

All For A Good Cause:

The Denominator Problem in Social Reform Advocacy for Reproductive Health

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INTRODUCTION

As the international development community gears itself up to commit the world to the post MDG (or post-2015) agenda, it is not surprising that scores of interest groups are vying to get their own concerns on to the final goals and targets that member countries of the UN will sign on to in 2015. There is much money at stake of course, but also at stake are the commitments to related but distinct development goals – and, more importantly, there is a limit to the money as well as the goals that can be harnessed, notwithstanding the recent overambitious recommendations of the Open Working Group (OWG) of the United Nations – this recommendation document wants an astonishing 17 goals and 169 targets to form the basis of the post-2015 agenda (for a sympathetic but realistic critique of the scale of this ambition see, Banerjee and Pande, NYT, 10 Sept 2014).

Given these pragmatic limits, it is not surprising that different constituencies want to make sure that their own concerns find a place in what the final list of development priorities will be. Past experience with lobbying to enter the Millennium Development Goals (MDG) agenda in 2000 has made it clear that there is nothing very automatic about what gets in and what is left out. Social, political and economic concerns will matter, but so will voice: groups that can make a strong and loud case for particular goals and targets will have to jostle with others doing the same thing for other goals and targets.

At the time of the formulation of the MDGs, the reproductive health (RH) lobby did not take this lesson seriously to heart and the 2000 MDG agenda was finalized without an explicit mention of reproductive health in spite of all the energy generated at the 1994 ICPD conference and the 1995 Beijing Conference. It took much subsequent lobbying and pressure to get Target 5B – ensuring access to reproductive health services for all women – added in 2005.

So this time around, there is a veritable din of voices clamoring for SRHRs (sexual and reproductive health and rights) to be an integral part of the post-2015 goals. The idea of SRHRs goes well beyond the relatively tame demand of universal RH access in the MDGs, and it will probably face much opposition for its inclusion of

sexual rights; nevertheless what is more interesting is that RH (though more broadly defined than before) is now being pushed by a vast consortium of international organizations, aid agencies, non-governmental organizations and sundry advocacy groups.

Less vast (but only because it is relatively new) and equally determined seems to be related advocacy for including more ‘ideological’ goals into the post-2015 agenda. Two of the central concerns of this ideological emphasis seem to be the ideas of *social inclusion* (the notion that national averages must not be allowed to camouflage within-country differentials in socioeconomic indicators) and *social progressiveness* (the acknowledgement that many retrograde and harmful beliefs, attitudes and practices continue to plague the world).

In the context of the goal of social progressiveness, many of the current international documents on social change in the poor countries are agreed that one of the more pernicious ills that needs to be eradicated from poor countries is early or child marriage. The HLTP (High Level Task Force set up by the UN Secretary General and made up of the 27 ‘eminent persons’ led by Susilo Bambang Yudhoyono, Ellen Johnson Sirleaf and David Cameron) emphasizes this, so does the Rio+20 (by an equally illustrious team led by Jeffery Sachs) Sustainable Development Goals report, so does the ICPD+20 (*International Conference on Population and Development*) High Level Panel report and, most recently, the OWG recommendations document presented to the Un Secretary General.

This focus on what is called ‘child’ marriage but including marriages up to the debatably young-adult ages of 18, has not appeared out of the blue – it has been preceded by an almost orchestrated campaign by international advocacy groups to draw attention to the fact that in many parts of the developing world girls are getting married unduly young and beginning childbearing unduly early. This concern is captured succinctly in catchily named advocacy like the *Girls, not Brides* global non-governmental campaign coordinated by the Elders Foundation in London or the *2young2wed* campaign coordinated by the United Nations Population Fund (UNFPA), a recent report on India by the International Center for Research on Women called *Knot Ready*. So much so that the Target 5.3 of the goals and indicators proposed by the Open Working Group for 2015 includes the elimination “of all harmful practices, such as child, early and forced marriage”

While one part of the ideological push for delayed marriage and for sexual and reproductive rights is justified on purely moral and egalitarian grounds, increasingly the emphasis is on the instrumental value of such social change. Thus there are now many voices trying to demonstrate that investments in SRHR represent a win-win situation – that when women (and, now, girls) have better sexual and reproductive health (and rights), societies and economies prosper and

that poor SRHR outcomes have negative spillovers in many aspects of life. And the anti-child marriage groups, taking this cue, go on to focus less on the human rights violations inherent in child marriage and more on the instrumental benefits of curbing it.

