



Child Marriage, Intimate Partner Violence & Mental Health Among Young Ethiopian Women

A Research & Programmatic Brief

July 2019

Background

Globally, more than 650 million women are married before their 18th birthday (UNICEF, 2018). Although the practice of child marriage has decreased substantially over the past 20 years, it remains strikingly pervasive in some regions of the world, particularly South Asia and Sub-Saharan Africa where up to 50–70 percent of girls in some countries are married prior to age 18 (UNICEF, 2014). Data from sub-Saharan Africa shows that the prevalence of child marriage is declining, though significant variations across and within countries exist (UNICEF, 2018). In Ethiopia, 63 percent of girls are married by age 18, and the custom of child marriage remains a deeply rooted tradition with a multitude of harmful consequences (CSA & ICF, 2016).

Marrying early has severe repercussions across several domains. Child marriage heightens girls' social and economic insecurities, threatens their physical and psychological health and limits their ability to exercise their rights. The negative health consequences of child marriage have been broadly documented and include early pregnancy and social isolation, greater likelihood of school dropout, lower labor force participation and earnings, limited decision-making power in households and increased risk for domestic violence (Parsons et al, 2015). Socio-culturally rooted gender inequalities are further compounded by power differentials due to age disparities within these relationships, thereby limiting girls' agency (Choi and Ha, 2011; Fleming, White and Catalano, 2010). Moreover, gender inequalities within child marriage unions reinforce girls' vulnerabilities by increasing their risk of experiencing intimate partner violence (IPV) (Erulkar, 2013).

Despite widespread knowledge of the negative implications of child marriage on girls'

overall well-being, there is a dearth of information on the impact of child marriage on mental health and the mechanisms that influence it. Given these gaps, this brief explores the relationship between child marriage and mental health, assesses if IPV mediates this relationship and provides recommendations for future research and programming

Methodology

Working with the World Bank, ICRW recently undertook a three-year multi-country study to document the economic impacts child marriage. For this brief, ICRW analyzed data from Ethiopia to explore the relationship between child marriage, IPV and psychological well-being among a sample of 969 currently married young women (18-24 years). Measures of well-being were obtained from the Psychological General Well-being Index (PGWBI), a widely-used scale to measure the psychological quality of life of general populations, as well as people with chronic diseases. The index consisted of 22 items, which were rated on a six-point scale and assessed the psychological and general well-being of respondents in six health-related quality of life domains: Anxiety, Depressed Mood, Positive Well-being, Self-Control, General Health and Vitality. Measures of Physical, sexual and emotional

Fig 1. Impact pathways framework for the analysis



Recommended citation: Sebany, M., Kapungu, C. & John, N. (2019). Child Marriage, Intimate Partner, Violence & Mental Health Among Young Ethiopian Women: A Research & Programmatic Brief. Washington D.C., International Center for Research on Women.

Acknowledgements: This brief is an output of the GAGE programme which is funded by UK Aid from the UK Department for International Development (DFID). The views expressed and information contained within are not necessarily those of or endorsed by the GAGE programme or DFID, which accepts no responsibility for such views or information or for any reliance placed on them.

About GAGE: Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odg for more information.

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violence were assessed with measures drawn from the World Health Organization's Multi-Country Study on Women's Health and Domestic Violence. A series of multivariate regression models estimated the relationship between child marriage, IPV and psychological well-being.

Findings

The mean age of women was 20.7 years, and 27.1 percent reported getting married at age 15 or earlier. Approximately 22 percent of the women had experienced at least one form of intimate partner violence in the last 12 months, while 25 percent indicated experiencing it in their lifetime.

Firstly, the regression results demonstrate that very early marriage (at age 15 or earlier) significantly reduces overall psychological well-being. On average, after accounting for other factors, child brides scored 3.35 percentage points lower on the psychological well-being scale compared to women who were married after age 15. Secondly, women who were married at age 15 or earlier were more likely to experience IPV in the last 12 months compared to women who married later. Finally, the findings suggest that the reduced psychological well-being experienced by those married very early could partly be driven by the elevated levels of violence that often characterizes these relationships.

