



Socio-Cultural Determinants of Child Marriages and Teenage Pregnancies among Adolescent Girls and Young Women: A Case Study of District Sanghar and Karachi

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Key Words

Adolescents, Child Marriage, Reproductive Health, Teenage Pregnancy

Abstract *Child marriages and early age pregnancy are an alarming issue among adolescent girls and young females in South Asian region. This research was carried out to understand the knowledge, attitude, and practices towards child marriages and early age pregnancies. For this purpose an exploratory research design was employed and data was gathered through using qualitative and quantitative research techniques. The research found that the respondents were lacking authentic knowledge about sexual and reproductive health rights. Most of the respondents were having access to public and private health service providers and this channel can be a source for the quality information about sexual and reproduce health and rights. An integrated approach through combing all the channels and stakeholders of the society can be vital for the desired social change to counter child marriages and early age pregnancies.*

Introduction

The statistics regarding child marriage reveals that more than 700 million women across the world were married before their 18th birthday and every third married woman got into the marital union before the age of 15. It makes total of 250 million (UNICEF 2014) who were married before their 15th birthday. However, South Asia stood at the top with highest child marriage rate. It is estimated that 42% of all married women (age group 20-24) reported they married below the age of 18 (UNICEF 2014). Child marriage is a violation of human rights. The early marriages restrict physical development and even results early age pregnancies (Ferdous and Zeba 2019) which cause socio-psychological, physical and biological

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challenges particularly among adolescent girls and young women. To counter such challenges a global campaign has been executed to end child marriages. In this context, a network of the 1000 civil society has been formed with the title “Girls Not Brides”. Similarly, Sustainable Development Goals 2015 also showed commitment to eliminate harmful practices of early child marriages and forced marriage which is a universal reflection and commitment to address the issue of gender equality (Schaffnit, Urassa and Lawson 2019).

Although Pakistan is not in the list of top 10 countries where child marriages are prevailing at a high rate (UNICEF 2014). However, prevailing socio-cultural practices, male dominance, patriarchy, demography, and weak structural mechanism can create a vulnerable situation for the adolescent and young women for early marriages and subsequent early pregnancies. At the moment Pakistan’s population pyramid consists a significant proportion of children, young males, and females (Naveed & Butt, 2015). If this pyramid of population is not tackled properly then it may raise a significant rate of child marriages and early age pregnancies. Apart from this when we look at the moral responsibility of the Government of Pakistan, it is evident that Pakistan is signatory and ratified all the concerned treaties which safeguard the rights of children and women (Naveed and Butt, 2015). When we move our focus of attention from global to national level, then we can state that Pakistan is among the countries where Child Marriage Restraint Act in - Punjab and Sindh provinces of - Pakistan has been existing. Indeed, these are an advancement to prevent child marriages in the concerned territory. These acts, one side is a reflection to understand the severity of the issue i.e. child marriage, another side is evidence of political activism against such social evils&.

Various studies showed different reasons behind child marriages like socio-cultural-economic and religious practices (Ferdous & Zeba 2019) illiteracy, gender discrimination, poverty and shifting of economic burden, notion of honor and maintain power control (Naveed and Butt 2015). So, it is interesting to know what is understanding of the adolescent girls and young women about the early marriage, pregnancies, bodily changes, and prevailing socio-cultural practices and what can be suggested to safeguard the adolescent girls and women from the prevailing vulnerability in Pakistan.

Objectives of the study

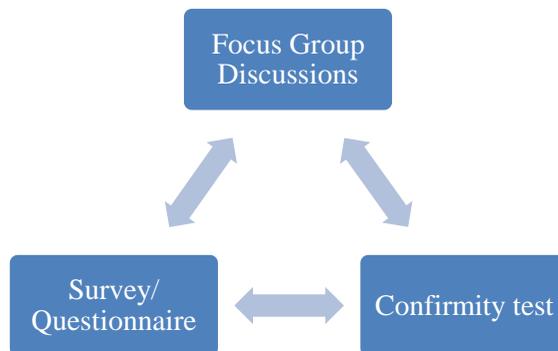
1. To explore the knowledge, attitude, and practices of girls in adolescent age and young women about child marriages and early age pregnancies
2. To understand the situation of (sexual and reproductive) health-seeking behavior among adolescent girls and young women
3. To explore the understanding of the bodily changes during adolescent period and source of information

