RESEARCH SNAPSHOT

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How do humanitarian crises affect adolescent marriage and childbearing?

This study generates insights that could inform adolescent sexual and reproductive health programs in humanitarian settings.

Complex underlying social and cultural factors drive decision-making

This study, conducted in Yemen and Bangladesh, examines how humanitarian emergencies and social pressures affect family formation (the process of creating families through marriage and childbearing) amongst adolescents and young people in conflict settings, and the implications for access and use of reproductive health services.

A range of complex factors were found that drive early marriage and childbearing, with some missed opportunities for engagement with sexual and reproductive health (SRH) services. More research could help understand how to effectively reach young people who have married early.

Minara Begum with her child in Balukhali camp, Cox's Bazar, Bangladesh, 5 March 2018. Photo: UN Women/Allison Joyce. Source: Flickr.

Background

Child marriage (marriage or informal union before age 18) and childbearing among adolescents impact health and wellbeing. High rates of child marriage in Yemen and among the Rohingya living in Cox's Bazar, Bangladesh may reflect pre-existing vulnerabilities, such as poverty and lack of education, and factors arising from conflict and displacement, such as sexual violence. This study explores various drivers of child marriage and childbearing to understand the relationship between family formation, displacement, and social pressures.

How the research was conducted

Household surveys, key informant interviews, focus group discussions, and in-depth interviews with adolescents, service providers and community leaders captured data on prevalence of child marriage and adolescent childbearing and key drivers and outcomes in each setting, including displacement history; use of sexual and reproductive health (SRH) services; social /cultural attitudes, fertility and future intentions.

Key findings

- In Yemen, rates of child marriage were high, with displaced individuals slightly more likely (37.8%) to have experienced child marriage than non-displaced (34.5%). Child brides started childbearing earlier; though they waited longer after marriage compared to girls who married over the age of 18.
- In Bangladesh, approximately 25% girls and 7% of boys were married before age 18. Displacement appeared to lead to higher child marriage that has declined over time. Regardless of age at marriage, girls proceeded rapidly to childbearing.
- In both settings, the potential social consequences of appearing infertile motivated child brides to have children quickly, as young women feared partner abandonment and stigma.
- While socio-economic pressures such as entrenched gender norms and lack of educational and economic opportunity were drivers in both contexts, displacement and conflict exacerbated these and influenced child marriage or childbearing.
- Adolescent SRH programs in both settings primarily focus on prevention of child marriage. Once married, adolescents did not receive SRH education and outreach efforts.

Implications for humanitarian practitioners and policymakers

Findings point to complex drivers of high rates of family formation in both Yemen and Bangladesh. Adolescent sexual and reproductive health programs must explicitly address social pressures to have children rapidly upon marriage and identify intervention points for contraceptive programmes in the post-partum period to ensure young brides can access SRH and family planning services after their first child.

Policymakers and practitioners must be aware of the underlying social and cultural factors that affect decision making, including entrenched gender norms (as in the Rohingya communities) and related to religious faith (as in Yemen).

Lack of educational opportunities and poverty are known to be critical underlying drivers of early marriage. Interventions that provide girls and their families with access to education, training and other opportunities should be prioritised.

Recommendations for future research

Future research is needed to explore questions arising from this analysis. Specifically, how can adolescent SRH services in emergencies be designed to meet the unique needs of both married and unmarried adolescents? How can restrictive gender norms be addressed in settings of complex emergencies, particularly amongst people who may feel that their social norms and beliefs have been targeted? How can men and boys be better engaged in SRH research and practice to both address their unique needs and support improved SRH for girls? And, how can adolescent SRH programs meet the needs of individuals with disabilities who remain underserved in many settings?

About the study team

This research study was conducted in collaboration between Johns Hopkins University Bloomberg School of Public Health, Building Foundation for Development, Community Partners International and the James P Grant School of Public Health. The project was led by W. Courtland Robinson and Linnea Zimmerman, with support from Shatha Elnakib and Kate Mieth. The Bangladesh team included support from Abul Bashar, Tanvir Hasan, Rumana Akter, Tom Traill, Tofajjel Hossain, Anam Ali, Adrita Kaiser, Tahia Hasan and Sabina Faiz Rashid. The Yemen team included support from Bothaina Attal, Tareq Alkebsi, Aisha Al Daram, Abdullah Al Kaff, and Navf Radman.

Keywords

Child marriage, early childbearing, humanitarian settings, adolescent sexual and reproductive health, Bangladesh, Yemen

Articles and further reading

You can read more about the study including articles on the Elrha project page:

https://www.elrha.org/project/early-marriage-and-fertility-decision-making-among-conflict-affected-and-displaced-adolescents-in-bangladesh-and-yemen/

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