Prevalence of Early Marriage and Its Consequences among Reproductive Age Women in Bale Zone, Ethiopia

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Abstract

Ethiopia has one of the highest rates of early marriage in the world, with one in two girls marrying before her 18th birthday and one in five girls marrying before the age of 15. Early marriage means early sexual activity, and therefore early childbearing. Therefore this study intended to assess the prevalence and consequences of early marriage in Bale Zone.

Community based cross-sectional study design was conducted in 2015, on a sample of 634 reproductive age women. The respondents were drawn from five randomly selected districts of Bale Zone. The total sample was allocated proportionally to each district based on the number of reproductive age women it has. Then, data were collected using pre-tested and structured questionnaire. The collected data were analyzed using SPSS for windows version 17.0. The findings of the study were presented and analyzed using descriptive methods i.e. proportion, mean and standard deviation. In addition to this, bivariate and multivariate analysis was done to see the relation between variables and 95% CL with AOR was used.

The mean marital age of the study participants was 17.05 (±2.8 SD). The prevalence of early marriage was 360 (58.7%). About two third, 67.7% of school attendants dropped out school because of their marriage. As compared to those who attend grade 9 and above, those who did not attend education and grade 1-8 were 6.81 (AOR= 6.81 95% CI; 1.34-34.49) and 2.41 (AOR= 2.41 95% CI; 1.29-4.51) times more likely to married early respectively. Rural residents were 4.60 (AOR= 4.60 95% CI; 1.80-11.74) times more likely to marry early than their urban resident counter parts.

This study revealed the fact that there is higher prevalence of early marriage in the study area. The more a girl receives education, the less likely she is to engage in early marriage and therefore districts health bureau, gender office and education bureau in collaboration with other concerned stakeholders shall emphasize on girls' education.

Key words: Early marriage, Reproductive age, Bale zone, Ethiopia

Introduction

Early marriage, also known as child marriage is defined as any marriage carried out below the age of 18 years [UNICEF, 2001; Rodgers B, 2012; USAID, 2012] before the girl is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing [Rodgers B, 2012].

Early marriage is a widespread problem in developing countries [Mekonnen BM et.al, 2009]. Estimates reveal that 1 in 3 girls in the developing world are married before the age of 18 [USAID, 2012]. It is generally declining worldwide, although a substantial proportion of females in Sub-Saharan Africa and South Asia are still married before their 18th birthday [Lloyd CB, 2005]. Ethiopia has one of the highest rates of early marriage in the world, with one in two girls marrying before her 18th birthday and one in five girls marrying before the age of 15 [Central Statistical Agency (Ethiopia), 2006], particularly in rural areas [Muthengi E et.al, 2011]. Report from a part of the country showed the lowest age at marriage in the country, with 46% of girls marrying by age 15, and virtually all girls married by age 18 [Central Statistical Agency (Ethiopia), 2006].

The wider range of developmental activities, including schooling, skill building, sports, and friendships, are often not part of the adolescent experience of girls because marriage is on their immediate horizon [Santhya K.G. et.al, 2010]. Young women who marry early are generally at a distinct disadvantage within the marriage [Erulkar A, 2013]. They usually enter marriage poorly equipped to negotiate adult marital roles, given their limited education, knowledge and skills [UNICEF, 2011]. Large imbalances of age between husband and wife can compromise a woman's power within the marriage; she may have little involvement in decisions related to family planning, childbearing and use of maternal and child health services.

Early marriage usually means that young girls enter marriage without adequate information about critical sexual and reproductive health issues, such as sexual intercourse, contraception, sexually transmitted diseases, pregnancy, and childbirth [Santhya K.G. et.al, 2010]. Older age at marriage is positively associated with the likelihood that a young woman had discussed HIV/AIDS, marital fidelity and use of maternal and child health services with her husband [Erulkar A, 2013]. Child brides are also at greater risk for contracting HIV and other sexually transmitted diseases due to their inability to reject unsafe sexual practices [ICRW, 2007].

Early marriage means early sexual activity, and therefore early childbearing [Santhya K.G. et.al, 2010]. Teenage pregnancies put mothers at high risk to many health-related complications and their newborns to poor birth outcomes [Mukhopadhyay P et.al, 2010]. Delaying marriage and childbearing can improve the health of a mother and her child [USAID, 2012].

