



## *A Study on Impact of Early Marriage on Women Health in Bangladesh*

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### ABSTRACT

Early marriage of women is a common practice in Bangladesh, where the significant numbers of women being married before the age of 18. Early marriages have been convicted globally as the harmful practice of girls' health. It is an important issue that impacts not only the lives of the children who are married but also the lives of those around them. The factors that mainly contribute to early marriage in Bangladesh are poverty and cultural practice. We assessed the impacts of early marriage on women health and their well-being. Early marriage represents a major threat to women well-being. Our findings indicate that WEM impact on maternal health such as women depression and domestic violence. The study suggests that it is crucial to challenge socioeconomic, religious and cultural practices or norms associated with early marriages.

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## 1. INTRODUCTION

Early marriage occurs when one or both of the spouses are below the age of 18. The frequency of early marriage in Bangladesh is the highest in all of Southern Asia, and among the highest globally. UNICEF (2001) reported that the large number of very young brides can be found in the Western and Southern parts of Bangladesh that border of India. Many girls in Bangladesh are married soon after puberty (UNICEF, 2001). Early marriage reinforces the gendered nature of poverty, with limited education and skills, bringing down the potential of the girl, her family, her community and her

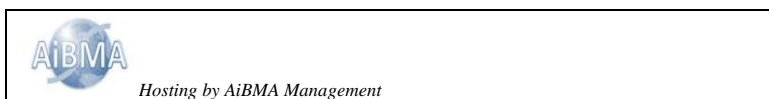
country. This impact extends throughout a girl's adult life and into the next generation (UNICEF, 2008). Despite being early marriage is a violation of women human rights and being prohibited by international human rights law and many national laws, it continues to rob millions of girls around the world of their childhood (UNFPA, 2012).

In Bangladesh, although early marriage is prohibited legally, this practice is still happening in slum areas of Bangladesh (Nahid, 2013). According to the Child Marriage Restraint Act,

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1929 the minimum legal age for marriage is 18 years for females in Bangladesh. These laws have little impact on the frequency of early marriage in Bangladesh (Nahid, 2013). Indeed to say that the practice of early marriage in Bangladesh is a violation of women human rights that is extremely harmful to the lives and futures of millions of Bangladeshi girls. Early marriage continues a cycle of poverty, underdevelopment and many other problems in the society. It could be said that child marriage forces the young girls into a poor life with increased risk of violence, abuse, ill health even early death. This practice perpetuates a cycle of gender inequality, domestic abuse, maternal mortality, health problems, and poverty (UNICEF, 2008). Thus, early marriage has negative impacts on women health, motherhood as well as women discrimination. It is, therefore argued that early marriage represents a major threat to a women well-being. It was reported that girls who have babies also have a high risk of suffering from obstetric fistula - a condition that causes incontinence (Care, 2010).

The study attempts to investigate the factors influence on early marriage. The previous studies suggest that social and cultural norms, including those related to faith, influence the age at which a girl is expected to marry. In addition, social-economic status, education levels, and community context also influence the likelihood of a girl being married early. The poorest countries have the highest child marriage rates, and child marriage is most common among the poor who have fewer resources and opportunities to invest in alternative options for girls (Jennifer et al, 2015). In Bangladesh, early marriage is rooted in social-cultural practices and religious beliefs in many communities, Due to social-cultural practice, most families prepared girls for marriage first (Sultana, 2010). Culture is one of the biggest obstacles to girl's early marriage issue. Most importantly, the culture increase women discrimination through their early marriage. The objectives of the research are: (i) to identify the factors that may influence on early marriage among the girls in Bangladesh and (ii) to assess the impacts of early marriage on women health and their overall well-being.

