CHAPTER-II

REVIEW OF LITERATURE
2.1 Introduction to Review

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.

2.2 Critical Review on Different Societal Aspects

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 & McGoldrick, 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 newlyweds 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 newlyweds 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 newlyweds 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 backgrounds 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) 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. 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”. 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 litter 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 additions 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 deliver, 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 gonorrhea, 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.

2.3 Theories Related to the Child Marriage

Demographic Behaviour Theory: As has been already discussed, the economic and the ideational theories provide diverging explanations of marriage and fertility behaviour. The former theory looks at marriage and childbirth from a material and objective point of view; the latter theory examines them through values and attitudes. This contrast is derived from the factors which each theory employs in its explanations, but it is, at the same time, related to the distinct model of human behaviour inherent in each theory. As discussed in a previous section, the characteristics of a given human behavioural model hinge considerably on the way in which reality is abstracted in them (Lindenberg 1992). In other words, the economic and ideational theories are constructed around disparate methodological and epistemological frameworks for marriage and fertility behaviour. Thus, in order to understand the differences between the two theories distinctly, it is necessary to clarify the methodological and epistemological postulates of their behavioural models. We will, in the present section, compare and contrast the behavioural models of these two theories.
When it comes down to the economic theory, its model of a human action is based on two presumptions. First of all, an actor’s preferences are stable and exogenously given in the economic model. Indeed, Stigler and Becker (1977) clearly maintain that neoclassical economics should treat human preferences as fixed and exogenous. Accordingly, the extent to which marriage and children bring utility (satisfaction) to people is pre-emptively and transcendentally determined. Second, in the economic theory the purpose of an action is to optimally allocate limited social resources such as wages and time in order to maximize utility with available means. In other words, a human action is taken in order to achieve the utmost satisfaction at the minimum cost which is convertible to monetary terms. Given these premises, it follows that marriage and childbearing occur if they bring more benefits than costs (Blossfeld and Prein 1998). In short, getting married and having children can be regarded as a result of utility-maximizing behaviour with the optimal investment of restricted social resources such as money, time and human capital. Hence, a cost–benefit calculation plays a central role in deciding whether to marry and to have children. Furthermore, if different demographic patterns occur, their causes will be attributable to changes in costs and benefits that
marriage and children have brought. For instance, an increase in wages, human capital and opportunity cost may raise a relative cost entailed by entering married status and having children, leading to delayed marriage and fertility decline. This is the behavioural model of the human being according to the economic theory; this is the so-called homo oekonomicus.

By contrast, the ideational theory postulates a preference-centred heuristic model of human behaviour (Lindenberg 1991). In other words, human actions are, in this model, directed and motivated by the beliefs and values an actor holds. Hence, the pattern of preference commands an important position in deciding upon an action to be taken. On the methodological side, this behavioural model is constructed on the basis of two presuppositions. First, as in the case of the economic theory, the goal of an action is to maximize satisfaction as determined by an actor’s preference. In the ideational theory, however, one’s preference is neither fixed nor transcendentally given. One’s preference is ceaselessly modified and reformulated by subjective meanings and discursive interpretations of one’s conduct. Accordingly, one’s preference for getting marriage and having children is neither determined a priori nor fixed. Rather, since one’s preference depends on one’s own interpretation and
meaning-giving, it can be regarded as endogenous and reflective. Second, in the ideational theory, individual beliefs and values affect the subjective meanings and discursive interpretations of human conduct, which consequently sets the desirable and preferable goal of the action. In other words, the purpose to be pursued and the action to be taken depend on individual beliefs and values. Hence, we can argue that beliefs and values play the most crucial role in the choice of an action. Following on with this behavioural model, the advent of new partnership and childbearing behaviours are derived from a change in values and attitudes (Etzioni 1999).