Child marriage is a human rights violation and a practice that undermines efforts to promote sustainable development [USAID, 2012]. Arranged marriage at an early age is common in most developing countries in general and in Ethiopia in particular [Mekbib T-A et.al, 2010]. In the practice of early marriage, children and teens get married with the consent of their parents, families and/or guardians [Mekonnen BM et.al, 2009]. The vast majority of marriages were arranged and very few included consent from the bride [Erulkar A et.al, 2009]. Young women are often married to men who are much older, and find themselves in new homes with greater responsibilities, without much autonomy or decision-making power, and unable to negotiate sexual experiences within marriage [Santhya K.G. et.al, 2010]. Older husbands, on the other hand, have on the average more sexual experience, a greater number of life time sexual partners, and a greater lifetime risk of sexually transmitted infections, including HIV and AIDS, which increases the girl's vulnerability to these infectious diseases [Save the Children Norway, 2011].

Education is absolutely fundamental to the human rights of girls in achieving economic opportunities and it also greatly enhances a country's ability for climbing out of generational poverty [Rodgers B, 2012]. Adolescent girls married before age 18 have low educational attainment, earning power, social mobility and they face negative health outcomes including HIV and sexually transmitted infections [Mekbib T-A et.al, 2010]. Girls are often forced to terminate their education [USAID, 2012]. Failure to enroll in school or early dropout by teenage mothers affected obstetric care utilization, which in turn will exert direct impact on maternal health status

and child survival [Taffa N, 2004].The major social costs of dropping out of school include reduced political participation, increased demand for social services, increased crime rates and poor levels of health [Shadreck M, 2013].

This paper attempted to assess the prevalence of early marriage and its consequence among reproductive age women. It is hoped that the findings will help ongoing program and policy efforts to identify the key factors of early marriage and halts social, economic and health consequences of early marriage.

Methods

Study setting and period

The study was conducted in Bale zone from April 18, 2015- May 20, 2015. Bale Zone is one of the 18 rural zones of Oromia Regional State, located in Southeast of Ethiopia. It is the second largest zone in the region with an area of 67,329.6 km2 that extends from 50 22'- 80 08'N latitudes and 380 41'- 400 44'E longitudes and having 14.93% high land, 21.54% mid land and 63.55% low land distribution. Robe is the Zonal capital town. There are 2 town administrative, 10 farmer and 8 agro pastoralist districts in the zone. According to 2007 census Bale Zone has a total of 1,418,864 populations out of which 697,185 were females. [Bale Zone Heaalth Office, 2013]. A community based quantitative cross-sectional study design was employed.

Study population

All Bale Zone child bearing age women were the source population for this study. All child bearing age women found in five randomly selected districts namely, Agarfa district, Dinsho district, Madawalabu district, Berbere district and Robe town were the study population. The study subject was randomly selected reproductive age woman from aforementioned districts.

Sample size determination and sampling procedure

Sample size determination

The study employed the single population proportion sample size determination formula. The following assumptions were considered to calculate the sample size: proportion (p) of early marriage in the study area was 50%. The logic behind this assumption is: Bale Zone is composed

of many ethnic groups and share wider boundary with other regions of the country and with another country. This condition hinders researcher not to take another proportion of early marriage as it may not represent the prevalence of early marriage among these ethnic groups. Ninety five percent CL with 5% margin of error was considered. Based on this assumption, the calculated sample size was 384 women. Multiplying by 1.5 for design effect and adding 10% for non-response rate, the final total sample size was 634 child bearing women.

Sampling procedure

First, 20 districts were stratified in to three groups based on their livelihood. The three strata were agrarian, pastoralist and town administrative districts. The assumption behind this stratification was; there is difference in accessibility of information and composition of society in different district. Then, one district from town administrative stratum and two districts from agrarian and two districts from pastoralist were selected randomly from the list of each stratum. Finally, the total sample size was proportionally allocated to five districts based on the number of reproductive women found in each district. Three kebeles were selected from each district after feasibility issues were addressed through simple random sampling. After the number of women in that kebele was determined, sample size allocated for each district was allocated for each kebele. Women in the selected kebele were selected by simple random sampling method. In-case if a woman selected for interview was not in her home, she was visited on the second day. Finally she was considered as non-respondent.

