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Adolescent Motherhood: Understanding Individual and Community Perspectives to Delay First Birth in Rural Bangladesh

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Executive summary

Introduction: Globally, more than one third of girls marry before the age of 15. In Bangladesh, like in other developing countries, adolescent marriage is still very common. Early marriage leads to early pregnancy, as young wives are not allowed to make their own decisions about contraceptive use and timing of childbirth, deferring instead to their husbands and extended family. The major objectives of this formative research were to explore the intentions, desires, perspectives, motivators, and de-motivators around the first pregnancy among married adolescent girls (MAGs). The study also explored ways to delay first pregnancies among MAGs, focusing on influential people in their lives, health providers, and positive deviants. Additionally, we examined alternative opportunities and barriers to delay first pregnancy through pursuit of an alternative life course and the use of modern contraceptives. The findings will be used to design an appropriate intervention for rural Bangladesh.

Methods: This formative research was exploratory in nature. The study had a cross-sectional design and used qualitative methods for data collection. We conducted 127 interviews in total: 20 in-depth interviews (IDIs) with unmarried adolescent girls (UAGs) ages 14 to 19 years; 21 IDIs with MAGs ages 14 to 19 years; 14 IDIs with husbands of MAGs; 10 IDIs with influential females (mostly mothers) of UAGs; 15 IDIs with influential females (mostly mothers-in-law) of MAGs; 10 IDIs with influential men of UAGs (mostly with fathers); 12 IDIs with influential men of MAGs (mostly with fathers-in-law); 15 key informant interviews (KIIs) with the community, political, and religious leaders; and 10 KIIs with health and family planning service providers from government and non-government organizations. We used vignettes¹ to collect data from married and unmarried adolescent girls. We also carried out card sorting (CS) activities with married and unmarried girls with and without children in order to know their future aspirations. We conducted 29 intercept interviews² with community members. Data collection occurred from July to August in 2017 in two sub-districts of Kurigram. Before data collection began, we developed and pre-tested all the tools in May and June. We applied a phenomenological approach of qualitative methods to analyze the data.

¹ A vignette is a supportive tool for data collection to extract in-depth opinions and real experiences from participants through storytelling examples on specific issues.

² An intercept interview is a short, quick, and informal interview which is often conducted in a public place. The most common form of intercept interview is a street interview. Intercept interviews usually save time and can provide a wide range of views.

Results: Before going into details about early pregnancy, we tried to explore briefly the reasons for early marriage at the community level, as early marriage leads to early pregnancy among adolescents. Not surprisingly, we found that early marriage is widely practiced in the study area. The reasons for it are social insecurity, poverty, dowry practice, socio-cultural norms, and limited alternative options.

The majority of respondents from almost all categories, (husbands, adolescent girls, mothers, mothers-in-law, fathers, and fathers-in-law), agreed that newlywed adolescent girls have children early in order to prove their fertility. Some respondents also said that having children earlier establishes their position in the family, allowing them to participate more easily in family decisions. Interestingly, mistrustful attitudes of husbands and in-laws also sometimes drive girls to have children soon after marriage. Married girls said that, if they accept early pregnancy, then their husbands would be less likely to accuse them of infidelity, but if a MAG disagrees or is unwilling to conceive just after marriage, her husband and in-laws think that the MAG must be having an extramarital relationship. Our research found husbands to be the most influential people in the lives of MAGs, followed by their mothers-in-law. Despite the perceived benefits to early marriage (proof of fertility, added decision making power, and increased trust), study participants also identified some disadvantages of early marriage and pregnancy – negative health consequences on adolescent girls and their babies, increased household expenditures, and discontinuation of girls’ studies and income generation activities.

The study shows that, despite the constant pressure from families, most of the MAGs interviewed wanted to delay their first pregnancy, but failed to do so. In general, when we asked about the acceptable duration for delaying first birth, most participants thought that delaying up to two years would be acceptable by families and the community, but that after two years, MAGs would be pressured into having children. The majority of the respondents from all categories mentioned some advantages of delayed childbirth, such as improved health of mothers and children, increased ability of girls to care properly for their family, and enhanced family financial stability through greater opportunities for income generating activities and savings. However, study participants mentioned some disadvantages of delayed childbearing, which is very similar to the reasons for early childbearing, such as the lack of decision making authority and trust within the family, and the risk of being labeled as “infertile.”

We found that knowledge and community acceptance of family planning (FP) methods is high among married and unmarried adolescent girls in the study area, but the use of FP methods is low, particularly among newly married adolescents before their first pregnancy. Mass media, including television, is an important source of FP information. Newlywed adolescent girls have less access to FP information and methods because of the restrictions on their mobility, as well as on their access to community health workers (CHWs). Several myths and misconceptions about FP methods also appear to prevent or inhibit contraceptive use. Many participants believe that prolonged use of contraceptive pills may

result in infertility. Some think that switching from one FP method to another is prohibited. These fears and misconceptions create confusion among adolescents, leading to inconsistent, therefore ineffective, use of contraceptives. CHWs readily identified their limitations when it came to serving adolescents, which include lack of training on adolescent issues and less frequent home visits to adolescents.

Lack of independent income and autonomy of married girls was prominent; most MAGs are confined within their homes, possess limited decision-making powers for exploring the job market, and are financially dependent on their husbands. Despite the growing educational and career opportunities for boys and girls in the country, MAGs are bound within the traditional expectations, and they are not permitted to participate in those opportunities without approval from their husbands and mothers-in-law, or other influential people in their families.

Four MAGs were positive deviants for this study. Three of them were continuing their schooling after marriage and did not have children; the other one delayed her first pregnancy for two and half years. Although the husbands remained the main decision makers in three of these positive deviant cases, in one case, the decision to delay first childbirth was made by the MAG herself. Positive deviants mentioned some benefits they gained from delaying pregnancy. They were able to continue their education, made sure of the right time to conceive in order to avoid malnutrition and other physical problems, they had time to learn how to perform household chores very well, and their husbands had enough time to ensure enough money had been saved to support the family. The positive deviants assisted their mothers-in-law with income generating activities, such as cattle rearing, poultry farming, vegetable gardening, and tailoring.

The majority of participants talked about some existing alternatives to early childbearing, such as: handicrafts, tailoring, teaching, cattle rearing, poultry farming, and vegetable gardening. But there were some reported barriers preventing married adolescents from pursuing these alternatives, such as: restriction on mobility; limited decision making power; unwillingness of husbands and mothers-in-law to permit them to engage in economic activities, especially those that require the girl to travel any distance from her home. Besides, they mentioned some other supply side challenges such as: lack of employment opportunities in the area, lack of training and resources (e.g., sewing machine), and lack of capital to pursue alternatives.

Husbands and in-laws are the major influencing agencies in MAGs' lives. According to study participants, there are some potential stakeholders who need to be involved in future programs and who can work together to motivate communities to support delaying childbirth, including: religious leaders; local government representatives; husbands; in-laws; NGO representatives; and CHWs.

Conclusions: In spite of having some knowledge about consequences of early childbearing, several factors contributed to early childbearing, such as: making in-laws happy; establishing a MAG's position in the family; and, most importantly, to prove fertility. A MAG's mobility is restricted and she has no decision making power in the family. Mobility restrictions and lack of home visits by the health workers to newly married adolescent girls was one of the crucial barriers for accessing healthcare. Several social norms, myths, and misconceptions, (fear of infertility due to aging and using contraceptives, eagerness to become grandparents, fear of being stigmatized by the community, etc.), prevent delayed pregnancy. A few career opportunities for girls were mentioned, but making these opportunities available to girls is not possible without the approval from husbands and in-laws. Barriers that were mentioned for pursuing alternatives were restriction on mobility, limited decision making power, and lack of resources and skills. Findings suggest some recommendations, such as: mitigating health system barriers; training on employment opportunities for married and unmarried adolescent girls; support to continue education for those who need it; stakeholders' engagement; providing logistics and economic support; using positive deviants as role models in advocacy; and removing negative social norms through appropriate Social and Behavioral Change Communications (SBCC) activities at the community level.

Chapter 1

Introduction

Worldwide, an estimated 14 million girls under the age of eighteen marry each year, often without consenting. More than one third of these girls are married before the age of 15. In Bangladesh, the legal minimum age for marriage is 21 for boys and 18 for girls, but enforcement of this law is weak [1-9]. Despite an increase in recent years of the marital median age by two years, the rate of early marriage is still high in Bangladesh [3]. Currently, the median age of marriage for girls is 15.8 years, and 66 percent of Bangladeshi adolescent girls give birth before the age of 18 [4]. Stimuli of child marriage in Bangladesh are complex, multifaceted, and deeply entrenched in cultural and religious beliefs, worries about family reputation, poverty, parents' desire to secure economic wellbeing for their daughters, and the perceived need to protect girls from harm, like sexual harassment and abuse. At the same time, natural disasters in some areas of Bangladesh also deepen community's poverty and render them more vulnerable to practicing child marriage [5-6]. Child brides experience heightened exposure to sexual activity at an early age, which increases the chances of early childbirth, both of which can have dire consequences on maternal and reproductive health as well as on the health and well-being of their children [7]. Young wives are less able than their older peers to negotiate family planning (FP) decisions with their husbands and extended family; this lack of agency leaves young brides unable to time and space their pregnancies in a way that can improve their health and wellbeing and the health and wellbeing of their children and families. In addition to the lack of decision making authority, misconceptions that contraceptives cause future infertility discourage many young wives from using them to delay early pregnancy and can be used to support those who encourage early births [1-2].

