This landlocked southern African nation is home to 10.9 million people, with 47 percent of its population under age 15. Zambia is one of the poorest countries in the world; nearly two out of three Zambians live on less than US$1 a day. The country's economic growth was hindered by declining copper prices and a prolonged drought in the 1980s and 1990s. More recently, the AIDS epidemic has taken a devastating toll: 920,000 adults and children are living with HIV/AIDS, and 630,000 children have been orphaned because of the disease (the nationwide prevalence rate is 16.5 percent).

Child marriage is widespread in Zambia, even though the legal age of marriage is 21 for both males and females. Customary law and practice discriminate against girls and women with respect to inheritance, property, and divorce rights. Domestic violence is a serious problem, with over half of married girls reporting ever experiencing physical violence and more than a third reporting abuse in the past year.

A high prevalence of child marriage exists
Nationwide, 8 percent of girls were married by age 15, and 42 percent were married by age 18.

Zambia is highly urban (42 percent of its young women live in urban areas), and marital patterns differ strongly by area of residence. The median age at marriage is almost two years higher in urban areas than in rural areas (19.9 years vs. 18.0 years). Married girls receive little or no schooling
Sixty-eight percent of married girls aged 15–19 have not completed primary school, compared to 43 percent of unmarried girls. Approximately six out of ten married girls aged 15–19 cannot read at all.

Large spousal age differences are common and may limit married girls’ autonomy and decisionmaking ability
The younger a bride is, the greater the age difference between her and her spouse. Parents frequently arrange marriages for their daughters without their input or consent; in Pakistan, only 3 percent of married girls had some say in choosing their spouse. In some settings it appears that the younger a girl is when she gets married, the less say she has in the choice of her husband.

First births carry special risks for both mother and child
The vast majority of births to adolescent girls are first births that occur within marriage. The foremost risk first births carry is prolonged or obstructed labor, which can result in obstetric fistulas in settings where access to care is limited. First births also have elevated risks of pre-eclampsia, malaria, and infant mortality.

Girls who give birth during adolescence require special attention because they are less mature and are simultaneously coping with their own and their baby's physical, emotional, and economic needs. Globally, adolescent mothers tend to be poorer, less educated, and less adequately nourished than older mothers; they also face greater social disadvantage.

Child marriage may put girls at increased risk of HIV infection compared to unmarried sexually active girls.
Married girls have sex more often, have more unprotected sex, and have partners who are more likely to be HIV-positive because of their older age. In countries where the HIV epidemic is well established, such as Kenya and Zambia, studies have used biomarkers to confirm HIV infection rates that are 48–65 percent higher among married girls compared to sexually active unmarried girls.

First births have elevated risks; the youngest first-time mothers and their children are especially vulnerable to poor health outcomes
Among married girls aged 15–19 in Zambia, 68 percent have already given birth. The median age at marriage is almost two years higher in urban areas than in rural areas (19.9 years vs. 18.0 years).

Child marriage is a fundamental violation of human rights. Many girls (and a smaller number of boys) are married without their free and full consent. By international conventions, 18 years has been established as the legal age of consent to marriage. If the timing of marriage does not change, over 100 million girls will be married as children in the next ten years.

Child marriage, in many instances, marks an abrupt transition into sexual relations with a husband who is considerably older and unchosen. The younger a bride is, the larger the age difference between her and her spouse. Parents frequently arrange marriages for their daughters without their input or consent; in Pakistan, only 3 percent of married girls had some say in choosing their spouse. In some settings it appears that the younger a girl is when she gets married, the less say she has in the choice of her husband.

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First births have elevated risks; the youngest first-time mothers and their children are especially vulnerable to poor health outcomes
Among married girls aged 15–19 in Zambia, 68 percent have already given birth.
Most of the births occurring to girls before age 18 are first births (85 percent), and a majority of these first births occur within marriage (73 percent).

In Zambia, where the HIV epidemic is selective of young females, child marriage may be a significant risk factor for adolescent girls. Among young people aged 20–24, girls are more than three times as likely as boys to be infected with HIV (16.3 percent vs. 4.4 percent). HIV prevalence is much higher in urban than rural areas for both sexes; for example, 23 percent of urban women aged 20–24 are HIV-positive compared to 12 percent of rural women the same age.

Married girls have limited ability to negotiate condom use. Among girls who do not want to get pregnant, 48 percent of married girls compared to only 3 percent of unmarried girls had unprotected sex in the previous week.

A study conducted in Ndola, an urban setting with a high prevalence of HIV, found that married girls aged 15–19 are significantly more likely than their sexually active unmarried counterparts to be infected with HIV (27 percent vs. 17 percent).

Recommendations to promote later, chosen, legal marriage:
- Raise awareness of the extent of early marriage and the human rights abuse it constitutes.
- Publicize and enforce the national law that establishes 21 as the legal age of marriage.
- Engage communities through public campaigns, pledges, or incentive schemes.
- Raise the awareness of parents, community leaders, and policymakers about the health and rights implications of young girls marrying much older men.
- Develop special social and health support structures for young, first-time mothers.
- Encourage governments and communities to commit to getting girls to school on time and to keeping them in school through the secondary level. Being in school during adolescence has important health and development benefits for girls.
- Develop social and economic programs for out-of-school girls, including nonformal education programs.

REFERENCES
6. Figure is for 15–19-year-old married girls.
8. 78 percent of births that occur before age 18 are first births, and 90 percent of first births that occur before age 18 occur within marriage. DHS data analyzed by Monica Grant, Policy Research Division, Population Council. (DHS surveys cover 60 percent of developing-country populations.)
24. ZDHS 2001–02 data analyzed by Monica Grant, Policy Research Division, Population Council. (DHS surveys cover 60 percent of developing-country populations.)
26. ZDHS 2001–02 data analyzed by Monica Grant, Policy Research Division, Population Council. (DHS surveys cover 60 percent of developing-country populations.)
27. ZDHS 2001–02. Data are for 20–24-year-olds.