Although the two theories have a different methodological and epistemological framework, it is noteworthy that both of them see demographic behaviour as a purposive action. The two theories also share the view that marriage and fertility behaviour are performed in order to achieve certain goals. As argued by James Coleman (1986, 1990), when human conduct is purposive and goal-directed, it can be regarded as “rational”. Moreover, since appropriateness for what an actor attempts to accomplish is central to being rational, a rational action denotes a type of conduct appropriate to achieving the actor’s purposes, under given conditions and constraints (Simon 1983). From this point
of view, the disparate behavioural models for these two theories can nevertheless be included in a category of rational action (de Bruijn 1999), for the ultimate purpose of a human action is, in the both models, to attain a desirable and preferable goal. In this regard, there is no marked difference between the two behavioural models.

On the other hand, the two theories differ sharply when it comes to concepts of behavioural appropriateness. In the economic theory, an action is appropriate if it can attain a goal with the least amount of economic cost under given constraints (Simon 1978, 1979). In other words, this theory defines a rational action as an action that brings the maximum amount of satisfaction with the minimum expense of social resources. In short, appropriateness of behaviour is seen here to be almost synonymous with means–ends efficacy (Elster 1986). Hence, according to the economic theory, by adhering to economically rational behaviour, one may achieve the optimal allocation of limited means and social resources, under a given constraint (Arrow 1987; Friedman and Hechter 1988; Hogarth and Reder 1987). Values and preference do not play an active role in this theory’s working definition of “rational”.

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By contrast, in the ideational theory, appropriateness of behaviour stands within the realm of an actor’s recognition and understanding. More specifically, an action can be seen as rational as long as it achieves what accords with one’s beliefs and values. In other words, rationality is immanent in the meaning and interpretation of an action, depending upon the cognitive structure of one’s beliefs and values (Simon 1957, 1979, 1987). Thus, if one chooses an action suited to one’s beliefs and values, this choice will satisfy the appropriateness of behaviour, and this action will be regarded as rational, regardless of the amount of economic cost involved in goal attaining. We can, therefore, argue that, in the behavioural model of the ideational theory, the criterion of rationality consists in the appropriate link between a value and an action.

When it comes down to a concept of values, many definitions have been put forward in the social science literature so far. For instance, Rokeach (1970) states that a value is a type of belief regarding how one ought to behave or what goal is worth attaining. Similarly, Kluckhohn (1962) claims that a value is a conception of the desirable, which affects the selection of action. Notwithstanding various conceptualizations, it is generally accepted that a value refers to one’s enduring belief defined as a
desirable (or preferable) mode of conduct or end state (Rokeack 1973). This belief determines the goal to be attained and the action to be taken. Furthermore, when a value is connected to specific objects and situations in an organized way, a specific attitude towards them is cultivated. Hence, a preferable action or end state an individual takes is decided by one’s value-orientation. From this point of view, it is natural to think that a preference is neither exogenous nor fixed (Lindenberg 1990). Rather, one’s preference is seen as endogenous and changeable. More specifically, one’s preference is formed by values in one’s belief. Furthermore, if one’s beliefs and values change, one’s behaviour also transforms in order to accord with one’s new preference. Hence, if a change in marriage and fertility behaviour is observed, this is regarded as the outcome of emerging different preferences caused by a shift in values and attitudes.

**Social Action Theory:** As argued above, a marked difference between the two theories exists in the concept of rationality. Rationality in the economic theory is referred to as the material efficacy of means and ends (Heath 1968, 1976). The ideational theory regards rationality as an actor’s cognitive and subjective consistency of values and behaviour. We should not forget here that the two types of rationality stand within the long-standing
tradition of social action theory (Denzin 1990a, b; Swedberg 1998). It is especially worth noting at this point that Max Weber (1978a, b, 2002) classifies the social actions of human beings into four categories. Weber’s first type of the action is an instrumentally rational action, which is taken by the actor with due consideration of conditions and means to attain a goal. The choice to take this action is made if it is the most efficient use of means and resources for the goal attainment among the other possible uses of them.

