

Teenage marriage and birth predict anemia, learning skills, and depression among adolescent girls in India

Presenter: Anjali Pant¹

Co-authors: Samuel Scott¹, Neelanjana Pandey², Phuong Nguyen¹

¹International Food Policy Research Institute

²Population Council Consulting Private Limited



Study rationale

- **South Asia** accounts for 45% of global teenage marriages (*age at marriage* <18y); cuts across religions & ethnicities
- Early marriage is an equity problem
 - Early marriage -> early childbearing
 - Girls married early are deprived of quality educational and health outcomes



Study rationale

- Teenage marriage is important in Indian context:
 - 1/5th population 10-19 years old (Census 2011)
 - Despite being prohibited by national law, child marriage is still common
- *Study motivation*: Limited evidence on effects of teenage marriage and birth on girls' holistic wellbeing in India



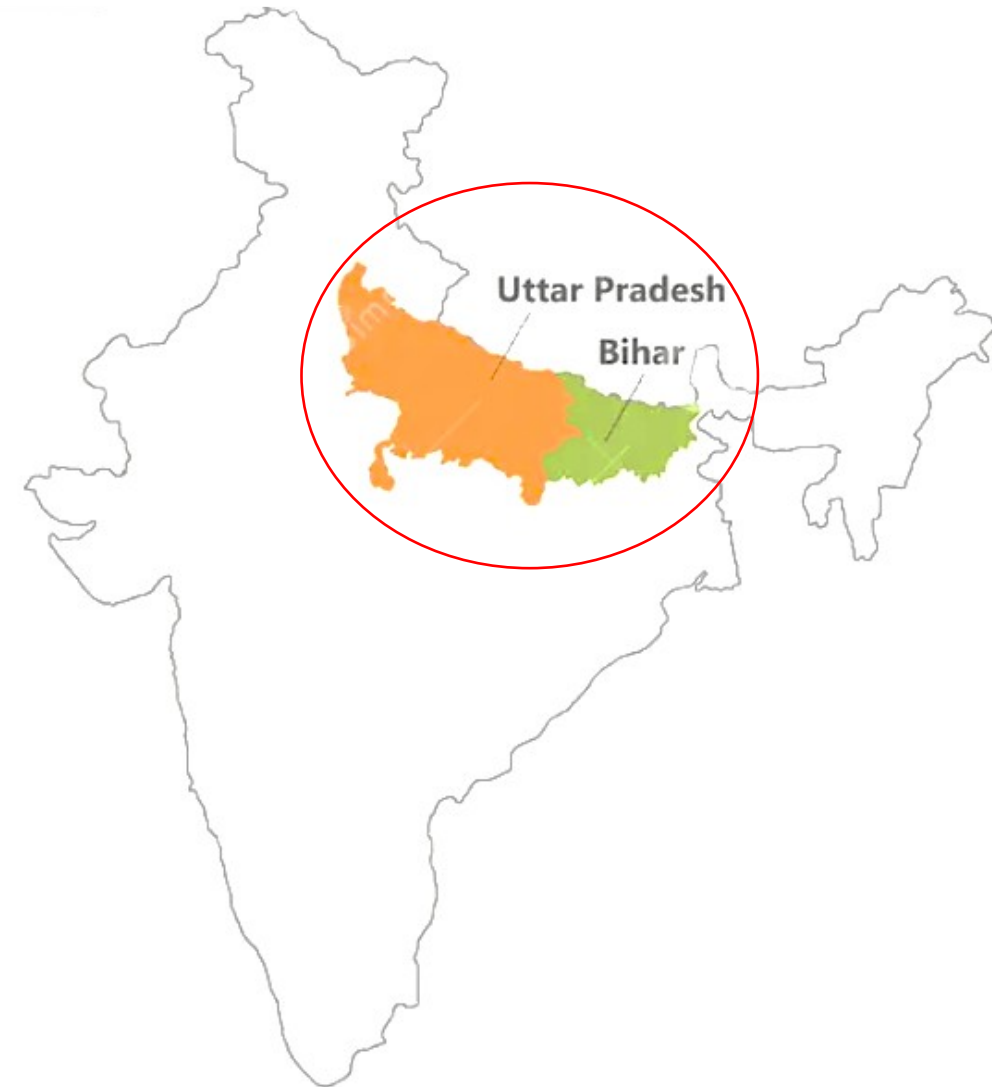
Study objective

Examine the effect of teen marriage and birth on the following well-being outcomes among Indian girls between 2015-16 and 2018-19:

- Anemia
- Learning skills (reading and math abilities)
- Depression

Data

- Data: Population Council's Understanding the Lives of Adolescents and Young Adults (UDAYA) longitudinal data
- Years: 2015-16 (wave 1), with a follow-up round in the year 2018-19 (wave 2)
- Location: India (Uttar Pradesh and Bihar)
- Data representative at state level
- Sample: ~11,700 girls
(Anemia sub-sample: ~3400 girls)

