

FACTORS INFLUENCING THE ADOLESCENT MARRIAGE IN A SELECTED AREA OF BANGLADESH

***Afroza Khanam^{1,2}, Md. Shahjahan¹, Abul Hasanat², Sk Md. Zahirul
Alam² and Faisal Muhammad¹**

¹Department of Public Health, Faculty of Allied Health Sciences, Daffodil International University,
Dhaka-1207, Bangladesh,

²Green Life College of Nursing, Dhanmondi, Dhaka-1205, Bangladesh.

Abstract: *In Bangladesh, adolescent marriage has a long established custom, especially in the rural areas where it is a common phenomenon for the girls. The study was aimed to explore the factors associated with Adolescent Marriage in a selected area of Bangladesh. A total of 220 adolescent women aged 13 to 20 years were included in this study and the data were collected from August to December 2016 among the adolescence mothers who delivered at selected hospital by face to face interview technique using semi structured questionnaire. Data was analysed using SPSS version 20. The mean age of the respondents was 18.9±3.2 years. About 97.7% of the respondents were housewives and the majority (58.6%) had primary level of education, 46.3% of the respondents got married at the age of 14-16 years and 40.9% of them got married at the age of ≤13 years. The mean family monthly income was 8412.4±6567.6 taka and most of the respondents (81.8%) experienced their first pregnancy at the age of ≤16 years. More than half (52.3%) of the respondents mentioned that fear of dowry was the reason behind the adolescence marriage. Father's and mother's educational level, family monthly income and consent taken during marriage was found to be significantly associated with age of the marriage of the adolescent girls. The findings reveal that the parent's knowledge about legal age at first marriage was very much insufficient in some part of Bangladesh. It was reported that most of the marriage decision was made by the parents without the consent of the child. Social development such as parental education and urbanization may be the important solution in the prevention of early age marriages.*

Keywords: *Adolescent, Age, Marriage, Knowledge, Bangladesh*

Introduction

Marriage is a social institution that unites people in a special form of mutual dependence for the purpose of founding and maintaining a family. Many societies have norms and practice that limit the age of young girls to enter into marriage, but in some cases the age limit does not take into consideration their physiological readiness for childbearing. Marriage often takes place at ages much earlier than the legally ratified minimum age. Adolescents Marriage is the marriage of children and adolescents below the age of 18¹. It requires that the couples have some means of supporting themselves and eventually their children². Adolescents Marriage is in widely practice in many countries of the world. The practice of Adolescents Marriage is most common in sub-Saharan Africa and South Asia. Marriages of female adolescents between sixteen and eighteen years of age are also common in parts of Latin America and Eastern Europe³.

A study reported that Asia, once noted for early female marriage, nevertheless in recent years been marked by delayed marriage. South-east Asia is the region where by age at marriage for women has

***Corresponding author:** Afroza Khanam, Assistant Professor, Green Life College of Nursing, Dhanmondi, Dhaka-1205, Bangladesh, E-mail: afrozakhanam1984@gmail.com

risen by several years⁴. The reasons given for the changes in marriage are complex and may differ between causes of marriage delay and those leading to individuals not marrying at all^{5, 6}. History reveals that women in South-East Asia married around or before menarche. The mean age at marriage in British India (Bangladesh was included) was below 15 years at the 1931 Census before slowly edging up thereafter. However this process started in Bangladesh only after the 1961 Census. This indicates that very different factors have been driving it⁷.

In Bangladesh, Adolescents Marriage is a long established custom, especially in the rural areas where particularly it is a common phenomenon among the adolescent girls. Bangladesh is one of the densely populated countries of the world and about 64.96% of the people live in the rural areas⁸. Bangladesh also regulated marriage act where mentioned the minimum age at first marriage for both sexes (Boys 21 and Girls 18 years). But the population policy and marriage act have not been implemented effectively⁹.