The instrumentally rational action is goal-oriented in the sense that the goal of the behaviour is determined a priori and the manner in which one behaves is organized only insofar as to choose an optimal means to an end at the minimum expense. The second type of action, according to Weber, is a value-rational action. This action is, regardless of the possible costs, put into practice by an actor’s convictions of what is required of him or her by duty, honour, loyalty, faith, ethics, desirability, preference, and so on. Hence, it follows that, when taking the value-rational action, more importance is placed on adherence to a belief in a value and on engagement in a specific behaviour itself than in minimizing costs for the achievement of a goal. The third of Weber’s actions is an effectual action, which is inspired
by the actor’s specific emotional state. This action usually occurs in the form of conscious release of emotional tensions. Weber’s forth action is a traditional action, motivated by routine and habit. Traditional action can be seen as an automatic reaction to accustomed stimuli that guide behaviour in a routine course through repetition.

Although this typology of social action is constructed as an ideal type (or pure type), it is, at the same time, useful to understand the economic and the ideational theory from a broader framework of social action. As discussed, one’s preference is exogenously given and fixed in the economic theory of marriage and fertility behaviour. Hence, the focal point is how to choose an action that enables the attainment of a goal with optimal means and resources. An actor in the economic theory decides to take a specific action only if it realizes his or her goal with the least amount of cost measurable by a monetary value. This mode of behaviour corresponds to Weber’s instrumental rationality. Thus, it follows that, in the economic theory, marriage and fertility behaviour are viewed within a framework of instrumentally rational actions. In the ideational theory, however, since partnership and childbearing behaviour are seen to be guided by beliefs and values, they play a crucial role in
choosing an action. In short, the consistent relation between one’s values and one’s conduct is a key element in the choice of one’s actions. This indicates that the behavioural model of the ideational theory can correspond to Weber’s value rationality, and marriage and fertility behaviour is viewed within a framework of value-rational action in the ideational theory. Thus, a change in the pattern of partnership and childbearing behaviour in developed countries is explained through instrumental rational choice in the economic theory, whereas it is accounted for through value-rational choice in the ideational theory. From a viewpoint of the social action theory, we can therefore argue that the fundamental difference between the two theories consists in their disparate concepts of rationality.

The Institutional Theory: As seen in the previous section, the fundamental difference between behavioural models in the economic and the ideational theory can be found in each theory’s concept of rationality. The economic theory is based on instrumental-rational choice, while the ideational theory is constructed around value-rational choice. Thus, when economic factors play an influential role in determining marriage and fertility behaviour in developed countries, it follows that the manner of this behaviour is determined by instrumental
rationality. In contrast, where ideational and attitudinal factors are seen to be crucial in determining partnership and family formation, it is safe to say that demographic behaviour is being dominated by value rationality. It is, however, difficult to determine theoretically which of these two contrasting ideas of rationality plays the dominant role in determining marriage and childbearing behaviour in a specific developed society.

The reason is that institutional settings formally or informally give structural incentives and disincentives to choices of human action, which in turn affect human behaviour and interaction (North 1990, 2005). Human behaviour does not take place in a social vacuum. An institutional environment that includes formal rules, social norms and traditional customs constrains a range of behavioural choices in a society and shapes socially desirable or permissible patterns of human conduct. Through an institutional environment, a microsphere of individual actions is linked to the macro-structure of society. Hence, there is no human action that is separated from social structures (Bourdieu 1977, 2005).

As mentioned earlier, the historical experience of the FDT in Europe shows that fertility started to decline under strikingly diverse socio-economic conditions (Coale and Watkins 1986;
Knodel 1974; Knodel and van de Walle 1979; Lesthaeghe 1977; Teitelbaum 1984). Admittedly, the European Fertility Project cannot directly examine the effect of institutional factors on reproductive behaviour, but it is certain that this reduction in family size did not occur free from societal constraints. Rather, institutional settings circumscribe a range of behavioural choices within which people make decisions on the number of children they want to have. Although readiness, willingness, and ability are necessary conditions for fertility control, their influence on reproductive behaviour emerges only when they are socially endorsed (Coale 1973; Lesthaeghe and Vanderhoeft 2001).

