

EFFECTS OF CHILD MARRIAGES ON GIRLS' HEALTH AND EDUCATION: A CASE STUDY OF KANYAMA COMPOUND IN LUSAKA, ZAMBIA

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ABSTRACT

This study on the effects of Child Marriages, investigates the effects of child marriages on education and health in Kanyama Compound of Lusaka, Zambia. The objectives of this study were to: establish the reason leading to child marriages in Kanyama Compound; investigate the effects of child marriages; and assess the magnitude of the practise in the compound.

The sample size was 85 which, was adopted by use of sampling approach in respect of accessibility of the sections and households to the researcher.

The study revealed that: Child marriages were found to be caused primarily by high poverty levels. In addition, poorer communities like Kanyama Township do not provide an appropriate or conducive environment with significant and positive role models for young girls to look up to, and help them complete their education satisfactorily. Health problems are also a tangible consequence affecting girls who marry early. Higher HIV infection rates and complications during child birth are evident among the youngest Zambian wives. Malnutrition and other contagious diseases are highly prevalent in homes of such girls as they tend to have more children, since they start having children early. Poor income levels or none at all, means they cannot afford to provide adequate food and sanitation for their children.

Keywords: *child marriage, education, effect, girl child, health*

INTRODUCTION

The issue of child marriage is getting renewed attention among policy makers. This is in part because child marriage remains highly prevalent despite efforts by many developing country governments to discourage and even outlaw the practice. It constitutes a violation of the rights of the girls who are forced to marry early, and it profoundly affects their life through substantially lower education prospects, health complications, a higher likelihood of acquiring HIV/AIDS, and higher levels of infant mortality. Despite being prohibited by international law, it continues to rob millions of girls under 18 around the world of their childhood. Early marriage denies girls their right to make vital decisions about their sexual health and well-being. It forces them out of education and into a life of poor prospects, with increased risk of violence, abuse, ill health or early death. Early marriage or child marriage is very common

problem in Africa. There are so many effects of early marriage, and mostly they are focused on pre-mature sex, HIV infection, pregnancy and school dropout.

Worldwide, more than 700 million women alive today were married as children. 17% of them, or 125 million, live in Africa. Approximately 39% of girls in sub-Saharan Africa are married before the age of 18. All African countries are faced with the challenge of child marriage, whether they experience high child marriage prevalence, such as Niger (76%) or lower rates like Algeria (3%). Child marriage is widespread in West and Central Africa (42%) as well as Eastern and Southern Africa (36%).

According to UNICEF Zambia has one of the highest child marriage rates in the world with 31% of women aged 20-24 years married by the age of 18. The rates of child marriage vary from one region to another, and are as high as 60% in the country's Eastern Region, and as low as 28% in the capital of Lusaka. There has been little to no change in the national prevalence rate since 2002, according to the 2007 Demographic and Health Survey and the 2010 Census. Child marriage in Zambia may be more prevalent than we think. The birth registration rate of 14% makes it difficult the exact age of millions of girls. The survey also asserts that these types of marriages are mainly common in Zambia's rural areas and in shanty compounds.

Child marriage is marriage of a child, less than 18 years of age which is an ancient world wide custom. Other terms applied to child marriage include early marriage and child brides. Child marriage has become a pressing phenomenon in the Zambian society currently. The problem has been made more serious by the fact that a good number of homes are child headed because of deaths of parents due to HIV/AIDS. As there is strong figure of authority these children are getting married though some from homes where parents are all alive but for certain reasons these girls are given out for marriage.

Furthermore, according to UNICEF Report(2008), comparing with women over the age of 20 years, girls of ages of 10 to 14 were five times more likely to die from child birth and girls of 15 to 19 years of age were twice as likely. The babies of adolescent mothers are likely to die than infants born to women of ages 20 and older. Early marriages also expose young girls to HIV as their husbands tend to be older and more sexually experienced and sex is more likely coerced, increasing the transmission of HIV from husbands to wife.

Early child marriages violate girls human rights, curtails their schooling, harms their health and sharply constrains their future. If child marriages are to reduce, girls health can be improved and development of their families is likely to be achieved.