Methodology

This research study is based on the exploration research design and adopted a mix method approach to meet the objectives of the research. This research was design in a way to contribute not only in terms of academic knowledge but also share the information which may useful for the possible intervention concerning to question normative practices that promote child marriages and early pregnancies. Similarly, this research has been designed to point out the structural gaps which are also responsible for the vulnerability of adolescent girls and young women in terms of early marriages and teenage pregnancies. So in this way this research study illustrates the dynamics of structural, social and behavioral patterns in Pakistani society concerning the phenomenon under investigation.

Research Methods and Triangulation

As mentioned previously the findings of this research are based on the utilization of mix methods from the qualitative as well as from the quantitative sides. Focus Group Discussion guides were used as a qualitative research tool to explore the knowledge, attitudes, and practices of the target respondent. While, at the next stage once done with the qualitative data, a quantitative interview guide was developed to explore the possible factors and variables influencing the behavior of target respondents towards child marriages and early age pregnancies. In addition to this, in certain cases as to confirm the responses of the respondents a conformity test was also conducted to acquire reliable and authentic information.



The data acquired through Focus Group Discussion was analyzed through thematic analysis based on the coding system. While the data acquired through the survey questionnaire was analyzed through descriptive analysis. In addition to this conformity test was carried out to authenticate the data acquired through qualitative and well as quantitative research techniques.

Sample Size and Sampled Respondents

This study was conducted in two of the districts in Sindh Province namely Sanghar and Karachi. The sample size for the quantitative survey was 91 adolescent girls and women from Sanghar which was followed by Karachi with 73 adolescent girls and women.

For the qualitative part of this research we conducted 10 FGD (8-12 participants per FGD) with five different groups within the targeted community in each district: 1) community leaders, 2) teachers, 3) parents, 4) health providers and 5) civil society organizations. A total of 116 participants took part in the FGDs in both districts.

However, for this research article, we have only presented the data which was gathered from community leaders and parents.

Results

In this article, the findings of the research are restricted to elaborate the knowledge, attitude, and practices of the adolescent and young women in terms of access to health facilities, understanding about the bodily changes, situation of early and teenage marriages and its possible reasons.

Knowledge about Reproductive Health Issues and Rights

The results of this study show in Table 1 that about 41% of the sample respondents can be considered as having accurate knowledge reading what reproductive health actually means. The results show that 66% of the total respondents considered that they had correct knowledge regarding reproductive health (table 1). However, results from the confirmatory test (table 2) suggested only 41% of the total respondents could actually define what reproductive health was. While specifically asking about the reproductive health issues then the Only 17.3% affirmed knowledge about it. In the same way, only 29.2% of the total respondents were having knowledge about physical, mental and emotional wellbeing.

Table 1. Do you know, what is reproductive health?

		Frequency	Percent	Valid Percent
	Yes	391	65.3	65.8
	No	203	33.9	34.2
	Total	594	99.2	100.0
Missing	System	5	.8	
Total		599	100.0	

Table 2: Reproductive Health is Related to

		Frequency	%	Valid %
	Only related to reproduction	79	13.2	17.3
	A positive and respectful approach to safe and healthy relationships with the spouse	244	40.7	53.5
	physical, mental and emotional wellbeing	133	22.2	29.2
	Total	456	76.1	100.0
Missing	System*	143	23.9	
Total		599	100.0	

*respondents who replied ‘NO’ to Question 1

Bodily Understanding

The adolescence is the age period when bodily changes are rapid. The researcher tried to capture the understanding and awareness of the respondents about their bodily changes. In this regard, the results of this study indicate that nearly 88% of the respondents had knowledge regarding the pubertal changes that have/are occurring in their bodies as shown in Table 3. This information is generally transferred to adolescent girls through their mothers and that is where they feel more comfortable receiving this information. The second and third best sources of receiving pubertal information are their sisters and friends; scoring 4.3% and 3.6% respectively. Similarly, the respondents’ comfort level at second and third positions of receiving such information remains their sisters and friends, scoring 5.7% and 3.2% respectively (Table 4 & 5).

