

Policy Brief

Ending Child Marriage to Reduce Childhood Mortality in Bangladesh

Key Messages:

- The Department of Population Sciences of the University of Dhaka study (2017) reported 6 percentage points higher prevalence of child marriage (67%) than that is reported in the most recent Bangladesh Demographic and Health Survey 2017-2018.
- The incidence of neonatal, post-neonatal, and children under-five mortality was higher among ever-married women who had child marriage than those who had an adult marriage.
- Higher childhood mortality experienced by the rural, non-educated, poorest women who married before 18 years.
- The key recommendations made towards ending child marriage to reduce childhood mortality in Bangladesh are: (i) Taking interventions to delaying marriage until completion of higher secondary education; (ii) Ensuring compulsory birth registration; (iii) Taking interventions to increase the age at first pregnancy; and alleviating poverty by creating employment opportunities for girls.

Background

Despite ongoing policies and programs to ending child marriage in Bangladesh, only marginal improvements have been reported by Bangladesh Demographic and Health Survey (BDHS) 2017-18 in child mortality situation since 2014¹. The neonatal mortality rate has been worsened over the period. It reports a two percent increase in neonatal mortality rate since 2014 (from 28 in 2014 to 30 per 1,000 live births in 2017-18). Little improvements occurred in postnatal mortality and under-five mortality. There has been a two percent decline in the postnatal mortality rate (from 10 in 2014 to 8 per 1,000 live births in BDHS 2017-2018) and a one percent decline in the children under-five mortality rate (from 46 in 2014 to 45 per 1,000 live births in BDHS 2017-18) since 2014. The infant mortality rate has remained unchanged at 38 per 1,000 live births since 2014.

Research in Bangladesh found that the higher the prevalence of child marriage and the earlier age at motherhood, the higher the risk of occurrences of stillbirth and childhood mortality. The Department of Population Sciences of the University of Dhaka study (2017)² reported 6 percentage points higher prevalence of child marriage (67%) than that is reported in the most recent Bangladesh Demographic and Health Survey 2017-2018¹. In this context of the child mortality situation in Bangladesh, this policy brief brings attention to the importance of elimination of child marriage for making improvements in child mortality situation by focusing on the consequences of child marriage on child mortality.

Data and Methods

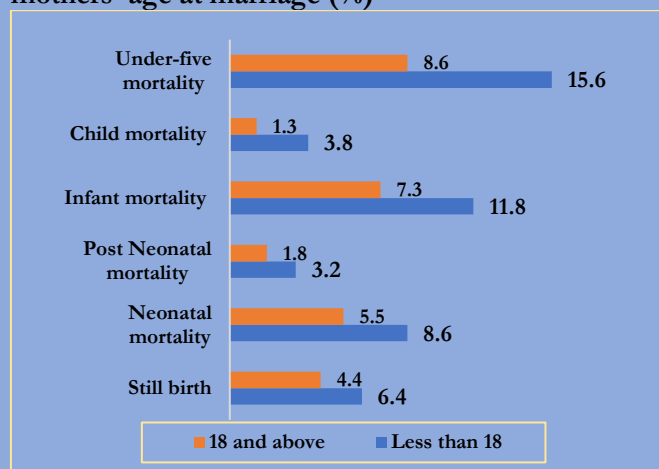
This policy brief is primarily developed on the basis of the findings of a research conducted by the Department of Population Sciences of the University of Dhaka with supports from UNFPA titled 'Context of Child Marriage and Its Implications in Bangladesh'

during the period, August 2015 to December 2016 (DPS, 2017)². The total sample size of the study was 7163 (4807 for child marriage and 2356 for adult marriage). This policy brief has been prepared on the basis of further analysis of data with the sub-sample of those who had child marriage to understand the consequences of child marriage on their child mortality.

Consequences of Child Marriage on Childhood Mortality

Child marriage contributes to all indicators of childhood mortality negatively. The likelihood of child mortality is associated with women's age at marriage followed by their age at birth. The DPS study (2017) identified association between child marriage and childhood mortality. The results explicitly found that (Figure 1):

Figure 1: Variations in childhood mortality by mothers' age at marriage (%)



- The prevalence of neonatal mortality, post-neonatal, infant, and children under-five mortality was significantly higher for mothers who had child marriage than those who had an adult marriage.

