



## Child marriage prevention in Amhara Region, Ethiopia: Association of communication exposure and social influence with parents/guardians' knowledge and attitudes



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### ABSTRACT

Despite increasing international attention to child marriage and its negative health and social consequences, little is known about the knowledge and beliefs of individuals who are in control of negotiating children's marriages and of the social context in which these individuals function. Using data from a 2007 cross-sectional household survey and multilevel logistic regression models, this paper examined the associations of communication exposure and measures of social influence with knowledge of marriage legislation, perceptions that marriage before age 18 was "too early", and beliefs in daughters' rights to individual marriage choice among parents/guardians in Amhara Region, Ethiopia. The study found that mass media and interpersonal communication exposure were positively associated with all outcomes. The influence of communication exposure on knowledge of the legal minimum age at marriage and the perception that marriage before 18 was "too early" varied significantly across communities. Community pressure to stop child marriages and awareness of marriage law enforcement were positively associated with endorsing daughters' rights to choose their marriage age and partner. Perceived social norms regarding early marriage, normative beliefs and perceived benefits of delayed marriage were at least as important as communication exposure for endorsing daughters' rights to marriage choice. Gender and education differences were detected. The findings imply that child marriage-prevention programs should diversify information channels, reinforce perceived advantages of delayed marriage, and adopt a social influence perspective.

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### Introduction

Although child marriage is declining worldwide, an estimated one-third of girls in developing countries, excluding China are married or in union before age 18; in some countries, more than a quarter of girls under age 15 are also married (United Nations Children's Fund, 2011). Factors underlying the practice include cultural norms, poverty, limited economic and educational opportunities, and parental concerns with safeguarding their daughters' virginity. Child marriage is most common in Southern Asia and sub-Saharan Africa. In 2005, half of Ethiopian women aged 20–24 were child brides and with a median age at first marriage of 15.2 in this age group, Amhara Region had the highest rate of child marriage (Central Statistical Agency & ORC Macro, 2006). Girls who marry before 18 have increased risks of school dropout, gender-based violence, social isolation, poverty, non-use of contraception, high fertility, short birth

intervals, unintended pregnancy, reproductive morbidities including obstetric fistulae, maternal mortality, poor mental health (Le Strat, Dubertret, & Le Foll, 2011), sexually-transmitted infections, and HIV/AIDS (Clark, Bruce, & Dude, 2006; Khan, Bhutta, Munim, & Bhutta, 2009; Nour, 2006, 2009; Raj, Saggurti, Balaiah, & Silverman, 2009). Children of adolescent mothers also face increased risk of prematurity, malnutrition, and mortality (Chen, Wen, Fleming, Yang, & Walker, 2008; Raj et al., 2010).

International concern has led to numerous interventions to address child marriage, including mass communication, community mobilization, engaging traditional and religious leaders, enforcing and raising awareness of marriage legislation, life-skills training, cash incentives for delaying children's marriages, and expanding socioeconomic and educational opportunities for girls (International Center for Research on Women, 2007). Because most child marriages are family-arranged (Erulkar & Muthengi, 2009), many programs target people in position of power over children and adolescents, especially parents, guardians, and community members. Despite extensive research on the influence of health

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communication and social influence on health outcomes (Babalola et al., 2006; Bertrand, O'Reilly, Denison, Anhang, & Sweat, 2006; Shefner-Rogers & Sood, 2004; Van Rossem & Meekers, 2007), little is known about the influence of communication exposure, community mobilization and religious leader engagement on child marriage prevention.

Diffusion of innovations theory provides a useful framework for understanding social change in marriage processes. Rogers (2003, p. 5) defined diffusion as “the process in which an innovation is communicated through certain channels over time among the members of a social system” and that alters its structure and functions. An innovation is “an idea, practice, or object that is perceived as new by an individual or other unit of adoption” (Rogers, 2003, p. 12). Diffusion reflects an individual-level decision-making process that consists of five stages: (1) knowledge about the innovation; (2) forming a favorable or unfavorable attitude toward the innovation; (3) taking steps that lead to adopting or rejecting the innovation; (4) implementation; and (5) confirmation, which may involve integrating the innovation into lifestyle (or discontinuation) (Rogers, 2003).

Mass media and interpersonal communication play an important role in the diffusion process. Communication may affect beliefs about early marriage, which social groups oppose or support the practice, and self-efficacy in delaying children's marriage until age 18. Communication on early marriage prevention in Ethiopia has included radio serial drama such as “*Dhimbiibbaa*” (Getting the Best out of Life), which addressed early marriage, marriage by abduction, women's empowerment, girls' education, and health (Ryerson, 2008). In the Community–Government Partnership Program (CGPP) and the Ethiopia Family Planning and Reproductive Health Project (EFPRHP), which were implemented in Amhara Region from 2002 to 2007, communication activities involved house-to-house visits by School Development Agents (SDAs) and Community-based Reproductive Health Agents (CBRHAs) to advocate for delayed marriage from the perspective of girls' education (Gurevich & Gero, 2005) and reproductive health (Pathfinder International, 2008), respectively; local campaigns; community conversations (Erulkar & Muthengi, 2009); school-based peer education; and public forums with traditional leaders to discuss the negative consequences of early marriage and childbearing (Pathfinder International, 2008).

