

AN ASSESMENT OF CHILD MARRIAGES IN ZIMBABWE

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DEDICATION

I dedicate this thesis to my wife Lindiwe Thebethebe Chigiji, my daughter Abrielle-Atidaishe and my son Sean-Amandlenkosi. I would like to thank you for your untiring support during this programme and the production of my dissertation. I am also grateful to the moral and financial support you gave me at the right time during data collection. To my parents Mr. and Mrs. Chigiji, I thank you for being with me through thick and thin. You endeavoured through belligerent conditions to educate me in an effort to empower me academically. My sisters and brothers, I thank you for the support. May you all find favour in the eyes of the almighty God.

ABSTRACT

In many societies, there is silence on issues of child marriages as they embrace it as part of their culture. . The study was conducted among the girls age 15-17 years to assess the prevalence, patterns, factors and consequences of child marriages in Zimbabwe. The specific objectives were to: assess the levels and patterns of child marriages; identify the factors underlying child marriages among the girls age 15-17 years; assess the impact of child marriages; and, explore interventions that may curb child marriages in Zimbabwe. The study used the quantitative data from the 2014 Multiple Indicator Custer Survey (MICS) and the Focus Group Discussions (FGDs), conducted in three districts from 3 provinces, namely Bulilimamangwe South District, Makoni District and Mudzi District in Matabeleland South, Manicaland and Mashonaland East Provinces, respectively. The study adapted the Ecological Systems Theory (EST), developed by Bronfenbrenner in 1979. The 2014 MICS covered a total of 1,881 girls age 15-17 years from all the ten provinces of the country. The study findings show that more than 1 in 11 of the girls age 15-17 years were currently married/in union and were largely found in Mashonaland Central and Manicaland Provinces. The groups who were more vulnerable to child marriages were the girls in the rural areas, those who had low educational attainment, in poor households and those affiliated to Traditional and Apostolic Sect religions. The results also show that married girls have limited access to mass media compared with the unmarried girls. The girls who were married were at higher risk of early childbearing and had limited access to better reproductive health services. The study came up with a number of recommendations at different levels i.e. the individual, the household, the organisational, the community and the national levels.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AU	African Union
CCORE	Collaborating Center for Operational Research and Evaluation
CEDAW	Convention of the Elimination of all forms of Discrimination against women
CHW	Community Health Worker
CRC	Charter on Rights of Children
C-section	Caesarean Section
CSO	Central Statistical Office
CSPRO	Census and Surveys Processing System
DRC	Democratic Republic of Congo
DVA	Domestic Violence Act
ECPAT	End Child Prostitution, Child Pornography and Trafficking for Sexual Purposes
EST	Ecological Systems Theory
FDGs	Focus Group Discussions
FGC	Female Genital Cutting
HIV	Human Immuno-deficiency Virus
HRW	Human Rights Watch
IAPE	Integrated Action on Poverty and Early Marriage
ICPD	International Conference on Population and Development
ICRW	International Centre for Research on Women
ICESCR	International Covenant on Economic, Social and Cultural Rights
MDGS	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoHCC	Ministry of Health and Child Care
MoWAGCD	Ministry of Women Affairs, Gender and Community Development
MMR	Maternal Mortality Ratio
MRCZ	Medical Research Council of Zimbabwe

NSO	National Statistical Organisation
OAU	Organisation of African Unity
PPS	Probability Proportional to Size
PRB	Population Reference Bureau
PSU	Primary Sampling Unit
SDGs	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
SSA	Sub-Saharan Africa
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children `s Education Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZDHS	Zimbabwe Demographic and Survey
ZIMSTAT	Zimbabwe National Statistics Agency

KEY TERMS AND DEFINITIONS

1. **Child** means every human being below the age of eighteen years
2. **Marriage** means the illegal or legally/formally recognized union of a man and a woman.
3. **Child Marriage** means any marriage or union with a person below the age of 18. The minimum age of marriage has been prescribed by the CEDAW as being 18 years of age.
4. **Early Marriage** in this study means child marriage
5. **Early childbearing** refers to any birth occurring to a child, a woman below 18 years
6. **Total Fertility Rate (TFR)** is the average number of children a woman would have by the end of her reproductive years if she had children according to a set of age specific fertility rates pertaining to a particular period.

CHAPTER 1: INTRODUCTION

1.0 Introduction

Child marriage is a human rights violation and despite laws that prohibit it, the practice has remained widespread, in part because of persistent poverty and gender inequality (UNFPA, 2013). Child marriage threatens girls' lives and health, and it limits their future prospects. Girls forced into child marriage often become pregnant while still adolescents, increasing the risk of complications in pregnancy and childbirth. These complications are a leading cause of death among adolescents in developing countries. Notwithstanding the physical harm and the continuous discrimination to adolescent girls, diminutive progress has been recorded towards ending child marriage. In reality, with the expanding youth population in most of the developing countries, the problem threatens to increase unabated.

1.1 Background to the Study

Child marriage is a world-wide problem but the prevalence vary, both inter-and-intra countries. Despite near-universal commitments to end child marriage, approximately one third of girls in developing countries are married before reaching age 18, and an estimated 11% are married before their 15th birthday (UNFPA, 2013). Most of the child marriages, in both proportions and numbers (ibid), are found in the rural areas of Sub-Saharan Africa (SSA) and the South Asia. In South Asia, nearly half of young women and more than one in three of young women in SSA get married before age 18 years (UNFPA, 2013). Ten leading countries in terms of the child marriage rates in sequence, from the highest to the lowest are: Niger (75%) ; Chad and Central African Republic(68% each); Bangladesh(66%); Guinea (63%); Mozambique(56%); Mali (55%); Burkina Faso and South Sudan (52% each) and Malawi (50%) (ibid). India is home to most of the girls married before age 18 years (because of its population size) and 47% of all marriages, the bride is a child (UNFPA, 2013). The proportion of Zimbabwean women age 20-24 years who were married before the age of 18 years was 34% in 2014 (ZIMSTAT, 2015).At exact age 17 years, about 19% of girls had begun child bearing (ZIMSTAT, 2015). In addition, 22% of women age 20-24 years had at least one live birth before age 18, and 120 births per 1,000 women age 15-19 years were recorded in 2014 (ibid). Girls younger than age 18 years faces two to five times the risk of maternal

mortality than women age 18–25 years due to prolonged and obstructed labour, haemorrhage, and other factors (WHO). The majority of school-going girls in Zimbabwe, especially in areas where the Apostolic Sect is dominant, girls as young as 10 years, have been married to older men from their churches, the Johanne Marange Apostolic Sect, which is infamous for believing in polygamy.

Zimbabweans are generally against child marriages, for instance when the then Prosecutor-General, Mr. Johannes Tomana, interpreted the law of Zimbabwe to mean that a child as young as 12 years can consent to marriage caused pandemonium across the country. He made headlines of the 19 June 2015 newspapers. The headline in the Chronicle of 19 June 2015 reads ‘Let them have sex, marry... Tomana says 12 year-olds can consent.’ He was quoted by the Chronicle saying “girls as young as 12 years must be listened to by the courts if they wish to start families with older men because they are capable of giving consent to sex” (Chronicle, 2015). The Prosecutor-General went on to defend the courts for denying to jail child-sex predators who are able to prove that there was consent. He was heavily criticized by various organisations and individuals after making such utterances.

Child marriage denies girls the right to choose whom and when to marry, which is one of life’s most important decisions. Choosing one’s partner is an adult decision, one that should be made freely and without fear or coercion. Many international agreements outlaw child marriage, including the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC). The 1994 International Conference on Population and Development (ICPD) also called on countries to eliminate child marriage. According to the CRC, Article, 1 a child is “every human being below the age of eighteen years” (UN, 1989, page 2). Furthermore, the Article 16(2) of the CEDAW explains that the promise and the marriage of a child must have legal consequence, and all the essential action, as well as the legislation, should be taken to stipulate the minimum marriageable age and the registering of all the marriages in the countries should be made compulsory (UN, 1979). The Committee on the Rights of the Child, in its general recommendation No. 4 on adolescent health and development, established that child marriage is a detrimental traditional practice that destructively affects reproductive health of girls (ibid). The CRC recommends the member states to put in place measures to eliminate such harmful traditional practices, and to protect the child from all practises of sexual violence and exploitation.

The drive to end early marriage is closely linked to the efforts to reaching the Millennium Development Goals (MDGs) i.e. Goal No.3: promoting gender equality; Goal No.4: reduction of child mortality; and Goal No.5: improving maternal health. The unremitting existence of early marriages have hindered the attainment of these MDGs, mostly in SSA and South Asia. Provision of good health to children has been carried over to the post 2015 Sustainable Development Goals (SDGs) under Goal 3- ensuring healthy lives and promote well-being for all at all ages (UN, 2016). Other important goals for the girl child which were carried over to the post 2015 are SDG Goal 1- End poverty in all forms everywhere; Goal 4-Ensuring inclusive and equitable quality education and stimulate lifelong learning prospects for all; and Goal 5-achieve gender equality and empowerment of all women and girls (ibid).

Zimbabwe has obligations under the CEDAW of eradicating all forms of discrimination against women in all issues linked to marriages (UN, 1979). It also has the duty to adjust social and cultural patterns of behaviour of women and men with the aim of attaining the removal of preconceptions and customs which are founded on the idea of the superiority or inferiority on stereotyped roles of women and men” (ibid).

In February 2012, Zimbabwean laws and regulations were reviewed by the CEDAW Committee, in line with the state’s obligations under CEDAW (Dube, 2013). Among the recommendations that the Committee made, presented as ‘concluding observations’, were specific points relating to the issue of marriages in Zimbabwe. The Committee noted the prevalence of child marriages as one of the biggest challenges to girls' access to education. The Committee also expressed its concern with the continued discrimination against women by customary laws and practices in relation to divorce and separation, inheritance and property rights, and noted that the continued existence of a variety of marriage laws which give different rights to men and women, in particular the practice of polygamy and lobola, continue to discriminate against women.

Marriage in Zimbabwe, also called matrimony or wedlock, is perceived as a legal union if it occurs between two consenting adults. It can only be valid if both parties consent. The Domestic Violence Act (DVA) of 2007 prohibits forced marriages and identifies forced marriage as one of the harmful

cultural practices that discriminate against, and degrade women. Marriage to a child who, under Zimbabwean civil law, is reputed to be legally incapable to consent, and is construed to mean a boy below the age of 18 years and a girl who is yet to turn 16 years is a crime except when the person marrying the minor obtains permission from the minor's parent or guardian. However, under customary law, such age restrictions are not defined, hence, the prevalence of child marriages. According to the Customary Marriage Act Chapter 5:07, marriage is also legally permitted where the relationship is not incestuous; which means that the parties involved are not closely related by blood.

On 31 July 2015, Zimbabwe launched a campaign to end child marriages, heeding a call by the African Union (AU) for an end to child, early and forced marriages, and recognizing child marriage as a violation of human rights. The move was welcomed by campaigners as crucial to progress on the issue that afflicts many African countries. According to Ministry of Women Affairs, Gender and Community Development (MoWAGCD, 2016), after the launch of the AU Campaign to end child marriages, provincial launches have been carried out throughout the country which they spearheaded. The campaigns were launched at the backdrop of increasing incidences of child marriages and sexual abuse. The MoWAGCD, in partnership with development partners and civil society organisations, rolled out the "18+" campaign in selected provinces with high incidences of child marriages (ibid). These provinces covered are Mashonaland East, Manicaland and Mashonaland Central. These campaigns have seen the sensitisation of 150 traditional leadership structures on the constitution and legal provisions prohibiting child marriages, health, and economic consequences of this practice (MoWAGCD, 2016). Under the strategy of safety and protection, the setting up of young women empowerment hubs has been started at provincial level. By March 2016, four empowerment hubs have been identified in Manicaland, Matabeleland South and Mashonaland Central Provinces (ibid). According to MoWAGCD, the hubs are expected to house several young women empowerment programs which include entrepreneurship, skills development, financial literacy and leadership development.

The civil societies have also joined hands with the ministry in stepping up efforts to end child marriages by engaging churches. According to MoWAGCD, church bodies in the Apostolic sect have conducted dialogue with Bishops in their church communities. The main objective of these

dialogues was to bring about a positive change on the issue of child marriage in the same breath accelerating its end in the Apostolic and Zionist constituencies through engaging church leaders in making resolutions based on practice and not theory. The civic societies have also gone a step further by holding dialogues with traditional Chiefs in order to obtain their commitment to end child marriages. According to MoWAGCD, engagement with Chiefs was done in Manicaland, Masvingo, Matabeleland South, and Matabeleland North Provinces. Other ministries which are also fighting child marriage are Ministries of Health and Child Care; Public Service, Labour and Social Welfare; Justice, Legal and Parliamentary Affairs; and Primary and Secondary Education. A major milestone was achieved, in the judicial system, by criminalising all marriages among boys and girls below the age of 18 years through the 2016 Constitutional Court ruling which is a step towards the right direction.

However, notwithstanding the efforts made by the Government of Zimbabwe to put in place statutory instruments to obliterate child marriage, the laws are not deterrent enough and are contradictory to one other. Child marriages are pervasive in nature, hence, they continue to affect many areas of the economy, i.e. the health sector, education, and industry. Zimbabwe is one of the countries which failed to achieve some of the MDGs, for instance Goal 5: Improve Maternal Health, it recorded MMR of 581 deaths per 100 000 women in 2014 (ZIMSTAT, 2015) against a target of 113 deaths per 100 000 women by 2015 and this can be attributed, to some extent, to increasing child marriages. There are lots of efforts made in various ministries to end child marriage but the biggest challenge is the lack of coordination, each ministry operates as an independent entity. Unless this problem is halted, achieving some of the proposed post 2015 SDGs may remain a dream.

1.3 Statement of the Problem

According to ZIMSTAT 2015, more than 1 in 3 women age 20-24 years were married prior age 18 years while 1 in 5 women age 15-19 years were first married or in union before age 15. Marriage in Zimbabwe is synonymous with childbearing, hence, high child marriage means high childbearing which has health consequences to both the mother and the baby. Early pregnancy and childbearing are likely to affect children's health because they occur before they are fully developed physically, which exposes them to particularly acute health risks during pregnancy and childbirth. Child marriage is a violation of the rights of girls as it effectively puts an end to their education; blocks

chances to advance in vocational and life-skills; leads to high risk of too early pregnancy, childbearing, and becoming mothers before they are mentally and physically ready. It also increases the risk to sexual violence and exposure to HIV infection. Most of the marriages are arranged between adult men and under-age girls. Although it is criminal under the DVA of 2007 to marry off an under-age girl, the age of sexual consent in Zimbabwe is 16 years, it is difficult to stop these marriages, as these marriages are complicit and secretive. On the other hand, there is disharmony on the laws concerning the age of marriage. The January 2016 Constitutional Court ruling which outlaws any marriage with a person below the age of 18 years gives hope but the implementation and enforcement of this law remains a challenge. The legislators are yet to come up with penalties for those who go against this law for it to be implemented. On the other hand, the interventionists are fighting the outcome, which is child marriage, and not addressing the underlying factors. Unless the determinants of child marriages are unshelled, this problem will continue unabated.

1.4 Justification of the Study

The literature consulted for the purpose of this study indicates that there is lack of in-depth researches on child marriages that specifically explore prevalence, patterns and determinants of child marriages in Zimbabwe. Available data on child marriages in Zimbabwe at national level is from the Zimbabwe Demographic and Health Surveys (ZDHSs), the 2014 Multiple Indicator Cluster Survey (MICS) and the 2009 Multiple Indicators Monitoring Survey (MIMS). The major limitation of these survey reports is that they are descriptive in nature and no in-depth analysis done specifically to unearth the determinants of child marriages. Nevertheless, the public statements by the Prosecutor-General, Mr. Johannes Tomana, interpreting the law of Zimbabwe that a child as young as 12 years can consent to marriage is an indication of serious problem on the marriage laws. All this points to the fact that there is serious data dearth on the issues of child marriages and marriages in general. The 2010/11 ZDHS attempted to carry out further analysis but did not cover issues of child marriages. The studies have tended to focus on the girl child, yet there are forces involved at various levels. This research will help to identify the root causes and possible solutions to the problem.

The findings of the study are expected to fill in the prevailing literature data gap and complement the existing child marriage data. The methodology used, that of triangulation, encompasses more

in-depth qualitative understanding of child marriages. This will serve as a bench mark for other child marriages studies to enlighten policy makers and other stakeholders to develop more sound policies on marriages and strategies for governing the provision of services in Zimbabwe. This study is expected to benefit numerous number of stakeholders at different levels i.e. Individual Level (girl child); Family Level (households); Organisational Level (schools, clinics, etc.); Community Level (community leaders-village heads, headman, chiefs, etc.); and National Level (Government Ministries). Lastly, the research findings will help the interventionists to stop fighting mere outcome (child marriage) and start redirecting their focus to addressing the causes of the problem.

1.5 Research Objectives

1.5.1. Overall Objective

The overall objective of the study is to assess the prevalence, patterns, factors and impact of child marriages in Zimbabwe.

1.5.2 Specific Objectives

The specific objectives are to:

- assess the levels and patterns of child marriages in Zimbabwe;
- identify the factors contributing to child marriages among the girls age 15-17 years;
- assess the impact of child marriages; and
- explore interventions that may curb child marriage in Zimbabwe.

1.6 Scope of the Study

The study focused on children age 15-17 years. The survey was conducted in all the country's ten provinces and selected districts.

1.7 Organisation of the Study

The study is split into five chapters. The first chapter, which is the introductory chapter, presents the background of the study, statement of the problem, justification of the study, study objectives, and research questions. The second chapter covers the literature review, which also includes the

theoretical framework and the study's conceptual framework. The third chapter focuses on the study methodology. The key findings of the determinants of child marriages are presented in the fourth chapter while the fifth chapter discusses the study findings and presents recommendations.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter synthesises existing data pertaining to child marriages at global, regional and national levels. It also embraces the studies on child marriages conducted across the globe, the consequences and the strategies to end child marriages. In addition to literature review, it also covers the theoretical and conceptual frameworks of the study.

2.1 Levels, Patterns and Trends

This section presents the levels, patterns and trends of child marriages at global, regional and national levels.

2.2.1 Global Level

Of the 7.3 billion population globally 15 million girls marry every year before the age of 18 that is approximately 41,000 girls per day, 28 girls every minute, and 1 girl every 2 seconds (UNICEF, 2014). According to UNICEF (2014), 280 million girls risk becoming child brides by the time they turn 18 and this will increase to 320 million girls by 2050. The number of girls married every year will increase from 15 million in 2014, to 16.5 million in 2030 and 18 million by 2050 (ibid). The total number of women married in childhood would increase from more than 700 million today, to 950 million by 2030 and a staggering 1.2 billion by 2050 that is equivalent to the entire population of India (UNICEF, 2014). Globally, about 20,000 girls are giving birth every day (UNFPA, 2013). The evidence shows that 95% of the births in the world among the adolescents occur in developing countries, and 90% of these births occur within marriages or in unions (UNFPA, 2013). Almost 19% of young women in developing countries get pregnant prior age 18 (ibid). Girls under 15 years constitute 2 million of the 7.3 million adolescent births that occur to girls below 18 years every year in the developing countries (UNFPA, 2013). Countries in the world with high rates of child marriage are concentrated in sub-Saharan Africa (SSA) but due to population size, the largest absolute numbers of child brides, particularly age under 15 years, are found in South Asia (UNICEF, 2014). India has the highest number of persons married before age 15 with about 10 million, followed by Bangladesh with 2.3 million. See Figure 2.1.

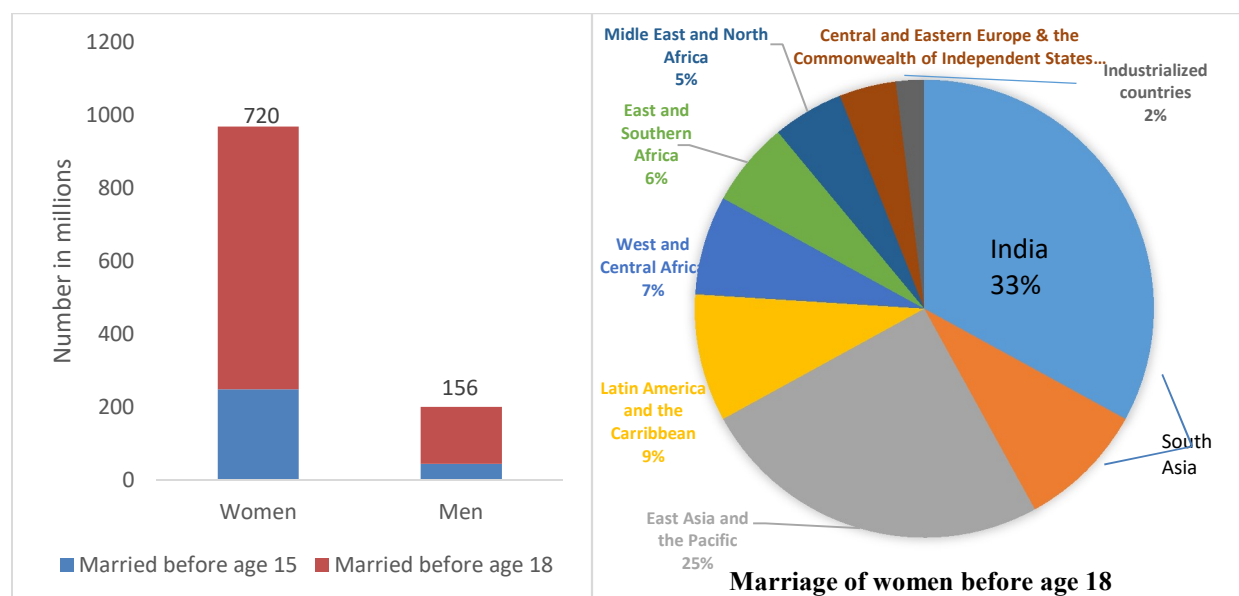
Figure 2.1: Top 10 Countries in the World with Highest Absolute Numbers ('000) of Girls Married before Age 15



Source: UNICEF 2014 (based on the DHS and MICS, most recent data between 2005 and 2012)

Child marriage among girls is most common in South Asia and SSA, and the 10 countries with the highest rates are found in these two regions and Niger (244,000) has the highest overall prevalence of child marriage in the world (UNICEF, 2013). However, Bangladesh has the highest rate of marriage involving girls under age 15 and South Asia is home to almost half (42%) of all child brides worldwide; India alone accounts for one third of the global total (UNICEF, 2013). See Figure 2.2. In terms of sex, boys are also married as children, but girls are disproportionately affected (UNICEF, 2013). Figure 2.2 also shows that 720 million girls are married before age 18 compared to 156 million boys.

Figure 2.2: Global Child Marriages Among Women and Men age 18 years and below by Sex and Region



Source: UNICEF, 2013 (Estimates are based on a subset of countries covering around 50% of the global population of women and men age 18 years and older)

Table 2.1 presents the top 20 countries with the highest prevalence of child marriage in the world in 2013. Niger has the highest prevalence of marriages before age 18 years (75%) among the age group 20-24 years, followed by Chad and Central African Republic with 68% each (UNICEF, 2013). According to 2014 MICS, about 34% of women age 20-24 years in Zimbabwe were married before age 18 while 5 percent were married before age 15.

Table 2.1: The Top 20 Countries with Highest Percentage of Women Age 20-24 Years Married/In Union Before Age 18

Rank	Country	% Girls Married before Age 18
1	Niger	75
2	Chad	68
3	Central African Republic	68
4	Bangladesh	66
5	Guinea	63
6	Mozambique	56
7	Mali	55
8	Burkina Faso	52
9	South Sudan	52
10	Malawi	50
11	Madagascar	48
12	Eritrea	47
13	India	47
14	Somalia	45
15	Sierra Leone	44
16	Zambia	42
17	Dominican Republic	41
18	Ethiopia	41
19	Nepal	41
20	Nicaragua	41

Source: UNICEF (2013), State of the World's Children: from DHSS, MICS and National Surveys Between 2002-11

The global trend of child marriage over the years is shown in Table 2.2. Generally, child marriages are more likely in the low income regions. Globally, in the period 1955-1959, the prevalence of child marriage was around 51% and it declined to 49% during the period 1960-1964. It continued on a downward trend until it reached 40% during the period 1985-1989. South Asia and SSA have remained the regions with the highest prevalence of child marriages (60% and 53%, respectively) between 1955 and 1959. Child marriages have been declining in all the regions between 1955 and 1989. Child marriages have been declining since 1990 to 2013 and globally in 2013 it was at 29% according to UNICEF (2013).

Table 2.2: Global Trend of Child Marriages, 1955-1989

	Incidence of Child Marriage						
	1955-9	1960-4	1965-9	1970-4	1975-9	1980-4	1985-9
Regions							
East Asia & Pacific	34.0	31.5	28.5	24.0	22.0	21.3	31.7
Europe & Central Asia	22.4	23.0	20.7	23.5	22.8	27.3	42.0*
Latin America & Caribbean	29.3	26.8	26.8	27.9	28.2	27.1	23.7
Middle East & North Africa	40.2	34.5	30.7	26.3	23.4	22.6	31.5
South Asia	60.2	59.8	60.6	59.0	55.2	49.7	45.4
Sub-Saharan Africa	52.5	49.2	47.6	44.9	41.8	39.3	38.5
Income level							
Low income	65.5	60.1	59.1	56.9	53.8	53.2	51.3
Lower middle income	49.3	48.5	48.2	45.8	42.6	38.4	37.4
Upper middle income	27.1	25.8	22.5	22.9	22.5	25.2	42.6
World	51.2	49.2	48.6	46.4	43.4	40.1	40.3

Source: Nguyen & Wodon, (2015): Global and Regional Trends in Child Marriage (Based on DHSs). Note: (*) The increase in child marriage observed for Europe & Central Asia is due to a sharp increase in estimates for Turkey which may not be reliable due to limited sample size.