Given the relatively greater official recognition of, or at least the relatively longer standing presence of, the RH paradigm on the global development stage, the anti-early marriage lobby has also hitched its wagon to this paradigm by highlighting synergies between early marriage and some correlates of poor RH outcomes. The argument is that not only are child marriage levels in many parts of the world unacceptably high, these high levels and rates in turn account for unacceptably high levels of adolescent childbearing, which in turn account for unacceptably high levels of maternal and infant mortality.

While some of the pitches from all these groups are made anecdotally (the field is particularly rich with poignant visual images of the victims of early marriage and/or of poor sexual and reproductive health), much of it now resorts to the language of numbers. Numbers are used both to indicate the scale of the problem of early marriage and of SRHR globally and regionally, as well as the (and this is more important) the scale of the negative externalities if this problem is not addressed and the scale of the positive externalities if it is.

The present paper critically examines some of the currently popular forms of such quantification for one kind of advocacy – the advocacy to more strongly control, indeed eliminate, child marriage. It sifts through the plethora of infographics, slides and public presentations and statements that are doing the rounds to raise awareness of the scale and consequences of this problem and that of its postulated associated effects on poor RH. Some of the simplification of issues that the paper discovers is understandable especially as the intent is to raise popular (and especially high profile – think Angelina Jolie, think Emma Watson) supporters to the legitimate cause of delayed marriage and improved SRHRs. But there are also forms of analysis and presentation that are cleverly misleading and could be self-defeating in the long run. Academic and technical analyses are used selectively to highlight problems and solutions through sometimes questionable juxtaposition of independently accurate facts and figures that nevertheless end up conveying a picture that is much less accurate.

I suggest that there is a kind of ‘Chinese Whispers’ game being played here in what Mosse (2013) calls ‘the social production of numbers’. The findings of relatively disinterested academic research make their way into the documents and reviews of a variety of international organizations and global advocacy and fund-raising groups, and then move on into the popular domain of the mass media, social media messages and celebrity endorsements. At each step on this route (unintentionally

and intentionally) there is selection, rephrasing and paraphrasing, and reinterpretation and representation of the original results in eventual messages that are much more one-sided and (perhaps therefore) more compelling than those at the previous station, so that in the end we have declarations that bear very little resemblance to the caveat filled and tentative conclusions in the original sources¹.

In this paper, I focus in particular on what I call the ‘denominator’ problem – the ways in which the denominators in calculations of rates and risks and outcomes are chosen not so much to accurately portray a situation as to elicit a gasp of concern. While the overall role of a denominator is to represent the population at risk of experiencing the event that makes up the numerator, this is not always the case in some of the popular quantitative representations of the case for a stronger SRHRs agenda in global development. But the technique has become so popular that even many of the documents from international agencies like WHO and UNFPA play this game whereby each numerical example by itself might be defensible but then they add up to (or can be selectively used by various advocacy groups to add up to) creating an illusion of reality.

I admit that I am playing devil’s advocate here, because I am, in principle, in favor of both greatly reduced child marriage and greatly improved SRHRs. Indeed, I began this research by trying to poke holes in the arguments of two advocacy movements that try to do precisely the opposite of what I look at here – the largely US based advocacy around promoting marriage and around curtailing access to abortion. To my surprise, I concluded that all advocacy plays by similar rules; it appears that, to grab attention, to raise political and financial support and to change policy on the ground, both good and bad ideas/ideology must tell their little white

¹ A recent example of this kind of shoddy reporting from India (see <http://www.indiatimes.com/news/india/a-13-year-old-writes-to-school-principal-requests-to-save-her-from-becoming-a-bride-232004.html>, accessed 19 April 2017): According to a recent UN report, India has the second-highest number of child marriages, the highest being in Bangladesh. Around 51.8% girls in the state get married before they attain 18 years of age, according to official records. It is not clear here what UN report is being cited; that India has the highest ‘number’ of child marriages is stated without reference to the large size of the base population in India; given Bangladesh’s much smaller population, it is difficult to believe that it beats India in the ‘number’ of child marriages (in fact, it does not, by a long margin); it is not clear what ‘the state’ refers to – India or a state within India; it is not clear which ‘official records’ indicate that as precise a number as 51.8% get married before they turn 18 – I think it means that among all women aged 15-49, 51% married before 18, or maybe it refers to married women aged 20-24 as the denominator, certainly it cannot be referring to half of today’s 18 year olds being already married.

This one quote illustrates almost all the denominator problems I discuss in this paper.

lies and must confuse their listeners with supposedly objective but ultimately slanted facts.

In the next section, I look at four specific kinds of denominator problems and give one or two examples of each kind. In the final section, I speculate about the motivations underlying the denominator problem and about its potential to actually achieve the change it wishes to see.

But a brief digression first. While the main body of this paper is about the tendency in advocacy to mis-specify the population at risk of an event (that is, the denominator), there is also (less frequent, but nevertheless misleading) tendency to play with the numerator. In the case of advocacy to stem child marriage, there are at least two ways in which this is done.