## 2. LITERATURE REVIEW

The aim of the study is to determine the factors that influence on early marriage in the poor countries and how it impacts on women health as well as the overall well-being. In the poorest countries, poverty and cultural norms play central roles in perpetuating adolescent girls' early marriage. Research shows that in the poorest countries have the highest child marriage rates. Child marriage is most common among the poor who have fewer resources and opportunities to invest in alternative options for girls (Jennifer et al, 2015). A study was conducted by Sarker & Mustafizur (2012) on factors affecting early marriage and early conception women: a case of slum areas in Bangladesh. The results revealed that early marriage is affected by the family's monthly income. The study summarized that education, family's monthly income, religion are the most influential factors in determining the likelihood of early marriage. Synder et al. (2004) also showed that economically disadvantaged families tended to marry earlier as compared with those from advanced families.

With respect to the impact of early marriage on women, there is number of studies conducted. Most of these studies focused on economic and educational outcome aspects. Number of

studies (Field and Ambrus, 2008; Nguyen and Wodon, 2015) showed that when a girl marries early, the more likely it is that she will have a low level of schooling. Some studies examined the impacts of early marriage on health. According to Jennifer et al, (2015) early marriage can affect girl's physical and mental well-being in a number of ways. A number of studies supported that girls who are married young age experience higher rates of malnutrition, isolation, and depression and higher maternal mortality and morbidity than girls who marry after age 18 (Le Strat, Dubertret & Le Foll, 2011; Nour, 2009).

Due to early marriage when women are experienced with higher levels of depression, anxiety, and isolation, these may results in higher levels of self-harm and suicide (Jennifer et al, 2015). Jennifer et al, (2015) further argued that girls who are married young age internationalize effects are seen in her children with poor physical health outcomes and poor nutrition status, and higher rates of infant mortality. Moreover, early marriage is related to poor sexual and reproductive health and experience higher risk for early pregnancy (Jennifer et al, 2015; Walker et al.2013). Jensen and Thornton (2003) also supported that women who marry early begin childbearing tend to have complications in pregnancy and delivery.

## 3. RESEARCH METHODOLOGY

### Methods

We designed a mixed method approach. Both qualitative and quantitative methods are employed in this study. We used two techniques for data collection such face to face interview and participant observation using semi-structured interview as a tool to collect the data. Data was collected in Dinajpur, a small city in northern Bangladesh. There are five slum areas in Dinajpur namely; Balubari, Paharpur, Munshipara, kumarpara and Koshba have been chosen as study areas. A survey research design was employed in this research.

### Sample Size and Data Collection Techniques

A total of 33 married women have been interviewed by using a questionnaire. A series of questions was prepared to collect the information from the respondents. The survey was conducted by using a purposive sampling method. One important criterion for the respondents in this study was that the women must be married at age 8-18 years old. The study also utilized qualitative interview with 12 women who have been married for eight years.

### Research Procedure

The consent process entailed one route such as community-based settings. We recruited the participants through my friendship networks in my community. At the beginning of the interview, the objective of the study was clearly explained to the respondents and they were assured that the study was fully academic purposes. We also informed them they could withdraw from the study if they feel sensitive or uncomfortable and there would be no adverse effect on them. The main technique for the study was a face to face interview. We conducted interviews with early married couples in their residences and fields where they gathered to gossip. The interview session was tape-recorded with the consent of the

respondents. After the interview session, we noted down some details about the talk and the situation in general.

Overall, the most valuable part of this method lies in the fact that respondents could talk freely and therefore issues that we had not thought about may emerge. We tried to capture the brief comments made by the participants. The discussions were so pleasant that the participants not only participated willingly but it seemed they finally found a listening ear to share their happiness, struggles and difficulties encountered in their marital life.

