



# Slow progress threatens response against child marriage in Malawi

September, 2015 By Dingaan Mithi

#### Introduction

ournalists Association Against AIDS (JournAIDS) is implementing a sexual reproductive health and rights **J** project with financing from Southern Africa AIDS Trust (SAT). The project recognizes the need for Malawi to have a progressive policy legal framework to address teenage pregnancies, child marriages and promote women's and child health. As part of this work, JournAIDS in 2014 joined the Girls Not Brides (Global Partnership to End Child Marriages) as a member. JournAIDS is also contributing towards the implementation of the Sustainable Development Goals (SDGs) in Goal 3 which seeks to promote the healthy well-being of all people by 2030. Taking into serious consideration that Malawi failed to attain Millennium Development Goal 5 on maternal health, it is now the time for the country to take bold steps to curb child marriages to tackle maternal mortality which is remains a huge challenge.

Although legislators enacted into law the Marriage, Divorce and Family Relations Act which puts the

marriage age at 18, stakeholders and actors in the health sector still argue that 18 years is not an appropriate age for marriage and want the age to be raised to 21 years, which assumes that a girl is matured enough, has completed secondary school education and can make decisions independent regarding sexuality. SAT has worked with JournAIDS since 2008 on sexual reproductive health and HIV integration which also examines the need to strengthen community systems and policy implementation.

At present, Malawi needs to strengthen enforcement of the newly enacted Marriage, Divorce and Family Relations Act and fully implement it by allocating adequate resources. Shockingly district social welfare offices which are under the Ministry of Gender are experiencing funding cuts which is a threat towards efforts to tackle child marriages and related gender based violence. On average, one out of two girls in the country will be married by her eighteenth birthday, according to the United Nations. <sup>1</sup>In 2010, half of women aged 20 to 24 years were married or in union before they were 18. Some are as young as 9 or 10 when they are married. Many Malawian communities see child marriage as being in the best interests of girls and their families. Some families see it as an important way to improve their economic status, sometimes through payment of dowry by the groom to the bride's family, or through continued support by their daughter's husband. For some girls, marriage may suggest a route, often unfulfilled, to escape

<sup>1</sup> Human Rights Watch, 2014 Report, Child Marriage in Malawi



#### Summary

#### The sad tale of child marriages on girls' lives

Child marriage has a negative impact on girl's and women's realization of key human rights, including their rights to health, education, to be free from physical, mental, and sexual violence, and to marry only when they are able and willing to give their free and full consent. The younger the age of marriage the more serious these impacts are. Girls told Human Rights Watch that marriage interrupted or ended their education. <sup>2</sup>Many said that they found it difficult to return to school after marriage because of lack of money for school fees, lack of child care, unavailability of flexible school programs or adult classes, and the need to do household chores.

Others said that their husbands or in-laws would not allow them to continue school after marriage. In

adulthood, many child brides remained financially dependent on often abusive spouses in part because they lacked the education and skills needed to provide for themselves and their families. Human Rights Watch documented cases in which child marriage exposed girls to gender based violence, including domestic and sexual violence. Some girls who rejected forced marriages said they were threatened, verbally abused, or thrown out of their homes by their families. Others said they were verbally or physically assaulted by their husbands and in-laws. Still others said their husbands abandoned them and left them to care for children without any financial support, thus increasing the likelihood of their being impoverished.

#### The need for monitoring law implementation on child marriage

Child marriage abuses the health, wellbeing, and dignity of girls, and it is a widespread problem.

34% of girls (excluding China) are married by the age of 18 years. 11% of girls marry before the age of 15 years. Global rates of child marriage have hardly changed for a decade. Nine out of 10 countries with the highest rates of child marriage are in sub-Saharan Africa. Of 16 million adolescent girls who give birth each year, about 90% are already married. <sup>3</sup>Pregnancy related complications are the leading cause of mortality in these girls. Stillbirths and newborn deaths are 50% higher in mothers younger than 20 years.

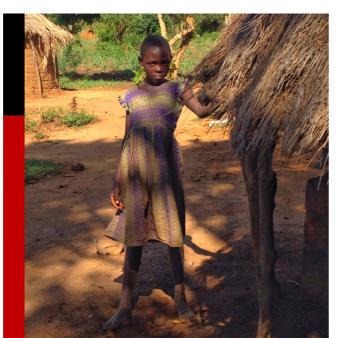
The Inter-Parliamentary Union has raised the issue of child marriage among its members. And Save the Children has submitted evidence to the Human Rights Council about child marriage. Save's approach is to treat child

marriage as a human rights violation— "one of the most pressing development concerns in the world today." They recommend that national laws should conform with international treaties on child marriage, that awareness raising must continue, that girls must be protected from harassment in public spaces, that child protection mechanisms should be strengthened, that birth and marriage registration is a powerful way to defeat child marriage.

At present as the debate on marriage age continues, it is important for Malawi's parliament to seriously consider raising the marriage age from 18 to 21 years, to protect girls from pregnancy related complications which are on the increase. At the moment Malawi is facing rapid population growth, with projections pointing to 40 million people in the country by 2040 from the current 16 million mark.

Health workers described the reproductive health harms and risks of early pregnancy when girls marry young, including maternal death, obstetric fistula, premature delivery, and anaemia. The shortage of prenatal and postnatal health care services, especially in Malawi's rural areas, increases these risks. Health workers also talked about the avoidable costs of early pregnancy to the health care system.

Some girls were verbally or physically assaulted by their husbands and in-laws...
Still others were abandoned by their husbands and left them to care for children...