Adolescents Marriage is directly related to other social and medical problems. Adolescent's marriage has important health effects on both young mothers and their children. Many studies reported that married adolescent girls confront important reproductive and sexual health vulnerabilities¹⁰. Adolescents Marriage has many adverse consequences on reproductive and sexual health of girls. These include death during childbirth, physical and sexual violence, isolation, depression, cervical cancer and risk of sexually transmitted diseases (STD). Teen pregnant women are at high risk of preterm birth as well as neonatal death more than other women¹¹. In Adolescents Marriage there is no attainment of mental growth of the young mother which in turn creates many different problems like maladjustment with the other family members etc. Early marriage leads to early pregnancy, which is often associated with pregnancy related complications leading ultimately to infant and maternal morbidity and mortality³. To reduce the practice of Adolescents Marriage the people are to be educated and conscious. They should know the adverse effects of early marriage. Factors influencing the Adolescents Marriage should be identified. An educational diagnosis should be made and appropriate measures are to be taken for aware the people to deal with the situation³. The study was aimed to identify the associated factors of Adolescent Marriage in a selected area of Bangladesh.

Material and Methods

Design and Setting

The study was a descriptive type of cross sectional study carried out at the Gynae & obstetric department of Shaheed Ziaur Rahman Medical College Hospital, Bogra Bangladesh during August to December 2016. The study used non-probability purposive sampling technique, a total of 220 Adolescent mothers aged between 13-20 years who delivered baby in the selected hospital within the study period were selected for this study.

Data Collection

The data were collected by pre-tested semi-structured questionnaire. The questionnaire was prepared both in Bangla and English language, however for interviewing purpose only Bangla format was used. Data was collected by the researcher and the information was collected from the respondents using face to face interview technique. Pre-testing of the questionnaire was done and then a small modification in the questionnaire was made prior to actual data collection.

Data Analysis

After collection of the data, all filled questionnaires were checked for completeness, correctness and internal consistency to exclude missing or inconsistent data. The data was analysed using a Statistical Package for Social Sciences (SPSS) statistical software version 20. Pearson Chi-square test was performed to determine the association between variables. The p-value less than or 0.05 was considered as statistically significant.

Ethical considerations

Informed consent was obtained from the institution and authorities. Privacy, confidentiality and anonymity were guarded. Respondents were informed about the nature of the research method that was used and they were free to withdraw from the study at any time they like to. The study was approved by FAHS-Ethics Committee through Department of Public Health, Daffodil International University Dhaka Bangladesh.

Results**Table 1: Distribution of Socio-demographic Characteristic of the respondents (n=220)**

Socio-demographic variables	Frequency	Percent
Age (in years)		
13-15	43	19.6
16-19	123	55.9
20	54	24.5
Mean age(\pmSD)	18.9(SD \pm 3.2) years	
Occupation		
Housewives	215	97.7
Garment workers	5	2.3
Educational Level		
No formal education	21	9.5
Primary level	129	58.6
Secondary level	69	31.4
College level	1	0.5
Father's Educational Level		
No formal education	50	22.8
Primary level	112	50.9
Secondary level	52	23.6
College level	6	2.7
Mother's Educational Level		
No formal education	94	42.7
Primary level	115	52.3
Secondary level	11	5.0
Husband's Educational Level		
No formal education	50	22.8
Primary level	114	51.8
Secondary level	50	22.7
College level	6	2.7
Family Monthly Income (Taka)		
\leq 5000	147	66.8
5001-10000	62	28.2
10001-15000	6	2.7
\geq 15000	5	2.3
Mean (\pmSD)	8412.4(\pm 6567.6)	

Table 1 shows that more than half (55.9%) of the respondents were in age group 16-19 years and the mean age of the respondents was 18.9(SD \pm 3.2) years. About 97.7% of the respondents were housewives and the rest (2.3%) were garments workers. Close to six-tenths (58.6%) of the

respondents had primary level of education, followed by 31.4% who had secondary level of education and 9.5% of them had no formal education. Little above half (50.9%) of the respondents father's had primary level of education, followed by 23.6% who had secondary level of education. However regarding mother's educational level 52.3% of the respondents had primary level of education and 42.7% of them had no formal education. About 51.8% of the respondent's husband had primary level of education and 22.8% of them had no formal education. About 66.8% of the respondents had family monthly income 5000 taka and below and the mean family monthly income was 8412.4 (\pm 6567.6) taka.

