried boys were able to go to these destinations, and the difference by marital status was either small in the case of visiting other neighbourhoods or in favor of married boys in the case of tea stalls (78.6 percent of married vs. 62.9 percent of unmarried boys).

Married girls tend to have less say in economic, household, and reproductive decisionmaking

The degree to which a woman has input into decisionmaking is an indicator of her power to influence events that affect her and her children. In three studies that looked at decisionmaking, younger married girls often had less say than older married girls on a number of variables.

Santhya and colleagues (2003b) found that the majority of young women had no say in decisions regarding household purchase of various items (food, small gifts, jewelry, clothes, livestock, expensive items), especially in Gujarat. Women aged 20 years and older, compared with adolescent females, tended to score higher on bivariate analysis (24 percent vs. 14 percent; $p = 0.000$ in Gujarat; 20 percent vs. 14 percent; $p = 0.002$ in West Bengal). Decisionmaking regarding whether the woman works was in the same direction, though not significant.

Similar patterns were found in Santhya and Jejeebhoy's (2003) analysis of the 1998–99 Indian NFHS—50.7 percent of 20–34-year-olds versus 39.9 percent of 15–19-year-olds participated in decisions regarding the purchase of jewelry. They also examined married girls' access to money: 45.6 percent of 15–19-year-olds had access to cash compared to 58.1 percent of older women (aged 20–34). These differences were more marked in urban (55.0 percent vs. 72.3 percent) than in rural (44.0 percent vs. 53.2 percent) areas, and were evident regardless of employment status (e.g., of those working for pay, 45.0 percent of 15–19-year-olds vs. 61.5 percent of 20–34-year-olds had access to money).

Erulkar and Onoka (2003) found that, with one exception (inheritance of property), younger married girls appear to be less involved than older married girls in decisions regarding economic resources. A greater proportion of older married girls than married girls younger than age 20 influence decisions regarding household budget (81.1 percent vs. 66.7 percent; $p < 0.01$).

Regarding use of family land, younger and older girls appear to be roughly similar (69.8 percent vs. 72.0 percent; not significant). Younger married girls are not significantly less involved than older married girls in decisions on whether or not the woman works (64.9 percent vs. 71.1 percent; not significant). Having a say in inheritance of property is not significantly different between older and younger married girls, but the difference is in the opposite direction: a greater proportion of married girls younger than age 20 than those 20 years or older state that they have a say regarding inheritance of property (74.5 percent vs. 67.8 percent; not significant).

Younger married girls also appear to be less involved in household decisions than older married girls. In India, whereas 49.3 percent of 20–34-year-olds were involved in decisionmaking concerning their own health care, only 38.7 percent of 15–19-year-olds were (Santhya and Jejeebhoy 2003). Similarly, 46.2 percent of 20–34-year-olds were involved in decisions to visit their parents or natal kin, whereas only 37.4 percent of 15–19-year-olds were (Santhya and Jejeebhoy 2003). In Nyeri and Nyandarua Kenya, comparing married girls younger than 20 years of age with married girls aged 20 or older, Erulkar and Onoka (2003) find that the differences in decisionmaking between younger versus older married girls are for the most part not substantial, but they are all in the expected direction. Younger married girls are less involved than older married girls in decisions on education of children (68.4 percent vs. 77.1 percent; not significant) and health care of children (87.5 percent vs. 92.6 percent; not significant).

Similar patterns are also found when looking at reproductive and sexual decisionmaking. Young women's involvement in decisionmaking regarding use of contraceptives did not vary by age in Gujarat (52.7 percent vs. 53.7 percent; not significant) but a significantly smaller proportion of married adolescents in West Bengal had a say in use of contraceptives than married young women (50.9 percent vs. 64.8 percent; $p=0.000$) (Santhya et al. 2003b). Erulkar and Onoka (2003) found no significant differences in Nyeri and Nyandarua, though they were in the expected direction: married girls younger than 20 years of age may be less involved than married girls aged 20 or older in decisions on whether or not to have a baby (73.7 percent vs. 82.6 percent; $p<0.1$); use of family planning (82.0 percent vs. 89.0 percent; not significant); whether or not to use condoms (80.4 percent vs. 83.3 percent; not significant); and whether or not to have sex (78.4 percent vs. 84.2 percent; not significant).¹⁵

Married girls have less exposure to media

A woman's exposure to media can link her to modern messages and influences and inherently determine the degree to which she hears or sees public information campaigns about, for instance, HIV/AIDS or family planning. It also shapes attitudes and expectations. Kishor (2000) found media exposure was positively associated with two dimensions of empowerment, namely participation in the modern sector and sharing of roles and decisionmaking. In the studies reviewed here, married girls fairly consistently have less exposure to the media.

In Bangladesh, Amin, Mahmud, and Huq (2002) found that married girls had significantly less exposure to media in the past week than unmarried girls. While 40.1 percent of unmarried girls listened to the radio, only 26.5 percent of married girls did. Similarly, 51.8 percent of unmarried

¹⁵ The sample of married girls under age 20 is relatively low ($n=57$), thus differences have to be larger to be significant. Nonetheless, the consistency of the pattern is notable.

girls versus 23.4 percent of married girls watched television. Boys generally had higher exposure.

