Child Marriage in India

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To be defined at length in a later section, child marriage is most simply, for our purposes, a marriage in which the wife is below the age of eighteen at the time of consummation. 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. Though the statistics are contentious, 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, p. 2). In India overall, roughly 47.6 percent of girls are married by the age of eighteen (*The implications of early marriage,* 2004).

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 (including HIV/AIDS) 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, p. 4-11; 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).

In many ways, the social issues that emerge from the practice of child marriage also serve to reinforce it—creating a vicious cycle. This cyclical pattern is just one reason why the practice has yet to be eradicated despite international pressure and legal interventions. Each of the problems that informs child marriage intersects in complex ways and the result is an incessant and engrossing problem that impacts all aspects of the social worlds in which it takes place, from the well-being of the individual girls to the economic, political, and cultural structures of general Indian society.

What is most urgent about child marriages in India, however, is the relationship between child marriage and the increasingly severe Indian HIV epidemic.

The rates of HIV in India are a topic of great debate between the Indian government and both Indian and International NGOs. Yet, there is a consensus that HIV, once an urban phenomenon in India that was primarily transmitted within high-risk populations is now gaining momentum in rural areas ("Fears Over India," 2005). These trends are alarming and suggest that the cultural contexts in which these HIV rates are climbing need to be addressed.

Additionally, recent research has found links between HIV and early marriage in communities across the globe. "…[T]he majority of sexually active girls 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" (*The implications of early marriage*, 2004, p. 1; Clark, Bruce, & Dude, 2006, p. 79).

HIV/AIDS in India

The Indian HIV/AIDS epidemic is relatively new, and, once limited to high-risk urban populations, HIV is rapidly emerging as a problem for general communities within Indian society ("Fears Over India," 2005). HIV/AIDS is becoming widespread, and as it reaches new populations, it poses new problems. As child marriage is fundamentally a rural phenomenon in India, the particular plight of HIV in rural areas must be discussed. Issues like how to educate and provide treatment for people in poor, rural areas are emerging, and new cultural pockets of Indian society must be understood in order to more effectively implement these programs.

Though contentious, recent figures estimate that roughly 2-3.6 million people in India are infected with HIV. This places India third worldwide for the number of HIV cases within a country. "Overall, 0.36% of India's population is living with HIV." While this may seem low, given the vast population of India, the actual number of people who are HIV-positive is remarkably high (*Overview of HIV/AIDS,* 2008). And in Rajasthan, the largely rural state in which the project will be conducted, it is believed that there is a prevalence of nearly 5%--extremely high for India ("AIDS in India," n/d).

Many who work in the health sector claim that they are witnessing a rapid rise in infections to new populations. "Sujatha Rao, director-general of the government's National AIDS Control Organisation, says doctors are increasingly seeing women infected by their husbands," a population typically not targeted by reproductive health programs ("Vast Distances a Barrier," 2008; Santhya & Jejeebhoy, "Early Marriage," 2007).

There is also evidence that knowledge of HIV is extremely low in the rural areas where the study will be conducted, particularly among women. The National Family Health Survey reports that only 19% of ever-married rural Rajasthani women aged 15-49 had ever heard of AIDS, compared to 65% of their male counterpart. Aside from the gender discrepancy of knowledge across India, however, a rural/urban dichotomy was especially pronounced among women (2005-2006 National Family-Rajasthan; 2005-2006 National Family-India).

This lack of knowledge unsurprisingly also appears to influence behavior. Among currently married rural women, aged 15-49, only 38% used any "modern method" of family planning, compared to 55.8% of their urban counterparts. More importantly, only 3.1% of married rural women have used a condom (the only method in the analysis that would protect against HIV), compared to 13.3% of urban married women. Furthermore, only 14.7% of ever-married rural women (ages 15-49) knew that consistent condom use can reduce the changes of HIV/AIDS, in comparison to 61.6% of their urban counterparts (2005-2006 National Family-Rajasthan; 2005-2006 National Family-India).

