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From Menarche to Marriage: *New Insights on Adolescent Girls in South Asia*

The Nutrition and Gender Initiative
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Outline

- Introduction
- Methods
- Findings part I: Unmarried adolescents
- Findings part II: Newly Married Adolescents
- Conclusions

Introduction

Introduction and Background



- Nutrition and Gender Initiative: WB DGF seed funds, currently funded by the Gov't of Netherlands
- Geographic Locations: West Africa and South Asia
- *Main Objective:* To improve nutrition at targeted points in the lifecycle within the context of efforts to improve gender equality at the community level
- Emphasis in South Asia, early points in the lifecycle: adolescence, pre-pregnancy period, pregnancy and low birth weight.
- *Methods:* research and operations research to gain insights & show case “how to” improve outcomes

The Issue in South Asia

- Malnutrition affects nearly 50% of preschool children, women, & adolescent girls respectively
- Highest prevalence of any region in the world
- Malnutrition in this region is inter-generational
- Low birth weight is a significant risk factor for malnutrition
- Gender Inequality plays a *significant* role in undermining nutrition outcomes in S.A.

- Most nutrition programs focus on the young child – but rarely address underlying systemic problems that perpetuate malnutrition
- The Challenge: To identify new avenues that break the cycle of malnutrition
- Key Point: Targeting earlier points in the life-cycle of women and girls – strong need for a *gendered* approach

- Adolescent marriage & pregnancy is widely prevalent in South Asia
- Carries increased risks for adolescent girls: higher rates of MMR, poor nutrition and birth outcomes, and higher risk of violence in marriage
- Delaying adolescent marriage and pregnancy carry the promise of improved outcomes

BUT to promote change in practices – clearer context specific data is needed on why these practices persist – and given this – what are the opportunities for interventions

Common Methodology

ICRW approached ICDDR, FRHS, and IHMP to collaborate in a partnership

May 2004, common protocol was developed at a partners workshop:

- Objectives and research questions
- Conceptual framework
- Scope of research
- Methods and sample
- Checklists and common tools for data collection

Overall Objectives of Qualitative Research

- To understand at the community-level the underlying constraints to tackling low-birth weight and targeting interventions at earlier points in the life-cycle, specifically during adolescence and youth
- To gain insight into communities, families, and young couples' knowledge, attitudes, beliefs, practices and expectations around pre-pregnancy, pregnancy, and birth weight, and how these could enhance or constrain uptake of services to prevent low-birth weight and improve women's nutrition.

Scope, Methods, and Tools



Scope:

Key life stages - adolescence, currently pregnant, and young mothers with children <2yrs

Methods:

IDIs, FGDS, narrative scenarios, key informant interviews

Sampling methods - convenience/opportunistic & purposive sampling

Tools:

Collaboratively developed checklists, guides and unfinished stories

Study Sites

Maharashtra IHMP		Rajasthan FRHS		Bangladesh ICDDRBR	
Urban (Pune)	Rural (Pachod)	Peri- urban (Bhindar)	Rural (Salumber)	Rural (Matlab)	Rural (Mirzapur)

Table of data collected



	Rajasthan	Maharashtra	Bangladesh	Total
<i>IDIs</i>				
UAG	20	20	20	60
Currently pregnant	20	20	20	60
Young mothers	20	40	40	100
<i>FGDs</i>				
UAG	4	4	5	13
Mothers	6	4	5	15
Fathers	4	4	4	12
Married women	6	4	5	15
Husbands	6	4	4	14
Mothers in law	6	4	1	11

Research process



Data collection and transcription were completed

A series of workshops were held to facilitate data analysis:

- A coding workshop
- An analysis workshop to guide analysis of site-specific data
- Three workshops for the cross-site analysis

Unmarried Adolescent Girls

Background

During adolescence, a boy's world expands while a girl's world contracts. (Mensch et al 1998)

- Socialization based on restrictions – new rules for girls
- Gender discrimination (e.g. son preference)
- Early marriage and childbearing
- Unmet health needs (reproductive and nutrition)
- Big decisions for girls' futures but little or no voice

Objective of the Analysis

To explore patterns and trends across the three sites to understand experiences of unmarried adolescent girls

To use findings to inform interventions targeting adolescent girls

Sample and Analysis



Sample

- 61 IDIs with unmarried adolescent girls
- 13 FGDs with unmarried adolescent girls
- 15 FGDs with mothers of girls
- 12 FGDs of fathers of girls
- 28 key informant interviews
- 23 narrative scenarios with girls, mothers & fathers

