



# Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy and their consequences in Pakistan

Baseline Report  
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by

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# Preface

**YES I DO.** is a strategic alliance of five Dutch organizations which main aim is to enhance the decision making space of young people about if, when and whom to marry as well as if, when and with whom to have children. Funded by the sexual and reproductive health and rights policy framework of the Ministry of Foreign Affairs of the Netherlands, the alliance is a partnership between Plan Nederland, Rutgers, Amref Flying Doctors, Choice for Youth and Sexuality, and the KIT Royal Tropical Institute. Led by Plan Nederland, the alliance members have committed to a five-year programme to be implemented between 2016 and 2020 in seven countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan and Zambia.

The YES I DO Alliance partners and the Ministry of Foreign Affairs of the Netherlands acknowledge that child marriage, teenage pregnancy and female genital mutilation/cutting are interrelated issues that involve high health risks and human rights violations of young women and impede socioeconomic development. Therefore, the YES I DO programme applies a mix of intervention strategies adapted to the specific context of the target countries. The theory of change consists of five main pathways: 1) behavioural change of community and “gatekeepers”, 2) meaningful engagement of young people in claiming for their sexual and reproductive health and rights, 3) informed actions of young people on their sexual health, 4) alternatives to the practice of child marriage, female genital mutilation/cutting and teenage pregnancy through education and economic empowerment, and 5) responsibility and political will of policy makers and duty bearers to develop and implement laws towards the eradication of these practices.

The programme includes a research component to investigate the interlinkages between child marriage, female genital mutilation/cutting and teenage pregnancy and look at what works, how and why in the specific country contexts. The research focuses on testing the pathways of the theory of change, underlying assumptions and interventions as well as on looking for mechanisms triggering change and enhancing programme effectiveness. To that end, the research component of YES I DO started with a baseline study in each of the seven countries where the programme is implemented.

The aim of the baseline studies is to provide a contextualized picture of the prevalence, causes and consequences of child marriage, teenage pregnancy and female genital mutilation/cutting (where applicable) in the intervention areas of the YES I DO programme. Also, the study aims to act as a reference point for the monitoring and evaluation of the YES I DO programme throughout its implementation. In four of the seven countries, the baseline studies included control areas. Each baseline study was conducted by KIT Royal Tropical Institute, in close collaboration with local research partners.

The present report details the baseline study conducted in Pakistan. The report draws on literature about child marriage and teenage pregnancy in Pakistan, details the methodology used, presents the main results and provides general recommendations for policy and practice on child marriage and teenage pregnancy in Pakistan. The findings and recommendations can be used by different stakeholders working in the YES I DO programme as well as in other programmes on sexual and reproductive health and rights of young people.

## ACKNOWLEDGEMENTS

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The YES I DO Pakistan baseline study team

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# Abbreviations and key terms

## LIST OF ACRONYMS

<b>FGD</b>	Focus Group Discussion
<b>KII</b>	Key Informant Interview
<b>KIT</b>	Royal Tropical Institute
<b>IDI</b>	In-Depth Interview
<b>PDHS</b>	Pakistan Demographic Health Survey
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>SDG</b>	Sustainable Development Goal
<b>ToC</b>	Theory of Change
<b>CMRA</b>	Pakistan's Child Marriage Restraint Act

## KEY TERMS

<b>Child marriage</b>	Legal or customary union involving those before age 18
<b>Teenage pregnancy</b>	Pregnancy before age 20
<b>Young people</b>	Young women and men aged 15-24
<i>Watta satta</i>	Translated as 'give-take'; includes an exchange of marriage between a brother-sister or uncle-niece across two households
<i>Taluka</i>	Administrative sub-unit of a district in Pakistan

# Executive summary

## INTRODUCTION

In Pakistan, it is estimated that 21% of young women are married before the age of 18<sup>1</sup>, and adolescent fertility rate is one of the highest in the world with 44 per 1,000 live births<sup>2</sup>. Child marriage and teenage pregnancy in Pakistan are manifestations of deeply rooted gender inequalities, social norms, and poverty, which are further entangled with limited education and economic opportunities and inadequate access to sexual and reproductive health and rights (SRHR) information and services. The YES I DO Alliance in Pakistan, consisting of three partners, Plan Nederland, Rutgers, and KIT Royal Tropical Institute, has started implementing the YES I DO programme (2016-2020) to address child marriage and teenage pregnancy by developing context-specific intervention strategies. The baseline study, that aims to gain insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Pakistan, informs the development of these intervention strategies.

The baseline study was conducted in Umerkot and Sanghar districts in Sindh province, in the southeast of Pakistan. These are the two districts where Rutgers Pakistan and Plan Pakistan are implementing the YES I DO programme.

## OBJECTIVES

The overall study aim was to collect baseline data on the causes and consequences of child marriage and teenage pregnancy in Umerkot and Sanghar. The baseline report presents the main findings and further provides recommendations for the YES I DO Pakistan programme, and can be used by different stakeholders working in this programme as well as others working on SRHR of young people in Pakistan.

The specific objectives of the baseline study were as follows:

1. To explore attitudes of community members and gatekeepers<sup>3</sup> around child marriage and teenage pregnancy, whether and to what extent they take action to prevent child marriage and teenage pregnancy and which factors influence this and how.
2. To explore the level of meaningful engagement of adolescent girls and boys in community activities, programmes and policies – thereby claiming their rights – and which factors influence this and how.
3. To explore and analyse whether and to what extent adolescents take informed action on their sexual and reproductive health and which factors influence this and how.
4. To explore and analyse whether and to what extent education and economic empowerment of girls provide them with alternatives beyond child marriage and teenage pregnancy.
5. To provide insight into developed and implemented legislation and policies on child marriage and teenage pregnancy.

## METHODOLOGY

The baseline study was conducted in Umerkot district (Kunri, Pithoro, Samaro, and Umerkot *talukas*) and in Sanghar district (Tando Adam Khan, Shadapur, Sinjhoru and Sanghar *talukas*) in Sindh province. Data collection was carried out in August and September 2016. The baseline study used a mixed methods approach. The quantitative component involved a paper-based household survey in both districts to a sample with 75% young women and 25% young men aged between 15-24 years. The total number of respondents was 1,602 (young women 1,162 and young men 440), 822 from Umerkot and 780 from Sanghar. The qualitative component involved focus group discussions (FDGs), in-depth interviews (IDIs) and key informant interviews (KIIs). The total number of participants in the qualitative component was 88. There were ten FDGs: with young women (15-19 years and 20-24 years), with older women (25-48 years) and with young men (15-19 and 20-24). Each group comprised 7-9 participants. There were six IDIs with teachers, religious

<sup>1</sup> Child marriage prevalence calculated as a percentage of women 20-24 years old who were married or in union before they were 18 years old (UNICEF 2017).

<sup>2</sup> Adolescent fertility rate, according to PDHS, is equivalent to the age-specific fertility rate for women aged 15-19 for the three-year period preceding the survey, expressed in terms of births per 1,000 women aged 15-19 (NIPS and ICFI 2013).

<sup>3</sup> Gatekeepers are caretakers (family members such as grandmothers, mothers-in-law), health/social workers, teachers, traditional and religious leaders and peers, who influence girls' situation in relation to child marriage and teenage pregnancy.



and community leaders and health professionals (a medical officer and a lady health visitor). There were three KIs with policymakers (district health officer, district education officer and district council civil servant).

The quantitative component focused on collecting data on young people's views and opinions on the causes and consequences of child marriage and teenage pregnancy and other matters related to SRHR. The qualitative component covered the same issues but more in-depth, focusing on experiences, opinions and perceptions of young people and also other community members.

The baseline study findings indicate that child marriage was prevalent in both districts and occurred among both young women and men. A difference of 10% was found between the districts with a higher prevalence found in Umerkot (40%) than in Sanghar (30%). Although both young women and men experienced child marriage, it occurred more among young women than among young men. Thirty-five percent (35%) of young women (18-24 years) reported to have been married under the age of 18 while 19.5% of young men (18-24) reported the same. Furthermore, young women in the sample were married to spouses who were about 4.6 years older than them. The qualitative findings indicate that although there is some awareness among young people about effects of child marriage for girls, it is unclear to both young people and the wider community how child marriage may affect young men.

Reasons for child marriage included the role of culture and tradition, religion, poverty and lack of educational and meaningful employment opportunities. Moreover, social norms played an influential role such that young people were expected to obey and honour the opinions of elders in their family and community. These elders occupied important roles in the decision-making process for young people. Furthermore, some of the qualitative and quantitative data indicate that young women were considered a burden to the household and hence married off at a young age. Overall, child marriage was considered largely acceptable in both districts, but young people did express that the age they desired to marry (for unmarried respondents) or believed was the ideal age for a girl/boy to marry (all respondents) was higher than 18.

Teenage pregnancy was almost as equally prevalent as child marriage and usually occurred under the social sanction of marriage. The qualitative data indicate that the adverse health effects of teenage pregnancy on the teen mother were recognised by some participants – particularly as adverse outcomes of child marriage. However, there were mixed responses, with some participants who had the belief that younger women were able to have healthier babies. Young women were disproportionately affected by teenage pregnancy than young men who reported to be fathers under 20. Of all young women (20-24 years), about 38% had experienced a teenage pregnancy. However, of all male respondents (20-24 years), 12% had become father under the age of 20.

Overall, awareness regarding SRHR among young people surveyed was low. About a third were aware of contraceptive methods such as birth control pills, followed by injectables, condoms and the IUD. In addition, about a third of the sample reported to have ever used a Sexual Reproductive Health (SRH) service, the likelihood of which was influenced by marital status, possibly signalling that marriage provides the necessary social approval to access these services. The use of contraceptives among married respondents was not high and in fact, many reported using no contraceptive method at all.

Economic insecurity also perpetuated child marriage. A large proportion of young people reported to be working and out-of-school with many in insecure jobs such as household help, casual help and agriculture. The poverty level was found to be quite high.

In summary, child marriage occurred more among females and more in Umerkot. Lastly, Umerkot had a much higher population of Hindus as compared to Sanghar, also highlighting that child marriage was prevalent among both the Muslim and Hindu population.

## **CONCLUSION AND RECOMMENDATIONS**

The baseline study suggests that social norms, in particular unequal gender norms, are influential in determining young people's futures in Sindh province. It is apparent from the data that programmes that target the delay of the age of marriage will address early pregnancy as well. At the same time, the YES I DO programme must also ensure that the adverse effects of both child marriage and teenage pregnancy are addressed from multiple perspectives including health, human rights, economic and gender.

Simultaneously, a focus on decision-making, not regarding only regarding (child) marriage but also pregnancy, must be part of the conversation with young people and the community. For this, it is crucial to build the capacity of young people to negotiate persisting norms and at the same time, develop a supportive ecosystem around them. This is possible by engaging both male and female elders in the community as well as working with both Hindu and Muslim leaders as allies. Initiating dialogue between these influencers and young people will accelerate the process of transforming social norms from blocking to enabling young people's growth and empowerment.

# 1. Introduction

Child marriage and teenage pregnancy are manifestations of deeply rooted gender inequality and social norms, perpetuated by poverty and limited education and economic opportunities. In societies where both issues prevail, it also reveals the significant inadequate access to comprehensive sexuality education and adolescent sexual and reproductive health (SRH) services, and voiceless youth with limited agency and choice. Child marriage and teenage pregnancy are interrelated issues that involve high health risks and human rights violations of adolescent girls, and impede socio-economic development in many developing countries. Various local and international programmes and organisations continue their efforts to reduce child marriage and prevent teenage pregnancy. Child marriage and teenage pregnancies are included in the indicators of the Sustainable Development Goals (SDGs), and therefore countries that are committed to implementing the SDGs by extension are committed to reducing child marriage and teenage pregnancy.

In Pakistan, child marriage is a deeply rooted on-going practice. There are a number of factors contributing to this, including poverty, lack of education and access to SRH services. Closely related to this is the issue of teenage pregnancy, which is also prevalent.

This baseline report presents and discusses the main results of the YES I DO baseline study conducted in August and September 2016 in two districts, Umerkot and Sanghar in Sindh province. These are the two districts where Rutgers Pakistan and Plan Pakistan are implementing the five-year YES I DO programme. The baseline study aims *to gain insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Pakistan*. The baseline report also provides general recommendations for the development of context-specific intervention strategies in the YES I DO Pakistan programme, and can be used by different stakeholders working in the YES I DO programme as well as others working on sexual and reproductive health and rights (SRHR) of young people in Pakistan.

## 1.1. CHILD MARRIAGE AND TEENAGE PREGNANCY IN PAKISTAN

### 1.1.1. CHILD MARRIAGE

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18. Marriage before the age of 18 is a fundamental violation of human rights. And yet, more than 700 million women worldwide were married before age 18, most commonly in South Asia and Sub-Saharan Africa, and by 2030 it is estimated that 950 million women will be married under age 18 (UNICEF 2014). The SDGs, Target 5.3, calls to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation by 2030 (SDSN 2017). Pakistan was the first state to propose a target to end child marriage at the 10<sup>th</sup> Open Working Group<sup>5</sup> Session in 2014 (IISD 2014) – being a country where this practice prevails since decades.

In Pakistan, it is estimated that 21% of young women were married before 18<sup>4</sup> years and 3% of young women were married before 15 years<sup>6</sup> (UNICEF 2016). In 2016, Pakistan was ranked at 88<sup>th</sup> out of 144 countries with the highest child marriage prevalence (STC 2016). Women are more likely to experience child marriage as compared to men. Child marriage also affects women significantly more than men. Studies have shown that in Pakistan, child marriage disproportionately affects young women living in rural areas, having low income or belonging to the poorest quintile of the wealth index, living in poorly educated households or having no education (Nasrullah et al. 2014a, Nasrullah et al. 2017). Besides this, culture, religion and history have a strong hold in sustaining child marriage practices, given the large variation of the practice evident across different regions, tribal and ethnic groups in Pakistan (UNFPA 2007, UNFPA 2012, GNB 2017). For instance, a study in Rural Sindh shows that one of the main reasons for child marriages in this area is attributed to the fact that it is one of the most impoverished parts in the country, where it is common for parents to sell their young girls in exchange of money offered from grooms. This money commonly ranges from USD 1400 to 5000, with grooms much older than the brides (Nasrullah 2015, IRIN 2006).

<sup>4</sup> This definition draws from various conventions, treaties and international agreements, including the Convention on the Rights of the Child, Convention on the Elimination of All forms of Discrimination against Women, Universal Declaration of Human Rights, and recent resolutions of the UN Human Rights Council (Parsons et al. 2015).

<sup>5</sup> The Open Working Group is an inter-governmental process, were instrumental in the development of the SDGs.

<sup>6</sup> Among young women aged 20-24.

Pakistan's Child Marriage Restraint Act (CMRA) 1929 sets the legal age for marriage to 16 for women and 18 for men. However, the Sindh Provincial Assembly passed the landmark Child Marriage Restraint Bill<sup>7</sup> in April 2014, which was Pakistan's first law prohibiting child marriage. The Act defines a child as "a person, male or female, who is under 18 years of age." The Penal Code was also amended in February 2017<sup>8</sup> to toughen punishment of those involved in child marriage. However, the National Assembly rejected a new Child Marriage Restraint Act in May 2017 for the second time, which would have increased the legal age for marriage from 16 to 18 nation-wide. The Council of Islamic Ideology that declared Pakistani laws prohibiting child marriage are un-Islamic underlines this rejection. Furthermore, existing laws and punishments are not well enforced. This is especially true in areas that are steeped in traditions of marrying girls as young as possible to ensure family's honour, and where tribal councils can take precedence. Such traditions are more common in Balochistan, rural Sindh and southern Punjab.

### 1.1.2 TEENAGE PREGNANCY

Teenage pregnancy is defined as a pregnancy in a girl within the ages of 13-19 years (UNICEF, 2014). According to the UNFPA (2013), 15 million adolescents globally get pregnant each year and 529,000 die of pregnancy-related complications. In Pakistan, the adolescent fertility rate is one of the highest in the world with 44 per 1000 live births<sup>9</sup>. It is seen as a common trend that more pregnancies take place in underage marriages as compared to normal marriages. These pregnancies occur in young mothers before their bodies are fully ready for child bearing, which results in a high rate of maternal and child mortality. This contributes to Pakistan's maternal mortality ratio of 178 per 100,000 live births, though the ratio has declined since 1990 (when it was 431 per 100,000 live births) (WHO et al. 2015).

Many interrelated socio-cultural factors lead to teenage pregnancy. According to Acharya et al. (2010), the root cause is a tradition of child marriage. In Pakistan, young women are forcefully married because parents believe this will save their daughters from unacceptable relationships and sexual abuse. Secondly, poverty and low literacy rates prompt early marriages (and consequent teenage pregnancies) since families view girls as a financial liability. Thirdly, Pakistani society being patriarchal, females are excluded from decision-making, and the husband has the authority over conception. There are also social expectations to have a child during the first year of marriage (Banerjee et al. 2009).

Teenage pregnancy has its own plethora of emotional and social consequences. The teenager is over- strained with the additional responsibility of having a child, and vulnerable to depression due to which the adolescent mother may neglect her infant's care, thus denting the trusting mother-child relationship. Young or teenage mothers have little experience with parenting skills, which adds to their own psychological stress. A study conducted by Qazi (2011) at a teaching Hospital in Peshawar including 61 women (13-19 years) with  $\geq 24$  weeks pregnancy and 367 women (24–29 years) revealed that pregnant teenagers were significantly more at risk of operative vaginal delivery, perinatal mortality, hypertension, diseases of pregnancy, placental abnormalities, and anaemia. Another study conducted in rural Sindh reveals that out of 5,064 women interviewed, 20 women were found to have obstetric fistula showing a prevalence of 0.39% of all women. Most women with obstetric fistula were aged less than 20 years (Jokhio et al. 2014).

### 1.1.3. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Child marriage and teenage pregnancy in Pakistan are partly caused by inadequate access to SRHR information and services. During adolescence, young people do not only face the challenge of establishing their emotional and psychological independence, they also have to understand and manage their sexuality while paving way to make their space in society. The values and skills they develop during this time can critically shape their lives as well as the future of the society through immediate or long-term consequences (WPF 2010).

Being a girl in Pakistan is difficult, as shown by indicators related to child marriage, adolescent fertility, maternal mortality, and lower-secondary school completion. Each of these as indicators contributes to an overall index score, the Girls' Opportunity Index, where Pakistan ranks 88<sup>th</sup> out of 144 countries (Sweden ranks 1<sup>st</sup> and Niger 144<sup>th</sup>) (STC 2016).

<sup>7</sup> which may extend to three years but shall not be less than two years and shall be liable to fine.

<sup>8</sup> Offenders face a minimum of five years in prison and may serve up to 10 years. They also face a fine of up to 1 million rupees (\$9,547).

<sup>9</sup> Adolescent fertility rate, according to PDHS, is equivalent to the age-specific fertility rate for women aged 15-19 for the three-year period preceding the survey, expressed in terms of births per 1,000 women aged 15-19 (NIPS and ICFI 2013).

Maternal health services in Pakistan have dramatically increased over the last two decades, with nearly 80% of Pakistani women visiting antenatal care, however, this increase in services has not resulted in an increase in contraceptive use reaching only 35% in 2012-13 (Agha et al. 2016). However, according to Agha et al. (2016), there is no evidence currently available to demonstrate whether the utilization of maternal health services is associated with contraceptive adoption in Pakistan. Even though Pakistan has had a national family planning programme and policy since the 1950s, the 2012-13 Pakistan Demographic Health Survey (PDHS) showed that only 6% of women received counselling on family planning (NIPS 2013).

In Pakistan, young people have a lack of information and relatively little knowledge about bodily development including puberty and menstruation, sexuality, reproduction and HIV (Svanemyr et al. 2014). A study by Marie Stopes (2006) conducted in Hyderabad, Mirpur Khas, DG Khan and Multan reveals that only 13% of the girls got information about menstruation before the onset of menstruation. Nearly half of the girls (47%) reported higher level of anxiety during menstruation. There are efforts aiming to address the challenges that young people face related to SRHR in Pakistan. One study examined the scale-up of a rights-based life skills education programme during 2004-2013<sup>10</sup>. This study found that the main challenge, the conservative operating environment in which the programme was first introduced, was addressed through a multiplicity of media and advocacy activities in the community, among parents, and by involving teachers, school administrators, district education departments and Muslim scholars in the development and review of the curriculum.