Exposure to mass media—watching television, listening to the radio, reading a newspaper—was also explored in the Nepal survey (Thapa and Mishra 2003). Among unmarried girls 47.3 percent watched television, listened to the radio, or read a newspaper daily compared to only 28.3 percent of married girls. Boys also had differential exposure by marital status: 59.1 percent of unmarried versus 41.6 percent of married boys did one of these on a daily basis.¹⁶

Erulkar and Onoka (2003) find that among girls aged 20–24, a significantly lower proportion of girls married during adolescence heard/watched/read media in the past week than unmarried girls or girls married at age 20 or older. Only one-third (38.5 percent) of girls married during adolescence read a newspaper, as compared to 44.2 percent of girls married after age 20, and 59.0 percent of unmarried girls ($p<0.001$). The same pattern holds for television (38.5 percent of girls married during adolescence vs. 45.9 percent of girls married after adolescence vs. 59.2 percent of unmarried girls; $p<0.001$); and radio (6.0 percent, 7.9 percent, and 17.7 percent, respectively; $p<0.001$).

Data for northern Nigeria from the 1999 DHS revealed that few girls/young women had heard a family planning message on the radio (less than one in five). However younger married girls (aged 13–20) were significantly less likely than slightly older married young women (aged 21–28) to have heard such a message ($p<0.01$).

Married girls have limited social networks

The degree to which girls participate in clubs, development programmes, or other activities, as well as the existence and/or extent of their nonfamilial peers and mentors, is an important factor shaping married adolescents' experience and options. Homogeneous networks pressure members to follow normative patterns of behaviour, whereas heterogeneous networks in which individuals have contact with peers, professionals, and other non-kin may allow social learning and openness to change (Madhavan, Adams, and Simon 2003).

Data available indicate that married girls have considerably more limited networks than their unmarried peers. The study in Nyeri and Nyandarua, Kenya (Erulkar and Onoka 2003), finds that while participation in clubs and sports is generally low, married girls are even more isolated than their unmarried peers on these two indicators: None of the girls married during adolescence belonged to a sports team (vs. 4.8 percent of unmarried girls; $p<0.001$), and only 8.0 percent of girls married during adolescence versus 20.5 percent of unmarried girls belonged to a club or organisation ($p<0.001$).

Santhya and colleagues (2003a) also found that married girls had limited networks. In Vadodara, Gujarat, 96.0 percent of respondents reported having friends in their natal home, while only 25.0 percent reported having friends in their marital home. In South 24 Pargana, West Bengal, the figures were 67.3 percent and 6.8 percent, respectively. Among girls who have friends in their

¹⁶ Data for all Nepal supplied by Shyam Thapa (personal communication, 2003). For results based on the urban sample of the survey see Thapa and Mishra (2003).

marital home, the girls' interactions with these friends appears limited, with only 23.0 percent in Gujarat and 41.2 percent in West Bengal reporting meeting their friends often. Only a very small percentage of married girls were members of groups or clubs (1.8 percent in Gujarat and 0.7 percent in West Bengal) or beneficiaries of an NGO programme (3.7 percent in Gujarat and 2.9 percent in West Bengal).

Amin, Mahmud, and Huq (2002) found a substantial disparity by marital status in terms of girls' responses regarding friends. Some 88.8 percent of unmarried girls reported having many friends in the area versus only 40.5 percent of married girls. No significant difference was found in terms of girls' involvement in clubs.

Married girls' differential exposure to gender-based violence has not been well examined

As Nurse (2003) describes, while gender-based violence is an issue of concern among adolescents, and violence within marriage is prevalent across regions, there have been no studies specifically examining gender-based violence among married girls.

In the Kenya study, attitudes regarding domestic violence were generally progressive, with most respondents disagreeing with statements condoning abuse (Erulkar and Onoka 2003). Nevertheless, a slightly higher, but significant, proportion of girls married during adolescence than unmarried girls held conservative views: 9.0 percent of married versus 3.6 percent of unmarried girls felt it was okay for a man to beat his wife ($p < 0.05$); 4.5 percent of married versus 1.6 percent of unmarried girls said it was okay for men to force women to have sex ($p < 0.1$).

No difference was found between sexually active unmarried girls and girls married during adolescence in terms of ever experiencing sexual coercion (14.4 percent of married vs. 15.4 percent of unmarried sexually active girls; not significant). Among married girls in the Kenya study, 22.8 percent of girls under age 20 had experienced sexual coercion compared to 17.3 percent of the older married girls; and 10.9 percent of the younger girls were hit by their husband in the past month, compared to 7.6 percent of older girls (Erulkar and Onoka 2003). While neither of these are significant differences, they are in the same, and hypothesised, direction.

In the Egypt DHS, roughly one-third of respondents aged 15–29 reported being beaten since they were married. Of those who reported being beaten since they were married, 77 percent of 15–19-year-olds compared to 64 percent of 20–24-year-olds were beaten once or more in the past year ($p < 0.05$). Comparing 15–19-year-olds with those aged 25–29 years, the difference is larger and stronger (77 percent of 15–19-year-olds vs. 52 percent of 25–29-year-olds; $p < 0.001$).