Similarly, the Forum for African Women Educationists in Zambia (FAWEZA) expressed concern at the high number of under-aged girl children being forced into early marriages in the

country. FAWEZA national coordinator, Daphne Chimuka said “the forcing of under-aged children into early marriages was a serious issue that needs to be addressed urgently. Ms Chimuka also noted that people need to respect the girl child’s right to education. Early marriages deny girls an opportunity to be educated” (Times of Zambia January 21, 2009). Recently, First Lady Esther Lungu at the Organisation of African First Ladies Against HIV/AIDS(OAFLA) summit highlighted that the scenario of early marriages and pregnancies had become worrisome and that as first ladies, their goal was to try and find ways to eliminate or reduce early marriages and teen pregnancies. She further emphasised that as first ladies their agenda was advocacy for a free Africa with no child marriages.

Traditionally, due to ignorance, people have been seen marrying off their girl children as they consider it as an investment and that also parents expect not only bride price but many other things. Child marriage in Zambia is being perpetuated by poverty as this was seen as a monetary gain. According to UNICEF (2005), “Poverty is a critical factor contributing to child marriages and a common reason why parents may encourage a child to marry early.” Where poverty is acute, a young girl may be regarded as an economic burden and her marriage to a much older man sometimes even an elderly man is believed to benefit the child and her family both financially and socially. In a community where child marriage is done, a daughter may be the only commodity a family has left to be traded and sometimes girls can be used as currency to settle debts.

Not only is child marriage being perpetuated by poverty, but it also persists because of being deeply rooted in cultural and religious beliefs and attitudes that discriminate against girls and women. Among the Zion Church for example, we have seen many child marriages continue taking place. Furthermore, among the Tongas for instance they exchange the girl child with cattle. This has, therefore, contributed to high number of girl child marriages in Zambia. If we are to achieve the Sustainable Development Goals (SDGs) by 2030 and uphold the human rights of women and girls, as a country we must act now to end child marriage.

STATEMENT OF THE PROBLEM

Despite international agreements and National Laws, marriages of girls less than 18 years of age is common worldwide and affects millions. Child marriage is a human rights violation that prevents girls from obtaining an education, enjoying optimal health, bond with others of their own age, maturing and ultimately choosing their own life partners. It is for this reason that this study investigated the effects of child marriage on these young girls in Kanyama Compound.

PURPOSE OF THE STUDY

The purpose of the study was to investigate the effects of child marriages on education and health in Kanyama Compound in Lusaka.

OBJECTIVES

The objectives of this study are:

- (i) To establish the reason leading to child marriages in Kanyama compound;
- (ii) To investigate the effects of child marriages; and
- (iii) To assess the magnitude of the practise in the compound

RESEARCH QUESTIONS

1. What are the major reasons that lead to child marriages in this community?
2. What are the effects of child marriages?
3. What is the magnitude of child marriages in this compound?

ABBREVIATIONS AND ACRONYMS

AIDS	:Acquired Immodeficiency Syndrome
FAWEZA	:Forum for African Women Educationists in Zambia
HIV	:Human Immunodeficiency Virus
LCC	:Lusaka City Council
OAFILA	: Organisation of African First Ladies Against HIV/AIDS
PAGE	:Programme for the Advancement of Girl's Education
SDG	:Sustainable Development Goals
UNICEF	:United Nations International Children's Emergency Fund
UNDPF	:United Nations Population Fund

METHODOLOGY

RESEARCH DESIGN

The researcher used qualitative approach in order to get a clear description of the situation. Qualitative emphasizes on the importance of looking at variables in the natural setting in which they are found. Detailed data was gathered through open ended questions .The advantage is that it uses subjective information and participants observation to describe the context or natural setting of the variables under consideration as well as the interactions of the different variables in the context. Sidhu (1984).

It seeks a wide understanding of the entire situation by providing more depth comprehensive written descriptive or visual evidence. To obtain information the researcher made good relationships with the respondents so that they would feel free to contribute.

CHOICE OF SITE

This study was carried out in Kanyama compound. It is a peri-urban settlement with about 78,995 households. According to the 2010 population census, Kanyama has a population of 366,170 of which 183,496 are less than 18 years. It is one of the poorest townships in Zambia with a population of 366,170(2010 Population census).