## 1.2. THEORY OF CHANGE FOR PAKISTAN

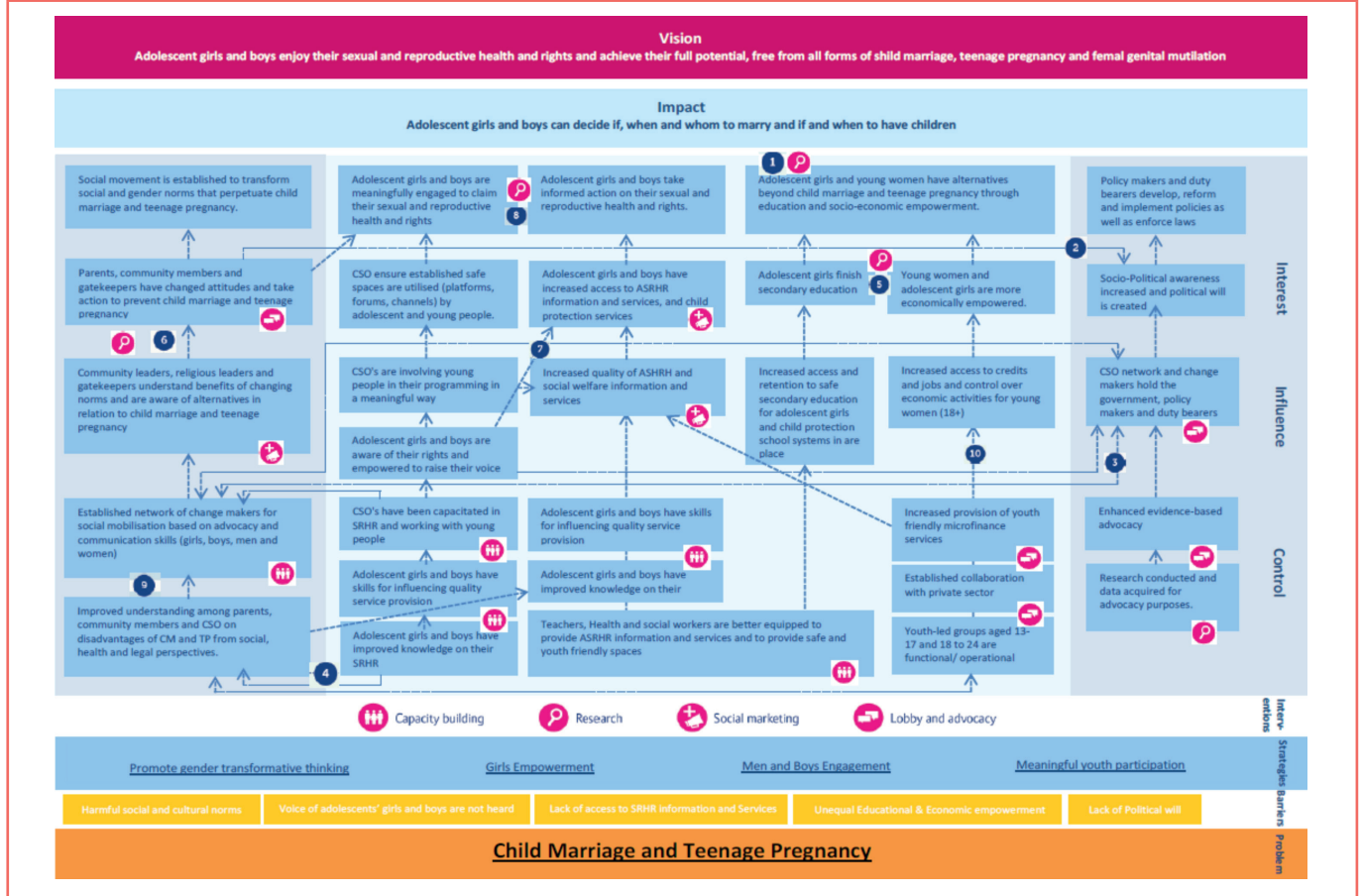
The Pakistan YES I DO programme's theory of change aims to contribute to a world in which young women can decide if, when and with whom to marry and have children. The theory of change has the following five strategic goals:

1. Social movement is established to transform social and gender norms that perpetuate child marriage and teenage pregnancy.  
*Rationale:* Social and gender norms that perpetuate child marriage and teenage pregnancy are deeply embedded in communities, and can only change if community leaders and a critical mass, including boys and men, support the change.
2. Young women and men are meaningfully engaged to claim their sexual and reproductive health rights.  
*Rationale:* Adolescent girls and boys are insufficiently aware of their SRHR, and lack voice and supportive structures to claim their SRHR and to act against child marriage and teenage pregnancy.
3. Young women and men take informed action on their sexual and reproductive health rights.  
*Rationale:* lack of access to quality SRH services and information for adolescents is a key factor in the high rates of child marriage and teenage pregnancy.
4. Young women have an alternative to child marriage and teenage pregnancy through education and socio-economic empowerment.  
*Rationale:* due to poverty and multiple barriers to girls' education, adolescent girls have no alternatives than child marriage and have no means to prevent teenage pregnancy.
5. Policy makers and duty bearers develop, reform and implement policies as well as enforce laws.  
*Rationale:* legislation and policy implementation on child marriage is inadequate, as political leaders and duty bearers lack awareness and/or political will to address these issues.

The five goals are related to five intervention strategies as illustrated in Figure 1. The intervention strategies focus on forming a social movement, empowering and meaningfully engage young people, improving access to information and services, stimulating education and economic empowerment for young women and enhancing evidence-based lobbying and advocacy for improved legal and policy frameworks. These intervention strategies follow experiences of YES I DO Alliance partners and global evidence on what works in trying to reduce child marriage and teenage pregnancy (OHCHR and UNDP 2008; Malhotra et al. 2011; Williamson 2012, Loaiza and Liang 2013).

<sup>10</sup> The scale-up of a rights-based, life skills-based education programme during the period from 2004 until 2013, which included comprehensive education about SRH issues. Rutgers WPF Pakistan introduced the programme in 1,188 schools (Svanemyr 2014).

Figure 1.1 YES I DO Programme's theory of change for Pakistan



### 1.3 THE RESEARCH COMPONENT IN PAKISTAN

The YES I DO programme's research component in Pakistan investigates the interlinkages between child marriage and teenage pregnancy. Furthermore, it looks at the effectiveness of specific interventions in the prevention or mitigation of the impact of child marriage and teenage pregnancy in order to find out what works, how, why, and under which circumstances. The study entails a mixed methods research containing a base-, mid- and end-line study, which also tests the assumptions underlying the theory of change (Figure 1). This report presents the results of the baseline study.

The overall goal of the baseline study was to collect data on the causes and effects of child marriage and teenage pregnancy, to provide recommendations for the development of context-specific intervention strategies to eliminate child marriage and reduce teenage pregnancy in Umerkot and Sanghar districts in Sindh province of Pakistan. The specific objectives of the baseline study were as follows:

1. To explore attitudes of community members and gatekeepers<sup>11</sup> around child marriage and teenage pregnancy, whether and to what extent they take action to prevent child marriage and teenage pregnancy and which factors influence this and how.
2. To explore the level of meaningful engagement of adolescent girls and boys in community activities, programmes and policies – thereby claiming their rights – and which factors influence this and how.
3. To explore and analyse whether and to what extent adolescents take informed action on their sexual and reproductive health and which factors influence this and how.
4. To explore and analyse whether and to what extent education and economic empowerment of girls provide them with alternatives beyond child marriage and teenage pregnancy.
5. To provide insight into developed and implemented legislation and policies on child marriage and teenage pregnancy.

A qualitative midline and mixed methods end-line study will enable us to observe changes related to the above presented objectives, over the period of five years. Therefore, this baseline study and the subsequent research projects of YES I DO Pakistan hopes to contribute to evidence for context-specific interventions and for lobby and advocacy in Sindh province and Pakistan as a whole.

<sup>11</sup> Gatekeepers are caretakers (family members such as grandmothers, mothers-in-law), health/social workers, teachers, traditional and religious leaders and peers, who influence girls' situation in relation to child marriage and teenage pregnancy.

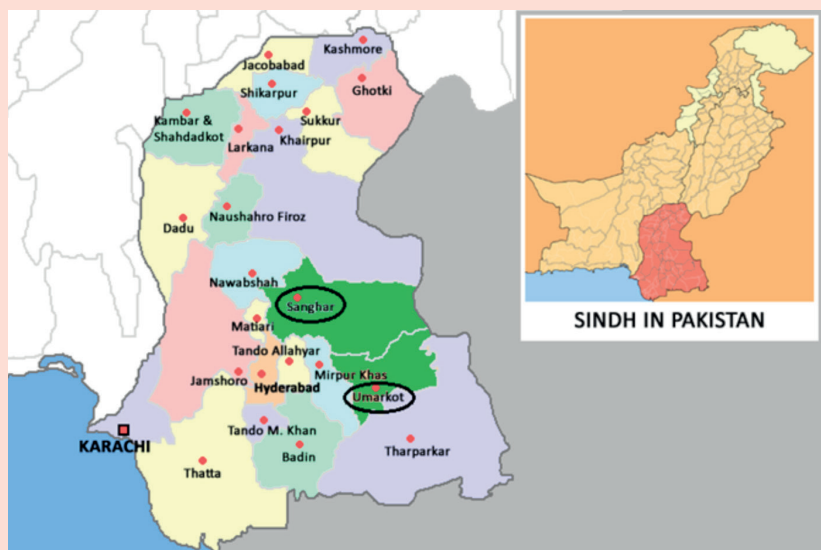


## 2 METHODOLOGY

### 2.1 STUDY AREA

The baseline study was conducted in Umerkot and Sanghar in Sindh Province, in the southeast of Pakistan (Figure 2). Sindh is the second most populated province in Pakistan with a population of 47.9 million of which 47% are women and it is the most urbanised province with 52% of the population in urban areas (PBS 2017).

Figure 2.1 Map of selected study districts, Umerkot and Sanghar, and Sindh province in Pakistan



In Pakistan, districts are administratively divided into sub-units called talukas. Umerkot has four talukas, and Sanghar has six talukas. The data for the baseline study were collected in four talukas per districts. These included Kunri, Pithoro, Samaro, and Umerkot talukas in Umerkot district and Tando Adam Khan, Shadaput, Sinjhor and Sanghar talukas in Sanghar district. Table 1 shows the population overview for both districts according to the most recent population census 2017 (PBS 2017).

Table 2.1 Population overview of Umerkot and Sanghar

	Umerkot			Sanghar		
	Rural	Urban	Total	Rural	Urban	Total
Population	829,785	243,361	1,073,146	1,468,652	588,405	2,057,057
Female population	399,834	115,735	515,569	707,277	285,232	992,509
Male population	429,945	127,612	557,557	761,365	303,119	1,064,484
Transgender population	6	14	20	10	54	64
Households	163,551	48,805	212,356	270,891	103,718	374,609
Household average size			5.4			5.8

## 2.2 OVERVIEW OF METHODS AND RESEARCH PROCESS

A desk review was conducted on the causes and consequences of child marriage and teenage pregnancy as well as on other contextual issues related to young people's SRH and their access to and knowledge of SRH services. This informed the Pakistan's stakeholder workshop in Dubai (April 11-14, 2016) where the country-specific theory of change and the criteria for the programme's intervention areas were developed<sup>12</sup>. By June 2016, the programme intervention areas were selected: districts Umerkot (Umerkot and Kunri talukas)<sup>13</sup> and Sanghar (Sanghar and Sinjhor talukas). In August and September 2016, data collection was carried out in the four intervention areas: Umerkot, Kunri, Sanghar and Sinjhor talukas. In addition, data were collected in four control areas: Pithoro and Samaro talukas in Umerkot and Shahadpur and Tando Adam talukas in Sanghar.

However, in April 2017, it transpired that there was a strong likelihood of the YES I DO programme activities expanding into these talukas in the coming years. Hence, the YES I DO Pakistan alliance decided to no longer have research control areas. Therefore, the baseline report does not present the findings disaggregated by intervention and control areas but instead disaggregates by district (and/or by sex). A survey was administered at the household level among young women and men between 15 and 24 years. The survey explored issues of child marriage, teenage pregnancy and related attitudes and awareness of SRHR. In addition, focus group discussions (FGDs), in-depth interviews (IDIs) and key informant interviews (KIIs) were held in both districts, investigating these issues but in an in-depth manner.

## 2.3 DATA COLLECTORS

The national researchers selected, recruited and trained a team to carry out the data collection. Twenty-nine research assistants were recruited: 20 young women and 9 young men who had completed secondary education and were fluent in Urdu, Sindh, and English. All research assistants had a minimum of three years field experience. Two research assistants who had five years field experience and a Master's degree were appointed as field supervisors. A team of 14 research assistants and one field supervisor were assigned to Umerkot and a team of 13 research assistants and one field supervisor were assigned to Sanghar. Teams were assigned to collect data from the same district where they were from, as they had the advantage of knowing the cultural context and language. An additional person, with ten years of field experience, holding a Masters degree and fluent in all three languages, was appointed as the monitoring officer for both teams. Female research assistants interviewed females, and male research assistants interviewed males (with one exception in Sanghar where a female focus group discussion allowed the male principal investigator to join and observe during the discussion).

All research assistants, supervisors and the monitoring officer participated in a three-days training research workshop held in Umerkot and Mirpur Khas (25-28<sup>th</sup> August, 2016). The workshop aimed to familiarise the team with the YES I DO programme, the topic of child marriage, teenage pregnancy and SRHR in Pakistan, the baseline study methodology and research tools. The researchers were trained in quantitative and qualitative sampling, data collection, data reporting, and research ethics to ensure the validity and reliability of study findings. The training included role-play exercises for researchers to practice on how to administer and fill out paper-based questionnaires, build rapport with respondents and ensure ethical conduct. The research tools were pre-tested in Mohammed Halipota, Umerkot and Taro Bheel, Sanghar and thereafter were adjusted as needed.

<sup>12</sup> Some of the criteria to select the areas included prevalence of teenage pregnancy and child marriage at the district-level, track record of partner organisations and the presence of other civil society organisations. Responsiveness of the government authorities was also considered.

<sup>13</sup> were identified to carry out activities, such as training of teachers.



## 2.4 DATA COLLECTION

### 2.4.1 QUANTITATIVE COMPONENT

The quantitative component of the baseline study used a survey at the household level (Table 2). The sample size calculations were based on detecting a 10% difference over a five-year period in the child marriage rate, taking the prevalence of child marriage of 37% for Pakistan as a base (UNICEF 2017). A design effect of 1.5 was accounted for along with a margin of error of 5% and a non-response rate of 5%, and an addition of 25% male respondents. This provided a sample size of 752 per district - which was rounded up to approximately 200 per taluka. This number of respondents per taluka also ensured that it was possible to provide sufficient information for programming in each taluka.

**Table 2.2 Overview of number of respondents for the household survey**

Respondents	Umerkot	Sanghar	Total
Young women (15-24 years)	617	545	1,162 (72.5%)
Young men (15-24 years)	205	235	440 (27.5%)
Total	822 (51.3%)	780 (48.7%)	1,602

The selection of villages and sampled households were done in collaboration with the Health Department of both districts. It was anticipated that sampling would be done with the help of district offices of Pakistan Bureau of Statistics (PBS). However, on reaching the districts, it appeared that PBS offices were temporarily closed. Hence, the Health Departments of both districts were contacted since they had the list of villages in each Union Council, the number of households in each village and the number of blocks in each urban area. Administratively, urban areas are divided into blocks called enumeration blocks and each block has about 250 households. Rural areas are divided into villages and each village has 250-300 households. The number of talukas to be surveyed was selected for logistic reasons for the purpose of the baseline study, while the choice of talukas was done randomly through a random number programme. From each of the selected eight talukas, two union councils were selected and from each union council, five villages were selected and from each village, 20 households were selected.

From each of the sampled households, one young woman aged 15-24 was interviewed and for every third household one young man aged 15-24 was interviewed. In households where there was more than one eligible young woman, a lottery method was used. Names of each of the young women were written on a small piece of paper, which was then folded, shuffled and one paper was drawn from this pile. This one named individual was then interviewed. For every third household when there was no eligible young man, the closest household with a young man was included. Before the research assistants visited the sampled village, the field supervisor approached the head of the community and explained the purpose of the study and requested the head to inform the households. On the day of data collection, the team assembled at the centre of the village, where the supervisor divided the team into two groups. One group would proceed to the right and other to the left. Each team used to contact the first house on their right, introduce themselves and seek permission from the head of household to conduct an interview with an eligible member of the household. If that household refused to participate, the next household was approached. After that, a sampling interval was followed to select the next household.

The quantitative data from the households were collected using a paper-based questionnaire. Each research assistant was assigned five to seven interviews per day, to ensure the quality of data collected, and immediately after an interview the field supervisor checked the data and took action accordingly. In addition, frequent visits of the monitoring officer and principal investigator allowed for monitoring quality of data collected.

## 2.4.2 QUALITATIVE COMPONENT

The qualitative component used FGDs, IDIs and KIIs (Table 3). It provided insight into the experiences, opinions, and feelings of young people, religious leaders, health workers and policymakers about social and cultural norms and values, community and youth participation in decision making, opportunities for schooling and economic empowerment, SRHR and SRHR-related policies and laws.

Table 2.3 Overview of qualitative methods and number of participants		
District	Participants	Number of participants
<b>Focus group discussions</b>		
Sanghar	Young women (15-19 years)	8
	Young women (20-24 years)	7
	Older women (25-48 years)	8
	Young men (15-19 years)	8
	Young men (20-24 years)	7
Umerkot	Young women (15-19 years)	9
	Young women (20-24 years)	9
	Older women (25-48 years)	7
	Young men (15-19 years)	7
	Young men (20-24 years)	7
<b>In-depth interviews</b>		
Sanghar	Teacher	1
	Community leader	2
	Lady health visitor (health worker)	1
Umerkot	Teacher	2
	Religious leader	1
	Medical officer, Basic Health Unit	1
<b>Key informant interviews</b>		
Sanghar	Policy makers (district officers – senior civil servant and district officer (education)	2
Umerkot	Policy maker (district health office)	1
<b>Total number of participants</b>		<b>88</b>

A total of ten FGDs were conducted at community level with the following groups: women 15-19 years, 20-24 years and 25-48 years and young men 15-19 years and 20-24 years. IDIs were conducted at the community level with three education professionals, two health professionals (a medical officer and a lady health visitor<sup>14</sup>), two community leaders, and one religious leader. KIIs were conducted with three policymakers (district health officer, district education officer, and district council civil servant). Participants were purposefully selected and recruited with the assistance of people who were knowledgeable about the communities.

<sup>14</sup> Lady health visitors are a cadre of female health professionals in Pakistan who undergo training in one year of midwifery and one year of paediatrics and tropical diseases and are qualified to conduct deliveries at household and facility level as well as train and supervise lady health workers (Tariq 2017).

## 2.5 DATA ANALYSIS

The quantitative data were first manually entered into an excel form and an online Open Data Kit form through a double-entry method and then, this was converted into SPSS 20 and STATA 13 respectively for cleaning discrepancies before beginning with analysis. Descriptive statistics were used to describe the basic demographic and behavioural characteristics of the study population and to summarise study population's views and opinions regarding child marriage, teenage pregnancy and other related matters to SRHR in their communities.

For the qualitative data, detailed notes were taken during interviews, which were typed up as transcripts in English and then uploaded into Nvivo 11 for coding and analysis. Content analysis of the major themes was carried out, identifying common patterns and trends. This analysis was integrated with the quantitative analysis to allow for triangulation and draw conclusions on the causes and consequences of child marriage and teenage pregnancy.

The preliminary findings and report were shared with the YES I DO Pakistan alliance and study results were presented and discussed during the YES I DO Pakistan Annual Review Meeting (ARM) in Dubai (Dec 5-7, 2017). Comments received informed for further analysis and finalisation of the baseline report.

The YES I DO Pakistan baseline study data cover some of the YES I DO Pakistan programme's monitoring outcome level indicators and these results were published in IATI<sup>15</sup>. However, it is important to note that *not all* of these IATI figures have been presented or discussed in this baseline report. At the same time, *not all* the baseline study data have been used as input for the programme's monitoring indicators and as input in IATI.

## 2.6 ETHICAL CONSIDERATIONS

The ethical review committee of KIT, the Netherlands, as well as the ethical review board of research associates in Lahore, Pakistan approved the protocol for the baseline study. Research tools and consent/assent forms were translated into Urdu and Sindh. All participants volunteered to participate giving oral informed consent. Participant did not give consent to being voice-recorded during qualitative interviews, and therefore research assistants made notes.

<sup>15</sup> IATI is an international set of rules to publish and exchange information about development aid (open data). Plan Netherlands and Rutgers Netherlands published the KIT measured indicators for baseline figures in IATI.

