

Delaying Age at Marriage and First Birth: Evidences from Regional and National Interventions

(With focus on India, Nepal and Bangladesh)

Session 2: Child Marriage and Adolescent Pregnancy: Vicious Cycle of Poor Education, Poverty and Ill-health



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Child Marriage : The Prevalence

- Over 67 million women 20-24 year old in 2010 had been married as girls. Half were in Asia, one-fifth in Africa.
- In the next decade 14.2 million girls under 18 will be married every year.
- This will rise to an average of 15.1 million girls a year, starting in 2021 until 2030, if present trends continue.
- In South Asia, 46% of women between ages 20-24 report being married before age 18 in 2010, this translated to 24.4 million women in the region.
- Child marriage remains a pervasive problem in South Asia and sub-Saharan Africa

India, Bangladesh and Nepal

- Comparative view

Characteristic	India	Bangladesh	Nepal
Total married 17 years of age or younger	58.9	77.2	62.5
- Married 15-17 years of age	41.6	39.3	50.0
- Married 14 years of age or younger	17.3	37.9	12.5
Husband older by 10 years of age or more	14.3	41.1	8.8
Primary or no education	54.5	46.7	64.6

Source: *Understanding the role of child marriage on reproductive health outcomes: evidence from a multi-country study in South Asia; Deepali Godha, David Hotchkiss, and Anastasia Gage; Tulane University; USAID, MEASURE Evaluation PRH, School of Public Health and Tropical Medicine; ppt. slide set Nov 2011*

India: EAG States and Child Marriage Prevalence

Country and States	Women age 20-24 married by 18 (%) (NFHS-III-2005-06)	Women age 20-24 married by 18 (%) (<i>Annual Health Survey-2010-11</i>)
India	44.5%	
Jharkhand	61.2%	51.8%
Bihar	60.3%	54.6 %
Rajasthan	57.1%	57.1%
Madhya Pradesh	53%	48.1%
Uttar Pradesh	53%	39.2%
Assam	38.0%	39.4%
Orissa	36.3%	30.9%

As per NFHS-III out of 28 states, 8 are above the national average at more than 50%. Another 9 below national average but more than 30%. Rest of the states are below 25 % with Goa (11.7%), Himachal Pradesh (12.3%), Manipur (12.7%), J&K (14%) and Kerala (15.4%) at the lower end

A Systematic Review by ICRW

The International Center for Research on Women (ICRW) in 2007

- Of the 66 child marriage related programs across 30 countries captured in scan, only about 10 percent of programs were evaluated.
- Still fewer were evaluated using rigorous methodologies or included information about the evaluation process.
- Evaluated child marriage programs are heavily concentrated in South Asia, with Bangladesh and India topping the list.

Source: *Solutions to End Child Marriage, What Evidence Shows, 2011*
International Center for Research on Women (ICRW).

Key Intervention: Bangladesh

- Project:** **Kishori Abhijan**, Adolescent Girls ‘Adventure’ Project in Rural Bangladesh, BRAC, CMES, Population Council
- Target:** Adolescent girls in 14 rural districts of Bangladesh; 250,000 girls in 58 districts after being scaled up.
- Approach:** Life skills training and Livelihood opportunities to rural girls to decrease school drop-out rates; increase girl’s independent economic activity and raise the age at marriage.

Outcome:

1. *increased number of girls working for cash and the amount they earned;*
2. *working for cash did not lead to dropout from school;*
3. *delays in marriage achieved by a subgroup namely younger girls in poorest families of rural Bangladesh*

Key Intervention: Nepal

Project: **Youth Reproductive Health in Nepal: Is Participation the Answer?**, 1998-2003

By ICRW and Engender Health, Washington D.C. and New York

Target: 14-21 years girls/youth

Approaches: Addressed SRH needs and concerns of young people: **Adolescent** friendly health services; **Peer** education and counseling, and **Information** and education campaign; **Adults** peer education; **Youth** clubs; **Street** theaters on social norms, **Efforts** to improve livelihood opportunities and teacher's education.

Outcome:

1. Clear evidence of normative change in norms; decline in the proportion of 14-21 years who are married in control and intervention sites with substantial decline in later; In rural sites there was negligible decline but a favorable result.

