



Age of Marriage and Nutrition of Adolescents in Select Districts of Jharkhand – Key Baseline Survey Findings

July 2010

Introduction

Although the legal minimum age of marriage for girls in India is 18 years, the traditional practice of early marriage of girls is highly prevalent in Jharkhand. The median age of marriage for girls in the state is 16 years and the average age at birth of first child is 18.9 years. These practices have attendant negative consequences, including higher rates of neonatal, infant and maternal mortality and anaemia. In fact, the risk of maternal mortality for women aged 15 - 19 years is reported to be five times greater than for women aged 20 - 34 years.

Jharkhand also has high undernutrition levels; about 70 per cent of the women of reproductive age and 78 per cent of children aged 6 - 59 months are anaemic. As per the National Family Health Survey (NFHS)-3, among the women in the age group of 15 - 19 years, 48.6 per cent are mildly anaemic, 17.8 per cent are moderately anaemic and 0.8 per cent are severely anaemic.

The Government of Jharkhand (GoJH) has requested the Vistaar Project for technical assistance (TA) in its efforts to delay the age of marriage and address the issue of adolescent anaemia in the state. The USAID-funded Vistaar Project is working to support the National Rural Health Mission (NRHM), focussing on the states of Uttar Pradesh and Jharkhand.

In response to GoJH's request, the Vistaar Project conducted a baseline survey to identify gaps in the knowledge, attitudes and behaviours of adolescents and their parents related to marriage and nutrition¹. These gaps need to be addressed in order to achieve the goal of delayed age of marriage and to set baseline indicators against which the impact of the interventions can be measured.

The baseline survey was conducted in the five districts, where the Vistaar Project planned to provide TA on delaying the age of marriage and stemming adolescent anaemia - Chatra, Garhwa, Hazaribagh, Latehar and Ramgarh. In each district, the sample size was fixed at 1,000 adolescent girls, 1,000 adolescent boys

and 1,000 parents (500 mothers and 500 fathers) of adolescents. The sampling was uniform across the state and included urban areas.

Community champions can be effective change agents for promoting desired behaviour change regarding age of marriage, birth spacing and nutrition, and were, therefore, included in the baseline sample. From each district, 200 community champions (mostly consisting of village *Pradhans*, *Panchayat*/ward members, teachers or *Anganwadi* workers) were also interviewed. In addition, trained health investigators measured the haemoglobin levels of adolescent girls participating in the survey.

This technical brief provides highlights of the baseline survey findings and recommendations for action. A full report of the survey findings is also available, which offers more detailed data and analysis at the district level².

Profile of Adolescents

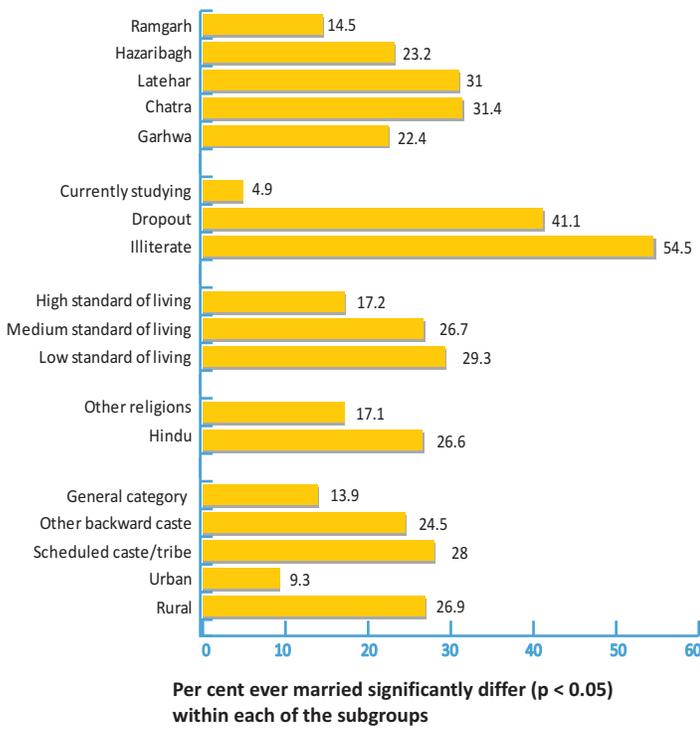
Over 85 per cent of the adolescents surveyed were from rural areas and most (80%) were Hindus. Practically all (91%) belonged to either scheduled castes/tribes (SCs/STs)(36%) or other backward classes (OBCs) (55%). About 40 per cent of the adolescents belonged to the medium standard of living index (SLI) and 30 per cent each belonged to low and high SLI.

