Girls Not Brides: The Prevalence And Reproductive Outcomes Of Child Marriage In Sierra Leone

Abstract:

This article analyzes the relationship between child marriage and reproductive outcomes by regressing going through a caesarean section on people of different age groups and other demographic characteristics. This was facilitated by data from the Multiply indicator cluster survey 2017. The linear regression model indicated that girls who marry early have a higher probability of going through a caesarean section. However, those who are between the ages of 19-35 are less likely to go through caesarean but as the person grows older, there is a possible chance. There was also prevalence in various regions in Sierra Leone particularly the North which had the highest correlation. Moreover, education was a determining factor for C-section especially those with higher education and vocational background.

Introduction

Child marriage is a global problem and this practice affects a significant number of girls. According to UNICEF(2017), child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. Globally, over 700 million women alive currently were married as children(UNICEF, 2017). Child marriage is usually the result of gender inequality and research indicates that more girls are affected than boys (Nour, 2006). The prevalence of child marriage varies between countries and regions and the highest rates are reported in South Asia(39%) and Sub-Saharan Africa(23%) (Montazeri et al., 2016). In most developing countries, one in three girls is married by age 18 and one in nine by age 15 (Marphatia, Ambale & Reid, 2017). UNICEF(2017) indicates that the rates are usually higher in rural areas as compared to urban areas. These advent occurrences are linked to so many causes. It is reported that in many communities and societies, parents are pressured to marry off their daughters at a very young age in order to avoid them becoming sexually active before marriage which in turn can bring dishonor to the family and community. Parsons et al (2015) also argue that poor parents regard children particularly girls as economic burdens and see them as potential sources of dowry income or bride price. Many societies also believe that marriage has an influence on the status of a woman and parents worry that if the girl is not married off according to social expectations, she will not be able to marry at all. Child marriage can reduce a girl’s chances in life by often interfering with schooling, cutting girls off economic opportunities, exposing them to complications during childbirth and increasing their chances of HIV infections and domestic violence (Santhya & Jejeebhoy, 2007; Adedokun, Adeyemi & Dauda, 2016)

Sierra Leone is no exception when it comes to child marriage in Africa. According to the Demographic and Health Survey(2013), 13 percent of girls in Sierra Leone are married by their 15th birthday and 39 percent of girls before their 18th birthday. According to the World Health Organization (2013), teenage pregnancy is also a leading cause of death for mothers in Sierra Leone. Research indicates that the country’s maternal mortality rate is at 1,360 deaths per 100,000 live births (UNICEF, 2017). Most of these African countries with high rates of child

marriage have civil laws that prohibit child marriage with provisions on minimum marriage ages (Kaufman & Nandi, 2015). However, the situation partly persists due to strong traditional and religious practices which make it difficult to implement the laws (Bayisenge, 2010; Alhassan, 2013). Generally, when girls delay marriage, it brings about healthier families and higher levels of gender equality and in the long run results in stronger societies and economies. The study therefore seeks to investigate the relationship between child marriage and its reproductive outcomes in Sierra Leone by using data from the multiple indicator cluster survey 2017.

Literature Review

Based on the numerous efforts being made by communities and social actors to mitigate the gender inequality gap, there is existing literature to explain the prevalence of child marriage and its consequences on girls. These literatures also corroborate the extent to which child marriage can create gender inequality in many societies. Sekine & Hodgkin (2017) studied the effects of child marriage on girls' school dropout rates in Nepal and their results indicated that most girls around the ages of 15-17 in Nepal are 10 times more likely to drop out of school due to early marriage. They also demonstrated that household heads who did not attend primary school or higher are likely to support the early marriage of their children. An earlier analysis of DHS data from sub-Saharan Africa (Lloyd & Mensch, 2008) supported this claim but explained that sometimes child marriage may not influence an individual to drop out but rather the resultant pregnancy. Alewu (2008) posits that in few cases, their husbands also disapprove their school attendance.

By studying the economic impacts of child marriage, Parsons et al (2015) found that Girls who marry early have no power when it comes to decision making. Also, they are inclined to lower labor force participation and income and have less control over household properties. They also indicated that such girls are likely to experience poorer overall health and nutrition with their children. Girls who give birth early have more risky and complicated births and tend to have less healthy children than their peers who marry later. Alemu (2008) asserts that one of the most common complications during such births is obstetric fistula which is the perforation of the bladder or bowel as a result of protracted labour. A cross-sectional study by De Groot, Kuunyem & Palermo (2018) on child marriage outcomes in Northern Ghana also indicate that some of these complications may lead to child mortality especially for first-born children. Irani & Latifnejad Roudsari (2019) in a recent study also found an association between early marriage and delivery of children with low-birth-weight, fetal mortality and preterm delivery.

