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EFFECT OF CHILD MARRIAGE EDUCATION PROGRAMME ON OPINIONS AND AWARENESS OF ADOLESCENT GIRLS

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ABSTRACT:
Child marriage deprives adolescent girls of education, health and decision-making power, and Parbhani is among the most affected districts of Maharashtra. The present study assessed the effect of an education programme on the awareness and opinions of adolescent girls (14–18 years) about child marriage. A one-group pre-test and post-test design was adopted among 150 adolescent girls from Jamb, Indewadi and Asola villages of Parbhani district. The programme, delivered over about ten days in each village, combined discussions, posters, role play, rally, exhibition and handouts. Most girls were aged 14–16 years (70.67%), had studied up to high school (47.30%) and lived in joint (74.00%) and medium-sized (72.00%) families. After the programme, the mean score of opinions about the physical, psychological and social health impact of child marriage rose from 9.26 ± 1.94 to 14.97 ± 1.18 and the mean awareness score rose from 24.50 ± 3.11 to 35.73 ± 1.69 (both $p<0.001$). Awareness of the legal age of marriage increased from 64.0 to 98.6 per cent, and confidence to speak against child marriage from 49.3 to 92.0 per cent. Group discussions were rated the most effective medium (98.6%). The study concludes that a participatory education programme can substantially improve awareness and confidence among adolescent girls in rural areas, although a controlled design and follow-up are needed to confirm lasting effects.

KEYWORDS: Child marriage, adolescent girls, education programme, awareness

INTRODUCTION

Child marriage is one of the most serious violations of children's rights and continues to be a significant social and public health concern. It refers to any formal marriage or informal union in which one or both individuals are below 18 years of age. The practice is rooted in poverty, gender inequality, cultural traditions and weak enforcement of legal provisions, and it exposes girls to early pregnancy, school dropout, domestic violence and lifelong economic dependence. The United Nations has identified its elimination as a target under Sustainable Development Goal 5.3 (UNICEF, 2023).

India accounts for nearly one-third of the world's child brides, with rural regions showing a higher prevalence than urban areas (UNICEF, 2023). In Maharashtra the statewide prevalence is 21.9 per cent, yet some districts report rates exceeding 40 per cent (UNICEF, 2024). The Marathwada region is among the worst affected, and earlier survey reports placed the prevalence in Parbhani at about 48 per cent (IIPS and MoHFW, 2021). Married girls are more likely to face violence, early pregnancy, isolation and reduced decision-making power (Elnakib et al., 2024).

Education is the strongest protective factor. Low parental education and household poverty have been identified as major district-level predictors of girl child marriage in India (Paul, 2019), and in rural Maharashtra changes in education and marriage age across generations remain slow, with elders still influencing marriage decisions (Marphatia et al., 2025). Parents' limited awareness and poor parent–child communication further leave girls vulnerable to uninformed decisions about marriage (Charisma et al., 2024).

Much of the preventive effort is directed at parents, but adolescent girls are the people most directly affected, and their own awareness of legal provisions, health consequences and sources of help determines how confidently they can speak up. Community-based and skills-building interventions for girls have been evaluated in India and Bangladesh (Amin et al., 2018; Mehra et al., 2018; Prakash et al., 2019). Evidence from rural Marathwada on girl-focused education programmes is, however, limited. The present study was therefore undertaken with the objective to assess the effect of a child marriage education programme on the awareness and opinions of adolescent girls.

MATERIALS AND METHODS

The study was conducted in three villages, Jamb, Indewadi and Asola, of Parbhani district, Maharashtra, selected on the basis of accessibility, feasibility and the prevalence of child marriage-related issues. Fifty adolescent girls aged 14–18 years were selected from each village by stratified random sampling, giving a total sample of 150 (n=150). Participation was voluntary and consent was obtained before data collection.