Key Intervention: India

Project: **PRACHAR, Promoting Change in Reproductive Behavior of Youth, Pathfinder International Project, Bihar**

Multisectoral, Gendered Approach to Improve Family Planning and Sexual and Reproductive Health for Young People

Target: Unmarried Adolescents and Newly Married Couples; parents /in laws, influential people

Approaches: IPC through trained change agents

Outcome

1. *Percentage increase in in median interval in marriage and first birth from 21.3 to 24 months*
2. *Percentage increase in women using contraception for delaying first child from 5.3 to 19.9*

Improving Reproductive and Sexual Health of Young People by Increasing the Age at Marriage in India, Nepal and Bangladesh (2009-2013)



Overall Objective :

Delay in mean age at marriage by at least 3-6 months in the intervention areas by end of project

Project Purpose/ Outcome Indicators:

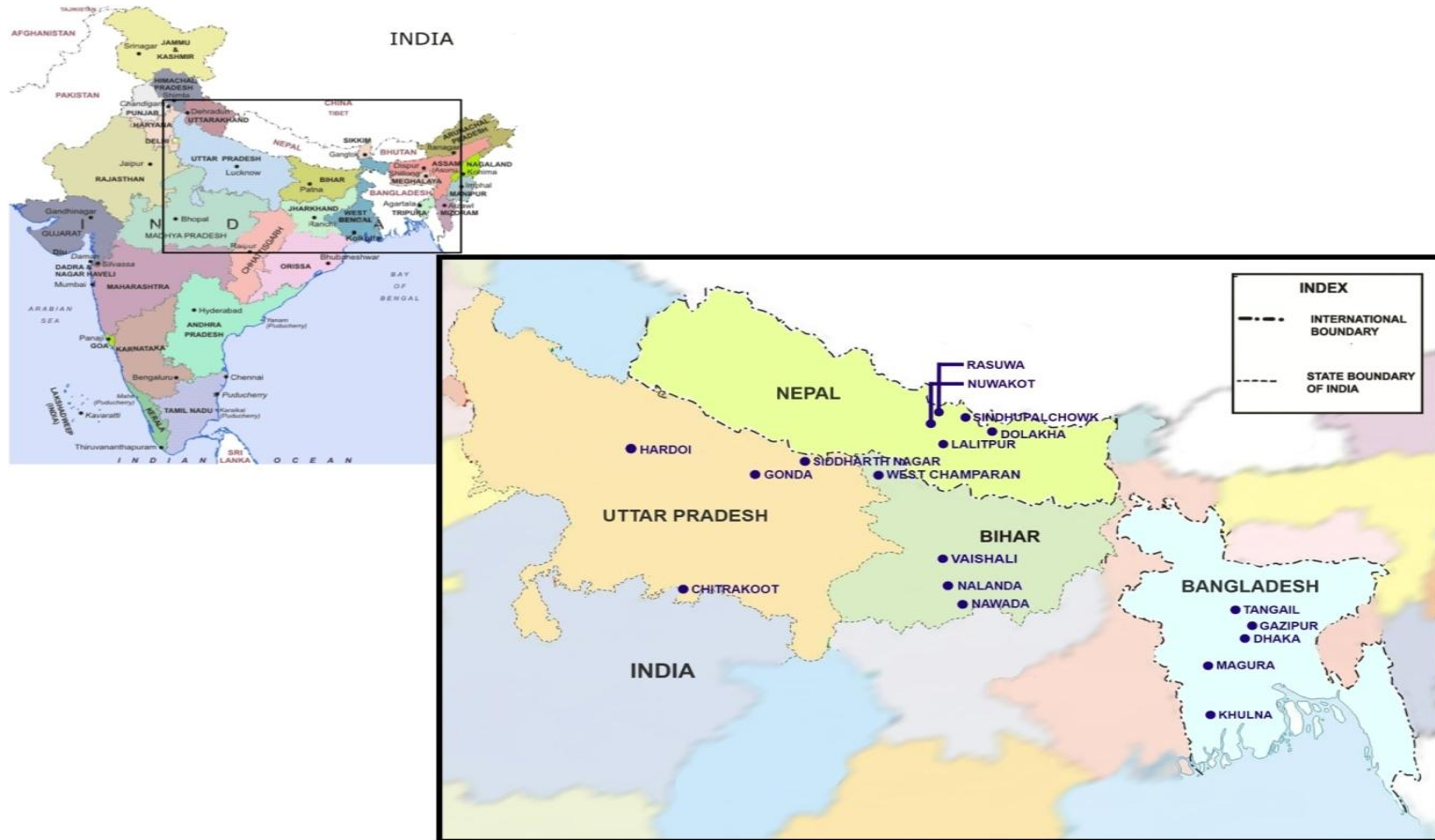
- Increase in number of young boys and girls marrying after legal age
- Increase in number of Young Couples delaying the first pregnancy
- Increase in School Retention of Girls and Boys

The project aimed to contribute to achievement of MDGs 3a; 5a and 5b.