(a) The booming advocacy world on the subject of the scale of the problem of early marriage has in recent years modified the language of discourse to talk about ‘child, early and forced marriage’. There is even an acronym for this now – CEFM – and the groups interested in the subject are currently trying to design indicators for this umbrella of undesirable behaviors even as there is no discussion that I am aware of on how overlapping these categories are – should a marriage be all three - C and E and F to be undesirable; or is fulfilling just one of the criteria enough? That is, for example, do forced marriages *above* the age of 18 come within the ambit of advocacy? More realistically, do *voluntary* marriages by girls below 18 in developing countries deserve the same kind of legal and social sanction as forced marriages of adolescents? This is an important question given the increasing numbers of ‘love’ marriages, often accomplished by elopements, as modernization and adolescent ‘freedom’ increase (as reported from Nepal for example, see XXXX); should these be nullified by the state and the erring ‘children’ returned to their parents?

(b) The difficulties of defining, identifying and counting the ambiguous event or status called *marriage* also means that advocacy might be overstating its case. Partly, this is a fallout of the way the anti-child marriage lobby decontextualizes and universalizes a life cycle event that is so deeply rooted in local cultures and meanings (Merry, 2010). Not only does marriage mean different things to different people, these meanings and definitions are constantly changing (for a recent review of the changing nature, function and meaning of marriage in South Asia, see Kaur and Palriwala, 2011) and the survey method of getting to marital status is not equipped to handle this diversity. Thus, although the United Nations has, after some hand-wringing (Merry 2010) decided to define marriage as sexual cohabitation within or outside a formal union, in the real world marriage includes many things – sometimes it connotes just betrothal, sometimes a wedding ceremony, sometimes cohabitation without sex, and sometimes sexual cohabitation. This means that our

estimates of early marriage rates might be significantly inflated because we include more than the UN counts as marriage. Each of these has very different implications for the kinds of outcomes that the anti-child marriage lobby is concerned about and, by lumping them all together, we are also in turn significantly inflating the presumed impact of early ‘marriage’.

But for the most part, the inflation of the scale and impact of the problem occurs through the manipulation of denominators, not numerators, and I turn now to illustrate this assertion.

I illustrate my proposition by looking at four particular kinds of denominator problems common in the popular advocacy discourse around three aspects of SRHRs – child marriage, and the supposedly consequential questions of adolescent fertility and in turn the health risks of adolescent fertility. After this elaboration, I go on to consider in the concluding section what the short and long term policy and welfare impacts of such (mis)characterization might be. My answers in this last section are ambiguous at best.

1. The problem of absent denominators:

This kind of representation of the problem of early marriage and its effects on RH makes use of the fact that the world is a large place (7 billion at the last count) and therefore almost any subgroup of interest that one can think of will run into the millions (or hundreds of millions) if given as an absolute number. Even disaggregated by region or nation the numbers one comes up with will be stupefying if the region is Africa or the nation is India or China. In a recent paper (Basu, 2014) I discuss this unsurprising shock value of demographic numbers in apocalyptic literary products and in doomsday tracts that generate fear by touting the words ‘millions’ and ‘billions’. In the present case, the intent is more to generate compassion, to open wallets, but sometimes to also generate fear (as in the use of large numbers to discuss the negative implications of what is called a youth bulge for example). Elsewhere (Basu, 2008) I discuss the misdirected hype around HIV/AIDS in India in the 1990s – the wildly popular figure of 5 million infected individuals in the country (which then turned out to be a gross overestimate once more reliable estimates became available) never took into account the denominator of the country’s one billion large population.

Thus, for example, the much cited WHO figure that 70,000 adolescent girls die of pregnancy related causes annually is rightly horrifying in itself, but placed in the rarely mentioned in the same context) perspective of 1.3 million adolescent deaths per year, makes one want to think a bit more carefully about how best to allocate

resources for adolescent health. Even more, it makes one think further about whether money to prevent adolescent maternal mortality is better spent on contraceptive supplies and better delivery conditions than on all-out direct efforts to postpone marriage.

Similarly, citing UNFPA, 2012. *Marrying too Young: End Child Marriage*², the UN's ICPD Global Review 2014 says that "If current trends additional 142 million girls will be married before their 18th birthday". It is unclear if the 142 child marriages will occur next year, or in the next 5 years or the next 15 years. More pertinently, it implies that if nothing is done, these trends *will* continue; while the fact of the matter is that in the normal course of development, these trends are being significantly bucked. For example the recently released results from the 2011 Census of India (the country accused of being the single largest contributor to global levels of early marriage) find that 3 % of girls aged 10-15 are ever married and even in the 15-19 age group, this rises to but 20%; see Table 1.