A one-group pre-test and post-test experimental design was used. The baseline (pre-test) assessment was followed by the education programme, and the post-test was conducted afterwards. The girls' opinions about the problems and the physical, psychological and social health impact of child marriage, and their awareness of legal provisions, helplines, education, confidence and the role of parents, were recorded in both phases and converted into scores. Socio-economic background was classified using the Modified Kuppuswamy Socio-Economic Status Scale, 2021.
Based on the pre-test findings, the programme was planned and continued for about ten days in each village. Selected school- and college-going girls were invited to schools or the Anganwadi centre for discussion on the age of marriage, health of girls, importance of girls' education, future independence and the legal provisions on child marriage, supported by posters and handouts. Games and creative activities such as rangoli maintained interest, and success stories of local girls were used to encourage continued education and career goals. Lectures, group discussions, role play (street drama), an awareness rally with placards and slogans, and a poster exhibition formed the community component. Percentages of responses before and after the programme were compared using the Z test, and mean ± SD scores were compared for significance; differences were considered significant at $P<0.05$.

RESULTS AND DISCUSSION

Background information of the selected adolescent girls

Table 1 shows the distribution of the adolescent girls by selected background characteristics. The majority (70.67%) belonged to the age group of 14–16 years. Nearly half (47.30%) had completed high school, followed by 34.70 per cent with elementary and 18.00 per cent with higher secondary education. Three-fourths (74.00%) lived in joint families, 21.33 per cent in nuclear families and only 4.67 per cent in extended families. Most (72.00%) belonged to medium-sized families, whereas 21.33 per cent were from small and 6.67 per cent from large families. Thus the typical respondent was a younger adolescent educated up to high school and living in a joint, medium-sized family, a profile in which educational attainment and household circumstances are known correlates of the age at which girls marry (Paul, 2019).

Table 1. Background information of the selected adolescent girls

Background characteristic	**Frequency (%) (n=150)**
Age (years)	
14–16	106 (70.67)
17–18	44 (29.33)
Education	
Elementary school	52 (34.70)
High school	71 (47.30)
Higher secondary school	27 (18.00)
Type of family	
Nuclear	32 (21.33)
Joint	111 (74.00)
Extended	7 (4.67)
Size of family	
Small (1–4 members)	32 (21.33)
Medium (5–8 members)	108 (72.00)
Large (above 8 members)	10 (6.67)

Figures in parentheses indicate percentages.

Opinions of adolescent girls about the physical, psychological and social health impact of child marriage

Table 2 and Fig. 1 present the opinions of the girls about the impact of child marriage on physical, psychological and social health. Physical health. Before the programme, about two-thirds of the girls already linked early marriage with anaemia and low weight (66.0%), a high risk of early pregnancy (65.3%) and constant tiredness (64.6%). After the programme these opinions rose to 83.3, 70.0 and 80.0 per cent, respectively. The largest gain was for frequent illness (44.6% to 90.6%; $Z=8.52$). The increase for high risk of early pregnancy ($Z=0.86$) and for general health risk (39.3% to 40.0%; $Z=0.12$) was not significant, indicating that these two items did not change materially. The concern for anaemia and low weight is in line with Goli et al. (2015), who examined the effect of early marriage and early childbearing on the nutritional status of women in India.

Table 2. Impact of the education programme on opinions of adolescent girls about the physical, psychological and social health impact of child marriage

Opinion	Pre-test (n=150)	Post-test (n=150)	Z value
Physical health			
Immature body	88 (58.6)	112 (74.6)	2.94**
High risk of early pregnancy	98 (65.3)	105 (70.0)	0.86 NS
Constant tiredness	97 (64.6)	120 (80.0)	2.97**
Frequent illness	67 (44.6)	136 (90.6)	8.52**
Anaemia and low weight	99 (66.0)	125 (83.3)	3.45**
Health risk	59 (39.3)	60 (40.0)	0.12 NS
Psychological health			
Depression	102 (68.0)	145 (96.7)	6.51**
Anxiety	95 (63.3)	143 (95.3)	6.84**
Restlessness	87 (58.0)	139 (92.7)	6.96**
Irritability	81 (54.0)	135 (90.0)	6.94**
Specific phobia	42 (28.0)	89 (59.3)	5.47**
Emotional instability	89 (59.3)	140 (93.3)	6.93**
Helplessness	98 (65.3)	144 (96.0)	6.73**
Loneliness	91 (60.7)	141 (94.0)	6.89**
Tendency for crying / mood swings	84 (56.0)	136 (90.7)	6.79**
Boredom	73 (48.7)	124 (82.7)	6.20**
Suicidal thoughts	25 (16.7)	144 (96.0)	13.85**
Loss of confidence	101 (67.3)	142 (94.7)	6.03**
Loss of self-esteem	96 (64.0)	150 (100.0)	8.12**
Social health			
Early widowhood	18 (12.0)	42 (28.0)	3.46**
Lack of status / power	106 (70.7)	146 (97.3)	6.30**
Nagging	77 (51.3)	128 (85.3)	6.33**
No / low family decision making	112 (74.7)	147 (98.0)	5.88**
Family restrictions	122 (81.3)	138 (92.0)	2.91**
Loss of childhood	105 (70.0)	120 (80.0)	2.05*
Behaviour like adults	108 (72.0)	125 (83.3)	2.20*
Treated as burden	114 (76.0)	127 (84.6)	1.69 NS