It is likely that the institutional environment has a similar impact on the process of partnership and family formation in a contemporary society (Morgan and Taylor 2006; Goldscheider et al. 2015). First, in the economic theory, getting married and having children are seen as the exchange and production of goods and services by partners or couples. These activities inevitably entail transaction costs (Pollak 1985; Williamson 1979, 1981). Since human beings do not automatically have the exact information on a space they require for an action to be taken (Simon 1957), they need to bear the costs involved in grasping details of the environment and the surrounding situation before
they can be certain that their action can be successfully accomplished. Social action entails the cost of acquiring the necessary information to guarantee that a given action may take place properly and in accordance with accepted procedure. The same thing holds true for marital formation and childrearing. For instance, if a sufficient number of childcare facilities are supplied, parents can easily find a suitable nursery school to harmonize employment and childrearing. In this case, the institutional environment may give a strong incentive to having children, regardless of couple’s earning power. By contrast, if searching for a desirable nursery becomes expensive and there is scant provision of childcare services, worse-off people may think that childrearing is particularly burdensome and risky.

Furthermore, they may prefer a small family size in order to avert various kinds of risks in a future (McDonald 2002). In such a situation, economic factors may have a relatively stronger impact on fertility behaviour. As is well known, the availability of childcare services is considerably affected by institutional factors such as welfare and family policies (Brodmann et al. 2007; Neyer 2013). Hence, even if parents behave in the instrumentally rational way, it is likely that the influence of economic factors will vary depending on the institutional context.
In the second place, the informal codes of conduct found in social norms and traditional customs regulate individual behaviour in order to establish cooperative and less frictional human interactions in a society. Since people are embedded in social networks and human relations, they produce socially approved roles and forms of behaviour (Bernardi and Klaerner 2014; Casterline 2001; Granovetter 1985). If a member of a social group takes an action that diverges from such social norms, he or she may suffer informal sanctions, for these norms and customs limit the range of behavioural choices one can make.

Thus, if individual values and attitudes are in strong conflict with social norms and conventional customs, people may unwillingly modify their value-rational actions or stop choosing them. Where values and attitudes are weakly confronted by social norms and customs, one may dare to perform one’s value-rational actions in the face of social pressure. Whichever option is taken, the fact remains that an actor must bear the psychological cost. Perhaps a high cost would cause the actor to hesitate from taking an action, while a low cost might encourage him or her to choose to act. In short, the psychological cost entailed in a value-rational action will depend on the
institutional environment, which, in turn, will provide an incentive or a disincentive for a specific action.