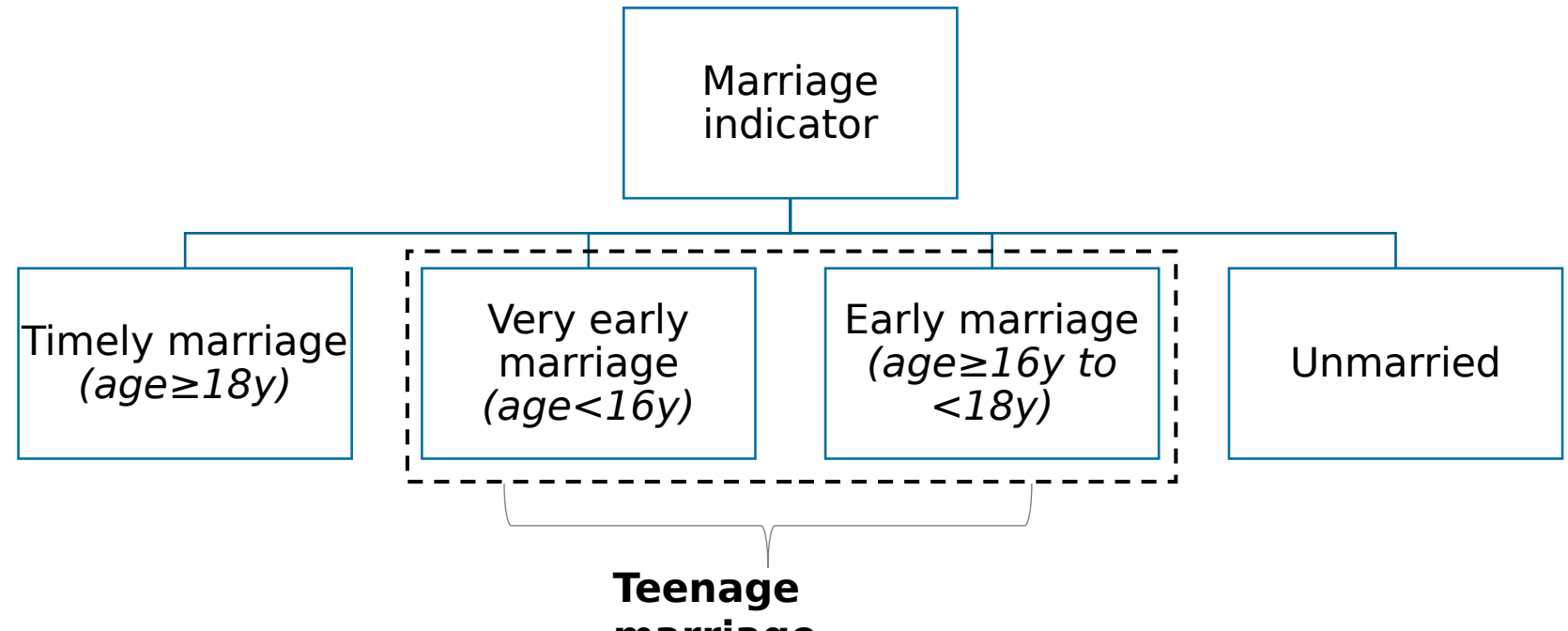


Variables

- Key explanatory variables



Teenage marriage: age at first marriage is $<18y$

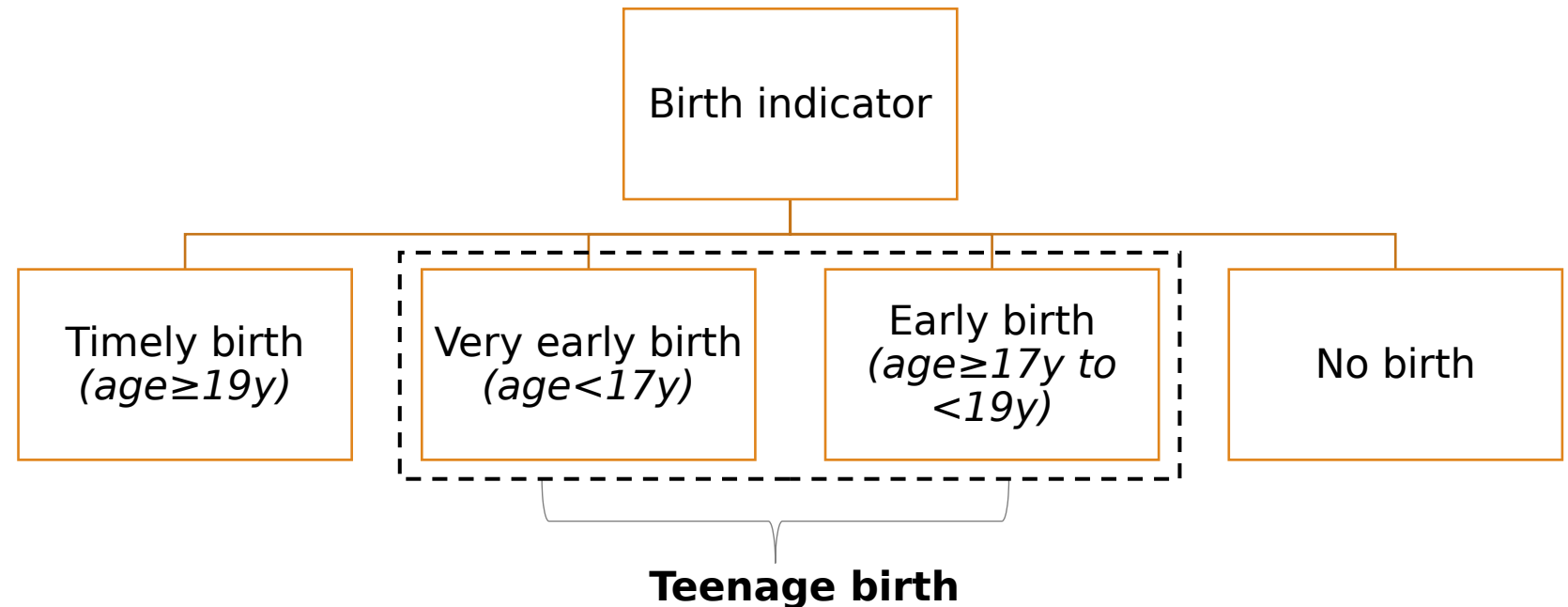


Variables

- Key explanatory variables



Teenage birth: age at first birth is $<19y$



Variables

- 4 outcomes:



Anemia → Hemoglobin age-based cut-offs from WHO



Reading skills (can read standard II text) → *Annual Status of Education Report (ASER)*



Math skills (can solve division problems) → *ASER*



