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Knowledge and Attitude of Adolescent Girls on Child Marriage- Experiences from Bangladesh

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ABSTRACT

Child marriage is a global problem with 38% of adolescent girl being married before the age of 15 in Bangladesh. Since research on this particular issue is very scanty, this study attempts to explore the level of knowledge of the adolescent girls about the child marriage. Analyzing both quantitative and qualitative primary data, the study finds that the practice of child marriage is extensive and common among the households having financial difficulties. Male stokers' underhand manner, likelihood of daughters' involvement in illegitimate relationship and eloping and premarital pregnancy compel parents to practicing child marriage in the study area. As per marriage law in Bangladesh the minimum legal age of marriage for girls is 18 years and boys is 21 years¹. Any marriage before these ages can be treated as child marriage. Despite such legal obligation; child marriage is happening in Bangladesh particularly in slum and rural areas. According to various studies, poverty and ignorance of the parents/ guardians about the consequence of child marriage, less access to sexual & reproductive health services and prevailing social norms of marriage are the main reasons for child marriage².

KEY WORDS: Bangladesh, child marriage, adolescent girl, slum, impact of child marriage.

CITATION OF THE ARTICLE



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¹ Child Marriage Restraint Act (1929)

² UNICEF's State of the World's Children (2011)

I. INTRODUCTION

At present the number of women who get themselves married under the age of 18 constitute 700 million with 24% annual increase that would be an escalation of 950 million by the year 2013 (UNICEF, 2016). Worldwide, 29% of women aged 20 to 49 years were married or union before age 15 to 18 years, respectively (UNICEF, 2013). In case of regions, the figures are 56%, 46%, 38%, 30%, 24%, 21% and 14% for South Asia, West and Central Africa, Eastern and Southern Africa, Latin America and Caribbean, Middle East and North Africa, East Asia and the Pacific, and CEE/CIS³, respectively (UNICEF, 2013). The prevalence of child marriage is very high in many low and middle income countries (Hotchkiss et al., 2016). Thus, the child marriage has emerged as a global problem of recent time and incurs negative consequences on reproductive health of adolescent girls marrying to early. In particular, Niger and Bangladesh have the highest (77%) and second highest (74%) respectively, prevalence of overall child marriage in the world. Bangladesh has the highest prevalence of child marriage of girl (nearly 38%) aged below 15 years (UNICEF, 2013).

As per marriage law in Bangladesh the minimum legal age of marriage for girls is 18 years and boys is 21 years⁴. Any marriage before these ages can be treated as child marriage. Despite such legal obligation; child marriage is happening in Bangladesh particularly in slum and rural areas. Poverty and ignorance of the parents/ guardians about the consequence of child marriage, less access to sexual & reproductive health services and prevailing social norms of marriage are the main reasons for child marriage (UNICEF, 2016, Lal, 2015, Mahato, 2016).

In general, father incurs the responsibility of marrying their girls in Bangladesh. Father disregards the law and consequences of child marriage which is difficult to stop rather inevitable when the adolescent girl is in an illegitimate relationship with opposite sex. Child marriage is a compromise between sexually abused girl and offender. It is strategy of poor parents to get rid of archaic customs of dowry.

The child being married has no opinion on time (age), timing and partner selection which are a violation of the Convention on the Elimination of all forms of discrimination against Women (CEDAW)⁵, adopted in 1979 by UN General Assembly. However, they are informed on the day of marriage. The child brides are often encountered physical violence and bear huge workloads at in-law's home. The child marriage has irreversible impact on health and

education often, the married adolescent girls experience 1st childhood pregnancy at the age of 13-16, since they rarely seek Sexual and Reproductive Health (SRH) information & services. With no education or low level of education, child bride cannot manage their reproductive health. They receive inadequate medical care during pregnancy which incurs risks to the life of both mothers and their babies (Lal, 2015). It is observed (Soo Hyun Yu et al., 2016) that low maternal age (15-19) has negative impact on child's growth which continues even after 24 months in children. None any reasons or stop gap strategy are useful to convince parents to linger the marriage until the adolescent girls will become 18 years old. Therefore, the purpose of the study is to draw a profile and understand the knowledge of adolescent girl on child marriage which is available in the study area. The specific objectives of the study are as follows-

- To draw a profile adolescent girls .
- To understand the knowledge of the adolescent girls' about child marriage practice.
- To assess negotiation skills among adolescent girls to prevent child marriage.

II. METHODS

2.1 Study area, population and research tools

Considering a mixed methodology approach, the population of the study covers 2,500 both married and unmarried adolescent girls who are in 12-18 years of old. They are selected from different big slum of Barisal town area. Parents, slum leader, secondary school teacher, religious leader, marriage registrar, local government authorities (e.g. female ward councilor), and NGO worker and health service providers are also interviewed to explore insights on the research objectives. Table 2.1.1 demonstrates the tools that were used in this research to collect data in time period of January to June 2017.

³Central and Eastern Europe and the Commonwealth of Independent status.