# 3 Results

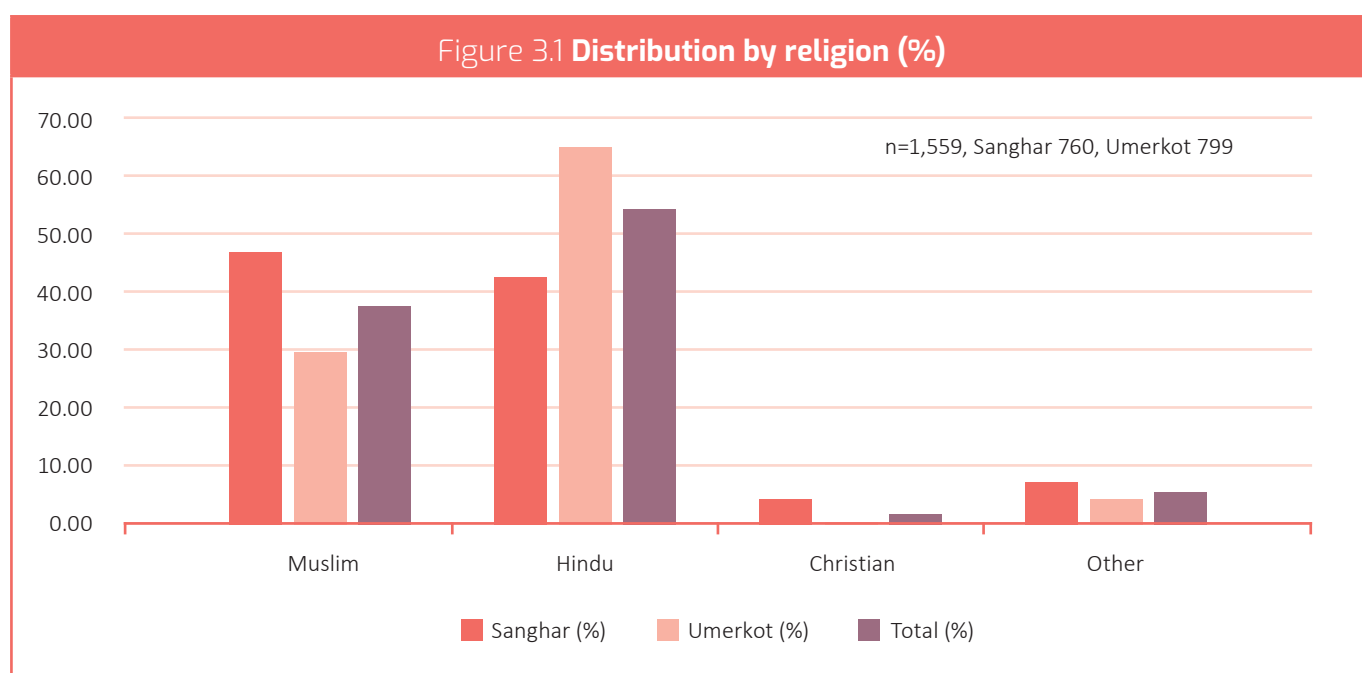
## 3.1 CHARACTERISTICS OF THE SURVEY RESPONDENTS

### 3.1.1 SEX AND AGE

The data were collected from 1,602 individuals, 822 in Umerkot and 780 from Sanghar district. There were 1,162 females (72.5%) and 440 males (27.5%) interviewed. The age of the respondents ranged from 15 to 24 years. About 35% of the population was under 18 years. This proportion was similar across both districts. The mean age ( $\pm$  SD) of the 1,602 respondents was  $19 \pm 3.1$  years with a median of 19.4 years. The mean age of females in Umerkot was  $19.2 \pm 3.2$  years and  $19.4 \pm 3$  years in Sanghar. The corresponding figures for males were  $19.8 \pm 2.8$  years in Umerkot and  $19.6 \pm 3$  years in Sanghar.

### 3.1.2 RELIGION

Almost the entire sample identified with having a religion. The proportion of the reported religions is shown in Figure 3.1. More than half of the sample (54%) was Hindu, followed by Muslims (38%) and Christians (2%). Some respondents mentioned identities such as 'non-Muslim', which were categorized as 'other'.



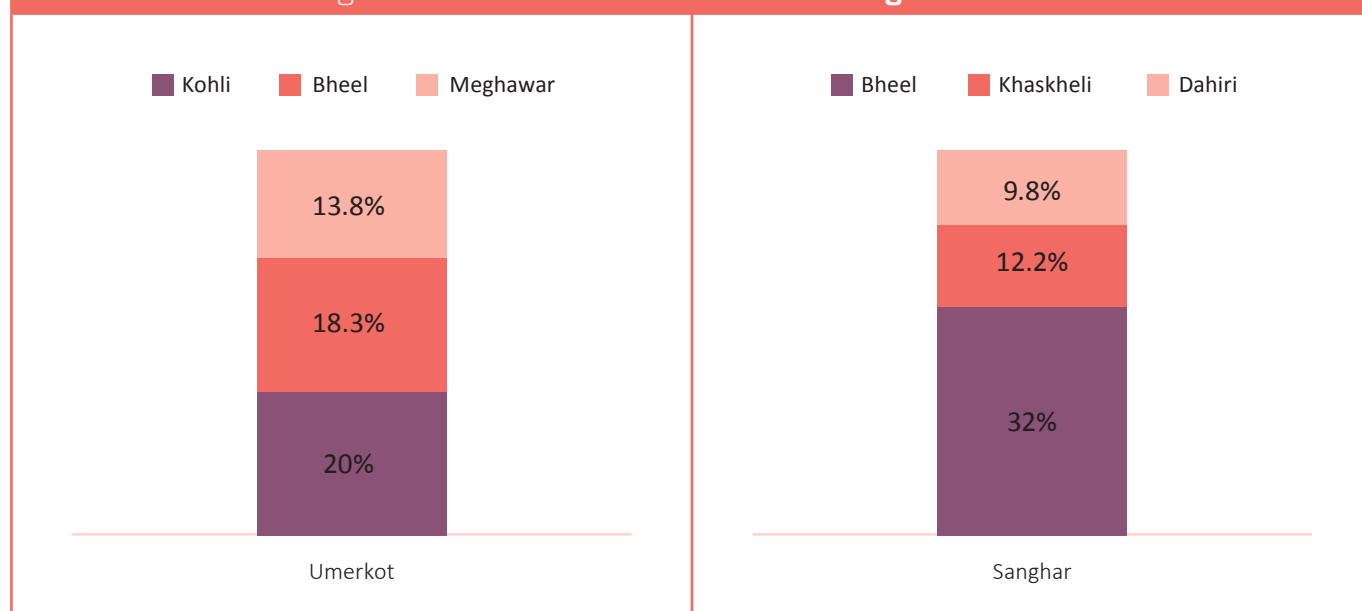
There was a major difference in the religious profile of the population of both districts. Umerkot had a predominantly Hindu population (66%) followed by a lower proportion of Muslims (30%). In Sanghar the population showed almost equal proportions of Hindus (42%) and Muslims (47%). In the sampled population of Umerkot, there were no Christians, while in Sanghar 4% of the sampled population was Christian.

### 3.1.3 ETHNICITY

There were a large number of ethnicities in the sampled population. The ethnicities differed by religion as well as by district. Three most common ethnicities in Umerkot district were Kohli (20%), Bheel (18%) and Meghawar (14%). The members of these three ethnicities belonged to the Hindu religion. The three

most common ethnicities in Sanghar district were Bheel (32%), Khaskheli (12%) and Dahiri (10%). Khaskhelis and Dahiris were Muslims. Figure 3.2 depicts the most common ethnicities for both districts.

Figure 3.2. Ethnicities in Umerkot and Sanghar districts



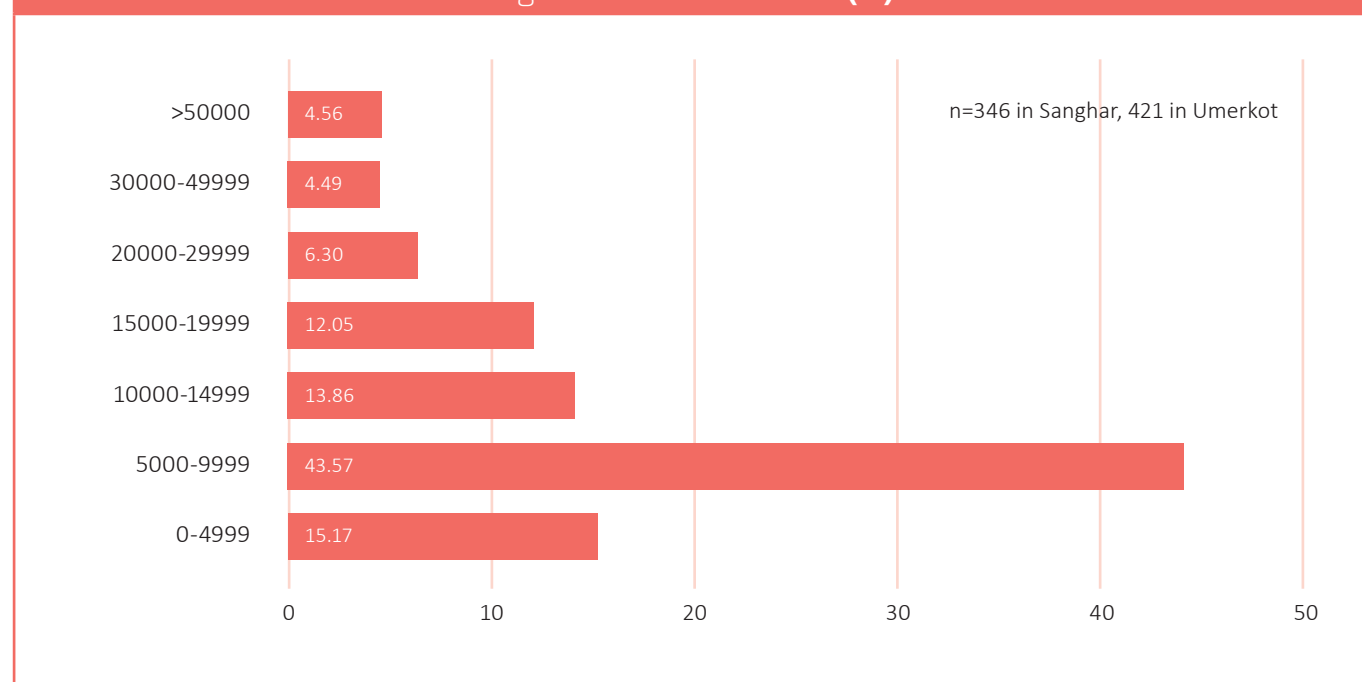
### 3.1.4 HOUSEHOLD SIZE, INCOME AND EMPLOYMENT

The majority of the households in Sanghar and Umerkot reported having 5-10 residents with the mean household size as 7 members in both districts.

With regard to whether there was a source of income during the last six months, 54% of the respondents in Sanghar and 42% in Umerkot claimed to have an income. Proportionally, more men (65%) than women (41) reported to have an income.

Of those who reported to have an income in the last six months, respondents were asked to report the amount of income they received. A majority of respondents (44%) reported to receiving between 5000- 9999 Pakistani rupees (Figure 3.3). The mean income reported was 11,203. The mean income reported in Sanghar was 9,155 while in Umerkot was 13,233 rupees. When disaggregated by sex, the mean income reported by males (13,870 rupees) was higher than that of females (10,151 rupees).

Figure 3.3. Income in PKR (%)



The sources of income in both districts varied according to sex of the respondent. Setting aside the 'other' option, for males, the source of income (in the last six months) specified were father (35%), own income: temporary job (28%) and brother (18%). For females, the father was reported the most frequently as source of income (39%) followed by own income: temporary job (27%), spouse/boyfriend (19%), followed by mother (18%). Since multiple responses were possible for this question, several respondents reported 'other' as one of their answers, usually in combination with other answers. Although they were asked to specify what they meant by other, very few elaborated on this. A common answer to this included farming.

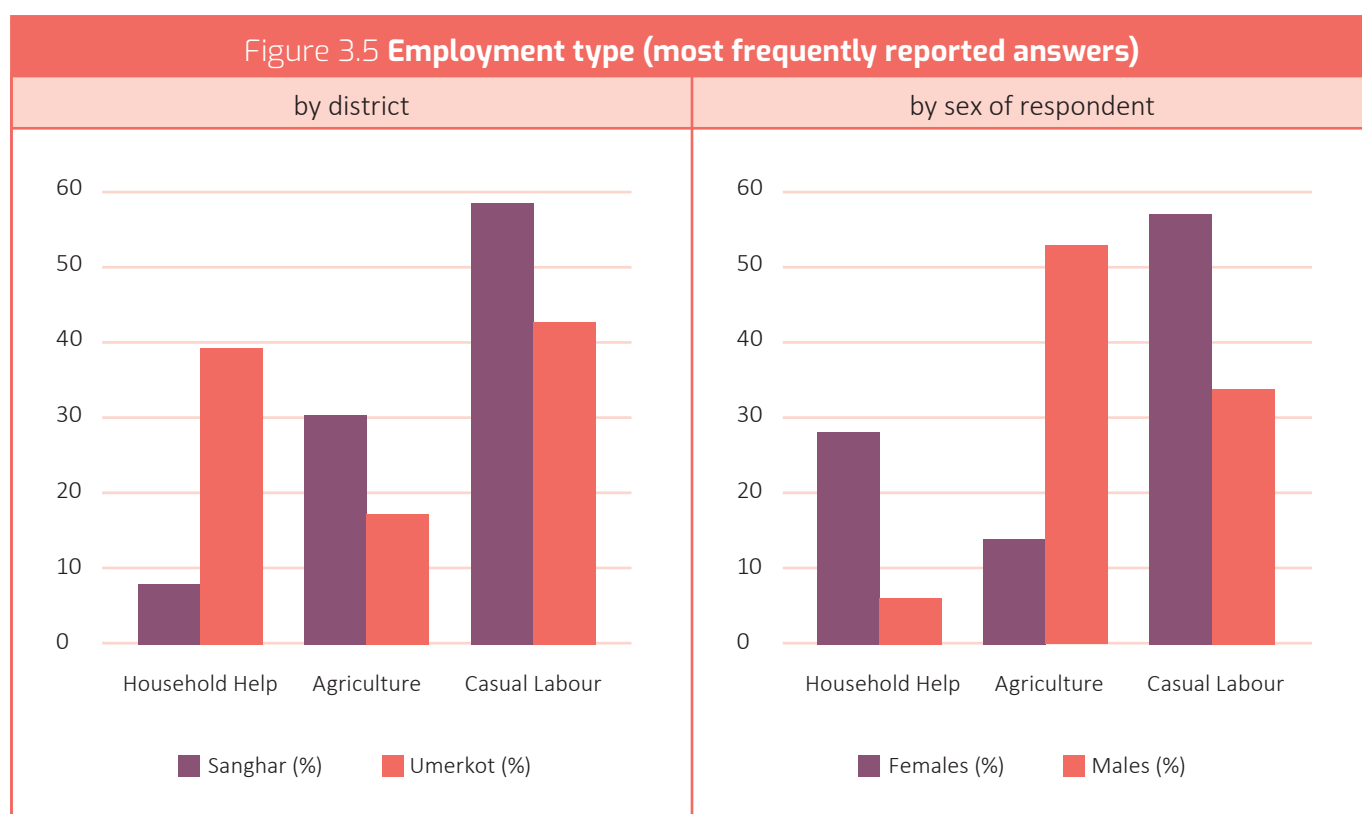
Among married females, the most frequently cited option was 'spouse/boyfriend' (42%), followed by own income: temporary job (37%). Unmarried females mentioned their fathers (65%) followed by mother (32%) and brother (21%) (Figure 3.4).



When asked who the primary income earner of the household was, most respondents mentioned fathers and brothers and the source of this income included activities such as agriculture, casual labour and household help. Respondents spent four hours on average on household chores. Females reported spending 4.2 hours on average, which was marginally less than males who reported five hours. When it came to income generating activities, females reported spending about 7.9 hours on average while males reported spending 8.4 hours, with no large differences between both districts.

When asked who undertook most of the household chores, females reported either themselves or their mothers whereas an overwhelming majority of males reported that it were their mothers who took on this task. When female respondents were asked whom the decision maker was regarding household expenditures, about half of them reported their fathers while 36% reported their partners. On the other hand, for males, 70% reported their fathers, followed by 13% citing themselves as the decision maker.

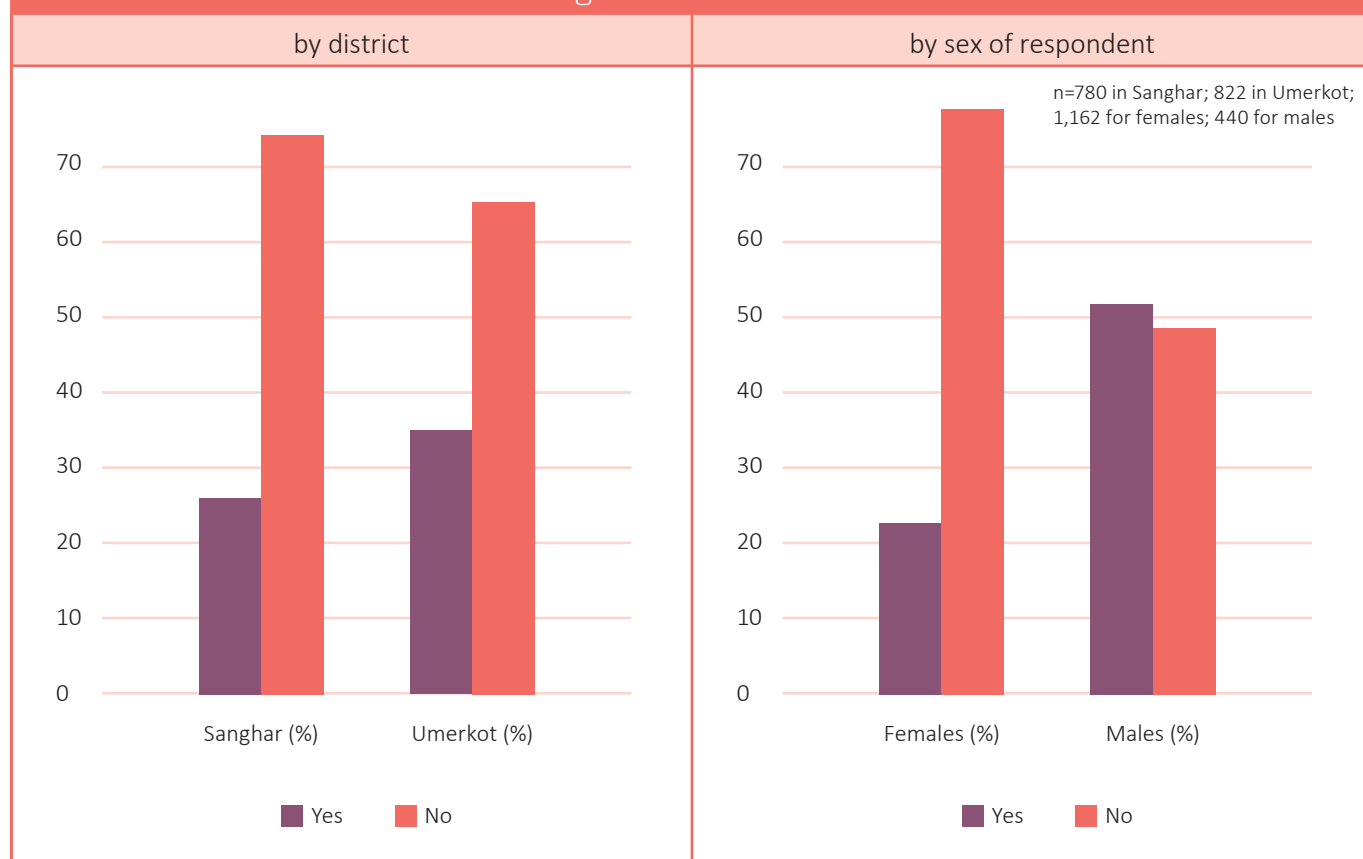
Of the total sample, 65.5% reported to be employed. No difference was found when disaggregated by sex. In Sanghar, 78% reported to be employed while in Umerkot, a much lower proportion reported the same (54%). This was also true when disaggregated by sex. Respondents were also asked about the type of employment activities they were engaged in. In Sanghar, the most common activities reported were casual labour (58%) followed by agriculture (30%) and household help (8%). In Umerkot, the order differed considerably. The most frequently reported option was casual labour (42.5%), followed by household help at 39% and agriculture reported by 17%. When disaggregated by sex, there were stark differences. Females reported most often to be working in casual labour (57%), followed by household help at 28% and agriculture at 14.4%. For males, the majority reported agriculture (53%), followed by casual labour at 34% and household help at 6% (Figure 3.5).



### 3.1.5 EDUCATION

The educational status of respondents is represented in Figure 3.6 by district and sex. More respondents reported to have some form of education in Umerkot (35%) as compared to Sanghar (26%). This difference was present among both female and male respondents. The proportion of female respondents who reported to have received some form of education was 26% in Umerkot and 20% in Sanghar. Among male respondents, the difference was higher; in Umerkot 63% had received some form of education compared to 42% in Sanghar.

Figure 3.6 Education



When disaggregated by sex, proportionally a much higher number of females (77%) than males (48%) reported to have no education. When analysed by religion, data indicate that in both districts, the proportion of educated Muslims was higher as compared to Hindus. Among Muslim respondents, 52% in Umerkot and 38% in Sanghar reported to have received some form of education, while among Hindu respondents the percentages were lower (26% and 13% respectively). All the data indicate that the highest proportion of respondents who had received some form of education were Muslim male respondents from Umerkot.

The survey delved deeper into the educational status of the respondents. Table 3.1 summarizes the types of education of those who did receive some form of education<sup>16</sup>. Most respondents in both districts reported receiving mainstream education (93%). Elite, madrasa and vocational types of education were much less reported: 4%, 2.5% and 1% respectively. Madrasa education was slightly more common in Sanghar (4%) than in Umerkot (1.5%). This may be due to higher proportion of Muslim population in Sanghar (47%) as compared to 30% in Umerkot. Madrasa and vocational education were only mentioned by females in both districts. The average number of years completed in school was 7.7 in Sanghar and 8.9 in Umerkot while overall; females appeared to have a marginally lower number of years at 8.1 years compared to males with 8.7 years.

