



# Community-Based Interventions to Delay Age of Marriage: A Review of Evidence in India

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## Context

Although the legal age of marriage is 18 years for women and 21 for men, the actual age is much younger in most of northern India. In Jharkhand 71 per cent of Indian women married before 18 and in Uttar Pradesh 61 per cent married before age 18 (NFHS 3, 2007). Early marriage is linked with higher total fertility rates and is generally followed by early childbirth, which poses increased risks of maternal and newborn mortality or morbidity.

## Evidence Review Process

Considering the importance of delay of marriage for achieving improved health and nutrition, leaders from the central and state Government (including Health and Family Welfare and Women and Child Development Department officials) agreed that it was important to conduct an evidence review on this topic. The USAID-funded Vistaar Project facilitated the evidence review, which was conducted by national experts in this field.

The purpose of the evidence review was

*To analyze the available evidence and make recommendations to the Government about how to improve community-based interventions to delay age of marriage.*

The key features of the process included:

- Identifying national experts on this topic
- Working with the experts to identify interventions showing positive results
- Preparing summary formats to share with the experts (along with original documents)



- A meeting where the experts reviewed the selected interventions and produce lessons and recommendations primarily for Government programs

The International Center for Research on Women (ICRW) has extensive experience and expertise in this area and had recently conducted a comprehensive literature review on this topic, so they led the effort to select and summarize the list of interventions to be reviewed. The Vistaar Project team and ICRW set a standard of evidence that interventions to be reviewed should have evaluation results at the outcome level (e.g., change in knowledge, attitude or practice). Interventions that only reported process or output measures (e.g., # persons trained, # adolescent groups formed) were not reviewed.

The ICRW and Vistaar Project team identified almost 30 possible health and nutrition interventions which stated an objective of delaying age at marriage. However, only five met this evidence standard and were included for review at the expert meeting.

Age at marriage is influenced by many complex economic, social and health factors. Accordingly, there are a number of possible "pathways" or strategies that can be employed to delay of marriage. (See Table 1)

**Table 1: Possible Pathways to Delay of Marriage**



**Table 2: Overview of Interventions**

Intervention Name	Lead Agencies	Focus Areas
Development Initiatives on Supporting Healthy Adolescents (DISHA) <sup>(4, 6, 8 – 11, 16, )</sup>	International Centre for Research on Women (for six local NGOs)	This intervention empowered communities with health information and motivated behavior change on age of marriage and first birth. It also increased health services and counseling support and promoted vocational skills and livelihood opportunities. This intervention was done across 200 villages in six districts of Bihar and Jharkhand. (2004 - 2008)
Action for Slum Dwellers Reproductive Health in Allahabad (ASRHA) <sup>(1, 2, 15, 19)</sup>	CARE India for local NGOs	This intervention mobilized and empowered communities with health information and motivated behavior change on age of marriage and first birth. Strategies included increased access to health services, counseling support and capacity building for vocational skills and livelihood opportunities. Implemented in urban slums in Allahabad city in Uttar Pradesh. (1999-2004)
Better Life Options Program for adolescent (BLP) <sup>(14, 20 – 22, 24)</sup>	CEDPA with 260 local NGOs	Implemented across several districts of Delhi, Madhya Pradesh, Haryana, West Bengal, Assam, Maharashtra, Rajasthan, Gujarat, Jharkhand, Uttar Pradesh, and Orissa, this intervention promoted education of girls (increased enrollment, retention and continuation of education) in addition to mobilization and empowerment of communities with health information and motivated behavior change on age of marriage and first birth. Strategies included increased access to health services and counseling support as well as capacity building for vocational skills and livelihood opportunities. (1987-2004)
Increasing Age of Marriage in Maharashtra (Maharashtra Model) <sup>(3, 7, 13, 16, 18)</sup>	Institute of Health Management, Pachod	Implemented across 17 villages in Aurangabad, Maharashtra, the intervention mobilized and empowered community, provided health services, education and counseling, built vocational skills and provide livelihood opportunities and also provided information and Behavior Change Communication regarding the benefits of delayed marriage. (1996-2006)
Promoting Change in Reproductive Behavior in Bihar (PRACHAR) <sup>(17, 23)</sup>	Pathfinder International with 30 local NGOs	This intervention was implemented across 452 villages in Nalanda, Nawada and Patna districts of Bihar. The intervention mobilized and empowered communities, improved access to health services, provided education and counseling services, information and BCC regarding the benefits of delayed marriage. (Phase I - 2001-2005)

Some observations on the five interventions reviewed are below. Additional information is provided in Table 2.

- They are all private NGO sector efforts, mostly funded by international donor agencies
- Although there are a number of Governmental programs working in this area (and employing a number of pathways), they did not have documented results at the outcome level available or accessible to the team
- Four of the five focused on rural areas (ASRHA Project focused on an urban area)
- Most of the interventions reviewed employed more than one pathway (only one worked on promoting girls staying in school and none worked on law enforcement of providing financial incentives)
- All of these interventions specifically targeted vulnerable populations, such as families below poverty line and marginalized communities including minorities, tribal groups and lower castes

All of the interventions documented the importance of explicitly addressing gender inequalities and gender-based constraints that lead to young age of marriage.

The ICRW and Vistaar Project team identified national experts on this topic by asking for recommendations from many agencies working in this area and cross-checked with the identified experts to identify other experts who should participate in this review.

