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The timing of marriage and childbearing among rural families in Bangladesh: Choosing between competing risks

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Abstract

Early marriage and childbearing among girls is often associated with a wide range of negative social and health consequences for young mothers and their infants, and contributes to rapid population growth. This paper presents findings from qualitative research in three villages of rural Bangladesh, where a range of interventions have been promoted to encourage later marriage and childbearing. Data from in-depth interviews and group discussions are used to describe socio-cultural supports for early marriage and childbearing, to examine evidence that change towards later marriage and childbearing is beginning, and to analyze the social dynamics behind these change processes. The findings suggest that norms supporting early marriage and childbearing are beginning to erode, and that changing gender ideals and aspirations for women are a key factor in this erosion. Interviews among the poorest families, however, show that this group tends to experience this changing social environment in terms of heightened risks. Marital strategies among the poorest are, above all, strategies for economic survival, and poor families tend to see the costs of education and delayed marriage for daughters as high and the outcomes as uncertain. At the same time, they have also become aware that early marriage and childbearing entails costs and risks. The authors conclude that further targeting of interventions to the poorest families may help to influence the economic strategies that so often result in early marriage.

Keywords: Bangladesh; Marriage; Childbearing; Adolescents; Rural poor

Introduction

Interest in early marriage and childbearing (EM&C) has recently surged, and numerous international health and development agencies have called for research and action on this topic (UNICEF, 2001; Save the Children, 2004). EM&C is associated with a wide range of negative social and health consequences: it has been identified as an abuse of girls' human rights as well as a cause of mortality and morbidity during pregnancy, labor and delivery, premature births and rapid population growth (UNICEF, 2001). Demographic analyses suggest that lengthening the interval between generations—by increasing age at initiation of childbearing—will have a greater impact in reducing population growth than further reducing fertility

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rates in developing countries where contraceptive use has already reached moderately high levels (Bongaarts, 1994; Caldwell & Caldwell, 2003).

Early marriage is a social norm throughout much of South Asia, and it almost always leads to early childbearing (Adhikari, 2003). Our research site, Bangladesh, is second only to Niger in having the highest percentage of adolescent brides in the world; in 2004, 68.4% of girls had been married by the time they reached 18 years of age. Nearly three out of five (59%) currently married 15–19 year-old Bangladeshi girls had already had their first child (National Institute of Population Research and Training (NIPORT) et al., 2005). Evidence from Demographic and Health Surveys (DHS) between 1989 and 2000 showed an increasing age at first marriage among females. The proportion of women ages 20–24 years first married by age 18 fell from 73% in 1989 to 65.3% in 2000. The 2004 survey, however, suggests a stagnation or reversal in this trend, with 68.4% of women ages 20–24 married by age 18 (National Institute of Population Research and Training (NIPORT) et al., 2005).

The Bangladesh government and international donors have become increasingly apprehensive that the country's fertility decline has stalled (Government of Bangladesh, 2002), and a recent analysis concludes that this problem can only be effectively addressed by raising mothers' ages at initiation of childbearing (Streatfield et al., 2004). In an attempt to alleviate both population growth and other health and development problems, international agencies, including UNICEF and UNFPA, are now supporting large-scale interventions to delay marriage and childbearing in Bangladesh, as they are in a growing number of countries around the world. These include secondary scholarship programs for girls (Amin & Sedgh, 1998), in place since the early 1990s, and more recent behavior change communication initiatives through the health sector, community-based NGOs, and mass media, which seek to educate Bangladeshis about the risks and disadvantages of EM&C for girls and families as well as promote more egalitarian gender norms and opportunities for girls and women. Social and economic trends too may influence EM&C; for example, many young, unmarried women have delayed their marriages and gained independent incomes and some measure of autonomy by working in the garment industry, which employs some 1.7 million Bangladeshi women (Amin, Diamond, Naved, & Newby, 1998).

This paper is based on qualitative research undertaken between 2002 and 2005 to understand the reasons for the persistence of EM&C in Bangladesh, to identify circumstances in which families deviate from EM&C, and to analyze the social dynamics behind changing marriage and childbearing strategies. The study builds on earlier work, which began in 1991 in the same sites, documenting rural peoples' understandings of, and responses to, family planning policies and programs. In the 1990s, we conducted extensive ethnographic research on community-level responses to Bangladesh's national family planning program and on ideational change processes associated with the country's "reproductive revolution," in which fertility declined from over six to just over three children between the late 1970s and the early 1990s. In the current phase of this long-running research project, we are examining how rural people respond to a new set of national policies and programs (intended to delay marriage and childbearing), which follow on the heels of, and overlap with, Bangladesh's family planning program. Both sets of policies and programs aim to influence peoples' private behavior and change cultural norms.

Data and methods

The data come from two villages in Rangpur District of northern Bangladesh and one village in Magura District in the west central region, with a total population of 3970. These villages have no particular characteristics that distinguish them from others in Bangladesh. They are somewhat below the average in terms of women's education and use of antenatal care, close to average in prevalence of contraceptive use and economic status, somewhat conservative but not unusually so (judging from the body of survey and ethnographic research on Bangladesh), and their ethnic and religious composition is quite typical. Health services are not outstandingly good or bad. NGOs are active in the study areas, but none of the areas is an NGO "showpiece" (Bates, Schuler, Islam, & Islam, 2004). The interventions such as secondary school scholarships for girls and behavior change communication that our study participants have been exposed to are being implemented throughout the country; although special pilot interventions to delay marriage and childbearing are being tested in various places (e.g., Amin & Sedgh, 1998), there are no such