WHO (2012) similarly tells us that "about 1 million children born to adolescent mothers do not make it to their first birthday" – again the large number of 1 million is shorn of context – it does not tell us what *proportion* of adolescent births die in infancy; nor does it tell us how much worse this is than births to women aged 20-24.

But there is also frequent resort to the opposite of mind numbingly large numbers. This is the dramatic effect created by eschewing numbers altogether. Thus the advocacy world (and this is not limited to the early marriage opponents, all political advocacy seems to love this tactic) is excellent at using individual case studies, human interest stories centered around individuals and vivid visual imagery to ram home the problem of early marriage. Some of this visual demonstration has now acquired iconic status (see below for example, the now iconic cover of **XXX**, which has been coopted by a variety of anti-child marriage, anti slavery and human rights groups.

² Incidentally, this is another feature of the RH advocacy world – the circular citing and reciting of the same set of reports – so the WHO cites UNFPA as its source of information and UNFPA cites a WHO report to bolster its conclusions; and the smaller advocacy groups and social and print media publications cite these same reports in turn, so that no-one really goes back to the original data analyses or research in which these conclusions presumably originate.



While much of this human interest material displays the victims of child marriage, there is an equally potent strand of representation in which we see and hear about or from individuals who have bucked the system – successfully run away from a child marriage, or fought against it in their village, or refused to become pregnant. At every advocacy or semi-advocacy event (and here too I am talking about socio-political advocacy in general, not only that promoting delayed marriage) these days more charismatic representatives of such resistance from different parts of the developing world are brought up to the stage to tell their stories and to strengthen the appeal of the advocacy group. This kind of exhibition of testimonies bears an eerie resemblance to the anti-alcohol evangelical movements of the evangelical churches in 19th century America (see, for example, Comaroff, 2007; also Watkins, Swidler and Hannan, 2012)).

1. The problem of unduly expanded denominators

Another common method of demonstrating the seriousness of the problem of early marriage is to expand the size of a denominator to include those who are not really (or at least much less likely to be) at the risk of the event counted in the denominator and then to extrapolate those risks to the entire population of the denominator. For example, it is common practice to define adolescence as the period of 10-19 (or what WHO calls ‘The Second Decade’) and for many analyses of the ill effects of adolescent marriage to look at this entire age group as a whole.

But several studies indicate that there is a world of difference in the health and other risks associated with sex, marriage and childbearing in those below 15 (that is, still within a few years of menarche) and those around 17-19 (see, for example, Blum et al, 2004; Neal et al 2012); perhaps these differences are even greater than those associated with the same behaviors at 17-19 vs 20-24. Thus by looking at health risks for the 10-19 year group as a whole (even if these risks are first standardized by single years of age), we might be grossly overstating the risks to 17-19 year olds.

We might be similarly overstating the level of child marriage today by estimating the proportions married before age 18 among *all* women of reproductive age. This is commonly done. For example, according to *Girls Not Brides*, an international coalition of “a global partnership of more than 450 civil society organizations committed to ending child marriage” (see <http://www.girlsnotbrides.org/>), “more than 30% of today’s women were married before their 18th birthday”. Unicef goes one step further, by giving us a more dramatic absolute number but again one that includes all women to say “Worldwide more than 700 million *alive today* were married before their 18th birthday” (italics mine).

(http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/Child-Marriage-Brochure-HR_164.pdf, accessed 120 April 2015, also available in the print report) But today’s women include many older women who (a) are more likely to have been married at an early age and (b) more likely to have recall errors about the timing of their marriages. In any case, using such a large denominator tells us very little about the situation of child marriage today. This objection has of course been taken on board in the current practice of using as an estimator of child marriage the percent of women aged 20-24 that were married before 18, but the older, more shocking statistic also continues to be presented with this more contemporary one, together with the self serving statement that “if we do nothing, by 2030 an estimated 15.4 million girls year will marry as children” (<http://www.girlsnotbrides.org/>, accessed 20 April 2015)

The “if we do nothing’ presumption is unduly dismissive of the several (not all positive) independent changes occurring in the everyday lives of people in developing countries that have an impact on marriage trends. This dismissal is less implicit but nevertheless implicit in the more careful statements of bodies such as UNICEF and ICRW ((<http://www.icrw.org/child-marriage-facts-and-figures>, accessed 20 April 2015) that ‘if present trends continue”, the numbers will soar and we can expect some 14 million child marriages every year.