2.1.2 Regional Level

In Africa, with a population size of 1.2 billion, the top four countries in terms of absolute number of children married before 15 years are Nigeria (1.2 million), Ethiopia (673,000), Democratic Republic of Congo (DRC) (291,000) and Niger (244,000) (UNICEF, 2014). These countries are also among the top 10 in the world in terms of absolute numbers of marriages before age 15. The SSA, with a population size of 949 million and approximately 12% of the world's population, together with Asia, are the regions where the prevalence of child marriage is high (Population Reference Bureau) (PRB, 2015). Nearly 40% of the global women age 20-24 years who got married before turning 18 years live in SSA, thus resulting in early marriage being largely sub-Saharan African phenomena (Walker, 2012).

Walker (2012) added that within SSA, West Africa has relatively the highest proportion (49%) of girls below the age of 19 years being in unions, followed by Central Africa (40%). Northern and Southern Africa had 20% each and 27% in East Africa. Within Central Africa, DRC stood out with 74% of all girls being married before age 19 years; while Cameroon trailed behind with 52% of women 20-24 years having been married before the age of 18 years (Walker, 2012). The West African countries which reported the highest prevalence of marriage before age 15 years among

women age 20-24 are Niger, Chad, Mali and these are also among the world's countries with highest Total Fertility Rates (TFRs) on the sub-continent (Walker, 2012). About 44% of women age 20-24 years in these countries have given birth before they turned age 18 years (UNICEF, 2006). Table 2.3 shows that Namibia (10%) and South Africa (8%) are the countries with the lowest percentage of women married before age 18 and these two countries also have the lowest TFRs of 3.4 and 2.6, respectively. Niger, with the highest prevalence of child marriages (73%) in 2011, has also the highest TFR (7.2). Therefore, it can be deduced that child marriage and TFR have a positive correlation.

Table 2.3: Percent Distribution of Women Age 20-24 Years Who Were Married Before Age 18 Years and Total Fertility Rates for Selected African Countries

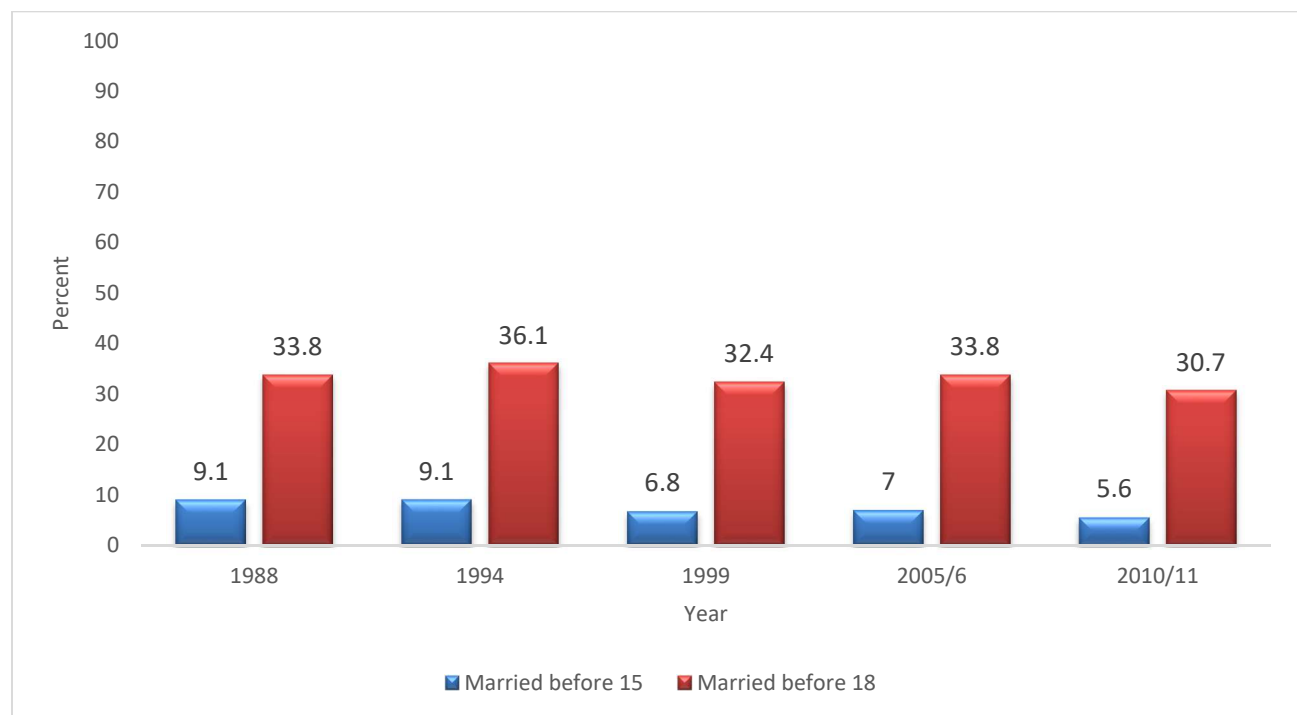
Country	Percent	TFR
Niger	73	7.2
Chad	71	6.2
Mali	65	6.5
Guinea	64	5.5
Burkinafaso	62	5.9
Mozambique	55	5.1
Uganda	53	6.4
Cameroon	52	4.7
Ethiopia	49	4.6
Malawi	46	6
Nigeria	42	5.6
Zambia	42	6.2
Tanzania	39	5.6
Benin	37	5.5
Senegal	36	5
Cote D'Ivoire	33	3.4
Gabon	33	3.4
Togo	30	4.3
Zimbabwe	29	3.5
Ghana	28	4.3
Kenya	25	4.8
Egypt	20	5.1
Rwanda	20	5.4
Namibia	10	3.4
South Africa	8	2.6

Source: UN (2011), Department of Economic and Social Affairs, Population Division: Population Facts No.1

2.1.3 National Level

Although Zimbabwe in the SSA region is among the countries with low levels of child marriage, it is still very high and of concern. The proportion of women age 20-24 years who were married before the age of 18 years was 34% (ZIMSTAT, 2015). The percentage of those who were first married or in union before age 15 years was 4%. The pattern is similar to that of the region and the globe. Figure 2.3 shows the trends of child marriages in Zimbabwe based on the 1988 to 2010/11 ZDHSs. The proportion of women age 20-49 years who were married before age 15 was 9% in 1988 and remained unchanged till 1994. Thereafter, it started to decline until it reached 6% in 2010/11. On the other hand, the proportion of marriages before age 18 was 34% in 1988 then increased to 36% in 1994 before it dropped again to 32% in 1999. In 2005/6, it increased to 34% before dropping again to 31% in 2010/11. It is clear that marriage before age 18 remained above 30% for more than a decade.

Figure 2.3: Child Marriage Trends in Zimbabwe, 1988-2010/11



Source: ZDHS 1988, 1994, 1999, 2005/6, 2010/11

Child marriages are not uniformly spread across various citizens in the country, there are wide variations in terms of wealth levels, education, residence, sex and regions. The 2014 MICS results

show that child marriage is more prevalent in rural areas and also among poorest households. UNICEF's 2015 Report shows the provincial disparities in the spread of the prevalence of child marriages. Mashonaland Central Province had the highest prevalence rate of child marriages (50%) followed by Mashonaland West (42%). Bulawayo Province had the least with 10% which is below the national estimate. See Table 2.4.

Table 2.4: Percent Distribution of Women age 20-24 Years Married Before Age 18 Years

Province	Prevalence of Child Marriage (%)
National	32
Mashonaland Central	50
Mashonaland West	42
Masvingo	39
Mashonaland East	36
Midlands	31
Manicaland	30
Matabeleland North	27
Harare	19
Matabeleland South	18
Bulawayo	10

Source: UNICEF (2015)

2.2.2 Causes of Child Marriages

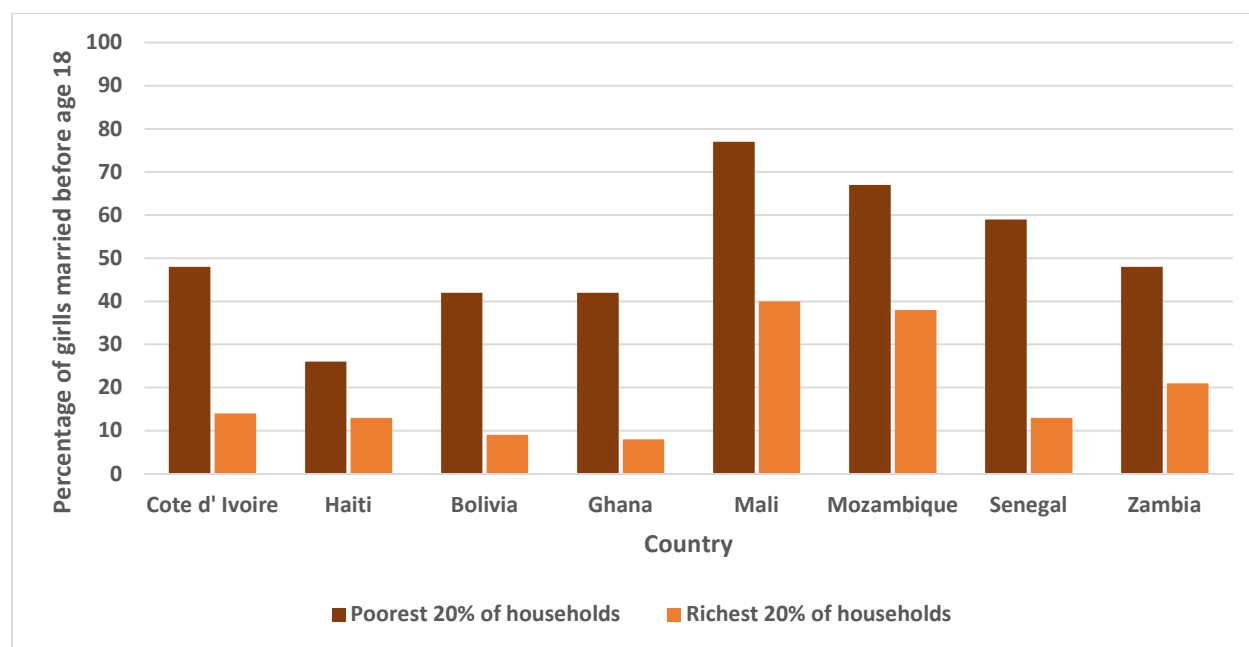
There are several researches that were conducted in the area of child marriages and a number of underlying causes have been cited (ICRW, 2013; World Bank, 2009; ZIMSTAT, 2015; Sibley, 2012). Some of the underlying factors reported are: gender inequality, obstacles to human rights, poverty, sexual violence and coercion, national policies restricting access to contraception, lack of age-appropriate sexuality education, lack of access to education and reproductive health services and under investment in adolescent girls' human capital (UNFPA, 2013).

2.2.2.1 Poverty

According to the International Centre for Research on Women (ICRW, 2013), girls living in poor households are almost twice more likely to marry before age 18 years than girls in higher income households. Child marriage is most common in the world's poorest countries and is often concentrated among the poorest households within those countries (ibid). ICRW (2013) further argued that child marriage is closely linked to poverty, low levels of economic development and in families with limited resources, and is often seen as a way to provide for their daughter's future.

The girls who marry young are more likely to be poor and remain poor (ibid). The ICRW's arguments were based on a secondary research on certain countries. The study findings show that there is an extensive gap between the proportions of girls from poorest and richest households married prior age 18. The prevalence of child marriages among the poorest households was highest in Mali with about 75%, followed by Mozambique with about 66% (ICRW, 2013). See Figure 2.4. Malawi is among the world's poorest countries, and at least half of young women in this country are married before the age of 18 (WHO, 2013). In Zimbabwe, the same pattern can be observed. According to the 2014 MICS, the proportion of the women age 20-49 years married before age 18 years was 45% among the poorest households compared to 16% for the richest households. In Afghanistan, a study conducted by Tufts University Feinstein International Famine Centre (TUFIFC) in 2004 showed that the majority of parents who married their daughters by age 15 was due to economic reasons and in some cases, girls were married off to pay debts to shop keepers, or a girl was exchanged for her brother's wife as the bride price (TUFIFC, 2004). This shows that child marriage is a function of poverty.

Figure 2.4: Percent Distribution of Child Marriage in Poorest and Richest Households in Selected Countries



Source: World Population Data Sheet, 2013

The World Bank (2009) reported that poverty and child marriage are closely interlinked and evidence shows that a correlation can be found between the Gross Domestic Product (GDP) and

prevalence of child marriage, with the bulk of the problem located in South Asia and SSA, the most impoverished regions in the world. The End Child Prostitution, Child Pornography and Trafficking for Sexual Purposes (ECPAT) International (2011) also supported that, among other factors, poverty plays a critical role in child marriages as parents who marry their children before they reach legal age are typically motivated by pre-determined social and sexual norms, low value attached to daughters, poverty or humanitarian crises. Confronted with social pressures and family hardships, they may seek in marriage a form of protection to shield their children from destitution, household food insecurity and, ultimately, sexual harassment (ibid). Sibley (2012) added that poverty is among the key drivers of child marriage as she argues that inadequate household income and food security, political instability and communal conflicts, family dislocation and migration, predatory tourism practices, humanitarian crises and natural disasters contribute to breaking down local child protection systems and weakening the capacity of children to aspire to higher goals in life. Sibley (2012) further explained that poverty is a deep-rooted cause of early marriage, common also to other forms of sexual abuse and exploitation and it is a hard barrier to remove, but one that, if tackled, is likely to ensure permanent and radical improvements across a range of child protection-related variables.

Poverty can contribute to the high prevalence of child marriage in some marginalized areas, in particular for families with many children and receiving dowry (Kwatsha, 2009). Korbin (2003) believes that child marriage is upheld by collective forces at the community level and reproduced by structural violence in terms of limited access to formal education, poverty, gender inequalities and lacking opportunities to employment. Walker (2012) also supported the same notion as she argues that economic context in which child marriage happen in Africa is poverty, vulnerability, seasonal supply of labour, surplus of labour in a low productive rural area. She emphasized that in this perspective, poverty is an important risk factor as marrying-off girls before they turned 18 years is practiced in poor households who are relieved of the obligation of providing food, clothes and protection to the girl child in an insecure society (Walker 2012).

UNFPA (2012) brings another dimension by arguing that not only is it absolute poverty that causes child marriages but also economic disparity has been correlated statistically with child marriage. To strengthen its argument, UNFPA (2012) cited South Asia as the region displaying the highest

prevalence of child marriage worldwide and is also the one with the greatest disparities. In the most disadvantaged groups, child marriage affects above 50% of girl children (UNFPA, 2012). World Vision (2014) supported the notion by giving another example of South Asian Bangladesh, one of the countries most affected by both child marriage and poverty, among women who are currently in the age group 20-24, the median age at marriage is 18.3 years in the highest wealth quintile, as compared to only 14.6 in the lowest one.

2.2.2.2 Religious and Cultural Values

Some religious and cultural values are believed to be infiltrating child marriages. Rwezaura (1998) confirms such a claim, insisting that violence against the girl child is a structural issue in societies embedded in cultural and social systems. It can be argued that the severity of such a crime, for example child marriage, could be subjective given the setting and the cultural context, which may continuously breed gender inequalities and social injustices, further reinforced by the absence of the government in as well legal as more hands on initiatives (ibid). Anthropologists have opposed the label of abuse on such practices, insisting they are collective expressions of cultural values (Korbin, 2003) and that these also are found in the West; giving example of how verbal abuse is considered worse than physical abuse in some cultures. Despite the fact that economic risk factors for child marriage grew the pre-industrial agrarian economy of the developing countries, especially the SSA, socio-cultural risk factors like culture and religion are underpropped by a traditional social stratification construction in which girls and women are bestowed low social status (Walker, 2012). Walker (2012) added that in such old-fashioned systems, the power structures which are male dominated combine religious restrictions with customary practices to rationalise marrying girls before they are sexually mature and this is common in both the traditional and Christian communities of Ethiopia as it is in Muslim countries in the Northern West Africa (e.g. Niger, Mali and Chad). Walker (2012) observed that in SSA, child marriage is an operative instrument for conveying a father's patriarchal human rights over his daughter to an older man in the community, these practices strengthens the clan's social status and amalgamate economic relationships. Nonetheless, religious restrictions and time revered cultural practices are usually used to defend the preference for child marriage by parents in these societies (ibid).

In the cultures where grooms pay for brides, young girls command a higher price than adults (UN, 2011). This would perpetuate child marriage as it would be ideal for parents to marry off their children while they are still young in order to get higher bride price. In some cultures, child marriage is connected to religious belief and the need to protect girls from engaging in “improper” or “immoral” behaviour (ibid). Furthermore, Buntings (2005) argues that “the cultural conceptualizations of childhood need to be considered when analysing child marriage since childhood is perceived differently across the world, over time and in various cultures” (Bunting, 2005: pg18).

2.2.2.3 Sexual Violence, Domestic Violence and Coercion (Wars and Conflicts)

Sexual violence is believed to be both a cause and an impact of child marriage. Some forms of domestic violence have been correlated with the age at first marriage. Chaudhuri (2015) alluded that in the societies where culture of sexual violence against women and girls is rampant, parents tend to minimise the risk of sexual assault and protect their children by marrying them as early as possible, regardless of them having reached legal age. Marriage is regarded as a safeguard against disrepute and a path to giving the girl child a future, while averting actions that would bring shame to the family, such as a daughter engaging in pre-marital sex, eloping, opting for an inter-community union, or becoming the target of sexual abuse (ibid). World Vision (2013) added that in humanitarian crises and emergency situations, families sometimes see marrying early as a form of social protection from sexual violence, a way of avoiding pregnancy outside of marriage and the resulting shame to the family, and/or a method to procure necessary resources such as food and shelter. Early marriage can be synonymous to stuck labour or slavery as it can be a sentence to consistent exposure to sexual abuse or domestic violence, and a corridor to commercial exploitation (UNFPA and UNICEF, 2010).

Walker (2012) believes that civil fights and wars, as well as the desire to boost fertility in the societies where infant mortality is high are the other causes of child marriages. During humanitarian crises period, usually when social and family structures are disturbed, girls become more vulnerable to child marriage (UNFPA, 2012). North (2009) argued that in the event of natural disasters and conflicts, parents are more likely to marry off their teenage girls in order to earn some income for the family in times of economic adversities, the other reason could be to offer their young girls

some sort of protection, mostly in the settings where sexual violence is more prevalent. He added that such girls are referred to as “famine brides”, for instance, in food insecure Kenya (ibid). In Sri Lanka, Indonesia and India, young girls were married off to “tsunami widowers in attempt to get government subsidies for getting married and starting a family (Krishnamurthy, 2009). Plan International (2011) added that girls were being kidnapped and given as “bush wives” to warlords and some of the young girls were even given by their families in exchange for protection during the fights in Sudan, Uganda, and Liberia.

2.2.2.4 Education

Little or no schooling strongly correlates with being married at a young age, conversely, attending school and having higher level of education helps to protect girls from the possibility of marry early (Malhotra, 2010). Delaying marriage and childbearing allows children to acquire more education and perhaps more job opportunities, as well as improved health, education, and labour market success (Lomberg and King, 2008). Williamson (2014) found a positive correlation between woman’s age at first marriage and the total years of schooling based on the study of 29 countries where results revealed that women who married after turning 18 years had more education than those who married at a younger age. The wide difference was found in Nigeria, where women who were at least 18 years when they married achieved, on average, 9.3 years of schooling, while those who married before they were 18 years remained in school for only 2.5 years (ibid). From this study, the differences in educational attainment by age at first marriage were evident both in countries with low levels of overall education, such as Burkina Faso, Ethiopia and Mali, and in countries with higher levels of education, such as South Africa, Peru and Zimbabwe (Clark et al, 2006)

2.2.3 Consequences of Child Marriage

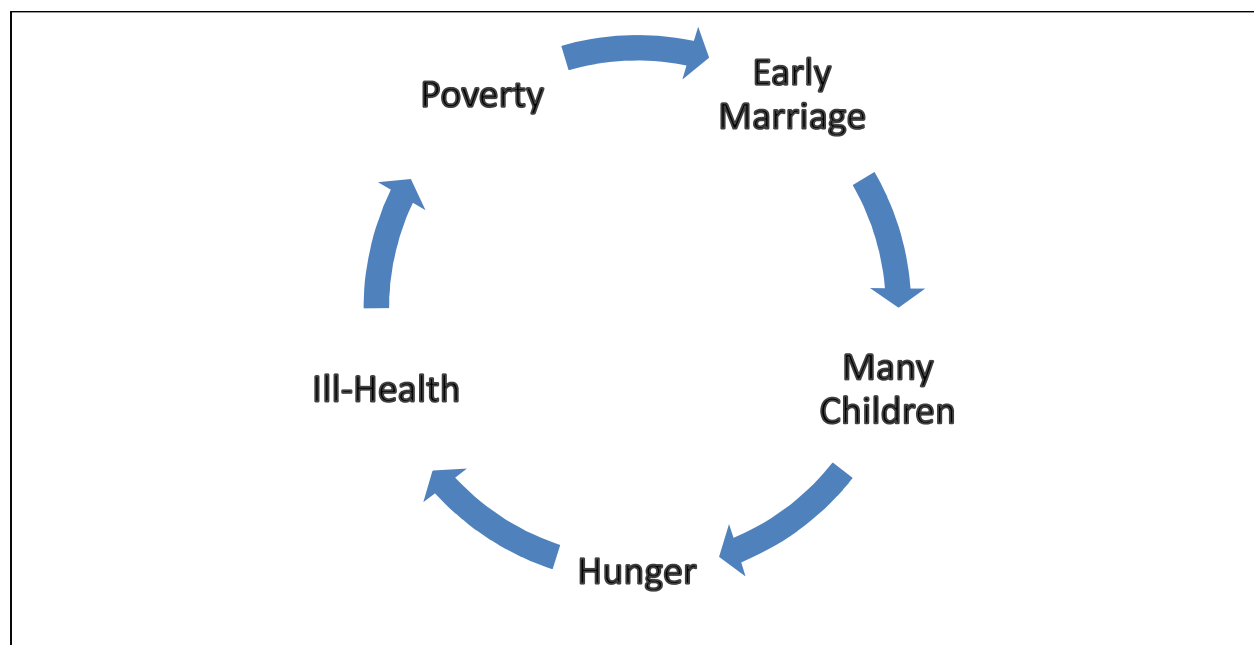
This section reveals the consequences of child marriage propelled by the factors discussed in the preceding section. The consequences include poverty, health, education and domestic violence.

2.2.3.1 Poverty

It is apparent that the factors discussed in the preceding section do not end in just child marriage, but will eventually open a new set of problems which result in a vicious cycle of poverty, as shown

in Figure 2.5. Marriage of a child has a number of consequences to the child, parents, community, and the nation in terms of education, health, poverty, violence, etc. The bulk of literature available mainly focuses on poverty as a cause of child marriage. However, there are some schoolers who have also revealed poverty as a consequence of children marrying too young. Otoo-Oyortey and Pobi (2003) believe that although child marriage has a negative impact on human development, it also contributes to the perpetuation of poverty. Bajracharya and Amin (2010) added that child marriage usually result in premature pregnancy and social seclusion with low educational strengthening the gendered nature of poverty compromising the development of young girls.

Figure 2.5: Vicious Cycle of Poverty



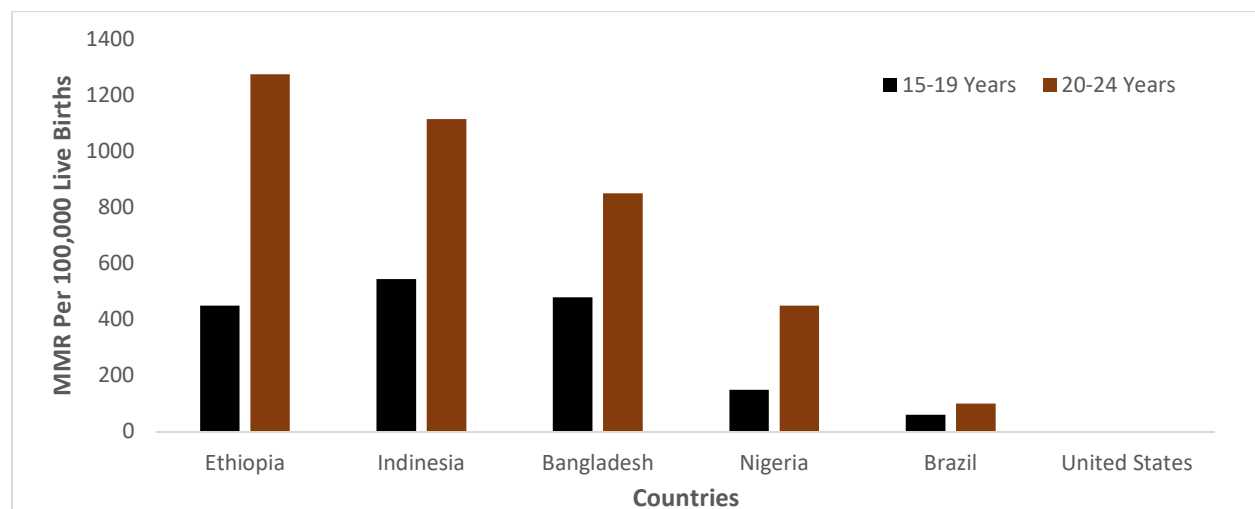
The negative impact of child marriage on a wide range of development outcomes explains why in many countries child marriage is now prohibited by law, but often with little effect (Nguyen and Wodon, 2012). In India, marriage before the age of 18 years has been illegal for about three decades, but about half of all girls still marry before 18 years and in Nigeria as well, legal limitations on the age of marriage have not fundamentally altered the practice (Toyo, 2006). The lack of impact of legislation is related in part to cultural and religious traditions (Faizunnisa and Ul Haque, 2003). Beyond consent law reforms, other interventions are often needed to curb the incidence of child marriage, policies that help in reducing the likelihood of child marriage may include investments

in education, with daughters of educated mother less likely to marry early (Bates et al. 2007), and possibly conditional cash transfers as well (Baird et al. 2010).