Analysis

- 1st stage: analysis of all IDIs
- 2nd stage: triangulate with FGD data
- Strategy: explore variations & patterns across sites

Findings on the context of girls lives

Decisions about girls determined by interactions between:

- The expectations of parents
- Social pressure from communities
- Girls' own aspirations
- Cultural norms and gender discrimination, and
- Changing trends on gender norms

Case studies

- Care and support received by girls – Rajasthan
- Girls' mobility – Bangladesh
- Decision-making on education vs. early marriage – cross site

Care and Support, Rajasthan

- Purpose: determine whether and extent to which girls receive care and support from parents
- Care and Support Index:
 - *dietary care*: received as much food as wanted; food to her liking; food when she wanted
 - *healthcare*: preventative care/special diet; immediate attention to health complaints; treatment from health service providers
 - *emotional support*: can talk freely with any family member; special attention to demands/requirements; no discrimination

Care and Support, Rajasthan (cont.)

Dietary care:

- Two-thirds girls receive high-medium level of health care
- across economic status, girls report receiving enough food
- in poorer homes girls did not always get food of choice or food when they wanted

Care and Support, Rajasthan (cont.)

- Healthcare
 - About 60% of girls receive high-medium level of healthcare
 - Almost all girls said no gender discrimination in parent's decisions
 - However, parents reveal they do discriminate
- Emotional Support
 - Two-third of girls received high-medium level of emotional support
 - Girls with higher education tended to also receive more emotional support

Mobility, Bangladesh

- Purpose: examine patterns of mobility restrictions placed on unmarried adolescent girls
- Mobility Ranking:
 - *high*: allowed to go to faraway villages or towns, make social visits outside village, shop with friends
 - *medium*: between high and low
 - *low*: not allowed to go to faraway villages or towns, make social visits outside village, go out alone even within neighborhood (except to earn income), shop with relative, attend public festivals
- Mobility analyzed by economic status (availability of food)

Mobility, Bangladesh (cont.)

- All girls report mobility greatly decreased after menarche
- Mobility: high=3 girls, medium=12 girls, low= 5 girls
- Non-poor girls > mobility than poor girls
- Girls report that mobility restrictions enforced by family, community *and* girls themselves
- Girls always have to be accompanied, and can only go out during day

- Education: restrictions increase school drop out
- Healthcare: restrictions limit access to providers

Mobility, Bangladesh (cont.)



Why do parents restrict girls mobility?

- Family honor (*izzat*) / fear of gossip
 - A girl who is out may be talked about
 - Gossip runs family & girl's reputation
 - Girl is no longer able to marry well
- Fear of girls' own behavior
- Protect girls from sexually assault/rape
- Girl is property of future marital home; parents responsible for her protection until she is married

Education vs. Marriage, Across Sites

- For all girls, marriage means an end to education
- So parents must weigh benefits of continuing girl's education with marrying her early
- Benefits of education:
 - income generation
 - economic independence & decision-making power
 - attain good and educated husband
- Benefits of early marriage:
 - no need for education (girl's role is in home)
 - parents do not benefit economically from girls' education but benefit from dowry
 - suitable partner easier to find when girl is younger
 - community expectations fulfilled; family honor preserved

Education vs. Marriage (cont.)

	EDUC	MARR
<i>Past & current factors</i>		
Economic issues (poverty, dowry)		X
Social pressure & reputation		X
Marriage prospects		X
<i>Additional, new influences on decisions</i>		
Changing social norms on educating girls	X	
Education level	X	X
Daughter's wishes	X	

Implications

- Parents DO provide care and support to adolescent daughters; restrictions often a sign of care
- Communities must be targeted to change how girls are perceived and valued, and families who overcome social pressure must be studied
- Norms and how girls are valued changing slowly
- Range of variation indicates range of experiences and opportunities for interventions

Newly Married Adolescent Girls

Background



- Early marriage and childbearing
- Little to no control over conception
- Unmet health needs
- Adjustment and transition
- Fulfilling expected gender roles and restrictions

Objective of the Analysis

To explore patterns and trends across the three sites to understand the experiences of newly married adolescent girls

To use findings to inform interventions seeking to improve long-term health outcomes

