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LISTENING TO BRIDES



Report Writing

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Qualitative Research**
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ABBREVIATIONS

AGYW	Adolescent Girl and Young Women
ANC	Antenatal Care
BBS	Bangladesh Bureau of Statistics
CEFM	Child, early, and forced marriage
COVID-19	Coronavirus
FGD	Focus Group Discussion
IPV	Intimate Partner Violence
NPA	National Plan of Action
PNC	Postnatal Care
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations sexual and reproductive health agency
WHO	World Health Organization
WVB	World Vision Bangladesh
UNICEF	United Nations International Children's Emergency Fund
VAW	Violence Against Women

1. Introduction

Adolescence is a time of transition involving multi-dimensional changes: biological, psychological, mental, and social. As a developmental phase in human life, adolescence is further divided into early adolescence (10-14 years) and late adolescence (15-19 years). (UNAIDS, 2014) In 2011, more than one-fifth (20.5 percent) of the total population of Bangladesh that is 30.68 million, were adolescents (Bangladesh Bureau of Statistics, 2015), and according to population projections, both the percentage and the absolute number of adolescents will continue to increase until 2021 (“UNFPA ANNUAL REPORT,” 2015).

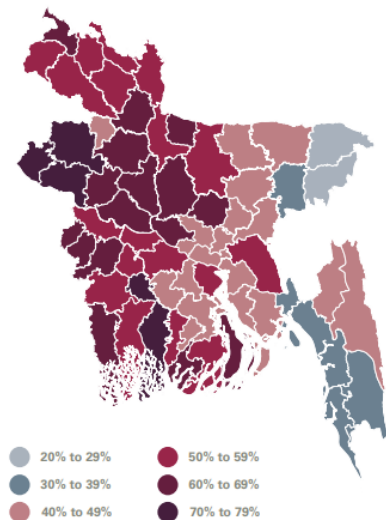
Adolescent girls and boys have different goals and dreams. However, they experience significant constraints in making informed life choices. A considerable number of adolescents experience risky or unwanted sexual activity, do not receive prompt or appropriate care, and, as a result, experience adverse health outcomes. Adolescent girls also face gender-based discrimination, evident in the practice of child marriage, the high rates of adolescent fertility, the high prevalence of domestic violence, the increasing incidence of sexual abuse, and higher dropout rates from secondary education due to the patriarchal social norms of Bangladesh. A study in slum areas in Bangladesh revealed high educational and professional aspirations among adolescents and their parents, with parental support being an essential significant predictor of both current enrolment and adolescent aspirations.

Child, early, and forced marriage (CEFM) is a fundamental human rights violation negatively impacting almost all aspects of the life of a girl child, including health and growth, education, opportunities for empowerment, and social development. This also increases their risk of exposure to violence and abuse and traps them in poverty. Child marriage is a critical public health concern that are more prevalent in developing countries worldwide. Culture shapes the pattern and age of marriages everywhere, and it's a significant and memorable event in the life cycle. Many dreams and aspirations are connected to it.

According to UNICEF, by 2020, an estimated 650 million women alive today were married as children. (UNICEF, 2020) In 2021, UNICEF-supported programs reached 7.6 million adolescent girls in 47 countries with prevention and care services for ending child marriage (UNICEF, 2021). Child marriage among girls is most common in South Asia and sub-Saharan Africa, where Bangladesh has the highest rate (74%) of marriage involving girls under age 18. (Cardozo & Corbett, 2015) (See Annex) In the South-Asian region, 56% of women between the ages of 20 and 49 were married off before turning 18. (WorldAtlas, 2017) Bangladesh has the fourth-highest prevalence of CEFM in the world. 59% of girls are married before their 18th birthday, and 22% are married before their 15 years of age. (UNICEF, 2017)

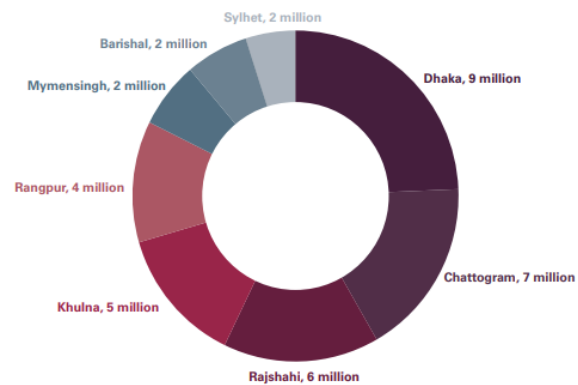
In Bangladesh, 51 per cent of young women were married in childhood

FIG. 1 Percentage of women aged 20 to 24 years who were first married before age 18



Among the country's entire population of girls and women, 38 million married before the age of 18; of those, 13 million married before age 15

FIG. 2 Number of girls and women of all ages who were first married before age 18



Note: Figures do not add up to total due to rounding.

Figure 1: Prevalence of child marriage in Bangladesh. Source: (United Nations Children's Fund, 2020)

Child marriage is associated with various factors receiving fewer medical services, early pregnancy, neonatal deaths, and adolescent health complications. Child brides are less likely to receive ANC services during pregnancy than adult brides (See Annex). It has both short- and long-term negative consequences on the social and economic development of children, as well as on their health, including physical, psychological, emotional, sexual, and reproductive health. (IPU&WHO, 2016)

Various factors are responsible for child marriages. Findings from National Survey in 2013 there is a positive correlation between location (urban/rural) and child marriage. The rate of child marriage among all women aged 20–24 years was 54% in urban areas, compared with 71% in rural areas. (Sinha et al., 2013) According to this survey, perceived reasons for child marriage are financial problems, lack of safety from harassment, problems within the family, lack of awareness of the legal age of marriage, dowry increasing, religious beliefs, social pressure to marry, family tradition, unemployment, etc. (See Annex)

There are several studies that Covid-19 has an impact on aspirations of adolescents and early child marriages. A recently published article revealed that a number of factors that drive underage marriage in stable environments are aggravated during COVID-19 in Bangladesh. Deepening poverty caused by the loss of jobs, particularly in the informal sector, which is the source of livelihood for over 85 % of Bangladeshis, is the crucial factor that drives many families to marry off their offspring early. (Afrin & Zainuddin, 2021) Studies in Guatemala, Honduras, Nepal, Sudan, and Kenya also affirmed the social and economic impacts of the pandemic; isolation, concerns about the future, and stressful home-learning environments placed additional burdens on students, parents, and caregivers. Adolescents reported significant negative impacts on their mental health and well-being. (Peuvchendra, Bun, 2021) Other study

findings showed large household-level economic impacts associated with increased adolescent food insecurity, anxiety, and mental health issues. In addition, school closures decreased adolescents' access to learning, increased time spent on household chores, and affected future job aspirations. The impacts are particularly significant for girls and adolescents from more vulnerable households. (UNAIDS, 2014)

Gender-based violence is widespread among young brides. Violence Against Women (VAW) is a global phenomenon with physical, psychological, sexual, and economic aspects. Certain types of violence are associated with traditional or customary practices. (Hossen, 2014) (See Annex) Anemia, physical weakness, malnutrition, maternal and child deaths, and psychological problems were cited as consequences of child marriage. Similarly, community leaders were aware of maternal and child deaths and psychological problems as consequences of child marriage.

In line with SDG goal 5.3, Bangladesh developed a 'National Plan of Action (NPA) to End Child Marriage 2018-2030' and targeted to achieve zero child marriage before the age of 15 by 2021. The goal of the NPA is to end the marriage of girls below the age of 15 years and to reduce the marriage rate for girls aged 18 years by one-third in 2021. This goal has not been met, derailed by Covid -19, but it remains a driving ambition to eradicate child marriage by 2041.

The Bangladesh NPA focuses on six drivers of change that are likely to have the strongest potential to reduce child marriage rates. The following figure shows the key drivers:

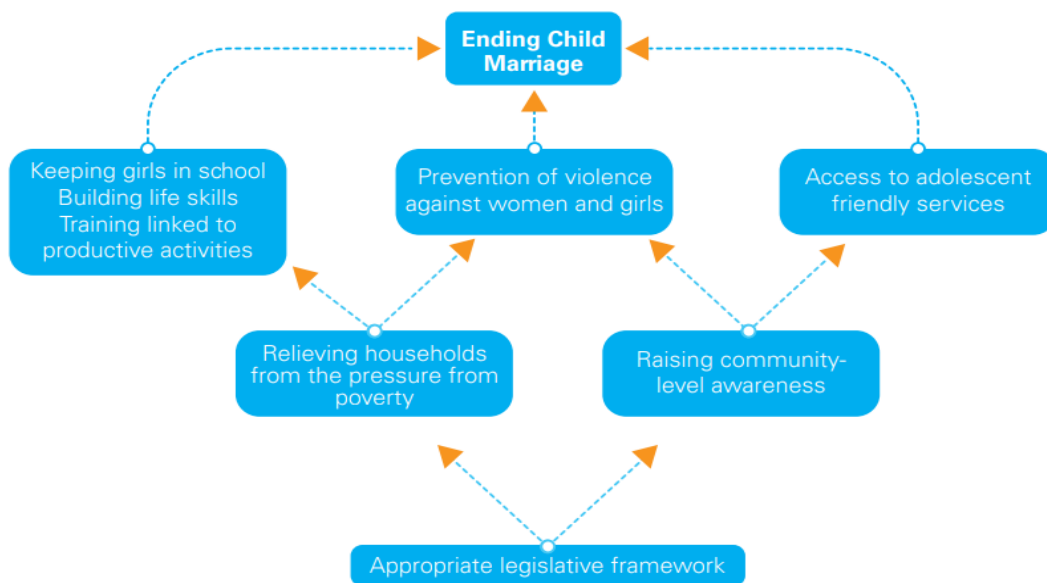


Figure 2: Drivers for Ending Child Marriage in the National Plan of Action. Source: (Bangladesh. Artha Mantrañālaya et al., 2018)

The proposed study aimed at understanding the perspective of CEFM and its impact through obtaining insights from the girls themselves who married before their age of 18. (Sinha et al., 2013).

1.1. Objectives

Overall objectives of the research:

To strengthen WVB's perspective on Child, Early and Forced Marriage (CEFM) and its impact, by obtaining insights from girls who married before the age of 18.

The research addresses following four objectives:

OBJECTIVE 1: To identify the marriage process, including its context, for adolescent girls and young women (AGYW).

OBJECTIVE 2: To identify Compare outcomes – physical and mental health, education, protection services, agency– among married and unmarried AGYW.