In this study, marriage before 18 years of age is considered as early marriage for females. It is also named as child marriage.

Data collection tool and procedure

Structured tool adopted from relevant literatures that includes all the relevant variables i.e. socio-demographics and early marriage assessing tool was used to meet the objective of this study after it was translated in to local language. Eight diploma Nurses who are fluent in speaking Amharic and Afan Oromo were involved in the data collection process. Four supervisors were recruited for supervision. Data collectors and supervisors were trained for two days on data collection tool and collection procedure based on the guide developed beforehand. The principal investigator and the supervisors were strictly follow the overall activities on daily base to

ensure the completeness of questionnaire, to give further clarification and support for data collectors.

Data quality control

The questionnaire was first prepared in English from different relevant literatures that were used by others researchers and then, translated to local languages (Amharic and Afan Oromo). Back translation to English was also made by another person to compare the consistency. The data collection tool was pretested on 5% of similar population on one of the district which was not included in the actual study. Findings and experiences from the pre-test was utilized in modifying the tool. After pretest, Cronbatch's Alpha was calculated by using SPSS window version 17.0 to test internal consistency (reliability) of the item and Cronbatch's Alpha greater than 0.7 was considered as reliable.

Data collectors and supervisors were trained for three days (including practical sessions) on the study instrument and data collection procedure. Data collectors, supervisors and principal investigators were checked the collected data for completeness and corrective measures were made on the spot accordingly.

Data processing, analysis and presentation

The data were checked for completeness and consistencies, then cleaned, coded and entered in to computer using statistical package for social sciences (SPSS) windows version 17.0. Descriptive statistics i.e. proportion, mean and standard deviation were computed to determine the prevalence of early marriage and other variables. Additionally, bivariate and multivariate analyses were carried out to examine the existence of relationship between prevalence of early marriage and selected determinant factors. By controlling the effects of other variables (controlling the effects of confounders), the independent effect of each variable was determined through multiple logistic regression. Variables having P-value $\leq$ 0.05 on binary logistic regression was the candidate for multiple logistic regressions. Statistical significance was declared at P$\leq$0.05, 95% CL with AOR.

Ethical consideration

The proposal was approved by Ethical Review Committee of College of Medicine and Health Sciences of Madda Walabu University. In addition to this, letter of permission was obtained from Bale Zone administrative and health office and from each district administrative and health office. Verbal consents was obtained from the study subjects after explaining the study objectives and procedures and their right to refuse not to participate in the study any time they want were assured. For this very purpose, a one page consent letter was attached to the cover page of each questionnaire stating about the general objective of the study and issues of confidentiality.

Results

Out of the total 634 reproductive age women who were planned for this study, 619 were successfully interviewed that is yielding the response rate of 97.6%.

Socio-demographic characteristics of the study participants

The mean age of the study participants was 30 (± 9.2 SD) years. About sixteen percent of respondents, 101(16.3%), were between the age group of 15 and 20 years. Muslim was found as a pre-dominant religion which accounts 366(59.1%) followed by orthodox, 36.5%.

More than one-third of participants, 233 (37.6%), reported that they were educated up to primary school which is almost as equal as those who were not able to read and write, 229 (37%). One hundred twenty nine (22.5%) husbands of the study subjects were unable to read and write whereas 114 (37.3%) of them were secondary and above educational level.

Majority, 540 (87.2%) of the respondents were ethnically Oromo and the vast majority, 574(92.7%), of respondents were married while only 6 (1%) women were single. Large number, 448 (72.4%) of study subjects were house wife and the income level of 159 (34%) participants was less than 500 Ethiopian birr (Table 1).