Patriarchal norms and social structures make it difficult for girls, particularly younger girls, to refuse sex or insist on using birth control. They are thus exposed to premature pregnancy and sexually transmitted infections [4]. Once married, adolescents also face a strong pressure to prove their fertility. This pressure is grounded in the social norm of moving into the patriarchal home once married [2]. The need for an adolescent girl to solidify her place in the new household can create pressure for her to become pregnant and subsequently establish her standing in the family [1]. Furthermore, delays in first births among newly married couples can cause rumors of infertility, shaming the family and putting the marriage at risk [2]. If marriage continues for a few years without childbirth, wives fear that their husbands will want to leave them and take another wife [8]. The strong preference for bearing sons in Bangladesh further influences the practice of childbearing around newly married adolescents; while having a child may solidify a new wife's position in the home of her in-laws, bearing a son will bring her even greater respect and prestige [1-2]. As a result, she remains under pressure to produce a male heir soon after the marriage [2].

Adolescent pregnancy poses a risk for the mother and the child; the younger the mother, the greater the risk. Young married girls are more likely to have children at an earlier age, with smaller intervals in between pregnancies, discontinue their education, and are often at a social and economic disadvantage. Bangladesh is one of the major labor-exporting countries, sending large numbers of laborers out of the country for both long-term and short-term employment [9]. The Bangladesh Demographic Health Survey (BDHS)-2014 estimates that about 12.5 percent of women aged 15-49 years have husbands who live elsewhere, 57 percent of whom return home at least once per year. In Rangpur Division (our study area of Kurigram falls under this division), five percent of women have husbands who live elsewhere, with 85 percent visiting their households at least once per year. It is essential to understand the implication of spousal separation on FP needs, along with high levels of poverty and early marriage [3]. It is also important to understand the implications of such a separation on decisions or motivations for early childbirth and how these might be changing as migratory and labor patterns evolve throughout the country, particularly in Kurigram.

A study in Romania found that the motivations for early marriage are different depending on social strata and economic backgrounds, thus it is important that the motivations are examined among a variety of adolescent girls. The Romanian study also emphasized the importance of attitude expressed by health care providers and social workers in order to ensure proper messages are passed on to the members of the community [10]. In Bangladesh, we find several reasons motivating early marriage, such as: traditional norms, issues of security, social pressure, poverty, and low levels of education. On the other hand, we find that higher education is counted, by adolescent girls and their parents, as an aspiration and as one of the important motivating factors for delaying marriage [11]. In another study in Kenya, Ferre et al. stated that, “For each additional year a girl is in school, it reduces her chance of becoming pregnant as a teenager by 10%.” [1]. Larsen et al., in a study in Tanzania, explored a connection between the empowerment of girls and fertility outcomes, which concluded that age at first birth increases and subsequent pregnancies decrease with women’s empowerment [12].

The complex relationship between education, work, fertility, and FP was discerned at the International Conference on Population and Development (ICPD) in 1994, which determined that improving just one aspect does not empower women, despite much focus on girls’ education alone [2]. One of the strategic objectives of Bangladesh’s ‘National Strategy for Adolescent Health 2017-2030’ is to improve the sexual and reproductive health status of adolescents by engaging in a range of evidence-based and effective interventions. This strategy has given attention to increasing knowledge of adolescent girls, creating positive behavioral change among their gatekeepers, and ensuring access for all of them to adolescent-friendly health services [13].

With this background, the aim of this formative study was to deepen our understanding of the factors that influence adolescent pregnancy, as well as to assist in delaying adolescent pregnancy. Therefore, we explored the intentions, desires, perspectives, motivators and de-motivators

around the first pregnancy among married adolescent girls (MAGs) and the ways to delay their first pregnancy. We also explored opportunities and barriers for MAGs to delay first birth through the use of modern contraceptives and pursuit of an alternative future to early motherhood. The findings will inform the design of an appropriate intervention to delay the timing of first births among MAGs in Kurigram.

Chapter 2

Objectives

The overall goal of this formative research was to explore opportunities for and barriers to delaying first births among MAGs in order to inform the design of an appropriate intervention in rural Bangladesh. Specific objectives were as follow:

- To understand potential motivators and de-motivators to delaying first births among MAGs;
- To identify positive deviants and learn from their experiences in delaying their first birth;
- To identify appealing alternative futures that may motivate MAGs to delay their first birth and compel their family and community members to support this delay.

Chapter 3

Methods

Theory of change

Our research process has been guided by our experience, as well as by our empirically-driven intervention theory of change. Our intervention theory of change is rooted in evidence, lessons from successful initiatives, CARE's Women's Empowerment Framework, and Positive Youth Development (PYD) practice. The intervention development is guided by the theory that three major domains interact to influence delaying first births among MAGs.

1) **Structure-level** (both health system and alternative opportunity structures), including the following:

- Health service providers support access to quality FP services among MAGs; and
- Alternative immediate futures, outside of early motherhood, are available and accessible to MAGs.

2) **Relations and community-level social norms and values**, including the following:

- Families, key stakeholders, and communities perceive that delaying first birth may have benefits for young married couples;
- Alternative immediate futures, outside of early motherhood, are valued and encouraged by families and communities;
- MAGs have a supportive community of peers and/or mentors who are able to provide them with correct knowledge and advice; and
- Partners of MAGs are supportive and engaged in helping them realize alternative futures.

3) **Individual-level agency and control**, including the following:

- MAGs are able to envision and value alternative futures and articulate pathways for achieving their aspirations;
- MAGs have the agency and assets (resources, skills, and competencies) they need to realize their aspirations; and
- MAGs have the confidence and control to employ their assets in pursuit of their aspirations.

In line with the PYD approach and CARE's Women's Empowerment Framework, we anticipated that interventions may need to address all three domains to delay the timing of first births among MAGs effectively.

Our theory of change assumes that ensuring MAGs have the agency to make or influence decisions about their own lives is essential to their ability to delay their first birth through voluntary use of contraceptives and pursuit of an alternative future, other than early childbearing. Our understanding is that this will require building adolescents' assets by ensuring they have access to the information, resources, skills, and competencies needed to exercise this agency. Assets may include tangible resources (e.g., education, training, land, or money) and hard skills (e.g., ability to perform specific tasks), but it also includes intangible resources, such as knowledge (e.g., knowledge of rights, knowledge of sexual and reproductive health), ideas, and aspirations and soft skills, such as leadership, negotiation, communication, and emotional and cognitive competencies.

Our thoughts on theory of change are that, when MAGs possess critical resources, skills, and competencies, and when they receive support from their community, family, and the systems that surround them, they are empowered to plan their futures, exercise their agency, and pursue their aspirations. In short, in order to use modern contraceptives and realize alternative futures, MAGs need to be able to envision and articulate their dreams and aspirations, be equipped with the necessary resources and skills for achieving those aspirations, and have the agency and supportive environment such as relational environment, (family, friends, community), and the structural environment (education system, training system, health system) to employ their assets in pursuit of their aspirations.

Based on our formative research, we found that our original theory of change mostly reflected on our findings. However, we omitted unmarried adolescent girls (UAGs) from our original theory of change. Therefore, we also explored UAGs in all three domains. At the structural level, access to quality FP information is also important for UAGs. Additionally, we identified UAGs aspirations for their alternative immediate futures. Under relations and community-level social norms and values, we explored how UAGs' communities and parents perceive them, their intentions to delay pregnancy or not, and their thoughts about alternative futures. In the domain of individual-level agency and control, we found that UAGs recognized the value of delaying pregnancy and envisioned alternative futures for themselves. They were confident that they would be able to control their assets in pursuit of their aspirations and would be able to overcome possible barriers. All of this information pertaining to UAGs in the study area will be helpful in the design of an effective intervention.

We recognize that socio-demographic factors and the broader socio-economic environment also influence the timing of first births among MAGs. Guided by our intervention theory of change, our research aimed to uncover and explore all the potential drivers of early childbirth among MAGs, as well as the potential levers that can be deployed to delay birth.

Study design

This study was cross-sectional in design and the formative research was exploratory in nature. We used qualitative methods for data collection, including in-depth interviews (IDIs) that followed traditional interview guides and also utilized vignettes and card sorting (CS), key informant interviews (KIIs), and intercept interviews.