Table 2: Distribution of Reproductive Health, Physiological and Psychological Factors of Adolescents Marriage (n=220)

Factors	Frequency	Percentage
Age of marriage (year)		
≤13	90	40.9
14-16	102	46.3
≥17	28	12.4
Age of first pregnancy (year)		
≤16	180	81.8
>16	40	18.2
Number of child		
≤2	190	86.4
>2	30	13.6
Use of family planning method		
Yes	175	79.5
No	45	20.5
Husband use of contraceptive method		
Yes	20	9.1
No	200	90.9
Family pay dowry during marriage		
Yes	185	84.1
No	35	15.9
Reasons behind early marriage		
Poverty	8	3.6
Suitable groom	18	8.2
Social pressure to marry	3	1.3
Fear of dowry	115	52.3
Having affairs	55	25.0
Lack of knowledge	21	9.5
Person made the decision for marriage		
Father	90	40.9
Mother	45	20.5
Brother	12	5.5
Grandparents	19	8.6
Both (Father and Mother)	54	24.5
Consent taken during marriage		
Yes	26	11.8
No	194	88.2

Table 2 shows that about 46.3% of the respondents got married at the age of 14-16 years and 40.9% of them got married at the age of ≤ 13 years. About 81.8% of the respondents experienced their first pregnancy at the age ≤ 16 years and the rest (18.2%) experienced the first pregnancy at more than 16 years of age. More than four-fifths (86.4%) of the respondents had ≤ 2 children and 79.5% of them used family planning method. Less than one-tenths (9.1%) of the respondent's husbands had used contraceptive methods and 84.1% of them mentioned that their family paid dowry during their marriage. More than half (52.3%) of the respondents mentioned that the reason behind adolescent marriage was fear of dowry, followed by 25.0% who mentioned having affairs as the reason behind the early marriage, 9.5% of them mentioned that it was lack of knowledge about the legal age of marriage, 8.2% of the respondents mentioned that it was as a result of suitable groom, 3.6% of them mentioned it was poverty and 1.3% of them mentioned it was due to social pressure to marry. Regarding the decision for marriage about 40.9% of them mentioned that their father made the decision and 20.5% mentioned it was their mother who made the decision. About 88.2% of the respondents mentioned that their consent was not taken during their marriage.

Table 3: Association between Age of Marriage and Other Variables (n = 220)

Variables	Age of Marriage (years)				X ²	P-value
	≤ 13	14-16	≥ 17	Total		
Father's Educational level						
No formal education	22	27	1	50	28.201	<0.001
Primary level	63	40	9	112		
Secondary & above	5	35	18	58		
Mother's Educational Level						
No formal education	80	8	6	94	14.009	<0.001
Primary level	8	87	20	115		
Secondary & above	2	7	2	11		
Family Monthly Income (Taka)						
≤ 5000	86	60	1	147	32.661	0.021
5001-10000	3	40	19	62		
>10000	1	2	8	11		
Person made the decision for marriage						
Father	44	36	10	90	19.001	0.322
Mother	17	23	5	45		
Brother	4	6	2	12		
Grandparents	5	11	3	19		
Both (father & mother)	20	26	8	54		
Consent taken during marriage						
Yes	1	10	15	26	26.101	0.002
No	89	92	13	194		

Table 3 shows that father's and mother's educational level of the respondents was found to be significantly associated ($P < 0.001$) with age of the marriage of the adolescent girls. Family monthly income of the respondents was significantly associated with age of the marriage of adolescent girls ($P = 0.021$) and consent taken during marriage was also significantly associated ($P = 0.002$) with age of the adolescent girls. However person made the decision of the marriage was not significantly associated with age of the marriage of adolescent girls ($P = 0.322$).

Discussion

Global estimate suggest that every year about 536,000 women die from the complication of pregnancy and child birth. Most of the maternal death occurs in the early marriage and most maternal morbidities probably also arise at that time. The present study reveals that more than half (55.9%) woman were in age group 16-19 years and the mean age 18.9(SD \pm 3.2) years. A similar study was conducted in Bangladesh where they reported the mean age of the respondents as 19.3(SD \pm 3.3) years and the majority (45.3%) of the respondents were in the age group 15-20 years with mean age¹².

In the present study nearly half (46.3%) respondents married at the age of 14-16 years, 40.3% married at the age of 13 years and below. A study conducted on Teenage Pregnancy in Australia stated that a comparative perspectives on a Changing Institution found 20.3% of the respondents married at the age < 15 years¹³. According to the present study majorities (81.8%) respondents experienced their first pregnancy at the age of \leq 16 years. This findings nearly consistent with the previous study¹⁴.