#### Data Analysis

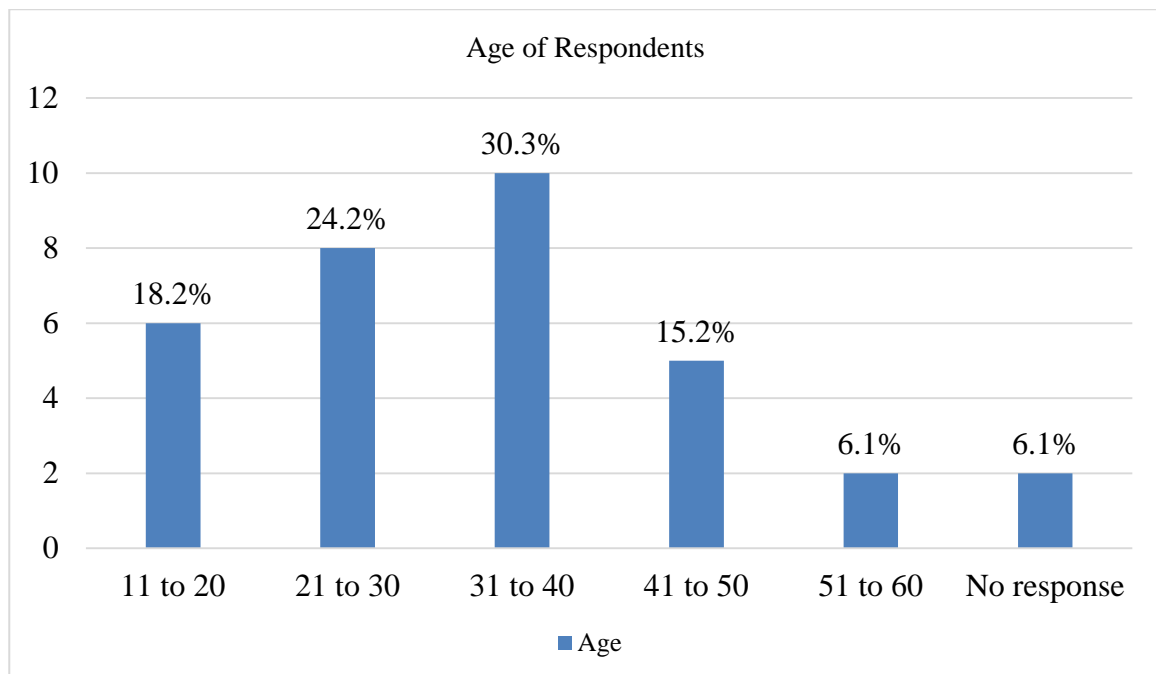
The variables related to the impact of early marriage on women health as well as overall well-being were measured using 8 statements and the scale was ranging from 1: Yes ; 2: No and 3: Neutral. This is a descriptive study; thus frequencies, standard deviation, mean and percentages were largely used in this study. The data such as frequencies and percentages obtained from the above statistical software were presented in tabular and graphical forms to fulfill the desired objectives.

For the qualitative data, the written notes were edited by the researchers and were transcripts were typed for data analysis. After the interview, data have been vilified to check if the researchers had captured their perspectives and if the participants had any comments to add on. With respect to the qualitative parts, partial findings are presented in this study.

## 4. RESULTS AND DISCUSSION

### Demographic Information of the Respondents

Figure 1, 2 and 3 summarized demographic backgrounds of respondents include age, educational status and age at marriage respectively. The data show that the majority of respondents (30.3 percent) involved in this research were aged between 31-40 years old while only 24.2 of percent of respondents belonged to the age range between 21-30 years. As our all respondents are married and having children during research, the usual age is slightly higher though these respondents are early married respondents.



**Figure 1: Age of the Respondents**

Results revealed that the highest number of respondents (45.4 percent) belonged to secondary school education. The second majority of respondents (24.2 percent) tended to have a primary level of education. There are only a few respondents (3 percent) belonged to a degree and Master's level of education. These results are not surprising as early marriage limit women education opportunity. Most of the parents considered primary education their daughter.

