

## KNOWLEDGE OF PROBLEMS ASSOCIATED WITH EARLY MARRIAGE AMONG ENUGU STATE INDIGENES

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***Abstract:** This article focuses on the knowledge of Enugu State indigenes of the problems associated with early marriage. The data presented in this article were derived from a study carried out in six communities (Ikem, Mgbuji, Obukpa, Okpuje, Mgbowo, and Isuu-Awaa) in Enugu state, Nigeria in 2011. Both quantitative and qualitative methods of data gathering were utilized for the study. The instruments for data collection were the questionnaire, in-depth interview and focus group discussions. The findings of the study showed that Enugu State indigenes are highly knowledgeable about the problems associated with early marriage. They associated early marriage with the following problems – premature death, retarded growth, emotional trauma, vesico-vaginal fistula (VVF), prolonged labour, anaemia (shortage of blood), miscarriage, vaginal tear, caesarean sections, educational setbacks, accelerated ageing, promiscuity, bleeding (pre and post partum) HIV/AIDS, swelling of legs (oedema), ignorance, hot temperedness, and cervical cancer. Among these problems mentioned; the major problems the respondents identified were anaemia, educational setback, caesarean sections, obstructed labour, miscarriages, vesico-vaginal fistula, vaginal tear, and emotional trauma.*

**Keywords:** Early Marriage, Knowledge, Problems, Girl Child, Enugu State.

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## INTRODUCTION

United Nations International Children's Fund [UNICEF] (2005), describes early marriage as both formal marriage and informal unions in which a girl lives with a partner as if married before the age of 18. It can also be defined as any marriage carried out below the age of 18 years; before the girl is physically, physiologically, and psychologically ready for the responsibilities of marriage and child bearing. In most cases, it is always a young girl married to a matured man. Sometimes, the man can be twice her age. Child marriage is seen as a fundamental violation of human rights (UNICEF, 2014). Child marriage also means increased health risks for young girls (Anthony, 2013; UNICEF, 2014). Several factors may lead to early marriage ranging from – cultural and social pressure, persecution, forced migration and slavery, financial challenges, religion (Ađuradola, 2013); poverty and economic transactions, notions of morality and honour (Ađebambo, 2010); parental desire to prevent sexual relations outside marriage and the fear of rape, a lack of educational or employment opportunities for young girls, and the traditional notions of the primary role of women and girls as wives and mothers (UNICEF, 2005).

Furthermore, Erulkar and Bello (2007), opined that the basis for acceptance of early marriages particularly in the northern parts of Nigeria is to preserve the value of virginity, to reduce promiscuity of the girl child, and other socio-cultural and religious norms. The objective of the study was to identify the extent of knowledge Enugu State indigenes have about the problems associated with early marriage.

## METHODOLOGY

The materials used in this article are derived from an empirical study conducted in Enugu State, in six communities. One Local Government Area (LGA) was selected from each of the three senatorial zones in Enugu State, using a cluster sampling technique-making the total LGAs studied three. One urban community and one rural community were selected from each L.G.A using the simple random technique (balloting). Three instruments namely- the questionnaire, focus group discussion (FGD), and in-depth interview guide were employed for data collection. The questionnaire (quantitative instrument) was distributed to five hundred and ten (510) respondents. Eight-five (85) respondents were randomly selected from each

community. From the eighty five (85) respondents, fifty-seven (57) respondents were females, and twenty-eight (28) respondents were males with a ratio of 2:1. Therefore, married female respondents were thirty-seven (37) while single female respondents were twenty (20); married male respondents were eighteen (18) while single male respondents were ten (10) from each community. The females were more in number because they are the thrust of the study. The questionnaire was other-administered by six (6) trained research assistants. The in-depth interview guide (qualitative instrument) was used in obtaining information from community leaders and key opinion leaders. The respondents were purposively selected. One community leader and one key opinion leader were selected from each community visited. This made the number of those interviewed twelve (12). The other qualitative instrument-focus group discussion (FGD); was used to obtain information from single men (15-30yrs), single women (15-30yrs), married men (31yrs+), and married women (31yrs +). The overall number of respondents for the FGD was one hundred and ninety-eight (198); consisting of four groups of about six (6) to twelve (12) respondents in each community. Two field assistants were recruited and trained for the interview and focus group discussion sessions. One assistant acted as the note taker, while the other assistant helped in tape recording. The assistants were carefully selected from University of Nigeria, Nsukka (UNN) students who are Enugu State indigenes. The interview and FGD sessions were both conducted on appointment, and in Igbo language. The researchers acted as the moderators in all the sessions. Statistical Package for the Social Sciences (SPSS) was used for analysis of quantitative data. Analysis of qualitative data was done using notes taken during the interviews and transcriptions from tapes recorded during the sessions.