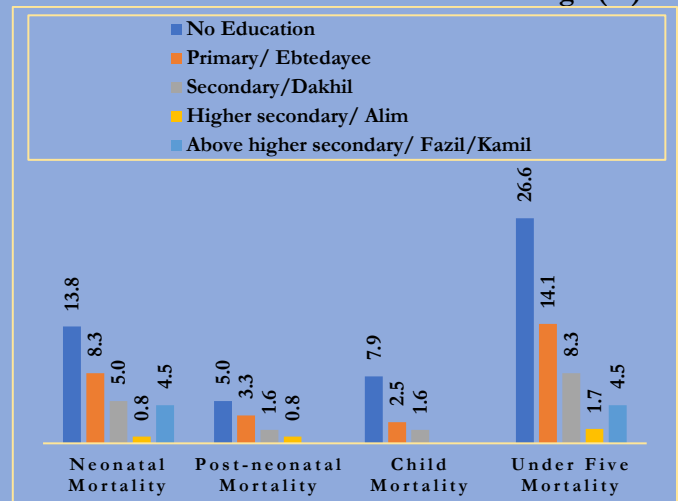
- Women with child marriage had reported two percentage points higher incidence of stillbirth than women with an adult marriage (6.4% vs. 4.4%).
- The rate of neonatal mortality for mothers who had child marriage (8.6%) was substantially higher (about three percentage points) than those who had an adult marriage (5.5%).
- The prevalence of post-neonatal mortality was higher among mothers who had child marriage than those who had an adult marriage (3.2% vs. 1.8%).
- The prevalence of infant mortality was higher among mothers who had child marriage than those who had an adult marriage (11.8% vs. 7.3%).
- Child mortality (aged 1-4) was higher among mothers who had child marriage than those who had an adult marriage (3.8% vs. 1.3%).
- Children under-five mortality was higher among mothers who had child marriage than those who had an adult marriage (15.6% vs. 8.6%).

Childhood mortality is one of the adverse outcomes of child marriage, and it differs substantially by mothers' attributes:

- The prevalence of neonatal mortality, post-neonatal, and children under-five mortality among mothers who had child marriage also varied substantially across the studied residence, division, and districts. Mothers with child marriage living in rural areas had experienced a higher incidence of neonatal, post-neonatal, and children under-five mortality than those who live in urban areas. Among the studied divisions, Mymensingh division had the highest percentage, and Dhaka division had the lowest percentage of neonatal mortality (17.9% vs. 6.3%). Mymensingh division had also the highest percentage of under-five child mortality and Dhaka division had the lowest under-five child mortality (25.3% vs. 8.9%). Habiganj district had the highest prevalence of under-five mortality, while Dhaka had the lowest among the studied district (25.2% vs. 8.9%). Sherpur district had the highest percentage, and Chattagram had the lowest percentage of neonatal mortality (17.9% vs. 5.2%).
- Mothers having no education had the highest rate of neonatal (13.8%), post-neonatal (5.0%), and children under-five mortality (26.5%) than their

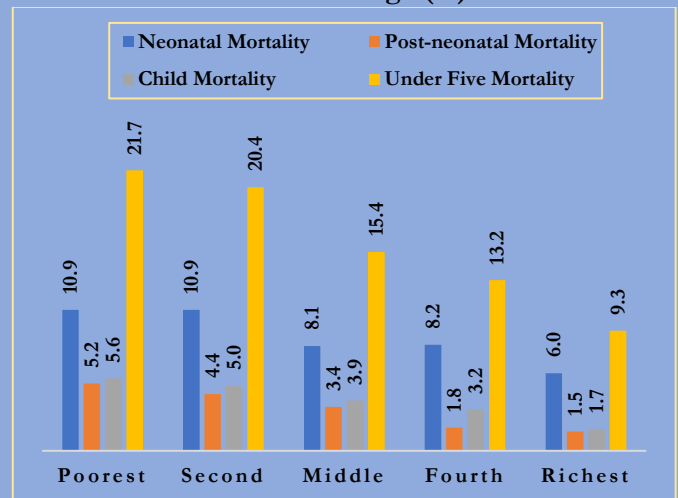
counterparts who have above higher secondary level education (Figure 2).

