WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Child marriages

Background

Child marriage is a global issue but rates vary dramatically, both within and between countries. In both proportions and numbers, most child marriages take place in rural sub-Saharan Africa and South Asia.

Child marriage – defined as marriage before the age of 18 – applies to both boys and girls, but the practice is far more common among young girls.

In South Asia, nearly half of young women and in sub-Saharan Africa more than one third of young women are married by their 18th birthday.

The 10 countries with the highest rates of child marriage are: Niger, 75%; Chad and Central African Republic, 68%; Bangladesh, 66%; Guinea, 63%; Mozambique, 56%; Mali, 55%; Burkina Faso and South Sudan, 52%; and Malawi, 50%.

In terms of absolute numbers, because of the size of its population, India has the most child marriages and in 47% of all marriages the bride is a child.

If current levels of child marriages hold, 14.2 million girls annually or 39 000 daily will marry too young.

According to the current rate, more than 140 million girls will marry between 2011 and 2020. Furthermore, of the 140 million girls who will marry before they are 18, 50 million will be under the age of 15.

Despite the physical damage and the persistent discrimination to young girls, little progress has been made toward ending the practice of child marriage. In fact, the problem threatens to increase with the expanding youth population in developing world.

If child marriage is not properly addressed, UN Millennium Development Goals 4 & 5 – calling for a three-fourths reduction in maternal mortality and a two-thirds reduction in child deaths by 2015 – will not be met.

What progress has been made to stop the practice has been in urban areas, where families see greater work and education opportunities for young girls.

A violation of the rights of girls

Child marriage is increasingly recognized as a violation of the rights of girls for the following reasons:

- Effectively ending their education
- Blocking any opportunity to gain vocational and life skills
- Exposing them to the risks of too-early pregnancy, child bearing and motherhood before they are physically and psychologically ready
- Increasing their risk of intimate partner sexual violence and HIV infection.

The World YWCA will present a petition to CSW urging the group to pass a special resolution calling for an end to child marriage. Signatories believe that by working collaboratively, member states and concerned groups can end child marriage by 2030.

Despite the fact that 158 countries have set the legal age for marriage at 18 years, laws are rarely enforced since the practice of marrying young children is upheld by tradition and social norms.

The detrimental effects of early child marriage

According to the UN, complications from pregnancy and childbirth are the leading causes of death for girls aged 15-19 years in developing countries. Of the 16 million adolescent girls who give birth every year, about 90% are already married. UNICEF

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estimates some 50 000 die, almost all in low- and middle -income countries. Still births and newborn deaths are 50% higher among mothers under 20 than in women who get pregnant in their 20s.

In many poor countries, most young girls, regardless of age, are forced to demonstrate their fertility once they are married.

These children, because that's what they are, are discouraged from using contraceptives or might have to ask their husbands' permission or they have no knowledge of or access to what they need.

Violence common in child marriages

Loss of girlhood and health problems related to early pregnancy are not the only hazards confronting young brides.

Even though some parents believe early marriage will protect their daughters from sexual violence, the reverse is often true, according to UN studies.

Young girls who marry before the age of 18 have a greater risk of becoming victims of intimate partner violence than those who marry at an older age. This is especially true when the age gap between the child bride and spouse is large.

A complex issue with deep roots

Child marriage, which has existed for centuries, is a complex issue, rooted deeply in gender inequality, tradition and poverty. The practice is most common in rural and impoverished areas, where prospects for girls can be limited. In many cases, parents arrange these marriages and young girls have no choice.

Poor families marry off young daughters to reduce the number of children they need to feed, clothe and educate. In some cultures, a major incentive is the price prospective husbands will pay for young brides.

Social pressures within a community can lead families to wed young children. For example, some cultures believe marrying girls before they reach puberty will bring blessings on families. Some societies believe that early marriage will protect young girls from sexual attacks and violence and see it as a way to insure that their daughter will not become pregnant out of wedlock and bring dishonour to the family.

Too many families marry their daughters simply because early marriage is the only option they know.

In Malawi, one of the world's poorest countries, at least half of young women are married before the age of 18. The country is working to end the practice to allow the girl child to continue with education, to become a learned citizen who can contribute to the development and economy of the country. Another reason for Malawi's effort is the high teenage pregnancy rate and the fact that teenage pregnancies contribute to 20-30% of maternal deaths in the country. According to the ministry of health of Malawi, up to 30% of maternal deaths can be averted by ending early marriages and the country will be able to reduce the neonatal mortality rate also.

The Minister reports that Malawi has taken a number of steps aimed at ending the practice of child marriage. These include:

- Providing free universal access to primary education;
- Working with chiefs to sensitize their communities on the importance of sending children to school, with an emphasis on the girl child;
- Implementing a policy that allows girls who become pregnant during school to go back to school after delivery to continue their education;
- Working with parliamentarians to raise the age at marriage to 18 years by 2014; and
- Providing Youth Friendly Health Services. This outreach empowers youths with the information that would enable them to make informed choices about their reproductive health.

UN Millennium Development Goals

Ending child marriage is closely related to "Every Woman Every Child" initiative and the efforts to reach Millennium Development Goals (MDGs) 3, 4 and 5 to promote gender equality, to reduce child mortality and to improve maternal health.

The continued occurrence of child marriage has hindered the achievement of these MDGs, especially in sub-Saharan Africa and south Asia.

Ending child marriage would also help countries achieve other MDGs aimed at eradicating poverty, achieving universal education and combating HIV/AIDS, malaria and other diseases, and should also figure within a renewed development agenda.