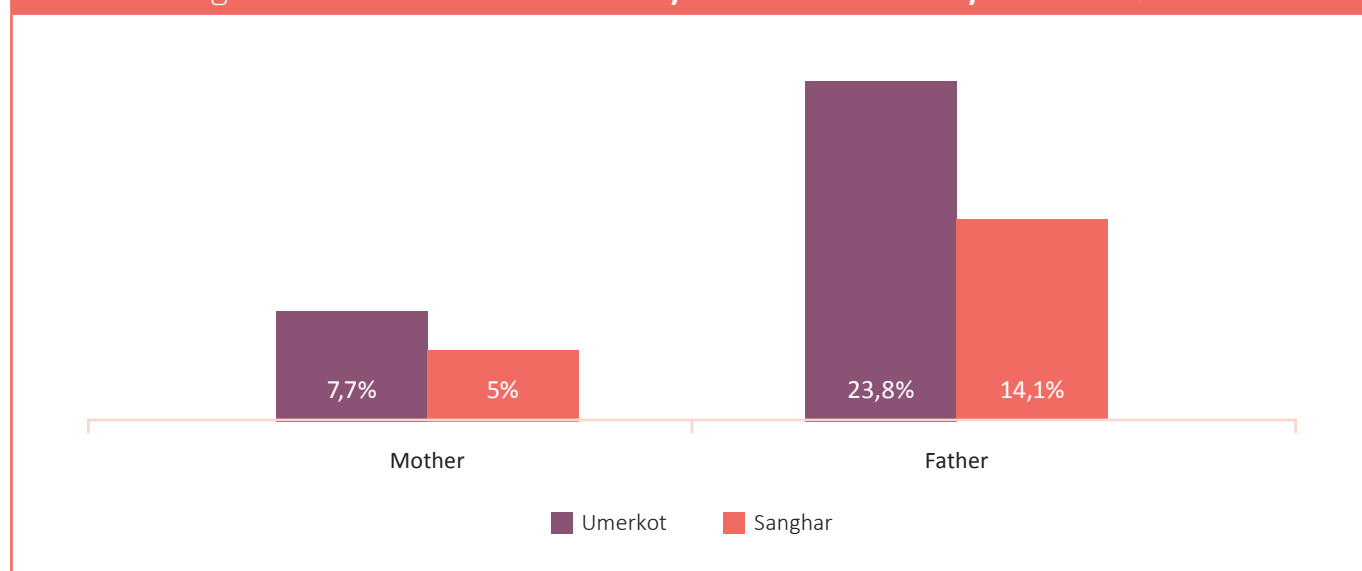
Table 3.1 Types of education

	Sanghar (%)			Umerkot (%)		
	Females	Males	Total	Females	Males	Total
Vocational education	1.9%	0%	1.0%	1.3%	0%	0.7%
Madrasa education	7.6%	0%	3.9%	2.6%	0%	1.4%
Mainstream education	81.9%	100%	90.6%	92.3%	97.7%	94.7%
Elite education	8.6%	0%	4.4%	3.9%	2.3%	3.2%
Number of respondents (n)	105	98	203	156	129	285

16 When recoding the data, the response option 'basic education' was categorised as 'no education'.



Figure 3.7 Parents who received any form of education by district n=1,602



Data on parent's education show similarities with the findings on young women and men's education levels. Similar to the young respondents, the proportion of educated parents was found higher in Umerkot than in Sanghar, and higher among fathers than among mothers in both districts.

As Figure 3.7 visualizes, the proportion of mothers who reported to have ever received some form of education was 8% in Umerkot and 5% in Sanghar. These percentages were found much lower than among fathers; 24% in Umerkot and 14% in Sanghar had some form of education. These findings indicate that, as among young people, particularly male parents in Umerkot were the ones who more commonly had received education.

In relation to the types of education that parents had received, as among young respondents, mainstream education was the most common type for fathers and mothers in both districts. Another similar finding was that madrasa education was more common among females (mothers) in Sanghar. At the same time, data reveal that madrasa education was a type of education more common among parents than among young female and male respondents.

The study also explored the prevalence of school drop-out and the reasons for this (Table 3.2). In both districts there was a high percentage of non-response to this question (68% in Umerkot and 42% in Sanghar). School drop-out was more reported in Sanghar than in Umerkot.

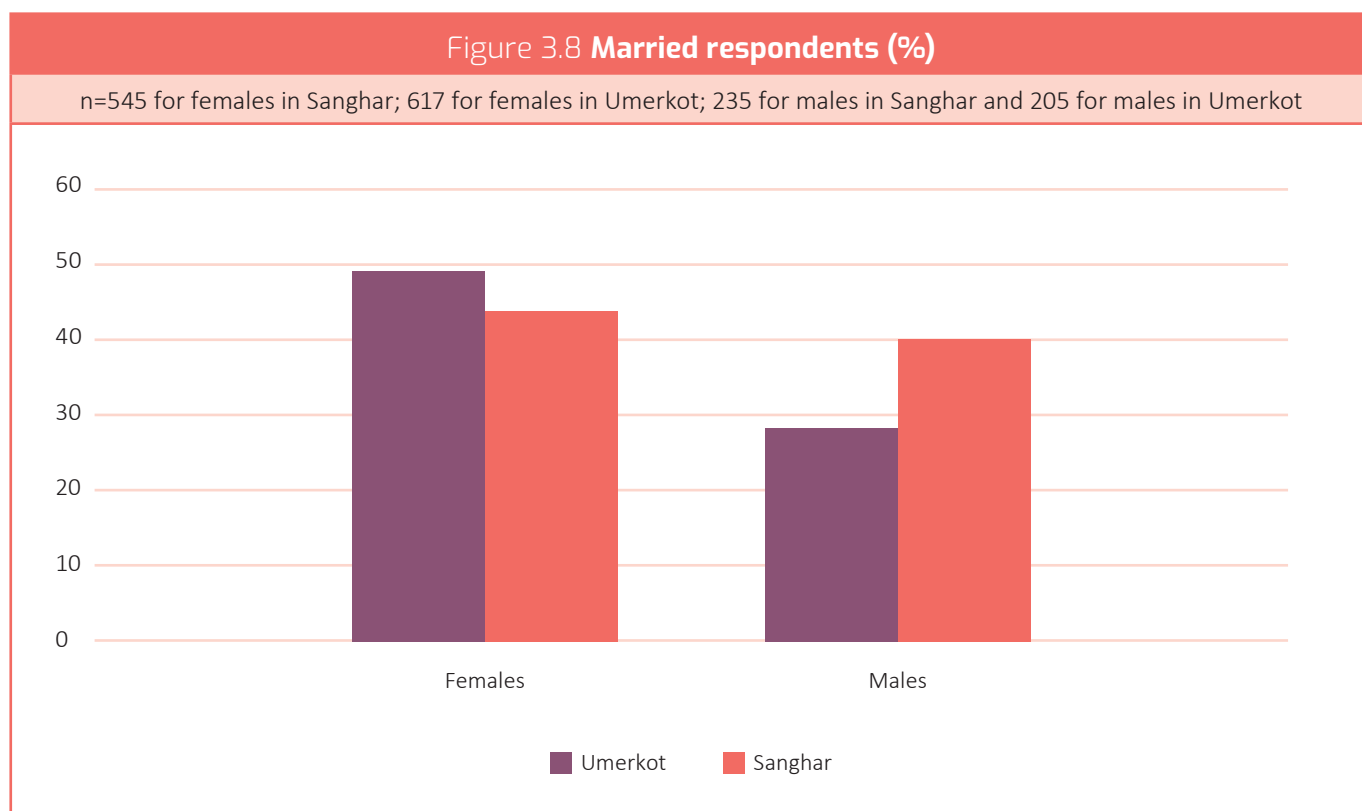
Table 3.2 School drop-out

School drop-out	Sanghar (%)	Umerkot (%)
Yes	50.2	24.0
No	7.5	8.4
No answer	42.5	67.6
Number of respondents	822	777

Lack of economic resources was the most common reason for school drop-out, followed by domestic responsibilities. Marriage and distance from school were also mentioned. Data show that in Sanghar most respondents (61%) reported lack of economic resources as the main reason for school drop-out, while in Umerkot, although lack of economic resources was also the most mentioned reason, there was more diversity in the responses. Domestic responsibilities and marriage were more reported as reasons for school dropout in Umerkot (25% and 13%) than in Sanghar (16% and 3%). Results also show that pregnancy was not a reason for school drop-out.

### 3.1.6 MARITAL STATUS

In relation to the marital status of the respondents, a bit more than the half were single and unmarried (57%). The rest were mainly married (43%) and very few reported to be widowed (0.2%). Polygamy was almost non-existent with the exception of one case in Umerkot. The proportion of married respondents by district and sex is shown in Figure 3.8.



The findings show that more females than males were married in both districts. When analysed by district, the percentage of married female respondents was higher in Umerkot than in Sanghar, while for male respondents it was higher in Sanghar (40%) than in Umerkot (28%). In relation to marriage registration, data indicate that most were registered (61% in Umerkot and 87% in Sanghar). As Table 3.3 summarizes, registration was more common in religious authorities than in government authorities. At the same time, some interviews participants highlighted that many marriages were not registered.

*“Yes, I know that many marriages are not registered. It is because the in the majority of the villages, union council offices are far away.” (IDI village elder, Umerkot)*

Registration authority	Sanghar		Umerkot	
	Female (%)	Male (%)	Female (%)	Male (%)
Government	21.0	18.1	8.6	4.8
Religious	65.9	53.2	52.7	53.3
Not Registered	13.1	28.7	38.7	41.9
Number of cases	238	94	292	62

## 3.2 CHILD MARRIAGE

The study found that child marriage was common in both districts, Umerkot and Sanghar, as the mean age of first marriage was 17 years old. This section presents the results in relation to the prevalence and characteristics of child marriage, including the causes and consequences.

### 3.2.1 PREVALENCE OF CHILD MARRIAGE

Data indicate that child marriage was more common among young women than among young men, and the rate was a bit higher in Umerkot than in Sanghar. As Table 3.4 summarizes, the percentage of young women aged 18-24 who had married before the age of 18 was 40% in Umerkot and 30% in Sanghar. Among male respondents aged 18-24, the rate of child marriage was 25% in Umerkot and 13% in Sanghar. For both sexes and in both districts, child marriage under the age of 15 was less common. Data also show that the average age difference among married young women and their spouses was about four years in Umerkot and five years in Sanghar.

**Table 3.4 Indicators on child marriage**

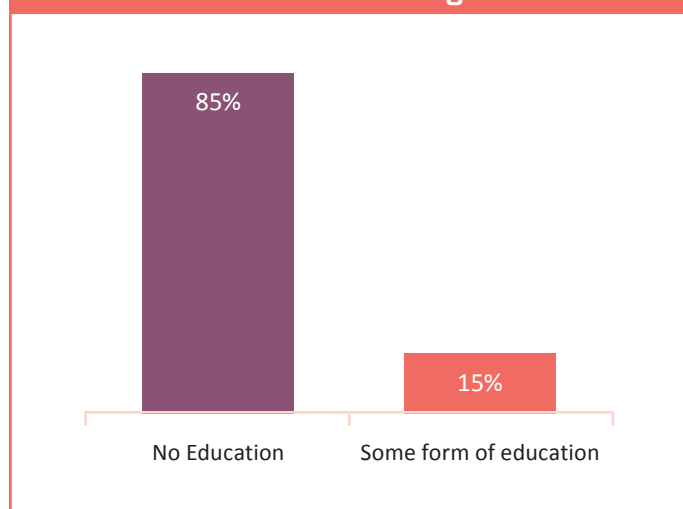
	Sanghar (%)	Umerkot (%)	Total (%)
Young women (18-24), who were married before age 18	30.1	40.2	35.2
Young women (15-24), who were married before age 15	4.0	6.3	5.2
Young men (18-24), who were married before age 18	25.2	13.3	19.4
Young men (15-24), who were married before age 15	0	2.4	1.1
Young women (15-17) who are married	12.3	12.5	12.4
Young men (15-17) who are married	2.7	3.8	3.1
Average age gap of married young women and spouse.	5.2 years	4.3 years	4.6 years

When disaggregated by religion, data show that in both districts and for both sexes, child marriage was more common among Hindus than among Muslims. Overall, the percentage of young women and men who had married under the age of 18 was 31% among Hindus and 15% among Muslims (Table 3.5).

**Table 3.5 Child marriage by religion, sex and district**

Religion	Females (% of child marriage)			Males (% of child marriage)			Both sexes (% of child marriage)		
	Sanghar	Umerkot	Total	Sanghar	Umerkot	Total	Sanghar	Umerkot	Total %, (n)
Hindus	37.1	31.5	33.3	30.2	15.6	23.3	34.8	28.6	30.9 (841)
Muslims	14.8	24.3	18.6	8.1	4.3	6.6	13	18.4	15.2 (594)
Other	17.7	0	16.7	7	6.7	14.4	13.8	24.6	11.5 (113)

**Figure 3.9 Education status of those who had a child marriage n=372**



Data also indicate a significant association between education status (ever received some form of education or not) and child marriage. As Figure 3.9 visualizes, most respondents who had married under the age of 18 reported not having received any form of education (85%). The same association was found with parent's education. Most respondents who had married under the age of 18 had parents who had never received any form of education (Table 3.6).

**Table 3.6 Child marriage and parent's education**

	Parents of respondents who married under the age of 18 (n=372)		Parents of respondents who did not marry or did so after turning 18 (n=1,230)	
	Mother's education	Father's education	Mother's education	Father's education
No education (%)	97	88	92.9	79.1
Some form of education (%)	3	12.1	7.15	20.9

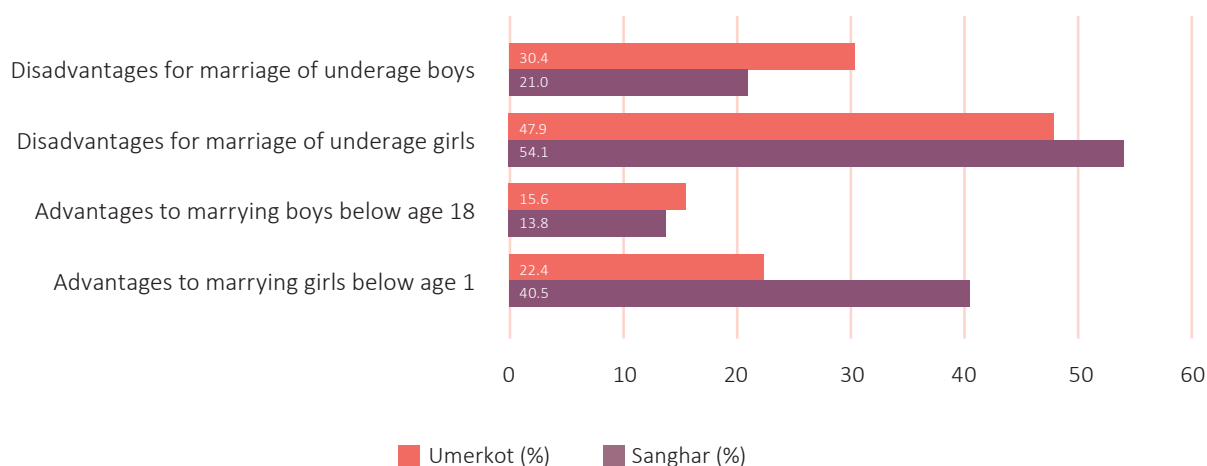
During FGDs, participants also mentioned that low literacy levels of elders as well as of young women and men are contributing to child marriage. Some participants argued that elders are not literate enough to understand the demerits of child marriage and the low literacy levels of young women and men pressurize them to follow what is imposed on them by elders.

*“Due to lower rate of literacy we are under pressure to our elders and do not have any authority to make decisions.”* (FGD males 15-19 years, Umerkot)

### 3.2.2 ATTITUDES TOWARDS CHILD MARRIAGE

The survey addressed the norms, perceptions and attitudes that respondents had regarding child marriage. Respondents were asked to rate their level of agreement or disagreement on a Likert scale. Figure 3.10 presents the sum of two of the main agreement categories – agree and strongly agree. It is worth noting that several of the statements that alluded to boys were responded to as ‘Don’t know’ whereas if the same statement alluded to the case of girls, respondents presented their opinion more clearly by agreeing or disagreeing. Could indicated that young people are unaware and/or unsure regarding effects of child marriage on boys.

Figure 3.10 Perceptions on dis/advantages of child marriages



It was clear that respondents thought there were ‘Advantages to marrying girls below age 18’ where 40.5% of respondents in Sanghar expressed agreement while 22% did so in Umerkot. A larger proportion of respondents (36%) in Umerkot expressed disagreement regarding this statement whereas in Sanghar, 24% disagreed. However, when the same statement alluded to boys, more than half of the participants in Sanghar and about 45% in Umerkot expressed they did not know. A mixed pattern emerged when respondents were asked about their perceptions on the ‘Disadvantages for marriage of underage girls’. 54% of respondents of Sanghar and 48% in Umerkot expressed agreement. This indicates that particularly in Sanghar, there are mixed responses, as 40.5% indicated they agreed there are advantages but 54% agreed there are disadvantages as well. In Umerkot, the pattern is more uniform, where people seem to be more aware of the disadvantages and have a more disapproving attitude towards child marriage.

When asked about ‘Disadvantages for marriage of underage boys’, again, most respondents reported not knowing. It is worth noting that 30% in Umerkot agreed that there were disadvantages whereas 21% agreed in Sanghar.

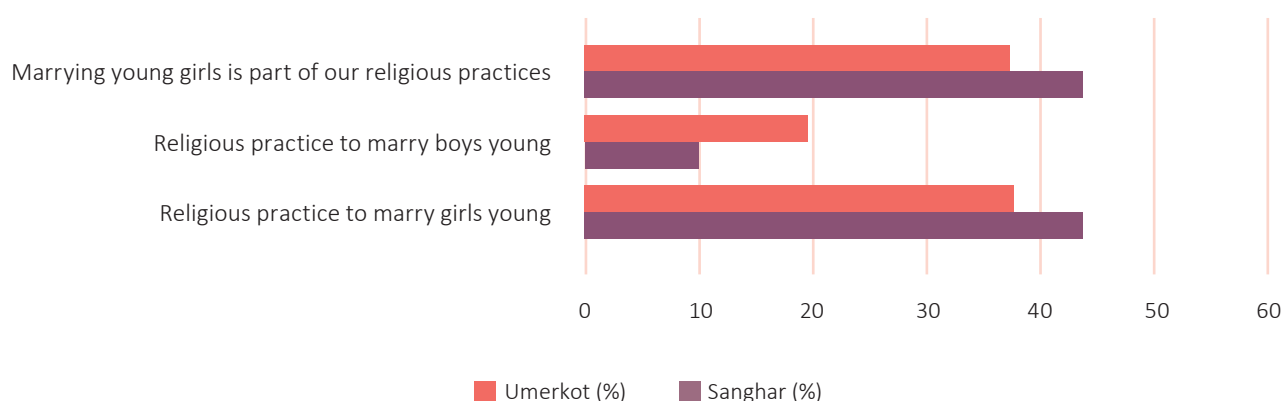
### 3.2.3 REASONS FOR CHILD MARRIAGE

From the quantitative and qualitative data, certain themes emerged that outlined the reasons and motivation for continuing the practice of child marriage.

#### TRADITION, CULTURE AND RELIGION

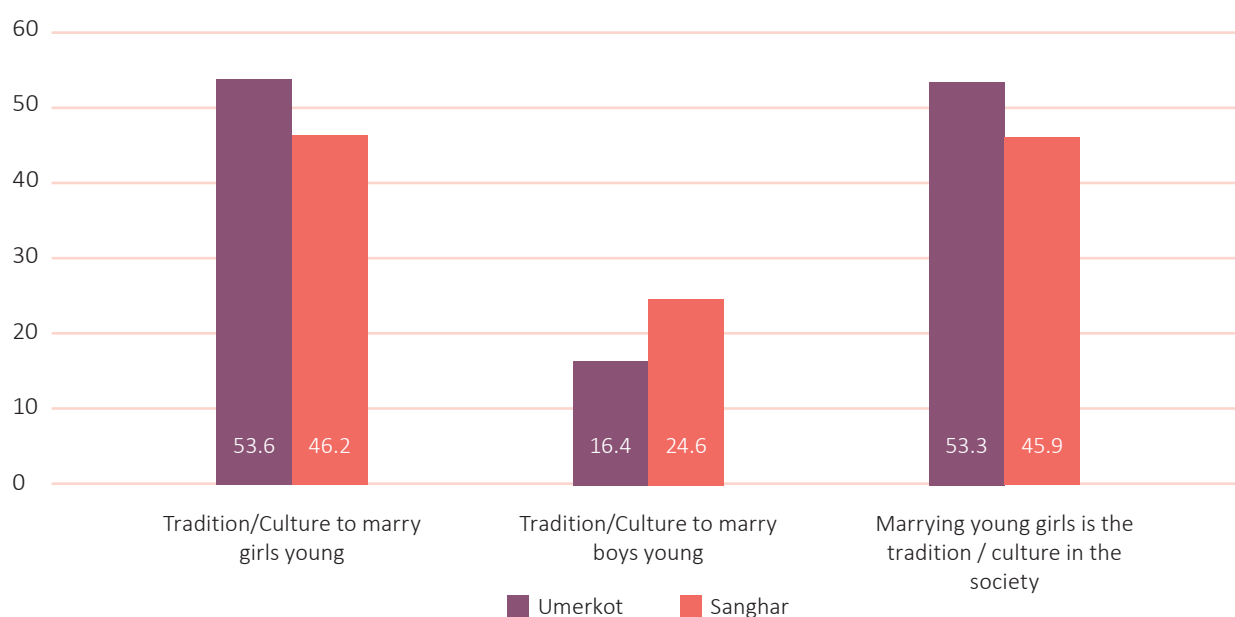
In the survey, respondents expressed that child marriage was part of religious practice. Approximately 44% of the young people in Sanghar and 37% in Umerkot expressed some level of agreement that marrying girls young was part of religious practice. A similar statement that it was religious practice to marry girls young elicited the same response, thus confirming this perception. However, when this statement alluded to boys, it is striking to note the difference. Only about 19% reported that marrying boys young was a religious practice in Umerkot and 10% reported the same in Sanghar (Figure 3.11).