Conclusion

Child marriage persists as a health and human rights violation for girls in Ethiopia despite significant reductions in the prevalence rate over the last decade (UNICEF, 2018). Our findings fill a critical knowledge gap by showing that gender-based discriminatory practices like child marriage increase girls' likelihood of exposure to other related harmful practices - ultimately affecting their overall psychological well-being and potentially increasing their vulnerabilities to mental health problems. Most importantly, these findings call for more comprehensive and integrated prevention efforts that address pervasive underlying gender norms that expose women to child marriage and related vulnerabilities.

Recommendations for Programs

Recommendations for how program implementers can address some of the gaps in understanding the connection between child marriage, IPV and mental health, as well as eliminate child marriage across the globe, include:

Community Advocacy and Mobilization. Changing social norms requires raising awareness through education and community mobilization in order to shift beliefs, expectations and values regarding child marriage. Engaging stakeholders at different levels within communities can be effective in reducing physical and sexual IPV, as well as emotional violence, by tackling community-level underlying norms around acceptability of IPV and power dynamics in relationships (Abramsky et al., 2016). Educating parents and influential community members, including traditional and religious leaders, on discriminatory cultural norms and the negative effects of child marriage is also critical to forge a more supportive environment to change the custom of early marriage (Malhotra et al., 2011).

Targeting men and boys to shift gender norms.

Creating an enabling environment for changing gender norms by using a gender synchronized approach is critical to advance gender equality and the empowerment of women and girls (Girls Not Brides, 2018). Gender-synchronized efforts, involving women and girls along with men and boys in a coordinated way, will help to build knowledge, interpersonal communication and relationship skills around gender and violence (Greene et al., 2015; Ellsberg et al., 2015). Further, evidence from HIV and violence prevention programming has shown that involving men and boys in group trainings and social communication programs results in changes in their attitudes towards gender equality and reduction in gender-based violence perpetration (Ellsberg et al., 2015).

Strengthen the integration of child marriage prevention and mental health into other government sector initiatives, especially in the areas of health, education, HIV and employment.

Given the multiple consequences of child marriage, a multi-sectoral and multi-pronged approach is critical. Girls at risk of child marriage and married young women will need different services and support. Building alliances and working through partnerships and networks with multiple players is needed - from government agencies and civil society to researchers and human rights activists. The synergy of efforts will ensure effective program development.

Promote girls' education. Educational attainment has a critical role in ending child marriage. Each additional year of secondary school attendance significantly reduces the chance of girls being married before the age of 18 (Wodon et al., 2017). Educating girls can provide them with the skills, knowledge and confidence to make informed decisions about if, when and who they marry. However, the gender-based

factors that hinder a girl's education and encourage early marriage must be addressed.

Implement evidence-based Positive Youth Development (PYD) and social-emotional learning strategies. PYD strategies can help to promote positive mental health by developing skills that can help reduce symptoms of behavior and mental health problems. Programs that provide life skills training on gender rights and negotiation, critical thinking and decision-making in girls-only spaces can lead to delayed marriage, as well as improved health and social outcomes for girls (Amin et al., 2016).

Develop psychosocial support interventions. With the dearth of mental health services, creative community-based solutions need to be identified to provide psychological support to child brides and girls at high risk of poor mental health. Couple-based interventions that improve communication, conflict resolution skills and the quality of marriage is also needed.

Provide support for economic and livelihood opportunities for girls and young women in communities. Interventions that seek to address structural barriers such as livelihood insecurity can increase young women and girls' economic opportunities and contribute to reductions in IPV (Kim et al., 2007). Group-based programs combining economic strengthening and gender transformative activities have shown effectiveness in achieving positive outcomes related to increased access to assets, reductions in household poverty and relationship dynamics (Gibbs et al., 2017; Ellsberg et al., 2015).

Research. More investments in research to build the evidence base on the associations between child marriage and mental health is essential.

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