Table 1: Socio-demographic characteristics of the respondents, Bale zone, Ethiopia, May, 2015

Characteristics	Frequency	Percent
Age of respondent		
15-20	101	16.3
20-25	163	26.3
26-30	128	20.7
31-35	57	9.2
36-49	170	27.5
Total	619	100.0
Marital status		
Single	6	1
Married	574	92.7
Divorced	25	4
Widowed	14	2.3
Religion		
Muslim	366	59.1
Orthodox	226	36.5
Protestant	27	4.4
Ethnicity		
Oromo	540	87.2
Amhara	79	12.8
Respondents' educational status		
Unable to read and write	229	37
Read and write	9	1.5
1^0 education	233	37.6
2^0 and above education	148	23.9
Husband education		
Unable to read and write	129	22.5
Read and write	25	4.4
1^0 education	206	35.9

2^0 and above education	214	37.3
Respondents' occupation		
House wife	448	72.4
Gov. Employee	33	5.3
Self-employee	10	1.6
Farmer	24	3.9
Merchant	84	13.6
Other	20	3.2
Husband occupation		
Farmer	250	43.6
Gov. employee	118	20.6
Self-employee	44	7.7
Merchant	115	20.0
Other	47	8.2
Residence		
Rural	129	20.8
Urban	490	79.2
Income		
<500	159	34
500-1000	151	32.2
1001-2000	114	24.4
>2000	44	9.4

Marital age and education

In this study, the prevalence of early marriage was 360 (58.7%). The mean marital age of the study participants was 17.05 (±2.8 SD) year and the mean marital age for their husband was 26.51 (±6.6) year. There was greater than ten years age difference between 200 (32.6%) study subjects and their husbands. About twenty percent, 125 (20.4%) of the respondents reported that their husbands have another wife. Two hundred thirty three (38.9%) of the respondents gave their first birth before 18 years of age. Out of the total married respondents, 192 (31.3%) were not consented for their marriage (it was arranged marriage). Concerning education, 237 (38.7%)

of the study participants were attending school during their marriage. However, out of these school attendants, 159 (67.7%) quited their education because of their marriage. Only 246 (40.1%) of the respondents were tested for HIV/AIDS with their husbands before their wedding (Table 2). For those who have children, the mean number of children is 4.1 (±2.9 SD) per respondents.

Table 2: Prevalence of child marriage and school dropout rate of respondents, Bale Zone, Ethiopia, May 2015

Characteristics	Category	Frequency	Percentage
Marital age	< 15	82	13.4
	15-17	278	45.4
	18-19	136	22.2
	>= 20	117	19.1
Age difference with husbands	<= 5	195	31.8
	6-10	218	35.6
	11-20	165	26.9
	> 20	35	5.7
What do you think the appropriate age for girls to get married?	< 18 years of age	134	21.6
	18 years of age	226	36.5
	> 18 years of age	259	41.8
Your age at the time of the first birth	<= 15 years	39	6.8
	16-17 years	184	32.1
	18-19 years	135	23.6
	>=20 years	215	37.5
Do you know the minimum marital age of the country?	Yes	242	39.1
	No	377	60.9
Did you give consent for your marriage?	Yes	421	68.7
	No	192	31.3
Does your husband have wife other than you?	Yes	125	20.4
	No	488	79.6
Were you tested for HIV/AIDS	Yes	246	40.1

during your marriage together with your husband?	No	367	59.9
Did you attend school during your marriage?	Yes	237	38.7
	No	276	61.3
Did you drop school because of your marriage?	Yes	159	67.1
	No	78	32.9

Birth control and obstetric outcome

About fifty percent, 287 (50.1%) of the respondents gave their first birth within the first year of their marriage. Out of the total respondents who had at least one birth during the study period, almost half, 311 (50.1%) of them had no plan to give birth immediately after their marriage of which only 92 (29.6%) of them used family planning (FP). More than half, 374 (61%) of the study subjects had no information about family planning at the time they married. Concerning obstetric condition, 307 (53.6%) of the respondents faced prolonged labor on their first birth. In addition to this, 99 (16%), 52 (8.4%) and 98 (15.8%) of the study subjects encountered abortion, still birth and infant death respectively (Table 3).