Frank, Zhao, and Borman (2004) applied the concept of social capital (Coleman, 1988)—i.e., resources generated through interpersonal relationships and connections in social networks, and shared norms and values that facilitate cooperation among group members for mutual gain—to the diffusion of innovations framework. They argued that community members may apply social pressure on each other by sanctioning the failure to conform and thus influence individuals' perceptions regarding the social and moral permissibility of innovations. Hence, social influence—defined as the effect that people have upon the beliefs and behaviors of others (Lewis, DeVellis, & Sleath, 2002)—is pertinent to understanding change in marriage practices. Social influence can occur through personal interaction, communication or observation of influential others (Lindstrom & Muñoz-Franco, 2005) and can range from direct advice to more indirect influences, whereby individuals change their marriage-related attitudes or behavior to adhere to perceived marriage norms, whether accurate or not. This underlying desire to identify with a particular social group is captured by Henrich's (2001, p. 992) concept of “conformist transmission”. Hamblin, Miller, and Saxton (1979, p. 809) added that social learning affects the diffusion process because people may make decisions “on the basis of the observed or talked about experiences of others”.

Diffusion of innovations theory highlights the role of opinion leader approval in giving new ideas credibility (Rogers, 2003). The

CGPP targeted Girls' Advisory Committees, SDAs, and teachers (Gurevich & Gero, 2005) and the EFPRHP, religious and traditional leaders (Pathfinder International, 2008) as key community actors for encouraging social norms supportive of delayed marriage. CBRHAs served as change aides. Social network studies emphasize that individuals tend to give greater weight to the opinions of those closest to them (e.g., family and friends) than to other network members and mass media when deciding to adopt an innovation (Laesthaeghe & Neels, 2002).

The relative advantage of an innovation over previous practices affects its rate of diffusion (Rogers, 2003). This suggests that individuals undertake cost–benefit analyses when choosing among alternative behaviors (Henrich, 2001). High socioeconomic position, education, urban residence, network connectedness, relative position in a social network, self-confidence, and demographic characteristics can modify the diffusion process by influencing an individual's perception of an innovation's costs and benefits, openness to novel information, and the timing of behavior change (Henrich, 2001; Wejnert, 2002). Within culturally homogenous groups, low socioeconomic position substantially slows the innovation-adoption process (Wejnert, 2002).

Ethiopia's Revised Family Code of 2000 established the legal minimum age at marriage (LMAM) at 18 years and required that both spouses give free and full consent. The New Criminal Code of 2005 imposed a maximum prison sentence of 3 years for marrying a girl aged 13–17 years and a minimum of 7 years if she is younger than 13. The Code stipulated further that persons solemnizing child marriages with full knowledge of the facts, family members and witnesses could receive maximum prison sentences of 3 years or maximum fines of Birr 5000 (about \$280) (Teshome, 2005).

This paper aims to explore how exposure to communication about early marriage prevention and social influence were associated with knowledge of marriage legislation and attitudes favorable to delayed marriage among parents/guardians in Amhara Region. Three main questions were addressed: (1) How did mass media and interpersonal communication exposure influence knowledge, beliefs, and attitudes related to child marriage prevention and did this vary across communities? (2) Were parents/guardians' marriage-related beliefs and attitudes subject to social influence? (3) Did this vary by gender?

## Methods

The data come from a cross-sectional household survey designed to document the coverage of early marriage-prevention activities conducted by the CGPP and EFPRHP in Amhara Region. The survey employed a three-stage cluster sampling design. First, all woredas (i.e., districts) were divided into three groups reflecting the type of early marriage-prevention activities: (a) community- and school-based; (b) school-based only; (c) no CGPP or EFPRHP activities. The third group comprised “non-program areas”. Within each group, 6 woredas were randomly selected. At the second stage, 3 urban and 3 rural kebeles (i.e., communities) were selected per woreda with probability of selection proportional to size. Third, 50 households were randomly selected per urban kebele and 30 households per rural kebele based on household listings compiled for the 2007 census. The survey was conducted in July and August 2007.

One eligible adolescent (female aged 10–19 and male aged 15–24) and one co-resident parent/guardian per household were randomly selected for interview. Ninety-five percent of the 4894 identified co-resident parents/guardians were successfully interviewed. All questionnaires were translated into Amharic and back-translated into English. Ethical approval of the study was granted by the Tulane Human Research Protection Program, Institutional Review Board and the Ethiopian Public Health Association. Written

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