Table 3. Do you know what pubertal changes are?

		Frequency	%	Valid %
	Yes	520	86.8	88.1
	No	70	11.7	11.9
	Total	590	98.5	100.0
Missing	System	9	1.5	
Total		599	100.0	

Table 4. Where is Information Regarding Pubertal changes Received and the Comfort?

	Where is the information received from?	Who are you comfortable with getting information regarding pubertal changes?
	Valid %	Valid %
Mother	89.2	87.2
Sister	4.3	6.0
Teachers	1.1	1.2
Friends	3.6	3.3
Others	1.7	2.3
Total	100.0	100.0

Accessed to the Health Facilities

The findings reveal that more than 90% of the respondents have accessed some health facility for any specific reason at least once. This is interesting to know that both public and private health facilities are nearly equally visited, i.e. 52% and 47% respectively.

Table 5. Have you ever visited a health facility for any reason?

	Frequency	%	Valid %
Yes	542	90.5	90.5
No	57	9.5	9.5
Total	599	100.0	100.0

Table 6. If yes, what kind of health facility have you visited?

		Frequency	%	Valid %
	Public	282	47.1	51.6
	Private	257	42.9	47.0
	Others	8	1.3	1.5
	Total	547	91.3	100.0
Missing	System*	52	8.7	
Total		599	100.0	

*those who have not visited the health center at all

Dynamics of Early Marriage in the Locale

This study indicates that 61% of the married women interviewed, were married when they were 18 years of age or below, which is in contrast to the desires of 90% of the adolescent girls and women who wished to be married after the age of 18 and above. Further analysis of the data gives us staggering findings that more 20% of the married respondents were actually married at the age of 15 or under as shown in Table 7. Yet most interestingly, upon inquiring that in what age would they marry their children? These women wanted their children to be married after the age of 18 or above. Interestingly a significant number of respondents i.e. 82% of the married women were found to be aware of the negative consequences of early age marriages and teenage pregnancies.

Results from the focus group discussions reflect that early marriages are common in both the targeted districts. Not only marriages in tender ages are common; but also, in few areas old traditional practices of fetus marriages are exercised even to this day.

Table 7. At what age were you married?

		Frequency	%	Valid %	Cumulative %
	10	2	.3	.8	.8
	11	2	.3	.8	1.7
	12	3	.5	1.2	2.9
	13	4	.7	1.7	4.6
	14	12	2.0	5.0	9.6
	15	26	4.3	10.8	20.4
	16	27	4.5	11.2	31.7
	17	23	3.8	9.6	41.2
	18	48	8.0	20.0	61.2
	19	20	3.3	8.3	69.6
	20	39	6.5	16.2	85.8
	21	4	.7	1.7	87.5
	22	8	1.3	3.3	90.8
	23	6	1.0	2.5	93.3
	24	5	.8	2.1	95.4
	25	7	1.2	2.9	98.3
	26	3	.5	1.2	99.6
	35	1	.2	.4	100.0
	Total	240	40.1	100.0	
Missing	System*	359	59.9		
Total		599	100.0		

*girls and young women who are unmarried

Main Reasons for Early Marriages

The findings of this research reveal that the major reason for a girl being married under the age of 18 is the family norms. More than 63% of the respondents opted for family norms being the fundamental reason for the marriages where bride was 18 years of age or less: Customary practices (scored 22%) being the second reason for the early marriages in their family as depicted in Table 8. However, around 11% of the people who marry their daughters because of their poverty. So the socio-cultural practices are the important drivers behind early marriages in the study locale.

Table 8. If the married girl was less than 18, than what were the reasons?