Depressive symptoms → *Patient Health Questionnaire (PHQ-9)* (cut-off: at least 5 out of 27 points)

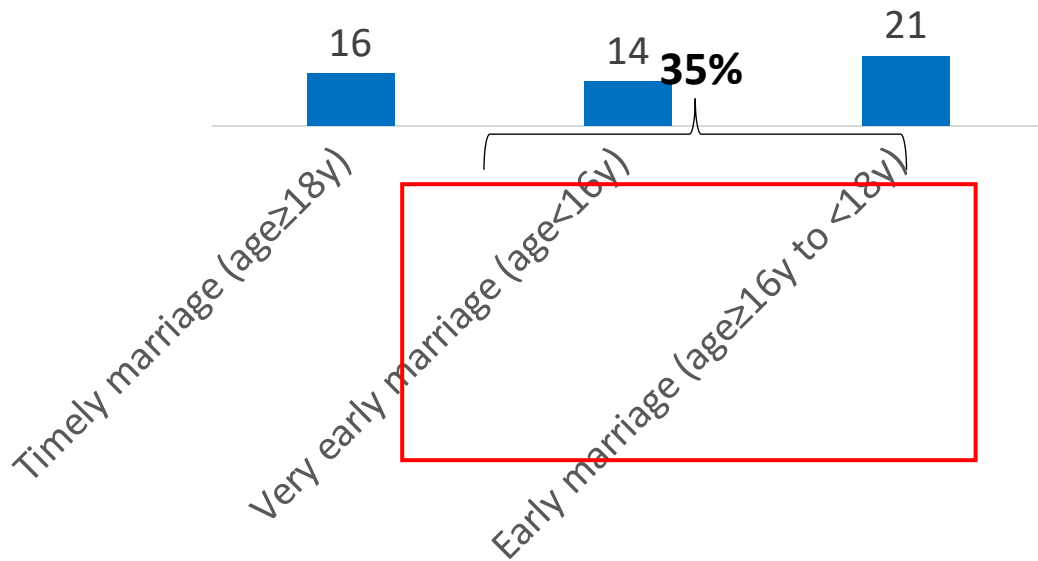
Analytical approach

- Multilevel multivariate mixed-effect logistic regression on repeated measures
- Models adjusted for demographic and socio-economic factors and survey sampling weights

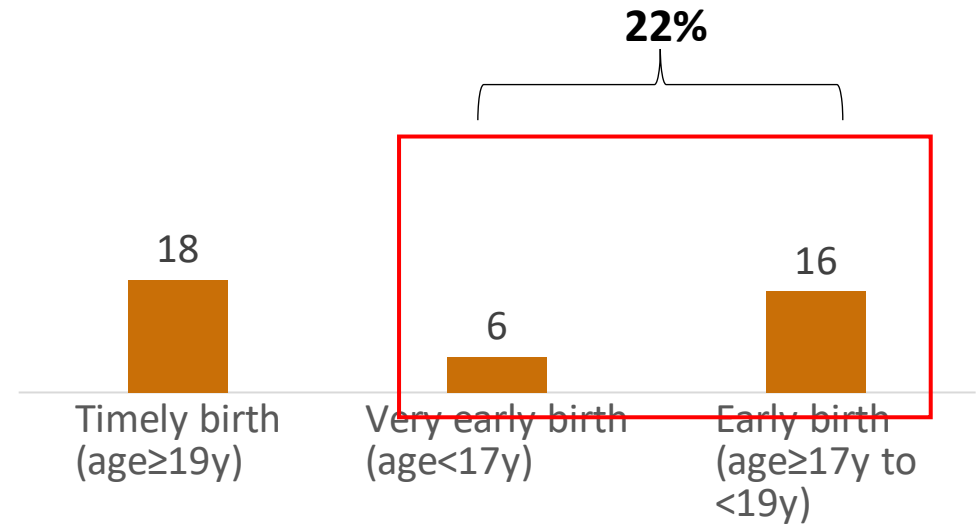
35% of girls were married when <18y and 22% gave birth before 19y