2.2.3.2 Health

The harmful effect of child marriage on health and mental well-being is imperative. The practice has been linked to various psychological and health risks (UNICEF 2001, Nour 2004)), including vesico-vaginal fistulae (Akpan 2003). Walker (2012) believes that girls who marry before the age 18 years, experience earlier sexual debut, give birth to more children and lose more of them to neonatal and childhood diseases. There is also higher likelihood of acquiring HIV because early marriage often eliminates a girl's ability to abstain from sex and thus increases the frequency of intercourse, while also decreasing condom use (Clark 2004). This school of thought was also supported by ICRW (2012) as it has found a strong positive correlation between HIV prevalence and the median age of first marriage and first sex. Maternal health risks are particularly troubling as risk of death in pregnancy and childbirth for girls under the age of 15 is five times higher than for women in their 20s (Care, 2012). The Care's argument is supported by the data presented in the Figure 2.6. The Figure also shows that maternal mortality among the 15-19 year olds is twice as much compared to the 20-34 year olds in all the countries selected for the study.

Figure 2.6: Maternal Mortality Among Women 15-19 Years and 20-34 Years in Select Countries



Source: Family Care International and the Safe Motherhood Inter-Agency Group (1998). The Safe Motherhood Initiative. FCI: New York. Centers for Disease Control and Prevention (2002). Vital Statistics Report. CDC: Atlanta.

2.2.3.3 Education

Marrying children before they are mature has negative impact on the schooling. There is a wide range of literature that point to the fact that child marriage has negative effect on education (Field and Andrus, 2009; Nguyen and Wodon, 2012a; Lloyd and Mensch, 2008; Clark, 2004). In Bangladesh, Field and Ambrus (2009) found that for each additional year of delay in the age of marriage, a girl would benefit on average from 0.22 additional year of schooling and an increase in the probability of literacy of 5.6%. Using subjective responses in household surveys to questions about the reasons for not pursuing one's education, Nguyen and Wodon (2012a) found that child marriage is a significant factor, and more so than previously suggested by Lloyd and Mensch (2008). Lloyd and Mensch (2008) had argued that leaving school pre-maturely is often claimed to be among the most negative consequences of child marriage in less developed countries. However, from the analysis he did using the DHS data he concluded that school-girl pregnancy accounted for mere between 5% and 10% of girls' school drop-outs and have been declining.

Walker (2012) argues that the higher the proportion of girls married as children in developing countries, the lower the female literacy level, mostly in SSA countries. Roughly 70% of young girls below age 18 years were married and 30% of women age 15-18 years were literate in Mali, Chad and Niger (Walker, 2012). Child marriage also denies school children the right to education and access to a school environment for self and community development (ibid). Based on data from the late 1990s for 5 countries (Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, and Togo), Lloyd and Mensch (2008) found that, for girls age 15 to 24 years, child marriage and pregnancies directly accounted for between 5% and 33% of school drop-outs, depending on the country. Using similar data for Nigeria for 2006, Nguyen and Wodon (2012c) found that child marriage (and to a much lower extent pregnancies) account for 15% to 20% of the school drop-outs. Nguyen and Wodon (2012d) found out that in Africa, each year of early marriage decreases the probability of literacy by 5.6 percentage points, and the probability of secondary school completion by 6.5 percentage points, with the impact on the probability of having at least some secondary education being slightly larger. Even after marriage, young girls' access to formal and non-formal education is mostly limited because of domestic burdens, childbearing and social norms that view marriage and schooling as incompatible (Mathur, et al, 2003).

2.2.3.4 Domestic Violence

The ICRW (2013) explained that girls who get married prior turning age 18 years are at high risk of experiencing domestic violence compared to their peers who marry later. Child bride is often regarded as a wife- in- training and is considered to be docile and malleable (UNICEF, 2008). UNICEF added that this assumption exposes child brides to the greater risk of domestic violence and sexual abuse by her in- law's family (2008). According to World Vision (2013), child brides in emergency settings often face even more dangerous threats to their well-being, including increased violence and marital rape, as well as poor nutrition during already dangerous pregnancies. The girls in India who were married before age 18 are twice more likely to report being beaten, slapped or threatened by their husbands than girls who married later (ICRW, 2013). Young brides also have little power in their new marriages and they are vulnerable to many forms of domestic violence from their husbands and in-laws (Coyle, 2012). He added that women who marry before they turned age 18 years are twice as likely to be beaten and threatened and are also three times as likely to be coerced into sexual activities as compared to their peers who marries after turning 18 years (ibid).

2.2.5 Policies and Interventions to Curb Child Carriage

There are conflicting and ambiguous laws around the world concerning age of marriage. Even when the minimum age of marriage is established at 18 years of age in the civil code, some countries have personal laws that allow marriage at an earlier age (UNICEF, 2008). In India, Sri Lanka, and Nepal, the minimum age of marriage under the civil code is 18 years; however, personal laws provide lower minimum ages or none at all, in contravention with the CEDAW (Silva-de-Alwis, 2008). In Sri Lanka, where the legal age for marriage for girls was set at 18 years, even after significant efforts to reform, the minimum age for marriage amidst the country's Muslims has not been addressed (ibid). According to Silva-de-Alwis (2008), the Sri Lanka's Kandyan Marriage and Divorce Act of 1952 allowed female children to be married with consent of their parents at the age of 12. Under the Muslim Marriage and Divorce Act, the approval of the Quazi is deemed sufficient to allow a girl under 12 years to get married, thus, although in 1995, Sri Lanka raised the minimum age of marriage from 12 to 18, there is a loophole for those of the Islamic State (UNICEF, 2008). What is more shocking is the Iraq's new draft law, the Jaafari Personal Law Status, presented in 2014, which lowered the marriage age to 9 years for girls and 15 years for boys (Human Rights Watch (HRW), 2014). Furthermore, the laws that require the approval of the courts to lawfully

authorise a child marriage also have harmful implications. There is evidence that some courts have used their discretion in a way that has adverse impact on girls. In Algeria and Libya, in the case of rape of a minor, marriage law excuses the perpetrator of the crime from penal prosecution if he is prepared to marry his victim, thus allowing the judge to lower the minimum age for marriage (UNICEF, 2008). Benin's Personal and Family Code sets the minimum age of marriage at 18 years, it provides that a special dispensation is granted for a valid reason by an order of the President of the Court of First Instance at the request of the Public Prosecutor's Office (CEDAW, 2011).

International and Regional Statutes

Numerous governments in the region have adopted the global standards and statutes to avert early marriages. They have also established minimum legal ages at marriage for both men and women and have tried to protect children's rights through statutory instruments. A number of global and regional statutory instruments designed to end child marriage have been developed in Africa and these include:

- i. **The Universal Declaration of Human Rights (1948):** recognizes the right to free and full consent to marry and states that a person must be mature enough to make an informed decision (UN, 1948).
- ii. **The Convention on the Abolition of Slavery, the Slave Trade, and Institution and Practices Similar to Slavery (Supplementary) (1956):** The governments are obliged to take all practicable and necessary legislatures and other measures to bring about progressively and as soon as possible the complete abolition or abandonment of the harmful practices, where they still exist, such as: women who are given to a man for marriage on payment of a consideration in kind or money to her parents; a woman being transferred to another man for lobola received; a woman on the death of her husband is liable to be inherited by another person (UN, 1956).
- iii. **The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1964):** Outlaws all marriages entered into without free and full consent of both spouses (UN, 1964). The states to the convention are advised to take

legislative action to specify a minimum age for marriage (ibid). It explains that no marriage should be entered into by any person under the specified age except where a competent authority has granted a dispensation as to age, for serious reasons, in the interest of the intending spouses (ibid).

- iv. **The International Covenant on Economic, Social and Cultural Rights (ICESCR) (1976):** Article 10 of the Covenant states that marriage must be entered into with the free consent of the intending spouses (UN, 1976).
- v. **The Convention on the Elimination of All Forms of Discrimination of Women (CEDAW) (1979):** The Article 16 of the convention advise the States to take suitable procedures to eradicate discrimination against women in all issues linked to marriage and family relationships, specifically ensuring equal right to enter into marriage, freely choose a wife or husband and to get into marriage with their full and free consent (UN, 1979).
- vi. **The African Charter on Human and People's Rights (ACHPR) (1986):** Article 18, Part 3 gives obligation to governments to guarantee the abolition of every discrimination against women and also safeguarding of the rights of the child and the woman as specified in the global declarations and conventions (Organisation of African Unity) (OAU, 1986).
- vii. **The Convention on the Rights of the Child (CRC) (1990):** Article 2 of the Convention states that the best interest of the child must be the primary concern in making decisions that may affect children (UN, 1990). Article 19 obliges States to protect children from all forms of physical or mental violence and all forms of violence which includes forced and early marriage (ibid)
- viii. **The African Charter on the Rights and Welfare of the Child (1990):** States that governments should do what they can to halt harmful social and cultural practices, such as child marriage, that affect the welfare and dignity of children (OAU, 1990).

- ix. **The ICPD (1994):** One of the Plan of Action for the seminar was the elimination of harmful traditional practices that affect women's and children's health. Some of the practices include the female genital cutting, sex selective abortions, child marriage and violence against women (UN, 1994). Governments were urged to adopt legislative measures fixing a minimum age for marriage for boys and girls as recommended by the WHO, which set the minimum age for girls at 18 years (ibid).
- x. **The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (AKA Maputo Protocol) (2003):** Article 6 of the Protocol stipulates that governments should guarantee that both spouses enjoy the same rights and should be considered as equal parties in the marriage (UN, 2003). It further explains that appropriate national legislative measures should be enacted to guarantee that no marriage should take place without the free and full consent of both parties and it set the minimum age of marriage for women at 18 years (ibid).

National Laws and Legislations

- i. **The Constitution of the Republic of Zimbabwe of 2013:** Sets the minimum age of marriage for both boys and girls at 18 years.
- ii. **The Marriage Act Chapter 5:11:** Sets the minimum age of marriage at 16 years for girls and 18 years for boys.
- iii. **The Customary Marriage Act Chapter 5:07:** Does not specify the minimum age of marriage, it leaves the prerogative to the cultural values of the societies to determine.

There are three widely recognized types of marriage in Zimbabwe namely, the Civil, Customary and the unregistered marriages. The civil marriage is covered by the Marriage Act Chapter 5:11, which prohibit polygamy and it gives almost equal rights and legal protection to spouses who are in that union. The customary marriage is covered by the Customary Marriage Act Chapter 5:07, which recognises the marriage as being governed by the cultural values of the societies. This type of union allows polygamy and the man is legally recognised as the owner or guardian of the children. The strength of these two types of marriages is centred on the fact that they are both legally

recognised. The third type of marriage (unregistered union), the union is not legally binding and is allegedly viewed as the most common in Zimbabwe.

The question would be, with all these legal instruments in place, why is child marriage still high in the region? This implies that the enforcement of these statutes is a challenge which could be impeded by various factors highlighted in the previous sections. The literature on the interventions tried and worked in other countries faced by child marriages was reviewed. The approach to the problem covered education, economic support, policy framework and working directly with the children.

2.2.3.1 Educate Parents, Community Members, Religious and Traditional Leaders

It is common that girls rarely have the control to choose when or whom to marry and after they are married they may have less power to decide what to do and when. Thus, it is essential that activities designed to inform and empower girls also include parallel efforts to educate and mobilize parents, in-laws, religious/traditional leaders, and other community members. According to Diop et al (2004), Tostan's Community Empowerment Program (CEP) implemented in Senegal was developed around informal community education and raising awareness that enables community mobilization, at times involves making public declarations against harmful practices, such as child marriage and female genital mutilation. When implementing the program, Tostan CEP first sought the approval and buy-in of the village leaders (Diop et al, 2004). Once the village leaders were knowledgeable about the harms of early marriage and FGC, the rest of the community members were engaged in educational sessions (ibid). Diop et al (2004) reported that as a result of the community education sessions in the Thies, Fatik, and Kolda regions of Senegal, not only did several villages make public declarations to end child marriage, but many people reported that knowledge of rights and responsibilities among both participating and non-participating women improved. It was noted that the involvement of all community members at highest rankings such as the village elders down to girls, is what brought the much needed change in Senegal.

2.2.3.2 Economic Support and Incentives for Teenagers

Intergenerational poverty and dearth of sustainable income-generating opportunities for young women and girls are key factors contributing to high child marriage rates (Warner, Glinski and

Thompson, 2013). Warner et al (2013) added that successful programs help to offset the economic pressures for families to marry daughters through multiple mechanisms, such as providing a direct incentive for delaying marriage, incentivizing a behaviour that is linked with delay of marriage (such as school attendance), or increasing the financial knowledge and skills of girls or other family members that help to increase financial security. Economic incentive approaches may be particularly important where the prevalence of child marriage is high and where median age of marriage is low (15 years or below) (Warner et al, 2013). The evidence shows that there are many programs that offers girls financial saving skills and access to loans to assist in mitigating the economic drivers of child marriage.

BRAC's Social and Financial Empowerment of Adolescents (SoFEA) program in Bangladesh teaches girls financial literacy for micro-enterprise management, savings, and credit for economic independence (Bhattacharjee and Das, 2011). Bhattacharjee and Das (2011) added that other programs teach girls livelihoods and vocational skills to provide them with viable income earning opportunities. After two years, the average fertility rate of girls participating in the programme was three percentage points lower than girls who were not in the programme that translate to a 29% reduction and the likelihood of girls engaging in income-generating activities rose by 35% (Bandiera et al., 2012).

Save the Children's Kishoree Kontha program in Bangladesh taught girls general livelihood skills, while Pathfinder's Raising the Age of Marriage program taught girls specific skills to become paramedics (Burket, 2006). Some of these programs teach such skills with the intended objective of delaying the age of marriage, and for others, delayed age of marriage is an unintended outcome of the program (Warner et al, 2013). Transfers of cash or other assets are increasingly popular strategies for incentivizing changes in behaviour and attitudes (Warner et al, 2013). Erulkar and Muthengi (2009) found out that, in Ethiopia, the Berhane Hewane program incentivized families by providing them with a goat if their adolescent daughters remained unmarried while enrolled in the program, thus delaying the age of marriage among those age 10 to 14 years over a two-year period. The Zomba Cash Transfer Program in Malawi compared how a cash transfer that was conditional on school attendance versus an unconditional cash transfer affected the age of marriage of girls (Baird, 2009). Baird (2009) added that the unconditional cash transfer was actually more

effective in delaying marriage, possibly because it was able to reach the most vulnerable, out-of-school girls. Furthermore, ICRW (2013) identified a Apni Beti Apna Dhan (“Our Daughters, Our Wealth”) program, implemented by the state government of Haryana, India, which provided savings bonds to new-born girls that would be eligible for cashing out when the girls were 18, provided they were unmarried.

2.2.3.3 Nurturing of a Supportive Policy and Legal Framework

Gandhi and Krijnen (2006) cited a rural livelihoods community-based program in Afghanistan that organised groups of women to action on critical community issues such as local marriages and reinforced “shuras” (local governance structures) to provide answers to gender related issues and the problem of early marriage. On the other hand, Pedersen et al (2008) identified that the “shuras” received education from Oxfam on subjects of health and hygiene, the importance of education, and women’s rights and the program reported being able to link early marriage to complications in pregnancy, stopping child marriages, and resolving fights between women.

Another Oxfam project in Yemen, the Integrated Action on Poverty and Early Marriage (IAPE), sought to raise awareness of the consequences of child marriage, build the capacity of local partners, and advocate for women’s employment, a legal age of marriage, self-employment through micro-leasing, and business development services (Pedersen et al, 2008). In an effort to raise awareness about the harms and enact policies around child marriage, the program created and distributed early marriage books and implemented dramas and radio discussions (ibid). Pederson et al (2008) further added that advocacy efforts for the passage of a minimum age of marriage law targeted parliamentarians and consisted of policy research, media advocacy, and workshops to disseminate findings and build alliances at the national level. The core challenge among these advocacy efforts was the fact that many parliamentarians were religious leaders and thus messages needed to be targeted to a religious perspective (ibid). In order to provide increased opportunities for women, the project also worked to advocate for women’s employment in the government and private sector at the governorate level, micro-leasing of capital and non-capital assets, and business development services and skills training for women (Pedersen, Mukred and Qaid, 2008). However, an evaluation report of the project shows that the resistance of parliamentarians, many of them being religious leaders, continued. On the other hand, the project brought initiation of recruitment of moderate

number of women in the public sector in line with the livelihood component objective but advocacy directed towards the private sector remained weak.

2.2.3.4 Work Directly With at Risk and Married Girls Offering them Skills, Information and Support

The example of programs that offer skills, information and support work to married and at risk children is the Maharashtra Life Skills Program (MLSP) in India. The MLSP organised groups of unmarried adolescent girls for an hour each weekday over a period of one year. The non-formal educational program consisted of the following units: social issues & institutions, local bodies, life skills, child health & nutrition, and adult health (Pande et al, 2006). The objective of the program was to offer adolescent girls the necessary knowledge and skills to delay the average age of marriage. Not only did girls' knowledge increase over the program period, but the average age of marriage in the program area increased from 16 to 17, while remaining unchanged in the control area (Pande et al, 2006).

Catino et al (2011) identified a program in Guatemala, the Population Council's Abriendo Oportunidades (Open Opportunities), which was designed in 2004 to increase indigenous Mayan girls' social support networks, connect them with role models and mentors, build a base of critical life and leadership skills, and provide hands-on professional training and experience. The program consists of a one-year life skills course for unmarried girls (age 8-18 years), with a focus on out-of-school and working girls. Workshops are conducted with girls and their mothers on topics such as self-esteem, life skills, developing aspirations, planning for the future, sexual and reproductive health, and HIV/AIDS prevention (Catino et al, 2011). As a result of this programme, 100% of participating girls completed 6th grade, compared to 82% of all girls nationwide while 72% were still in school at the end of the two-year programme, compared to 53% of all indigenous girls nationwide (Segeplan, 2010). An evaluation showed that 97% of girls age 15-19 years who participated in the programme remained childless, compared to the national average of 78.2% (ibid).

Other programs use complementary strategies to reach girls who are already married, and who need concentrated efforts to improve their health and well-being (Rahman and Daniel, 2010). An

example of such programmes is the Pathfinder's PRACHAR (Promote) in India whose objectives are to: 1) increase girls' age at marriage, 2) delay first pregnancy after marriage until 21, and 3) ensure spacing of at least three years between the first and second births (ibid). The program uses educational sessions with adolescents (both married and unmarried), behaviour change communication, such as billboards and flyers, and door-to-door personal visits by health workers to convey important health messages (Rahman and Daniel, 2010). Wilder et al (2005) noted that the messages communicated by these many channels include the importance of spacing, reproductive health education, family planning methods, HIV/AIDS and STDs prevention, education for traditional birth attendants, and more. PRACHAR was able to successfully delay the age of marriage as well as the age of first birth among its program participants (ibid).

2.3 Theoretical Framework

This study adapted the Ecological Systems Theory (EST), developed by Bronfenbrenner in 1979. Bronfenbrenner (1979) recognised that human development occurs in a multifaceted network of interactions between the individual person and the broader society. As such, he developed a model outlining four layers of ecological structures from direct contacts, beginning with social agents to broad-based institutional systems. The innermost circle (also known as the **microsystem**) represents the social environment that an individual child lives in, which is bounded by close family, school, peers and the neighbourhood. The next layer is the **mesosystem** which basically forms the interactions between the microsystems, peers, school experiences and the family. Taking for instance, if a girl child is forced to get married, there are high chances that she may not be able to go to school and is likely to lose peers and friends, see Figure 2.7.

The experiences in the societal setting where children do not directly interact but have immediate impact on the child is the **exosystem**. In the event that a parent lose a job, or that parent him or herself pass on, loss of access to media, loss of culture and lack of community perceptions, is likely to affect child marriage.

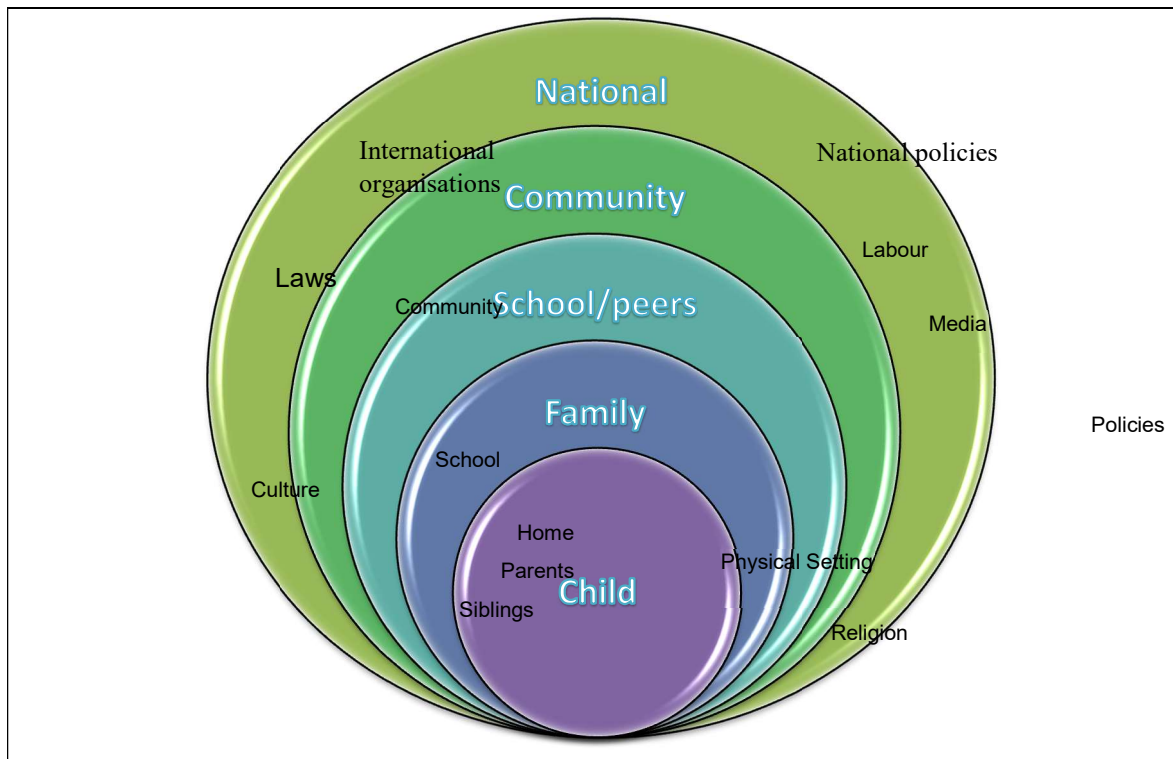
The layer that follows the exosystem is the **macrosystem** includes all the organisations (international and national) and beliefs; laws and policies, practices and societal attitudes, and customs or societal class in which the child live, can influence a child to marry prematurely.

Hetherington (1989) augmented Bronfenbrenner's model by later adding a fifth layer which he called the **chronosystem**. This comprises the changes of the setting over time, not only in the individual child, but also the broader environment i.e. socio-economic conditions; in this case tourism and education have played a critical role in influencing the environment especially of the girl child over time. What is assumed is that, the child grows gradually outwards while the world expand inwards, hence, the interactions have a strong effect on the growth of the child.

At the microsystem, children are side-stepping their parents and marrying at younger ages, hence, the parent can no longer protect them. At family level, parents are also pushing children to marry young rather than protecting them. The peers and gender inequalities indirectly push the child out of school and consequently marry at younger ages. At the mesosystem, loss of a parent's income as a result of an under-performing economy, loss of parents and adult support consequently force young girls into marriage. In the case of orphaned child, the extended family usually coerce the girl child to marry young. Normally, the culture in the society, norms and values, language they use and perceptions of the community about girls' sexuality all push the girl child to marry young.

Most of the determinants in this model operate at more than one level. For example, national-level policies may restrict adolescents' access to contraception or lack of enforcement of laws banning child marriage all the way to the level of the individual, such as a girl's socialization and the way it shapes her beliefs about pregnancy. Both the international and national organisations developed to safeguard the rights of the children have dodges that permit the practice of early marriage to continue.