Alemu (2008) did a quantitative research on the causes and health consequences of child marriage in Ethiopia. Based on the findings, there is evidence to show that the basic purpose for early marriage is to maintain the family’s good name and social standing. He indicated that for most men, a daughter’s success rests in her ability of good marriage. For other families, the desire to get ‘macha’(money paid to the girl’s family) is an enticement. The study demonstrated that parents were found to have chosen the husbands in 85% of the cases and to have arranged the marriage in 88% of the cases. Over 60% of the women stated that they had no idea about the wedding decisions and 72% were not asked for their consent whiles 75% did not know the groom before the wedding. There was a similar finding by Roast (2016) who studied Child marriage and early child-bearing in India. The results indicated that about 47 percent of girls in his sample had not seen their potential husbands before the day of their wedding. In effect, they had very little influence in spousal selection.

Naveed and Butt (2015) studied the causes and consequences of child marriage in South Asia but focused mainly on Pakistan. They found that the Pakistani society is particular about traditions and customs. Most of the traditions are keen on child marriages especially of females even without their knowledge. The belief of ‘honour’ (izzat) seems to be the most significant influence for child marriage. The study also indicated that most girls may face physical pain during sex because physiologically their sexual organs are immature. Also, girls were seen to be disposed to contracting HIV since the vagina may not be well lined with protective cells and the cervix may be penetrated easily. According to (UNFPA, 2013) young brides are usually incapable of negotiating safe sex with their husbands

Braimah (2014) studied Child marriage in Northern Nigeria and found that a basic factor influencing child marriage in the region is the wide spread poverty. A similar research by Tembo (2017) in Malawi, Mzimba indicated that poverty is a main driver of child marriage and in cases were parents have some resources, they concentrate it on their male children because they regard them as more economically valuable.

Koski (2016) studied Child Marriage in Sub-Saharan Africa and found that girls who married at a young age are at twice as much risk as those who married later as adults in terms of experiencing severe violence such as being attacked with weapons, choked or burnt. Botha (2009) had the same results in a similar research but explained that the level of violence is even greater when the age margin between the husband and the girl is very large. In most cases, such violent attacks can lead to the death of the girl and even when there are opportunities, girls are not able to report their husbands.

Kamal (2012) studied the effects of child marriage on various reproductive behaviors in Bangladesh and indicated that those girls in the rural areas are more likely to be married off by their parents at an early age as compared to those in the urban areas. Naveed and Butt (2015) even posit that among the respondent in their study in Pakistan, about 27% of marriages in urban areas and 19% in rural areas had ended in divorce or separation. However, the tendency of being married off at very young age was 52% and 59% less among the non-Muslim women than their Muslim peers.

Radical feminist theory and hypothesis

The radical feminist theory is a basic perspective within the idea of feminism and can be traced back to the rise of the second wave of feminism in the early 1960’s (Willis, 1984). Most researchers trace the development of the theory to Shulamith Firestone, Kathie Sarachild, Ti-Grace Atkinson, Carol Hanisch and Judith Brown. The theory generally analyzes the structures of power that oppress females. It views society as fundamentally patriarchal therefore men dominate and oppress women. The theory explains that male power is constructed and maintained through institutional (marriage, politics, religion etc.) and cultural practices that aim to support male superiority and these structures create inequality in society. Radical feminists believe that eradicating such structures or social norms will free women from such inequalities and create a fair society.

The theoretical approach in this research is derived from the work of Claudia Card “Against marriage and motherhood”. Card (1996) asserts that the institution of marriage “in the history of modern patriarchies has been mandatory and oppressive to women” and it is a way to

continuously oppress women in society. Most radical feminists believe that the marriage institution is “dangerous to women” due to the fact that it leads to the loss of the woman’s identity . Card (1996) proclaims that marriage perpetuates male dominance and the act is immoral because it is a social institution that never creates equality. Radical feminists avow that male-dominance in the marriage institution is one of its weaknesses hence making it a “risky practice” (Garcia-Rodrigo, 2008). There is a notion that most women who marry become housewives, provide men with emotional support, satisfy their sexual needs and bear children for them. The feminist theory explains that one of the risks that could be derived from childbearing is complications during childbirth especially for girls who marry early in certain societies. Therefore, the hypothesis (H1) is that women who marry early will face complications during child birth, by giving more credence to caesarean sections.

Method

The data used for the study was selected from the Multiple Cluster Indicator survey (MICS) 2017. This data was collected by Statistics Sierra Leone (SSL) using the probability sampling technique specifically simple random sampling and a sample was selected from the population for the purpose of the research. This was facilitated by using self-administered questionnaires for individual women between the ages of 15-49. The sample for the Sierra Leone 2017 Multiple Indicator Cluster Survey (MICS) was designed to provide estimates for a large number of indicators on the situation of children and women at the national level, for urban and rural areas, four regions of the country (Eastern Province, Northern Province, Southern Province and Western Area) and for the 14 districts of the country: (1) Kailahun, (2) Kenema; (3) Kono; (4) Bombali; (5) Kambia; (6) Koinadugu; (7) Port Loko; (8) Tonkolili; (9) Bo; (10) Bonthe; (11) Moyamba; (12) Pujehun; (13) Western Rural; and (14) Western Urban.