A recent *New York Times* article reports that the rural problem of HIV is made more pronounced by the difficulties that HIV-positive people in rural communities face when attempting to get tested and treated. Many patients travel long distances each month

to receive government-sponsored antiretrovirals, but the cost and time required for such a journey is difficult for many to achieve. In consequence, many patients simply give up on treatment, "an anathema in HIV therapy as it gives rise to drug resistance." One doctor notes, "Travel can affect drug compliance. Patients who don't get family support, women who may not like to travel along will just give up" ("Vast Distances a Barrier," 2008).

Child Marriage

For the purposes of our discussion, *child marriage* is identified as a marriage that takes place before "exact age 18"—a definition adhered to by UNICEF and other international organizations (Bruce, 2007). This definition is at odds with the definition provided by India's recent Prevention of Child Marriage Bill, which states that a "…'child' [is] a person who, if a male, has not completed twenty-one years of age, and if a female, has not complete eighteen years of age" (The Prevention of Child Marriage Bill, 2004). While this discrepancy will be analyzed further below, given that eighteen is largely considered the age of consent, it is this standard to which our definition will be held. It should be noted that the betrothal of a marriage can happen at any time, and often will occur at birth. But that marriage is not defined as a child marriage unless the wife is given to her spousal family, and the marriage is consummated, before she reaches the age of eighteen. Furthermore, as most child marriages take place among girls who are minors, with male partners who are of age, whenever the term "child marriage" is used in this project, it is referring to a marriage that involves a female child.

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, p. 7). Despite this, laws have been on the books for over a decade. In 1994, a Marriage Bill was introduced which "recommended…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, p. 10). 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, p. 37).

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% of Rajasthani marriages occur with girls under the age of fifteen (Yadav, 2006, pl. 10; Burns, 1998). Therefore, there is overwhelming evidence that child marriage is occurring in Rajasthan in large numbers, despite the laws against it.

Why is child marriage occurring? What social, cultural, and economic contexts inform the persistence of this practice?

Some assert that Rajasthani people either do not understand the law or simply ignore it (Yadav, 2006, p. 37). 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.

Additionally, cultural and social contexts still highly value this practice and Indian families often turn to child marriage to help cope with social conditions in disrepair. To approach this, I will first discuss the gender norms in India. How are women perceived? What are the practical implications of these norms? Secondly, I will discuss the value placed on virginity and understandings of premarital sex. Thirdly, I will discuss the economic factors that continue to promote the practice. And finally, I will briefly discuss the major consequences of child marriage, which will move us into a discussion of the links between child marriage and HIV.

Child marriage is deeply embedded in ideals about the role of women and the status of girls in Indian culture (Gupta, 2005, p. 3). 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 patrilocal family ideology, girls are "reared to be obedient, self-sacrificing, modest, nurturant, 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 (and enhancing the disparity between her and her husband's age), the male-based hierarchy is best preserved (Seymour, 1999, p. 55). 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, p. 216; Gupta, 2005, p. 1; Yadav, 2006, p. 1; Seymour, 1999, p. 97).

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 patrilineal descent, to bear children, especially sons, is critical, and girls learn from an early age that this is their responsibility" (Seymour, 1999, p. 97). 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, p. 99).

How do women feel about their status and role in society? Seymour writes that, "Women are the moving pieces in an exchange system that creates extensive webs of kinship. Is this a hardship for them? Yes, for they must leave the security of their own family and join a different family. Do they find it oppressive? Sometimes, but not generally" (Seymour, 1999, p. xvi). Though others argue that "cultural dictation of female role and lack of continued financial and emotional support, predominantly from

spouses and other family members, were influential factors in [high rates of depression among women]" (Jambunathan, 1992).

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, p. 48; Segal, 1999, p. 218-220). 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, p. 219). 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 (Indian 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). And in a statement by UNICEF, the organization "…[says] that for most of the female fetuses that survive, 'birth is the only equal opportunity they will ever get'" (Segal, 1999, p. 220).

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, p. 55). 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, Send, & Pradhan, 2005, p. 17; 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, p. 15). "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, p. 3). For families in poverty, marrying a daughter early can mean lower dowry payments and one less mouth to feed (Bhat, Sen, & Pradhan, 2005, p. 16). "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, p. 3).