The results of the survey showed that the profiles of the adolescent girls and boys differed significantly in a number of areas including literacy, media exposure, marital status and occupation. A quarter of the adolescent girls were already married. As Figure 1 in the next page shows, marriage rates were highest among illiterate girls (55%), those who dropped out of school (41%) and those from SCs/STs (28%). The percentage of married adolescent girls was highest in Chatra (31.4%) and Latehar (31%), and the least in Ramgarh district (14.5%).

¹This baseline survey was conducted by the Vistaar Project in the five districts of Jharkhand in the months of November and December, 2008.

²Full report is available at www.intrahealth.org

Figure 1: Prevalence of marriage among adolescent girls by socio-economic and geographical characteristics



Key Findings

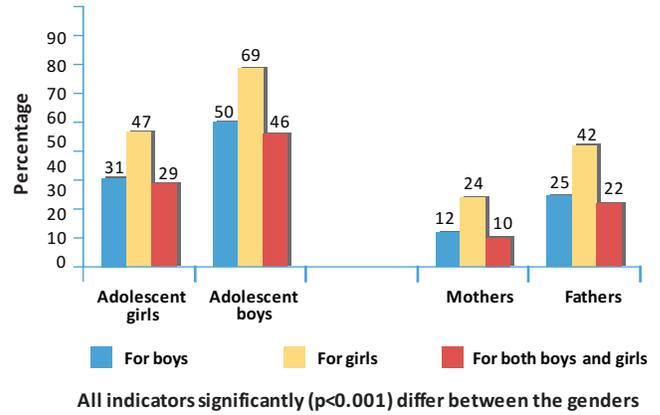
Knowledge of and Attitude Towards Age of Marriage -

Knowledge of the correct legal age of marriage for girls and boys was generally limited among adolescents and parents (Figure 2).

Knowledge of correct legal age was somewhat better among boys (69%) than girls (47%), while parents were less knowledgeable (fathers - 42%; mothers - 24%) than their adolescent children about the correct legal age of marriage for girls. Awareness was significantly higher in the districts of Ramgarh (59%) and Garhwa (50%), and lower in Chatra and Latehar (40% each) (data not shown).

Exposure to different types of media or health/nutrition education and age of marriage was linked with higher knowledge about correct legal age of marriage. Of the girls who watched television, 61 per cent were aware of the correct legal age of marriage, as against 34 per cent awareness among the adolescent girls who did not watch television. Similarly, of the girls who listened to radio, 61 per cent were aware of the correct legal age of marriage as against 36 per cent awareness among those who did not listen to the radio. Among the girls who had attended any sessions on nutrition and/or age of marriage, 86 per cent had correct knowledge about the legal age of marriage compared to 45 per cent awareness among those who had not attended any such session. However, irrespective of gender, only 3 - 9 per cent of adolescents had attended health/nutrition education sessions and/or age of marriage or family life/ life skills education.

Figure 2: Knowledge of correct legal age of marriage for boys and girls



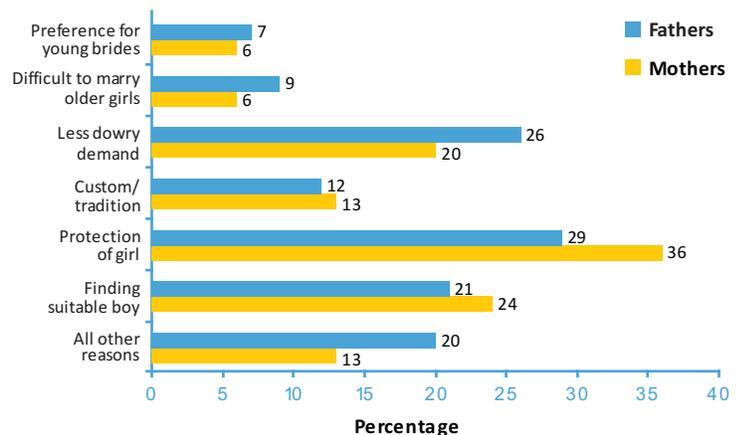
The adolescent girls felt that the ideal age for marriage should be higher (mean 19.1 years) than the actual age at which marriages took place (mean 15.6 years), but had little say in the timing of the marriage (only 39% of married girls had been consulted) or in the choice of partner (46% of married girls had been consulted about the bridegroom). Boys had greater say in the timing of marriage (76% of married boys had been consulted) and in the choice of partner (67% of married boys had been consulted about the bride) than girls.