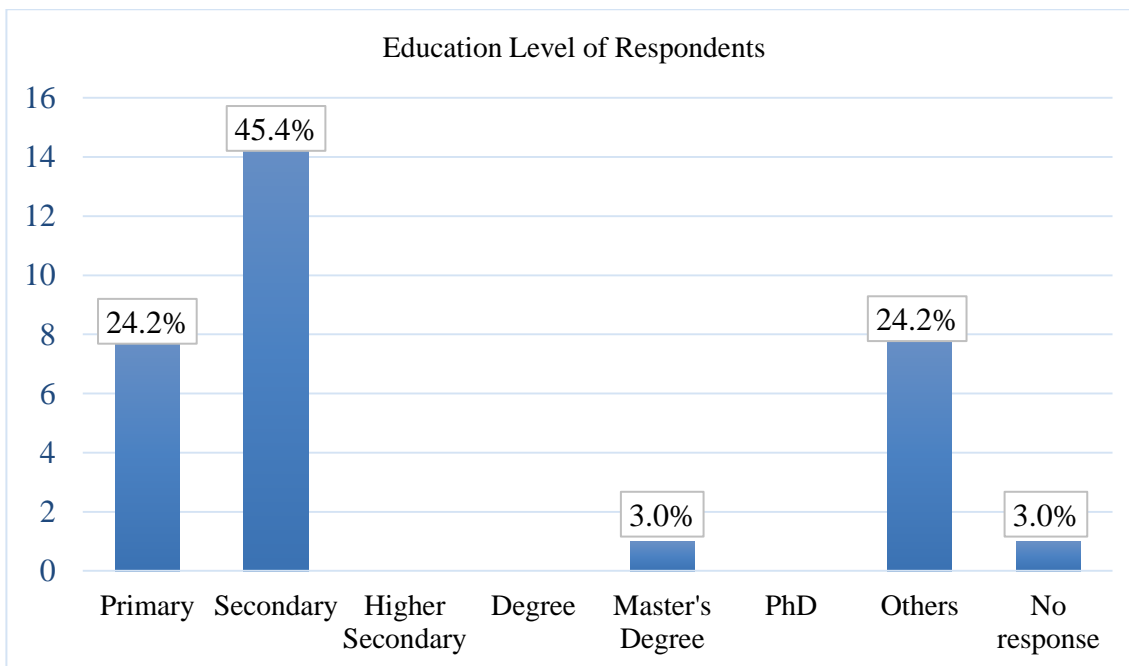


Figure 2: Educational level of the Respondents

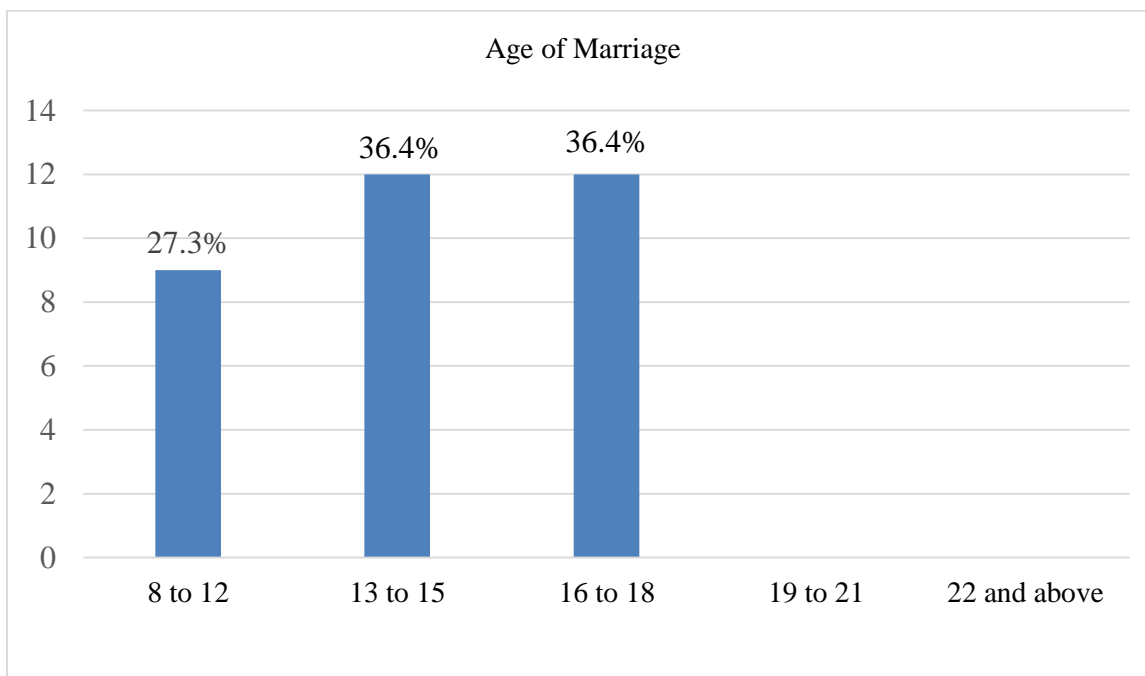
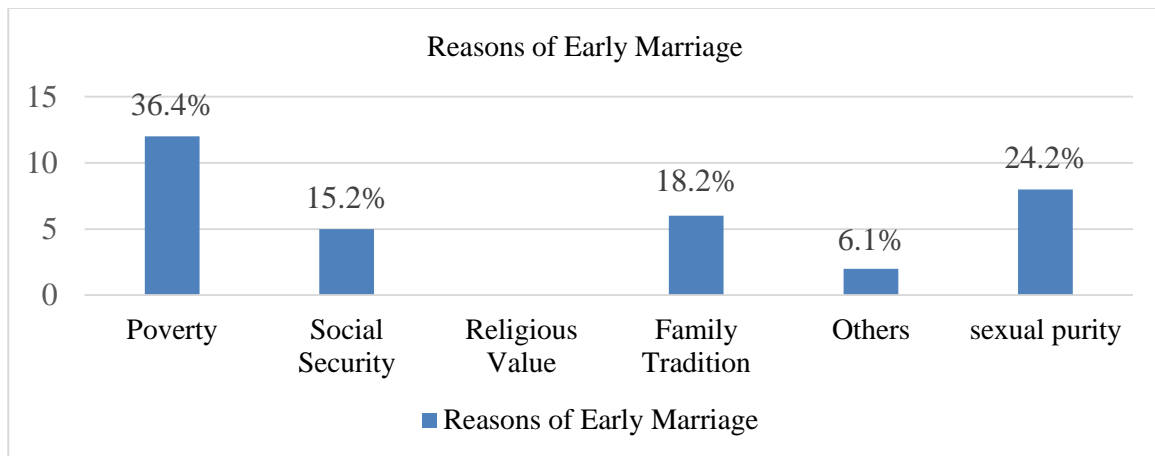


Figure 3: Respondents' Age at Marriage

The participants across groups have reported the average age at marriage for girls as 15-16 years old. The age at marriage has a great importance in this study and the results revealed that the majority of the respondents (13-15 & 16 & 18 years old respectively) married at an early age considered as the child marriage. There are no respondents were found who married at 19 to 21 years old and above. The practice of marrying girls at a young age is most common in Bangladesh. There were no respondents in this study who married 19 years and above.

**Factors Influence on Early Marriage in Poor Urban Areas**

The study determines the factors that contribute to early marriage in urban poor communities.



**Figure 4: Factors Influence on Early Marriage**

The factors that contribute to early marriage in Bangladesh are poverty, social security, religious beliefs, family tradition and girls' sexual purity. Findings of the study suggest that the prevalence of early marriage in poor urban areas of Bangladesh is driven by a range of factors including poverty (36.4%), social security (15.2%), family tradition (18.2%) and sexual purity (24.2%). Among the drivers, the findings have highlighted poverty, social insecurity and sexual purity of girls as the most significant drivers of WEM. Early marriage in rural Bangladesh is viewed as a social-cultural norm and practice. In some situations, when girls' families are poor, they are forced to marry as a third or fourth wife to a much older man.

In Bangladesh, social-cultural norms heavily influence on women discrimination in marriage. Studies showed that from a very young age girls learn domestic skills and begin to take on domestic duties, such as cooking, sewing, washing, cleaning, and child caring and supplementing the household income with cottage crafts. In rural areas, it is a strong belief that a son should be educated because, unlike a daughter who after her marriage serves another family, a son will need to support his aged parents. For such beliefs, most families prepared girls for marriage (Sultana, 2010). One respondent who is married at 15 years old shared her expressed:

*"My parents stop my education as soon as they grow up. They are more concerned about my marriage. They feel that if we educate our daughters, people scold us saying that we may be fall difficulty in finding boys for their marriage."* (Interview with Sarmina Begum).

