

**Child Marriage in India:
A Study of Situation, Causes & Enforcement of
Prohibition of Child Marriage Act**

Final Report

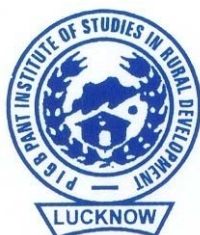
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Submitted By



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Preface & Acknowledgement

The practice of marrying girls at a young age is a worldwide phenomenon however; this is most common in Sub-Saharan Africa, South East and South Asia including Bangladesh, Pakistan and India. The problem of child marriage is widely spread across the country however; it is most common in northern, eastern and western India. The states of Jharkhand, Bihar, Rajasthan, Andhra Pradesh, West Bengal, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Karnataka, Arunachal Pradesh, Haryana, Maharashtra, Assam, Orissa and Gujarat have witnessed a high rate of the prevalence of early marriage in India. There are multiple reasons for the prevailing of the practice of child marriage. Socio-cultural, economic and historical reasons are identified as the main contributors of the child marriage. Cultural traditions, practices, customs, community, caste and ethnic pressures, educational and economic backwardness, poverty and ineffective enforcement of legislation and laws are the main reasons for prevailing high rate of early marriage in India. Government and non-government agencies are making serious efforts to curb the practice of child marriage however; a large numbers of child marriages are being performed on pious occasions in different parts of the country. This is a cause of concern for the policy makers, administrators and development activists as the practice of child marriage undermines the efforts for achieving developmental goals and particularly ensuring the child rights and reducing maternal and child mortality and morbidity. Against this view point, present study has been carried out in 10 states of India to assess the current situation and causes of child marriages and also to examine the implementation of Prohibition of Child Marriage Act.

The study has been planned in seven chapters. Chapter 1st is introductory one which provides rationale, objectives, research methodology and limitations of the study. Chapter 2nd deals with review of literature and provides a theoretical framework while Chapter 3rd is concerned with situation, prevalence, causes and consequences of child marriage along with critical review of policy and legal perspective. Chapter 4th provides the analysis of the view perception of parents while Chapter 5th is concerned with profile and

view perception of victims of child marriage. Chapter 6th is related with analysis of the view perception of concerned officials and non-officials. Chapter 7th is concluding one which provides analysis of main research findings and policy recommendations.

We are highly grateful to the concerned officials of Planning Commission, Government of India, New Delhi for entrusting the study to us by providing financial support. We are thankful to the officials of concerned state governments for extending all kind of support to the research team for conducting field survey. We place on record the sincere appreciation of the officials and representatives of local governments, civil societies, NGOs, CBOs and other stakeholders for sharing their views on the issue of child marriage.

We are very much thankful to Dr. S. P. Pandey, Director of the Institute for providing the funds in time to conduct the study smoothly.

Finally, the credit goes to Dr. A.K. Singh who assisted in drafting the report and giving it to the final shape. Our research team comprising of Dr. Neelo Farooqui, Mr. Ashok Kuswaha, Ms. Rashika Sheel, Mr. M. Nadeem, Mr. Sharique Razi, Mr. Rajesh Gupta, Mr. Sushant Singh, Manish Bahl, Ms. Sarita Singh, Mr. Javed, Mr. Sahabuddin, Mr. Mithilesh Shukla, Ms. Shalini Yadav, Mr. Abhishek Pandey and others who took entire pains for gatherings of data, literature, field survey, processing of data and analysis of research findings.

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Child Marriage in India:

A Study of Situation, Causes & Enforcement of Prohibition of Child Marriage Act

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A Study of Situation, Causes & Enforcement of Prohibition of Child Marriage Act

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Acronyms

ARSH	Adolescent Reproductive and Sexual Health
AACP	Adolescent Anemia Control Program
AEP	Adolescence Education Program
BLS	Bhagya Lakshmi Scheme
BSY	Balika Samridhi Yojana
CMPP	Child Marriage Protest Program
CMRA	Child Marriage Restraint Act
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
DHS	Demographic and Health Surveys
FGD	Focused Group Discussion
GCPS	Girl Child Protection Scheme
ICCPR	International Covenant on Civil and Political Rights
ITPA	Immoral Traffic Prevention Act
ICWR	International Centre for Research on Women
IIPS	International Institute of Population Sciences
IPPF	International Planned Parenthood Foundation
ICPS	Integrated Child Protection Scheme
IMR	Infant Mortality Rate
ICDS	Integrated Child Development Scheme
KGBV	Kasturba Gandhi Balika Vidyalya
KSY	Kishori Shakti Yojana
LLY	Ladli Lakshmi Yojana
MMKSY	Mukhya Mantri Kanya Suraksha Yojana
MMR	Maternal Mortality Rate

NPEGEL	National Program for Education of Girls for Elementary Level
NCLP	National Child Labour Project
NFHS	National Family Health Survey
NPC	National Policy for Children
NPC	National Policy on Education
NPP	National Population Policy
NNP	National Nutrition Policy
NPEW	National Policy for Empowerment of Women
NYP	National Youth Policy
NAPCP	National AIDS Prevention and Control Policy
NCC	National Charter for Children
NHP	National Health Policy
NPYADP	National Program for Youth and Adolescent Development Program
NPAG	Nutrition Program for Adolescent Girls
PCMA	Prohibition of Child Marriage Act
RTE	Right to Education
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
SHP	School Health Program
U5MR	Under 5 Mortality Rate

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Executive Summary

The practice of early marriage of children is not confined to India but it is a global problem. The practice of child marriage in India may be dates back to the ancient period however, during the Muslim rule in India, the practice of child marriage was found more prevalent in northern states. It is the advent of different forms of culture which came in from the northern borders which may have influenced by various communities to resort to early marriages. The practice of child marriage in northern India is closely associated with pious occasions such as *Akha Teej*, *Ganesh Chaturthi* etc. The main reason of early marriage is associated with cultural traditions and customs, economic hardship, poverty, educational backwardness and social pressure from within the community to marry daughters before attaining puberty. However, there are multiple reasons that sustain the practice of child marriage in India. Bringing to an end to child marriage is a daunting challenge because parents who understand the negative consequences of child marriage may find it hard to resist economic, cultural and societal pressures. Existing culture and tradition is one of the key challenges that India faces in curbing the practice of child marriage. Local traditions, customs and culture are difficult to change in favour of child rights and development goals. However, wide spread of education and consistent efforts of civil society organizations for advocacy against the practice of child marriage may change the societal mind set in the long run. Poverty is another major challenge that needs to be addressed to stop the practice of child marriage. Besides the prevailing practice of dowry and increasing cost of marriage ceremonies are the contributing factors for the sustenance of the practice. The enforcement machinery of legislations, laws and the Prohibition of Child Marriage Act is reported to be weak in most of the parts of the country. Thus, there is need to strengthen the machinery of law enforcement in India. Against this view point, the present study purports to analyze the current situation, causes, and consequences of child marriage and also enforcement of Child Marriage Prohibition Act. The study has been conducted 10 states viz., *Uttar Pradesh, Rajasthan, Bihar, Maharashtra, Madhya Pradesh, Chhattisgarh, Jharkhand, West Bengal, Gujarat and Orissa*, covering survey of about 10,000 persons including parents (2778 i.e. 61.73 per cent for boys and 1722 i.e. 38.27 per cent for girls), victims of child marriage (1596 i.e. 35.47 per cent boys and 2904 i.e. 64.53 per cent girls), officials and non-officials.

Main Findings of the Study:

Parents:

- Most of the parents were found belonging to Hindu communities however; the proportion of Muslim parents was reported significant in Jharkhand, Uttar Pradesh, Rajasthan and Orissa. About half of the respondents were from OBC communities while about 2/5th respondents were from Scheduled Castes and Scheduled Tribes. Thus, most of the respondents were from lower castes. This shows that child marriage is more pronouncing in the lower castes of the society.

- Majority of the respondents were from labour and peasant class. However, about 12 per cent respondents were from rich classes. Thus, child marriage is found more concentrated in lower economic classes of society.
- Majority of the respondents reported that they are from joint families. The main occupation of their families has been reported to be agriculture, labour and petty business. About 2/5th respondents were from lower class while 31 per cent respondents were from lower middle class. Thus, only a negligible proportion of respondents were reported to be from upper class and higher middle class.
- Majority of the respondents reported that they are married however; about 21 per cent respondents were widowed. Majority of the respondents were from the middle age group i.e. 35 to 50 years.
- Majority of the respondents were found educationally backward. About 46 per cent respondents were illiterate while more than 1/3rd respondents reported that they are metric pass. Thus, child marriage is found to be concentrated among the educationally backward families.
- Most of the respondents reported that their main occupation is labour, petty business and service.
- The main reasons for early marriage were reported to be traditional custom, demand of dowry, safety and security problems of girls, pressure from relatives and pressure from family members. Cultural tradition is the single most important factor for early marriage as more than 1/4th respondents reported this. This was found more pronouncing in Bihar, Orissa, Uttar Pradesh and Maharashtra.
- Majority of the respondents reported that Gauna was performed just after marriage. However, about 13 per cent respondents reported that Gauna was not performed just after marriage.
- The main reasons for non-performing of Gauna just after marriage were reported to be related with cultural practice, waiting for auspicious occasion and studying of children. More than 2/5th respondents revealed that married boys/girls are cohabitating with spouse.
- About 40 per cent respondents revealed that they asked young people for their marriage. They further reported that they were agreed to marry with the concerned persons.
- Most of the respondents reported that they could not pressurize on married couples for early pregnancy. However, a significant proportion of respondents in Orissa, Jharkhand, Gujarat and West Bengal revealed that they pressurize young married couple for early pregnancy. About 2 per cent respondents reported that the age of young mother at her first pregnancy has been in between 13 to 18 years. This reveals that young married women are taking high risk of child bearing as they are physically and psychological immature.

- The main reasons for early pregnancy were reported to be perceived status, family pressure, desire for a son and also desire for extending own family.
- Most of the respondents reported that they provided RCH services such as ante-natal care, natal care and post-natal care to the expected young mothers. However, the proportion of respondents who accepted the provision of RCH services such as natal care and post-natal care was reported to be low.
- Less than 1/4th respondents reported that they are aware of the Child Marriage Prohibition Act. Thus, more than 3/4th respondents were found unaware about the enforcement of Child Marriage Prohibition Act. About 27 per cent respondents accepted that child marriage violates human rights of children. Similarly, the awareness about the programmes and schemes for the empowerment of adolescent girls has been reported to be low.
- About 13 per cent respondents reported that their children discontinued education after marriage. The reasons for discontinuation of education were reported to be pressure from community, lack of permission from in-laws and spouse.
- Most of the respondents reported that early marriage of children increases the household responsibilities and financial burden.

Victims of Child Marriage:

- Majority of the respondents were female while more than 1/3rd respondents were male. Majority of the respondents were Hindus while about 2/5th respondents were from Muslim community. Most of the respondents were from the lower castes such as OBCs, SCs and STs.
- Most of the respondents were reported from the labour, peasant and business class. They were mainly from joint families. The main occupation of their families was reported to be agriculture, labour and petty business. Thus, most of the respondents were from lower class, lower middle class and middle class.
- Most of the respondents were from the age group of 19 years and above. More than 2/5th respondents were from age group of 19-21 years while about 37 per cent respondents were above 22 years. Thus, about 20 per cent respondents were from the lower age group i.e. less than 15 years.
- Most of the victims of child marriage reported that their educational levels are low. About 19 per cent respondents revealed that they are literate only.
- About 3/4th respondents revealed that they have heard about adolescence. Most of them are also aware about the correct age of adolescence. They also know the physical and psychological changes during adolescence.

- Majority of the respondents reported that their Gauna has occurred just after marriage. However, about 37 per cent respondents reported that their Gauna was not occurred just after their marriage. The main reasons for non-performing of Gauna were reported to be studying of spouse, self studying, non-earning of spouse and waiting for auspicious occasion.
- Majority of the respondents reported that they are cohabitating with their spouse. Most of the respondents reported that their consent was sought before marriage. However, about 16 per cent respondents reported that they were forced to marry. The decision of their marriage was taken by mainly father while other members of the family and relatives have their say in the decision making process.
- Majority of the respondents reported that they are experiencing changes after marriage. These changes are mainly in terms of increased household responsibilities, increased status in family and also deterioration of health and nutrition.
- About 1/3rd respondents reported that they discontinued education after marriage. The main reasons for discontinuation of education include increase in family responsibilities, lack of permission from parents and in-laws and also from spouse.
- The main reasons for early marriage were reported to be non-availability of good match later on, better adjustment at in-laws house and the perception that girls are Paraya Dhan (girls are others property).
- Almost all the respondents reported that nobody try to stop their marriage. However, they are of the view that effective enforcement of legal age of marriage, family counseling and tracking to resist social pressure for early marriage, compulsory registration for marriage are some of the most effective measures for averting early marriage.
- More than half of the girl respondents revealed that they were pregnant. The age of spouse during first pregnancy has been reported to be mainly after 19 years however, about 7 per cent respondents revealed that married girls were pregnant during the age group of 13 to 18 years. About 30 per cent respondents revealed that they experienced pressure for early pregnancy. However, about 3/4th respondents were found aware about the consequences of early pregnancy. They were also found aware about the family planning method. However, a large proportion of respondents could not receive RCH services during pregnancy. Even a large proportion of respondents revealed that they delivered babies at their home with the assistance of untrained Dai.

Officials and Non-Officials:

- Majority of the respondents were reported to be male. Most of the respondents were found belonging to SHGs, Village Panchayats, NGOs/CBOs and government officials.

- The main reasons for early marriage were reported to be poverty, economic hardship, illiteracy and educational backwardness as well as prevalence of traditional value system.
- Most of the respondents reported that they provide counseling and organize societal campaign for prevention of child marriages while government officials reported that they also arrest and warned the parents for arranging child marriages.
- About 3/4th respondents reported that Gauna is performed just after marriage. However, cultural practice, studying of spouse, and waiting for auspicious days are the main reasons for non-performing of Gauna just after marriage.
- Majority of the respondents are of the view that reproductive and sexual health services are not available to young mothers. They are also not satisfied with the quality and outreach of RCH services to young married girls.
- Lack of legal awareness, low pressure from civil societies, inactiveness of local police and low level of community pressure are some of the measures reasons for ineffectiveness of the enforcement of Child Marriage Act. However, ASHA workers, school teachers, NGO representatives, SHG members and Anganwadi workers may play a critical role for averting child marriages. Similarly, the schemes and programmes for empowerment of adolescent girls may promote the right age of marriage besides attitudinal and behavioral change for delaying marriage.

Recommendations:

- It is imperative to improve law enforcement mechanism in India. Early marriage cannot be eliminated over night and therefore monitoring of the implementation of existing child marriage laws needs to be strengthened and a protective mechanism should be established for individuals reporting child marriages. The effective enforcement of Prohibition of Child Marriage Act, 2006 must be ensured with strong political and administrative will power.
- There is need to launch a nationwide campaign for prevention of child marriage. There is a need for awareness and sensitization programmes including media campaigns for creating an environment of delaying marriage and empowering adolescent girls.
- The compulsory registration of marriage is imperative as there is no law requiring registration of marriages throughout India. Thus, enforcement of such legal provision is likely to pressurize parents for delaying marriage.
- Increasing girl's access to and motivation for schooling and attaining higher education is a key intervention strategy for delaying age at marriage. However, government schools must be improved both in terms of educational infrastructure and quality education. Scholarships and other financial incentives may be provided to the poor families for

attaining secondary and higher education to their daughters. Promotion of girl's schooling should include attention to special vocational and livelihood training directed at increasing girl's income earning opportunities.

- Awareness and enforcement of law must be strengthened to discourage child marriage practices. In order to create awareness and sensitization of government enforcement agencies, orientation and training programmes need to be organized for sensitizing the officials of government enforcement agencies. The elected representatives and community-based workers including development activists also need orientation and training regarding the legal provisions and policy related information for promoting delayed marriage.
- In India, there is strong tradition of collective action and community organizing for social change. The women SHGs and associations need to be encouraged to take collective action for delaying marriage and also preventing child marriage. The SHGs and women associations may play an important role in motivating the girls and their families concerning the continuation of schooling and can also take active part in campaigns against child marriage.
- It is imperative to create an enabling environment through an integrated strategy of enhanced education opportunities for girls, combined with improved enactment of the Prohibition of Child Marriage Act and interventions to curb child marriage practices. Mass media approaches may have a demonstrated impact on young people's knowledge, attitudes and behavior. The potential for media has been harness in many countries to provide educational entertainment to adults, adolescents and children. Media approaches are most effective when coordinated as part of an integrated intervention. The media may also play an essential role in community sensitization and changing social norms related with practice of child marriage.
- In those districts where the high rate of child marriage is prevailing, setting up special Cells is required. These special Cells may conduct the study regarding the prevalence of child marriage, loop holes in implementation of legislation and laws, administrative challenges for effective implementation of Prohibition of Child Marriage Act, and implement intervention strategies in collaboration with civil societies and government agencies.
- Safety and security of girls is of prime important. The vulnerable and poor families are the potential victims of trafficking and therefore, effective implementation of Immoral Traffic Prevention Act along with effective implementation of UJJAWALA scheme is called for prevention from immoral trafficking and rehabilitation of trafficked victims.
- Legislation is necessary to prevent child marriage but it is not sufficient to foster behavior change. Thus, policy makers need to enforce existing laws that increase the age of marriage to 18 years for girls and

develop more stringent penalties for parents who arrange for their children to be married.

- Child marriage interventions are most effective when they are based on evidence related to the risk factors for child marriage. Policy makers should ensure that girls stay in schools during adolescence and acquire economic and livelihood skills.
- International agencies should launch programmes for behavioral change. Donors and programme planners should support programmes that work to change the attitude that perpetuate child marriage. These programmes must involve community based organizations, adolescents and community leaders to achieve greater gender equality and behavioral change.
- It is also suggested that the current practice of extravagance on the marriage and its related ceremonies should be discouraged with the imposition of ceiling of expenditure during the marriage ceremonies.
- There should be special watch on the pious occasions such as Akha Teej, Ganesh Chaturthi, etc. during which large number of child marriages are being performed. This may be possible through scanning of cultural and social practices in the region by the civil society organizations while compilation of information from the community leaders, development functionaries, representatives of PRIs and community based organizations may be ensured to prepare a roadmap to resist the practice of child marriage.
- A completely new strategy based on a holistic approach of awareness, incentives, education, nutrition and enforcement need to be worked out to protect the rights of the girl children. Women should have access to comprehensive, affordable and quality health care, which should go beyond the reproductive health to take into account their vulnerability to various endemic, infectious and communicable diseases. The social and health consequences of HIV/AIDS and sexually transmitted diseases also need to be tackled from a gender perspective.
- There is a need to hold government accountable for enforcing the legal age of marriage for both boys and girls. The child marriage prevention Act should be effectively enforced to prevent early marriages. There is need to focus on adolescent girls living in difficult circumstances. Effective enforcement of Juvenile Justice Act and rehabilitation of such girls is required. .
- More research is needed to understand how the situation and needs of married adolescents differ from those of married adults and unmarried adolescents.
- Adolescent girls need specific policies to address specific sectors like education, health, family welfare, nutrition, HIV/AIDS, sports, etc. An integrated and holistic development programmes for empowerment of adolescent girls are needed. Adolescents in different circumstances like adolescent with disabilities learning disorders, adolescent sex

workers, children of sex workers and street children need more visibility in policies.

- Effective and efficient administration of Conditional Cash Transfer Schemes and other schemes oriented for empowerment of adolescent girls should be ensured while the coverage of such schemes is to be extended. The proposed scheme –Rajeev Gandhi National Scheme of Empowerment of Adolescent Girls should be launched immediately with wider coverage and budgetary support.
- Reproductive and sexual health programmes are to be designed keeping in view of rights to health care services, right to information about prevention, reproduction, transmission of diseases, right to healthy life, nutrition, education, creation and freedom from violence and abuse. More emphasis is required for counseling sensitization, education, and improving the health care services to meet out the emerging needs of reproductive and sexual health to the adolescent girls.
- Marriage cum pregnancy counseling may be promoted through improving community participation, integrated schemes of child development, immunization and nutrition. Life Skill Education is imperative to increase mental abilities and promote mental well being and competency of young girls as they face the realities of life. Redesigning population education and life skills programmes of the government to reach out to adolescents in school and out of school is essential. Counseling and group education to respond to anxieties, fears, information gaps, stress, anger, aggression, depression, loneliness and related mental and emotional needs for the well being of adolescent girls is also called for.
- There is a need to address the issue of sexuality within adolescents and sensitize them about the human rights of women and children. Appropriate NGOs could be asked by the educational institutions to carry out such target-oriented advocacy in schools, colleges, etc.
- There should be a proper monitoring mechanism along with a set of parameters, indicators and guidelines to ensure that the cash incentives are disbursed to the intended beneficiaries on time in a hassle free manner. The concerned ministry or department needs to issue directions to the banks and post offices for opening the zero balance accounts to the beneficiaries. The concerned departments and ministries also need to finalize operational guidelines besides effective publicity of the schemes.

Chapter: 1

Introduction

Child marriage refers to the practice in which a young child, usually a girl below the age of 18, is married to an adult man or a boy. Child marriage is a global problem. It is spread across India. Child marriage is not only a gross violation of human rights as per the United Nations Convention on the Elimination of All Forms of Discriminations against Women, but also undermines progress towards developmental goals. Child marriage is both a symptom of and a contributor to gender inequality. Studies demonstrate the clear linkages between the incidence of child marriage and poor health indicators, often due to early child bearing that contributes to high levels of maternal mortality and morbidity (ICRW, 2008). Child marriage is also directly associated with lower educational attainment for girls, limiting their employment opportunities, economic security and productive capacity to society (Mathur, et.al, 2003). Child marriage remains a widely ignored violation of the health and development rights of girls and young women (IPPF, 2006). Governments are often either unable to enforce existing laws, or rectify discrepancies between national laws on marriage age and entrenched customary and religious laws. This is because of official tolerance of cultural, societal and customary norms that shape and govern the institution of marriage and family life.

The consequences of child marriage are often far wider than just their impact on the individual children affected. The marriage of children has negative effects on families and communities. The practice thrives on poverty and impacts adversely on a country's health and education sectors. Young brides and young mothers are overlooked and invisible in national policy and programmes on health, education, employment and overall empowerment of women. Child marriage is often associated with multiple health risks. This is because young brides have limited access to, and use of contraception and reproductive health services and information. The majority are exposed to early and frequent sexual relations and to repeated pregnancies and child birth before they are physically and psychologically mature.

Child of young uneducated mothers is also less likely to attain high levels of education, perpetuating cycles of low literacy and limited employment opportunities. Child marriage also disrupts the education of married girls as their in-laws do not intend to send them in formal education institutions for educational attainment. Thus, child marriage deprives the right to education of girl child. In many countries, child marriage is linked with poverty. This is because of the fact that it affects the poorest in the population and reinforces cycles of poverty. Son preference is very strong in many communities in South Asian countries and particularly in India. The rising costs of marriage ceremonies and related dowry costs force many families to marry their daughters early in order to reduce such costs. In many villages in India, where the practice of child marriage is prevailing, girls are married off before they attain puberty because of social stigma the community attaches to marriage after puberty. Many such marriages end in divorce or the girls become widows, and custom forbids divorced or widowed women to remarry. Thus, child marriage creates numerous challenges to the families and communities.

The ardent desire to preserve the purity of a girl for upholding the honour of the family is the key factor contributed to early marriage. Virginity and chastity are the precious possession of a girl. The undue importance given to chastity paved the way for society's finding out various ways and measures such as seclusion of girls from interaction with others and early marriage to protect girls from possible sexual abuses. Many of the parents are of the view that the reputation of family depends mainly upon the virginity of their unmarried daughters and hence the fear in their mind that in case their girl children are allowed to mingle freely with other sex in the society, there is possibility of spoiling their virginity. Thus, withdrawal of girl students from schools on attaining puberty is resorted to as a method to protect girls from sexual harassment. Thus, they prefer early marriage as recourse to protect the girls from sexual exploitation. There are a few states where the prevalence of child marriage is reported high due to high preference of cultural and social values to marry off daughters before attaining puberty. These states include Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand,

Bihar, Orissa, Uttar Pradesh, Andhra Pradesh and Karnataka. The parents being reluctant to face the risk of late marriages try to relieve their burden by giving girls in marriage at the earliest opportunity. Thus, child marriage is regarded as a social custom rather than a social problem. In many communities, people are reluctant to depart from their customs. Despite the enforcement of legislation, laws and efforts of civil societies, people continue to adhere to the traditional custom of child marriage especially during the pious occasions such Akshaya Trithiya.

Child marriage is widespread in India despite a law banning it, and the loser in the end is invariably the girl child given the socio-economic factors that encourage the practice. India is still unable to stop this feudal practice. Most child marriages in northern India take place on an auspicious day - *Akha Teej (Akshaya Trithiya)*. But in the south there appears to be no special occasion for such marriages. Although the illegality of the practice and the fact that such marriages are not registered make the exact numbers hard to determine, some estimates put the number of child marriages in the country at several thousand every year. In some cases, the bride and the groom are said to be little more than toddlers, though the majority are in their teens. There is considerable evidence that child marriages contribute to virtually every social problem that affects women.

Among the reasons cited for the continuance of the practice include: tradition, family and societal pressure, feudal set-up, and poverty. Based on the view that 'virginity' is essential in a bride, girls are married off at a very young age, beginning five years. As a result, these girls are traumatized by sex and are forced to bear children much before their bodies are fully mature. Many parents are of the view that keeping their daughters unmarried after puberty is a big responsibility of protecting them. Most parents cite poverty as the reason. They find it so difficult to feed everyone in the family that they prefer to "send off" the daughter as early as possible to some other family. As for the boy's family, it gets an "unpaid servant" to do the household chores, often along with dowry.

The reasons for child marriage today go beyond custom and poverty. The oppressed classes and castes, with the encouragement of the landed

castes, emulate this feudal social practice as it ensures for them a source of cheap family labour. He believes that it is in the interest of the dominant classes to keep this system going. It is also the observation of the United Nations Children's Fund (UNICEF) that poor families may regard a young girl as an economic burden and her marriage as a necessary survival strategy for her family. UNICEF is of the opinion that there may be several reasons why parents get their daughters married off early. They may think that early marriage offers protection from the dangers of sexual assault or more generally, offers the care of a male guardian. Early marriage may also be seen as a strategy to avoid girls becoming pregnant outside marriage. But there is no doubt that these notions get an impetus in an environment that basically goes against the girl child and women. There is no doubt that the affluent and the well off do not indulge in this practice, as the system is favourable to them in every sense.

Discussions on the evils of child marriage began as early as the last century. But a law - The Child Marriage Restraint Act (CMRA) - was introduced only in 1929. In fact, the Indian political class woke up to the reality when Census 1921 reported that there were 600 brides between the ages of one and 12 months. It is said that a shocked Mahatma Gandhi urged a member of the Central Legislative Council, Harbilas Sarada, to introduce a Bill restraining child marriages. Thus was born the CMRA, popularly known as the Sarada Act. It was amended in 1978, when the minimum age of marriage was fixed at 21 for boys and 18 for girls and offences under the Act were made cognizable. The provisions of the Act are only to restrain and not to invalidate such marriages. Several decades later, child marriages still take place with brazen impunity. The Central government does not have any records of child marriages; the argument is that the CMRA is administered and implemented by State governments and Union Territories. Therefore, the only institutions that do such tabulation are the Census of India and the National Family Health Survey (NFHS).

It is not uncommon for political leaders and government officials to attend these ceremonies to bless newly-married children and impart legitimacy to the practice. The society in turn, instead of playing a watchdog

role, is an enthusiastic participant in a deliberate perpetuation of entrenched interests, including property and social considerations, all which make child marriages so common. The origin of child marriages may be found in the Muslim invasions that began more than 1,000 years ago. Legend says that the invaders raped unmarried Hindu girls or carried them off as booty, prompting Hindu communities to marry off their daughters almost from birth to protect them. Today, these invaders have been replaced by superstition: the local view that any girl reaching puberty without getting married will fall prey to sexual depredations, some from men imbued with the common belief that having sex with a "fresh" girl can cure syphilis, gonorrhea and other sexually transmitted diseases including AIDS.

Tradition and superstition are further reinforced by necessity. The benefit of child marriages for poor people is that it is cheaper for the family than adult marriages, since a child marriage does not need to be as prestigious and costly as an adult marriage. It is said in Hindi that "*Chhota Chhora Dahej Kam Mangta*" ("the younger the groom, the smaller the dowry"). Rural poverty similarly puts pressure on families to transfer the economic cost of a daughter to another family as early as possible. The practice is particularly rampant in the populous northern belt where child marriages are most deeply rooted: Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar and West Bengal, with a combined population of 420 million, about 40 percent of all India. In Rajasthan alone, 56 percent of the women have been married before they were 15 years.

Married girls are generally separated from their immediate families, taken out of school to be "transferred" to her new-husband home, where they are expected to be used as free labor, sex objects and productive machines. The teenagers' health is put at risk. They are much more vulnerable than mature women when it comes to sexually transmitted diseases. Since their bodies are often not prepared to bear children, early pregnancy leads to more extreme peril, including death, during delivery and jeopardizing the health of these young mothers as well as their babies. As first-time mothers, girls face high risk in their pregnancies including obstetric fistula. This is a disease usually caused by several days of obstructed labor, without timely medical

intervention. The consequences of fistula are life shattering: The baby usually dies and the woman is left with chronic incontinence. Because of her inability to control her flow of urine or faeces, she is often abandoned or neglected by her husband and family and ostracized by her community.

Statistically, it is translated into soaring birth rates, grinding poverty and malnutrition, high illiteracy, a high infant mortality rate, and a low life expectancy, especially among rural women. According to the United Nations, maternal mortality in India (which indicates the number of women dying in childbirth or from pregnant-related causes) is 25 times higher for girls under 15 years and two times higher for 15-19-year-olds. In view of this data, we can consider these marriages crimes not only against the children to be married but also against all of humanity. Ending child marriage is challenging because even parents who are aware of its negative impact may find it too difficult to resist the economic and social pressures as well as the heavy weight of the tradition. In order to stop such child marriages, the Indian government is aiming to create stricter and more easily-enforced laws, since the current legal atmosphere is not having a widespread enough effect. Currently, the police cannot arrest the organizers of mass child marriages without applying for a magistrate's order, which may take days. The punishment (maximum three months in prison) and fine are also not severe enough to stop the practice. Proposed changes include stronger punishment, a compulsory registration of all marriages rather than merely religious rites, the appointment of anti-child marriage officers in every state, and making a law requiring anyone who attends a child marriage to report the marriage. A further recent proposal is to administer campaigns to encourage poor families to participate in mass marriages of sons and daughters who are over the legal age to get married, in order to save costs of dowries and wedding arrangements.

However, the law alone cannot curb this harmful social practice. A change in psyche of the backward and illiterate people is required. Education and the empowerment of women are, beyond a doubt, two of the best remedies in a largely male-dominated country. Marriage before the age of 18 is a reality for many young women. According to UNICEF's estimates, over 60

million women aged 20-24 years were married /in union before the age of 18. The number of children who enter into marriage or cohabitation each year varies according to region and across countries. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in hope that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actuality, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage". While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by

the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group. Required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves, married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected by child marriage but the issue impacts girls in far larger numbers and with more intensity. Cohabitation - when a couple lives together as if married - raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship - for example, inheritance, citizenship and social recognition - might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

Studies over the past decade have focused on the prevalence, causes and negative consequences of child marriage. In India, child marriage has declined modestly over the last 15 years. While the gap between urban and rural areas remains stark, several states show promising trends. Data analysis of three National Family Health Surveys from 1992-93 to 2005-06 shows an increase of only 0.4 years in the mean age at marriage from, 16.7 years to 17.1 years. The urban-rural differential over the 15 years remains substantial. Rural girls marry younger than 18 years at nearly twice the rate of urban girls. Several states with high child marriage rates showed significantly declines in women who marry before age of 18 years. Education continues to be the single most important predictor of age at marriage over time. Girls who have more education and wealthier families tend to marry later than illiterate and poorer girls. Strong national policies that limit child marriage are undermined by lack of awareness, weak implementation and lenient enforcement. Though, legislation to prevent child marriage dates back 1929 Child Marriage Restriction Act which was amended to Prohibition of Child Marriage Act, 2006, however, the practice of child marriage is still continuing. The government has also programmes offering cash incentives to delay age

at marriage for girls however, the loop holes in policies, administrative challenges and lack of awareness of these policies and programmes among the intended beneficiaries, the effectiveness of such programmes is limited. The civil societies and NGOs do offer good programmes for preventing early marriage in India and particularly in the child marriage prevalent concentrated areas (Gupta, S.D. et. al., 2008). Some of the programmes which were implemented for the prevention of child marriage and empowering adolescent girls in India include (1) action approach for reduction of early marriage and early pregnancy (2002-05), (2) advocacy initiatives on Child Marriage Restraint Act (since 1989), (3) Apna Beti Apna Dhan (1994-2005), (4) Balika Samridhi Yojana (1997-2004), (5) development initiative for supporting healthy adolescents (2004-07), (6) Kishori Shakti Yojana (since 2000), (7) Life Skill Programme to increase low age at marriage (1997-2005), (8) promoting change in reproductive behavior in Bihar (2001-05), (9) regional initiative for safe sexual health by today's adolescents (2004-07), (10) special initiatives for the Government of Rajasthan to delay marriage (since 1984), etc. Some state governments have also launched conditional cash transfer schemes such as Ladali Yojana, Ladali Laxmi Yojana, Dhan Laxmi Scheme, recently Uttar Pradesh Government initiated Hamari Beti Uska Kal for minority girls where Rs. 30,000/ will be provided to them for further education and marriage after high school. In the mean time it was pleaded if high school pass minority girls married, there age will not be more than 16 years. Then, it was clarified from the Government that only those beneficiaries would be given Rs. 30,000/ who attain the age of 18 years. UNICEF has been working on the issue of child marriage in different states in partnership with the state governments as well as other agencies. While the success of these initiatives is not known, they do offer innovative ideas for dealing with the age old practice of child marriage in different parts of the country (IDLO, 2010). NGO and Civil Society interventions directly addressing prohibition of child marriage largely focus on changing attitude of parents and other stakeholders towards the girl child. The Committee for Legal Aid to the Poor is a legal support and advocacy NGO has been working in Orissa. The organization focuses on awareness generation through legal literacy and understanding implementation of law at

the local level. MV Foundation has worked at the grass root level as well as with governments at both the national and state level. The Foundation has addressed the issues of child marriage in its area of operation and claims to have prevented over 8,000 child marriages while mainstreaming all children in the age group of 5-14 years into schools.

Ending child marriage is a formidable challenge because even parents who understand its negative impact on their daughters may find it hard to resist socio-cultural, economic and societal pressures. Addressing attitudes and customs that promote the practice of early marriage is a real challenge. Legislation can help to curb these cultural traditions however; change of societal mindset is required besides effective enforcement of legislation and laws. The present study attempts to examine the problem of early marriage, its consequences and enforcement of Prohibition of Child Marriage Act, 2006 in India.

Objectives of the Study:

Main objectives of the study are as follows:

- To assess the prevalence and incidence of child marriages, specially related to the girl child, in the selected states;
- To analyse the various socio-economic and cultural factors leading to child marriage in the selected states;
- To identify variables influencing early marriages and early pregnancy in the selected states;
- To assess the impact of early marriages and early pregnancy on health, education and society at large;
- To review the existing constitutional and legal measures prohibiting child marriage and their enforcement;
- To examine the view perception of parents regarding their values, traditions and attitudes related to early marriage and early pregnancy;

- To examine the role of Child Marriage Prohibition Act 2006 in controlling the social problem and also to examine the problems, constraints and difficulties in effective enforcement of the Act.
- To suggest measures for effective enforcement of Child Marriage Prohibition Act and addressing the issue of child marriage and early pregnancy.

Hypothesis to be tested:

The study has been carried out keeping in view the following hypotheses:

- Socio cultural values, traditions and rituals are influencing child marriages in India.
- The incidence and magnitude of child marriages vary across the social groups, geographical reasons and state of the country.
- The prevalence of child marriages is more prominent in northern India particularly in the state of Rajasthan, U.P., Bihar, Madhya Pradesh, Chhattisgarh and Gujarat.
- Economic reasons are more responsible for prevalence of child marriage as parents do not afford the increasing cost of dowry.
- The effective enforcement of legal measures and Child Marriage Prohibition Act could not be ensured due to several factors.
- The prevalence girl child marriage is more pronouncing as compared to their counter parts.

Research Methodology:

The present study is empirical in nature and based on mainly primary data collected through field survey. The study has the explorative research design with focus on both qualitative and quantitative data. Focus Group Discussions have been conducted in each selected district and rural settings, covering various stakeholders, male and female young people, parents, service providers and representatives from NGOs, local governments etc., to examine the issues pertaining to child marriage and early pregnancy. The field survey has been conducted in the states of *Bihar, Jharkhand, Rajasthan,*

West Bengal, Madhya Pradesh, Uttar Pradesh, Gujarat, Maharashtra, Chhattisgarh and Orissa.

In each selected state, 2 districts have been randomly selected from the list of districts reporting high rate of child marriages. The sample size comprises of victims of child marriages, parents, representatives of Panchayats, community based organizations, NGOs and civil societies. In view of the proper identification of victims of child marriage and their parents, community interaction meetings, group discussions with the representatives of SHGs, civil society organizations were held in the selected areas.

Statistical Design:

We have selected a sample of about 10000 persons, including parents, victims of child marriages (both boys and girls), representatives of CBOs/ NGOs/ SHGs/ Panchayats/ civil societies and officials and non-officials. The sample comprises of 500 persons including all categories of respondents from each selected district covering (NGOs, CBOs, SHGs, Panchayat Members, officials and non officials) including parents with boys and girls victims of child marriages. A large segment of the surveyed victims of child marriage was drawn from other than selected households (parents) in order to cover the sample and also to interview the victims of early marriage reported through informal sources of information. The selection of respondents is based on simple random sampling procedures; however, the selection of states has been based on purposive sampling procedures in order to focus on states where the child marriage prevalence is high. In order to select the child marriage concentrated areas, the research team has visited and consulted with District Probation Officer/District Protection Officer, the reported cases of child marriages, and judgement related to child marriages, newspaper clippings and Marriage Registration Register. We also consulted the police and the district level officials engaged in implementation of Prohibition of Child Marriage Act 2006. The team has also consulted NGOs and Civil Societies engaged in social development and advocacy related to Prohibition of Child Marriage Act besides consultation with SHGs members regarding the recent marriages in the survey area. The field survey has been conducted with the

help of a set of structured interview schedules for parents, representatives of NGOs, local governments, SHGs, Civil Societies, officials and victims of child marriages. In order to get the qualitative data, focused group discussions (FGD), in depth interviews, PRA/PLA etc., have been taken into consideration. Overall 20 Focused Group Discussions (FGDs) included 234 participants were conducted involving parents, victims of child marriage, representatives of SHGs, NGOs, CBOs, Civil Societies, development professionals such as ASHA workers and school teachers, and other concerned stakeholders at different places to seek their view perception regarding the practice of child marriage and its consequences.

The interview schedules and other research tools are pertaining the relevant questions, research points and scales of view perceptions related to values, attitude, social variables, factors concerning to child marriage and early pregnancy (Table 1.1).

Table: 1.1
Details of Sample

States	Districts	Parents/ In-laws	Married Boys/Girls	NGOs/ CBOs	Village Panchayats	SHGs	Officials
Bihar	Nalanda West- Champaran	450	450	10	30	49	10
Rajasthan	Jhunjhunu Udaipur	450	450	10	30	50	8
Jharkhand	Dhanbad Singhbhum	450	450	10	30	49	10
Uttar Pradesh	Bhadohi Baghpat	450	450	8	29	50	10
Madhya Pradesh	Hosangabad Vidisha	450	450	9	30	50	9
Chhattisgarh	Rajnandgaon Bilaspur	450	450	8	29	50	9
West	Bardhman	450	450	8	30	50	10

Bengal	Jalpaiguri						
Maharashtra	Nagpur Aurangabad	450	450	10	30	50	10
Gujarat	Surat Himmatnagar	450	450	10	30	50	10
Orissa	Balasore Keonjhar	450	450	10	30	50	10
Total		4500	4500	93	298	498	96

Major Variables for Data Collection:

The following major variables were kept in mind while preparing the research tools for data collection:

- i. States and regions
- ii. Religion and caste/tribes
- iii. Age and mean age at marriage and pregnancy
- iv. Socio-economic background of the victims of child marriage
- v. Household income
- vi. Occupation and economic status of household
- vii. Educational status
- viii. Socio cultural values
- ix. Marriage, pregnancy, abortion, contraceptive, reproductive and sexual health, access to health services, awareness about physical changes during adolescence
- x. Awareness about government policies and programmes
- xi. Traditions, rituals and social norms
- xii. Causes, consequences and impact of child marriages
- xiii. Impact of child marriages and early pregnancy on education, health and society at large
- xiv. Nature of family and family size
- xv. Standard of living and poverty level

- xvi. Reproductive and sexual health issues
- xvii. Legal age of marriage
- xviii. Marriage related decisions
- xix. Consequences of early marriages
- xx. Perception and attitude to early marriages and pregnancy
- xxi. Awareness and sensitization about government policies and programmes and other related issues.

Data Analysis:

The filled in interview schedules were thoroughly checked, edited and processed with the help of SPSS package for drawing out results, inferences and conclusions. Data in tabular form has been discussed, interpreted and analyzed along with critical appreciation of pertinent literature collected from published and documented sources including internet and websites. The policy measures are based on critical appreciation of pertinent literature and analysis of research findings.

Limitations:

The present study has been carried out at the national level however, it has certain limitations. The study is confined to 10 states where the prevalence of child marriage is reported high. Thus, the study covers representative sample of the victims of child marriage, their parents and other stakeholders engaged in prevention of child marriage. We could not apply the statistical tools for drawing out statistical inferences. Thus, the statistical analysis of data could not be ensured in the report however, simple description, interpretation, and analysis of data have been ensured in the report.

Chapter: 2

Review of Literature

The issue of child marriage is complex, and associated with socio-cultural and historical contexts. It is a worldwide phenomenon. The problem of child marriage in India is a complex one because it is related with traditional and religious practices and some other social problems of dowry and child-widowhood. There are many studies available on child marriage. Most of them are demographic in nature looking at the mean age at marriage as a proxy of child marriage and correlates economic and educational backwardness of certain communities and some of their social and cultural characteristics. The studies on child marriage have focused on related issues such as early pregnancy, child birth, and health consequences.

According to Demographic and Health Surveys (DHS) child marriage is most common in the world's poorest countries. The highest rates are in sub-Saharan Africa and South Asia and also parts of Latin America and the Caribbean (ICRW 2006; NRC/IOM 2005). A UNICEF study found that 48 percent of women between 15 and 24 were married before 18 in South Asia. Prevalence of early marriage is 42 percent in Africa (UNICEF 2005), and more than 60 percent in some parts of East and West Africa (IPPF and UNFPA 2006). In Latin America and the Caribbean, the prevalence rate is 29 percent, though some countries have much higher rates (UNICEF 2005). Child marriage is also common in the Middle East, where nearly half of girls younger than 18 (Yemen and Palestine) are married (IPPF and UNFPA 2006).

There is a burgeoning body of literature discussing families in relation to their developmental phase, and in referring to marriage in developmental terms (Carter & McGoldrick, 1989). The family life cycle perspective addresses the nodal events related to the ongoing structural entrances and exits of family members using a framework of developmental transitional periods (Carter & McGoldrick; Duvall, 1971; Hill & Rodgers, 1964). A transition is defined as the passage from one ending state to another beginning state (Bridges, 1980). Although many family life cycle transitions

like the onset to marriage, parenting, and retirement are normative and anticipated, previous researchers have suggested that the individual and the family system can still experience a great amount of stress and difficulty in managing these transitions (Carter & McGoldrick; Hadley, Jacob, Milliones, Caplan, & Spitz, 1974).

Marriage qualifies as a life cycle transition that is both normative and anticipated, has the potential to be highly stressful (Boss, 1988). According to McGoldrick (1989), becoming a couple is one of the most complex and difficult transitions of the family life cycle even though it is often perceived as the least complicated and most joyous. However, Carter and McGoldrick (1989) have suggested that marriage really represents the merger of two entire systems combining together in developing a new, third family system. Differences in personal attitudes, values, and beliefs can cause stress in the new family system (Carter & McGoldrick, 1989). While forming a new family subsystem, couples may experience differences in needs and values over issues like: family leadership, gender, loyalty, money, power, sex, privacy, and children (Betcher & Macauley, 1990; Fitzpatrick, 1988; Holman & Li, 1997; Kalmykova, 1983). In addition, Storaasli and Markman (1990) have indicated that problems related to communication, sex, and leisure activities show significant increases in intensity in the period between pre-marriage and parenting. Wamboldt and Reiss (1989) have indicated that couple identity was best achieved in a shared couple paradigm with consensus and agreement on the valued aspects of the relationship. Johnson and Booth (1998) found that marital quality is due largely to the dyadic perceptions of the relationship processes rather than the perceptions of personality stability.

Larson (1988; 1992) and Larson and Holman (1994) suggested that a person's beliefs about marriage and how marital satisfaction was achieved might significantly affect one's expectations and readiness for marriage. Karney et al. (1994) found that negative spousal affectivity contributed to the negative attributions one makes about self, spouse, and marital relationship. The socialization processes of childhood shape and formulate gender-related attitudes and beliefs which in turn, create marital behavior patterns that may contain a variety of traditional and/or non-traditional elements (Duck, 1993;

Huston & Geis, 1993; Otto, 1979; Stinnett, 1969; Thoits, 1992). Social mores perpetuate the traditionalist myth that in marriage men should be in a superior, hierarchical position (Carter & Mc Goldrick, 1989; Schwartz, 1994). Bielby and Bielby (1989) stated that women were more concerned with family and marital roles than with their work or occupational roles, whereas men placed greater importance on work roles than on family and marriage roles. However, traditional assumptions about marital and social responsibilities often do not reflect marital and social reality thereby creating disagreements over the establishment of spousal roles within the marriage (Bader & Sinclair, 1983; Huston & Geis; Schwartz).

Ganong, Coleman, and Brown (1981) and Salts, Seismore, Lindholm, and Smith (1994) asserted that females held more favorable attitudes toward marriage and are more egalitarian in their marital role expectations than males. Carter and McGoldrick (1989) have suggested that although women tend to anticipate marriage with enthusiasm, epidemiological data have revealed it has not been the most advantageous state for them. Craddock (1983) and Schwartz (1994) reported that couples who shared congruent attitudes and egalitarian expectations of marriage reported significantly higher levels of marriage satisfaction in the areas of personality issues, communication, conflict resolution, leisure activities, spousal role consensus, personal habit tolerance, and family and friends.

An individual's ability to successfully commit to a marriage and a partner requires a well-developed identity, high self-esteem, empathy, and an assumption of permanence. According to Mace (1982), a successful marriage requires three things: (a) a high degree of motivation, (b) a desire to make the marriage work, and (c) a willingness to expend personal time and effort to make sure it does. Sabatelli and Cecil-Pigo (1985) found that when both partners were participating equally in the relationship and when there was maximum interdependence, the couple was the most committed. Therefore, it seems that marital success is attainable if the commitment is mutual (Surra, Arizzi, & Asmussen, 1988). Commitment is essential to the process of developing a marital relationship that endures (Mace, 1989). Commitments need to be made to the partner, to a belief in the importance of the institution

of marriage, as well as to the willingness to invest in having a mutually gratifying marriage (Huston et al., 1981; Surra, 1987; Surra et al., 1988).

Bell et al. (1987) stressed the importance of physical and verbal affection in a couple relationships. In addition, the couple should dialogue and work out their differences concerning the frequency and variety of affection and sexual activity (Ammons & Stinnett, 1980; Crosby, 1985). Recent research indicates that couples may enter marriage with much more sexual experience than the typical newly weds of the past. Given the rates of non-marital sexual intercourse among adolescents (Mott & Havrin, 1988), it is not surprising that researchers have suggested that the majority of newly weds have had sexual relations together before marrying. Arond and Pauker (1987) found in their study that a majority of the couples reported enjoying a sexually healthy relationship prior to marriage. Also, James (1981) reported a substantial decline in coital rates during the first year of marriage, especially for couples who had no premarital intercourse. In addition, premarital pregnancy often precipitates early marriages and can lead to greatly increased stress, marital instability (Teti & Lamb, 1989), or even lower marital quality (Kurdek, 1991).

Cohabitation makes the transition to marriage much less of a clearly delineated turning point in the couple's life than in the past (McGoldrick, 1989). According to Newcomb (1987), several possible effects of cohabitation upon a subsequent marriage have been proposed and examined. DeMaris and MacDonald (1993) indicated the longer couples have lived together before marriage, the earlier disillusionment develops in the marital relationship. However, there is some evidence that cohabitation may help couples prepare for marriage (Glenn, 1991). Cohabitation has been used as a screening device to test compatibility (Newcomb, 1987) and allowed for negotiation of relationship functions prior to marriage (DeMaris & Leslie, 1984). Cohabitation, much like engagement, prepared a couple for the realities of marriage and helped them think in terms of the couple as well as individuals. Consequently, Surra (1990) cited evidence that suggested that different cohabitation studies (e.g., Macklin, 1983; Booth & Johnson, 1988;

Bumpass & Sweet, 1988) yielded different and sometimes contradictory results.

Gottman (1995) has indicated that marital anger and conflict were endemic forces and a challenge to be met rather than avoided as is often the case in the early years of marriage. Laughrea, Belanger, Wright, and McDuff (1997) stated that the anger intensity quotient among both spouses was closely linked. The inability to manage anger and conflict effectively leads to negative exchanges that can put a couple's marriage on a downward spiral (Bray, 1995; Gottman, 1995). Newton et al. (1995) found that newlywed husbands and wives experienced greater percentages of conflict and withdrawal when hostility and defensive personality characteristics existed within the marriage. In fact, research on marital communication has found that unhappily married couples were distinguished by their failure to productively manage conflict and initiate communication repair activities (Gottman, 1995; Mace, 1989). Mace (1989), Murstein (1986), and Olson et al. (1989) suggested good conflict-resolution skills and communication skills were necessary in order for couples to be better able to cope with the stresses involved in the transition to marriage.

Heyman et al. (1995), Kelly, Huston, and Cate (1985), and O'Leary et al. (1994) found that premarital conflict and spousal physical aggression were precursors of marital conflict and violence which predicted the extent to which a couple was satisfied once they have been married for a few years. Arond and Pauker (1987) stated those newly weds who fought less frequently and more productively rated themselves as happier in their marriages than those couples who fought more often. Houts, Robins, and Huston (1996) indicated that turbulent relationships were characterized by less well-matched partners, had more openly expressed negativity and greater relational ambivalence.

The role that power and decision making play in a couple's transition to marriage is also critical. According to Blumstein and Schwartz (1983), the question of how power gets distributed in a marriage used to be more clearly prescribed by society. Familial interactions, influences, and issues are significant in a couple's successful transition to marriage. Theorists (e.g., Bowen, 1978) have indicated that family background factors can influence

everything that people were, wanted to become, or do. According to McGoldrick (1989), good clues about a new couple's relationship can be found in the marital relationships of their parents, the couple's primary models for what marriage involves. According to Aldous (1996), Cate and Lloyd (1992), and Larson and Holman (1994), parental approval or blessing of marriage was considered important and of value to individuals even after they have left home and are on their own in constructing their own identity. Stewart and Olson (1990), in their study of engaged couples, found that if both sets of parents or only one set of parents were negative about the upcoming marriage, the majority of the engaged couples had low premarital satisfaction.

Holman and Olsen (1997) found that individuals with positive childhood relationships with mother and father were more likely to have high quality marriages. Simultaneously, mothers' influence on sons is greater than on daughters, and fathers' influence on daughters is greater than on sons (Jedlicka, 1984). Sibling relationships are often the context for learning about issues of intimacy, sexuality, and courtship (Banks & Kahn, 1994). Siblings have long since provided supporting approval (e.g., sibling gossip) and/or disapproval (e.g., hazing, teasing) during these transitional periods (Adler, 1978; Goode, 1994; Toman, 1976).