Geographical Focus and Partners (18 sites in 18 districts across 3 countries)

Country	District	Implementing NGO
INDIA		
BIHAR	Nalanda	Gramin Evam Nagar Vikas Parishad (GENVP)
	Nawada	Nidan
	Vaishali	Mansi
	Paschim Champaran	Institute for Development Education and Action (IDEA)
UTTAR PRADESH	Siddhartha Nagar	Shoharatgarh Environmental Society
	Gonda	Pandit Ballabh Pant Institute of Studies in rural Development
	Hardoi	AWARD
	Chitrakoot	Jan Kalyan Mahasamiti
NEPAL		
NEPAL	Dolkha	Community Development Forum (CDF)
	Lalitpur	Rural Institution for Community Development (RICOD)
	Rasuwa	Manekor Society Nepal (MSN)
	Sindhupalchowk	Gramin Mahila Srijansil Pariwar (GMSP)
	Nuwakot	SOLID Nepal – Country Coordinating NGO
BANGLADESH		
BANGLADESH	Dhaka(Head Office)	CWFD- – Country Coordinating NGO
	Dhaka	
	Gazipur	
	Khulna	
	Tangail	
	Magura	

Project Intervention Sites in Bangladesh, India and Nepal



Population Coverage and Reach

Population covered in each district: 1 lakh population

Reach in each district/intervention site:

Young People : Approx. 15% of young people between 10-24 years

Parents and other Family Members: of all youth members

Key Village and Community Stakeholders : 250-300 persons

(Religious Leaders, Key Opinion Leaders, PRI / VHSC members in India; VDC members in Nepal and Ward councilors in Bangladesh)

District and Block officials: 15-20 persons

Service Providers: 150-200

(Doctors and frontline Workers- ANM, ASHA, AWW in India, Family Health Visitors, Family Welfare Assistants, in BD and Auxillary Health Worklers, Female Community Health Volunteer sin Nepal)

Teachers: 25-50

(in 1-2 secondary/higher secondary schools- 9th, 11th standards for LSE only)

Specific Objectives

1. To **strengthen existing policy and programme environment** through advocacy with identified key government departments and institutions **for promoting 'legal' age at marriage and delayed first pregnancy**
2. To undertake **community mobilization** to increase the age at marriage and delay first pregnancy through implementing NGOs in the district
3. To identify, **develop and strengthen a network of NGOs/CBOs** to mainstream the issue of early marriage in their on going development programs and to undertake and participate in advocacy initiatives on the issue
4. To undertake **media advocacy** for meaningful participation of media houses to generate public opinion on appropriate age at marriage and delayed first pregnancy.
5. To **develop a participatory Management Information System (MIS) and facilitate knowledge management** with regard to key indices of young peoples' sexual and reproductive health (YSRHR), with special focus on prevention of early marriage and early pregnancy.

Intervention Logic

Intervention Component

Village level Community Meetings
Stakeholder involvement
Registration of marriages at Panchayat

Youth Information Centres at Village level, Youth Groups and Peer Leaders
'Bal Vivah Nirodhak Samiti' to monitor child marriages
Local level advocacy for School retention specially Girls
Advocacy stakeholder to include Life skills education in schools

Community involvement in demanding Quality of education and facilities up gradation in schools
Activation of PTAs

Positioning risks of pregnancy & consequences at early age in like skills based education and BCC sessions for in-school and out-of-school young people

Advocated for :
-Confidential counseling and friendly attitude
-Easy access to ante-natal and post natal care services
-Synergy in service providers (Doctors and Frontline - Functionaries like ASHA/ Family Health - Visitor/Community Health Worker)
-Skill building of providers on AFHS

Networking and Advocacy at State level
Media advocacy and involvement

Determinants

Permissive attitudes to be changed

Youth involvement

School retention especially girls to be increase

Perceptions and Protection skills on risks and costs of getting pregnant

Access to qualified service to be increased

District and state level environment to be enabled

Behavior

• Delay in age at Marriage and/or age at cohabitation (Gauna)