Most of the marriage decision had been made by their fathers and 20.4% of them were made by their mothers. About 88.2% of the respondents mentioned that their consent was not taken during their marriage. In the present study most (86.4%) of the respondents had \leq 2 children. However, a similar study reported that 75.6% of the respondents had less than 2 children¹⁵.

Father's and mother's educational level of the respondents was found to be significantly associated ($P < 0.001$) with age of the marriage of the adolescent girls. A study conducted by Fuchs reported that educated people invest in their own and their offspring's health in terms of healthy behaviors¹⁶.

Conclusion

The finding reveals that the parent's knowledge about legal age at first marriage was very much insufficient in some part of Bangladesh. Practices of Adolescents marriages were recorded more common among the less educated and low income groups of parents. It was reported that most of the marriage decision was made by the parents (father and mother) without the consent of the child. Beside knowledge and attitude some other socio-economic factors, social problems can play an important role to increase the parents' level of knowledge regarding the early marriage.

Recommendations

1. Social development such as parental education and urbanization may be the important solution in the prevention of early age marriages.
2. Encouraging the female education and bearing the expenditure of education by the state for at least up to 18 years of age.
3. The government must also negotiate with the religious scholars and should seek for their help in eliminating the Adolescents marriages and dowry system as well.
4. Government law of age at marriage should be strictly followed.

References

1. *Pathfinder International: Report on causes and consequences of early marriage. AMHARA REGION; Ethiopia July 2006.*
2. *Paul, M.P. BIDS Research Report, Marriage Employment and Marital Adjustment, A care study of educated urban women August, 1992.*
3. *Sarker, A., Alam, K.M. A study on community responses to late marriage, National Institute of Population Research and Training (NIPORT); Azimpur, Dhaka 1986:*

4. Jones, G.W. 'Not "when to marry" but "whether to marry": the changing context of marriage decisions in east and southeast Asia', in *(Un)tying the Knot: Ideal and Reality in Asian Marriage*, Asian Trends 2, eds G. W. Jones & K. Ramdas, Asian Research Institute, National University of Singapore, Singapore 2004.
5. Casterline, J.B, Williams, L. & McDonald, P. 'The age difference between spouses: Variations in developing countries', *Population Studies*, 1986; 40(3): 353-374.
6. Preston, S.H. & Strong, M.A. 'Effects of mortality declines on marriage patterns in developing countries', in *Consequences of Mortality Trends and Differentials*, Population Studies No. 95, United Nations, Department of International Economic and Social Affairs, New York 1986.
7. Bruce K. Caldwell. Factors affecting female age at marriage in South Asia, *Asian Population Studies*, 2005; 1:3: 283-301. DOI: 10.1080/17441730500441160
8. Trading Economics: Bangladesh Rural Population 2016: Available from: <https://tradingeconomics.com/bangladesh/rural-population-percent-of-total-population-wb-data.html>
9. Singh, M. Changes in age at marriage of women in Rural North India. *J Biosoc Sci.* 1992; 24(1):123-30.
10. Santhya KG. Early marriage and sexual and reproductive health vulnerabilities of young women: a synthesis of recent evidence from developing countries. *Current Opinion in Obstetrics and Gynecology.* 2011; 23(5):334-339.
11. Morvarid I, Robab L.R. Reproductive and Sexual Health Consequences of Child Marriage: A Review of literature: *Journal of Midwifery and Reproductive health:* 2019; 7(1): 1584-1590 DOI: 10.22038/JMRH.2018.31627.1342
12. Sayem, AM & Nury, AT. Factors Associated with teenage marital pregnancy among Bangladeshi women. *Reprod Health.* 2011; 20; 8:16. Doi: 10.1186/1742-4755-8-16.
13. Bishop D. Teenage Pregnancy – An Adolescent Health Issue in Australia, "Contemporary Marriage: Comparative Perspectives on a Changing Institution", 1985.
14. Kamal SMM. Adolescent motherhood in Bangladesh: Evidence from 2007 BDHS data. *Can Stu Popul.* 2012; 39(1-2):63-82.
15. Barkat, A. and Majid, M. "Adolescent reproductive health in Bangladesh: Status, policies, programs and issues". POLICY Project Report USAID Asia/Near East Bureau. 2003.
16. Fuchs VR. *Economic aspects of health.* Chicago: University of Chicago Press; 1982.