Grover, Russell, Schumm, and Paff-Bergen (1985) proposed that those individuals who had a number of successful friendships, participated in a variety of social activities, and who were members of social organizations were better able to establish successful marriages than were those individuals who were more socially isolated. The relational aspect of marital readiness in the transition to marriage also includes the couple's emotional differentiation from their parents, their readiness for sexual exclusiveness, and their willingness to assume responsibility in the relationship (Holman & Li, 1997). The social support that individuals can draw from their interactive networks (Holman & Olsen, 1997; Milardo, 1986) both helps buffer them from stress as well as being a resource for coping with stress, even after one year of marriage. Supportive relationships also help provide continuity in one's sense of individual identity during the marital transition (Surra, 1990). Interestingly, in cases where social network interference exists, relationship progress can

become hampered, especially in couples whose relational commitment developed quickly and subsided during the engagement period (Surra, 1987).

A number of social, health and economic disadvantages are associated with early marriage. While existing data do not draw conclusions regarding whether early marriage alone causes these adverse outcomes, it is likely that the links between early marriage, poverty, low educational attainment and other variables in diverse settings have found that married girls are likely to have frequent unprotected sexual relationships. According to Miller and Lester, 2003, marriage dramatically increases the likelihood and pressures of childbearing. The first-time mothers below the age 16, in addition to the normal risks and responsibilities of child bearing, face an increased risk of maternal and infant mortality” (Miller & Lester, 2003).

Furthermore, married girls typically have low levels of educational attainment, limited or even absent peer networks, restricted mobility and less access to mass media such as T.V., Radio and Newspapers as compared to boys or unmarried girls (Haberland & Bracken, 2004). At the initial stage of demographic transitions, early and universal marriage slowly paved the way to later marriage which affected marital fertility (Coale, 1974). In India, the age of marriage of girls has shown a marginal increase over the years. Nevertheless it continues to be much lower than the legal age and still a large number of girls continue to be married at very young ages (Karkal & Rajan, 1989). According to Saraswat (2006) child Marriages exist in feudal societies where the *Nagnika* concept was prevalent. Parents were made to believe that if they did not get their daughters married off before puberty, they would go to hell. Indian tradition places a high premium on virginity before marriage. This applies to women and to some extent men too. In a culture where premarital chastity is valued, one of the easiest ways of achieving this is to get the young girls married in their childhood. Though, historically, this may have existed in all communities, with the advent of modernity the ruling classes gradually gave up this practice.

The National and state specific study of NFHS (1993 & 1999) has also indicated changes of age at marriage. In Uttar Pradesh low age at marriage is still common in scheduled castes, other backward castes and agricultural castes, e.g. Jat, Ahir, Gujar, Janwa. Overall, mean age at marriage has been showing a rising trend in India and Uttar Pradesh in particular. A study conducted by The Institute of Health Management, Pachod (IHMP) with the help of International Centre for Research on Women (ICRW) shows those girls who lack educational opportunities are more likely to marry early; however it was noticed that the imparting of life skills delayed this process of early marriages marginally (ICRW, 2006).

The continuance of child marriage practice presents multiple challenges to the nation. According to decades of research, child marriages contribute to virtually every social problem that keeps India behind in women's rights. The problems include soaring birth rates, grinding poverty and malnutrition, high illiteracy and infant mortality, and low life expectancy, especially among rural women (Burns, 1998). Child welfare activists are pushing for tougher legislation and enforcement. But it is an arduous battle in a nation where much of the population is rural or poor, and the societal values are shaped by sparse resources, limited opportunities for women, and family traditions that are slower to change than those in India's more cosmopolitan urban centre. There are marriages of teenagers who consummate their relations a couple of years later, in comparison to those marriages which are consummated almost a decade and a half later" (Srivastava, 1983). Some of the studies on early childhood marriages conducted in Rajasthan and Andhra Pradesh show that there are economic and social compulsions which sustain the practice of child marriage. On one hand, ameliorative measures would have to ensure poverty alleviation approaches as well as suitable education strategies to raise people's consciousness about some of the ill-effects of marrying children at an early age (Dighe, 2004). On the other hand, major casual factors of child marriage which include religious beliefs, social pressures, economic factors and need to protect girl child from external influences have to be strongly addressed.

In Mareille Abeille's study of the historical perspective of child marriage's, she examined the ancient texts to trace the development of this practice, which has greatly disadvantaged women. The religious rationale for child marriage practice probably explains the adherence to enduring such a practice till date. Abeille has noted the survival of the custom in certain parts of South India (Nagi, 1993). Apart from religious considerations, the other reason for child marriages among the higher caste is dowry. Traditionally, dowry was not prevalent among lower castes, most of whom followed the opposite custom of bride price. Some upper castes parents prefer to keep their daughters uneducated and marry them off young to avoid heavy dowry demand" (Nagi, 1993). Parents who are poor and have more than one daughter often arrange the marriage of all their daughters collectively, in one ceremony, to reduce marriage costs.

Most of the studies on child marriage are demographic in nature, looking at the mean age at marriage and going into its correlates such as economic and educational backwardness of certain communities or families and some of their social and cultural characteristics etc. Even in the presence of these factors, the phenomenon of child marriage is absent in certain families or communities. The cases of child marriage vary from place to place and men to women because of demographic variety across/ throughout India. It is important to view the phenomenon of child marriage within the context of patriarchy. Patriarchy has a strong hold on Indian society. It operates at all levels on the basis of sex, age and caste and contributes in lowering the status of women in every possible manner. Stratification and differentiation on the basis of gender are integral features of patriarchy in India (Koeing & Foo, 1992). Gender differences are reflected in the sexual division of labour between the productive and reproductive activities. Child marriages for women, comparative seniority of husbands, and patriarchal residence upon marriage are thus the attributes of the patriarchal institution.

Child marriage is often regarded as the only option. As Yadav (2006) has pointed out, if young girls are not to be married off, alternative opportunities need to be provided to them. The fact is that there are no such constructive opportunities for them. Usually girls are withdrawn from schools

because of marriage. They are denied the educational opportunities, which could help in developing their personality, autonomy, and employment skills. Division of labour based on sex ascribes household work to women, and as a consequence, school is less of a priority. Alternatives, if any at all, other than marriage are not provided to adolescent girls. From childhood, daughters are socialized to believe that marriage is the sole goal of their life and their own interests are subordinate to those of the family group.

There is a need for stronger political will to amend, enforce, or create awareness about the Indian laws and acts on child marriage. Women's interests are accorded less weight in the political process thus hindering any further improvement in their status. Over the last two decades, all political parties have stated their commitment to the improvement of women's status. However, no serious efforts have been made either for better implementation of the legislation or for improvement of women's status. The government, in response to the demands of the international community, introduces frequent policy changes regarding the reproductive health of women. Nevertheless, budgetary provision for implementation of these policies restricts these efforts. Among other factors, responsible for child marriages, Yadav (2006) observed, tremendous pressure from older members of the Indian society like grandparents and also the community prevails on parents of children to marry off their young children. There is also the fear of not getting the suitable match if the marriage is delayed.

The median age at marriage is rising around the world, including in developing countries (NRC/IOM, 2005). In sub-Saharan Africa, for example, 21 of 30 countries have seen an increase in the national age at marriage over the past several decades (Westoff, 2003). This trend is largely attributed to the increase of girls' educational attainment and the increased participation of women in the labor force (NRC/IOM, 2005; Mathur, Greene and Malhotra 2003; United Nations 1987). This increase in the age at marriage is occurring slowly and unevenly within countries, however, and many girls are missed by this trend. Studies show a strong association between child marriage and early childbirth, partly because girls are pressured to prove their fertility soon after marrying and they have little access to information on reproductive

health or ability to influence decision making on family planning (Mathur, Greene and Malhotra 2003; Blesdoe and Cohen 1993; Mensch, Bruce and Greene 1998; Malhotra et al. 2003). One-third of women in developing countries give birth before 20; in West Africa, as much as 55 percent of women give birth before 20 (Save the Children 2004).

Women who bear children at a young age may face serious health consequences. Young mothers experience higher rates of maternal mortality and higher risk of obstructed labor and pregnancy-induced hypertension because their bodies are unprepared for childbirth (Save the Children 2004; Mathur, Greene and Malhotra 2003). Girls between 10 and 14 are five times more likely than women ages 20 to 24 to die in pregnancy and childbirth (UNFPA and the University of Aberdeen 2004). Girls ages 15 to 19 are twice as likely as older women to die from childbirth and pregnancy, making pregnancy the leading cause of death in poor countries for this age group (Save the Children 2004). In Mali, for example, the maternal mortality ratio is 178 for every 100,000 live births of women ages 15 to 19, compared to only 32 for women ages 20 to 24 (FCI and the Safe Motherhood Inter-Agency Group 1998; CDC 2002). Girls who have babies also have a high risk of suffering from obstetric fistula, a condition in which the vagina, bladder and/or rectum tear during childbirth and, if left untreated, causes lifelong leakage of urine and feces (UNFPA and Engender Health 2003). Two million women suffer from obstetric fistula worldwide, and an additional 50,000 to 100,000 new cases develop annually among girls (Murray and Lopez 1998).

Child marriage also exposes young married girls to a greater risk of HIV infection. A study in Kenya and Zambia found that 15 to 19 year old married girls were 75 percent more likely to have HIV than sexually active, unmarried girls. Married girls may be more vulnerable to HIV infection because they have little option to change their sexual behavior even with knowledge about HIV (Clark 2004). Child brides also have less access to quality health care services and information compared to girls who marry when they are older (Mathur, Greene and Malhotra 2003; Mensch, Bruce and Green 1998; Singh and Samara 1996). The children of teen mothers experience serious health consequences as well. A child born to a teen

mother is twice as likely to die before the age of 1 as the child of a woman in her 20s. Currently, 1 million infants of young mothers die every year worldwide as a result of pregnancy and childbirth-related causes. If they survive, these infants tend to have higher rates of low birth weight, premature birth and infant mortality than those born to older mothers (Save the Children 2004). After birth, infants of teen mothers are more likely than infants born to older mothers to have poorer health care and inadequate nutrition as a result of their young mothers' poor feeding behavior (Save the Children 2004; Kurz 1997).

Child marriage is associated with lower education and economic status of girls. Child brides are less able than older or unmarried girls to access schooling and income-generating opportunities or to benefit from education or economic development programs. Girls already in school are often forced to terminate their education when they marry early (Save the Children 2004). Limited mobility, household responsibilities, pregnancy and raising children, and other social restrictions for married girls prevent them from taking advantage of education or work opportunities (Mathur, Greene and Malhotra 2003). Early childbearing and motherhood is also associated with lower levels of education and higher rates of poverty (Singh and Samara 1996; Mensch, Bruce and Greene 1998). Opportunities for young mothers to continue their education or to work often are limited because they have little access to resources, and are responsible for childrearing and household tasks (Save the Children 2004). Thus, early childbearing, as well as early marriage tends to preclude further education and reinforce poverty.

Girls who are married young often lack status and power within their marriages and households, and so are more likely to experience domestic violence, sexual abuse, and isolation from family and community (UNICEF 2005; Jenson and Thornton 2003). A survey in India found that girls who married before 18 reported experiencing physical violence twice as often as girls who married at a later age; younger married girls reported experiencing sexual violence three times more often (ICRW 2005). Girls who marry young are also more likely to believe violence is justified (UNICEF 2005; Jenson and Thornton 2003). A Kenya study found that 36 percent of girls who married

before 18 believe that men are justified in beating their wives, compared to 20 percent of those who married at a later age (UNICEF 2005). Lower status in the home also leaves married girls with less ability to influence decisions about their own lives (ICRW 2005; UNICEF 2005). Women who married as children are more likely to have partners who have the final say on household decisions, including their visits to family or friends, their health, their ability to work, large and small household purchases, and contraception (UNICEF 2005).

Poverty increases risk for child marriage, and that income-generating activities for young women are protective. Research shows that the poorest countries have the highest child marriage rates. Child marriage is concentrated in the poorest countries; with the lowest gross domestic product countries tending to have the highest child marriage prevalence rates (ICRW 2006). It is also most common among the poorest households. In a study of women ages 20 to 24 in 49 countries, child marriage was most common among the poorest 20 percent of households in every country. A girl from the poorest household in Senegal is more than four times as likely to marry before age 18 as a girl in the richest household (UNICEF 2005). In Nigeria, 80 percent of the poorest girls marry before the age of 18, compared to 22 percent of the richest girls (UNFPA 2003). Poverty leads to a higher prevalence of child marriage because poor families feel they have fewer resources and incentives to invest in alternative options for girls (Mathur, Greene and Malhotra 2003). Many families say they marry their daughters early because girls are an economic burden that can be relieved through marriage. Additionally, in many countries, poor families reap economic benefits from dowry or bride wealth by marrying girls at younger ages (Berhane-Selaisse 1993; Tufts University Feinstein International Famine Center 2004; Mathur, Greene and Malhotra 2003; Ensminger and Knight 1997). Moreover, poverty not only contributes to increasing risk of early marriage, but also increases the likelihood that a girl will give birth at a young age, as child brides tend to have children early (Save the Children 2004). Income generation tends to protect girls from early marriage because families may be more willing to delay marriage when a girl is earning income

(Jejeebhoy 1995; United Nations 1987). Only 31 percent of girls who left rural communities to work in the garment industry in Bangladesh married by 18, compared to 71 percent of girls who stayed home in these same communities (Amin, Diamond, Naved and Newby 1998; United Nations 1987).

Low educational status is a risk factor for child marriage, and higher educational status is protective. Studies strongly show that higher levels of schooling for girls decrease their risk of child marriage (NRC/IOM 2005; UNICEF 2005). Girls with eight or more years of education are less likely to marry young than girls with zero to three years of school (NRC/IOM 2005). But even low levels of education can protect against early marriage. In a study of 42 countries, women between the ages of 20 and 24 who attended primary school were less likely to marry by 18 than women without a primary education. In Senegal, 20 percent of women with a primary school education married before 18, compared to 36 percent without a primary school education. The study found similar results for secondary education. For example, in Tanzania, women who attended secondary school were 92 percent less likely to be married before age 18 than women who attended only primary school (UNICEF 2005). Education is widely credited as the most significant factor for delaying girls' age at marriage (Mathur, Greene and Malhotra 2003; United Nations Commission on Population and Development 2002). Over the last several decades, parents have come to value education for their children, and to be willing to postpone the marriages of their daughters so they can attain a higher education level (Schuler et al. 2006). It is thought that education enhances girls' autonomy, giving them negotiation skills in choosing a partner and influencing the timing of marriage (Lloyd and Mensch 1999; NRC/IOM 2005). Education also is believed to increase girls' aspirations and extend the process of finding a suitable marriage partner (Lloyd and Mensch 1999).

Research shows that girls who marry before 18 are more likely to be married to much older men (Mensch 1986; Mensch, Bruce and Greene 1998; NRC/IOM 2005). Significant spousal age gaps initially may appear inherent to the practice of child marriage because girls are younger when they marry as children than as women. But the age gap between partners in fact

occurs not only because girls are younger, but also because men who marry child brides are more likely to be older than men who marry adult women (NRC/IOM 2005). Though age gap and early marriage are strongly associated, the nature of this association is not understood. Age gap is regarded as a measure of equity between a woman and her partner. A smaller age gap indicates a higher status level for women (Amin and Cain 1997). Girls with much older husbands are less able to negotiate or make household decisions due to their lower status, which is a result of their younger age (NRC/IOM 2005). This lower status, in turn, increases the likelihood that they will experience domestic violence and abuse (Kishor and Johnson 2004). Literature on the age gap between unmarried girls and older partners explains similar power dynamics that limit girls' ability to negotiate (Luke and Kurz 2002). The largest age gaps between spouses in the world are found in sub-Saharan Africa and the Middle East. In central and western Africa, one-third of young women in first marriages report that their partner is 11 or more years older than themselves (NRC/IOM 2005). Further research on age gap is needed. Whether early marriage is a consequence or predictor of early marriage is not understood. It also is unclear how decisions about spouse selection are made, particularly how a woman's higher level of bargaining power with a man closer to her own age is weighed with the financial security of an older man.

Though data is available on the variation of child marriage prevalence within countries, the literature appears to provide no evidence on whether or how regional differences within countries are associated with child marriage. This area of study is new and requires investigation. More is known about the association between an urban or rural residence and age at marriage. The literature indicates that living in rural areas increases the likelihood of marrying early. Girls in rural residences are more likely to marry 1.5 years younger than girls in urban areas (Westoff 2003).

Evidence is inadequate on the effect of a girl's natal family circumstances and a community's marriage customs and practices on age at marriage. The literature recognizes that a range of factors affect natal home decision making on when and whom a girl marries. What remains unclear is

what these factors are and how they are associated with age at marriage (NRC/IOM 2005). Researchers speculate that these decisions are based on economic gains from marriage, including bride wealth, dowry and removal of a family's financial responsibility toward a girl; cultural norms related to marriage and gender roles; social status gained from marriage; perceived protection of girls from rape and disease via marriage; available education and income-generating opportunities for girls; age gap; polygamy; and wife ranking in a polygamous household (NRC/IOM 2005; Mathur, Greene and Malhotra 2003). Some of these indicators are difficult to measure quantitatively.

There are multiple consequences of child marriage in terms of the health and the social and economic situation of adolescent girls. Early onset of sexual activity and the pressure on young married women in order to prove their fertility as soon as possible after marriage generally result in high rates of fertility (WHO, 1999). Indeed, the effect of child marriage is multifarious. It is a direct violation of children's right to personal freedom and growth, and specifically their right to decide their own age of marriage. The practice of child marriage takes a heavy toll on the physical, intellectual, psychological, and emotional state of the children involved. Several studies have reported that adolescents in general, and irrespective of marital status are poorly informed about sexual and reproductive health matters. Child marriages usually have profound adverse effects on the fertility, health and development of adolescent girls, low age of marriage is one of the important factors responsible for the high rates of maternal and child mortality and morbidity. However, adverse health consequences of early pregnancies or childbirth to young girls are not well known at the family level" (Jejeebhoy, 1999). On the contrary, young brides are pressurized to prove their fertility as soon as possible after the marriage and to produce children especially sons. A young girl with minimal or no education, raised to be submissive and subservient, married to an older man has little ability to negotiate sexual activity (Khan, 1996). High fertility rate is attributed to an early marriage i.e. child marriage. The earlier a time a woman marries the more likely she is to give birth to a larger number of children, consequently placing a high demand on her health (Bhat, 2005).

Early pregnancy has a tendency to lead to larger families, with serious consequences for the health and well-being of the mother as well as her children. In addition to its harmful effects on the health of mothers and children, this phenomenon has universal implications for populations at large. Adolescent fertility in India occurs mainly among married adolescents. As many as 36 percent of married adolescents aged 13-16 and 64 percent of those aged 17-19 are already mothers or are pregnant with their first child (Jejeebhoy, 1999). This corresponds to 57 percent of all adolescent females aged 13-19. Moreover, adolescents contribute significantly to the total number of births in the country. A progressively larger share of all births in the country occurs to women aged 15-19: it was 11 percent in 1971, 13 percent in 1981, and 17 percent in 1992-93. The magnitude of teenage fertility in India is thus considerable. About eight million adolescents aged fifteen to nineteen are already mothers and another two million are pregnant with their first child. Worse, about five million have experienced pregnancy by the time they are sixteen years old” (Jejeebhoy, 1999). As a result of child marriage, the girl child’s reproductive and sexual health is affected the most. These girls suffer from high rates of obstetric complications, intrauterine growth retardation, pregnancy induced hypertension, premature delivery, higher mortality rates, high incidence of RTIs and STI and fetal wastage. The neonatal and infant mortality rates are also high along with incidences of premature delivery and low birth weight of the newborn child” (Bhat, 2005). In India, pre-adolescent and adolescent girls who constitute a sizable segment of its population, constitute a vulnerable group on account of practice of early marriages, potential exposure to a greater risk of morbidity and mortality” (Verma, 2004).

At the national level, adolescents account for a high proportion of maternal deaths. Yadav (2006) refer to a study from rural India which shows that 45 percent of all maternal deaths occur among women of age less than twenty four years and that 15 percent of these deaths are attributable to complications associated with child birth and pregnancy (Yadav, 2006). The available evidence suggests that maternal deaths are considerably higher among adolescents than among older women. “For example, a hospital based study in Mumbai indicates that while the maternal mortality ratio among

women aged 20-29 years was 138 per 1,00,000 live births, adolescents experienced considerably higher ratios of 206 per 1,00,000 live births” (Pachauri & Jamshedji, 1983). Among adolescents, girls constitute a more vulnerable group, particularly in developing countries where they are traditionally married at an early age and exposed to greater risk of reproductive morbidity and mortality. In the developmental terms, it is a crucial period particularly with reference to reproductive health. The young women who are at the brink of womanhood constitute the most crucial segment of our population from the point of view of the quality of our future generation. It is a period of peak growth for boys and girls. Food and nutrient needs are proportionately higher during the growth spurt period (Rawat, 2001). The risks of early marriage are not just limited to the girl child alone, but also to the child that is born to her as a result of an early pregnancy. One in 15 children in India dies before their first birthday as compared to 1 in 200 children across the industrialized world (Agrawal & Mehra, 2004). Premature birth, a major concern in case of an early pregnancy, leads to lack of nutritional requirements in the newborn child usually characterized by low birth weight and poor growth in the later years.

Early marriage makes the individual vulnerable to sexual teasing, coercion and STIs, including HIV. In the cases of girls, they are severely affected owing to their lack of decision-making power in their own sexual, reproductive and productive lives. Early marriage and pregnancy is one of the major causes of maternal mortality in India (Yadav, 2006). While there is extensive literature on child marriage, the majority of this research has focused on structural factors that contribute to and emerge from child marriage, highlighting the effect on women’s lives. This literature review provides a brief overview of the norms surrounding child marriage in India and effective interventions to delay marriage for girls. Indian society is marked by gender stratification and differentiation. Gender differences are reflected in the division of labour, where women bear the reproductive activities, while men primarily engage in productive activities. As a result, men often control and restrict women’s access to resources (Sagade 2005).

Women's work, despite being highly laborious and time consuming, is not highly valued, often giving men greater access to productive resources and social status. This system of gender stratification and patriarchy provide a primary justification for excluding or limiting women's participation in the formal education system (Mathur et al 2003). In the absence of alternatives to the role of wife and mother, from which woman's social identity and economic status are derived, older women have no choice but to continue the custom of child marriage (Sagade 2005). Discrimination against girls in decision making regarding family, education, employment, matters of sexuality and other areas, creates and perpetuates the conditions in which child marriages occur. There are marked pressures toward marriage at an early age among girls to minimize the risk of, and dishonor associated with improper female sexual conduct. The institution of child marriage reduces the possibility of any suspicion regarding the virginity of a young girl (Mathur et al 2003). Therefore, marriages are often arranged immediately after, or even before girl reaches puberty. This is considered the only and proper solution to avoid the problem of teenage pregnancy out of wedlock.

In most communities of India, a girl's parents are required to provide a dowry to the bridegroom and his family, a practice that lends an economic dimension to marriage. The dowry amount may increase as the girl gets older and she requires an older bridegroom, who is likely to be more educated {the higher the education, more the dowry required is an established trend (IPPF 2006)}. In order to avoid such expenditures, parents prefer to marry their daughters off at an early age. In addition, if there are multiple daughters in a family, all are often married off at one ceremony to save on marriage celebration expenses; another practice that may abet child marriage (IPPF 2006). Another financial consideration is that daughters (unlike sons) once married, cease to be members of their natal family and bear no responsibility to support their parents or siblings, so there is limited incentive for daughters to remain unmarried for long (Sagade 2005). For these economic reasons, the system of child marriage continues. From childhood, girls are conditioned to believe that marriage is a centrally important life goal for them and that their interests are subordinate to those of their family (Mensch et al 1998).

Educational opportunities, which could support daughters' autonomy or employment skills, are frequently denied to girls, or the girls are withdrawn from school early because of marriage (Somerset 2000). In addition, access to schools in rural areas is not always easily available to girls, given that schools are often located long distances away from homes and parents are fearful of their daughters' commute and the potential for sexual assault or involvement with men (Khan 1993). Young brides face pressure to prove their fertility and produce children soon after marriage and also have little ability to negotiate sexual activity (Mensch et al 1998). If and when young women suffer from illness or die as a result of pregnancy and childbirth, this is rarely attributed to young age (Pendse 1999). While the practice of child marriage is one of the most important factors responsible for the high rates of maternal and child mortality and morbidity, these consequences are not well known at the family level (Sagade 2005).

While the Prohibition of Child Marriage Act 2006 attempts to curtail the practice of child marriage, there is a general lack of awareness of the law among the population and a lack of political will to enforce the law. The lack of knowledge, particularly among Indian women, generally stems from illiteracy, belonging to a Scheduled Caste or Scheduled Tribe, and residence in a rural area (Sagade 2005). In addition, there is limited political will to enforce the law or create awareness about it throughout India. This is potentially due to the fact that women's issues and interests hold limited weight in political processes. While political parties frequently state their supportive positions on improving the status of women, budgetary provisions are generally inadequate for the implementation of such policies (Sagade 2005). A comprehensive review of programmes to delay age of marriage in India, suggests that low education is significantly associated with lower age at marriage (ICRW 2008b). For example, the Promoting Change in Reproductive Behaviour in Bihar (PRACHAR) of Pathfinder International, Action Approach for Reduction of Early Marriage and Early Pregnancy programme of Mamta and DISHA all found that girls who are more educated are also more articulate and better able to negotiate with their parents to delay marriage. Despite the importance of formal education, few programmes undertook

specific activities to foster school enrolment. PRACHAR, an intervention on providing reproductive health education to girls has also shown a gradual decrease in the proportion of girls marrying before 18 years of age (Wilder et al 2005). During the five years in Bihar (2002-2007), the proportion of girls who married before age of 18 years declined from 88 percent in 2002 to 61 percent in 2005 and 49 percent in 2007 (Wilder et al 2005). Providing girls with information, opportunities, and life skills fosters their aspirations beyond child marriage and childbearing, and increases their agency to negotiate key decisions with their parents. Girls who participate in programmes that focus on empowerment through information and skills demonstrate strong skills in articulating, negotiating, and making decisions. Even programmes that focus on reproductive health, but include a life skills module, like EMEP, DISHA, and the Regional Initiative for Safe Sexual Health by Today's Adolescents (RISHTA), find that girls take such training seriously and use their skills to negotiate with their parents to delay marriage. The programme, *Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-based Interventions* demonstrated an increase in the age of marriage for young girls in the programme villages, whereas it remained unchanged in the control areas (Pandey et al 2006). Interestingly, all young girls at the programme site, including those not directly involved in the life skills classes experienced an increase in the age of marriage, suggesting that the intervention successfully changed the community in these villages. Other government supported schemes like *Balika Samridhdhi Yojana* (1997-2004), *Apni Beti Apna Dhan* (1994- 2005) do help girls in continuing education and delay marriage but rely on cash incentives rather than empowerment approaches (ICRW 2008).

The practice of child marriage in rural India is deeply rooted in cultural values and grounded in social structures. And despite laws that prohibit child marriage, the practice is still extremely prevalent in many regions. It is estimated that in some parts of India, like the state of Rajasthan, nearly 80 percent of the marriages are among girls under the age of fifteen (Gupta, 2005,). In India overall, roughly 47.6 percent of girls are married by the age of eighteen. Despite international human rights efforts, the eradication of child

marriage is greatly hindered by the intertwined social issues that often lead to and are then in turn reinforced by the practice. Various underlying social factors inform why child marriage exists, including: traditional gender norms; the value of virginity and parental concerns surrounding premarital sex; pressure of marriage transactions (or *dowries*); and poverty (Amin, Chong, & Haberland, 2007). The social outcomes of child marriage are also significant, and often devastate communities in which these practices take place. Societies in which child marriage takes place have higher rates of early childbearing, unwanted pregnancies, maternal and infant mortality, sexually transmitted diseases and unsafe abortions. Additionally, adolescent girls placed in child marriages are often deprived of basic health care and health information, and achieve extremely low educational attainment (Mathur, Greene, & Malhotra, 2003; Bruce, 2007; Amin, Chong, & Haberland, 2007). Apart from these health and societal consequences, such marriages also affect girls' individual experience as social actors.

Early marriage negatively affects girls' social networks, decision-making power, and ability to negotiate with partners all of which do influence the health and well being of the individual (Bruce, 2007). Additionally, recent research has found links between HIV and early marriage in communities across the globe. The majority of sexually active girl's age 15-19 in developing countries are married, and married adolescent girls tend to have higher rates of HIV infection than their sexually active, unmarried peers (Clark, Bruce, & Dude, 2006,). Child marriage has not been ignored by Indian or international policymakers, yet enforcement of these laws has been virtually impossible. The Indian government is often portrayed as uncomfortable when dealing with personal laws within distinct communities that are not derived from grassroots movements (Burns, 1998; Yadav, 2006) . Despite this, laws have been on the books for over a decade. In 1994, a Marriage Bill was introduced which recommended that the enactment of a uniform law relating to marriages and provided for the compulsory registration of marriages, with the aim of preventing child marriages and also polygamy in society. Yet, this law did not pass and in Rajasthan, to this day, there is no compulsory marriage registration (Yadav, 2006). This legislation has been preceded by various

attempts to limit the practice and legislate the age at which girls are married. In the 1880s, discussions of the first Age of Consent Bill began, and finally, in 1927, it was declared that marriages with a girl under twelve would be invalid. In 1929, India began to prohibit the practice of all child marriage by instituting the Child Marriage Restraint Act. In 1978, the Child Marriage Restraint Act was amended to prescribe eighteen and twenty-one years as the age of marriage for a girl and boy respectively (Yadav, 2006). Due to the illegality of child marriage, the number of girls who are put into child marriage in Rajasthan is extremely difficult to know. And particularly due to differing definition employed by researches, no consensus yet exists among those who have tried to obtain a number. Researchers claim that, in Rajasthan, the number of girls married off before age eighteen is somewhere between 55.5% and 80% and other researchers estimate that roughly 56 percent of Rajasthani marriages occur with girls under the age of fifteen (Yadav, 2006,; Burns, 1998). Therefore, there is overwhelming evidence that child marriage is occurring in Rajasthan in large numbers, despite the laws against it. Some assert that Rajasthani people either do not understand the law or simply ignore it (Yadav, 2006). In a *New York Times* article outlining the practice of child marriage in Rajasthan, it was stated that each year, formal warnings are posted outside state government offices stating that child marriages are illegal, but they have little impact. In a discussion with a village elder in Rajasthan, the elder stated, Of course, we know that marrying children is against the law, but it's only a paper law (Burns, 1998). Therefore, he suggests that the law is perceived as unimportant, allowing families to simply ignore it, and often without penalty. Child marriage is deeply embedded in ideals about the role of women and the status of girls in Indian culture (Gupta, 2005,). Understandings of the Indian family and a wife's role more generally give huge amounts of insight to the status of women.

Within the context of a patriarchal family ideology, girls are reared to be obedient, self-sacrificing, modest, nurturing, hardworking and home loving. In an interview with Seymour in the 1960s, one Indian gentleman expressed, American girls are given too much independence. A girl should marry young, before she has the chance to develop independent ideals. By marrying girls

young, the male-based hierarchy is best preserved (Seymour, 1999). Males are quite simply valued more in Indian families. They act as the head of the household, the breadwinners and the decision makers. These values are imbued from an early age and as the transition to adulthood is marked with marriage, these gender norms become particularly pronounced (Segal, 1999; Gupta, 2005, Yadav, 2006; Seymour, 1999). A woman's primary role in the home is to produce sons, as this will bring honor to her family and an heir for her husband. In a society that stresses matrilineal descent, to bear children, especially sons, is critical, and girls learn from an early age that this is their responsibility (Seymour, 1999). Motherhood is additionally critical in order to establish the wife as a member of her husband's family. As Indian families take collective care of children, producing a new family member is heavily prized and brings the newlywed status (Seymour, 1999). The low value of girls is also reflected in traditions of female infanticide and abortions of female children and research that shows that women are by and large neglected by Indian society, resulting in poor health care and a high number of preventable deaths (Miller, 1981; Segal, 1999). In one survey, 52% of Indians said that they would get a prenatal diagnosis to select a male, as opposed to 30% who would in Brazil, 29% in Greece and 20% in Turkey (Segal, 1999). These patterns have resulted in a worsening sex ratio in Rajasthan. It is estimated that between 750 to 850 girls are born per 1000 boys, a problem that not only reinforces these negative ideals about gender, but also could potentially be devastating to the longevity of Indian communities (Census, 2001; Kristof, 1991). An Indian obstetrician interviewed for *The Hindu* stated that these days, it is extremely rare to see a family with two daughters, and some families do not even have one. In communities like Rajasthan, "people want to pretend they are modern and that they do not discriminate between a girl and a boy. Yet, they will not hesitate to quietly go to the next village and get an ultrasound done (Thapar, 2007). Additionally, child marriage is greatly informed by ideals of virginity a cultural notion that has huge impacts on the intersections between HIV/AIDS and child marriage. An unmarried, chaste girl symbolizes family honor and purity and is considered a sacred gift to bestow upon another family" (Seymour, 1999,). To exacerbate the outcome of these

ideals, myths supposedly abound that men can be cured of various diseases, including gonorrhoea, mental illness, syphilis and HIV by having sex with a “fresh” girl, a virgin. (Bhat, Sen, & Pradhan, 2005, Burns, 1998) But as much as cultural ideals are echoed in the practice, tradition has been reinforced by necessity” (Burns, 1998). Poverty is often cited as one of the major factors contributing to child marriage (Bhat, Sen, & Pradhan, 2005). Child marriage is more prevalent in poor household and in poor communities. Almost all countries in which more than 50 percent of girls are married before the age of 18 have GDP per capita under \$2000 per year” (Gupta, 2005). For families in poverty, marrying a daughter early can mean lower dowry payments and one less mouth to feed (Bhat, Sen, & Pradhan, 2005). An investment in girls is seen as a lost investment because the girl leaves to join another home and her economic contributions are to that home so the earlier she is married, the less of a loss the investment (Gupta, 2005).

Child marriage continues to be immersed in a vicious cycle of poverty, low educational attainment, high incidences of disease, poor sex ratios, the subordination of women, “and most significantly, the inter-generational cycles of all of these (Bhat, Sen, & Pradhan, 2005). The health consequences of child marriage are particularly profound. Women age fifteen to nineteen are twice as likely to die in childbirth, compared to women in their twenties (Yadav, 2006). The infant mortality for children born to mothers under 20, versus those born to mothers aged 20-29 is significant. For mothers less than 20 at childbirth, infant mortality represents 95/1000 live births, compared to only 60/1000 for their older peers. Lastly, married girls are often deprived of health care that addresses their specific needs, leaving their reproductive health needs unaddressed, resulting in the exacerbation of existing health problems (Segal, 1999). Girls who marry (as both virgins and non-virgins) face a distinctly elevated HIV risk within marriages, due to the changes in sexual behavior, the inability of women to negotiate protection, and the irrelevance of available protective measures. For young married women, marriage is often representative of a shift from a protected state of virginity (or infrequent sexual encounters) to a state of unprotected and frequent sexual intercourse. The pursuit of pregnancy, which girls strive for to bring

themselves status within the family, reinforces these patterns, and discourages condom use (Bruce, 2007). In fact, protection is often simply not an option as known mechanisms abstinence, partner change/reduction, condom use, mutually monogamous sex, etc. all require negotiation and participation of both partners in order to be protective (Clark, Bruce & Dude, 2006). Moreover, young, married girls are particularly unequipped to negotiate protection, even if they desire to. This failure to negotiate reflects many factors, including the age (and resultantly, power discrepancy) between them and their husband, their likelihood of being deprived of formal education, and general social roles that inform how a wife should act (Clark, Bruce & Dude, 2006).

Most research on child marriage has focused on the prevalence and consequences of marrying young. Much less is understood about risk and protective factors for child marriage, which would provide important, evidence-based points for policy and program intervention. Also scarce is documentation on the current range and type of programmatic efforts by which best practices can be created, scaled up and replicated. Thus, the Report provides useful information on the prevalence of child marriage in India and examines the view perception of parents ,officials and non officials besides examining of the factors of early marriage and its consequences. The report will be of immense importance for policy implications and formulation of action plan to prevent child marriages.

Chapter: 3

Child Marriage in India: Prevalence, Policy and Legal Perspective

Early marriage is a global phenomenon. Globally more than 60 million women ages 20-24 were married before they reached age of 18 years. Although, the extent of child marriage varies substantially between countries, about half of the girls who were affected live in South Asia. Policy makers, practitioners and researchers increasingly recognized that child marriage can undermine progress toward basic developmental goals such as reducing maternal and infant mortality, preventing HIV infection, improving women's educational and economic status, and ensuring gender equality and human rights (Mathur, et.al. 2003). One in seven girls in the developing world marries before 15 (Population Council, 2006). Nearly half of the 331 million girls in developing countries are expected to marry by their 20th birth day (Bruce and Clark, 2004). The prevailing socio cultural value system, economic hardship, educational and economic backwardness, poverty, non - effective enforcement of legislations, laws and policies etc. are the main factors for prevalence of high rate of child marriage in African and South Asian countries.

Child marriage has been found more prevalent in the countries of Sub-Saharan Africa, South Asia and Central America. In Sub-Saharan Africa, 8 countries have more than 50 per cent of women experiencing child marriage while 5 of top 20 hotspot countries for child marriage were reported in West Africa (Table 3.1).

Table 3.1

Hotspot Countries for Child Marriage

Rank	Country	% Women Married < 18
1	Niger (1998)	76.6
2	Chad (2004)	71.5
3	Bangladesh (2004)	68.7

4	Mali (2001)	65.4
5	Guinea (1999)	64.5
6	CAR (1994/95)	57.0
7	Nepal (2001)	56.1
8	Mozambique (2003)	55.9
9	Uganda (2000/01)	54.1
10	Burkina Faso (2003)	51.9
11	India (1998/99)	50.0
12	Ethiopia (2000)	49.1
13	Liberia (1986)	48.4
13	Yemen (1997)	48.4
15	Cameroon (2004)	47.2
16	Eritrea (2002)	47.0
17	Malawi (2000)	46.9
18	Nicaragua (2001)	43.3
18	Nigeria (2003)	43.3
20	Zambia (2001/02)	42.1

Source: ICRW analysis using MEASURE DHS STAT compiler from <http://www.measuredhs.com>. Jan. 20, 2006.

Child marriage, generally defined as marriage before the age of 18 years, is not limited to any one country or continent. 10 countries have particularly high prevalence rates, with one half to 3/4th of girls marrying before their 18th birth day. The prevalence rate of child marriage was reported significantly high in Niger, Chad, Mali and Bangladesh (Table 3.2). Although, most countries have past laws declaring 18 years as the minimum legal age for marriage, the laws are not effectively enforced and socio-cultural,

economic realities perpetuate this practice. Certain risk factors such as poverty, low levels of education, and backwardness are directly correlated with higher rates of child marriage.

Table: 3.2

Top 10 Countries for Child Marriage

Country	% of Girls Married Before 18
Niger (2006)	74.5
Chad (2004)	71.5
Mali (2006)	70.6
Bangladesh (2007)	66.2
Guinea (2005)	63.1
Central African Republic (2006)	60.6
Mozambique (2008)	52.0
Nepal (2006)	51.4
Malawi (2006)	50.2
Ethiopia (2005)	49.2

Sources: ICF Macro, Demographic and Health Surveys, 2000-2010; and UNICEF Multiple Indicator Cluster Surveys, 2000-2010.

The practice of marrying girls at a young age is most common in Sub-Saharan Africa and South Asia. However, in the Middle East, North Africa and other parts of Asia, marriage at early age is common among those living traditional lifestyles. There are also specific parts of West and East Africa and of South Asia where marriages much earlier than puberty are not unusual, while marriages of girls between the ages of 16 and 18 years are common in parts of Latin America and in pockets of Eastern Europe. The prevalence of early marriage has been reported significantly high among girls as compared to boys (Table 3.3).

Table: 3.3
Percentage of Married Adolescents
(15-19 Years)

Sub-Saharan Africa	Boys	Girls
Democratic Republic of Congo	5	74
Niger	4	70
Congo	12	56
Uganda	11	50
Mali	5	50
Asia		
Afghanistan	9	54
Bangladesh	5	51
Nepal	14	42
Middle East		
Iraq	15	28
Syria	4	25
Yemen	5	24
Latin America and Caribbean		
Honduras	7	30
Cuba	7	29
Guatemala	8	24

Source: UN Population Division, Department of Economic and Social Affairs, World Marriage Patterns 2000

Percentage of women aged 25-20 years married before the age of 18 years is shown in Table 3.4. The high prevalence rate of child marriage has been reported in the countries of Sub-Saharan Africa such as Niger, Mali and Burkina faso while Bangladesh and Nepal in South Asian countries witnessed a high rate of prevalence of child marriage.

Table: 3.4
Percentage of Women Aged 25-29
Married before Age of 18 Years

Latin America	
Guatemala	39
Dominican Republic	38
Paraguay	24
South Central and Southeast Asia	
Bangladesh	81
Nepal	68
Pakistan	37
Indonesia	34
Sub-Saharan Africa	
Niger	77
Mali	70
Burkina Faso	62
Mozambique	57
Malawi	55
Cote d'Ivoire	44
Cameroon	43
Benin	40
Middle East and North Africa	
Yemen	64
Egypt	30

Source: Population Council

Child marriage is a persisting harmful traditional practice, rampant in many parts of the country and the incidence of it is highest in the States of

Rajasthan, Bihar, Uttar Pradesh, Chhattisgarh and Madhya Pradesh. The fixing of the legal age of marriage at 18 years for girls and 21 years for boys has not prevented the continuation of early marriages. The Child Marriages Restraint Act, could not effectively enforced for restraining the practice of early marriage. Education is recognized by the Constitution of India as a fundamental right for all children in the age group of 6-14 years. Early child marriage denies this basic right to the girl child. Factors like poverty and puberty combine to make the girl a school dropout and pushed into early marriage. The dropout rate among girls is highest at the elementary level often because of early marriage. Due to lack of proper education, girls are incapable of acquiring any skill which can empower them. Needless to say, lack of education also affects reproductive behavior, use of contraceptives, health of the new born child and proper care and hygienic practices. Every year of education added strengthens a mother's ability to nurture and care for her children.

Child marriage affects girl children's reproductive and sexual health. They suffer from high rates of obstetric complications, anemia, malnutrition, obstructed labour because of small pelvis, postpartum hemorrhage, toxemia, vesico-vaginal fistula, intra-uterine growth retardation, pregnancy induced hypertension, premature delivery, higher maternal mortality rates, high incidence of reproductive tract and sexually transmitted infections (RTIs and STIs) and fetal wastage (miscarriages or still-birth), the neonatal and infant mortality rates are also high along with incidences of premature delivery and low birth weight of the new born.

Adolescent mothers are twice as likely to die of complications arising out of pregnancy compared to women 20 years or older. The IMR is 40 per cent higher for adolescent mothers than for adult mothers (107.3 and 78.5 per thousand live births respectively). Adolescent girls also face riskier and unprotected sexual exposure within their marriage, leading to a higher risk of contracting HIV/AIDS and other RTIs and STIs (Ministry of Women and Child Development, 2005).

Child marriage is a gross violation of the UN Convention on the Rights of the Child and the Constitutional provisions of right to life, liberty, and security, right to health, right to freedom from slavery, right to education, right to non-discrimination on the grounds of sex, and right to equality. In addition to the health effects, the emotional effects of child marriage are immeasurable. Early marriage and forced sexual activity throw the girl's identity into a state of crisis. There is an early burden of responsibilities, a higher risk of violence and abuse within the family, threat of being rejected by the family because of the propensity of child grooms going in for more than one marriage. Child marriage is a complete violation of a child's human rights, self-worth and dignity. It denies children participation in decision-making, recreation, and space of their own. The emotional impact of child marriage on a girl is far worse than in the case of a boy child. However, from the perspective, getting married at an early age violates the human rights of both boys and girls.

In India, child marriage is a centuries old tradition, where children as young as two to three years were often married or given away in marriage. However, in traditional societies in spite of early commitment of children into wedlock, marriages were not consummated till children were much older and were perceived to be able to understand the responsibilities intrinsic to marriage. Over time, giving children in marriage has turned into a major social evil entailing issue of child rights, dowry, and sexual abuse, among others detailed above. Some of the emerging trends in child marriage have far-reaching adverse consequences in the life of a child. For example, child marriages have come to be used as a means to traffic young girls and women into the sex trade and labour both within the country and outside.

Children are married, trafficked and sent to work in places like Delhi, Haryana, Uttar Pradesh, and Kolkata. Imbalance in the sex ratio in some states is emerging as a reason for trafficking of young girls for the purposes of marriage. In states with very low sex ratio, there is a tremendous shortage of marriageable girls, resulting in the need to buy young brides from other states. In some cases, these girls may be forced to serve as a wife to two or three brothers in the same family.

In some situations, economic circumstances have forced parents to give away their young daughters in marriage to much older or physically or mentally challenged men. Incidents of girls being given away to rich/old Arab 'Sheikhs' in the city of Hyderabad in Andhra Pradesh have received much attention nationally and internationally. The media representation of marriages attracts the adolescent mind to courtships and marriages of choice. Such relationships have only further increased the vulnerability of girls to sexual abuse, exploitation, desertion, mental and physical torture.

Of late, some runaway marriages have led to negative consequences for the young boys as well, as they have been booked for kidnapping, abduction and rape, thereby getting marked as young child offenders. Child marriage has always been prevalent in India and is rampant in large parts of the country. Marriage at early age has serious repercussions on the physical and mental health of the children and it deprives the children their right to childhood. Child birth amongst physically immature girls is a further threat to their health. Child brides often end up as young widows with a number of children to take care.

According to the 1991 Census, the percentage of married females in the total number of females in the age group 10 to 14 was 13.2 in Rajasthan, the highest in the country. In second place was Madhya Pradesh at 8.5 percent, followed by Uttar Pradesh at 7.1. For the country, the percentage of married women under the age of 18 stood at 53.3 per cent. The situation did not change substantially in the following decade. The 2001 Census reports that there are nearly 300,000 girls under 15 who have given birth to at least one child. According to the Rapid Household Survey conducted across the country, 58.9 per cent of women in Bihar were married before the age of 18, with 55.5 per cent in Rajasthan, 54.9 per cent in West Bengal, 53.8 per cent in UP and 53.2 per cent in Madhya Pradesh and 39.3 per cent in Karnataka. Jammu and Kashmir has the lowest percentage of under-age marriage, which is 3.4, followed by Himachal Pradesh (3.5) and Goa (4.1). Despite high female literacy in Kerala, close to one-tenth of women are married before attaining the legal age of 18 (Bhat, Sen & Pradhan, 2005). National Family Health Survey (II) data suggests that the median age for the marriage of girls in India

is 16.4 years. The survey also found that 65% of the girls are married by the time they are eighteen.

As per National Family Health Survey (1998-99), 30 per cent of adolescents in the age group of 15-19 years are married and 94 per cent are married in the age group of 25 to 29 years. The age at marriage is about two and half years lower in rural areas compared to urban areas. The median age at first birth for women (20 to 49 years) is 19.6. The percentage of adolescents married before they are 18 is 68.3 per cent in Rajasthan, and 71 per cent in Bihar as against 17 per cent in Kerala and 11.6 per cent in Punjab. The Child Marriage Restraint Act, 1929 defines a child as a male below 21 years age, and if a female, below 18 years of age. However, the enforcement of the Act in India is not effective to check the increasing incidence of child marriages.

Female age at effective marriage during 1991 is shown in Table 3.5. Female age at effective marriage was reported significantly high urban areas as compared to rural areas. Female age at effective marriage was found significant in the state of Gujarat, Orissa, and West Bengal while it was reported low in the state of Rajasthan and Madhya Pradesh.

Table: 3.5

Female Age at Effective Marriage in Selected States of India During 1991

Major States	Combined	Rural	Urban
India	19.5	19.2	20.6
Bihar	18.8	18.6	19.6
Gujarat	20.2	20.1	20.7
Madhya Pradesh	18.6	18.3	20.2
Maharashtra	18.9	18.4	20.4
Orissa	19.8	19.7	20.7
Rajasthan	17.9	17.8	18.7
Uttar Pradesh	19.1	18.8	20.7
West Bengal	19.3	18.9	21.1

Source: Census, 1991.

Age at marriage is an important indicator for measuring empowerment of women. Mean age at marriage has been reported significant in USA (26 years) followed by Indonesia (23 years), Brazil (23 years), and China (23 years) while lowest in Bangladesh (19 years). During the years of 1996 to 2001, the mean age at marriage for females was reported 20 years in India. Mean age at marriage has been reported significantly high among males as compared to females. During 2001, the mean age at marriage among females was reported 18 years while this was reported 23 years among males. Mean age at marriage among females was reported low in the states of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh and Uttar Pradesh while mean age at marriage among females was reported significantly high in Goa, Nagaland, Kerala, Manipur, Mizoram, Punjab, Chandigarh, Jammu and Kashmir and Sikkim. The gap in the mean age at marriage between male and female was reported high in Assam, Karnataka, Pondicherry, Tripura, West Bengal, Andhra Pradesh and Orissa (Table 3.6).

Table: 3.6

Mean Age at Marriage (2001)

State/Union Territory	Female	Male	Gap in Age at Marriage	Years above/ below legal age	
				Female	Male
Andaman & Nicobar Is.	19.6	25.4	5.8	1.6	4.4
Andhra Pradesh	17.5	22.5	5.0	-0.5	1.5
Arunachal Pradesh	19.6	23.8	4.2	1.6	2.8
Assam	19.7	25.7	6.0	1.7	4.7
Bihar	17.2	20.6	3.4	-0.8	-0.4
Chandigarh	20.0	23.5	3.5	2.0	2.5

Chhattisgarh	17.6	20.9	3.3	-0.4	-0.1
Dadra & Nagar Haveli	18.8	21.5	2.7	0.8	0.5
Daman & Diu	19.4	22.9	3.5	1.4	1.9
Delhi	19.2	23.1	3.9	1.2	2.1
Goa	22.2	27.4	5.2	4.2	6.4
Gujarat	19.2	22.1	2.9	1.2	1.1
Haryana	18.0	21.6	3.6	0.0	0.6
Himachal Pradesh	19.1	23.8	4.7	1.1	2.8
Jammu & Kashmir	20.1	23.7	3.6	2.1	2.7
Jharkhand	17.6	21.8	4.2	-0.4	0.8
Karnataka	18.9	24.9	6.0	0.9	3.9
Kerala	20.8	27.1	6.3	2.8	6.1
Lakshadweep	19.1	25.0	5.9	1.1	4.0
Madhya Pradesh	17.0	20.4	3.4	-1.0	-0.6
Maharashtra	18.8	23.5	4.7	0.8	2.5
Manipur	21.5	25.5	4.0	3.5	4.5
Meghalaya	20.5	24.8	4.3	2.5	3.8
Mizoram	21.8	25.3	3.5	3.8	4.3
Nagaland	21.6	25.7	4.1	3.6	4.7

Orissa	18.9	23.9	5.0	0.9	2.9
Pondicherry	20.0	26.4	6.4	2.0	5.4
Punjab	20.5	23.4	2.9	2.5	2.4
Rajasthan	16.6	19.9	3.3	-1.4	-1.1
Sikkim	20.2	24.2	4.0	2.2	3.2
Tamil Nadu	19.9	25.5	5.6	1.9	4.5
Tripura	19.3	25.6	6.3	1.3	4.6
Uttar Pradesh	17.5	20.1	2.6	-0.5	-0.9
Uttaranchal	18.5	23.0	4.5	0.5	2.0
West Bengal	18.4	24.5	6.1	0.4	3.5
India	18.3	22.6	4.3	0.3	1.6

Source: Census, 2001.