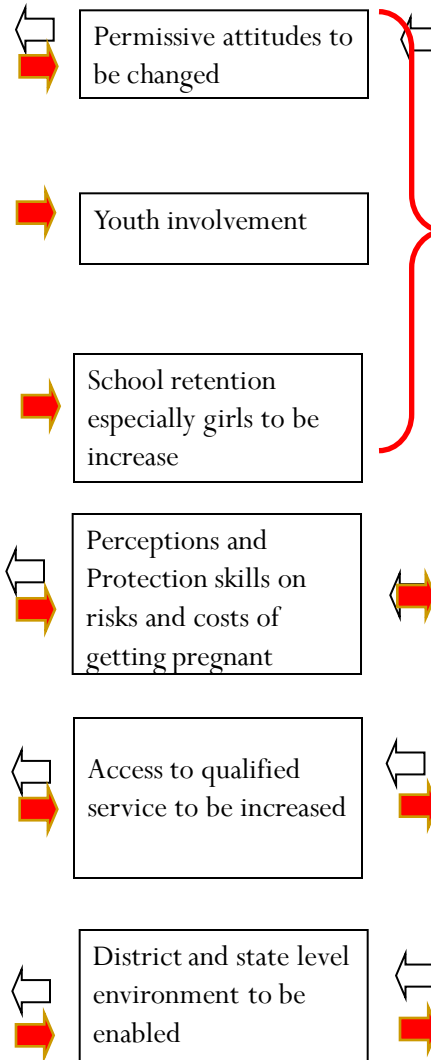
• Increase contraceptive use

• Increase in service access from 'qualified providers'

• Increase in enabling environment

Goal

Reducing Early Marriage & Pregnancy among youths



Evaluation by Independent Agency

Evaluation Methodology:

- End line assessment covers all the 18 intervention sites (eight in India and five each in Bangladesh and Nepal) of EU- EMEP project.
- The end line assessment adopts a **mixed methods** (quantitative and qualitative) approach for a comprehensive understanding of the way EU- EMEP project unfolded and gradually matured.
- Six sites were randomly selected from each district- the number of sites having YICs and those without YICs being roughly equal in number.

Evaluation Methodology :

- The proportional representation of young people in the three age groups of 10-14 years, 15-19 years and 20-24 years in each sampled site was as per the share of the age group in the respective country
- A total of 3995 young people in the three countries were interviewed as part of community based sample survey for the end line assessment.
- Stakeholders' analyses were carried out with service providers, parents, religious leaders, local elected members through in-depth interviews and focus group discussions.

Key Findings

Relevance

- In its **rationale** and **the choice of location**, the EU-EMEP project establishes its relevance.
- In such a context where the mandate exists but not realized fully, it has **played the role of constant prioritization** among government stakeholders of the issue of prevention of early marriage in girls.
- **Community mobilization** in EU-EMEP project has been **multipronged and variegated** in the three countries, **identifying and working with multiple levers in the community.**

Efficiency

- Though operational in multiple sites in three countries, the **local context has shaped it**.
- **Multiple stakeholders at different levels and aspects of governance were identified and engaged** within the three countries in a specific way.
- The **pitch at which messages** were directed at functionaries of different departments of the governments was an efficient measure.
- Engagement with the young people in the project has been **staggered and multi dimensional**.
- The coming together of **NGOs with varying size, focus and financial resources** for a common purpose has been **striking**.
- The **engagement with the electronic media (Radio)** has been **striking in Nepal**.
- The **project communication** has successfully upheld its central message despite the diversity in form and context.

Effectiveness

- The project has **strengthened the programme environment** by imparting greater visibility to the issue.
- **Community mobilization** has been almost **exclusively on the issue**.
- The **engagement with local actors** with varying degrees of influence has not only aided efficiency, but has also been **strategic** in achieving the results.
- A little more than 59,000 young people have ever been to **YICs**. Males were more compared to females.
- The number of **teachers oriented on LSE per school** is most favourable for Bangladesh (6.0), followed by India (3.4) and Nepal (1.0).
- The **development and strengthening of a network of NGOs/ CBOs** to broad base the issue among partners in the development sector has exceeded the targets set for the purpose.
- In the three countries, engagement with the **media** has been primarily attempted by orienting personnel of different media houses through sensitization workshops.