Such stories are common in Bangladesh, especially in rural areas. Parents rarely want a daughter being late marriage. It is recognized that in Bangladesh most of the people live in absolute poverty. Conversely, due to social-cultural practice, parents need to pay dowries for daughter's weddings. Sometimes, therefore, it is difficult to bear the expenses of daughter's weddings. In that case, poverty can be explained as the reason for discrimination against daughter. Daughters are

considered as a liability for the family; first, daughters marry early and go outside the family (Sultana, 2010).

#### **Impact of Early Marriage on Women Health**

The results of descriptive statistics have been demonstrated in Table 1 showed the frequency with percentage distribution of the selected variables on impacts of early marriage on women different areas in Dinajpur district. Findings of the study suggest that most of the early married women (54.5%) faced complications with their first pregnancy. Research argued that early and frequent childbearing are associated with greater risk of complications and morbidity (Prata et al. 2011). A recent study finding from the Steinhaus et al. (2016) indicates that early sexual activity due to limited sexual and reproductive health knowledge, which leads to pregnancies and stigma. Therefore, the majority (57.6%) of women are familiar with the effect of early marriage. A larger number of respondents (54.5%) are experienced with family violence. A recent investigation in Afghanistan showed that the violence that the girls may go through their husbands can have serious negative consequences for their physical health (including reproductive health), mental, psycho-emotional well-being (Ajwang, 2017). Moreover, during interview, it was observed the number of women who shared experiences related to violence perpetrated by in-laws in their households.

Most of early married (51.5%) women are found as depressed in their marital relationship. Earlier studies showed that women who are married young experience higher rates of malnutrition, isolation, and depression and higher maternal mortality and morbidity than girls who marry after age 18 (Le Strat et al. 2009). Overall, it could be summarized that early marriage tends to have a negative impact on women's health and their well-being. A number of studies have found a negative correlation between early marriage and health (Bruce, 2003; Clark, 2004; Nour, 2006; Raj et al., 2009; Santhya et al., 2010).

**Table 1: Frequency Distribution Impacts of Early Marriage on Women Health**

No. State ment	Item	Yes		No		Neutral		Mean	Std. Deviat ion
		N	%	N	%	N	%		
1	Did you face any complications with your first pregnancy?	18	54.5	12	36.4	3	9.1	10.45	28.44
2	Do you know the effect of early marriage?	19	57.6	11	33.3	3	9.1	10.24	28.51
3	Do you feel any physical problem after your marriage?	18	54.5	13	39.4	2	6.1	7.33	23.65
4	Do you face any complicated childbirth?	11	33.3	20	60.6	2	6.1	7.55	23.59
5	Can you cope with your husband's parents easily?	13	39.4	19	57.6	1	3.0	4.55	16.96
6	Are you depressed in your family life?	17	51.5	15	45.5	1	3.0	4.48	16.97
7	Do you face unwanted pregnancy?	12	36.4	20	60.6	1	3.0	4.58	16.96
8	Do you find any violence in your married life?	18	54.5	14	42.4	1	3.0	4.39	16.99

## CONCLUSIONS

In this study, we investigated the factors that influence on WEM and its impact on women's health and their well-being. Among the drivers, the findings have highlighted poverty, social insecurity, cultural norms and sexual purity of the girls as the most significant drivers of WEM. Early marriage in rural Bangladesh is viewed as a social-cultural norm and practice. It is crucial to challenge socioeconomic, religious and cultural practices or norms associated with early marriages. Our findings indicate that WEM impact on

maternal health such as women depression and domestic violence. The study suggests that it is crucial to challenge socioeconomic, religious and cultural practices or norms associated with early marriages. There is a greater challenge to traditional beliefs on early marriage in Bangladesh. Parents, community members, and women need to be aware of the negative consequences of early marriage. Expanding training and campaign on the negative impact of early marriage on women are necessary.

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