Figure 3.11 Perceptions on child marriage as a religious practice



While some asserted that it was a religious practice, both amongst Hindus and Muslims, several respondents highlighted the role of culture. About 54% of survey respondents in Sanghar and 46% in Umerkot indicated that it was part of tradition/culture to marry girls young. A similar statement that marrying young girls was part of the tradition/culture in the society showed a similar response, which validated this perception. The statements relating to tradition followed the same pattern as those regarding religion. When asked if it was tradition/culture to marry boys young, about 25% in Umerkot and 16% in Sanghar reported some level of agreement (Figure 3.12).

Figure 3.12 Perceptions on child marriage as tradition/culture



Young people as well as other stakeholders in the FGDs and interviews confirmed that child marriage was seen as a cultural and/or religious practice.

*“About the reasons, I can only say that it is a custom / tradition of our community... some take it as a religious edict.”* (IDI community leader, Sanghar)

While many participants alluded that it was mainly part of Hindu customs, a civil servant in Umerkot cautioned that the practice was not exclusive to a specific religion. He asserted that the practice of child marriage was primarily a social custom rather than any religious edict as both Muslims and Hindus are practicing it. Therefore, he referred to lack of education particularly of girls, lack of enforcement of the law, poverty and lack of awareness as main reasons

for child marriage. Some key informants also indicated that in the Muslim tradition, child marriage was part of watta-satta or exchange marriages<sup>17</sup>.

*“The problem is more common in Hindu Community (also in Muslims but to lesser degree)”*

(IDI medical officer, Umerkot)

There is a significant association between child marriage and religion in the sample. Of all child marriages, 74% reported to be Hindus and 22% reported to be Muslim. Of all Muslims in the sample, 18% reported to have experienced a child marriage while 34% of Hindus reported the same.

## POVERTY

Several participants noted that poverty was an important cause of child marriage. This was because of the perception that women are a financial burden on the household.

*“Some people are so poor that they cannot feed many children. So they try to get the girls married as soon as possible... Very poor people may marry their girls against a heavy amount as dowry”*

(IDI community leader, Sanghar)

*“Being an administrator and privy to lot of information, I know the conditions and miseries of the people, particularly those in rural areas. There are no job opportunities and for their survival, they are at the mercy of local landlords. Consequently, they start to curtail their expenses by marrying the girls at a very young age.”*

(KII civil servant, Umerkot)

When respondents of the survey were asked if marrying girls and boys young solved financial problems, there was a high non-response rate. For those who reported receiving some sort of income, there was a significant association between income and child marriage. As shown in Table 3.7, as the monthly income of the respondent increases, the likelihood of experiencing a child marriage is lower.

**Table 3.7 Child marriage by income level (PKR)**

Income level	Child marriage (number)		
	No	Yes	Total
0-4999	137	80	217
5000-9999	452	182	634
10000-14999	149	59	208
15000-19999	58	13	71
20000-29999	39	0	39
>50000	66	4	70
Total	901	338	1239

<sup>17</sup> Watta satta (translated as ‘give-take’) includes an exchange of marriage between a brother-sister of uncle-niece across two households. Although the couple may be promised to each other at a young age, the marriage occurs only when the girl reaches puberty i.e. defined by menstruation. Watta satta marriages appear to be practiced most frequently amongst poor families, perhaps because they do not require the payment of a dowry (Yarrow et al 2015).

## LACK OF EDUCATION AND LITERACY

There was also a significant association between being educated (or not) and child marriage. Of those who experienced child marriage in the sample, 85% of respondents were not educated. From the qualitative data, young people and other informants all indicated that low levels of literacy were a cause of child marriage. A civil servant interviewed in Umerkot noted the lack of educational facilities.

*“There is a lack of educational facilities for girls in Umerkot. Only 18% of primary schools, 20% of high schools and 15% of higher secondary schools are for girls. Even those girls, who somehow managed to get education, have very little chances of being employed.”* (KII civil servant, Umerkot)

## HONOURING ELDERS' OPINIONS

The qualitative data indicate that elders play an important role in decision making and that it was a social norm to respect their opinions and honour them. More information on this can be found in the sub-section 3.2.4 on choice and consent.

*“If our elders are happy, we are also happy. There is no custom to get the opinion of boys and girls regarding their marriages.”* (FGD females 20-24 years, Umerkot)

*“Although I am aware of the bad effects of child marriage having witnessed many such cases, yet I feel that we should give some thought to what our elder say.”* (FGD males 15-19 years, Sanghar)

As part of the survey, respondents were asked to agree or disagree whether a parent or a relative makes the decision regarding their future partner. Thirty-five percent of the respondents agreed to this, while 8% disagreed (the rest refused to answer or stated that they did not know).

## PERCEIVED BENEFITS OF CHILD MARRIAGE

The survey also captured possible perceived benefits of marrying young (Figure 3.13). Respondents reported a high level of agreement in both districts to the statement that marrying young means brides are more obedient and respectful of husbands and that family honour/reputation is protected by marrying girls young. This agreement was higher in Sanghar as compared to Umerkot. On the other hand, a much lower proportion of respondents expressed agreement when asked if family honour or reputation is protected by marrying boys young. About half the sample agreed on average across both districts that marrying girls young may resolve family disputes. However, when the same statement alluded to boys a much lower proportion responded in agreement, with a higher proportion in Umerkot than in Sanghar.

## OTHER REASONS

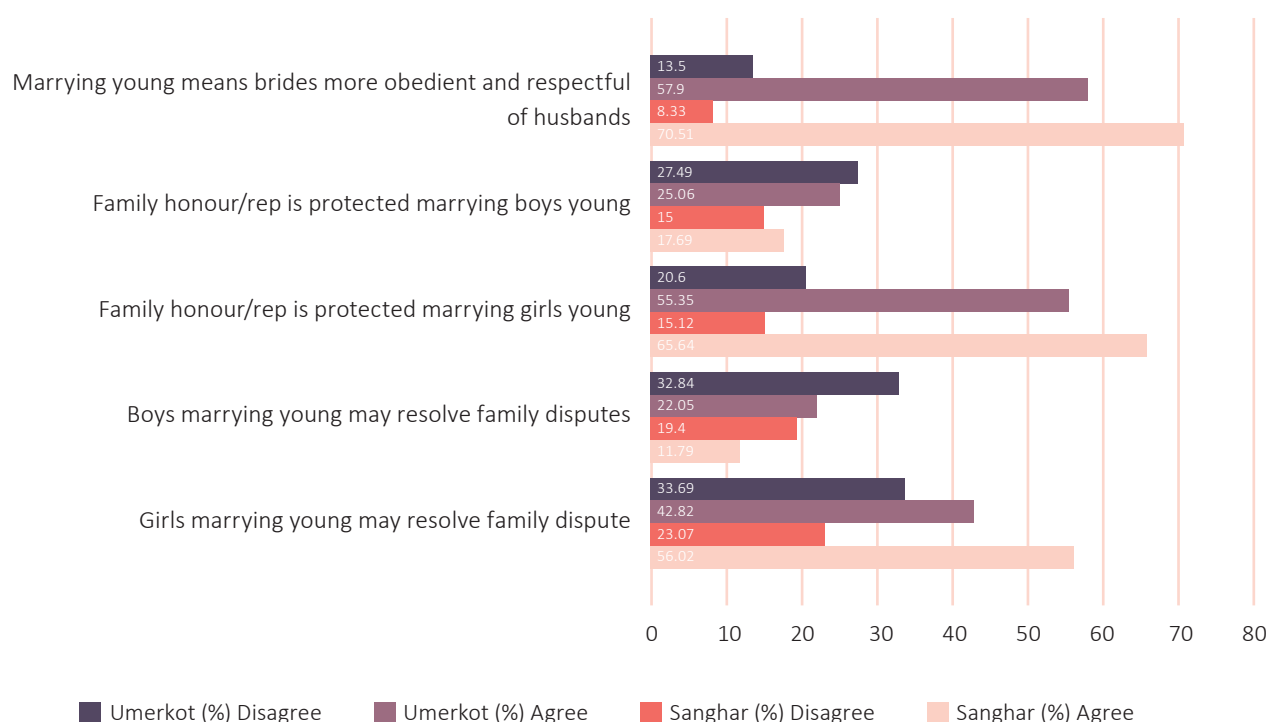
Some interview participants stated that marrying girls young can prevent illicit relationships. Some women in the FGDs also referred to marriage as a way to prevent sexual harassment.

*“Some people think that if girls are not married early, they will develop illicit relations.”*  
(IDI, religious leader, Umerkot)

About 19% of the respondents across both districts expressed agreement that underage marriage of girls is mostly due to love. When this statement alluded to boys, the agreement was higher (19%) in Umerkot than in Sanghar (8%). Perceptions regarding child marriage due to family issues, dowry, or to prevent sexual violence had a very high non-response rates. While this could be attributed to constraints in data collection, it is possible that specific statements concerning these topics received such a response due to the nature of the statements, because other statements did have normal response rates.



Figure 3.13 Attitudes regarding child marriage



While there were mixed feelings regarding the advantages and disadvantages of child marriage particularly in Sanghar, it was clear that respondents found that child marriage helps to protect family honour or reputation, helps to resolve family disputes and helps in ensuring that wives were more obedient and respectful towards their husband. Respondents agreed that it was a tradition or culture to marry girls young and a lower proportion admitted to it being a religious practice. While this was largely true for girls, it received a much lower proportion of agreement from boys. It was interpreted from the FGD data that respondents blamed absence/ low level of literacy of their elders as well as young boys and girls as a cause of child marriage. According to FGD participants, their elders are not literate enough to understand the demerits of child marriage and the low literacy levels of young boys and girls pressurize them to follow what is imposed on them by their elders.

### 3.2.4 CHOICE AND CONSENT

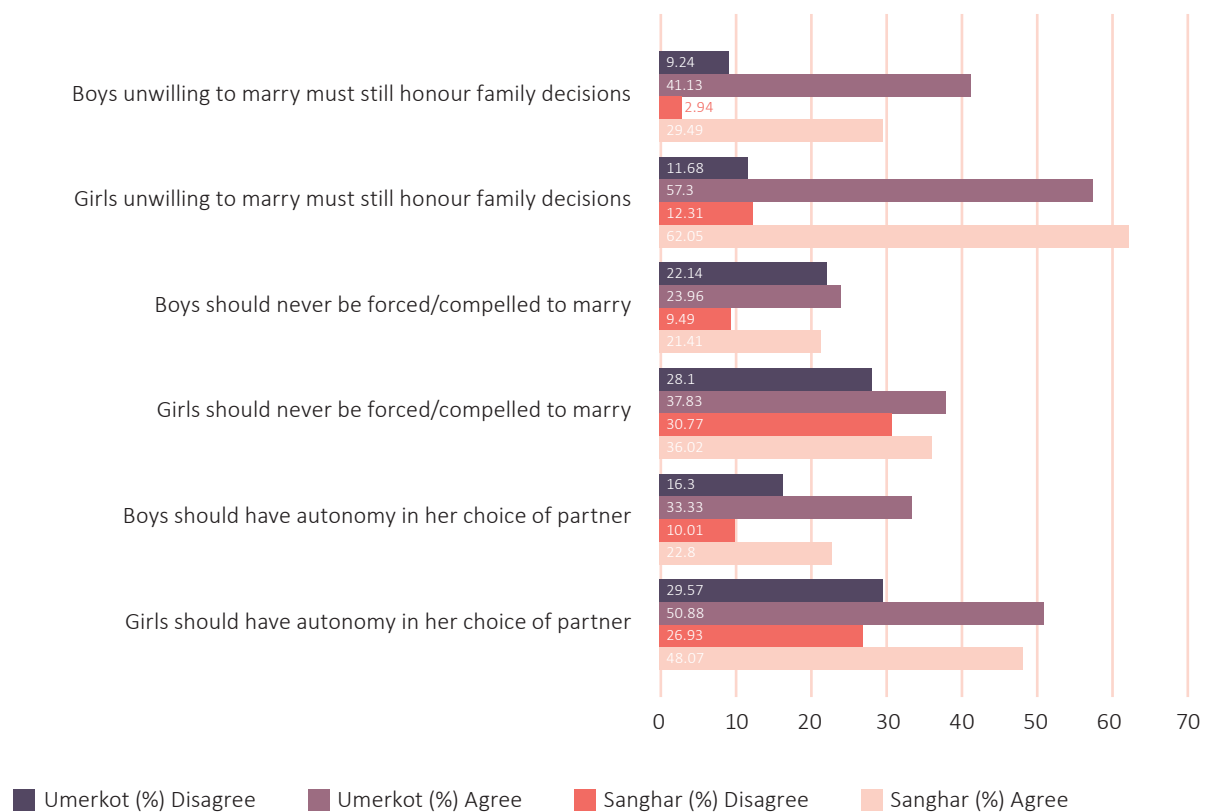
While the opinions of elders were highly respected, few young people in the FGDs mentioned that they themselves should have a choice as well.

*“Young people should be allowed to exercise their choice regarding age for themselves and their future wives.”*  
(FGD males 15-19 years, Sanghar)

In Sanghar, 34% of married women and 90% of married men reported that it was their choice to be married<sup>18</sup>. Corresponding figures in Umerkot included 41% of the females and 56% of the males who reported that it was their choice to be married. However, when asked if they thought the age at which they were married was an appropriate age to get married, 29% of the married women and 41% of the married men in Sanghar agreed that it was the right age to get married. In Umerkot, about 40% of the married men and women reported that they perceived their age at first marriage as appropriate.

18 Note that the number of married men was much lower than the number of married women.

Figure 3.14 Perceptions regarding agency in child marriage, by district



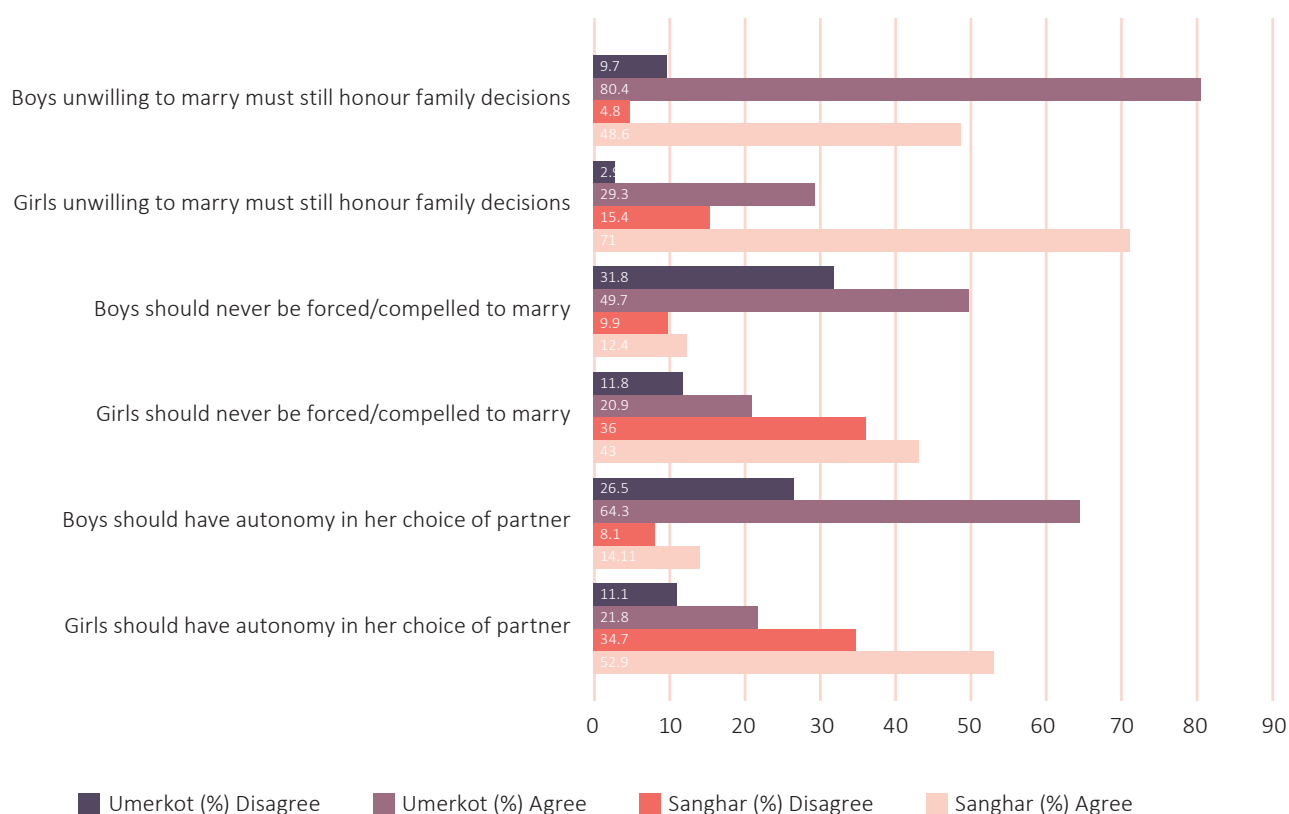
When disaggregated by those who had experienced child marriage, only 31 females (24%) (15-24 years) who underwent a child marriage in Sanghar felt that the age at their marriage was appropriate, whereas 70 females (39%) (15-24 years) in Umerkot agreed that the age of marriage was appropriate. Of those who experienced child marriage (15-24 years), their responses to whether it was their choice to get married were also disaggregated. Sixty-five of 131 females who underwent child marriage reported that it was not their choice, while 35 of 42 males reported it was their choice to be married. In the case of Umerkot, one third of the 178 females who experienced child marriage reported that it was their choice, while another on third reported that it was not. In the case of men, there were also mixed responses.

Respondents were asked if they had faced pressure by someone in their family to get married. In Umerkot, 15% the females and 6 males mentioned that such pressure was exerted. In Sanghar, 32% of the females and 41 males had faced the pressure. Hence, it is clear that overall females were more likely to face this pressure and it was more prevalent for both sexes in Sanghar. Fourteen percent of the married respondents reported to have faced pressure by 'society' to get married. Although there was a non-response rate of 43%, of those who reported to be unmarried, 31% reported that they did not face any pressure to be married.

The survey also captured perceptions of autonomy and choice in cases of marriage (Figure 3.14). About 60% of the respondents across both districts expressed agreement that girls unwilling to marry must still honour family decisions. When the same was asked regarding boys, half the respondents reported that they did not know but 41% in Umerkot expressed agreement. Approximately 22% of the sample also agreed that boys should never be forced/compelled to marry. However, 22% in Umerkot also disagreed with this statement. When respondents were asked to respond to the statement that girls should never be forced /compelled to marry, there were a mixed responses. About 36% of the respondents across the sample reported that girls should never be forced to marry, however about 29% reported some level of disagreement with this statement.

Half of the sample also agreed that girls should have autonomy in their choice of partner, but about 28% disagreed. When the sample was asked the same statement in the case of boys, 33% in Umerkot and 22% in Sanghar agreed. Similarly, 35.5% of the sample reported to know girls who were unwillingly married (43.5% in Sanghar and 28% in Umerkot).

Figure 3.15 Perceptions regarding agency in child marriage, by sex



When disaggregated by sex (Figure 3.15), 80% of the males agreed that boys unwilling to marry must still honour family decisions, while about half the female respondents expressed agreement with this statement. On the other hand, 71% of the females agreed that girls unwilling to marry must still honour family decisions, as compared to 29% of males who agreed with this. About half the males agreed that boys should never be forced or compelled to marry, but about 32% of males also disagreed with this. When the same statement alluded to females, 43% of female respondents agreed that girls should never be forced/compelled to marry, however 36% also disagreed. About 21% of the males agreed with this statement as well. A majority of the male respondents believed that boys should have autonomy in his choice of partner, while 26.5% of male respondents disagreed with this. When asked if girls should have autonomy in their choice of partner, a little more than half of the female respondents agreed to this. However, 35% also disagreed.