## RESULT

In this study, early marriage was associated with some problems which include premature death of the girl-child, retarded growth of the girl-child and baby (offspring), emotional trauma, vesico-vaginal fistula (VVF), prolonged labour, anaemia (shortage of blood), miscarriage, vaginal tear, caesarean sections (C.S), educational setback of the girl-child, accelerated ageing of the girl-child, and promiscuity on the part of the girl. Respondents were distributed by marital status on their knowledge of the problems associated with early marriage (See Table 2). Among the single male

respondents, a majority (22%) of them associated early marriage with anaemia; followed by those that associated early marriage with miscarriage and caesarean sections; with about 13% respectively. The least percentages (2%) were those single male respondents that associated early marriage with vesico-vaginal fistula (VVF) and vaginal tear. Only single male respondents associated early marriage with the problem of vaginal tear. Among the single female respondents, a majority (38%) of them associated early marriage with anemia; followed by those that associated early marriage (17%) with caesarean sections (C.S). none of the single female respondent associated early marriage with retarded growth, vaginal tear, and accelerated ageing. Among the married male respondents, a majority (30%) of them associated early marriage with anaemia; followed by those that associated early marriage with the problem of miscarriage (19%). The lowest percentage (2%) associated early marriage with the problem of vesico-vaginal fistula (VVF). None of the married male respondents associated early marriage with retarded growth, emotional trauma, vaginal tear, accelerated ageing and promiscuity.

Among the married female respondents, a majority (36%) of them associated early marriage with anaemia; followed by those that associated early marriage with miscarriage (14%). The lowest percentage (1%) of the respondents associated early marriage with emotional trauma. None of the married female respondent associated early marriage with vaginal tear, accelerated ageing and promiscuity. The above result shows that majority of the respondents from the survey associated early marriage with anaemia while the lowest percentage associated early marriage with vaginal tear. This shows that anaemia is the most common problem the respondents associated with early marriage. The problems identified by survey (quantitative data) respondents were similar to those identified by in-depth interview (IDI) and focus group discussion (FGD) participants. However, some of the focus group discussants added bleeding (pre and post partum), swelling of legs (oedema) HIV/AIDS, ignorance of reproductive health issues and hot temperedness of the young girl due to inexperience of marital life as other problems associated with early marriage. Unlike the survey respondents who identified anaemia as the most common problem associated with early marriage; caesarean section (C.S) appear to be the most commonly identified problem associated with early marriage among the in-depth interview (IDI)

respondents (see Table 3). Quotes about the problems associated with early marriage expressed by in-depth interview participants include the following:

“A young girl’s pelvis may not be matured enough and this might lead to using caesarean (C.S) operation for childbirth”. (IDI Urban Respondent; Opinion Leader; 48yrs).

“Early marriage can lead to miscarriage. This is because a young girl may not even know that she is pregnant and might continue to engage in her usual day-day activities, which may lead her to miscarry the baby....” (IDI Rural Respondent; Community Leader; 63yrs).

“Early marriage which leads to early child bearing can cause girls to have problems after childbirth by leaking urine. This is called vesico-vaginal fistula; VVF for short....” (IDI Rural Respondent; Opinion Leader; 43yrs).

“The problem young married girls encounter usually manifest during childbirth. Prolonged labour affect young girls during childbirth. This is because where the baby will pass through may be too small for the size of the baby”. (IDI Rural Respondent; Opinion Leader; 43yrs).

“There is a sickness our people call, ‘Egbeke’. When a young girl gets pregnant, her legs and hands will start changing colour because she will start lacking blood as she is not matured enough to go through pregnancy”. (IDI Rural Respondent; Community Leader; 78yrs).

Caesarean section (C.S) also appear to be the most commonly identified problem associated with early marriage among the focus group discussion (FGD) participants (See Table 4). Among the urban respondents, single male respondents appear to be more aware of the problems associated with early marriage than the other groups. The ability of the single female respondents in identifying the problems associated with early marriage was also high. Both married female and married male respondents were in the same level of

awareness as they were able to identify two problems respectively which they associate with early marriage.