POPULATION

This research was done in Lusaka, whose total population stands at 1,743,000. This is according to the Information Department of Lusaka City Council. The targeted population were girls from selected sections of Kanyama compound in Lusaka. It is one of the poorest townships in Zambia with a population of 366,170(2010 Population census). The majority of this population is poor.

SAMPLE SIZE

This is a small proportion of a population selected for observation and analysis. This is selected for the purpose of representing the population. The sample size was adopted by use of sampling approach in respect of accessibility of the sections and households to the researcher. The total sample size was 85 respondents broken down as 60 girls, 10 parents, 5 health workers and 10 teachers.

SAMPLING TECHNIQUES

Married girls in Kanyama compound were sampled purposively. This comprised 60 girls. The purposive sampling design was used because it was imperative that only married girls were picked. The main criterion for inclusion was that an individual respondent should be a married girl based in Kanyama Compound. The simple random method was used to pick parents and teachers. This was suitable for this particular study because it afforded an opportunity to every selected respondent and hence reduced chances of biasness.

DATA COLLECTION

The instruments used in this research were interviews, questionnaires and observation. The Data collection was done by the researcher.

Primary data were collected through interviews, questionnaires and observations. The primary sources of data included 60 married girls in Kanyama Compound, 10 parents from the same

compound, the clinical health officers and the teachers at Kanyama Basic School. The primary sources were essential to the study because they presented the actual information on early marriages.

Secondary data was also used. Secondary data was collected from the Ministry of Health and the Ministry of Education.

FINDINGS

The sample size of the study carried out involved 60 girls and 25 adults from Kanyama compound. The personal information collected on the respondents included the following items.

Age of respondents

The age ranges of the 60 girls interviewed were as follows: 12– 15 was (20%) ,16 – 18 years (50%),and the age between 19 – 21 were representing (30%).

Table 1-Age range of respondents

Age range	Number	Percentage
12- 15	12	20%
16- 18	30	50%
19 -21	18	30%

Highest level of education attained

Most of the respondents had stopped school. Their highest grade attained was as follows. 48 Respondents (80%) had primary school level as their highest education attained. Only 9 (10%) respondents reached secondary school level and 3 respondents (5%) had never been to school at all. This is shown in the table below.

Table 2- Highest grade attained

GRADE	NUMBER OF RESPONDENTS	PERCENTAGE
(Primary)1 – 7	48	80%
(Secondary) 8 – 9	9	15%
Never been to school	3	5 %
Total	60	100%

Age when one got married

The main objective for this question was to find out at what age the respondents got into their first marriages. Various answers were given 40(67%) got marriage at the age of the 13 – 15. While 10 (16.7%) got married between age of 16 – 19, and 10 (16.7%) got married between 10 – 12 years of age.

Decision to get married

The pie chart below shows the responses to the above question. 54 (90%) did not decide on their own, and only Only 6 (10%) decided on their own to enter marriages. This shows that most girls are forced to get into marriage.

Figure 1



Reasons for marriage(s)

Three reasons were given to this question. 30(50) of the girls went into marriage because parents arranged for them. 6(10%) were eloped by the husband while 24(40%) had no financial support from their parents and hence went into marriage.

Table 3

Reasons that led to marriage	No. of Girls	Percentage
Eloped	6	10%
Lack of financial support	24	40%
Arranged Marriage	30	50%
TOTAL	60	100

Age of spouse(s)

It was found that 48 (80%) of the girls were married to men above 22 years of age while 12(20%) had husbands between 18 – 21 years of age. In fact 2 boys in the 18 – 21 age group are married and yet are doing their grade 12 within Lusaka. It was established that some of these girls are in polygamous marriages.

Husbands' source of income

10 (16.7%) are in formal employment while 2 (3.3%) is at school and the wife is engaged in selling and 48(80%) are either small scale farmers or traders.

Number of children

All the girls' respondents had children and the table below explains the number of children they had.