During 1991 and 2001, the proportion of child marriage in the selected states has been more or less same, without any significant variation. During 1991, the proportion of child marriage was found significantly high in Bihar followed by Rajasthan, Uttar Pradesh, West Bengal and Madhya Pradesh while it was found low in Gujarat and Orissa. Similarly, during 2001, the proportion of child marriage in these states remained the same without any significant change. Even in the states of Maharashtra, Madhya Pradesh, West Bengal, Gujarat and Orissa, the proportion of child marriage has slightly increased as compared to 1991. However, the proportion of child marriage sharply declined in the state of Bihar (Table 3.7)

Table: 3.7

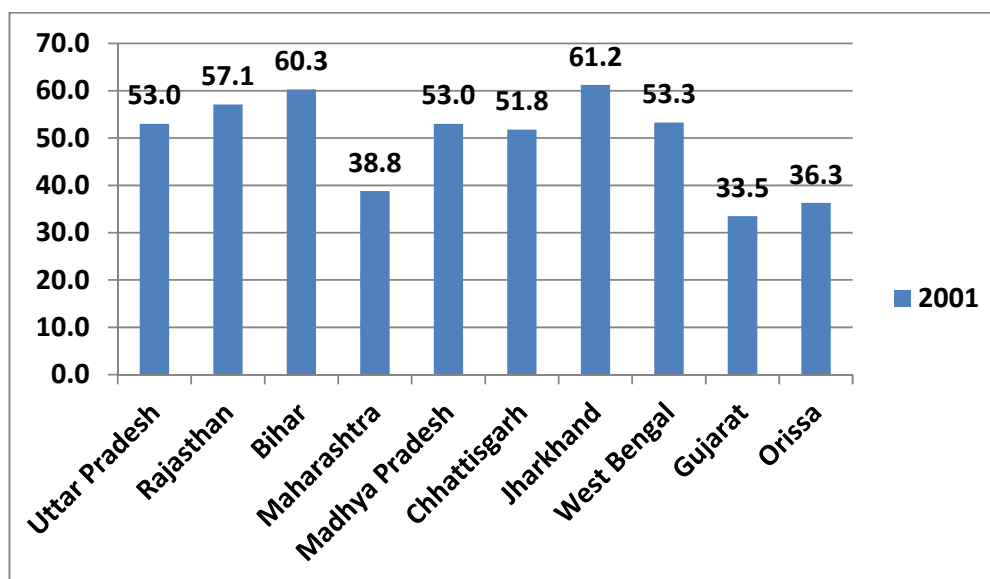
Proportion of Child Marriage in the Selected States

State	1991	2001
Uttar Pradesh	53.3	53.0
Rajasthan	57.2	57.1
Bihar	61.2	60.3
Maharashtra	38.5	38.8
Madhya Pradesh	52.9	53.0
Chhattisgarh	--	51.8
Jharkhand	--	61.2
West Bengal	53.0	53.3
Gujarat	33.1	33.5
Orissa	36.1	36.3

Source: Census Report, 1991 and 2001.

Chart: 3.1

Proportion of Child Marriage in the Selected States



As per DLH Survey, 2007-08, the proportion of child marriage was reported significantly high in Bihar (68.2 per cent) followed by Rajasthan (57.6 per cent), Jharkhand (55.7 per cent), Uttar Pradesh (54.9 per cent) and West Bengal (54.8 per cent). This was reported comparatively low in Gujarat (35.4 per cent) and Orissa (37.5 per cent) (Table 3.8).

Table: 3.8

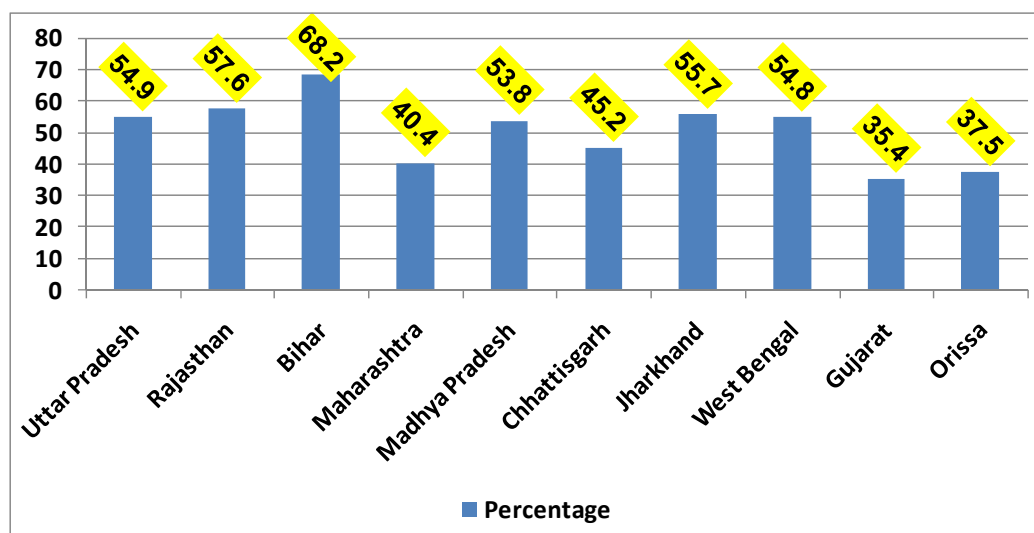
Percentage of Women Currently Married Before 18 Years in the Selected States

State	Percentage
Uttar Pradesh	54.9
Rajasthan	57.6
Bihar	68.2
Maharashtra	40.4
Madhya Pradesh	53.8
Chhattisgarh	45.2
Jharkhand	55.7
West Bengal	54.8
Gujarat	35.4
Orissa	37.5

Source: DLHS, 2007

Chart: 3.2

Percentage of Women Currently Married Before 18 Years in the Selected States



As per National Family Health Survey, the proportion of child marriage has reduced during 2005-06 as compared to 1992-93. During 1992-93, the proportion of child marriage in the state of Madhya Pradesh was reported 73.3 per cent which declined to 64.7 per cent in 1998-99 and further to 57.3 per cent in 2005-06. Similarly, the proportion of child marriage has significantly declined in the state of Maharashtra and Orissa while in the state of Bihar and Gujarat, there has been increasing trend during 1992-93 and 1998-99 however, it declined significantly in 2005-06 (Table 3.9).

Table: 3.9

Percentage of Women Currently Married Before 18 Years According to NFHS Survey

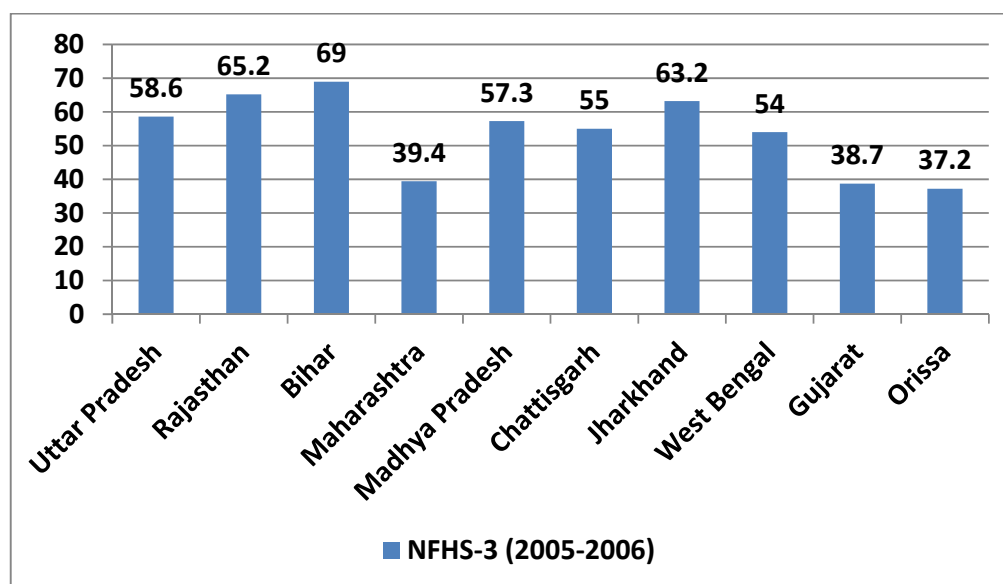
State	NFHS-1 (1992-1993)	NFHS-2 (1998-1999)	NFHS-3 (2005-2006)
Uttar Pradesh	63.9	62.4	58.6
Rajasthan	69.5	68.3	65.2
Bihar	69.1	71.0	69.0
Maharashtra	53.9	47.7	39.4

Madhya Pradesh	73.3	64.7	57.3
Chattisgarh	--	--	55.0
Jharkhand	--	--	63.2
West Bengal	56.4	45.9	54.0
Gujarat	33.4	40.7	38.7
Orissa	45.5	37.6	37.2

Source: NFHS Surveys.

Chart: 3.3

Percentage of Women Currently Married Before 18 Years According to NFHS Survey



The proportion of child marriage was reported high in West Champaran (Bihar) followed by Sant Ravi Das Nagar (UP), Aurangabad (Maharashtra), Udaipur (Rajasthan) and Nalanda (Bihar) while it was found low in Nagpur (Maharashtra) and Himmat Nagar in Gujarat (Table 3.10).

Table: 3.10
Percentage of Women Currently Married Before 18
Years in Selected Districts

State	Districts	Percentage
Uttar Pradesh	Baghpat	32.1
	Sant Ravi Das Nagar	67.4
Rajasthan	Udaipur	65.1
	JhunJhunun	38.3
Bihar	West Champaran	71.8
	Nalanda	60.9
Maharashtra	Nagpur	9.8
	Aurangabad	66.4
Madhya Pradesh	Hausangabad	45.9
	Vidisha	53.8
Chhattisgarh	Rajnandgaon	36.1
	Bilaspur	48.9
Jharkhand	Singhbhum	31.4
	Dhanbad	50.6
West Bengal	Bardhman	54.6
	Jalpaiguri	44.8
Gujarat	Surat	28.5
	Himmatnagar	22.7
Orissa	Balasore	30.1
	Keonjhore	40.7

Source: DLHS, 2007-08.

As per NFHS 2005-06, child marriage has been found more prevalent in rural areas as compared to urban areas. This shows that laws for prevention of child marriage are effectively enforced in urban areas as compared to rural areas. Another factor for prevalence of high rate of child marriage in rural areas may be socio-cultural value system and economic backwardness. The high rate of prevalence of child marriage was reported in Jharkhand, Rajasthan, West Bengal, Bihar, Andhra Pradesh and Uttar Pradesh (Table 3.11).

Table: 3.11

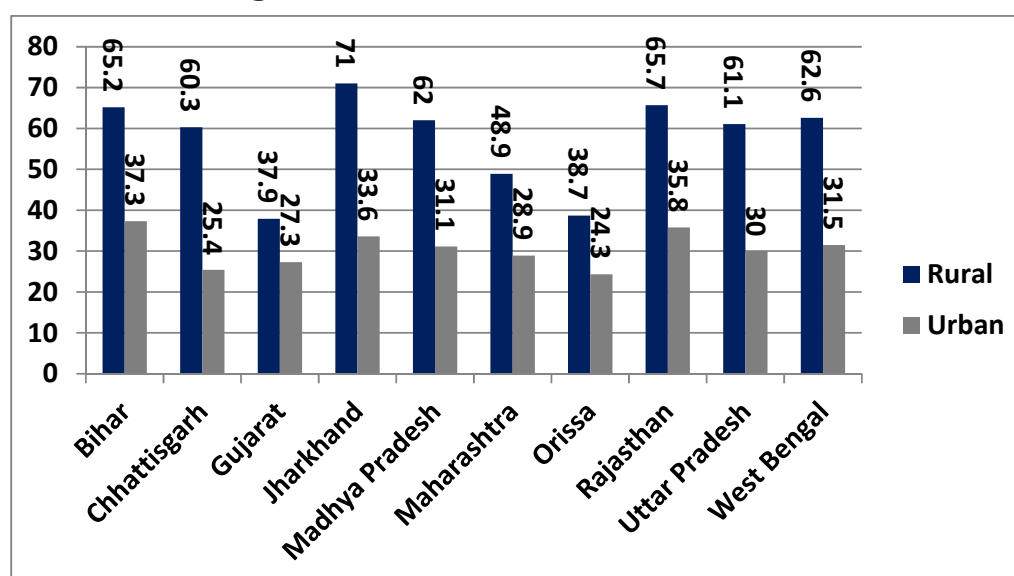
Percentage of Women Married before 18 Years

States	Total	Rural	Urban
Bihar	60.3	65.2	37.3
Chhattisgarh	51.8	60.3	25.4
Gujarat	33.5	37.9	27.3
Jharkhand	61.2	71.0	33.6
Madhya Pradesh	53.0	62.0	31.1
Maharashtra	38.8	48.9	28.9
Orissa	36.3	38.7	24.3
Rajasthan	57.1	65.7	35.8
Uttar Pradesh	53.0	61.1	30.0
West Bengal	53.3	62.6	31.5

Source: International Institute of Population Sciences (2006), NFHS-3.

Chart: 3.4

Percentage of Women Married before 18 Years



The mean age at marriage has increased from less than 15 years prior to 1961 to around 18 years in 1981 and is likely to increase in the coming years. Still there is a large variation in child and adolescent marriages across the states. Rajasthan, Uttar Pradesh, Bihar and Madhya Pradesh have witnessed a large number of child and adolescent marriages while Kerala, Punjab have higher age at marriage. Moreover, 75 per cent of the total married women in the age group of 10-14 years come from large northern states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh. These few states also contribute as much 51 per cent of the total married women in the next age group of 15-19 years. The data on early motherhood in India reveals the percentage of women who were married before 18 years. India figures stand at 44.5 per cent. The state-wise incidence of early marriage and motherhood is shown in Table 3.12.

Table: 3.12

Incidence of Early Marriage and Motherhood

India/States	Percentage Women 20-24 Years Married Before 18 Years 2006			No. of Ever Married Mothers Below 15 Years of Age 2001
	Total	Rural	Urban	
India	44.5	52.5	28.1	296,790
Andhra Pradesh	54.7	61.4	41.2	12848
Arunachal Pradesh	40.6	39.8	42.5	267
Assam	38.0	41.3	23.3	7045
Bihar	60.3	65.2	37.3	31665
Chhattisgarh	51.8	60.3	25.4	4060
Delhi	21.2	41.1	61.6	2348
Goa	11.7	7.8	14.6	127
Gujarat	33.5	37.9	27.3	12300
Haryana	39.8	42.8	33.3	7605
Himachal Pradesh	12.3	12.2	13.6	7605

Jammu & Kashmir	14.0	17.1	4.9	5159
Jharkhand	61.2	71.0	33.6	5713
Karnataka	41.2	49.4	28.0	11822
Kerala	15.4	19.4	9.2	3504
Madhya Pradesh	53.0	62.0	31.1	16211
Maharashtra	38.8	48.9	28.9	15672
Manipur	12.7	13.2	11.7	349
Meghalaya	24.5	28.1	15.6	458
Mizoram	20.6	25.0	16.9	115
Nagaland	21.1	23.7	14.6	464
Orissa	36.3	38.7	24.3	8565
Punjab	19.4	20.4	17.7	8387
Rajasthan	57.1	65.7	35.8	21156
Sikkim	30.1	34.5	15.9	129
Tamil Nadu	21.5	26.1	17.2	15896
Tripura	41.0	41.7	37.8	728
Uttar Pradesh	53.0	61.1	30.0	73408
Uttarakhand	22.6	24.7	16.3	1987
West Bengal	53.3	62.6	31.5	27082

Source: International Institute for Population Sciences, 2006, National Family Health Survey- 3, 2006.

As per survey of DLHS 2007-08, the prevalence of child marriage is showing a declining trend in India, however, this has been found still high in the states of Bihar, Uttar Pradesh, Andhra Pradesh, West Bengal, Rajasthan, Madhya Pradesh, Chhattisgarh and Jharkhand. However, the prevalence rate of early marriage has declined significantly if we compare the rate of prevalence of child marriage during 1980s and 1990s (Table 3.13).

Table: 3.13
Child Marriage in India

State	Women of 20 to 24 Years to Married Before 18 Years (%)
Uttar Pradesh	54.9
Haryana	28.0
Bihar	68.2
Uttarakhand	19.7
Jammu & Kashmir	24.6
Jharkhand	55.7
Chhattisgarh	45.2
Madhya Pradesh	53.8
Punjab	15.5
Chandigarh	21.8
Delhi	24.2
West Bengal	54.7
Orissa	37.5
Sikkim	30.6
Meghalaya	34.3
Assam	40.0
Arunachal Pradesh	26.2
Manipur	24.7
Mizoram	23.7
Tripura	43.6
Kerala	15.5
Tamil Nadu	24.0
Pudduchery	17.4

Goa	19.1
Karnataka	50.2
Andhra Pradesh	51.9
Maharashtra	40.4
Gujarat	35.4
Daman & Dev	22.1
Dadara & Nagar Haveli	44.9
Rajasthan	57.6
Andman & Nicobar Island	24.5

Source: District Level Household Survey, 2007-08, Government of India, New Delhi.

During the transition to adulthood, lack of knowledge and awareness about reproductive organs, physiological changes, or sexuality can promote psychosocial stress. This is particularly so for girls, who also face gender discrimination. Adolescent girls and boys experience psychosocial stress. A study conducted by the State Education Resource Centre (SERC) in Uttar Pradesh established that gender equality was unknown and adolescent girls felt that they were a burden on their families and had poorer self-image while their counterparts felt superior.

A recent study revealed that 14 percent of boys and 8 per cent of girls had trouble with sexual thoughts, and nearly 9 percent of the boys and girls perceived premarital stress (Kaila, 2001). This is particularly true for girls given that the majority of them have no knowledge of menstruation. In most cases, their mothers are the only source of information. Most girls perceive menstruation as disgusting and as a curse (Gupta, 1998). Adolescent girls are also at higher risk of psychosocial stress because of gender discrimination. There is a lack of knowledge and awareness among adolescents about health issues and problems. An Indian Council of Medical Research (ICMR) study showed that knowledge and awareness about puberty, menstruation, physical changes in the body, reproduction, contraception, pregnancy, childbearing,

reproductive tract infections, sexually transmitted infections (STIs), and HIV was low among boys and girls, especially in younger adolescents (ages 10–14). Among the younger adolescents, 40 percent had little knowledge about the sex organs and most girls had not been informed about menarche prior to its onset. About one-half of the adolescents were not aware of condoms and were confused about the various modes of HIV/AIDS transmission.

The study reported, however, that older adolescents (ages 15–19) had better knowledge. About 80 percent had knowledge of STIs, including HIV. Older adolescent girls were more aware than younger adolescent girls of the physical and physiological changes that take place in the body. Only one-half of the adolescents were aware of various family planning methods, and young people's knowledge about spacing methods, such as through the use of intrauterine devices (IUDs) or oral contraceptive pills, was very low (Gupta, 1988).

High fertility rates, high rates of teenage pregnancy, high risk of STI/HIV, and poor nutritional status are the main health problems among the adolescent population in India. High fertility is related to early marriage. The age-specific fertility rate (ASFR) among 15–19 year-old female adolescents is as high as 0.107. That means one of every 10 women would have a child. There are wide urban and rural differentials in the ASFR. The rural ASFR, 0.121, is twice that of urban areas (IIPS, 2000). The NFHS-2 showed that over one-third of married adolescents (ages 15–19) had given birth to their first child and another one-tenth to their second child. The average age of women at the birth of their first child was 19.2 years. Births to teens in states such as Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Maharashtra, Karnataka, and Andhra Pradesh are more common than in other states in India, with many women younger at first birth less than the national average (Sabu, et.al. 1999).

Teenage pregnancy, almost all of which takes place within marriage, is the major cause of poor reproductive health and health outcomes among adolescents. About 15 percent of pregnancies are among teenage girls under age 18 who have a two to five times higher risk of maternal death. Adolescent

pregnant mothers, who are often already poorly nourished before becoming pregnant, run a high obstetric risk for premature delivery, giving birth to a low birth weight baby, prolonged and obstructed labor, and severe intrapartum and postpartum hemorrhage (Jejeebhoy, 2000; Verma & Das, 1997). Early pregnancy has shown an association with high neonatal mortality, and infant and child mortality. The NFHS-2 results show that mothers who are younger than 20 years old at the time of first birth were associated with a 1.7 times higher neonatal mortality rate and a 1.6 times greater infant mortality rate than were mothers giving birth between ages 20–29 (IIPS, 2000).

There is also a high co-relation between the age at marriage" fertility management and family health with education levels. While the age at marriage for illiterate females is 15 years, it is 22 years for women who have completed school. Thirty per cent of adolescents in the age group of 15 to 19 years are married, and in the age group of 25 to 29 years, 94 per cent were married. The age at marriage is about two and half years lower in rural areas compared to urban areas. The median age at first birth for women (20 to 49 years) is 19.6. The percentage of adolescents married before they are 18 is 68.3% in Rajasthan, and 71 percent in Bihar as against 170/0 in Kerala and 11.60/0 in Punjab. In India, most fertility occurs within marriage and this makes the age at marriage of paramount importance for fertility rates. According to NFHS- I (1992-93) 36 percent of married adolescents in the age group of 13 to 16 are already mothers or are pregnant with their first child as are 64% of those in the 17 to 19 years age group.

Adolescent fertility varies greatly between states. In the age group of 13 to 19 years, adolescent fertility is 153 births per 1000 in Madhya Pradesh, 143 in Haryana, 141 in Maharashtra, and as low as 38 in Kerala. While knowledge about family planning is becoming widespread, availability of services seems to be lacking. Sixteen per cent of currently married women in India have an unmet need for family planning, implying that though they do not want any more children for at least two years, they are not using any contraception. The unmet need is highest in the age group of 15 to 19 years.

Adolescents are generally considered to be a healthy group and

adolescent mortality rates are lower than rates for other age groups. The table below reveals this amply. However the male female differentials, in mortality rates are very noticeable. This is probably due to the lower nutritional status of girls, early marriage and high adolescent fertility often leading to maternal mortality. Many adolescents start getting depressed due to academic failures. Their inability to find meaningful vacations and increasing societal pressures compound their problems. The kind of depressions leads to aggression, deviancy and anti-social behavior. The period of adolescence is also characterized by several kinds of high-risk behavior like substance drug abuse, pre-marital sexual activity and anti-social behavior. It also increases the vulnerability of HIV/AIDS among them.

Induced abortions are yet another important reason for the poor reproductive health of women in general and adolescents specifically. An estimated six million induced abortions are performed in India, and anecdotal evidence suggests that a fairly large proportion of them are performed for adolescent mothers and unmarried teenage girls. While no realistic or accurate data are available, the enormity of the problem may be judged by the fact that 8–10 percent of those who seek medical terminations of pregnancy are teenage mothers and unmarried girls. The real percentage may be far larger. While induced abortion was legalized in India under the Medical Termination of Pregnancy (MTP) Act, a major proportion (approximately 80 percent) of all induced abortions is still performed illegally by private and untrained persons in unhygienic conditions (Chhabra & Nuna, 1997). Induced abortions account for more than 11 per cent of maternal deaths and significantly influence women's reproductive health (Jejeebhoy, 2000).

A large proportion of adolescent girls suffer from various gynecological problems, particularly menstrual irregularities such as hyper menorrhoea, hypo menorrhoea, menorrhagia, and dysmenorrhoea (Chakravarty, 1989). About 45 per cent of adolescent girls reported menstrual problems. These are mainly due to psychosocial stress and emotional changes (Chakravarty, 1989). Vesico-vaginal fistula and urinary incontinence are not uncommon. A study conducted in Madras city revealed that 42 per cent of the college and 34 percent of the school-going students reported problems during menstruation.

The problems included headache, stomach pain, excessive bleeding, and other vague or non-specific symptoms like lethargy and loss of appetite. Nearly two-thirds of those who had problems sought medical treatment. Although most of these are normal symptoms of menstruation among adolescents, these need to be mentioned particularly in the Indian context because most of the girls are not aware of this natural phenomenon.

There are several gynecological problems among female adolescents. These problems arise primarily as a result of changing hormone patterns (due to changes in endocrine activity during the transition from pre puberty to puberty) and emotional, psychological, and physical changes associated with adolescence (although puberty is a normal physiological process, menstrual irregularities and dysmenorrhea may frighten young adolescents). The age of menarche among Indian girls, which is reported to be declining, ranges from 11.5–14.5 years, with the current average age being 13.5 years (Bhatia, 1993). This has resulted in earlier onset of puberty and secondary sex characteristics, and increased reproductive exposure. This has special significance in the Indian cultural context because early marriage and indeed, child marriage, is commonly practiced in many of the states' rural areas.

Reproductive tract infections (RTIs) and STIs are not uncommon. In India, STIs rank third among the major communicable diseases. Of concern, however, is that approximately 12–25 percent of all STI cases are among teenage boys (Ramasubban, 1995). STIs often go undetected or untreated among young women, who, embarrassed or stigmatized by the presence of an STI, are reluctant to seek help. Yet STI agents, such as chlamydia and human papilloma virus, can have dire consequences, such as infertility or cervical cancer. STIs also facilitate the transmission of HIV. There is very little information on the female sex partners of unmarried male students (Nag, 1995). Increased sero-positivity has been reported in Mumbai, rising from 2 per cent to 30 percent in two years among commercial sex workers (CSWs), the primary makeup of who are adolescents (Ramasubban, 1995).

Demographic and reproductive health variables among women of childbearing in India are shown in Table 3.14. Percentage of women who

marry before the age of 18 years was reported high in central and eastern parts of India including the states of Chhattisgarh, Madhya Pradesh, Uttar Pradesh, Bihar, Jharkhand, Orissa and West Bengal. Percentage of women who marry before the age of 20 years was recorded significantly high in these regions as about 73 per cent marriages were reported during this age in central region while about 71 per cent marriages were reported in this age group in eastern region. Central and eastern region also witnessed low level of pre-natal and post-natal care while the fertility rate was reported high in these regions. These states are also called BIMARU, backward in terms of demographic, socio-economic and other developmental indicators. However, these states are progressing in terms of human development but the prevalence of early marriage, early pregnancy and child birth in these regions is the cause of concern.

Table: 3.14

Demographic and Reproductive Health among Women in India

Regions and States	Among Women 15-49					Among women 20-24, % who marry before	
	Total Fertility Rate (lifetime births per women)	% with >6 yrs. Education	% living in rural areas	% using a modern methods	% of women whose most recent birth was attended by a professional	Age 18	Age 20
North (Delhi, Haryana, Himachal Pradesh, Jammu/Kashmir, Punjab, Rajasthan and Uttarakhand)	2.64	53.0	63.0	54.9	54.0	26.8	44.9
Central (Chhattisgarh, Madhya Pradesh and Uttar Pradesh)	3.53	33.5	73.9	39.5	32.9	52.9	72.5

East (Bihar, Jharkhand, Orissa and West Bengal)	2.99	36.9	76.3	40.9	37.2	51.8	70.1
Northeast (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura)	2.61	57.3	71.5	32.1	43.2	26.6	41.9
West (Goa, Gujarat and Maharashtra)	2.21	63.5	49.8	57.7	74.2	32.4	50.9
South (Andhra Pradesh, Karnataka, Kerala and Tamil Nadu)	1.88	54.9	60.3	62.7	81.2	37.1	54.0

Source: National Family Health Survey, 2006.

As per statistics available from National Family Health Survey–1998-99, there is high correlation between the age at marriage, fertility management and family health with education levels. The age at marriage is about two and half years lower in rural areas compared to urban areas. The median age at first birth for women (20-49 years) is 19.6 years. The percentage of adolescents married before they are 18 is 68.3 per cent in Rajasthan, and 71 per cent in Bihar as against 17 per cent in Kerala and 11.6 per cent in Punjab. Similarly, 36 per cent of married adolescents in the age group of 13 to 16 years are already mothers or pregnant with their first child as are 64 per cent of those in the 17 to 19 years age group. Adolescent fertility varies greatly between states. In the age group of 13 to 19 years, adolescent fertility is 153 births per 1000 in Madhya Pradesh, 143 in Haryana, 141 in Maharashtra and as low as 38 in Kerala.

There is growing programmatic and research interest in addressing the sexual and reproductive health situation and needs of adolescents in India. The thrust is implicitly on the unmarried. It is reported that 34 per cent of adolescent girls aged 15-19 years are already married and presumably sexually active while less than 10 per cent of unmarried girls are reported to be sexually experienced. Married adolescents are far more likely to experience regular sexual relations than unmarried sexually active

adolescents. The period of adolescence marks an abrupt transition in the lives of large numbers of Indian girls – many experience marriage, a break with natal family and familiar social networks, and co-residence with husband's family, with which few are familiar and in which a subordinate position must be adopted, new pressure to initiate child-bearing as swiftly as possible and in many cases new health problems, many of which relate to sexual and reproductive matters. Although, marriage age is rising, however, one in three adolescents aged 15-19 was already married, and one in seven was married by age 15 as per NFHS II Survey of 1998-99. Regional disparities are pronounced, with northern states supporting considerably larger proportions married in adolescence than southern states.

Out of about 50 million adolescent females in India, some 17.5 million are sexually active within marriage. Sexual and reproductive health of adolescents in India is conditioned to a large extent by the strong pressures newly married young women face to prove fertility as soon as possible after marriage. The evidence suggests that pregnancy and child-bearing occur before many adolescents are physically fully developed, and many expose them to particularly acute health risks during pregnancy and child birth. Adolescent fertility rates are high, roughly 107 births take place per 1000 girls aged 15-19 and the fertility of this age group makes up 19 per cent of the nation's fertility rate. The experience of early and closely spaced child bearing is risky for adolescents because large proportions are anemic and may not have reached physical maturity. More adolescent girls die from pregnancy related causes than from any other cause. The maternal mortality ratio experienced by adolescents has been almost twice that of women aged 25-39 years. Moreover, neonatal mortality rates are also higher among married adolescents as compared to aged 25-39 years. Damage to the reproductive tract, pregnancy complications, pre-natal and neonatal mortality, and low birth weight have also been reported among married adolescents.

The vulnerable population like truck drivers, army personnel, migrant workers, and business executives are also responsible for transmitted infections to their young wives due to their unsafe sexual behavior during their outside home stay. It is reported that almost one per cent of young women

(15-24 years) in India are infected with HIV, compared to 0.5 per cent of young men.

Married adolescents are less likely than adults to use contraception and this may cause to become pregnant. Indeed only 8 per cent of adolescent women were practicing any form of contraception as against 45 per cent of older women aged 20 to 34 years in 1998-99. Thus, the adolescents are more likely to report unmet need for contraception; 27 per cent of married adolescents, compared to 19 per cent of the adults reported an unmet need for contraception. Studies also reveal that adolescents are poorly informed about sexual and reproductive health matters. The awareness regarding menstruation among young married women has been reported to be low. Less than one-third of married adolescents compared to more than two-fifth of adult women had ever heard of HIV/AIDS.

Even, about two-fifths of married adolescents were found unaware of modes of transmission, compared with less than one-third adult women. With regard to marriage related decision-making, adolescents have less say as compared to aged women. After marriage, adolescents face constraints on their autonomy in their marital home. They have less say in their reproductive and sexual choice. The exercise of choice is also constrained by the threat and experience of domestic violence. It tends to delay in reproductive and health decision-making and result in adverse impact on pregnancy. Adolescents say in decision-making process related to money centred decision has also been reported to be low as compared with aged women. Adolescence is shrouded in myths and misconceptions about sexual health and sexuality. In Indian culture, talking about sex is taboo. Consequently, little information is provided to adolescents about sexual health. Instead, young people learn more about sexual and reproductive health from uninformed sources, which results in the perpetuation of myths and misconceptions about puberty, menstruation, secondary sex characteristics, physiological and body changes, masturbation, night emissions, sexual intercourse, and STIs.

In India, one-half of all young women are thought to be sexually active by the time they are 18, and almost one in five are sexually active by the time

they are 15. There are approximately 10 million pregnant adolescents and adolescent mothers throughout India at any given time. A study conducted in 1997 of boys and girls from the selected colleges of Mumbai revealed that a large percentage of boys and girls reported engaging in non-penetrative sexual experiences (e.g., kissing, hugging, touching sexual organs), but only 26 percent of boys and 3 percent of girls reported that they had experienced sexual intercourse (Leena Abraham, 2001). The study also revealed that less than 50 percent of the boys who reported that they had experienced sexual intercourse had used a condom, although all of them said they knew about condoms and their function. Another study on sexual behavior and attitudes among urban college students reported that 28 percent of males and 6 percent of females were sexually active (Watsa, 1993). A study in 2000 in Madras found that 13 percent of male school-going adolescents and 10 percent of female school-going adolescents clearly approved of premarital sex. The study also revealed that 14 percent of the students, both boys and girls, stated that premarital sex is allowable for males only (Sirur, 2000).

A study conducted in Rajasthan on adolescent boys' and girls' knowledge and awareness of sexual behavior revealed that more than half of the adolescent boys (ages 15–21 years) reported that they masturbated, and the practice was reported more often among rural and older boys (Gupta, 1998). More than one-third of the adolescents said they touched their body in some sexual manner, and about 20 percent had touched their genitals. The study also revealed that 15 percent of the adolescents had experienced sexual intercourse and 21 percent of those reported having had a homosexual relationship. However, the attitudes are changing among college-going students and they demand for choice in reproductive decisions. The NFHS II data also demonstrate that adolescents experience symptoms of gynecological morbidity or reproductive tract infections. Married adolescents are more likely than adults to experience adverse pregnancy outcomes due to physiological immaturity and lack of decision making and limited health seeking choices. Thus, we need to understand why the sexual and reproductive health needs of adolescents remain unmet and how we can improve their reproductive health.

Although India has made significant strides in reducing maternal and child mortality yet it is still far behind the developing countries in terms of child health. Significant variations emerge from states with respect to ante-natal care coverage. There are districts with full ANC coverage below 5 per cent (district of Bihar, U.P., M.P. and Assam) to others with more than 80 per cent (districts of Kerala, Tamil Nadu, Karnataka). Although the infant mortality rate (IMR) in India is 64 per 1000 live births, Kerala has IMR of 10 per 1000 live births whereas Orissa, Madhya Pradesh and Uttar Pradesh have more than 80 per 1000 live births. It is reported that among the richest 20 per cent of the population in India, 65 per cent of deliveries take place in institutions, while among the poorest 20 per cent; only less than 10 per cent are institutional deliveries. The reproductive and child health programme (RCH) has progressed in India over the past five decades. It has gone through several phases of ideological and strategic changes. It started with the introduction of population policies with aiming reducing size of population, however international conferences held at Budapest and Cairo saw itself transformed into the present RCH programme. The major components of the programme include the prevention and management of unwanted pregnancy, services to promote safe motherhood including emergency obstetric care, services to promote child survival including essential new born care, prevention and treatment of respiratory tract infections (RTIs) and sexually transmitted diseases (STDs), establishment of an effective referral system, reproductive services for adolescent health, sexuality, gender information, education and counseling.

Despite the large infrastructure, effective and efficient management of RCH services has been hampered by several financial, policy and management constraints leading to provision of services that are inefficient inequitable and of poor quality. Out of about 50 million adolescent females in India, some 17.5 million are sexually active within marriage. Sexual and reproductive health of adolescents in India is conditioned to a large extent by the strong pressures newly married young women face to prove fertility as soon as possible after marriage. The evidence suggests that pregnancy and child-bearing occur before many adolescents are physically fully developed,

and many expose them to particularly acute health risks during pregnancy and child birth. Adolescent fertility rates are high, roughly 107 births take place per 1000 girls aged 15-19 and the fertility of this age group makes up 19 per cent of the nation's fertility rate. The experience of early and closely spaced child bearing is risky for adolescents because large proportions are anemic and may not have reached physical maturity. More adolescent girls die from pregnancy related causes than from any other cause. The maternal mortality ratio experienced by adolescents has been almost twice that of women aged 25-39 years. Moreover, neonatal mortality rates are also higher among married adolescents as compared to aged 25-39 years. Damage to the reproductive tract, pregnancy complications, pre-natal and neonatal mortality, and low birth weight have also been reported among married adolescents. The vulnerable population like truck drivers, army personnel, migrant workers, and business executives are also responsible for transmitted infections to their young wives due to their unsafe sexual behavior during their outside home stay. It is reported that almost one per cent of young women (15-24 years) in India are infected with HIV, compared to 0.5 per cent of young men.

The awareness regarding menstruation among young married women has been reported to be low. Less than one-third of married adolescents compared to more than two-fifth of adult women had ever heard of HIV/AIDS. Even, about two-fifths of married adolescents were found unaware of modes of transmission, compared with less than one-third adult women. With regard to marriage related decision-making, adolescents have less say as compared to aged women. After marriage, adolescents face constraints on their autonomy in their marital home. They have less say in their reproductive and sexual choice. The exercise of choice is also constrained by the threat and experience of domestic violence. It tends to delay in reproductive and health decision-making and result in adverse impact on pregnancy. Adolescents say in decision-making process related to money centered decision has also been reported to be low as compared with aged women.

Legal and Administrative Framework

India has ratified the ICCPR, which provides in Article 23(3) that 'no marriage shall be entered into without the free and full consent of the intending spouses'. India has also ratified the CRC, several provisions of which are relevant to the issue of child marriage, including:

- Article 3: The right to have the best interests of the child as the primary consideration in all actions concerning that child;
- Article 19: The right to protection from all forms of physical or mental violence, injury or abuse, maltreatment or exploitation, including sexual abuse, while in the care of parents, a guardian, or any other person;
- Article 24: The right to health; and to access to health services; and to be protected from harmful traditional practices;
- Articles 28 & 29: The right to education on the basis of equal opportunity;
- Article 34: The right to protection from all forms of sexual exploitation and sexual abuse; and
- Article 36: The right to protection from all forms of exploitation prejudicial to any aspect of the child's welfare.

In addition, India has ratified CEDAW, which provides in Article 16 that States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

- (i) The same right to enter into marriage;
- (ii) The same right freely to choose a spouse and to enter into marriage only with their free and full consent;
- (iii) The same rights and responsibilities during marriage and at its dissolution;
- (iv) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;
- (v) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
- (vi) The same rights and responsibilities with regard to guardianship, ward ship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;
- (vii) The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;

- (viii) The same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.

Constitutional Rights

There are certain constitutional guarantees under Indian constitution for children which include Adolescents. **Article 24** states that, no child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment. **Article 23** states that, traffic in human beings and beggar and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with law. **Article 39** enunciates the rights of children and the young to be protected against exploitation and is given opportunities for healthy development, consonant with freedom and dignity. **Article 39e** states that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength. **Article 39f** states that Children shall be given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against moral and material abandonment. **Article 45** states that the state shall endeavor to provide within a period of ten years from the commencement of the constitution for free and compulsory education for all children until they complete the age of fourteen years.

Prohibition of Child Marriage Act, 2006:

In order to eradicate the evil of child marriage, the Prohibition of Child Marriage Act was passed in 2006 with the objective of eliminating the social evil. Here the word "Child" means a person who, if a male, has not completed 21 year of age, and if a female, has not completed 18 years of age. Protection against child marriage is a human right, for a girl as well as for a boy. Unlike the earlier legislation "The Child Marriage Restraint Act, 1929" wherein there was no provision for the void ability of the marriage, the new legislation makes the child marriage voidable at the option of contracting party who was a child

at the time of marriage i.e. the child who has been married off has the option to go to the court of appropriate jurisdiction (district court or family court, as the case may be) and get his/her marriage declared cancelled. The current law governing child marriage in India is the Prohibition of Child Marriage Act 2006 (PCMA), which was enacted to overcome the failure of the Child Marriage Restraint Act 1929 to effectively deal with the issue. The PCMA overrides all provisions in Indian personal laws that would otherwise permit child marriage, and defines a child as any male under the age of 21 years or any female under the age of 18 years (Section 2(a)). A 'child marriage' is defined as a marriage where either of the parties is a child at the time it is contracted (Section 2(b)). Any person who is a party to a child marriage may have the marriage declared void by a court (Section 3(1)) provided they petition the court by two years after they attain the age of majority (Section 3(2)). A marriage is automatically void where a child is taken away from her lawful guardian by enticement, force or use of deceitful means, or is sold or trafficked for the purpose of marriage (Section 12), or where a child marriage is contracted in violation of an injunction issued to prevent it (Section 14).

Box: 3.1

Salient Features of the Prohibition of Child Marriage Act, 2006

- *Child marriages to be voidable at the option of contracting party being a child*
- *Provision for maintenance and residence to female contracting party to child marriage*
- *Custody and maintenance of children of child marriages*
- *Legitimacy of children born of child marriages*
- *Power of district court to modify orders issued under section 4 or section 5*
- *Punishment for male adult marrying a child*
- *Punishment for solemnizing a child marriage*
- *Punishment for promoting or permitting solemnization of child marriages*
- *Marriage of a minor child to be void in certain circumstances*
- *Power of court to issue injunction prohibiting child marriages*
- *Offences to be cognizable and non-bailable*
- *Appointment of Child Marriage Prohibition Officers Compulsory Registration of Marriages Act, 2006 and state initiatives*

Child marriage is also an offence, in certain circumstances, including where the groom, being over 18 years of age, contracts a child marriage (Section 9), and where a person performs, directs or abets a child marriage. Punishment for these offences is imprisonment of up to two years and a fine of up to Rs 100,000. The same punishment is applicable to any person having charge of the child, whether parent or guardian or any other person or in any other capacity, lawful or unlawful, who does any act to promote the marriage or permits it to be solemnized, or negligently fails to prevent it from being solemnized, including attending or participating in a child marriage (Section 11). In addition, the PCMA makes provision for payment of maintenance to a minor girl until remarriage, and for custody and maintenance of children born out of child marriages (Sections 4 and 5). Though PCMA makes some useful advances in combating child marriage, it is by no means a total solution given that child marriages are only void in the case of 'compulsion', trafficking or violation of court injunctions preventing the marriages. All other child marriages are merely voidable at the option of a contracting party who was a child at the time of marriage, and given the social pressures surrounding child marriages, this is unlikely to occur. As a result, the PCMA has been widely criticized by activists for not doing enough to end the practice of child marriage.

Box: 3.2

Laws Preventing Child Marriage in India

Central Laws related to Child Marriage in India:

- *The Child Marriage (Restraint) Act, 1929*
- *The Prevention of Child Marriage Act, 2004*
- *Compulsory Registration of Marriages Act, 2006*
- *Prohibition of Child Marriage Act, 2006*

State Initiatives against Child Marriage:

- *The Himachal Pradesh Marriage Registration Act, 1996*
- *Marriages (Registration and Miscellaneous Provisions) Act, 1976- Karnataka*
- *Rajasthan Compulsory Registration of Marriages Bill, 2002*
- *Maharashtra Regulation of Marriage Bureaus and Registration of Marriages Act, 1998*
- *Tripura Recording of Marriage Bill, 2003*

Other Initiatives:

- *Bal Vivah Virodh Abhiyan- National Commission for Women (NCW), April 2005*

Compulsory Registration of Marriages Act, 2006:

From the year 2006, all marriages need to be registered in India under the Compulsory Registration of Marriages Act, 2006. It states that every Indian citizen needs to register his or her marriage within ten days of their marriage, irrespective of religion. Such compulsory registration would be of critical importance to prevent child marriages in the country. The state governments in Madhya Pradesh, Uttar Pradesh, Haryana, and Bihar, where child marriages are so rampant, have not taken any initiative to make registration of marriages compulsory. The Central Government has made it mandatory for all States to make registration of marriages compulsory saying that the states are in a better position to know the social structure and local conditions about their respective states. There are gaps in this law as it has been left to State Governments to take initiative. Secondly, non-registration of minor's marriage does not render them automatically void.

The Andhra Pradesh High Court decision upholding minor's marriage as legal has added to the problems of activism against child marriage. Registration of marriages has been made compulsory in some states of India. The Himachal Pradesh Marriage Registration Act, 1996 came into force in 2004 making all marriages within the state compulsory to be registered. Karnataka has Marriages (Registration and Miscellaneous Provisions) Act, 1976, making registration of all marriages compulsory, Rajasthan has a Rajasthan Compulsory Registration of Marriages Bill, 2002. The government of Rajasthan has made it mandatory to register marriages of couples with the authorities in order for their marriage to be recognized by the law. It was declared that no marriage will be officially recognized unless couples have a certificate obtained after registering with the authorities. Couples who register their marriage will also benefit as they will be more mature when they marry (*BBC News, 24th Oct, 2001*). Maharashtra has enacted the Maharashtra Regulation of Marriage Bureaus and Registration of Marriages Act, 1998, making Gram Sevaks the registrar. The legislative assembly of Tripura passed a Tripura Recording of Marriage Bill, 2003. Under the marriage laws in Goa, a civil registration is mandatory, and only registered marriages are considered valid.

Bal Vivah Virodh Abhiyan:

In April 2005, the National Commission for Women (NCW) launched the Bal Vivah Virodh Abhiyan (Child Marriage Protest Program), a nationwide awareness program against child marriages with particular focus on the states of Rajasthan, Bihar, Chhattisgarh, Madhya Pradesh, Jharkhand, and Uttar Pradesh. The NCW even published an advertisement in regional newspapers to generate awareness in the rural areas known for child marriages in the above states. The government reported that it prevented 200 child marriages in the Rajnandgaon district of Chhattisgarh, a district known for mass child marriages in April and May every year. A local NGO, M V Foundation, claimed to have prevented 2,321 child marriages in the state of Andhra Pradesh since 2000. (*U.S. Department of State, Country Reports, 2006*).

At present, an ambitious programme is underway to increase the value placed on girls in India, and thereby indirectly increase their age at marriage. The governments of Rajasthan, Karnataka and Haryana have established an incentive programme for low-income families. In Haryana, for example, a sum of money (Rs.2, 500) is set aside in a savings account for a girl at her birth. At the age of 18, if she is still unmarried, the girl is eligible to collect the accumulated sum of Rs. 25,000. During the regime of Ms. Mayawati in Uttar Pradesh Rs. One lakh was fixed for those girl children who took birth after 15th January for their marriage after 18 years of the age. This economic incentive to keep girls alive and postpone their marriage is supplemented by support for girls' education. The intention is to encourage parents to postpone marriage until daughters reach 18 and can use the grant for their dowry (*Early Marriage Child Spouses 2001, UNICEF*).

Legislative Provisions for Adolescents

Immoral Traffic Prevention Act, 1956:

In 1950 the Government of India ratified an International Convention for the Suppression of Immoral Traffic in Persons and the Exploitation of the Prostitution of others. Under Article 23 of the Convention, traffic in human beings is prohibited and any contravention of the prohibition is an offence punishable by law. Under Article 35 such a law has to be passed by

Parliament as soon as may be after the commencement of the Constitution. In these circumstances Immoral Traffic (Prevention) Act, 1956 (ITPA) was enacted on the 31st December, 1956. ITPA is a premier legislation for prevention of trafficking for commercial sexual exploitation. The Act also provides for setting up protective homes by State Government. The amendment of the Act to widen its scope, provide stringent punishment to the traffickers and other perpetrator of the crime and make its implementation more effective is under consideration of the Government.

Right to Education Act, 2009:

In line with the goal of nation building, India has been committed to providing free and compulsory education to all children. The Parliament of India has enacted legislation, Right to Education Act (RTE, Act) making free and compulsory education a Right of every child in the age group 6-14 years. This Act has come into force from 1st April, 2010. Every child between the ages of 6 to 14 years has the right to free and compulsory education. This is stated as per the 86th Constitution Amendment Act added Article 21A. The right to education Act seeks to give effect to this amendment. The government schools shall provide free education to all the children and the schools will be managed by school management committees (SMC). Private schools shall admit at least 25% of the children in their schools without any fee. The National Commission for Elementary Education shall be constituted to monitor all aspects of elementary education including quality. The National Commission for Protection of Child Rights (NCPCR) has been given the responsibility to monitor implementation of this Act. With the enforcement of this Act, India became one of 135 countries to make education a fundamental right of every child. One of the provisions of **RTE** is the arrangements for special training for older children within school time; eventually to mainstream them to age appropriate class.

Policies for Adolescents

National Policy on Education:

The National Policy on Education of 1968 was revised in 1992, laying greater emphasis on the reorganization of the educational system. It includes

taking measures towards a Common School System, re-iterating what has been given in the 1968 policy. Besides strengthening of the existing educational systems, it emphasizes on providing quality and equal opportunity of education to women, STs / SCs and other backward classes and areas like in the case of education of the physically / mentally challenged. The Policy has also stresses on adult education (15 – 35 year age group) through the National Literacy Campaign for improvement in the livelihood options for them. Besides reorganizing the holistic nature of early childhood education, under elementary education, thrust given to universal access to education and school retention of children till the age of 14 years, both girls and boys. It also states that access to secondary education will be widen with emphasis on adolescent girls and also the Non-Formal Education Program for dropout children to be in places where there is no access to schools. To develop a healthy approach to life and work, vocational education will also be a focus of the education system, wherein the courses will be ideally provided after the secondary stage, but may be introduced after class VIII.

The Policy has proposed for vocational courses to cover 10% of higher secondary students by 1995 and 25% by the year 2000. The Policy envisages use of modern technology and techniques in imparting education and inclusion of value education and emphasis on mathematical education, population education, science education and yoga. With regard to Adolescents and Youth, the policy envisages that Non formal flexible and need based vocational programs will also be made available to neo literate, youth who have completed primary education, school drop-outs, persons engaged in work, and unemployed or partially employed persons. Special attention will be given to women. However the relevance of this policy needs to be examined in the context of RTE Act, which limits the possibilities of Adolescents to realize full learning rights.

National Nutrition Policy, 1993:

National Nutrition Policy identifies nutrition as a multi-sectoral issue and needs to be tackled at various levels. Nutrition affects development as much as development affects nutrition. It is therefore important to tackle the

problem of nutrition both through direct nutrition intervention especially for vulnerable groups as well as through various development policy instruments which will create conditions for improved nutrition. Within the direct interventions, the policy includes reaching the Adolescent Girls, for which the Government's initiative of including the adolescent girl within 'the ambit of' ICDS should be intensified so that they are made ready for a safe motherhood. Their nutritional status (including iron supplementation in the body) is improved they are given some skill upgradation training in home-based skills and covered by non-formal education particularly nutrition and health education. All adolescent girls from poor families should be covered through the ICDS by the year 2000 in all CD blocks of the country and 50% of urban slums.

National Population Policy, 2000:

This policy addresses the unmet needs for contraception, health care infrastructure, and health personnel. It provides for integrated service delivery for basic reproductive and child health care. The policy emphasizes on bringing down the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies and achieving a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection. In the policy, 12 strategic themes have been identified to be perused through inter-sectoral programs. One of the themes is –“Empowering Women for Improved Health and Nutrition” and makes a special mention on adolescents and addressing their special requirements.

National AIDS Prevention and Control Policy, 2000:

The general objective of the policy is to prevent the epidemic from spreading further and to reduce the impact of the epidemic not only upon the infected persons but upon the health and socio-economic status of the general population at all levels. The policy envisages effective containment of the infection levels of HIV/AIDS in the general population in order to achieve zero-level of new infections by 2007. One of the specific objectives of the policy is to prevent women, children (including adolescents) and other socially

weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects.

National Policy for Empowerment of Women, 2001:

National Policy for Empowerment of Women was formulated in 2001 for addressing the women needs and brining about their advancement, development and empowerment. NPEW addresses discrimination against women strengthen existing institution which includes legal system, provide better access to health care and other services, equal opportunities for women's participation in decision making and mainstreaming gender concerns in development processes. The launch of the National Mission for Empowerment of Women (NMEW) on 8th March, 2010 by the Ministry of Women and Child Development was an important development which provides the much required fillip for a coordinated assessment of current Government interventions and aligning future programs so as to translate the NPEW prescriptions into reality.

National Health Policy, 2002:

The Policy provides for equitable access to health services to all citizens across the social and geographical expanse of the country. It stresses on increasing access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions, increasing the aggregate public health investment by Centre, investment in training in public health and primacy on preventive and first-line curative initiatives through increased sectoral share of allocation. The policy also mentions regarding rational use of drugs within the allopathic system, strengthening school health programs along with enhanced spending in public health research and partnership with private sector and civil society.

National Youth Policy, 2003:

The National Youth Policy, 2003 reiterates the commitment of the entire nation to the composite and all-round development of the young sons and daughters of India and seeks to establish an All-India perspective to fulfil their legitimate aspirations so that they are all strong of heart and strong of body and mind in successfully accomplishing the challenging tasks of national

reconstruction and social changes that lie ahead. This Policy covers all youth in the country in the age group of 13 to 35 years. It is divided into two broad sub-groups viz. 13-19 years and 20-35 years and the age group 13-19, which is a major part of the adolescent age group is regarded as a separate constituency. The Policy enunciates for adequate nutrition for the full development of physical and mental potential and the creation of an environment which promotes good health, and ensures protection from disease and unwholesome habits. In the chapter entitled Key Sectors of Youth Concerns, the policy recognizes the following areas as key sectors of concern for the youth:- (i) Education; (ii) Training and Employment; (iii) Health and Family welfare; (iv) Preservation of Environment, Ecology and Wild life; (v) Recreation and Sports; (vi) Arts and culture; (vii) Science and technology; and (viii) Civics and good Citizenship.

National Charter for Children 2004:

The National Charter for Children highlighting the roles and responsibilities of both the Govt. and the community towards children and duties of children towards their family, community and society was notified on 9th February, 2004. This Charter for Children is to secure for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation.

The Charter provides that the State and community shall undertake all possible measures to ensure and protect the survival, life and liberty of all children. In particular, all appropriate measures are undertaken to address the problems of infanticide and feticide, especially of female child and all other emerging manifestations that deprive the girl child of her right to survive with dignity. Further, the State shall move towards a total ban of all forms of child labour and recognizing that all children have a right to be protected against neglect, maltreatment, injury, trafficking, sexual and physical abuse of all kinds, corporal punishment, torture, exploitation, violence and degrading

treatment, the State shall take legal action against those committing such violations against children even if they be legal guardians of such children. For empowering adolescent, the Charter states that the State and community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens. Special programs will be undertaken to improve the health and nutritional status of the adolescent girl.