While they note that there may be considerable under-reporting of abuse in the NFHS, Santhya and Jejeebhoy (2003) found that at the national level the data suggest that there is little variation by age of the woman. Of those married for two or more years, 16 percent of married adolescent girls and 13 percent of older women reported being beaten.

As noted above, Kishor and Johnson's (2004) analysis of the relationship between age and gender violence finds inconsistent patterns across countries. Upon multivariate analysis, risk of currently experiencing violence was significantly associated with young age in about half of the

countries. Further research is needed to determine married girls' relative vulnerability to gender-based violence, although there are indications that they may be at greater risk than older married females in some settings (see also section above entitled "Age at marriage").

Conclusion

Young married girls are, with some consistency, more vulnerable and isolated than both unmarried girls and slightly older married young women. Whether these disadvantaged outcomes are actually caused by girls' marital status and age or whether they are the result of selection bias cannot be determined from these comparisons.

Regardless of whether more-vulnerable girls are married early, or whether early marriage itself creates some of the vulnerability, or both, the fact is that married girls tend to be less mobile, have more limited social networks, may have less say in decisionmaking, may be at greater risk of spousal abuse, have less exposure to the media, and have less education than unmarried girls and/or slightly older married females. The social disadvantage married girls experience is striking and is an issue of deep concern in its own right. From a programmatic perspective, while it is far from irrelevant whether early marriage is the cause of these girls' vulnerability or whether more-vulnerable girls tend to marry in adolescence, the fact is that the "presenting client"—that is, the married girl—has special needs and circumstances, whatever the underlying determinants.

SEXUAL AND REPRODUCTIVE HEALTH

The social variables examined above are important in their own right as they shape girls’ prospects and affect their well-being. They are also, however, critical factors that underlie individuals’ reproductive health. In the following sections we examine several elements of sexual and reproductive health from the perspective of married adolescents. Two of the subjects—maternal health and HIV/AIDS—are analysed in greater depth in subsequent papers, and we summarise them here.

Reproductive health knowledge

Data from different studies allow us to examine how married girls compare with unmarried girls and with slightly older young women. We draw on the same studies noted above, as well as analyse data from the Nigeria DHS. The findings across studies are quite consistent: Married girls again are at a disadvantage, particularly in regard to sexually transmitted infections (STIs) and HIV/AIDS.

Comparing married and unmarried girls in northern Nigeria aged 15–24, married girls either had similar levels of knowledge—in the case of fertility/contraception—or significantly less knowledge—in the case of HIV/AIDS and STIs—than unmarried girls (Table 7).

Table 7. Percentage of married and never-married girls/young women aged 15–24 with reproductive health knowledge, northern Nigeria

| | Currently married (%) (n=759) | Never married (%) (n=180) |
|--|----------------------------------|------------------------------|
| Knows fertile period | 4.1 | 3.4 |
| Knows modern contraceptive method | 35.0 | 35.6 |
| Ever heard of AIDS | 44.6 | 56.1** |
| Knows that one can acquire HIV through sex | 25.8 | 37.6* |
| Heard of STIs | 35.5 | 45.6* |

* p<0.05; ** p<0.01

Source: Analysis of data from 1999 Nigeria DHS.

Married and unmarried girls also have differential risk perception, although it is not significant. Among those who have heard of AIDS, 61.7 percent of currently married girls and 53.5 percent of never-married girls felt that they were at no risk at all of getting AIDS.

Comparing younger married girls with slightly older married women in northern Nigeria (Table 8), the older group consistently (and often significantly) had better knowledge of reproductive health issues than younger girls.

Table 8. Percentage of currently married girls/women aged 13–28 with reproductive health knowledge, northern Nigeria

| | Married girls aged 13–20 (%) (n=575) | Married girls/women aged 21–28 (%) (n=618) |
|--|---|---|
| Knows fertile period | 2.8 | 4.7 [~] |
| Knows modern contraceptive method | 29.6 | 40.0*** |
| Ever heard of AIDS | 39.7 | 48.3** |
| Knows that one can acquire HIV through sex | 25.0 | 29.2 |
| Heard of STIs | 30.1 | 41.7*** |

[~] p<0.1; **p<0.01; ***p<0.001

Source: Analysis of data from 1999 Nigeria DHS.

Looking at the data from the study in Nyeri and Nyandarua, Kenya, older married girls are typically more knowledgeable than younger married girls regarding reproductive health—that is, they have greater knowledge related to fertility, STIs, and HIV. Respondents were asked 13 questions regarding reproductive health. Where differences were significant, it was the older group that was consistently more knowledgeable. Specifically, 49.9 percent of married girls aged 20 or older knew their fertile period versus 27.3 percent of those younger than age 20 ($p<0.001$); 46.4 percent of the older married girls versus 30.9 percent of the younger married girls knew that a boy can make a girl pregnant even if he withdraws before ejaculation ($p<0.05$); 79.0 percent of older versus 66.7 percent of younger married girls knew that HIV is not transmitted by mosquitoes ($p<0.05$); and 72.1 percent of older versus 61.5 percent of younger knew that a condom cannot get lost inside a woman’s body ($p<0.1$) (Erulkar and Onoka 2003).