Sample and Analysis: Newly Married Adolescent Girls

Sample

- 150 in-depth interviews of young married women/adolescent girls
- 15 FGDs of young married women/adolescent girls
- 14 FGDs of husbands
- 11 FGDs of mothers in law

Analysis

- 1st stage: restricted sample to newly married adolescents aged <18yrs & married<5 yrs
- 2nd stage: compared and contrasted with other data sources (women's IDIs and FGD data)
- Strategy: explore modal patterns in the data & the range of variation in the data across sites

Main Themes

- Timing and process of marriage
- Adjustment and transition to the marital home
- Early experiences in the marital home
- Delaying the first pregnancy

Negotiation, Process, and Timing of marriage

Expected findings:

- Age of marriage across 3 sites ranged from 14-17 yrs for the majority of women
- A majority of marriages were arranged
- The final decision on marriage was in almost all cases taken by the parents, predominantly fathers
- In most cases girls' approval of the marriage or the groom was *not* sought

Negotiation, Process, and Timing of marriage

New findings:

Initial discussions of a girl's marriage were often instigated by others, such as extended family members or lineage heads

“My chachato boner jamai (my paternal uncle's daughter's husband) brought the proposal. My husband and he are close; they work in the same place. My father-in-law told him (chachato boner jamai) to find a bride for his son. So, he said, 'I have a shali (sister-in-law)'. Then he (brother in-law) brought the proposal to my parents”. IDI Bangladesh

Negotiation, Process, and Timing of marriage



These family members played an active role in bringing proposals, negotiating dowry, and pressuring parents to accept proposals that they felt were good offers

“It depends upon understanding of parents. If they are considerate, they wait until she completes 18 years. If proposal is good, they make hurry.” FGD Maharashtra

Once a good proposal arrived, parents could rarely reject proposals, and by default girls could not reject them either

Adjustment in the marital home

Expected findings:

- Adjustment and transition - a largely common experience
- Women use similar words: fears, apprehensions, adapting to new rules, roles, restrictions, and behaviors
- Commonly enforced behaviors - modesty, talking and laughing softly, and not talking back
- Fulfilling expected roles - caring for husband and in-laws, completing household tasks & chores to the standard the family expects
- Women do their best to adjust regardless of the circumstances

Adjustment in the marital home

“It’s a new environment to her where she has to ask for anything that she wants. She has to get adjusted to family structure. A woman doesn’t eat properly during initial days; she misses her freedom that she enjoyed at her natal home. In-laws help a married woman when she feels nervous at the new house; however, in some families whole responsibility of the house is on young married woman’s shoulder. With respect to interactions, a married women is not always allowed to have it with others especially strangers, whenever she has to interact, she has to be in her ghunghat”. FGD participant Rajasthan

Early Experiences

Support from marital family

Three factors appear to facilitate a smooth transition:

- Support from husband most important
- Support, welcoming, nurturing, and mentoring from the marital family
- In initial period - family acceptance of letting the new bride visit her natal home as much as she wants

Early Experiences



Lack of support from marital family

- Reflects a difference in how women are valued by the marital family
- Transition is difficult, e.g. women communicate less, eat less
- Some pressures, e.g. dowry harassment
- Some experience domestic violence

Early experiences

Case study on domestic violence - Maharashtra

- All households appear to have some “standards” or expectations of a new bride
- Onset of violence could be very early in marriage
- Triggers of violence were often “trivial” , e.g food not cooked well

- Two types of households – stringent vs. flexible
- In flexible households – when women fail to fulfill expectation – they are supported and mentored, and violence does not occur
- In stringent households – when women fail to fulfill expectation – they are not supported, they are severely reprimanded – and often violence occurs

“My husband had put restrictions on my mobility, I should not go alone to other village, I should not go to my neighbors, I should not wear chudidhar (Indian pants), I should not keep my hair untied, I have to tie my hair in a simple way and lot more restrictions” Violent home rural, stringent household

“These people (in-laws) were talking well to me. They treated me well too. Everyone asked if I needed anything. Since I was new, I was given much work. But they behaved well with me. My husband would help me to understand everything. If I did not feel like (having sex) he would not insist” Non-violent home, flexible household

Delaying first pregnancy



- Variation in couple communication and social acceptability of contraception in the 3 sites
- Within sites – couple communication patterns were consistent with the social acceptability of contraception