**The Social Environmental Theory:** The same holds true in the case of marriage and childbearing behaviour. To be specific, a deep conflict between individual values and institutional norms regarding social and family life may make a value-rational actor highly reluctant to get married and have children. The reason for this is that people could not bear the psychological cost and may avert the risk of disrupting their intimate or personal spheres. However, a less abrasive, more harmonious relation between one's values and social norms may produce a state of willingness on the part of the actor to marry and bear children at modest psychological cost. Social norms regarding the division of gender roles are good cases in point. Indeed, it is indicated that the unequal allocation of domestic work between men and women in developed countries has a bearing on their marriage and fertility behaviour (McDonald 2000a, b, 2006, 2013a, b; Mills 2010). In most cases, a considerable amount of housework is put on a wife's shoulders, while her husband does little or no domestic work. Undoubtedly, this unequal division of domestic labour is sustained mainly by social norms and traditional customs (Rindfuss et al. 1999). This situation is psychologically
burdensome for women who set their primary arena for self-fulfilment in the workplace, for cognitive dissonance occurs between their reality and the life they desire. It is, indeed, pointed out that Italian and Japanese women suffer a sharp conflict between intra- and extra-familial roles (Bumpass et al. 2009; McDonald 2002). This conflict needs to be resolved by paying psychological coordination costs. For the sake of harmonizing employment and family life, women may strive for equity in the allocation of domestic work against psychological pressures brought about by the social norms. Yet, in the face of powerful social norms, women may modify their life plan instead and pursue an alternative goal, the desire for self-fulfilment in the workplace notwithstanding. Due to perceived obstacles and anticipated impediments, the desirable goal pursued by value rationality is transformed into a viable option (Ajzen 1988, 1991; Ajzen and Klobas 2013; Fishbein and Ajzen 1975). Moreover, as shown in Aesop’s fable “The Fox and the Grapes”, beliefs and values may be rationalized to harmonize with a feasible action (Elster 1983, 1990). Thus, coping with informal codes of conduct and a host of social pressures, the process of marriage and childrearing entails psychological coordination costs. If these costs are extremely high, value rationality may play a relatively minor role in marriage and fertility behaviour.
In addition, it should be borne in mind that the initial conditions of institutional contexts will vary from society to society; these conditions will, in turn, affect the development of the space in which a social action will be committed in the future (Nelson and Winter 1982). More specifically, since institutional settings provide behavioural incentives and disincentives at the outset, a specific action may be encouraged or discouraged. The repetition of this action may, in turn, consolidate and reproduce the institutional structure and determine the direction of behavioural changes (Garrouste and Ioannides 2001).

In short, since initial institutional conditions determine a future situation, the development of human behaviour has path dependence (David 2001). The same may hold true for partnership and fertility behaviour in developed countries. Even if earning power approaches parity between men and women, every developed country may not experience the same decline in marriage. Likewise, if a value shift occurs in the way that Maslow (1970) formulates, there is no guarantee that divorces and extramarital births will be ubiquitous in areas outside North-western Europe (Surkyn and Lesthaeghe 2004). From a historical point of view, it appears to be likely that the wide variety of institutional contexts will allow families and
partnerships in developed countries to evolve into diverse directions (Thornton 2005). Indeed, the traditional distinction in the pattern of family formation proposed by Hajnal (1983) is still maintained in Europe as a divide between strong and weak forms of family (Reher 2004). By the same token, the rate of extra-marital births has kept relatively low in Italy, although it shares a similar socio-economic situation with other European countries (Dalla Zuanna 2004a, b). Likewise, institutional contexts inherent in Japanese society may be related to its postponement of marriage and childbirth (Bumpass et al. 2009; Tsuya and Bumpass 2004). All in all, the impact of economic and ideational factors on marriage and fertility behaviours is affected by the institutional environment of a society. We can therefore conclude that the relevance of the economic and ideational theories in Japan needs to be examined by an empirical study.

The primary purpose of this chapter was to reconsider the economic and the ideational theories of marriage and fertility behaviour from a viewpoint of social action theory. For this purpose, the descriptive relevance of the SDT in developed countries was, first of all, examined. Next, we compared and contrasted the methodological and epistemological features of
the economic and ideational theories. Subsequently, the behavioural models of the two theories were reformulated from a standpoint of rational choice theory. Finally, the importance of the institutional environment was discussed.

With reference to the descriptive relevance of the SDT, developed countries after the 1960s have experienced more diverse demographic changes than envisaged in this theory. Indeed, even though the TPFR reached the below-replacement level, the rate of extra-marital births or cohabitation varied from one country to another. For this reason, it is not appropriate to regard this grand narrative as a universal description of changes in marriage and fertility behaviour in these countries. Historically speaking, the evolution of demographic patterns is not unilinear, but multilinear. With these points in mind, it is quite difficult to provide a universal description on a change in partnership and family formation in developed countries after the 1960s. Moreover, even if such a description is portrayed, an exceptional case will come into existence. We may therefore argue that the conceptional significance of the SDT does not consist in its descriptive side.