In the Nepal study, researchers examined knowledge and beliefs about HIV/AIDS. The data from urban areas show married girls to consistently have the least information. For instance, whereas 98.0 percent of single males, 96.5 percent of married males, and 96.0 percent of single females had heard of HIV/AIDS, only 68.4 percent of married girls had. Knowledge of syphilis and gonorrhea among married girls was similarly low: 44.0 percent of unmarried girls versus 33.7 percent of married girls had heard of syphilis; and 25.0 percent of unmarried versus 10.2 percent of married girls had heard of gonorrhea. When those youth who were aware of STIs were asked how they might protect themselves, roughly similar proportions (70 percent) of males and females, both married and unmarried, knew to avoid sex with commercial sex workers. Yet only 48.5 percent of married girls knew that condoms were protective versus 61.2 percent of unmarried girls. Married boys were also less knowledgeable than their unmarried counterparts: 52.6 percent versus 74.5 percent (Neupane, Nichols, and Thapa 2003).

Santhya and colleagues (2003b) found variation by age among respondents reporting correct knowledge on almost all reproductive health knowledge variables examined in both Gujarat and West Bengal. A significantly larger proportion of married women aged 20 and over compared to younger married adolescents had accurate knowledge regarding when a woman’s fertile period is, how the sex of a baby is determined, the importance of breastfeeding, and the importance of feeding colostrums to newborns. There was no significant difference in Gujarat regarding the importance of antenatal checkups. Finally, older women were significantly more likely to have heard about STIs and HIV than younger women.

Because some of these differences in knowledge may be explained by parity, further analysis controlling for the effects of having a child would be interesting.

Sex

In many settings, girls marry and move into their marital homes without knowing their new spouse very well, if at all. In Egypt among women who did not choose their spouse, 51 percent of girls younger than 16 years, 43 percent of girls aged 17–19, and 39 percent of women aged 20 and older had not met their spouse before marriage (Mensch 2003). In the India study, only a small proportion of respondents said that they knew their husband fairly or very well (14.3 percent in Gujarat and 15.6 percent in West Bengal). Indeed, the majority of young women never met their prospective husband before marriage—54.8 percent of women in Gujarat and 72.6 percent in West Bengal (Santhya et al. 2003a).

It is thus not surprising that feelings of shyness, apprehension, fear, and loneliness tend to characterise young women's experience of moving into the marital home (Santhya et al. 2003a; Vlassoff 1992). Santhya and colleagues (2003a) found that only one in five women in both Gujarat and West Bengal reported being happy in the initial days of marriage. While on average the young women reported feeling comfortable in their marital home within three months of marriage, they recalled that it is a difficult transition.

Girls' first sexual experiences within marriage are profoundly shaped by such contexts, as well as their lack of knowledge. In a qualitative study in Mumbai of working-class women's sexual lives, George (2002) explored their early marital experiences (average age at marriage of the respondents was 15–16 years old). She characterises responses into four overlapping scenarios: reluctant brides who were tricked into sexual relations and often had no idea that marriage involved sexual intercourse with the husband; shy brides who, by virtue of the environment, found that sex was a personal, bodily experience on the one hand, but also public as it occurred in shared living spaces; fearful brides who spoke of fear, ignorance, and uncertainty; and pragmatic brides who learned that “if a woman complied and was sexually available to her husband she has ‘a life’” (George 2002: 215).

In a qualitative study in Bangladesh on contraception and sexual behaviour, Khan, Townsend, and D'Costa (2002) found that only a third of respondents described themselves as well-informed about sex before marriage. While nearly half of the informants reported discussing sex with their husband on the first night of marriage, a substantial proportion reported that there was no discussion and that their husbands forced them to have sex. A 25-year-old Bangladeshi woman recalled the experience, saying, “When I was sent in the bedroom of my husband, he asked me to come close to him and take out his watch. But when I went to him, he caught me and forced me on the bed. He had repeated intercourse on the same night forcefully, without any consideration to my pain, or my crying, and begging that he should not do it again” (Khan, Townsend, and D'Costa 2002: 244). When analysing the narratives by age at marriage, the authors found that among those women who were married at age 20 or later, first intercourse tended to be negotiated, with more active participation in sex by both partners. The authors conclude that while sexual initiation was often painful and forced, discussion of current sexual

behaviour indicated that over time the women began to enjoy sex (Khan, Townsend, and D'Costa 2002).

There are limited data comparing sexual initiation among married versus sexually active unmarried girls. Sexual initiation and sexual coercion among married adolescent females is an area for further research.

It is clear, however, that sexual frequency and the safety of that sex is significantly different for married compared to sexually active unmarried girls. Married girls have sex more frequently than sexually active unmarried girls (Bruce and Clark 2003). Looking at data across 30 countries, the authors find that in every country the proportion of married girls who had sex in the past week is higher than the proportion of sexually active unmarried girls who did so.

Married girls are also more likely to have sex without a condom than unmarried girls. Bruce and Clark find that, across 30 countries, on average nearly 80 percent of unprotected sexual encounters among adolescent girls occurred within marriage. This is in part because of the desire of married girls to become pregnant; however, even among girls who do not wish to become pregnant, married adolescents were significantly more likely to have had unprotected sex in the past week (Bruce and Clark 2003).