Figure 2.7: The Ecological System Theory of Care



Source: adapted from Bronfenbrenner (1979)

CHAPTER 3: METHODOLOGY

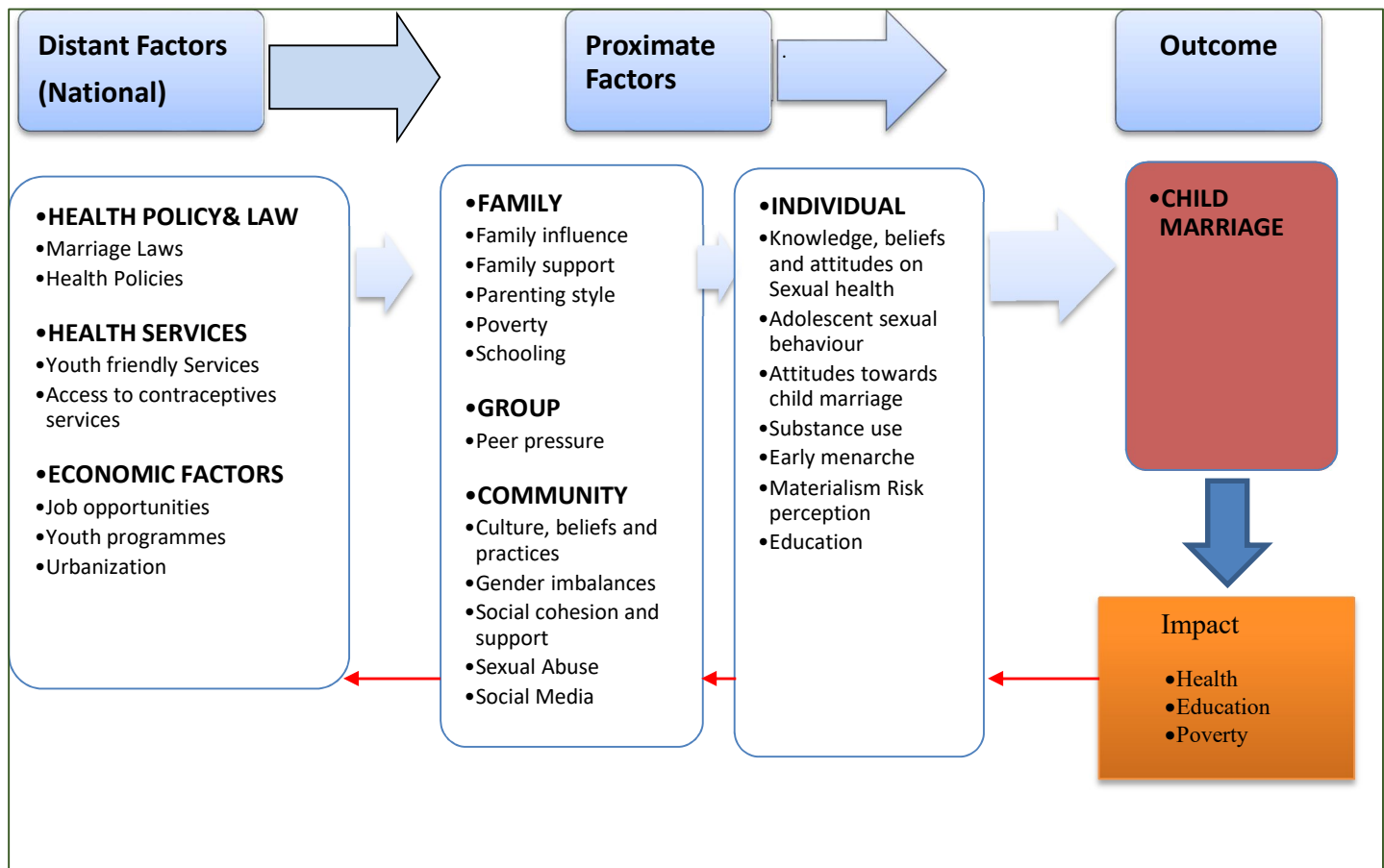
3.0 Introduction

This chapter gives a detailed description of the research methodology used in this study. The data obtained attempts to address the research objectives highlighted in the first chapter. The areas covered include the research area, target population, data collection methods and instruments, sampling techniques, data collection procedures, ethical considerations, data presentation and analysis.

3.1 The Conceptual Framework

The Conceptual framework for this study is an adaption from the Bronfenbrenner's (1979) EST which describes child marriage as an occurrence influenced by various factors operating at different levels. See Figure 3.1. It shows the interrelationship of the distant and the proximate factors of child marriages which operate at various levels. The distant factors include health policies and laws, health services and other factors. The proximate factors are subdivided into family, groups and community and all these influences the individual child's behaviour. The failure to address the child's issues at individual, family, community and national level would result in child marriage which has negative impact again to the child, family, community and the nation.

Figure 3.1: Conceptual Framework



Individual Factors

Alsaker (1996) and Deardorff et al (2005) comment that about 10-15% of young girls are currently maturing earlier than their peers of the same age and this predisposes them to negative consequences as a result of their early maturity. GeX (1996) and Deardorff et al (2005) commented that a girl maturing early is “less likely to be emotionally and cognitively prepared” to face challenges related to this transition time. In addition, that child’s immature coping mechanisms may impact negatively on her sexual decisions. Deardorff et al (2005) continued to comment that early pubertal and early menarche is not only associated with teen pregnancy in young girls, but substance use and risky sexual behaviour. Young girls maturing early in terms of early puberty and menarche are more likely not only to engage in sexual intercourse but also substance abuse (ibid). Early sexual activities, when coupled with little or no reproductive health knowledge, engaging in unprotected sex in particular, increases the risk of child pregnancy. In addition, most girls cannot exercise their rights in making a choice or decision on condom or other contraceptives use due to fear of losing a

partner or making her partner angry (Jejeebhoy et al., 1999). Deardorff et al (2005) suggests that the relationship between alcohol use and teen pregnancy is based on the fact that “alcohol use leads to an increased likelihood of sexual intercourse” among adolescents. There are many factors influencing children’s behaviour through altering their perceptions and beliefs of the social and personal consequences of becoming pregnant and their self-efficacy in sexual related decision process. All these individual factors are influenced by the group, family and community the child is exposed to.

Group and Family Factors

Some young girls sometimes join peer groups that promote promiscuity rather than education. This makes them think that it is imperative to have a boyfriend. Given the misconceptions about sex, these girls end up experimenting. Nonetheless, it is alleged that girls who are either single or double orphaned are at high risk of early pregnancy than those living with both parents. In many societies and in this modern world, parents are expected to provide sex education to their children but however, studies have shown that parents do not talk to their children about these matters because they feel confused, ill-informed or embarrassed about the topics (Hughes & McCauley, 1998). On the other hand, ZIMSTAT (2015) revealed that girls from low socio-economic status (30% in the poorest wealth quintile) households have greater risk of marrying early than those from higher socio-economic status (8% in the richest wealth quintile). It is believed that the poor households would be more constrained in providing for the children in various areas such as food, shelter and education which force them to think that marrying off the children to a rich man could alleviate them from poverty. Also the children from poor households are more likely to be inadequately educated and as a result, they see marriage as the only way to escape poverty. In addition, mother’s education is also positively associated with marriages. Studies have also shown that the lower the education of a child is, the higher the likelihood of getting married early.

Community Factors

It is known that societies and communities have set of values, beliefs, cultures and traditions with regard to sexuality. In most instances, the information and teachings given to the young girls are contradicting. For instance, in some rural societies, remaining a virginity before marriage is highly valued, however, the girls who live in communities where they are surrounded by modern materials

like cell-phones, clothes, perfumes that are easily acquired by entering into a sexual relationship with old and wealthy men, it is difficult for the girls to preserve their virginity. Girls in a relationship with an older and experienced partner, have limited ability to make decisions on contraceptive use (Görge et al., 1993) and, when this is coupled with the fear of losing a partner or making her partner angry (Jejeebhoy et al., 1999), makes girls continually at risk of pregnancy. Mass media is also considered as a factor contributing to pregnancy risk among girls. Some students, especially in urban areas, have access to television, radio, sex magazines and the internet. Girls can end up with negative influences leading to imitating; practising and behaving like the actors, singers and other people they see on television. The internet, social media such as Facebook and WhatsApp, which can now be accessed through mobile phones may contribute towards sexual relationship.

National Factors

In most cases, family planning services does not reach the young girls partly as a result of misconstructions on young girls risk of pregnancy, the fear of being viewed as promiscuous upon attending the family planning clinics and lack of awareness on the right to access contraceptive services among girls (Rasch et al, 2000). Furthermore, it is alleged that the young girls associate reproductive and child health clinics with pregnant mothers and under-five children. Also, the national policies may restrict young girls' access to contraception which may lead to more early marriages and pregnancies. The health policies should be able also to promote Antenatal care visits among young girls to lessen the impact of child marriages. The national policies on education is expected to keep children in school for a long time. Once the policy fails to keep children in schools for a long time, then there is high likelihood of an increase in child marriages. It is believed that education is powerful in delaying marriage, therefore, a country with highly educated children is less likely to have high levels of child marriages. The policies on economic development should include children, focusing on creating jobs for youth in order to keep them busy and alleviate them from poverty. Studies have shown that children with nothing to do are more likely to marry at young age (ICRW, 2013; WHO, 2013; 2014 MICS; TUFIFC, 2004).

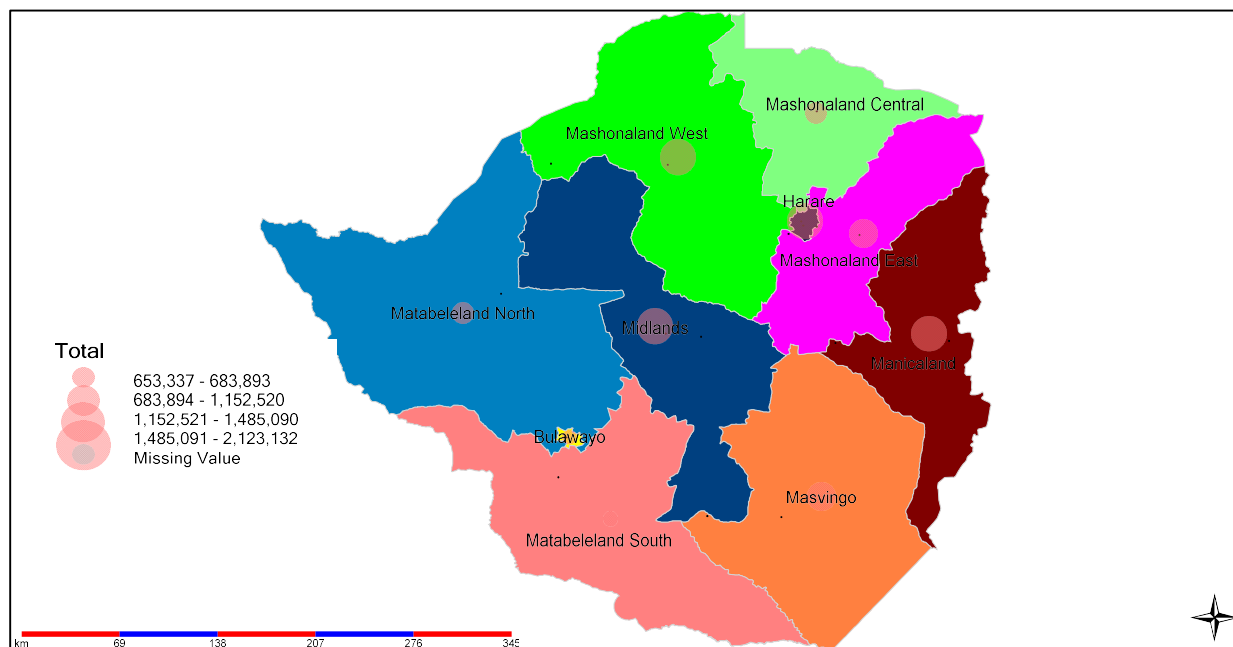
However, programmers and policy makers are expected to address the problems of child marriage from a child's social position to prevent him or her from getting into vulnerable positions. It is believed that overlooking the social context and the causal interactions may lead the children to be

in such a grim position. Furthermore, those children who manage to escape the rescue-net will remain invisible in the communities and will not be identifiable for interventions. The children who are victims of child marriages and cannot cope with the situation end up divorcing, end up in prostitution, remarriage or return to parents' home, opening another set of problems that many interventionists are currently fighting. This indicates that many interventionists may be fighting only symptoms while the underlying factors are not being addressed.

3.2 Study Area

The study focused on the country Zimbabwe. The survey was conducted in all the country's 10 administrative provinces namely Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Masvingo, Midlands and Bulawayo. All the provinces have urban and rural subdivision except for Bulawayo. The capital city for Zimbabwe is Harare and Bulawayo is the second largest town. Figure 3.2 shows a map of the area of the study.

Figure 3.2: The Zimbabwe Map and the Population Sizes as Per the 2012 Population Census

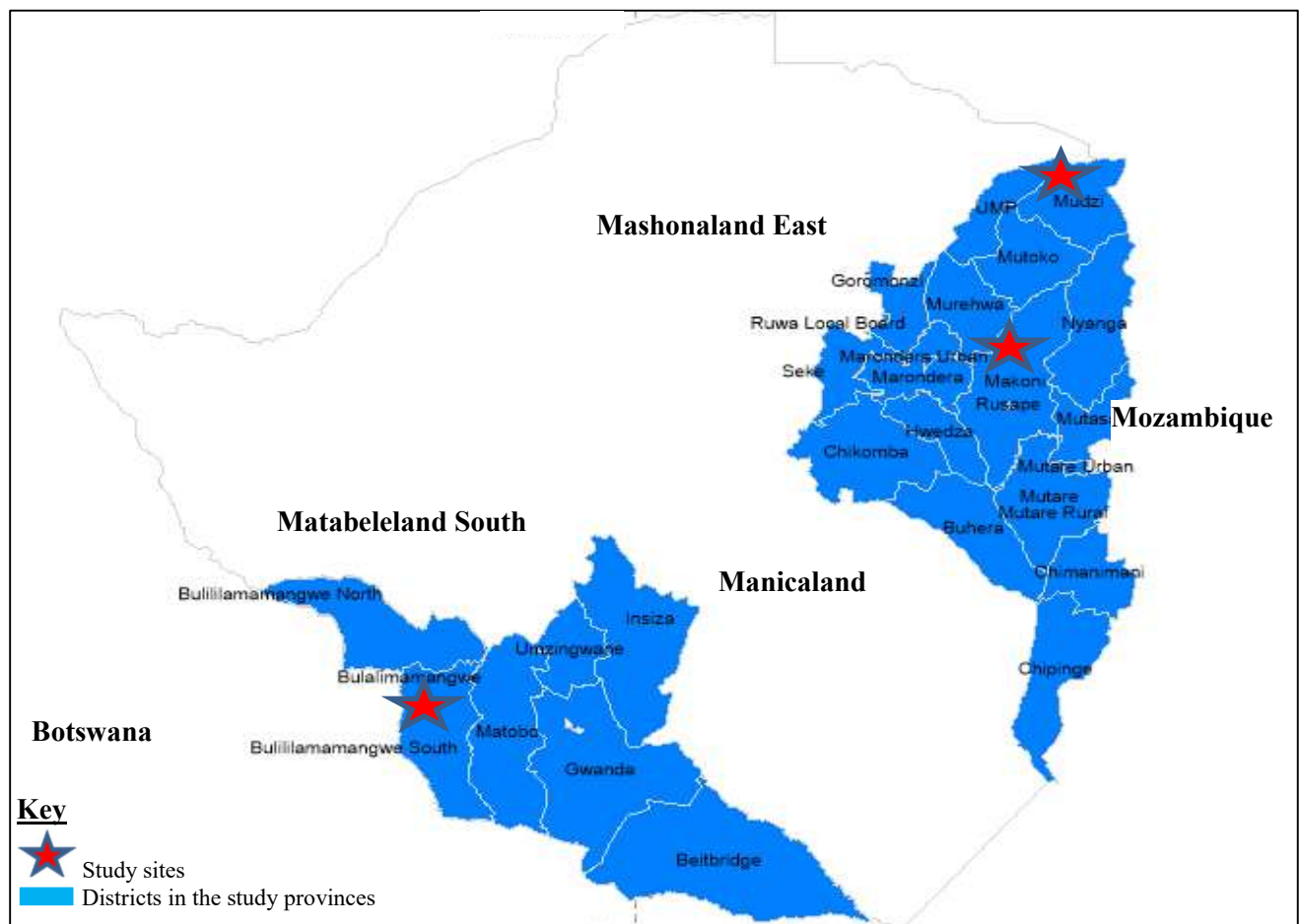


Source: Adapted from ZIMSTAT, ZIMDAT 2016

Focus Group Discussions (FGDs) were conducted in three provinces, namely Matabeleland South, Manicaland and Mashonaland East, see Figure 3.3. In Matabeleland South Province they were done

in Bulilimamangwe South District. In Manicaland and Mashonaland provinces they were done in Makoni and Mudzi districts, respectively. The sampling of these provinces was purposive in order to gather diversified information on child marriages. These provinces also present distinct population characteristics which are of interest in the study of child marriages such as in Matabeleland South there was a myth that a father-in-law performs virginity test on all the daughter in-laws. Manicaland District, specifically in Makoni, it is popular with the Apostolic Sects doctrines that promote polygamy and child marriages. Lastly, Mudzi is a district with least educated population in the Mashonaland East Province and education is an important variable in the analysis of child marriages as reflected in the literature review

Figure 3.3: Map Showing Study Sites of Qualitative Data



Source: Adapted from ZIMSTAT, ZIMDAT 2016

3.3 Target Population

The study focused on young girls age 15-17 years.

3.4 Sampling

The sample for the 2014 MICS was designed to provide estimates for a large number of indicators on the situation of children and women at the national, provincial and urban/rural levels. The 2014 MICS data was stratified by urban and rural areas in each of the ten provinces. A two-stage, stratified sampling approach was used for the selection of the survey sample. In this study, a sub-sample of 1,881 girls aged 15-17 years was selected for analysis.

The participants for the FGDs in the selected wards were selected by the researcher with the assistance of the village heads in the rural areas while in the urban areas, the councillors assisted with the identification of the respondents.

3.5 Data Collection Methods

A triangulation of both quantitative and qualitative methodology was used in the study. In terms of the quantitative method, further analysis of the 2014 MICS was undertaken while for the qualitative method, Focus Group Discussions (FGDs) were done.

3.5.1 Survey

The MICS is an international household survey programme developed by the UNICEF in the 1990s. MICS collects statistically sound, internationally comparable estimates of key indicators useful to assess the situation of children, women and men in basic social outcomes. Data on child marriages is some of the information collected in MICS using the “Women Questionnaire” which was utilized by the researcher in this study.

Questionnaires: A set of four questionnaires was used in the 2014 MICS. The questionnaires were adapted and customized from the standard MICS 5 questionnaires. All questionnaires were translated from English to two main vernacular languages spoken in Zimbabwe, i.e. Shona and Ndebele. The woman and the household questionnaires were utilized in this study.

Women's Questionnaire was administered to all women in the 15-49 year age group from each selected household, encompassed the woman's information panel, her background characteristics, fertility, birth history, desire for last birth, maternal and new-born health, maternal mortality, postnatal care, marriage/union, illness symptoms, attitudes towards domestic violence, access to mass media and use of information communication technology, tobacco and alcohol use, contraception, unmet need, sexual behaviour, and knowledge on HIV and AIDS.

Household questionnaire was used to collect basic demographic information on all de jure household members (usual residents), the households, and the dwelling units. This questionnaire was responded to by the head of household or a chief respondent and some of the critical information for this study covered by this questionnaire is the household information panel, listing of household members, their education and household characteristics. This questionnaire was used in this study to generate important cross classifying variables to better understand the subject.

3.5.2 Focus Group Discussions (FGDs)

The FGDs were used to collect qualitative data for the study. They are important as they provided the researcher with a deeper understanding of the communities' perceptions, norms and values regarding child marriages, and the underlying causes and factors determining child marriages as experienced by the communities. In researches of this nature, there was a need for group interactions between respondents so as to stimulate richer responses and allowing new and valuable thoughts regarding the topic, child marriage.

Selection of participants

In this study, ten FGDs were conducted among women and men age 15-49 years in Matabeleland South (Bulilimangwe South District), Manicaland (Makoni District) and Mashonaland East (Mudzi District) provinces. The ten groups were created with selection factors being sex, age and residence. A total of 79 persons participated in the FGDs. See Table 3.1 for the distribution and composition of the groups.

Table 3.1: Focus Group Discussions Participants

Groups	Group Size
Matabeleland South Province (Bulilimamangwe South District)	
Group 1: Women 18-49 years (Rural)	12
Group 2: Men 18-49 years (Rural)	10
Group 3: Girls 15-17 years (Rural)	8
Group 4: Boys 15-17 years (Rural)	9
Group 5: Women 18-49 years (Urban)	8
Group 6: Men 18-49 years (Urban)	7
Manicaland Province (Makoni District)	
Group 7: Girls 15-17 years (Rural)	6
Group 8: Women 18-49 years (Rural)	6
Mashonaland East Province (Mudzi District)	
Group 9: Girls 15-17 years (Rural)	7
Group 10: Women 18-49 years (Rural)	6
Total	79

Groups with different sex were chosen to promote free participation among women and also among men. The main reason for separating them by age was that the 15-17 year age group is made up of children while the age group 18-49 years is composed of those considered to be adults (the legal age of majority) under the current Zimbabwean constitution. This was done to minimize the chances where adults blame the children and vice versa. Also, the children may be forced to agree with what the adults would be saying if they were in one group. The FGDs conducted in Matabeleland South Province, the researcher concluded that there was no new and valuable contribution derived from both boys and men, hence, they were excluded in the FGDs in the two other provinces.

The study covered both the rural and urban respondents. The groups were split in terms of residence because rural-urban factor is important on child marriages since the patterns and experiences are alleged to be different. The group sizes ranged from 7 to 12 members.

Recruitment of Participants

Identification of the participants was done by the researcher with the assistance of the research assistants. In the rural and urban areas, the research teams approached the village heads and the councillors, respectively, to inform them of the visit. The selection of participants started with the identification of households who had persons in the age group 15-49 years, then they were categorised into age groups 15-17 years and 18-49 years. There were further categorised into males and females. In cases where there were more than 12 participants in each group, they were randomly picked but ensuring each age in each group. The selected participants excluded influential people so as to avoid the situation whereby the discussions would be dominated by one or two persons. The influential persons excluded include the councillors, village heads and leaders of community projects. The selected participants were invited on time, at least two days before the dates of the FGDs.

Each FGD was composed of a facilitator (the researcher), research assistant and two rapporteurs (Shona and Ndebele speaking). The research assistant helped with setting appointments for the researcher to meet the village heads and the councillors, mobilizing participants and distributing refreshments. Apart from the aforementioned duties, the research assistant in Matabeleland South Province played interpreter role in assisting some of the participants who could not speak Shona language fluently. The FGDs in Matabeleland South were conducted in Shona and Ndebele languages while in the other two provinces, Shona language was used. The research assistants were workmates who operate in the selected provinces and had worked with the village heads and councillors in the areas where the FGDs were conducted. This work relationship made it easy in terms of setting up appointments with the village heads and councillors.

Data Collection Tools

An FGD guide was the tool used to collect the desired information. Smart phones were used to record the discussions and as a result, no piece of information was lost. Notes were recorded in the note books.

3.6 Data Management and Analysis

The data collected through the FGDs was processed using the Krueger's (1994) framework, but also incorporated some key stages of the 'framework analysis' described by Ritchie and Spencer (1994). The five key stages followed in the data processing were: familiarization, thematic framework identification, indexing, charting, mapping and interpretation. The process of data analysis began at data collection stage through skilful facilitation of the discussion processes and generating rich data at the same time supplementing them with the observations and recordings. Following this stage, was the familiarisation with the data which was achieved by: listening to recordings from the smart phones; reading the transcripts in their entirety for numerous times; and reading the observational notes which were taken during the discussions and summary notes written instantly after the completion of each FGD. The purpose of the familiarisation process was to allow the researcher to immerse in the niceties and get the sense of the discussions before breaking it into themes. Consequently, major themes began to emerge during this process.

The next stage was to identify a thematic framework which was done by writing messages in the margins of the texts. The themes were developed based on the research objectives and questions. Four themes were developed from the data collected as follows: knowledge and perceptions; causes of child marriage; consequences; and interventions.

The 3rd stage was the indexing process and it involved sifting the data, highlighting and categorisation of quotes and making comparisons within and between groups.

The 4th stage was the charting which comprised lifting the quotes from their original context and placing them under the developed themes. This was achieved by first numbering each line of the transcript then followed by making two hard copies of each transcript, that is, one which was cut up and the other one that stayed intact. The transcripts were then reprinted on different coloured cards. The categorisation was done as follows: Knowledge and Perceptions on White Cards, Causes on Blue Cards, Impact on Pink Cards, and Interventions on Green Cards. The cards were then stapled on big flipcharts clearly marked theme names and this was done following the age, sex and residence categories.

After completing these stages, it was followed by the last stage which is the mapping and interpretation of data. This process started with considering the actual words used by the participants and their meanings. In the case where the participants used ambiguous words the researcher considered redefining them. The researcher also considered the context in which the quotes were made. The wording of the facilitator's questions and succeeding comments made by other participants in the group influences the context in which the comments were made. The researcher also considered the frequency and the extensiveness of comments made. The other thing considered was the intensity of the comments, that is, the depth of feelings in which the comments were expressed such as the type of words used. Internal consistency was also considered in mapping and interpreting the data i.e. any changes in opinion or position by the group members. The researcher also considered the 'specificity of responses' as greater consideration was placed on responses making reference to personal experiences. Lastly, big ideas emerging from the discussions were considered. These included large trends or concepts that emerged from an accretion of evidence cutting across different FGDs.

3.7 Data Limitations

The 2014 MICS can only give estimates up to provincial level, hence, any other lower level computations cannot be performed with stability and accuracy.

3.8 Ethical Considerations

The 2014 MICS was conducted in conformity with the ethical guidance provided by the Medical Research Council of Zimbabwe (MRCZ) and the Census and Statistics Act of 2007. All the respondents consented to participate in the survey and they were free to skip any questions they did not want to answer. The data were collected with utmost confidentiality provided for in the Act.