A diverse group of practitioners, programmers, researchers from the public and private sector, donors and Government leaders conducted the evidence review. (See Table 3)

**Table 3: List of Experts**

Dr. A.K. Nigam	Institute of Applied Statics and Development Studies, Uttar Pradesh
Ms. Anjali Sakhuja	MAMTA, New Delhi
Ms. Aruti Yadav	ICDS, Government of Uttar Pradesh
Dr. Birte Homn Sorensen	World Bank, New Delhi
Dr. Deepti Agarwal	MAMTA, New Delhi
Ms. Dipa Nag Choudhary	MacArthur Foundation, New Delhi
Ms. Kanak Yanashita	World Bank, New Delhi
Ms. Kushal Neogy	CRS, Uttar Pradesh
Ms. Manju Matthew	World Vision, Uttar Pradesh
Ms. Meera Chatterji	World Bank, New Delhi
Dr. Neelam Singh	Vatsalya, Uttar Pradesh
Ms. Neera Mishra	Draupadi Trust, New Delhi
Ms. Nidhi Khare	Ministry of Health and Family Welfare, Government of Jharkhand
Prof. Nidhi Pandey	Lucknow University, Uttar Pradesh
Dr. Rajiv Tandon	USAID, New Delhi
Ms. Rekha Masilamani	Pathfinder International, New Delhi
Ms. Santosh Kumar	ICDS, Uttar Pradesh
Dr. Shally Awasthi	KGMU, Uttar Pradesh
Ms. Shilpa Nair	PATH, Uttar Pradesh
Ms. Shireen Jejeebhoy	Population Council, New Delhi
Ms. Sreela Dasgupta	ICRW, New Delhi
Ms. Sucharita Dutta	CARE, Uttar Pradesh
Dr. Sulbha Swaroop	SIFPSA, Uttar Pradesh
Dr. Sulochana Vasudevan	NIPCCD, New Delhi
Dr. Veena Bajpai	SIFPSA, Uttar Pradesh
Mr. Vikram Rajan	World Bank, New Delhi

Note: Other invited experts were unable to attend.

## Lessons Learned

As the ICRW and the Vistaar Project team worked to prepare for the evidence review, they made these observations:

- There is limited information available on this topic and much of the information identified is not publicly accessible (not available on the internet or through common literature review channels); for most Government programs, there are program descriptions or budgets available but not information on outcomes or impact
- Most of the almost 30 interventions identified did not collect evaluation data at the outcome or impact level, have independent external evaluations, collect cost data or produce process documentation
- Most of the interventions used a simple pre-post evaluation or quasi experimental study design; although some monitoring data were collected, the data were rarely analyzed or put into a form that is easily retrievable
- It is challenging to document causality between an intervention and the outcome of delayed age of marriage and none of the interventions had a robust methodology for this
- Four of the five interventions selected for the review relied heavily on NGOs for implementation; however, there is limited information on the effectiveness, efficiency or expandability of this NGO strategy
- There are many possible approaches for conducting an evidence review; in the methodology chosen for the expert review meeting, it worked well to have resource persons who knew the interventions well, to invite the experts to review one intervention in depth and to invite Government officials to present on their experiences in this area (even if they did not have outcome level data).

The expert reviewers suggested four priority recommendations.

- At this time there is a need for more evidence on the topic of delayed age of marriage; there is not enough compelling evidence from the five interventions reviewed to recommend any particular model for Government programming at large scale
- Due to the need for more evidence new Government programs in this area should be piloted and evaluated first in a few districts to ensure their effectiveness, before being implemented at larger scale; conducting retrospective evaluations of recent and on-going Government programs could help fill this knowledge gap
- The Government could implement some variations in their piloted approaches to compare and determine which are the most effective (which may depend on factors such as the context and target group)
- Programs in this area (private or public sector) include a strong monitoring and evaluation component to guide decisions on what programs to implement at scale

In addition to these priority recommendations, the expert reviewers made the following suggestions:

- Given the lack of outcome related evidence in this area, program designers should utilize available information on the reasons or underlying causes for early marriage (preferably region specific) to better ensure an effective program design; some formative research may be needed to supplement available information
- Donor and funding agencies should try to contribute to filling the evidence gap by ensuring strong monitoring and evaluation in their funded projects (with at least some outcome level indicators measured)
- There is a need for capacity building of institutions to improve the design of research and evaluation efforts and the implementation of operational research projects; many projects are not able to show effect because of poorly planned sample size, flaws in data collection, or a focus only on process or output indicators
- Government programmers or others seeking to implement an intervention at scale should be clear about their objective - whether they want to delay marriage (e.g., for legal, empowerment, or education reasons as well as for health reasons) or whether they want to delay first birth (for health reasons or reduced fertility rates); if they are focusing only health outcomes, they could also consider other evidence-based interventions
- There is a need to improve the dissemination and access to existing information and evidence; much of the existing evidence is very difficult to access

## In Summary

The evidence review process is a useful approach to build consensus among experts and program leaders, inform program planning, and assist with decision making. The Vistaar Project experience shows that this process is most valuable when:

- It is conducted in an open, inclusive and participatory manner
- The focus is on learning lessons, not identifying the “best model”
- The audience is clear, and the evidence is reviewed from their perspective (i.e., in this case, the evidence was reviewed for application in Government programming )

The Vistaar Project greatly appreciated the opportunity to be a part of this evidence review and is honored to join with the technical experts, implementing agencies, and Government program leaders and implementers who are using evidence to improve MNCHN program impact.





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## Vision

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## The Purpose of the Vistaar Project is:

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

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

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