Based on the research question, a simple linear regression model was used to check if there is a relationship between child marriage and reproductive outcomes of girls and the statistical package that was used is “R”. For the hypothesis (H1), respondents were asked to report if they went through a caesarian section during childbirth by responding “yes” or “no” to the questionnaire. The dependent variable that was taken was caesarean section which was operationalized as whether a girl’s belly was cut during child birth. The independent variable in this case was age and it was categorized and recoded into three parts; 15-18 , 19-35 and 36-49. The reason was to check if there was a huge variation between age groups or age did not really matter. Other control variables that were used were region, educational level, childbirth and marital status. Marital status was recoded into a binary code;1 for married and 0 for single. Other demographic characteristics that were found valuable for the model were income, family wealth and religious affiliation but such information were not available in the questionnaire..

Results

(Table 1) indicates that young girls have a probability of going through a caesarean section. Even though it was used as the baseline to explain the variation, the results were significant as indicated from the intercept. However, an increase in age will decrease caesarean section between adults age 19-35. Also, as an individual gets older above 35 years, the person is likely to undergo a caesarean section. Caesarean decreases among married people especially those who are older but it is likely to be prevalent in young women. Having a caesarean section was

also significant for people from specific regions in Sierra Leone especially those from the North and the West. Childbirth may also be a clear indication for caesarean which is quite obvious and decisions for such sections are significant for those who are more educated.

Discussion/Conclusion

The issue of child marriage has been a problem leading to early child births and subsequent complications during delivery. According to UNDP (2012), Sierra Leone is among the countries with high rates of maternal mortality rates globally. There is evidence that one in eight girls in the country dies as a result of complications during conception and childbirth. Most young girls whose bodies are not mature enough are at a risk of dying during delivery. In most cases, doctors try to help these young girls by taking them through surgical procedures. One of the widely used procedures is the caesarean section. The paper shows that girls who marry early have a higher probability of going through a caesarean section by calculating baseline estimates and this is significant for girls from different parts of Sierra Leone. However, there is also significance for older women above the age of 35 years. Collin, Marshall and Filippi, (2006) posit that the probability of a young or an old woman to go through a caesarean section is associated with fertility and multiparous women (desire to give birth to more children). Yoshioka-Maeda et al (2016) found that women who gave birth for the first time around age 35 or older are also at a higher risk of caesarean especially elective caesarean and emergency antepartum caesarean. According to Peipert & Bracken (1993), most children go through caesarean section because decisions are usually taken unilaterally by doctors who know what they think is good for them as compared to older women who can consent to such procedures. Yaya, Uthman, Amouzou, & Bishwajit (2018) also have evidence to show that women aged 35–49 have an increased probability of going through C-section because some of these women have knowledge about the procedure or have given birth before. According to Stoll(2017), it may not be just the knowledge in most cases but the fear of irrepressible labor pain and fear of physical damage especially among people giving birth for the first time. It is quite interesting that the results were positive for girls from the northern part of Sierra Leone because Unicef (2017) indicates that child marriage is very common in areas like Port loko and Tonkolili which are all part of the northern region of Sierra Leone. Rød & Vestby (2013) assert that many adults may not have gone through the caesarean section because most parts of Sierra Leone like towns and villages did not have so many health care facilities so most of the earlier cohorts went through some form of home delivery. Education did not explain so much in the model but there were significance for those of higher education and vocation. This may be associated to knowledge about such procedures. Marriage explained much of the variation in a sense that those who mary at an older age are less likely to go through a caesarean section as compared to younger girls because the correlation was inverse.

Conclusion

This paper explored the prevalence of child marriage and its reproductive outcomes in Sierra Leone by using different age categories as predictors for undergoing a caesarean section and controlling for marital status, region, education and childbirth. The model was able to prove the hypothesis (H1) that children who give birth at a young age are likely to face complications. However, there is also insight into the fact that, as women become adults, fertility increases and they are able to give birth freely but as they get older(>35) their bodies are likely to start changing and this may increase their odds of going through a C-section. Additionally, regional

significance was observed for people who lived in certain parts of Sierra Leone especially the northern and southern parts. It was rather surprising that educated women were open to going through surgical procedures during childbirth.

Limitations of the study

The first limitation of the study is that there were more people age 19-35 and 36-49 than those 15-18 hence responses were not proportional. Secondly, most girls did not respond accurately to the questionnaire so there were some inconsistencies in responses. Also, some variables had factor levels that were not significant for the study so such levels like “no response” were deleted especially for marital status even though they were coded in the questionnaire with values. The data size was also reduced in order to have better results and response rates. Additionally, the study wanted to incorporate variables such as income, religion and individual family wealth into modelling the regression but the questionnaire for the women data did not have such variables. Also, residence such as urban/rural was incorporated into the model but it was colinear with region and was insignificant so it was taken out of the model. Lastly, there is a strong query that people age 15-18 were used as a baseline category.

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