What is devastating about the child marriage problem, beyond the human rights abuses, is the way in which it impacts both the individual and the community and the manner in which the practice reinforces itself. "Impoverished parents often believe that child marriage will protect their daughters. In fact, however, it results in lost development opportunities, limited life options, and poor health" (*Child marriage fact sheet,* 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, p. 21; Gupta, p. 1-2).

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, p. 41). Additionally, 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, p. 220).

What is still to be explored among scholarly analysis of child marriage are the ways in which this practice is being renegotiated in an era of HIV. As HIV becomes an increasing threat in the rural communities where child marriage is most common, members of these communities must cope with how to address the epidemic through their specific cultural lens. Though I will outline the relationship between child marriage and HIV below, it is my hope that my research project will better answer how these twin phenomena interact within the specific Rajasthani context. Furthermore, my research will address how Rajasthani women themselves see the connection and how this conception impacts their views on behavior, desires, needs, and shifting female roles in Indian culture.

The Relationship between Child Marriage and HIV

There is a great deal of literature about child marriage, both in India and abroad. And there is ethnographic literature that examines the way in which Indians conceive of child marriage and why it exists. Yet, few studies look at the intersecting understandings of HIV/AIDS and child marriage in the culturally specific context of rural India. And, as demographic data and ethnographic work from other regions imply, there is an extremely important intersection between the two practices to which academics and policymakers must attend.

As HIV infection accelerates among women, particularly adolescents, it is key that policy measures respond to this increasing need. While they currently are struggling to do so, many of the programs being implemented, "pay surprisingly little attention to the large proportion of female adolescents who are married." In the majority of developing countries, "most of the sexual intercourse involving female adolescents occurs within marriage." Though transmission between spouses is understandably rare if both partners are uninfected at the time of marriage and are subsequently monogamous, this is too-often not the case and, as is frequent among women who marry at young ages, sex with a spouse can be very risky. Furthermore, many people perceive marriage as a safe haven from HIV risk, which exacerbates this risk and makes policy programs that target this problem more difficult, and all the more important, to implement. If international AIDS prevention messages, particularly abstinence only education, remain irrelevant to married girls, and further sanction that sex within marriage provides protection from HIV, it is predicted that the problems of HIV and child marriage will only get worse (Clark, Bruce & Dude, 2006, p. 79-80; Santhya & Jejeebhoy, *Young people's,* 2007, p. v).

One of the reasons why child marriage is strongly associated with increased HIV risk is due to the biological factors of these sexual encounters. Young girls are more susceptible to HIV/AIDS and other sexually transmitted diseases, due to the physical

trauma of intercourse as well as the "immaturity of their genital tract" (Bruce, 2007). Particularly in an act of sexual coercion, tearing may occur as a young girl's body may not be ready to handle intercourse (Bhat, Sen, & Pradhan, 2005, p. 21; Clark, Bruce & Dude, 2006, p. 83). But often, these married girls are usually not given a choice and sexual intercourse may occur long before a girl's body can endure it.

Additionally, 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, p. 82). Furthermore, 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, p. 80).

Works Cited

AIDS in India. (n.d.). *Azad India Foundation*. Retrieved June 7, 2008, from http://azadindia.org/social-issues/aids-in-india.html

Amin, S., Chong, E., & Haberland, N. (2007, September). *Programs to address child marriage: Framing the problem* (Brief no. 14). Retrieved from The Population Council Web site: http://www.popcouncil.org/pgy

Bhat, A., Sen, A., & Pradhan, U. (Eds.). (2005). *Child marriages and the law in India*. New Delhi: Human Rights Law Network.

Bruce, J. (2007, September). *Child marriage in the context of the HIV epidemic* (Brief no. 11). Retrieved from The Population Council Web site: http://www.popcouncil.org/pgy

Burns, J. F. (1998, May 11). Though illegal, child marriage is popular in part of India. *New York Times*. Retrieved from http://www.nytimes.com

Child marriage fact sheet. (2005). Retrieved from United Nations Population Fund Web site: http://www.unfpa.org/swp/2005/presskit/factsheets/facts_child_marriage.htm

Clark, S., Bruce, J., & Dude, A. (2006). Protecting young women from HIV/AIDS: The case against child and adolescent marriage. *International Family Planning Perspectives*, 32(2), 79-88.