3. The problem of unduly restrictive denominators

This is another common feature of attempts at to demonstrate the scale of the problem of child marriage and is illustrated by a recent report on child marriages in India (ICRW, 2012, *Knot Ready*) which concludes that the percent of 20-24 year old women married before the age of 18 has dropped very little – from 54% to 47% between the first and third rounds of the National Family Health Survey; that is between 1992-93 and 2005-06. It is only in the footnote to the accompanying table that one discovers that the denominator in this calculation only includes ever-married women aged 20-24, whereas the population at risk of early marriage should surely include unmarried women aged 20-24 as well – in the NFHS3 survey, never married women made up a good 24% of the 20-24 age group (Government of India, NFHS3).

A better indicator of trends in early marriage would be possible if instead of looking at 20-24 year old women (as all these reports do – when they are not looking at 20-49 year old women as discussed in the last section), one could look at the current marital status of adolescent girls. The data in NFHS 3 do allow us to do this and we find that a full 70% of the 15-19 age group is never married. And 3 % are married but have not begun cohabitating with their spouses. This leaves us with 27% of 15-19 year olds being married and cohabitating, a figure way lower than the 47% that is publicly thrown around for India (indeed, the publicity on this subject rounds this to ‘around half’ rather than ‘around 45%’)³.

Even more recent estimates from the 2011 census suggest a continuing rapid fall in early marriage – as Table 1 shows, 71% of women aged 15-19 are still ‘never-married’. There are of course important differentials embedded in these national averages but the overall trend does seem to be one of clear decline⁴.

4. The problem of juxtaposed mismatched denominators:

³ Note too that we are talking about the 15-19 year age group; that is, we include a chunk of women who are already of legal age to marry.

⁴ It is another matter that all these estimates assume an optimistically high accuracy of age reporting.

This is the most common kind of manipulation of research findings that the advocacy world seems to engage in. Rates are given for one kind of event, and then followed up by measures of something that is related but is based on non-comparable denominators. Two examples below illustrate this practice.

Many of the publications referred to in this paper highlight the high levels of child marriage in a society by putting a figure to the percent of women aged X (usually 20-24) that were married before the age of 18. Next, in order to demonstrate the dangers of early marriage for early childbearing, usually in the same paragraph, we are told that a very large proportion of adolescent births (as high as 80-90%) in this society occur within marriage. **(SOME DIRECT QUOTES TO BE ADDED IN FOOTNOTE HERE)** That is, the first statement is based on:

A. No. of women (in some age group) that married before the age of 18/ No. of women (in that age group)

While the second statement tells us:

B. No. of births to married adolescents/ Total number of adolescent births

That is, between the two statements, the denominator has changed from 'women' to 'births'.

But these two statements do not add up to telling us that adolescent fertility is high in societies where adolescent marriage rates are high. To surmise this, we would need to know

C. No. of births to married adolescents/No. of adolescent married women (or the adolescent marital fertility rate)

or

D. No. of births to adolescent/No. of adolescent women (or the adolescent fertility rate).

C can still be low in societies in which A and B are high. It need not be so, but A and B together tell us nothing one way or the other. In fact, in Table 1 based on the 2011 census of India, not only do the levels of adolescent marriage seem less dramatic than suggested on the various reports based on survey data as already discussed, both adolescent marital fertility rates as well as adolescent fertility rates seem surprisingly low. All kinds of factors might account for this, including the poor specification of 'marriage' in the data and/or low levels of fertility reporting,

but as yet we do not have any evidence that such data problems are more unique to a census than to a survey.

Interestingly, in spite of the relatively high levels of adolescent marriage in India, adolescent fertility rates are in fact comparable to those in the US (31.3 births per 1000 girls aged 15-19 in 2011 according to CDC) and significantly lower than some sub groups of the US population (47.3 for non-Hispanic Blacks and 49.6 for Hispanics). Moreover, that the bulk of adolescent births in poor countries (though not all poor countries – in Latin America for example, this is not the case) occur within marriage might be a saving grace – these births are more likely to have the familial, social and cultural support needed to protect them than are births outside marriage, especially under the conditions of poverty that seem to characterize adolescent childbearing all over the world.

A second example of juxtaposed denominators: Many of these reports on the ills of early marriage (both the official reviews as well as popular expositions of these reviews) usually also make a connection between adolescent childbearing and high maternal and infant mortality (DIRECT QUOTES TO BE ADDED IN FOOTNOTE HERE). Thus the statement B above is immediately followed up by the remark that pregnancy related deaths are the leading cause of death among adolescent women in developing countries (or at least they were; in recent years, this has been modified to say that overall, they are now the second leading cause of death, suicide being the first). For example UNFPA's *State of World Population 2013: Motherhood in childhood: facing the challenge of adolescent pregnancy* states that '**Maternal causes** rank number two among causes of mortality in 15–19 year old females globally, with little change in the ranking since 2000'.

