Childhood marriage: a challenge to achieve SDGs in Nepal

Abstract

Despite of the continuous campaign by united Nation and other international agencies, the childhood marriage in developing countries still remains high. However, the pattern and paradigm is shifting toward parents to their children autonomy. Nepal being the culturally diverse country, prevalence of child marriage differs widely within the country among different regions, castes, and ethnic groups. Child marriage is mostly prevalent among highly deprived and disadvantaged group of people especially the poor, illiterate indigenous ethnic groups and the Dalits, so called lower castes. Child marriage has numerous adverse effects not only on the overall wellbeing of children who are mentally, psychologically, emotionally and physical unfit for married life but also in the family, community and the country as a whole as one of the major hindrances in its developmental process. To achieve the SDGs in Nepal, it requires substantial up-scaling of effects among all stakeholders but childhood marriage is expected to be the root cause that hinders in achieving the SDGs target set by the government. So, it is the urgent need of the present time to discuss critically about the traditionally root and culturally bonded cycle of childhood marriage and concentrate our efforts to uproot it form the society.

Keywords: childhood marriage, health consequences, sustainable development goals, nepal

Abbreviations: SDGs, sustainable development goals; NDHS, national demographic health Survey; NPC, national planning commission

Background

Child marriage is worst form of gender based violence and is still global headache especially in South East Asia and African region. Since 1948, the United Nations and other international agencies have attempted to stop child marriage but its prevalence in developing countries is still noticeably high. Recent studies reveal a high percentage of girls in Ethiopia (25%), Uganda (42%), and Mali (45%) have given birth by the age of 18 compared with only 1% in Germany, 2% in France, and 10% in the United State. Despite the rise in socio-economic and political wellbeing in Nepal over 25 years, the pace of change towards reducing childhood marriage is very low. Although, Government of Nepal has endorsed law and signed many international conventions to overcome this problem but due to weak enforcement of law and low level of people’s awareness, still much remains to be done in this issue. According to Nepalese law, a person must be at least 20 yrs of age to get married but National Demography Health Survey (NDHS) 2011 shows that 28.8% of women and 6.9% men aged 15-19 were married and 11.4% of population married below the age of Fourteen. A recent study by UNICEF reports that 60% of Nepalese women were married by the time they reached 18 yrs. Surprising matter for Nepal is that, before the time parents were gate keeper for their child marriage and main agent for early childhood marriage but the pattern and paradigm is shifting now. Parents are delaying marriage of their child but children themselves adopting the child marriage in the name of “Love Marriage”.

Why child marriage still in nepal?

The cause of child marriage is complex and takes place with the diverse cultural context. However, the common themes uniting the varying traditions are sex inequality and pervasive violence, discrimination against women and girls. Nepal is culturally diverse country and prevalence of child marriage differs among regions, castes, and ethnic groups. Child marriage is mostly prevalent among poor, illiterate indigenous ethnic group and Dalits which are highly deprived and disadvantage groups in Nepal. The poverty is the principal driver in child marriage. Nepalese girls are seen as economic burden in some community of the country. Social norms and values are the leading cause of child marriage in Nepal. Dowry system is also the pivotal factor for child marriage in Terai region of Nepal. A common belief in Nepalese community is that child marriage protects girls from promiscuity and, therefore, from disease but the reality is quite different. Marriage by age of 20 has become a risk factor for HIV infection for young and adolescent girls. Nepalese families that do not have enough food to eat are more likely to marry their daughters at a young age to ensure their security and decrease the financial burden. One study shows that 91% of people who were food secure married over the age of nigh teen.