Delaying first pregnancy

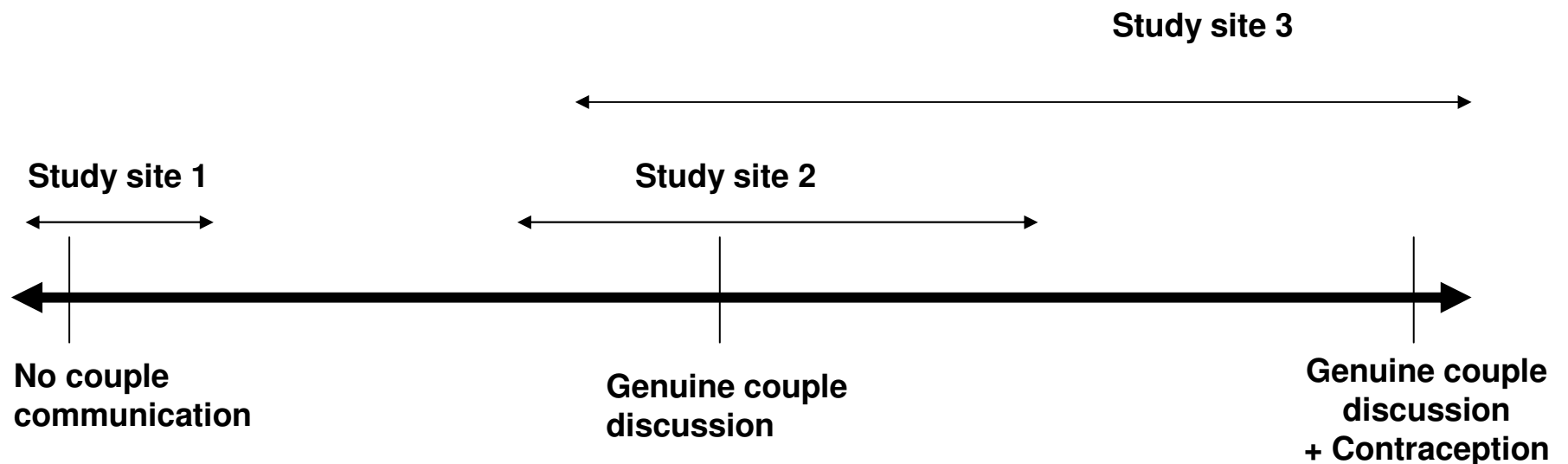
- Maharashtra: little to no couple communication – resulting in a majority of pregnancies <12mos of marriage
- Rajasthan: many engaged in genuine discussion – but little contraception
- Bangladesh: many engaged in genuine discussion – and as a couple used contraception

Delaying first pregnancy



Early conception

Delayed conception



Study site 1= Maharashtra;
Study site 2= Rajasthan;
Study site 3= Bangladesh

Delaying first pregnancy



Barriers to delaying pregnancy:

- Girls' decision making ability: many expressed desire to delay – but across 3 sites – majority did not control the final decision
- Fears of long term effects of contraception
- Low acceptability of contraception in general – India sites
- Low acceptability of contraception before 1st pregnancy – all sites
- Low accessibility and availability of temporary contraceptives – India sites

Delaying first pregnancy



Factors promoting delayed pregnancy:

- Social sanction and acceptability of couple communication
- Social space to communicate
- Accessibility, availability, and knowledge of temporary contraceptives

Delaying first pregnancy

Communication and negotiation

“They (marital family members – MIL and other) wanted a child immediately. Spouse should decide when to have child with mutual discussion. However, after marriage I did not know anything about the pregnancy and other things. On these issues, I told my husband “I do not want child so soon”. That time my husband asked my mother-in-law that she (young marries adolescent women - I) does not want child now, what we should do? On that I felt very insulted, I felt like I am nothing. Therefore, everything was decided by them, they have not asked me anything”. IDI Maharashtra