The second point of this chapter was to explore how the economic and the ideational theories differ considerably in the
explanation of marriage and fertility behaviour. The former theory explains marriage and childbirth behaviour from a material and objective point of view, while the latter theory accounts for them in terms of values and attitudes. Methodologically speaking, this difference between the two theories was derived from their models of human behaviour. In the economic model, the purpose of a human action is to optimally allocate limited social resources such as wages and time in order to maximize satisfaction (utility). Furthermore, the structure of satisfaction is determined by stable and exogenously given preference. Thus, the central issue of this model is the attainment of a goal with the minimum cost. The ideational theory, however, postulates a preference centred heuristic model of human behaviour. A preference is formulated by subjective meanings and discursive interpretations. Furthermore, individual beliefs and values produce subjective meanings and discursive interpretations, which consequently work to define desirable conduct. Thus, in this behavioural model, one behaves in the way that accords with one’s beliefs and values. Furthermore, it is safe to say that the central significance of the SDT is the application of this heuristic model to marriage and fertility behaviour in developed countries.
As the third point of this chapter, we found that, although these two theories have a different behavioural model, they are arranged in an integrated way from a viewpoint of rational choice theory. The behavioural model for the economic theory can be referred to as a Weberian instrumentally rational action, the goal of which is determined a priori; it is organized only to choose an optimal means to an end at minimal expense. In the ideational theory, however, human behaviour is seen from a viewpoint of value-rational action chosen by an actor’s convictions of what is required of him or her, regardless of the possible costs entailed. Despite the differences in the two behavioural models, they are categorized within the realm of rational action. We can, therefore, argue that a fundamental difference between the two theories may be found in the type of rationality postulated.

Fourth, this chapter explored the influence of rationality on marriage and childbearing behaviour as contingent upon an institutional environment. Institutional settings affect the amount of transaction costs necessary for partnership and family formations, which, in turn, have a bearing on the economic costs of marriage and childrearing. At the same time, psychological coordination costs are also affected by institutional factors, which consequently alter the influence of value
rationality on demographic behaviours. Taking these points into account, it is safe to say that the impact of economic and attitudinal factors varies from one country to another. Empirical research is, therefore, necessary to judge whether more recent marriage and fertility patterns in Japan are affected by economic or attitudinal factors.

**Theory of Social Value of Child Marriage:**

The 11th of October 2012 was the inaugural Day of the Girl. This year, the focus was on the eradication of child marriage. Around the world, 70 million girls were married before they reached the age of 18. My post today explores how the interrelated issues of gender, education and child marriage might be addressed by sociology. My focus is primarily on girl brides. While young boys are also married, the research I review shows that the adverse effects of child marriage have chronic health and socio-economic impact on young girls. The “value” attached to child brides refers to the cultural and economic issues underlying child marriage. Young girls are married off according to dominant beliefs about preserving women’s “honour” (that is, ensuring virginity before marriage), as well as the costs of raising girls. Child marriage has been linked to people trafficking in extreme situations. In most other cases it
maintains the status quo in poor or underdeveloped areas, where economic deprivation is used to justify men’s dominance over young women’s reproductive and life choices. In order to eliminate child marriage, communities need to be shown practical demonstrations that delaying marriage increases everyone’s welfare.

**Global Overview Theory of Child Marriage:**

The practice of child marriage transcends religion, ethnicity and nationality, as it is found in every region of the world. It is, however, a highly gendered practice that overwhelmingly affects girls. The United Nations finds that the rate of child marriage has dropped over the past 40 years. Nevertheless, in 2011, 20% of young women in 39 countries had married by the time they were 18 and in an additional 20 countries at least 10% married before age 15. As the UN graphic shows (on the right), child marriage is most common in Bangladesh, Burkina Faso, the Central African Republic, Mali, Mozambique and Nepal, where over half of all young women had married before they turned 18.