Table 4

No. of Respondents	No. of Children	No. of children (Dead)	No. of children alive
22	1	0	1
14	2	1	1
18	3	1	2
6	2	2	0

The above table shows that 22 respondents had one child each, 14 had 2 children each of which 1 is dead, 18 had 3 children each of which 1 is dead while 6 (%) had 2 children of which both are dead.

Attendance of antenatal clinics

(a) 35 (58.3%) of the respondents never attended Antenatal clinics while 25(41.7 %) attended.

Respondents views on attending Antenatal clinics were as follows:

- 50% = Sensitised by husbands /parents
- 10% = Learnt from school
- 40% = forced by their failing health

The following views were given as reasons for not attending antenatal clinics.

- 20% - Fear of compulsory counselling and testing of HIV/AIDS
- 20% - Lack of appropriate outfits
- 50% - Unfriendly nursing staff
- 10% - Not aware of need for Antenatal clinics

Where delivery took place

Some respondents delivered at home while others delivered either from the hospital or clinics. The table below shows how respondents fared to this question.

Table 5

Where Baby was delivered	No. of Respondents	Percentage
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Home	24	40%
Clinic	24	40%
Hospital	12	20%
Total	60	100%

From the table above it is very clear that 60% of respondents gave birth either at the clinic or hospital. They do give birth at the hospital not out of their will, but it was because of delivery complications, while 40% gave birth at home.

Willingness to go back to school

34(%) of the respondents wanted to go back to school while 26(%) would not like to go back to school.

Most of the respondents would like to go back to school because they want to be economically empowered while others have no sponsors and cannot go back to school.

PRESENTATION FROM PARENTS

10 parents were involved, of which 5 were females and 5 were males which. The age ranges of parents were from 15 to 55 years.

The rate of incidences of child marriages is very high in Kanyama compound and 80% of the parents interviewed, acknowledged marrying off or know someone who married off the daughter below the age of 18 years

Causes of child marriages

Different views were given to as to what causes child marriages in their area, but the general consensus for the respondents showed that (80%) of the marriages are due to poverty. Poverty leads many parents to withdraw their daughters' from school and offer them for marriage to older men (in most cases) in exchange for payment of 'lobola' (a dowry for the bride). Parents force or entice their daughters to enter in these marriages.

Broken down morals in the community also was a contributor to early marriage and peer pressure cannot be left out.

Possibility of allowing a daughter or ward to marry at an early age

This question was given in order to get views from parents on whether they would allow their girls to marry early. 60% of the respondents said they would if they found somebody who would support both the daughter and parents financially.

Reasons for accepting that they can marry off their children early.

When asked the reasons why they accepted to marry off their daughter at an early age, parents gave the following reasons:

- They think that if their daughter got married early they would not be exposed to infections.
- They charge more Bride price for virgins.
- Their husbands give more support to parents.

1. Arrangement of marriage for children

Most parents never arranged the marriage of their daughters which shows that some initiated these marriages without their consents. 3 (60%) did not facilitate any marriage while 2 (40%) were facilitators of the marriages. This is shown in the pie chart below.

12. Attendance of antenatal clinic during pregnancy

The main objective to this question was to find out whether parents sensitized the girls on the importance of attending clinics. Out of 10 respondents 8 (80%) said no while 2 (20%) agreed.

For those whose daughters were not attending antenatal clinics, the following were the reasons. 8 (80%) said they were ignorant and 2 (20%) said the daughter was refusing due to compulsory VCT and avoiding meeting former class mates.

For the one who said yes, the reasons were that she was aware of higher incidences of HIV/AIDS in the community and complications at delivery.

13. Happiness with daughters' marriage

Out of 10 respondents 8 (80%) said they were not happy with their daughters marriage. Of the eight who were not happy with their daughters' marriage, the following were the responses.

Table 6

REASONS FOR NOT BEING HAPPY WITH DAUGHTERS MARRIAGE	No OF RESPONDENTS	%
No support from husband	4	50
Lack of self-reliance	2	25
Polygamous marriage	2	25

14. Daughters in school

The main objective of this question was to find out from parents if the school re-entry policy is working. Unfortunately all the respondents said the daughters are not in school.

15. Willingness for the child to go back to school

Out of 10 respondents 8 said they would like their children to go back to school. The following table shows reasons as to why they supported that notion.