Figures are number of girls with percentages in parentheses. *P<0.05, **P<0.01, NS = non-significant.

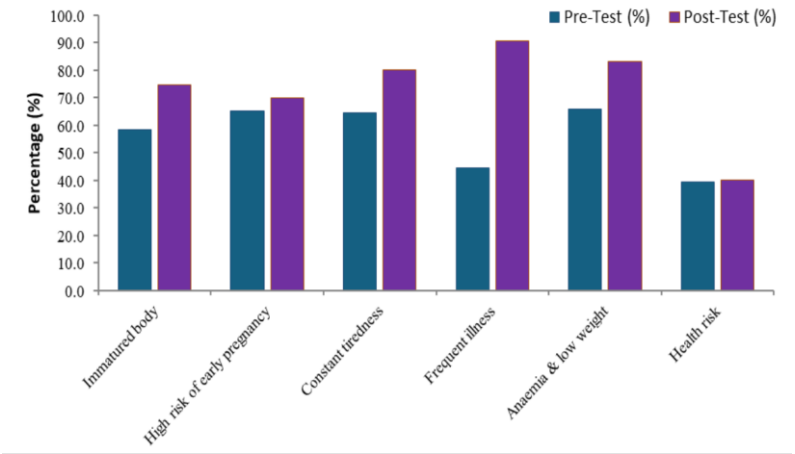


Fig. 1a. Opinions of adolescent girls about the physical health impact of child marriage

Psychological health. More than 60 per cent of the girls identified depression (68.0%), loss of confidence (67.3%), helplessness (65.3%), loss of self-esteem (64.0%) and anxiety (63.3%) as consequences of early marriage in the pre-test. Every psychological item improved highly significantly after the programme ($P<0.01$), with post-test values of 90 per cent or more for most items and a full 100 per cent for loss of self-esteem. The sharpest rise was for suicidal thoughts (16.7% to 96.0%; $Z=13.85$), showing that the programme made girls far more alert to the emotional risks of early marriage, which were least recognised at baseline. Similar mental health consequences have been reported among girls married early in Uttar Pradesh and Bihar (Aggarwal et al., 2023) and among young women in Bihar (Yadav et al., 2022).

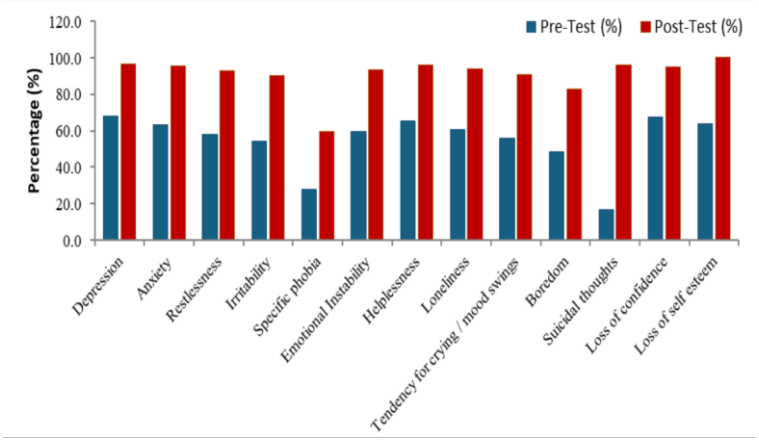


Fig. 1b. Opinions of adolescent girls about the psychological health impact of child marriage

Social health. Family restrictions (81.3%), treating the married girl as a burden (76.0%), no or low family decision making (74.7%) and lack of status or power (70.7%) were the most commonly recognised social effects at baseline. After the programme, lack of status or power (97.3%), no or low decision making (98.0%) and nagging (51.3% to 85.3%) showed the largest and most significant gains. The improvement for treating the girl as a burden ($Z=1.69$) was not significant. Early widowhood was the least recognised effect both before (12.0%) and after (28.0%) the programme.