As a researcher who was wearing two hats, one as a student doing a study and the other as a personnel from a National Statistical Organisation (NSO), together with the research assistants, they had to start by dealing with de-rolling. To further compound the situation, the research assistants had worked with several village heads and councillors in the selected districts on various work programmes. Initially, the heads and people in the communities thought that the research teams had come with another NSO projects. As such, the research teams took time to distinguish

between its roles as researchers and NSO employees. After having dealt with the issues of de-rolling and separation of powers, the researcher ensured that all participants voluntarily participated in the discussions. They were guaranteed of confidentiality and that all the information they were going to provide were to be used only for research purposes and they were not going to be identified. For all the participants who were below age 18, consent was sought from their parents or guardians. The parent/guardian signed the consent form and the child signed the assent form. For all the participants above age 18 years, they were made to sign a consent form to confirm that they had voluntarily agreed to participate in the study. See Annex 2 and 3 for the consent and assent forms.

CHAPTER 4: FINDINGS

4.0 Introduction

The chapter covers the study research findings. It presents the findings from the quantitative 2014 MICS and qualitative (FGDs). It covers demographic and socio-economic characteristics of the respondents, sexual history, child bearing, and access to mass media, drivers and consequences of child marriage.

4.1 Demographic Characteristics of the Respondents

This section presents the demographic characteristics of the respondents age 15-17 years. The demographic characteristics covered in this study are; age, distribution by residence (rural-urban) and province, marital status, and type of marriage which are presented in Table 4.1.

The total number of the respondents in this study were 1,881 girls and they were equally distributed across all the ages. The majority of the respondents were found in rural areas (72%) compared to urban areas (28%). This proportion is similar to the one obtained in the 2012 population census which had 67% and 33% for rural and urban areas, respectively. In terms of the spatial distribution across the country's 10 provinces, in Manicaland, Mashonaland East, Mashonaland West, Midlands and Masvingo provinces respondents ranged between 11% and 13 % each while the remaining provinces were each below 10% and the least was Mashonaland Central Province which had 4%.

About 11% of the respondents were currently married or in union, and one percent were no longer in marriage. Of those who were married or in union, 11% of them were in polygamous marriages.

About 32% of the girls were married to husbands who were 0-4 years older than them while 43% were married to husbands who were 5-9 years older. A quarter of the respondents were married to much older husbands with an age difference of at least 10 years.

Table 4.1: Distribution of Respondents by Demographic Characteristics

Demographic Characteristics	Weighted Percent	Number
Age		
15	33.5	630
16	33.6	633
17	32.9	619
Urban-Rural Residence		
Urban	28.3	533
Rural	71.7	1,348
Province		
Bulawayo	8.2	154
Manicaland	12.8	241
Mashonaland Central	4.4	83
Mashonaland East	10.9	205
Mashonaland West	12.5	236
Matabeleland North	9.9	187
Matabeleland South	8.3	157
Midlands	12.8	240
Masvingo	11.3	213
Harare	8.8	165
Marital Status		
Currently married/in union	10.9	205
Formerly married/in union	1.1	20
Never married/in union	88.0	1,656
Total	100.0	1,881
Polygamous Marriage		
Not in Polygamous marriage	89.3	183
In Polygamous marriage	10.7	22
Spousal Age Difference		
Younger	0.4	1
0-4 years older	31.5	65
5-9 years older	42.7	88
10+ years older	24.9	51
Husband/partner's age unknown	0.5	1
Total	100.0	205

4.2 Socio-Economic Characteristics of the Respondents

Table 4.2 presents the socio-economic characteristics of the respondents of the study. The socio-economic characteristics covered include living arrangements of the respondents, religion, education and wealth quintile.

About a quarter (25%) of the girls were living with both biological parents while 46% were living with neither biological parents. One in five of the respondents were living with only their mothers and 4% were living with only their fathers.

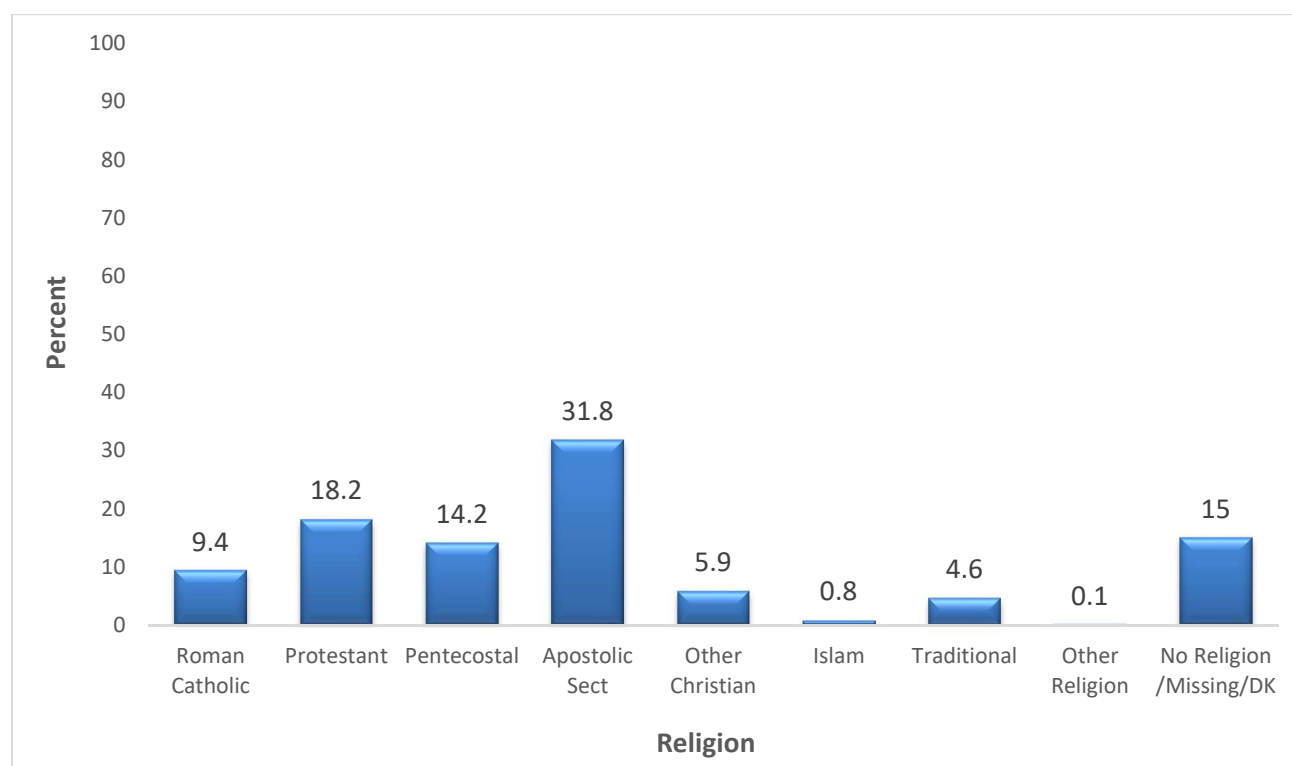
One in five of the respondents had attained primary education while 80% of them had secondary education. About 19% of the respondents were from households in the poorest wealth quintile while 22% were from the middle wealth quintile. About 23% of the respondents belonged to households in the richest wealth quintile.

Table 4.2: Distribution of Respondents by Socio-Economic Characteristics

Socio-Economic Characteristics	Weighted Percent	Number
Living Arrangements		
Living with both parents	24.6	463
Living with neither biological parents	45.9	863
Living with mother only	19.6	369
Living with father only	4.2	79
Status not known	5.7	107
Education		
Primary	19.9	374
Secondary	80.0	1,506
Higher	0.1	2
Wealth Quintile		
Poorest	18.8	354
Second	18.2	342
Middle	22.0	415
Fourth	17.8	335
Richest	23.2	436
Total	100.0	1,881

The 2014 MICS did not collect data on the religion of each member of the household, instead it collected religious affiliation of the heads of households. Hence, religion of the respondents was measured using the religion of the head of the household. In terms of distribution of respondents by religion, a large proportion of them were from households headed by an Apostolic Sect person (32%), followed by Protestant (18%). The respondents from households headed by persons who were Pentecostal and Roman Catholics constituted 14% and 9%, respectively. A minority (less than one percent) belonged to households headed by Islamists. See Figure 4.1.

Figure 4.1: Percent Distribution of Religion of Heads of Households



N=1,881

4.3 Sexual and Child Bearing History

Twenty percent of the respondents ever had sex and 19% were currently sexually active (See Table 4.3). One percent of the girls had sex with more than one partners. About 11% of the respondents had started child bearing. Seven percent of the girls had ever given birth and 4% were currently pregnant.

Table 4.3: Distribution of Respondents by Sexual and Child Bearing History

	Weighted Percent	Number
Sexual History		
Ever had sex	20.4	385
Currently sexually active	19.1	359
Sex with more than one partner	0.6	11
Childbearing		
Never gave birth	93.1	1,751
Ever gave birth	6.9	130
Gave birth in last two years	6.5	122
No birth in last two years	0.5	9
Currently pregnant	3.7	70
Total	100.0	1,881

4.4. Access to Mass Media and Information Communication Technology

In terms of access to mass media, 17% of the respondents read the newspaper at least once a week while 44% listened to radio and 36% watched television at least once a week (Table 4.4). Seven percent of the respondents read a newspaper, listened to a radio and watched television for at least once a week. With regards to access to Information Communication Technology (ICT), 21% and 14% of the respondents had used a computer and internet, respectively, in the last 12 months.

Table 4.4: Distribution of Respondents by Access to Mass Media and ICT

Mass Media and ICT	Weighted Percent	Number
Access to mass media (at least once a week)		
Read newspaper	17.4	327
Listen to radio	44.0	828
Watch television	36.4	685
All three media	7.1	134
Access to ICT (in the past 12 months)		
Used a computer	21.0	395
Used internet	13.8	260
Used mobile and non-mobile phone	76.3	1,435
Total	100.0	1,881

Table 4.4a shows the distribution of respondents by access to mass media and ICT by province and area. Access to mass media in rural areas is low compared to girls in urban area as this is reflected by low use of computers (rural, 6% and urban, 25%) and internet (rural, 2% and urban, 26%). Penetration of mobile and non-mobile phones is better but still relatively low in rural areas with slightly below half (49%) compared to urban area with 77%. Distribution of girls' access to mass media is biased towards the predominantly urban provinces, that is, Bulawayo and Harare, which had the highest for all the three types of mass media.

A similar pattern can be observed for access to ICT with rural area girls having lower exposure compared to their urban area counterpart. Girls in rural areas are three times less exposed to newspapers than those in urban areas, 11% and 34%, respectively. The disparity is even larger in favour of girls in urban areas in terms of exposure to television (rural, 18% vs urban, 82%). Exposure to radio has shown better rural-urban disparities as well as across the provinces.

Table 4.4a: Distribution of Respondents by Access to Mass Media and ICT by Province and Area

	Percentage of women age 15-17 who at least once a week:						Number of women age 15-17 years
	Used a computer	Used the internet	Used a mobile or no- mobile phone	Read a newspaper	Listen to the radio	Watch television	
Province							
Bulawayo	27,7	28,4	73,9	34,9	47,3	86,7	154
Manicaland	9,1	6,0	63,3	13,8	50,7	28,7	241
Mashonaland Central	8,3	2,9	52,2	10,6	50,8	29,0	83
Mashonaland East	10,1	9,6	57,1	17,3	61,9	29,8	205
Mashonaland West	10,2	5,3	50,7	13,2	50,7	41,5	236
Matabeleland North	8,5	,7	40,1	4,0	13,2	15,4	187
Matabeleland South	4,9	3,8	45,0	15,3	21,6	22,3	157
Midlands	11,8	10,3	57,6	12,4	41,0	31,7	240
Masvingo	5,3	2,7	57,9	15,8	39,7	18,0	213
Harare	21,6	22,8	71,1	42,8	62,0	72,8	165
Area							
Urban	25,0	25,9	77,2	34,0	51,5	82,0	533
Rural	6,0	2,2	48,9	10,9	41,0	18,3	1 348
Total	11,4	8,9	56,9	17,4	44,0	36,4	1 881

4.5 Child Marriages

The study analyzed the distribution of child marriage in terms of age, urban-rural residence and province. Residence was categorized as either urban or rural while provinces are categorized into 10. The findings are presented in Table 4.5.

Table 4.5 shows that the proportion of respondents who were currently married/in union increased with an increase in age i.e. 15% and 52% of them were age 15 years and 17 years, respectively. Most of the respondents who were currently married/in union were in rural areas (89%). In terms of provinces, Manicaland had the largest proportion of currently married/in union respondents (18%) closely followed by Mashonaland West (17%). Bulawayo Province had the least proportion of currently married/in union respondents (2%).

The polygamous type of marriage was concentrated among the 17 years old respondents (78%). All the respondents who were in polygamous marriage/union were in rural areas. For those who were in monogamous marriage/union, majority of them were also in rural areas (88%). In terms of provinces, more than half (58%) of the polygamous marriages/union were in Mashonaland East and Mashonaland West Provinces. Harare, Bulawayo, Matabeleland South and Matabeleland North Provinces had no such type of marriage/union. Manicaland Province had the highest proportion of monogamous marriages/unions (19%) and Bulawayo had the least (2%).

Table 4.5: Percent Distribution of Respondents Marital Status by Age, Residence and Province

	Marital/Union Status			Type of Marriage/ Union	
	Currently Married/In union	Formerly Married/In union	Never Married/ In union	Polygamous	Monogamous
Age					
15	14.6	5.6	36.1	4.1	15.8
16	33.1	31.3	33.7	18.4	34.9
17	52.3	63.0	30.1	77.5	49.3
Urban-Rural Residence					
Urban	10.7	15.7	30.7	0.0	12.0
Rural	89.3	84.3	69.3	100.0	88.0
Province					
Bulawayo	1.6	0.0	9.1	0.0	1.8
Manicaland	18.3	5.6	12.2	13.6	18.9
Mashonaland Central	7.6	2.9	4.1	6.9	7.6
Mashonaland East	15.5	29.2	10.1	29.6	13.8
Mashonaland West	17.4	4.8	12.0	28.1	16.1
Matabeleland North	6.7	0.0	10.5	0.0	7.5
Matabeleland South	3.1	5.7	9.0	0.0	3.5
Midlands	13.1	32.6	12.5	9.6	13.5
Masvingo	13.7	15.8	11.0	12.2	13.9
Harare	2.9	3.4	9.6	0.0	3.2
Total	205	20	1,656	22	183

4.6 Factors Associated with Child Marriage

In this study, factors of child marriage analysed include rural-urban residence, education, poverty (measured by wealth quintile) and religion & culture. In terms of respondents' education, the highest level attained was considered and it was categorized as either primary or secondary. Poverty was measured using the household wealth quintile. The respondents' households were each classified into five wealth quintile categories i.e. poorest, second, middle, fourth and richest.

4.6.1 Child Marriage and Residence & Province

Table 6.6 shows that respondents in the rural areas were more than 3 times likely to be married (14%) than their urban counterparts (4%) ($p < 0.005$). There were also more likely to enter into polygamous type of marriage (12%) than those in the urban areas (0%) ($p < 0.005$). Mashonaland Central Province had the highest proportion of respondents who were currently married/in union (19%) followed by Manicaland and Mashonaland East Provinces which had 16% each ($p < 0.005$). They were closely followed by Mashonaland West which had 15%. Bulawayo Province had the least percentage of currently married/ in union respondents (2%). In terms of types of marriages entered, Mashonaland East Province had the highest percentage of respondents who were in polygamous marriages (21%) followed by Mashonaland West Province (17%). In the two predominantly urban provinces (Harare and Bulawayo) and the two Matabeleland Provinces, the prevalence of such type of a marriage was unlikely.

Table 4.6: Percent Distribution of Respondent Marital Status within Residences and Provinces

	Marital/Union Status				Type of Marriage/ Union		
	Currently Married/In union	Formerly Married/In union	Never Married/ In union	P-values	Polygamous	Monogamous	P-values
Residence							
Urban	4.1	0.6	95.3	0.000	0.0	100	0.000
Rural	13.6	1.2	85.2		12.0	88	
Province							
Bulawayo	2.2	0.0	97.8	0.000	0.0	100	0.000
Manicaland	15.6	0.5	83.9		8.0	92	
Mashonaland Central	18.6	0.7	80.7		9.8	90.2	
Mashonaland East	15.5	2.8	81.7		20.5	79.5	
Mashonaland West	15.2	0.4	84.4		17.4	82.6	
Matabeleland North	7.4	0.0	92.6		0.0		
Matabeleland South	4.1	0.7	95.2		0.0	100	
Midlands	11.2	2.7	86.1		7.9	92.1	
Masvingo	13.2	1.5	85.3		9.6	90.4	
Harare	3.6	0.4	95.3		0.0	100	
Total	205	20	1,656		22	183	

From the FGDs, urban dwellers reported that girls in the rural areas are at higher risk of getting married as children. Surprisingly, women in rural areas concurred with the view given by their urban counterparts that the girls in the rural areas are at high risk of getting married while they are still young. Those in urban areas cited lack of entertainment as the leading cause of early marriage among the girls in rural areas. Two participants from FGDs, supported by others, expounded;

“Some of the girls in the rural areas do not take education seriously, as a result the do not finish school because of marriage. Once they feel that they are grown up they think of getting married to these boys in this community. Havana zvekuita vasikana vemuno chavanongofunga kuroorwa chete (the girls do not have things to do, they only think of getting married). (Rural woman, Mudzi District).

“I think child marriages are more in rural areas where boys and girls think that, because they do not have anything to do, getting married and having babies are the only activities they have. There is also no entertainment in rural areas to keep them occupied. In the rural areas, you can see a girl even younger than me being married but here in town zvinonyadzisa (it’s embarrassing).” (Urban female, Bulilimamangwe District)

4.6.2 Child Marriage and Education

This study analysed the relationship between child marriage and education. Table 4.7 shows the distribution of marital status and type of marriage by education. Prevalence of child marriage decreases with an increase in the educational attainment of the girls. Respondents who had primary education were more likely to be married (24%) than those who had secondary education (8%) ($p < 0.005$). Respondents who attained primary education were more likely to enter into polygamous type of marriage (13%) than those who had secondary education (9%) ($p < 0.005$).

Table 4.7: Percent Distribution of Respondents’ Education by Marital Status and type of Marriage

Education Level	Marital/Union Status				Type of Marriage/ Union		
	Married/in union	Formerly married/in union	Never Married/ In union	P-value	Polygamou s	Monogamous	P-value
Primary	24.4	1.9	73.7	0.000	13.0	87.0	0.000
Secondary	7.6	0.9	91.6		8.9	91.1	
Total	205	20	1,656		22	183	

The issue of education and child marriage was also brought out during the FGDs. The participants believed that those with little education are the ones who are likely to get married as children. A participant in one of the FGDs highlighted this:

“In our community, there is a family which is well known for being uneducated. Most of the children, both boys and girls from this family, have grade 5 as their highest level of education. Only in the recent years when a certain NGO intervened, thus, when we have

seen some of the children being sent to school. But those who dropped out of school, were all married as children.” (Rural woman, Makoni District).

Another participant added:

“When the children are not going to school, they don’t think of anything to do except getting married, but those who are in school, think of finishing their education and hoping to get a good job. (Rural woman, Makoni District).

4.6.3 Child Marriage and Wealth Quintile

The respondents who were currently married were more likely to be from the poorest households (17%) than those in the richest households (2%) ($p < 0.005$). The percentage of currently married girls decreased with an increase in the wealth quintile. About 18% of the currently married respondents in the poorest households were in polygamous type of marriage and for those in the richest households, such type of marriage was unlikely. Respondents in polygamous marriages were more likely to be from the poorest households (18%) than from the richest households (0%). See Table 4.8.

Table 4.8: Percent Distribution of Respondents’ Wealth Quintile by Marital Status

Wealth Quintile	Marital/Union Status				Type of Marriage/ Union		
	Married/in union	Formerly married/in union	Never Married/ In union	P-value	Polygamou s	Monogamous	P-value
Poorest	17.3	1.3	81.4	0.000	17.5	82.5	0.000
Second	14.9	1.0	84.1		13.1	86.9	
Middle	12.2	1.4	86.4		11.4	88.6	
Fourth	9.3	1.5	89.2		3.5	96.5	
Richest	2.0	0.3	97.7		0.0	100.0	
Total	205	20	1,656		22	183	

Poverty was cited in all the FGDs as the major cause of child marriages in the communities. It was also observed during the discussions that participants strongly felt that poverty is a major driver of child marriages as they would all nod their heads, supporting the participants. One participant had this to say;

“Our community is close to the Botswana border. Due to lack of job opportunities and poverty, most of the boys and girls drop out of school to search for work in the neighbouring countries, such as Botswana. Most of them get married as children while they are outside the country.” (Bulilimangwe South District)

Another FGD participant, in support, further elaborated;

“I think if we get more jobs in our community and earn money to escape poverty, no one would think of getting married early. When we saw you coming we thought that you had brought some projects or food to us. In this community, there are many ‘money changers’ and when girls see them holding a lot of cash, they fall for them thinking they can get rich by marrying them.” (Bulilimangwe South District)

Another participant supported by other members, echoed;

“We all know the economic situation in our country. Do you think that there is any woman, young or old, who can decline marriage proposal from a rich man? This is what is happening these days, because of poverty, girls are now hunting for someone with money who can take good care of them. This is because even the parents of these children cannot take care of them, so if the girl finds a man who can take care of both their daughter and them, they are quick to agree to marry off that child to ease the burden of taking care of the children. We have witnessed it here in our community.” (Mudzi District)

4.6.4 Child Marriage and Religion & Culture

The respondents from households headed by Traditionalists and affiliated to the Apostolic Sect were more likely to be married (15% and 13%, respectively) than those from households headed

by Pentecostals (6%) ($p < 0.005$). Respondents from the households headed by persons affiliated to Apostolic Sect were more likely to be in polygamous type of marriage (18%) than those headed by persons affiliated to Roman Catholic religion ($p < 0.005$). See Table 4.9.

Table 4.9: Percent Distribution of Respondents' Religion by Marital Status and type of Marriage

Religion	Marital/Union Status				Type of Marriage/ Union		
	Married/in union	Formerly married/in union	Never Married/ In union	P-value	Polygamou s	Monogamous	P-value
Roman Catholic	7.4	0.4	92.2	0.000	0.0	100.0	0.000
Protestant	7.7	1.4	90.9		1.6	98.4	
Pentecostal	6.3	1.2	92.5		3.7	96.3	
Apostolic Sect	13.1	0.7	86.2		18.2	81.8	
Other Christian	11.4	1.0	87.5		8.5	91.5	
Islam	*	*	*		*	*	
Traditional	14.9	1.5	83.6		15.1	84.9	
No Religion /Missing/DK	15.0	1.6	83.4		5.7	94.3	
Total	205	20	1,656		22	183	

*Figure too few hence they were suppressed

N=1,881

The quantitative results are in congruence with the FGD findings where participants highlighted that there were more child marriages among the households belonging to Apostolic Sect and most of them were in polygamous marriages. A participant supported by others emphasised:

“This community is widely dominated by villagers affiliated to different types of Apostolic Sects and what is happening in their churches is shocking. Girls who are as young as 13 years are getting married. The leaders of these churches at times claim that the Holy Spirit has revealed to them that they should marry certain girls even if they already have a multiple number of wives. Because they command a lot of respect and also that all the church congregants are taught such doctrine, no one will stop them from marrying these young girls.” (Makoni District: Girls group)

Another participant echoed the same sentiments:

“We heard many stories, even in the radio and newspapers, about the so called ‘madzibabas’ (prophets) in the Apostolic churches. Most of them are not real prophets and what they do is they do not want their girls in their church to mix with others who are not from their church. This is because they do not want these girls to know the truth. They also teach these girls false doctrines with the intension of marrying them. Some of the girls who are as young as 8 years have been given way to these ‘madzibabas’ (prophets) after they had claimed that God had told them that they should marry specific girls. What is more painful is that there is no lobola (bride price) paid to the parents of these girls, they just take. These churches are fuelling child marriages in our country.” (Makoni District: Women group)

Another recurrent theme around religion and culture was that the respondents indicated that in their cultures, marriage is viewed as an achievement and that the girls who remain unmarried after an expected age of marriage in the community normally carry the stigma of failure. A girl who has turned 15 years is considered marriageable. They explained that child marriage is generally accepted as an early accomplishment for the girl. One female participant echoed:

“As much as we would all agree that child marriages are bad, on the other hand, it is difficult to stop them in our communities, given the nature of our cultures. The fact that when one passes a certain age without getting married, especially when a girl finishes school, it would be difficult for her to find a man to marry her. Because of our culture which discriminates against unmarried women, girls and the parents cannot turn down a marriage proposal to a girl below the age of 18. They think that if they refuse marriage, they might miss out a life-time opportunity and may not be able to find another man who can marry. ‘Iwe watombomuwana hako mukomana arikudomboda kukuroora woramba ‘haaa da’ unenge une shave chairo’ (one will be insane to reject marriage to a man who wants to marry).” (Bulilimangwe, Women District-Rural)

Another participant strongly supported by others added:

“These days it is now difficult to find a boyfriend who wants to marry you, most of them are ‘hit and runs’. They are after sex and once they have sex with you, they no longer love you. So, if one happens to find a man who is prepared to settle down, why not marry him and save yourself from the community embarrassment associated with unmarried women. In our culture, a person who dies without getting married ‘anovigwa negonzo’ (buried together with a rat) and no one wants that.”