Study area

Our study area was in Kurigram, which is one of the districts of Rangpur Division, located in the northern region of Bangladesh. With an approximate population of 1,782,277 in a land area of 2,296.10 km², Kurigram has one of the highest poverty levels in Bangladesh. Kurigram also has the highest prevalence of early marriages; more than 80 percent of marriages there are considered early marriages [14]. For our formative research, we selected two sub-districts: Kurigram Sadar and Rajarhat. We conducted data collection in five villages of Chakirposhar union of Rajarhat sub-district and another five villages of Belgacha union and ward numbers 4 and 5 in the municipality of Kurigram Sadar.

Data collection period

We collected data from July to August, 2017 in the field. Before that, we developed and pre-tested the data collection tools from May to June, 2017.

Sampling procedure, study participants, and sample size

We conducted a total of 127 interviews: 20 IDIs with UAGs; 21 IDIs with MAGs; 14 IDIs with husbands of MAGs; 10 IDIs with influential females (mostly mothers) of UAGs; 15 IDIs with influential females (mostly mothers-in-law) of MAGs; 10 IDIs with influential males of UAGs (mostly fathers); 12 IDIs with influential males of MAGs (mostly fathers-in-law); 15 KIIs with community/political/religious leaders; and 10 KIIs with FP service providers. Additionally, we conducted intercept interviews with 29 people. We applied a holistic approach in order to capture information from a variety of study participants. Table 1 summarizes our target groups and sample sizes.

We applied snowballing techniques to identify and select potential study participants. We identified community leaders at the local level through discussions with local government representatives and community members. We identified community health workers (CHWs) who provide FP services in the study area by asking people in the community where they went for such services. Community leaders and FP service providers, in turn, helped us identify families with married and unmarried adolescent girls. Additionally, NGO health workers and key informants in the study area assisted us with the identification of study participants.

Table 1: Target groups and sample sizes

Broad categories	Segments/ categories	Sample size ³
1. Adolescent girls	1) UAGs (<20 y)	20
	2) MAGs without children (<20 y)	11
	3) MAGs with children (<20 y)	10
2. Husbands of MAGs	4) Husbands of MAGs, regardless of age	14
3. Influential female in girls' lives or their partners' lives (i.e., mothers, mothers-in-law, etc.)	5) Influential women of UAGs	10
	6) Influential women of MAGs	15
4. Influential men in girls' lives or their partners' lives (i.e., fathers, fathers-in-law)	7) Influential men of UAGs	10
	8) Influential men of MAGs	12
5. Community leaders (e.g., religious and political)	9) Community leaders, including religious and political	15
6. FP service providers at community level	10) Including Health Assistants (Has), Family Welfare Assistants (FWAs), Community Based Health Care Provider (CHCPs), NGO CHWs (e.g. Brac Shatho Kormi/ Shatho Shebika, Paramedics)	10
7. Community members	11) Intercept interviews	29

Data collection tools and techniques

We used IDI tools with married and unmarried adolescent girls, positive deviants (MAGs who were able to delay their first birth for at least one year), adolescents' husbands, influential females of both married and unmarried adolescent girls, and influential males of both married and unmarried adolescent girls. We applied IDI tools to explore how adolescents, parents, husbands, and communities perceive adolescent pregnancy and whether early pregnancy is desired by a family or society. We tried to understand the motivating and de-motivating factors to delaying first birth and the potential alternative futures that could be leveraged to delay first birth.

³The proposed sample sizes are comparable to those used in similar studies such as Lundgren's work (2014), "The Cultural Ecology of Youth and Gender-Based Violence in Northern Uganda."

Our goal in interviewing the girls was to uncover personal stories and experiences, which was necessary for laying the solid foundation needed to design an effective intervention for delaying first births among MAGs through a human-centered intervention design process. To this end, within the context of IDIs, we only used vignettes when interviewing adolescent girls (not with the positive deviants) to understand social norms (e.g., attitudes towards delayed child bearing, stigma related to delaying), as well as life goals and their vision for their future. The vignette⁴ was useful for extracting information about normative behaviors and expectations. We used LJMCS techniques to help unpack the girls' (MAGs with and without children, as well as UAGs) life goals and visions for their future. In the LJMCS technique, we asked 37 participants to look at 25 cards depicting scenes recognizable to them. First, we asked them to choose any two cards. Then, we instructed them to choose cards that represented a happy life, a difficult life, a current life, a future life, and the best future life they could envision, given a sufficient amount of money. We analyzed the girls' preferences per category. Additionally, we explored alternative opportunities to early childbirth available for MAGs to pursue, the benefits they might gain from those alternative activities, any existing resources and skills necessary for those alternatives, and the challenges that they might face in pursuit of these alternative opportunities.

We employed KII guidelines in our interviews with community, religious, and political leaders, as well as with CHWs to understand their beliefs and attitudes around adolescent marriage and pregnancy. At the same time, we explored community members' and health providers' openness to the idea of an intervention that aims to delay first birth among MAGs and how to create a supportive environment for such an intervention. We also explored the perceptions of the service providers of adolescent health and service provision for this particular population.

For both IDIs and KIIs, we collected data using a semi-structured discussion guide. There were guiding questions for the interviewers to ensure proper information gathering, however, the responses were open-ended with occasional probes and prompts as necessary. The interviews began with general topics and slowly moved on to more sensitive topics after developing a certain comfort level between the interviewers and the respondents. The topics generally included the respondents' views regarding timing of birth and FP issues, communication between partners regarding timing of birth and FP use, primary decision-makers, alternative life courses available for adolescent girls, daily life, economic participation, education, methods of contraception, their sources of information on FP, and their experiences using their chosen contraceptive methods. We also asked what the time span was between their marriage and the birth of their first child, as well as what the motivating and demotivating factors were that influenced their decision to have their first child.

⁴ Although vignettes have been used in developed countries in quantitative research on psychology and sensitive social and health issues, they can also be used in qualitative research. Vignettes were developed from role play with short storytelling on specific experiences of individuals and used to prompt adolescent girls to extract their real experiences.

We developed several guidelines for collecting information from study participants in Bengali (local language) and in English. After identifying potential study participants, we sought written consent for conducting interviews with digital recorders. The duration of the actual interviews varied according to the participants and the interviewer. The average duration for interviews with UAGs was 87 minutes, MAGs without children was 74 minutes, MAGs with children was 106 minutes, influential females and males were 70 minutes, husbands of MAGs was 72 minutes, community leaders was 78 minutes, and CHWs was 93 minutes. Taking into account the amount of time spent searching for interviewees, seeking consent, and disturbances during the interviews, etc., it took three hours, on an average, to complete one interview.

Data management and analysis

We prepared an outline of the purpose and plan for data analysis. Throughout the data collection process, we listened to the tape-recorded KIIs, IDIs, and other interviews and began transcribing them as soon as they were available. We read through all the transcriptions to identify themes of our discussions, strengths and weaknesses of the interview techniques, and any missed opportunities for further exploration. This step was essential for improving the quality of interviews and for performing ongoing analysis and course correct while in the field. We compared data obtained from qualitative interviews to assess how the same issue was discussed by different study participants. Researchers with qualitative background and experience analyzed the data using a framework approach. After familiarization with the data by listening to the tapes, reading transcripts, and studying notes to highlight common ideas and recurrent themes, investigators identified issues, concepts, and themes by drawing on priority issues and questions raised by the respondents based on the aims of the study. After thorough reading of some transcripts, data collection team and investigators sat together and prepared code list and outline of the report based on the objectives. Data were compared between and within different types of respondents to strengthen the validity of the findings. We analyzed the data to understand the views of the different target audiences on the underlying causes of early pregnancy and the deeper factors that influence their decision and actions.

Character sketches

Character sketches provide an overview of our study participants' personality traits, behavior patterns, and value systems. Please note that character sketches only give a snapshot of the individuals who participated in this study.

UAGs

The UAGs in our study are all around 17 years old. They live with their parents, siblings, and other family members. Most of them attend high school, and before leaving for school each morning, they help their mothers with household activities. After school, they freshen up, eat lunch, and rest. In the afternoon, they usually socialize with their peers and neighbors. In addition to attending school, a few of them are involved in income-generating activities, such as tailoring or tutoring, and some hold part-time jobs in bidi (locally-produced cigarettes) factories, cotton mills, sanitary napkin factories, garment factories, etc. They must receive permission from their parents or elder brothers to go outside. They are dependent on their parents, who make most decisions for them. UAGs have heard about different contraceptive methods (condoms, pills, and injections), mostly from their mothers, grandmothers, elder sisters, or peers. Most of the UAGs in our study report that they want to delay childbirth once they are married. Ideally, they want to have their first child at the age of 20, which is what the government FP department promotes. However, they anticipate needing support from their parents, husbands, in-laws, and other family members in order to do so.