National Policy for Children, 2013:

The National Policy for Children, 1974 was adopted by the Government of India on 2nd August, 1974. The policy described children as a supremely important asset and made the state responsible to provide basic services to children, both before and after birth, and also during their growing years and different stages of development. In view of the Government's commitment to the rights based approach in addressing the continuing and emerging challenges in the situation of children, Government of India adopted the resolution on the National Policy for Children, 2013. The Government of India reiterates its commitment to safeguard, inform, include, support and empower all children within its territory and jurisdiction, both in their individual situation and as a national asset.

The state is committed to take proactive measures for inclusion of all children in accessing their rights, especially those marginalized or disadvantaged, to ensure that all children have equal opportunity and that no custom, traditional, cultural or religious practice is allowed to violate or restrict or prevent children from enjoying their rights. The policy is to guide and inform all laws, policies, plans and programmes affecting children. All actions and initiatives of the national, state and local governments in all sectors must respect and uphold the principles and the provisions of the policy.

National Programs and Schemes:

Although all Department and Ministries in some manner or other may be implementing programs that are benefiting adolescents, only five Ministries have actively integrated adolescents in their programs. These are Ministry of Health and Family Welfare, Ministry of Human Resource Development,

Ministry of Labour and Employment, Ministry of Youth and Sports Affairs, and Ministry of Women and Child Development. Other departments take care of adolescents as subsidiary target groups in their programs covering specific areas within their purview.

Adolescent Reproductive and Sexual Health (ARSH) Program:

The government has launched a Program called the Adolescent Reproductive and Sexual Health Program (ARSH) under National Rural Health Mission (NRHM) as a part of Reproductive and Child Health (RCH) Program. The focus on ARSH and special interventions for adolescents is in anticipation of the following outcomes: delay in age of marriage, reduce incidence of teenage pregnancies, meet unmet contraceptive needs and reduce the number of maternal deaths, reduce the incidence of sexually transmitted diseases and reduce the proportion of HIV positive cases in 10-19 years age group. Focus areas under the ARSH program are: (a) Reorganizing and strengthening the existing public health system in order to meet the reproductive and sexual health needs of adolescents, (b) Mobilizing the community for creating an enabling social environment and creating demand among adolescents for health services, and (c) Providing preventive, promotive, curative and referral health services to adolescents.

Adolescent Anemia Control Program:

The Adolescent Anemia Control Program is a component of the National Nutritional Anemia Control Program. It provides adolescent girls with micronutrient supplements for prevention of iron and folic acid (IFA) deficiency. The program strategy includes weekly IFA (100mg elemental iron + 500 microgram of folic acid), biennial de-worming (Albendazole 400 mg) for prevention of helminthes infestation and information, counseling and support on how to improve dietary intake and how to prevent anemia.

School Health Program:

School age population is extremely vulnerable to health risks and illness. Illness and behavior formed in this age can have detrimental effect on health during the adult years. The effective School Health Program ensures that children are healthy and able to learn is an essential component of an

effective education system. Good health increases enrolment and reduces absenteeism. It attempts to provide easy access to health, nutrition and hygiene education and services to children in school in a simple and cost-effective way. It includes various components i.e. screening, healthcare and referral, immunization, micronutrient (Vitamin A & Iron Folic Acid) management, de-worming, Health Promoting Schools, capacity building of teachers and the health personnel involved, monitoring & evaluation and mid-day meal. It also works towards addressing specific health problems.

Adolescence Education Program (AEP):

AEP is implemented by the Department of Education in collaboration with the State AIDS Prevention and Control Society. The major components of the Adolescence Education Program (AEP) are providing guidance and counseling to adolescents, both boys and girls regarding the process of growing up during adolescence, prevention of HIV/AIDS and prevention of substance/drug abuse. The program aims to reinforce development of behaviors that will empower adolescent to make healthy choices, to provide opportunities for the reinforcement of positive behaviors, and to strengthening of life skills that enable young people to grow up healthy, cope with challenges and optimize opportunities effectively. The peer educator approach is central to the program for reaching out to the adolescent population. .

Kasturba Gandhi Balika Vidyalya (KGBV):

Kasturba Gandhi Balika Vidyalaya (KGBV) is a scheme launched in July 2004, for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minority communities. The objective of KGBV is to ensure access and quality education to the girls of disadvantaged groups of society by setting up residential schools at upper primary level. The scheme is being implemented in educationally backward blocks in 24 States of the country where the female rural literacy is below the national average and gender gap in literacy is above the national average. The scheme provides for a minimum reservation of 75% of the seats for girls belonging to SC, ST, OBC or minority communities and priority for the

remaining 25%, is accorded to girls from families below poverty line. The scheme of the KGBV is merged with the Sarva Shiksha Abhiyan (SSA) program in XI Plan w. e. f. 1st April, 2007. The Kasturba Gandhi Balika Vidyalaya scheme is merged with Sarva Shiksha Abhiyan in the XIth Plan with effect from 1st April, 2007.

National Program for Education of Girls for Elementary Level:

National Program for Education of Girls for Elementary Level (NPEGEL) has been formulated for education of under privileged / disadvantaged girls from class I to VIII. It is a separate and distinct gender component plan of Sarva Shiksha Abhiyan (SSA) and initiated as an amendment to SSA for providing additional components for education of girls at elementary level which is necessary to achieve Universal Elementary Education for girls in educationally backward areas. For girls in the upper primary level stage, the scheme will provide waiver of fees of girls for courses under National Open School and State Open Schools, setting up of specially designed open learning centers. This will facilitate bringing to the educational system those girls who have dropped out from regular schools for some reason.

National Child Labour Project (NCLP) Scheme:

Under this National Child Labour Project (NCLP) scheme was launched in 12 child labour endemic districts in 1988. The number of the districts covered under the scheme has been substantially enhanced to 271 in XI Plan. The NCLP scheme provides for establishment of special schools/transitional education centers to impart non-formal/formal education, vocational training, supplementary nutrition, monthly stipend and regular health check up to children withdrawn from hazardous employment so as to prepare them to join mainstream schools. More than ten thousand schools have been sanctioned with enrollment of approximately 5 lakh children. Under the Scheme, funds are given to the District Collectors for running special schools for child labour. Most of these schools are run by the NGOs in the district.

National Program for Youth and Adolescent Development Program:

Ministry of Youth affairs and Sports has two sets of programs for the adolescents at present- One set covers the programs conducted in the UNFPA project and the other set draws its programs from the National Program for Youth and Adolescents (NPYAD): (a) Programs with support of UNFPA-A project with UNFPA has been underway since 2007, under which 3840 teen clubs have been formed with 60 teen clubs in two Blocks of each one of 64 districts in the country. (b) National Program for Youth and Adolescents- Ministry of Youth Affairs & Sports Program for Youth and Adolescent Development (NPYAD). It has various programs dealing with the adolescent development carrying forth the above-mentioned vision, which are mostly implemented by the national implementation bodies like- Nehru Yuva Kendra Sangathan

Ujjawala:

This is a comprehensive Scheme for prevention of trafficking and rescuing, rehabilitation and re-integration of victims of trafficking for commercial sexual exploitation. The scheme covers women and children who are vulnerable to or victims of trafficking for commercial sexual exploitation. The implementing agencies for this Scheme are Social Welfare/Women and Child Welfare Department of State Government, Women's Development Corporations, Women's Development Centres, Urban Local Bodies, reputed Public/Private Trust or Voluntary Organizations.

Integrated Child Protection Scheme:

The Integrated Child Protection Scheme (ICPS) has been formed to instill Government responsibility for creating a system that will efficiently and effectively protect children. It is based on cardinal principles of "protection of child rights" and "best interest of the child". ICPS brings several existing child protection programs, under one umbrella, with improved norms. These include, (i) A Program for Juvenile Justice; (ii) An Integrated Program for Street Children; and (iii) Scheme for Assistance to Homes (Shishu Greh) to promote in-country Adoption. ICPS focuses its activities on Children in need

of care and protection; Children in conflict with law; who are alleged to have committed an offence; Children in contact with law; who have come into contact with the law as a victim, witness or under any other circumstance; Any other vulnerable child (including but not limited to) - children of migrant families, children living on the street.

Kishori Shakti Yojana (KSY):

The Ministry of Women and Child Development, Government of India, in the year 2000, came up with a scheme called *KSY*, which was implemented using the infrastructure of the Integrated Child Development Services Scheme (ICDS). The objective of this scheme was to improve the nutrition and health status of Adolescent Girls (AGs) in the age-group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition and family welfare and management. Kishori Shakti Yojana addresses the needs of adolescent girls for self development, nutrition and health, literacy and numerical skills, vocational skills etc. During 2005-06 to 2009-10 financial years fund utilized by the states under this scheme.

The largest chunk of grant was utilized by the states of Uttar Pradesh, Tamil Nadu, Orissa, Rajasthan, West Bengal, Andhra Pradesh, Bihar, Gujarat, Madhya Pradesh and Maharashtra. Approximately, 44 adolescent girls are benefited in a year in a Kishori Shakti Yojana Block. Each project is sanctioned of Rs. 1.1 lakh per block per year. The scheme has been extended to all 6108 ICDS blocks in the country. The coverage of the scheme is reported high in the state of Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan, Orissa and Maharashtra. The adolescent girls are being provided skill training, vocational training, non-formal education, and nutrition and health education besides providing them supplementary nutrition. There has been increasing trend in the number of beneficiaries under the scheme. However, sharp variations emerge from the analysis of data. There are a few states where the number of beneficiaries under the scheme is higher that shows satisfactory progress of the scheme.

Nutrition Program for Adolescent Girls (NPAG):

NPAG was initiated as a pilot project in the year 2002-03 in 51 identified districts across the country to address the problem of under-nutrition among AGs. Under this program, 6 kg of free food grain per beneficiary per month were given to under nourished AGs. NPAG has ceased to operate with the launch of *Sabla* as all the districts of NPAG have been subsumed in *Sabla*. Planning Commission allocated the funds as Additional Central Assistance in 2002-03; Finance Ministry released the amount to the state finance departments in Oct. 2002. State DWCDs were informed of the release and were requested to contact their finance department to get the funds and initiate the programme. However there were delays in the state DWCD getting the funds. Some states like Chhattisgarh, Gujarat suffering from drought during this period, took up the project rapidly in an attempt to improve the dietary intake of the vulnerable segments of the population. Mizoram had initiated the programme right in the first year and implemented it in all districts in the state.

Other states took some time get the funds released and therefore utilization was low during the year 2002-03. Some of the non-special category states were concerned that programme was to be implemented by the funds provided under the Additional Central Assistance and so they had to return 70% of the amount later. Haryana did not take up the NPAG in 2002-03 because unlike the ICDS, funds were given as Additional Central Assistance. The Planning Commission computed the amount of food grains required, based on the estimates of the undernourished persons in the districts; Department of Food and Civil Supplies made the allocation of rice/wheat (on the basis of preferred food grain consumption in the districts selected) to be supplied to the states at BPL rates. The allocations made for the different states from 2002-03 to 2006-07. The states DWCD were to make the payment to the State Department of Civil supplies and lift the food grains to the districts. Funds were also provided for the transport of food grains to the district and to the fair price shops. There were some initial teething problems in establishment of this system in all states. However, all the states were able

to establish this system in 2003-04 and lift the grains and supply it right down to the villages? Most states decided to run the programme mainly in the rural Anganwadis, as the urban Anganwadis were not well established. So supply of the food grains to the urban areas was limited.

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) or *Sabla*:

A new comprehensive scheme, called RGSEAG or *Sabla*, merging the erstwhile KSY and NPAG schemes has been formulated to address the multi-dimensional problems of AGs. *Sabla* is being implemented initially in 200 districts selected across the country, using the platform of ICDS. In these districts, RGSEAG has replace KSY and NPAG. In rest of the districts, KSY continues as before. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (*Sabla*) is a new comprehensive scheme for the adolescent girls in the age group of 11-18 years. The erstwhile schemes of Kishori Shakti Yojana and Nutrition Programme for Adolescent Girls have been merged with this new scheme to address the multi-dimensional problems of adolescent girls. The scheme is being implemented in 200 districts selected across the country, using the platform of ICDS. Anganwadi Centres are the focal points for the delivery of services. An integrated package of services being provided to the adolescent girls includes nutrition provision, IFA, supplementation, health checkup and referral services, nutrition and health education, counseling/guidance on family welfare, ARSH, child care practices and home management, life skill education and accessing public services, vocational training, etc.

Effective implementation of the scheme is expected to bring out positive changes and empowerment of adolescent girls however, the coverage of the scheme is still limited. Therefore, it is suggested that necessary modifications in the guidelines of the scheme should be incorporated to give the wider coverage of target population (10-19 years) of girls, geographical outreach and enhance budgetary support. The expansion of the scheme to all districts of the country may be considered in the phase manner

State Initiatives for Promoting Girls Education

UP: Meena Manch: Forum for adolescent girls to discuss their own issues and motivate girls to attend school.

Haryana: Bicycles are given to girls on joining class VI in a Govt. school located outside the village to prevent dropout at the end of class V and help girls to complete 8 years of schooling 16171 girls in 2004-05 and more than 21000 girls 2005-06 benefitted from the programme

Uttar Pradesh: Intensive campaign for community mobilization in selected villages; 21 days training of instructors; use of TLM; residential arrangement for girls and instructors; arrangements for sports, cultural programmes, life skills are some of the measures for promoting girl education.

Madhya Pradesh: Decentralised provisioning of additional incentives, e.g.: school uniforms, by the local bodies, to motivate girls' retention in schools. Open Learning for many girls who are unable to complete elementary education due to poor access. A tie up with State Open School where there is a 50:50 cost sharing between SSA & State Open School for the girls fees.

Uttaranchal: Provisioning ECE in a convergent mode with ICDS; SSA supporting with additional TLM; capacity building; honorarium; constructing rooms in primary schools for running ECE centres; relocation of ICDS centres in/near primary schools; synchronized timings of ECE and primary school

Orissa: Kalasi Dhara (carrying earthen vessel) - An initiative to mobilise the community and Mother Teacher Associations to monitor the attendance of teachers and children, cleanliness of the school compound, regularity of classes being held. The designated mothers are also required to bring to school those children found to be absent by motivating their parents etc.

Bihar: Summer Camps for Remedial Teaching provided to girls.

Conditional Cash Transfer Schemes for Girl Children:

Introduction of the conditional cash transfer mechanism is a marked departure from the traditional approaches in social programme. Through

provision of financial incentives to poor families following the fulfillment of certain verifiable conditions, conditional cash transfer mechanism seeks to provide short term income support and at the same time promotes long-term behavioral change. In order to improve the survival and welfare of girls and reverse the distorted sex ratio at birth, both national and the state governments have launched special financial incentive schemes for girls. Under which, families have to comply with certain minimum requirements such as registration of birth, childhood immunization, enrolment and retention in school and delaying the age of marriage beyond 18 years to receive the specified financial incentives against the fulfillment of the each of these conditions . These incentive based schemes aim at improving the value of the girl child on the premise that financial benefits would trigger behavioral change among parents and community. In the long-run such incentives are expected to ensure the survival and well being of girls (Sekher, 2010).

Ladli Lakshmi Yojana (Madhya Pradesh):

The scheme was initiated in 2007, has become extremely popular with the enrolment of a large number of beneficiaries. Every year the actual number of beneficiaries is more than the targeted number of beneficiaries. The State Government also spent a huge amount for implementing the scheme. It has been observed that apart from the Anganwadi workers, the Panchayat members are also actively involved in the promotion of the scheme. Special Gram Sabha meetings were organized to create awareness about the scheme. Over the years, the implementation of the scheme has been decentralized to a large extent. The scheme also combines the conditional cash transfer for improving girls' education as well as popularizing the small family norm.

Bhagyalakshmi Scheme (Karnataka):

This scheme is combination of incentives for school education, immunization and health insurance, restricted to two girls from BPL families. The scheme also aims at eliminating child labour and ensuring admission to Anganwadi centres. The state Women and Child Development Department has developed a child tracking system with the assistance of NIC which will

monitor the progress of each beneficiary with regard to health, education and migration. The child tracking system has about 44 parameters capturing all relevant details of the beneficiaries. Though at the local level there are allegation of misuse of the scheme (for instance, some parents of girl child have not undergone sterilization and some of the Anganwadi workers are collecting money for registration), the recently introduced child tracking system would minimize those irregularities.

Balika Samridhi Yojana (Gujarat):

This scheme was originally conceived and supported by the central government and later taken over by the state government without changing the eligibility criteria and benefits. This is a good example of how a centrally sponsored scheme can be gradually taken over by the state government and implemented for the benefit of the girls from BPL families.

Ladli Scheme (Delhi):

The scheme initiated in 2008 and has resulted in many positive changes. The officials claim that the birth registration has improved and that the enrollment of girls in schools has also picked up. In order to make it more citizen-friendly, the eligibility conditions were modified. It would be worthwhile to explore how these girls and their parents view the impact of the scheme (Sukhija, 2010).

Girl Child Protection Scheme-GCPS (Andhra Pradesh):

The scheme initiated in 1996 and modified in 2005 is being implemented through the Department of Women Development and Child Welfare. It includes childhood immunization, family planning, education up to Standard 12, and marriage of girls not before 18 years of age. During the last five years, it has attracted nearly 3,67,000 beneficiaries. A detailed study of this scheme will help us understand the performance of a girl's child promotion scheme in the last 15 years and the kind of impact it has had on the beneficiaries and their families. The GCPS has been implemented throughout the state except for the two blocks where the Dhan Lakshmi Scheme is in operation. A field level evaluation will bring out the comparative

advantage of both the scheme from the perspective of the beneficiaries and the officials.

Mukhya Mantri Kanya Suraksha Yojana (Bihar):

This popular scheme was jointly initiated in 2008 by the Social Welfare Department, State Women Development Corporation and UTI Asset Management Company with an estimate of Rs. 140 crore to empower over seven lakh girls. The family must hold a BPL card, birth registration number and the beneficiary must come under the age group, 0-3 years. The family can avail themselves of the benefits for the first two girl children and on completion of 18 years, the amount equal to the maturity value will be paid to the girl child. PRIs and women's groups are actively involved at the implementation level. The number of applicants actually surpassed what the allocated funds could provide. The scheme has a component to cover the administrative cost. The Anganwadi workers were given incentives for promoting the scheme. An evaluation will provide useful insights into the implementation mechanism and ways to improve its effectiveness

Child marriage is illegal in India as Child Marriage Restraint Act prescribes the minimum age of marriage as 18 years for girls and 21 years for boys. However, in many countries, the minimum age of marriage is low and even in some countries there is no limit of minimum age of marriage. Despite the provision of minimum legal age for marriage, child marriage continues to be wide spread throughout India. In fact, India has one of the lowest median ages for brides in the world. Child marriage has been a neglected social problem in India and it requires attention of policy makers, law interpreters, law enforcement machinery and academicians.

Chapter: 4

Profile of Parents and their View Perception

In view of examining the socio-cultural and economic background of the victims of child marriage and prevailing socio-cultural factors responsible for child marriage in India, parents of child marriage victims were surveyed. In this part of the report, profile of parents and their view perception pertaining to child marriage and its related issues have been analyzed.

Profile of Respondents:

Child marriage is not confined to weaker sections of the society but it is also prevailing in all societies, communities, religions. The background of the victims of child marriage is important to examine the prevailing socio-cultural conditions responsible for child marriage. Most of the respondents were found belonging to Hindu community. However, about 7 per cent respondents were also found belonging to Muslim families. This was found more pronouncing in Jharkhand (20.4 per cent) followed by Rajasthan (12.9 per cent) and Uttar Pradesh (12.0 per cent). Thus, the proportion of Hindu respondents was found higher in the states of Chhatisgarh followed by Bihar, Madhya Pradesh, West Bengal, Gujarat, Maharashtra and Orissa (Table 4.1).

Table: 4.1

Religion of Respondents

State	Hindu	Muslim	Total
Uttar Pradesh	396	54	450
	88.0%	12.0%	100.0%
Rajasthan	392	58	450
	87.1%	12.9%	100.0%
Bihar	449	1	450
	99.8%	.2%	100.0%
Maharashtra	439	11	450
	97.6%	2.4%	100.0%

Madhya Pradesh	442	8	450
	98.2%	1.8%	100.0%
Chattisgarh	450	0	450
	100.0%	.0%	100.0%
Jharkhand	358	92	450
	79.6%	20.4%	100.0%
West Bengal	426	24	450
	94.7%	5.3%	100.0%
Gujarat	423	27	450
	94.0%	6.0%	100.0%
Orissa	415	35	450
	92.2%	7.8%	100.0%
Total	4190	310	4500
	93.1%	6.9%	100.0%

Source: Field Survey.

Caste of respondents is shown in Table 4.2. About half of the respondents were found belonging to OBC communities (47.8 per cent) while the proportion of Scheduled Caste respondents was reported to be 18.9 per cent. Moreover, about 20 per cent respondents were from Scheduled Tribes. The proportion of respondents from Scheduled Tribes was reported significantly higher in the states of Chhatisgarh (36.4 per cent), Jharkhand (35.3 per cent) and Orissa (16.9 per cent). Similarly, the proportion of respondents from Scheduled Caste communities was reported high in the states of Gujarat (43.5 per cent) followed by Rajasthan (42.4 per cent), Bihar (42.2 per cent), Maharashtra (41.8 per cent) and West Bengal (39.1 per cent). The proportion of OBC respondents was recorded high in the states of Uttar Pradesh (58 per cent) followed by West Bengal (52.7 per cent) and Rajasthan (51.5 per cent). Thus, only 13.5 per cent respondents were found belonging to General communities. This was found significant in Orissa, Jharkhand, Gujarat and Chhatisgarh. Thus, the child marriage is still prevailing high in the weaker sections of the society.

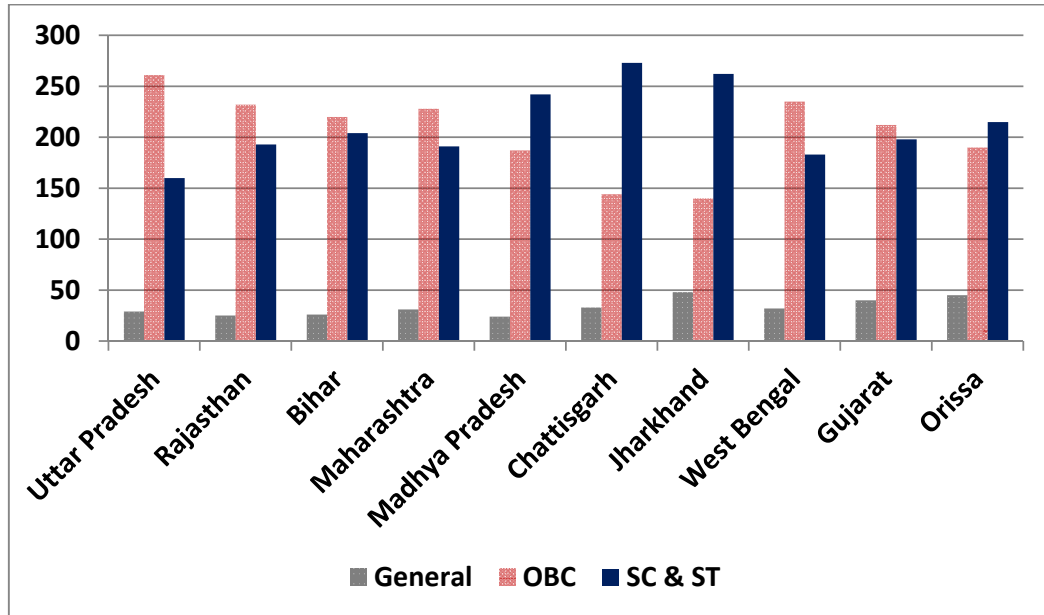
Table: 4.2
Caste of Respondents

State	General	OBC	SC	ST	Total
Uttar Pradesh	29	261	160	0	450
	6.4%	58.0%	35.5%	0.0%	100.0%
Rajasthan	25	232	191	2	450
	5.5%	51.5%	42.4%	0.4%	100.0%
Bihar	26	220	190	14	450
	5.7%	48.8%	42.2%	3.1%	100.0%
Maharashtra	31	228	188	3	450
	6.8%	50.6%	41.8%	0.6%	100.0%
Madhya Pradesh	24	187	153	86	450
	5.3%	41.5%	34.0%	19.1%	100.0%
Chattisgarh	33	144	109	164	450
	7.3%	32.0%	24.2%	36.4%	100.0%
Jharkhand	48	140	103	159	450
	10.6%	31.1%	22.9%	35.3%	100.0%
West Bengal	32	235	176	7	450
	7.1%	52.2%	39.1%	1.5%	100.0%
Gujarat	40	212	196	2	450
	8.9%	49.1%	43.5%	0.5%	100.0%
Orissa	45	190	139	76	450
	10.0%	42.2%	30.9%	16.9%	100.0%
Total	333	2049	1605	513	4500
	13.5%	47.8%	18.9%	19.9%	100.0%

Source: Field Survey.

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Chart: 4.1
Caste of Respondents



About 29 per cent respondents were from labour class while more than 27 per cent respondents were agricultural labour. About 17 per cent respondents were from peasant class. Thus, the child marriage is again found high in economically weaker sections of the society. Only 8.7 per cent respondents were reported from Business/trade class while 3.4 per cent respondents were landlords. The proportion of respondents from higher classes was recorded high in Bihar, Rajasthan, Uttar Pradesh, Maharashtra and Gujarat. Thus, it shows that due to cultural traditions and practices, child marriage is prevailing in higher class in these states. The proportion of respondents from labour class was recorded high in Chhatisgarh, Madhya Pradesh and Maharashtra. More than 1/3rd respondents in Orissa were found belonging to agricultural labour while the proportion of respondents from the class of agricultural labour was recorded more than 1/4th in all the states except Gujarat and Maharashtra (Table 4.3).

Table: 4.3
Class of Respondents

State	Business/ Trade	Landlord	Peasant	Labor	Service	Agricultural Labour	Others	Total
Uttar Pradesh	50	9	120	102	19	122	28	450
	11.1%	2.0%	26.6%	22.6%	4.2%	27.2%	6.2%	100.0%
Rajasthan	42	26	107	105	11	124	35	450
	9.3%	5.8%	23.8%	23.3%	2.4%	27.6%	7.8%	100.0%
Bihar	73	16	79	117	14	119	32	450
	16.2%	3.5%	17.5%	26.0%	3.1%	26.4%	7.1%	100.0%
Maharashtra	64	12	69	141	12	110	42	450
	14.2%	2.7%	15.3%	31.3%	2.7%	24.4%	9.3%	100.0%
Madhya Pradesh	42	14	26	162	15	125	66	450
	9.3%	3.1%	5.8%	36.0%	3.3%	27.8%	14.7%	100.0%
Chattisgarh	22	12	40	164	25	120	67	450
	4.9%	2.7%	8.9%	36.4%	5.6%	26.7%	14.9%	100.0%
Jharkhand	9	14	81	146	25	129	46	450
	2.0%	3.1%	18.0%	32.4%	5.6%	28.7%	10.2%	100.0%
West Bengal	22	13	99	117	34	116	49	450
	4.9%	2.9%	22.0%	26.0%	7.5%	25.7%	10.9%	100.0%
Gujarat	53	8	104	129	13	104	39	450
	11.8%	1.8%	23.1%	28.7%	2.9%	23.1%	8.7%	100.0%
Orissa	13	0	64	128	34	158	53	450
	2.9%	.0%	14.2%	28.4%	7.6%	35.1%	11.8%	100.0%
Total	390	154	759	1311	202	1227	457	4500
	8.7%	3.4%	16.9%	29.1%	4.5%	27.3%	10.2%	100.0%

Source: Field Survey.

Type of family of respondents is shown in Table 4.4. Majority of the respondents were found from the Joint family system. This was found significantly high in Gujarat followed by Jharkhand, Uttar Pradesh, Chhatisgarh, Rajasthan and Gujarat. The proportion of respondents from nuclear family was reported to be about 1/3rd. This was found more pronouncing in Maharashtra (39.3 per cent) followed by Bihar (38.4 per cent), Orissa (37.8 per cent) and West Bengal (35.1 per cent). Only 4.7 per cent respondents were from extended families. This was found significant in the states of West Bengal, Jharkhand, Madhya Pradesh, Maharashtra and Uttar Pradesh.

Table: 4.4

Type of Family of Respondents

State	Joint	Nuclear	Extended	Total
Uttar Pradesh	285	141	24	450
	63.3%	31.3%	5.3%	100.0%
Rajasthan	310	119	21	450
	68.9%	26.4%	4.7%	100.0%
Bihar	261	173	16	450
	58.0%	38.4%	3.6%	100.0%
Maharashtra	250	177	23	450
	55.6%	39.3%	5.1%	100.0%
Madhya Pradesh	270	154	26	450
	60.0%	34.2%	5.8%	100.0%
Chattisgarh	277	157	16	450
	61.6%	34.9%	3.6%	100.0%
Jharkhand	284	141	25	450

	63.1%	31.3%	5.6%	100.0%
West Bengal	267	158	25	450
	59.3%	35.1%	5.6%	100.0%
Gujarat	294	136	20	450
	65.3%	30.2%	4.4%	100.0%
Orissa	264	170	16	450
	58.6%	37.8%	3.6%	100.0%
Total	2762	1526	212	4500
	61.4%	33.8%	4.7%	100.0%

Source: Field Survey.

Family occupation of respondents is shown in Table 4.5. More than 1/3rd respondents reported that their main occupation is labour while the similar proportion of respondents was reported in favour of agriculture. Only 14 per cent respondents accepted that their family occupation is business. Only 4 per cent respondents revealed that their main occupation is service. This was found more pronouncing in Uttar Pradesh (9.1 per cent) and Jharkhand (4.7 per cent). The proportion of respondents engaged in business was reported significant in Bihar (15.1 per cent) followed by West Bengal (14.7 per cent) and Chhatisgarh (14.4 per cent).

Table: 4.5

Family Occupation of Respondents

State	Business	Self Employment	Service	Labor	Agriculture	Non-Farm Sector	Others	Total
Uttar Pradesh	66	4	41	135	161	1	42	450
	14.7%	.9%	9.1%	30.0%	35.8%	.2%	9.3%	100.0%

Rajasthan	47	2	16	154	157	25	49	450
	10.4%	.4%	3.6%	34.2%	34.9%	5.6%	10.9%	100.0%
Bihar	68	3	17	144	173	0	45	450
	15.1%	.7%	3.8%	32.0%	38.4%	.0%	10.0%	100.0%
Maharashtra	61	2	14	164	152	0	57	450
	13.6%	.4%	3.1%	36.4%	33.8%	.0%	12.7%	100.0%
Madhya Pradesh	64	4	15	147	140	0	80	450
	14.2%	.9%	3.3%	32.7%	31.1%	.0%	17.8%	100.0%
Chattisgarh	65	7	15	151	134	0	78	450
	14.4%	1.6%	3.3%	33.6%	29.8%	.0%	17.3%	100.0%
Jharkhand	55	2	21	176	141	0	55	450
	12.2%	.4%	4.7%	39.1%	31.3%	.0%	12.2%	100.0%
West Bengal	66	6	18	108	181	0	71	450
	14.7%	1.3%	4.0%	24.0%	40.2%	.0%	15.8%	100.0%
Gujarat	64	4	18	169	138	0	57	450
	14.2%	.9%	4.0%	37.6%	30.7%	.0%	12.7%	100.0%
Orissa	64	5	13	144	151	26	47	450
	14.2%	1.1%	2.9%	32.0%	33.6%	5.8%	10.4%	100.0%
Total	620	39	188	1492	1528	2	581	4500
	13.8%	.9%	4.2%	33.2%	34.0%	.04%	12.9%	100.0%

Source: Field Survey.

Family status of respondents is shown in Table 4.6. About 2/5th respondents were found belonging to lower class. This was found significant in the states of Chhatisgarh (46.9 per cent) followed by Maharashtra (45.1 per cent) and Madhya Pradesh (44.7 per cent). About 31 per cent respondents were found belonging to lower middle class. This was found again significant in the state of Rajasthan (34.2 per cent) followed by Gujarat (33.6 per cent), Bihar (32.9 per cent) and Uttar Pradesh (32.4 per cent). About 23 per cent respondents were reported from middle class families. This was found more pronouncing in Jharkhand (27.1 per cent), Madhya Pradesh (25.6 per cent) and West Bengal (25.1 per cent). Thus, less than 4 per cent respondents

were from upper and higher middle class families. This was found more pronouncing in Uttar Pradesh.

Table: 4.6

Family Status of Respondents

State	Upper Class	Higher Middle Class	Middle Class	Lower Middle Class	Lower Class	Others	Total
Uttar Pradesh	18	13	85	146	158	30	450
	4.0%	2.9%	18.9%	32.4%	35.1%	6.7%	100.0%
Rajasthan	0	13	110	154	168	5	450
	.0%	2.9%	24.4%	34.2%	37.3%	1.1%	100.0%
Bihar	5	15	88	148	180	14	450
	1.1%	3.3%	19.6%	32.9%	40.0%	3.1%	100.0%
Maharashtra	0	20	88	132	203	7	450
	.0%	4.4%	19.6%	29.3%	45.1%	1.6%	100.0%
Madhya Pradesh	0	12	115	115	201	7	450
	.0%	2.7%	25.6%	25.6%	44.7%	1.6%	100.0%
Chattisgarh	0	15	92	124	211	8	450
	.0%	3.3%	20.4%	27.6%	46.9%	1.8%	100.0%
Jharkhand	3	18	122	144	159	4	450
	.7%	4.0%	27.1%	32.0%	35.3%	.9%	100.0%
West Bengal	3	16	113	142	168	8	450
	.7%	3.6%	25.1%	31.6%	37.3%	1.8%	100.0%
Gujarat	0	14	101	151	176	8	450
	.0%	3.1%	22.4%	33.6%	39.1%	1.8%	100.0%
Orissa	1	20	108	128	182	11	450
	.2%	4.4%	24.0%	28.4%	40.4%	2.4%	100.0%
Total	30	156	1022	1384	1806	102	4500
	.7%	3.5%	22.7%	30.8%	40.1%	2.3%	100.0%

Source: Field Survey.

Age of respondents is shown in Table 4.7. More than 1/5th respondents were found belonging to the age group of 40-45 years while about 22 per cent

respondents were from the age group of 35-40 years. About 16 per cent respondents were reported to be belonging from the age group of 45-50 years while about 14 per cent respondents were from higher age group i.e. 50 years and above. Thus, the respondents were from the lower age group i.e. less than 30 per cent was reported to be about 9 per cent only.

Table: 4.7

Age of Respondents

State	Less Than 20 Years	20-25 Years	25-30 Years	30-35 Years	35-40 Years	40-45 Years	45-50 Years	50+ Years	Total
Uttar Pradesh	6	24	40	36	96	139	62	47	450
	1.3%	5.3%	8.9%	8.0%	21.3%	30.9%	13.8%	10.4%	100.0%
Rajasthan	1	11	12	55	98	122	88	63	450
	.2%	2.4%	2.7%	12.2%	21.8%	27.1%	19.6%	14.0%	100.0%
Bihar	5	22	35	63	95	118	60	52	450
	1.1%	4.9%	7.8%	14.0%	21.1%	26.2%	13.3%	11.6%	100.0%
Maharashtra	1	16	19	50	86	126	84	68	450
	.2%	3.6%	4.2%	11.1%	19.1%	28.0%	18.7%	15.1%	100.0%
Madhya Pradesh	2	18	17	41	119	108	74	71	450
	.4%	4.0%	3.8%	9.1%	26.4%	24.0%	16.4%	15.8%	100.0%
Chattisgarh	5	17	20	39	106	114	69	80	450
	1.1%	3.8%	4.4%	8.7%	23.6%	25.3%	15.3%	17.8%	100.0%
Jharkhand	1	20	29	41	97	139	66	57	450
	.2%	4.4%	6.4%	9.1%	21.6%	30.9%	14.7%	12.7%	100.0%
West Bengal	6	25	23	51	111	122	62	50	450
	1.3%	5.6%	5.1%	11.3%	24.7%	27.1%	13.8%	11.1%	100.0%

Gujarat	5	12	30	47	89	132	71	64	450
	1.1%	2.7%	6.7%	10.4%	19.8%	29.3%	15.8%	14.2%	100.0%
Orissa	2	13	20	51	112	117	76	59	450
	.4%	2.9%	4.4%	11.3%	24.9%	26.0%	16.9%	13.1%	100.0%
Total	34	178	245	474	1009	1237	712	611	4500
	.8%	4.0%	5.4%	10.5%	22.4%	27.5%	15.8%	13.58%	100.0%

Source: Field Survey.

Marital status of respondents is shown in Table 4.8. More than 3/4th respondents were found married. This was found more pronouncing in Orissa, Bihar, Uttar Pradesh, Maharashtra, Madhya Pradesh, Chhatisgarh, West Bengal and Gujarat. About 21 per cent respondents were widow/ widowers. This was found significantly high in Rajasthan (23.6 per cent), Jharkhand (22.9 per cent), Gujarat (22 per cent), Chhatisgarh (21.8 per cent), Maharashtra (20.9 per cent) and Uttar Pradesh (20.7 per cent).

Table: 4.8

Marital Status of Respondents

State	Married	Separated	Divorced	Widow	Total
Uttar Pradesh	348	2	7	93	450
	77.3%	.4%	1.6%	20.7%	100.0%
Rajasthan	336	1	7	106	450
	74.7%	.2%	1.6%	23.6%	100.0%
Bihar	360	2	4	84	450
	80.0%	.4%	.9%	18.7%	100.0%
Maharashtra	351	1	4	94	450
	78.0%	.2%	.9%	20.9%	100.0%
Madhya Pradesh	347	4	3	96	450
	77.1%	.9%	.7%	21.3%	100.0%
Chattisgarh	345	3	4	98	450
	76.7%	.7%	.9%	21.8%	100.0%
Jharkhand	338	2	7	103	450
	75.1%	.4%	1.6%	22.9%	100.0%

West Bengal	355	2	5	88	450
	78.9%	.4%	1.1%	19.6%	100.0%
Gujarat	341	1	9	99	450
	75.8%	.2%	2.0%	22.0%	100.0%
Orissa	365	3	3	79	450
	81.1%	.7%	.7%	17.6%	100.0%
Total	3486	21	53	940	4500
	77.5%	.5%	1.2%	20.9%	100.0%

Source: Field Survey.

Educational level of respondents is shown in Table 4.9. Most of the respondents were found backward in terms of educational attainment. More than 1/3rd respondents were middle class while about 46 per cent respondents were illiterate. The proportion of illiterate respondents was found high in the state of Uttar Pradesh, Rajasthan, Gujarat, Chhatisgarh, Maharashtra and Bihar. Only 3 per cent respondents were graduates while 4 per cent respondents were intermediate. The proportion of graduate and postgraduate respondents was reported significant in Bihar, West Bengal, Maharashtra and Jharkhand.

Table: 4.9

Educational Level of Respondents

State	Not Literate	Middle School	High School	Inter Mediate	Graduate	Post Graduate	Total
Uttar Pradesh	231	140	48	19	5	7	450
	51.3%	31.1%	10.7%	4.2%	1.1%	1.6%	100.0%
Rajasthan	220	143	53	13	18	3	450
	48.9%	31.8%	11.8%	2.9%	4.0%	.7%	100.0%
Bihar	215	136	59	16	23	1	450
	47.8%	30.2%	13.1%	3.6%	5.1%	.2%	100.0%
Maharashtra	215	148	47	20	19	1	450
	47.8%	32.9%	10.4%	4.4%	4.2%	.2%	100.0%
Madhya Pradesh	189	171	62	15	8	5	450
	42.0%	38.0%	13.8%	3.3%	1.8%	1.1%	100.0%

Chhattisgarh	208	159	47	21	8	7	450
	46.2%	35.3%	10.4%	4.7%	1.8%	1.6%	100.0%
Jharkhand	193	171	50	14	18	4	450
	42.9%	38.0%	11.1%	3.1%	4.0%	.9%	100.0%
West Bengal	202	150	49	23	20	6	450
	44.9%	33.3%	10.9%	5.1%	4.4%	1.3%	100.0%
Gujarat	212	160	46	20	10	2	450
	47.1%	35.6%	10.2%	4.4%	2.2%	.4%	100.0%
Orissa	199	154	56	24	14	3	450
	44.2%	34.2%	12.4%	5.3%	3.1%	.7%	100.0%
Total	2084	1532	517	185	143	39	4500
	46.3%	34.0%	11.5%	4.1%	3.2%	.9%	100.0%

Source: Field Survey.

Occupation of respondents is shown in Table 4.10. About 2/5th respondents reported that their main occupation is labour while 12 per cent respondents were housewives. Only 4.6 per cent respondents reported that their main occupation is service. This was found significant in Uttar Pradesh (6 per cent) followed by Chhattisgarh (5.8 per cent) and West Bengal (5.6 per cent). About 14 per cent respondents reported that their main occupation is business and trade. This was reported significant in Maharashtra (15.6 per cent) followed by Bihar (15.6 per cent) and Rajasthan (15.3 per cent).

Table: 4.10

Occupation of Respondents

State	House Wife	Service	Labor	Farm Labor	Maid Servant	Business/ Trade	Profession	Others	Total
Uttar Pradesh	68	27	168	16	8	56	1	106	450
	15.1%	6.0%	37.3%	3.6%	1.8%	12.4%	.2%	23.6%	100.0%
Rajasthan	63	17	201	10	14	69	3	73	450
	14.0%	3.8%	44.7%	2.2%	3.1%	15.3%	.7%	16.2%	100.0%
Bihar	54	20	208	7	8	70	2	81	450
	12.0%	4.4%	46.2%	1.6%	1.8%	15.6%	.4%	18.0%	100.0%

Maharashtra	46	19	211	7	10	70	0	87	450
	10.2%	4.2%	46.9%	1.6%	2.2%	15.6%	.0%	19.3%	100.0%
Madhya Pradesh	61	22	176	22	12	59	2	96	450
	13.6%	4.9%	39.1%	4.9%	2.7%	13.1%	.4%	21.3%	100.0%
Chattisgarh	55	26	184	17	6	60	2	100	450
	12.2%	5.8%	40.9%	3.8%	1.3%	13.3%	.4%	22.2%	100.0%
Jharkhand	63	21	183	19	17	50	0	97	450
	14.0%	4.7%	40.7%	4.2%	3.8%	11.1%	.0%	21.6%	100.0%
West Bengal	64	25	159	10	10	64	2	116	450
	14.2%	5.6%	35.3%	2.2%	2.2%	14.2%	.4%	25.8%	100.0%
Gujarat	45	17	204	9	14	64	0	97	450
	10.0%	3.8%	45.3%	2.0%	3.1%	14.2%	.0%	21.6%	100.0%
Orissa	39	14	193	18	10	58	2	116	450
	8.7%	3.1%	42.9%	4.0%	2.2%	12.9%	.4%	25.8%	100.0%
Total	558	208	1887	135	109	620	14	969	4500
	12.4%	4.6%	41.9%	3.0%	2.4%	13.8%	.3%	21.5%	100.0%

Source: Field Survey.

Decision Making:

Participation in decision making by the head of the household and other members of family is important variable as it has bearing on the prevalence of child marriage. Participation of women in decision making both for child-centred and money-centred decisions is significant for empowering the women and also averting child marriages. Decision by head of household is shown in Table 4.11. Head of household is the main person for taking important decisions in family. Slightly less than half of the respondents reported that purchasing of property is being decided mainly by head of the household. Similarly, decisions pertaining to family requirements, health issues, marriages and family budget are also being decided by head of the household to the greater extent. Decision by the head of the household on the issue of marriage was reported significantly high in West Bengal (57.5 per

cent) followed by Gujarat (56 per cent) and Rajasthan (51.7 per cent). The other important issues for the decision making by the head of the household were reported to be rationing, maintaining social relations, education of children and employment of children.

Table: 4.11

Decision Making by Head of Household

State	Family Budget	Purchasing Of Property	Rationing	Social Relations	Children Education	Marriage	Employment	Family Requirements	Health Issues	Total
Uttar Pradesh	133	187	81	122	113	99	136	105	98	450
	29.5%	41.5%	18.0%	27.1%	25.1%	22.0%	30.2%	23.3%	21.7%	100.0%
Rajasthan	204	236	172	134	126	233	183	234	154	450
	45.3%	52.4%	38.2%	29.7%	28.0%	51.7%	40.6%	52.0%	34.2%	100.0%
Bihar	167	207	173	212	115	155	120	132	167	450
	37.1%	46.0%	38.4%	47.1%	25.5%	34.4%	26.6%	29.3%	37.1%	100.0%
Maharashtra	231	221	173	123	111	144	123	231	172	450
	51.3%	49.1%	38.4%	27.3%	24.6%	32.0%	27.3%	51.3%	38.2%	100.0%
Madhya Pradesh	139	237	178	136	237	128	170	156	134	450
	30.8%	52.6%	39.5%	30.2%	52.6%	28.4%	37.7%	34.6%	29.7%	100.0%
Chattisgarh	121	212	191	135	138	139	120	111	121	450
	26.8%	47.1%	42.4%	30.0%	30.6%	30.8%	26.6%	24.6%	26.8%	100.0%
Jharkhand	125	218	152	163	119	161	110	134	245	450
	27.7%	48.4%	33.7%	36.2%	26.4%	35.7%	24.4%	29.7%	54.4%	100.0%
West Bengal	189	204	174	267	112	259	178	125	121	450
	42.0%	45.3%	38.6%	59.3%	24.8%	57.5%	39.5%	27.7%	26.8%	100.0%
Gujarat	194	226	163	235	249	252	120	124	167	450
	43.1%	50.2%	36.2%	52.2%	55.3%	56.0%	26.6%	27.5%	37.1%	100.0%
Orissa	167	220	186	120	134	130	140	217	221	450
	37.1%	48.8%	41.3%	26.6%	29.7%	28.8%	31.1%	48.2%	49.1%	100.0%
Total	1670	2168	1470	1512	1454	1700	1400	1569	1600	4500
	37.1%	48.1%	32.6%	33.6%	32.3%	37.7%	31.1%	34.8%	35.5%	100.0%

Source: Field Survey.

Decision making by male members of family is shown in Table 4.12. Male members have predominant role in decision making in the family. About 2/5th respondents revealed that male members take decisions on the issues of family budget and family requirements while slightly less than 2/5th respondents reported that male members take decisions on the issue of purchasing of property, rationing, marriage of children and employment of children. More than half of the respondents in the state of Orissa and Madhya Pradesh reported that the decision regarding the marriage of children is being taken by male members of the family.

Table: 4.12

Decision Making by Male Members

State	Family Budget	Purchasing Of Property	Rationing	Social Relations	Children Education	Marriage	Employment	Family Requirements	Health Issues	Total
Uttar Pradesh	145	157	181	134	113	159	130	178	231	450
	32.2%	34.8%	40.2%	29.7%	25.1%	35.3%	28.8%	39.5%	51.3%	100.0%
Rajasthan	219	136	172	145	156	153	133	124	134	450
	48.6%	30.2%	38.2%	32.2%	34.6%	34.0%	29.5%	27.5%	29.7%	100.0%
Bihar	234	227	173	133	215	155	230	124	156	450
	52.0%	50.4%	38.4%	29.5%	47.7%	34.4%	51.1%	27.5%	34.6%	100.0%
Maha-rashtra	213	221	173	112	111	144	134	143	154	450
	47.3%	49.1%	38.4%	24.8%	24.6%	32.0%	29.7%	31.7%	34.2%	100.0%
Madhya Pradesh	138	237	178	123	145	228	230	145	256	450
	30.6%	52.6%	39.5%	27.3%	32.2%	50.6%	51.1%	32.2%	56.8%	100.0%
Chattisgarh	137	112	191	123	128	139	154	154	236	450
	30.4%	24.8%	42.4%	27.3%	28.4%	30.8%	34.2%	34.2%	52.4%	100.0%
Jharkhand	187	118	152	231	119	161	160	178	187	450
	41.5%	26.2%	33.7%	51.3%	26.4%	35.7%	35.5%	39.5%	41.5%	100.0%
West Bengal	234	104	174	134	112	159	143	134	175	450
	52.0%	23.1%	38.6%	29.7%	24.8%	35.3%	31.7%	29.7%	38.8%	100.0%

Gujarat	256	226	163	178	179	152	230	213	134	450
	56.8%	50.2%	36.2%	39.5%	39.7%	33.7%	51.1%	47.3%	29.7%	100.0%
Orissa	130	240	186	128	124	240	120	167	145	450
	28.8%	53.3%	41.3%	28.4%	27.5%	53.3%	26.6%	37.1%	32.2%	100.0%
Total	1893	1778	1743	1441	1402	1690	1664	1560	1808	4500
	42.0%	39.5%	38.7%	32.0%	31.1%	37.5%	36.9%	34.6%	40.1%	100.0%

Source: Field Survey.

Decision making by female members of family is shown in Table 4.13. Majority of the respondents reported that female members take decisions on the issue of family requirements, health issues, maintaining social relations, employment and marriage of children. More than half of the respondents in the states of West Bengal, Orissa and Maharashtra reported that female members take decisions on the issue of marriage of children. Female members also take decisions mainly on the issue of rationing, purchase of household property and education of children.

Table: 4.13
Decision Making by Female Members

State	Family Budget	Purchasing Of Property	Rationing	Social Relations	Children Education	Marriage	Employment	Family Requirements	Health Issues	Total
Uttar Pradesh	235	245	381	123	113	159	140	342	234	450
	52.2%	54.4%	84.6%	27.3%	25.1%	35.3%	31.1%	76.0%	52.0%	100.0%
Rajasthan	138	234	172	214	216	133	123	341	245	450
	30.6%	52.0%	38.2%	47.5%	48.0%	29.5%	27.3%	75.7%	54.4%	100.0%
Bihar	156	178	173	189	115	155	230	251	167	450
	34.6%	39.5%	38.4%	42.0%	25.5%	34.4%	51.1%	55.7%	37.1%	100.0%
Maharashtra	145	149	173	132	111	244	134	198	187	450
	32.2%	33.1%	38.4%	29.3%	24.6%	54.2%	29.7%	44.4%	41.5%	100.0%
Madhya Pradesh	123	122	178	121	127	128	130	345	324	450
	27.3%	27.1%	39.5%	26.8%	28.2%	28.4%	28.8%	76.6%	72.0%	100.0%
Chattisgarh	121	134	191	251	218	139	130	187	311	450

	26.8%	29.7%	42.4%	55.7%	48.4%	30.8%	28.8%	41.5%	69.1%	100.0%
Jharkhand	123	145	152	231	119	161	340	351	321	450
	27.3%	32.2%	33.7%	51.3%	26.4%	35.7%	75.5%	78.0%	71.3%	100.0%
West Bengal	98	111	174	222	212	259	231	145	231	450
	21.7%	24.6%	38.6%	49.3%	47.1%	57.5%	51.3%	32.2%	51.3%	100.0%
Gujarat	99	123	163	231	119	152	130	341	345	450
	22.0%	27.3%	36.2%	51.3%	26.4%	33.7%	28.8%	75.7%	76.6%	100.0%
Orissa	111	189	186	256	214	240	230	213	231	450
	24.6%	42.0%	41.3%	56.8%	47.5%	53.3%	51.1%	47.3%	51.3%	100.0%
Total	1349	1630	1757	1970	1564	1770	1818	2714	2596	4500
	29.9%	36.2%	39.0%	43.7%	34.7%	39.3%	40.4%	60.3%	57.6%	100.0%

Source: Field Survey.

The respondents were asked that whether they take jointly decisions in the family. The significant proportion of respondents reported that they jointly take decisions on the issues of health issues, family requirements, purchasing of household property, rationing, social relationship, education of children and marriage of children. More than half of the respondents in Jharkhand reported that they jointly take decisions for the marriage of their children (Table 4.14).