4.6.5 Child Marriage and Access to Mass Media

In this study, access to mass media was measured using respondents’ exposure to newspapers, televisions and radios at least once a week. Marriage is negatively related to exposure to media. This relationship is statistically significant across all types of media ($p=0.000$).

Table 4.10 shows the distribution of currently or formerly married respondents by exposure to mass media. Married respondents were less likely to read the newspapers (3%) compared to (19%) among those who were never married ($p<0.005$). The currently married respondents were less likely to listen to the radio (40%) compared to the never married ones (44%) ($p<0.005$). The never married/in union respondents were more likely to have exposure also to television (38%) than the currently married/in union ones (22%) ($p<0.005$). Currently married respondents were more likely to be deprived of access to all the three types of mass media (2%) compared to their never married counterpart (8%) ($p<0.005$).

Table 4.10: Percent Distribution of Respondents’ Access to Mass Media by Marital Status and Type of Marriage

Access to mass media (at least once a week)	Marital/Union Status				Type of Marriage/ Union		
	Currently married/in union	Formerly married/in union	Never Married/ In union	P- value	Polygamou s	Monogamous	P- value
Read newspaper	2.6	13.8	19.3	0.000	0.0	3.0	0.000
Listen to radio	39.7	58.9	44.4		30.1	40.8	
Watch television	22.0	20.5	38.3		17.4	22.6	
All three media	1.6	10.0	7.8		0.0	1.8	
Total	205	20	1,656		22	183	

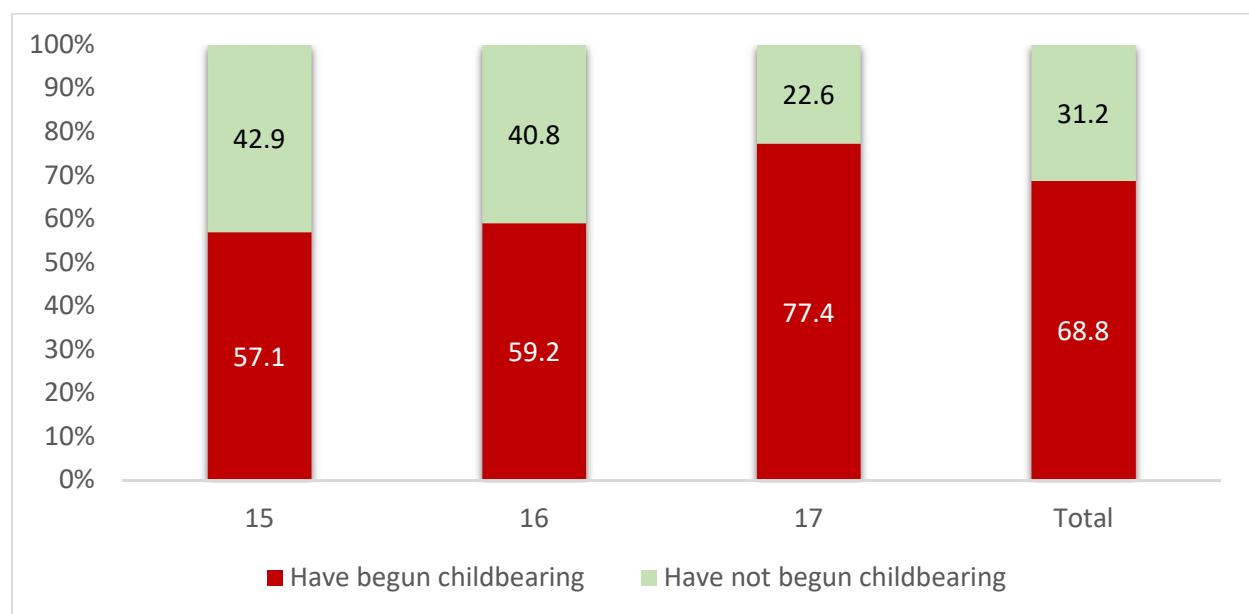
4.7 Consequences of Child Marriage

The analysis on the consequences of child marriage to the respondents focused on the impact with regards to early child bearing, access to reproductive health services (ANC) and on education.

4.7.1 Early Child Bearing

Figure 4.2 shows that 69% of the ever married respondents had begun child bearing. More than three quarters (77%) of the 17 year old married respondents had begun childbearing.

Figure 4.2: Percent Distribution of Ever Married Respondents Who Have Begun Childbearing by Age



N=225

The findings from the FGDs on early child bearing seem to concur with the findings from the quantitative research. Participants highlighted that most of the girls in their communities tend to begin child bearing at tender ages. A participant supported by others remarked:

“Once a woman is married, she is expected to start having babies. ‘Haatombo tenderwe kunwa mapiritsi’ (she is not allowed to take tablets) for family planning. When she gets married today, even if she is young, family members, especially the aunties and the mother in-laws, ‘vanotanga kuverenga 9 manzi’ (They start the countdown for the 9 months of pregnancy). In a few months of marriage, ‘vanotarisira kuti muroora anofanira kunge

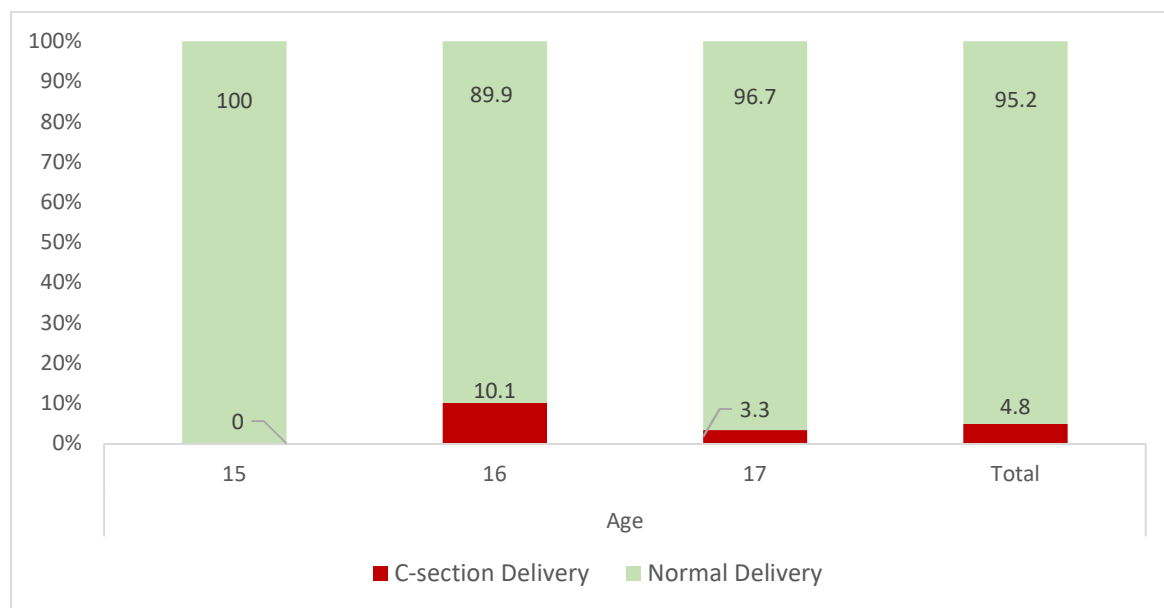
avakusvipa svipa’ (they expect the bride to start showing some signs of pregnancy). If that does not happen they start thinking that she is barren. So, no woman wants to be called barren, hence, all women want to have a baby in the earliest possible time after getting married to prove that they are fertile.” (Midzi District, Both age groups)

This argument was strongly supported by all other participants and another female participant added:

“It is true, I am one of those who were married at 16 years. My uncle, who is a doctor, advised me to delay child bearing but my auntie and my mother did not agree with that. They told me that ‘urikuda kutinyadzisa’ (you want to bring shame to the family). I did not take my uncle’s advice and I had my first baby when I was 17 years.”

Figure 4.3 shows the distribution of respondents by type of delivery. Overall, 5% of the respondents who had a live birth delivered through Caesarean section (C-section). The 16 year old respondents were more likely to deliver through C-section (10%) than the 17 year olds 3%) ($p < 0.005$).

Figure 4.3: Percentage of Respondents’ C-Section Deliveries by Age and Residence



N=200

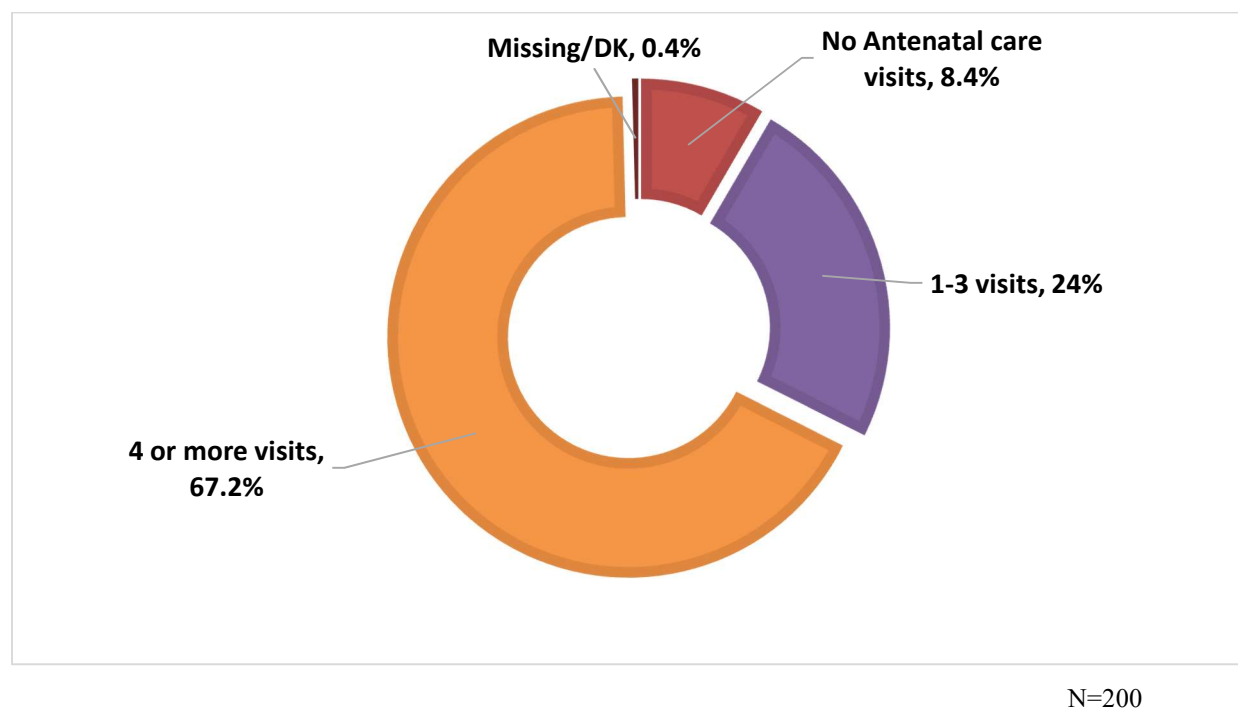
4.7.2 Access to Reproductive Health Services

Antenatal Care (ANC) is a package which includes indispensable interventions such as identification and management of obstetric complications such as pre-eclampsia. In this study, the reproductive health services analysed was attendance to ANC, the provider of ANC, place of delivery and assistance during delivery.

4.7.2.1 Antenatal Care Attendance

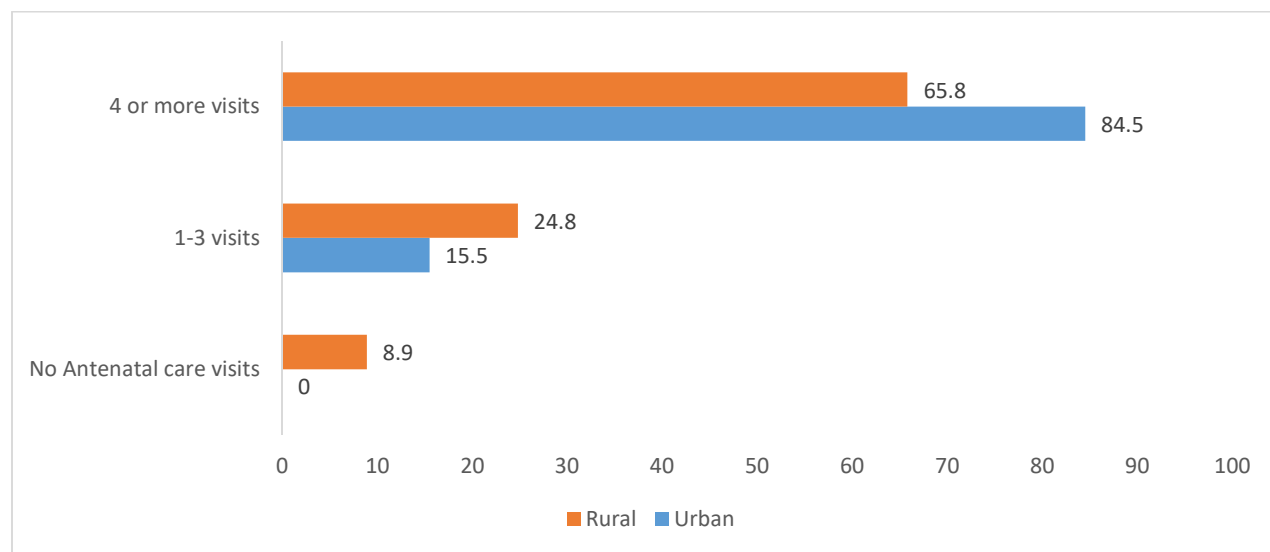
It is important to note that attendance to ANC is not sufficient but one has to attend the recommended number of times by WHO, i.e. at least 4 times. The findings show that 91% of girls age 15-17 years attended to ANC at least once (Figure 4.4). About 67% of the girls attended ANC at least 4 times while 24% attended 1-3 times.

Figure 4.4: Percent Distribution of Respondents by ANC Attendance



Respondents in urban areas were relatively more likely to attend ANC compared to their rural counterparts (91%) ($p < 0.005$). A majority of the respondents in the urban areas (85%) received ANC at least 4 times. For those in rural areas who received ANC, a quarter of them attended 1-3 visits and 66% attended at least 4 visits. See Figure 4.5.

Figure 4.5: Percentage Distribution of Respondents' ANC Visits by Residence



N=200

Generally, ANC attendance increases with an increase in age of the respondent (See Table 4.11). The younger respondents, 15 year olds, were more likely not to attend ANC (22%) than the older respondents, 17 year olds, (4%). These differences are statistically significant i.e. p-values being less than 0.005 ($p=0.000$) for all frequencies of ANC visits. ANC attendance between 1-3 times is mostly dominated by the 15 year olds with 34% compared to 20% and 25% for the 16 and 17 year olds, respectively. Majority of the 16 and 17 year olds attended ANC at least 4 times.

Table 4.11: Percentage of Respondents' ANC Visits by Age

ANC Visits	Age				P-Value
	15	16	17	Total	
No Antenatal care visits	21.5	5.7	3.9	8.4	0.000
1-3 visits	34.0	20.4	24.5	24.0	0.000
4 or more visits	44.4	73.9	69.6	67.2	0.000
Missing/DK	0.0	0.0	2.0	0.4	

N=200

The FGDs managed to explain the reasons why the younger girls are attending ANC less than the older ones. During the discussions, the participants explained that due to circumstances in which

the young girls get pregnant it is difficult for them to get ANC. One of the male respondent remarked:

“(Chinoitika ndechekudii, vana vedu ava vanomitiswa vari under age ave havataure kuti ndine nhumbu, inini mubereki ndinozotoona yavekuzvara kana kuzotoudzwa kutu mwana ave nemwana wake nokuti vanosunga nhumbu yacho). For underage girls, it is difficult for a parent to discover that the daughter is pregnant as the keep it under cover, the parent, in most cases get to know it when she is about to give birth or when she has just given birth.”(Matabeleland South, men 18-49 year age group).

The same sentiments were also echoed in another discussion in Mudzi District, women age 18-49 years group:

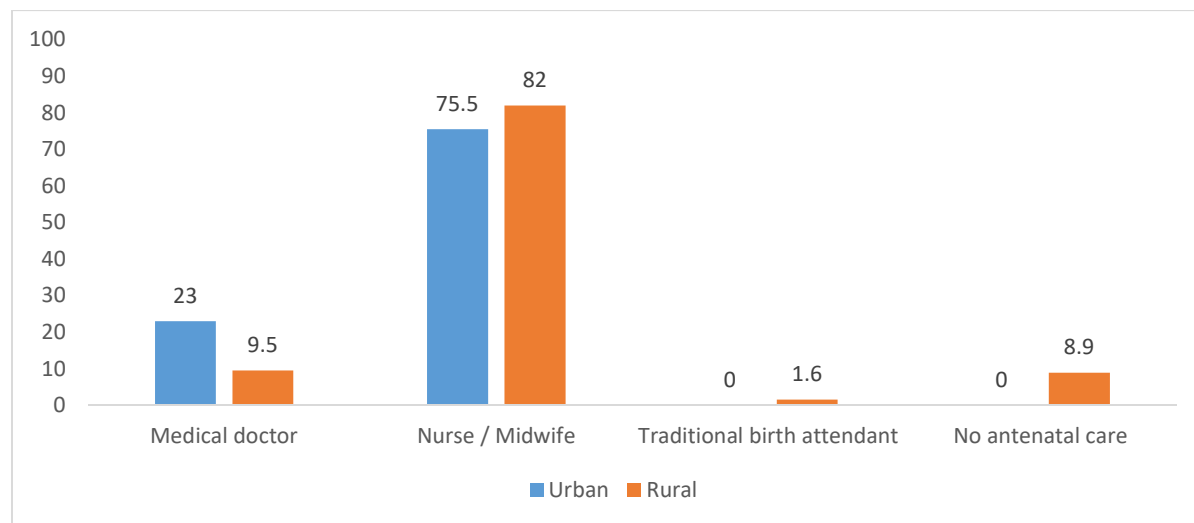
“Most of the pregnancies for young girls are kept a secret, hence, the parents will only get to know it when she is about to give birth. The children are afraid of getting the perpetrators arrested. When the parent get to know about it they decide to settle it outside courts to avoid tarnishing the name of the family. Hence, in that case even when the girls does not want to get married and she feels it was a mistake she will be forced to get married in order to save family name. In some cases it is also poverty that pushes parents to accept bride price for an underage girl. So you see it will be difficult for the girls to go to clinic because they don’t even want it to be known”. This was strongly endorsed by other group members.

This discussion went on to provide another dimension and understanding of the consequences of child marriages. Another woman in the group added that when the girl gets married at that young age she lacks information on how to handle a marriage. On the other hand when the husband is mature he expect the girl to operate like a mature woman. Hence, such marriages are bound to die prematurely.

4.7.2.2 Antenatal Care Provider

Respondents in urban areas were more likely to receive ANC from a medical doctor (23%) compared to their rural area counterparts (10%) (See Figure 4.6). Use of a Traditional Birth Attendance (TBA) as an ANC provider is not common in urban areas, while in rural areas, about 2% sought the services of a TBA. Respondents who had no ANC visits were all from the rural areas (9%).

Figure 4.6: Percentage distribution of Respondents' ANC Provider by Residence



N=200

There is a positive relationship between age and ANC provider, see Table 4.12. This relationship is statistically significant at 5% confidence interval (p-value=0.000). The majority of the respondents who had begun child bearing were more likely to receive ANC from a nurse or a midwife (80%) than from a medical doctor (10%). For all the age groups, ANC provision by a nurse or midwife increased with age i.e. for those who received ANC from a nurse or midwife, ranging from 68% at age 15 years to 86% at age 17 years. The 15 year olds are least likely to have received ANC from a traditional birth attendance.

Table 4.12: Percentage distribution of Respondents' ANC Provider and Age

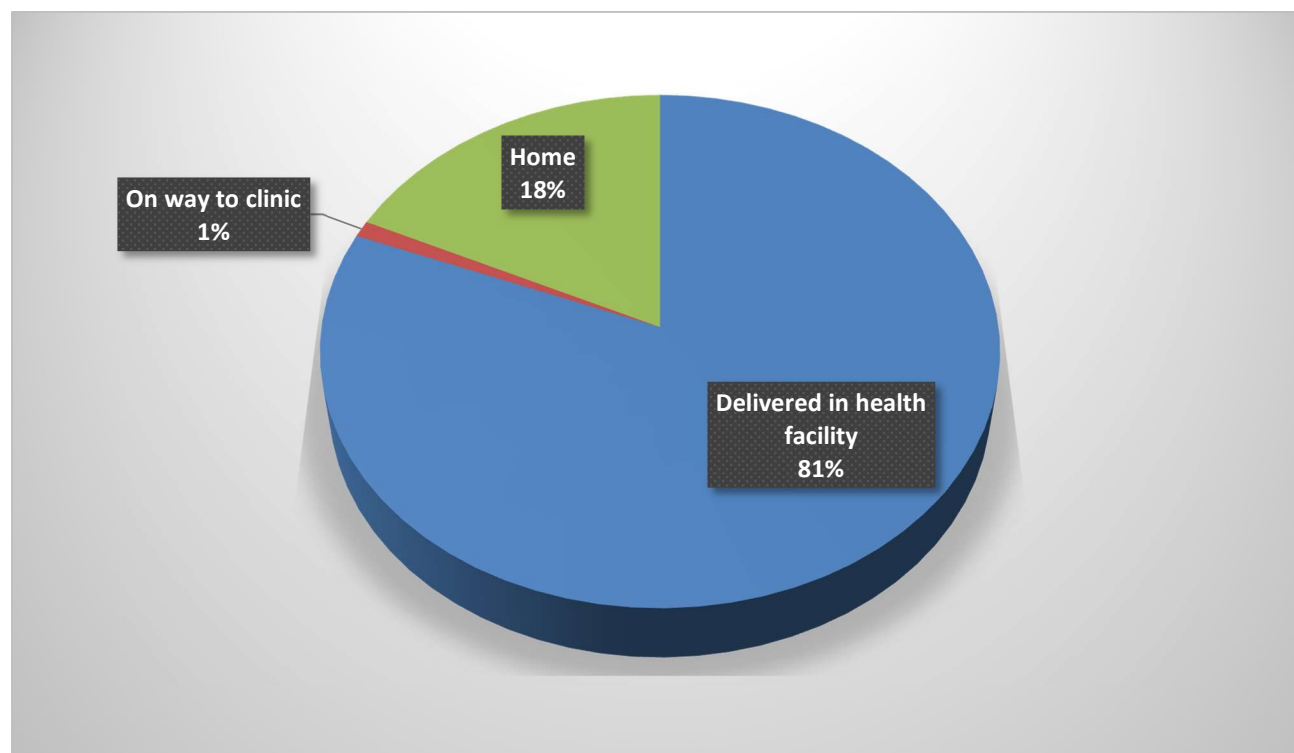
ANC Provider	Age				P-values
	15	16	17	Total	
Medical doctor	10.3	11.2	10.5	10.2	0.000
Nurse / Midwife	68.2	79.8	84.5	80.4	0.000
Traditional birth attendant	0.0	3.2	1.0	1.5	0.000
No antenatal care	21.5	5.7	3.9	8.4	0.000

N=200

4.7.2.3 Place of Delivery

Figure 4.7 presents the distribution of respondents who had a live birth 2 years preceding the survey by place of delivery. Those who were considered to have delivered in a health facility were those respondents whose births occurred in public, private and mission health facilities. Almost 1 in 5 (18%) of the respondents delivered at home. Institutional deliveries constituted the larger proportion, 81%, while about 1% delivered on the way to the health facility. .

Figure 4.7: Percent Distribution of Respondents Place of Delivery



N=200

Figure 4.8 reflect on the spatial distribution of births in terms of urban and rural variations. Girls in the rural areas were more likely to deliver at home (18%) compared to their urban counterparts (15%). These urban/ rural differentials are statistically significant at 5% Confidence Interval (CI) ($p=0.000$). Three percent of the respondents' deliveries in rural areas occurred on their way to the clinic while this scenario was unlikely in urban areas.

Figure 4.8: Percent Distribution of Respondents Place of Delivery by Residence

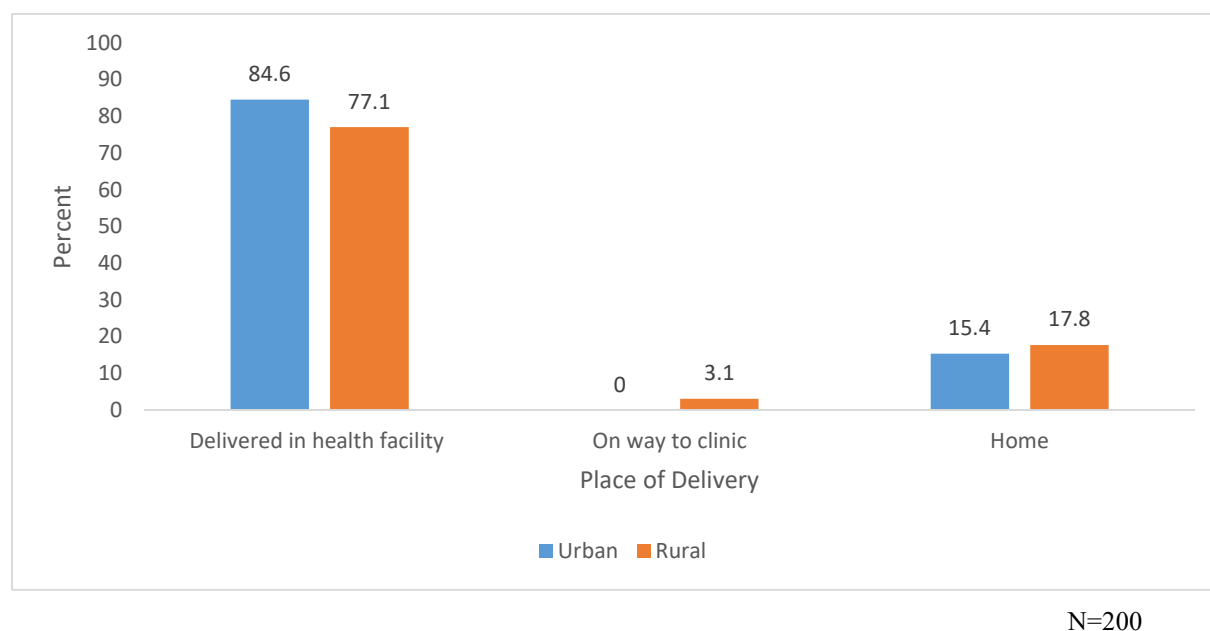


Table 4.13 presents the distribution of place of deliveries by age of the respondent. Most of the home deliveries were among the respondents who were 17 years (20%) while among the respondents age 16 years and 15 years it was 13% each ($p<0.005$).