MAGs without children

The MAGs without children in our study are mostly housewives who live with their in-laws. They spend time with their husbands, in-laws, and other family members. Few of them attend school or work outside the home. They assist their mothers-in-law with cooking and other household chores. They do not have opportunities to make decisions or to get involved with any organization or groups outside the home (e.g., microcredit groups). They think 18 is the appropriate age for marriage and believe childbirth should happen after they turn 20. However, because their community looks negatively on a girl who delays childbirth for more than two years after marriage, they know that they must receive support from their husbands and family members in order to delay childbirth. MAGs without children have heard about contraceptive methods from their mothers, sisters-in-law, and married peers. Very few of them have received FP information from healthcare providers, and they are uncomfortable going to healthcare centers to obtain contraceptives. Most of them use oral contraceptives, but their husbands or other influential members of their family are the ones who made the decision on whether and what type of birth control method they would use. Most of the MAGs without children in our study are concerned about the negative consequences of early childbearing. Despite the constant pressure from their families, they want to delay their first births.

MAGs with children

MAGs with children in our study are around 18 years old and had their first child before they turned 16. However, they think 20 is a more suitable age for marriage and that 22 is an ideal age for becoming a mother. They usually do household chores, including cattle and poultry rearing, and take care of their babies. After first childbirth, the number of visits they make to relatives reduced dramatically, while their responsibilities increased and position within their families improved. They are able to visit the doctor for their babies by themselves. They know about the negative consequences of early childbirth, and, although they wanted to delay their first childbirth, they were unable to do so due to pressure from their husbands and family members. They know about contraceptive methods from their mothers-in-law, peers, grandmothers, sisters-in-law, and healthcare providers. They use contraception only after their first birth.

Husbands

The husbands of the MAGs in our study are approximately 25 years old. Almost half of them are businessmen, and the others are service holders, farmers, or students. They spend their leisure time at tea stalls, market places, and with family members and friends. Most of the husbands of MAGs without children support delaying childbirth for at least two to three years after marriage. These husbands believe a healthy mother will give birth to a healthy baby, and they typically support the use of contraceptive methods to help ensure this. Husbands of MAGs plan to discuss when to have children with their wives, and few plan to have children right away. Sometimes, despite the willingness of these husbands to delay child birth, their parents exert pressure on the couple to have a child early. This results in unintended early childbearing. A few husbands of MAGs with children mentioned that community members criticize couples who want to delay childbirth. The husbands encourage their wives' involvement in income generating activities so that they can contribute to the family's wellbeing. Among the income generating options in which husbands support their wives partaking, tailoring is the most preferred because it can be done at home. Husbands play a vital role in decision making processes for their wives.

Influential females of MAGs

The influential females of the MAGs in our study are mostly their mothers-in-law, sisters-in-law, and grandmothers. They are around 40 years old, and most of them are housewives themselves. Nearly half of them have completed their primary education. MAGs are guided by these influential females regarding different aspects of marital life, including decisions around contraceptive methods and use. They think oral pills and condoms are the safest among all contraceptive methods. They also think MAGs require support from their husbands and in-laws regarding when to have children. In their opinion, being able to continue one's education, obtaining greater maturity, being in good health, and getting along with the in-laws and husbands are the major advantages of delaying childbirth. But sometimes, they worry that by delaying childbirth,

MAGs will be more likely to be unfaithful in their marriage. They appreciate MAGs' involvement in income generation for the family; however, they sometimes discourage girls from having jobs outside home.

Influential males of MAGs

Influential males of MAGs are mainly their fathers-in-law, who, on average, are 52 years of age. Roughly half of them are involved in agriculture. They spend their leisure time at market places or tea stalls. Most of them think that 18-20 years of age is the most suitable time for girls to get married. They know about contraceptive pills, injections, and condoms. They also favor delaying childbirth for about two years after marriage. They have the authority to make decisions about their daughters-in-law. They will encourage MAGs' involvement with employment opportunities after completing their education and will provide as much support as possible in the form of information, communication, and money. During the period of delay between marrying and having a first child, they are willing to allow their daughters-in-law to get involved in income generation, such as poultry farming and cattle rearing, as long as the MAGs are able to complete their household chores and they remain close to home. Among influential males, tailoring is the most preferred form of income generation for MAGs, as it does not require them to leave their homes.

Influential females of UAGs

Mothers, aunts, elder sisters, sisters-in-law, and grandmothers are the influential females with whom UAGs spend most of their time. Their mothers guide them in their decision making. Elder sisters and sisters-in-law help them with their education and reproductive health related issues. None of these influential females support early marriage; they advise UAGs not to marry before they are 18 and to delay childbirth until they are 20 years or older. They encourage UAGs to finish their education and then begin income generating activities, such as teaching, tailoring, poultry farming, or cattle rearing.

Influential males of UAGs

Fathers, older brothers, and uncles are the influential males upon whom UAGs depend for their education, financial support, and decision making. Influential males of UAGs believe early marriage and childbirth are dangerous for the health of both mothers and their children, but they worry that the UAGs in their lives may engage in relationships with boys that will impact their family's reputation in the community. They support UAGs' access to information on sexual and reproductive health, as well as their education and participation in income generating activities.

CHWs

Health service providers work at different levels of government and non-government healthcare facilities. Among the 10 CHWs we interviewed, three were from the government FP department, four were from the government health services department, and three were from NGOs. Eight of the 10 were female. CHWs from the government FP department are usually responsible for married couple registration and counseling. They provide the community with FP services and pregnancy registration, and they provide health education to adolescents. CHWs from the government health services department usually provide immunization services and health education to mothers and children, including adolescents. CHWs from NGOs usually provide services to mothers and children, including adolescents, in suburban areas. The average age of the CHWs in our study is 40. Only four out of the 10 CHWs in our study had special training on adolescent health. They counsel newly married adolescents and their mothers-in-law about FP methods and the importance of delaying childbirth. They think contraceptive pills and condoms are the most suitable FP options for newly married couples. CHWs provide these services during home visits and at satellite clinics. Moreover, couples receive counseling during their visits to healthcare facilities. CHWs recommend that MAGs should have their first baby when they are 20 years old or older. They tell husbands, in-laws, and other people of the community about the negative consequences of early childbirth and the benefits of delaying childbirth. They think that through collaborative efforts (awareness building activities, health education) among local people, community leaders, and CHWs, it is possible to decrease early childbirth in society.

Community leaders

Community leaders are members of union council, ward counselors, social workers, businessmen, students, and teachers. They are respected by the people of the community because of their experience and wisdom, as well as for their ability to influence many decision making processes. They think all adolescents, even if they are unmarried, should have easy access to information related to sexual and reproductive health. They support delaying childbirth and MAGs becoming involved with income generating activities like tailoring, teaching, handicrafts, poultry farming, and cattle rearing. They believe adolescents need support from their families to get married and to delay childbirth. They discourage child marriages and early childbirth. They also encourage adolescents' involvement in income generating activities.

Religious leaders (*Imam*) are particularly influential among community leaders. Everybody respects them and complies with the decisions they make. They support adolescents' involvement in income generating activities while maintaining *purdah* (remaining modestly covered), the use of contraceptive methods, and delaying childbirth. They think newly married couples require support from their families in order to delay childbirth. They believe awareness building campaigns and health education for newly married couples and their families can be a good solution for reducing early childbirth in the community. They think UAGs should not be provided with any information about contraceptive methods, as this may encourage them to engage in sexual activities out of wedlock, which is strictly prohibited.

Socio-demographic information of study participants

We interviewed 20 UAGs in this study. Their average age was 17 years, and all of them had completed their primary education. Some of them were involved with income generating activities. The majority of them (55 percent) had their own mobile phones and exposure to mass media (40 percent had access to television). Among the MAGs we interviewed, the average age was also 17 and the majority (95 percent) had completed their primary education. Only a few (5 percent) were involved with income generating activities. We interviewed 14 husbands of MAGs. The average age of the husbands was 25 and the majority (79 percent) of them had completed their primary education. Most (93 percent) were involved in income generation activities. We interviewed 25 influential females in this study, the average age of whom was 39 years. Half of them had completed their primary education and few of them (24 percent) were involved in income generation activities. We also interviewed 22 influential males, the average age of whom was 52 years. Less than half of them (45 percent) had completed their primary education, and most of them (95 percent) were involved in income generation activities. The average age of the community leaders interviewed in this study was 49, and all of them had completed their primary education. Most of them (80 percent) were involved in income generating activities. Apart from these participants, we also interviewed 10 CHWs, the average age of whom was 40 years. Out of 10 CHWs, three were working with the government FP department, four were working with the government health services department, and three were involved with NGOs. Only four out of the 10 CHWs had very basic training on adolescent health issues. The following table illustrates the overall socio-demographic data.