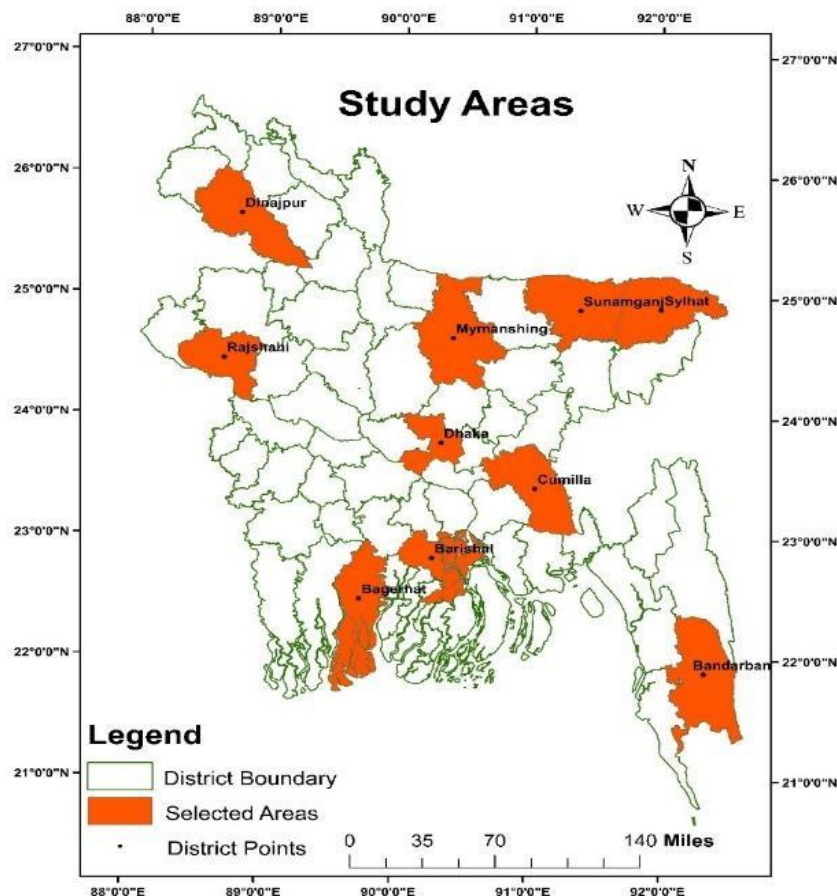
OBJECTIVE 3: Among married girls, consider how their age at marriage and context of marriage are related to outcomes.

OBJECTIVE 4: Identify key challenges faced by AGYW, both married and unmarried, and identify viable strategies/opportunities to overcome these challenges.

2. Study Design

2.1. Study Sites

The study was designed to understand perspective on child, early and forced marriage (CEFM) and its impact, by obtaining insights from girls who married before the age of 18. The study is conducted in ten districts where WVB's programs. One upazila from each district was selected by World Vision Bangladesh. The selected 10 districts are as followings:



2.2. Study Components

The study was a cross-sectional designed, with two main components:

2.2.1. Surveys

The survey was conducted with 2,580 AGYW aged 12-24 years, half were currently married and half currently unmarried.

Age Group	Married	Unmarried	Total
12--14	41	437	478
15--17	397	436	649
18--24	430	417	1461
	868	1290	2158

Table 1: Sample distribution

2.2.2. Focus Group Discussions

Ten FGDs were conducted with 10 participants aged 16-18. Five FGDs were with AGYW who married under the age of 18 years and five with participants who had never married. FGDs covered topics including girls' aspirations and their realistic expectations for life, experiences and expectations around entering marriages, and experiences using health and social services in their communities.

2.3. Data Collection Instruments

2.3.1. Surveys

The survey was administered by enumerators using a tablet. Surveys were around 30 minutes long. The survey tool provided by World Vision consists of 6 sections:

- **Sociodemographic Characteristics:** This covers household and individual sociodemographic characteristics (e.g., household size, education, occupation, etc.)
- **Marriage:** This section was different depending on whether a participant has ever married or has never married:
 - Married AGYW: marriage history, details of the agency entering marriage
 - Unmarried AGYW: expectations for marrying
- **Dreams:** This section asks girls what they hope to do and what they expect to do in the near future
- **Health:** The health section collects data on AGYW's mental health, reproductive health, experiences of IPV, and physical health. Where possible, previously validated scales are used.
- **Agency:** In the agency section, a measure of power in household decision making is covered (modified to encapsulate empowerment for both currently married and unmarried girls), and for married AGYW a comparison of agency across numerous dimensions before and after marriage.
- **Access:** In a final section, data on AGYW's knowledge and experiences of accessing numerous health, social and educational resources were covered.

2.3.2. Focus Group Discussions

The qualitative component of the study includes three data collection tools which were provided by World Vision International:

- A **contextual questionnaire** has been completed for each FGD by a WVI staff member familiar with the community in which the FGD participants are recruited or contact of the research team who can provide the relevant information.
- A **FGD Guide** that data collectors used to facilitate each FGD discussion, and
- A **FGD Participant Characteristic Form** to be used to gather basic demographic information about discussion participants.

FGD facilitators guide the FGDs using a semi-structured format outlined in the FGD Guide. FGDs did not last more than 90 minutes. The FGD Guide had three main sections:

- **Aspirations and Opportunities:** In this section, participants were prompted to think about their aspirations/dreams for the short-term future, articulate facilitators and challenges they foresee in achieving their dreams, and then reflect on what their viable opportunities are and whether these match their dreams.
- **Marriage Process and Agency:** In this section, participants were asked questions about marriages in their community: why people marry, who decides the right time and person for an AGYW to marry and thinking about changes that happen when an AGYW marries.
- **Challenges:** The final portion of the FGD covered participants' knowledge or and perceptions about accessibility of several services and resources for AGYW in their community.

2.4. Pre-Data Collection

2.4.1. Translations

The quantitative and qualitative data collection tools were translated into Bangla.

2.4.2. Training

Training included all survey supervisors and enumerators, and FGD facilitators. The general training plan was as follows:

1. Introduction to Listening to Brides Project
 - a. Present: All supervisors, enumerators, and facilitators
 - b. Content:
 - i. Welcome and overview of project's objectives and study design
 - ii. Introductions to research team and data collection team
 - iii. Overview of training and field-testing schedule
 - iv. Time to answer general questions
2. Quantitative survey training
 - a. Present: Survey supervisors and enumerators
 - b. Content:
 - i. Introduction to survey
 - ii. Purpose and role of the survey
 - iii. Role of the core quantitative team (supervisors & enumerators)
 - iv. Reviewing the survey
 - v. Proper interview techniques

- vi. Importance of informed consent and confidentiality
 - vii. Using documentation and events calendars
 - viii. Giving feedback using the quality improvement checklist
 - ix. Practicing surveys
3. Qualitative FGD training
 - a. Present: FGD facilitators
 - b. Content:
 - i. Introduction to and purpose of the FGDs
 - ii. Role of facilitators
 - iii. Reviewing the FGD guide and concepts
 - iv. Proper FGD facilitation techniques
 - v. Importance of informed consent and confidentiality
 - vi. Practice FGDs.
 4. Child Safe-Guarding Discussion

2.4.3. Field testing

Field testing of both the surveys and FGDs took place following training. The field testing for surveys was a time for data collectors (enumerators and facilitators) to practice using the data collection tools and identify any remaining translation or technical problems with the data collection tools.

The field testing for the FGDs was an opportunity for facilitators to practice conducting the FGD with participants of the appropriate demographic and a time to identify any changes needed to improve the content or flow of the FGD.

2.5. Data Collection

2.5.1. Surveys

Surveys with AGYW conducted by a female enumerator.

Enumerators obtained consent/assent before conducting a survey. The enumerator read the consent document to the participant and obtained written consent. When a participant was an unmarried minor (under 18 years), then parental/guardian consent was obtained prior to beginning the survey. When a participant was a married minor, then consent was obtained from her guardian.

After the consent procedure was completed, the enumerator found a quiet and private place to conduct the survey. The survey took place away from other people, including family members, so the participants' responses were not overheard.

2.5.2. Focus Group Discussions

There were two female data collectors present for each discussion:

- A note-taker
- A facilitator

Participant Characteristics. As participants arrived for the discussion, the note-taker recorded information on each participant's age, marital status (married, widowed, divorced, unmarried), number of children, and, if married, age at marriage. This information was recorded by the researcher and not by the participants.

Participants' fake names were recorded on this form, and not their real name. The participant selected a pseudonym that was unique within the discussion group.

Assign Participant Aliases. After the note-taker collected a participant's information (participant characteristics), the participants were given a notecard with their pseudonym written on it. The participants used this name to identify themselves before they have spoken in the FGD.

Consent Guardian/parental consent were taken at the time of recruitment for all participants who were minors as described above. Participant consent/assent was taken at the time of the FGD. When all participants were arrived and seated, the facilitator discussed the study's aims and objectives. The facilitator then read the informed consent form aloud to the group and took written consent from each participant.

Compensation and Refreshments Although participants did not receive monetary compensation for participating in the FGD, drinks and snacks were provided during the discussion.

Following the discussion, recordings of the discussions were translated word-for-word into English.

3. Ethical Considerations

3.1. Key Risks & Mitigation Plans

Physical Risks

The key physical risk from taking part in this survey was exposure to COVID-19. In order to mitigate the risk of spreading the COVID-19 virus, all enumerators were wearing a mask covering their nose and mouth completely. All surveys and FGDs took place outdoors and where possible, participants, enumerators and FGD facilitators tried to maintain 1 meter distance.

Emotional Risks

Some questions in the survey were upsetting for participants to answer. For questions expected to be particularly sensitive, e.g., around experience of violence, enumerators told the participant the types of questions they were about to ask. Then they asked the participant if it is ok to proceed with these questions. If the participant said 'no', the question was skipped. Even if the participant said 'yes', the enumerator skipped the questions if the participant gave non-verbal cues of discomfort.

All questions in the survey were optional and participants could decide not to answer them.

Consent

Written consent was obtained from all participants. For unmarried minors, parents/guardians were asked to provide their consent for their child's participation. Minors are also asked to give their assent. Married minors were treated as emancipated and required by the laws of the country within which data has been collected. The process of obtaining consent was described in the data collection procedures above.

Protection of Participant Data

Participants' real names were collected on consent/assent documents only and it's not linkable to their data. No other identifying information was collected.

Survey data is anonymized and stored on a Centre for Qualitative Research server.

Focus group discussion data was stored as anonymized transcripts. Transcripts included participants' pseudonyms, but not real names. Recordings of FGDs are deleted. FGD data is accessible to members of the WVI, including research staff at the WV FOs involved in the research.

3.2. IRB Approval Procedure:

CQR converted the inception report into study protocol along with Bangla versions of the data collection tools and consent forms. Then, the protocol was submitted to the Institutional Review Board (IRB) of the Institute of Health Economics (IHE) at the University of Dhaka for IRB approval. We got IRB approval from the Institute of Health Economics by a fast-track review.

3.3. Data Analysis

Quantitative survey data will be analyzed using STATA software for descriptive statistics. The qualitative field team will make an audio recording of FGDs and also take notes. The researcher took illustrative notes and after returning from the field they expanded the notes data in detail. The field team took notes of important and related issues that occurred during the field visits. We simultaneously transcribed and translated the audio recorded FGDs and prepared digital transcripts of the FGDs into English. Therefore, we identified inductive codes during the data collection and through a process of data familiarization and then developed an integrated final code list for carrying out coding analysis. According to the final code list, the data analyzed in NVIVO. After that, we prepared a data matrix by entering and organizing the outputs of the coded responses in an Excel file.

4. FINDINGS

4.1. Demographic Information

Marital Status

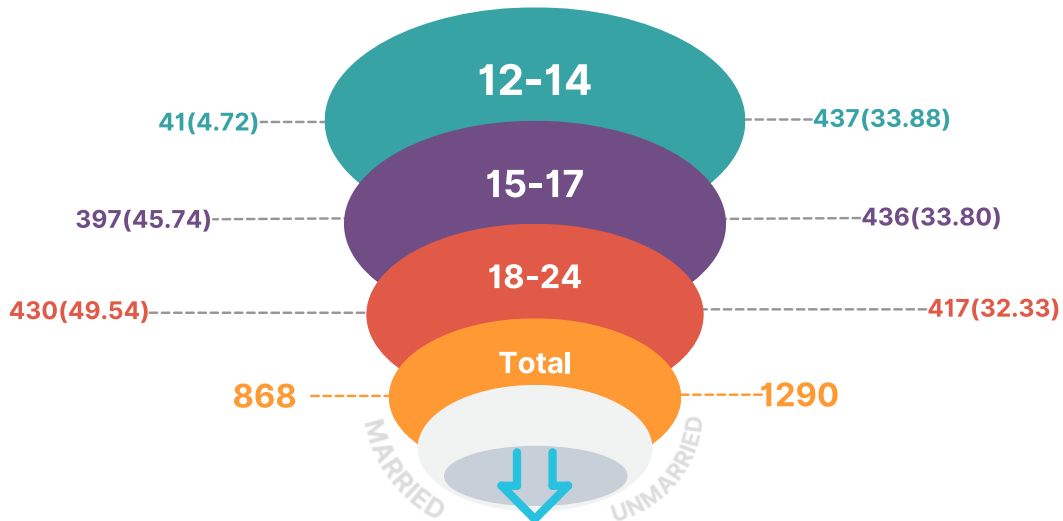


Figure 3: Marital status among three age groups.

