

Delayed Marriage and Abstinence-until-Marriage: On a Collision Course?

By Susan A. Cohen

Early marriage can be life-threatening to young women in developing countries. A new bride, often coerced by her family into marrying an older man, may be at higher risk of contracting HIV than if she had remained single. Even if she is not physically or emotionally ready, she generally is expected to bear children right away. If she survives the physical tolls of childbirth, a young mother's life prospects often remain dim—as do those of her children, should they survive. Yet, many women perpetuate the cycle of early marriage with their own daughters for lack of better options.

Grinding poverty, traditional sexual mores, the low social status of women and lack of education all contribute to the practice of early marriage; early marriage, in turn, reinforces these conditions. Not surprisingly, then, researchers and policymakers in fields ranging from education to health to economic development are calling for a global campaign to delay the age at which women marry and to ensure that when women do marry, they do so of their own free will. The social transition to later marriage, however, is unlikely to be pain-free either for parents or for governments, since delayed marriage, by definition, means prolonged exposure at least to the possibility of premarital sex and its consequences.

Marriage as a Risk Factor

Most societies and cultures view marriage as a normal and expected rite of passage—an inherent good associated with safety for all involved.

Indeed, in the United States, research indicates that marriage—although for reasons not entirely understood—does seem to bring with it a range of benefits for individuals, couples and, especially, children. The Center for Law and Social Policy (CLASP) reports, for example, that children who grow up in a low-conflict household with married biological parents, when compared with children who grow up in other types of households, are usually healthier, more likely to achieve high education levels and less likely to become parents themselves while still teenagers.

There are limits, however, to what problems marriage can solve. In fact, too-early marriage, as CLASP also has reported, carries its own risks. Teen marriages are highly unstable, and teen mothers who marry are likely to have a second child very quickly, which in turn often means the end of formal schooling. All of these factors combine to lead to lower economic prospects for women who marry as teens.

Moreover, in terms of reproductive health, marriage by itself does not shield women from the possibility of experiencing an unintended pregnancy and having to make a decision between having an abortion or an unplanned birth—or even from contacting a sexually transmitted infection (STI). Any of these events can destabilize a relationship, perhaps fatally (“Marriage Is No Immunity from Problems with Planning Pregnancies,” *TGR*, May 2003, page 10).

The protections afforded by marriage in the United States may be

limited, but in the developing world, marriage itself sometimes can operate as a significant reproductive health risk factor. There, unplanned pregnancies, whether clandestinely aborted or carried to term, often lead to complications that cause death or serious disability. Unprotected sex with a husband who is not monogamous increases a woman's likelihood of being exposed to HIV or to other STIs that increase susceptibility to HIV or that can cause infertility.

Indeed, married women in the world's poorest countries often possess less power than do unmarried women to negotiate if and under what conditions to have sex—and whether and what kind of contraceptive or disease prevention method to use. Marriage—particularly a forced marriage—between an older man and a woman still in her teens may exacerbate the situation, increasing the inherent power imbalance with severe negative consequences for the young woman.

Young Brides in Poor Countries

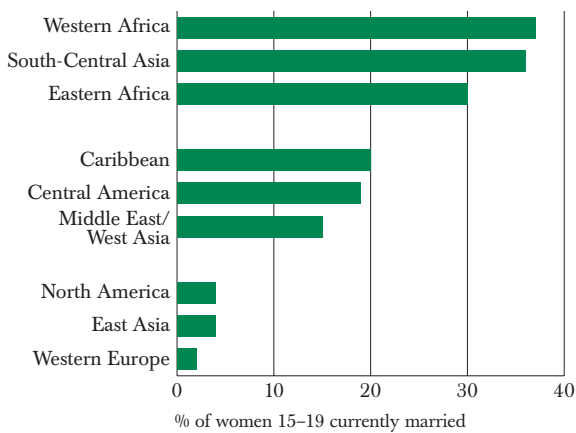
Although uncommon in most developed countries, early marriage is still prevalent—and much of it still arranged—in developing countries around the world. According to the International Center for Research on Women's (ICRW) 2003 report, *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls*, the practice is highest, overall, in west Africa and in south and central Asia (see chart, page 2). Although rates vary considerably from country to country, in Bangladesh, Cameroon, Mali, Mozambique, Nicaragua and Uganda, more than half of today's 20–24-year-old women married before turning 18.