Table 3: Birth control and obstetric outcome of respondents Bale Zone, Ethiopia, May 2015

Characteristics	Category	Frequency	Percent
When did you give your first birth after your marriage?	Within the first year	287	50.1
	within the second year	172	30
	After the second year	114	19.9
Did you have information about FP during your marriage?	Yes	239	39
	No	374	61
Did you have planned to give birth immediately after your marriage?	Yes	302	49.3
	No	311	50.7
If you did not have planned, did you use FP?	Yes	92	29.6
	No	219	70.4
How long did your first labor	Less or equal to 12 hrs	307	53.6

last	Greater than 12 hrs	266	46.4
Did you encounter abortion?	Yes	99	16
	No	520	84
If you encountered abortion, how many times?	Once	69	69.7
	Twice and above	30	30.3
Did you encounter still birth?	Yes	52	8.4
	No	567	91.6
If you encountered still birth, how many times?	Once	43	82.7
	Twice and above	9	17.3
Encounter infant death	Yes	98	15.8
	No	521	84.2
If you encountered infant death, how many times?	Once	57	58.2
	Twice and above	41	41.8

Those who had no plan to give birth immediately after their marriage gave different reasons why they were not utilizing FP. Husband opposition, lack of information about FP, prohibition by religion and seeking many children were their reasons (Fig. 1).

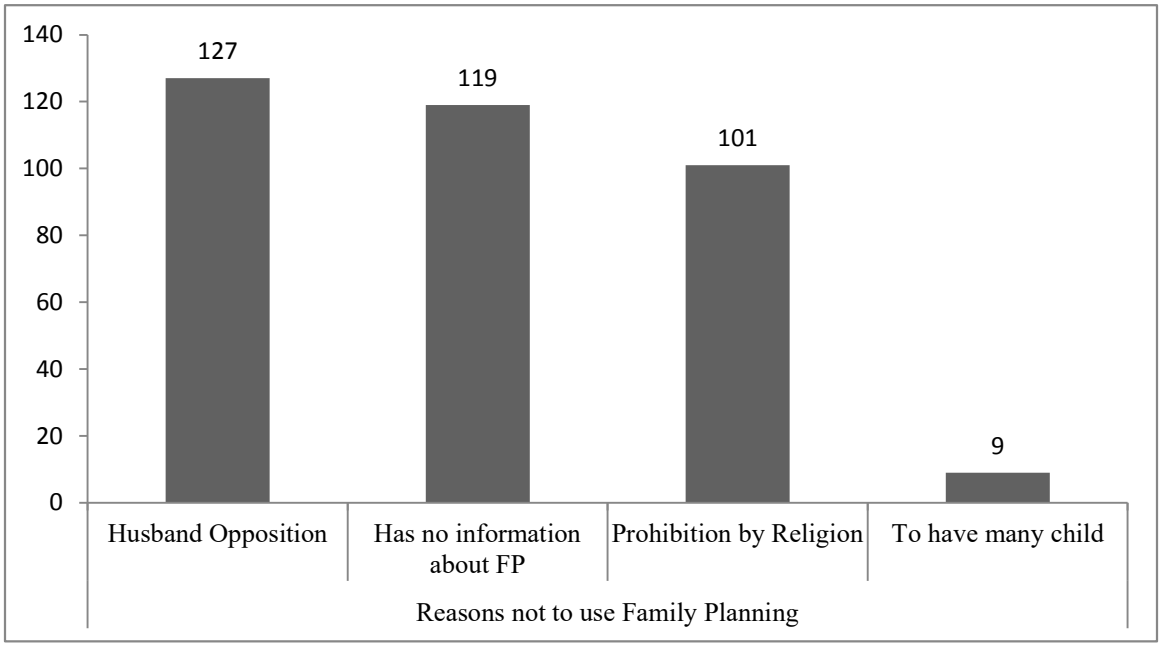

Figure 1: Reasons given for none use of family planning to delay pregnancy immediately after marriage, Bale Zone, Ethiopia, May 2015

Bivariate and multivariate analysis

Some variables were tested for statistical association with early marriage both at bivariate and multivariate level. Only variables significant at binary logistic regression were kept in multiple logistic regression model. Accordingly, education, residence, giving consent for marriage and making HIV/AIDS test with husband before marriage were statistically significant variables both at bivariate and multivariate level. As compared to those who attend grade 9 and above, those who did not attend education and grade 1-8 were 6.81 times (AOR = 6.81, CI= 1.34-34.49) and 2.41 times (AOR= 2.41, CI = 1.29-4.51) more likely to married early respectively. Rural residents were 4.60 times (AOR= 4.60, CI = 1.80-11.74) more likely to marry early than their urban resident counter parts. On the other hand, respondents who were not to make test for HIV/AIDS with their husband before their marriage (wedding day) were early married about two times (AOR = 1.93, CI = 1.05-3.56) more than those tested respondents. Respondents who were not to be consented for their marriage were early married about three times (AOR = 2.94, CI = 1.36- 6.35) more than their counter parts (Table 4).