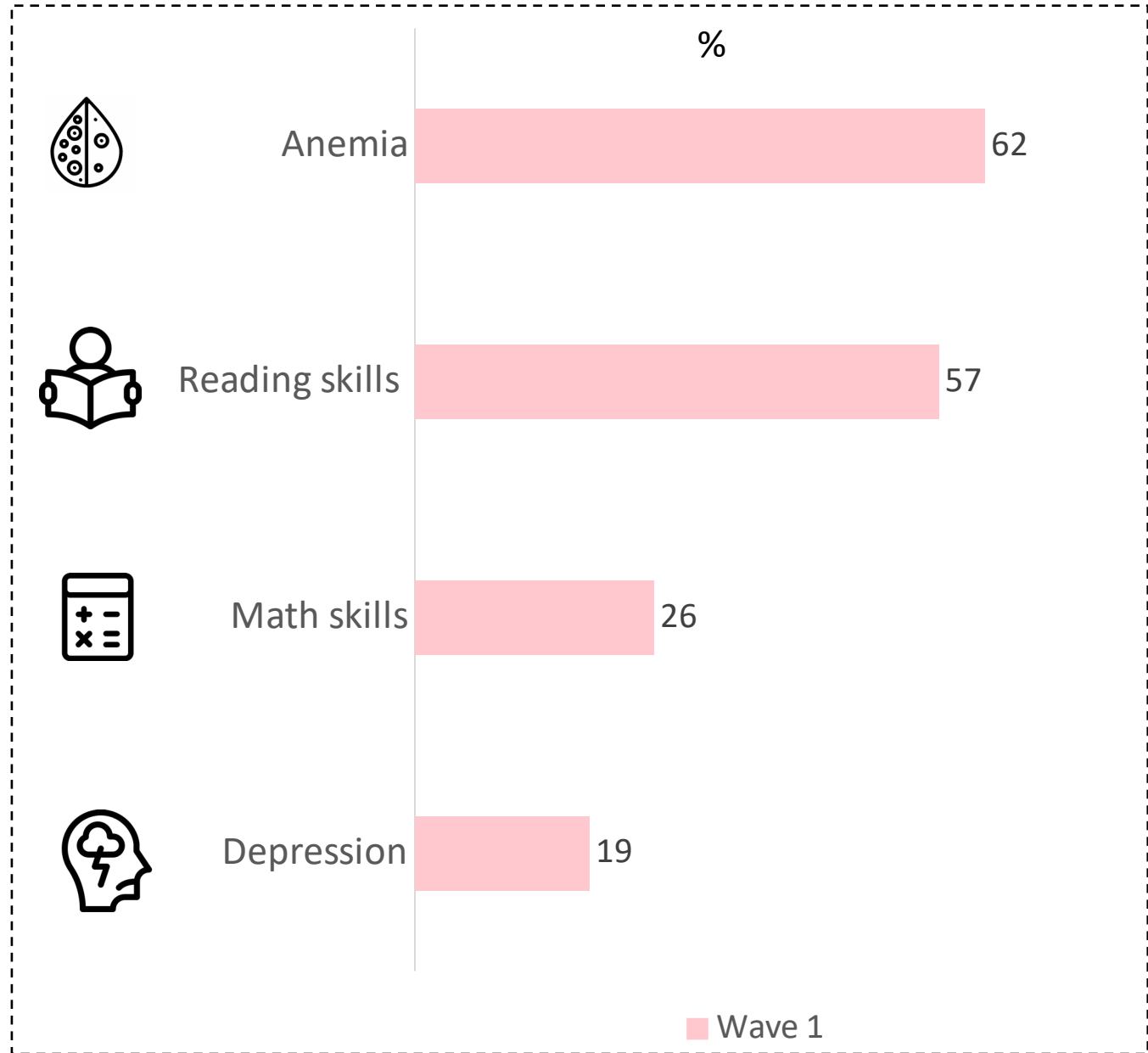
Teenage marriage prevalence, %



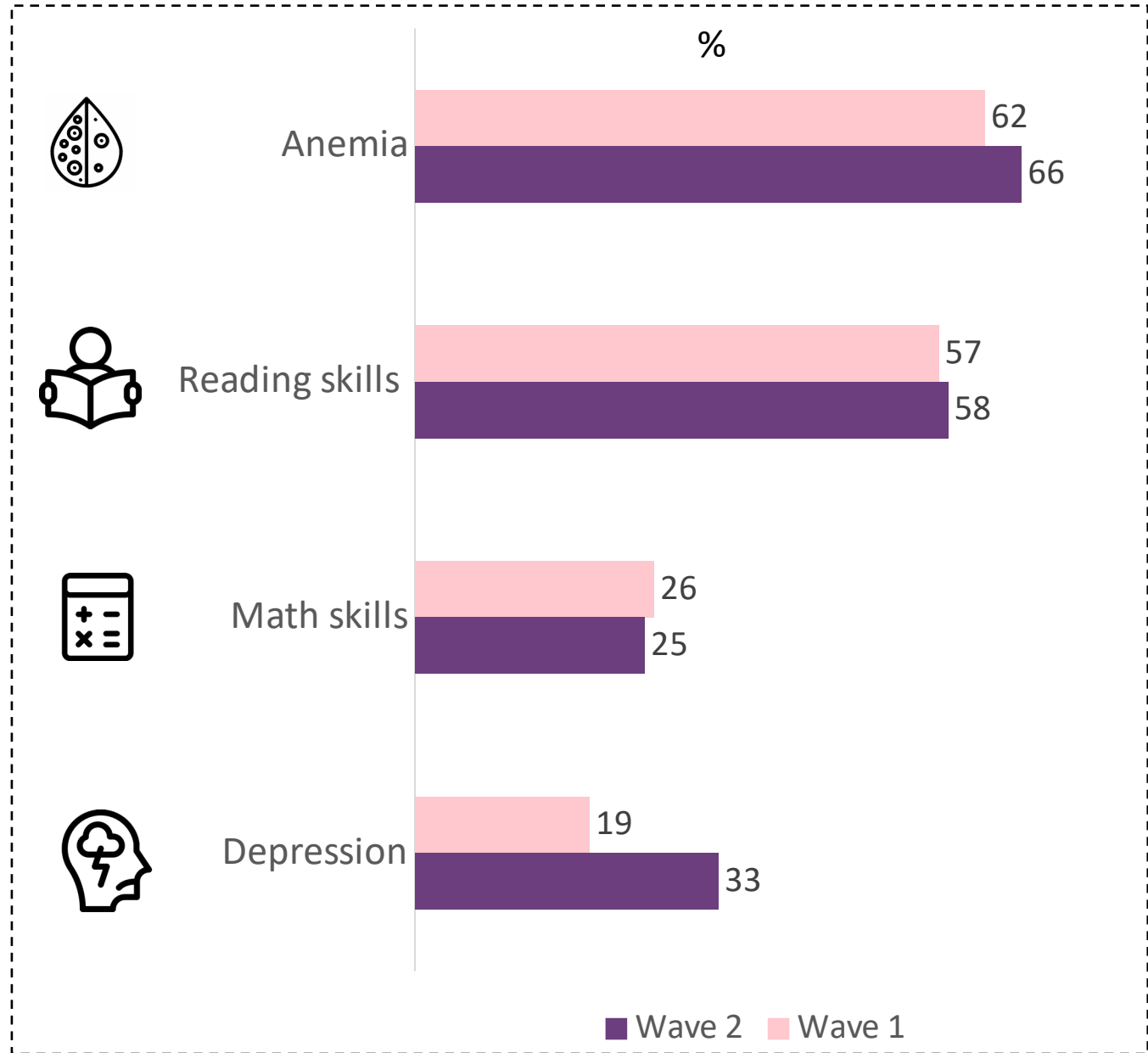
Teenage birth prevalence, %



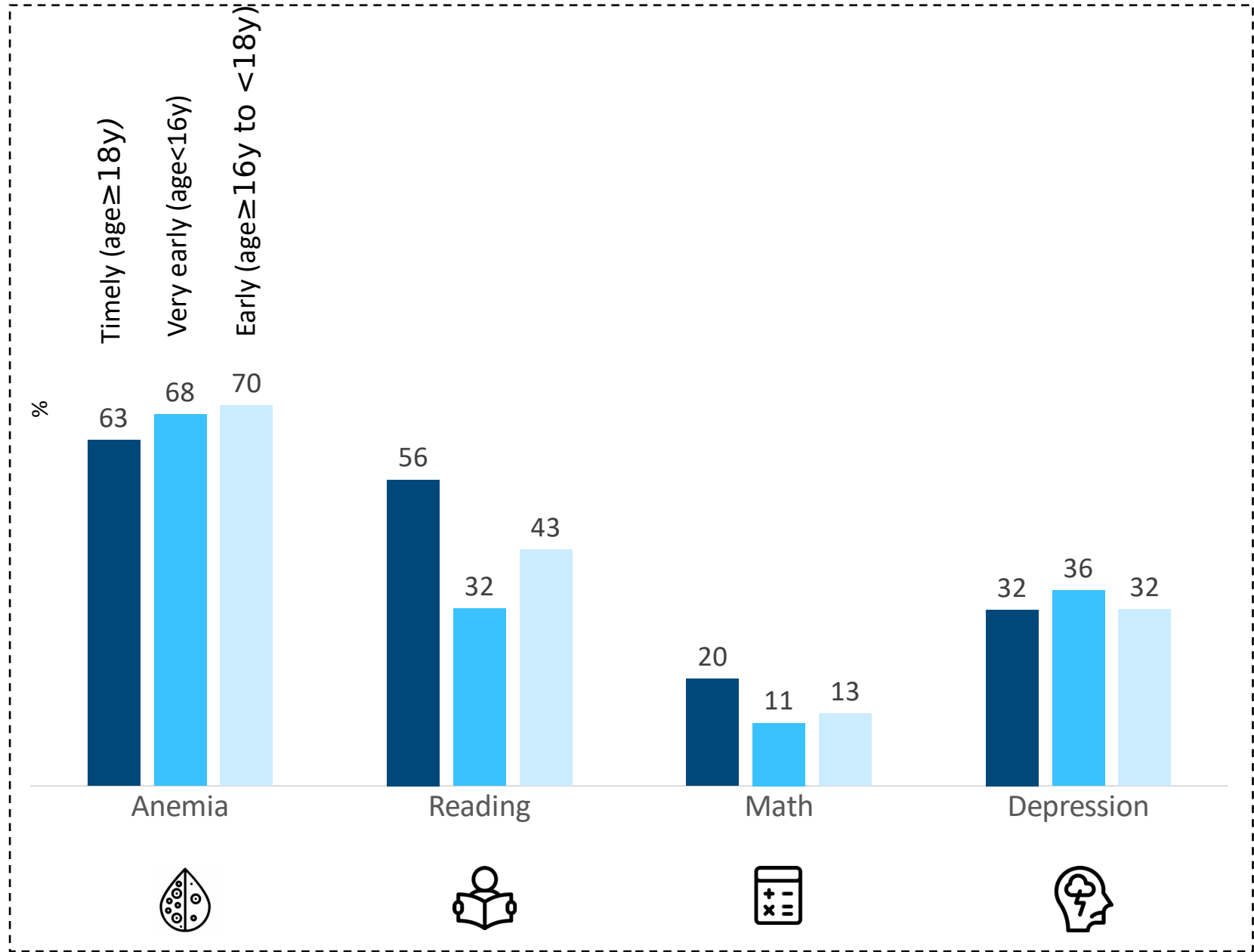
