

Background

- Child Marriage represents a grave violence against children and deprives them of their right to health, education and livelihoods. Children married in their childhood are at higher risk of negative adverse health outcomes.¹.
- Despite legislation, child marriage remains widespread in India, where 30% of all women 20-24 years get married before their 18th birthday ^{2,3}. The 2011 Indian census estimated that 17 million children get married in the age group of 10-19 years ³.
- Social determinants of health (SDH) are conditions, in which people are born, grow; work, live and age ⁴.SDH are mostly responsible for health inequities- the unfair and avoidable differences in health seen within and between countries.
- Bal Umang Drishya Sanstha (BUDS)⁵, an Indian registered, non-profit organization. Operating on the Principle of 3Ps (Prevention of Disease, Prompt Treatment and Promotion of health), BUDS operates a fully equipped mobile health van to facilitate access to health care in the marginalized rural community of district Mewat, Haryana, India ⁶.

Mewat is a district of the North Indian state; Haryana. Mewat district household and facility level data revealed ⁷ that

- Majority of adolescents suffer from a high level of malnutrition (45%), anaemia (70%), sexual and reproductive health issues
- Among women (aged between 15-49 years) 45% reported birth order of more than 3 years, 61% women had total unmet needs for family planning; only 13% attended Antenatal clinics more than 3 times during pregnancy.

Aims and Objectives

The aim of the study was:

- To analyse the social determinants related to child marriage in rural Mewat, India.
- To enable design of effective public health strategy designed to prevent child marriage in this community.

Materials and Research Methods

Qualitative Participative Case Study Approach

BUDS multidisciplinary team visited the family homes of the two reported cases, in order to understand the social determinants related to child marriage.

- Consent forms were translated into Hindi (the local language) and signed by both the case-study respondents.
- Consonant with the norms of the society, a woman was present throughout the interview.
- Rapport building was facilitated by a senior woman social worker and female paediatrician from the BUDS team.
- In depth interviews were conducted to understand the perspective and opinion of the respondents with respect to child marriage and the societal pressures that support child marriage.
- Names of respondents have been changed to protect their identities.

Sahuni's Case

Sahuni is one of 7 surviving children of her parents. Sahuni barely weighs 35kgs despite being 25 years of age and complains of headache, body-ache, depression and fatigue (these may be a combination of her poor physical and mental health status). She has had 8 successive abortions each of which resulted in heavy bleeding and has been abandoned by her husband and blames herself for being a burden for her parents and husband.

"...I am such a disgrace to my husband. I couldn't give him a son..."

Sahuni has no views of her own. On a re-visit to probe further, the authors were given answers that they had heard repeatedly in the community - "izzat ka sawal hai" (it is a question of honor). She conformed to what her parents had asked her to do. Now she had nowhere to go and nothing to do.

"Society makes a more of an issue than our parents",

Salma's Case

Salma had to leave school to attend to her mother who was suffering from asthmatic bronchitis. She thought that might have a chance to go to school after her mother recovered from her illness.

But her sickness made her weak. Salma had to take over. Now Salma is an adolescent and is trying to get herself mentally prepared to get married.

What does Salma feel about early marriage? *She said she has no views. She knows that it is the custom in her community – where girls get married as soon as they attain puberty".*

"If they do not get married early, they are the subject to taunts". There seems to be a threat of gender-based violence, hanging over the heads of most young girls, all the time in the community".

Recommendations

- There is an urgent and important need to incorporate child rights and protection training into an updated medical curriculum and training of physicians
- WHO package (INSPIRE) is anchored on evidence based strategies to prevent violence against children & in recognition of United Nations Convention on the Rights of the Child (UNCRC).
- It is an essential tool to help achieve UN Sustainable Development Goals
- Apex Medical Professional Societies professionals should be trained in identifying child abuse, neglect and exploitation such as child marriage.



Results: Contextual Factors

- Patriarchy and gender dynamics influencing individual decision-making such as early marriage.
- Negative health outcomes that arise from early marriage have been illustrated.
- Low literacy, neglect, low self-esteem, apathy and regarding girls as inferior members of society.
- Media (portrayal and reportage of violence against women and girls) was mentioned as a cause of 'leading girls astray' these are excuses to coerce adolescents to conform to norms.

Discussion

- Primary health care providers are often the first point of contact with children suffering from various forms of exploitation, including child marriage.
- The roles of physicians are not to be confined to clinical activities alone, but as providers of comprehensive health services, prevention and anticipatory guidance.
- In low & and middle income countries, medical professionals should be taught to engage with issues of violence, and child marriage.
- Child marriage is a major public health problem, can lead to major health complications in both teenage mothers and their new-borns and children.
- Persistence of child marriage is a social and medical emergency, waiting to erupt and its symptoms may already be overburdening our overloaded health systems

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