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American Academy of Pediatrics

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To: House Judiciary Committee
From: Jill Sudhoff-Guerin, Vermont Medical Society and
American Academy of Pediatrics VT Chapter
Date: February 17, 2023
RE: H.148, Bill to End Child Marriage

On behalf of over 2,400 physician and physician assistant members of the Vermont Medical Society (VMS) and the American Academy of Pediatrics Vermont Chapter (AAPVT) we urge the House Judiciary Committee to support [H.148](#), the bill that would end child marriage. Child marriage before 18, the age of majority, impacts Vermont adolescents' health, education, and economic opportunities, and increases risks of experiencing violence and poverty.

Child marriage has been recognized as a human rights abuse by the World Health Organization, the [United Nations Children's Fund \(UNICEF\)](#), and [the American Medical Association](#). The U.S. and 192 other countries have promised to end child marriage by the year 2030 under [the United Nations Sustainable Development Goals](#).

However, the marriage of minors remains legal in 44 U.S. states, with approximately 300,000 children as young as 10 having been married in the U.S. between 2000 and 2018 – mostly girls wed to adult men. All states ostensibly set the minimum age for marriage at 18, but like Vermont, exceptions can be granted in every state under various circumstances, most commonly parental consent and some measure of judicial approval.ⁱ

In December, 2019 the American Medical Association (AMA) adopted a policyⁱⁱ opposing child marriage and advocating for state and federal legislation to end its practice because of resulting health impacts, including:

- Child marriage is associated with lower access to contraception, higher rates of sexually transmitted infections including HIV, unwanted pregnancies, suicide ideation and intimate partner violence when compared to women married at age 21 or older.
- Child marriage undermines reproductive and sexual rights. Americans who are married before the age of 18 report higher rates of unwanted or unplanned pregnancies, due to the inability to negotiate safe sex and access medical care.
- Studies show married minors have a 35 percent to 55 percent higher risk of delivering a preterm or low-birthweight infant than mothers older than 19 years, and, subsequently, there is a higher risk of neonatal or infant death.ⁱⁱⁱ

- Teen marriage has a 70-80% divorce rate and teen mothers who marry and then divorce are shown to be more likely to suffer economic deprivation and instability than teen mothers who stay single.^{iv}
- Child marriage in the U.S. has been associated with a significantly increased risk of almost all psychiatric disorders, as approximately 35 percent of women who were married as children presented with psychiatric disorders and 53 percent had a lifetime history of psychiatric illnesses.^v
- A 2007 study showed child marriage in the United States is associated with a 23 percent greater risk of disease onset, including heart attack, diabetes, cancer, and stroke.^{vi}

All young people in Vermont deserve equal opportunities to enjoy their childhood and to grow up healthy, educated and able to achieve a future they deserve. Please support H.148 and end child marriage.

ⁱ https://i4y.berkeley.edu/sites/default/files/koski_and_heyman_2017_-_child_marriage_in_the_united_states_how_common_is_the_practice_and_which_children_are_at_greatest_risk.pdf

ⁱⁱ <https://www.ama-assn.org/system/files/2019-10/i19-011.pdf>

ⁱⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2672998/#:~:text=A%20human%20rights%20violation%2C%20child,obstetric%20fistulas%2C%20and%20maternal%20mortality.>

^{iv} <https://scholarship.law.wm.edu/cgi/viewcontent.cgi?referer=https://www.unchainedatlast.org/wp-admin/post.php?post=18488&action=edit&httpsredir=1&article=2467&context=facpubs>

^v <https://publications.aap.org/pediatrics/article-abstract/128/3/524/30659/Child-Marriage-in-the-United-States-and-Its?redirectedFrom=PDF>

^{vi} Dupre ME, Meadows SO. Disaggregating the effects of marital trajectories on health. *Journal of Family Issues*. 2007; 28(5):623-652. <https://doi.org/10.1177/0192513X06296296>