Key process indicators

(Source: Project MIS)

Indicator	India	Nepal	Bangladesh
No. of meetings conducted with VHSC/VDC/BBPC	10967	1980	708
No. of VHSC/VDC/BBPC members/secretaries oriented on Child marriage, marriage registration	925	397	213
No. of VHSC/VDC/BBPC activated on child marriage	120	55	62
No. of villages/VDCs/wards initiated marriage registration	281	191	213
No. of AHC/ YFHS centre integrated in the Public Health System	8 (PHCs)	5 (Sub health posts)	16 (linkages established with private providers)
No. of Health Service Providers oriented on YFHS	1923	227	481
No. of young people referred to YFHS	2079	432	417
No. of young people availed YFHS services	1361	230	339

Key process indicators

(Source: Project MIS)

Indicator	India	Nepal	Bangladesh
No. of YICs Established	72	27	22
Total No. of young people visited YICs (including repeat visits)	30,6521 M=157124 F=149397	29,498 M=15396 F=14129	61,000 M=33893 F=27107
No. of young people visited YICs (Excluding repeat visits)	46,955 M=25576 F=21379	3,080 M=1738 F1342	9,231 M=4374 F=4857
No. of young people reached through BCC sessions	34096	23105	22736
No. of schools where PTA/SMCs are functional/activated.	64	127	25
No. of teachers (Schools)oriented on Life Skills Education/Sessions	382 (65)	151 (25)	145 (117)

Key process indicators

(Source: End line Evaluation)

Aspects	Bangladesh	India	Nepal
Rent paid for YIC (%)	86.7	0.0	5.9
Health Service Providers visit YIC (%)	66.7	83.3	70.6
Average number of visitors on last functional day	10.7	18.0	11.2
Young People referred from YIC (%)	100	75	88.2
Average number of referrals from YIC in last calendar month	4.7	3.6	0.9

Key process indicators

(Source: End line Evaluation)

Indicator	Percentage of ever married young people whose marriage has been registered		
Countries	Male	Female	Total
India (8 rural sites)	12.0	8.8	9.7
Nepal (5 sites)	43.6	50.0	48.0
Bangladesh (5 sites)	84.6	85.2	85.1

Outcome/Impact

Outcome 1:

Change in Mean year of schooling

Outcome Indicator	Change in Mean year of schooling		
Countries	Male	Female	Total
India (8 rural sites)	1.23	1.62	1.33
Nepal (5 sites)	2.04	1.49	2.01
Bangladesh (5 sites)	3.08	2.72	2.85

The exposure to project namely, participation in YIC activity and being member of youth group are strong predictors of a young person continuing school education.

Belief in girls' education (till high school) and their financial independence is highest for Nepal, followed by Bangladesh and India. (*Qualitative Findings*)

Outcome 2:

Increase in Mean Age at Marriage

Outcome Indicator	Increase in Mean Age at Marriage		
Countries	Male	Female*	Mean Age at Marriage (10-24 years currently married)
India (8 rural sites)	1.01	0.92	Male : 18.63 Female: 16.29
Nepal (5 sites)	1.01	0.81	Male : 19.51 Female: 18.39
Bangladesh (5 sites)	0.63	0.22	Male : 19.80 Female: 16.11

***Encouragingly, membership in youth groups in all three countries is a statistically significant predictor of girls' marriages taking place at or after 18 years.**

Knowledge on the legal age of marriage of girls (18 years) is high in project intervention sites in Bangladesh and India. In Nepal, though, knowledge of the legal age of marriage of girls (20 years) is considerably lower with about 70% of the young people being aware of it. *(Qualitative Findings)*

Outcome 3:

Increase in Age at First Conception

Outcome Indicator		Increase in Age at First Conception	
Countries	Increase in Age at First Conception	Age at First Conception (for currently married ever conceived females, 10-24 years of age)	Age at First Conception of older sister (4-18 years elder) of females 10- 24 years age
India (8 rural sites)	0.85	16.53	15.28
Nepal (5 sites)	1.21	17.52	16.31
Bangladesh (5 sites)	1.25	18.39	17.54

Health service providers are reported to visit most of the YICs in the three countries.

For community health personnel, used to the dominance of maternal and child health in the public health agenda of the country, give more importance to SRH services during these visits. *(Qualitative Finding)*

Concluding Remarks :

Need of the Hour

- **Community Actions** : Safe Space (YICs) and Enabling Environment
- **Multi –Sectoral Collaboration** : Education Retention; Livelihood options; SRH Services and Social Welfare and others (*country / district specific*)
- **Other key Partnerships**-civil society, public -private partnerships and media