Table 2: Basic socio-demographic characteristics of study participants

Participant type	Average age (years)	% completed primary education (class 5)	% involved with income generation	% by religion	% Access to Mobile, Radio, TV
UAGs (n=20)	17.35	100%	35%	Muslim 95%	Mobile =55% Radio=15% TV= 40%
MAGs (n=21)	17.38	95.2%	4.7%	Muslim 100%	Mobile=57% Radio=14% TV=38%
Husbands (n=14)	25.21	78.6%	93%	Muslim 100%	
Influential females (n=25)	39.48	48%	24%	Muslim 96%	
Influential males (n=22)	51.66	45.4%	95.4%	Muslim 100%	
Community leaders (n=15)	49	100.0%	80.0%	Muslim 80%	
CHWs (n=10)	40.2	% work with govt. FP services department	% work with govt. health services department	% work with NGO primary healthcare service	% with training on adolescent health
		30% (3)	40% (4)	30% (3)	40% (4)

Chapter 4

Findings

Section A: Attitudes and beliefs toward early marriage

As the first step, we explored attitudes and beliefs around early marriage, its causes, effects, customs, and how early marriage has a large impact on early pregnancy. Despite the legal minimum age for marriage of girls being 18, most girls are married by 15, according to participants.

Many of the respondents said that fear among adolescent girls' parents perpetuates early marriage. Early marriage is often perceived as a means of protecting young girls from sexual harassment, potential disgrace from damaged reputation, and elopement. Participants also cited the influence of poverty and a family's interest in receiving dowry as a cause of early marriage. Early marriage also shifts economic responsibility for adolescent girls to another family. Additional justifications and explanations for early marriage were: lack of education; lack of knowledge about the consequences of early marriage; societal pressures; and difficulty finding eligible bridegrooms for higher educated girls.

Despite the prevalence of early marriage, almost all the intercept interview participants stated that it leads to health problems for young girls and their babies. A 35 year old female day laborer said that early marriage means early pregnancy, which, in turn, results in calcium deficiency, malnutrition, and other diseases.

Table 3: Perceived reasons for early marriage

Reasons	Category of study participants								Total (N=127)
	MAGs with children (N=10)	MAGs without children (N=11)	Husbands (N=14)	Influential males (N=22)	Influential females (N=25)	UAGs (N=20)	Community leaders (N=15)	CHWs (N=10)	
To protect family prestige from scandals	*	*	*	***	***	*	*	*	43

Adolescents get involved with love affairs	*	*	*	***	***	*	*	*	43
Poverty		*	*	**	**		*	**	27
Dowry				*			*	*	3
Lack of education among parents				*	*	*			5
Difficult to find suitable bridegroom for educated girls							*	*	3
Social pressure/ societal norms		*			*				3

Note:

We used '***' where we got responses from majority study participants (e.g., 7 or more out of 10 \approx >70%)

We used '**' where we got responses from many study participants [e.g., 4 to below 7 out of 10 \approx 41-69%]

We used '*' where we got responses from few or some study participants [Less than 4 out of 10 \approx \leq 40%]

Section B: Attitudes and beliefs toward early childbearing

Factors contributing to early childbearing

Family expectation, establishment of position within in-law's family, improved social status

Many of the MAGs told us that there was an expectation for them to have a child within the first year of marriage. In most cases, this expectation came from their in-laws, but sometimes we observed that a MAG's own parents also imposed pressure on their daughter. Childbearing immediately after marriage improved the social status of MAGs, as having a baby confirms their fertility and often leads to the girls

being able to take part more in decision making and participate in micro-credit organizations. In most cases, the key benefit of having a child earlier in marriage is to secure the MAG's position in her husband's family and prevent her from being stigmatized as infertile.

"After having a child, the in-laws and the husbands are more caring towards the daughters-in-law. The daughters-in-law have a stronger and a more stable position in the family after the baby is born. They are then able to express their opinions over certain matters." (ID#98, influential male, Age 57, Ed-uneducated, day laborer)

"Now her status has been changed from a wife to a mother. My mother helps her in any work, helps her make her decisions, and, together, they do household chores." (ID#89, husband, Age 25, Edu-05, service)

In intercept interviews, most men, from all age groups and professions, have stated that women, after giving birth, have more freedom and strength in the family. A 38 year old male shopkeeper and a 34 year old male businessman said that a woman's place in the family becomes stronger, and her in-laws and husband become more caring towards her.

Sometimes husbands also feel empowered upon becoming fathers. After having a child, a husband's responsibility to earn income for his family increases, and he earns greater respect among his family members. He is now able to take part in family decisions and discussions.

"I am under pressure after the childbirth. Before marriage it was only me, after marriage we are two, and after childbirth we are three. Now I have to increase my income from two taka to three taka. But my parents now count my decisions." (ID#89, husband, Age 25, Edu-5, day laborer)

As a father, a man spends more time with his family than he did before. His value in the society also increases, and he is invited to more community events because his opinions are valued more now. Every respondent from intercept interviews mentioned that, after a child is born, the father becomes more responsible and caring towards his family. After becoming a father, he stops hanging out with his friends and focuses more on his family. A 29 year old farmer described in an intercept interview how men before marriage are careless and irresponsible, but after marriage and a baby, men change and have more responsibilities. A 34 year old male from another intercept interview said that, after becoming a father, a man becomes financially weak.

"After becoming a father, some changes are inevitable. Before having a child, I used to earn 10 taka, now that I have a child, I am always worried about how I am going to feed him. My responsibilities have increased. I have to work much harder to earn a proper living than I did before. Many

look for other jobs like driving rickshaws, selling food, and migrating outside of the village in order to give his family a good life.” (ID#88, husband with child, Age 27, Edu-04)

“After becoming a father, people in the area respect a man even more. The community expects more from him. During important community events, he is called on to attend. His presence during various social events is needed.” (ID#31, influential male, Age-60, Edu-00)

Mistrustful mentality of husbands/ in-law's family members

MAGs reported that, if girls do not want to become pregnant immediately after marriage, but want to delay for a certain period instead, their husbands become very suspicious of them. According to MAGs, an early pregnancy will protect her against accusations of infidelity by her husband. If a MAG resists early pregnancy, her husband and his family often assume that she is having an extramarital affair.

“If any married girl wants to delay her first childbirth, then her husband, mother-in-law, and father-in-law suspect that she had a relationship with someone before she got married and that she is continuing that relationship.” (ID#1, UAG, Age 17, Edu-11)

“We are adolescents, we know when (at what age) to marry and when to have child. Husbands do not want to follow this. They say to have a child immediately, because having a child immediately is good. Many girls don’t want to have children immediately. Husbands think that they might run away with other boys, but if they have children, they cannot leave. To avoid these kinds of suspicious thoughts, girls are having children early.” (ID#81, Age 18, MAG with child, Edu-5)

In the intercept interviews, many people also cited lack of knowledge and awareness as an important cause of early pregnancy. Some commonly misheld beliefs that perpetuate early pregnancies are that the chance of caesarean deliveries decreases among younger girls; that using contraceptives, especially oral pills, will lead to infertility; and that, as a girl ages, her uterus shrinks and she becomes barren. Pressure from the in-laws, parents, other family members, as well as the fear of being ridiculed by people in the community, sometimes forces a couple to have children early. A 30-year-old female community member described in an intercept interview how some families pressure couples without thinking about the girl’s age or health conditions. According to her, these families only want to see children and do not take the girl into consideration.

Perceived advantages of early childbearing

Respondents from all categories reported that having children earlier makes in-laws happy. Some respondents said having children early in marriage secures a girl's position in the family, gives them greater decision making power, especially regarding household expenses, and increases their responsibilities. Having more responsibilities, in turn, establishes them as important members in the family. Additionally, respondents perceive that having children protects MAGs from abandonment by their husbands and also makes it difficult for a wife to leave her husband and allows for newlywed adolescent girls to prove their fertility. Being able to prove fertility brings respect to the MAG, thus increasing her social status. Some MAGs mentioned that the restrictions on their mobility lessen after they have given birth, because husbands and in-laws believe that, after girls become mothers, they are more tied to the family and can be trusted more to move around freely in the neighborhood, visit the houses of her friends and family, and participate in community groups. Table 4 below summarizes the thoughts among study participants about the reasons for early childbearing.