There is much that we do not know about the experience of sex, sexual initiation, and even more generally the transition to marriage among married adolescents. Yet existing studies indicate that many married girls are thrust into sexual situations by their families (natal and marital) that are frightening and sometimes coercive. It is an unnecessary—and, considering the pattern of transmission of STIs and HIV/AIDS, a dangerous—hallmark of anyone's transition to marriage.

Contraception and infection prevention

Contraceptive use—for delaying the first birth, delaying subsequent births, and preventing infection—is a complicated issue for married girls. They are under pressure to prove their fertility (Adongo et al. 1997; Barua and Kurz 2001; Santhya and Jejeebhoy 2003; Vlassoff 1992; Wall 1998), are still new in their marital home, and are at the bottom of the gender and age hierarchy. Rapport and communication with their new spouse are just developing. Self-perception of risk is quite low among married girls as noted above, and even if risk is recognised, married girls are hardly in a position to indicate that they fear infection from their spouses.

Examining DHS data, Curtis and Neitzel (1996) found that knowledge of methods among adolescents is high in many developing countries, but use is relatively low. More recently, in an analysis of DHS and other national surveys in Asia, Pachauri and Santhya (2002) find that while awareness of contraception—that is, knowledge of at least one traditional or modern contraceptive method—is almost universal among married adolescent girls (over 90 percent in all countries studied except Pakistan, where the proportion is 76 percent), knowledge of specific methods is more limited, and knowledge of sources and actual use vary widely.

Table 9 from Pachauri and Santhya’s article demonstrates intraregional variation in use of contraceptives, as well as differences between married adolescents and slightly older married females. The proportion of married adolescent girls who reported using a traditional method or a modern method varied from 6.2 percent in Pakistan to 44.5 percent in Indonesia. In most countries, contraceptive use among adolescents was 10–20 percentage points lower than for 20–24-year-olds, ranging from a difference of four percentage points in Pakistan to 37 points in Vietnam (Pachauri and Santhya 2002).

Table 9: Percentage of married female adolescents using contraceptives by type of method, and women aged 20–24 using any method

| Country | Adolescents using modern methods (%) | Adolescents using traditional methods (%) | Adolescents using any method (%) | 20–24-year-olds using any method (%) |
|------------------|--------------------------------------|---|----------------------------------|--------------------------------------|
| Bangladesh 1997 | 27.8 | 4.9 | 32.9 | 43.1 |
| India 1998–99 | 4.7 | 3.3 | 8.0 | 26.0 |
| Nepal 1996 | 4.4 | 2.2 | 6.5 | 15.8 |
| Pakistan 1996–97 | 2.4 | 3.9 | 6.2 | 9.9 |
| Sri Lanka 1987 | 10.7 | 9.5 | 20.2 | 42.3 |
| Indonesia 1997 | 44.3 | 0.2 | 44.5 | 60.7 |
| Philippines 1998 | 11.4 | 10.4 | 21.8 | 39.8 |
| Thailand 1987 | 40.5 | 2.6 | 43.0 | 56.8 |
| Vietnam 1997 | 14.9 | 3.2 | 18.1 | 55.1 |

Source: Pachauri and Santhya 2002.

Of arguably greater interest, Pachauri and Santhya (2002) also found considerable unmet need among married adolescents in most countries, ranging from 9.1 percent in Indonesia to 40.5 percent in Nepal.

Comparing unmet need across five-year age cohorts, different countries exhibit different patterns of unmet need for currently married girls/young women (Table 10).

Table 10. Percentage of married women aged 15–29 with unmet need for family planning (DHS data)

| Country/age cohort (years) | For spacing | For limiting | Total |
|----------------------------|-------------|--------------|-------|
| Guatemala 2002 | | | |
| 15–19 | 22.0 | 4.9 | 26.9 |
| 20–24 | 24.6 | 9.2 | 33.8 |
| 25–29 | 18.7 | 10.4 | 29.1 |
| India 1998–99 | | | |
| 15–19 | 25.6 | 1.6 | 27.1 |
| 20–24 | 18.4 | 5.9 | 24.4 |
| 25–29 | 8.1 | 10.5 | 18.6 |
| Nigeria 1999 | | | |
| 15–19 | 14.0 | 0.8 | 14.8 |
| 20–24 | 22.4 | 0.3 | 22.7 |
| 25–29 | 15.9 | 1.2 | 17.0 |
| Yemen 1997 | | | |
| 15–19 | 27.3 | 4.9 | 32.3 |
| 20–24 | 27.9 | 8.1 | 36.0 |
| 25–29 | 21.5 | 20.2 | 41.7 |

While unmet need does not exceed 33 percent among married adolescents in any of these countries, contrary to common assumptions, there may actually be scope for delaying the first birth in some settings. Barua and Kurz (2001) found that some adolescents and their husbands would have liked to delay pregnancy, but that the decision was often overruled by mothers-in-law. In diagnostic work related to the First-Time Parents Project, researchers found in in-depth interviews in Gujarat considerable interest in delaying the first birth. A primary reason given by young women was so that the couple could get to know each other better. Roughly half the respondents reported being joined in this desire by their husbands, and sometimes even by their mothers-in-law, although none of these couples tried to use any contraceptive methods (Haberland, McGrory, and Santhya 2001).