2

### Drawing lessons from countries on the right path with policies and programs

In Egypt, between November 2013 and June 2014 the National Population Council (NPC), the governmental body which establishes national population policies and strategies, spearheaded the development of a national strategy to prevent child marriage. The strategy emerged partially in response to conservative forces at work at the time seeking to significantly lower the legal age of marriage for girls and partially as an element of the wider National Population and Development Strategy of the NPC. Launched in 2014 with a five-year timeframe, the strategy aims to reduce the prevalence of child marriage by 50% focusing geographic areas with the highest rates or increasing trends of child marriage. It includes a results-based implementation plan, and is currently in its first phase of implementation.

Ethiopia's approach to addressing child marriage is part of a broader initiative that aims to address harmful traditional practices affecting women (including child marriage and female genital mutilation/cutting - FGM/C). The country's national strategy emerged in the context of Ethiopia's aim to reach middle income country status

An inclusive participatory process is necessary to include vital perspectives and capture the complexity of interventions needed to tackle child marriage...

and create better opportunities for women and girls as part of the country's development.

In April 2013, the <sup>4</sup>government of Zambia initiated a three-year national campaign to end child marriage, spearheaded by the Ministry of Chiefs and Traditional Affairs (MoCTA). The campaign involves 10 other line ministries, and is supported by international donors including DFID, the Ford Foundation, the Graça Machel Trust, UNICEF, UNFPA and USAID. When it was initiated, the key objectives of Zambia's campaign were to empower traditional leaders to become champions and agents of change in their chiefdoms and to amend relevant laws and policies to ensure that girls are legally protected from child marriage. The scope of its campaign is now broadening and a five-year national plan of action is being developed to guide the implementation of multi-sectoral interventions.

An inclusive participatory process is necessary to include vital perspectives and capture the complexity of interventions needed to tackle child marriage. Such a process also contributes to building a national movement to end child marriage and is critical for longer-term sustainability.

## Resource allocations for youth and adolescent sexual reproductive health

The continued decline in financing allocations towards the health sector here in Malawi is a huge concern which also derails the national response to tackle early marriages and scale up youth adolescent sexual reproductive health. At present it is not clear as to how much Government allocates towards youth adolescent sexual reproductive. On 5average 19% of pledged donor funding is estimated to be consumed by overheads and other transaction costs. The launching of the Youth Friendly Reproductive Health Strategy by government is a good initiative but there is a need to invest adequate financial resources to tackle child marriages.

The tracking of resources is very important to all stakeholders in the sector. In particular, Government and development partners are required to monitor progress on their commitments to meet health sector financial needs. Such monitoring is undertaken according to internationally agreed commitments, most notably those

set out in the Abuja Declaration. In order for a country to make the necessary progress in tracking resources for health, both generally and for specific priorities, competent human resources are required, in sufficient numbers and with the required skill mix. Understanding this, the Tanzanian Government, jointly with partners, has trained health accountants.

About 10 economists in the MoHSW have been trained in tracking resources. In order to ensure a continuing supply of properly educated staff, the Ministry in collaboration with USAID established a course in 2013 on health expenditure tracking at the University of Dares-Salaam. This will enable trained staff to track resources for general health expenditure and for specific categories such as women's and children's health.

<sup>&</sup>lt;sup>1</sup> Human Rights Watch, 2014, Child Marriage in Malawi

<sup>&</sup>lt;sup>2</sup> Independent Expert Review Group Report, 2014, Women and Child Health Accountability

#### Key Policy Recommendations

To Ministry of Finance; We call upon the line ministry to seriously consider scaling up financial investment towards youth adolescent sexual reproductive health and ensure that officials in the Ministry of Youth are trained in tracking resources for health so that youth related health policies developed are adequately financed and that there is proper resource tracking to improve budget allocations and policy implementation which is not the case at the moment.

To policy and decision makers; We urge policy and decision makers to adopt best practices and lessons from countries such as Zambia, Egypt and Ethiopia and urgently develop a national action plan to combat teenage pregnancies and child marriages which should be made a top priority among all the line government ministries and it should be adequately financed. It is the only way to send a strong message that child marriages are a human rights violation and cannot be tolerated in a modern society such as Malawi faced already with soaring maternal deaths and unsafe abortions.

To policy and decision makers; As the current Malawi Health Sector Strategic Plan 2011-2016 is coming towards the end, we urge policy makers to consider putting teenage pregnancies and combating child marriage in new strategic when the review starts as one of the important priorities and ensure that youth and adolescent sexual reproductive is given serious policy attention unlike at the moment.

4

To donors and development partners; We appeal to all the development partners and donors in Malawi to consider convening a special youth and adolescent sexual reproductive health financing summit to chart a clear path on increasing financial resources towards the sector which is affected by inadequate funding. The evidence is clear across the district youth offices (DYOs) who have been sidelined and are not provided with adequate resources yet Malawi is a hugely youthful population that deserves attention.

To civil society organizations; All the civil society organizations, community based organizations and the private sector should collaborate and work towards scaling up interventions aimed at tackling child marriages and teenage pregnancies in the communities. This is a huge opportunity as Sustainable Development Goals come into effect; CSOs should now start to hold duty bearers and political leaders accountable in the communities and at national level to ensure that youths sexual reproductive health and rights are upheld and respected.

All stakeholders should collaborate and work towards scaling up interventions aimed at tackling child marriages and teenage pregnancies in the communities.

#### Journalists Association Against AIDS (JournAIDS)

P.O Box 2862, Lilongwe, Malawi
Email: jaaidsmalawi@gmail.com
Phone: 01 927 984
Contact Person: Dingaan Mithi
Mobile Phone: 0999 694 832
Email: dingaanmithi@yahoo.com
Skype Address: dingaan.mithi





<sup>&</sup>lt;sup>1</sup> Girls Not Brides, Lessons from Selected National Initiatives to Tackle Child Marriage

<sup>&</sup>lt;sup>2</sup> Malawi Health Sector Strategic Plan 2011-2016