Causes

The ICRW report identifies two main historical reasons for early marriage in developing countries. First, marrying off a daughter early ensures

MARRIED TEENS

Early marriage is still common in much of the world, especially in Sub-Saharan Africa and South-Central Asia.



Source: ICRW, 2003; data from Population Reference Bureau (PRB), *The World's Youth 2000*, Washington, DC: PRB, 2000.

continuation of the family lineage in cultures where mortality rates, especially maternal and infant mortality rates, are high. Marrying a young woman “at or near puberty,” ICRW says, “has been important for maximizing fertility in socially sanctioned unions.” Second, early marriage “secur[es] critical social, economic, and political alliances for the family, clan, or lineage.”

Poverty only exacerbates and perpetuates this vicious cycle. In countries ranging from Ethiopia to India to Malaysia, for example, parents view daughters as an economic burden that can be eased by marrying them off. Dowries create additional incentives for parents to arrange for early marriages for their daughters. In Bangladesh, for example, the price of the dowry increases with the age of the young woman.

And, of course, persistent gender discrimination plays a critical role. With little or no right to self-determination, the fact remains that young women in poor countries have few options. “Getting married and bearing children,” notes ICRW, “are often the only means for young girls

to secure identity and status in families and as adults in society,” even if limited.

Consequences

Just as women’s low status explains why early and arranged marriage persists, early and arranged marriage perpetuates the low status of women. At the individual level, early marriage disrupts schooling and limits economic opportunity; this significantly impedes overall development at the country level. Moreover, in poor countries with limited access to health services and information, women who marry very young are more likely to experience more, and more serious, health problems.

Young brides with older husbands are highly vulnerable to sexual violence and coercion—and to contracting HIV or other STIs—because they lack individual autonomy and power, as well as information, education and access to services. A woman in this circumstance cannot insist on either abstinence or condom use. Even if she is monogamous, her partner may not be. “Young married girls are more likely to be HIV-positive than their unmarried peers because they have sex more often, use condoms less often, are unable to refuse sex, and have partners who are more likely to be HIV-positive,” concludes the ICRW report, citing research from Kenya and Zambia. Indeed, United Nations Secretary General Kofi Annan used the occasion of International Women’s Day earlier this year to point out that because of the prevalence of early marriage and sexual violence, the widely hailed ABC approach to HIV prevention—abstinence, be faithful and use condoms—may be neither enough nor even the most important set of HIV prevention interventions for many women.

Early pregnancy and motherhood also pose serious health risks for young women. Early motherhood

almost always follows early marriage, since producing children is still a primary purpose of marriage in many developing countries and a measure of a woman’s worth. When the bride is not fully developed physiologically, however, pregnancy and childbearing often lead to death or serious disability. In its recently released report, *Children Having Children: State of the World’s Mothers 2004*, Save the Children puts it this way: “When significant percentages of girls are becoming pregnant very young—and as a result are losing their babies, losing their lives, or living with painful disabilities—the destabilizing effect on society as a whole is profound.”

In this year’s report, Save the Children ranks 50 developing countries where early motherhood is most common and risky. Notably, early marriage is a key determinant of “early motherhood risk.” The report concludes that young women and their children are faring poorly in all 50 countries, the most perilous countries, with the exception of Afghanistan, being in Sub-Saharan Africa (see table). The report also identifies Sweden, Denmark and Finland at the top of another list of countries where mothers do best, followed by Austria, the Netherlands, Norway, Australia, Canada, United Kingdom and United States.

Culture Clash

Analysts and policymakers increasingly acknowledge the negative impacts of early marriage in developing countries, including how it limits women’s opportunities for education and skills development. At the same time, there is growing recognition that increasing women’s empowerment and status are central to economic and social development at both the community and country levels. Toward that end, many countries and international agreements have settled on 18 as the desired minimum legal age for marriage—

and, in fact, early marriage already is less common in many parts of the developing world than it was even a decade ago.