⁴Child Marriage Restraint Act (1929)

⁵The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

Table 2.1.1: Research tools used in the study

Name of tool	Stakeholder	Data collection method
Structured Questionnaire	Adolescents girls	Interview schedule
Checklist	Adolescents girls (2 FGD), Father (2 FGD) and Mother (2 FGD)	Focus Group Discussion (FGD)
Checklist	Female ward commissioner (1 KII), Religious leader (1 KII), marriage registrar (1 KII), Teacher (1 KII), NGO worker (1 KII), service provider (3 KII), and Journalist (1 KII)	Key Informants Interview (KII)

Note: Total FGD-6, Total KII-9

The structured questionnaire has been pre-tested and a check list has been prepared to conduct focus group discussion and key informant interviews.

2.2 Sample size, Sampling and Data collection

The sample size of the study is 335 adolescent girls who are estimated by using the following formula: $n = (Z^2 \times P(1-P)) / e^2$

Where, Z= value from standard normal distribution corresponding to desired confidence level (CL) (Z=1.96 for 95% CL); P = estimated proportion (0.5) and e = desired precision of estimate (0.05).

Using simple random technique, the sample of 335 adolescent girls was identified. Focus group participants were selected given their homogenous characteristics.

To collect data, sampled adolescent girls are pre-communicated and then the survey has been conducted using structured questionnaire through door to door household visit. FGDs sessions and KII interviews have been conducted as per checklist prepared to cover all the issues concerned. With permission of focus group discussants, the whole discussion has been recorded using electronic tape recorder. In case of KII, note has been taken in a diary.

III. RESULTS

3.1 The profile of adolescent girls

Table 3.1.1 shows profile of the adolescent girls in the study area. Over 54% of the adolescent girls are in the age bracket of 12-15 while nearly 20% are 18 years of old. Among the respondent adolescent girls 84% unmarried and 16% are married who have experience of child marriage.

⁶ Bangladesh Demographic and Health Survey 2011,
⁷ Bangladesh Demographic and Health Survey 2011,

Table 3.1.1: General Characteristics of Adolescent Girls in the Study area

Particulars	Number	Percentage	
Age (Year)	12	17	5.1
	13	47	14.0
	14	55	16.4
	15	63	18.8
	16	52	15.5
	17	35	10.4
	18	66	19.7
	Total	335	100
Marital status	Unmarried	281	83.9
	Married	54	16.1
	Total	335	100
Household Head	Female	26	7.8
	Male	309	92.2
	Total	335	100
Household Size (Number)	2	9	2.7
	3	29	8.7
	4	83	24.8
	5	80	23.9
	6	64	19.1
	7 or above	70	20.8
	Total	335	100

About 8% of respondent households are headed by females, while 92% are headed by males (Table 3.1.1) which commensurate to the national statistics of about 11% female headed household (BDHS 2011⁶). The average household size is about 5% in the studied Barisal area which is slightly higher than the national estimate of 4.6% per household (BDHS, 2011⁷).

3.2 Practice of Child Marriage in the study area

The adolescent girls' perception on practicing child marriage in the study area shows that about 88% (age 11-16) adolescents' girls get married off at the age below 18 years. Only 10% adolescent girls above 18 years of their area get married.

Table 3.2.1: Adolescent Girls' Perception on Marriage Age Practice in the study area

Particulars	Number	Percent	
Age	12	17	5.1
	13	47	14.0
	14	55	16.4
	15	63	18.8
	16	52	15.5
	17	35	10.4
	18	66	19.7
	Total	335	100
Marital status	Unmarried	281	83.9
	Married	54	16.1
	Total	335	100
Household head	Female	26	7.8
	Male	309	92.2
	Total	335	100
Household size (Number)	2	9	2.7
	3	29	8.7
	4	83	24.8
	5	80	23.9
	6	64	19.1
	7 or above	70	20.8
	Total	335	100

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3.3: Practice of Child Marriage in the study area

Table 3.3.1 illustrates that about 88% adolescents' girls get married before age 17 in the study area. Only 3.3% adolescent girls get married at the age of above 18.

Table 3.3.1: Adolescent Girls' Perception about Marriage Age in the Study Area

Marriage Age Range (Year)	Number	Percent
11-12	17	5.1
13-14	129	38.5
15-16	147	43.9
17-18	23	6.9
>18	11	3.3
Don't know / cannot say	8	2.4
Total	335	100

The Focus Group discussants opine that it is very common in their locality for a girl to get married at her age of 13 to 15 (FGD-Adolescent girl and father). Girls, sometimes raise their voice against the prevailing social norms/taboo which humiliates, parents before the society. Often neighbors point finger to an unmarried 16 years old girl which induces risk and delays marriage of the girl for a short period. If girls refuse to get marry, parents punish them by beating or scolding. Sometimes girls run away from her house while parents pressurize them to get married.

Focus group discussions reveal that the main reasons of child marriage in the study area are-

- Financial constraint
- Girls tendency of making illegal relationship with boys
- Stokers tease and disturb adolescent girls during their way of school
- Parents seeks for a good groom for her girl even from her early age according to Journalist's words,

"In the poor community the age of marriage for a girl is not more than 12 or 13. Parents or guardians do not think about taking consent of their daughters while arrange their wedding ceremony."