As noted earlier, spousal communication regarding family planning has been correlated with age at marriage. In southern Ethiopia women who marry at age 18 or older are more likely to discuss family size and family planning with their spouses (Hogan, Berhanu, and Hailemariam 1999). Gage (1995) found age at marriage to have a significant effect on spousal communication about family planning in Togo. Women who married after their eighteenth birthday were 59 percent more likely than those who married before age 16 to discuss family planning with their partners; and were 53 percent more likely to have ever used a modern method. Also noted above, polygyny has in some settings been found to be independently associated with spousal communication (Hogan, Berhanu, and Hailemariam 1999) but not in others (Gage 1995).

In summary, while married girls have limited ability to negotiate contraceptive use, there may be some scope for addressing unmet need among this population; however, the influence of husbands and in-laws will be vital.

Maternal health

Miller and Lester (2003) examined the literature to assess young first-time mothers' special needs in relation to maternal health. There are substantial limitations in hard data (data on maternal mortality and morbidity are notoriously poor; many do not disaggregate by age and parity, and when they do in many cases low numbers in each stratum preclude identification of statistical significance). Despite limitations to the data, it is clear that first births are riskier than second and third births for women of any age. Some of the specific adverse outcomes associated with primiparity include pre-eclampsia/eclampsia, obstructed labour, and malaria (Miller and Lester 2003).

The role of age per se is less clear, with the exception of the youngest mothers (i.e., those younger than age 16) whose bodies may not yet be ready for childbearing (Miller and Lester 2003; Beverly Winikoff, commentary at WHO/UNFPA/Population Council Technical Consultation on Married Adolescents, 2003). While the relationship between young age and maternal mortality and morbidity is confounded by age/parity interactions, the relationship between young age and negative neonatal outcomes appears clearer. Babies born to young mothers (particularly those age 15 and under) are at increased risk of neonatal and infant death (Miller and Lester 2003). A Swedish study of 320,174 nulliparous women aged 13–24 found that, after controlling for education, the youngest adolescents (aged 13–15) had risks of neonatal (OR=2.7) and postneonatal (OR=2.6) mortality, and that risk for 16–17-year-olds was also

elevated, though less so (OR=1.4 neonatal and OR=2.0 postneonatal) (Olausson, Cnattingius, and Haglund 1999; see also Phipps and Sowers 2002 for information on a U.S. study).

Whether due to parity or age, adverse maternal and neonatal outcomes are of particular concern for married adolescents because they are often under pressure to begin childbearing. Indeed, an analysis conducted by Population Council researchers of DHS data from 51 countries concluded that the vast majority (90 percent) of first births before age 18 occur within marriage.¹⁷ In addition, 78 percent of births to married girls before the age of 18 are first births. In countries where early marriage is common, the majority of first births occur during adolescence (e.g., in Bangladesh, 74 percent of all first births occur during adolescence; in India, 54 percent; in Mali, 70 percent; and in Nigeria, 51 percent).

Miller and Lester (2003) note that social disadvantages interact with specific health vulnerabilities to frame married girls' maternal health risks. Among the health vulnerabilities they discuss are recent studies on pre-eclampsia, a leading cause of maternal death in many parts of the world, and one that occurs disproportionately among women during their first pregnancy. While stating that pre-eclampsia is a multifactorial disease with a probable genetic factor, they also discuss the immunogenic hypothesis, which suggests that primiparous women may be at greater risk for pre-eclampsia when they have a shorter duration (i.e., less than a year) of sexual cohabitation with/exposure to the sperm of their partner. This would have implications for the timing of first birth as well as contraceptive method selection. From this perspective, primiparous women may find hormonal contraceptive methods preferable to barrier methods. If born out, this would be a challenging finding in that it may run counter to infection prevention messages.

Anemia is a contributing factor to maternal death in the developing world. Levels of anemia have been found to be significantly higher among young pregnant women. Malnutrition and malaria are two of the main causes of anemia, and Miller and Lester (2003) propose mechanisms for addressing this via nutrition and malaria prevention programmes. The authors also examine obstructed labour and conclude that while young age itself may not be a direct cause of obstructed labour, it serves as a proxy for the immaturity of the pelvic bones, especially in settings where chronic malnutrition and early marriage are prevalent. They discuss the importance of the concept of low gynaecological age (the difference between age at menarche and chronological age) as an explanatory concept to mark biological and physical maturity.

Finally, Miller and Lester examine the problem of obstetric fistulas among first-time mothers. Prolonged labour can lead to the development of fistulas (holes) between the bladder and vagina or rectum and vagina in settings where access to care is limited. Evidence indicates that obstetric fistulas disproportionately affect young, poor, primiparous women. The authors propose such measures as raising awareness about the need for emergency obstetric care in cases of prolonged labour and creating waiting homes for young, first-time mothers in remote rural areas (Miller and Lester 2003).

¹⁷ Analysis was of data from 51 countries (comprising about 60 percent of the developing world's population) using the most recent DHS surveys.