Table 7

REASONS FOR ALLOWING DAUGHTER TO GO BACK TO SCHOOL	No OF RESPONDENTS	%
No future in her marriage and support	2	25%
Needs economical independence	4	50%
Free from gender based balance	2	25%

Furthermore, the one who said she could not let her daughters go back to school gave the following reasons:-

- Once girls go educated, they forget to support their parents.
- Girls are just meant for house chores

PRESENTATION OF FINDINGS FROM THE HEALTH PERSONNEL AT KANYAMA CLINIC

Health personnel being people who work daily and closely with girls were interviewed to get more concrete answers.

In terms of incidences of child marriages in Kanyama compound, the clinical officers rated the incidences as very high. The Clinical officer firmly confirmed that the prevalence and occurrence of child marriages has increased. This can be seen by the number of underage girls getting married. The other thing is the number of underage girls attending antenatal clinics and those who are seen bringing their babies for under five clinics.

The clinical officer further highlighted the following as major causes of child marriages in Kanyama compound:

- Lack of support from parents due to death. Divorces and high rates of prostitution in the community.
- Most parents in this community are unemployed and are able to feed the families.
- Lack of shelter due to poverty had forced many girls not to sleep in their parents homes and hence find shelter from somewhere in the neighbourhood.
- This situation had led many girls to lack parental control during the night as such the girls indulge themselves in prostitution.

On the difficulties the girls go through during the time of pregnancy and delivery, the clinical officer explained that, girls lack balanced meals that can make them health and have health babies. This is because they do not have any support from the men or husbands.

He further said that girls undergo complications because of age. Some of the complications are unused body pains, caesarean deliveries and those that deliver at home end up having fistulas. This is because their bodies are not fully developed to deliver babies. Excessive bleeding during delivery is also experienced and sometimes death of the infants or mother is an end result.

As to the benefits of child marriage the clinical officer said there were no benefits at all because girls may have more children without anyone to support them and this will perpetuate poverty in their families or generations to come. As already alluded to, since the girls are very young to be mothers, even a babies' health will not be very good. Worse still the education of both the mother and the babies is compromised as both will back people to support them financially.

The clinical officer agreed that the Government was aware of the problem and it has put up some measures both at national and community levels to address the problems. The government through the Ministry of Health has put place community Health providers and peer counsellors to educate and sensitise families and individuals in the community on the dangers of child marriages community counselling groups have also been set up and deployed to look into the affairs of child marriages.

Furthermore the Government has built Health centres in all compounds to give more access to information as regards child marriages.

PRESENTATION OF FINDINGS FOM THE TEACTHERS AT KANYAMA BASIC SCHOOL

The teachers rated the incidence of child marriage at the school as high. The dropout rate for girls has increased due to early marriages and the most affected girls were those in Grade 7 to 9.

The Head teacher attributed poverty as the major cause of child marriage as parents fail to provide for their daughters. She further said that the school had many orphans of which some decided to get married early to gain a measure of independence and hence drop out of school to pursue marriage. Peer pressure has also contributed to child marriages as girls are influenced by friends to go into marriage.

The teachers said the school has introduced the counselling department which encourages girls who get pregnant to come back to school as per government policy. The department also brings societal roles models to give motivation talks to the girls so that they can have a positive influence on them.

Furthermore, as a school policy, the guidance counsellor gives talks to girls on the dangers of early marriages and the school normally invites parents of vulnerable girls for discussions on the importance of education.

In 1997, Zambian Ministry of Education instituted a School Re-Entry Policy, which officially states that girls who become pregnant as students should be allowed to return to school after giving birth. This policy is part of an effort by the Zambian government to increase education rates among the population and close the gender gap in education by addressing one of the barriers to education that some girls face.

If the Ministry of General Education introduced the re-entry policy, are these girls coming back to school after delivery? The head teacher responded negatively in that very few girls come back to school after delivery. Worse still the performance of those who come back was usually below average. The most unfortunate part of it is that those who come back to school after delivery get pregnant again.