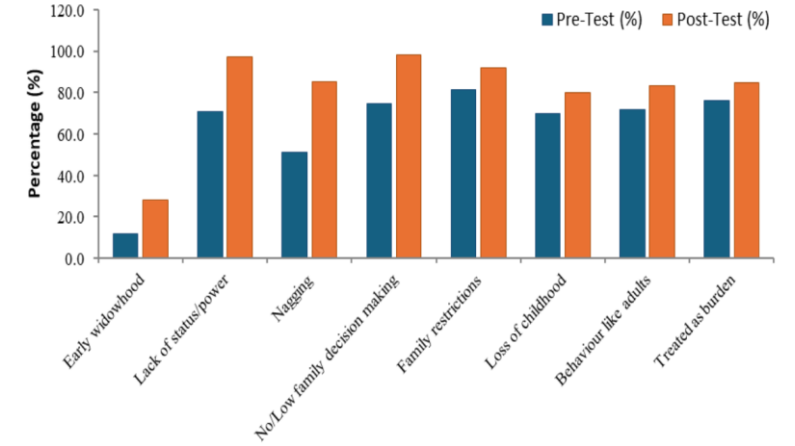


Fig. 1c. Opinions of adolescent girls about the social health impact of child marriage

Overall, the girls already had a partial idea of the harm of child marriage, but the programme clarified and strengthened it, especially on psychological and social aspects.

Mean opinion score of adolescent girls

The mean opinion score of the girls about the physical, psychological and social health impact of child marriage increased from 9.26 ± 1.94 before the programme to 14.97 ± 1.18 after it ($p<0.001$; Table 3), a gain of 5.71 score points. The smaller standard deviation after the programme shows that opinions became more uniform across the sample. This suggests that the programme moved girls from ambivalent acceptance of child marriage towards a more protective outlook. Community-based awareness and life-skills interventions have likewise been reported to improve knowledge related to early marriage among adolescents in India (Mehra et al., 2018).

Table 3. Impact of the education programme on mean opinion score of adolescent girls about the physical, psychological and social health impact of child marriage

Variable	n	Pre-test (Mean ± SD)	Post-test (Mean ± SD)	p-value
Opinion score on physical, psychological and social health impact of child marriage	150	9.26 ± 1.94	14.97 ± 1.18	<0.001

Awareness of adolescent girls regarding child marriage

Table 4 and Fig. 2 show the impact of the programme on the awareness of the girls. Awareness of the legal age of marriage rose from 64.0 to 98.6 per cent and knowledge of the legal aspects and penalties from 46.6 to 80.7 per cent. Awareness of the Child helpline-1098 increased from 56.6 to 88.6 per cent and of the Police number-112 from 68.0 to 86.6 per cent. The rise in awareness of the Women helpline-181 (65.3% to 74.6%) was not significant ($Z=1.76$), so this helpline needs more emphasis in future sessions. Confidence to speak against child marriage increased from 49.3 to 92.0 per cent, and confidence to approach officials or NGOs from 56.6 to 92.6 per cent. The share of girls who valued equal educational opportunities increased from 66.6 to 96.6 per cent.

Gains were also large for the role of parents in prevention (59.3% to 96.0%), discussion with family and neighbours (63.3% to 99.3%), identifying the causes of child marriage (52.0% to 97.3%), responsibility to prevent early marriage (54.0% to 90.0%) and emotional and social maturity (64.0% to 98.0%); all were highly significant ($P<0.01$). The pattern shows that the programme built not only knowledge but also the confidence and communication skills needed to act, which fits the aim of the girl-focused interventions evaluated by Amin et al. (2018) in rural Bangladesh and Prakash et al. (2019) in India.