Table 4: Perceived advantages for early childbearing

Advantages	Category of respondents								Total (N=127)
	MAGs with children (N=10)	MAGs without children (N=11)	Husbands (N=14)	Influential males (N=22)	Influential females (N=25)	UAGs (N=20)	Community Leaders (N=15)	CHWs (N=10)	
To make in-laws happy	*	*	**	***	***	**	*	*	46
Secure position in the family		*	*	***	***		*	*	39
Girls have greater decision-making power	*	*	***	***	***		*		30
Increased responsibilities for girls	*	**	***		***		*	*	29
Can prove fertility	*	**	**	***	***	*	*		25
Girls' mobility increases		*		***	**				15
Social status improved			*	**					7

Note:

We used '***' where we got responses from majority study participants (e.g., 7 or more out of 10 \approx >70%)

We used '**' where we got responses from many study participants [e.g., 4 to below 7 out of 10 \approx (41-69) %]

We used '*' where we got responses from few or some study participants [Less than 4 out of 10 \approx \leq 40%]

Perceived disadvantages of early childbearing

We explored the perceived disadvantages of early child bearing among all categories of respondents. The majority of the respondents think that early pregnancy has an adverse impact on the health of both the adolescent girl and the child. Study participants also mentioned the economic burden of having children early, as many young families are less prepared to meet expenses for food, clothing, and other necessities for the baby. Respondents acknowledged that having a child early also means that girls must discontinue their education, it limits their job opportunities, and restricts their recreational time. Respondents from almost all categories mentioned that girls who have children too young are less prepared to take care of their babies and perform household chores. A few participants even talked about how the rates of caesarian sections are greater for younger girls.

"I conceived at 17 years, just after 11 months of my marriage. After my childbirth, I found that I was anemic, and I took medicine. During my delivery, I faced severe complications, and I had to be admitted to the hospital." (ID#78, MAG with child, Age 18, Edu-10)

"Although my wife's position will be stronger after childbirth at an early age, I will be poor because the baby will be frequently sick and I have to pay for the treatment." (ID#54, husband, Age20, Edu-12, student)

Both married and unmarried girls think that early childbearing deprives them of spending recreational time with their families and friends.

"Before having a child, we used to go to my father's house every week or month. We used to visit my husband's friend's house as well, but now we cannot go anymore because of our child." (ID#74, MAG, Age 18, Edu-11)

One MAG described how she had been highly motivated before marriage to continue her schooling. Before their marriage, her husband had promised that he would allow her to continue her education. However, she became pregnant immediately after marriage, and was unable to continue in school.

Table 5 below summarizes the feedback from the study participants regarding the disadvantages of early childbearing.

Table 5: Perceived disadvantages of early childbearing

Disadvantages	Category of respondents								Total (N=127)
	MAGs with children (N=10)	MAGs without children (N=11)	Husbands (N=14)	Influential males (N=22)	Influential females (N=25)	UAGs (N=20)	Community leaders (N=15)	CHWs (N=10)	
Girls may face health hazards	**	**	***	***	***	***	**	**	97
Increased household expenses	*		***	**	**	**	*	*	47
Child may face health hazards	*	*	***	***	*	***	*	*	43
Both MAG and baby may die	**	*	*	***	**	***	*		39
Unable to maintain HH chores	*	*	***	***		**	*	*	32
Unable to care for baby	*			***	***	***	*		31
Unable to have job	*	**		*	*	**	*	*	20
Unable to continue studies		**	**	**	*	**	*	*	17
Less recreational time	*			*	*	*			5
Possible C-section delivery			*	*		*			3

Note:

We used '***' where we got responses from majority study participants (e.g., 7 or more out of 10 \approx >70%)

We used '**' where we got responses from many study participants [e.g., 4 to below 7 out of 10 \approx (41-69) %]

We used '*' where we got responses from few or some study participants [Less than 4 out of 10 \approx \leq 40%]

Section C: Attitudes and beliefs toward delayed childbearing

Perceptions towards delayed childbearing

Many study participants remarked that more rural people are beginning to understand that delaying pregnancy is a necessary step in helping them to avoid poverty.

The IDIs with MAGs showed that, despite the constant pressure from families, MAGs want to delay their first pregnancies. In cases where husbands were supportive of delaying first childbirths, MAGs were able to do so, but for those whose husbands were not supportive, delaying was not possible.

Similarly, when we asked UAGs to envision their future married lives, they also said that they wanted to delay their first childbirth. Fourteen out of 20 UAGs said that they were confident that they would be able to discuss the use of FP methods with their husbands and predicted that a mutual understanding of the benefits of delaying pregnancy would help them delay their first pregnancy. As most of them are currently in school, their education level may contribute to their aspirations to delay first childbirth.

Within the context of IDIs with married and unmarried girls, we used vignettes to understand attitudes towards delayed childbearing and the stigma related to delaying. Through IDIs, the girls were able to discuss their life goals and visions for their futures. The vignettes helped us extract information about normative behaviors and expectations on delaying pregnancy as well as pursuing alternative life course while delaying first birth. The box below contains information about initial feedback from girls on their views of delaying pregnancy. The vignette story was about a MAG named Samira who wanted to delay her pregnancy for at least two years while she worked at a cotton mill, so she used contraceptive pills to prevent becoming pregnant.

Analysis of feedback on vignette of Samira's story regarding delaying pregnancy

- The majority of UAGs (15 out of 20) and MAGs (15 out of 17) believe that people who are educated about and aware of the consequences of early child bearing would support Samira's decision to delay pregnancy.
- Many UAGs (12 out of 20) and most of the MAGs believe that people who are educated and aware will also support Samira's husband.
- Many UAGs (9 out of 20) and most of the MAGs believe that people who are educated and aware will support Samira's family.
- The majority of UAGs (13 out of 20) and all MAGs believe that people will be more accepting of Samira delaying pregnancy if she has her husband's support.
- Most of the UAGs (18 out of 20) and MAGs (14 out of 17) thought that Samira should not change her decision to delay her first birth, despite feeling pressure from the community.
- Most MAGs (16 out of 17) and UAGs (16 out of 20) stated that a girl would need support from her husband, mother-in-law, parents, health workers, neighbors and older people in the community in order to delay pregnancy. She would need proper FP information, her husband would need to accompany her during visits to the clinics, and mothers-in-law and neighbors would need to support her delaying pregnancy. Furthermore, healthcare providers and doctors would need to provide proper health related information.

Perceived advantages to delaying childbearing

Almost all the participants were able to correlate early childbearing to its consequences and thus the health benefits of delaying. They knew that pregnancy at a younger age exposes girls to high-risk pregnancies, results more frequently in delivery complications, and poses higher risks of morbidity and mortality for both the girl and her child. They also know that neonates of younger mothers tend to have higher rates of diseases, resulting from lack of parenting skills and decision making powers regarding the care for their babies.

"There are lots of benefits to delaying first pregnancy. The mother and the baby will remain healthy. While delaying, she could become engaged in some kind of an income generating activity. She can also use this time to organize and strengthen her family." (ID#48, MAG without child, Age 18, Edu-8, student)

Delaying pregnancy allows MAGs to become involved in economic activities or continue education. One of the MAGs complained about not being able to do anything after she became pregnant within six months of her marriage. Also many MAGs expressed that they were unable to take care of their families (husbands and in-laws) and could not execute their expected roles properly because of the new baby.

“My wife delayed her first pregnancy for two years. She was able to complete her education because I allowed her to pursue her studies. She completed up to 12th grade. I thought since she was studying, it was best to delay. If she became pregnant, she wouldn’t be able to study anymore. I also stayed outside the community for work most of the time, so I wouldn’t have been able to give my time and support. So we mutually decided it was best for her to continue her education.” (ID#85, husband, Age 25, Edu-8, business)

Among community leaders, those who were for, as well as those who were against, delaying first pregnancy, agreed that early pregnancy is disadvantageous in many ways. They acknowledged that pregnancy at an early age affects a girl’s health. They also recognized that young girls have not developed proper parenting skills yet and that early pregnancy affects the economic status of a family.

Table 6 below summarizes the feedback of study participants regarding the advantages of delaying child bearing. The table shows that the majority of respondents from all categories mentioned that both mother and child will be healthier. Respondents from all categories noted other advantages as: mothers will be better able to take care of their family and child; the family will be more financially stable if they are involved in income generating activities and they will be able to save money for the baby’s future. Other noted advantages include: a caesarian delivery will be less likely if delayed; a husband and wife will have more time to enjoy and understand each other; and MAGs will be able to complete their education and pursue a job.

Table 6: Perceived advantages of delaying childbearing

Advantages	Category of respondents								Total (N=127)
	MAGs with children (N=10)	MAGs without children (N=11)	Husbands (N=14)	Influential males (N=22)	Influential females (N=25)	UAGs (N=20)	Community leaders (N=15)	CHWs (N=10)	
Mothers will be healthy	***	***	**	***	***	***	**	**	95
Children will be healthy	*	*		***	***	**	*	**	49
Can take care of family properly	***	**	*	**	***	***	*	*	43
Family’s financial stability	**	**	**	**	**	**	*	*	56

Saving money for baby's future	**	***	***	***	**	**	*	*	43
C-sections can be avoided		*	*		*		*	*	4
Have more time for recreation with husband		*	*	*	*	*		*	9
Involvement in income generation	*	*		*	*	*	*		14
Better conjugal relationship		*	*		*				9
Can continue studies	*	*	*	*	***		*	*	24

Note:

We used '***' where we got responses from majority study participants (e.g., 7 or more out of 10 \approx >70%)

We used '**' where we got responses from many study participants [e.g., 4 to below 7 out of 10 \approx (41-69) %]

We used '*' where we got responses from few or some study participants [Less than 4 out of 10 \approx \leq 40%]

Perceived disadvantages to delaying pregnancy

The most commonly cited disadvantage to delaying first pregnancy was that this can lead to infertility and respondents from all categories said people will gossip that she is having extra marital relationships. Delaying her first pregnancy also subjects a MAG to diminished respect or even abusive behavior by her in-laws. In many instances, newlywed adolescent girls were anxious to prove their fertility and establish their position in their new families. MAGs also stated that their husbands would be suspicious if they wanted to delay their first childbirth and would accuse them of having an extramarital affair.