The above figure shows the marital status among the three age groups. Among ten districts, most married girls were seen in the 18-24 age group (49.54%), and unmarried girls were the least (32.33%) among the age groups. In the 12-14 age group, married girls were 4.72%, and unmarried girls were the highest (33.88%). In the 15-17 age group, 45.74% of girls were married, whereas 33.80% were unmarried.

Education Plan

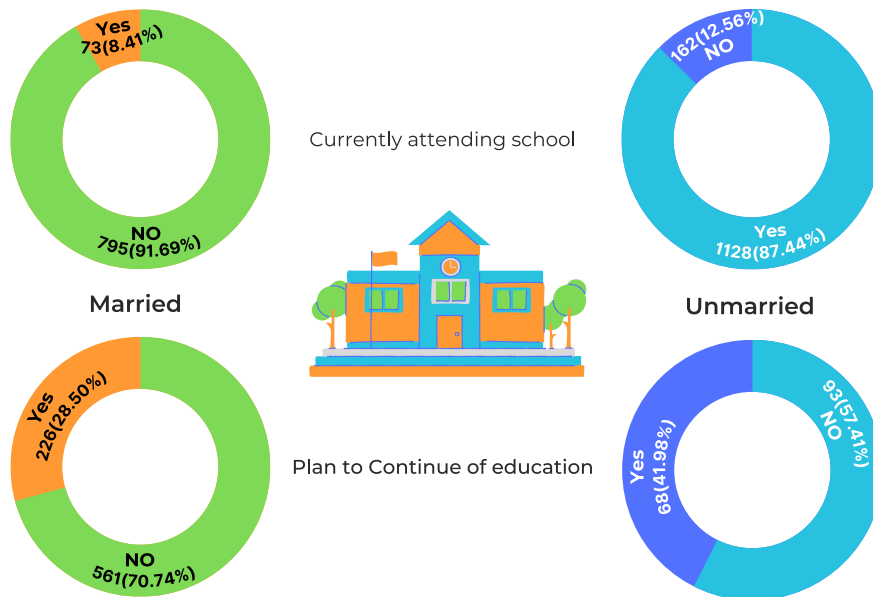


Figure 4: Plan to continue education.

The majority of the respondents (married-70.74% and unmarried-57.41%) reported that they do not have any plan to study at a later date. At the same time, 41.98% of unmarried girls and 28.50% of married girls have plans to continue their education.

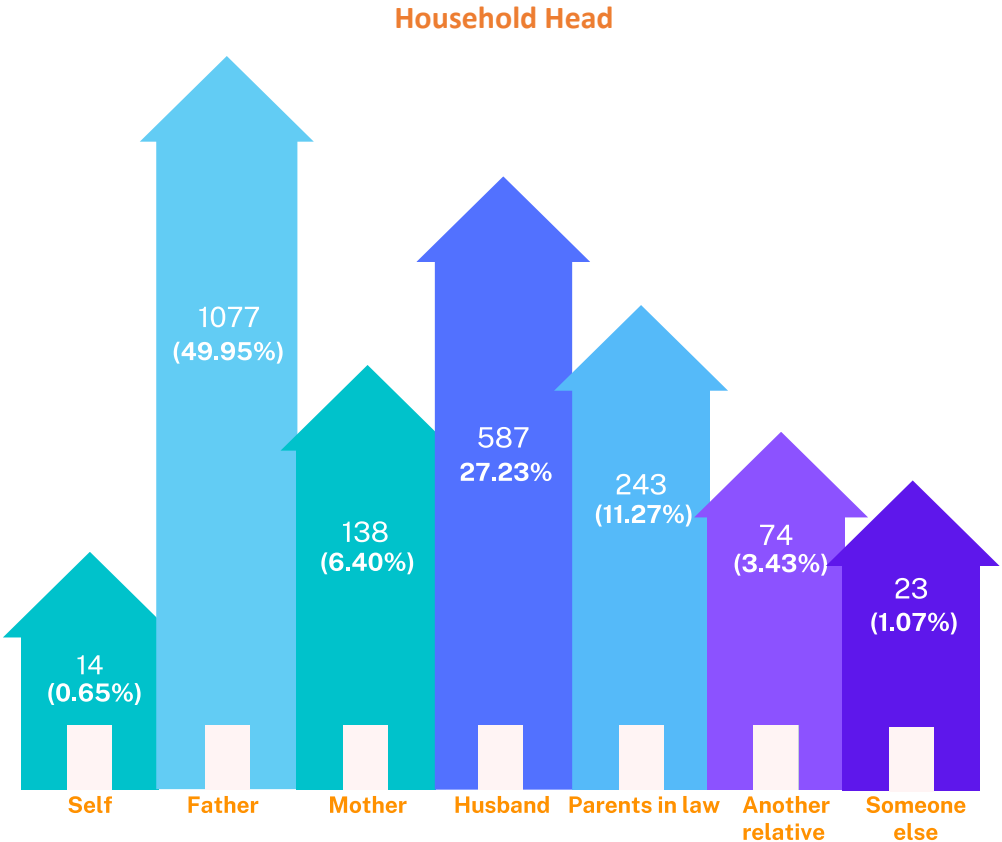


Figure 5: Household head.

In the household's highest portions (49.95%), the father is the household head, when it is seen that the lowest percentages (0.65%) are headed by themselves. In 27.23% of households, the husband is the head. On the other hand, some portions of the family are controlled by the mother, parents-in-law, another relative, and someone else.

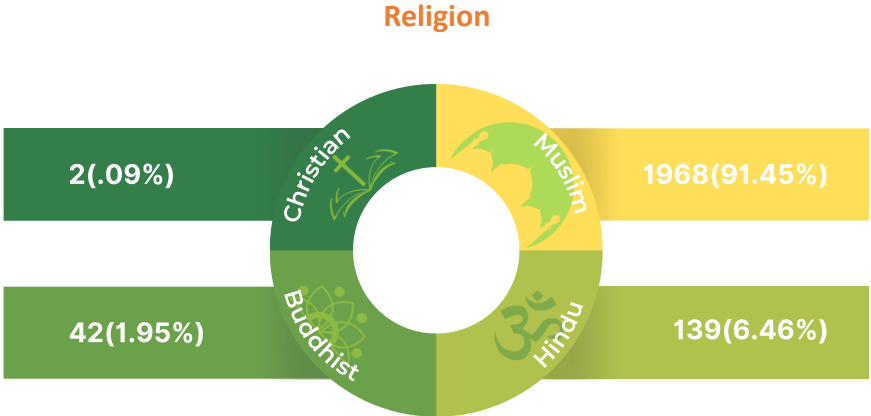


Figure 6: Religion among respondents.

The majority, 91.45%, were Muslims, 6.46% were Hindu, 1.95% were Buddhist, and 0.09% were Christian among all the respondents.

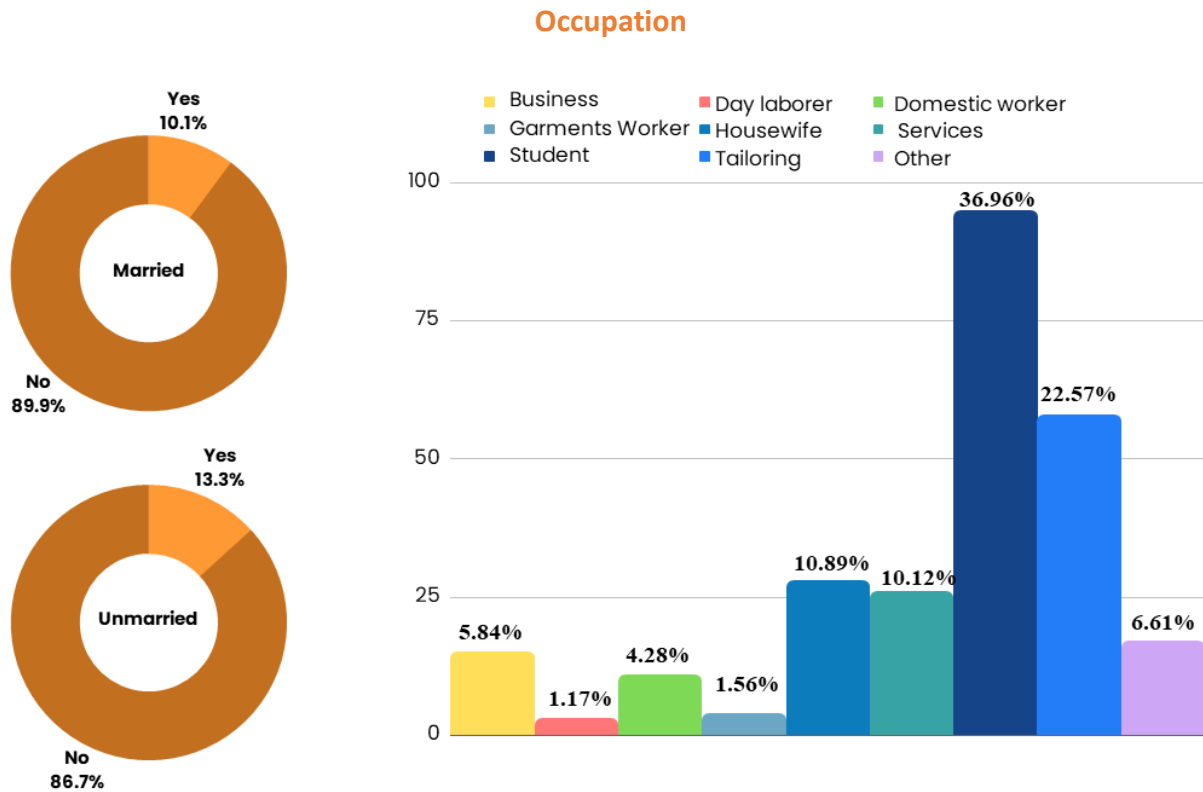
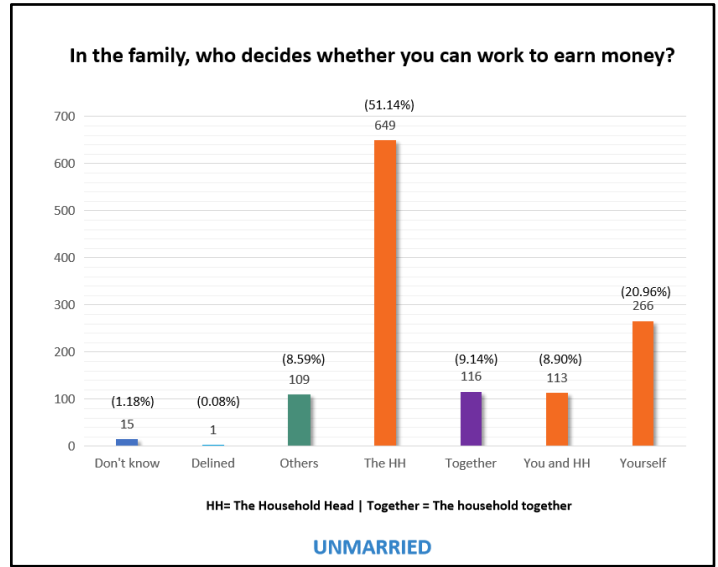
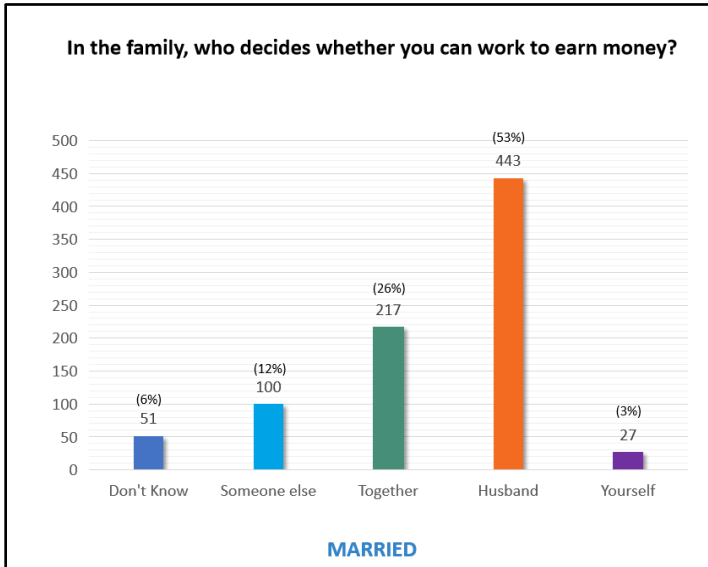


Figure 7: Occupation among Respondents.