Miller and Lester (2003) argue that the cognitive, developmental, and social disadvantages of adolescents may exacerbate the physical/biological risks of primiparity such as fistulas, obstructed labour, malaria, anemia, and pre-eclampsia. However, existing safe motherhood initiatives have tended not to consider different vulnerabilities among mothers, but rather to work from the premise that all pregnancies are at risk. The researchers argue that the evidence from an equity and rights perspective indicates that such an approach is unjust. Young, first-time mothers face increased vulnerabilities based on physical, emotional, mental, social, gender, and power differentials that should be met with a higher level of care. They cite Pittrof, Campbell, and Filippi (2002, cited in Miller and Lester 2003) who recently developed a new vision of maternity care that requires a minimum level of care for all and a higher level of care for those who are most vulnerable. Finally, Miller and Lester propose a package of social and health interventions that aim to address the modifiable risk factors that face married, young, first-time mothers.

HIV/AIDS

Bruce and Clark (2003) propose that it is time to give substantially greater attention to the role that early marriage plays in potentially exposing girls and young women to severe reproductive health risks, including HIV. They argue that girls married before the age of 18 face significant risks of HIV for two primary reasons.

First, crossing the threshold into marriage greatly intensifies sexual exposure via unprotected sex, which is often with an older partner who, by virtue of his age, has an elevated risk of being HIV-positive. In their analysis of DHS data from 31 countries, Bruce and Clark found that across the board the proportion of married girls who had sex last week was higher than the proportion of unmarried sexually active girls who did. Moreover, condoms were much less likely to be used in these encounters. On average across the 31 countries, 80 percent of unprotected sexual encounters among adolescent girls occurred within marriage. The desire to become pregnant substantially explains these dramatic differences in levels of unprotected sexual exposure. However, married adolescents who did not desire pregnancy were also significantly more likely to have had unprotected sex in the last week. Married adolescent girls are also likely to have older partners; indeed, the younger a bride is at the time of marriage the greater the age difference between her and her spouse. Not only are husbands, on average, older than boyfriends, they are also more likely to be infected. Clark (2004) calculates that in Kisumu, Kenya, 30 percent of male partners of married adolescent girls were infected with HIV, while only 11.5 percent of the partners of unmarried girls were HIV-positive. Similarly, in Ndola, Zambia, 31.6 percent of married girls' partners compared to 16.8 percent of unmarried girls' boyfriends were found to carry HIV.

The second reason relates to the social vulnerabilities described above. Bruce and Clark (2003) argue that girls married before age 18 face significant risk of acquiring HIV because marriage changes girls' support systems both inside and outside their households, often leaving them more isolated from external social and public support and in a lower social position within their new households. Married adolescent girls' relative isolation from information as well as their low status within the household limit their knowledge of HIV/AIDS and impinge on their ability to heed HIV messages. Moreover, Bruce and Clark argue that currently recommended strategies for protection and risk reduction—abstaining from sexual activity, reducing sexual frequency, using

a condom, and observing monogamous relations with an uninfected partner—do not (except in the case of the last idealised situation) offer a feasible choice for newly married girls/women under pressure to become pregnant and have sex with their more powerful husbands.

Bruce and Clark posit that in order to identify those HIV and reproductive health services that are most urgently needed for married adolescents and/or married women in general in a given setting, four pieces of analysis are necessary: estimating levels and distribution of HIV/AIDS in the current population; determining prevalence of early marriage for the entire country and for specific subpopulations; identifying whether marriage marks an abrupt transition in terms of increased HIV risk (by considering the ratio of unprotected sexual activity occurring within marriage and average age differences between wives aged 15–19 and their spouses); and assessing the availability and access to programmes and services for married women, particularly younger or newly married women.

CONCLUSION

While there is much that remains to be learned and understood, the nascent work we review here indicates that married girls experience significant social isolation and limited autonomy. Across the studies examined, on indicators of mobility, exposure to media, and social networks, married girls are consistently disadvantaged compared to their unmarried peers. Similarly, across studies, on most of the domains explored here (mobility, decisionmaking, control over economic resources, and possibly gender-based violence), married girls tend to be less empowered and more isolated than slightly older married females.

There may also be health issues associated with marriage during adolescence. Married girls are frequently at a disadvantage in terms of reproductive health information—particularly regarding STIs and HIV. First-time mothers, many of whom are adolescents, by virtue of their parity may have distinct maternal health needs and risks. And finally, early marriage potentially plays a role in exposing girls and young women to severe reproductive health risks, including HIV. Many of these elevated health risks may be largely, though not exclusively, derivative of their social vulnerability.

From a programmatic and policy perspective, a first objective is to delay age at marriage by fostering an environment supportive of later marriage and offering girls the resources and options they need to defer marriage. Key strategies include rights-based efforts to register marriages and to foster knowledge and enforcement of minimum-age-at-marriage laws. Governments also need to contend with social and religious caveats such as parental consent exemptions that allow for girls and boys to be married at ages below the legal minimum. Community-based efforts to change norms regarding the age at marriage, such as offering incentives for parents to delay their daughters' marriage to age 18, may also be feasible. The experience of community-based anti-female genital cutting efforts can be instructive, for this practice too has often been rationalised as being part of a culture. Another, complementary, set of strategies includes those that may contribute to delayed marriage through social or economic pathways such as increasing girls' educational opportunities, social connections, livelihoods options, and access to and control of resources.