Table 4: Factors associated with early marriage among reproductive age women, Bale Zone, Ethiopia, May 2015

Characteristics	**Married**		**Crude OR**	**Adjusted OR**
	Before 18 years of age	At 18 years of age and above	**(95% CI)**	**(95% CI)**
Religion				
Muslim	35.2% (128)	64.8% (136)	2.15 (0.96-4.79)	
Orthodox	49.8% (111)	50.2% (112)	1.17 (0.52-2.65)	
Protestant	53.8% (14)	46.2% (12)	1.00	
Education				
Has no education	75.5% (179)	24.5% (58)	8.10 (5.01-12.95)***	6.81 (1.34-34.49)*
Grade 1-8	61% (141)	39% (90)	4.11 (2.62-6.45)***	2.41 (1.29-4.51)**
Grade 9 and above	27.6% (40)	72.4% (105)	1.00	1.00
Residence				
Rural	83.7% (108)	16.3% (21)	4.73 (2.87-7.80)***	4.60 (1.80-11.74)**

Urban	52.1% (252)	47.9% (232)	1.00	1.00
Consented for marriage				
Yes	48.2% (203)	51.8% (218)	1.00	1.00
No	81.8% (157)	18.2% (35)	4.81 (3.18-7.28)***	2.94 (1.36- 6.35)**
Husband has another wife				
Yes	77.6% (97)	22.4% (28)	2.96 (1.87-4.67)***	1.46 (0.57- 3.74)
No	53.9% (263)	46.1% (225)	1.00	1.00
Drop school				
Yes	66% (105)	34% (54)	2.38 (1.37-4.15)**	1.24 (0.66-2.34)
No	44.9% (35)	55.1% (43)	1.00	1.00
Tested for HIV/AIDS				
Yes	39% (96)	61% (150)	1.00	1.00
No	71.9% (264)	28.1% (103)	4.00 (2.84-5.64)***	1.93 (1.05-3.56)*

*statistically significant at 0.05, **significant at 0.01, ***significant at 0.001

Discussions

Early marriage affects more than the young girls; the next generation from these girls is also at higher risk for illness and death [Nour NM, 2006]. Ethiopia has extremely high rates of child marriage, particularly in rural areas [Muthengi E et.al, 2011]. The current study revealed that there is high prevalence of early marriage. About sixty percent, 58.8% of the study participants were married before 18 years of age. The figure is varying between urban and rural dwellers. The finding of this study is almost in agreement with the study conducted in Amhara region [Pathfinder International Ethiopia, 2006]. The higher prevalence of early marriage is not surprising as this study included some remote parts of the country where there is strict social and cultural practices supporting early marriage and no tight legal enforcement to protect child marriage. In this study, one in three girls had married by the age of 15 which is not in line with another study in which one in six young women in Ethiopia had married by age 15 [Erulkar A, 2013]. This variation could result from variation in the study area and period.

This study tried to assess respondents' views on marital age; 78.3% of the respondents felt that a girl's ideal marital age is 18 years and above. This finding is in agreement with another study [

Erulkar A et.al, 2009]. About 7% of the respondents were less than or equal to 15 years old at the time they gave their first birth. This finding is a little bigger than the finding from extracted from Ethiopian demographic and health survey (DHS) data of 2000 [Taffa N, 2004]. The possible justification could be the previous result represents wider parts of the country with urban and rural composition whereas the recent study represents only one zone of the region which might have higher prevalence of early marriage and child pregnancy. Additionally, there is a strong association between child marriage and early childbirth, as young married girls often become pregnant numerous times because of the restriction on reproductive decisions [Rodgers B, 2012].

About one third of the respondents reported that they were not consented for their marriage which is better than another study on which only 16% of first marriages was consent given by the bride [Erulkar A et.al, 2009]. This difference could be because of difference in the study subjects in terms of age. Another reason could be difference in social and cultural variation in the two study areas.