		Frequency	%	Valid %	Cumulative %
	Family Norms	97	16.2	63.4	63.4
	Poverty	16	2.7	10.5	73.9
	Customary practices	33	5.5	21.6	95.4
	Others	7	1.2	4.6	100.0
	Total	153	25.5	100.0	
Missing	System	446	74.5		
Total		599	100.0		

*Number of respondents (girls and young women) who did not have any marriage in their family or the bride was above 18 years when married

The situation of Teenage Pregnancies

The vulnerability of adolescents girls and young women increases when soon after the marriage they get pregnancies. In the prevailing socio-cultural practices soon after the marriage, the girl is expected to bear a child – preferably a male one; this was the key finding from a few of the focus group discussions. Such kind of preference not only pressurize the newly married couple for pregnancy but also frequency of pregnancies one after until unless mother delivers a baby boy.

At this moment we are interested to get back to Table 7 (given in the previous pages) indicates that 61% of the married women interviewed were married when they were either 18 years of age or below. And a staggering 20% were married when they were 15 years of age or below. If the statistics are taken in the context of the desire for children within first year of marriage; nearly 41% of the married respondents might have given birth by the age of 18 years or earlier. This is also supported by the results extracted from Table 9 as well that the mean age for first

pregnancy among the 215 married respondents was only 17.5 years. So such statistics can be contextualized not only with reference to child marriage but also child mothers as well.

Table 9. At what Age did you Have Your First Pregnancy? (Married Women Only)

N	215	
Mean		17.59
Median		19.00
Mode		20

Early marriages and teenage pregnancies “What could go wrong”:

The respondents were not sure about an average age in which most of the women are married. Examples of marriages of women ranging from before birth to relatively older age were shared by the groups. An average age could not be determined. However, it was widely agreed among the groups that girls should not be married before they get physically and mentally mature and responsible to support their future family. The group recognized that early marriages could create a number of complications for the adolescent girls, e.g. maternal mortality, miscarriages, abortions, depression, anxiety, gynecological complications and early burden of caring for children and extended family, etc. Moreover, the respondents reported that it is not only health risk; but in a few cases early or forced marriages could result in deaths. A case of a young girl who did not wish to marry was quoted during an FGD with teachers in Sanghar district. The participant reported that an under-aged girl attempted suicide after knowing that she had to forcefully marry.

Early marriages prove to be a huge barrier for an adolescent girl or young woman who wishes to go for higher education. According to FGD respondents, in 99% of the cases girls have to snub their wishes and quit education upon marrying. This can further be verified from the statistical results of the baseline when more than 69% of the respondents had attained secondary education only.

Early Marriages and Decision Making Role

The data gathered from the focus group discussions show that in a typical male dominant society, women hardly get any chance to exercise their wishes. Having said that, many of the respondents believed that with the right skills and abilities the trend could be changed with time.

This study shows that male heads of family parents generally make decisions for their family members, especially when it comes to making decision regarding children’s marriages. This is further backed by the quantitative results from the study which shows that 75% of the marriages of the married women were decided by their fathers. Out of 241 married women who responded to the question only 7% had the privilege to decide for their life partner as shown in Table 9. Moreover, findings reveal that out of all respondents, including both married and unmarried adolescent girls and women, 73% reported that their fathers had the power to make decisions regarding their marriages. Troublingly, only 1% of adolescent girls and women thought they could take decision regarding their marriage as indicated in Table 10. So, there is strongly lacking representation of adolescent girls and young women's voices in the decision making about the marriages which are alarming.

Table 10. Who took the decision regarding your marriage?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yourself	16	2.7	6.6	6.6
	Your father	181	30.2	75.1	81.7
	Your Mother	27	4.5	11.2	92.9
	Family elders	17	2.8	7.1	100.0
	Total	241	40.2	100.0	
Missing	System*	358	59.8		
Total		599	100.0		

*unmarried girls and young women

Table 11. Who takes the decision regarding marriages in your family?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Father	432	72.1	72.5	72.5
	Mother	78	13.0	13.1	85.6
	Family Elder	80	13.4	13.4	99.0
	The Person Him/herself	6	1.0	1.0	100.0
	Total	596	99.5	100.0	
Missing	System	3	.5		
Total		599	100.0		