Consequences of child marriage

Child marriage has numerous adverse effects on the overall wellbeing of children who are mentally, psychologically, emotionally and physical unfit for married life. Early marriage has lead to suicide among adolescent girls and is leading cause of death of women in reproductive age in Nepal. Various reports shows girls who marry in young suffer more from pregnancy related complication, uterine prolapsed, increased tendency of infant and maternal mortality,
malnutrition of mother and children as well as psychological problem including depression, violent marital relation and suicide. Obstructed labor is the prominent results in girls with early marriage because of the too small pelvis size to deliver a fetus. Adolescent mothers have a 35%-55% higher risk than older women for delivering infants who are preterm and of low birth weight. Polygamous relationship is becoming more common in Nepal because of marriage in adolescent age, so that when they mature they want younger looking wife which his first wife may not necessarily have. As these girls assume their new roles as wives and mothers, they also inherit the primary job of domestic worker. As a result, these young girls would have high total fertility rates. They have been missing the opportunities to enjoy their childhood: to play, develop friendships, bond, become educated, and build social, vocational and major life skills. One fundamental difficulty with child marriage is that girls are financially dependent on their husbands and therefore losing the decisive power over their own body and the family. They cannot ask their husbands to get an HIV test; they cannot abstain from intercourse or demand of condom use. The attainment of SDGs requires substantial up-scaling of effects. The progress made on attaining the MDGs is impressive despite the destructive politics, 20 years of collective effort and leaders in sub national and local levels. Nepal has achieved sufficient progress in most of the MDGs targets but to reach the destination of SDGs child marriage should be the prime concern of stakeholders to be addressed. The target of reducing maternal mortality is in track, adult female literacy rate had tripled in last 21 years, the gender gap in school enrolments has narrowed over the years, and under-five mortality rate and infant mortality rate have declined from 162 and 108 in 1990 to 38 and 33 in 2014 respectively. Similarly, maternal mortality decreased from 850 in 1990 to 258 in 2015. But the neonatal mortality rate is stagnant since 2006; the early childhood marriage is one of the major reasons for not being able to reduce the neonatal deaths because of pregnancy related complications, physical and psychological immaturity as well as improper child careering practices and social taboos. The access related complications, physical and psychological immaturity as well as improper child careering practices and social taboos. The access 10000 live births, achieving gender equality and empowering girls and women are still challenges to Nepal due to early child marriage.

Is child marriage is challenge to achieve SDG in Nepal?

Nepal’s efforts for successful implementation of millennium Development Goals(MDGs) allow open new avenues for the implementation of SDGs planned for 2016-2030. The progress made on attaining the MDGs is impressive despite the destructive politics, 20 years of collective effort and leaders in sub national and local levels. Nepal has achieved sufficient progress in most of the MDGs targets but to reach the destination of SDGs child marriage should be the prime concern of stakeholders to be addressed. The target of reducing maternal mortality is in track, adult female literacy rate had tripled in last 21 years, the gender gap in school enrolments has narrowed over the years, and under-five mortality rate and infant mortality rate have declined from 162 and 108 in 1990 to 38 and 33 in 2014 respectively. Similarly, maternal mortality decreased from 850 in 1990 to 258 in 2015. But the neonatal mortality rate is stagnant since 2006; the early childhood marriage is one of the major reasons for not being able to reduce the neonatal deaths because of pregnancy related complications, physical and psychological immaturity as well as improper child careering practices and social taboos. The access to the quality reproductive health care services, male dominance and lack of decisive power among females are also the other causes behind this.

The attainment of SDGs requires substantial up-scaling of effects. The elimination of child, early and forced marriage is now part of the Sustainable Development Goals under Target 5-achieving gender equality and empowering all women and girls. The health sector challenges are more pronounced for reducing Maternal Mortality Rate, and ensuring universal reproductive health care services. Most of the SDG targets are conveniently related to women’s issue. Among them, SDGs 2,3,5 and 16 are directly related to the health issue of women. Reducing the prevalence of anemia among women of reproductive age to less than 1%, reducing maternal mortality ratio to less than 70 per 100000 live births, achieving gender equality and empowering girls and women are still challenges to Nepal due to early child marriage.

Conclusion

Eradication campaign of child marriage should be established as a crosscutting issue and mainstreamed in to all development works. It should be important agenda for any development initiative. Unless people are made aware of devastating multiple and prolonged effects of child marriage, they will not strive to eliminate it from society. People are also sensitized of human rights so that they are aware of their own rights and right of children. Social marketing campaigns in the community level with full community participation especially the targeted interventions among the high risk groups and door-to-door lessons through mobilization of peer educators about legal and health implications of early marriage would be helpful. The coordination and collaboration of different stakeholders and organizations from community to national level, commitments and efforts from the political leaders, government and non-government sectors, CBOs, community leaders, civic society and volunteer groups are essential to end the evil of child marriage in Nepal.

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Conflict of interest

The author declares no conflict of interest.

References