

## Influence of Early Marriage on the Health Status of Women in Rural Areas of Northern States of Nigeria

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### **Abstract**

*The study was carried out to investigate the influence of early marriage on the health status of women in rural areas of Northern States of Nigeria. Ex-post facto design was used for the study. The target population consisted of all the women that have been affected and exposed to early marriage in the Northern States of Nigeria out of which samples of 422 respondents were selected using a multi-stage sampling procedure. The instrument for the study was a self-developed questionnaire with a reliability coefficient of  $r = 0.75$ . Mean and standard deviations were used to answer the research question while  $t$ -test was used to test the hypothesis at 0.05 alpha level. The result showed that early marriage had significant influence ( $t = 0.21$  and  $p < 0.05$ ) on the health status of women in the rural areas of Northern States of Nigeria. It was concluded that early marriage negatively affects the health status of women in the rural areas of Northern States. It was also recommended that health educators and non-governmental organizations should be involved in grass root family sensitization and orientation on the effects of early marriage on women's health.*

**Key words:** Influence, Early Marriage, Health Status, Rural Areas, Northern States of Nigeria

### **Introduction**

United Nations International Children Emergency Fund (UNICEF)(2013) sees early marriage as the marriage of children and adolescents below the age of 18 years. It is widely practice and take different forms and has various causes and implications. Committee for the Elimination of All forms of Discrimination Against Women(CEDAW) (2009), in their study stated that, it is a violation of human rights. The right to free and consent to a marriage is recognized in the 1948 Universal Declaration of Human Rights (UDHR, 2011). Early marriage is a profound physical, intellectual, psychological and emotional impacts, cutting of educational opportunity and chances of personal growth, premature pregnancy and child bearing and lead to a life time of domestic and sexual subservience over which they have no

control and it robs a girl of her childhood time necessary to develop physically, emotionally and psychologically.

UNICEF (2013) stated that early marriage extends a woman's reproductive span, thereby contributing to large family size, especially in the absence of contraception. The practice of marrying girls at a young age is most common in sub-saharan Africa, especially in the Northern part of Nigeria. Though throughout the world, marriage is regarded as a moment of celebration and a milestone in adult life, but the practice of early marriage gives no cause for celebration. All too often the imposition of a marriage partner upon a female child means that a girl childhood is cut short and their fundamental rights are compromised. UNICEF (2007) defined early marriage as marrying out a girl before she attains the maturity, (18 years). UNICEF (2007) further reported that in many Africa and Asian countries, Nigeria inclusive that as many as 60% of girls are married by the age of nineteen years. The Inter Africa Committee (IAC) (2010), stated that early marriage in its broadest sense, means any marriage contracted and consummated below the age of 18 years, before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and child bearing. In practice, a female child is often married not only at a very tender age, but to a man whom she might not have seen, let alone cared for. In the Northern States, the average age is fifteen years, while in the south the average age is 18 and 20 years (Chukuezi, 2012).

According to Ewelukwa (2012), in general, marriages in the Northern States of Nigeria are under the Islamic Law, while those in the southern states are under the customary and statutory laws. Ewelukwa (2012), further stated that however, even when couples marry under statutory law, customary law generally prevail in personal matters. And that customary laws tend to vary from one ethnic group to another, from state to state and most often, from one town to another. Centre for Reproductive Law & Policy (CRLP) (2013), stated that in Nigeria and particularly the Northern Nigeria has some of the highest rates of early marriage in the world. The child right act passed in 2003, raised the minimum age of marriage to 18 years for girls. However federal laws may be implemented differently at the state level, and up to date, only a few of the country's 36 states have begun developing provision to execute the law (Centre for reproductive law and policy (CRLP, 2013). Early marriages are prevalent in the Northern States of Nigeria, and girls go into marriage as early as 12 to 15 years.

Ewelukwa (2012), reported that the impact of early marriage on girls and to a lesser extent on boys is wide ranging. The followings are the impact of early marriage by Ewelukwa (2012)

- i. The denial of childhood and adolescent
- ii. The curtailment of personal freedom, the freedom to decide if and when to bear a child, and right not to engage in sexual relations and the right to exercise control over reproduction may both be isolated.
- iii. Lack of opportunity to develop a full sense of self hood as well as the denial of psycho-social and emotional well-being.
- iv. Denial of reproductive health, which covers all aspect of the reproduction process including satisfying and safe experience of sexual relations, the capability to reproduce.

- v. Compromising the development of the girl.
- vi. Social isolation.
- vii. Denial of educational opportunity, where girls are uneducated and ill prepared for their roles as mothers and contributors to society. There are costs to be borne at every level, from the individual household to the Nation as a whole.

An early marriage deprives a girl of her adolescence (Barbara, Susheela and John, 2003) and (Nigeria Demographic Health Survey (NDHS), 2014).