Respondents were also asked to indicate the proportion of marriages which occurred without the consent of either the bride or the groom. In Sanghar, 47% of the respondents stated that 'most' marriages in the community occurred with an unwilling bride while 20% said the same in Umerkot. When it came to marriages that occurred in the community with an unwilling groom, the majority of married respondents in Umerkot stated 'all' (22%) while 43% stated the same in Sanghar. When disaggregated by sex, 25% of the female respondents felt that 'most' marriages occur with an unwilling groom whereas 45% of the male respondents responded the same way. When asked about unwilling brides, 26% of the female respondents responded 'most', while 55% of the male respondents said the same. This could be indicative that young men have more awareness regarding this matter or that they feel freer to speak about it. Furthermore, as mentioned before, about 35% of the sample agreed that the decision of future partner is made by parents/relatives.

### 3.2.5 AGE OF MARRIAGE

Aside from documenting the age of marriage of the respondents, the survey explored respondents' opinions on the ideal age to marry and their desired age to marry. More specifically, all respondents were asked about the ideal age of marriage for both girls and boys, while unmarried respondents were asked to indicate their desired age of marriage.

Twenty-eight percent of the unmarried respondents indicated that they had no defined age for marriage, while 71% indicated they had a specific age in mind (1% indicated they never wanted to marry). On average, among the females, the desired age of marriage was 20.4 in Umerkot and 19.6 in Sanghar, while among the males, the desired age was 22.3 both in Umerkot and in Sanghar. The desired age in either district is considerably higher than 18 years. In the sample, the average age at first marriage across those who reported to have ever been married was 17 years. For married girls, the average age at marriage was 16.9. However, this differed from the perceived ideal age of marriage for girls, which was 19.4 years (Table 3.8). With respect to married boys, average age at marriage was 18.2 years while the perceived age for boys was 20.5 (19.9 in Sanghar and 20.8 in Umerkot). Respondents reported that on average, 26 years was too late for a girl to be married in Sanghar while this was lower in Umerkot at 23.6 years; whereas 27 years in Sanghar was found to be too late for boys to be married, with a lower age of 25.5 years reported in Umerkot. In summary, respondents perceived ideal age of marriage and desired age of marriage to be above 18 years.

**Table 3.8 Mean age of marriage and perceived ideal age of marriage**

Actual Age of marriage	Mean age
For females	16.9
For males	18.2
Perceived ideal age for marriage	Mean age
For females	19.4
For males	20.5

The survey also explored the awareness of young people regarding laws on child marriage. Forty-four percent reported to have no knowledge of the legal minimum age in Umerkot, while the majority of respondents did not answer this question in Sanghar. Of the respondents who reported having knowledge, the average reported legal minimum age for girls was 18.4 years and for boys 18.8 years. A little more than half reported that they did not know the legal minimum age according to religion. Of those who reported knowing this age, the average reported minimum age according to religion for girls was 17.9 years and for boys 17.8 years.

The qualitative data also gave insight into the participants' knowledge of the legal minimum age, with one participant mentioning 10-12 years. A few key informants including the community head of Sanghar was also unaware of the legal minimum age.

*"Twenty years is too old for marriage; 15-16 is the right age."* (FGD females 15-19 years, Umerkot)

For common forms of payment of bride price, several respondents indicated dowry and/or money. Several respondents also refused to answer. Respondents were asked to report what they thought were the most common ways of marriage. Most respondents reported both formal and informal marriages and these were often linked to religious marriages and dowry.

### 3.2.6 CONSEQUENCES OF CHILD MARRIAGE

#### EDUCATION

A little more than half of the respondents (54%) in Sanghar and a lower proportion (40.5%) in Umerkot agreed to the statement that ‘Underage marriage negatively affects girl’s education’. However, the same statement for boys elicited a lower level of agreement across both districts (25% for Sanghar and 32% for Umerkot). Furthermore, 50 respondents (of which 47 were female) indicated that they dropped out of school due to marriage. It is worth noting that more participants in the qualitative component of the study mentioned low education as a reason and not a consequence of child marriage.

#### PREGNANCY AND MATERNAL HEALTH

The majority of the key informants and several young people were aware of the adverse health effects of a child marriage on young girls. Since girls are not fully developed by then, they highlighted that girls face trouble during delivery and the post-partum period. However, some attributed maternal health problems to the will of God and not to child marriage.

*“When I was in 16 years old, I was married but my wife faced lot of issues during pregnancy and we lost our first child, that’s why I am totally against child marriages.”* (FGD males 20-24 years, Umerkot)

*“It is wrong to say that younger marriages lead to illness and maternal deaths. Illness and death are part of destiny. It has nothing to do with child marriage.”* (FGD females 20-24 years, Umerkot)

*“Many such incidents [about the harmful effects of child marriage] have been narrated. In most cases either the teenage mother of new born child died or the mother could not survive. Unfortunately people attribute such cases to the will of God.”* (IDI religious leader, Umerkot)

It is worth noting that some young participants mentioned that marrying young consequently means having babies at a young age, which means they are healthier. They also highlighted that they would be able to raise their children better if they marry young.

*“When a girl marries at younger age, she can take better care of the children.”*  
(FGD females 15-19 years, Umerkot)

#### PSYCHOLOGICAL EFFECTS

Few key informants and young people also mentioned that girls are not mentally and emotionally mature enough to get married at a young age and cope with adult responsibilities.

*“Our teacher has told that when a girl child gets married she faces lot of physical and emotional trauma. She has to grow up and behave like an adult although she is still a child and thinks and behaves like a child.”*  
(FGD males 15-19 years, Sanghar)

*“Not being mentally mature, she is not able to adjust to the new environment and family structure.”*  
(KI district officer, Umerkot)

### 3.3 TEENAGE PREGNANCY

Teenage pregnancy was one of the focus areas of the survey and was defined as any pregnancy below the age of 20 (Table 3.9). Across the sample, several young women between the age of 20 and 24 reported to have had a teenage pregnancy. Overall, this figure stood at 38% with an almost equal proportion in each district. Amongst all the young women (15-24 years) who had ever reported being pregnant, approximately 77% reported to have been pregnant before the age of 20. Twelve percent of young men (20-24 years) reported to have become father before the age of 20. Of all males (15-24 years) who reported to be fathers, 31 of them reported to have been teen fathers. The average number of children that respondents currently had at the time of the survey was 2.7 in Sanghar and 2.3 in Umerkot. Young women were also asked to indicate the number of pregnancies they had ever had in the past. The average reported was 2.9 in Sanghar and 2.6 in Umerkot. Furthermore, on average across the sample, respondents reported to know six girls who were pregnant before 18.

**Table 3.9 Teenage pregnancy among females and teen fathers**

Indicator (Numbers and percentage %)	Sanghar	Umerkot	Total
Young women who are 20-24 years ,who had a teenage pregnancy (pregnancy under the age 20)	104/269 (38.7%)	103/273 (37.7%)	207/542 (38.2%)
Girls and women (15-24 years) who ever had a pregnancy, and had their first pregnancy under the age of 20 years	132/545 (24.2%)	141/617 (22.9%)	273/1162 (23.5%)
Boys and men (20-24 years), who had their first child under the age of 20 years	18/116 (15.5%)	9/112 (8%)	27/228 (11.8%)
Boys and men who are fathers (15-24 years), who had their first child under the age of 20 years	20 of 36	11 of 22	31 of 58

Across all young women in the sample, 33% indicated that they had ever had children. Of these, the majority indicated their age at first birth under 20. They were also asked to express if they had desired to become parents at that time. Of these, 52% indicated that they had wanted to become parent at the time with a marginally higher proportion in Sanghar than in Umerkot. Only about 20 respondents in each district explicitly stated 'no', with most of them giving no answer or responding 'unknown'.

The young people was also asked if they worry about making someone pregnant or becoming pregnant themselves. Half the sample provided an answer, of which more respondents disagreed (34% in Sanghar and 23% in Umerkot) than agreed (20% in Sanghar and 21% in Umerkot).

#### 3.3.1 CONSEQUENCES OF TEENAGE PREGNANCY

One of the striking results was that participants in FGDs and interviews widely mentioned the (mostly adverse) health implications of an early pregnancy as consequences of child marriage. It is clear that participants felt that there were adverse effects both during and after pregnancy and delivery. However, as noted earlier, some participants also believed that there were advantages of giving birth early, as young girls were considered healthier.

The survey also investigated social norms around (teenage) pregnancy. Respondents were asked to rate their level of agreement on a 7 point Likert scale. The results presented below combine the different levels of agreement and disagreement.

Figure 3.16 **Perceptions regarding pregnancy in Sanghar and Umerkot**



When asked if pregnant girls under 18 are more likely to miscarry or have health problems, 66% of the respondents in Sanghar and 50% in Umerkot expressed some level of agreement. A marginally higher proportion in Umerkot than in Sanghar expressed disagreement. A statement followed which referred to girls having a healthier pregnancy if they were young (15-18 years). This statement yielded the following pattern: 58% reported some level of agreement in Sanghar whereas a much lower 36% agreed to this in Umerkot. Correspondingly, a much higher proportion in Umerkot disagreed to this (35%) as compared to Sanghar (22%) (Figure 3.16). This is telling that respondents in Umerkot had a higher awareness regarding health consequences of early pregnancy.

Respondents were also asked if pregnancy in the community caused young girls to marry young. About half the respondents across both the districts expressed disagreement regarding this. However, when the same statement was applied to the case of boys, it was only in Umerkot that respondents answered the question with 40% disagreeing to it as compared to 22% in Sanghar. Most respondents in Sanghar (71%) said that they did not know. A corresponding 45% said the same in Umerkot.

When the reasons for leaving school are tabulated, only three girls reported leaving school because of pregnancy. However, this data could be under-estimated since they were not explicitly asked whether they left school because of pregnancy (it was just one of the answer options). Furthermore, no boys reported to having dropped out due to pregnancy.

### 3.3.2 ABORTION

The baseline study has not capture direct information about abortion. However, some information can be deduced from the question regarding SRH service access and use. From Umerkot, 10% of the respondents visited the available SRH Services for abortion while 9% used post-abortion services. This included both males and females. In Sanghar, a lower proportion used abortion (7%) and post-abortion services (4%) (see section 3.6.2 for more information on service use).

## 3.4 INTERLINKAGE BETWEEN TEENAGE PREGNANCY AND CHILD MARRIAGE

The survey allowed for assessing whether teenage pregnancy or child marriage came first. As seen in Table 3.10, 83% of those young women who experienced both teenage pregnancy and child marriage, first underwent marriage and then became pregnant. Some women had both a child marriage and a teenage pregnancy in the same year. Only 11 women reported being pregnant before marriage. Hence, it is reasonable to conclude that it is more common for young women to be married and then become pregnant.

Table 3.10 Interlinkage between teenage pregnancy and child marriage			
Girls with teenage pregnancy and child marriage...	Sanghar n (%)	Umerkot n (%)	Total n (%)
who first had child marriage and then teenage pregnancy	84 (86.6%)	87 (79.8%)	171 (83%)
who first had teenage pregnancy and then child marriage	4 (1.1%)	7 (1.8%)	11 (1%)
who had both in the same year	12 (12.4%)	20 (18.3%)	32 (15.5%)
Total number of girls with teenage pregnancy and child marriage	97	109	109

Furthermore, the qualitative data also alluded to pregnancy after marriage. As mentioned earlier, when asked about the consequences of child marriages, several participants referred to the health implications of early pregnancies.



## 3.5 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INFORMATION, EDUCATION AND KNOWLEDGE

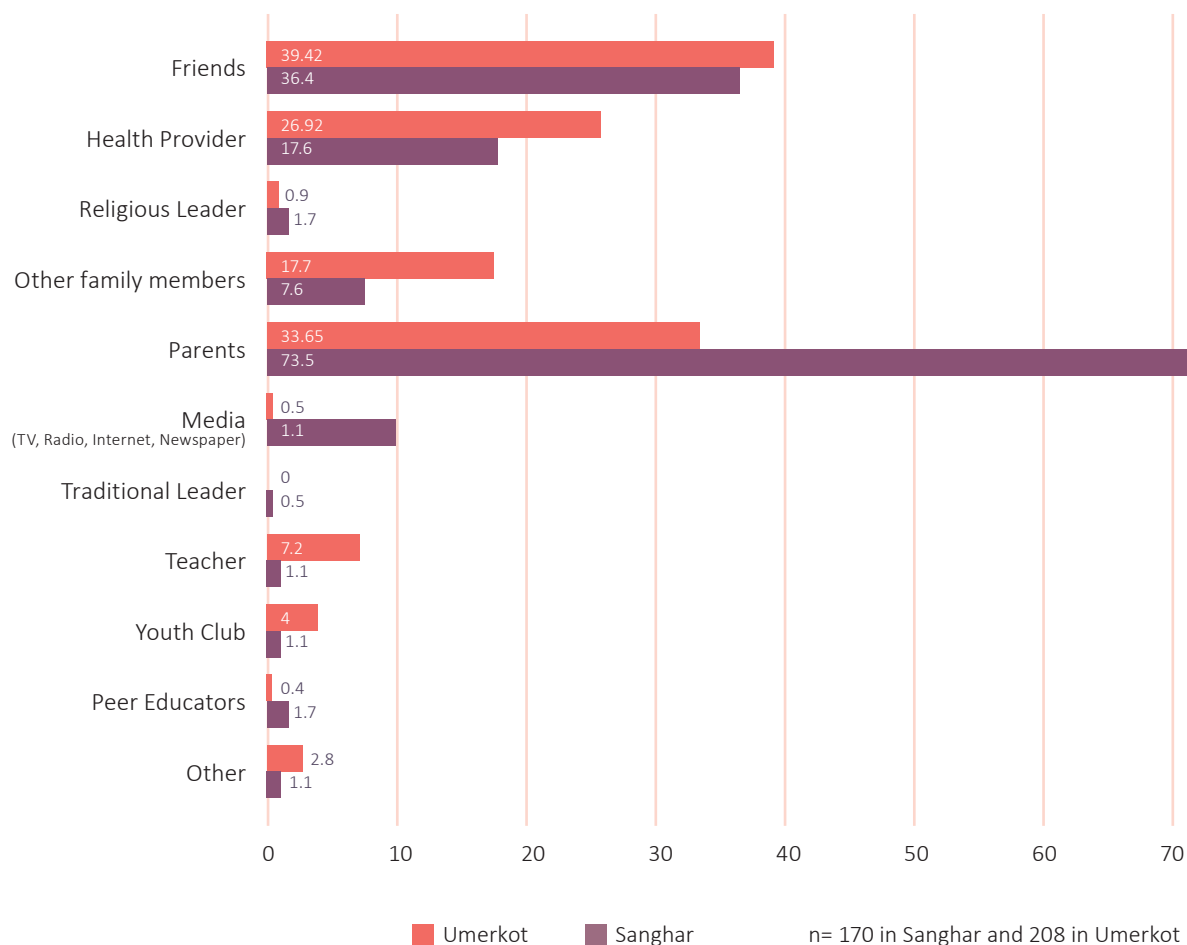
### 3.5.1 SEXUALITY EDUCATION

One fourth of the respondents in Umerkot (25%) and 22% in Sanghar reported to have ever received any type of sexuality education. In both districts, the proportion of females who received sexuality education was higher than males. In addition in Umerkot, the proportion of females aged 18 years and above who received sexuality education was higher as compared to females under 18 years. No such difference was observed in Sanghar (Table 3.11).

Table 3.11 Sexuality education		
	Sanghar (%)	Umerkot (%)
Total	21.7	25.3
Gender		
Female	29.2	28.8
Male	4.7	14.6
Age		
< 18 years	21.3	18.6
≥ 18 years	22	28.8

The quantitative data show that respondents received sexuality education from multiple sources as seen in Figure 3.17. This question was answered by 378 respondents. The major sources reported in Umerkot included friends (39%), parents (34%), health providers (27%) and other family members (18%). In Sanghar, the most common source was parents (73.5%), followed by friends (36%) and health providers (18%).

Figure 3.17 Sources of sexuality education (%)



### 3.5.2 PREFERRED SOURCE OF RECEIVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INFORMATION

Respondents indicated several preferred sources of SRHR-related information. In Sanghar, the preferred source mentioned most often was parents/home (58%), followed by health institutions/centres (38%) and the television (15%). In Umerkot, the most preferred sources were health institutions (47%), followed by parents/home (33%) and friends at 26%.

### 3.5.3 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS TOPICS EVER DISCUSSED WITH FRIENDS AND FAMILY

The survey also captured the SRHR-related topics that young people had ever discussed with their family and friends. Marriage, future hopes and fears, and the meaning of being out of school were reported to be the most discussed issues with family and friends. Approximately 28% of the respondents reported that they discussed marriage and their future hopes and fears with their family and friends across both districts. In Sanghar, more males than females reported to have ever discussed marriage, their future and being out of school whereas in Umerkot this was not the case. In Umerkot, marriage was the most mentioned topic by females, followed by their future and pregnancy while for males, it was their future, followed by marriage. It is worth noting that about 13% of the respondents in Sanghar across both sexes reported to have ever discussed pregnancy while in Umerkot it was mentioned by 21.5% of females versus 12% of the males (Table 3.12).

*“Thanks to the culture, we youth are not allowed to talk in any way in front of adults, especially to the family chiefs, uncles and régulos [traditional kings].”* (Boy, FGD 15-19 years, Meluli B)

The survey results confirm the above situation for girls. Approximately seven out of 10 girls said that it is difficult to talk with their parents or care givers about sexuality or marriage. This is less the case for boys (Table 17). Having been pregnant improves communication levels for girls, where 31% of girls who have been pregnant say that it is easy to talk, versus 17% who had not a pregnancy.

**Table 3.12 Discussions according by sex of the respondent and district<sup>19</sup>**

Issues ever discussed with family and friends	Sanghar (%)		Umerkot (%)	
	Female	Male	Female	Male
Marriage	19.8	44.2	34.5	25.3
Dating	7.3	10.6	11.1	7.8
Pregnancy	13.3	14.4	21.5	11.7
Being out of School	13.2	39.5	16.5	25.3
Sexuality	6.7	10.2	17	10.2
Future fear and hopes	21.8	42.5	28.3	30.7
Fears	12.1	18.7	11.6	1.9
Life as young person	8	12.3	10.2	2.4
Rights	8	11.4	8.9	2.4

### 3.5.4 KNOWLEDGE ON CONTRACEPTION

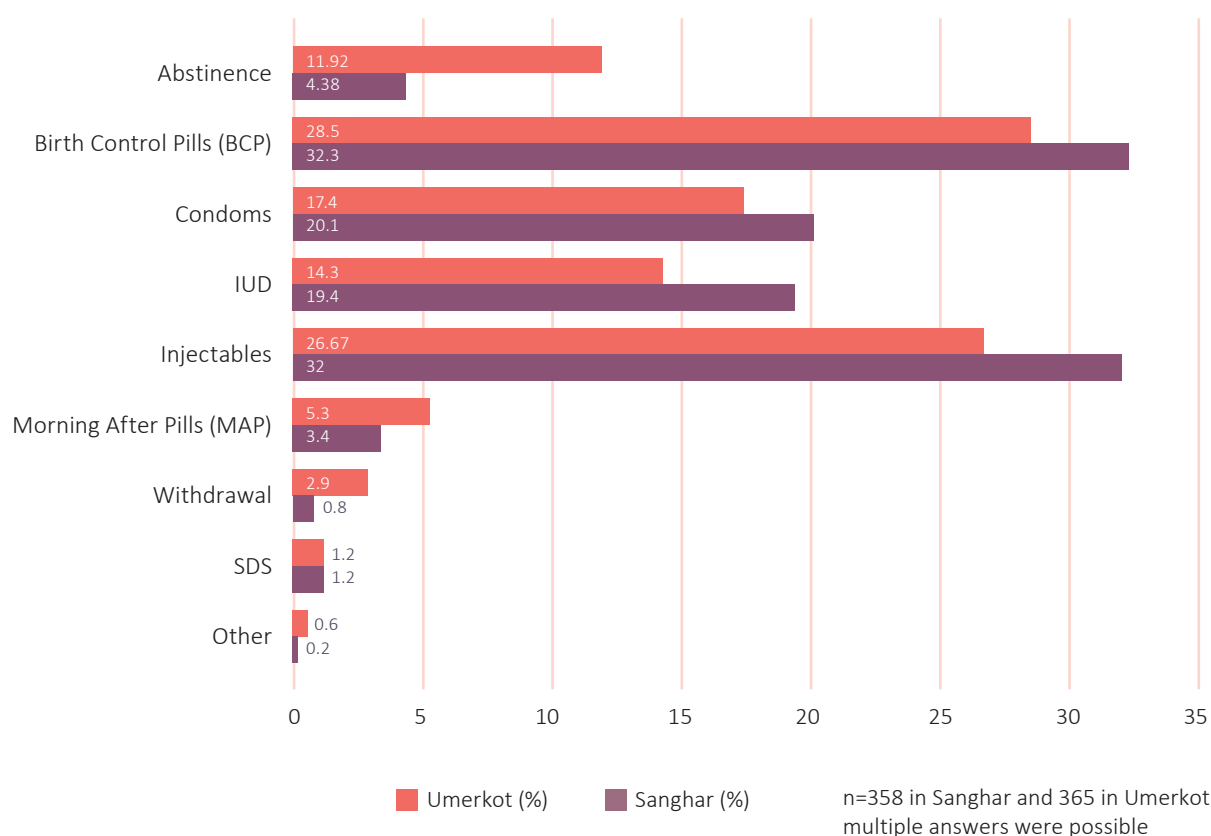
Respondents were asked if they had any knowledge about methods to prevent pregnancy. Figure 3.18 presents the data for each individual contraceptive method mentioned by the respondents. About 40% of the respondents did not report an answer, while about 14% stated that they did not know any method. Figure 3.18 only visualises the responses of those who did report an answer and excludes those who responded ‘don’t know’. Of those who reported an answer, about 30% mentioned birth control pills as one of their answers, followed by injections and condoms. The IUD was also mentioned as a response in both districts, alongside abstinence. Abstinence was only mentioned as one of the responses by 4% of the sample in Umerkot as compared to 12% in Sanghar.