Quotes about the problems associated with early marriage expressed by focus group discussion participants include the following;

“Early marriage leading to early childbearing may lead to operation (that is: caesarean section) as the pelvic bone of the young girl is not matured”. (IDI Rural Respondent; Married Female; 52yrs).

“A young girl that has not attained the age of marriage and gets married can have problems in pregnancy which may consist of shortage of blood and swollen legs”. (IDI Rural Respondent; Single Female; 28yrs).

“Early marriage can cause emotional problems for a young girl because she is not yet experienced to handle marital problems”. (IDI Urban Respondent; Married Male; 42yrs).

“Early marriage can lead to educational setback because she might get pregnant and drop out of school in the process. (IDI Rural Respondent; Single Female; 27yrs).

## **DISCUSSION OF FINDINGS**

The major findings of this study identified educational setback, anaemia, obstructed labour, caesarean sections, miscarriage, vesico-vaginal fistula, vaginal tear, and emotional trauma as the major problems associated with early marriage among Enugu State indigenes. Myers (2011), explained that early marriage affects girls' education. Once a girl is married but is still of school age, she is assumed to no longer need an education. GirlsNotBrides (2011), found that child brides are almost always forced to leave school when, or before, they get married. They are then forced to work in their in-laws homes besides being forced to bear children, when they themselves are still children. Erulkar and Bello (2007) also observed that most child brides (15-19years) lack basic education. Prakash, Singh and Pathak (2011), suggests that women who married early not only start childbearing early, but are also more likely to report pregnancy complications, and are more likely to suffer from any form of iron -deficiency anaemia. Bora, Barman, S. and Barman, J.

(2015), in their study of 250 pregnant women attending antenatal OPD units of GMCH, Guwahati, Assam, India; observed that the prevalence of anaemia was high (57-72%) among the antenatal women who were in the age group of 17-21 years. This indicates that early marriage predisposes the risk for occurrence of anaemia in pregnancy. Early marriage leads to obstructed labour and many times leads to fistulas; the pressure of the fetal head on the vaginal wall causes tissue necrosis, and fistulas develop between the vagina and the bladder or rectum after the necrotic tissue sloughs (United Nations Population Fund [UNFPA], 2006). Girls ages 10-15 years are especially vulnerable because their pelvic bones are not ready for childbearing and delivery (UNICEF, 1998). Kabir, Iliyasu, Abubakar and Umar (2001) in their study found most vesico-vaginal fistula (VVF) patients (82%) in the Murtala Mohammed Specialist Hospital, Kano; had their first marriage between the ages of 10-15 years. Rufus and Okau (2009), also related early marriage to obstetric fistula. Shawky and Milaet (2000), found that women in Jeddah, Saudi Arabia, who married early and got pregnant, were at twice the risk of spontaneous abortion (miscarriage); and four times the risk of losing pregnancies any time during their childbearing years. They remained at high risk of poor pregnancy outcome throughout their reproductive lives. Yadav, Choudhary, Narayan, Mandal, Sharma, Chauhan and Agrawal (2008) found that in Nepal, a significant number of teenage women who get married and bear children are at risk of maternal complications like premature birth.

## CONCLUSION

Parents may genuinely feel that their daughters will be advantaged by having a male figure that protects and provides for them. They might feel the need for their daughters to get married early and have an edge over their mates; but, the incidence of child marriages pose a huge problem to the girl child; physiologically and psychologically. Therefore there is need for appropriate measures to be taken to drastically reduce the incidence of early marriage and its resultant early child bearing which may lead to negative health consequences, social and economic backwardness.