Two examples from Bangladesh illustrate the potential impact of education and wage-earning on the timing of marriage:

- An innovative educational intervention offers evidence that parents are delaying the marriage of their 11–19-year-old daughters in response to a secondary-school scholarship programme. In this programme, monthly stipends are deposited into a girl's bank account if she attends secondary school 65 percent of the time that school is in session and if she maintains a passing grade-point average (Arends-Kuenning and Amin 2000).
- Research indicates that unmarried adolescent girls' participation in wage-earning factory work within the garment industry is delaying marriage. There is evidence that the average age at marriage has increased both among these girls and among nonworking girls who live in working girls' natal home communities (Amin et al. 1998).

A second objective is to support those girls already married by addressing the isolation and disempowerment that characterises their situation, as well as their health needs. Policymakers

and programme managers must promote a healthy and positive transition to marriage and motherhood that ensures the well-being of young mothers and their children. This entails, for example, expanding girls' skills, agency, social networks, command over resources, and negotiating power in relationships, as well as making accurate health information and vital reproductive health services more directly accessible to them. Specifically:

- Policies and programmes that facilitate engaged and married girls' return to or continuation in school are needed, yet there are very few—in fact, almost no—programmes that formally attempt to do this.
- Health strategies to delay first birth, support first-time mothers, and prevent transmission of HIV and other STIs can be combined or independently fielded. Promoting condom use within marriage may be more acceptable if it is couched in terms of protecting family health and girls' future fertility (Brady 2003). Tailoring antenatal, delivery, and postpartum services to the needs of young, first-time mothers could go a long way toward improving young brides'—and their children's—health, and may establish beneficial health-seeking behaviour, nutrition, infant feeding, and infant care “habits” that carry over into subsequent pregnancies.
- Married girls typically require the consent or accompaniment of their husband, a parent, or an in-law to travel to destinations beyond their neighbourhood or compound. Health and social programmes can address the limited mobility of married girls through socially acceptable activities that can get married girls out of their homes. Programme managers can also make stronger efforts to bring programmes and services to the girls themselves, for instance, via home visits or through local-level clinics.
- Increasingly media—radio, television, and billboards—are used to convey messages and diffuse new ideas. While these messages reach a relatively small number of married girls, they also reach a larger number of people who have significant influence over these girls' lives. Thus, while mass media may have limitations in terms of their ability to reach married girls, policymakers should consider crafting messages to reach parents, husbands, in-laws, and other gatekeepers of these girls.
- The limited number of and intensity of contact with friends mean that married girls typically are not being reached by programmes or by the new ideas that can flow via nonfamilial networks and peers. Interventions should make special efforts to create safe, nonfamilial, and empowering spaces for married girls to interact.

Programme examples—though few and far between—do exist. For instance, the First-Time Parents Project in India comprises three main components: information, augmented reproductive health services, and group formation. Information on a range of sexual and reproductive health issues, including birth spacing, safe delivery, postpartum care, and partner communication is provided to married girls and to their husbands via household visits. To increase girls' connection with nonfamilial peers and mentors, and their ability to act on their own behalf, recently married, pregnant, and postpartum girls are organised into groups that engage in a range of social and economic activities, depending on their self-identified needs and concerns (Santhya and Haberland 2003). In Nigeria, an effort of the Adolescent Health and Information Projects works primarily with married and divorced adolescents to train them in income-generation skills, as well as to provide them with information on health and human rights issues (Graft, Haberland, and Goldberg 2003). These examples of projects for married adolescents are founded on the belief that gender and economic disparities are important to remedy in their own right, and,

unless the social and economic disadvantages of married girls are addressed, they will not fully benefit from other interventions.

Membership in groups may have important benefits. For instance, studies in rural Bangladesh found that participation in credit programmes increased women's empowerment and reduced their likelihood of being beaten, and that some programmes were positively associated with contraceptive use (Hashemi, Schuler, and Riley 1996; Schuler and Hashemi 1994; Schuler et al. 1996; Steele, Amin, and Naved 2001). In her analysis of Togo DHS data, Gage (1995) estimated the predicted probabilities of ever using modern methods of contraception by how partners are chosen and by women's economic status. While she found little difference in the probability of ever using a modern method between women who did not work for cash and those who did, but had no investments, the probability of ever using modern contraceptives doubled for women who did cash work and participated in rotating credit or savings schemes. Whether participation in a group has similar effects on adolescent females' empowerment and reproductive health is worthy of further research.¹⁸

For both of these objectives—delaying marriage and supporting married girls—we need a mix of social, economic, and health interventions. Much of the language of adolescent policy emphasises the need to give adolescents information so they might “make better decisions.” Yet, the life-altering decisions to marry early, even illegally, and to whom, are not made by adolescents but by their mothers, fathers, or other senior members of the household. Evidence indicates that married girls may have less likelihood of getting accurate information or acting on it than their unmarried peers or married young women. The issues are thus not just information and services, but the profound gender and generational power disparities that define married girls' experiences. Addressing these will entail special attention to ameliorating married girls' social isolation and promoting their empowerment.

¹⁸ In a small study in Mali, membership in a tontine (a type of women's savings and credit group), and having nonfamilial or nonvillage residents make up a large proportion of a female's network, increased the likelihood of ever having used a contraceptive among younger women only (Madhavan, Adams, and Simon 2003).

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