Fears over India rural HIV rate. (2005, November 30). *BBC News*. Retrieved from http://news.bbc.co.uk/2/hi/south_asia/4486568.stm

Gupta, G. R. (2005, September 14). *Forum on child marriage in developing countries*. Forum presented at U.S. Department of State.

The implications of early marriage for HIV/AIDS policy. (2004). New York: Population Council.

Indian Census. (2001). Retrieved from Office of the Registrar General, India Web site: http://www.censusindia.gov.in/Maps/Theme_based_Maps/Map_links/map4.htm

Jambunathan, J. (1992, Summer). Sociocultural factors in depression in Asian Indian women. *Health Care for Women International, 13*(3), 261-70.

Jejeebhoy, S. J., & Halli, S. S. (2005). Marriage patterns in rural India: Influence of sociocultural context. In *The changing transitions to adulthood in developing countries: Selected studies* (pp. 172-199). Washington, D.C.: National Academies Press.

Kristof, N. D. (1991, November 5). Stark data on women: 100 million are missing. *New York Times*. Retrieved from http://www.nytimes.com

Mathur, S., Greene, M., & Malhotra, A. (2003). *Too young to wed: The lives, rights, and health of young married girls.* Retrieved from International Center for Research on Women Website: http://www.icrw.org

Mensch, B. S., Singh, S., & Casterline, J. B. (2005). Trends in timing of first marriage among men and women in the developing world. In *The changing transitions to adulthood in developing countries: Selected studies* (pp. 118-171). Washington, D.C.: National Academies Press.

Miller, B. D. (1981). *The endangered sex: Neglect of female children in rural North India*. Ithaca: Cornell University Press.

Nour, N. M. (2006, November). *Health Consequences of Child Marriage in Africa* (Volume 12 No. 11). Centers for Disease Control, Emerging Infectious Diseases.

O'Neil, J., Orchard, T., Swarankar, R. C., Blanchard, J. F., Gurav, K., & Moses, S. (2004). Dhandha, dharma and disease: Traditional sex work and HIV/AIDS in rural India. *Social Science & Medicine, 59*, 851-860.

Overview of HIV/AIDS in India. (2008, April 23). Retrieved June 6, 2008, from AVERT Website: http://www.avert.org/aidsindia.htm

The Prevention of Child Marriage Bill, 2004, LVI of 2004 § N/A.

Santhya, K. G., & Jejeebhoy, S. J. (2007). Early marriage and HIV/AIDS: Risk factors among young women in India. *Economic and Political Weekly, 42*(14), 1291-1297. Abstract retrieved from http://www.popcouncil.org/projects/abstracts/EPW_42_14.html

Santhya, K. G., & Jejeebhoy, S. J. (2007). *Young people's sexual and reproductive health in India: Policies, programmes and realities* (Rep. No. 19). New Delhi: Population Council.

Segal, U. A. (1999). Family violence: A focus in India. *Aggression and Violent Behavior, 4*(2), 213-231.

Seymour, S. C. (n.d.). *Women, family, and child care in India: A world in transition*. Cambridge University Press. (Original work published 1999)

Thapar, S. (2007, March 19). Save the girl child. *The Hindu*. Retrieved from http://www.countercurrents.org/gen-thapar190307.htm

2005-2006 National Family Health Survey (NFHS-3) national fact sheet: India. (n.d.). [Pamphlet]. Mumbai. Retrieved from Ministry of Health and Family Welfare Government of India Web site: http://www.nfhsindia.org

2005-2006 National Family Health Survey (NFHS-3) fact sheet: Rajasthan. (n.d.). [Pamphlet]. Mumbai. Retrieved from Ministry of Health and Family Welfare Government of India Web site: http://www.nfhsindia.org

Vast distances a barrier to combating HIV/AIDS in India. (2008, June 2). *New York Times*. Retrieved from Reuters Web site: http://www.nytimes.com

Veerni Project: About Veerni. (2007). Retrieved June 6, 2008, from The Global Foundation for Humanity Web site: http://veerni.waidev2.com/site/about-veerni.php

Yadav, K. P. (2006). *Child marriage in India*. New Delhi: Adhyayan .