The UN reports that only two countries have a relatively high rate of young boys who were married before the age of 18. As the UN does not cite these countries, I looked at their data source, The World Marriage Data 2008. I focused on the data for
men and women ever married who were aged 15 to 19 years.* (See the image below right – click to enlarge.) The UN data show that only Mali and Nepal have relatively notable boy marriage rates of 10%. Additionally, The Democratic Republic of Congo, Ecuador and Nicaragua have boy marriage rates over 6%. Most other developing countries have rates of boy marriage that more or less approximate the boy marriage rates in Western countries (around 1% in most cases and predominantly lower than 5%).

Theory of Education and Social Change:

Mauritanian sociologist Sidi Mohamed Ould Jyyide has reported that in recent years, selling young brides has become more common among urban poor families in Mauritania. The demand for child brides had sparked a new people trafficking market by the mid-2000s. These child marriages are not recorded officially so they are difficult to address via legal frameworks. In such cases social policies addressing poverty and education are required to shift family practices.

In another example, Indian sociologist Biswajit Ghosh conducted fieldwork in Malda district of North Bengal, India. He finds that in rural areas, communities have limited access to quality education and basic infrastructure. In Malda, it is difficult to send children to school, even though younger
people show a strong interest in their education. This is especially problematic for Muslim communities, whose nearest religious school produces poor examination results amongst students, and so parents don’t see this investment in their children’s education to be worth the trouble.

Moreover, poverty and lack of infrastructure serve to maintain the belief that education is worthless. Community and religious elders hold patriarchal views about family honour. Girls’ education delays marriage and so it is construed as negatively impacting girls’ welfare, family honour and as a threat to society more widely. Ghosh surveyed 380 fathers, mothers, elders and girls in Malda. He finds that 90% of parents and elders believed that marriage is “essential for girls,” primarily because they fear girls might elope without proper permission, as well as their concern about girls’ “social security” (economic and social protection). Preserving a young girl’s virginity before marriage is central to the honour ideal which prioritises marriage over education.

Ghosh’s research identifies that many community members had been in contact with international aid workers who had explained the health problems associated with child marriage. In many cases, locals knew it was illegal to organise
the marriage of a young girl. Ghosh finds that legal sanctions and international campaigns to end child marriage are dismissed at the local level because they do not connect to people’s material experiences. Ghosh writes: such campaigns are not taken seriously and knowledge about the negative consequences of early marriage is underplayed as ‘aberrations’ as many of the existing mothers were married much early. Experience of these mothers seems to create a moral basis for marrying their daughters early. Hence, the logic of late marriage propagated by health workers and others do not produce any visible results.

Caste issues complicate education interventions to end child marriage. Ghosh finds that girls from upper Hindu families are able to delay marriage as they focus on education, but the Muslim girls who generally come from poorer families have less bargaining power with their parents. Some girls who are exceeding at school are unhappy at the prospect of marrying young as they prefer to finish their studies. Unfortunately, their overall marriage prospects in the long term are constrained. One girl Ghosh spoke to had excellent marks at school but she found that her education was elevating her social status, but this had the negative effect of excluding her from most marriage prospects. Young men who were less literate required a poor
dowry that reflected negatively on the girl’s family. (Dowry is the money, land or assets that a girl’s family offers the groom in order to marry.) Young men who could match the girl’s level of education required too high a dowry. The lack of employment opportunities for women, and the material reality faced by poor communities make it seem as if early marriage is a source of protection.

In some communities, education is seen to weaken the institution of marriage and it undermines men’s authority. Education is therefore constructed as a threat to the established social order. This was exemplified recently by the tragic case of 14 year old Malala Yousufzai, an education activist living in Pakistan. Yousufzai has campaigned tirelessly for the right to attend school in a rural area where marriage is viewed as being more important for girls than education. The terrorist group Tehrik-i-Taliban Pakistan (TTP) had publicly identified Yousufzai as a target due to her advocacy. Yousufzai had been attending school after reaching international acclaim but she was shot last week. In their analysis of Yousafzai’s case, the Daily Maverick made a connection between child marriage, education and violent resistance to social change. Author Khadija Patel reports that only one in three girls in rural Pakistan has attended
Researchers claim poverty, crowded classes, outmoded teaching methods, and dilapidated school buildings are to blame for the poor enrolment of girls. Parents are reluctant to send their daughters to schools without sanitation facilities, and many view early marriage as a higher priority for their daughters than an education.