Table: 4.14

Jointly Decision Making by Family Members

State	Family Budget	Purchasing Of Property	Rationing	Social Relations	Children Education	Marriage	Employment	Family Requirements	Health Issues	Total
Uttar Pradesh	232	197	181	212	113	159	120	342	233	450
	51.5%	43.7%	40.2%	47.1%	25.1%	35.3%	26.6%	76.0%	51.7%	100.0%
Rajasthan	123	136	172	113	116	133	133	145	167	450
	27.3%	30.2%	38.2%	25.1%	25.7%	29.5%	29.5%	32.2%	37.1%	100.0%
Bihar	145	207	173	156	115	155	230	213	217	450
	32.2%	46.0%	38.4%	34.6%	25.5%	34.4%	51.1%	47.3%	48.2%	100.0%
Maharashtra	134	221	173	134	131	144	121	273	236	450
	29.7%	49.1%	38.4%	29.7%	29.4%	32.0%	26.8%	60.6%	52.4%	100.0%

Madhya Pradesh	147	217	178	231	127	128	120	135	245	450
	32.6%	48.2%	39.5%	51.3%	28.2%	28.4%	26.6%	30.0%	54.4%	100.0%
Chattisgarh	167	212	191	157	138	139	130	236	265	450
	37.1%	47.1%	42.4%	34.8%	30.6%	30.8%	28.8%	52.4%	58.8%	100.0%
Jharkhand	156	218	152	134	219	261	120	143	238	450
	34.6%	48.4%	33.7%	29.7%	48.6%	52.2%	26.6%	31.7%	52.8%	100.0%
West Bengal	132	204	174	158	212	159	211	231	342	450
	29.3%	45.3%	38.6%	35.1%	47.1%	35.3%	46.8%	51.3%	76.0%	100.0%
Gujarat	167	226	163	178	199	152	240	134	231	450
	37.1%	50.2%	36.2%	39.5%	44.2%	33.7%	53.3%	29.7%	51.3%	100.0%
Orissa	129	210	186	124	114	140	130	132	245	450
	28.6%	46.6%	41.3%	27.5%	25.3%	31.1%	28.8%	29.3%	54.4%	100.0%
Total	1532	2048	1743	1597	1484	1570	1555	1984	2419	4500
	34.0%	45.5%	38.7%	35.4%	32.9%	34.8%	34.5%	44.0%	53.7%	100.0%

Source: Field Survey.

The respondents were further asked regarding the reaction of the family members for taking decisions. Most of the respondents reported that family members adopt neutral attitude for making decisions in the family. However, about 13 per cent respondents reported that their family members are encouraging for taking decisions. This was reported significant in the states of Uttar Pradesh, Jharkhand, Gujarat and Rajasthan. Only 2 per cent respondents reported that their family members discourage them for making decisions. This was found somewhat significant in Orissa, Uttar Pradesh and West Bengal (Table 4.15).

Table: 4.15
Reaction of the Family Members for Decisions

State	Encouraging	Neutral	Discouraging	Total
Uttar Pradesh	75	360	15	450
	16.7%	80.0%	3.3%	100.0%
Rajasthan	63	383	4	450
	14.0%	85.1%	.9%	100.0%

Bihar	58	382	10	450
	12.9%	84.9%	2.2%	100.0%
Maharashtra	45	399	6	450
	10.0%	88.7%	1.3%	100.0%
Madhya Pradesh	51	391	8	450
	11.3%	86.9%	1.8%	100.0%
Chattisgarh	54	386	10	450
	12.0%	85.8%	2.2%	100.0%
Jharkhand	76	370	4	450
	16.9%	82.2%	.9%	100.0%
West Bengal	57	382	11	450
	12.7%	84.9%	2.4%	100.0%
Gujarat	65	375	10	450
	14.4%	83.3%	2.2%	100.0%
Orissa	44	390	16	450
	9.8%	86.7%	3.6%	100.0%
Total	588	3818	94	4500
	13.1%	84.8%	2.1%	100.0%

Source: Field Survey.

Child Marriage:

The main reasons of early marriage are shown in Table 4.16. There are multiple factors and reasons responsible for early marriage in the Indian societies. A significant proportion of respondents reported that traditional system, demand of dowry, pressure from relatives and safety and security problems of girls are some of the important factors responsible for early marriage. Traditional system responsible for early marriage was reported significant in the states Bihar (37.6 per cent), Orissa (33.1 per cent), Maharashtra (32.7 per cent), Uttar Pradesh (31.8 per cent) and West Bengal (28.9 per cent). Dowry as an important factor for early marriage was reported significant in the state of Chhatisgarh (28.9 per cent) followed by Gujarat (24.2 per cent), Jharkhand (19.3 percent) and Bihar (18 per cent). The problem of

safety and security of girls was reported significant in Jharkhand, Madhya Pradesh, Uttar Pradesh, Rajasthan and Maharashtra.

Table: 4.16

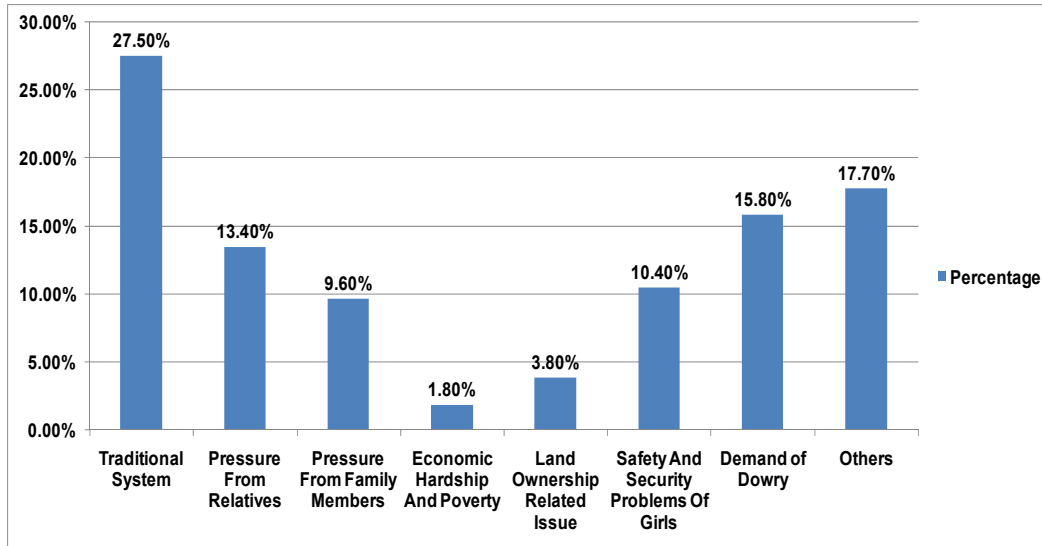
Main Reasons for Early Marriage

State	Traditional System	Pressure From Relatives	Pressure From Family Members	Economic Hardship And Poverty	Land Ownership Related Issue	Safety And Security Problems Of Girls	Demand Of Dowry	Others	Total
Uttar Pradesh	143	67	40	16	19	56	23	86	450
	31.8%	14.9%	8.9%	3.6%	4.2%	12.4%	5.1%	19.1%	100.0%
Rajasthan	117	79	52	3	23	56	78	42	450
	26.0%	17.6%	11.6%	.7%	5.1%	12.4%	17.3%	9.3%	100.0%
Bihar	169	95	22	7	10	24	81	42	450
	37.6%	21.1%	4.9%	1.6%	2.2%	5.3%	18.0%	9.3%	100.0%
Maharashtra	147	85	39	17	33	53	27	49	450
	32.7%	18.9%	8.7%	3.8%	7.3%	11.8%	6.0%	10.9%	100.0%
Madhya Pradesh	99	49	40	25	8	56	72	101	450
	22.0%	10.9%	8.9%	5.6%	1.8%	12.4%	16.0%	22.4%	100.0%
Chattisgarh	81	20	61	5	12	34	130	107	450
	18.0%	4.4%	13.6%	1.1%	2.7%	7.6%	28.9%	23.8%	100.0%
Jharkhand	117	34	38	1	16	60	87	97	450
	26.0%	7.6%	8.4%	.2%	3.6%	13.3%	19.3%	21.6%	100.0%
West Bengal	130	46	53	7	10	44	48	112	450
	28.9%	10.2%	11.8%	1.6%	2.2%	9.8%	10.7%	24.9%	100.0%
Gujarat	87	54	41	2	26	47	109	84	450
	19.3%	12.0%	9.1%	.4%	5.8%	10.4%	24.2%	18.7%	100.0%
Orissa	149	73	45	0	13	37	55	78	450
	33.1%	16.2%	10.0%	.0%	2.9%	8.2%	12.2%	17.3%	100.0%
Total	1239	602	431	83	170	467	710	798	4500
	27.5%	13.4%	9.6%	1.8%	3.8%	10.4%	15.8%	17.7%	100.0%

Source: Field Survey.

Chart: 4.2

Main Reasons for Early Marriage



The main reasons of early marriage for both male and female children vary. Parents of daughters reported that the main reasons for early marriage of their girls are safety and security problems of girls, traditional system, pressure from relatives, economic hardship and poverty as well as demand of dowry. The parents of boys reported that the main reasons for early marriage of their boys are pressure from relatives and family members, traditional system, economic hardship and poverty as well as land ownership related issues (Table 4.17).

Table: 4.17

Gender-wise Main Reasons of Early Marriage

Reason	Male	Female
Traditional system	552	354
	19.8%	20.5%
Pressure from relatives	850	360
	30.59%	20.9%
Pressure from family members	453	256
	16.31%	14.8%
Economic hardship and poverty	367	278
	13.0%	16.1%

Land ownership related issue	378	156
	13.6%	9.0%
Safety and security problems of girls	0	456
	0	26.48%
Demand of dowry	0	275
	0	15.97%
Total	2778	1722
	100.00%	100.00%

Source: Field Survey.

The respondents were asked that whether Gauna was performed just after the marriage. Most of the respondents revealed that Gauna was performed just after the marriage. This was found more pronouncing in the state of Orissa (87.3 per cent), Bihar (87.8 per cent), Maharashtra (87.1 per cent), Jharkhand (87.6 per cent), Uttar Pradesh (86.2 per cent), Madhya Pradesh (86.9 per cent) and Gujarat (86.9 per cent) (Table 4.18).

Table: 4.18
Performing of Gauna Just After Marriage

State	Yes	No	Total
Uttar Pradesh	388	62	450
	86.2%	13.8%	100.0%
Rajasthan	381	69	450
	84.7%	15.3%	100.0%
Bihar	395	55	450
	87.8%	12.2%	100.0%
Maharashtra	392	58	450
	87.1%	12.9%	100.0%
Madhya Pradesh	391	59	450
	86.9%	13.1%	100.0%
Chattisgarh	383	67	450
	85.1%	14.9%	100.0%
Jharkhand	394	56	450
	87.6%	12.4%	100.0%

West Bengal	385	65	450
	85.6%	14.4%	100.0%
Gujarat	391	59	450
	86.9%	13.1%	100.0%
Orissa	393	57	450
	87.3%	12.7%	100.0%
Total	3893	607	4500
	86.5%	13.5%	100.0%

Source: Field Survey.

Those respondents who reported that Gauna was not performed just after marriage were further asked regarding the duration between the marriage and Gauna. Most of the respondents reported that Gauna was performed after 1-2 years of marriage. This was reported significantly high in Jharkhand (78.5 per cent), West Bengal (72.3 per cent), Bihar (72.7 per cent), Chhatisgarh (70.1 per cent) and Orissa (71.9 per cent). About 17 per cent respondents revealed that Gauna was performed less than 1 year after the marriage. This was found significant in Rajasthan (21.7 per cent) followed by Gujarat (20.3 per cent). Thus, only 13 per cent respondents reported that Gauna was performed after 2 years of marriage. This was found significant in Madhya Pradesh (18.6 per cent) followed by Uttar Pradesh (16.1 per cent) and Chhatisgarh (14.9 per cent) (Table 4.19).

Table: 4.19

Duration Between Time of Marriage and Gauna

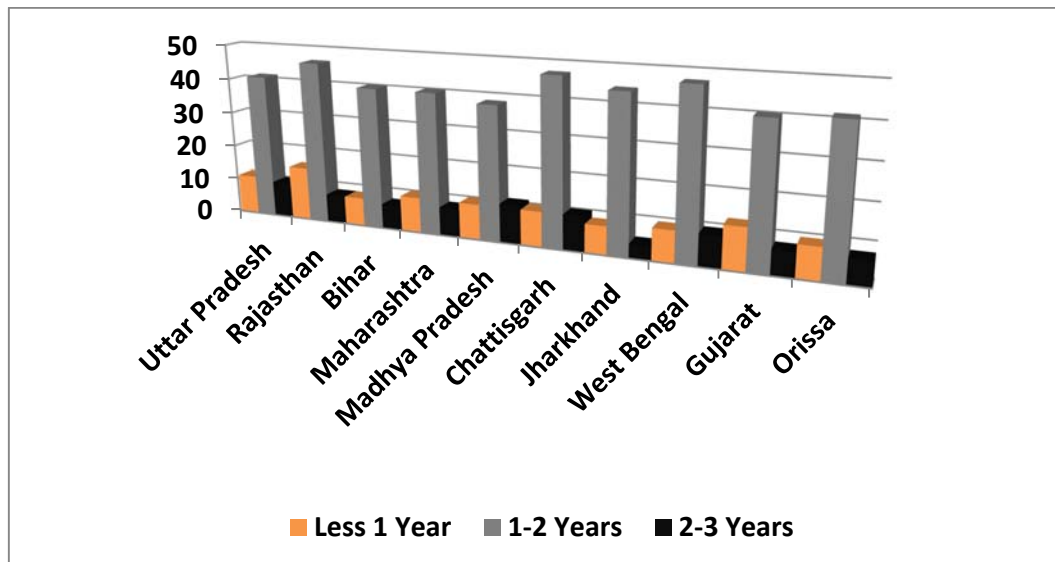
State	Less 1 Year	1-2 Years	2-3 Years	Total
Uttar Pradesh	11	41	10	62
	17.7%	66.1%	16.1%	100.0%
Rajasthan	15	46	8	69
	21.7%	66.6%	11.5%	100.0%
Bihar	8	40	7	55
	14.5%	72.7%	12.7%	100.0%
Maharashtra	10	40	8	58
	17.2%	68.9%	13.7%	100.0%

Madhya Pradesh	10	38	11	59
	16.9%	64.4%	18.6%	100.0%
Chattisgarh	10	47	10	67
	14.9%	70.1%	14.9%	100.0%
Jharkhand	8	44	4	56
	14.2%	78.5%	7.1%	100.0%
West Bengal	9	47	9	65
	13.8%	72.3%	13.8%	100.0%
Gujarat	12	40	7	59
	20.3%	67.7%	11.8%	100.0%
Orissa	9	41	7	57
	15.7%	71.9%	12.2%	100.0%
Total	102	424	81	607
	16.8%	69.8%	13.3%	100.0%

Source: Field Survey.

Chart: 4.3

Duration Between Time of Marriage and Gauna



The main reasons for non-performance of Gauna are shown in Table 4.20. Most of the respondents reported that due to cultural practice, Gauna was not performed. About 17 per cent respondents revealed that they

were waiting for auspicious occasions for performing of Gauna. This was reported significant in Orissa (24.5 per cent), Maharashtra (24.1 per cent) and Bihar (21.8 per cent). Only 12.5 per cent respondents reported that Gauna was not performed because of the child was studying. This was reported significant in Orissa, West Bengal, Madhya Pradesh and Rajasthan. Only a negligible proportion of respondents revealed that due to marital dispute, Gauna was not performed. This was found somewhat significant in Chhatisgarh (8.9 per cent), Jharkhand (7.1 per cent) and Gujarat (5 per cent).

Table: 4.20
Main Reasons for Not Performing Gauna

State	Studying	Not Started Earning	Waiting For Auspicious Occasion	Marital Dispute	Cultural Practice	Total
Uttar Pradesh	7	5	7	2	41	62
	11.2%	8.0%	11.2%	3.2%	66.1%	100.0%
Rajasthan	10	2	9	2	46	69
	14.4%	2.8%	13.0%	2.8%	66.6%	100.0%
Bihar	6	0	12	0	37	55
	10.9%	0.0%	21.8%	0.0%	67.2%	100.0%
Maharashtra	5	0	14	0	39	58
	8.6%	0.0%	24.1%	0.0%	67.2%	100.0%
Madhya Pradesh	11	3	10	3	32	59
	18.6%	5.0%	16.9%	5.0%	54.2%	100.0%
Chattisgarh	10	3	12	6	36	67
	14.9%	4.4%	17.9%	8.9%	53.7%	100.0%
Jharkhand	4	4	6	4	38	56
	7.1%	7.1%	10.7%	7.1%	67.8%	100.0%
West Bengal	10	3	12	3	37	65
	15.3%	4.6%	18.4%	4.6%	56.9%	100.0%
Gujarat	4	3	9	3	40	59
	6.7%	5.0%	15.2%	5.0%	67.7%	100.0%
Orissa	9	0	14	2	32	57
	15.7%	0.0%	24.5%	3.5%	56.1%	100.0%
Total	76	23	105	25	378	607
	12.5%	3.7%	17.2%	4.1%	62.2%	100.0%

Source: Field Survey.

The respondents were asked that whether the married children are co-habiting. About 2/5th respondents revealed that married children are co-habiting with their spouse. This was found more pronouncing in Uttar Pradesh (49.6 per cent), Bihar (48 per cent), Jharkhand (47.1 per cent), Gujarat (46.4 per cent) and Maharashtra (45.1 per cent) (Table 4.21).

Table: 4.21

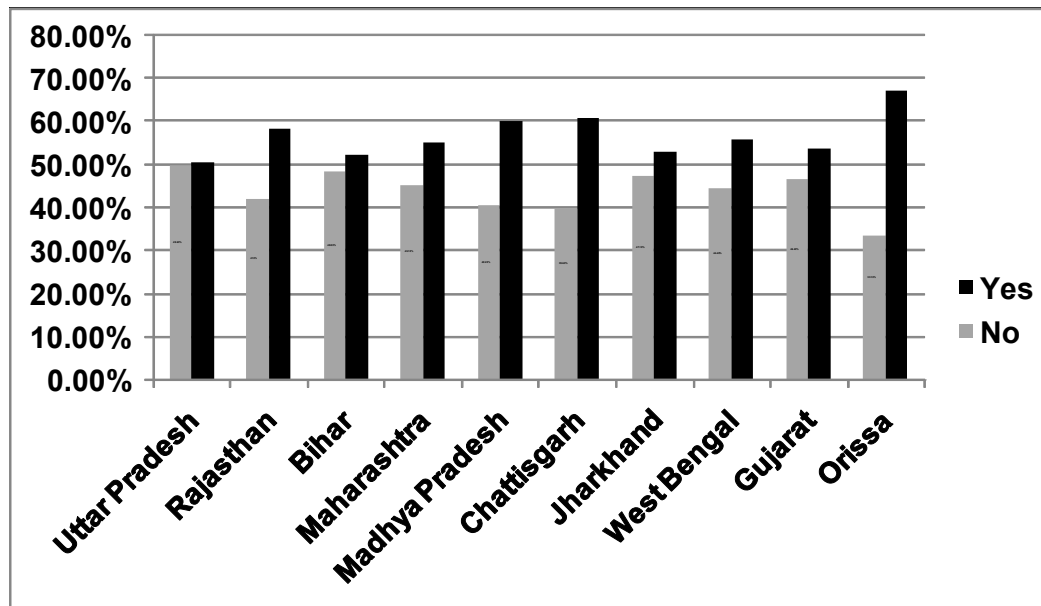
Whether Co-Habitation with Spouse

State	Yes	No	Total
Uttar Pradesh	223	227	450
	49.6%	50.4%	100.0%
Rajasthan	188	262	450
	41.8%	58.2%	100.0%
Bihar	216	234	450
	48.0%	52.0%	100.0%
Maharashtra	203	247	450
	45.1%	54.9%	100.0%
Madhya Pradesh	181	269	450
	40.2%	59.8%	100.0%
Chattisgarh	178	272	450
	39.6%	60.4%	100.0%
Jharkhand	212	238	450
	47.1%	52.9%	100.0%
West Bengal	200	250	450
	44.4%	55.6%	100.0%
Gujarat	209	241	450
	46.4%	53.6%	100.0%
Orissa	149	301	450
	33.1%	66.9%	100.0%
Total	1959	2541	4500
	43.5%	56.5%	100.0%

Source: Field Survey.

Chart: 4.4

Whether Co-Habitation with Spouse



The respondents were asked that whether they sought the consent of their children for marriage. About 39 per cent respondents reported that they sought the consent of their children for marriage. This was found more pronouncing in West Bengal (66 per cent), Madhya Pradesh (48.7 per cent), Bihar (46.2 per cent), Chhatisgarh (44 per cent) and Jharkhand (43.6 per cent). Thus, more than 60 per cent respondents revealed that they could not asked for consent from the young people for their marriage. This was found significantly high in the state of Rajasthan, Maharashtra, Gujarat, Orissa, Uttar Pradesh and Jharkhand (Table 4.22).

Table: 4.22

Seeking Consent from Young People for Marriage

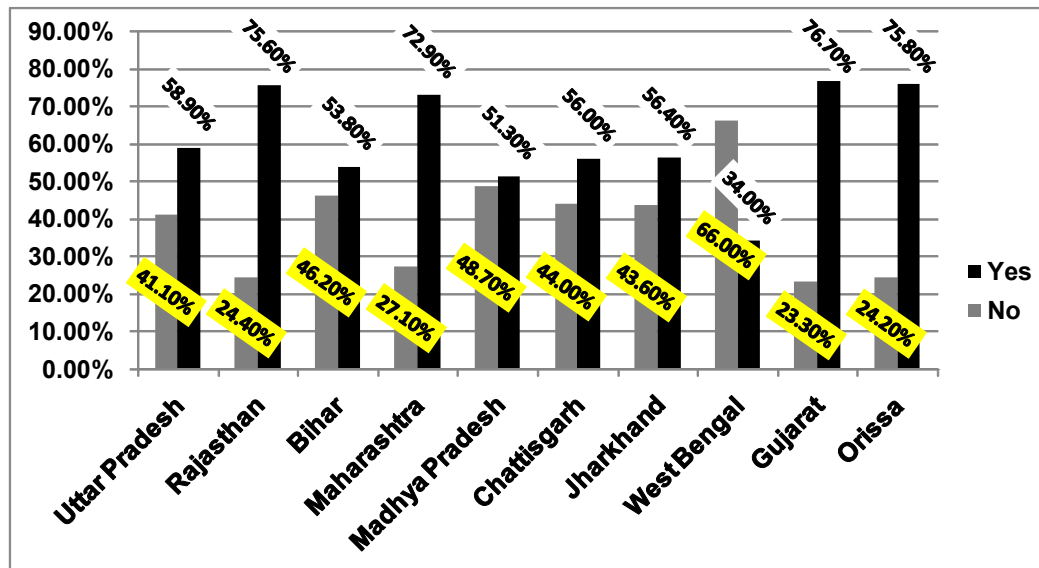
State	Yes	No	Total
Uttar Pradesh	185	265	450
	41.1%	58.9%	100.0%
Rajasthan	110	340	450
	24.4%	75.6%	100.0%
Bihar	208	242	450
	46.2%	53.8%	100.0%

Maharashtra	122	328	450
	27.1%	72.9%	100.0%
Madhya Pradesh	219	231	450
	48.7%	51.3%	100.0%
Chattisgarh	198	252	450
	44.0%	56.0%	100.0%
Jharkhand	196	254	450
	43.6%	56.4%	100.0%
West Bengal	297	153	450
	66.0%	34.0%	100.0%
Gujarat	105	345	450
	23.3%	76.7%	100.0%
Orissa	109	341	450
	24.2%	75.8%	100.0%
Total	1749	2751	4500
	38.9%	61.1%	100.0%

Source: Field Survey.

Chart: 4.5

Seeking Consent from Young People for Marriage



Those respondents who reported that their consent was sought for their marriage were further asked that whether their children were interested to marry with the concerned persons. Only 2/5th respondents reported that the children were interested to marry with the concerned persons while about 57 per cent respondents were against the marriage with the proposed partners (Table 4.23).

Table: 4.23
Whether the Children were Interested to Marry with the Concerned Persons

State	Yes	No	Total
Uttar Pradesh	97	88	185
	52.2%	47.6%	100.0%
Rajasthan	85	25	110
	77.3%	22.7%	100.0%
Bihar	99	109	208
	47.6%	52.4%	100.0%
Maharashtra	58	64	122
	47.5%	52.5%	100.0%
Madhya Pradesh	77	142	219
	35.1%	64.9%	100.0%
Chattisgarh	66	132	198
	33.3%	66.7%	100.0%
Jharkhand	71	125	196
	36.2%	63.8%	100.0%
West Bengal	78	219	297
	26.3%	73.6%	100.0%
Gujarat	36	69	105
	32.3%	67.7%	100.0%
Orissa	80	29	109
	73.4%	26.6%	100.0%
Total	747	1002	1749
	42.7%	57.3%	100.0%

Source: Field Survey.

The respondents were further asked that whether they change their decision regarding the marriage of their children in absence of the consent of their children to marry their partners. About 65 per cent respondents reported that they change their decision for marriage as they were no more interested to marry the proposed partners. This was found significantly high in Jharkhand (82.4 per cent) followed by Chhatisgarh (79.5 per cent), Uttar Pradesh (77.2 per cent) and West Bengal (69.9 per cent) (Table 4.24).

Table: 4.24
Change of Decision for Marriage

State	Yes	No	Total
Uttar Pradesh	68	20	88
	77.2%	22.8%	100.0%
Rajasthan	9	16	25
	36.0%	64.0%	100.0%
Bihar	66	43	109
	60.5%	39.5%	100.0%
Maharashtra	20	44	64
	31.2%	68.8%	100.0%
Madhya Pradesh	82	60	142
	57.7%	32.3%	100.0%
Chattisgarh	105	27	132
	79.5%	20.5%	100.0%
Jharkhand	103	22	125
	82.4%	27.6%	100.0%
West Bengal	153	66	219
	69.9%	30.1%	100.0%
Gujarat	34	35	69
	49.3%	50.7%	100.0%
Orissa	7	22	29
	24.1%	75.9%	100.0%
Total	647	355	1002
	64.6%	35.4%	100.0%

Source: Field Survey.

Early Pregnancy:

Most of the respondents reported that they could not pressurize for early pregnancy. However, a significant proportion of respondents in Orissa (17.8 per cent), Jharkhand (13.6 per cent), Gujarat (12.4 per cent) and West Bengal (11.6 per cent) reported that they pressurize for early pregnancy (Table 4.25).

Table: 4.25

Whether You Pressurize for Early Pregnancy

State	Yes	No	Total
Uttar Pradesh	17	433	450
	3.8%	96.2%	100.0%
Rajasthan	11	439	450
	2.4%	97.6%	100.0%
Bihar	43	407	450
	9.6%	90.4%	100.0%
Maharashtra	4	446	450
	.9%	99.1%	100.0%
Madhya Pradesh	1	449	450
	.2%	99.8%	100.0%
Chattisgarh	0	450	450
	.0%	100.0%	100.0%
Jharkhand	61	389	450
	13.6%	86.4%	100.0%
West Bengal	52	398	450
	11.6%	88.4%	100.0%
Gujarat	56	394	450
	12.4%	87.6%	100.0%
Orissa	80	370	450
	17.8%	82.2%	100.0%
Total	325	4175	4500
	7.2%	92.8%	100.0%

Source: Field Survey.

Though, most of the respondents reported that there was no case of young mother in their family however, a significant proportion of early pregnancies were reported in the childhood age. The cases of early pregnancy were reported significant in the state of Orissa, Jharkhand, Bihar and Uttar Pradesh (Table 4.26).

Table: 4.26

Age of Young Mother at First Pregnancy

State	N.A.	13-15 Years	15-18 Years	19-21 Years	21+ Years	Total
Uttar Pradesh	433	8	9	0	0	450
	96.2%	1.8%	2.0%	.0%	.0%	100.0%
Rajasthan	439	8	0	0	3	450
	97.6%	1.8%	.0%	.0%	.7%	100.0%
Bihar	407	17	11	1	14	450
	90.4%	3.8%	2.4%	.2%	3.1%	100.0%
Maharashtra	446	2	2	0	0	450
	99.1%	.4%	.4%	.0%	.0%	100.0%
Madhya Pradesh	449	0	1	0	0	450
	99.8%	.0%	.2%	.0%	.0%	100.0%
Chattisgarh	450	0	0	0	0	450
	100.0%	.0%	.0%	.0%	.0%	100.0%
Jharkhand	389	11	9	2	39	450
	86.4%	2.4%	2.0%	.4%	8.7%	100.0%
West Bengal	398	7	8	20	17	450
	88.4%	1.6%	1.8%	4.4%	3.8%	100.0%
Gujarat	394	6	7	24	19	450
	87.6%	1.3%	1.6%	5.3%	4.2%	100.0%
Orissa	370	12	11	30	27	450
	82.2%	2.7%	2.4%	6.7%	6.0%	100.0%
Total	4175	71	58	77	119	4500
	92.8%	1.6%	1.3%	1.7%	2.6%	100.0%

Source: Field Survey.

The respondents were further asked that whether their family members suggested for early pregnancy. About 2/3rd respondents reported that their family members suggested for delayed pregnancy while 28 per cent respondents were neutral on the issue. Thus, only 5 per cent respondents said that their family members were of the view for early pregnancy. This was reported significant in Orissa, Gujarat, Madhya Pradesh and Uttar Pradesh (Table 4.27).

Table: 4.27

Suggestions by Family Members for Early Pregnancy

State	This Should Be Soon	Delayed	Not Suggested	Total
Uttar Pradesh	31	305	114	450
	6.8%	67.7%	25.3%	100.0%
Rajasthan	20	298	132	450
	4.4%	66.2%	29.3%	100.0%
Bihar	16	328	106	450
	3.5%	72.8%	23.5%	100.0%
Maharashtra	14	336	100	450
	3.1%	74.6%	2.2%	100.0%
Madhya Pradesh	30	240	180	450
	6.6%	53.3%	40.0%	100.0%
Chattisgarh	24	270	156	450
	5.3%	60.0%	34.6%	100.0%
Jharkhand	20	316	114	450
	4.4%	70.2%	25.3%	100.0%
West Bengal	26	290	134	450
	5.7%	64.4%	29.7%	100.0%

Gujarat	29	307	114	450
	6.4%	68.2%	25.3%	100.0%
Orissa	36	290	124	450
	8.0%	64.4%	27.5%	100.0%
Total	246	2980	1274	4500
	5.4%	66.2%	28.3%	100.0%

Source: Field Survey.

Main reasons for early pregnancy are shown in Table 4.28. Family pressure, desire for a son, want for extending family and proving fertility are the main reasons for early pregnancy. Family pressure was reported significant in Gujarat, Orissa, Chhatisgarh, Bihar, Maharashtra and Rajasthan. Desire for a son was found significant in Uttar Pradesh and Jharkhand.

Table: 4.28

Main Reasons for Early Pregnancy

State	Family Pressure	To Prove Fertility	Wanted To Extend Own Family	Wanted To Have A Son	Perceived Status	Total
Uttar Pradesh	49	37	57	63	199	450
	10.9%	8.2%	12.7%	14.0%	44.2%	100.0%
Rajasthan	67	30	30	43	251	450
	14.9%	6.7%	6.7%	9.6%	55.8%	100.0%
Bihar	69	35	62	48	217	450
	15.3%	7.8%	13.8%	10.7%	48.2%	100.0%
Maharashtra	68	29	37	34	244	450
	15.1%	6.4%	8.2%	7.6%	54.2%	100.0%
Madhya Pradesh	67	30	29	29	266	450
	14.9%	6.7%	6.4%	6.4%	59.1%	100.0%
Chattisgarh	71	21	32	23	284	450
	15.8%	4.7%	7.1%	5.1%	63.1%	100.0%
Jharkhand	45	20	49	59	237	450

	10.0%	4.4%	10.9%	13.1%	52.7%	100.0%
West Bengal	47	29	47	49	232	450
	10.4%	6.4%	10.4%	10.9%	51.6%	100.0%
Gujarat	68	30	34	45	240	450
	15.1%	6.7%	7.6%	10.0%	53.3%	100.0%
Orissa	71	41	46	37	238	450
	15.8%	9.1%	10.2%	8.2%	52.9%	100.0%
Total	622	302	423	430	2408	4500
	13.8%	6.7%	9.4%	9.6%	53.5%	100.0%

Source: Field Survey.

The respondents were asked that whether they provided services to expected young mothers. Most of the respondents reported that they provided ante-natal and natal care for expected young mothers. This was found more pronouncing in Rajasthan, Bihar, Maharashtra, Jharkhand and West Bengal (Table 4.29).

Table: 4.29

Whether Provided Services to Expected Young Mothers

State	Ante-Natal Care	Natal Care	Post-Natal Care	Total
Uttar Pradesh	324	98	28	450
	72.0%	21.8%	6.2%	100.0%
Rajasthan	366	57	27	450
	81.3%	12.7%	6.0%	100.0%
Bihar	368	54	28	450
	81.8%	12.0%	6.2%	100.0%
Maharashtra	364	50	36	450
	80.9%	11.1%	8.0%	100.0%
Madhya Pradesh	338	79	33	450
	75.1%	17.6%	7.3%	100.0%
Chattisgarh	339	72	39	450

	75.3%	16.0%	8.7%	100.0%
Jharkhand	344	67	39	450
	76.4%	14.9%	8.7%	100.0%
West Bengal	333	88	29	450
	74.0%	19.6%	6.4%	100.0%
Gujarat	355	60	35	450
	78.9%	13.3%	7.8%	100.0%
Orissa	345	71	34	450
	76.7%	15.8%	7.6%	100.0%
Total	3476	696	328	4500
	77.2%	15.5%	7.3%	100.0%

Source: Field Survey.

The respondents were further asked that whether they provided nutritional counseling to expected young mothers. Most of the respondents revealed that they provided nutritional counseling to expected young mothers. This was found significantly high in Bihar (89.3 per cent) followed by Uttar Pradesh (87.3 per cent) and Rajasthan (86.4 per cent) (Table 4.30).

Table: 4.30

Nutritional Counseling to Expected Young Mothers

State	Yes	No	Total
Uttar Pradesh	393	57	450
	87.3%	12.7%	100.0%
Rajasthan	389	61	450
	86.4%	13.6%	100.0%
Bihar	402	48	450
	89.3%	10.7%	100.0%
Maharashtra	372	78	450
	82.7%	17.3%	100.0%
Madhya Pradesh	374	76	450
	83.1%	16.9%	100.0%
Chattisgarh	382	68	450

	84.9%	15.1%	100.0%
Jharkhand	373	77	450
	82.9%	17.1%	100.0%
West Bengal	385	65	450
	85.6%	14.4%	100.0%
Gujarat	382	68	450
	84.9%	15.1%	100.0%
Orissa	385	65	450
	85.6%	14.4%	100.0%
Total	3837	663	4500
	85.3%	14.7%	100.0%

Source: Field Survey.

Issues of Human Rights:

Child marriage is the violation of human right as it deprives childhood, education and development of child in a right direction. The parents were asked that whether they are aware about the Child Marriage Prohibition Act. About 3/4th respondents reported that they are not aware about the Child Marriage Prohibition Act. This was found more pronouncing in Uttar Pradesh (80.2 per cent). Thus, only 23 per cent respondents accepted that they are aware about the enforcement of the Child Marriage Prohibition Act. This was found significant in Maharashtra and Rajasthan (Table 4.31).

Table: 4.31

Awareness Regarding Child Marriage Prohibition Act

State	Yes	No	Total
Uttar Pradesh	89	361	450
	19.8%	80.2%	100.0%
Rajasthan	109	341	450
	24.2%	75.8%	100.0%
Bihar	100	350	450
	22.2%	77.8%	100.0%
Maharashtra	108	342	450
	24.0%	76.0%	100.0%

Madhya Pradesh	103	347	450
	22.9%	77.1%	100.0%
Chattisgarh	102	348	450
	22.7%	77.3%	100.0%
Jharkhand	107	343	450
	23.8%	76.2%	100.0%
West Bengal	99	351	450
	22.0%	78.0%	100.0%
Gujarat	101	349	450
	22.4%	77.6%	100.0%
Orissa	102	348	450
	22.7%	77.3%	100.0%
Total	1020	3480	4500
	22.7%	77.3%	100.0%

Source: Field Survey.

Those parents, who were found aware about the Child Marriage Prohibition Act, were further asked that what the consequences of the violation of Act are. The respondents were found aware about the rigorous imprisonment and penalty for the violation of Act (Table 4.32).

Table: 4.32

Consequences of Violation of Early Marriage Act

State	NA	Rigorous Imprisonment Upto 2 Years	Fine Upto Rupees One Lack	All The Above	Total
Uttar Pradesh	361	28	22	39	450
	80.2%	6.2%	4.9%	8.7%	100.0%
Rajasthan	341	30	32	47	450
	75.8%	6.7%	7.1%	10.4%	100.0%
Bihar	350	29	27	44	450
	77.8%	6.4%	6.0%	9.8%	100.0%
Maharashtra	342	42	20	46	450
	76.0%	9.3%	4.4%	10.2%	100.0%

Madhya Pradesh	347	36	19	48	450
	77.1%	8.0%	4.2%	10.7%	100.0%
Chattisgarh	348	35	13	54	450
	77.3%	7.8%	2.9%	12.0%	100.0%
Jharkhand	343	39	20	48	450
	76.2%	8.7%	4.4%	10.7%	100.0%
West Bengal	351	43	16	40	450
	78.0%	9.6%	3.6%	8.9%	100.0%
Gujarat	349	39	22	40	450
	77.6%	8.7%	4.9%	8.9%	100.0%
Orissa	348	43	17	42	450
	77.3%	9.6%	3.8%	9.3%	100.0%
Total	3480	364	208	448	4500
	77.3%	8.1%	4.6%	10.0%	100.0%

Source: Field Survey.

The respondents were asked that whether child marriage violates human rights. Only 27 per cent respondents accepted that child marriage is the violation of human rights. This was found significant in Jharkhand (30.2 per cent), Madhya Pradesh (29.3 per cent), Chhatisgarh (28.2 per cent) and Rajasthan (27.6 per cent). Thus, majority of the respondents do not feel that child marriage is the violation of human rights (Table 4.33).

Table: 4.33

Whether Child Marriage Violates Human Rights

State	Yes	No	Total
Uttar Pradesh	112	338	450
	24.9%	75.1%	100.0%
Rajasthan	124	326	450
	27.6%	72.4%	100.0%
Bihar	113	337	450

	25.1%	74.9%	100.0%
Maharashtra	114	336	450
	25.3%	74.7%	100.0%
Madhya Pradesh	132	318	450
	29.3%	70.7%	100.0%
Chattisgarh	127	323	450
	28.2%	71.8%	100.0%
Jharkhand	136	314	450
	30.2%	69.8%	100.0%
West Bengal	120	330	450
	26.7%	73.3%	100.0%
Gujarat	110	340	450
	24.4%	75.6%	100.0%
Orissa	122	328	450
	27.1%	72.9%	100.0%
Total	1210	3290	4500
	26.9%	73.1%	100.0%

Source: Field Survey.

Child marriage is violation of human rights because free and full consent for marriage is not being taken from the children. Similarly, proper health care and protection of children, information and education of children is being neglected due to child marriage. Even in some cases, children are forced to agree for marriage with the proposed partners. Thus, the ill-treatment and torture of children for seeking consent are forcing for child marriage is also violation of human rights. Due to child marriage, children drop out and discontinue their education which violates human rights as well (Table 4.34).

Table: 4.34

Type of Human Rights Violation by Child Marriage

State	No	Free And Full Consent For Marriage	Information And Education	Health Care And Protection	Free From Torture And Ill-Treatment	All The Above	Total
Uttar Pradesh	338	33	36	23	15	12	450
	75.1%	7.3%	8.0%	5.1%	3.3%	2.7%	100.0%
Rajasthan	326	38	32	27	11	14	450
	72.4%	8.4%	7.1%	6.0%	2.5%	3.1%	100.0%
Bihar	337	36	36	24	7	14	450
	74.9%	8.0%	8.1%	5.4%	1.6%	3.1%	100.0%
Maharashtra	336	30	36	25	4	18	450
	74.7%	6.7%	8.1%	5.6%	.9%	4.0%	100.0%
Madhya Pradesh	318	35	37	39	7	14	450
	70.7%	7.8%	8.4%	8.9%	1.6%	3.2%	100.0%
Chattisgarh	323	30	46	30	7	16	450
	71.8%	6.7%	10.3%	6.8%	1.6%	3.6%	100.0%
Jharkhand	314	41	42	21	20	6	450
	69.8%	9.1%	9.7%	4.8%	4.6%	1.4%	100.0%
West Bengal	330	37	35	25	8	17	450
	73.3%	8.2%	8.1%	5.8%	1.8%	3.9%	100.0%
Gujarat	340	27	35	25	10	9	450
	75.6%	6.0%	7.9%	5.6%	2.3%	2.0%	100.0%
Orissa	328	28	38	32	6	21	450
	72.9%	6.2%	8.8%	7.4%	1.4%	4.9%	100.0%
Total	3290	335	373	271	95	141	4500
		7.4%	8.4%	6.1%	2.2%	3.2%	100.0%

Source: Field Survey.

The parents were asked that whether their child discontinued education after marriage. About 13 per cent respondents reported that their children discontinued their education after marriage. This was found more pronouncing in Uttar Pradesh (21.3 per cent), Jharkhand (16 per cent) and Bihar (15.1 per cent) (Table 4.35).

Table: 4.35

Whether Child Discontinued Education After Marriage

State	Yes	No	Total
Uttar Pradesh	96	354	450
	21.3%	78.7%	100.0%
Rajasthan	50	400	450
	11.1%	88.9%	100.0%
Bihar	68	382	450
	15.1%	84.9%	100.0%
Maharashtra	46	404	450
	10.2%	89.8%	100.0%
Madhya Pradesh	51	399	450
	11.3%	88.7%	100.0%
Chattisgarh	48	402	450
	10.7%	89.3%	100.0%
Jharkhand	72	378	450
	16.0%	84.0%	100.0%
West Bengal	60	390	450
	13.3%	86.7%	100.0%
Gujarat	57	393	450

	12.7%	87.3%	100.0%
Orissa	61	389	450
	13.6%	86.4%	100.0%
Total	609	3891	4500
	13.5%	86.5%	100.0%

Source: Field Survey.

Reasons for discontinuation of education are shown in Table 4.36. A significant proportion of respondents reported that pressure from community is the important factor for discontinuation of education. This was reported significant in Orissa, Uttar Pradesh and Madhya Pradesh. In the significant number of cases In-laws and spouse do not allow for continuing of education of the married children particularly girl children and thus, married girl children drop out their education.

Table: 4.36

Reasons for Discontinuation of Education

State	NA	In Laws Family Do Not Allow	Spouse Did Not Allow	Pressure From Community	Total
Uttar Pradesh	354	12	47	37	450
	78.7%	2.7%	10.4%	8.2%	100.0%
Rajasthan	400	14	15	21	450
	88.9%	3.1%	3.3%	4.7%	100.0%
Bihar	382	14	24	30	450
	84.9%	3.1%	5.3%	6.7%	100.0%
Maharashtra	404	8	14	24	450

	89.8%	1.8%	3.1%	5.3%	100.0%
Madhya Pradesh	399	6	12	33	450
	88.7%	1.3%	2.7%	7.3%	100.0%
Chattisgarh	402	13	10	25	450
	89.3%	2.9%	2.2%	5.6%	100.0%
Jharkhand	378	15	27	30	450
	84.0%	3.3%	6.0%	6.7%	100.0%
West Bengal	390	3	27	30	450
	86.7%	.7%	6.0%	6.7%	100.0%
Gujarat	393	10	25	22	450
	87.3%	2.2%	5.6%	4.9%	100.0%
Orissa	389	11	18	32	450
	86.4%	2.4%	4.0%	7.1%	100.0%
Total	3891	106	219	284	4500
	86.5%	2.4%	4.9%	6.3%	100.0%

Source: Field Survey.

Changes after early marriage on children are shown in Table 4.37. Most of the parents accepted that child marriage has increased household responsibility and financial burden on children. The other significant changes were reported to be increase in mental tension, family pressure to start earning and pressure to work in field. The increase in financial burden was reported significant in Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and Orissa.

Table: 4.37

Changes after Early Marriage on Children

State	Family Pressure To Start Earning	Increased Household Responsibility	Mobility Restrictions	Pressure To Work In Field	Deterioration Of Health And Nutrition	Improved Self Image Among Peers	Financial Burden	Mental Tension	Total Out Of
Uttar Pradesh	15	262	5	16	6	24	105	16	450
	3.3%	58.2%	1.1%	3.6%	1.3%	5.3%	23.3%	3.6%	100.0%
Rajasthan	22	277	1	13	5	12	107	18	450
	4.9%	61.6%	.2%	2.9%	1.1%	2.7%	23.8%	4.0%	100.0%
Bihar	20	294	6	12	0	9	84	20	450
	4.4%	65.3%	1.3%	2.7%	.0%	2.0%	18.7%	4.4%	100.0%
Maharashtra	20	305	4	17	6	5	83	23	450
	4.4%	67.8%	.9%	3.8%	1.3%	1.1%	18.4%	5.1%	100.0%
Madhya Pradesh	25	235	4	22	9	12	115	30	450
	5.6%	52.2%	.9%	4.9%	2.0%	2.7%	25.6%	6.7%	100.0%
Chattisgarh	27	247	4	16	5	11	100	26	450
	6.0%	54.9%	.9%	3.6%	1.1%	2.4%	22.2%	5.8%	100.0%
Jharkhand	12	242	9	24	6	16	128	14	450
	2.7%	53.8%	2.0%	5.3%	1.3%	3.6%	28.4%	3.1%	100.0%
West Bengal	21	252	7	17	10	23	102	21	450
	4.7%	56.0%	1.6%	3.8%	2.2%	5.1%	22.7%	4.7%	100.0%

Gujarat	18	270	5	17	9	17	97	15	450
	4.0%	60.0%	1.1%	3.8%	2.0%	3.8%	21.6%	3.3%	100.0%
Orissa	23	260	2	19	5	11	115	18	450
	5.1%	57.8%	.4%	4.2%	1.1%	2.4%	25.6%	4.0%	100.0%
Total	203	2644	47	173	61	140	1036	201	4500
	4.5%	58.8%	1.0%	3.8%	1.4%	3.1%	23.0%	4.5%	100.0%

Source: Field Survey.

Changes after early marriage of children vary for both male and female children. Parents from boys reported that major changes of early marriage are mainly family pressure to start earning, increase household responsibilities, and pressure to work in field, deterioration of health and mobility restrictions. However, changes after early marriage for the girl children were reported mainly mobility restrictions, family pressure to start earning, pressure to work in field, increased household responsibilities and improved self image among peers (Table 4.38).

Table: 4.38

Gender-wise Changes After Early Marriage of Children

Changes	Male	Female
Family pressure to start earning	700	320
	25.1%	18.5%
Increased household responsibility	540	256
	19.4%	14.8%
Mobility restrictions	350	385
	12.5%	22.3%

Pressure to work in field	465	287
	16.7%	16.6%
Deterioration of health	400	146
	14.3%	8.4%
Improved self image among peers	145	180
	5.2%	10.4%
Financial burden	178	148
	6.4%	8.5%
Total	2778	1722
	100.0%	100.0%

Source: Field Survey.

The parents were asked that whether they discussed the issue of child marriage with others than family members. Most of the respondents reported that they discussed the issue of child marriage with Anganwadi Workers (24.4 per cent), NGOs/CBOs (22.6 per cent), ASHA Workers (21.1 per cent) and School Teachers (14.6 per cent) (Table 4.39).

Table: 4.39

Whether Discussed Early Marriage With Other Than Family Members

State	School Teacher	Anganvadi Worker	ASHA	Women's Group	Panchayat Member	NGO's /CBO's	Total Out Of
Uttar Pradesh	47	103	88	49	25	107	450
	10.4%	22.9%	19.6%	10.9%	5.6%	23.8%	100.0%
Rajasthan	68	112	89	51	21	94	450
	15.1%	24.9%	19.8%	11.3%	4.7%	20.9%	100.0%

Bihar	54	113	91	35	22	115	450
	12.0%	25.1%	20.2%	7.8%	4.9%	25.6%	100.0%
Maharashtra	63	125	107	43	20	84	450
	14.0%	27.8%	23.8%	9.6%	4.4%	18.7%	100.0%
Madhya Pradesh	94	108	95	48	21	98	450
	20.9%	24.0%	21.1%	10.7%	4.7%	21.8%	100.0%
Chattisgarh	75	120	103	36	23	103	450
	16.7%	26.7%	22.9%	8.0%	5.1%	22.9%	100.0%
Jharkhand	62	111	71	42	25	117	450
	13.8%	24.7%	15.8%	9.3%	5.6%	26.0%	100.0%
West Bengal	58	90	101	48	21	106	450
	12.9%	20.0%	22.4%	10.7%	4.7%	23.6%	100.0%
Gujarat	71	112	88	48	19	104	450
	15.8%	24.9%	19.6%	10.7%	4.2%	23.1%	100.0%
Orissa	64	103	118	49	18	89	450
	14.2%	22.9%	26.2%	10.9%	4.0%	19.8%	100.0%
Total	656	1097	951	449	215	1017	4500
	14.6%	24.4%	21.1%	10.0%	4.8%	22.6%	100.0%

Source: Field Survey.

Awareness of services being provided to adolescent girls is shown in Table 4.40. Most of the respondents were found aware about the Kishori Shakti Yojana (90.8 per cent). However, the other programmes for

empowerment of adolescent girls are not known by majority of the respondents. The awareness level regarding the programmes of adolescent girls was reported significant in Uttar Pradesh, Orissa, Gujarat, West Bengal and Jharkhand.

Table: 4.40
Awareness of Services Being Provided to Adolescent Girls

State	Kishori Shakti Yojana	NPEGEL	Kasturba Gandhi Balika Vadyalaya Scheme	Rajiv Gandhi National Scheme For The Empowerment Of Adolescent Girls	Total Out Of
Uttar Pradesh	386	4	76	37	450
	85.8%	.9%	16.9%	8.2%	100.0%
Rajasthan	418	7	46	14	450
	92.9%	1.6%	10.2%	3.1%	100.0%
Bihar	404	2	42	19	450
	89.8%	.4%	9.3%	4.2%	100.0%
Maharashtra	419	5	45	15	450
	93.1%	1.1%	10.0%	3.3%	100.0%
Madhya Pradesh	414	8	39	18	450
	92.0%	1.8%	8.7%	4.0%	100.0%

Chattisgarh	422	5	33	20	450
	93.8%	1.1%	7.3%	4.4%	100.0%
Jharkhand	406	11	47	24	450
	90.2%	2.4%	10.4%	5.3%	100.0%
West Bengal	400	5	57	24	450
	88.9%	1.1%	12.7%	5.3%	100.0%
Gujarat	409	7	59	27	450
	90.9%	1.6%	13.1%	6.0%	100.0%
Orissa	408	6	52	18	450
	90.7%	1.3%	11.6%	4.0%	100.0%
Total	4086	60	496	216	4500
	90.8%	1.3%	11.0%	4.8%	100.0%

Source: Field Survey.

The above analysis simply demonstrates that most of the respondents are from weaker sections of the society. They are economically, socially and educationally backward. Their main occupation is reported to be labour, agriculture and petty business while their earnings are low. Most of the respondents were found unaware about the enforcement of Child Marriage Prohibition Act and the consequences of the violation of the Act. The respondents reported that due to dowry, traditional cultural practice, security

and safety of girls, pressure from relatives are some of the important factors for early marriage. Only a small proportion of respondents revealed that their family members do pressure for early pregnancy of the married children. However, they accepted that they do provide ante-natal and natal care services to the expected mothers.

Chapter: 5

Profile of Victims and Their View Perception

In view of examining the profile of the victims of child marriage and the view perception of married children regarding the pertinent issues, aspects and impact of child marriage on the life of the victims, survey of married children was conducted with the help of structured interview schedule. In this part of the dissertation, an attempt has been made to analyze the socio-economic and cultural profile of the victims of child marriage and their view perception pertaining to issues of child marriage and its impact.

Profile of Victims:

Most of the child marriage victims were reported to be female which shows that the victims of child marriage are predominantly girls. The proportion of female respondents was reported significantly high in the state of Orissa, Jharkhand, Gujarat, Chhatisgarh and Uttar Pradesh while the proportion of male respondents was reported high in the state of Rajasthan, Madhya Pradesh, Bihar and West Bengal (Table 5.1).

Table: 5.1

Gender of Respondents

State	Male	Female	Total
Uttar Pradesh	159	291	450
	35.3%	64.7%	100.0%
Rajasthan	198	252	450
	44.0%	56.0%	100.0%
Bihar	169	281	450
	37.6%	62.4%	100.0%
Maharashtra	172	278	450
	38.2%	61.8%	100.0%
Madhya Pradesh	189	261	450
	42.0%	58.0%	100.0%

Chhattisgarh	153	297	450
	34.0%	66.0%	100.0%
Jharkhand	127	323	450
	28.2%	71.8%	100.0%
West Bengal	167	283	450
	37.1%	62.9%	100.0%
Gujarat	135	315	450
	30.0%	70.0%	100.0%
Orissa	127	323	450
	28.2%	71.8%	100.0%
Total	1596	2904	4500
	35.5%	64.5%	100.0%

Source: Field Survey.