Overall 78% of the adolescent girls report that it is quite hard talk with their parents about their marriage (Table 3.2.2). Their opinions are not taken on marriage decision (FGD-Adolescent girl).

Table 3.2.2: Consultation with parents about marriage

Consultation with Parents	Number	Percentage
Easy	71	21.1
Not easy	261	77.9
Not respond	3	1.0
Total	335	100

The Table 3.2.3 shows that 95% of adolescent girls are unable to prevent child marriage arranged for other girls. The local government authority cannot prevent child marriage every time. The parents do not care about law or punishment (KI- Female Ward Commissioner).

Table 3.2.3: Confidence to Stop Child Marriage

Postponing Child Marriage	Number	Percentage
Have confidence	17	5
No confidence	318	95
Total	335	100

Findings reveal that child marriage is more common among the households which are financially and socially vulnerable and weak. Social insecurity condition compels many of such households to set marriage of their girls as early age. They apprehend any unwanted situation that may create more complex and harmful consequence, if marriage is delayed.

3.3 Knowledge and perception about consequence of child marriage

It is found in the following illustrate, 68% (Table 3.3.1) adolescent girls have knowledge on bad effects of child marriage. The adolescent girls' who can name at least one bad effects of child marriage are considered have knowledge on bad/harmful effects of child marriage. It is found that 32% of adolescent girls have no knowledge of bad effects of child marriage considering the context of health, education and well being.

Table 3.3.1: Harmful effects of child marriage

Particulars	Number	Percentage
Knowledge on harmful effect of child marriage	229	68.4
No knowledge on harmful child marriage	106	31.6
Total	335	100

Loss of health, drop out from school, malnourished, risk of mothers' life, pregnancy at early age are the most common effects of child marriage identified by adolescent girls, that 35% of adolescent girls identified loss of health as highest bad effects of child marriage (Table 3.3.2). Besides, 24% girls mentioned drop out from school is a major effect of child marriage. Other effects are furnished as follows:

Table 3.3.2: Bad impact of child marriage

Particulars	Number	Percentage
Drop out from School	80	23.9
Loss of health	116	34.6
Malnourished	59	17.6
Risk of mother's life	32	9.6
Pregnancy at early age	25	7.4
Inadaptability to match with new family	11	3.3
Others	12	3.6
Total	335	100

Table 3.3.3 shows that 57% of married adolescent girls became first pregnant at the age of 15-16. About 30% of married adolescent girls became first pregnant at the age of 13-14 and 13% of married adolescent girls became first pregnant at the age of 17-18.

Table: 3.3.3: Age of the first pregnancy

Indicators	Number	Percent
13-14 years	9	30.0
15-16 years	17	56.7
17-18 years	4	13.3
Total	30	100.0

Mothers are aware of their adolescent girls' health status, but they are helpless on the nature of patriarchal dominance of the society. The adolescent girls usually become pregnant and deliver baby just after getting marriage at the age of 14 or 15 (FGD-Mother).

IV. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The study area under Barisal town area is extensive in terms of child marriage practice and lagging behind in respect of providing accessibility to education. Due to high frequency of child marriage, girls' school dropout and discontinuation of education is high in the study area.

Child marriage is widely practiced with 88% of adolescent girls are being married before age 17 in the study area. The adolescent girls have knowledge about the menace of child marriage. They are neither asked nor allowed to give their consent on own marriage. Social custom, poverty, ignorance of parents and dowry system are very detrimental to child marriage. Eve teasing and fear of molestation by the stoker to adolescent girls are the compulsion of marrying off adolescent girl early. The application of child marriage restrain act is hardly visible in the study area rather child marriage is unofficially encouraged/supported by local government authority to gain cheap popularity.

4.2 Recommendations

The study recommends several interventions for the three major target groups in the society to create an environment of change, namely the (a) adolescent girls, (b) parents and the community and finally (c) service providers. The interventions should address the need of awareness building, capacity building, advocacy and networking. Hence the specific recommendations for the target groups

- (a) An intervention targeted to the more vulnerable group (poverty ridden) would be more effective and hence the study proposes to design an intervention where these adolescent girls would be in the center of focus. Based on the need for these adolescent girls the intervention can establish 'Learning centers' where they will learn both computer literacy and the social issues including the life skills, sexual & reproductive health for themselves and the peers and other adolescent girls. However, the objective of this learning center would be to create awareness, and then the most importantly, to develop their own capacity to act as agent of change in the society particularly in child marriage.
- (b) For parents and community people, interventions would be to create awareness about the bad impact of child marriage and the importance of sexual & reproductive health, education. They need to be prepared to become pathfinder in their own family and thus eventually within the society.
- (c) The intervention for the service providers and the community influential should be designed to create awareness about the importance of adolescence / youth friendly service facility with sexual & reproductive health, health education and harmful effects of early marriage. They need to be prepared to act as strong catalyst in the society to make the change, have a commitment to support any actor working in the field.
- (d) The study suggested and provide some suggestions that will be helpful to formulate policy for the prevent child marriage and improve reproductive health of adolescent girls not only in Bangladesh but also alike countries in the world.

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