### **Purpose of the Study**

The purpose of this study was to determine the influence of early marriage as a cultural practice on the health status of women in rural areas of Northern States of Nigeria with the view to improving on their present health status. Specifically, the study attempted to find answer to the following research question:

**Research Question:** Does early marriage as a cultural practice have any influence on the health of rural women in Northern States of Nigeria?

### **Null Hypothesis**

Null hypothesis was formulated and tested at 0.05 level of significance

H<sub>01</sub>: Early marriage as a cultural practice will not significantly influence the health of women in rural areas of Northern States of Nigeria.

### **Methodology**

The descriptive research design of the ex-post facto type was adopted for the study. The adoption of the ex-post facto design stems from the fact that the independent variable cannot be manipulated and the researchers cannot exercise any control over them. The target population of this study consisted of all the women that have been exposed to and affected by early marriage as a cultural practice in the rural areas of the Northern States of Nigeria. Women in Northern States of Nigeria have an estimated population of thirty-four million, one-hundred and ninety-five thousand one-hundred and thirty-two (34,195,132) as reflected by the Nigeria Bureau of Statistics (NBS), (2014).

In this study, a multi-stage sampling procedures was used to select the total sample of 422 respondents. This is in line with The Research Advisors (2006) that suggested that for a population of 1,000,000, people, 384 respondents will be adequate as sample for the study. However, in this study, 422 respondents were used so that the study can cover as many respondents as possible that will make the sample truly representative. Stratified sampling was used to select two (2) states from each of the three northern geopolitical zones. Simple random sampling technique was also used to select the six states, twelve local government areas and twenty-four (districts) rural areas for the study. The subjects were selected using purposive sampling technique on women who had experienced and affected by early marriage in the selected areas. Also, proportionate sampling technique was used for the distribution of questionnaire in the sampling states, local government areas and districts (rural areas). This is because the number of women affected by the cultural practice of early marriage varies in all the sampled states, local government areas and rural areas. The number

of women per local government area selected was divided by 1,075,539 women and then multiply by four hundred and twenty-two (422) respondents (See Appendix A).

The instrument used for the research was self-developed and designed in line with four point modified Likert Scale. It was validated and subjected to pilot study that yielded a reliability index of 0.75. Descriptive statistics of mean and standard deviation were used to answer the research questions while inferential statistics of t-test was used to test the hypothesis at 0.05 level of significance. The acceptance or criterion mean of 2.50 was used in making decisions. If the relative mean of an item was equal to or greater than 2.5, it was considered that the respondents are in agreement with the suggested item while any mean less than 2.50 suggests disagreement.

**Research Question:** Does the cultural practice of early marriage have any influence on the health of women in rural areas of Northern States of Nigeria?

**Table 1: Mean Scores of Influence of Early Marriage on the Health of Women in the Northern States of Nigeria**

S/N	Influence of Early Marriage on the Health of Women	Mean	Std. Dev.	Remark
1	Women are infected with HIV because they lacked the power to abstain from unprotected sex due to my age	2.66	.601	Sig.
2	Women have poor access to healthcare centers which made them have cervical cancer because of their age	2.42	.647	NS.
3	Women have to undergo caesarian section due to early marriage	2.64	.609	Sig.
4	Women are always unhappy because they were denied educational opportunities	2.39	.622	NS
5	Women have prolonged labour during delivery due to immaturity of age and end up with urinary leakage or Vesico Vagina Fistula (VVF)	2.56	.650	Sig.
<b>Aggregate mean score</b>		<b>2.53</b>	<b>0.447</b>	<b>Sig</b>

Table 1 indicates that respondents significantly agreed that, women are infected with HIV/AIDS because they lacked the power to abstain from unprotected sex due to their age; women have to undergo caesarian section due to early marriage, and that women have prolong labour delivery due to immaturity of age and end up with urinary leakage (Vesico Vagina Fistula) (VVF), with mean score 2.66, 2.64 and 2.56 higher than the aggregate mean score of 2.53 for the variables, while the table further reveals some respondents disagreed that women have poor access to health care centers which made them have cervical cancer due to their age, and that women are always unhappy because they were denied educational opportunities as shown by their mean scores. This is so because the mean score is less than the aggregate mean. Hence, the table reveals that respondents were of the view that early marriage influenced the health of women.

**Null-hypothesis:** Early marriage as a cultural practice will not significantly influence the health status of women in rural areas of Northern States of Nigeria.