Table 7 below summarizes the study participants' views concerning the disadvantages of delaying early childbearing.

Table 7: Perceived disadvantages of delaying childbearing

	Category of study participants	
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Disadvantages	MAGs with children (N=10)	MAGs without children (N=11)	Husbands (N=14)	Influential males (N=22)	Influential females (N=25)	UAGs (N=20)	Community leaders (N=15)	CHWs (N=10)	Total (N=127)
Fear of being called infertile (<i>atkura</i>)	*		*	**	**	***	*	*	30
Accusations of extra marital relationships	*	*	*	*	*	*	*	*	15
Unable to conceive in future	**	*	*	*	*	*	*	*	14
Being mistreated by in-laws			*		*	*	*		5
Divorce/husband re-marries				*		*			3
Increased chances of C-section delivery					*				2

Note:

We used '***' where we got responses from majority study participants (e.g., 7 or more out of 10 \approx >70%)

We used '**' where we got responses from many study participants [e.g., 4 to below 7 out of 10 \approx (41-69) %]

We used '*' where we got responses from few or some study participants [Less than 4 out of 10 \approx \leq 40%]

Views on two-year delay

In addition to asking participants about their views on the timing of the first pregnancy, we asked about thoughts concerning a two-year delay, specifically. Generally, delaying up to two years was determined to be acceptable. Respondents said that after two years MAGs would be pressured into having children, as their ability to conceive would be questioned. Community leaders mentioned the pressure on a young MAG to conceive without too much delay (more than two years) before rumors of infertility began. However, they are in favor of delaying the first pregnancy for up to two years. Influential males, influential females, husbands, and CHWs were also in favor of delaying for two years. Two CHWs mentioned that they provide this advice to newlywed couples, regardless of the MAG's age. MAGs also responded that delaying for two years is acceptable to most community members, including among religious leaders.

“It is one’s religious duty to protect one’s health, because with poor health, one cannot even pray. In order to retain good health, it is best not to have children before the age of 20 years for girls.” (ID#113, religious leader, Age 48, Edu-17)

Section D: Perception, practice, and barriers in FP and contraceptive use

Knowledge of and communication with husband about FP methods

The data collected in this study revealed that, throughout the Kurigram district, young people start their married life with misconceptions about contraceptive methods. While general knowledge of different FP methods was found to be high among MAGs and their husbands, and even among UAGs, some of the information they had about how these contraceptive methods worked or what their possible side effects were was incorrect. Most respondents were aware of temporary methods such as oral pills (they sometimes even used brand names, like Shukhi, Femicon, Minicon), condoms, and injectable contraceptives. An influential female and few community leaders also mentioned the withdrawal method as an appropriate contraceptive method. Some respondents mentioned implants and IUDs, and a few even mentioned permanent methods. Six participants from different categories mentioned vasectomy and nine talked about ligation as permanent methods of preventing pregnancy.

Many of the study participants across all categories were able to explain how to use some of the contraceptive methods. They knew, for example, that pills should be taken daily and injectables are taken at three month intervals. A few MAGs mentioned that injectable contraception stops menstruation, and they knew that the pill does not have such a side effect. Newlywed adolescents, however, could not say what methods were most suitable for them. Husbands were most knowledgeable about condoms and oral pills.

Preferred contraceptive methods

Out of 21 MAGs, 11 cited oral pills as their preferred method of contraception, because they perceived the pills to be safer than any other option. Sixteen influential females, males, UAGs, and community leaders also said that they believed pills were the best contraceptive option, and that most people in the community use them. Out of 21 MAGs, five of them take injections, because, to them, it is the most convenient, easy to use, and effective for three months. Five MAGs and two husbands responded that they use condoms as their main form of contraception. Most of these respondents are newly married, and they prefer using condoms because they believe that condoms have fewer adverse health effects than other forms of contraception. Only three respondents reported using implants. Three Muslim religious leaders believe that the withdrawal method is the only accepted method of contraception in Islam. No respondents mentioned having used IUDs.

The use of FP methods was low among the newly married MAGs compared to the MAGs who had already birthed their first child. Many MAGs were discouraged by their mothers, mothers-in-law, sisters-in-law, grandmothers, and even by neighbors from using FP methods before the birth of their first child. MAGs without children know the names of some of the contraceptive methods, but they don't have knowledge about which method is most appropriate for them to use.

"Mothers-in-law, mothers, and elderly people in the village forbid taking oral contraceptive pills before the birth of one's first child, because, if pills are taken, the uterus will die, and, consequently, the woman may not conceive. They advise us to take pills or injections or whatever we like after our first child." (ID#095, influential female, Age 35, Edu-00, housewife)

Spousal discussions on FP and unintended pregnancy

Almost all the MAGs (20 out of 21) reported that they had discussed with their husbands when they wanted to conceive for the first time, how many children to have, and what contraceptive methods they will use.

"My husband and I had discussions about contraceptive use. We both knew that if we had physical relations without any protection, I would become pregnant. Then my husband told me to use any family planning method I liked. I said that I would not take anything and told him to use condom. After that, he has been using condom." (ID# 074, MAG w/o child, Age 18, Edu-11, housewife)

We found that, although most MAGs had discussed FP with their husbands, out of 10 MAGs with children, three of them had experienced unintended pregnancies. Although they meant to delay their first pregnancy, their improper use of oral pills had resulted in their first pregnancy. In one case, a husband revealed that he had sex with his wife on the first day of their marriage without any contraception. There had been no communication between the husband and his wife about planning for their future family. The husband was aware of the consequences of early pregnancy and wanted his wife to have an abortion, but ultimately carried through with the pregnancy because his family members opposed abortion.

"I just got married. I did not know anything about family planning. I was too embarrassed to talk to anyone about this. Then my husband said we would have our baby later on. I said no problem. My husband said it is your choice; you may use any method you like." (ID#080, MAG with child, Age 15, Edu-04, housewife)

“After she got pregnant, I got some abortive pills. After hearing this, one of my sisters-in-law became angry. She said, ‘The pregnancy is God’s gift; the first fruit should not be destroyed.’ Then I did not precede, but I accepted the pregnancy as a gift from God.” (ID#89, husband of MAG, Age 25, Edu-5, service)

Influential people’s attitudes on use of FP methods

Generally, respondents stated that MAGs with children can use FP methods without fear of being stigmatized after the birth of their first child. Most respondents agreed, however, that it is perceived negatively when UAGs or MAGs without children use FP methods.

“When I was on the pill, my grandmother, sister-in-law, and everybody questioned me. They told me to stop taking pill and get pregnant. Then, after six months of marriage, I stopped taking the pill and became pregnant.” (ID#76, MAG with child, Age 18, Edu-8)

Source of information on reproductive health and FP

Overall, most MAGs reported getting FP information from their sisters-in-law, husbands and mothers-in-law. MAGs and their husbands with children also receive FP information from grandmothers and CHWs. MAGs and their husbands without children indicated that CHWs do not visit them to provide information or FP services. Moreover, CHWs do not readily provide FP information to the UAGs in our study. Even though the most common sources of information for UAGs were family members, relatives and neighbors, a few UAGs also mentioned adolescent clubs and textbooks as sources of information. They suggested the need to invest more in the media campaigns involving radio and television. Friends were the most common source of FP information for husbands, and they most frequently suggested condoms as contraception.

Table 8: Sources from where MAG received FP related information

Individual sources	MAGs with children (N=10)	MAGs without children (N=11)	Husbands of MAGs with children (N=7)	Husbands of MAGs without children (N=7)	UAGs (N=20)	Total
Sisters-in-law (<i>ja</i> or <i>bhabhi</i>)	**	***	**	**	**	32
Husbands	**	**				11
Mothers-in-law	**	*				9
Friends	*	*	***	***	**	21
Neighbors	*	*	**	*	*	15

Sisters	*	*			*	8
Grandmothers	*		**		*	6
CHWs	*		**			6
Brothers-in-law (<i>dulabhai</i>)				*		1
Mothers		*			*	5

Note:

We used ‘***’ where we got responses from majority study participants (e.g., 7 or more out of 10 \approx >70%)

We used ‘**’ where we got responses from many study participants [e.g., 4 to below 7 out of 10 \approx (41-69) %]

We used ‘*’ where we got responses from few or some study participants [Less than 4 out of 10 \approx \leq 40%]

Barriers to access FP information and services

Social norms and mobility restrictions

MAGs’ newlywed status was their main obstacle in obtaining FP methods; their restricted mobility limited their ability to obtain contraception.