At baseline (wave 1), >60% of girls were anemic, had poor learning skills (~57% of girls could read; 26% could solve division problems), and 19% of girls were depressed



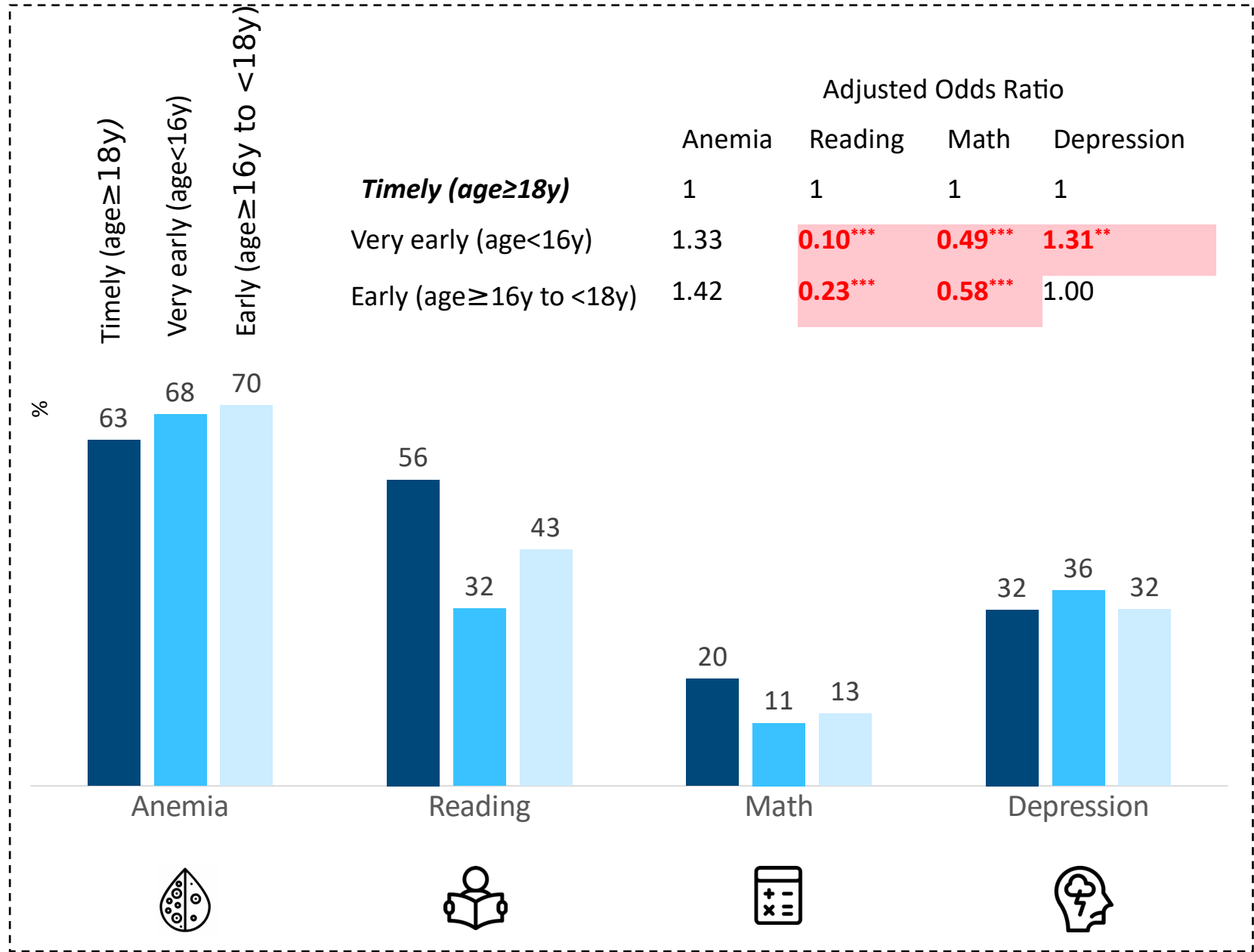
At follow-up round (wave 2), there was 4 percentage point (pp) increase in anemia and 14pp increase in depression