Achieving change in child marriage is impeded by socio-economic issues, such as location (rural and urban-poor), access to resources, income and language. Sociological lessons might assist policy makers and activists make a targeted impact.

**Sum-up of Theories:**

The United Nations is seeking to end child marriage by 2030. International agencies often focus on raising community awareness on the legalities and health benefits of education in the quest to eradicate child marriage. This approach has limited impact as information campaigns about education do not match the material and cultural reality of local communities, particularly in urban poor areas or in rural districts. The demand for child brides can have adverse effects beyond individuals and families, such as in the poor city areas in Mauritania where trafficking child brides has become an illicit business. In rural areas, educating girls delays marriage and it
can make it more difficult for poor families to negotiate marriage after education is completed. This makes it seem as if education is a threat to the institution of marriage and to family honour. In the Indian district of West Bengal, problems in organising effective delivery of education and tangible employment outcomes only gives more credence to religious and community elders who argue that marriage undermines society.

Change can only occur with international agencies, national governments and local grassroots groups working together in practical ways. The tensions between girls’ right to education versus their obligation to marry is not simply about gender. Lack of access to quality education makes it difficult to invest resources that are already lacking into sending girls away to attend school in other regions. In this setting, economic necessity and cultural norms about family honour and protection trump the knowledge that child marriage is illegal.

Ending child marriage clearly requires stronger policing of laws around the world. Moreover, addressing poverty is critical. Improving the enrolments of girls in schools requires better facilities in close proximity to rural and urban-poor communities, including qualified teachers who can inspire learning. Education has to be demonstrated to have local applicability. It is not simply enough to educate children.
Communities need to see concrete examples that education leads to jobs and practical skills that increase everyone’s quality of life.

Ghosh argues that microfinance schemes might be one way to support girls and their families to delay marriage, by providing loans, subsidies and cash. Such economic incentives might help women establish their own businesses and generate other employment opportunities. Ghosh’s fieldwork exemplifies how promoting education as a means for vocational and entrepreneurship training is particularly effective. Through improved education delivery, schools can become a vehicle for delaying child marriage. Providing regular training sessions for parents and community leaders at the school would also help generate further support. Schools need to be supported in showcasing not just the exam scores of their pupils, but also how the tangible skills children learn will better the socio-economic relations of their society.
2.4 Conceptual Frame Work

Marriage Pattern in India
- Early Child Marriage
- Late Child Marriage
- Ideal Child Marriage

Family Background Variables
- Values & attitudes point of view
- Negative institutional environment (family)
- Psychological non-coordination
- Irrational thinking and behaviour
- Prevalence of child marriage

Materialistic & objective point of view
- Positive institutional environment (family)
- Psychological coordination
- Rational thinking and behaviour
- Non-prevalence of child marriage

Poor Outcome of Socio-economic and Health Status
1. Microfinance to girls and family
2. Subsidies
3. Incentives
4. Higher education
5. Employment opportunities
6. Awareness/training
7. Learning of tangible skills
Nothing is well

Better Outcome of Socio-economic and Health Status
- Chances of
  1. Burden on parents
  2. Loss of virginity
  3. Pre-marital sexual relations
  4. Less fecundity
  5. Infertility
  6. Under-nourished issue
  7. Risky pregnancy
Something is well

Excellent Outcome of Socio-economic and Health Status
1. High fertility
2. Less child mortality
3. Less maternal mortality
4. Proper feeding of children
5. Less abortion
6. Birth of healthy child
7. Preferable ideal space
All is well