What is the denominator implicit in this second statement? It is 'all deaths'; ie the estimate is derived from:

E. No. of deaths due to pregnancy related causes in adolescents/ Total number of adolescent deaths.

But E tells us nothing about the relative risks of adolescent pregnancy compared to pregnancy at a later age. For that we would need an estimate of

F. No. of pregnancy related deaths in adolescent girls/No. of adolescents girls (the maternal mortality rate)

Or else:

G. No. of pregnancy related deaths in adolescents/Total No. of adolescent pregnancies (or live births) (the maternal mortality ratio)

And for either or both of these this to be compared with similar measures for women aged 20-24 (or (25-29)).

Having ‘all adolescent deaths’ as the denominator very likely greatly inflates our impression of the risks of adolescent pregnancy because adolescence is otherwise the period of lowest mortality in girls, so those deaths that do occur are usually pregnancy related⁵. That suicide has now taken the first place also does not tell us anything straightforward about a rise in adolescent suicide rates or a fall in adolescent maternal mortality rates⁶.

In the examples above, the juxtaposition of two different denominators (adolescents and adolescent births in the first example, and adolescent deaths and adolescent births in the second) appear legitimately connected to the hurried or untrained reader and may create the kind of dismay that it is hoped will urge policy pressures, but they do so under misleading pretenses and may also become self defeating if the policies that follow criminalize early marriage (as the ICPD+20 review urges) and yet do not result in either adolescent fertility or maternal mortality dropping sharply.

Alternatively (and this seems to be already happening), adolescent maternal mortality may be falling sharply even if the early marriage opponents are right and adolescent marriage is not (eg ICRW, 2014). According to WHO (2012: <http://apps.who.int/adolescent/second-decade/>), “Deaths due to complications of pregnancy and childbirth among adolescents have dropped significantly since 2000, particularly in regions where maternal mortality rates are highest. WHO’s South-East Asia, Eastern Mediterranean and African Regions have seen estimated declines of 57%, 50% and 37%, respectively”.

⁵ By a similar reasoning, the fact that maternal mortality in sub-Saharan Africa is among the first four (and not the first one or two as in other parts of the developing world) causes of death (WHO report on ‘The Second Decade’), cannot be taken to imply that maternal mortality in SSA is not very high (in fact it is more than 3 times higher than in the rest of the developing world (WHO); the only reason it does not come out on top when the denominator is ‘all adolescent deaths; is because adolescent death rates from other causes are also high in SSA.

⁶ There are other complications that get abandoned in this game of Chinese whispers. Chief among these are the fact that (1) adolescent pregnancies worldwide are concentrated among the poor and otherwise marginalized and socioeconomic controls might well remove the adolescent disadvantage, at least for those above the age of 16-17 (it is true, that 12-16 or 17 is also biologically a very high risk period); and (2) adolescent pregnancies are more likely to be first pregnancies (these are especially high risk) and controlling for birth order might reduce the adolescent disadvantage.

But then, this WHO report makes the same kind of denominator mistake just described by going on to add that “Despite these improvements, maternal mortality still ranks second among causes of death among 15 to 19-year-old girls globally, exceeded only by suicide”. As does UNFPA with its declaration that there has been “little change in the ranking since 2000”.

DISCUSSION

As the world of international development gears up for renewed and recommitted action in a post-2015 world, once again the dozens of working groups, high level panels, international agencies and various arms of the United Nations are grappling with coming up with a set of goals and indicators that is comprehensive without being overwhelming, and realistic without being limiting. Of course this means that many special interests and pet themes will be left out of the final list, so naturally there is an aggressive battle to get these interests and themes on the table. In the context of our own discipline of population studies, we saw what happened at the time of the framing of the MDGs – reproductive health as a clearly specified goal, other than being implicit in other goals to do with gender equality or HIV prevention, got left out in the cold in spite of all the effort that had gone into making it the new paradigm at the 1994 Conference on Population and Development. Thanks to the concerted efforts of a few determined individuals, it did get somewhat back on the agenda in 2005 but that was a hard won battle and its lessons are now being employed for this new round of negotiations around the post-2015 agenda.

The competitiveness generated by having to zero in on a naturally limited set of discrete goals, targets and indicators has provided the impetus (and employment) to scores of special interest groups and lobbies to jockey on behalf of their own concerns and to come up with ingenuous ways to highlight the priority deserved by these concerns⁷. And the more ferocious the competition (and to a new observer to this process, it does seem very ferocious), the more a cutting of corners is justified on instrumental grounds.

