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Knowledge and Perception of Early Marriage among Adolescent Girls in a Selected Community of Rangpur District, Bangladesh

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Abstract Early marriage (EM) is a threatened issue for adolescent girls. The direct reproducers for future generations are adolescent girls. Healthy adolescent girl indicate healthy future generation. The health of Bangladeshi adolescent girl is mostly exaggerated by EM. It is prerequisite for adolescent mainly adolescent girls and their family to have knowledge about EM. This study explored the knowledge and perception of EM among adolescent's girls. A descriptive type of cross sectional study was conducted in a selected community of Rangpur district, Bangladesh where 120 adolescent girls were taken as sample from 10 May to 10 August 2016. Data was collected using semi-structured questionnaire through face to face interview and analyzed by SPSS 20.0 and excel spread sheet. The present study reported the average age of the participant's was 15.61±1.79 (mean ±SD) years. There was a statistically significant (X^2=7.8, X^2=4.28 and X^2=5.19 with $p\leq0.05$ respectively) association between participant's age, education, marital status and level of knowledge about EM. 42.5% participants had sufficient knowledge and remaining (57.5%) had poor knowledge about EM. There is a need for having adequate knowledge and perception about EM especially its negative consequences among adolescent girls which influencing on the overall development of our country.

Keywords: *adolescent girls, early marriage or child marriage, knowledge and perception, Bangladesh*

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1. Introduction

Millions of girls are affected by child marriage (CM) throughout the world. It is widely practiced in the countries of South Asia where every year millions of girls-preteens and teens- become the wives of older men. Young girls are married when they are still children. It is a violation of human rights. Their development is limited due to early marriage (EM) and often results in early pregnancy and social isolation [1]. Bangladesh has the highest rate of CM in South Asia which becomes a national crisis [2]. There is increasing agreement that there has been comparatively little change in EM or factors contributing its persistence [3]. According to the Demographic Health Survey (DHS) of 2004, 46% of young girls aged between 15-19 years and 11% of girls (aged 10-14 years) are married in Bangladesh. Compared to young girls, 3%of men aged 15-19 years are married [4].

'Child marriage' or 'early marriage' can be defined as ―any marriage carried out below the age of 18 years, before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and childbearing [5]. CM affects both boys and girls, mainly the girls, most of who are in poor socioeconomic status [6]. There are many cause of EM including cultural, social, economic and religious. The reasons behind the elevated rate of EM result from traditional Bangladeshi customs and moral codes. Poverty is a major underpinning factor encouraging EM. Young girls are often considered as an economic burden by their families and their marriage to an older man and into another family is often a family survival strategy in order to obtain financial security. Additionally, parents are attracted by the prospect of lower payments if they marry their daughters off at an early age. The fear of sexual harassment of young daughters is another root cause of EM in Bangladesh. To ―protect a girl's sexuality in an unsafe environment and it is seen as an important way [6].

The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age. It is considered as a period of transition from childhood to adulthood. Adolescent girls constitute about 1/5th of total female population in the world. The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. As direct reproducers for

future generations, the health of adolescent girls influences not only their own health, but also the health of future generation [7]. Although the present adolescent pregnancy rate is lower but it remains a major concern. The pregnancy and birth rate for teenagers in the United States are higher than those in other developed countries; approximately 1 in every 11 girls 13-19 years old becomes pregnant each year in the United States [8]. In most countries of the SAARC region nearly 60% girls were married by the age of 18 years with one fourth marrying by the age of 15 years. In India, every 3rd adolescent girl in the age group of 13-19 years was married [9].

In Bangladesh, female adolescents are regularly suffered from EM. In spite of set minimum legal age for marriage, EM, especially among female adolescents, is prevalent in Bangladesh with about 11 percent of those in the 10-14 years and 46 percent of those in 15-19 years [10]. EM is nothing new in Bangladesh; it is deeply rooted in impoverishment and traditional cultural settings. It is one of the major problems in Bangladesh. Majority of adolescent girls in the country still find lives constrained due to EM which has diverse consequences upon the life of adolescent, especially girls [11]. The frequency of CM in Bangladesh is 66% [12].

This scenery is more common in a community, Chalkdurgapur under Rangpur district. The present study was undertaken to determine the knowledge and perception about early marriage among adolescent girls (both married and unmarried).