**Table 2:** Result of t-test on Influence of Early Marriage as a Cultural Practice on the health status of the women in Northern States of Nigeria

Variable	Mean	Std. Dev.	t-value	DF	p-value	t-crit	Remark
Influence of Early Marriage on Health of Women	2.53	.45	2.01	410	0.001	1.96	Sig

$t_{crit}=1.960$ ,  $df=410$ , ( $P<0.05$ ), Significant

Only data from 412 respondents who duly completed and returned the questionnaire were analyzed and reported. Also, a careful study of table 2 indicates that early marriage has significant influence on the health of women in rural areas of Northern States of Nigeria, as indicated in the t-test conducted, a calculated t-value of 2.01 was obtained at the 410 degree of freedom and the probability level of significance of 0.001 ( $P < 0.05$ ). With this observation, the null hypothesis which states that early marriage as a cultural practice will not significantly influence the health of women in Northern states of Nigeria is hereby rejected.

### Discussion

The study investigated the influence of early marriage as a cultural practice on the health of women in rural areas of Northern States of Nigeria. From the test of the hypothesis, early marriage is found to be significantly influencing the health of women in the rural areas of the Northern States of Nigeria. Hence, the null hypothesis was therefore rejected. Also, from the opinions of the respondents on early marriage, it was observed that early marriage does not give room to free expression of opinion of women in a relationship. The resultant influence includes the inability to abstain from unprotected sex due to the tender age, inability to access the primary health care services at their own discretion, have normal child birth during labour and other associated ill health. They also contract urinary leakage or Vesico Vagina Fistula (VVF).

The outcomes of this study agrees with the work of Ewelukwa (2012), who reports that the influence of early marriage on women health have a wide range. The finding of this study is in line with the report of UNICEF (2005), in which it was reported that effects of early marriage includes denial of childhood and adolescent freedom, curtailment of personal freedom, the freedom to decide if and when to bear a child, and right to or not to engage in sexual relations and the right to exercise control over reproduction, lack of opportunity to develop a full sense of childhood as well as the denial of psycho-social and emotional well-being. NDHS (2014) reports that only few girls in developing countries have access to contraception or can delay pregnancy more than necessarily and be accepted by many husbands and in-laws thus, lead to a woman giving birth early and results in VVF. NDHS (2014) further reports that teenage girls are more susceptible to STIs including HIV than mature women because they lacked preventive methods.

The study also supports the study conducted by Adedoyin and Adetoro (2009) whose study was conducted in Zamfara State, Nigeria, where maternal mortality among women younger than 16 was found to be six times higher than for women aged 20-24. They stated further that, for every woman who dies in childbirth, 30 more suffer injuries, infections and disabilities, which usually go untreated and some of which are lifelong. However, physical immaturity is the key risk for the under 15s. High rates of Vesico-Vaginal Fistula (VVF) are clearly identified with marriage and childbearing in the 10-15 year-old age group.

### Conclusion

Early marriage has implications for the well-being of families, and for society as a whole. Where girls are uneducated and ill-prepared for their roles as mothers and contributors to society, there are costs to be borne at every level, from the individual household to the nation as a whole. Based on the findings and the statistical analysis of the data collected for this study, it was concluded that early marriage as a cultural practice has significant influence on the health status of women in rural areas of Northern States of Nigeria.

### Recommendations

Based on the findings and conclusion of the study, the following recommendations were made that:

- 1.. Health Educators and Non-governmental organizations (NGO's) should be involved in grass root family sensitization and orientation on the effects of early marriage on health
2. Early (girl's) marriage should be legally reported by the family of the victims and documented. Hence, Laws should also be enforced to curb the menace of early marriage

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**APPENDIX A**

**Population of Sampled Zones, States, LGAs, Rural Areas and Number of Respondents**

Zone	Population of Sampled State	Population of Sampled LGA	No of Respondents per LGA	Rural Areas	Respondents per Rural Area
North East	Bauchi 2,250,250	Dass 40,790	16	Tudun wadan-pondi Kagadama	09 07
		Toro 168,750	66	Tildin Fulani M/ Gumon	34 32
	Taraba 1,100,887	Sardauna 111,252	44	Maggu Kakafa	22 22
		Jalingo 62,420	24	Sunkani Garba Jede	13 11
Niger		Wushishi 39,851	16	Kwata Tashan Jirgi	08 08

North Central	1,197,524	Lavun 101,550	40	Kudu Labozhi	22 18
	Benue 2,055,186	Gwer west 61,039	24	Tijime Vihijime	13 11
		Agatu 54,920	22	Ogule Usha	11 11
North West	Kano 4,539,554	Gezawa 143,728	56	Jongana Zainawa	30 26
		Kumbotso 146,532	57	Danbare Hawan- Dawaki	24 33
	Kaduna 2,954,534	Sanga 73,049	29	Fadan karshi Agamati	17 12
Lere 163,769		28	Gazara Gudumai	15 13	
<b>Total</b>	<b>14,097,935</b>	<b>1,075,539</b>	<b>422</b>		<b>422</b>

(Source: Nigeria Bureau of Statistics,2014)