Figure 2: Childhood mortality by educational attainment of mothers who had child marriage (%)



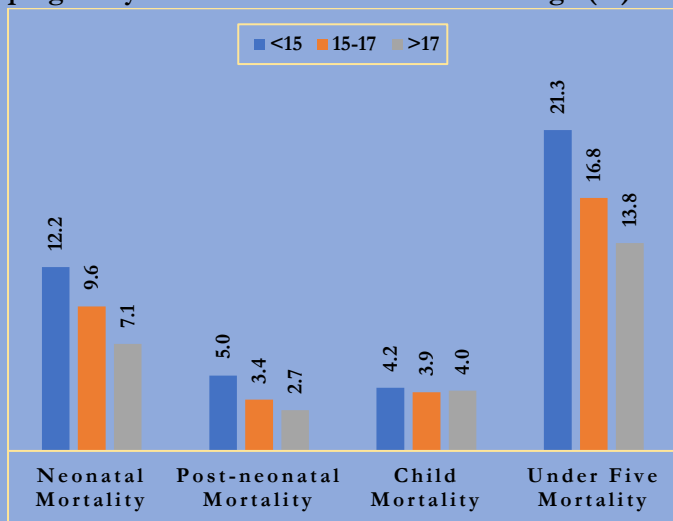
- Mothers who had child marriage and belonged to the poorest wealth quintile had the highest rate of neonatal (10.9%), post-neonatal (5.2%), and children under-five mortality (21.7%) than those who belonged to the richest quintile (Figure 3).

Figure 3: Childhood Mortality by wealth quintile of mothers who had child marriage (%)



- Age at first pregnancy among those who had child marriage had been another key factor contributing to the higher occurrences of neonatal, post-neonatal, and children under-five mortality. Neonatal mortality (12.2%), post-neonatal mortality (5.0%), and children under-five mortality (21.3%) by age at first pregnancy was the highest among those who had child marriage and had their first pregnancy below 15 years of age, followed by those who had their first pregnancy by 15-17 years of age and 18 years and above (Figure 4).

Figure 4: Childhood Mortality by age at first pregnancy for women who had child marriage (%)



- Multiple regression analysis showed that neonatal, post-neonatal, child, and children under-five mortality was 18.4, 22.0, 140.5, and 44.0 percent higher for those who had child marriage compared to those who had an adult marriage, respectively.

Recommendations

There is an urgency of elimination of child marriage for the reduction of child mortality towards achieving the commitment made at the ICPD+25 by the government of Bangladesh. The following recommendations are made in the light of the findings about the consequences of child marriage on child mortality.

- Ensuring compulsory secondary education for girls towards ending child marriage.
- Introduction of submission of a document certifying attendance in the Secondary School Certificate (SSC) or equivalent examination in addition to birth certificate at the time of marriage.
- Implementation of universal birth registration coverage within 45 days after birth
- Ensure that no changes in birth certificate occurs after its issuance.
- Awareness, counseling, and motivational program for those who had child marriage, particularly in rural areas about the negative consequences of early age pregnancy and the necessity of increasing age at first birth together with following them up until they reach at age 20 to reduce to the number of early age pregnancies.
- Alleviation of poverty and creating employment opportunities for girls to empower them towards reducing the incidence of child marriage and its adverse effects on childhood mortality.

References

1. National Institute of Population Research and Training (NIPORT), and ICF. (2019). *Bangladesh Demographic and Health Survey 2017-18: Key Indicators*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.
2. Department of Population Sciences. (2019). *Context of Child Marriage and Its Implications In Bangladesh*. Dhaka: Department of Population Sciences, University of Dhaka and United Nations Population Fund, Bangladesh.

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