Among respondents, the highest portion (36.96%) were students, while the lowest percentage (1.17%) were day laborers. A significant number were tailors (22.57%)., Housewives, services, and other groups were also included in the respondents.

In most cases, themselves, their mother and their father were decision-makers. Few cases reported other relatives, and in-laws as decision-makers. The following table shows the data obtained from quantitative analysis.

Decision maker for paid work



Most of the respondents married (53%) and unmarried (51.14%) had their decisions made by their husbands or the Household Head respectively. The findings show that the household head and the respondent both took the decision almost 26% for married girls whereas the respondent themselves took the decision to work for 20% of unmarried girls. On the other hand, the table also shows that the husband, another relative, or someone else (other) made a decision on this issue.

Barriers for work

What is preventing you from working?	Unmarried N (%)	Married N (%)
In school/conflicts with school	319 (42.99)	18 (6.64)
Parents say no	55 (7.41)	9 (3.32)
Husband says no	7 (0.90)	79 (29.15)
Cannot find a job	226 (30.46)	119 (43.91)
Conflicts with other obligations (kids, housework)	30 (4.04)	87 (32.1)
Others	237 (31.94)	32 (11.81)

Table 3: Preventing factors from work.

The highest percentage of unmarried girls (42.99%) cannot do a job because of conflict with school. Also, not finding a job and others (bad environment, distance, rural-urban culture, living problem in working area etc.) are noticing factors for 30.46% and 43.91% for unmarried and married girls respectively. They also expressed some other reasons like conflicts with school, parents say no etc. For the married women, husband of the 29.15% of women say no to their wives working.

4.2. Socio-Economic Status

Assessment of family's wealth

	Married (Numbers (%))	Unmarried (Numbers (%))
A little less wealthy	286 (33.03%)	294 (22.90%)
A little wealthier	32 (3.70%)	103 (8.02%)
About the same	448 (51.73%)	607 (47.27%)
Don't know	6 (0.69%)	3 (.23%)
Much less wealthy	67 (7.74%)	256 (19.94%)
Much wealthier	0	17 (1.32%)
Refuse	27 (3.12%)	4 (0.31%)

Table 4: Family's wealth compared to other households in the rest of the neighborhood

The majority of respondents described their families wealth as belong to about the same for both married and unmarried girls. In the same way, the least portions belong to the wealthier for both groups. 286 (33.03%) of the respondents married were a little less affluent, whereas it is 22.90 in the case of unmarried. Among unmarried people, 19.94% said they were much less rich and 7.74% of married people stated the same. On the other hand, some refused to answer. The following table shows the data among married and unmarried groups.

About Sufficient food in the family

	Married (Numbers (%))	Unmarried (Numbers (%))
Never	689 (79.38%)	1082 (84.07%)
Often (more than 10 times in the past 4 weeks)	19 (2.19%)	32 (2.49%)
Rarely (1-2 times in the past 4 weeks)	115 (13.25%)	111 (8.62%)
Refuse to answer	2 (0.23%)	0
Sometimes (3-10 times in the past 4 weeks)	43 (4.95%)	62 (4.82%)

Table 5: In the past four weeks, how often the respondent or any household member went to sleep at night hungry because there was not enough food.

79.38% married and 84.07% unmarried respondents said they never slept hungry. Few married respondents reported they sometimes went to sleep hungry 43 (4.95%) and 4.82% unmarried respondents reported they slept often hungry. At the same time, only 0.23% of the married category refused to answer.

4.3. Marriage

How old were you when you got married	How old was your husband when you got married							Total
	14-17	18-22	23-27	28-32	33-37	38-42	43-50	
11-14	23 (9.62%)	142 (59.41%)	64 (26.78%)	10 (4.18%)	0	0	0	239
15-17	4 (0.64%)	319 (51.29%)	246 (39.55%)	44 (7.07%)	8 (1.29%)	0	1 (0.16%)	622
Total	27 (3.14%)	461 (53.54%)	310 (36.00%)	54 (6.27%)	8 (0.93%)	0	1 (0.12%)	861

The table above shows that the majority of the husbands got married at age 18 and 22 years old when the respondents' ages ranged from 11-14 and 15-17.

Polygamy Status

	Yes	No
Did he have (an)other wife at the time you got married? (i.e., was this a polygamous marriage?)	18 (2.08%)	849 (97.92%)
Has husband taken on more wives after you got married? (i.e., did this marriage become polygamous?)	8 (0.92%)	859 (99.08%)

Table 6: Polygamous marriage

849 respondents (97.92%) reported they had no other wife and 8 respondents (0.92%) had another wife at the time they got married. 859 respondents (99.08%) reported they had taken no wife and 8 respondents (0.92%) said their husband had another wife after they got married.

Reason of ending marriage

How did the marriage end?	N= %
Divorce/Separated	12 (80%)
Husband died	3 (20%)

Table 7: Reason of ending marriage

The reasons behind the marriage ended mostly because of divorce/separation (80%) and some reported husbands died (20%).

Status of attending school

	Yes	No
Immediately prior to marriage, were you attending school?	522 (60.49%)	341 (39.51%)
After you got married, did you continue attending school?	89 (17.12%)	431 (82.88%)

Table 8: School attendance prior to marriage and during marriage.

522 (60.49%) respondents were and 341 (39.51%) respondents were not going immediately prior to marriage. 89 (17.12%) respondents continued and 431 (82.88%) did not continue attending school after they got married.

Reason of end school

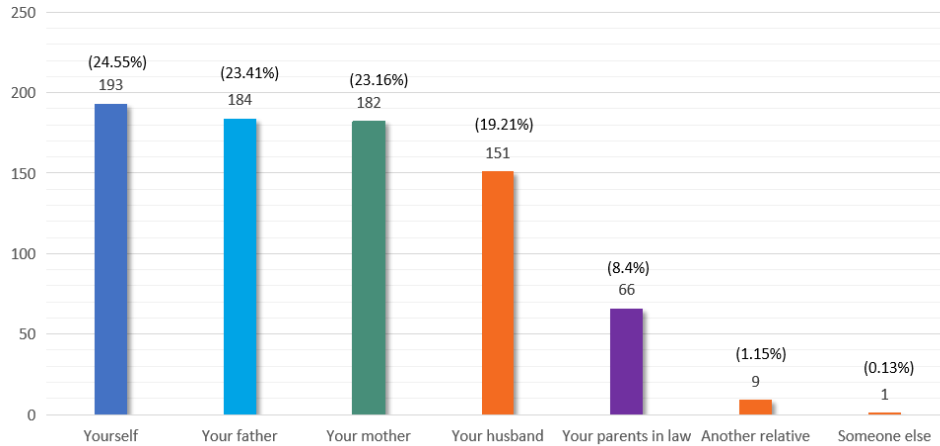
Why did you end school?	N = (%)
Completed desired level	12 (2.390%)
Needed to work	7 (1.39%)
Because of the marriage	411 (81.87%)
No longer wanted to go to	43 (8.57%)
Other	29 (5.78%)

Table 9: Reasons that are preventing girls from going to school.

81.87% of girls said that they ended their school because of marriage and a small portion (2.39%) said they completed their desired level. Also, they reported that 1.39% girls needed to work, 8.57% girls no longer wanted to go to school, and 5.78% girls gave other reasons for ending school.

Decision maker of end school

Who decided that you would stop going to school?



The majority (24.55%) of girls said they stopped their school by their own will. Fathers, mothers, and husbands made decisions for 23.41%, 23.16%, and 19.21% of girls respectively. They also reported that parents-in-law, another relative, and someone else made decisions to stop going to school.

Decision making status during marriage

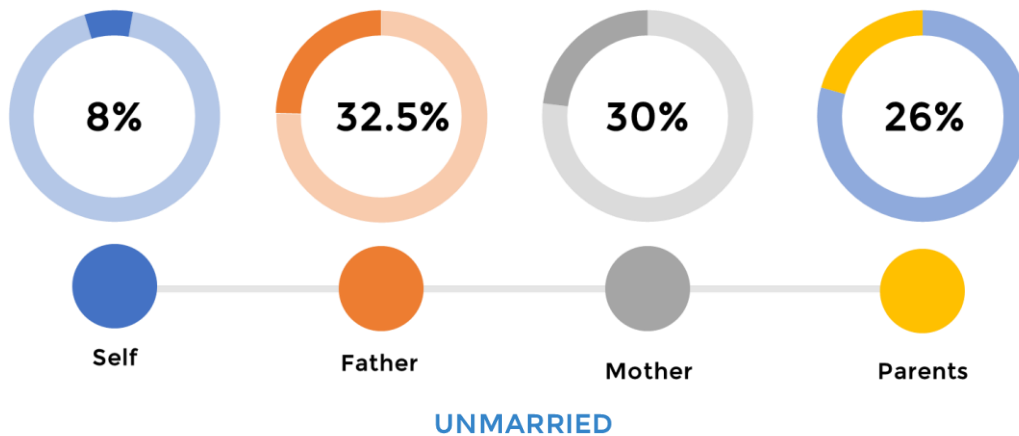


Figure 10: How much say they had in the decision making of when to get married.

8% of respondents mentioned they can make decisions on when to get married, 32.5% of respondents mentioned that their father makes the decisions, 30% of the respondents mentioned that their mother makes the decision and 26% of the respondents mentioned that their parents make the decision on when to get married.

Wishing status during marriage time

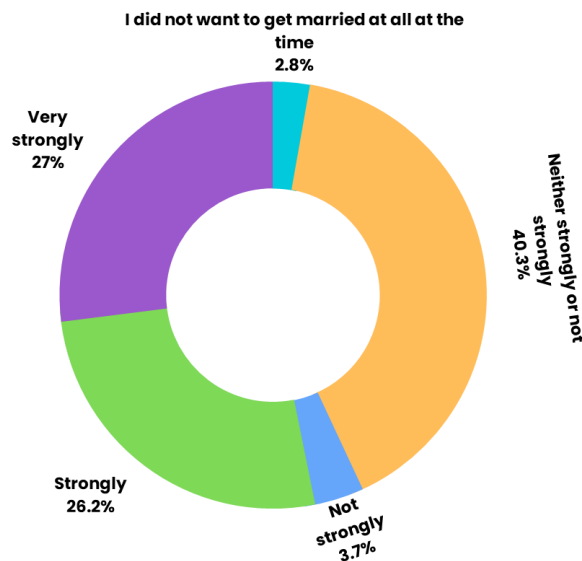


Figure 11: How strongly they wanted to get married at time of marriage.