The cutting of corners implied in the ‘denominator problem’ discussed in this paper arises particularly because of two common tactics employed by individual interest groups. The first is to demonstrate synergies between different goals and targets of

⁷ Once again, I should clarify that while this paper is pegged to the events around post-2015, I am making a broader point about advocacy for global causes in general, especially in these recession bound times when funds and public enthusiasm are increasingly limited.

a typical development agenda; and of course such synergies exist – people do not exist in individual boxes marked ‘education’ and ‘employment’ and ‘health’⁸.

The second tactic, derived from the first, is to try and drum up support from multiple constituencies that often have very different, and sometimes conflicting, priorities and frames of understanding. In the present case, that of advocacy for eradicating CEFM, one can think of at least five such influential constituencies to be pleased and therefore at least five distinct kinds of persuasion to be employed.

i. The constituency of good cause seekers: This is not as tongue-in-cheek as it might sound. The developed world is full of people wanting to do good, sometimes as a way of filling time and ‘feeling good by doing good’, at other times out of a colonial guilt complex, at times out of religious zeal, at other times from a clear-headed understanding of the unfairnesses in the world. Often the collectivity of such individuals also controls important purse strings that in turn can be used to influence foreign policies in their own countries as well as to directly fund good work in the developing world.

This constituency is particularly susceptible to anything to do with women and gender and it is not surprising that wanting to do something about the practice of early and forced marriage in underdeveloped countries caters to all the motivations just mentioned. The ideological wing of the anti-child marriage lobby directly addresses this constituency through a combination of ethical and emotional appeals. At the same time, it is interesting that this form of advocacy and this constituency does not readily see the irony and tension in on the one hand fighting for local empowerment and on the other deciding what it is that empowered individuals and cultures must desire⁹.

ii. The Reproductive Health Constituency: Since the ICPD and Beijing conferences, this group, that sought nothing less than a completely overhaul and rewriting of the population and development paradigm to focus on what came to be called

⁸ In fact there are some important negative synergies, or trade-offs, as well, that no-one wants to talk about (see, for example, Basu and Basu, 1989).

⁹ I bring this up because the subject of marriage is so culturally loaded and complicated that universal measurements and universal prescriptions about how and when it should be conducted run a real risk of replaying in kinder language the colonial contempt expressed in tracts like Katherine Mayo’s *Mother India* (1927), which was one long harangue about the need for British rule to counter the Indian savagery evident in early marriage. The book, which was hugely popular in Britain, blamed child marriage for all the possible other ills in the country – health, poverty, male sloth, social backwardness, political unsophistication. Extolling such wide-ranging synergies is becoming the norm in modern day social advocacy too.

reproductive health and has gradually become a much bigger umbrella of women's, maternal and child health and welfare factors, has become very visible. Not surprisingly, the most amenable to measurements among the components of RH are the non-debatable ones of maternal and infant mortality (after all, there need not be any disagreement on whether a mother or a child is alive or dead; unlike disagreements about what counts as domestic violence or what defines contraceptive access or use). In addition RH is now firmly established on the international development agenda as a social and public good and the anti CEFM lobby is therefore being rational in hitching its wagon to it as well as focusing on the mortality and more easily measurable health components within it.

iii. The environmental movement constituency: In spite of the discrediting of and annoyance with the 'population' level focus in earlier population and family planning programs in developing countries, that interest group is not dead. In fact, in recent years it has gained new traction through the environmental movement and has now begun to make important inroads into the new *sustainable* development agenda. According to it, no development is sustainable if the ever larger numbers of people to be sustained are not contained in some way; of course this is now said in more polite language and the emphasis is now almost entirely on voluntary fertility control, but the encouragement of such voluntary control has now made its way into several research and recommendation documents, including that by the Rio+20 SDG goals. Less visibly, but nevertheless clearly enough, the anti CEFM groups are also courting this constituency by highlighting the macro level benefits to be derived from the success of their endeavor.

iv. The national security constituency: These are the groups in the developed world that are more domestically oriented and are concerned about matters beyond their shores largely for their implications for their own security and stability. The anti-CEFM advocacy process has also been able to tap into their fears, as evidenced in a recent paper from the US based Council on Foreign Relations (Vogelstein, 2013) which highlights the political and security risks that allowing the continuation of CEFM in poor countries entails.

v. The Private Sector: This is the new kid on the block. For a variety of reasons (see Merry, 2011), the private sector has become an increasingly important player in international development. In the past, this sector operated largely through philanthropy and through the Foundations it set up to channel funds, advice and advocacy to improve the lives of people in the developing world, sometimes in ways that were less than altruistic. But today such philanthropy has become supplemented by (some would say supplanted by) at least three other forms of engagement –corporate social responsibility, public-private partnerships, and

technical collaboration¹⁰. All three roles have got a boost from the global economic recession and even the conventional bilateral and multilateral aid agencies are now increasingly insistent that the corporate world be fully co-opted into international development efforts.