Making the societal transition to later marriage likely will remain difficult in many developing-country settings, however, since delaying marriage necessarily extends the period of time during which young people are likely to have sex before marriage. Indeed, the ICRW report cites the “value of virginity and fears about pre-marital sexual activity” as a significant motivator for the practice of early marriage. “Once a girl has menstruated, fears of potential pre-marital sexual activity and pregnancy become the major concern among family members who are accountable for ‘protecting’ her sexuality,” says the report. “Thus, the timing of a girl’s first menstruation is associated with the first steps toward marriage in many settings.”

The inherent tension between later marriage, on the one hand, and the traditional value placed on premarital abstinence, on the other, is

played out, in part, as developing countries confront fundamental questions around what kind of information and services related to sexuality and reproduction they want their young people to receive. Countries in the developed world that have been through a societal transition to later marriage and have addressed its sexual and reproductive health challenges in different ways provide sharply contrasting models to consider.

By and large, the countries of western and, especially, northern Europe—where teenage marriage has been relatively uncommon for over a century—are accepting of the notion that young people will begin to have sex in their teenage years, and certainly before marriage. Rather than trying to stop it, these countries through their social institutions emphasize the provision of sex education and health care services aimed at equipping young people to avoid the negative consequences of sex. Contraceptive use is encouraged and expected. In these countries, rates of teenage pregnancy and childbirth are low, as are teenage abortion rates, although abortion services are also widely available. STI rates among teens are low as well.

The United States has a considerably different demographic and cultural history. Here, the transition to later marriage did not begin until the second half of the last century. When change came, however, it occurred rapidly. By 1996, the proportion of teenage women who had ever been married dropped from 17% (in 1950) to 3%; the median age at first marriage for all women had risen from a low of 20.1 in 1956 to 25.3 in 2002. In contrast to the countries of western and northern Europe, however, the United States is characterized by a high degree of ambivalence about sex in general, and about teenage and premarital sex in particular. Both teenage and premarital sex are

widespread and have been so for many years, but most U.S. social and political institutions have resisted coming to terms with this fact. Comparative analyses suggests that this fundamental ambivalence about young people and sex helps explain why the United States may have caught up with western Europe in terms of delayed age of marriage but lags far behind on key reproductive health indicators such as rates of teenage pregnancy, abortion, childbirth and STIs.

Social conservatives in Congress and the Bush administration seem intent on resolving this ambivalence and reconciling what they consider to be a mixed societal message by promoting only one message: abstinence until marriage. Moreover, even though there is still no evidence on the domestic front that programs that promote only abstinence and either withhold or distort information about contraception and condoms are effective in delaying sex until marriage, they are bent on exporting their ideology overseas.

Beginning in 2006, one-third of all U.S. global AIDS prevention funds must support “abstinence until marriage” programs. Whether these programs actually will reinforce the practice of early marriage in developing countries remains to be seen. At a minimum, they may work against the willingness of these countries and their institutions to come to terms with the fact that premarital sex, at least to some extent, is the inevitable trade-off for all of the benefits of delayed marriage—both for individuals and for societies as a whole. That willingness may be understandably difficult to achieve, but it also may be necessary if young people are to be protected against sexual and reproductive health outcomes ranging from unplanned pregnancy to HIV infection that in developing countries may be not just life-altering but deadly. ☹

COUNTRIES WHERE EARLY MOTHERHOOD IS HIGH RISK

RISK RANKING (HIGH TO LOW)	COUNTRY	% OF WOMEN 15–19 EVER MARRIED
1	NIGER	62
2	LIBERIA	36
2	MALI	50
4	CHAD	49
5	AFGHANISTAN	54
5	UGANDA	50
7	MALAWI	44
44	BRAZIL	17
44	MEXICO	16
44	NAMIBIA	8
44	PARAGUAY	17
48	EGYPT	16
48	INDONESIA	18
48	MOROCCO	11

Notes: Top and bottom seven countries shown, of 50 countries ranked for high-risk early motherhood. Early marriage is one of three measures combined to assess overall risk.