Table 4.13: Percentage of Respondents' Place of Delivery by Age and Residence

Place of Delivery	Age				P-values
	15	16	17	Total	
Delivered in health facility	69.2	86.8	76.8	79.6	0.043
On way to clinic	0.0	0.0	2.4	1.0	0.000
Home	12.7	13.2	19.6	17.6	0.031

N=200

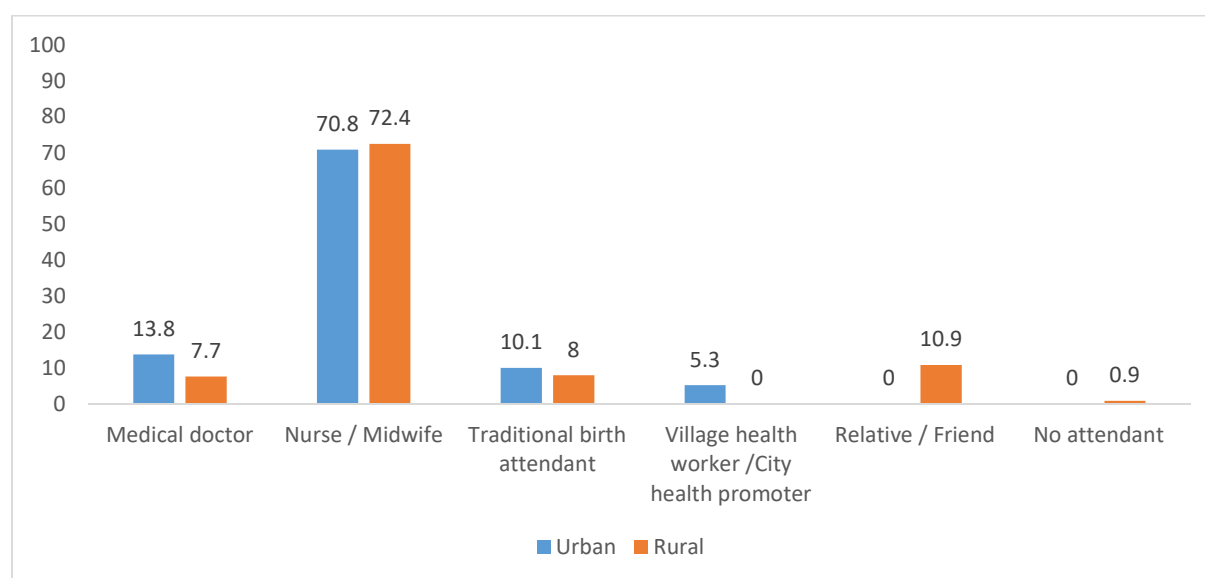
The FGD provided an insight patterning to home deliveries among young girls. It was noted that most of the pregnancies are kept under cover and the parent get to know it when the girl is about to give birth or when she has given birth. Hence, the delivery is likely to occur at home or on the way to the health facility. One of the woman in Mudzi District, 18-49 years group, remarked the following, supported strongly by other group members:

“These under cover pregnancies among the young girls that I have alluded to earlier on will at times delivered at home or on their way to the clinic. This is because the pregnancies are often discovered way too late”.

4.7.2.4 Assistance During Delivery and Type of Delivery

Figure 4.9 depicts the distribution of respondents' delivery assistant by urban and rural areas variations. Girls in urban areas were more likely to delivered by a medical doctor (14%) compared to their rural counterparts (8%) ($p<0.005$). There is no significant urban/ rural variation in relation to births assisted by a nurse or midwife ($p=0.322$). About 5% of births in urban areas were assisted by a village health worker or a city health promoter while for rural areas none of them were assisted by that attendant. About 11% of birth for girls in rural areas were assisted by a relative or friend while such scenario was unlikely in urban areas.

Figure 4.9: Percentage Distribution of Respondents' Delivery Assistant by Residence



N=200

Table 4.14 shows the distribution of birth deliveries by age of the respondent. Across all age groups, birth deliveries were more likely to be delivered by a nurse or a midwife. In relative terms, births for younger girls in the 15 and 16 year age groups were more likely to be assisted by a medical doctor, 10% and 15%, respectively, compared to the 17 year olds, 6%. About 10% of the respondents' births were assisted by a relative or friend. The year girls in the 15 year age group were more likely to be assisted by a relative or friend (18%) compared to 16 year olds (4%) ($p<0.005$). It is important to lean that the few cases (1%) of births delivered without an attendant occurred only among the older girls (17 year olds).

Table 4.14: Percent Distribution of Respondents' Birth Delivery Assistant by Age

Birth Delivery Assistant	Age				P-value
	15	16	17	Total	
Medical doctor	10.3	15.4	5.5	8.2	0.000
Nurse / Midwife	58.9	71.4	73.7	72.3	0.000
Traditional birth attendant	12.7	7.4	8.0	8.1	0.000
Village health worker /City health promoter	0.0	1.7	0.0	0.4	0.000
Relative / Friend	18.1	4.0	11.6	10.0	0.000
No attendant	0.0	0.0	1.3	0.9	0.000

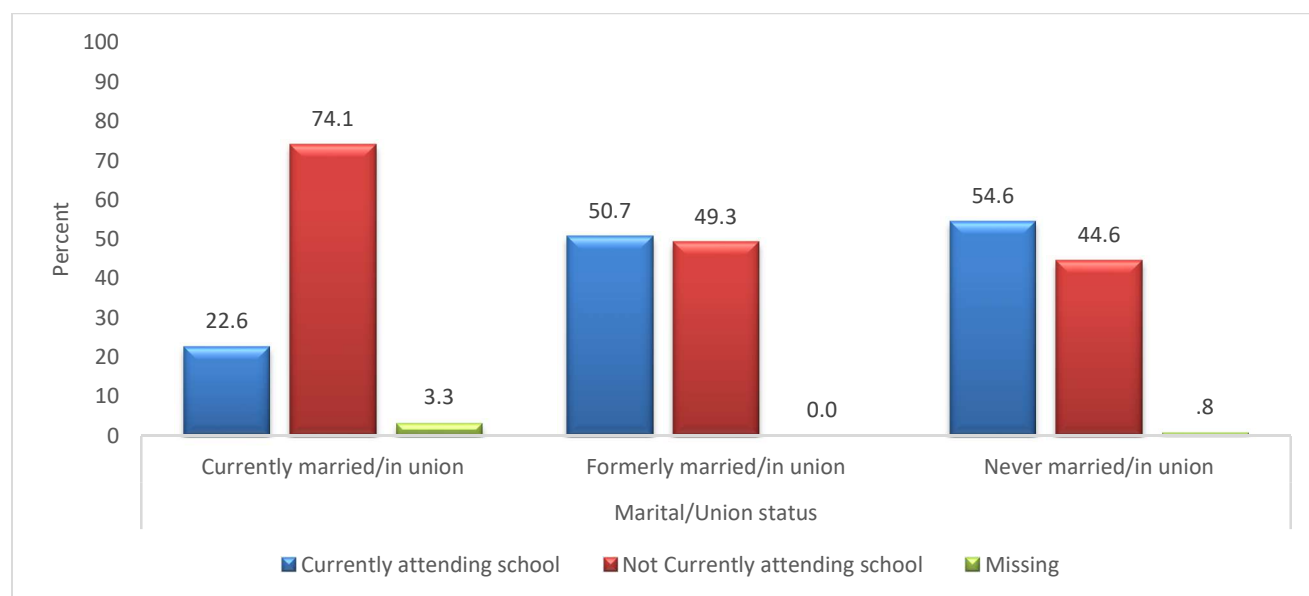
N=200

4.7.3 Impact of Child Marriage on Education

The impact of child marriage on education was measured by assessing school attendance during the 2013/14 school year among the currently and formally married respondents compared to those never married.

Figure 4.10 shows that married/in union girls were more likely to be not in school (74%) compared to the never married respondents (45%). This difference is statistically significant at 95% CI ($p=0.000$). There is no statistical significance for school attendance among the formerly married /in union and the never married girls ($p=0.522$).

Figure 4.10: Percent Distribution of Respondents School Attendance by Marital Status



N=1,881

The FGDs support the quantitative findings on the impact of child marriages on education. The recurring theme was that the majority of the married girls are not able to continue with education. They explained that the girls are shy to continue with school and also the fact that most of the girls who get married will be already pregnant which makes it difficult to continue with school. A female participant remarked:

“It is difficult for a girl to continue with school given the increased responsibility that comes with marriage, such as doing household chores and child bearing. Also one cannot be in the same class with age mates who are unmarried, it is just embarrassing.” (Mudzi District, 15-17 year olds)

Another participant added:

“Even if one wants to proceed with education it is just difficult given that the school heads do not allow you to attend school when you are pregnant.”

4.8 Conclusion

The study findings have shown that more than 1 in 11 of the girls aged 15-17 years were currently married/in union and they were mostly concentrated in Mashonaland Central and Manicaland Provinces. The girls in the rural areas were more at risk of getting married as children than their urban counterparts. The girls who were more likely to get married early were those who had low educational attainment, in poor households and those affiliated to traditional and Apostolic Sect religions. The results also show that married girls have limited access to mass media than unmarried ones. The married respondents were beginning child bearing early and had limited access to better reproductive health services. Lastly, few girls who were married as children were currently attending school.

CHAPTER 5: DISCUSSION & RECOMMENDATIONS

5.0 Introduction

This chapter covers the discussion and recommendations from the study findings. The discussion mainly focuses on key findings of the study in relation to the objectives. The recommendations section covers the issues to be addressed or what could be done to reduce or eradicate child marriages. The chapter wraps up with conclusions and highlight grey areas which require further research.

5.1 Discussion

The study shows that more than 1 in 10 girls age 15-17 years were currently married. This finding implies that many children are at high risk of getting married early. This means that their childhood is likely to be cut prematurely before they are fully developed and mentally prepared to be wives. In most cases, when a girl enters into marriage prematurely, especially with a mature spouse, there is bound to be conflicts in that marriage. These girls are at risk of domestic violence because the spouse would expect her to behave like a wife yet she would still want to transform from childhood to adulthood. In most cases such marriages do not last long, as a result, she is divorced. This finding is likely to increase the level of divorces and proportion of young single mothers. Most cultures does not support the divorced girls. The divorced girls are normally rejected by their parents, and consequently, they end up in prostitution in order to support themselves and their children. This exposes them to the risk of contracting sexually transmitted diseases.

The respondents who were married, a quarter of them, were married to older men (10+ years). This usually reduces married girls' autonomy and their ability to make independent decisions. It is commonly known that the younger the bride is, the wider the spousal age difference, promising power imbalances and disparate roles in making decisions. Thus, it may disproportionately reflect experiences of men and perspectives, which makes it even worse when he is older. A relationship of a girl with an older man may mean that the child may not have power to make critical decisions, such as saying no to sexual activities and marriages. It is alleged that young girls who engage in sexual intercourse with older partners normally have transactional sex, where they are given gifts or money in exchange for sex. It is a potential problem when the proportion of girls involved in age

mixing relationships is large. The FGDs revealed that these girls are likely to run away back to their parents searching for better livelihood and most of them get employed as housemaids or become commercial sex workers.

Another key finding is that more than 1 in 11 of the married girls age 15-17 years were in polygamous marriages. Similar findings were reported by the CCORE and UNICEF (2011) in their study in Manicaland on the Apostolic religion, health and utilization of maternal and child health services in Zimbabwe. The report revealed that pregnant girls were married to older males in the Johanne Marange church who usually have multiple number of wives. What is more worrisome is that the polygamous marriages were all recorded in rural areas. The implication of this finding is that multiple sexual partnerships expose young girls to high risk of sexually transmitted infections, including HIV. Some of these polygamous child marriages are through cohesion and arranged marriages, without the consent of the children involved. Efforts have to be increased towards eradicating polygamous marriages among children as most of these marriages infringe on their rights.

The study revealed that a large proportion of the married girls had begun child bearing, which implies that those who are getting married are immediately commencing child bearing (proving that marriage is synonymous with childbearing). In most societies in Zimbabwe, marriage means start of childbearing. This finding implies that child marriage exposes children to early child bearing before they are physiologically mature. Early childbearing is associated with grave obstetric outcomes relative to adult childbearing as revealed by the study on psychological and health risks of child early marriage by Akpan (2003). The girls giving birth between the ages of 10 and 14 years were 5 to 7 times more likely to die from child birth while girls giving birth between the ages of 15- 19 years are twice as likely this came from the study done by Westoff (2003). This is more likely to keep the Maternal Mortality Rate (MMR) at unacceptably high levels.

Another key finding is that the respondents who had primary education were more likely to be married as children than those who had secondary education. The risk of getting married early was 3 times higher among those who had primary education than those who had secondary education. It is also worrying to note that the majority of the girls who got married early were not able to

proceed with education. About three quarters (74%) of the married girls were not attending school compared to 45% among those who were never married. The FGDs revealed that the married girls are shy to continue with education in the formal education system since marriage comes with childbearing and increased responsibilities. For the few who proceed with education, normally do so through the informal education system. The disadvantage of this informal education is that it does not provide extra-curricular activities, such as sports to the learners. It means that, for those girls who are not academically good but gifted in sports or arts, they are not benefiting much from this program. There is a division for informal education created in the Ministry of Primary and Secondary Education to promote education through informal system but there are very few people who are aware of this system, especially the married girls. It can be deduced from this finding that the education a girl receives is the strongest predictor of the age she will get married. In addition, the girl's education is cut short and the level of education achieved is low, subsequently, it also affects her job opportunities. These girls will not be able to come out of poverty and so will be their children. This finding also confirms the negative impact of child marriage on education revealed by Lloyd and Mensch (2008).

The study found that girls from the poorest households were more likely to be at risk of child marriages than those from the rich households. This finding implies that child marriage is a problem prevalent among the poor. This confirms the findings of the study done by ICRW (2013) and supported by WHO (2013). If the poverty level is reduced or if the gap between the poorer and the richest is reduced, child marriages may be lowered. If the girl is in the poor household and she is married young, she will not be able to proceed with education which is her opportunity to escape poverty. The implication of this finding is that the poor will remain poor as they will not be able to break the poverty cycle.

The study findings have shown that the prevalence of child marriage is highest among girls in households headed by Traditionalists and Apostolic Sect church members. These households also have the highest proportions of girls married to older men. This finding was also revealed in the study by CCORE and UNICEF (2011) in Manicaland Province. This exposes some weak spots in these religions in relation to premature marriages, that is, these religions might be cultivating the culture that promote marriage of girls before they are mature.

The study has shown that girls' access to mass media was low. The situation was worse for those who were married as the currently married girls were more likely to have little exposure to newspapers and television compared their unmarried counterparts. Media is important in dissemination of critical information about sex and sexuality education. The FGDs revealed pertinent issues regarding the role of parents and guardians in the provision of sex education to their children. The study revealed that parents are not providing such education citing cultural issues and beliefs that it is a taboo to discuss sex issues with their children. Linking this result to the earlier findings on low exposure to mass media among girls, it can be deduced that children are perhaps getting information on sexuality issues from unreliable sources. FGD participants recommended that parents and guardians should strongly and actively participate in sexuality education. They also recommended that the old culture should be revitalised where the aunts were playing that sexuality education role. If parents do not get involved, the fight against child marriage will not be won, rather the battle to end child marriage should start in the households. This finding implies that those with no exposure to mass media were getting information from other sources which could be peers, a source which might be misleading. This may mean that interventions targeting these children through the mass media may not reach the girls. Thus, this calls for the need to redirect the interventions to these alternative sources or work towards increasing exposure to mass media first.

The study shows that a large proportion of girls who did not receive ANC was among the 15 year olds, almost 3 times higher than the national average. The antenatal care grants a vital opportunity for reaching pregnant women with interventions that are important to their health and safety and that of their babies. Women and their partners who attend ANC visits are educated about the risks and consequences of pregnancy, labour and delivery and the post-partum period. The highest proportion of those not attending ANC visits recorded in the 15 year olds can be attributed to the reluctance of pregnant girls to visit the clinic because of the fear of getting their boyfriends prosecuted for sexual abuse or under age marriage. The study has also revealed that most of the pregnancies occurring to year girls are kept under cover fearing victimisations by parents or guardians. As a result, most of the births happening at that age are not attended to at the health facility until they are born. The girls who do not receive ANC risk maternal deaths due to complications during pregnancy or delivery as a result of some problems which could have been

detected earlier during pregnancy. The research by Care (2012) points to the fact that the pregnancies among the youngest and the oldest in the reproductive age group (15-49 years) are the most critical and coupled with complications.

The study also found that 1 in 5 girls delivered at home or on their way to the health facility. Also what is worrisome and scary is that the proportion of the births assisted by a relative or a friend was highest among the 15 year olds. High proportion of home deliveries is likely to hinder efforts to reduce MMR, which according to ZIMSTAT (2015) stood at 581 deaths per 100 000 women age 15-49 years. The implications are that it would not be easy to detect complications early and decide on C-section delivery and other appropriate actions prior the onset of labour pains. The study also reported the highest proportion of C-Section births among the 16 year olds, which is double the national average recorded by ZIMSTAT (2015). The general thinking would be that there should be more of 15 year olds requiring C-section than those at age 16 years due to high risk complications at youngest and oldest pregnancies as revealed by Care (2012) but the results refute that. This is as a result that pregnancies that happen to 15 year old girls are usually not delivered at health facilities due to legal implications associated with impregnating a girl below the age of 16 years. This is also supported by high proportion of non-attendance of ANC being among the 15 year olds due to secret pregnancies. Consequently, there are more cases of C-Section births at age 16 years than those at age 15 years (due to home deliveries). Simply because at age 16 years marriage was legal under the customary law, hence, most of the births will be in contact with the health facility and those cases which require C-section deliveries were detected. This may mean that there may be more of 15 year olds, who required C-section delivery but did not get it, dying during delivery at home being assisted by a friend or a relative but not being reported. If place of delivery is addressed, high Maternal Mortality Ratio (MMR) would be reduced.

5.2 Conclusions

The study has managed to quantify the magnitude and the spread of child marriage among the 15-17 year old girls. The study also identified the major factors associated with child marriage. These would help to identify the targets/ hotspots for the interventions. The implication of child marriage to the girls has shifted from the destitute position of being just a married child to a more precarious life of beginning child bearing prematurely, failing to proceed with education, failure to access

crucial reproductive health services and continuing in poverty. Most of the girls who marry early are more likely not to get descent work and might end up in poverty, sexually abused and eventually contracting HIV. The problems faced by married children are immense and would require a collective approach to end child marriage. The sad thing is that the communities are not well knowledgeable about this problem in terms of the legal age of marriage and their rights, especially the girls at risk. The findings of this study will go a long way in providing pointers and possible solutions to this problem of our time. The problem has received wide attention and yet little has been done to end it.

5.3 Recommendations

The findings from this study have informed a number of recommendations for various key stakeholders that would make the households, community, nation, region and the world better places for the girl child. In order to turn around the surge on child marriage, a harmonised and focused efforts are required to build girls' social, health and economic resources and to stimulate gender-equitable and girl sensitive social norms.

5.3.1 Individual Level

The results have shown that most of the girls are at high risk of becoming victims of child marriages, hence, it would help if efforts are directed towards working with this population. Therefore, it is recommended that interventionists should increase efforts to work directly with the girls as a core constituency. It is critical that all interventions be focused on the girl child. The programs should be aimed at working with both married girls and girls-at-risk of marriage to build their health, socio-economic and human rights knowledge and skills. These efforts should ensure that girls are the direct recipients of extensively expanded girl-centred programs, and ensure meaningful participation in programs. The programmes that can reduce poverty may include girls in income generating projects, creating economic schemes for married girls, provide girls with access to micro-credit and jobs. The ultimate goal is to create job opportunities for girls so that they are kept occupied and generate their income. Consequently, programs should be evaluated based on the specific girl level pointers. As also supported by Warner et al (2013) that such programs should work directly with girls who are either already married or at-risk for early marriage, typically, they seek to equip girls with training, skills, information, safe spaces, and support networks to better

understand themselves, their world, and their options. The objectives of these programs are to provide education for the married, reduce girls' social isolation and enabling them to act and believe in themselves.

5.3.2 Household Level

The study has revealed that married girls have little exposure to mass media and the parents/guardians are not providing the critical sex education to their children. Adopting the recommendation from the FGDs, parents/ guardians should assume their role of discussing and teaching sexuality issues with their children. In the households and families, the culture that used to encourage the aunties to have time with girls teaching them sexuality issue should be rejuvenated. However, they need training in order to impart correct information. There is need also for households and families to increase the exposure of their children to mass media at the same time monitoring use of social media. This can be achieved through making provision of the newspapers, television and radio units. There is need to ensure that they create time for their children to watch television and listen to radio. The study has also shown that disintegrated families (children not living with their parents) are more likely to fuel child marriage. It is recommended that parents should try to keep the families together (living together with their children) in order to fight child marriage. Parents should be encouraged to stay with their children and give them proper grooming.

5.3.3 Organisational Level

Information on marriages among girls and boys is hardly available and where it is available it is often outdated and reported in aggregate form, for instance age 15-19 years. There are not data the age group 10-14 years on child marriages. Despite lack of such data, child marriage between those ages exist, the study has reviewed. The research institutions are therefore recommended to carry-out such studies taking into account this younger age group of boys and girls below the age of 15 years. Research institutions play a critical role in informing policy makers, hence, all the policies are developed based on evidence. There is need to engage critical public institutions such as the clinics and schools in order to address the issues of child marriages. Health institutions need to strengthen the provision of youth friendly environment in all the facilities. The schools also need to strengthen the provision of sexuality education to children taking into account the impact of social media.

5.3.4 Community Level

The results have shown that the communities dominated by people affiliated to Apostolic Sect and Traditional religions are likely to be the hotspots for child marriages. It is recommended that there should be formation of good partnership between Non-Governmental Organizations (NGOs) and the community leaders in specific districts, wards and villages focusing on scaling up efforts to fight child marriages. This was also supported by Warner et al (2013) that such partnerships, ideally in the form of multiyear programs, should foster national and local governments' and NGOs' investment in locales or "hotspots" with high concentrations of girls at risk of child marriage and they should also leverage the expertise of international institutions and experts. The community leaders play a critical role in ending child marriages since they have the authority to sit over cases and pass judgements on issues such as child marriages at various levels starting with the headman up to the chief. The community leaders need to be sensitised and become tough when it comes to cases that involve child marriages. They need to be educated about the consequences of child marriages. Once the community leaders understand the dangers and have the buy in, they can become a powerful weapon to address this problem. They have greater influence to stop any religious and cultural practices that promote child marriage in their communities.

5.3.5 National Level

The Government has a central role to play in ending child marriage. The literature review has shown that there is need for coordination among various government arms such as health, education, economic development, social welfare, judicial and labour to end child marriages. National commitments to ending child marriage should be pinned to areas such as the national government (health, education, social welfare, etc), research institutions, civil society, communities etc. The Government should allocate enough funds to responsible ministries to fight child marriages.

Education: The study findings have shown a strong negative correlation between child marriage and education, meaning that a girl who gets married as a child, is less likely to be educated. Hence, it is worthwhile to increase exposure to education among girls and boys in child marriage 'hotspots' as it is critical in reducing child marriages. It is recommended that efforts be scaled up towards providing education, especially in remote areas of the country. The literature review has shown that

education of the girl child would increase average age at marriage. The study findings have shown that those girls who got married had low educational attainment as they would not be able to proceed with education after marriage. As a recommendation, there is need to enforce the re-entry policy through intensification of programs, which could be in the form of campaigns, which encourage out of school married girls to get back into the formal education system. The ministry for education also offers the married girls the opportunity to proceed with education through the informal education system where they can benefit much. This informal education system needs scaling up as the critical constituency is not aware of such a program. It is recommended that in order to promote the education of the married girls, incentives should be offered in order to encourage them to go back to school. As a preventive measure, as revealed in the literature, incentives can be offered to girls who remain unmarried until they complete ordinary level. This can go a long way in reducing child marriages.

Health: The study findings have shown that child marriage has a negative impact on the health and health-seeking behaviour of married girls. Some of the health seeking behaviours include ANC attendance and choice of place of delivery. It is recommended that the responsible Ministry of Health and Child Care (MoHCC) and key players in the health sector should scale up campaigns to encourage married girls to attend ANC at least 4 times as recommended. As a recommendation, there should be some programs that should target married girls to educate them of the dangers of home delivery and the benefits of delivering at health institutions. The MoHCC should declare zero tolerance to home deliveries.