Girls who married at teenage have poor wellbeing v/s girls who married timely; cognitive skills and depression were worse in girls who married very early

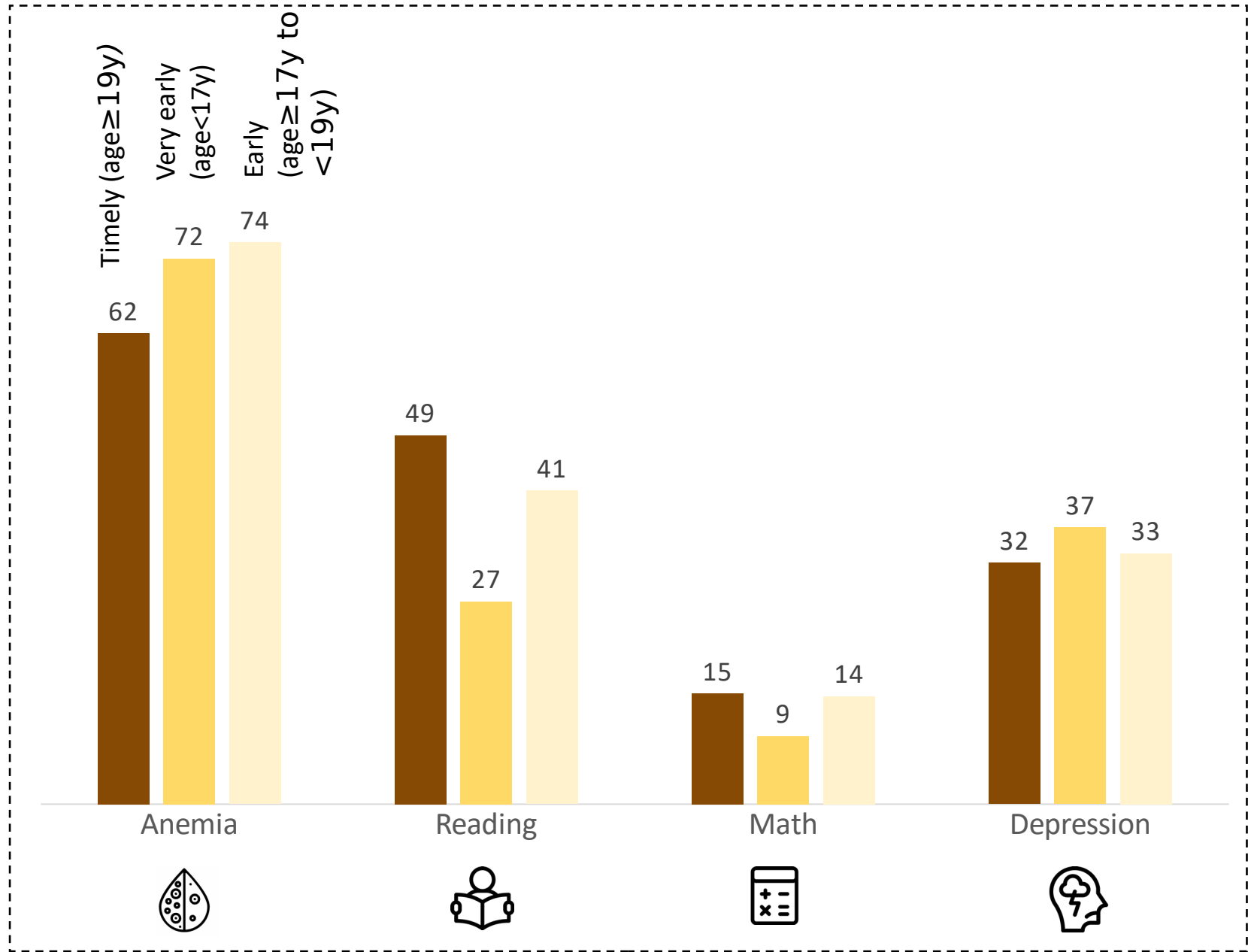


Association between teenage marriage and girls' wellbeing significant only for cognitive skills and depression