When disaggregated by age, proportionally, a higher number of respondents above 18 expressed some knowledge of pregnancy prevention methods. This was the same trend when zooming on women’s knowledge, where women of 18 and above expressed more knowledge than those under 18.

<sup>19</sup> Circumcision was discussed by a very low number of respondents.

Figure 3.18 Knowledge of pregnancy prevention method

Excluding those that did not know or provided no answer, by district



### 3.5.5 PERCEPTIONS ON CONTRACEPTION USE

The survey also captured the perceptions on contraception use (Table 3.13). There was a high non-response rate for these statements, which could be attributed to the sensitive nature of this subject. It is worth noting that of those who did provide an answer, the majority responded that they did not know.

Table 3.12 Discussions according by sex of the respondent and district<sup>19</sup>

Statement	Sanghar (%)				Umerkot (%)			
	Agree	Disagree	Don't know	No Answer	Agree	Disagree	Don't know	No Answer
Confidence about insistence of condom use	8.2	14.3	45.7	31.6	5.4	7.9	25.9	60.7
Appropriate for girl to propose condom Use	9.4	8.4	24.23	57.8	5.6	7	6.9	70.4
Easiness for boy to propose condom	11	14.3	40.2	34.3	7.3	9	24	59.6
Difficulty to access contraceptives for Youth	7.3	16.9	27.8	37.9	9.9	5.3	24.8	59.8
Easy to access contraceptives if Married	18.9	9.6	36.7	34.6	15.2	8.3	19.9	56.4

## 3.6 SEXUAL AND REPRODUCTIVE HEALTH SERVICES

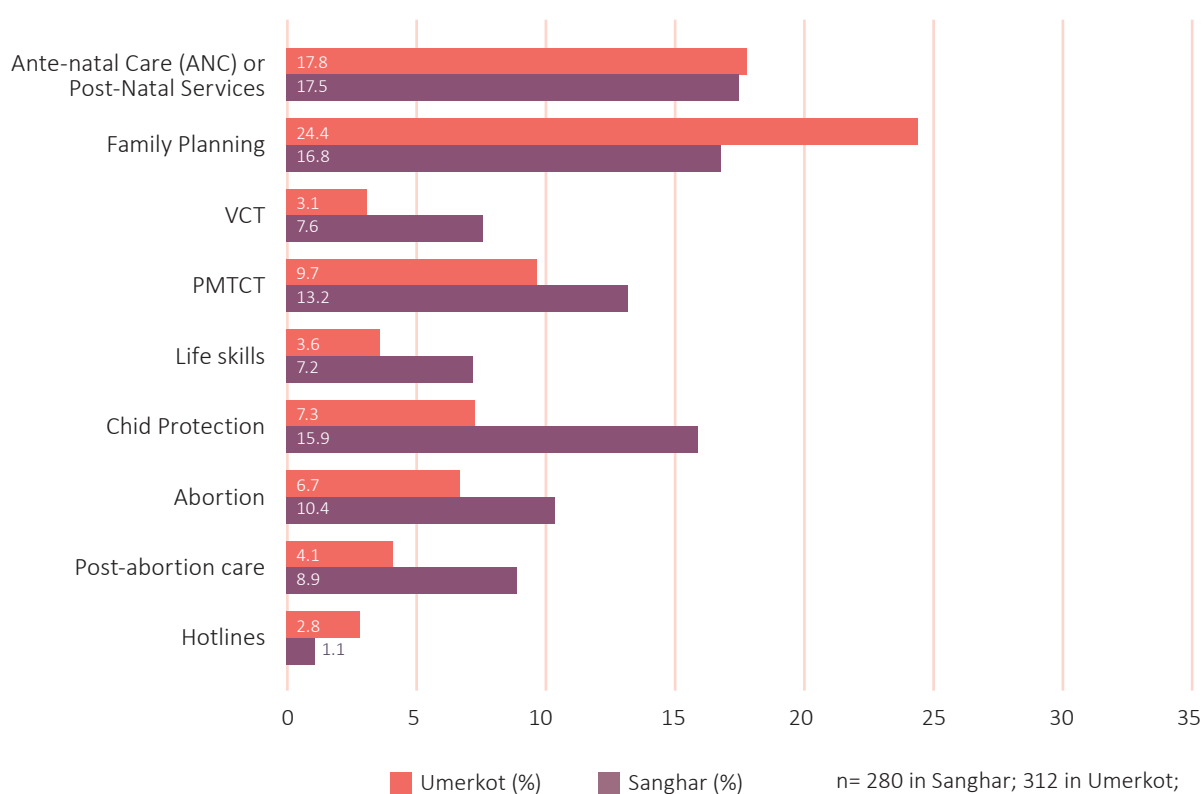
### 3.6.1 AVAILABILITY OF CONTRACEPTIVES

Survey respondents were asked under what circumstances ‘modern’ contraceptives were accessible. The majority of the respondents across both districts stated ‘never’ (37% for Sanghar and 49% for Umerkot). This was followed by access only after marriage (18% and 22%) and childbirth (23% and 18%). Only 8% of the respondents in Sanghar stated that one could always access contraceptives, whereas 2% of the respondents in Umerkot gave this answer.

### 3.6.2 USE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The survey also explored the types of SRH services that were accessed and used by the respondents. About 36% across the sample indicated that they had ever used SRH services before. However, a larger proportion in both districts indicated that they never used SRH services before: 57% in Umerkot and 44% in Sanghar. Of services ever used, in Sanghar, family planning was the most reported option, followed by antenatal care or postnatal services, while in Umerkot, this was antenatal care or postnatal services, followed by family planning and child protection services (Figure 3.19). More married respondents reported to use SRH services than unmarried respondents.

Figure 3.19 Types of SRH services used (%)



### 3.6.3 TYPES OF CONTRACEPTIVES USED

Only those who indicated that they were married were asked about their contraceptive use. Of the married respondents in the sample, more than half (58%) in Umerkot reported using no contraceptive method as compared to 37% in Sanghar. Of those who did report using a contraceptive method, a higher proportion of respondents in Sanghar reported using modern methods of contraception including condoms (33%), injections (21%), IUD (17%) and contraceptive pills (14%). In Umerkot, 12.5% reported using injections, followed by natural family planning at 11%. Contraceptive pills were also reported at 9.5%.

## 3.7 GENDER

### 3.7.1 GENDER EQUALITY

Respondents were asked to specifically respond to whether they feel confident in discussing this gender equality with their peers and adults. The majority of the respondents reported that they did not feel comfortable at all discussing gender equality and girls' right with their peers – whether male or female, or with adults irrespective of their sex. However, in both districts, respondents reported less confidence discussing it with adult men than with adult women. When disaggregated by sex, a majority and a higher proportion of female respondents did not at all feel confident discussing this topic with adult men as compared to male respondents. This difference was also present between male respondents discussing these topics with adult women, however this difference was smaller. A marginally smaller proportion of male respondents felt lack of confidence in discussing this topic with their female peers than female respondents. This pattern was not so strong when it came to female respondents discussing this topic with male peers (Table 3.14).

Table 3.14 Gender equality issues by sex of the respondent<sup>20</sup>

Statement	Females (%)				Umerkot (%)			
	Not at all	Somewhat	Completely	Don't know	Not at all	Somewhat	Completely	Don't know
I feel confident discussing gender equality and girls' rights with boys of my age	62.6	22.3	7	7.9	60.4	25	8.6	5.9
I feel confident discussing gender equality and girls' rights with girls my age	51.8	22.8	21	4.3	57.7	26.3	8.6	7.2
I feel confident discussing gender equality and girls' rights with adult women	67.4	20.7	6.1	5.6	64.5	19.5	7.9	7.9
I feel confident discussing gender equality and girls' rights with adult men	72.8	13.6	5.2	8.2	65.9	21.3	8.4	4.3

<sup>20</sup> Figures are approximate.

### 3.7.2 PERCEPTIONS ABOUT GENDER ROLES

Young people were also asked to rate their level of agreement on a 7 point Likert scale on statements that captured perceptions around gender. About 73% of the respondents across the sample with an equal proportion in each district agreed that a wife should be subservient to her husband. Half the sample in Umerkot and about 30% in Sanghar agreed that men should be household heads. When disaggregated by sex of the respondent, a majority (89.5%) of the female respondents agreed that a wife should be subservient to her husband whereas a majority of male respondents reported that they 'did not know' (65%). Thirty-three percent of the males agreed with this statement. The majority of the male respondents (91.5%) reported that men should be household heads, whereas the majority of the female respondents reported that they did not know (74.5%) and 23% agreed that men should be household heads. Lastly, when asked if physical violence is okay if a girl dishonours her family, there were mixed responses amongst female respondents with about 45% agreeing and 43% disagreeing. The majority of male respondents reported that they did not know (65%) (Table 3.15).

Table 3.15 Perceptions about gender roles, by sex						
	Sanghar (%)			Umerkot (%)		
Statement	Agree	Disagree	Don't know	Agree	Disagree	Don't know
Wife should be subservient	89.5	4.3	5.3	33.4	0.4	65.4
Men should be HH head	23.3	1.8	74.5	91.5	4.5	2.9
Physical violence is okay if girl dishonours the family	45	42.9	3.9	15.6	16.8	65.4

n= 1162 females and 440 in males<sup>21</sup>

### 3.7.3 SEXUAL HARASSMENT

The survey also captured attitudes and incidence regarding sexual and physical harassment/ eve teasing and assault. Among unmarried respondents, about 70% reported that they never experienced any sexual harassment or eve teasing. This figure was not much different for married respondents. Between 15-20% across both married and unmarried respondents refused to give a response. In Sanghar, 12% of the married respondents reported eve teasing or sexual harassment once a week (Table 3.16).

Table 3.16 Frequency of sexual harassment and eve teasing				
	Sanghar (%)		Umerkot (%)	
Statement	Agree	Disagree	Agree	Disagree
Everyday	0.3	0.2	0.4	0.2
Once or twice a week	11.7	2.5	2.2	2.1
Once or twice a month	2.1	1.9	4.2	2.1
Less than once a month	4.8	4.4	3.3	4.5
Never	65.6	70.2	70.9	71.8
Not shared	15.3	20.5	18.7	19.05
Number of respondents	332	360	448	462

21 This table combines 'slightly agree', 'agree' and 'strongly agree' to create the 'agree' category and the same for the 'disagree' category.

The survey captured incidence of intimate partner violence, specifically physical violence, amongst married respondents. About 61% of the sample reported that they never experienced any physical violence from their partner, however, about 17% across the sample reported the frequency as ‘sometimes’.

Furthermore, when asked to rate their level of agreement on the statement ‘Physical violence is okay if a girl dishonours the family’, there emerged a mixed response with 44% in Sanghar and 30.5% in Umerkot agreeing while 32.5% in Sanghar and 39% in Umerkot disagreeing. About 20% across the sample stated that they did not know.

## 3.8 YOUTH ENGAGEMENT

### 3.8.1 WORRIES, ASPIRATIONS AND ENTITLEMENTS

As part of the survey, all respondents were asked to share their worries and aspirations. The results are summarized in Table 3.17 for Umerkot and Table 3.18 for Sanghar. Two most cited worries in both districts were ‘to be dependent on decision of father/ brothers’ (about 46% in Umerkot and 43% in Sanghar) and ‘to be dependent on decision of mother’ (about 45% in Umerkot and 40% in Sanghar).

Table 3.17. Worries, aspirations and entitlements: Umerkot<sup>22</sup>

Statement (%)	Agree	Disagree	Don't know	No answer
To become /make someone pregnant early	20.9	22.6	2.1	54.2
To become a bride/groom early	26.4	24.8	2.7	45.8
To not finish school	33.5	23.9	1.5	40.9
To not go to school	30.9	24.2	1.5	43.2
To be punished	14.3	26.8	2.1	56.6
To be forced to work	17.6	30.9	1.5	49.8
To be dependent on decision of father/ brothers	46.6	22.6	1.2	29.4
To be dependent on decision of mother	45.2	22.1	0.9	31.6
To be dependent on decision of mother in law	15.6	20.4	2.4	61.3
To be worth a bride price	5.6	23.2	1.7	69.3
To not decide for myself who to date <sup>23</sup>	13.3	25.9	1.1	59.5
To not be allowed to join my youth group	12.9	24.7	1.9	61.2
To be allowed access to contraceptives	11.3	19.2	1.0	68.3
To not be allowed to have fun with my friends	16.2	20.3	0.7	62.5

The difference between the two districts was in the proportions of respondents who were worried about not going to school or not finishing school. The proportions of respondents that worried about that were approximately 33% and 31% in Umerkot as compared to 16% and 15% respectively.

<sup>22</sup> Figures are approximate

<sup>23</sup> When translated to Urdu, there was a possibility respondents interpreted ‘who to date’ more like ‘who to be with’ but referring to a friend.



Table 3.18 Worries, aspirations entitlements: Sanghar<sup>24</sup>

Statement (%)	Agree	Disagree	Don't know	No answer
To become /make someone pregnant early	20.1	34.4	0.3	45.1
To become a bride/groom early	28.4	27.3	0.4	43.8
To not finish school	15.9	35.1	0.4	48.5
To not go to school	15.4	30.7	0.4	53.4
To be punished	11.0	30.2	0.3	58.4
To be forced to work	27.8	32.6	0.3	39.3
To be dependent on decision of father/ brothers	43.9	18.3	0.3	37.4
To be dependent on decision of mother	40.2	20.0	0.4	39.3
To be dependent on decision of mother in law	11.3	28.2	0.4	60.1
To be worth a bride price	5.8	31.9	0.4	61.8
To not decide for myself who to date <sup>25</sup>	17.8	22.7	0.4	59.0
To not be allowed to join my youth group	17.9	26.6	0.4	54.0
To be allowed access to contraceptives	7.9	20.7	0.6	70.6
To not be allowed to have fun with my friends	19.8	25.9	0.5	53.6

There was a long list of issues, which the youth thought about, with several respondents mentioning more than one issue simultaneously. Table 3.19 below presents the frequency of each issue mentioned.

Table 3.19 Issues most thought about

	Sanghar (%)	Umerkot (%)
Education/completing studies	20.7	21.6
Getting a job/working/prospering	23.2	28.3
Obtaining/taking medication	2.0	3.2
Having spouse/family/children	23.3	22.5
HIV/AIDS	0.0	0.4
Other	1.6	0.6
My health/future	25.7	28.8
No answer	25.3	20.3
Total no. of respondents	780	822

When disaggregated by sex, about 42% of males worried about getting a job/working/prospering as compared to only 19.5% of females.

Respondents were also asked about the main obstacles that they faced which did not allow them to attain their goals. Poverty and lack of resources were most common obstacles that were mentioned. Only 28% of the sample reported to talk to a household member about their feelings, hopes and worries. About half of the sample did not answer the question and reported that they did not know. When asked if it was easy to talk about sexuality and marriage with parents or caregivers, only 10% across the sample reported that it was easy, while 56% reported that it was difficult to do so.

<sup>24</sup> Figures are approximate.

<sup>25</sup> When translated to Urdu, there was a possibility respondents interpreted 'who to date' more like 'who to be with' but referring to a friend.

### 3.9 COMMUNITY CONTEXT

The data shed light on the role of various stakeholders in child marriage and teenage pregnancy. From the data, it appears that religious leaders were considered important persons to advocate against child marriage, particularly when it comes to suggesting those important stakeholders to fight against the practice.

*“Religious leaders, who solemnize marriage must be made responsible and punishable, if they solemnize any child marriage.”* (KII district health officer, Sanghar)

The importance of their role in creating awareness was brought up by many key informants.

*“Religious leaders of all faiths have to come forward and play their role.”* (KII education officer, Sanghar)

Young people considered health providers as important people in the community and important sources of sexuality and SRHR-related education. Furthermore, according to the community leader in Sanghar, he discussed the issues faced by teenage girls during their pregnancy and appealed to the government to provide medical facilities in the village since there was a lack of such facilities.

The role of education was mentioned several times as a solution for child marriage, particularly the increase in educational facilities and employment opportunities. Some of the data also pointed to the role of teachers as a means to raise awareness.

Parents and elders play a very important role in the community. According to the qualitative data young women and men thought that following what their elders say is important. Furthermore, engaging elders was one of the strategies to prevent child marriage proposed by some participants, particularly the youth.

At the same time, a key informant in Umerkot highlighted the need for youth engagement.

*“Youth must be made aware of the evils of this practice and they should be incorporated in the efforts to combat this evil.”* (KII education officer, Umerkot)

Respondents were asked which sources of media they used on average in a week. Approximately 60% reported to using a TV. Only 11 respondents reported being part of a youth club.

Some remedial measures were suggested by key informants; these include the strict role and enforcement of the law and other institutional changes. The following quotes illustrate this sentiments.

*“District coordination officers should create a cell in their offices as well as their subordinate offices as well as police and social welfare offices.”* (KII district officer, Umerkot)

*“Since the promulgation Sindh Child Marriage Restrain Bill 2013, I have not seen any person from Umerkot district being tried for its violation. This reflects badly on our judicial and police system”*  
(KII civil servant, Umerkot)

When respondents were asked if anyone intervenes in cases of child marriage, 61% reported that no one would intervene and only 8% stated that someone would intervene. Of these 35 individual who answered that someone would intervene, 13 respondents mentioned that the community leader would intervene, non-governmental organizations were mentioned by four respondents.

# 4 DISCUSSION

## 4.1 MARRIAGE

Marriage among youth in both Sanghar and Umerkot is highly prevalent, with about 35% of females (18- 24 years) being married below the age of 18. This has several reasons, the findings indicate that it is a combination of religious and cultural factors, unequal gender norms and a stronghold of elders in the community. This also connects to the opinions of young people as expressed through the qualitative component, where they explained that the low literacy of elders affected them and their likelihood to be married early. Furthermore, they have to ensure that they respect their elders and disobedience is not valued, further highlighting their limited space for decision-making. The role of consent is worth delving deeper into, to understand the decision making space that young people have regarding marriage. This consent is applicable to discuss both marriage and pregnancy, as pregnancy is considered a natural next step after marriage.

Marriage practices are highly gendered with more women being married earlier than males. Furthermore, females are particularly worse off and face 'double discrimination' because they are both young and female. They were framed as burdens and hence married off, while this was not the case for boys. The findings indicate that females are considered to have an economic value and are framed as currency to navigate social relations in the context of Sanghar and Umerkot.

From the data, we cannot conclude that child marriage occurs at the cost of education and/or employment opportunities. Some participants suggested low education levels of the community to be a reason for child marriage and in addition, most of the women are engaged in some form of work, although it is low-skilled labour. It is also worth noting that the results indicate an association between education levels of the girls and likelihood of being married early. This supports the findings of Nasrullah et al.(2014) which show that there is a correlation between education and age at marriage. The context of high poverty level in the region, low incomes and lack of job opportunities, can also contribute to dropping out of school and perpetuating child marriage. Some of the consequences highlighted included the medical consequences of an early birth and some also highlighted the psychological consequences of adjusting to a married adult life when the girl is too young. Lastly, the results also suggest that while both young people and other stakeholders were aware of the consequences of child marriage for a girl, this was not so clear for boys.

When comparing our data with the PDHS, there are some differences and similarities that must be highlighted. According to PDHS (NIPS 2013), 13.9% women aged 15-19 years were currently married compared to 22.3% in our data. This difference could be due to the fact that our study only represents a segment of the Sindh province, while PDHS figures are based on combined data of Pakistan. While the PDHS does not provide province-specific figures, the Pakistan Social and Living Standards Measurement Survey (PBS 2014) does provide such data. According to this survey, 9 % women aged 15 – 19 years in the Sindh province were married compared to 22.3% of our population, still a considerable difference.

The proportion of females (15-24 years) who reported to be married under 15 years across the sample was 5.2%. This is lower as compared to the figures reported for women aged 45-49 years who reported to be married by the age of 15 in the PDHS 2012-13, which was 10.1%. It is, however, significantly higher than the 2% reported among women aged 15-19 years who married by 15 in the PDHS 2012-13. Child marriage rates found in this baseline study are not fully comparable to those in the PDHS 2012-13 and PSLM 2011-12, because the surveys used different age intervals. However, the PDHS does report that "For women, marriage occurs relatively early in Pakistan; among women aged 25-49, 35% were married by age 18, and 54% were married by age 20." (NIPS 2013). The mean age at first marriage of females was 16.9 years in both districts, though the mean age in Umerkot was with 16.7 years slightly lower than in Sanghar, which was 17.1 years. According to the PDHS 2012-13, the median age of first marriage for women was 17.9 years for rural women, 20.6% for urban women and overall 18.8 years in Sindh. These figures cannot be compared, because the cohort used by PDHS 2012-13 was 25-29 years whereas the cohort used in this study was 15-24 years. However, Kolachi et al. who investigated reproductive health concerns of desert women in Sindh, bordering Umerkot, found the mean age of marriage to be 16.1 years, which is similar to results from this study (Kolachi et al. 2013).