Educating girls is associated with increased age of marriage, decreased family size and increased child survival [Mekbib T-A et.al, 2010]. The recent study revealed that about forty percent of the respondents were attending school before they got married. Out of these, about 67% of them dropped school because of their marriage. This finding is higher than two studies in which 20% of females dropout school because of early marriage [Shadreck M, 2013] and 27.7% dropped out school due to marriage [Pathfinder International Ethiopia, 2006]. This could be due to social and cultural variation and accessibility of facilities to attend school while caring a family. On the other hand, Child brides are rarely allowed to continue their education [The International Centre for Missing & Exploited Children, 2013]. In areas where early marriage is rampant, young girls have their childhood cut short and their social, educational and economic opportunities limited when they enter into marriage before age 18, often with a stranger and often without their input or consent [Erulkar A et.al, 2009]. So that, they have no right to continuous their education once they get married.

This study revealed that about sixty percent of the study subjects had no information about any family planning methods when they got married. Out of those who had no information about family planning, about seventy percent of them were in early married group. About fifty one

percent of the respondents had no plan to have child immediately after their marriage. However, 70.4% of the respondents did not use any type of family planning of which 75.3% were early married women. This condition is also confirmed by the study conducted in India [Mukhopadhyay P et.al, 2010]. This is possibly because of their lower levels of education, absence of information about family planning, lack of access and family pressure for childbearing immediately after marriage.

This harmful traditional practice sets up structural conditions for poverty, domestic violence, infant and maternal mortality, the spread of disease, and gross gender inequality [Rodgers B, 2012]. The descriptive result of this study showed that the rate of prolonged labor, abortion, still birth and infant death are higher among early married than the late married respondents. Another studies also revealed that stillbirth rate is significantly higher in teenage deliveries [Mukhopadhyay P et.al, 2010] and babies born to girls in their teens face a 50% higher risk of dying of before they reach one year than babies born to women in their twenties [Saxena P et.al, 2010].

Education and residential place were the determinant factors for a girl to married early. As compared to respondents who attend secondary and above educational level, those who do not attend education and those who attend primary level of education were about seven times and 2.4 times more likely to get married early respectively. Rural residents are 4.6 time more likely to face early marriage than urban residents. These factors are also significant in another study [Erulkar A, 2013]. This is may be due to the fact that rural girls have less chance for information and education when compared to urban counter parts.

Giving consent about one's marriage beforehand is another variable which is positively associated with early marriage. Respondents who were not to be consented for their marriage were early married about three times more than their counter parts. Also respondents who were not to make test for HIV/AIDS with their husband before their marriage (wedding day) were early married about two times more than those tested respondents. The possible justification could be most of the marriages performed at earlier age are arranged by the family and females at this age cannot give decision about her marriage. This also hinders a young girl to ask and convince her new husband and her parents to be tested together before their wedding.

Child marriage affects more than the young girls; the next generation is also at higher risk for illness and death [Nour NM, 2006]. In the current study early married women were slightly greater than more likely to suffer from prolonged labor than their counter parts. This might be due to physical and biological immaturity of the female. None use of contraceptives was significantly higher among early married mothers compared to lately married mothers to delay the first pregnancy. This finding is also supported by the study conducted in another studies [Santhya K.G. et.al, 2010; Mukhopadhyay P et.al, 2010] which is may be early married mothers have less awareness about FP utilization. Since the study design was cross sectional, temporal relationship was not identified and recall bias were limitation of this study.

Conclusions and recommendations

This study finds higher prevalence of early marriage in the study area. Educational level and residence were variables those significantly associated. Programs to delay marriage and support girls within marriage are critical. Such interventions should be reinforced with community based social change strategies to address underlying determinants of early marriage. The more education a girl receives, the less likely she is to marry as a child. Improving access to education for girls and eliminating gender gaps in education; by district health office, gender office and education bureau in collaboration with others concerned stakeholders are important strategies in ending the practice of child marriage.

Acknowledgements

Funding for this study was made possible through grants offered by Madda Walabu University. The authors are grateful to the respondents who offered their time to participate in this study. Special thanks go to the research assistants who participated in data collection.

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