Religion of the respondents is shown in Table 5.2. A large proportion of respondents were reported to be belonging to Hindu community (56 per cent) while about 2/5th respondents were from Muslim community. The proportion of Muslim respondents was reported high in the state of Chhattisgarh (56.2 per cent) followed by Maharashtra (56 per cent), Madhya Pradesh (47.8 per cent), Rajasthan (42 per cent), and Jharkhand (41.6 per cent). The proportion of Christian respondents was also found significant in the states of Rajasthan, Maharashtra, Chhattisgarh, Gujarat, Orissa, Madhya Pradesh and Bihar. Thus, it appears that child marriage is not confined to Hindu community only. A large number of child marriages are taking place in other religious communities as well.

Table: 5.2
Religion of Respondents

State	Hindu	Muslim	Christian	Buddhist	Total
Uttar Pradesh	386	63	1	0	450
	85.8%	14.0%	.2%	.0%	100.0%
Rajasthan	238	189	23	0	450
	52.9%	42.0%	5.1%	.0%	100.0%
Bihar	271	157	22	0	450
	60.2%	34.9%	4.9%	.0%	100.0%
Maharashtra	175	252	23	0	450
	38.9%	56.0%	5.1%	.0%	100.0%
Madhya Pradesh	214	215	21	0	450
	47.6%	47.8%	4.7%	.0%	100.0%
Chhattisgarh	174	253	23	0	450
	38.7%	56.2%	5.1%	.0%	100.0%
Jharkhand	248	187	15	0	450
	55.1%	41.6%	3.3%	.0%	100.0%
West Bengal	283	156	11	0	450
	62.9%	34.7%	2.4%	.0%	100.0%
Gujarat	271	149	21	9	450
	60.2%	33.1%	4.7%	2.0%	100.0%
Orissa	259	167	21	3	450
	57.6%	37.1%	4.7%	.7%	100.0%
Total	2519	1788	181	12	4500
	56.0%	39.7%	4.0%	.3%	100.0%

Source: Field Survey.

Caste of Respondents is shown in Table 5.3. Child marriage is found more prevalent in the socially weaker sections such as OBCs (44.8 per cent), SCs (24.7 per cent) and STs (14.1 per cent). Only 16.4 per cent respondents were from general communities. The proportion of respondents from general communities was recorded significant in the state of Jharkhand, Chhattisgarh, Rajasthan and Bihar. The proportion of respondents from the Scheduled

Tribes was recorded high in the states of Jharkhand (32 per cent), Chhatisgarh (29.3 per cent), Madhya Pradesh (26.9 per cent) and Gujarat (24 per cent). Similarly, the proportion of Scheduled Castes respondents was recorded high in the states of Maharashtra (30.9 per cent) followed by Rajasthan (28.4 per cent), West Bengal (27.6 per cent), Madhya Pradesh (27.1 per cent), Uttar Pradesh (26.9 per cent) and Chhatisgarh (24.9 per cent).

Table: 5.3
Caste of Respondents

State	General	OBC	SC	ST	Total
Uttar Pradesh	58	265	121	6	450
	12.9%	58.9%	26.9%	1.3%	100.0%
Rajasthan	81	233	128	8	450
	18.0%	51.8%	28.4%	1.8%	100.0%
Bihar	77	251	111	11	450
	17.1%	55.8%	24.7%	2.4%	100.0%
Maharashtra	70	241	139	0	450
	15.6%	53.6%	30.9%	.0%	100.0%
Madhya Pradesh	58	149	122	121	450
	12.9%	33.1%	27.1%	26.9%	100.0%
Chattisgarh	94	112	112	132	450
	20.9%	24.9%	24.9%	29.3%	100.0%
Jharkhand	100	121	85	144	450
	22.2%	26.9%	18.9%	32.0%	100.0%
West Bengal	70	246	124	10	450
	15.6%	54.7%	27.6%	2.2%	100.0%
Gujarat	62	183	97	108	450
	13.8%	40.7%	21.6%	24.0%	100.0%
Orissa	70	215	72	93	450
	15.6%	47.8%	16.0%	20.7%	100.0%
Total	740	2016	1111	633	4500
	16.4%	44.8%	24.7%	14.1%	100.0%

Source: Field Survey.

Child marriage is found to be more prevalent among the lower classes as it is proved by the survey data. Slightly less than half of the respondents were found belonging to labour class while about 1/4th victims of child marriage were from peasant class. Only 11 per cent respondents were from business/trade class. The proportion of respondents from labour class was recorded high in the states of Jharkhand, Chhatisgarh, Maharashtra, Rajasthan, Uttar Pradesh and Madhya Pradesh. Similarly, the proportion of respondents from peasant class was reported significant in the states of Bihar, Orissa, Maharashtra and Gujarat (Table 5.4).

Table: 5.4
Class of Respondents

State	Business/ Trade	Landlord	Peasant	Labour	Service	Others	Total
Uttar Pradesh	51	0	125	212	17	45	450
	11.3%	.0%	27.8%	47.1%	3.8%	10.0%	100.0%
Rajasthan	57	23	79	228	2	61	450
	12.7%	5.1%	17.6%	50.7%	.4%	13.6%	100.0%
Bihar	48	0	159	179	4	60	450
	10.7%	.0%	35.3%	39.8%	.9%	13.3%	100.0%
Maharashtra	45	0	137	227	5	36	450
	10.0%	.0%	30.4%	50.4%	1.1%	8.0%	100.0%
Madhya Pradesh	48	0	134	210	2	56	450
	10.7%	.0%	29.8%	46.7%	.4%	12.4%	100.0%
Chattisgarh	49	0	47	241	1	112	450
	10.9%	.0%	10.4%	53.6%	.2%	24.9%	100.0%
Jharkhand	49	0	36	248	4	113	450
	10.9%	.0%	8.0%	55.1%	.9%	25.1%	100.0%
West Bengal	40	0	123	227	4	56	450
	8.9%	.0%	27.3%	50.4%	.9%	12.4%	100.0%
Gujarat	53	6	124	185	6	76	450

	11.8%	1.3%	27.6%	41.1%	1.3%	16.9%	100.0%
Orissa	50	7	136	185	3	69	450
	11.1%	1.6%	30.2%	41.1%	.7%	15.3%	100.0%
Total	490	36	1100	2142	48	684	4500
	10.9%	.8%	24.4%	47.6%	1.1%	15.2%	100.0%

Source: Field Survey.

Type of family of respondents is shown in Table 5.5. Most of the respondents were found belonging to joint family. However, about 1/4th respondents were from nuclear families. This was found more pronouncing in Rajasthan, Chhatisgarh, Uttar Pradesh, Madhya Pradesh and Gujarat. The proportion of respondents from joint families was recorded high in the states of West Bengal (77.3 per cent) followed by Bihar (74.7 per cent) and Maharashtra (74 per cent).

Table: 5.5

Type of Family of Respondents

State	Joint	Nuclear	Extended	Total
Uttar Pradesh	310	118	22	450
	68.9%	26.2%	4.9%	100.0%
Rajasthan	303	133	14	450
	67.3%	29.6%	3.1%	100.0%
Bihar	336	106	8	450
	74.7%	23.6%	1.8%	100.0%
Maharashtra	333	103	14	450
	74.0%	22.9%	3.1%	100.0%
Madhya Pradesh	328	113	9	450
	72.9%	25.1%	2.0%	100.0%
Chhattisgarh	315	118	17	450
	70.0%	26.2%	3.8%	100.0%
Jharkhand	313	96	41	450
	69.6%	21.3%	9.1%	100.0%

West Bengal	348	86	16	450
	77.3%	19.1%	3.6%	100.0%
Gujarat	312	114	24	450
	69.3%	25.3%	5.3%	100.0%
Orissa	327	105	18	450
	72.7%	23.3%	4.0%	100.0%
Total	3225	1092	183	4500
	71.7%	24.3%	4.1%	100.0%

Source: Field Survey.

Family occupation of respondents is shown in Table 5.6. More than half of the respondents reported that the main occupation of their families is agriculture. About 29 per cent respondents further reported that the main occupation of their family is labour. Only 17 per cent respondents revealed that main occupation of their family is business. Thus, it appears that child marriage is prevalent among the families whose income is low. The proportion of respondents who accepted that the main occupation of their family is business was reported significant in Gujarat and Jharkhand.

Table: 5.6

Family Occupation of Respondents

State	Business	Self Employment	Service	Labour	Agriculture	Non-Farm Sector	Total
Uttar Pradesh	82	1	23	115	226	6	450
	18.2%	.2%	5.1%	25.6%	50.2%	1.3%	100.0%
Rajasthan	84	0	15	124	230	7	450
	18.7%	.0%	3.3%	27.6%	51.1%	1.6%	100.0%
Bihar	77	0	16	117	237	6	450
	17.1%	.0%	3.6%	26.0%	52.7%	1.3%	100.0%
Maharashtra	73	0	17	129	239	1	450
	16.2%	.0%	3.8%	28.7%	53.1%	.2%	100.0%

Madhya Pradesh	62	0	13	144	250	3	450
	13.8%	.0%	2.9%	32.0%	55.6%	.7%	100.0%
Chattisgarh	66	0	11	156	217	16	450
	14.7%	.0%	2.4%	34.7%	48.2%	3.6%	100.0%
Jharkhand	89	0	11	135	209	17	450
	19.8%	.0%	2.4%	30.0%	46.4%	3.8%	100.0%
West Bengal	79	0	8	129	243	2	450
	17.6%	.0%	1.8%	28.7%	54.0%	.4%	100.0%
Gujarat	89	0	16	125	219	11	450
	19.8%	.0%	3.6%	27.8%	48.7%	2.4%	100.0%
Orissa	83	0	13	124	239	7	450
	18.4%	.0%	2.9%	27.6%	53.1%	1.6%	100.0%
Total	784	1	143	1298	2309	76	4500
	17.4%	.0%	3.2%	28.8%	51.3%	1.7%	100.0%

Source: Field Survey.

Family status of respondents is shown in Table 5.7. About 45 per cent victims of child marriage were found belonging to lower class. This was found more pronouncing in Maharashtra and Jharkhand. About 29 per cent respondents were from lower-middle class while 22 per cent respondents were from middle class families. Thus, only 3 per cent respondents were found belonging to high middle class families. This was found significant in Rajasthan, Madhya Pradesh and Chhatisgarh where child marriage is more or less a cultural tradition.

Table: 5.7
Family Status of Respondents

State	Higher Middle Class	Middle Class	Lower Middle Class	Lower Class	Total
Uttar Pradesh	16	107	131	196	450
	3.6%	23.8%	29.1%	43.6%	100.0%

Rajasthan	23	82	134	211	450
	5.1%	18.2%	29.8%	46.9%	100.0%
Bihar	15	121	140	174	450
	3.3%	26.9%	31.1%	38.7%	100.0%
Maharashtra	12	79	137	222	450
	2.7%	17.6%	30.4%	49.3%	100.0%
Madhya Pradesh	18	102	122	208	450
	4.0%	22.7%	27.1%	46.2%	100.0%
Chattisgarh	18	103	121	208	450
	4.0%	22.9%	26.9%	46.2%	100.0%
Jharkhand	11	103	125	211	450
	2.4%	22.9%	27.8%	46.9%	100.0%
West Bengal	12	99	140	199	450
	2.7%	22.0%	31.1%	44.2%	100.0%
Gujarat	11	100	147	192	450
	2.4%	22.2%	32.7%	42.7%	100.0%
Orissa	13	109	123	205	450
	2.9%	24.2%	27.3%	45.6%	100.0%
Total	149	1005	1320	2026	4500
	3.3%	22.3%	29.3%	45.0%	100.0%

Source: Field Survey.

Age of respondents is shown in Table 5.8. More than 2/5th respondents were found belonging to the age group of 19-21 years while 37 per cent respondents were the age group of more than 22 years. About 15 per cent respondents were found belonging to the age group of 15-18 years while about 6 per cent respondents were from the age group of less than 15 years.

Table: 5.8
Age of Respondents

State	Less Than 10 Years	10-14 Years	15-18 Years	19-21 Years	22+ Years	Total
Uttar Pradesh	4	25	84	165	172	450
	.9%	5.6%	18.7%	36.7%	38.2%	100.0%
Rajasthan	0	26	63	193	168	450
	.0%	5.8%	14.0%	42.9%	37.3%	100.0%
Bihar	0	32	82	195	141	450
	.0%	7.1%	18.2%	43.3%	31.3%	100.0%
Maharashtra	2	20	83	196	149	450
	.4%	4.4%	18.4%	43.6%	33.1%	100.0%
Madhya Pradesh	1	26	90	188	145	450
	.2%	5.8%	20.0%	41.8%	32.2%	100.0%
Chattisgarh	0	15	29	213	193	450
	.0%	3.3%	6.4%	47.3%	42.9%	100.0%
Jharkhand	0	17	34	197	202	450
	.0%	3.8%	7.6%	43.8%	44.9%	100.0%
West Bengal	0	27	70	182	171	450
	.0%	6.0%	15.6%	40.4%	38.0%	100.0%
Gujarat	0	31	58	213	148	450
	.0%	6.9%	12.9%	47.3%	32.9%	100.0%
Orissa	0	23	80	185	162	450
	.0%	5.1%	17.8%	41.1%	36.0%	100.0%
Total	7	242	673	1927	1651	4500
	.2%	5.4%	15.0%	42.8%	36.7%	100.0%

Source: Field Survey.

Educational level of respondents is shown in Table 5.9. About 29 per cent respondents reported that their education is up to middle school. About 28 per cent respondents revealed that they are educated up to junior high

school. Less than 20 per cent respondents were high school pass while 4 per cent respondents were intermediate and graduates. Thus, education level of the respondents was reported to be low as most of them belong to lower socio-economic strata. About 18 per cent respondents were found illiterate.

Table: 5.9
Educational Level of Respondents

State	Not Literate	Jr. High School	Middle School	High School	Intermediate	Graduate	Total
Uttar Pradesh	59	119	147	107	16	2	450
	13.1%	26.4%	32.7%	23.8%	3.6%	.4%	100.0%
Rajasthan	83	115	121	102	23	6	450
	18.4%	25.6%	26.9%	22.7%	5.1%	1.3%	100.0%
Bihar	70	119	151	93	9	8	450
	15.6%	26.4%	33.6%	20.7%	2.0%	1.8%	100.0%
Maharashtra	83	121	144	85	4	13	450
	18.4%	26.9%	32.0%	18.9%	.9%	2.9%	100.0%
Madhya Pradesh	91	126	148	68	8	9	450
	20.2%	28.0%	32.9%	15.1%	1.8%	2.0%	100.0%
Chattisgarh	106	157	94	62	21	10	450
	23.6%	34.9%	20.9%	13.8%	4.7%	2.2%	100.0%
Jharkhand	102	151	104	74	15	4	450
	22.7%	33.6%	23.1%	16.4%	3.3%	.9%	100.0%
West Bengal	74	113	145	96	10	12	450
	16.4%	25.1%	32.2%	21.3%	2.2%	2.7%	100.0%
Gujarat	95	124	116	97	14	4	450
	21.1%	27.6%	25.8%	21.6%	3.1%	.9%	100.0%
Orissa	71	112	156	96	9	6	450
	15.8%	24.9%	34.7%	21.3%	2.0%	1.3%	100.0%
Total	834	1257	1326	880	129	74	4500
	18.5%	27.9%	29.5%	19.6%	2.9%	1.6%	100.0%

Source: Field Survey.

Adolescence:

Adolescence is a stage of transformation both in physical and mental terms. During the adolescence period, the children may attract to opposite sex and even may like early marriage as they do not know the consequences of early marriage and early pregnancy. About 73 per cent respondents revealed that they have heard about adolescence. However, more than 1/4th respondents were found unaware about the adolescence. This was found more pronouncing in Uttar Pradesh (36.9 per cent), Madhya Pradesh (30.7 per cent), Jharkhand (29.8 per cent), Chhatisgarh (29.1 per cent) and Rajasthan (28.7 per cent) (Table 5.10).

Table: 5.10

Whether You Have Heard About Adolescence

State	Yes	No	Total
Uttar Pradesh	284	166	450
	63.1%	36.9%	100.0%
Rajasthan	321	129	450
	71.3%	28.7%	100.0%
Bihar	362	88	450
	80.4%	19.6%	100.0%
Maharashtra	347	103	450
	77.1%	22.9%	100.0%
Madhya Pradesh	312	138	450
	69.3%	30.7%	100.0%
Chhattisgarh	319	131	450
	70.9%	29.1%	100.0%
Jharkhand	316	134	450
	70.2%	29.8%	100.0%

West Bengal	342	108	450
	76.0%	24.0%	100.0%
Gujarat	334	116	450
	74.2%	25.8%	100.0%
Orissa	336	114	450
	74.7%	25.3%	100.0%
Total	3273	1227	4500
	72.7%	27.3%	100.0%

Source: Field Survey.

The respondents were further asked that whether they are aware about the correct age of adolescence. Most of the respondents were found aware about the correct age of adolescence. However, the significant proportion of respondents in Maharashtra, West Bengal, Bihar and Rajasthan was found unaware about the correct age of adolescence (Table 5.11).

Table: 5.11

Whether Know Correct Age of Adolescence

State	Yes	No	Total
Uttar Pradesh	284	0	284
	100.0%	0.0%	100.0%
Rajasthan	308	13	321
	95.9%	4.0%	100.0%
Bihar	347	15	362
	95.8%	4.1%	100.0%
Maharashtra	318	29	347
	91.6%	8.3%	100.0%
Madhya Pradesh	299	13	312
	95.8%	4.1%	100.0%
Chattisgarh	319	0	319
	100.0%	0.0%	100.0%

Jharkhand	310	6	316
	98.1%	1.8%	100.0%
West Bengal	325	17	342
	95.0%	4.9%	100.0%
Gujarat	326	8	334
	97.6%	2.3%	100.0%
Orissa	336	0	336
	100.0%	0.0%	100.0%
Total	3172	101	3273
	96.9%	3.0%	100.0%

Source: Field Survey.

The respondents were further asked that whether they know changes during adolescence. Most of the respondents revealed that they are aware about the changes during adolescence. However, a significant proportion of respondents in Maharashtra, Bihar, Rajasthan and West Bengal was found unaware about the changes during adolescence (Table 5.12).

Table: 5.12

Do You Know Changes During Adolescence

State	Yes	No	Total
Uttar Pradesh	276	8	284
	97.1%	2.8%	100.0%
Rajasthan	307	14	321
	95.6%	4.3%	100.0%
Bihar	344	18	362
	95.0%	4.9%	100.0%
Maharashtra	332	15	347
	95.6%	4.3%	100.0%
Madhya Pradesh	306	6	312
	98.0%	1.9%	100.0%
Chattisgarh	311	8	319
	97.4%	2.5%	100.0%

Jharkhand	313	3	316
	99.0%	0.9%	100.0%
West Bengal	329	13	342
	96.1%	3.8%	100.0%
Gujarat	328	6	334
	98.2%	1.7%	100.0%
Orissa	336	0	336
	100.0%	0.0%	100.0%
Total	3182	91	3273
	97.2%	2.7%	100.0%

Source: Field Survey.

Early Marriage:

The respondents were asked that whether their Gauna has occurred. Most of the respondents admitted that their Gauna after marriage has occurred (62.8 per cent). This was found more pronouncing in Jharkhand (90 per cent), West Bengal (88.7 per cent), Chhatisgarh (66.4 per cent), Uttar Pradesh (64.7 per cent) and Gujarat (59.8 per cent) (Table 5.13).

Table: 5.13

Whether Gauna Occurred After Marriage

State	Yes	No	Total
Uttar Pradesh	291	159	450
	64.7%	35.3%	100.0%
Rajasthan	258	192	450
	57.3%	42.7%	100.0%
Bihar	235	215	450
	52.2%	47.8%	100.0%
Maharashtra	222	228	450
	49.3%	50.7%	100.0%
Madhya Pradesh	227	223	450
	50.4%	49.6%	100.0%

Chattisgarh	299	151	450
	66.4%	33.6%	100.0%
Jharkhand	405	45	450
	90.0%	10.0%	100.0%
West Bengal	399	51	450
	88.7%	11.3%	100.0%
Gujarat	269	181	450
	59.8%	40.2%	100.0%
Orissa	220	230	450
	48.9%	51.1%	100.0%
Total	2825	1675	4500
	62.8%	37.2%	100.0%

Source: Field Survey.

The main reasons for non-performance of Gauna just after marriage are reported to be studying spouse and self-study. Only a negligible proportion of respondents reported that the other reasons for non-performance of Gauna were non-earning by spouse, waiting for auspicious occasion and marital dispute (Table 5.14).

Table: 5.14
Reasons for Non-Performance of Gauna After Marriage

State	Gauna Performed	Self Studying	Spouse Studying	Spouse Has Not Started Earning	Waiting For Auspicious Occasion	Marital Dispute	Do Not Know	Total
Uttar Pradesh	291	64	75	12	8	0	0	450
	64.7%	14.2%	16.7%	2.7%	1.8%	.0%	.0%	100.0%
Rajasthan	258	79	84	18	9	2	0	450
	57.3%	17.6%	18.7%	4.0%	2.0%	.4%	.0%	100.0%
Bihar	235	92	111	8	4	0	0	450
	52.2%	20.4%	24.7%	1.8%	.9%	.0%	.0%	100.0%
Maharashtra	222	104	99	11	14	0	0	450
	49.3%	23.1%	22.0%	2.4%	3.1%	.0%	.0%	100.0%

Madhya Pradesh	227	95	104	14	10	0	0	450
	50.4%	21.1%	23.1%	3.1%	2.2%	.0%	.0%	100.0%
Chattisgarh	299	67	56	20	5	3	0	450
	66.4%	14.9%	12.4%	4.4%	1.1%	.7%	.0%	100.0%
Jharkhand	405	17	14	9	4	0	1	450
	90.0%	3.8%	3.1%	2.0%	.9%	.0%	.2%	100.0%
West Bengal	399	10	39	2	0	0	0	450
	88.7%	2.2%	8.7%	.4%	.0%	.0%	.0%	100.0%
Gujarat	269	65	85	18	11	2	0	450
	59.8%	14.4%	18.9%	4.0%	2.4%	.4%	.0%	100.0%
Orissa	220	83	97	38	12	0	0	450
	48.9%	18.4%	21.6%	8.4%	2.7%	.0%	.0%	100.0%
Total	2825	676	764	150	77	7	1	4500
	62.8%	15.0%	17.0%	3.3%	1.7%	.2%	.0%	100.0%

Source: Field Survey.

Duration between marriage and Gauna is shown in Table 5.15. About 63 per cent respondents reported that their Gauna was performed just after marriage. However, about 23 per cent respondents reported that Gauna was performed after 2-3 years of marriage. This was found more pronouncing in Bihar (37.1 per cent), following by Maharashtra (36.9 per cent), Orissa (36.2 per cent), Madhya Pradesh (32 per cent) and Gujarat (25.8 per cent). About 8.7 per cent respondents reported that Gauna was performed less than 1 year after the marriage. Similarly, about 5 per cent respondents reported that Gauna was performed after 1-2 years of marriage.

Table: 5.15

Duration Between Marriage & Gauna

State	Gauna Performed Just After Marriage	Less Than 1 Year	1-2 Year	2-3 Year	3-4 Year	Total
Uttar Pradesh	291	37	25	96	1	450
	64.7%	8.2%	5.6%	21.3%	.2%	100.0%

Rajasthan	258	59	24	109	0	450
	57.3%	13.1%	5.3%	24.2%	.0%	100.0%
Bihar	235	27	21	167	0	450
	52.2%	6.0%	4.7%	37.1%	.0%	100.0%
Maharashtra	222	41	21	166	0	450
	49.3%	9.1%	4.7%	36.9%	.0%	100.0%
Madhya Pradesh	227	56	23	144	0	450
	50.4%	12.4%	5.1%	32.0%	.0%	100.0%
Chattisgarh	299	51	34	66	0	450
	66.4%	11.3%	7.6%	14.7%	.0%	100.0%
Jharkhand	405	19	20	5	1	450
	90.0%	4.2%	4.4%	1.1%	.2%	100.0%
West Bengal	399	20	22	9	0	450
	88.7%	4.4%	4.9%	2.0%	.0%	100.0%
Gujarat	269	41	24	116	0	450
	59.8%	9.1%	5.3%	25.8%	.0%	100.0%
Orissa	220	42	25	163	0	450
	48.9%	9.3%	5.6%	36.2%	.0%	100.0%
Total	2825	393	239	1041	2	4500
	62.8%	8.7%	5.3%	23.1%	.0%	100.0%

Source: Field Survey.

The respondents were asked that whether they are living with their spouse. About 62 per cent respondents admitted that they are living with their spouse. However, 38 per cent respondents reported that they are not living with their spouse. This was found more pronouncing in the states of Chhatisgarh (50.4 per cent), Jharkhand (39.6 per cent), Madhya Pradesh (39.3 per cent) and Maharashtra (38.9 per cent) (Table 5.16).

Table: 5.16
Co-Habitation with Spouse

State	Yes	No	Total
Uttar Pradesh	312	138	450
	69.3%	30.7%	100.0%
Rajasthan	282	168	450
	62.7%	37.3%	100.0%
Bihar	282	168	450
	62.7%	37.3%	100.0%
Maharashtra	275	175	450
	61.1%	38.9%	100.0%
Madhya Pradesh	273	177	450
	60.7%	39.3%	100.0%
Chattisgarh	223	227	450
	49.6%	50.4%	100.0%
Jharkhand	272	178	450
	60.4%	39.6%	100.0%
West Bengal	293	157	450
	65.1%	34.9%	100.0%
Gujarat	298	152	450
	66.2%	33.8%	100.0%
Orissa	281	169	450
	62.4%	37.6%	100.0%
Total	2791	1709	4500
	62.0%	38.0%	100.0%

Source: Field Survey.

Consent regarding marriage of children varies for boys and girls. The proportion of boys who reported that their consent was sought before marriage was recorded (91.47 per cent), higher than the proportion of girls reporting regarding the consent of their marriage (80.44 per cent). Variations also emerged across the states and regions. The proportion of girls who reported that their consent was sought before marriage was reported as low

as 70.49 per cent in Madhya Pradesh while in the state of Chhatisgarh about 89 per cent boys reported that their consent was sought before marriage. Thus, the consent for marriage of girls is generally not being taken seriously before marriage by their parents (Table 5.17).

Table: 5.17

Whether Consent Sought Before Marriage

State	Boys	Girls	Total
Uttar Pradesh	150	250	400
	94.33%	85.91%	88.9%
Rajasthan	145	249	394
	73.23%	98.80%	87.6%
Bihar	160	208	368
	94.67%	74.02%	81.8%
Maharashtra	170	196	366
	98.83%	70.50%	81.3%
Madhya Pradesh	168	184	352
	88.88%	70.49%	78.2%
Chhattisgarh	135	255	390
	88.23%	85.85%	86.7%
Jharkhand	117	270	387
	92.12%	83.59%	86.0%
West Bengal	163	217	380
	97.60%	76.67%	84.4%
Gujarat	132	251	383
	97.77%	79.68%	85.1%
Orissa	120	256	376
	94.48%	79.25%	83.6%
Total	1460	2336	3796
	91.47%	80.44%	84.4%

Source: Field Survey.

The respondents were asked that who decided their marriage. About 3/4th respondents reported that father took the decision of their marriage. This was found more pronouncing in Uttar Pradesh (86.3 per cent). About 5.6 per cent respondents said that their mothers took the decision for their marriage. This was reported significant in Gujarat, Orissa, Jharkhand, Maharashtra and Bihar. About 4.5 per cent respondents further reported that their marriage was decided by their elder brothers/sisters. About 4.7 per cent respondents reported that their relatives decided their marriage. Thus, it is proved that early marriages are being decided mainly by father (Table 5.18).

Table: 5.18
Decisions Making for Marriage

State	Father	Mother	Elder Brother/Sister	Adult Family Member (Male)	Adult Family Members (Female)	Relative	Yourself	Cannot Say	Total
Uttar Pradesh	345	12	4	15	10	12	0	2	400
	86.3%	3.0%	1.0%	3.8%	25.0%	3.0%	0.0%	0.5%	100.0%
Rajasthan	295	19	16	25	12	10	0	17	394
	74.9%	4.8%	4.1%	6.3%	3.1%	0.2%	0.0%	4.3%	100.0%
Bihar	269	23	20	21	8	17	0	10	368
	73.1%	6.2%	5.4%	5.7%	2.2%	4.6%	0.0%	2.7%	100.0%
Maharashtra	267	24	12	14	18	20	1	10	366
	72.9%	6.3%	3.3%	3.8%	4.9%	5.5%	0.2%	2.7%	100.0%
Madhya Pradesh	254	21	17	16	12	21	0	11	352
	72.2%	5.9%	4.8%	4.5%	3.4%	5.9%	0.0%	3.1%	100.0%
Chattisgarh	292	20	12	13	21	18	0	14	390
	74.8%	5.1%	3.0%	3.3%	5.4%	4.6%	0.0%	3.6%	100.0%
Jharkhand	289	27	21	10	15	14	0	11	387
	74.7%	6.9%	5.4%	2.6%	3.8%	3.6%	0.0%	2.8%	100.0%
West Bengal	282	16	17	23	17	16	2	7	380
	74.2%	4.2%	4.5%	6.2%	4.5%	4.2%	0.5%	1.8%	100.0%
Gujarat	271	27	28	12	18	19	1	7	383
	70.7%	7.0%	7.3%	3.1%	4.9%	4.9%	0.3%	1.8%	100.0%
Orissa	228	25	24	19	26	34	2	18	376
	60.6%	6.6%	6.4%	5.0%	6.9%	9.0%	0.5%	4.8%	100.0%
Total	2792	214	171	168	157	181	6	107	3796
	73.5%	5.6%	4.5%	4.4%	4.1%	4.7%	0.1%	2.8%	100.0%

Source: Field Survey.

Gender-wise decisions related to marriage are shown in Table 5.19. Decision related to marriage of boys are mainly taken by elder brothers /sisters, mothers and relatives while decisions regarding the marriage of girls are mainly taken by fathers, adult family members, mothers and relatives.

Table: 5.19

Gender-wise Decisions Related to Marriage

Decision makers	Boys	Girls
Father	188	1023
	11.7%	35.2%
Mother	263	290
	16.4%	9.9%
Elder brother/sister	420	254
	26.3%	8.7%
Adult family member (male)	159	370
	9.9%	12.7%
Adult family members (female)	101	236
	6.3%	8.1%
Relative	255	262
	15.9%	9.0%
Yourself	194	228
	12.1%	7.8%
Cannot say	16	241
	1.0%	8.2%
Total	1596	2904
	100.0%	100.0%

Source: Field Survey.

Changes experienced after marriage are shown in Table 5.20. About 63 per cent respondents reported that due to their marriage, the household responsibilities have increased. This was reported more pronouncing in Maharashtra (69.3 per cent), Uttar Pradesh (66.9 per cent), West Bengal (66.2 per cent) and Gujarat (64.4 per cent). About 11 per cent respondents reported that their say in family matters has increased after marriage. It appears that their views in family matters are more recognized as a mature person after marriage. About 14 per cent respondents accepted that due to their marriage their health and nutritional status has deteriorated. This was reported significant in Uttar Pradesh (19.6 per cent) followed by Gujarat (18.2 per cent) and Bihar (16 per cent). About 10 per cent respondents further revealed that their financial burden has increased after marriage.

Table: 5.20

Changes Experienced After Marriage

State	Family Pressure To Start Earning	Increased Household Responsibility	Mobility Restrictions	More Say In Family Matters	Pressure To Work In Field	Deterioration Of Health And Nutrition	Improved Self Image Among Peers	Financial Burden	Mental Tension	Total Out Of
Uttar Pradesh	17	301	20	57	17	88	17	64	8	450
	3.8%	66.9%	4.4%	12.7%	3.8%	19.6%	3.8%	14.2%	1.8%	100.0%
Rajasthan	16	292	19	48	21	71	21	48	15	450
	3.6%	64.9%	4.2%	10.7%	4.7%	15.8%	4.7%	10.7%	3.3%	100.0%
Bihar	36	270	19	63	25	72	23	61	23	450
	8.0%	60.0%	4.2%	14.0%	5.6%	16.0%	5.1%	13.6%	5.1%	100.0%
Maharashtra	24	312	6	47	36	67	13	54	10	450
	5.3%	69.3%	1.3%	10.4%	8.0%	14.9%	2.9%	12.0%	2.2%	100.0%
Madhya Pradesh	33	283	14	49	28	57	21	43	20	450
	7.3%	62.9%	3.1%	10.9%	6.2%	12.7%	4.7%	9.6%	4.4%	100.0%
Chattisgarh	33	238	32	36	36	35	27	16	42	450

	7.3%	52.9%	7.1%	8.0%	8.0%	7.8%	6.0%	3.6%	9.3%	100.0%
Jharkhand	39	275	23	29	42	51	18	24	16	450
	8.7%	61.1%	5.1%	6.4%	9.3%	11.3%	4.0%	5.3%	3.6%	100.0%
West Bengal	24	298	16	36	31	59	12	36	16	450
	5.3%	66.2%	3.6%	8.0%	6.9%	13.1%	2.7%	8.0%	3.6%	100.0%
Gujarat	25	290	19	65	27	82	18	69	22	450
	5.6%	64.4%	4.2%	14.4%	6.0%	18.2%	4.0%	15.3%	4.9%	100.0%
Orissa	22	274	20	58	35	65	16	53	25	450
	4.9%	60.9%	4.4%	12.9%	7.8%	14.4%	3.6%	11.8%	5.6%	100.0%
Total	269	2833	188	488	298	647	186	468	197	4500
	6.0%	63.0%	4.2%	10.8%	6.6%	14.4%	4.1%	10.4%	4.4%	100.0%

Source: Field Survey.

Gender-wise changes experienced after marriage are shown in Table 5.21. The boys reported that the main changes experienced by them after marriage include family pressure to start earnings, pressure to work in field, more say in family matters, and deterioration of health and nutrition and mobility restrictions. While girls reported that main changes experiences after marriage are mainly family pressure to start earnings, increased household responsibility and pressure to work in field.

Table: 5.21

Gender-wise Changes Experienced After Marriage

Changes	Boys	Girls
Family pressure to start earning	427	1123
	26.7%	38.6%
Increased household responsibility	263	419
	9.0%	14.4%
Mobility restrictions	159	290
	9.9%	9.9%
More say in family matters	197	157
	12.3%	5.4%

Pressure to work in field	255	313
	15.9%	10.7%
Deterioration of health and nutrition	188	254
	11.7%	8.7%
Improved self image among peers	97	236
	6.0%	8.1%
Financial burden	4	0
	0.2%	0.0%
Mental tension	6	112
	0.3%	3.8%
Total	1596	2904
	100.0%	100.0%

Source: Field Survey.

The respondents were asked that whether they discontinued education after marriage. About 1/3rd respondents revealed that they discontinued education after marriage. This was reported more pronouncing in Madhya Pradesh (38.2 per cent), Bihar (36.2 per cent), Uttar Pradesh (36 per cent), Gujarat (35.6 per cent) and Maharashtra (35.1 per cent). Though, 2/3rd respondents accepted that after marriage their education was not affected however, discontinuation of education by 1/3rd respondents is a serious concern (Table 5.22).

Table: 5.22

Whether You Discontinued Education After Marriage

State	Yes	No	Total
Uttar Pradesh	162	288	450
	36.0%	64.0%	100.0%
Rajasthan	144	306	450
	32.0%	68.0%	100.0%
Bihar	163	287	450
	36.2%	63.8%	100.0%

Maharashtra	158	292	450
	35.1%	64.9%	100.0%
Madhya Pradesh	172	278	450
	38.2%	61.8%	100.0%
Chhattisgarh	125	325	450
	27.8%	72.2%	100.0%
Jharkhand	131	319	450
	29.1%	70.9%	100.0%
West Bengal	137	313	450
	30.4%	69.6%	100.0%
Gujarat	160	290	450
	35.6%	64.4%	100.0%
Orissa	149	301	450
	33.1%	66.9%	100.0%
Total	1501	2999	4500
	33.4%	66.6%	100.0%

Source: Field Survey.

The reasons for discontinuation of education are shown in Table 5.23. About 2/5th respondents reported that they discontinued their education as parents did not allow them to continue their education. This was reported more pronouncing in Bihar (57 per cent), Gujarat (51.2 per cent), Maharashtra (50 per cent), Orissa (49.6 per cent) and Madhya Pradesh (48.8 per cent). Slightly less than half of the respondents revealed that they discontinued their education due to increase in family responsibility after marriage. This was found significantly high in Chhattisgarh (68 per cent), followed by Jharkhand (66.4 per cent), and Rajasthan (49.3 per cent).

Table: 5.23

Reasons for Discontinuation of Education

State	Parents Did Not Allow	In-Law Family Do Not Allow	Spouse Did Not Allow	Pressure From Community	Family Responsibility	Total
Uttar Pradesh	77	7	8	0	70	162
	47.5%	4.3%	4.9%	0.0%	0.0%	100.0%
Rajasthan	58	6	9	0	71	144
	40.2%	4.1%	6.2%	0.0%	49.3%	100.0%
Bihar	93	2	7	0	61	163
	57.0%	1.2%	4.2%	0.0%	37.4%	100.0%
Maharashtra	79	0	5	0	74	158
	50.0%	0.0%	3.1%	0.0%	46.8%	100.0%
Madhya Pradesh	84	0	10	0	78	172
	48.8%	0.0%	5.8%	0.0%	45.3%	100.0%
Chattisgarh	31	0	9	0	85	125
	24.8%	0.0%	72.0%	0.0%	68.0%	100.0%
Jharkhand	33	3	8	0	87	131
	25.1%	2.2%	6.1%	0.0%	66.4%	100.0%
West Bengal	55	4	13	0	65	137
	40.1%	2.9%	9.4%	0.0%	47.4%	100.0%
Gujarat	82	2	11	0	65	160
	51.2%	1.2%	6.8%	0.0%	40.6%	100.0%
Orissa	74	0	8	0	67	149
	49.6%	0.0%	5.3%	0.0%	44.9%	100.0%
Total	666	24	88	0	723	1501
	44.3%	1.5%	5.8%	0.0%	48.1%	100.0%

Source: Field Survey.

The respondents were asked that whether they received support from their maternal family. About 2/5th respondents admitted that they received support from their maternal family members. This was reported more pronouncing in Chhatisgarh (49.1 per cent), Bihar (45.3 per cent), Orissa (44.4 per cent) and Gujarat (44 per cent) (Table 5.24)

Table: 5.24

Whether Received Support from Maternal Family Members

State	Yes	No	Total
Uttar Pradesh	164	286	450
	36.4%	63.6%	100.0%
Rajasthan	180	270	450
	40.0%	60.0%	100.0%
Bihar	204	246	450
	45.3%	54.7%	100.0%
Maharashtra	181	269	450
	40.2%	59.8%	100.0%
Madhya Pradesh	190	260	450
	42.2%	57.8%	100.0%
Chattisgarh	221	229	450
	49.1%	50.9%	100.0%
Jharkhand	193	257	450
	42.9%	57.1%	100.0%
West Bengal	184	266	450
	40.9%	59.1%	100.0%
Gujarat	198	252	450
	44.0%	56.0%	100.0%
Orissa	200	250	450
	44.4%	55.6%	100.0%
Total	1915	2585	4500
	42.6%	57.4%	100.0%

Source: Field Survey.

The respondents were further asked that whether they received support from their in-laws. More than 1/3rd respondents admitted that they received support from their in-laws. This was reported significantly high in Chhatisgarh (47.1 per cent) followed by Jharkhand (42.4 per cent) (Table 5.25).

Table: 5.25

Whether Received Support from In-Laws

State	Yes	No	Total
Uttar Pradesh	110	340	450
	24.4%	75.6%	100.0%
Rajasthan	153	297	450
	34.0%	66.0%	100.0%
Bihar	157	293	450
	34.9%	65.1%	100.0%
Maharashtra	135	315	450
	30.0%	70.0%	100.0%
Madhya Pradesh	140	310	450
	31.1%	68.9%	100.0%
Chattisgarh	212	238	450
	47.1%	52.9%	100.0%
Jharkhand	191	259	450
	42.4%	57.6%	100.0%
West Bengal	158	292	450
	35.1%	64.9%	100.0%
Gujarat	150	300	450
	33.3%	66.7%	100.0%
Orissa	157	293	450
	34.9%	65.1%	100.0%
Total	1563	2937	4500
	34.7%	65.3%	100.0%

Source: Field Survey.

Reasons for early marriage are shown in Table 5.26. About 23 per cent respondents reported that the main reason of early marriage is non-availability of good match later. This was recorded significant in Uttar Pradesh (35.8 per cent) followed by Gujarat (33.8 per cent) and Bihar (33.3 per cent). About 24 per cent respondents reported that girls are Paraya Dhan and therefore they are supposed to marry off early. About 22 per cent respondents revealed that girls adjust better at in-laws house after marriage. This was reported significant in Uttar Pradesh (25.3 per cent), West Bengal (24.7 per cent) and Orissa (24.4 per cent).

Table: 5.26

Reasons for Early Marriage

State	Do Not Find Good Match Later	Adjust Better At In-Laws Place	Feel Low Among Married Peer Group	Difficulty To Marry At Later Stage	Early Marriage Ensures Protection	Minimizes The Chances Of Going Astray	Auspicious To Marry On Certain Days	Girl's Are Paraya Dhan	Early Marriage Respected By All Community Mothers	Adherence Of Social Norms	Treatment At Home	Total
Uttar Pradesh	161	113	3	11	14	78	5	114	6	4	13	450
	35.8%	25.3%	.7%	2.4%	3.1%	17.4%	1.1%	25.7%	1.3%	.9%	2.9%	100.0%
Rajasthan	134	100	1	22	25	61	2	101	0	4	32	450
	29.8%	22.3%	.2%	4.9%	5.6%	13.6%	.4%	22.5%	.0%	.9%	7.1%	100.0%
Bihar	150	83	3	24	20	64	5	102	0	1	36	450
	33.3%	18.4%	.7%	5.3%	4.4%	14.2%	1.1%	23.1%	.0%	.2%	8.1%	100.0%
Maharashtra	132	101	0	27	9	68	1	110	0	0	54	450
	29.3%	22.4%	.0%	6.0%	2.0%	15.1%	.2%	25.2%	.0%	.0%	12.0%	100.0%
Madhya Pradesh	127	94	1	30	13	72	3	96	0	1	65	450
	28.2%	20.9%	.2%	6.7%	2.9%	16.0%	.7%	21.6%	.0%	.2%	14.4%	100.0%
Chattisgarh	92	86	1	20	39	61	16	78	2	8	64	450
	20.4%	19.2%	.2%	4.4%	8.7%	13.6%	3.6%	17.8%	.4%	1.8%	14.2%	100.0%
Jharkhand	106	104	3	15	27	55	26	93	3	13	36	450

	23.6%	23.2%	.7%	3.3%	6.0%	12.2%	5.8%	20.9%	.7%	2.9%	8.0%	100.0%
West Bengal	130	111	1	16	17	54	4	127	3	5	24	450
	28.9%	24.7%	.2%	3.6%	3.8%	12.0%	.9%	29.2%	.7%	1.1%	5.3%	100.0%
Gujarat	152	80	0	24	28	57	10	101	3	4	28	450
	33.8%	17.8%	.0%	5.3%	6.2%	12.7%	2.2%	23.4%	.7%	.9%	6.2%	100.0%
Orissa	136	110	2	20	23	63	2	121	1	1	30	450
	30.2%	24.4%	.4%	4.4%	5.1%	14.0%	.4%	27.4%	.2%	.2%	6.7%	100.0%
Total	1320	982	15	209	215	633	74	1043	18	41	382	4500
	29.3%	21.9%	.3%	4.6%	4.8%	14.1%	1.6%	23.7%	.4%	.9%	8.5%	100.0%

Source: Field Survey.

Gender-wise reasons for early marriage are shown in Table 5.27. Main reasons for early marriage vary both for boys and girls. Boys reported that the main reasons of early marriage are mainly do not find good match later, girls adjust better at in-laws place, early ensures protection and difficult to marry at later stage. Girls mainly reported that the main reasons of early marriage are do not find good match later, girls adjust better at in-law place, feel low among married peer group and early marriage minimizes the chances of going astray.

Table: 5.27

Gender-wise Main Reasons for Early Marriages

Reasons	Boys	Girls
Do not find good match later	410	1023
	25.6%	35.2%
Girls adjust better at in- laws place if early	263	370
	16.4%	12.7%
Feel low among married peer group	159	290
	9.9%	9.9%
Difficult to marry at later stage	197	157
	12.3%	5.4%

Early marriage ensures protection	255	187
	15.9%	6.4%
Early marriage minimizes the chances of going astray	188	254
	11.7%	8.7%
It is auspicious to marry on certain days along with others	97	236
	6.0%	8.1%
Girls are 'paraya dhan' good to many earliest	0	128
	0.0%	4.4%
Early marriage respected by all community members	10	112
	0.6%	3.8%
Adherence of social norms	17	117
	1.0%	4.0%
Treatment at home	0	30
	0.0%	1.0%
Total	1596	2904
	100.0%	100.0%

Source: Field Survey.

The respondents were asked that whether there was any attempt to stop early marriage. Only a negligible proportion of respondents in Chhatisgarh and Jharkhand reported that somebody tried to stop their marriage. Thus, in majority of the cases of child marriage, nobody cares to stop it (Table 5.28). The attempt to stop child marriage was made by PRI members, representatives of NGOs, CBOs and Police.

Table: 5.28

Did Anybody Try to Stop Your Marriage

State	Yes	No	Total
Uttar Pradesh	2	448	450
	.4%	99.6%	100.0%
Rajasthan	1	449	450
	.2%	99.8%	100.0%

Bihar	0	450	450
	.0%	100.0%	100.0%
Maharashtra	0	450	450
	.0%	100.0%	100.0%
Madhya Pradesh	4	446	450
	.9%	99.1%	100.0%
Chattisgarh	8	442	450
	1.8%	98.2%	100.0%
Jharkhand	7	443	450
	1.6%	98.4%	100.0%
West Bengal	1	449	450
	.2%	99.8%	100.0%
Gujarat	3	447	450
	.7%	99.3%	100.0%
Orissa	0	450	450
	.0%	100.0%	100.0%
Total	26	4474	4500
	0.6%	99.4%	100.0%

Source: Field Survey.

The respondents were asked that how early marriages can be averted. More than 1/3rd respondents reported that multi-pronged strategies and actions are required to avert child marriages. These include reinforcing the legal age of marriage, compulsory registration of marriage, life skill education, family counseling, and greater emphasis on girl education. About 1/4th respondents further reported that family counseling and tracking to resist social pressure for early marriage is the best method to avert early marriages. About 22 per cent respondents said that enforcement of legal age of marriage for girls is the best way to avert early marriage (Table 5.29).

Table: 5.29

Prevention of Early Marriage

State	Legal Age Of Marriage To Be Reinforced:18 For Girls;21 For Boys	Compulsory Registration Of Marriage For Putting Check On Early Marriages And Polygamy	School Education With Focus On Education Of Girl Child And Access To NpegeI Etc.	Life Skills Education In School Education System And For Out Of School Adolescents	Information, Education And Counseling On Reproductive And Sexual Health And Rights To Promote Health Care Seeking Behaviour Among Adolescents	Information To Adolescents On Family Planning Services, Emergency Contraception And Prevention From Sexually Transmitted Infections Like Hiv And Aids	Access To Safe Abortion Services	Family Counseling And Tracking To Resist Social Pressure For Early Marriage	All The Above	Total
Uttar Pradesh	79	37	5	9	29	6	6	105	174	450
	17.6%	8.2%	1.1%	2.0%	6.4%	1.3%	1.3%	23.3%	38.7%	100.0%
Rajasthan	90	33	5	8	27	1	3	118	165	450
	20.0%	7.3%	1.1%	1.8%	6.0%	.2%	.7%	26.2%	36.7%	100.0%
Bihar	108	34	1	13	36	0	4	101	153	450
	24.0%	7.6%	.2%	2.9%	8.0%	.0%	.9%	22.4%	34.0%	100.0%
Maharashtra	103	23	0	16	43	4	0	98	163	450
	22.9%	5.1%	.0%	3.6%	9.6%	.9%	.0%	21.8%	36.2%	100.0%
Madhya Pradesh	107	32	0	11	42	0	1	100	157	450
	23.8%	7.1%	.0%	2.4%	9.3%	.0%	.2%	22.2%	34.9%	100.0%
Chattisgarh	108	33	0	4	31	3	0	126	145	450
	24.0%	7.3%	.0%	.9%	6.9%	.7%	.0%	28.0%	32.2%	100.0%
Jharkhand	100	42	0	6	19	8	2	133	140	450
	22.2%	9.3%	.0%	1.3%	4.2%	1.8%	.4%	29.6%	31.1%	100.0%
West Bengal	78	32	4	14	34	5	3	112	168	450
	17.3%	7.1%	.9%	3.1%	7.6%	1.1%	.7%	24.9%	37.3%	100.0%
Gujarat	115	41	0	11	14	5	5	110	149	450
	25.6%	9.1%	.0%	2.4%	3.1%	1.1%	1.1%	24.4%	33.1%	100.0%
Orissa	90	42	2	8	29	2	3	94	180	450
	20.0%	9.3%	.4%	1.8%	6.4%	.4%	.7%	20.9%	40.0%	100.0%
Total	978	349	17	100	304	34	27	1097	1594	4500
	21.7%	7.8%	.4%	2.2%	6.8%	.8%	.6%	24.4%	35.4%	100.0%

Source: Field Survey.

Early Pregnancy:

More than half of the respondents reported that they have experience of pregnancy. This was found more pronouncing in Orissa (68.2 per cent) followed by Bihar (55.8 per cent) and Maharashtra (55.1 per cent). Thus, early pregnancy is also a major concern besides the issue of child marriage in some of the backward states. Early pregnancy has severe negative health consequences and therefore it is a serious concern to avert the situation (Table 5.30).

Table: 5.30
Experience of Pregnancy

State	Yes	No	Total
Uttar Pradesh	227	223	450
	50.4%	49.6%	100.0%
Rajasthan	221	229	450
	49.1%	50.9%	100.0%
Bihar	251	199	450
	55.8%	44.2%	100.0%
Maharashtra	248	202	450
	55.1%	44.9%	100.0%
Madhya Pradesh	231	219	450
	51.3%	48.7%	100.0%
Chattisgarh	210	240	450
	46.7%	53.3%	100.0%
Jharkhand	232	218	450
	51.6%	48.4%	100.0%
West Bengal	225	225	450
	50.0%	50.0%	100.0%
Gujarat	186	264	450
	41.3%	58.7%	100.0%
Orissa	307	143	450
	68.2%	31.8%	100.0%
Total	2338	2162	4500
	52.0%	48.0%	100.0%

Source: Field Survey.

Age of spouse during first pregnancy is shown in Table 5.31. About half of the respondents did not have experience of pregnancy by themselves or by their spouse. About 30 per cent respondents revealed that they have experience of first pregnancy during the age of less than 21 years. Even about 10 per cent respondents in Bihar and Madhya Pradesh reported that they have experience of first pregnancy during the age of 15-18 years. About 21 per cent respondents reported that they had experience of first pregnancy in the age of 21 years and above.

Table: 5.31

Age of Spouse During First Pregnancy

State	0	13-15 Years	15-18 Years	19-21 Years	21+ Years	Total
Uttar Pradesh	223	5	33	103	86	450
	49.6%	1.1%	7.3%	22.9%	19.1%	100.0%
Rajasthan	229	6	17	106	92	450
	50.9%	1.3%	3.8%	23.6%	20.4%	100.0%
Bihar	199	3	42	93	113	450
	44.2%	.7%	9.3%	20.7%	25.1%	100.0%
Maharashtra	202	0	38	115	95	450
	44.9%	.0%	8.4%	25.6%	21.1%	100.0%
Madhya Pradesh	219	1	43	101	86	450
	48.7%	.2%	9.6%	22.4%	19.1%	100.0%
Chattisgarh	240	0	19	95	96	450
	53.3%	.0%	4.2%	21.1%	21.3%	100.0%
Jharkhand	218	2	14	127	89	450
	48.4%	.4%	3.1%	28.2%	19.8%	100.0%

West Bengal	225	1	20	101	103	450
	50.0%	.2%	4.4%	22.4%	22.9%	100.0%
Gujarat	264	1	16	98	71	450
	58.7%	.2%	3.6%	21.8%	15.8%	100.0%
Orissa	143	2	35	141	129	450
	31.8%	.4%	7.8%	31.3%	28.7%	100.0%
Total	2162	21	277	1080	960	4500
	48.0%	.5%	6.2%	24.0%	21.3%	100.0%

Source: Field Survey.