The likelihood of early marriage varied depending on specific demographic characteristics of the girls, with illiteracy appearing to be the main culprit. The top three reasons cited by parents and community champions for early marriage of girls were protection for the girl, the availability of a suitable boy, and lesser dowry required for a younger girl (Figure 3).

Awareness of the advantages in delaying the age of marriage at least until the legal age was limited among adolescents and their parents. Less than one in five adolescents and parents could cite three or more ill effects of girls marrying early or the benefits of girls marrying at or after the legal age.

The most commonly cited ill effects were insufficient physical strength to bear children, exposure to communicable diseases/infections, too immature to handle family matters, inability to raise children and deprivation of education.

Figure 3: Reasons cited by parents for early marriage of girls



The benefits of getting girls married at a later age, as cited by the adolescents, were good health of mother and child, physical and mental strength to cope with family matters, opportunity to complete studies and attain some degree of independence, and the ability to provide financial support to the family.

Parents stated that it is possible to delay a girl's age of marriage by allowing her to complete her education and spreading awareness of the benefits of marriage at or after the legal age. Parents also acknowledged their authority in deciding when their children should marry, and said that it was within their control to delay the marriage till the legal age was reached.

Community champions were more aware of the legal age of marriage for boys and girls than the adolescents or their parents. Almost all (98%) believed in marriage after the legal age and in obtaining the consent of the adolescent to be married.

Knowledge of and Attitude Towards Family Planning -

Differences were apparent between the views of adolescents and their parents on delaying the first pregnancy and the ideal interval between two births.

More than 45 per cent of the adolescents felt that the first child should be born two years after marriage, while only 25 per cent of the mothers and 39 per cent of the fathers felt the same way. More parents felt a couple's first child should be born sooner than two years after marriage. Around 60 per cent of the adolescents felt that the ideal family size consisted of one or two children, whereas only 35 per cent of the parents shared their opinion.

Significant gender differences prevailed in terms of knowledge of modern methods of contraception (girls - 36% and boys - 62%) and the belief that a young couple should use a contraceptive method to delay first pregnancy (girls and mothers - 61% and 53%, respectively, and boys and fathers - 77% and 64%, respectively) as shown in Table 1.

Nutritional Status and Practices - Since poor nutritional status of adolescent mothers increases obstetrical risks, contributes to maternal mortality and puts their infants at risk as well, knowledge of causes and preventive measures for anaemia was sought from adolescents and their parents.

Few adolescents (29%) and parents (21% of the mothers and 26% of the fathers) were aware of the term 'anaemia' in their local language ('*khoon ki kami*'). Even among those who were aware of the local term for anaemia, knowledge about its symptoms, causes and preventive measures was limited. Knowledge levels of causes and preventive measures differed significantly between adolescent boys and girls and also between fathers and mothers, with the females being much less knowledgeable.

Awareness of vitamin-C and iron-rich foods which can help prevent anaemia was limited, with less than one-third of girls and mothers being able to identify such food. Knowledge levels were found to be somewhat higher among boys and fathers, but were not optimal enough.

More than three-fourths of adolescent girls reported having experienced one or more of the 13 anaemia-associated symptoms during the six months preceding the survey. Fever, fatigue, dizziness and lack of appetite were reportedly experienced more frequently by the girls.