Table 4. Impact of the education programme on awareness of adolescent girls regarding child marriage

Parameter	Pre-test (n=150)	Post-test (n=150)	Z value
Awareness of legal age of marriage	96 (64.0)	148 (98.6)	7.71**
Knowledge of legal aspects and penalties in child marriage	70 (46.6)	121 (80.7)	6.12**
Awareness about helplines			
Child helpline-1098	85 (56.6)	133 (88.6)	6.22**
Women helpline-181	98 (65.3)	112 (74.6)	1.76 NS
Police-112	102 (68.0)	130 (86.6)	3.86**
Equal educational opportunities	100 (66.6)	145 (96.6)	6.71**
Confidence to speak against child marriage	74 (49.3)	138 (92.0)	8.12**
Attitude towards social customs	90 (60.0)	131 (87.3)	5.37**
Completely changed	60 (40.0)	19 (12.7)	5.37**
Somewhat changed	96 (64.0)	140 (93.3)	6.20**
Role of parents in prevention of child marriage	89 (59.3)	144 (96.0)	7.62**
Discussion with family / neighbours on child marriage	95 (63.3)	149 (99.3)	8.00**
Identifying causes of child marriage	78 (52.0)	146 (97.3)	9.03**
Responsibility to prevent early marriage	81 (54.0)	135 (90.0)	6.94**
Emotional and social maturity	96 (64.0)	147 (98.0)	7.51**
Confidence to approach officials / NGOs	85 (56.6)	139 (92.6)	7.17**
Awareness of child marriage consequences	84 (56.0)	139 (92.6)	7.27**

Parameter	Pre-test (n=150)	Post-test (n=150)	Z value
Satisfaction with the education programme			
Highly satisfied	112 (74.6)	129 (86.6)	2.47*
Satisfied	38 (25.3)	21 (14.0)	2.47*
Participation outcomes			
Positive personal changes	110 (73.3)	147 (98.0)	6.10**
Increased awareness about child marriage	92 (61.3)	135 (90.0)	5.79**
Confidence in guiding others	89 (59.3)	142 (94.6)	7.27**
Active participation in decisions	89 (59.0)	146 (97.3)	7.99**
Most effective media of the programme (post-test only)			
Lectures	–	142 (94.6)	–
Group discussions	–	148 (98.6)	–
Posters	–	145 (96.6)	–
Leaflets	–	144 (96.0)	–
Role play	–	141 (94.0)	–
All media	–	136 (90.6)	–

Figures are number of girls with percentages in parentheses. *P<0.05, **P<0.01, NS = non-significant.

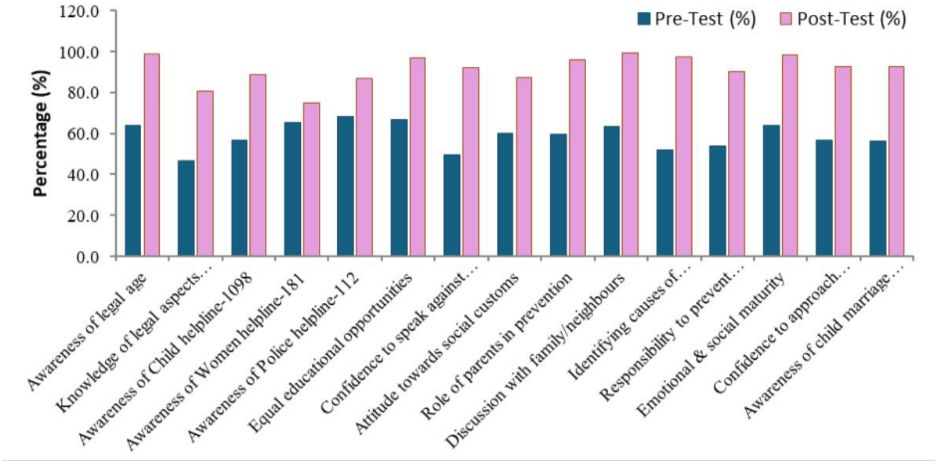


Fig. 2a. Impact of the education programme on awareness of adolescent girls regarding child marriage

Regarding the media used, group discussions were rated the most effective (98.6%), followed by posters (96.6%), leaflets (96.0%), lectures (94.6%) and role play (94.0%) (Fig. 2b). Participatory and visual methods thus worked as well as or better than lecture-based teaching for this age group. In terms of satisfaction, the proportion of girls who were highly satisfied with the programme was 86.6 per cent after the programme, against 14.0 per cent who were satisfied. Participation outcomes also improved significantly: positive personal changes (73.3% to 98.0%), increased awareness about child marriage (61.3% to 90.0%), confidence in guiding others (59.3% to 94.6%) and active participation in decisions (59.0% to 97.3%) (Fig. 2c).