Discussion and Conclusion

This research is consistent with recent researches regarding knowledge about child marriages and early age pregnancies. A significant number of respondents were not having authentic knowledge about sexual and reproductive health. (Ferdous and Zeba 2019, 11). (Nasrullah, et al. 2014, 3). However, interestingly a significant number of respondents shared clear understanding of their bodily changes during the puberty period and mainly this information about the bodily changes was acquired by their mothers or close female friends. Two of the elements are highlighted from such aspects of the acquired knowledge: the first is social network and group and the second is reliability and authenticity of the knowledge. So, in this regard this research demonstrated that adolescent and young women are not only to acquire knowledge but they need to have authentic and appropriate knowledge which can be accessed through the structural as well as through civil society intervention. While talking about the structural means of knowledge and health service delivery, we discovered that both of the sectors – private and public – are accessible to adolescent girls and young women. It shows that an effective intervention can produce better results if both of the stakeholders may be combined in a way to fulfill the needs of the target group with respect to sexual and reproductive health rights and its access.

All the means of structural aspects and commitment are shaken when we see the prevailing child marriage trends in Pakistan. Because it not only violate globally defined human rights but also constitution of Pakistan. This research demonstrates that child marriages are being practiced in local communities. We move further and compare the results of this study with other studies conducted in Pakistan and Bangladesh then we learned that respondents in Bangladesh considered child marriages violate the right of information and education, right of free and full consent for marriage, violation of right of health care and health protection. However, surprisingly 88.33% respondents supported child marriages (Ferdous and Zeba 2019, 11). Similar trends observed from the study of Nasrullah, et al, (2014) which was conducted in Pakistan, where the results demonstrated that “The majority of participants (10 of 19) shared that have intentions to marry their daughters even before the age of 18 years in case they receive any good marriage proposal” (Nasrullah, et al. 2014, 3). However, in this context, this research study deviates from the previous researches and shows that the parents were with the view that parents intend to marry their daughters after 18 years of age. However, all the young married women respondents of this research were married before the age of 18 without their prior consent. The father was the decision-maker for their marriages which clearly indicate the gender disparity in the decision making roles at family level. The same is documented by the other researches and possible reasons behind early marriages were better adjustment in in-law family because younger girl can adopt and learn prevailing practices, an adult girl can be threat to

honor of family, socio-cultural and religious practices, early marriage is a coping strategy to avoid evils and social pressure (Ferdous and Zeba 2019; Nasrullah, et al. 2014, 3; Naveed and Butt 2015)

This study demonstrates that childbearing is one of the important reasons behind early age pregnancies and even in certain cases a cause for child marriages as well. In this aspect this research study is aligned with the results of the Schaffnit, Urassa, and Lawson (2019) where both of the studies affirmed that soon after the marriage families expect a child from the newly married couple which causes pressure for early pregnancy. This is considered as a completion of family. However, the current study also elaborates the importance of male children. In a case, newly wife does not deliver a baby boy then there are chances that she will go for subsequent pregnancies as to achieve a baby boy. In fact such kind of socio-cultural practices causes vulnerability of the adolescent girls and young women for early and frequent pregnancies.

Finally we will conclude this research with the statement that prevailing tradition, maintain the structural power, subjugation of females, ignorance, lack of basic facilities, religious perception, traditional practices of marriages - *Satta Watta* (exchange marriage), early child engagement; can be possible reasons for early marriages (Rajwani and Pachani 2015, 13-14; Naveed and Butt 2015, 166-170). The outcome of the early marriage came into the form of socio-psychological and physical pathological situation of the married couple. However, female remains more vulnerable to all these problems (Rajwani and Pachani 2015, 14-5). Moreover, difference of socio-economic backgrounds, ethnicity, and place of residence and education significantly influencing age of marriage (Farooq & Deen, 2016, 2088). So, norms play an important role to regulate function of the society either positively or negatively. Studies show that change in certain expectations can bring change in the norms of society as well. However, change in the norms should be aligned with the legislative practices and human rights aspects that safeguard rights of the adolescent girls and young women concerning their sexual and reproductive health rights.

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