Table 1: Gender differences in knowledge and attitude of adolescents and parents about family planning

Knowledge and Attitude	% Girls	% Boys	% Mothers	% Fathers
Believe that couple should have first child two years after marriage	45.9	45.2	24.6	39.4**
Believe that couple should have one or two children	58.8	58.6	34.0	34.9
Believe that birth interval between two births should be more than two years	66.5	60.5**	63.5	66.0*
Believe young couples should use some method to delay pregnancy right after marriage	61.0	77.0**	52.9	63.7**
Knowledge of modern methods for delaying pregnancy	36.3	62.0**	NA	NA
Total (N)	4824	3580	4469	2242

NA: Data not collected; * $p < 0.01$, ** $p < 0.001$ between boys and girls, mothers and fathers

Vision

We believe in a world where all people have an equal opportunity for health and well-being.

Mission

To mobilize local talent to create sustainable and accessible health care

The Purpose of the Vistaar Project

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

IntraHealth International, Inc. is the lead agency for the Vistaar Project

Disclaimer: This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Vistaar Project and do not necessarily reflect the views of USAID or the United States Government.

Only 35 per cent of the adolescent girls had normal haemoglobin levels as shown in Figure 4. Slightly less than half had mild anaemia, while one in five was moderately or severely anaemic.

Conclusions and Recommendations

Findings from the baseline survey reveals gaps in knowledge about age of marriage and nutritional issues among adolescents and their parents. A significant proportion of adolescents and parents do not know the legal age of marriage for girls and boys. They are also not aware of the potentially adverse consequences of early marriage, especially for girls.

The findings reveal that the practice of early marriage of girls is significantly higher in the illiterate and marginalised socio-economic groups, and certain areas of Jharkhand. These groups need focussed attention, when planning the intervention for delaying age of marriage.

The major reasons (protection, dowry, and availability of suitable boy) for early marriage of girls are related to the socio-cultural context and require longer-term interventions and changes in societal practices.

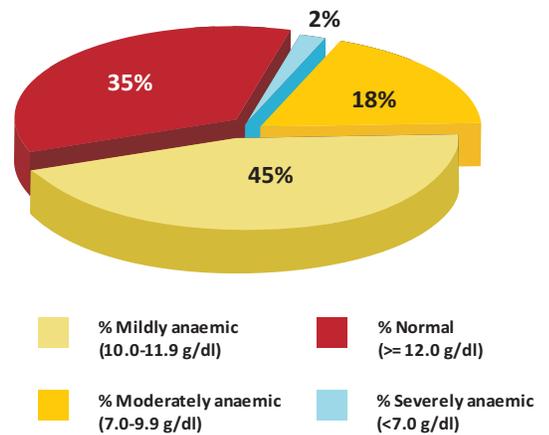
The survey findings also show that less than half of the adolescents and an even smaller proportion of parents believe that couples should have their first child after two years of marriage, indicating societal expectations for having children early in marriage. Adolescent girls, in particular, have limited knowledge of modern contraceptive methods, despite their desire to space and limit the number of children.

The data confirms that a substantial proportion of adolescent girls suffer from anaemia and its symptoms. Thus, adolescents and their parents need to be educated on the benefits of delayed age of marriage and the importance of achieving and maintaining good nutrition before parenthood.

Adolescents with exposure to various forms of media were found to be more knowledgeable about the legal age of marriage and modern contraceptives. The adolescents with higher levels of education were less likely to marry early and to be more aware of anaemia and its symptoms.

Communication strategies, both interpersonal counselling by frontline workers and community-based health communication campaigns, geared towards disseminating appropriate information, along with strategies to retain girls in schools/colleges, can, thus, influence adolescents and parents in delaying the age of marriage, and also to promote adequate nutrition for adolescent girls.

Figure 4: Prevalence of anaemia among adolescent girls



The Vistaar Project Contacts: infovistaar@intrahealth.org; Website: www.intrahealth.org

Delhi:
The Vistaar Project
A-2/35 Safdarjung Enclave
New Delhi-110029, India
Tel.: +91-11-46019999
Fax: +91-11-46019950

Jharkhand:
The Vistaar Project
153 C, Road No. 4, Ashok Nagar
Ranchi-834 002, Jharkhand
Tel.: +91-9234369217
Fax: +91-651-2244844

Uttar Pradesh:
The Vistaar Project
1/55 A, Vipul Khand, Gomti Nagar
Lucknow-226 010, Uttar Pradesh
Tel.: +91-522-4027805
Fax: +91-522-2302416