From the perspective of the present paper, the third role of the private sector – its apparent technical expertise and efficiency paradigm – have infiltrated the advocacy world in a particularly big way. This development is best exemplified by the increasing corporatization of the international development agenda, a process that demands measurable results from any attempts at change and demonstration of the cost-effectiveness of these results. So the advocacy field is now awash with the language of corporate governance – ROI (Returns to Investment), CBA (cost-benefit analysis) and, more earthily, Bang for the Buck, exemplified most recently and apparently rigorously by the Copenhagen Consensus Group – a well publicized association of hard-nosed economists tasked with applying monetary values to the possible inputs and outcomes implied by different goals and indicators being suggested for the post-2015 agenda.

The originally more ideologically motivated SRHR and anti-child marriage groups now play this game too. Their new obsession with measurement and monetization has led to some unconvincing attempts to quantify social change and the policies for social change, in arguably ahistorical and acultural ways (See Lewis, 2009; Merry, 2011, Mosse, 2013) and to demonstrate the gains to such policies and social change by maximizing the number and level of synergies that are supposed to be an outcome of it. Our ‘denominator problem’ in RH advocacy is but one stark example of such jostling for attention and such a corporate style of justification.

Potential Impact of Anti CEFM Advocacy

Quite apart from the perils or ethics of the kind of faintly misleading advocacy that my denominator problems practices have outlined here, what is the potential impact of the kind of information and education that they generate and pass down the chain of Chinese Whispers? One can think of possible impact at three points.

- i. *On international and national policy*: the impact could be high even if the subject of early marriage does not get into the formal post-2015 agenda, especially when the advocacy appeals to the national security considerations of powerful countries.
- ii. *On the actual age at marriage*: all empirical trends suggest that the age at marriage will continue to rise everywhere but less for reasons to do with national policies on this subject than with the global processes of

¹⁰ It is interesting how all three forms of engagement no longer need to be spelled out – it is enough to use acronyms like CSR, PPP, and ROI.

- ‘modernization’, economic growth, urbanization and education, many of which will hopefully be fuelled by the post-2015 energy¹¹.
- iii. *In turn, on RH*: Once again, improvements in RH will undoubtedly occur in the coming years for a variety of reasons. It is not clear how much of an impact will be attributable to a rising age at marriage. Much more effective are likely to be actions/interventions on what demographers call the ‘proximate determinants’ of health (Mosely and Chen, 1984) – those preventive and treatment interventions that directly reduce the risk of RH problems (such as nutrition, easy contraceptive access and good ante-natal, delivery and post-natal services) and good access to the diagnosis and treatment services for the morbidity and complications that are nevertheless an inevitable part of the lives of women and infants in poverty and marginality.
- iv. *On other, more social and less readily measurable possible correlate*: These include RH related factors such as sexual and domestic violence and generalized female oppression, but also include even more intangible things like the curtailment of the fun of childhood and the emotional security of natal family ties. These are all matters that seem intuitively connected to CEFM and need to be more strongly highlighted in advocacy against early marriage¹² even when they cannot be given a monetary or numerical value or put into an ROI framework.

For, in the final analysis, the good life is not just about universal, context free and countable indicators. It is about feeling good and living well within a sociocultural and normative context that is protective at the same time as it is respectful of individual rights.

¹¹ Incidentally one needs some caution in positing such an economic/social development-rising age at marriage relationship; it can work in convoluted and less pleasant ways at time. For example, one might wonder if rising male unemployment is adding to a rising age at marriage for girls, especially as their simultaneous rising levels of education makes them more fussy about marrying men with a proper job (Basu, 2015).

¹² Assuming, in the first place, that we want to focus on early marriage as an intractable and large problem that needs vigorous advocacy.

Table 1: India: Age Specific Marriage and Fertility Rates, 2011 Census

Rural/ Urban	Age Group	% Women Married	ASMFR Births per 1000 married women	ASFR Births per 1000 women
Total	All Ages	50	71	36
Total	Less than 15	1	34	0
Total	15-19	19	117	23
Total	20-24	69	192	131
Total	25-29	89	136	121
Total	30-34	93	73	68
Rural	All Ages	49	77	38
Rural	Less than 15	1	36	0
Rural	15-19	21	122	26
Rural	20-24	74	201	149
Rural	25-29	92	142	130
Rural	30-34	94	78	73
Urban	All Ages	51	60	31
Urban	Less than 15	1	31	0
Urban	15-19	15	101	15
Urban	20-24	57	168	96
Urban	25-29	84	123	104
Urban	30-34	92	64	59