## 4.2 TEENAGE PREGNANCY AND THE INTERLINKAGE WITH MARRIAGE

The high rate of teenage pregnancy can be explained by the wish or need for children after marriage, mixed attitudes regarding negative effects of early pregnancy, along with the low use of contraception and low decision-making space for women. It is interesting to note that teenage pregnancy was often framed as a medical issue, as participants highlighted it as a negative health consequence of child marriage. This could imply that the phenomenon of teenage pregnancy is framed as a health issue and not necessarily as a social or gendered problem. Programming on teenage pregnancy should take this into account and integrate a right-based perspective which also focusses on the social and gendered dimensions of teenage pregnancy.

Considering the socio-cultural context of Pakistan, where giving birth out of wedlock is highly stigmatized, it is not a surprise that the study found that most teenage pregnancies occurred after (child) marriage or during the same year of marriage. Pregnancies occur under the sanction of marriage. However, the qualitative data indicate early childbearing after marriage to be a negative consequence. The data show that there is some awareness among stakeholders regarding this, although there is still a mixed sentiment. Nasrullah et al. (2014) analysed the PDHS from 2006-2007 and noted that girl child marriage increases a risk for high fertility and poor fertility health indicators. In addition, Acharya et al. (2010) focused on teenage pregnancy in South Asia and note that the root cause of teenage pregnancies is child marriage, further supporting the outcomes of this study. This supports the approach of the YES I DO programme, to focus on child marriage programming in Sindh, which would also lead to a later age of first birth. However, as mentioned earlier, keeping in line the YES I DO programme aims, it is important to also address young women's (and men's) right regarding when and if to have children.

The results of this study regarding teenage pregnancy are also compared to the PDHS 2012-13. The median age at first pregnancy in our cohort was 18 years and the mean age was 17.9 years as compared to the age at first birth which was 21.9 years for Sindh as a whole; 22.8 years for urban and 21.3 years for rural Sindh. However, these figures cannot be fully compared, because the cohort used by PDHS 2012-13 was 25-29 years, whereas our cohort was 15-24 years. According to PDHS 2012-13, the overall teenage fertility has declined; the proportions that have begun childbearing decreased from about 16% in 1990-91 to 8% in 2012-13. The teenage fertility for Sindh was 7.9%. In this survey, a teenage pregnancy (not teenage motherhood) rate of 38.2% was noted. The PDHS asserts that onset of childbearing is related to the level of education of the girls. In our survey data, it is worth noting that there was a significant association between girls who had an education and their likelihood of being pregnant as a teen for girls between 15 and 24 years. However, this association lost significance when looking at girls between 20 and 24 years. Of those young women aged 15-24 who had a teenage pregnancy, 66.5% were Hindu whereas 29.3% were Muslims. This data is not available in the PDHS.

## 4.3 AWARENESS REGARDING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

While addressing child marriage and teenage pregnancy, it is also important to consider the level of awareness regarding SRHR information, SRH services and contraception use. The low levels of awareness evidenced by the low percentage who had ever received sexuality education as well as lack of response when asked about methods of contraception leads us to question whether the results are due to a lack of comfort in expressing true responses or that indeed the levels of awareness are low. For instance, the lack of response regarding knowledge of pregnancy prevention methods may signal that young people do not have the knowledge regarding contraception or that they did not feel comfortable to respond to this question, which can be considered controversial in the Pakistani context. Hence, it is unclear whether young people have comprehensive information regarding SRHR. Zooming in on sexuality education, about one fifth of the sample indicated that they had ever received sexuality education, with most popular sources being parents, friends and health providers. This could be because sexuality education is not fully integrated into the Pakistani school curriculum and many of the young people reported not going to school. A new approval regarding a life-skills based curriculum will be implemented in parts of Pakistan including Umerkot for the year 2018 onwards<sup>26</sup>.

<sup>26</sup> Naz 2018, The Express Tribune 'Curriculum to be modified to teach students life skills'  
Available at: <https://tribune.com.pk/story/1613995/1-curriculum-modified-teach-students-life-skills/>

The findings of this study indicate that uptake of SRH services was not high, but their use seems to be influenced by marital status. This could signal that it is those who are married who have social approval to access these services. It is also worth noting that a large number of those women who had ever been pregnant had not accessed antenatal and postnatal services or family planning services. This was further confirmed as several married respondents stated that they did not use any contraceptive method (especially in Umerkot). In addition, most respondents felt that young people could ‘never’ access modern contraceptives, also signalling that they may feel unsafe due to the social risks attached to it. Issues that were discussed with families and friends included marriage, being out of school and future hopes and fears while dating, and rights and entitlements were the least discussed issues.

In comparison, in Qazi’s (2003) reporting of Mensch et al.’s study (1998) when asked about information sources, young women stated that it was a mother, father or guardian that could most effectively provide information about sex, while boys were less enthusiastic about parents as sources. Reflecting on these findings, although the sources of SRHR-related education aligns with the preferred sources from the study of Mensch et al., we lack information from our data regarding its comprehensiveness. Young people also did not report teachers to be a popular source of sexuality education in this study. This observation links with the findings of Rehan (2013), who found that among 34 teachers of nine districts, the knowledge was of 76% was inadequate. Qazi’s analysis also found that young people did not have comprehensive knowledge about sex and the biological causes of pregnancy. In addition, it also found that more boys than girls had discussed sexual intercourse (Qazi 2003).

#### **4.4 MEANINGFUL YOUTH ENGAGEMENT AND THE ROLE OF ELDER**

It is clear that elders play an influential and significant role in the community. Their age makes them an authority in determining young people’s life choices, including that of marriage. Furthermore, because of this authority, young people also feel that they should respect their elders and family. This was evident when about 35% said a relative or a parent would determine their future partner as well as the agreement on the statement that unwilling boys and girls should be married for family honour and reputation. Young people also stated that due to the low literacy levels of the elders, they are under pressure to follow their decisions. Furthermore, most female respondents were dependent on a male (and older) member of the household for an income. Lastly, the mean size of the households in our sample was seven members, which could imply that a larger family also plays a role. In addition, almost half the sample across both districts indicated that they worry that they would be dependent on the decision of their father/brother or their mother. Young people are also worried about not finishing school and not getting a job. This indicates that young people need to be meaningfully engaged with the elders in the community through intergenerational dialogues and other mechanisms to facilitate communication.

#### **4.5 ROLE OF SOCIAL NORMS – TOWARDS GENDER TRANSFORMATIVE PROGRAMMING, MALE INVOLVEMENT AND GIRL’S EMPOWERMENT**

The power exercised by social norms is evident in the findings and discussion so far. The perception of child marriage being a religious and cultural custom along with harmful gender norms is prevalent in Sanghar and Umerkot. A simple illustration is the large agreement of the young people to the statement that marrying young means brides are more obedient and respectful of their husbands. Furthermore, the findings also indicate that young people do not have much choice regarding marriage. In general, household decision makers are male and the primary income earner is also a male in the household – this is true for both married and unmarried women. Moreover, females take the burden of the household chores. In addition, the patriarchal nature of Pakistani society does not permit women to exercise their agency freely. These patriarchal norms also affect masculinity (Aurat Foundation and Information Services Foundation 2016). This report highlighted some traits of regional masculinity in Sindh and noted that household chores are seen as feminine for male members. Other traits include the masculinity manifested in controlling the behaviour of women, what they can wear and their general activities outside the home. It also highlighted that a male’s masculinity is questioned when women work outside the home (Aurat Foundation and Information Services Foundation 2016). However, in our sample, we found a relatively high rate of employment for women. It has to be investigated further if there are certain types of jobs that are not permitted for women. The findings also indicate

that young women and girls may be perceived to be a burden to the household. This low value attached to females could consequently result in a higher entitlement that males have, often sexually over women (Greene et al. 2015). In addition, influential stakeholders that surround young people include religious and community leaders who are also male. Thus, it is crucial to draw support and create ownership of the YES I DO programme among men and boys in the community. Working and engaging only with women on sensitive topics such as sexuality and violence could elicit defensive reactions from males in the short term. Furthermore, Promundo's extensive work on documenting what works with engaging men and boys also shows that supporting males to adopt more gender equitable attitudes can have many benefits including better SRH outcomes, involvement in household chores etc. (Greene et al. 2015).

## **4.6 ROLE OF EMPLOYMENT AND POVERTY**

Some key informants emphasized the role of meaningful employment opportunities as a solution for child marriage. There is a lack of jobs in both districts. About two thirds of young people reported to be employed. The jobs are gendered, with more men involved in agriculture and more women employed as casual labourers and household helps. These jobs do not provide for significant job security, particularly for women. Creating economic opportunities will allow women to negotiate their position in the household. Key Informants also noted that education and employment went hand-in-hand. Furthermore, a substantial number of young people also reported working below the age of 18 and for an average number of seven hours on income generating activities, which conflicts with their right to education. In addition, in a region that is poor and where most young people reported earning less than the minimum wage, it is crucial to have economic opportunities for both females and males.

## **4.7 OTHER INSIGHTS**

When respondents were asked if they knew how to prevent a pregnancy, half of the sample did not know or did not give an answer. In addition, only a quarter of the sample had ever received sexuality education and their major sources included family, friends and health providers. Only half the sample was in school, and hence it is important to ensure that programming would also target out-of-school youth in Sindh. Lastly, since young people prefer receiving information from health providers, and because parents play an important role, they should be engaged in the YES I DO programme.

## **4.8 LIMITATIONS OF THE STUDY**

In the YES I DO Alliance works in seven countries, Pakistan was the only country where paper-based questionnaires were used during the baseline study. This was for culturally-specific reasons. This resulted in the quality assurance not being as sophisticated as in other countries, since the data were entered manually by the research assistants. Chances of errors in noting down answers and non-response to questions are higher if paper-based questionnaires are used as compared to data collection via tablets. However in many cases, the non-response rates could indicate the taboo in speaking up about this topic. Other limitations such as presence of other people during interviews may have biased responses. With regard to the qualitative data, despite employing local research assistants, it was difficult to gain consent for voice recordings. Hence, note-taking was used, including noting down verbatim and as a summary. It is also for this reason, that the qualitative data in this research has played a supporting and secondary role to the quantitative data. Plan's study on child marriage in Pakistan also faced difficulties in gaining consent from young girls and women for participation in the qualitative research (Yarrow et al. 2015).



# 5 CONCLUSIONS AND RECOMMENDATIONS

## 5.1 STRATEGIC OUTCOME 1

*Social Movement is established to transform social and gender norms that perpetuate child marriage and teenage pregnancy*

The data from survey clearly show that the majority of community members and leaders are strongly adherent to the notion that child marriage is a religious edict. This perception prevails among members of both religions. In order to combat this, it is necessary to engage religious scholars from both religions. The scholars should preferably be from Sindh and fluent in local languages. They can deliver fortnightly or monthly sermons not only in their respective religious places but also in the community. These scholars should be well versed in the subject and prior to delivering the sermons, should have frequent meetings or training sessions with programme personnel. There should be an open dialogue with them – separately with each religious group. Apart from religious scholars, community leaders and youth should also be invited to participate in the dialogue. It is crucial to follow the progress with religious leaders, to ensure there is monitoring and documenting on how the leaders negotiate their own role in changing the attitudes of the community. For instance SSO, an organisation based in Sindh working to end child marriage overcame the challenge of engaging religious leaders by giving them space to express their opinion and for SSO to understand their perspective, followed by SSO sharing the legal information in a neutral manner. Through this process, there was a realization within the religious leaders; some did value the existence of legal rules, prompting a conversation on how to reconcile contradictions and starting the process of a stronger relationship between the non-governmental organization and the religious leaders in Sindh (Girls not Brides 2017).

While religious leaders are important stakeholders, elders in the community also play an integral role. Young people in both districts expressed the difficulty of disobeying older members in their family and around them. In the communities, importance should be given to the elders because the discussions with young people revealed that the majority of them cannot go against the decisions of their elders irrespective of whether the elders are right or wrong.

Community mobilization efforts can be undertaken through theatre performances, film screening and community dialogues through health workers<sup>27</sup>. This also has the advantage of reaching out-of-school youth. However, it is important to also dissect who the ‘community’ really is, as it is not a homogenous entity. Often, those who are older and male may yield much more power in the community. Hence it is worth targeting specific community members who are influential for mobilization purposes. Lastly, female community members also exercise power in different domains and engaging them is a valuable strategy to open up conversations regarding SRHR with young women and begin the process of intergenerational dialogues.

### RECOMMENDATIONS

- Invite and engage both Hindu and Muslim religious leaders to share and reconcile differing opinions on child marriage to create a joint strategy on raising awareness and accountability
- Target specific influencers in the community to create allies such as specific elders who can support young people’s and their family’s decision if they choose to deviate from social norms
- Design and promote both intra- and intergenerational dialogues that are sex segregated. These would target both interactions between older women, between older men, and between elders and young people

<sup>27</sup> Kesterton conducted a review of literature and programmes to assess what works including in Pakistan. Read more at Kesterton (2010) ‘Generating demand and community support for sexual and reproductive health services for young people: A review of the Literature and Programmes’.

The programme's focus on the role of schools is also advantageous. Imparting the life-skills curriculum spearheaded by Rutgers and the curriculum soon to be introduced by the Sindh government in Umerkot should be a priority. However, this study shows that many young people are out of school. The current programme is devised on the basis of young women and men being recruited and trained as 'Kirans' by 'master trainers' who then spread and advocate positive SRHR messages. Engaging the master trainers in imparting the life-skills education to out-of-school youth as well would be an added value.

## 5.2 STRATEGIC OUTCOME 2 AND 3

*Adolescent girls and boys are meaningfully engaged to claim their sexual and reproductive health and rights*

*Adolescent girls and boys take informed action on their sexual and reproductive health and rights*

Reaching adolescent girls and boys will require different approaches. Particularly, for those young women that Rutgers will train in SRHR as Kirans, communication and negotiation skills must also be part of the training. This should incorporate confidence and self-esteem building to exercise their voice and agency – particularly with caregivers and sexual partners. Integrating communication training could mitigate any backlash faced by young people on displaying different attitudes and behaviour than what is accepted in their households and community.

In addition, peers can play an important role to speak about these topics. Educating young men who have sisters also has potential in increasing the bargaining power of young people in their household to delay marriages.

An ecosystem needs to be created that allows young people to take action about their SRHR. Since speaking about SRHR and related issues is culturally sensitive, programme implementers should develop a core of female and male workers/ volunteers who work with women and men respectively. They would visit the study areas and hold frequent discussions with the residents, both teenagers as well as elders. The contents of the discussions should be tailored – made to have an impact on both females and males. The majority of the this group should be from the same areas, so that they understand the cultural and social sensitivities. Participants in the FGDs from both districts have expressed the desire and need for health workers and educators to come to their villages and spread awareness regarding SRHR. These would need to be both male and female health workers. Alongside reaching adolescents directly, adolescents should also be confident to get sexuality-related information from health workers, particularly when they visit them for antenatal care or family planning related services, which utilization rates were relatively high in the sample. Thus, such health providers could also be an entry point, particularly to facilitate the uptake of contraception through Rutgers' messaging around 'the happy family'<sup>28</sup>.

Although reaching girls and boys requires different strategies, it is also worth aiming to integrate co- educational SRHR sessions to decrease the taboo between young women and men on speaking about SRHR. This could also aid in transforming gender attitudes and increase the ability to demand their rights as young people.

### RECOMMENDATIONS

- Train 'Kirans' on communication and negotiation skills to help them better handle adverse opinions from community members
- Share information on child marriage and teenage pregnancy that includes health, religious, social and psychological consequences, with specific attention to rights and bodily integrity of young people
- Engage boys and young men in programming efforts to transform attitudes regarding masculinity and femininity to strengthen the fight against child marriage
- Create a network of female community health volunteers that raise SRHR-related awareness and promote contraception use

<sup>28</sup> This is an approach adopted by Rutgers to spread awareness regarding child marriage and teenage pregnancy through what they describe as a happy family.



## 5.3 STRATEGIC OUTCOME 4

*Adolescent girls and young women have alternatives beyond child marriage and teenage pregnancy through education and socio-economic empowerment*

Qualitative data reveal that one of the reasons of child marriage is lack of education and economic opportunities for girls and young women. Furthermore, the lack of educational facilities worsens the situation. The YES I DO programme can facilitate retaining young people in school. The improvement of employment options should go hand-in hand with this.

### RECOMMENDATIONS

- Engage both male and female role models in leadership positions within the community for career counselling for young people in the programme
- Expand the basket of choices that young people have with respect to jobs by exposing young people to field visits to different enterprises

It is advisable to assess whether the employment options or vocational training activities that are being offered through the YES I DO programme are gendered. Constraints in economic opportunities in the region may force young girls to adopt and organizations to offer what are usually considered women's roles, such as tailoring, while men are offered carpentry or physical labour. Exposing young women and men to possibilities of moving into professions and vocations that may not be common in the Sindh region may expand their horizons. This would include engaging role models where women are in leadership positions in different sectors and have started their own businesses. While the region is mainly agricultural, a mapping of the potential of other sectors is needed to better understand where young people can find jobs that offer security.

## 5.4 STRATEGIC OUTCOME 5

*Policy makers and duty bearers develop, reform and implement policies as well as enforce laws against child marriage and teenage pregnancy*

The lack of firm implementation of the Sindh Child Marriage Restraint Act 2013 as well as the Sindh Hindu Marriage Act 2016, both of which have prescribed punishments for marrying girls/boys younger than 18 years, was highlighted by several key informants. The data also suggest that in both districts, rates of civil registration of marriage are low, with many not being registered at all and others only having a religious registration. A practical way of improving the implementation of these acts is to strengthen the marriage registration process, which is mandatory but often not followed, by making it easy and user-friendly, particularly for those who are unable to read or write. Minorities in Pakistan, including Hindus who are a large part of the population in Umerkot, particularly find it difficult to register their marriages. This is reflected in the survey data where registration of marriages was much lower in Umerkot as compared to Sanghar. Marriage registration might improve in the coming years, considering the recent passing of the Sindh Hindu Marriages Act 2016<sup>29</sup> and the more recent nation-wide Hindu Marriage Bill 2017 in Pakistan. However, there has been speculations whether the implementation of the Sindh law has begun and whether a mechanism is in place for Hindu marriage registration<sup>30</sup>. Not only can the registration process be a strict filter to stop child marriages, it can also enhance the ability of young people to access certain government services, which is possible through an official civil registration.

29 Dawn.com|Reuters 'Sindh Assembly approves Hindu Marriage Bill' Available at: [www.dawn.com/news/1239719](http://www.dawn.com/news/1239719)

30 Tunio, October 2017, 'Sindh – the first to pass the law but last to implement it' Available: <https://tribune.com.pk/story/1530579/sindh-first-pass-law-last-implement>

For the law to be implemented, awareness about the law should be improved. This awareness is currently low. Translating the law into simple, clear and understandable messaging can assist programme objectives. Alternative forms of messaging should be considered considering the low literacy rates in both districts.

## RECOMMENDATIONS

- Strengthen civil marriage registration processes, particularly for Hindus and promote the adherence to the Sindh Hindu Marriages Act 2016 and the Hindu Marriages Bill 2017

In conclusion, the analysis of the quantitative and qualitative data clearly indicates the stronghold on social norms and in particular gender norms that influence young peoples' trajectories and milestones including marriage. In the quantitative component, a pattern emerged where several male respondents would answer 'don't know' to questions relating to SRHR. This signals that they need to be engaged in the programme alongside girls, as they also seem to be limited by the opinions and the elders in the community. Girls are seen as a (economic) burden by their families and communities. Furthermore, they are expected to be subservient to their husbands – an attitude shared by young women themselves. Alongside, it was widely agreed that marrying girls young would make them more obedient and respectful wives. It seems that girls are used as a means to alleviate financial burden. More research is needed here, as this baseline study was unable to shed more light on the practice of dowry. In addition, some of the narratives about women were about being 'protected' and kept 'safe' from illicit relationships before marriage. However, young women also work in casual labour jobs, as household help and in agriculture, which are jobs that not necessarily provide security. This is also the case for men. They are expected to be the household head, an attitude shared by young men themselves, and some marry a partner even if they are unwilling, for family honour.

This above are clear indications that patriarchal norms that persist in Sindh block the growth and empowerment of young people, and young women in particular. It seems that decision making space in Sindh is much depending on sex and age. Hence there is a need for specific type of programming, including intergenerational dialogues and the transformation of patriarchal social norms.

A deeper insight into some of the issues that emerged in this baseline study could further our understanding into what works to delay marriage and pregnancy. From a programme perspective, it would be worth investigating how 'Kirans' use their agency when faced with resistance from the community. Another area for further research includes the gendered and social norms that influence the (collective) decision to marry or not, including those cases where child marriages have been stopped and teenage pregnancies have been delayed. This could further delve into the intra-household dynamics when it comes to decision making around child marriage.

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