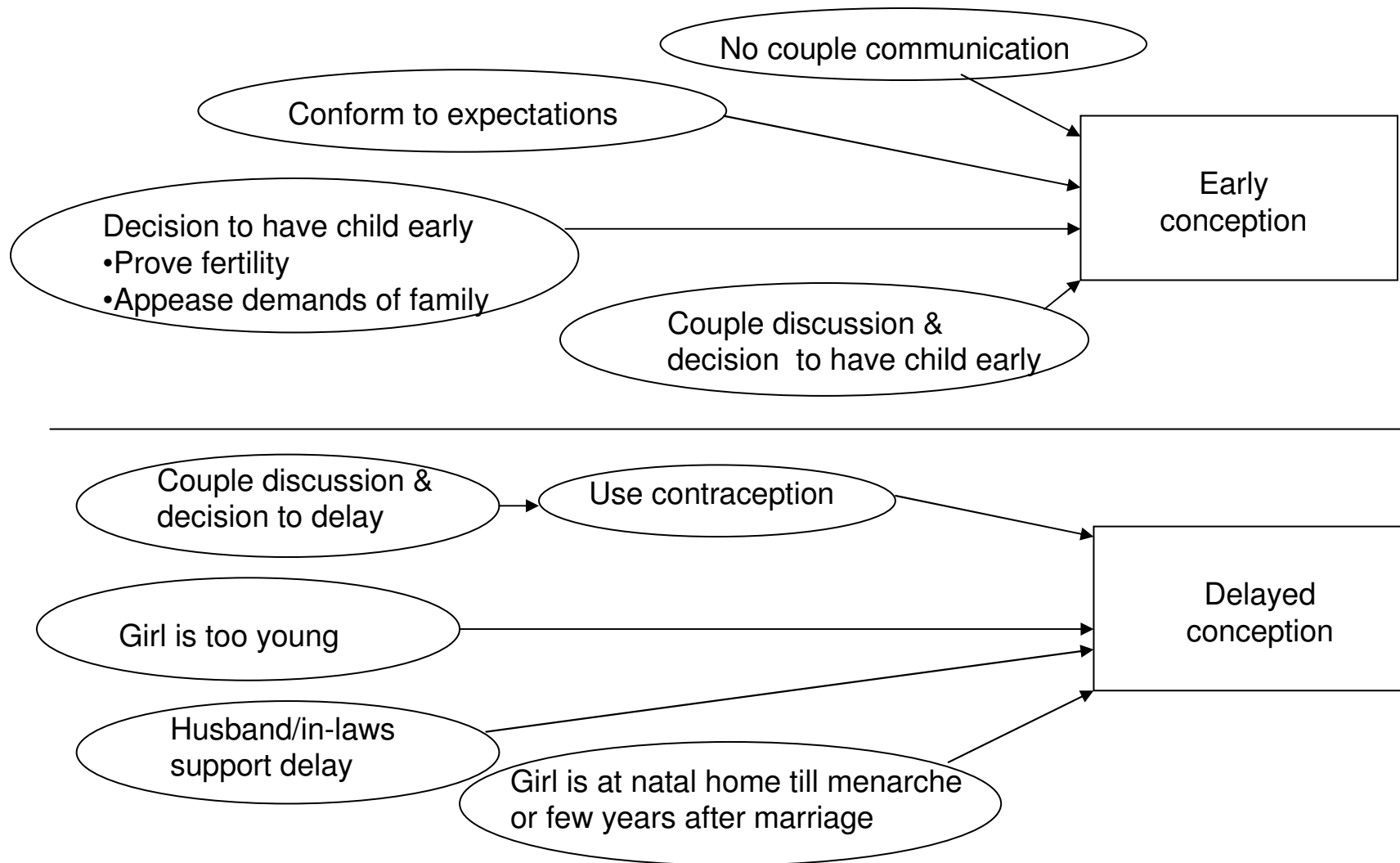
Delaying first pregnancy

Communication and negotiation

“My husband would have a child right away. I did not do so. I was [too] young and having a baby at that age would have been detrimental to my health.” IDI Bangladesh. Laiju’s husband listened to her and they used contraceptives for about two and a half years. Then her husband asked her to stop using pills and she complied.

“On the day of the wedding they [husband and sister-in-law] asked me to take pills. I couldn’t take the pill, out of fear. Then they made me take the pill by scolding me.”
IDI Bangladesh

Delaying first pregnancy



Implications



- Extend existing efforts to delay the age of marriage of adolescent girls to also extended family, community, and kin networks
- Promote change in men's families in favor of older age of girls at marriage
- Harness positive behaviors to promote an easier transition for adolescent girls and prevent violence as a means of conflict resolution

- Promote acceptance of couple communication on contraception and family planning among in-laws and extended family members
- Promote and encourage couple communication among newly weds to delay first pregnancy among married adolescent girls
- Promote acceptance, use and accessibility of temporary contraceptive methods



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