The head teacher cited some of the reasons why these girls don't take advantage of the re- entry policy as follows:

- Stigma from classmates
- Lack of concentration for the girls which results in poor performance.
- Erratic class attendance due to taking care of babies.
- Girls become very inactive as they are excluded from extracurricular activities.

The Head teacher felt that Government should ban marriages for minors and put stiffer penalties on the offenders.

The girls who went into these marriages willingly should also be given some kind of punishment. This may bring fear to other girls planning to marry as minors. She further said that Government should promote and support night schools, distance and open learning for the girls who are willing. As of now, these classes are managed by individuals who in turn charge the girls.

The government should also educate people on the existence of the re-entry policy. This is because it is not openly tabulated to most of the communities. The free education policy should be extended up to University level.

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATION

This chapter discusses the findings of the study, the conclusion and makes recommendations for policy implementers to use in future.

Discussion

Discussion has a variety of meanings but in academic writing, it usually refers to considering both sides of an issue or question and the results of a research and the implications involved.

This is where the relationship between the findings and the literature review is analyzed, Kochhar (1980). This study set out with the aim of assessing the effects, causes and magnitude of child marriages in Kanyama compound. A careful analysis of all the information that was gathered showed that the main cause of child marriages was poverty and its offshoots such as, illiteracy and unemployment.

Kanyama compound started out as an unplanned settlement without adequate services provision like running water and proper housing. Despite attempts by local government authorities to recognize the compound officially and make respective improvements, Kanyama still is a poorly built compound that lacks provisions that are deemed necessary for habitation and raising children.

A significant part if not all of its inhabitants live in poverty or are just barely above the poverty datum line. Incomes are erratic and inadequate for most families. The few residents that are employed are seasonal, unskilled and often get minimum wages.

This lack of employment and pervasive poverty leaves most Kanyama residents to be loafers. Unemployed parents often coerce their young female children into early marriages to suitors who have a semblance of job security or stable and regular incomes.

Furthermore, the poverty in the area means there is little money available to provide recreation facilities. Youths have nothing else to do and hence engage in marriages more readily otherwise.

This is compounded by limited education the young girls receive. Most girls drop out of school before they make much progress in school. Parents often as per tradition support their male children in attaining education than their female counterparts. These girls are left to roam the streets without much to do which makes most parents them off. This is because they believe

that girls are expensive and an inevitable problem as a result of possible pregnancies and sexually transmitted infections.

In addition, girls themselves usually desire to get married. This also arises out of peer pressure. Such girls, as they are out of school, encourage each other to get married, more especially as positive role models are rare in compounds like Kanyama.

The HIV/AIDS pandemic has also its own effects on the girl children. The deaths of parents or guardians at early stages means that young girls are forced into child marriages as a way of survival. Some homes are child headed as such parental control is not there hence making the girls to indulge in illicit affairs.

The small houses that are prevalent in Kanyama make it impossible to share with the thought to be grown up girls and boys. As such children are made to sleep outside the parental home. This alone makes the girls to engage themselves in bad vices. The end result is either pregnancies or marriage. The effects of child pregnancies are many and mostly tend to affect the girls more strongly.

According to the findings of the research, the girls experience difficulties and complications in child birth. This is because their bodies are not usually fully developed to handle the complexities and exertions of child birth. The girls through complications like fistulas as they usually shun clinics and prefer delivering from home. Most of them are taken for medical attention when a complication occurs. Other than fistulas these girls deliver through caesarean sections as they are too young to deliver naturally. These deliver complications are prevalent because there is intermittent visitations to the clinic for pre-natal care and consultations.

Child wives also do not continue with their education, which therefore increases female dropout rates. This hence has increased levels of illiteracy among the girls. There are also continuous economical hardships as the chains of poverty and illiteracy are not broken by gaining an education. Apart from the above mentioned factors, it was revealed that the babies to those young mothers lack adequate nutrition as the mothers have no knowledge on how to take care of infants. This is because they do not practice any family planning for fear of victimization from in-laws and husbands.

The magnitude of child marriage was found to be high as alluded to be the respondents. The causes and consequences of child marriages are intrinsically linked. They include lack of autonomy and low levels of education, poor health status, poverty and low social economic status. Because of the reasons above, it's difficult to phase out the trend because parents to these girls are not empowered financially to manage the affairs of their daughters.