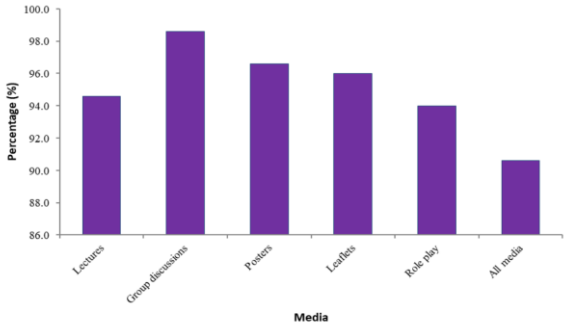


Fig. 2b. Most effective media of the education programme (post-test)

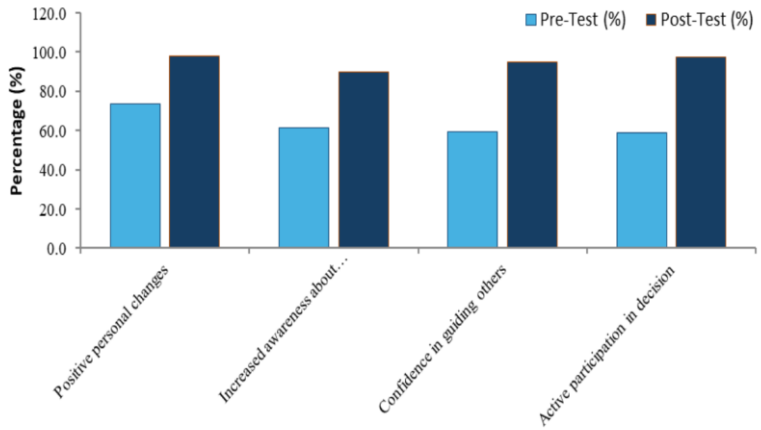


Fig. 2c. Impact of the education programme on participation outcomes of adolescent girls

Mean awareness score of adolescent girls

The mean awareness score of the girls regarding child marriage and its prevention increased from 24.50 ± 3.11 in the pre-test to 35.73 ± 1.69 in the post-test, a gain of 11.23 score points ($p<0.001$; Table 5). The fall in standard deviation from 3.11 to 1.69 indicates that scores were more closely clustered around the mean after the programme, so the benefit was spread fairly evenly rather than confined to a few girls. These findings agree with evaluations of community-based interventions in India that improved adolescents' knowledge related to early marriage (Mehra et al., 2018; Rasmussen et al., 2021). As the study used a single group without a comparison group and the post-test followed the programme closely, the results show short-term change in awareness; whether the change lasts and affects actual marriage decisions needs follow-up.

Table 5. Impact of the education programme on mean awareness score of adolescent girls regarding child marriage

Variable	n	Pre-test (Mean ± SD)	Post-test (Mean ± SD)	p-value
Mean awareness score regarding child marriage and its prevention	150	24.50 ± 3.11	35.73 ± 1.69	<0.001

CONCLUSION

Most of the adolescent girls were young adolescents (14–16 years) educated up to high school and living in joint, medium-sized families. The education programme significantly improved their opinions about the physical, psychological and social consequences of child marriage (mean score 9.26 to 14.97) and their overall awareness (mean score 24.50 to 35.73), with gains in knowledge of the legal age, penalties and helplines, and in confidence to speak against child marriage and approach officials. Group discussions, posters and leaflets were the most effective media. Awareness of the Women helpline-181 and of the health risk of early marriage changed little and should receive more attention. Participatory, village-level education programmes can therefore be recommended for adolescent girls in rural areas, preferably alongside parent education and with follow-up to confirm lasting effects.

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