

# THE WAY TO END CHILD MARRIAGE

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A scene from a wedding. | Photo Credit: Getty Images

Since child marriage is rampant in India, will increasing the age of marriage of women solve this issue? The increase in age of marriage is claimed to bring substantive benefits at the individual and societal levels. Is this claim true? Data from the recently released National Family Health Survey-5 (NFHS-5), 2019-2021, enables us to examine the facts.

Several empirical studies from South Asia establish a significant association between early marriage and adverse health and educational outcomes of women and their children. Specifically, studies associate early marriage of women with early pregnancy, lower likelihood of accessing ante-natal care, higher risks of maternal morbidity and mortality, poor nutritional status of women and poor nutritional and educational outcomes of children. These studies seem to provide a rather compelling case for increasing the age of marriage of women from 18 to 21 years, as a delayed marriage might offer significant public health dividends.

But a closer reading of the evidence shows that the association between child marriage and adverse health outcomes does not emerge in a vacuum. Rather, it is abetted by structural factors, including social norms, poverty, and women's education. It is because of social norms in many regions and cultures that parents begin preparations for a girl's marriage once she has reached menarche. Equally, a large proportion of child marriages take place primarily because of poverty and the burden of the huge costs of dowry associated with delayed marriages. These factors curtail a girl's opportunities to continue her education. And in turn, the lack of educational opportunities plays an important role in facilitating child marriage.

So, what matters more: the age of marriage or the factors that facilitate child marriage? Stated differently, does a woman's age at marriage matter in itself, independent of education or poverty? It is in this context that the NFHS-5 data become salient. NFHS-5 data show that about 25% of women aged 18-29 years married before the legal marriageable age of 18. The proportion has declined only marginally from NFHS-4 (28%). Expectedly, the prevalence is higher in rural than urban India (28% and 17%, respectively). West Bengal has the highest prevalence (42%), followed by Bihar and Tripura (40% each). Oddly, the decline in child marriage has been paltry at best in these high-prevalence States. At the other end of the spectrum are Goa, Himachal Pradesh and Kerala (6% to 7%).

If we look at the data community-wise, 39% of child marriages in India take place among Adivasis and Dalits. The share of advantaged social groups is 17% and the remaining share is of Other Backward Classes. In terms of household wealth, 58% of these marriages take place among the poorest wealth groups (bottom 40%), about 40% of them take place among the middle 50% and only 2% of them take place among the top 10% of wealth groups. Only 4% of child marriages in India take place among women who have completed more than 12 years of education. Thus, the data confirm that a significant proportion of child marriages takes place among women with less than 12 years of schooling and households that are socially and economically disadvantaged.

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Since child marriage is substantially lower among women with a higher level of schooling, it

would be interesting to know whether an increase in years of schooling necessarily increases the age at marriage. Expectedly, the average age at marriage increases from 17 years among women who are illiterate and have had up to five years of schooling to 22 years among women who have had more than 12 years of schooling. This indicates that an increase in years of schooling goes hand in hand with an increase in age at marriage. While an increase in education is most likely to delay marriage, the increase in age at marriage may or may not increase women's education.

Since the Prohibition of Child Marriage (Amendment) Bill, 2021, fixes 21 years as the marriageable age for women, we examine whether a mere increase in age at marriage without an increase in education bestows women with better nutritional outcomes. While 27% of illiterate women who married before 18 years are underweight (Body Mass Index below 18.5), the proportion is 24% for illiterate women who married at the age of 21 years. A high proportion (64%) of illiterate women are anaemic, in terms of iron deficiency, irrespective of their difference in age at marriage. In terms of the gap between marriage and first pregnancy, it is surprisingly 2.5 years among the former and 1.6 years among the latter. However, the former give birth to a higher number of children (2.4), on average, than the latter (1.4).

Women with 12 years of schooling married before 18 years and at 21 years have hardly any difference in underweight prevalence (14% and 13%, respectively). In iron deficiency anaemia, the prevalence is only marginally higher (54%) among the former than the latter (50%). The gap between marriage and first pregnancy is higher among the former (2.6 years) than among the latter (1.7 years), though the latter have fewer number of children (1 child on average) than the former (1.6). A cross comparison between women who have had more than 12 years of schooling but were married before 18 years and women with secondary education but married at 21 years also underlines the importance of education. While underweight prevalence is almost equal among both, anaemia is marginally higher among the latter. The broad pattern emerges in other indicators as well.

To sum up, the health dividend emanating from women's increased age at marriage is not imminent. Increasing the age of marriage without a commensurate improvement in women's education is least likely to yield better health and nutritional outcomes. Instead, it might adversely impact the poor and illiterate. The fact that about one-fourth of women (18-29 years) in India have married before 18 years despite the law tells us that legally increasing the age of marriage may not fully prevent child marriages. By contrast, much of the benefits can be reaped by ensuring that women complete education at least up to 12 years. The case of Bangladesh shows that improving women's education and imparting modern skills to them that increase their employability reduces child marriage and improves health and nutrition. Also, schemes which ease the financial burden of marriage but the eligibility criteria of which should essentially link to educational attainment in addition to age demand attention. The lessons from Janani Suraksha Yojana and the zeal demonstrated in ending open defecation might provide valid insights here.

Educating women is important for their personal freedom, social well being and contributes to human development. A legalistic approach to increasing the age at marriage will produce positive results only if it leads to an improvement in women's education and skill acquisition for employability. In the absence of an enhancement in women's schooling or skills, a legalistic approach to ending child marriage might become counterproductive.

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