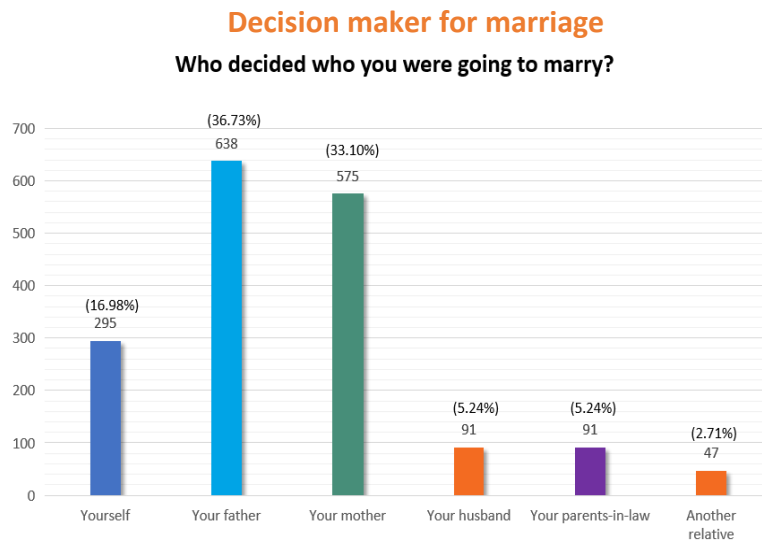
27% of the respondents very strongly wanted to get married at the time of marriage, whereas 3.7% did not strongly want to marry. At the same time, 40.3% of the respondents mentioned they either strongly or not strongly wanted to get married at the time of marriage, whereas only 2.8% did not want to get married.

According to respondents, there are some good things and bad things about marriage. A married respondent from Dinajpur district said that:

“Before marriage, I could not go outside or spend time with friends. I was kind of bound in the house. I faced these barriers from my parents rather than from my husband. I can move freely after marriage, and most importantly, he supports me in whatever I wish to do. After marriage, the negative aspect is that, when I was in my parents’ house, it was not a big deal if I didn’t want to do anything. But as I have parents-in-law, even if I’m sick or in a bad mood, I need to do everyday things.”

Every girl thinks that some changes come in life after marriage. An unmarried girl stated about the changes:

“Before marriage, a girl can spend her tuition money freely, but after marriage, if the wife has money, the husband takes it and says I will bring the things you want. What do you do with this money? And then, a girl has to wear what the husband buys for her. A girl cannot use cosmetics after marriage, although they can use these before marriage. When a girl becomes sick before marriage, parents become worried and they visit a doctor quickly but after marriage husband and parents in law do not give as much importance to them. There are some husbands and parents in law who visit a doctor for these girls quickly”



Majority of the respondents said that it was either their father or mother who played the role of decision maker when it came to their daughters' marriage. After them, it was the respondents themselves who decided whom to marry. then it was their husbands (5.24%), then their parents in law (5.24%) and then another relative (2.71%).

The respondents also mentioned financial problems, reproduction problems, social conditions etc. as reasons for early marriage. A 17 years old girl stated:

“Parents make decisions about a girl's marriage. For example, if the financial condition of the family is having no good, then parents decide their girl to get married at an early age. It happens often. Nowadays it increases in the village because their financial condition is bad. If they get a good groom, the girl gets married. If the girl works, the family does not try to get them married at an early age. The girl who works can make decisions about their marriage”

Another unmarried respondent said a reason of marriage-

“Many people say that late marriage causes different problems like you may not be able to have a baby. If girls are at their parents' house, many people say this girl may have some problems that is why she is not married”

Aforementioned quote is supported by a married respondent. She stated:

“Many parents think their girls are growing, and it would be difficult to get married when she is older, and they might be misled or get involved in something evil. That's why they get their girls married. They consider these things at first”

Wish measurement to select groom

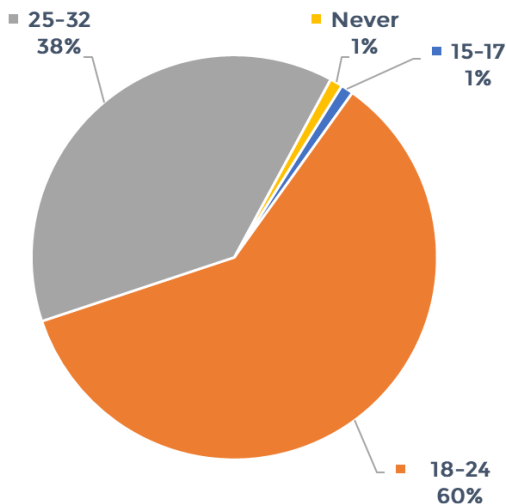


Figure 13: At what age would you like to get married ideally? By ideally, we mean if there were no barriers to doing what you would like to do.

Most of the respondents (60%) said that the ideal age for marriage is 18-24. However, many participants (38%) expressed their opinion that 25-32 years is an appropriate age for marriage.

The majority (60%) of respondents said they will participate in making a decision of who to get married with when 24% said they had some participation. 19% reported they had a lot of participation in this decision making and 34% reported they did not have any participation.

At what age do you think you will get married

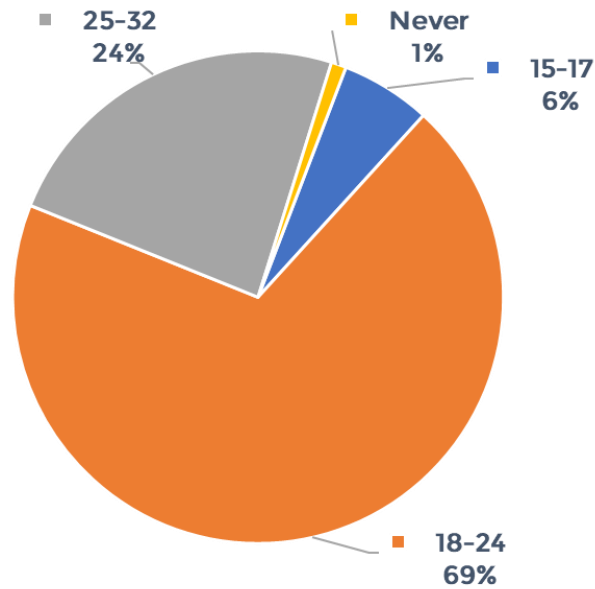
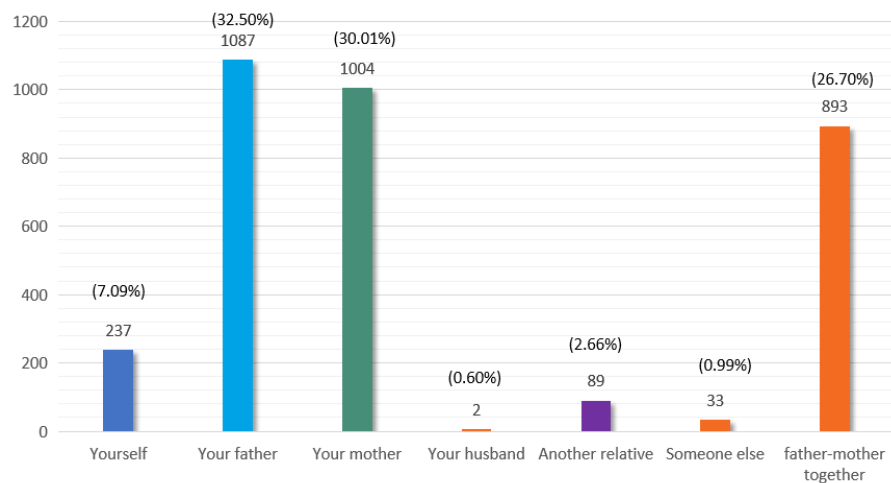


Figure 14: At what age they think of getting married.

Most of the respondents said that in reality they think they will get married in between 18-24 years in percentage which is 69 matching to their expectation. However, many participants expressed their opinion that 25-32 years is the age when they will get married.

Decision maker about the time of marriage

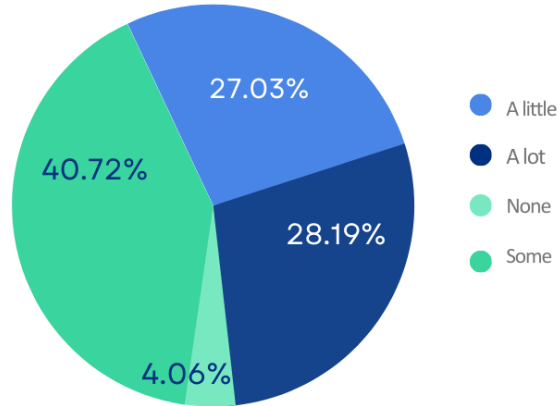
Who will decide when it is the right time to get married?



32.50% and 30.01% girls reported that their father and mother decided about the right time of getting married whereas the parents jointly decided for 26.70% girls. 7.09% girls decided personally while another

relative made decisions for 2.66% of girls. The husband and someone else made decisions for 0.60% and 0.99% of girls respectively.

Participation in decision making



Decided not to marry: How much say will they have deciding getting married.

Figure 15: Those who decided not to marry: How much say will they have deciding getting married.

The majority (40.72%) of respondents said they will have some participation during making a decision of when to get married while 28.19% said they will have a lot of participation. 27.03% reported they will have little participation and 4.06% will not have any involvement in this decision.

Decision maker for marriage

Who decided you were going to marry?	N = (%)
Yourself	295 (16.98%)
Your father	638 (36.73%)
Your mother	575(33.1%)
Your husband	91 (5.24%)
Your parents in law	91 (5.24%)
Another relative	47 (2.71%)
Someone else	0

Table 13: Who will decide to marry.

The highest percentage (Father: 36.73% and Mother: 33.1%) of girls said their father and mother made decisions about getting married. 16.98% of girls said they individually made decisions. Some girls also mentioned their parents-in-law, another relative, and someone else had made decisions.

4.4. Aspirations

Thinking about their life

Options	A lot	Some	A little	None
Being in school/university	1010 (78.84%)	104(8.12%)	55(4.29%)	1112 (8.74%)
Being married/living with partner	121 (9.50%)	144 (11.07%)	288 (22.61%)	724(56.83%)
Being a mother	67 (5.45%)	53 (4.31%)	2(10.50%)	980 (79.74%)
Living with your parents	738 (58.39%)	257(20.33%)	199 (15.74%)	70(5.54%)
Working outside of the home for money	528 (42.68%)	252 (20.37%)	159 (12.85%)	298 (24.09%)
Taking care of/working in the home	246(19.62%)	344 (27.43%)	354 (28.23%)	310 (24.72)

Table 15: Reality about their thinking of life in the next 2-5 years

Regarding the possibility of doing different things, the majority of respondents 1010 (78.78%) reported that they will be in school or university. On the other hand, the highest portions of the respondents said there is no possibility of getting married. Some respondents said that there are possibilities of being a mother, living with parents, working outside the home for money, and taking care of the family. In the FGD, respondents describe their dreams. One of the respondents mentioned,

“I want to buy a tailoring machine. Now I have some work in my hand and after that I will buy it. I got married at an early age that is why I could not complete my studies. Now I want to support my baby in its education”.

Another respondent said,

“I got married at an early age that is why I could not complete my education. Now I want to educate my babies to make them a good citizen for my country”.