Judicial System: The study has shown contradictory laws concerning the age of marriage in Zimbabwe and age of consent and this was also exposed during the FGDs where participants were not sure of the age of marriage. Therefore, it is recommended that there is need for harmonisation of the marriage laws and age of consent in the interest of the girl child. There is urgent need to align all statutory instruments to the new constitution which criminalises all marriages below age 18. The national policies must set the agenda for interventions for married girls which recognise that girls marry at an imperative developmental stage when they are expected to have matured, establishing fundamental relationships while building critical decisions regarding their lives. Also the policies

must orbit around the aspects of children's lives that embrace their susceptible position in their households and communities.

Labour and Social Welfare: The issue of lack of job opportunities was one of the most recurring factors mentioned during the FGDs as the chief cause of child marriage. The other major factors cited such as poverty, which may be tied to lack of job opportunities, have emerged also as key in the study. Government should develop programmes aimed at improving the standards of living in the societies. There is need for the development policies to move away from the adult-based approaches to poverty reduction and focus more on increasing girls' economic opportunities.

5.4 Further Research

The results have also shown that the use of cell phone is high among the girls but it would be of interest to further research on the impact of mass media, ICT and internet on child marriages. This would be a follow up to the argument that came out strongly in the adult FGDs that children are spending most of the time on social media such as WhatsApp and Facebook which they think that have changed their behaviours.

ANNEXES

ANNEX 1: Child Marriage Focus Group Discussion (FGD) Guide: 15-49 Years

IDENTIFICATION PANEL			
1.	Sex of Participants	Males <input type="text"/>	Females <input type="text"/>
2.	Age group	15-17 years <input type="text"/>	18 - 49 years <input type="text"/>
3.	Total Number of Participants	<input type="text"/> <input type="text"/>	
4.	Area of Residence	Urban <input type="text"/>	Rural <input type="text"/>
5.	Province/ District	_____ / _____	
6.	Ward	_____	
7.	Date	____ / ____ / 2016	
8.	Start Time	____ : ____ hours	
9.	End time	____ : ____ hours	

Introduction

Good..... My name is Handrick Chigiji and my colleague(s) are/is..... We are a team from the University of Zimbabwe and we are conducting a study on early marriages focusing on the age group 15 to 49 years. The key objective of the study is to assess the prevalence, patterns, causes and effects of child marriages in Zimbabwe. You have been invited to take part in this discussion because you are in the age group of interest. Your participation in this study is absolutely free. All the information obtained in this discussion will be treated with utmost

confidentiality and everything you are going to say will only be used for research purposes. The responses will be presented in aggregate form and you will never be identified.

May we start now?

Permission granted

Yes

☐

No

☐

Guiding Questions

1. What do you understand by early marriages?
2. Do you think early marriages exist? If so where?
3. What do you think are the consequences of early marriages to the girl/young woman, to the community and the country?
4. What do you think are the causes of early marriages among girls in your area/community?
5. What do you think about our laws pertaining to early marriages? Do they promote or inhibit early marriages?
6. What do you think are the perceptions of the community and nation about early marriages?
7. Do young people in your community have free access to contraception? Why do you say so?
8. Sexuality is a word used to describe sexual interest and preferences. It encompasses things like body parts and sex, gender, sexual orientation (heterosexual, homosexual and bisexual), how we feel about our bodies (body image), feelings, thoughts and behaviour of being male or female, being attractive and being in love e.tc. Do you think parents teach their children about sexuality?
9. What do you think should be done to stop early marriages among girls in your community, country?

ANNEX 2: Informed Consent Form for Boys and Girls 15-17 years FGDs

Title of Research: An assessment of Child Marriages in Zimbabwe

General introduction

Good morning/afternoon. Thank you for taking the time to talk to me today. My name is Handrick Chigiji and my colleague(s) are/is..... We are a team from the University of Zimbabwe and we are conducting a study on child marriages focusing on the age group 15 to 49 years.

You have been invited to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take the time to read or to listen as I read the following information. You may talk to others about the study if you wish. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered and you feel that you understand this study, you will be asked if you wish to participate in the study, and if yes to sign this Informed Consent form.

Study Location

The study is being conducted in Bulilimamangwe South, Mudzi and Makoni Districts

Purpose of the Research

What is the purpose of the study? The purpose of the study is to learn more about the drivers to and the consequences of child marriages in Zimbabwe.

Why have I been invited to take part? You have been invited to participate in the study because you are a boy or girl aged between 15 and 17 years and you might provide useful information regarding child marriages.

Description of the Research

What will happen if I take part? If you agree to take part in the study, we will ask you to sign this form. You will also be asked to participate in a discussion on child marriages in your community in a focus group discussion with 6-12 other boys or girls.

How long will the interview last? The discussion will last about one hour.

Risks

What are the risks of the study? An inconvenience may be the time and effort you take to participate in the study. You might also find that you are not comfortable answering questions about child marriages. You are free to stop or decline participating in the discussion of issues that you are uncomfortable with. The discussions will be recorded and if not comfortable, you are free not to participate.

Benefits

What are the benefits of participating? There are no direct benefits to you for participating in the study. You may find an indirect benefit in knowing that you participated in an important study that could inform intervention programs aimed at preventing child marriages in the country and thus help others in the future.

Confidentiality

Will my participation in the study be kept confidential? All information you give is confidential. Other participants will know what you say during the focus group discussion. However, we will ask participants to keep information shared during the discussion confidential. We will not record your name or address on the forms and your responses will be combined with responses from other participants so that no one will be able to identify your specific responses. This form will be kept under lock-and-key. The information gathered will be used only for academic purposes. Your signature at the bottom of this form will not be used for any other purpose apart from proving that you have read or have been read to the information and that you have understood this information.

Voluntariness

What are my rights as a research participant? Your participation in this study is completely voluntary. If you agree to participate in this study, you may end your participation at any time without any consequences. You are free to withdraw from the study at any time.

Additional Information

What will I receive for participating? You will be provided with some refreshments during the discussion.

What will happen to the results of the research study? The results of the study will be used for academic purposes in trying to understand more about child marriages in Zimbabwe.

Contacts:

What if I need more information? If you have a concern about any aspect of the study, you may call my department- Centre for Population Studies chairperson, Dr. Naomi Wekwete, P.O. Box MP 167, Mt Pleasant, Harare, Tel: +263-772-523918.

Do you have any questions? Yes _____ No _____

If yes, note the questions below:

Would you be willing to participate in the study?

Yes _____ No _____

Respondent's statement: I have read or have been read to the above considerations regarding my participation in the study. I have been given a chance to ask any questions and my questions have been answered to my satisfaction. I understand that the information I give will be kept private. I understand that I may withdraw from this study any time. My withdrawal from the study or my refusal to participate will in no way affect me. I agree to participate in this study as a volunteer.

Signature of respondent Date

Researcher declaration: I, _____, have explained to the respondent in a language he understands the procedures to be followed in this study, and the risks and benefits involved.

Signature of interviewer Date

Signature of witness (if any) Date

ANNEX 3: Informed Consent Form for Parents/Guardians for Boys & Girls below 18 Years FGDs

Title of Research: An assessment of Child Marriages in Zimbabwe

General Introduction

Good morning/afternoon. Thank you for taking the time to talk to me today. My name is Handrick Chigiji and my colleague(s) are/is..... We are a team from the University of Zimbabwe and we are conducting a study on child marriages focusing on the age group 15 to 49 years.

Your child is invited to take part in a research study. Before you decide whether to allow your child to participate, you need to understand why the research is being done and what it would involve. Please take the time to read or to listen as I read the following information. You may talk to others about the study if you wish. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered and you feel that you understand this study, you will be asked if you would like your child to participate in the study, and if yes to sign this Informed Consent form. You will be given a signed copy to keep. Your child will also be asked whether she wants to participate in this study.

Study Location

The study is being conducted in Bulilimamangwe South, Mudzi and Makoni Districts

Purpose of the Research

What is the purpose of the study? The purpose of the study is to learn more about the drivers to and the consequences of child marriages in Zimbabwe.

Why has my child been invited to take part? Your child has been invited to participate in the study because he or she is the age group 15-17 years and he might provide useful information regarding child marriage.

Description of the Research

What will happen if my child takes part? If you agree to let your child take part in the study, we will ask you to sign this form. Your child will be asked to participate in a discussion on child marriages in your community in a focus group discussion with 6-12 other boys or girls.

How long will the interview last? The discussion with your child will last about one hour.

Risks

What are the risks of the study? An inconvenience may be the time and effort your child takes to participate in the study. A risk may be a breach of confidentiality (something your child says is accidentally provided to others) but we will take precautions to see that this does not happen. All participants should respect the privacy of others in the group and not disclose whatever they say in this discussion. Your child might also find that she is not comfortable talking about issues of child marriages. S/he will be free to stop participating in the study or decline to answer any questions that s/he is uncomfortable with. The discussions will be tape recorded and if your child is not comfortable in being recorded, s/he is free not to participate.

Benefits

What are the benefits of participating? There are no direct benefits for your child participating in the study. S/he may find an indirect benefit in knowing that s/he participated in an important study that could inform intervention programs aimed at preventing child marriages in the country and thus help others in the future.

Confidentiality

Will my child's participation in the study be kept confidential? Other participants may know what your child will say during the focus group discussion. However, we will ask participants to keep information shared during the discussion confidential. We will not record your child's name or address on the forms and her responses will be combined with responses from other participants so that no one will be able to identify his/her specific responses. This form will be kept under lock-and-key. The information gathered will be used for academic purposes. Your signature at the bottom of this form will not be used for any other purpose apart from proving that you have read or have been read to the information and that you have understood this information.

Voluntariness

What are my child's rights as a research participant? Your child's participation in this study is completely voluntary. If you decide not to let your child participate, you or your child will not lose any existing benefits to which you are entitled. If you agree to let your child participate in this study, you may end his/her participation at any time without penalty. You are free to withdraw your child from the study at any time.

Additional Information

What will my child receive for participating? Your child will be provided with some refreshments during the discussion.

What will happen to the results of the research study? The results of the study will be used for academic purposes in trying to understand more about child marriages in Zimbabwe.

Contacts:

What if I need more information? If you have a concern about any aspect of the study, you may call my department- Centre for Population Studies chairperson, Dr. Naomi Wekwete, P.O. Box MP 167, Mt Pleasant, Harare, Tel: +263-772-523918.

Do you have any questions? Yes _____ No _____

If yes, note the questions below:

Would you be willing to let your child participate in the study?

Yes _____ No _____

Respondent's statement: I have read or have been read to the above considerations regarding my child's participation in the study. I have been given a chance to ask any questions and my questions have been answered to my satisfaction. I understand that the information my child gives will be kept private. I

understand that my child may withdraw from this study any time. My child's withdrawal from the study or my refusal to let my child participate will in no way affect me or my child. I agree to allow my child participate in this study as a volunteer.

Signature of Respondent

Date

Interviewer's declaration: I, _____, have explained to the respondent in a language she or he understands the procedures to be followed in this study, and the risks and benefits involved.

Signature of Interviewer

Date

Signature of Witness (if any)

Date

REFERENCES

1. Adedoyin, M.A. and O. Adetoro (1989). Pregnancy and its outcome among teenage mothers in Ilorin, Nigeria. *East African Medical Journal* 66(7)
2. Baird, S., E. Chirwa, C. McIntosh and B. Ozler (2010). The Short-Term Impacts of a Schooling Conditional Cash Transfer Program on the Sexual Behavior of Young Women, *Health Economics* 19, 55–68.
3. Bajracharya, A and Amin, S. (2010). Poverty, marriage timing, and transitions to adulthood in Nepal: A longitudinal analysis using the Nepal living standards survey. *Poverty, Gender, and Youth*. Population Council.
4. Bates, L. M., J. Maselko and S. R. Schuler (2007). Women's Education and the Timing of Marriage and Childbearing in the Next Generation: Evidence from Rural Bangladesh, *Studies in Family Planning* 38(2), 101–112.
5. Bhattacharjee, A. & Das, N. (2011). Profile of the Adolescent Girls: Findings from the Baseline Survey for Social and Financial Empowerment of Adolescents (SoFEA) Programme. Research Monograph Series No. 46. Dhaka, Bangladesh: Research and Evaluation Division, BRAC.
6. Bollerud, K. (1990). A model for the treatment of trauma-related syndromes among chemically dependent inpatient women. *Journal of Substance Abuse Treatment*, I, 83-87.
7. Brady, M., Assaad, R., Ibrahim, B., Salem, A., Salem, R., & Zimmerman, C. (2007). Providing New Opportunities to Adolescent Girls in Socially Conservative Settings: The Ishraq Program in Rural Upper Egypt. New York, NY: Population Council.
8. Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments*
9. Burket, M., Alauddin, M., Malek, A., & Rahman, M. (2006). Raising the Age of Marriage for Young Girls in Bangladesh. Watertown, MA: Pathfinder International.
10. Caraël M and Allen S. (1995). Women's vulnerability to HIV/STD in Sub-Saharan Africa. Pp. 201-222 in *Women's Position and Demographic Change in Sub-Saharan Africa*
11. Catino, J., Colom, A., & Ruiz, M.J. (2011). Equipping Mayan girls to improve their lives. Promoting healthy, safe and productive transitions to adulthood, No. 5. New York, NY: Population Council.
12. Caviola & Schiff, (1988); Psychological, Behavioral, and Social Characteristics Associated with Early Forced Sexual Intercourse among Pregnant Adolescents
13. CCORE and UNICEF (2011). Apostolic Religion, Health and Utilization of Maternal and Child Health Services in Zimbabwe
14. Central Statistical Office (CSO) and Macro International Inc. (1989). Zimbabwe Demographic and Health Survey 1988. Zimbabwe and Calverton, Maryland

15. Central Statistical Office (CSO) and Macro International Inc. (1995). Zimbabwe Demographic and Health Survey 1994. Zimbabwe and Calverton, Maryland
16. Central Statistical Office (CSO) and Macro International Inc. (2000). Zimbabwe Demographic and Health Survey 1999. Zimbabwe and Calverton, Maryland
17. Central Statistical Office (CSO) and Macro International Inc. (2007). Zimbabwe Demographic and Health Survey 2005-06. Zimbabwe and Calverton, Maryland
18. Clark, S, J Bruce and A Dude. (2006). 'Protecting Young Women from HIV/AIDS: The Case Against Child and Adolescent Marriage,' International Family Planning Perspectives 32(2): 79-88.
19. Cleland J, and Wilson C, (1987), Demand theories of fertility transition: An Iconoclastic View. Population Studies vol.41, no. 1, pp. 5–30.
20. Cohen & Densen-Gerber, (1982); Cohen and Barney, (1998). The Emerging Fertility Transition in Sub-Saharan Africa, World Development vol. 26, no. 8, pp. 1431–61.
21. Diop, N., Faye, M., Cabral, A., Benga, H., Mane, F., Baumgarten, I., & Melching, M. (2004). The TOSTAN Program Evaluation of a Community Based Education Program in Senegal. USAID.
22. Domestic Violence Act [Chapter 5:16] (2007), Zimbabwe
23. Dominique Meekers and Anne-Emmanuele Calves (1997), Health Transition review supplement, 'Main' girlfriends, girlfriends, marriage, and money: social context of HIV risk behaviour in sub-Saharan Africa, volume 7, pg 361-375.
24. Dowsett, G., & Aggleton, P. (1997). Multi-site Studies of the Contextual Factors Affecting Risk-related Sexual Behaviour Among Young People in Developing Countries, Geneva: UNAIDS.
25. ECPAT International (2011). "Global Monitoring Status of Action Against Sexual Exploitation of Children. Bangladesh", 2nd Edition. Bangkok: ECPAT International.
26. Erulkar, A. & Muthengi, E. (2009). Evaluation of Berhane Hewan: A Program to Delay Child Marriage in Rural Ethiopia. International Perspectives on Sexual and Reproductive Health, 35, 6-14.
27. Faizunnisa, A. and M. Ul Haque (2003). Adolescent Reproductive Health: The Role of Agency and Autonomy. The Pakistan Development Review 42(4), 569-583.
28. Gandhi, K. & Krijnen, J. (2006). Evaluation of Community-Based Rural Livelihoods Programme in Badakhshan, Afghanistan. Oxfam GB. shtransfers-ccts-delaymarriage-india
29. Godha, D et al. 2011. The influence of child marriage on fertility, fertility-control, and maternal health care utilization. MEASURE/Evaluation PRH Project 11-124.
30. Grice, Brady, Dunstan, Malcolm, & Kilpatrick, (1995). The American Journal on Addictions
31. Guttmacher A Institute (1998) 'Into a New World: Young Women's Sexual and Reproductive Lives' and Forum on Marriage and the Rights of Women and Girls. (2000) "Whose Right to Choose."

32. Harrison P A, Fulkerson J A, Beebe T J. (1997). Multiple substance use among adolescent physical and sexual abuse victims. *Child Abuse & Neglect*.
33. Hetherington, E. M. (1989). *Ecological Models of Human Development*
34. Honwana, A. & F. De Boeck (Eds.) 2005, *Makers and Breakers. Children and youth in Postcolonial Africa*.
35. Human Rights Watch (HRW) (2014). Iraq: Don't legalize marriage for 9-year-olds. Available at: <http://www.hrw.org/news/2014/03/11/iraq-don-t-legalize-marriage-9-year-olds>, accessed 2016-03-20
36. Ikamani, E. The effect of education on timing of marriage in Kenya. *Demographic-research.org*. 2005 Vol 12/1/12-1.
37. Institute for Reproductive Health (2012). GREAT Project, Northern Uganda. Institute for Reproductive Health (IRH) Georgetown University
38. International Center for Research on Women (ICRW) (2006), *Child marriage fact sheet (child marriage and education)*
39. International Center for Research on Women (ICRW) (2013). *Evaluating the Power of Conditional Cash Transfers to Raise Age of Marriage in India*.
40. James N Gribble et al (2011). *Journal of Family Planning and Reproductive Health Care*. 2011 Jul; 37(3):136-45.
41. Judith-Ann Walker (2012), *Early Marriage in Africa – Trends, Harmful Effects and Interventions*
42. Korbin, J. E. (2003). 'Children, Childhood and Violence'. *Annual Review of Anthropology*, Vol. 32, pp.431-446.
43. Krishnamurthy R (2009), "Review of Sexual and Reproductive Health Rights in the Context of Disasters in Asia", Asian Pacific Resource and Research Centre for Women (ARROW) Chennai: ARROW,
44. Kwatsha, L. L. (2009). "Some Aspects of Gender Inequality in Selected African Literary Texts". *Literator*, 30(2), pp. 127-156.
45. Lesthaeghe and Wilson (1986). *Demography - Analysis and Synthesis: A Treatise in Population*
46. Lloyd CB, Mensch BS. (2008), *Marriage and childbirth as factors in school exit: an analysis of DHS data from sub-Saharan Africa*.
47. Mail & Guardian (2013). <http://mg.co.za/?article/1999-05-07-zimbabwe-court-rules-women-are-teenagers>
48. Mathur, S., M. Greene and A. Malhotra (2003). *Too Young to Wed: The Lives, Rights and Health of Young Married Girls*. ICRW: Washington D.C.

49. Meekers and Calves, (1997). Cross-Generational and Transactional Sexual Relations in Sub-Saharan Africa: Prevalence of Behavior and Implications for Negotiating Safer Sexual Practices
50. Nguyen, M. C., and Q. Wodon (2012a). Perceptions of Child Marriage as a Reason for Dropping out of School: Results for Ghana and Nigeria, mimeo, The World Bank: Washington, DC.
51. Nguyen, M. C., and Q. Wodon, (2012b), “Global Trends in Child Marriage”, mimeo, Washington, DC: The World Bank.
52. Nguyen, M. C., and Q. Wodon, (2012c). “Child Marriage, Pregnancies, and the Gender Gap in Education Attainment: An Analysis Based on the Reasons for Dropping out of School”, mimeo, Washington, DC: The World Bank.
53. Nguyen, M. C., and Q. Wodon, (2012d). “Estimating the Impact of Child Marriage on Literacy and Education Attainment in Africa”, mimeo, Washington, DC: The World Bank.
54. North A (2009). ‘Drought, drop out and early marriage: Feeling the effects of climate change in East Africa’, *Equals* 24, 4,
55. Nyanthi, P. (2010). Cultural Heritage with Pathisa Nyathi: A closer look at who the Kalangas are. Bulawayo24.
56. Okwany, A. (2006). “Newly Emerging Needs of Children in Kenya” in Oudenhoven, N. van & Wazir, R. Newly Emerging Needs of Children: An Exploration. *Garant* pp. 59-67
57. Organisation of African Unity (OAU) (1986), The African Charter on Human and People’s Rights (1986)
58. Organisation of African Unity (OAU) (1990), The African Charter on the Rights and Welfare of the Child
59. Otoo-Oyortey, N. and Sonita P. (2003), Early Marriage and Poverty: Exploring the Links for Policy and Program Development. The Forum on Marriage and the Rights of Women and Girls: London;
60. Pedersen, K., Mukred, A., & Qaid, E. (2008). Evaluation of ‘Integrated Action on Poverty and Early Marriage’ Programme in Yemen. Oxfam GB.
61. Plan International (2011), Breaking Vows: Early and Forced Marriage and Girls’ Education, June 2011, p. 9.
62. Population Reference Bureau (PRB), 2015
63. Poverty Action Lab. (2012). Empowering Girls in Rural Bangladesh. Abdul Latif Jameel Poverty Action Lab.
64. Rahman, M. & Daniel, E. (2010). A Reproductive Health Communication Model That Helps Improve Young Women’s Reproductive Life and Reduce Population Growth: The Case of PRACHAR from Bihar, India. Research and Evaluation Working Paper. Watertown, MA: Pathfinder.

65. Roesler, T. A., & Dafler, C. E. (1993). Chemical dissociation in adults: Sexually victimized as children: Alcohol and drug use in adult survivors. *Journal of Substance Abuse Treatment*,
66. Rohsenow DJ, Corbett R, Devine D, (1988). Molested as children: a hidden contribution to substance abuse?
67. Rwezaura,B.(1998).“Competing Images of Childhood in the Social and Legal Systems of Contemporary Sub-Saharan Africa”. *International Journal of Law, Polity and the Family* 12 (3), pp. 253-278.
68. Say J. et al (2014). Pregnancy and childbirth outcomes among adolescents mothers: Multi country study
69. Segeplan. 2010. Tercer informe de avances en el cumplimiento de lost objetivos de desarrollo del milenio. Guatemala City: Segeplan.
70. Sibley I (2012), “The Burden of Daughters: Understanding the Impact of Responses to Child Marriage and Gender Discrimination in Nepal”, MA dissertation, (University of Reading).
71. Silva-de-Alwis (2008), Child Marriage and the Law: Legislative Reform Initiative Paper Series
72. The Chronicle (2015). www.chronicle.co.zw/let-them-have-sex-marry-tomana-says-12-year-olds-can-consant/
73. Toyo, N. (2006), Revisiting Equality as a Right: The Minimum Age of Marriage Clause in the Nigerian Child Rights Act, 2003, *Third World Quarterly* 27(7), 1299-1312.
74. UNFPA. (2012). *Marrying Too Young: End Child Marriage*. New York: UNFPA
75. UNICEF (2008), *The State of the World’s Children, Adolescence: An Age of Opportunity*
76. UNICEF (2014), *Ending Child Marriage: Progress and prospects*
77. UNICEF, (2014), *The State of the World’s Children*
78. United Nations (1948), “Universal Declaration of Human Rights.” Available from www.un.org/en/documents/udhr/
79. United Nations (1964), *The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages*
80. United Nations (1976), *The International Covenant on Economic, Social and Cultural Rights*
81. United Nations (1979), *Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children*
82. United Nations (1979), *The Convention on the Elimination of All Forms of Discrimination of Women (CEDAW)*
83. United Nations (1989), *The Convention on the Rights of the Child (CRC)*
84. United Nations (1994), *The International Conference on Population and Development (ICPD)*

85. United Nations (2003), Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Aka The Maputo Protocol)
86. United Nations (2011), Department of Economic and Social Affairs, Population Division, Population facts No. 1
87. United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), (2010), Women's & Children's Rights: Making the connection, UNFPA, New York, p. 42
88. USAID. (2008). Safe Schools Program Final Report. Washington, DC: USAID.
89. USAID. (2012). Gender Equality in Education: Safe Schools Program: Pilot Phase. USAID.
90. USAID. (2012). Gender, Roles, Equality and Transformations (GREAT) Project. Gulu, Uganda: USAID.
91. Westoff, C. (2003) Trends in Marriage and Early Childbearing in Developing Countries, DHS Comparative Reports No. 5, ORC Macro, Maryland.
92. Wilder, J., Masilamani, R., & Daniel, E. (2005). Promoting change in the Reproductive Behavior of Youth: Pathfinder International's PRACHAR Project, Bihar, India. New Delhi, India: Pathfinder
93. World Bank, In Africa, (2009). "Poverty Has a Female Face", Washington
94. World Health Organization (2013), Early Marriages, Adolescent and Young Pregnancies.
95. World Vision Bangladesh (2014). "Report on Campaign Called 'Bride Not Before 18' to End Child Marriage".
96. World Vision. (2013). Untying the Knot: Exploring Early Marriage in Fragile States. Research Report. London, England: World Vision UK.
97. Yandow V, (1989). A model for the treatment of trauma-related syndromes among chemically dependent inpatient women
98. Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. (2012). Zimbabwe Demographic and Health Survey 2010-11. Calverton, Maryland: ZIMSTAT and ICF International Inc.
99. ZIMSTAT (2013), Zimbabwe Population Census, 2012
100. ZIMSTAT (2015), Multiple Indicator Cluster Survey (MICS), 2014