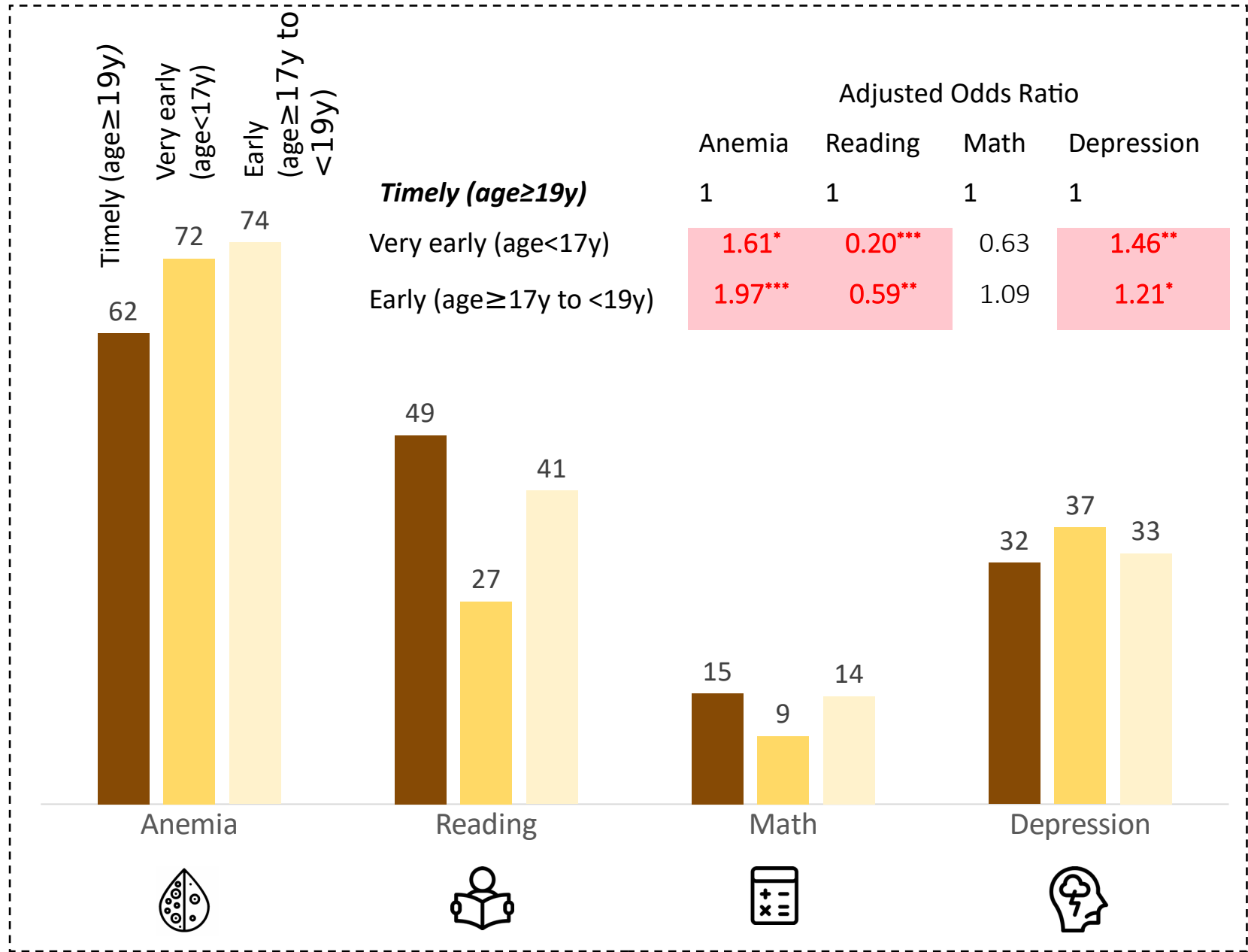


*p < 0.05, **p < 0.01, ***p < 0.001

Girls who gave birth at teenage have poor wellbeing v/s girls who gave birth timely; cognitive skills and depression were worse in girls who married very early



Significant association between teenage birth and girls' wellbeing for most outcomes



*p < 0.05, **p < 0.01, ***p < 0.001

Study implications

- Teenage marriage and birth -> anemia, poor learning skills, and depressive symptoms among adolescent girls
 - Girls who married or gave birth very early were gravely affected
- Ensure implementation of existing child marriage policy guidelines – might be challenging due to social norms in India
- Need efforts to delay childbearing among married girls
- Provide health support and vocational training to adolescent mothers