The respondent also explained their plan to achieve their dreams. They mentioned:

“Without money I will not be able to raise my baby. First, I have to get a job, then I will be able to earn money and educate my children”.

As the dreams are different their plans are also different as well. One of the unmarried respondents mentioned

“I need education to fulfill my dreams. If I can continue my studies, my dreams will come true. Along with that, family support will be needed. So, I need to study further. I want to achieve success and stand on my own feet by doing something big or small. It is better not to depend on anyone”.

A married participant of Dhaka explains her opinion on dream plan:

“I want no barrier from my in-law's house. Some husbands say that they are contributing to continuing education and so wives need to contribute in house. Also, there are many husbands who do not want to educate their wives. My husband is not like them. He helps me to move forward. He supports me. As I have some support, I am

no longer fearful. I am continuing my studies. I have not decided yet whether to take babies or not”.

Many respondents express their opinions on barriers to achieving their dreams. According to them, financial problems, lack of education, early marriage, unemployment, their own babies etc. are the main problems to implement the dream. A married respondent said:

“There are many problems to implement my dream. One of the barriers is education. Lack of money is another one. There are relatives and neighbors who can manipulate the husband to keep his wife inside the house. But we have to deal with these problems. We have to keep in mind that we have a goal”.

The respondent also thought about the reality as well as the kind of barrier they would face. In FGD one of the respondents said

“If there is a family problem like a financial crisis, many parents marry off their daughters. They say you do not need to study. We have a huge financial crisis”.

Another respondent mentioned during explaining her barriers

“Many people spread rumors if a girl goes to a higher level of study after completing her initial study. The rumors are that the girl is old enough to get married, but she is continuing to study because her parents want her to feed them by doing a job. Due to this, many girls cannot fulfill their dreams. Girls are a burden to their parents, and they always feel worried about their daughters. Although girls have a lot of dreams, they cannot fulfill their dreams by thinking about their parents”

Some respondents have explained their opinion on the difference of dreams between before marriage and after marriage. A married respondent stated:

“Girls have different types of dreams before marriage but after marriage, they dream only of family and their children. Dreams differ because the environment is different between parents’ houses and in-laws’ houses. Their expectations are different such as they can do whatever they want and they can wear any dress but after marriage, they have to keep in mind the ability of their husband. Girls generally have very simple dreams like being educated, going somewhere for fun. After marriage, they spend half of the day working in the house. The babies need full day attention. So, the dream automatically changes”.

An unmarried respondent from hill track area (Bandarban) said:

“Suppose I want to do a job, but I get married then. Then, many husbands say that as I am working, you do not need to do a job. Then, suppose I have a baby then my only dream will be how can I raise my baby. Then, there is nothing in our head like doing a job or continuing to study. A girl only thinks about how to raise her, how to save money for her future. Then, they only think what I should do for running the family, raising the baby like that”

Reality about their life

Options	A lot	Some	A little	None
	Numbers (%)			
Being in school or university	682 (53.57%)	256 (20.11%)	180(14.14%)	155 (12.18%)
Being married/living with your partner	194 (15.29%)	270 (21.28%)	331 (26.08%)	474 (37.35%)
Being a mother	435 (34.5%)	320(25.38%)	203(16.50%)	860 (69.92%)
Living with your parents	435 (34.50%)	320(25.38%)	413 (32.75%)	93 (7.38%)
Working outside the home for money	342 (27.76%)	287(23.30%)	287 (23.30%)	316(25.65%)
Taking care of/working in the home	264(21.04%)	397 (31.63%)	336(26.77%)	258(20.56%)

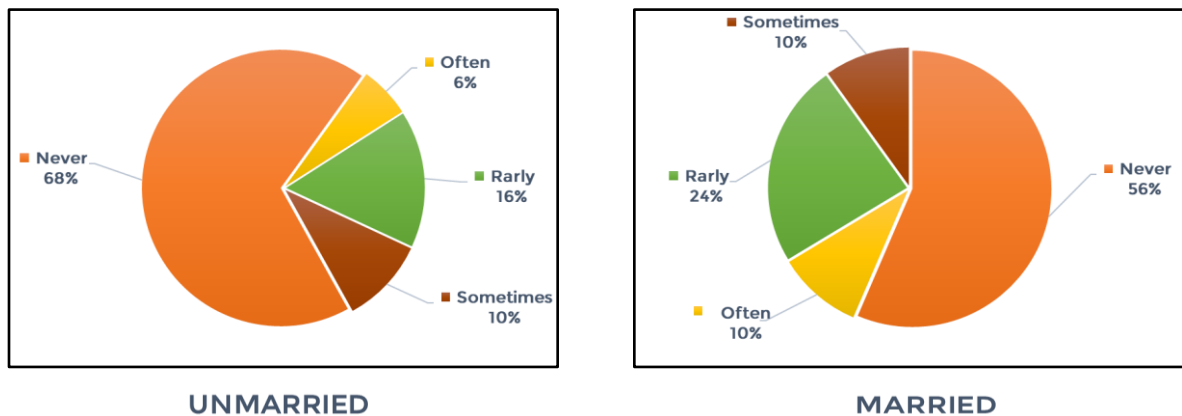
Table 14: Thinking about their life in next 2-5 years

When respondents were asked about their life in 2-5 years, how much would they like to be doing these things like being in school, being married, and being a mother? There are six questions together in this table. Here they have been focused on their interest in their life. The majority of the respondents 682 (53.53) said their interest is very high to be in school/university when they are asked how interested in being in school or university they are. About being married or being a mother, most of the respondents were not interested. Most of the respondents wanted to live with their parents and also they were interested in working outside of the home for money. And 397 (31.61) respondents expressed they have some interest in working at home.

4.5. Health

Mental health status

In the past 4 weeks, how often did you feel worthless?



More than half of the respondents (56% among married and 68% among unmarried) said that they never felt worthless. 10% among married and 6% among unmarried respondents said that they often felt worthless.

Health condition

Thinking back over the past 12 months, how is your health in general?	Married	Unmarried
Always unwell	5 (0.58%)	17 (1.32%)
Always well	84 (9.70%)	230 (17.83%)
Mostly unwell	178 (20.55%)	177 (13.72%)
Mostly well	599 (69.17%)	866 (67.13%)

Table 17: Girls' health condition in the last 12 months.

When asked about how their health was in the last 12 months, 69.17% and 67.13% of respondents from both married and unmarried girls were mostly generally healthy or well. But a significant number of respondents (20.55% married and 13.72% unmarried) said they regularly experienced ill health. On the other hand, only 9.70% and 1.32% of respondents from both married and unmarried were always unwell.

Access to health care

Options	Married	Unmarried
A little bit difficult	251 (29.36%)	218 (19.06%)
Don't know	141(16.49%)	38 (3.32)
Easy enough	390 (45.61%)	586 (51.22%)
Refuse	11 (1.29%)	0
Very difficult	37 (4.33%)	65 (5.68%)
Very easy	25	237 (20.72%)

Table 18: When they were ill, how easy or difficult it was for them to access the health care they needed.

The highest portion 45.61% married and 51.22% unmarried girls said that accessing the health services is easy enough and 4.33% married and 5.68% unmarried of them said accessing health services are very difficult. 250 married (29.36%) and 218 unmarried (19.04%) girls of them said accessing the services was a little bit difficult.

In Focus Group Discussions respondents talked about the difficulties of accessing health services as a woman or girl. One of the respondents mentioned

“Many early-age girls are unlikely to share their personal issues freely with doctors because of shyness. This is one of the problems they faced. And if the doctor is a male, they hesitate even more. They share a bit with the female doctor, but with the male, they don’t even share anything. These are the problems, and they even hide some of their diseases”.

At the same time, one mentioned the health problems and practices regarding adolescent health.

“Most of the girls don’t know how to tell others about their problems because they feel shy. They don’t know how to solve the problem either and they don’t have proper knowledge about it either. There are some girls who use unclean cloths during periods.

They don't know they can use clean pads and they can't share the problem with their family members either"

Receiving antenatal care

Did you receive antenatal care when you were pregnant with?	N= (%)
Yes	699 (95.10%)
No	36 (4.90%)

Table 19: When they were pregnant whether they received antenatal care

95.10% of married girls said that they received antenatal care during pregnancy when 4.90% of them said they did not take antenatal care.

Participants' children

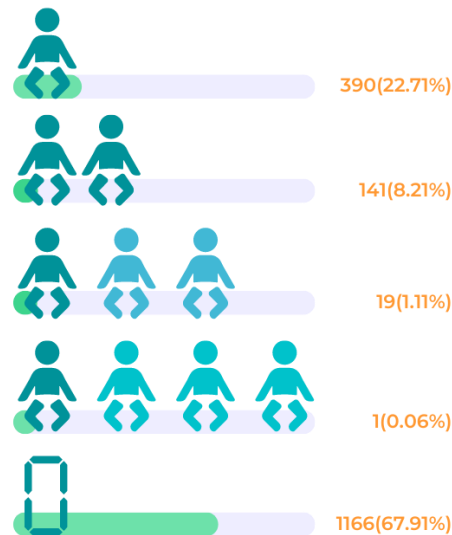


Figure 16: Number of children among participants.

Total 390 (22.71%), 141 (8.21%), 19 (1.11%), and 1 (0.06%) participant reported they have one, two, three and four children respectively. On the other hand, 1166 (67.91%) said they had no child.

Birthing places

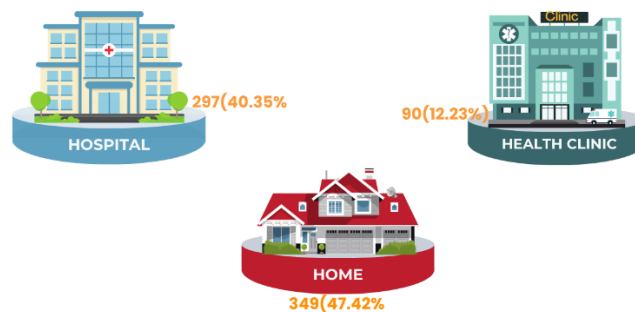


Figure 17: Location for childbirth.

Contraceptive services: Use and Availability

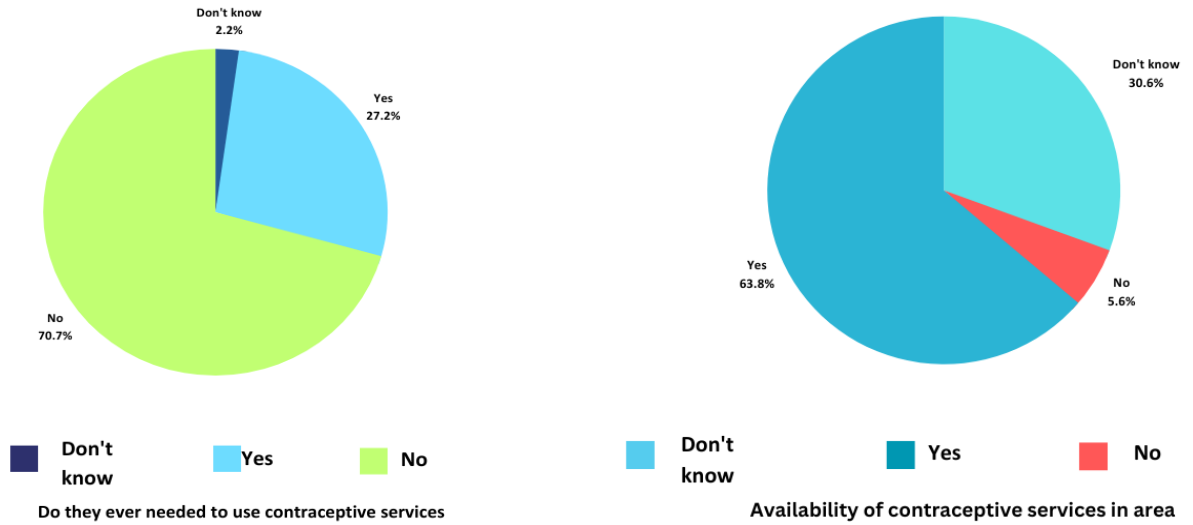


Figure 18: Availability of Contraceptive service and whether they ever needed to use it or not.