2. Methods

2.1. Study Design and Population

Descriptive type of cross-sectional study was conducted in a selected community of Rangpur district named Chalkdurgapur from May to August 2016.

2.1.1. Sample Size Determination

Sample was determined by using following formula:

$$n = \frac{z^2 pq}{d^2}$$

Here, n=sample size

Z=standard normal deviation, the value is 1.96 at 95% confidence level

Before conducting the study a pilot sample was taken to estimate the adolescent's knowledge. So, p= is the estimated proportion of adolescent knowledge about early marriage which was found 30%

p=0.30

q= is the estimated proportion of adolescent having no knowledge about early marriage = 1-p =1-0.30=0.70

d=degrees of precision or allowable error. Here we set it at 5%

d=5% =0.05

So, our sample size,

$$n = \frac{z^2 pq}{d^2} \frac{1.96^2 \times 0.3 \times 0.7}{0.05^2} = 322.69 \cong 323.$$

However, due to practical constraint, 120 samples (adolescents girls aged 13-19 years) were including in this study purposively.

The inclusion criteria were adolescent girls aged 13-19years, those who were present in the community during the period of study and adolescent girls married before the age of 18, and who participate in the study willingly as well as were given informed consent. The exclusion criteria included: i) girls below 13 and above 19 years ii) were not present during the time of data collection and iii) were not willing to participate in the study. Purposive sampling was used as a sampling method. Participants fulfilling the above mentioned inclusion criteria were recruited. For identification adolescent girls aged 13-19 years of this study area the participants of 'Kishori Club' helped us for identifying others married adolescent girls of the community who followed above mentioned criteria. A semi-structured questionnaire used as a data collection tools. Data was collected through face to face interviewing technique.

2.2. Data Analysis and Management

Data were presented and analyzed by using chi-square test and goodness of fit test, mean, percentage, tables, and graph such as column diagram etc.

2.3. Ethical Considerations

Respondent's safety, privacy and anonymity were maintained during the recruitment and interviews of the participants. The interviews with the participants were voluntary and they were allowed to discontinue the interview at any time

3. Results

3.1. Participant's Background Characteristics

The age range of the participants was 13-19 years. Total participants were 120 (47 unmarried and 73 married). 35.0% were married between the ages 14 and 17 years. Majority of the participants (63.33%) belonged to middle class family. Only 36.67% of participants belonged to lower class family. The majority of the participant's father had primary education (45.0%), followed by secondary (28.33%), illiterate (21.67%) and higher secondary (12.0%). The majority of the participant's mother had primary education (53.33%), followed by illiterate (28.33%), secondary (14.17%) and higher secondary (4.17%). The majority of the participants had secondary education (n=60; 50.0%). About 35.0% participants had up to primary education, and the remaining 15.0% had higher secondary education.

3.2. Perception about Child Marriage Negative Health Consequences

A majority of the participants (66 of 120) were not aware of the negative health consequences of early marriage (EM). However, over a quarter of participants

(40 of 120) believed that negative outcomes of child marriage (CM) were not only influenced by medical aspects but that they affected the social norm and regulations negatively. These participants (66 of 120) also reported a number of health risks such as delivery related risks, frequent pain (20.83), maternal (29.17%) and infant mortality risk (37.5%) and physical weakness (12.5%). The 78% women reported that they suffer from more health problems than others women who were married after the age of twenty. Despite these health problems, the participants were (45.0%) unaware of the negative health consequences of CM.

3.3. Opinion of Participants about Child Marriage

48.33% participants were narrated CM violates right to information and education, 35.0 % were narrated violates right to free and full consent for marriage, 12.0% were narrated violates right to health care and health protection and remaining were no response. This study revealed 11.67% and 88.33% participants were supported and did not support EM respectively during study period. 91.67% participants of this study narrated that CM hinders physical, mental and intellectual development. The participants of the present study repoeted that EM arranged to alleviate girl's family burden (61.67%), to respect religious teaching (20.0%), EM ensures protection (18.33%). The study revealed that only 46.7% participants were not aware about the laws at the time of marriage. They also narrated that they knew the legal age at marriage for girls but only 66.67% participants were aware about the legal age at marriage for boys.

Out of 120 participants 73 were married. Among them 53 were married without their consent before the legal age at marriage. Only 20 participants were consented of their marriage; 5 was married before legal age at marriage and other participants married (at 18 years) at the legal age at marriage. Following pie chart represents 67.94% of the participants were married without their consent and remaining (32.06%) were married with their consent (Figure 1).