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**Table 1: Marital Status of Respondents**

Marital Status	Sex of Respondents				Total
	Male (Frequency)	Percentage	Female (Frequency)	Percentage	
Married	106	20.8%	209	41%	315 (61.8%)
Single	60	11.8%	120	23.5%	180 (35.3%)
Widowed	2	0.4%	13	2.5%	15 (2.9%)
Separated	0	0%	0	0%	0 (%)
Divorced	0	0%	0	0%	0 (%)
Total	168	33%	342	67%	510 (100%)

**Source:** Fieldwork (2011)

**Table 2: Distribution of Survey Respondents by Marital Status on the Knowledge of the Problems Associated with Early Marriage.**

Problems Associated with Early Marriage	Marital Status				Total
	Single Male	Single Female	Married Male	Married Female	
Premature Death	2(3%)	4(3%)	6(6%)	3(1%)	13(3%)
Retarded Growth	3(5%)	-	-	7(3%)	10(2%)
Emotional trauma	5(8%)	7(6%)	-	3(1%)	15(4%)
Vesico-vaginal fistula	1(2%)	3(2.5%)	2(2%)	8(4%)	14(3%)
Prolonged labour	2(3%)	4(3%)	10(9%)	22(10%)	38(6%)
Anaemia	13(22%)	46(38%)	32(30%)	80(36%)	171(32%)
Miscarriage	8(13.3%)	18(15%)	21(19%)	31(14%)	78(15%)
Vaginal tear	1(2%)	-	-	-	1(0.5%)
Caesarean sections	8(13.3%)	20(17%)	15(14%)	28(13%)	71(14%)
Educational setback	2(3%)	9(7.5%)	11(10%)	20(9%)	42 (7%)
Accelerated ageing	9(15%)	-	-	-	9(4%)
Promiscuity	3(5%)	7(6%)	-	-	10(3%)
No response	3(5%)	2(2%)	11(10%)	30 (9%)	36(6.5%)
Total	60(100%)	120(100%)	108 (100%)	222 (100%)	510(100%)

**Source:** Fieldwork (2011)

**Table 3: Identified Problems of Early Marriage by In-depth Interview (IDI) Participants**

Problems Mentioned	Urban		Rural	
	Opinion Leaders	Community Leaders	Opinion Leaders	Community Leaders
Premature Death	√	-	-	-
Retarded Growth	-	-	-	-
Emotional Trauma	-	-	-	-
Vesico-Vaginal Fistula	-	√	-	-
Prolonged Labour	-	√	√	-
Anaemia	-	-	-	√
Miscarriage	-	-	-	√
Vaginal Tear	-	-	-	-
Caesarean Sections	√	√	√	-
Educational Setback	-	-	√	-
Accelerated Ageing	-	-	-	-
Promiscuity	-	-	-	-
Bleeding (Pre & Post Partum)	-	-	-	-
HIV/AIDS	-	-	-	-
Swelling of legs (oedema)	-	-	-	-
Ignorance	-	-	-	√
Hot temperedness	-	-	-	-
Cancer (cervical)	-	-	-	-

**Source:** Fieldwork (2011)

Table 4: Identified Problems Associated with Early Marriage by Focus Group Discussion (FGD) Participants

Problems Mentioned	Urban				Rural			
	SM	MM	SF	MF	SM	MM	SF	MF
Premature Death	√	-	-	-	-	-	-	-
Retarded Growth	√	-	-	-	-	-	-	-
Emotional Trauma	√	√	√	-	-	-	-	-
Vesico-Vaginal Fistula	√	-	-	-	-	-	-	-
Prolonged Labour	√	-	√	-	√	-	-	√
Anaemia (Shortage of Blood)	-	-	-	-	√	-	-	-
Miscarriage	-	-	√	-	-	-	-	-
Vaginal Tear	-	-	-	-	-	-	-	-
Caesarean Sections	√	-	√	-	√	√	√	√
Educational Setback	-	-	-	-	-	-	√	-
Accelerated Ageing	-	-	-	-	√	-	√	-
Promiscuity	-	-	-	-	√	-	-	-
Bleeding (Pre & Post Partum)	√	-	-	-	-	-	-	-
HIV/AIDS	-	-	√	-	-	-	-	-
Swelling of legs	-	-	-	-	√	-	-	-
Ignorance	-	-	√	√	-	√	√	-
Hot temperedness	√	-	√	-	√	-	-	-
Cancer (cervical)	√	-	-	-	-	-	-	-

Source: Fieldwork (2011)

**Key:**

Mentioned = √

NOT MENTIONED = -

SM = Single Male

SF = Single Female

MM = Married Male

MF = Married Female

Table 5: Communities Visited

Senatorial Zone	L.G.A.	Urban Community	Rural Community
Enugu East	Isi-Uzo	Ikem	Mgbuji
Enugu North	Nsukka	Obukpa	Okpuje
Enugu West	Awgu	Mgbowo	Isuu-Awaa

Source: Fieldwork (2011)