The majority (63.8%) of the respondents replied that contraceptive services are available in their area. At the same time, the lowest number (5.6%) said there are no such services in the area. A notable number (30.6%) said they do not know about the services available in their area. In addition, 27.2% said they needed to use this service, 70.7% said they did not need to use it and 2.2% reported they did not know.

Ability to use contraception services

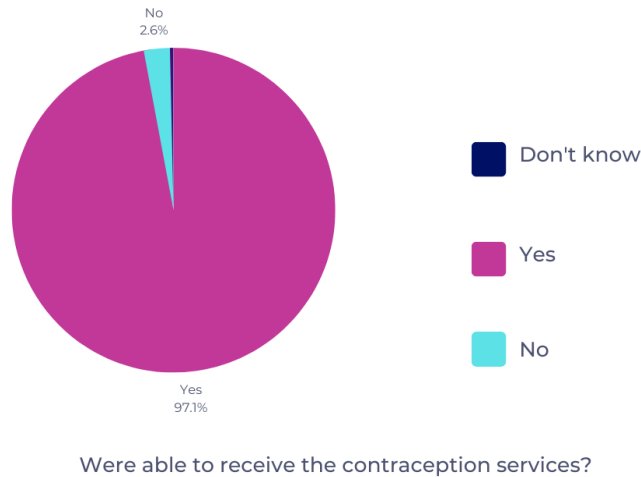


Figure 19: Whether they were able to receive the contraception services or not.

97.05% of the girls reported that they were able to use contraception services, whereas 2.6% reported they were not able to use it and .35% of the respondents didn't know about the service.

ANC Services

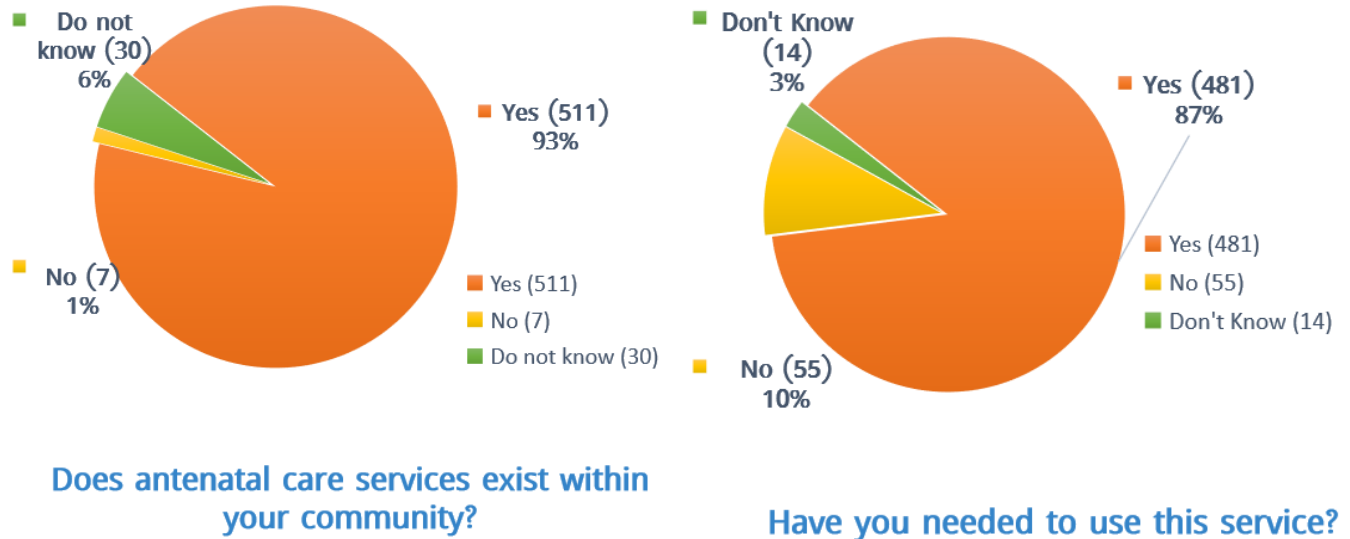


Figure 20: Whether ANC services exist and do they need to be used within the community.

93% of the respondents replied that ANC services are available in their area. At the same time, only 30% said they did not know. Some of them (1%) said there are no such services in the area. Most of the respondents (87%) needed to use the ANC services. A few (3%) of them reported they do not know whether the services are available. 10% of respondents did not use the services.

Ability to use ANC services

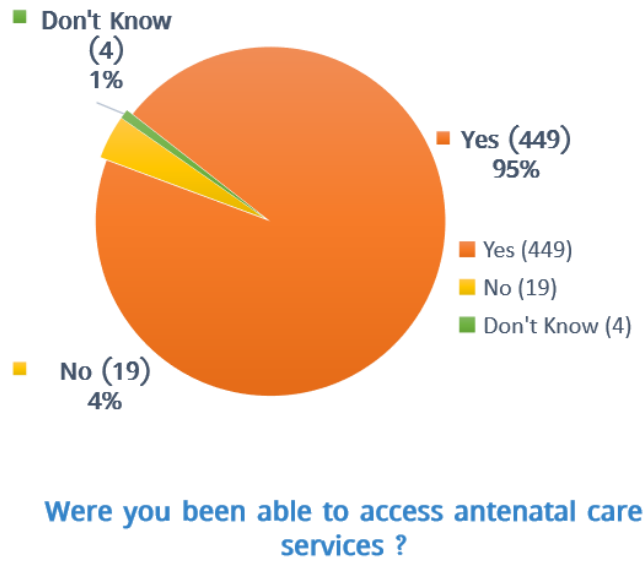


Figure 21: Whether they were able to use these services.

The maximum number (95%) of the respondents reported that they were able to use the ANC services when only a few (4%) respondents said they were not able to use the services.

Birth Attendance

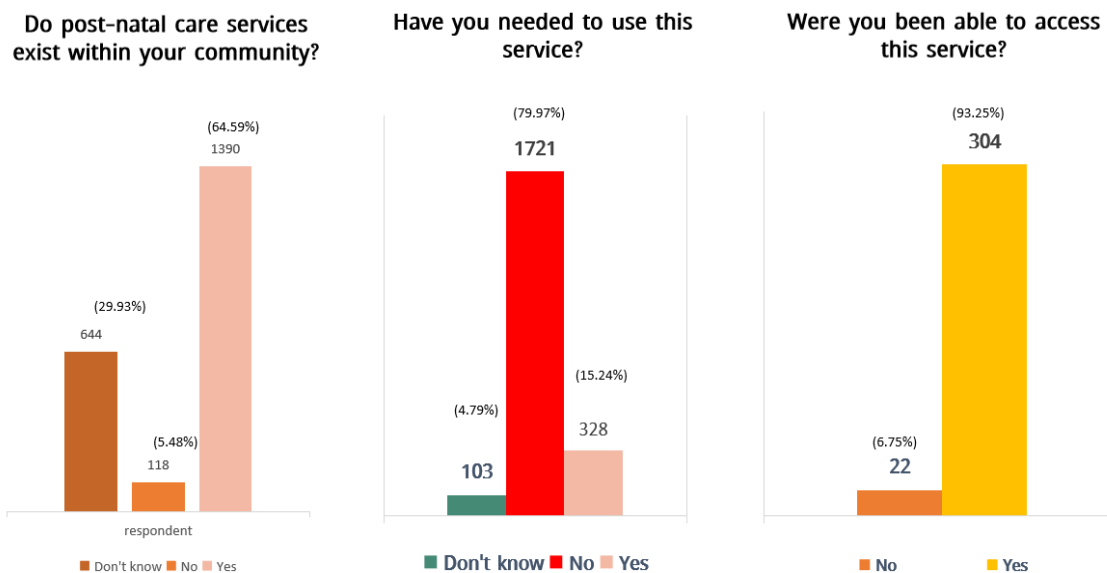
Birth attendance	Do skilled birth attendance services exist within your community?	Have you needed to use this service?	Were you able to access this service?
Don't know	40 (7.29%)	8 (1.46%)	1 (0.41%)
No	8 (1.46%)	290 (52.82%)	11 (4.47%)
Yes	501 (91.26%)	251 (45.72%)	234 (95.12%)

Table 20: Skilled birth attendance.

501 (91.26%) reported that skilled birth attendance services existed and 8 (1.46%) said they did not exist and 40 (7.29%) respondents were unaware of such services in the area. At the same time, 11 (4.47%) said they were not able to access, 234 (95.12%) said they were able to use this service. On the other hand, almost half the respondents reported they needed to use the service.

PNC Services

EXPERIENCE OF RECEIVING PNC SERVICES



The highest number of people 64.59% said PNC services are available in their area and 79.97% did not need to use, also 93.25% said were able to use the services. 5.48% said PNC services were not available within the community, 15.24% needed to use, 6.75% were unable to access the services. 29.93% didn't know the availability of PNC services and 4.79% didn't know whether they were able to access this service.

4.6. Decision making

Changing status after marriage

Pre and post change after married	How has your access to money changed since you got married?	How has your power in making decisions within your household changed since getting married?	How has your ability to go to work outside the home changed since getting married?
I am more able now	428 (49.77%)	297(34.66%)	105(12.38%
I am less able now	197(22.91%)	331(38.62%)	441 (52.00%)
There was no change in my ability	235 (27.33%)	229 (26.72%)	302 (35.61%)

Table 22: Pre- and post-changes after marriage

The table above shows that the 49.77%, 34.66%, 12.38% of the respondents replied that they have more access to money, household decision-making, and work outside the home, respectively. A noticeable portion (22.91%, 38.62%, 52.00%) said they are less able to access money and work outside the house. At the same time, 235, 229, and 302 respondents said there was no change in their ability across the three categories.

4.7. Violence

Violence situation for married

Violence during marriage	In the past 12 months, how often has your husband slapped you or thrown something at you that could hurt you?	In the past 12 months, how many times has your husband pushed or shoved you?	In the past 12 months, how often has your husband physically forced you to have sex when you did not want to?
Never	597 (72.01%)	626(75.79)	716(86.47)
Once	76 (9.17)	64 (7.75)	11(1.33)
A few times	133 (16.04)	109(13.20)	63(7.61)
Many times,	19 (2.29)	20(2.42)	22(2.66)
Refuse to answer	4 (0.48)	7 (0.85)	16(1.93)

Table 23: Violence during the marriage

The following table shows that 597, 626, and 716 married girls (72.01%, 75.79%, 86.47%) reported that they were never thrown anything that could hurt, never pushed or shoved, and never forced to have sex. However, 2.29%, 2.42% and 2.66% of respondents reported that they were slapped or thrown, shoved, and forced to have sex many times, respectively. On the other hand, 4, 7 and 16 married girls refused to answer these issues.

Those respondents who were married and faced violence by their husband and partner mentioned the way of minimizing the violence. A 17-year-old participant said:

“There are Village Policies when we notice anything like violence between husband and wife. We call Village Police to solve the problems. They try to solve the problems by a discussion with husband and wife”.

One mentioned a formal or institutional way of solving the problem

“There are some local governing bodies like Upazila Parishad, union parishad in our area. If we inform them of such problems, they solve it.”

Respondents also mentioned informal ways of resolving problems such as family resolving disputes.