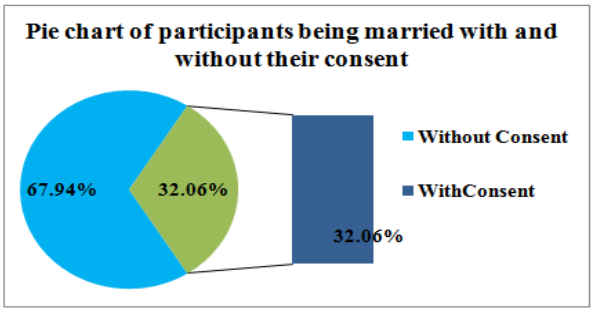

Figure 1. Pie chart of participant's being married with or without consent (%)

3.4. Knowledge Level of the Participants

Figure 2 Column diagram shows the knowledge level of the participants was categorized poor knowledge and sufficient knowledge considering those knew about consequences of EM legal age at marriage and punishment of EM and those did not know.

The present study revealed participant's level of knowledge about EM was associated with different socio demographic factors in Table 1:

Table 1. LEVEL OF KNOWLEDGE ABOUT EARLY MARRIAGE IN RESPECT TO DIFFERENT SOCIO DEMOGRAPHIC FACTORS

Parameter	Total (n)	Knowledge level about early marriage	X^2	*P(*)*-value
Age				
>13 years - ≤15 years	69	22 (31.8)	7.48	0.006
>15 years - ≤19 years	51	29 (56.8)		
Participants education level				
Primary	42	21 (50.0)	4.28	0.05
Secondary	60	20 (33.3)		
Higher secondary	18	10 (55.6)		
Participants marital status				
Married	73	25 (34.2)	5.19	0.023
Unmarried	47	26 (55.3)		
Participants father educational level				
Primary	54	24(44.4)		
Secondary	28	12(42.9)	1.02	0.79
Higher secondary	12	6(50.0)		
Illiterate	26	9(34.6)		
Participants mother level of education				
Primary	64	28(43.8)		
Secondary	17	6(35.3)	3.89	0.049
Higher secondary	5	4(80.0)		
Illiterate	34	13(38.2)		

Results were expressed as frequency and percentage. Chi-Square test was to measure the association between different variables where $p \leq 0.05$ was considered statistically significant.

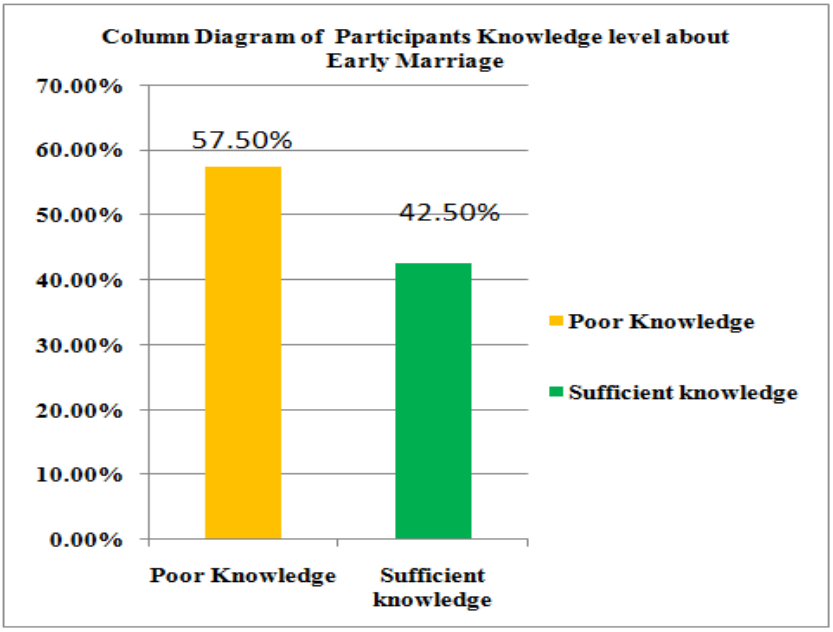

Figure 2. Column diagram's horizontal axis represent participants knowledge level about early marriage and vertical axis represent percentage (%). Yellow coloured column represent (%) poor knowledge and green coloured column represent (%) sufficient knowledge

Chi-square test was used to find out the association between knowledge on EM and socio demographic factors such as age, educational level, marital status, and father and mothers educational level. Participant education (Primary: 50.0%; Secondary: 33.3%; Higher secondary: 55.6%) and marital status (Married: 34.2%; Unmarried: 55.6%) were statistically significant (X^2=4.28 with $p \leq 0.05$ and X^2=5.19 with $p \leq 0.05$ respectively) level of knowledge about EM.