Strategies for ending child marriage recommended to the Commission on the Status of Women include:

- supporting and enforcing legislation to increase the minimum age of marriage for girls to 18 years;
- providing equal access to quality primary and secondary education for both girls and boys;
- mobilizing girls, boys, parents and leaders to change practices that discriminate against girls and to create social, economic, and civic opportunities for girls and young women;
- providing girls who are already married with options for schooling, employment and livelihood skills, sexual and reproductive health information and services (including HIV prevention), and offering recourse from violence in the home;

addressing the root causes of child marriage, including poverty, gender inequality and discrimination, the low value placed on girls and violence against girls.

Source-http://www.who.int/mediacentre/news/releases/2013/child_marriage_20130307/en/index.html

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

Table 1: Vaccine-preventable Diseases & AFP

02nd – 08th March 2013 (10th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2013	Number of cases during same week in 2012	Total number of cases to date in 2013	Total number of cases to date in 2012	Difference between the number of cases to date in 2013 & 2012
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	00	00	02	10	15	- 33.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	06	00	01	00	03	00	00	00	02	12	02	69	12	+ 475.0 %
Tetanus	00	00	00	00	00	02	00	00	00	02	00	06	02	+ 200.0 %
Whooping Cough	02	00	00	00	00	00	00	03	01	06	01	17	19	- 10.5 %
Tuberculosis	30	29	05	13	18	12	20	07	19	153	244	1754	1755	- 0.05 %

Table 2: Newly Introduced Notifiable Disease

02nd – 08th March 2013 (10th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2013	Number of cases during same week in 2012	Total number of cases to date in 2013	Total number of cases to date in 2012	Difference between the number of cases to date in 2013 & 2012
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	05	12	20	07	00	10	01	02	13	72	96	835	1040	- 19.7 %
Meningitis	02 CB=1 KL=1	00	02 MT=1 HB=1	01 JF=1	00	01 PU=1	04 AP=3 PO=1	00	02 RP=2	12	12	191	208	- 8.2 %
Mumps	02	01	05	00	01	01	00	01	02	13	60	287	419	- 31.5 %
Leishmaniasis	00	00	06 HB=6	01 MN=1	01 KM=1	03 KN=2 PU=1	10 AP=4 PO=6	01 MO=1	00	22	15	245	125	+ 96.0 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

DPDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Dengue Prevention and Control Health Messages

Check the roof gutters regularly for water collection where dengue mosquitoes could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

02nd – 08th March 2013 (10th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	124	1763	0	30	0	7	3	33	0	9	3	46	0	2	0	16	0	0	62
Gampaha	29	807	0	21	0	5	0	10	0	1	2	39	0	6	0	47	0	0	47
Kalutara	32	361	1	37	0	8	4	20	0	7	8	80	0	1	0	5	0	0	54
Kandy	32	445	1	17	0	4	0	2	0	1	1	13	2	28	10	25	0	0	83
Matale	7	103	1	24	0	0	0	1	0	0	0	7	0	1	0	10	0	0	69
NuwaraEliya	4	50	2	16	0	2	0	1	0	2	4	5	1	17	1	1	0	0	69
Galle	20	157	3	20	0	6	0	0	0	2	5	31	0	10	1	3	0	0	84
Hambantota	14	87	0	14	2	2	1	4	3	8	15	72	2	22	7	43	0	0	83
Matara	16	144	1	9	1	6	1	2	1	4	7	35	4	19	3	68	0	0	88
Jaffna	17	210	6	45	2	3	12	112	0	4	0	0	26	148	1	6	0	0	75
Kilinochchi	2	13	1	9	0	0	0	3	0	1	1	2	2	6	0	0	0	0	75
Mannar	2	36	0	12	0	1	4	31	0	11	1	5	2	6	0	0	0	0	100
Vavuniya	0	21	1	14	0	5	0	3	0	4	4	13	0	1	0	0	0	0	50
Mullaitivu	1	24	0	2	0	1	0	2	0	0	0	4	0	2	0	0	0	0	60
Batticaloa	1	150	1	26	0	2	0	0	0	2	0	6	0	0	0	3	0	0	29
Ampara	3	33	3	31	0	0	0	1	0	0	0	4	0	0	0	1	0	0	43
Trincomalee	5	71	3	13	0	1	0	0	0	0	11	27	0	2	0	2	0	0	75
Kurunegala	43	1282	3	49	1	13	3	17	0	3	13	35	1	10	0	17	0	0	62
Puttalam	16	363	0	15	0	2	0	5	0	1	0	4	2	4	0	0	0	0	75
Anuradhapu	15	167	0	19	0	7	0	0	0	1	20	61	2	6	1	5	0	0	63
Polonnaruw	13	89	1	27	0	0	0	5	0	0	10	61	0	1	1	11	0	0	71
Badulla	14	111	2	26	0	0	0	4	0	0	0	9	1	9	1	10	0	0	76
Monaragala	2	57	0	17	0	2	0	4	0	17	5	40	2	10	0	17	0	0	64
Ratnapura	25	347	3	96	2	65	1	9	5	12	11	75	0	11	2	76	0	1	61
Kegalle	26	273	1	13	1	10	0	3	1	3	2	18	2	21	3	62	0	0	82
Kalmune	39	301	1	18	0	1	0	0	0	6	0	4	0	1	0	4	0	0	77
SRI LANKA	**502**	**7465**	**35**	**620**	**09**	**153**	**29**	**272**	**10**	**99**	**123**	**696**	**49**	**344**	**31**	**432**	**00**	**01**	**69**

Source: Weekly Returns of Communicable Diseases WRCD).
***Dengue Fever / DHF** refers to Dengue Fever / Dengue Haemorrhagic Fever.
****Timely** refers to returns received on or before 08th March, 2013 Total number of reporting units 336. Number of reporting units data provided for the current week: 230
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk.**

ON STATE SERVICE

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