“If any seniors are in the neighborhood, they help to solve the issues. If there are no relatives in the surroundings, the neighbors help. My Sister-in-law and aunt do help in this case.”

Another said

“I try to assist if any violence occurs in the community. In my family’s case, we try to solve this by discussing it with my parents, husband, and seniors”.

Another mentioned a local leader's involvement in solving the problem between husband and wife.

“There are chairman, vice-chairman, and members to solve the problems”.

Violence situation for unmarried

Violence Unmarried	In the past 12 months, how many times has someone in your household, or a partner slapped you or thrown something at you that could hurt you?	In the past 12 months, how many times has someone in your household, or a partner hit you with a fist or with something else that could hurt you?	In the past 12 months, how many times has someone in your household, or a partner kicked, dragged, or beaten you?	In the past 12 months, how many times has someone in your household, or a partner physically forced you to have sex when you did not want to?	In the past 12 months, how many times has someone in your household, or a partner had sexual intercourse with you when you did not want to because you were afraid to say no because he might hurt you or leave you?
Never	1056(82.44)	1138(92.45)	1165(96.76)	1210(99.10)	1210(99.10)
Once	80 (6.25)	21(1.71)	12(1.00)	2(0.16)	2(0.16)
A few times	117(9.13)	57(4.63)	17(1.41)	0	0
Many time	28(2.19)	14(1.14)	8 (0.66)	2(0.16)	2(0.16)
Refuse to answer	0	1 (0.08)	2 (0.17)	7(0.57)	7 (0.57)

Table 24: Violence among unmarried.

The majority of the unmarried respondents (81.82%) said that they never suffered violence like slapping or having something thrown at them that could hurt them. Also 92.05% unmarried respondents attested that they never faced in their household or a partner who hit them with a fist or with something else that could hurt them. Moreover 96.23% among unmarried and 98.71% among unmarried respondents said that they have never been kicked, dragged, or beaten and physically forced to have sex when they did not want it. Therefore, 9.55% among unmarried said that they had few experiences of slap or throwing something and 4.74% among unmarried suffered a few times in their household or a partner hit them and with something else that could hurt them. On the other hand, 1.56% among unmarried respondents reported that a few times they were kicked, dragged, or beaten. Very few refused to answer this.

Protective Services

Protective Services	Are there places you could go within your community you could go for help if you experience violence?		Have you needed to use this service?		Were you able to access it?	
	Married	Unmarried	Married	Unmarried	Married	Unmarried
No	68 (54.84%)	56 (45.16%)	801 (39.58%)	1223 (60.42%)	13 (44.83%)	16 (55.17%)
Yes	608 (35.47%)	1106 (64.53%)	45 (43.27%)	59 (56.73%)	31 (41.89 %)	43 (58.11)
Don't know	184 (59.16%)	127 (40.84%)	20 (74.07%)	7 (25.93%)	-	-

Table 25: Protective service accessibility.

2.85% of married and 4.34% of unmarried respondents reported that they do not have any place and on the other hand 89.12% of married, 85.81% of unmarried in their community to seek help if they experience violence. 17.46% were unable to access the service and 72.88% were able to access the services. 8.02% of married and 9.84% of unmarried didn't know whether they had any place and 12.99% of married and 16.51% of unmarried didn't know if they were able to use this service.

RECOMMENDATION

The "Listening to Brides" project revealed that adolescent girls aspire to continue their education and work but face challenges like poverty, marriage, and lack of access to adolescent-friendly health facilities, workspaces, and education.

- To improve the situation, policymakers should ensure equitable access to educational infrastructure, medical facilities, and vocational education centers.
- Awareness-raising programs for parents, religious leaders, and communities are also needed. Increase awareness about the negative consequences of child marriage among communities, families, and religious leaders. Promote discussions, workshops, and awareness campaigns to challenge the cultural norms that perpetuate child marriage.
- Child marriage is more common among girls than boys but does occur around the world among children of both sexes. The impacts specific to boys married in childhood are not yet well understood, but marriage does place boys in an adult role accompanied by responsibilities for

which they may not be prepared. Research on boys married in childhood may open up new areas to work on together.

Early Child Marriage is a multi-dimensional and complex issue with deep-rooted cultural and socio-economic factors. It has legal dynamics and social dynamics. We cannot give uniform solutions. The multi-sectoral approach should be taken where everyone will play their role properly to eradicate early child marriage. CSOs, NGOs, and governments can work together.

- Empower girls through quality education to increase their opportunities and enable them to make informed choices about their lives.
- Create economic opportunities for girls and their families, as poverty often drives child marriage. Providing greater access to vocational education would help girls develop market-related skills and provide opportunities for earning incomes as an alternative to early marriage.
- Engage communities, religious leaders, and local influencers to change social norms and attitudes towards late marriage and make them understand child marriage and its impacts on their beloved children's health and future generations, especially girls.
- Engage boys and men as advocates for change. Encourage them to challenge harmful gender norms and practices and actively participate in efforts to end child marriage.
- Governments should enforce the laws properly and penalties for those who violate them. Collaborate with local authorities, legal systems, NGOs, and community leaders to ensure the laws are effectively implemented and monitored.
- Strengthen and implement child protection services to identify and support at-risk children. This includes establishing helplines, safe spaces, and shelters where girls can seek assistance and protection from child marriage.

5. CONCLUSION

Listening to brides was a project where the aspirations and dreams of the participants were sought. Girls have dreams of continuing with their education and working afterwards. However, school, poverty, marriage, and other obligations were cited as the main reasons that prevented them from working. The current program could not correctly coordinate the dreams and adolescent-friendly health facilities, workspace, and education. Awareness increase programs must be taken for the parents and religious and community leaders. To address these gaps, policymakers should ensure that educational infrastructure, medical facilities, and other services (including vocational education centers) are equitable nationwide. In particular, greater access to vocational education would give adolescent girls an alternative to general education, which would help them develop market-related skills and provide them with opportunities for earning income as an alternative to getting married.

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ANNEXURE

The 10 countries with the highest rates of child marriage

Percentage of women aged 20 to 49 years who were married or in union before ages 15 and 18, in the 10 countries with the highest prevalence of child marriage

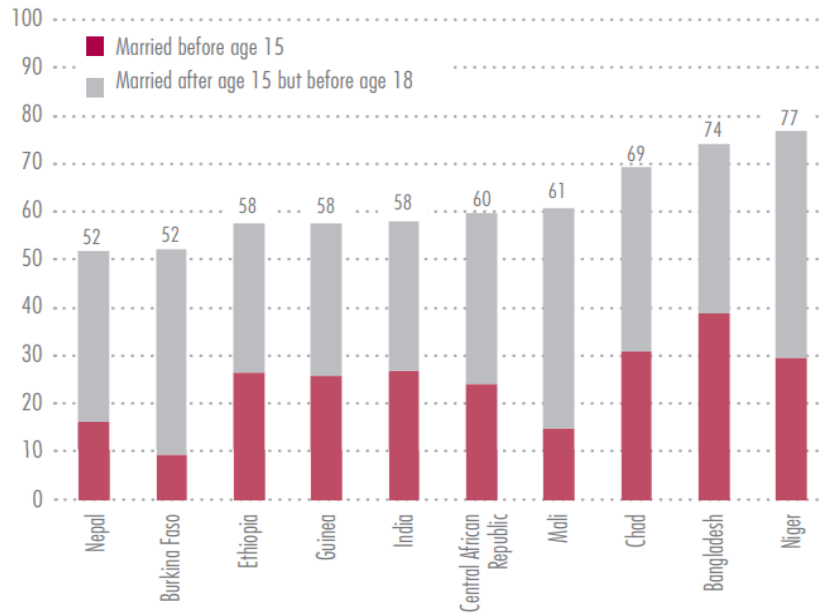


Figure 22: The 10 countries with the highest rates of child marriage. Source: (Cardozo & Corbett, 2015)

Child brides are less likely to receive medical care during pregnancy than women who married as adults

Percentage of women aged 20 to 24 years attended at least four times during pregnancy by any provider, by age at first marriage or union, in selected countries

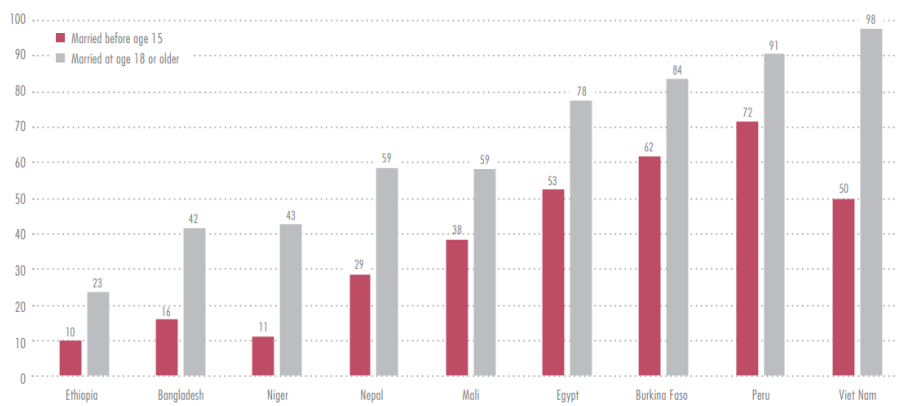


Figure 23: Child brides are less likely to receive medical care during pregnancy than women who married as adults. Source: (Cardozo & Corbett, 2015)

	Rural %	Urban %	Overall Total %	Number of Women
Perceived reasons for child marriage				
Financial problems within the family	59.6	71.6	62.2	3338
Lack of safety from harassment	44.3	43.6	44.2	2370
Problems within the family	38.3	35.3	37.6	2020
Lack awareness of the legal age of marriage	20.3	17.0	19.6	1050
To prevent dowry increasing	10.8	12.3	11.1	595
Religious beliefs	5.3	2.8	4.8	257
Social pressure to marry	5.2	3.9	5.0	266
Family tradition	3.6	2.7	3.4	180
Unemployment	2.7	1.6	2.4	131
Other	1.0	0.7	0.9	49

Figure 24: Perceived reasons for Child Marriage. Source:(Sinha et al., 2013)

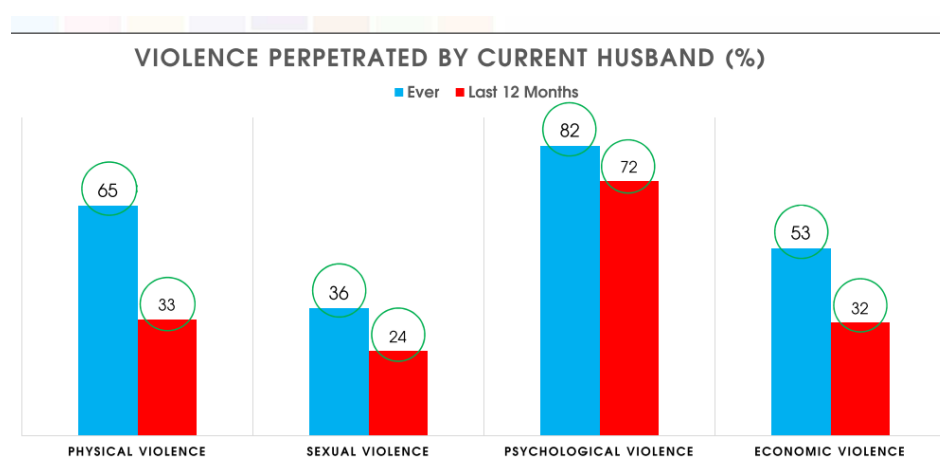


Figure 25: Source: BBS. (2011). Household Income and Expenditure Survey 2010. Dhaka: Bangladesh Bureau of Statistics. BBS.