CONCLUSION

The conclusion presentations in this chapter are drawn from the analysis of the findings tabulated in chapter four of this research. This research was undertaken in order to investigate on the effects of child marriages on education and health. The study was done in Kanyama

compound, a shanty compound in Lusaka, where the incidence of Child Marriages is pervasively high.

Child marriages were found to be caused primarily by high poverty levels. The rationale in most girls entering these marriages and for their parents or guardians to sanction them was in no small part due to economic reasons. Furthermore, it can be concluded that the decaying moral standards that have made hitherto previously discouraged relationships are now possible.

In addition, poorer communities like Kanyama compound do not provide an appropriate or conducive environment with significant and positive role models for young girls to look up to, and help them complete their education satisfactorily. Therefore, it is better to place these girls where they can be schooling and being counseled at the same time.

Parents who are against child marriages showed concern and are sensitizing fellow parents and guardians on the disadvantages of Child marriages.

The teachers reiterated that child marriages affect enrolment levels in schools and could hence undermine Zambia's attainment of the Sustainable Development Goals (SDGs) 3,4 and 5, which speaks on good health and well being, quality education and gender equality respectively.

Health problems are also a tangible consequence affecting girls who marry early. Higher HIV infection rates and complications during child birth are evident among the youngest Zambian wives.

Malnutrition and other contagious diseases are highly prevalent in homes of such girls as they tend to have more children, since they start having children early. Poor income levels or none at all, means they cannot afford to provide adequate food and sanitation for their children

RECOMMENDATIONS

Early marriages in Zambia have been a great challenge to government, Non-Governmental Organizations and indeed the communities at large. A number of interventions have been put in place to address the issue by government and other stake holders but the issue seems to be increasing.

This report has outlined the causes and the effects of early marriages on education and health of the girls. The major effect alluded to, is its negative impact on economical, social, political and cultural development of the nation.

However, there is need to continue addressing early marriages. This report therefore, puts up the following recommendations:

- The law against child defilement is a good law but it has failed to put a stop to early marriages. Therefore, there is need for government to move a step further and enact the Law in parliament which must strictly ban early marriages. This must be supported by the introduction of stiff punishment for those who would be offenders. Offenders should include men who entice girls to go into early marriages, parents who force their daughters to go into marriage and even girls who willing get into marriage early (at the age of 16 years and below.)

- The school re-entry policy has to some extent helped girls to go back to school after maternity leave, this has, unlike in the past helped girls to complete school and be integrated in the employment market. However, the policy has not been promoted or marketed fully to the public. There is need therefore, for government and other concerned non-government organizations to fully educate communities about the existence of the school re-entry policy on a large scale. This will lead to many girls going back to school after maternity leave. Furthermore, Girl child education should be promoted by government and not donors. There has been a lot of girls education programmers' in Zambia like Programme for the Advancement of Girls Education (PAGE) that have died as soon as the donors funding the programme left. This should not be the trend; these programmes have to be taken up by the ministry of education to ensure continuity.
- Poverty was identified as the major contributor to early marriages as most of girls who go into early marriages are said to be facing a lot of economical hardships and take on marriage as the solution to their problems. But later on girls discover that their economical or financial hardship deepens while in marriage. Government should therefore, embark on policies that are going to reduce poverty on a large scale so that side effects of poverty can be defeated indirectly or directly. Investment policies must be supported so that employment can be created to the Zambian people.
- The belief that Bride price is a major source of income should be discouraged. Many parents in our societies still believe that they must benefit from their daughters by way of levying Bride price on them before they get married. This trend has led to some parents to force their daughters to go into early marriage in exchange for Bride price. Such societal attitudes and norms must be outlawed by societies so that girls can concentrate on their education rather than early marriages.
- Guidance and counselling has proved to be providing many solutions to many challenging societal problems. Government has provided such services to the communities through health centers and schools, but there is need to scale-up the guidance and counselling services to communities, as well as building more clinics and more schools to be providing such services. Focus should be on educating the girls on the dangers of early marriages and the importance of education.

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