Again, there was a statistically significant (X^2=7.8 with $p \leq 0.05$) association between participant's age, (>13 years to ≤15 years: 38.6% >15years to ≤19: 46.0% years) and level of knowledge about EM.

Further the association between father level of education (Primary: 44.4 %; Secondary: 33.3%; Higher secondary: 50.0%; illiterate: 34.6%) and knowledge level of participants was statistically insignificant (X^2=1.02 with $p \leq 0.05$) respectively whereas the association between mother level of education (Primary: 43.8%; Secondary: 42.9%; Higher secondary: 80.0%; illiterate: 38.2%) and knowledge level of the participants about EM was statistically significant (X^2=3.89 with $p \leq 0.05$).

4. Discussion

Child marriage (CM) is considered as a violation of rights of the girls because they cannot complete their education and their health is influenced by it. The timing of first marriage is an important factor towards women's reproductive behavior [13]. Adolescents are mostly affected by CM mainly adolescent girls. Bangladesh has one of the highest rates of female CM anywhere in the world [14]. The present study aiming to assess the knowledge and perception regarding EM among adolescent girls in a selected community of Rangpur District, Bangladesh.

The average age of the participants of this study was 15.61±1.79 (Mean±SD). Among the study populations, 60.8% were married and 39.2 % were unmarried. The average age of the participants got married aged 15.31±1.250 (mean ±SD) years which is almost similar to Afghanistan, Iran, India and Ethiopia [15,16,17,18]. According to results of Bangladeshi study, age of the participants got married (female) is 16.19±3.522 (Mean±SD) years. In Bangladesh the frequency is still high, and that is 65%, in Nepal 57%, in Afghanistan 54% and in India 66 %. [1] Participants of the current study narrated that CM hinders physical, mental and intellectual development which is identical to the study of Turkey [19]. The result of the present study reported there was significant association between marital status of participants and their knowledge of EM as the 95% level of significance (α =0.05) the *p* –value for this test is 0.023. The study also revealed there was an association between participants educational level and their knowledge about EM as the 95% level of significance (α =0.05) the *p* –value for this test was 0.05. In, study of Lahore, Pakistan among married age at 11-17 years revealed the majority participants were unaware of the negative health outcomes of CM which was identical with result of the present study where majority of the participants (66 of 120) were not aware of the negative health consequences of EM [20]. The study of BITA showed that 66.67% participants were not aware about the laws at the time of marriage [11]. The present study revealed 6.7% participants were not aware about the laws at the time of marriage. They also narrated they knew the legal age at marriage for girls but only 66.67% participants were aware about the legal age at marriage for boys. A survey report showed 45.0% of women in rural areas were aware of the legal age of marriage [21]. This study found that 88.33% participants agreed to stop child marriage whereas another study showed all the participants (100%) involved in that study (300 eligible couples where 51 male and rest of all were female) agreed to stop child marriage [22]. The present study revealed 11.67 % participants in favor of EM. Result of another Bangladeshi study revealed one

fourth (25.9%) of the adolescent were in favor of EM [23]. The present study showed EM arranged to alleviate girl's family burden (61.67%), followed by to respect religious teaching (20.0%) and to ensure protection (18.33%). The results of another study revealed that 26.66% of the respondents arranged EM for lack of security, followed by for free from liability (23.33%) and for poverty 8.33% [22].

Current study had some potential limitations. Only adolescent girl's knowledge levels were assessed. So it was not a representative of knowledge level of adolescent boys. Only a specific village of Rangpur Districts adolescent girl is selected. So it was not a representation of whole country's girls. The adolescent girls who were not present during the period of study excluded.

5. Conclusion

Child marriage is still a global problem. The eradication of child marriage is slowly occurring in Bangladesh. The study revealed knowledge about EM among adolescent's girls is poor. EM is a major obstacle for adolescent girl's growth and development. So adolescent needs appropriate knowledge regarding EM. Therefore all the concerned authority should be more conscious on this issue.

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