The respondents were asked that whether they experienced pressure for early pregnancy. About 30 per cent respondents revealed that they had pressure for early pregnancy. This was found more pronouncing in Jharkhand (37.6 per cent) followed by Gujarat (34.9 per cent) and Chhatisgarh (31.3 per cent) (Table 5.32).

Table: 5.32

Whether You Experienced Pressure for Early Pregnancy

State	Yes	No	Total
Uttar Pradesh	132	318	450
	29.3%	70.7%	100.0%
Rajasthan	126	324	450
	28.0%	72.0%	100.0%
Bihar	119	331	450
	26.4%	73.6%	100.0%
Maharashtra	130	320	450
	28.9%	71.1%	100.0%
Madhya Pradesh	105	345	450
	23.3%	76.7%	100.0%

Chattisgarh	141	309	450
	31.3%	68.7%	100.0%
Jharkhand	169	281	450
	37.6%	62.4%	100.0%
West Bengal	140	310	450
	31.1%	68.9%	100.0%
Gujarat	157	293	450
	34.9%	65.1%	100.0%
Orissa	125	325	450
	27.8%	72.2%	100.0%
Total	1344	3156	4500
	29.9%	70.1%	100.0%

Source: Field Survey.

The pressure for early pregnancy was reported to be from family itself. The other reasons for early pregnancy were reported to be desire of a son, desire to extend family and proving fertility. Thus, early pregnancy is not only the result of family pressure but other socio-cultural factors and lack of access to family health and counseling services are responsible for early pregnancy (Table 5.33).

Table: 5.33

Factors Responsible for Early Pregnancy

State	No	Family Pressure	Prove Own's Fertility	Wanted To Extend Family	Wanted To Have Son	Pressure From Spouse To Have Early Child	Lack Of Access To Family Health And Counselling Services	Total
Uttar Pradesh	318	72	6	10	33	7	5	450
	70.7%	16.0%	1.3%	2.2%	7.3%	1.6%	1.1%	100.0%
Rajasthan	324	62	2	24	30	6	2	450
	72.0%	13.8%	.4%	5.3%	6.7%	1.3%	.4%	100.0%
Bihar	331	58	3	21	26	6	5	450
	73.6%	12.9%	.7%	4.7%	5.8%	1.3%	1.1%	100.0%

Maharashtra	320	74	4	24	26	1	1	450
	71.1%	16.4%	.9%	5.3%	5.8%	.2%	.2%	100.0%
Madhya Pradesh	345	59	4	24	11	4	3	450
	76.7%	13.1%	.9%	5.3%	2.4%	.9%	.7%	100.0%
Chattisgarh	309	46	4	23	43	11	14	450
	68.7%	10.2%	.9%	5.1%	9.6%	2.4%	3.1%	100.0%
Jharkhand	281	80	5	10	58	8	8	450
	62.4%	17.8%	1.1%	2.2%	12.9%	1.8%	1.8%	100.0%
West Bengal	310	69	9	10	47	2	3	450
	68.9%	15.3%	2.0%	2.2%	10.4%	.4%	.7%	100.0%
Gujarat	293	87	3	12	42	8	5	450
	65.1%	19.3%	.7%	2.7%	9.3%	1.8%	1.1%	100.0%
Orissa	325	61	5	17	36	3	3	450
	72.2%	13.6%	1.1%	3.8%	8.0%	.7%	.7%	100.0%
Total	3156	668	45	175	352	56	49	4500
	70.1%	14.8%	1.0%	3.9%	7.8%	1.2%	1.1%	100.0%

Source: Field Survey.

The respondents were asked that whether they know the consequences of early pregnancy. About 3/4th respondents admitted that they know the consequences of early pregnancy. This was found significantly high in Uttar Pradesh (80 per cent), West Bengal (78.2 per cent), Jharkhand (77.8 per cent), Gujarat (77.8 per cent), Orissa (76.9 per cent) and Rajasthan (75.6 per cent) (Table 5.34).

Table: 5.34

Whether You Know the Consequences of Early Pregnancy

State	Yes	No	Total
Uttar Pradesh	360	90	450
	80.0%	20.0%	100.0%
Rajasthan	340	110	450

	75.6%	24.4%	100.0%
Bihar	339	111	450
	75.3%	24.7%	100.0%
Maharashtra	309	141	450
	68.7%	31.3%	100.0%
Madhya Pradesh	316	134	450
	70.2%	29.8%	100.0%
Chattisgarh	313	137	450
	69.6%	30.4%	100.0%
Jharkhand	350	100	450
	77.8%	22.2%	100.0%
West Bengal	352	98	450
	78.2%	21.8%	100.0%
Gujarat	350	100	450
	77.8%	22.2%	100.0%
Orissa	346	104	450
	76.9%	23.1%	100.0%
Total	3375	1125	4500
	75.0%	25.0%	100.0%

Source: Field Survey.

More than half of the respondents reported that weakness is the consequence of early pregnancy. About 11 per cent respondents reported that discontinuation of education is also consequence of early pregnancy. This was reported significant in Jharkhand and Rajasthan. About 10 per cent respondents reported that burden of child bearing and rearing is also consequence of early pregnancy. This was reported significant in Gujarat (14.7 per cent), Uttar Pradesh (14.2 per cent) and Rajasthan (13.1 per cent). About 3 per cent respondents further reported that unhealthy child is the consequence of early pregnancy (Table 5.35).

Table: 5.35
Consequences of Early Pregnancy

State	No	Weakness	Unhealthy Child	Burden Of Child Bearing And Rearing	Discontinuation Of Education	Total
Uttar Pradesh	90	242	14	64	40	450
	20.0%	53.8%	3.1%	14.2%	8.9%	100.0%
Rajasthan	110	219	11	59	51	450
	24.4%	48.7%	2.4%	13.1%	11.3%	100.0%
Bihar	111	241	6	58	34	450
	24.7%	53.6%	1.3%	12.9%	7.6%	100.0%
Maharashtra	141	221	8	49	31	450
	31.3%	49.1%	1.8%	10.9%	6.9%	100.0%
Madhya Pradesh	134	228	10	40	38	450
	29.8%	50.7%	2.2%	8.9%	8.4%	100.0%
Chattisgarh	137	218	16	20	59	450
	30.4%	48.4%	3.6%	4.4%	13.1%	100.0%
Jharkhand	100	217	25	27	81	450
	22.2%	48.2%	5.6%	6.0%	18.0%	100.0%
West Bengal	98	248	15	38	51	450
	21.8%	55.1%	3.3%	8.4%	11.3%	100.0%
Gujarat	100	232	10	66	42	450
	22.2%	51.6%	2.2%	14.7%	9.3%	100.0%
Orissa	104	241	7	50	48	450
	23.1%	53.6%	1.6%	11.1%	10.7%	100.0%
Total	1125	2307	122	471	475	4500
	25.0%	51.3%	2.7%	10.5%	10.6%	100.0%

Source: Field Survey.

Gender-wise consequences of early marriage and early pregnancy are shown in Table 5.36. The boys reported that the main consequences of early marriage are poverty, discontinuation of education, deterioration in mental

health, abuse and violence and isolation and abandonment while girls reported that the consequences of early marriage and early pregnancy are poverty and premature pregnancy.

Table: 5.36

Gender-wise Consequences of Early Marriages and Early Pregnancy

Consequences	Boys	Girls
Premature pregnancy	0	1128
	0.0%	38.8%
Maternal mortality, morbidity and under nutrition	0	191
	0.0%	6.5%
Infant mortality, morbidity and low birth weight	0	200
	0.0%	6.8%
HIV and AIDS	118	107
	7.3%	3.6%
Discontinuing of education	211	158
	13.2%	5.4%
Poverty	344	168
	21.5%	57.3%
Abuse and violence	207	189
	12.9%	6.5%
Mental health	210	169
	13.1%	5.8%
Isolation and abandonment	169	185
	10.5%	6.3%
Increased household responsibilities	139	210
	8.7%	7.2%
All the above	198	199
	12.4%	6.8%
Total	1596	2904
	100.0%	100.0%

Source: Field Survey.

RCH Services:

Awareness about family planning methods is shown in Table 5.37. About 3/4th respondents were found aware about the family planning methods. This was found significantly high in Maharashtra (94.6 per cent), Bihar (81.8 per cent), Rajasthan (81.5 per cent) and Uttar Pradesh (80 per cent).

Table: 5.37

Awareness About Family Planning Methods

State	Yes	No	Total
Uttar Pradesh	360	90	450
	80.0%	20.0%	100.0%
Rajasthan	367	83	450
	81.5%	18.5%	100.0%
Bihar	368	82	450
	81.8%	18.2%	100.0%
Maharashtra	426	24	450
	94.6%	5.4%	100.0%
Madhya Pradesh	323	127	450
	71.8%	28.2%	100.0%
Chattisgarh	337	113	450
	74.9%	25.1%	100.0%
Jharkhand	302	148	450
	67.1%	32.9%	100.0%
West Bengal	326	124	450
	72.4%	27.6%	100.0%
Gujarat	318	132	450
	70.7%	29.3%	100.0%
Orissa	336	114	450
	74.7%	25.3%	100.0%
Total	3463	1037	4500
	76.9%	23.1%	100.0%

Source: Field Survey.

Most of the respondents were found aware about the condom (80.6 per cent) while about 1/4th respondents were found aware about IUD. Only a

negligible proportion of respondents were found aware about contraceptives and abortion. The awareness about emergency contraceptive and oral pills was found significant in Chhatisgarh, Jharkhand, Gujarat, Rajasthan and Orissa (Table 5.38).

Table: 5.38
Type of Family Planning Methods

State	Condom	IUD	Emergency Contraceptive	Oral Pills	Injectables	Medical Abortion	Total Out Of
Uttar Pradesh	317	88	14	9	0	0	360
	88.0%	24.4%	3.8%	2.5%	0.0%	0.0%	100.0%
Rajasthan	289	100	15	16	0	7	367
	78.7%	27.2%	4.3%	4.3%	0.0%	1.9%	100.0%
Bihar	345	59	9	9	0	6	368
	93.7%	16.0%	2.4%	2.4%	0.0%	1.6%	100.0%
Maharashtra	333	77	12	1	0	4	426
	78.1%	18.1%	2.8%	0.2%	0.0%	0.9%	100.0%
Madhya Pradesh	315	90	6	5	0	7	323
	97.5%	27.8%	1.8%	1.5%	0.0%	2.5%	100.0%
Chattisgarh	276	111	17	20	0	13	337
	81.8%	32.9%	5.0%	5.9%	0.0%	3.8%	100.0%
Jharkhand	281	115	14	27	0	4	302
	93.0%	38.0%	4.6%	8.9%	0.0%	1.3%	100.0%
West Bengal	302	86	20	13	0	4	326
	92.6%	26.2%	6.1%	3.9%	0.0%	1.2%	100.0%
Gujarat	295	92	28	8	0	5	318
	92.8%	28.9%	8.8%	2.5%	0.0%	1.6%	100.0%

Orissa	315	82	17	14	0	9	336
	93.8%	24.4%	5.0%	4.2%	0.0%	2.6%	100.0%
Total	3068	900	152	122	0	61	3463
	80.6%	25.9%	4.4%	3.5%	0.0%	1.8%	100.0%

Source: Field Survey.

Gender-wise family planning methods are shown in Table 5.39. All the boys reported that they are using condoms for family planning while girls reported that they are using oral pills, injectables, IUD and condoms for family planning..

Table: 5.39

Gender-wise Family Planning Methods

Methods	Boys	Girls
Condom	1596	320
	100.00%	11.0%
IUD	0	400
	0.0%	13.7%
Emergency Contraceptive	0	126
	0.0%	4.3%
Oral Pills	0	1357
	0.0%	46.7%
Injectables	0	501
	0.0%	17.2%
Medical Abortion	0	200
	0.0%	6.8%
Total	1596	2904
	100.0%	100.0%

Source: Field Survey.

The respondents were asked that whether they received ante-natal checkup during their pregnancy. About 31 per cent respondents reported that they received ante-natal services during their pregnancy. This was found more pronouncing in Jharkhand (56.5 per cent) followed by West Bengal (46.2 per cent) and Rajasthan (38.5 per cent). Around 13 per cent respondents admitted that they received regular checkup during their pregnancy. It was found significant in Madhya Pradesh (20.8 per cent) followed by Orissa (19.8 per cent), Uttar Pradesh (18.9 per cent) and West Bengal (18.2 per cent). More than half of the respondents said that they could not received RCH services regularly. It was found significantly high in Gujarat (83.9 per cent), Chhatisgarh (70.5 per cent) and Bihar (67.3 per cent). Only 4 per cent respondents were provided IFA tablets during their pregnancy (Table 5.40).

Table: 5.40
Receiving of RCH Services

State	Not Regularly	Regular Checkups	Ante-Natal Services	IFA Tablets	Total
Uttar Pradesh	109	43	61	14	227
	48.1%	18.9%	26.9%	6.2%	100.0%
Rajasthan	98	27	85	11	221
	44.3%	12.2%	38.5%	4.9%	100.0%
Bihar	169	21	51	10	251
	67.3%	8.4%	20.3%	3.9%	100.0%
Maharashtra	163	12	71	2	248
	54.8%	4.8%	28.6%	0.8%	100.0%
Madhya Pradesh	89	48	62	32	231
	38.5%	20.8%	26.8%	13.8%	100.0%

Chhattisgarh	148	22	31	9	210
	70.5%	10.5%	14.8%	4.3%	100.0%
Jharkhand	70	24	131	7	232
	30.2%	10.3%	56.5%	3.0%	100.0%
West Bengal	73	41	104	7	225
	32.4%	18.2%	46.2%	3.1%	100.0%
Gujarat	156	11	13	6	186
	83.9%	5.9%	6.9%	3.2%	100.0%
Orissa	134	61	108	4	307
	43.6%	19.8%	35.2%	1.3%	100.0%
Total	1209	310	717	102	2338
	51.7%	13.2%	30.7%	4.4%	100.0%

Source: Field Survey.

Place of delivery is shown in Table 5.41. Non-institutional delivery is still found predominant as 39 per cent respondents revealed that they delivered baby at their home. It was found more pronouncing in Uttar Pradesh (43.6 per cent) followed by Gujarat (43.5 per cent), and Bihar (42.2 per cent). Only 16.5 per cent respondents reported that their delivery was undertaken at government hospital or health centre. This was found significant in West Bengal (24.9 per cent) followed by Jharkhand (22.4 per cent) and Madhya Pradesh (19 per cent). About 11 per cent respondents further reported that their delivery was undertaken at private hospitals. This was found significant in West Bengal, Jharkhand and Maharashtra. About 21 per cent respondents said that they were provided nutrition counseling. This was found significant in Maharashtra (29.8 per cent) followed by Orissa (24.4 per cent), Chhatisgarh (24.3 per cent), and Uttar Pradesh (22.9 per cent).

Table: 5.41
Place of Delivery

State	Home	Private Hospital	Government Hospital Or Health Center	Nutrition Counseling	Others	Total
Uttar Pradesh	99	17	38	52	21	227
	43.6%	7.5%	16.7%	22.9%	9.2%	100.0%
Rajasthan	86	20	41	39	35	221
	38.9%	9.0%	18.5%	17.6%	15.8%	100.0%
Bihar	106	23	25	46	51	251
	42.2%	9.2%	9.9%	18.3%	20.3%	100.0%
Maharashtra	94	36	14	74	30	248
	37.9%	14.5%	5.6%	29.8%	12.0%	100.0%
Madhya Pradesh	88	19	44	54	26	231
	38.0%	8.2%	19.0%	23.4%	11.2%	100.0%
Chattisgarh	74	35	36	51	14	210
	35.2%	16.7%	17.1%	24.3%	6.7%	100.0%
Jharkhand	86	38	52	36	20	232
	37.0%	16.4%	22.4%	15.5%	8.6%	100.0%
West Bengal	69	38	56	32	30	225
	30.7%	16.9%	24.9%	14.2%	13.3%	100.0%
Gujarat	81	19	31	40	15	186

	43.5%	10.2%	16.7%	21.5%	8.0%	100.0%
Orissa	119	11	50	75	52	307
	38.8%	3.6%	16.3%	24.4%	16.9%	100.0%
Total	902	256	387	499	294	2338
	38.6%	10.9%	16.5%	21.3%	12.6%	100.0%

Source: Field Survey.

The respondents were further asked that who assisted them in their delivery. About 36 per cent respondents reported that they were assisted by untrained Dai during their delivery. This was found more pronouncing in Uttar Pradesh (43.6 per cent) followed by Madhya Pradesh (41.1 per cent) and Rajasthan (40.7 per cent). About 19 per cent respondents further reported that they were assisted by trained Dai in their delivery. This was found significant in Maharashtra (29 per cent), Chhatisgarh (25.2 per cent), Jharkhand (25 per cent) and Gujarat (20 per cent). About 14 per cent respondents said that midwives assisted them in their deliveries. This was reported significant in Bihar and Jharkhand. About 17 per cent respondents revealed that doctors assisted them in their delivery. This was found significant in West Bengal (29.8 per cent) followed by Gujarat (24.2 per cent), Maharashtra (25.5 per cent) and Orissa (19.9 per cent) (Table 5.42).

Table: 5.42

Assistance Received During Delivery

State	Untrained Dai	Trained Dai	Midwife	Doctor	Older Female Member	Total
Uttar Pradesh	98	34	27	16	52	227
	43.6%	14.9%	11.9%	7.0%	22.9%	100.0%

Rajasthan	90	32	35	41	23	221
	40.7%	14.5%	15.8%	18.5%	10.4%	100.0%
Bihar	93	32	47	28	51	251
	37.0%	12.7%	18.7%	11.1%	20.3%	100.0%
Maharashtra	79	72	12	51	34	248
	31.8%	29.0%	4.8%	20.5%	13.7%	100.0%
Madhya Pradesh	95	41	21	34	40	231
	41.1%	17.7%	9.0%	14.7%	17.3%	100.0%
Chattisgarh	80	53	31	22	24	210
	38.0%	25.2%	14.8%	10.5%	11.4%	100.0%
Jharkhand	74	58	45	28	27	232
	31.8%	25.0%	19.4%	12.0%	11.6%	100.0%
West Bengal	81	36	35	67	6	225
	36.0%	16.0%	15.5%	29.8%	2.7%	100.0%
Gujarat	62	41	21	45	17	186
	33.3%	22.0%	11.3%	24.2%	9.1%	100.0%
Orissa	97	47	48	61	54	307
	31.6%	15.3%	15.6%	19.9%	17.6%	100.0%
Total	849	446	322	393	328	2338
	36.3%	19.0%	13.8%	16.8%	14.0%	100.0%

Source: Field Survey.

Outcome of pregnancy is shown in Table 5.43. More than half of the respondents reported that the outcome of pregnancy was live birth while about 1/3rd respondents revealed that the outcome of pregnancy was still birth. About 13 per cent respondents said that outcome of pregnancy was abortion. This was found significant in Gujarat, Chhatisgarh and Uttar Pradesh.

Table: 5.43
Outcome of Pregnancy

State	Abortion	Still Birth	Live Birth	Total
Uttar Pradesh	35	94	98	227
	15.4%	41.4%	43.2%	100.0%
Rajasthan	29	79	113	221
	13.1%	35.7%	51.1%	100.0%
Bihar	34	89	128	251
	13.5%	35.4%	50.9%	100.0%
Maharashtra	33	72	143	248
	13.3%	29.0%	57.7%	100.0%
Madhya Pradesh	26	99	106	231
	11.2%	42.8%	45.9%	100.0%
Chhattisgarh	38	62	110	210
	18.0%	29.5%	52.4%	100.0%
Jharkhand	31	71	130	232
	13.4%	30.6%	56.0%	100.0%
West Bengal	26	93	106	225

	11.5%	41.3%	47.1%	100.0%
Gujarat	36	34	116	186
	19.3%	18.3%	62.4%	100.0%
Orissa	29	87	191	307
	9.4%	28.3%	62.2%	100.0%
Total	317	780	1241	2338
	13.5%	33.4%	53.1%	100.0%

Source: Field Survey.

Disadvantages of early marriages and early pregnancy are shown in Table 5.44. About 58 per cent respondents reported that the impact of early marriage and early pregnancy is on physical, social psychological and economic terms. However, it has adverse physical impact. This was reported significantly high in Gujarat (33.3 per cent), Bihar ((32.4 per cent), Orissa (30.4 per cent) and Uttar Pradesh (29.1 per cent). About 11 per cent respondents revealed that the major disadvantage of early marriage and early pregnancy is economic. This was found significant in Maharashtra and Madhya Pradesh.

Table: 5.44

Disadvantages of Early Marriage and Early Pregnancy

State	Physical	Social	Psychological	Economic	All The Above	Total
Uttar Pradesh	131	9	7	41	262	450
	29.1%	2.0%	1.6%	9.1%	58.2%	100.0%
Rajasthan	121	6	2	46	275	450

	26.9%	1.3%	.4%	10.2%	61.1%	100.0%
Bihar	146	8	1	53	242	450
	32.4%	1.8%	.2%	11.8%	53.8%	100.0%
Maharashtra	109	2	0	79	260	450
	24.2%	.4%	.0%	17.6%	57.8%	100.0%
Madhya Pradesh	126	2	0	75	247	450
	28.0%	.4%	.0%	16.7%	54.9%	100.0%
Chattisgarh	126	0	0	46	278	450
	28.0%	.0%	.0%	10.2%	61.8%	100.0%
Jharkhand	142	1	1	34	272	450
	31.6%	.2%	.2%	7.6%	60.4%	100.0%
West Bengal	122	10	0	33	285	450
	27.1%	2.2%	.0%	7.3%	63.3%	100.0%
Gujarat	150	4	0	48	248	450
	33.3%	.9%	.0%	10.7%	55.1%	100.0%
Orissa	137	3	0	46	264	450
	30.4%	.7%	.0%	10.2%	58.7%	100.0%
Total	1310	45	11	501	2633	4500
	29.1%	1.0%	.2%	11.1%	58.5%	100.0%

Source: Field Survey.

Gender-wise major disadvantages of early marriages and early pregnancy are shown in Table 5.45. Major disadvantages of early marriage and early pregnancy for boys are mainly related with economic, social and psychological issues while girls reported that major disadvantages of early marriage and early pregnancy are mainly related with physical, economic, social and psychological.

Table: 5.45

Gender-wise Major Disadvantages of Early Marriages and Early Pregnancy

Reasons	Boys	Girls
Physical	0	1215
	0.0%	76.1%
Social	525	210
	32.8%	13.1%
Psychological	373	196
	23.3%	12.2%
Economic	556	278
	34.8%	17.4%
All the above	142	1005
	8.8%	62.9%
Total	1596	2904
	100.0%	100.0%

Source: Field Survey.

Boys reported that the enforcement of legal age of marriage alone can significantly contribute to check the early marriages while girls reported that enforcement of legal age, school education, information, education and counseling on reproductive and sexual health issues and access to safe abortion services may effectively check the cases of early marriage (Table 5.46).

Table: 5.46

Whether Early Marriages Can Be Averted

Reasons	Boys	Girls
Legal age of marriage to be reinforced: 18 for girls ; 21 for boys	1020	1191
	63.9%	41.0%
Compulsory registration of marriage for putting check on early marriages and polygamy	104	206
	6.5%	7.0%
School education with focus on education of girl child access to NPEGEL etc.	101	330
	6.3%	11.3%
Life skill education in school education system and for out of school adolescents.	96	210
	6.0%	7.2%
Information, education and counseling on reproductive and sexual health and rights to promote care seeking behavior among adolescents.	45	309
	2.8%	10.6%
Information to adolescents in family planning services, emergency contraception and prevention from sexually transmitted infections like HIV and AIDS	36	289
	2.2%	9.9%
Access to safe abortion services	40	268
	2.5%	9.2%
Family counseling and tracking to resist social pressure for early marriage.	109	56
	6.8%	1.9%
All the above.	45	45
	2.8%	1.5%
Total	1596	2904
	100.0%	100.0%

Source: Field Survey.

Consequences of early marriage and early pregnancy are shown in Table 5.47. More than 1/3rd respondents reported that there are several negative consequences of early marriage and early pregnancy. These include premature pregnancy, maternal mortality, morbidity, under-nutrition, infant mortality, morbidity and low birth rate, etc. About 17 per cent respondents reported that early marriage and early pregnancy increase household responsibilities. Similarly, about 12 per cent respondents reported that early marriage and early pregnancy also increase poverty. The other consequences are related to health – maternal and infant mortality, morbidity, mal-nutrition and low birth weight of child.

Table: 5.47

Consequences of Early Marriage and Early Pregnancy

State	Premature Pregnancy	Maternal Mortality, Morbidity And Under Nutrition	Infant Mortality, Morbidity And Low Birth Weight	HIV And AIDS	Discontinuing Of Education	Poverty	Abuse And Violence	Mental Health	Isolation And Abandonment	Increased Household Responsibilities	All The Above	Total
Uttar Pradesh	30	52	24	3	39	29	9	30	18	84	132	450
	6.7%	11.6%	5.3%	.7%	8.7%	6.4%	2.0%	6.7%	4.0%	18.7%	29.3%	100.0%
Rajasthan	14	31	22	4	30	47	12	13	12	87	178	450
	3.1%	6.9%	4.9%	.9%	6.7%	10.4%	2.7%	2.9%	2.7%	19.3%	39.6%	100.0%
Bihar	29	61	32	5	34	53	15	15	17	66	123	450
	6.4%	13.6%	7.1%	1.1%	7.6%	11.8%	3.3%	3.3%	3.8%	14.7%	27.3%	100.0%
Maharashtra	18	42	30	0	30	67	14	24	11	80	134	450
	4.0%	9.3%	6.7%	.0%	6.7%	14.9%	3.1%	5.3%	2.4%	17.8%	29.8%	100.0%

Madhya Pradesh	16	34	34	0	29	76	16	13	9	65	158	450
	3.6%	7.6%	7.6%	.0%	6.4%	16.9%	3.6%	2.9%	2.0%	14.4%	35.1%	100.0%
Chattisgarh	4	8	20	0	14	55	15	4	23	74	233	450
	.9%	1.8%	4.4%	.0%	3.1%	12.2%	3.3%	.9%	5.1%	16.4%	51.8%	100.0%
Jharkhand	9	22	15	0	16	45	13	12	12	95	211	450
	2.0%	4.9%	3.3%	.0%	3.6%	10.0%	2.9%	2.7%	2.7%	21.1%	46.9%	100.0%
West Bengal	15	39	24	5	29	60	14	12	20	85	147	450
	3.3%	8.7%	5.3%	1.1%	6.4%	13.3%	3.1%	2.7%	4.4%	18.9%	32.7%	100.0%
Gujarat	24	49	32	1	31	36	10	12	19	88	148	450
	5.3%	10.9%	7.1%	.2%	6.9%	8.0%	2.2%	2.7%	4.2%	19.6%	32.9%	100.0%
Orissa	18	53	32	7	33	54	15	13	12	60	153	450
	4.0%	11.8%	7.1%	1.6%	7.3%	12.0%	3.3%	2.9%	2.7%	13.3%	34.0%	100.0%
Total	177	391	265	25	285	522	133	148	153	784	1617	4500
	3.9%	8.7%	5.9%	.6%	6.3%	11.6%	3.0%	3.3%	3.4%	17.4%	35.9%	100.0%

Source: Field Survey.

The above analysis simply demonstrates that child marriage is more prevalent in the socially and economically weaker sections of the society. The main reason of child marriage is predominance of cultural traditions, economic and educational backwardness. Most of the victims of child marriage reported that their relatives particularly family members and specially father are the main decision maker for early marriage. Early marriage has severe negative consequences while on the other hand family pressure for early pregnancy also causes severe negative health consequences to the married adolescent girls. A significant proportion of married adolescent girls are not availing family counseling services as well as RCH services and therefore they are bearing the burden of poor maternal health.

Chapter: 6

View Perception of Officials and Non-Officials

Early marriage is a social issue and therefore policy advocacy has been of paramount importance to prevent child marriage. Community based organizations, SHGs, local governments, NGOs and voluntary organizations are actively engaged in social mobilization and prevention of child marriage in the backward regions of India. In this part of the dissertation, an attempt has been made to analyze the view perception of government officials and the representatives of NGOs, CBOs, PRIs and SHGs regarding the various issues of child marriage.

Gender of respondents is shown in Table 6.1. Majority of the respondents were reported to be male. This was found more pronouncing in Uttar Pradesh (83 per cent) followed by Rajasthan (77 per cent), West Bengal (68 per cent) and Orissa (66 per cent). About 36 per cent respondents were female. This was found significantly high in Madhya Pradesh (48 per cent), Gujarat (45 per cent), Chhatisgarh (44 per cent) and Jharkhand (43 per cent).

Table: 6.1

Gender of Respondents

State	Male	Female	Total
Uttar Pradesh	83	17	100
	83.0%	17.0%	100.0%
Rajasthan	77	23	100
	77.0%	23.0%	100.0%
Bihar	63	37	100
	63.0%	37.0%	100.0%
Maharashtra	58	42	100
	58.0%	42.0%	100.0%

Madhya Pradesh	52	48	100
	52.0%	48.0%	100.0%
Chattisgarh	56	44	100
	56.0%	44.0%	100.0%
Jharkhand	57	43	100
	57.0%	43.0%	100.0%
West Bengal	68	32	100
	68.0%	32.0%	100.0%
Gujarat	55	45	100
	55.0%	45.0%	100.0%
Orissa	66	34	100
	66.0%	34.0%	100.0%
Total	635	365	1000
	63.5%	36.5%	100.0%

Source: Field Survey.

Association of respondents is shown in Table 6.2. About half of the respondents were found belonging to SHGs. About 30 per cent respondents were members of PRIs. Only 9 per cent respondents were from NGOs, Civil Societies and CBOs. Similarly, about 10 per cent respondents were officials deployed at block, sub-district, district and state level.

Table: 6.2

Association of Respondents

State	NGO/CBOS/ Civil Society	Village Panchayat	SHGs	People's Association	Officials	Total
Uttar Pradesh	10	30	49	1	10	100
	10.0%	30.0%	49.0%	1.0%	10.0%	100.0%

Rajasthan	10	30	50	2	8	100
	10.0%	30.0%	50.0%	2.0%	8.0%	100.0%
Bihar	10	30	49	1	10	100
	10.0%	30.0%	49.0%	1.0%	10.0%	100.0%
Maharashtra	8	29	50	3	10	100
	8.0%	29.0%	50.0%	3.0%	10.0%	100.0%
Madhya Pradesh	9	30	50	2	9	100
	9.0%	30.0%	50.0%	2.0%	9.0%	100.0%
Chattisgarh	8	29	50	4	9	100
	8.0%	29.0%	50.0%	4.0%	9.0%	100.0%
Jharkhand	8	30	50	2	10	100
	8.0%	30.0%	50.0%	2.0%	10.0%	100.0%
West Bengal	10	30	50	0	10	100
	10.0%	30.0%	50.0%	.0%	10.0%	100.0%
Gujarat	10	30	50	0	10	100
	10.0%	30.0%	50.0%	.0%	10.0%	100.0%
Orissa	10	30	50	0	10	100
	10.0%	30.0%	50.0%	.0%	10.0%	100.0%
Total	93	298	498	15	96	1000
	9.3%	29.8%	49.8%	1.5%	9.6%	100.0%

Source: Field Survey.

Main reasons of early marriage are shown in Table 6.3. About half of the respondents reported that poverty is the main reason of child marriage. This was found significant in Gujarat (62 per cent), Madhya Pradesh (55 per cent) and West Bengal (53 per cent). Economic hardship has also been reported a significant factor for early marriage. This was found significant in Bihar and Maharashtra. Illiteracy and educational backwardness as a main reason of early marriage was reported by more than 1/3rd respondents. This was found more pronouncing in Rajasthan (39 per cent) followed by Jharkhand (39 per cent), Orissa (36 per cent) and Uttar Pradesh (36 per cent). Cultural traditions and value system no doubt contribute significantly in the prevalence of child marriage however; only 7 per cent respondents reported it as a main reason of early marriage.

Table: 6.3

Main Reasons of Early Marriage in the Areas

State	Poverty	Economic Hardship	Illiteracy And Educational Backwardness	Traditional Value System	Total
Uttar Pradesh	50	5	36	9	100
	50.0%	5.0%	36.0%	9.0%	100.0%
Rajasthan	44	7	39	10	100
	44.0%	7.0%	39.0%	10.0%	100.0%
Bihar	51	15	26	8	100
	51.0%	15.0%	26.0%	8.0%	100.0%
Maharashtra	51	16	30	3	100
	51.0%	16.0%	30.0%	3.0%	100.0%
Madhya Pradesh	55	12	30	3	100
	55.0%	12.0%	30.0%	3.0%	100.0%
Chattisgarh	52	8	37	3	100
	52.0%	8.0%	37.0%	3.0%	100.0%
Jharkhand	44	10	39	7	100
	44.0%	10.0%	39.0%	7.0%	100.0%
West Bengal	53	8	33	6	100
	53.0%	8.0%	33.0%	6.0%	100.0%
Gujarat	62	4	26	8	100
	62.0%	4.0%	26.0%	8.0%	100.0%
Orissa	50	4	36	10	100
	50.0%	4.0%	36.0%	10.0%	100.0%
Total	512	89	332	67	1000
	51.2%	8.9%	33.2%	6.7%	100.0%

Source: Field Survey.

The respondents were asked regarding the measures being adopted by them to prevent child marriage. About 2/5th respondents reported that they counsel to the parents for prevention of child marriage while about 13 per cent

respondents reported that they launch a campaign and a counter pressure for prevention of child marriage. Only a negligible proportion that is about 7 per cent of respondents reported that they warn the parents and arrest for the prevention of early marriage. Societal campaign and counter pressure as a measure for the prevention of child marriage was found significant in Jharkhand (26 per cent) followed by Bihar (23 per cent) and Maharashtra (21 per cent) (Table 6.4).

Table: 6.4

Measures Adopted for Prevention of Child Marriage

State	Arrest	Warning	Counseling	Can Not Do Any Thing	Societal Campaign And Counter Pressure	Total
Uttar Pradesh	3	0	37	54	6	100
	3.0%	.0%	37.0%	54.0%	6.0%	100.0%
Rajasthan	10	9	33	41	7	100
	10.0%	9.0%	33.0%	41.0%	7.0%	100.0%
Bihar	2	2	48	25	23	100
	2.0%	2.0%	48.0%	25.0%	23.0%	100.0%
Maharashtra	3	2	43	31	21	100
	3.0%	2.0%	43.0%	31.0%	21.0%	100.0%
Madhya Pradesh	1	1	42	43	13	100
	1.0%	1.0%	42.0%	43.0%	13.0%	100.0%
Chattisgarh	2	1	50	37	10	100
	2.0%	1.0%	50.0%	37.0%	10.0%	100.0%
Jharkhand	8	1	29	36	26	100
	8.0%	1.0%	29.0%	36.0%	26.0%	100.0%
West Bengal	10	1	29	47	13	100
	10.0%	1.0%	29.0%	47.0%	13.0%	100.0%

Gujarat	4	0	47	40	9	100
	4.0%	.0%	47.0%	40.0%	9.0%	100.0%
Orissa	8	3	40	44	5	100
	8.0%	3.0%	40.0%	44.0%	5.0%	100.0%
Total	51	20	398	398	133	1000
	5.1%	2.0%	39.8%	39.8%	13.3%	100.0%

Source: Field Survey.

The respondents were asked that whether that Gauna is being performed just after marriage. About 3/4th respondents reported that Gauna is performed just after marriage. This was found significantly high in Orissa (83 per cent) followed by West Bengal (82 per cent), Maharashtra (79 per cent), Madhya Pradesh (78 per cent) and Chhatisgarh (78 per cent) (Table 6.5).

Table: 6.5

Whether Gauna is Performed Just After Marriage

State	Yes	No	Cannot Say	Total
Uttar Pradesh	77	17	6	100
	77.0%	17.0%	6.0%	100.0%
Rajasthan	72	20	8	100
	72.0%	20.0%	8.0%	100.0%
Bihar	57	31	12	100
	57.0%	31.0%	12.0%	100.0%
Maharashtra	79	10	11	100
	79.0%	10.0%	11.0%	100.0%
Madhya Pradesh	78	15	7	100
	78.0%	15.0%	7.0%	100.0%
Chattisgarh	78	18	4	100
	78.0%	18.0%	4.0%	100.0%
Jharkhand	69	19	12	100
	69.0%	19.0%	12.0%	100.0%

West Bengal	82	8	10	100
	82.0%	8.0%	10.0%	100.0%
Gujarat	73	20	7	100
	73.0%	20.0%	7.0%	100.0%
Orissa	83	13	4	100
	83.0%	13.0%	4.0%	100.0%
Total	748	171	81	1000
	74.8%	17.1%	8.1%	100.0%

Source: Field Survey.

Main reasons for non-performance of Gauna just after marriage are shown in Table 6.6. Cultural practice is the main reason for non-performance of Gauna just after marriage. This was found significant in Rajasthan and Bihar. Similarly, about 5.5 per cent respondents reported that due to studying of married children, parents are not willing to perform Gauna just after marriage. This was found significant in Bihar and Gujarat. About 2 per cent respondents reported that parents are waiting for auspicious day for performing Gauna.

Table: 6.6

Main Reasons for Gauna Not Being Performed

State	Gauna Performed After Marriage	Waiting For Auspicious Day	Studying	Waiting For Suitable Earnings	Cultural Practice	Total
Uttar Pradesh	83	2	4	2	9	100
	83.0%	2.0%	4.0%	2.0%	9.0%	100.0%
Rajasthan	80	1	4	0	15	100
	80.0%	1.0%	4.0%	.0%	15.0%	100.0%
Bihar	69	4	13	0	14	100
	69.0%	4.0%	13.0%	.0%	14.0%	100.0%

Maharashtra	90	0	2	0	8	100
	90.0%	.0%	2.0%	.0%	8.0%	100.0%
Madhya Pradesh	85	2	6	1	6	100
	85.0%	2.0%	6.0%	1.0%	6.0%	100.0%
Chattisgarh	82	2	8	1	7	100
	82.0%	2.0%	8.0%	1.0%	7.0%	100.0%
Jharkhand	81	3	5	2	9	100
	81.0%	3.0%	5.0%	2.0%	9.0%	100.0%
West Bengal	92	0	3	0	5	100
	92.0%	.0%	3.0%	.0%	5.0%	100.0%
Gujarat	80	0	9	0	11	100
	80.0%	.0%	9.0%	.0%	11.0%	100.0%
Orissa	87	2	1	0	10	100
	87.0%	2.0%	1.0%	.0%	10.0%	100.0%
Total	829	16	55	6	94	1000
	82.9%	1.6%	5.5%	.6%	9.4%	100.0%

Source: Field Survey.

A significant proportion of respondents reported that they received complaints of child marriage from the service providers while about 1/4th male representatives of NGOs/CBOs complaint about child marriage. Family members have also made complaints for child marriage. Overall, the role of women was found more active in complaining about child marriage as against their male counterparts (Table 6.7).

Table: 6.7
Receiving of Complaints about Child Marriage for
Last Three Years

State	Panchayat		Community		Family Members/Relatives		NGO/CBO		Service Providers		Total
	M	F	M	F	M	F	M	F	M	F	
Uttar Pradesh	12	3	12	5	20	8	30	2	44	32	100
	12.0%	3.0%	12.0%	5.0%	20.0%	8.0%	30.0%	2.0%	44.0%	32.0%	100.0%
Rajasthan	13	0	6	6	14	13	28	2	37	32	100
	13.0%	.0%	6.0%	6.0%	14.0%	13.0%	28.0%	2.0%	37.0%	32.0%	100.0%
Bihar	7	1	4	11	6	14	19	8	34	40	100
	7.0%	1.0%	4.0%	11.0%	6.0%	14.0%	19.0%	8.0%	34.0%	40.0%	100.0%
Maharashtra	6	2	5	15	11	19	22	8	28	41	100
	6.0%	2.0%	5.0%	15.0%	11.0%	19.0%	22.0%	8.0%	28.0%	41.0%	100.0%
Madhya Pradesh	8	1	6	7	19	17	20	6	31	37	100
	8.0%	1.0%	6.0%	7.0%	19.0%	17.0%	20.0%	6.0%	31.0%	37.0%	100.0%
Chattisgarh	4	5	14	11	23	15	33	4	30	42	100
	4.0%	5.0%	14.0%	11.0%	23.0%	15.0%	33.0%	4.0%	30.0%	42.0%	100.0%
Jharkhand	11	2	12	12	13	25	24	5	29	37	100
	11.0%	2.0%	12.0%	12.0%	13.0%	25.0%	24.0%	5.0%	29.0%	37.0%	100.0%
West Bengal	10	6	8	13	17	33	31	4	15	38	100
	10.0%	6.0%	8.0%	13.0%	17.0%	33.0%	31.0%	4.0%	15.0%	38.0%	100.0%
Gujarat	10	2	2	7	10	19	18	5	35	33	100
	10.0%	2.0%	2.0%	7.0%	10.0%	19.0%	18.0%	5.0%	35.0%	33.0%	100.0%
Orissa	8	2	10	7	17	18	27	5	31	38	100
	8.0%	2.0%	10.0%	7.0%	17.0%	18.0%	27.0%	5.0%	31.0%	38.0%	100.0%
Total	89	24	79	94	150	181	252	49	314	370	1000
	8.9%	2.4%	7.9%	9.4%	15.0%	18.1%	25.2%	4.9%	31.4%	37.0%	100.0%

Source: Field Survey.

The respondents were asked that whether RCH services are available to young mothers. About 21 per cent respondents admitted that reproductive, sexual health and nutritional counseling services are available to young mothers. This was found significant in Maharashtra (27 per cent), Bihar (26 per cent), Jharkhand (25 per cent) and West Bengal (24 per cent) (Table 6.8).

Table: 6.8
Available of RCH Services to Married Adolescents

State	Yes	No	Total
Uttar Pradesh	14	86	100
	14.0%	86.0%	100.0%
Rajasthan	17	83	100
	17.0%	83.0%	100.0%
Bihar	26	74	100
	26.0%	74.0%	100.0%
Maharashtra	27	73	100
	27.0%	73.0%	100.0%
Madhya Pradesh	20	80	100
	20.0%	80.0%	100.0%
Chattisgarh	20	80	100
	20.0%	80.0%	100.0%
Jharkhand	25	75	100
	25.0%	75.0%	100.0%
West Bengal	24	76	100
	24.0%	76.0%	100.0%
Gujarat	19	81	100
	19.0%	81.0%	100.0%
Orissa	16	84	100
	16.0%	84.0%	100.0%
Total	208	792	1000
	20.8%	79.2%	100.0%

Source: Field Survey.

The respondents were further asked that whether they are satisfied with the reproductive, sexual and nutritional counseling services available to young mothers. Most of the respondents were found dissatisfied with the quality and outreach of such services. About 27 per cent respondents were found satisfied with the quality and outreach of such services to some extent. This was found significant in West Bengal, Jharkhand, Orissa and Rajasthan (Table 6.9).

Table: 6.9

Whether Satisfied With the Quality and Outreach of RCH Services

State	To The Greater Extent	Some Extent	Not Satisfied	Total
Uttar Pradesh	2	23	75	100
	2.0%	23.0%	75.0%	100.0%
Rajasthan	2	30	68	100
	2.0%	30.0%	68.0%	100.0%
Bihar	8	25	67	100
	8.0%	25.0%	67.0%	100.0%
Maharashtra	7	26	67	100
	7.0%	26.0%	67.0%	100.0%
Madhya Pradesh	5	22	73	100
	5.0%	22.0%	73.0%	100.0%
Chattisgarh	4	16	80	100
	4.0%	16.0%	80.0%	100.0%
Jharkhand	5	31	64	100
	5.0%	31.0%	64.0%	100.0%
West Bengal	3	36	61	100
	3.0%	36.0%	61.0%	100.0%
Gujarat	4	29	67	100
	4.0%	29.0%	67.0%	100.0%

Orissa	3	30	67	100
	3.0%	30.0%	67.0%	100.0%
Total	43	268	689	1000
	4.3%	26.8%	68.9%	100.0%

Source: Field Survey.

The main reasons for ineffectiveness of the enforcement of Child Marriage Act are shown in Table 6.10. About half of the respondents reported that people are not aware about the Child Marriage Act. This was found more pronouncing in West Bengal, Rajasthan, Madhya Pradesh, Gujarat and Orissa. The other reasons viz., low pressure from civil societies, community pressure and inactiveness of local police are responsible for ineffectiveness of the enforcement of Child Marriage Act. The inactiveness of local police was found significant in Orissa, Maharashtra, Chhatisgarh and Gujarat.

Table: 6.10

Main Reasons for Ineffectiveness of the Enforcement of Child Marriages Act

State	Community Pressure	Inactiveness Of Local Police	Low Pressure From Civil Societies	Lack Of Awareness	Total
Uttar Pradesh	18	10	24	48	100
	18.0%	10.0%	24.0%	48.0%	100.0%
Rajasthan	11	11	27	51	100
	11.0%	11.0%	27.0%	51.0%	100.0%
Bihar	22	16	26	36	100
	22.0%	16.0%	26.0%	36.0%	100.0%
Maharashtra	12	18	23	47	100
	12.0%	18.0%	23.0%	47.0%	100.0%
Madhya Pradesh	12	10	27	51	100
	12.0%	10.0%	27.0%	51.0%	100.0%
Chattisgarh	21	16	19	44	100

	21.0%	16.0%	19.0%	44.0%	100.0%
Jharkhand	15	13	22	50	100
	15.0%	13.0%	22.0%	50.0%	100.0%
West Bengal	13	11	20	56	100
	13.0%	11.0%	20.0%	56.0%	100.0%
Gujarat	14	12	21	53	100
	14.0%	12.0%	21.0%	53.0%	100.0%
Orissa	11	19	20	50	100
	11.0%	19.0%	20.0%	50.0%	100.0%
Total	149	136	229	486	1000
	14.9%	13.6%	22.9%	48.6%	100.0%

Source: Field Survey.

Major disadvantages of early marriage and early pregnancy are shown in Table 6.11. About 1/3rd respondents reported that early marriage and early pregnancy has psychological impact while about 1/4th respondents reported that early marriage and early pregnancy has adverse social impact. This was found more pronouncing in West Bengal, Jharkhand, Orissa and Chhatisgarh. The physical impact of early marriage and early pregnancy was found significant in Chhatisgarh and Bihar. Similarly, economic impact of early marriage and early pregnancy was reported high in Madhya Pradesh, Maharashtra, Gujarat and Bihar.

Table: 6.11

Major Disadvantages of Early Marriage and Early Pregnancy

State	Physical	Social	Psychological	Economic	All The Above	Total
Uttar Pradesh	10	21	30	18	21	100
	10.0%	21.0%	30.0%	18.0%	21.0%	100.0%
Rajasthan	6	25	29	14	26	100

	6.0%	25.0%	29.0%	14.0%	26.0%	100.0%
Bihar	12	24	31	21	12	100
	12.0%	24.0%	31.0%	21.0%	12.0%	100.0%
Maharashtra	10	25	30	24	11	100
	10.0%	25.0%	30.0%	24.0%	11.0%	100.0%
Madhya Pradesh	11	20	33	28	8	100
	11.0%	20.0%	33.0%	28.0%	8.0%	100.0%
Chattisgarh	13	28	38	15	6	100
	13.0%	28.0%	38.0%	15.0%	6.0%	100.0%
Jharkhand	8	31	33	14	14	100
	8.0%	31.0%	33.0%	14.0%	14.0%	100.0%
West Bengal	8	37	34	7	14	100
	8.0%	37.0%	34.0%	7.0%	14.0%	100.0%
Gujarat	7	23	32	21	17	100
	7.0%	23.0%	32.0%	21.0%	17.0%	100.0%
Orissa	6	28	32	15	19	100
	6.0%	28.0%	32.0%	15.0%	19.0%	100.0%
Total	91	262	322	177	148	1000
	9.1%	26.2%	32.2%	17.7%	14.8%	100.0%

Source: Field Survey.

Main consequences of early marriage and early pregnancy are shown in Table 6.12. Poverty, infant mortality, morbidity, low birth weight, increase in household responsibilities, abuse and violence, premature pregnancy, poor mental health, isolation and abandonment are the main consequences of early marriage and early pregnancy.

Table: 6.12

Main Consequences of Early Marriage and Early Pregnancy

State	Pre Mature Preg Nancy	Maternal Mortality, Morbidity And Under Nutrition	Infant Mortality, Morbidity And Low Birth Weight	Discontinuing Of Education	Poverty	Abuse And Violence	Mental Health	Isolation And Abandonment	Increased Household Responsibilities	Above All	Total
Uttar Pradesh	6	7	16	6	19	4	6	6	12	18	100
	6.0%	7.0%	16.0%	6.0%	19.0%	4.0%	6.0%	6.0%	12.0%	18.0%	100.0%
Rajasthan	6	5	14	6	22	6	4	3	12	22	100
	6.0%	5.0%	14.0%	6.0%	22.0%	6.0%	4.0%	3.0%	12.0%	22.0%	100.0%
Bihar	1	3	14	0	29	7	6	8	16	16	100
	1.0%	3.0%	14.0%	.0%	29.0%	7.0%	6.0%	8.0%	16.0%	16.0%	100.0%
Maharashtra	3	3	13	1	20	9	9	9	15	18	100
	3.0%	3.0%	13.0%	1.0%	20.0%	9.0%	9.0%	9.0%	15.0%	18.0%	100.0%
Madhya Pradesh	4	3	15	3	23	6	9	5	11	21	100
	4.0%	3.0%	15.0%	3.0%	23.0%	6.0%	9.0%	5.0%	11.0%	21.0%	100.0%
Chattisgarh	6	3	23	2	23	7	6	6	9	15	100
	6.0%	3.0%	23.0%	2.0%	23.0%	7.0%	6.0%	6.0%	9.0%	15.0%	100.0%
Jharkhand	9	5	11	4	20	9	2	7	11	22	100
	9.0%	5.0%	11.0%	4.0%	20.0%	9.0%	2.0%	7.0%	11.0%	22.0%	100.0%
West Bengal	11	0	15	1	23	11	4	3	10	22	100
	11.0%	.0%	15.0%	1.0%	23.0%	11.0%	4.0%	3.0%	10.0%	22.0%	100.0%
Gujarat	6	4	10	3	25	6	6	6	17	17	100
	6.0%	4.0%	10.0%	3.0%	25.0%	6.0%	6.0%	6.0%	17.0%	17.0%	100.0%
Orissa	7	2	19	6	22	6	3	4	13	18	100
	7.0%	2.0%	19.0%	6.0%	22.0%	6.0%	3.0%	4.0%	13.0%	18.0%	100.0%
Total	59	35	150	32	226	71	55	57	126	189	1000
	5.9%	3.5%	15.0%	3.2%	22.6%	7.1%	5.5%	5.7%	12.6%	18.9%	100.0%

Source: Field Survey.

About 1/3rd respondents reported that ASHA workers may play a critical role for averting child marriage as they are well versed with the community and families. Similarly, about 38 per cent respondents said that school

teachers may play a critical role for prevention of child marriage. This was reported significant in Bihar, Jharkhand and Gujarat. About 10 per cent respondents said that NGOs may play a critical role for prevention of child marriage as they may effectively launch societal campaign for prevention of child marriage (Table 6.13).

Table: 6.13

Role of Stakeholders in Prevention of Child Marriage

State	ASHA	AWW	School Teacher	SHGs	NGOs	CBOs	PRIS/ULB	Total
Uttar Pradesh	35	12	39	2	9	3	0	100
	35.0%	12.0%	39.0%	2.0%	9.0%	3.0%	.0%	100.0%
Rajasthan	36	10	39	8	6	1	0	100
	36.0%	10.0%	39.0%	8.0%	6.0%	1.0%	.0%	100.0%
Bihar	32	6	42	12	5	3	0	100
	32.0%	6.0%	42.0%	12.0%	5.0%	3.0%	.0%	100.0%
Maharashtra	29	12	34	8	11	4	2	100
	29.0%	12.0%	34.0%	8.0%	11.0%	4.0%	2.0%	100.0%
Madhya Pradesh	27	16	39	2	9	4	3	100
	27.0%	16.0%	39.0%	2.0%	9.0%	4.0%	3.0%	100.0%
Chattisgarh	31	9	36	4	15	4	1	100
	31.0%	9.0%	36.0%	4.0%	15.0%	4.0%	1.0%	100.0%
Jharkhand	35	9	40	5	9	2	0	100
	35.0%	9.0%	40.0%	5.0%	9.0%	2.0%	.0%	100.0%
West Bengal	40	3	35	8	11	2	1	100
	40.0%	3.0%	35.0%	8.0%	11.0%	2.0%	1.0%	100.0%
Gujarat	34	6	40	5	11	2	2	100
	34.0%	6.0%	40.0%	5.0%	11.0%	2.0%	2.0%	100.0%
Orissa	33	12	39	4	10	2	0	100
	33.0%	12.0%	39.0%	4.0%	10.0%	2.0%	.0%	100.0%
Total	332	95	383	58	96	27	9	1000
	33.2%	9.5%	38.3%	5.8%	9.6%	2.7%	.9%	100.0%

Source: Field Survey.

The respondents were further asked that whether services under various government schemes may promote right age of marriage. About half of the respondents said that Rajiv Gandhi National Scheme for Empowerment of Adolescent Girls may promote right age of marriage. Similarly, about 1/3rd

respondents were of the view that Kishori Shakti Yojana may also mobilize community for promoting right age of marriage. ICDS platform may be also effective for promoting right age of marriage.

Table: 6.14

Whether Services Under Following Schemes May Promote Marriage at Right Age

State	ICDS	Rajiv Gandhi National Scheme For Empowerment Of Adolescent Girls	Kishori Shakti Yojana	NPEGEL	Kasturaba Gandhi Balika Vidyalay	Total
Uttar Pradesh	11	48	31	6	4	100
	11.0%	48.0%	31.0%	6.0%	4.0%	100.0%
Rajasthan	13	49	29	6	3	100
	13.0%	49.0%	29.0%	6.0%	3.0%	100.0%
Bihar	10	55	26	7	2	100
	10.0%	55.0%	26.0%	7.0%	2.0%	100.0%
Maharashtra	15	41	30	10	4	100
	15.0%	41.0%	30.0%	10.0%	4.0%	100.0%
Madhya Pradesh	9	42	36	10	3	100
	9.0%	42.0%	36.0%	10.0%	3.0%	100.0%
Chattisgarh	5	59	28	4	4	100
	5.0%	59.0%	28.0%	4.0%	4.0%	100.0%
Jharkhand	7	46	39	5	3	100
	7.0%	46.0%	39.0%	5.0%	3.0%	100.0%
West Bengal	2	54	38	2	4	100
	2.0%	54.0%	38.0%	2.0%	4.0%	100.0%
Gujarat	12	42	36	7	3	100
	12.0%	42.0%	36.0%	7.0%	3.0%	100.0%
Orissa	12	53	27	3	5	100
	12.0%	53.0%	27.0%	3.0%	5.0%	100.0%
Total	96	489	320	60	35	1000
	9.6%	48.9%	32.0%	6.0%	3.5%	100.0%

Source: Field Survey.

The above analysis simply demonstrates that poverty, economic, educational backwardness and illiteracy are the major reasons for prevalence of child marriage. School teachers, ASHA workers, NGOs and other CBOs may play a critical role in prevention of child marriage. The major reason for ineffectiveness of the enforcement of Child Marriage Act was reported to be inactiveness of local police, inactiveness of CBOs/NGOs, and local community. The respondents of the view that the programmes and schemes targeted for adolescent girls, women and educational empowerment may promote right age of marriage besides providing counseling and community mobilization for promotion of right age of marriage.

Conclusion and Policy Recommendations

The practice of early marriage of children is not confined to India but it is spread in over 40 countries of the globe, mainly in Sub-Saharan Africa, South and South-East Asia, including India, Pakistan and Bangladesh. The practice of child marriage in India may be dates back to the ancient period however, during the Muslim rule in India, the practice of child marriage was found more prevalent in northern states. It is the advent of different forms of culture which came in from the northern borders which may have influenced by various communities to resort to early marriages. The practice of child marriage in northern India is closely associated with pious occasions such as *Akha Teej*, *Ganesh Chaturthi* etc. The main reason of early marriage is associated with cultural traditions and customs, economic hardship, poverty, educational backwardness and social pressure from within the community to marry daughters before attaining puberty. However, there are multiple reasons that sustain the practice of child marriage in India. Broadly, the reasons for the prevailing of the practice of child marriage include historical, social, cultural and economic. There exists a tendency among various social groups to follow rituals and practices of forefathers and thus, they are no more convinced for delaying marriage of their daughters. The economic compulsions drive people to resort to child marriage. Weak economic status and large families encourage the practice of child marriage as it helps the parents to send off their girl children while on the other hand, marriage of a boy brings additional hands to assist the household and economic activities. This is also because of the fact that in early marriage, there is lesser demand of dowry and also less expenses during the performance of marriage ceremony. There is a traditional belief that a girl should grow up in the environment where she is likely to spend maximum part of her life and contribute to the household. Performing marriage ceremony of girl child is considered an unpleasant duty of the parents and a social obligation and therefore parents prefer to marry off their girl children as early as possible. The caste and community pressures for early marriage are also important as people want to marry their daughters in their own castes and communities.

They are doubtful that whether they will be able to get suitable matches for their daughters to marry with in the later stage. The feudal background, limited access of education to masses, especially for the girls and the prevailing gender biases prevent a girl child from acquiring higher education and skills and thus, parents want to marry their daughters in early age. Marriage is treated as sacred ceremony and people continue to adopt the practice of child marriage because they feel that daughter is a property of others and in order to perform the sacred rituals Kanya Daan is necessary to earn *Moksh*. Poverty and economic stress is also a major contributor to this practice.

Child marriage can never be in the best interest of the child. It has also a negative impact on the child's health and wellbeing. From a rights perspective, the practice raises three major concerns (1) the denial of childhood and adolescence; (2) the curtailment of personal freedom and potential physical and psychological harm and (3) the potential threat of poor reproductive health and increased morbidity and mortality rates. The most vulnerable party to child marriage is a girl child who is usually unable to protect herself against these risks.

Nearly half of the young women in India marry before the age of 18 years, the legal age at marriage for women. A majority (63 per cent) marry before the age of 20 years. Nearly 3/5th women marry before the age of 18 years in Rajasthan, Jharkhand and Bihar. The prevalence of early marriage has been reported high in the states of Jharkhand, Bihar, Rajasthan, Andhra Pradesh, West Bengal, Uttar Pradesh, Madhya Pradesh and Chhattisgarh while a significant proportion of women who married before age of 18 years in 2006 were reported in the states of Karnataka, Arunachal Pradesh, Haryana, Maharashtra, Assam, Orissa and Gujarat. During 1992-93 to 2005-06, there has been significant decline in the proportion of women who were married before the age of 18 years. The states where significant decline was reported include Jharkhand, Rajasthan, Bihar, West Bengal, Tamil Nadu and Gujarat. However, proportion of women aged 20-24 who gave birth before age of 18 years were reported to be high in Jharkhand, Bihar, Andhra Pradesh, West Bengal, Arunachal Pradesh, Uttar Pradesh, Chhattisgarh, Assam, Karnataka,

Madhya Pradesh and Rajasthan. Andhra Pradesh, Jharkhand, Bihar, Tamil Nadu and Delhi witnessed significant decline in the births before the age of 18 years during the corresponding period. Child marriage is found to be more prevalent in rural areas as compared to urban areas. There has been decline of 7 percentage points in the prevalence of child marriage from the 1992-93 to 2005-06 in rural areas while there has been decline of only 4 percentage points in urban areas during the corresponding period. Although, regional and state differences persist, there are promising trends in some states where prevalence of child marriage traditionally has been high.

The government and civil society organizations address child marriage through a wide variety of interventions. The most common focus is on adolescent health and life skills. International Centre for Research on Women (2008) has identified 58 documented interventions (7 policies and 51 programmes) working for delaying marriage from 1961 to 2005. Of these programmes, 17 were government schemes and the rest were non-governmental initiatives. These programmes implemented in a wide range of activities focused on health, life skills, education, livelihoods, child marriage awareness campaigns, advocacy, capacity building and financial incentives. Most of programmes recognized the need to involve a range of stakeholders including representatives of local government, SHG members, representatives of civil society and community based organizations, development functionaries such as ASHA workers, ANM, Anganwadi workers, school teachers, religious and community leaders and community based workers.

Bringing to an end to child marriage is a daunting challenge because parents who understand the negative consequences of child marriage may find it hard to resist economic, cultural and societal pressures. Existing culture and tradition is one of the key challenges that India faces in curbing the practice of child marriage. Local traditions, customs and culture are difficult to change in favour of child rights and development goals. However, wide spread of education and consistent efforts of civil society organizations for advocacy against the practice of child marriage may change the societal mind set in the long run. Poverty is another major challenge that needs to be

addressed to stop the practice of child marriage. Besides the prevailing practice of dowry and increasing cost of marriage ceremonies are the contributing factors for the sustenance of the practice. The enforcement machinery of legislations, laws and the Prohibition of Child Marriage Act is reported to be weak in most of the parts of the country. Thus, there is need to strengthen the machinery of law enforcement in India. Against this view point, the present study purports to analyze the current situation, causes, and consequences of child marriage and also enforcement of Child Marriage Prohibition Act.

Main Findings:

Parents:

- Most of the parents were found belonging to Hindu communities however; the proportion of Muslim parents was reported significant in Jharkhand, Uttar Pradesh, Rajasthan and Orissa. About half of the respondents were from OBC communities while about 2/5th respondents were from Scheduled Castes and Scheduled Tribes. Thus, most of the respondents were from lower castes. This shows that child marriage is more pronouncing in the lower castes of the society.
- Majority of the respondents were from labour and peasant class. However, about 12 per cent respondents were from rich classes. Most of the respondents reported that their main occupation is labour, petty business and service. Thus, child marriage is found more concentrated in lower economic classes of society.
- Majority of the respondents reported that they are from joint families. The main occupation of their families has been reported to be agriculture, labour and petty business. About 2/5th respondents were from lower class while 31 per cent respondents were from lower middle class. Thus, only a negligible proportion of respondents were reported to be from upper class and higher middle class.

- Majority of the respondents reported that they are married however; about 21 per cent respondents were widowed. Majority of the respondents were from the middle age group i.e. 35 to 50 years.
- Majority of the respondents were found educationally backward. About 46 per cent respondents were illiterate while more than 1/3rd respondents reported that they are metric pass. Thus, child marriage is found to be concentrated among the educationally backward families.
- The main reasons for early marriage were reported to be traditional custom, demand of dowry, safety and security problems of girls, pressure from relatives and family members. Cultural tradition is the single most important factor for early marriage as more than 1/4th respondents reported this. This was found more pronouncing in Bihar, Orissa, Uttar Pradesh and Maharashtra.
- Majority of the respondents reported that *Gauna* was performed just after marriage. However, about 13 per cent respondents reported that *Gauna* was not performed just after marriage. The main reasons for non-performing of *Gauna* just after marriage were reported to be related with cultural practice, waiting for auspicious occasion and studying of children. More than 2/5th respondents revealed that married boys/girls are cohabitating with spouse.
- About 40 per cent respondents revealed that they asked young people for their marriage. They further reported that they were agreed to marry with the concerned persons.
- Most of the respondents reported that they could not pressurize on married couples for pregnancy. However, a significant proportion of respondents in Orissa, Jharkhand, Gujarat and West Bengal revealed that they pressurize young married couple for early pregnancy. About 2 per cent respondents reported that the age of young mother at her first pregnancy has been in between 13 to 18 years. This reveals that young married women are taking high risk of child bearing as they are physically and psychological immature in early age.

- The main reasons for early pregnancy were reported to be perceived status, family pressure, desire for a son and also desire for extending own family.
- Most of the respondents reported that they provided RCH services such as ante-natal care, natal care and post-natal care to the expected young mothers. However, the proportion of respondents who accepted the provision of RCH services such as natal care and post-natal care was reported to be low.
- Less than 1/4th respondents reported that they are aware of the Child Marriage Prohibition Act. Thus, more than 3/4th respondents were found unaware about the enforcement of Child Marriage Prohibition Act. About 27 per cent respondents accepted that child marriage violates human rights of children. Similarly, the awareness about the programmes and schemes for the empowerment of adolescent girls has been reported to be low.
- About 13 per cent respondents reported that their children discontinued education after marriage. The reasons for discontinuation of education were reported to be pressure from community, lack of permission from in-laws and spouse.
- Most of the respondents reported that early marriage of children increases the household responsibilities and financial burden.

Victims of Child Marriage:

- Majority of the respondents were female while more than 1/3rd respondents were male. Majority of the respondents were Hindus while about 2/5th respondents were from Muslim community. Most of the respondents were from the lower castes such as OBCs, SCs and STs.
- Most of the respondents were reported from the labour, peasant and business class. They were mainly from joint families. The main occupation of their families was reported to be agriculture, labour and petty business. Thus, most of the respondents were from lower class, lower middle class and middle class.

- Most of the respondents were from the age group of 19 years and above. More than 2/5th respondents were from age group of 19-21 years while about 37 per cent respondents were above 22 years. Thus, about 20 per cent respondents were from the lower age group i.e. less than 15 years.
- Most of the victims of child marriage reported that their educational levels are low. About 19 per cent respondents revealed that they are literate only.
- About 3/4th respondents revealed that they have heard about adolescence. Most of them are also aware about the correct age of adolescence. They also know the physical and psychological changes during adolescence.
- Majority of the respondents reported that their *Gauna* has occurred just after marriage. However, about 37 per cent respondents reported that their *Gauna* was not occurred just after their marriage. The main reasons for non-performing of *Gauna* were reported to be studying of spouse, self studying, non-earning of spouse and waiting for auspicious occasion.
- Majority of the respondents reported that they are cohabitating with their spouse. Most of the respondents reported that their consent was sought before marriage. However, about 16 per cent respondents reported that they were forced to marry. The decision of their marriage was taken by mainly father while other members of the family and relatives have their say in the decision making process.
- Majority of the respondents reported that they are experiencing changes after marriage. These changes are mainly in terms of increased household responsibilities, increased status in family and also deterioration of health and nutrition.
- About 1/3rd respondents reported that they discontinued education after marriage. The main reasons for discontinuation of education include

increase in family responsibilities, lack of permission from parents and in-laws and also from spouse.

- The main reasons for early marriage were reported to be non-availability of good match later on, better adjustment at in-laws house and the perception that girls are *Paraya Dhan* (girls are others' property).
- Almost all the respondents reported that nobody try to stop their marriage. However, they are of the view that effective enforcement of legal age of marriage, family counseling and tracking to resist social pressure for early marriage, compulsory registration for marriage are some of the most effective measures for averting early marriage.
- More than half of the respondents revealed that they were pregnant. The age of spouse during first pregnancy has been reported to be mainly after 19 years however, about 7 per cent respondents revealed that married girls were pregnant during the age group of 13 to 18 years. About 30 per cent respondents revealed that they experienced pressure for early pregnancy. However, about 3/4th respondents were found aware about the consequences of early pregnancy. They were also found aware about the family planning method. However, a large proportion of respondents could not receive RCH services during pregnancy. Even a large proportion of respondents revealed that they delivered babies at their home with the assistance of untrained *Dai*.

Officials and Non-Officials:

- Majority of the respondents were reported to be male. Most of the respondents were found belonging to SHGs, Village Panchayats, NGOs/CBOs and government officials.
- The main reasons for early marriage were reported to be poverty, economic hardship, illiteracy and educational backwardness as well as prevalence of traditional value system.
- Most of the respondents reported that they provide counseling and organize societal campaign for prevention of child marriages while

government officials reported that they also arrest and warned the parents for arranging child marriages.

- About 3/4th respondents reported that *Gauna* is performed just after marriage. However, cultural practice, studying of spouse, and waiting for auspicious days are the main reasons for non-performing of *Gauna* just after marriage.
- Majority of the respondents are of the view that reproductive and sexual health services are not available to young mothers. They are also not satisfied with the quality and outreach of RCH services to young married girls.
- Lack of legal awareness, low pressure from civil societies, inactiveness of local police and low level of community pressure are some of the major reasons for ineffectiveness of the enforcement of Child Marriage Act. However, ASHA workers, school teachers, NGO representatives, SHG members and *Anganwadi* workers may play a critical role for averting child marriages. Similarly, the schemes and programmes for empowerment of adolescent girls may promote the right age of marriage besides attitudinal and behavioral change for delaying marriage.

Recommendations:

Policy and Programme Related:

- It is imperative to improve law enforcement mechanism in India. Early marriage cannot be eliminated over night and therefore monitoring of the implementation of existing child marriage laws needs to be strengthened and a protective mechanism should be established for individuals reporting child marriages. The effective enforcement of Prohibition of Child Marriage Act, 2006 must be ensured with strong political and administrative will power.
- It is imperative to create an enabling environment through an integrated strategy of enhanced education opportunities for girls, combined with improved enactment of the Prohibition of Child Marriage

Act and interventions to curb child marriage practices. Mass media approaches may have a demonstrated impact on young people's knowledge, attitudes and behavior. The potential for media has been harness in many countries to provide educational entertainment to adults, adolescents and children. Media approaches are most effective when coordinated as part of an integrated intervention. The media may also play an essential role in community sensitization and changing social norms related with practice of child marriage.

- In those districts where the high rate of child marriage is prevailing, setting up special Cells is required. These special Cells may conduct the study regarding the prevalence of child marriage, loop holes in implementation of legislation and laws, administrative challenges for effective implementation of Prohibition of Child Marriage Act, and implement intervention strategies in collaboration with civil societies and government agencies.
- International agencies should launch programmes for behavioral change. Donors and programme planners should support programmes that work to change the attitude that perpetuate child marriage. These programmes must involve community based organizations, adolescents and community leaders to achieve greater gender equality and behavioral change.
- A completely new strategy based on a holistic approach of awareness, incentives, education, nutrition and enforcement need to be worked out to protect the rights of the girl children. Women should have access to comprehensive, affordable and quality health care, which should go beyond the reproductive health to take into account their vulnerability to various endemic, infectious and communicable diseases. The social and health consequences of HIV/AIDS and sexually transmitted diseases also need to be tackled from a gender perspective.
- There is a need to hold government accountable for enforcing the legal age of marriage for both boys and girls. The child marriage prevention Act should be effectively enforced to prevent early marriages. There is

need to focus on adolescent girls living in difficult circumstances. Effective enforcement of Juvenile Justice Act and rehabilitation of such girls is required.

- Adolescent girls need specific policies to address specific sectors like education, health, family welfare, nutrition, HIV/AIDS, sports, etc. An integrated and holistic development programmes for empowerment of adolescent girls are needed. Adolescents in different circumstances like adolescent with disabilities learning disorders, adolescent sex workers, children of sex workers and street children need more visibility in policies.
- Effective and efficient administration of Conditional Cash Transfer Schemes and other schemes oriented for empowerment of adolescent girls should be ensured while the coverage of such schemes is to be extended. The proposed scheme –Rajeev Gandhi National Scheme of Empowerment of Adolescent Girls should be launched immediately with wider coverage and budgetary support.
- Reproductive and sexual health programmes are to be designed keeping in view of rights to health care services, right to information about prevention, reproduction, transmission of diseases, right to healthy life, nutrition, education, creation and freedom from violence and abuse. More emphasis is required for counseling sensitization, education, and improving the health care services to meet out the emerging needs of reproductive and sexual health to the adolescent girls.
- Marriage cum pregnancy counseling may be promoted through improving community participation, integrated schemes of child development, immunization and nutrition. Life Skill Education is imperative to increase mental abilities and promote mental well being and competency of young girls as they face the realities of life Redesigning population education and life skills programmes of the government to reach out to adolescent s in school and out of school is essential. Counseling and group education to respond to anxieties,

fears ,information gaps, stress, anger, aggression, depression, loneliness and related mental and emotional needs for the well being of adolescent girls is also called for.

- There is a need to address the issue of sexuality within adolescents and sensitize them about the human rights of women and children. Appropriate NGOs could be asked by the educational institutions to carry out such target-oriented advocacy in schools, colleges, etc.
- There should be a proper monitoring mechanism along with a set of parameters, indicators and guidelines to ensure that the cash incentives are disbursed to the intended beneficiaries on time in a hassle free manner. The concerned ministry or department needs to issue directions to the banks and post offices for opening the zero balance accounts to the beneficiaries. The concerned departments and ministries also need to finalize operational guidelines besides effective publicity of the schemes.

Legislation Related:

- The compulsory registration of marriage is imperative as there is no law requiring registration of marriages throughout India. Thus, enforcement of such legal provision is likely to pressurize parents for delaying marriage.
- Awareness and enforcement of law must be strengthened to discourage child marriage practices. In order to create awareness and sensitization of government enforcement agencies, orientation and training programmes need to be organized for sensitizing the officials of government enforcement agencies. The elected representatives and community-based workers including development activists also need orientation and training regarding the legal provisions and policy related information for promoting delayed marriage.
- Legislation is necessary to prevent child marriage but it is not sufficient to foster behavior change. Thus, policy makers need to enforce existing laws that increase the age of marriage to 18 years for girls and

develop more stringent penalties for parents who arrange for their children to be married.

Others:

- There is need to launch a nationwide campaign for prevention of child marriage. There is a need for awareness and sensitization programmes including media campaigns for creating an environment of delaying marriage and empowering adolescent girls.
- Increasing girl's access to and motivation for schooling and attaining higher education is a key intervention strategy for delaying age at marriage. However, government schools must be improved both in terms of educational infrastructure and quality education. Scholarships and other financial incentives may be provided to the poor families for attaining secondary and higher education to their daughters. Promotion of girl's schooling should include attention to special vocational and livelihood training directed at increasing girl's income earning opportunities.
- In India, there is strong tradition of collective action and community organizing for social change. The women SHGs and associations need to be encouraged to take collective action for delaying marriage and also preventing child marriage. The SHGs and women associations may play an important role in motivating the girls and their families concerning the continuation of schooling and can also take active part in campaigns against child marriage.
- Safety and security of girls is of prime important. The vulnerable and poor families are the potential victims of trafficking and therefore, effective implementation of Immoral Traffic Prevention Act along with effective implementation of *Ujjawala* scheme is called for prevention from immoral trafficking and rehabilitation of trafficked victims.
- Child marriage interventions are most effective when they are based on evidence related to the risk factors for child marriage. Policy makers

should ensure that girls stay in schools during adolescence and acquire economic and livelihood skills.

- It is also suggested that the current practice of extravagance on the marriage and its related ceremonies should be discouraged with the imposition of ceiling of expenditure during the marriage ceremonies.
- There should be special watch on the pious occasions such as *Akha Teej*, *Ganesh Chaturthi*, etc. during which large number of child marriages are being performed. This may be possible through scanning of cultural and social practices in the region by the civil society organizations while compilation of information from the community leaders, development functionaries, representatives of PRIs and community based organizations may be ensured to prepare a roadmap to prevent the practice of child marriage.
- More research is needed to understand how the situation and needs of married adolescents differ from those of married adults and unmarried adolescents.

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Annexure-1

Child Marriage in India- A Study of Situation, causes & Enforcement of Prohibition of Child Marriage Act

(Interview Schedule for Parents/in-laws)

State: -----

District: -----

Village: -----

1.0	Family Background		
1.1	Name and address:		
1.2	Religion/Sect: (1) Hindu <input type="checkbox"/> (2) Muslim <input type="checkbox"/> (3) Christian <input type="checkbox"/> (4) Sikh <input type="checkbox"/> (5) Jain <input type="checkbox"/> (6) Buddhist <input type="checkbox"/> (7) Others <input type="checkbox"/>		
1.3	Caste: (1) General <input type="checkbox"/> (2) OBC <input type="checkbox"/> (3) SC <input type="checkbox"/> (4) ST <input type="checkbox"/>		
1.4	Class: (1) Business/trade <input type="checkbox"/> (2) Landlord <input type="checkbox"/> (3) Peasant <input type="checkbox"/> (4) Labour <input type="checkbox"/> (5) Service <input type="checkbox"/> (6) Agricultural labour <input type="checkbox"/> (7) Others <input type="checkbox"/>		
1.5	Type of Family: (1) Joint <input type="checkbox"/> (2) Nuclear <input type="checkbox"/> (3) Extended <input type="checkbox"/>		
1.6	Size of Family: (1) Adults : Male <input type="checkbox"/> Female <input type="checkbox"/> (2) Working: Male <input type="checkbox"/> Female <input type="checkbox"/> (3) School Going Children: Male <input type="checkbox"/> Female <input type="checkbox"/> (4) Young Children (0-6 years) Male <input type="checkbox"/> Female <input type="checkbox"/>		
1.7	Family Occupation: (1) Business <input type="checkbox"/> (2) Self Employment <input type="checkbox"/> (3) Service <input type="checkbox"/> (4) Labour <input type="checkbox"/> (5) Agriculture <input type="checkbox"/> (6) Non-farm Sector <input type="checkbox"/> (7) Others <input type="checkbox"/>		
1.8	Family Status: (1) Upper Class <input type="checkbox"/> (2) Higher Middle Class <input type="checkbox"/>		

		(3) Middle Class <input type="checkbox"/>	(4) Lower Middle Class <input type="checkbox"/>
		(5) Lower Class <input type="checkbox"/>	(6) Others <input type="checkbox"/>
	1.9	Annual Family Income from all sources: Rs.....	
2.0	Respondent's Profile		
	2.1	Age of Respondents: (1) Less than 20 years <input type="checkbox"/>	
		(2) 20-25 years <input type="checkbox"/>	(3) 25-30 years <input type="checkbox"/>
		(4) 30-35 years <input type="checkbox"/>	(5) 35-40 years <input type="checkbox"/>
		(6) 40-45 years <input type="checkbox"/>	(7) 45-50 years <input type="checkbox"/>
		(8) 50+ years <input type="checkbox"/>	
	2.2	Marital Status: (1) Married <input type="checkbox"/>	
		(2) Separated <input type="checkbox"/>	(3) Divorced <input type="checkbox"/>
		(4) Widow <input type="checkbox"/>	(5) Unmarried <input type="checkbox"/>
	2.3	Educational Level: (1) Not literate <input type="checkbox"/>	
		(2) High School <input type="checkbox"/>	(3) Middle School <input type="checkbox"/>
		(4) Intermediate <input type="checkbox"/>	(5) Graduate <input type="checkbox"/>
		(6) Postgraduate <input type="checkbox"/>	(7) Others (Specify) <input type="checkbox"/>
	2.4	Occupation of Respondent:	
		(1) Housewife <input type="checkbox"/>	(2) Service <input type="checkbox"/>
		(3) Labour <input type="checkbox"/>	(4) Farm Labour <input type="checkbox"/>
		(5) Maid Servant <input type="checkbox"/>	(6) Business/trade <input type="checkbox"/>
		(7) Profession <input type="checkbox"/>	(8) Others (Specify) <input type="checkbox"/>
	2.5	Who takes decisions in your family:	
		(1) Head of Household <input type="checkbox"/>	(2) Male Members <input type="checkbox"/>
		(3) Female Members <input type="checkbox"/>	(4) Joint <input type="checkbox"/>
		(5) Others <input type="checkbox"/>	
	(i)	Family Budget	<input type="checkbox"/>
	(ii)	Purchasing of property	<input type="checkbox"/>
	(iii)	Rationing	<input type="checkbox"/>
	(iv)	Social Relations	<input type="checkbox"/>
	(v)	Children Education	<input type="checkbox"/>
	(vi)	Marriage	<input type="checkbox"/>

	(vii)	Employment	<input type="checkbox"/>
	(viii)	Family requirements	<input type="checkbox"/>
	(ix)	Health issues	<input type="checkbox"/>
2.6	Reaction of other family members for your decision:		
	(i)	Encouraging	<input type="checkbox"/>
	(ii)	Neutral	<input type="checkbox"/>
	(iii)	Discouraging	<input type="checkbox"/>
3.0	Early Marriage		
3.1	What is the legal age of marriage –boys and girls		
	1.	Boys	<input type="checkbox"/>
	2.	Girls	<input type="checkbox"/>
3.2	What were the main reasons for early marriage:		
	(1)	Traditional system	<input type="checkbox"/>
	(2)	Pressure from relatives	<input type="checkbox"/>
	(3)	Pressure from family members	<input type="checkbox"/>
	(4)	Economic hardship and poverty	<input type="checkbox"/>
	(5)	Land ownership related issue	<input type="checkbox"/>
	(6)	Safety and security problems of girls	<input type="checkbox"/>
	(7)	Demand of dowry	<input type="checkbox"/>
	(8)	Others	<input type="checkbox"/>
3.3	What is the average age of your children for marriage:		
	(1) Male	<input type="checkbox"/>	(2) Female <input type="checkbox"/>
3.4	Do you perform Gauna just after marriage:		
	(1) Yes	<input type="checkbox"/>	(2) No <input type="checkbox"/>
	If, no		
	Duration between time of marriage and Gauna:		
	(1) Less 1 year	<input type="checkbox"/>	(2) 1 – 2 years <input type="checkbox"/>
	(3) 2- 3 years	<input type="checkbox"/>	(4) 3-4 years <input type="checkbox"/>
	(5) 4-5 years	<input type="checkbox"/>	(6) 5 years+ <input type="checkbox"/>
3.5.	What are the main reasons for Gauna not being performed immediately after marriage:		

		(1) Studying <input type="checkbox"/>
		(2) Not started earning <input type="checkbox"/>
		(3) Waiting for auspicious occasion <input type="checkbox"/>
		(4) Marital dispute <input type="checkbox"/>
		(5) Cultural practice <input type="checkbox"/>
		(6) Other <input type="checkbox"/>
3.6	Whether married boy/girl is co-habiting with spouse:	
	(1) Yes <input type="checkbox"/>	(2) No <input type="checkbox"/>
3.7.	Did you ask the young people for their marriage,	
	(a) Whether they wanted to get married :	
	(1) Yes <input type="checkbox"/>	(2) No <input type="checkbox"/>
	(b) Whether they wanted to get married to concerned person:	
	(1) Yes <input type="checkbox"/>	(2) No <input type="checkbox"/>
	(c) If, no , Did that change your decision:	
	(1) Yes <input type="checkbox"/>	(2) No <input type="checkbox"/>
3.8	Whether you pressurized early pregnancy of married children:	
	(1) Yes <input type="checkbox"/>	(2) No <input type="checkbox"/>
	(a) What was the age of young mother at her first pregnancy <input type="checkbox"/>	
	(b) Did your family members suggested that:	
	(1)This should be soon <input type="checkbox"/>	(2)Delayed <input type="checkbox"/>
	(3)Not suggested <input type="checkbox"/>	
3.9	What were the main reasons for early pregnancy:	
	(1) Family Pressure <input type="checkbox"/>	
	(2) To prove fertility <input type="checkbox"/>	
	(3) Wanted to extend own family <input type="checkbox"/>	
	(4) Wanted to have a son <input type="checkbox"/>	
	(5) Perceived Status <input type="checkbox"/>	
	(6) Others <input type="checkbox"/>	
3..9	What is the average age of first pregnancy of married children:	
	(1) Male: <input type="checkbox"/>	
	(2) Female <input type="checkbox"/>	
3.10	Whether you provided the following services to expected young mothers	
	(1) ante-natal care, <input type="checkbox"/>	(2) natal care, <input type="checkbox"/>
	(3) post-natal care <input type="checkbox"/>	

		(4) Nutritional counseling to expectant young mothers: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>
	3.11	(a) Do you know that there is a Child Marriage Restraint Act : (1) Yes, <input type="checkbox"/> (2) No <input type="checkbox"/> (b) What are the consequences of the violation of Early Marriage Act 2006: (1) Rigorous imprisonment of two years <input type="checkbox"/> (2) fine upto Rupees One Lakh <input type="checkbox"/> (3) All the above <input type="checkbox"/>
	3.12	In your perception does child marriage violate human right : (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (1) Violates right to free and full consent for marriage, <input type="checkbox"/> (2) Violates right to Information and education; <input type="checkbox"/> (3) Violates right to health care and health protection; <input type="checkbox"/> (4) Violates right to be free from torture and ill-treatment , <input type="checkbox"/> (5) All the above <input type="checkbox"/>
4.0 Consequences of Early Marriage		
	4.1	Whether your child discontinued education after marriage: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>
	4.2	What were the reasons for discontinue of education: (1) In-laws family do not allow <input type="checkbox"/> (2) Spouse did not allow <input type="checkbox"/> (3) Pressure from community <input type="checkbox"/> (4) Others <input type="checkbox"/>
	4.3	What were the changes after early marriage of children: (1) Family pressure to start earning <input type="checkbox"/> (2) Increased household responsibility <input type="checkbox"/> (3) Mobility restrictions <input type="checkbox"/> (4) Pressure to work in field <input type="checkbox"/> (5) Deterioration of health and nutrition <input type="checkbox"/> (6) Improved self image among peers <input type="checkbox"/> (7) Financial burden <input type="checkbox"/>

	(8) Mental tension	<input type="checkbox"/>
	(9) Others	<input type="checkbox"/>
4.4	Did any body discuss issue related to early marriage with you	
	(1) School teacher	<input type="checkbox"/>
	(2) Anganvadi worker	<input type="checkbox"/>
	(3) ASHA	<input type="checkbox"/>
	(4) Women's group	<input type="checkbox"/>
	(5) Panchayat Member	<input type="checkbox"/>
	(6) NGOs/CBOs	<input type="checkbox"/>
	(7) Others	<input type="checkbox"/>
4.5	Did any body counsel the family regarding negative consequences of early marriage?	
	(1)	
	(2)	
4.6	Are you aware of services provided to adolescent girls for their self development:	
	(1) Kishori Shakti Yojana	<input type="checkbox"/>
	(2) NPEGEL	<input type="checkbox"/>
	(3) Kasturaba Gandhi Balika Vidyalay Scheme	<input type="checkbox"/>
	(4) Rajiv Ganghi National Scheme for the Empowerment of Adolescent Girls	<input type="checkbox"/>
4.7	Your opinion regarding the main reasons responsible for prevailing early marriage in the locality	
	(1)	
	(2)	
4.8	Your opinion for controlling the problem of early marriage and early pregnancy	
	(1)	
	(2)	

Investigator

Annexure-2

Child Marriage in India- A Study of Situation, causes & Enforcement of Prohibition of Child Marriage Act

(Interview Schedule for Victims of Child Marriage)

State:-----

District:-----

Village:-----

1.0	Background			
1.1	Gender: Male:	<input type="checkbox"/>	Female	<input type="checkbox"/>
1.2	Religion/Sect:	(1) Hindu <input type="checkbox"/>	(2) Muslim <input type="checkbox"/>	(3) Christian <input type="checkbox"/>
		(4) Sikh <input type="checkbox"/>	(5) Jain <input type="checkbox"/>	(6) Buddhist <input type="checkbox"/>
		(7) Others <input type="checkbox"/>		
1.3	Caste:	(1) General <input type="checkbox"/>	(2) OBC <input type="checkbox"/>	
		(3) SC <input type="checkbox"/>	(4) ST <input type="checkbox"/>	
1.4	Class:	(1) Business/Trade <input type="checkbox"/>	(2) Landlord <input type="checkbox"/>	
		(3) Peasant <input type="checkbox"/>	(4) Labour <input type="checkbox"/>	
		(5) Service <input type="checkbox"/>	(6) Others <input type="checkbox"/>	
1.5	Type of Family:	(1) Joint <input type="checkbox"/>	(2) Nuclear <input type="checkbox"/>	(3) Extended <input type="checkbox"/>
1.6	Size of Family:	(1) Adults :	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		(2) Working:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		(3) School Going Children:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		(4) Young Children (0-6 Years)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
1.7	Family Occupation:	(1) Business <input type="checkbox"/>	(2) Self Employment <input type="checkbox"/>	
		(3) Service <input type="checkbox"/>	(4) Labour <input type="checkbox"/>	
		(5) Agriculture <input type="checkbox"/>	(6) Non-farm Sector <input type="checkbox"/>	
		(7) Others <input type="checkbox"/>		
1.8	Family Status:	(1) Upper Class <input type="checkbox"/>	(2) Higher Middle Class <input type="checkbox"/>	
		(3) Middle Class <input type="checkbox"/>	(4) Lower Middle Class <input type="checkbox"/>	

		(5) Lower Class <input type="checkbox"/> (6) Others <input type="checkbox"/>
2.0	Respondent's Profile	
2.1	Age of Respondents: (1) Less than 10 years <input type="checkbox"/> (2) 10-14 years <input type="checkbox"/> (3) 15-18 years <input type="checkbox"/> (4) 19-21 years <input type="checkbox"/> (5) 22+ years <input type="checkbox"/>	
2.2	Educational Level: (1) Not literate <input type="checkbox"/> (2) Jr. High School <input type="checkbox"/> (3) Middle School <input type="checkbox"/> (4) High School <input type="checkbox"/> (5) Intermediate <input type="checkbox"/> (6) Graduate <input type="checkbox"/> (7) School Dropout <input type="checkbox"/> (8) Others (Specify) <input type="checkbox"/>	
2.3	Whether you have heard about adolescence: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>	
2.4	Do you know the correct age of adolescence: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>	
2.5	Do you know the changes occurring during the adolescence age: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>	
3.0	Early Marriage	
3.1	Age at marriage: Male : <input type="checkbox"/> Female: <input type="checkbox"/>	
3.2	Whether Gauna occurred after marriage: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>	
3.3	Reasons for Gauna not being performed: (1) Self studying <input type="checkbox"/> (2) Spouse studying <input type="checkbox"/> (3) Spouse has not started earning <input type="checkbox"/> (4) Waiting for auspicious occasion <input type="checkbox"/> (5) Marital dispute <input type="checkbox"/> (6) Do not know <input type="checkbox"/> (7) Others <input type="checkbox"/>	
3.4	Duration between time of marriage and Gaunta:	

		(1) Less than 1 year <input type="checkbox"/>	(2) 1-2 year <input type="checkbox"/>
		(3) 2-3 year <input type="checkbox"/>	(4) 3-4 year <input type="checkbox"/>
		(5) 4-5 year <input type="checkbox"/>	(6) 5+ years <input type="checkbox"/>
	3.5	Whether you are currently co-habiting with spouse:	
		(1) Yes <input type="checkbox"/>	(2) No. <input type="checkbox"/>
	3.6	Whether your consent was sought before marriage:	
		(1) Yes <input type="checkbox"/>	(2) No <input type="checkbox"/>
	3.7	Who makes decisions related to marriage:	
		(1) Father	<input type="checkbox"/>
		(2) Mother	<input type="checkbox"/>
		(3) Elder brother/sister	<input type="checkbox"/>
		(4) Adult family member (Male)	<input type="checkbox"/>
		(5) Adult family members (Female)	<input type="checkbox"/>
		(6) Relative	<input type="checkbox"/>
		(7) Yourself	<input type="checkbox"/>
		(8) Cannot say	<input type="checkbox"/>
	3.8	What were the changes experienced by you after marriage:	
		(1) Family pressure to start earning	<input type="checkbox"/>
		(2) Increased household responsibility	<input type="checkbox"/>
		(3) Mobility restrictions	<input type="checkbox"/>
		(4) More say in family matters	<input type="checkbox"/>
		(5) Pressure to work in field	<input type="checkbox"/>
		(6) Deterioration of health and nutrition	<input type="checkbox"/>
		(7) Improved self image among peers	<input type="checkbox"/>
		(8) Financial burden	<input type="checkbox"/>
		(9) Mental tension	<input type="checkbox"/>
		(10) Others	<input type="checkbox"/>
	3.9	Whether you discontinued education after marriage:	
		(1) Yes <input type="checkbox"/>	(2) No <input type="checkbox"/>
		If yes, what were the reasons for discontinuing education	
		(1) Parent did not allow	<input type="checkbox"/>
		(2) In-laws did not allow	<input type="checkbox"/>
		(3) Spouse did not allow	<input type="checkbox"/>
		(4) Pressure from community	<input type="checkbox"/>

		(5) Family responsibility <input type="checkbox"/>
		(6) Others <input type="checkbox"/>
3.10	(a) Whether you received support from your family members (maternal family) for continuing education after marriage: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>	
	(b) Whether you received support from your family members (In Laws) for continuing education after marriage: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>	
3.11	What are main reasons for early marriage: (1) Do not find good match later <input type="checkbox"/> (2) Girls adjust better at in-laws place if married early <input type="checkbox"/> (3) Feel low among married peer group <input type="checkbox"/> (4) Difficult to marry at later stage <input type="checkbox"/> (5) Early marriage ensures protection <input type="checkbox"/> (6) Early marriage minimizes the chances of going astray <input type="checkbox"/> (7) It is auspicious to marry on certain days along with others <input type="checkbox"/> (8) Girls are 'Paraya Dhan' good to marry earliest <input type="checkbox"/> (9) Early marriage respected by all community members <input type="checkbox"/> (10) Adherence of social norms <input type="checkbox"/> (11) Treatment at home <input type="checkbox"/> (12) Others <input type="checkbox"/>	
3.12	Did anybody try to stop your marriage? 1. Yes, <input type="checkbox"/> 2. No <input type="checkbox"/> If Yes, who 1. Sarpanch, Male <input type="checkbox"/> Female <input type="checkbox"/> 2. Pradhan, Male <input type="checkbox"/> Female <input type="checkbox"/> 3. Panchayat member , Male <input type="checkbox"/> Female <input type="checkbox"/> 4. District Probation Officer Male <input type="checkbox"/> Female <input type="checkbox"/> 5. District Magistrate, Male <input type="checkbox"/> Female <input type="checkbox"/> 6. NGOs/CBOs, Male <input type="checkbox"/> Female <input type="checkbox"/> 7. Police, Male <input type="checkbox"/> Female <input type="checkbox"/> 8. Community, Male <input type="checkbox"/> Female <input type="checkbox"/> 9. Others Male <input type="checkbox"/> Female <input type="checkbox"/>	
3.13	How early marriages can be averted (1) Legal Age of Marriage to be reinforced: 18 for girls; 21 for boys <input type="checkbox"/> (2) Compulsory Registration of Marriage for putting check on early	

	marriages and polygamy <input type="checkbox"/> (3) School education with focus on education of girl child and access to NPEGEL etc. <input type="checkbox"/> (4) Life Skills Education in School Education System and for Out of School Adolescents <input type="checkbox"/> (5) Information, Education and Counseling on Reproductive and Sexual Health and Rights to promote health care seeking behavior among adolescents (6) Information to Adolescents on Family Planning Services, emergency contraception and Prevention from sexually transmitted Infections like HIV and AIDS <input type="checkbox"/> (7) Access to Safe abortion Services <input type="checkbox"/> (8) Family counseling and tracking to resist social pressure for early marriage (9) All the above <input type="checkbox"/>
4.0 Early Pregnancy	
4.1	Whether you have been pregnant: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/>
4.2	Age of spouse during first pregnancy: (1) Less than 13 years <input type="checkbox"/> (2) 13 -15 years <input type="checkbox"/> (3) 15-18 years <input type="checkbox"/> (4) 19-21 years <input type="checkbox"/> (5) 21+ years <input type="checkbox"/>
4.3	Age of respondents during first pregnancy: (1) Less than 13 years <input type="checkbox"/> (2) 13 -15 years <input type="checkbox"/> (3) 15-18 years <input type="checkbox"/> (4) 19-21 years <input type="checkbox"/> (5) 21+ years <input type="checkbox"/>
4.4	Whether you experienced pressure for early pregnancy: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> If yes, (1) Family pressure <input type="checkbox"/> (2) Prove own's fertility <input type="checkbox"/> (3) Wanted to extend own family <input type="checkbox"/> (4) Want to have a son <input type="checkbox"/> (5) Pressure from spouse to have early child <input type="checkbox"/> (6) Lack of access to family health and counseling services <input type="checkbox"/>

		(7) Other <input type="checkbox"/>
4.5	Whether you know the consequences of early pregnancy: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> If yes, (1) Weakness <input type="checkbox"/> (2) Unhealthy child <input type="checkbox"/> (3) burden of child bearing and rearing <input type="checkbox"/> (4) discontinuation of education <input type="checkbox"/> (5) Others <input type="checkbox"/>	
4.6	Whether you know family planning methods: (1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> If Yes (1) Condom <input type="checkbox"/> (2) IUD <input type="checkbox"/> (3) Emergency Contraceptive <input type="checkbox"/> (4) Oral Pills <input type="checkbox"/> (5) Injectables <input type="checkbox"/> (6) Medical Abortion <input type="checkbox"/> (7) Others <input type="checkbox"/>	
4.7	Whether you attended ante-natal care regularly and received services during pregnancy: (1) Regular checkups <input type="checkbox"/> (2) Ante-natal services <input type="checkbox"/> (3) IFA tablets <input type="checkbox"/>	
4.8	What was the place of delivery: (1) Home <input type="checkbox"/> (2) Private hospital <input type="checkbox"/> (3) Government hospital or health centre <input type="checkbox"/> (4) Nutrition counseling <input type="checkbox"/> (5) Others <input type="checkbox"/>	
4.9	Assistance received during delivery: (1) Untrained dai <input type="checkbox"/> (2) Trained dai <input type="checkbox"/> (3) Midwife <input type="checkbox"/> (4) Doctor <input type="checkbox"/> (5) Older female member <input type="checkbox"/> (6) Others <input type="checkbox"/>	

4.10	<p>What was the outcome of pregnancy:</p> <p>(1) Abortion <input type="checkbox"/></p> <p>(2) Still birth <input type="checkbox"/></p> <p>(3) Live birth <input type="checkbox"/></p>
4.11	<p>What are major disadvantages of early marriages and early pregnancy:</p> <p>(1) Physical <input type="checkbox"/></p> <p>(2) Social <input type="checkbox"/></p> <p>(3) Psychological <input type="checkbox"/></p> <p>(4) Economic <input type="checkbox"/></p> <p>(5) All the above <input type="checkbox"/></p>
4.12	<p>What are the main consequences of early marriages and early pregnancy:</p> <p>1. Premature Pregnancy <input type="checkbox"/></p> <p>2. Maternal Mortality, morbidity and under nutrition <input type="checkbox"/></p> <p>3. Infant Mortality, Morbidity and low birth weight <input type="checkbox"/></p> <p>4. HIV and AIDS <input type="checkbox"/></p> <p>5. Discontinuing of education <input type="checkbox"/></p> <p>6. Poverty <input type="checkbox"/></p> <p>7. Abuse and Violence <input type="checkbox"/></p> <p>8. Mental Health <input type="checkbox"/></p> <p>9. Isolation and Abandonment <input type="checkbox"/></p> <p>10. Increased household responsibilities <input type="checkbox"/></p> <p>11. All the above <input type="checkbox"/></p>

Investigator

Child Marriage in India- A Study of Situation, causes & Enforcement of Prohibition of Child Marriage Act

(Interview Schedule for Official, NGOs/ CBOs, SHGs, Village Panchayat,
(Non -official)

State:-----

District:-----

1.	Gender of respondents: Male <input type="checkbox"/>		Female <input type="checkbox"/>
2.	Association with:		
	(1) NGO/CBOs/Civil Society		<input type="checkbox"/>
	(2) Village Panchayat		<input type="checkbox"/>
	(3) SHGs		<input type="checkbox"/>
	(4) People's association		<input type="checkbox"/>
	(5) Officials		<input type="checkbox"/>
	(6) Others		<input type="checkbox"/>
3.	What are the main reasons for early marriages in the area:		
	1. Poverty		<input type="checkbox"/>
	2. Economic hardship		<input type="checkbox"/>
	3. Illiteracy and educational backwardness		<input type="checkbox"/>
	4. Traditional value system		<input type="checkbox"/>
	5. Others		<input type="checkbox"/>
4.	What measures do you take when the community violates the law and practices child marriage.		
	1. Arrest		<input type="checkbox"/>
	2. Warning		<input type="checkbox"/>
	3. Counseling		<input type="checkbox"/>
	4. Can not do any thing		<input type="checkbox"/>
	5. Societal campaign and counter pressure		<input type="checkbox"/>
	6. Others		<input type="checkbox"/>
5.	Whether Gauna is performed just after marriage:		

	(1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/> (3) Cannot say <input type="checkbox"/>
6.	<p>What are the main reasons for Gauna not being performed:</p> <p>1. Waiting for auspicious day <input type="checkbox"/></p> <p>2. Studying <input type="checkbox"/></p> <p>3. Waiting for suitable earnings <input type="checkbox"/></p> <p>4. Cultural practice <input type="checkbox"/></p> <p>5. Others <input type="checkbox"/></p>
7.	<p>From whom have you received complaints about child marriage in last three years.</p> <p>1. Panchayat Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>2. Community Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>3. Family members/relatives Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>4. NGOs/CBOs Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>5. Service Providers: AWW, Male <input type="checkbox"/> Female <input type="checkbox"/> School Teachers, ASHA</p> <p>6. Others Male <input type="checkbox"/> Female <input type="checkbox"/></p>
8.	<p>Whether reproductive and sexual health services and nutritional counselling are available to the expectant young mothers:</p> <p>1) Yes <input type="checkbox"/> (2) No <input type="checkbox"/></p>
9.	<p>Do you satisfied with the quality and outreach of such services:</p> <p>1. To the greater extent <input type="checkbox"/></p> <p>2. Some extent <input type="checkbox"/></p> <p>3. Not satisfied <input type="checkbox"/></p>
10.	<p>What are the main reasons for ineffectiveness of the enforcement of Child Marriage Prohibition Act :</p> <p>1. Community pressure <input type="checkbox"/></p> <p>2. Inactiveness of local police <input type="checkbox"/></p> <p>3. Low pressure from civil societies <input type="checkbox"/></p> <p>4. Lack of awareness <input type="checkbox"/></p> <p>5. Others <input type="checkbox"/></p>

11.	<p>What are major disadvantages of early marriages and early pregnancy:</p> <p>1. Physical <input type="checkbox"/></p> <p>2. Social <input type="checkbox"/></p> <p>3. Psychological <input type="checkbox"/></p> <p>4. Economic <input type="checkbox"/></p> <p>5. All the above <input type="checkbox"/></p>
12.	<p>What are the main consequences of early marriages and early pregnancy:</p> <p>1. Premature Pregnancy <input type="checkbox"/></p> <p>2. Maternal Mortality, morbidity and under nutrition <input type="checkbox"/></p> <p>3. Infant Mortality, Morbidity and low birth weight <input type="checkbox"/></p> <p>4. HIV and AIDS <input type="checkbox"/></p> <p>5. Discontinuing of education <input type="checkbox"/></p> <p>6. Poverty <input type="checkbox"/></p> <p>7. Abuse and Violence <input type="checkbox"/></p> <p>8. Mental Health <input type="checkbox"/></p> <p>9. Isolation and Abandonment <input type="checkbox"/></p> <p>10. Increased household responsibilities <input type="checkbox"/></p> <p>11. Above all <input type="checkbox"/></p>
13.	<p>Your valuable suggestions for averting early marriage</p> <p>1</p> <p>2</p> <p>3</p>

14.	<p>Whether the front line members and women's groups may play critical role for averting child marriage</p> <p>1. ASHA <input type="checkbox"/></p> <p>2. AWW <input type="checkbox"/></p> <p>3. School Teacher <input type="checkbox"/></p> <p>4. SHGs <input type="checkbox"/></p> <p>5. NGOs <input type="checkbox"/></p> <p>6. CBOs <input type="checkbox"/></p> <p>7. PRIs/ULB <input type="checkbox"/></p> <p>8. Others <input type="checkbox"/></p>
15.	<p>Whether the services under following schemes may promote marriage at right age</p> <p>1. ICDS <input type="checkbox"/></p> <p>2. Rajiv Gandhi National Scheme for Empowerment of Adolescent Girls. <input type="checkbox"/></p> <p>3. Kishori Shakti Yojana <input type="checkbox"/></p> <p>4. NPEGEL <input type="checkbox"/></p> <p>5. Kasturaba Gandhi Balika Vidyalay <input type="checkbox"/></p> <p>6. Others <input type="checkbox"/></p>
14.	<p>Your valuable suggestions for effective enforcement of Child Marriage Restraint Act & Child Marriage Prohibition Act</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>

Investigator

Dr. S. P. Pandey
Director
To
The Adviser (SER)
Planning Commission
Yojana Bhavan
Sansad Marg
New Delhi. 110001
Sir,

This is with reference to your letter no. F. No. O-15012/56/09 dated 14 January, 2011 regarding the study entitled "**Child Marriage in India- a Study of Situation, Causes and Enforcement of Child Marriage Prohibition Act**". In this connection we are herewith sending two copies of Draft Report of above titled Project.

We, therefore, request you to kindly take necessary action and convey us any comments made on the Report and release the last installment at your earliest convenience.

Thanking You

Yours Faithfully

S. P. Pandey