“I am the new daughter-in-law; I will not be allowed to go outside alone. The girls who are married for a while can go alone to the health center; their husbands will not stop them.” (ID#43, MAG without children, Age 14, Edu-9)

“People would say that the new daughter-in-law is going alone to collect contraceptive pills. Village people would say that the new daughter-in-law already started moving to and fro.” (ID#44, MAG without children, Age 16, Edu-8)

Newlywed MAGs are not a priority for CHWs

CHWs admitted that, although newlywed MAGs who want to delay their first pregnancy are eligible for FP services, CHWs do not visit them as often as they should. Many of the MAGs’ experiences revealed that CHWs do not visit them immediately after their marriage. Their first visit is typically when a MAG is already pregnant. During the visit, the CHW chastises the MAG for becoming pregnant at such a young age and then provides information on FP methods. Proximity to a health center sometimes ensures access to FP services for a MAG; however, most of the MAGs in our study complained about the lack of home visits by CHWs.

“Health workers have not visited my house yet; this is a barrier to my access of FP methods. If they came to us, we would learn a lot of things. Still many things are unknown to me. Even I do not know whether the pill I am taking is appropriate or not. Is it suitable for me or do I need alternative option that I do not know about? I have only a sister in my family, and I do not share that much with her in this regard. She just gave advice for me to take oral pills. She said ‘as you are newly married, you should take pills. You should not take injections.’ Those women who have two children, they know what to do and what not to do, but we do not have the experience.” (ID#047, MAG, Age 16, Edu-09, student)

Myths and misconceptions about contraceptives

Despite basic knowledge of what FP methods are available, great confusion exists among MAGs and UAGs about how these methods work and what the side effects are.

“After marriage I heard that condoms were not good. In the past, I did not understand anything about this. In many instances, condoms can be inserted into the body, and, if inserted, a person can die.” (ID#50, MAG without children, Age 18, Edu-12)

Misconceptions surrounding FP methods also lead to ineffective use of them. MAGs may not adopt FP methods consistently because of limited or incomplete knowledge. One MAG in our study reported that she and her husband used contraceptive pills and condoms alternately, not willing to rely solely on one method. Many have misconceptions about the immediate and long-term side effects of FP methods on their health and pregnancy. A few of the MAGs believe that once she takes the oral pill, switching to another method is not possible. One MAG said that injectables will make a girl blind, and that, if one has a ligation, she would be deprived from ‘janaja’ (a ritual that takes place after death for Muslims).

There were several other myths and misconceptions about contraceptive use that prevent MAGs from using FP methods prior to their first pregnancy. Many believe that the use of any contraception can lead to infertility for a woman. While many poor families want to delay first pregnancies in order to be more financially secure, community leaders pointed out that if a MAG uses a FP method and becomes infertile as a result, then the infertility treatment would be even more expensive for the family.

Two out of six Muslim community leaders support the withdrawal technique as a FP method, which, according to them, is the only method accepted in Islam. Another teacher of a Madrasa (an Islamic school) said that Islam has no objection to other temporary FP methods, but disapproves of any permanent methods, like ligation. He even stated that Islam prefers that a girl be married after her menarche, because this

marks the beginning of her ability to reproduce. There were no specific comments about whether religion acts as a barrier to the use of contraception, but religious leaders did state that religion does not restrict the number of children.

Most respondents agreed that discussions of FP among UAGs were taboo. According to most of the study participants, there is no point in informing UAGs about FP or contraceptive methods, as socio-cultural norms forbid sexual activity.

Health system barriers to access to FP services for adolescent girls

Out of 10 CHWs interviewed, four of them received only brief training on adolescent health. They also suggested that adolescent girls need a separate room at community clinics, because it is difficult for them to share their problems in front of others. Some NGOs working in the area have better facilities than the government, including a separate room for adolescent girls.

Nowadays, CHWs are mandated to map and register married adolescents in their catchment area. However, at present, due to work overload, health workers reported they do not visit MAGs at the household level to disseminate information about FP and consequences of early pregnancy. Health workers are not clear enough about their role in preventing adolescent pregnancy. However, health service providers counseled MAGs when the MAGs came to visit them. Through the study, we learned that, in some areas, especially in semi-urban areas, NGOs cover newly married adolescent girls, a target audience that was being overlooked in rural area by government community health workers.

Section E: Positive deviants

Our definition of positive deviants during field data collection was ‘MAGs with or without children who successfully delayed their first pregnancy for at least one year after marriage for any reason.’ Initially, we thought finding MAGs with a two-year delay between marriage and childbirth would be difficult; however, we found four. Out of the four, three of them were in school, and one delayed her first pregnancy for two and half years as a homemaker. At the time of the interviews, three of the MAGs were 19 years old and one of them was 18. At marriage, two of them were 14 years old, one of them was 15, and the fourth was 18.

The husbands of the positive deviants were the main decision makers, but they decided to delay their first childbirth jointly with their wives. However, in one case, the MAG made the decision to delay childbirth by herself. In the three cases where the husbands were the main decision makers, the mothers-in-law and the mothers, who were knowledgeable about the health consequences of early pregnancy, also played supportive roles. In the case of the homemaker, the husband was unwilling to have children immediately after marriage because of his

unemployment status. In all the positive deviant cases, the husbands helped to acquire the FP methods. One husband was initially willing to delay first childbirth for at least six years, but due to infertility rumors, he lowered the delay to two and a half years.

Three of the positive deviants plan to have children after completing their education and becoming engaged in income generation. One of them is already teaching at an NGO school; another one also wishes to become a teacher; and a third wishes to do a service.

"I decided to have a child after a bit of a delay; I wanted my wife, who was very thin, to be healthy. I say that healthy mothers give birth to healthy babies. We also discussed that a mother has to be healthy first before giving birth to a healthy baby." (ID#058, husband, Age 46, Edu-05, shopkeeper)

"When I was unmarried, I decided that I would not be pregnant just after my marriage. I would get pregnant at the age of 22 years; that would keep me healthy, and I would be able to take care of my husband and child properly." (ID#51, MAG without child, Age 19, Edu-HSC, student)

Another positive deviant, who was able to continue her schooling, noted that her husband readily accepted her decision to delay their first child. Her in-laws and parents also supported the decision. However, she emphasized her husband's cooperation; if her husband had not accepted it, then it would have been impossible for her to continue her schooling and delay her first pregnancy.

"My in-law's family does not ask when I will be pregnant; they depend on me. They know that their daughter-in-law is continuing her schooling, her future is bright, and after completing her education she can have her first pregnancy." (ID#50, MAG without child, Age 18, HSC)

Interestingly, one mother-in-law was very active in the decision to delay first childbirth. She provided oral pills to her daughter-in-law secretly.

"Without letting my daughter-in-law know, I put contraceptive pills inside her bag so that she would find them later on. I am not sure if she took the pills or not. I didn't want to make her feel shy. I am an open-minded person. I don't know which contraceptive method they are using now, but I am guessing they are using condoms." (ID#92, influential female, Age 58, Edu-07, housewife)

Two influential females of positive deviants also stated that, in order to continue their daughters' education, they had put aside the thought of early pregnancy.

“Both of them (my son and his wife) made the decision together when they would have a baby. Since my daughter-in-law is an educated woman, I have no problem whenever they take baby. No discussion takes place with me regarding this issue. She is educated; she can have baby after managing a job. Mothers-in-law always pray for the betterment of their daughters-in-law.” (ID#067, influential female, Age 45, Edu-00, housewife)

Actual benefits gained by the positive deviants

Positive deviants mentioned some benefits they gained from delaying pregnancy. They said that they could continue their education, make sure of the right time to conceive so that they avoided malnutrition and other physical problems, were better able to perform household chores, and their husbands had enough time to ensure his savings were sufficient for his family. The positive deviants assisted their mothers-in-law with income generating activities, such as cattle rearing, poultry farming, vegetable gardening, and tailoring. One of them mentioned that she was able to spend more quality time with her husband and family. Another of the positive deviant’s husbands mentioned that they were able to save more money and reduce the burden that his family felt; this actually made his family happy.

“Due to my wife delaying first childbirth, I was able to save money for a few years and establish a grocery shop in my village. Through this shop, I can generate regular income. After establishing my grocery shop, I could better manage all the costs related to the pregnancy of my wife, such as medicine and ultrasound tests.” (ID#86, husband, Age 25, Edu-8, business)

Positive deviants were highly motivated to share their experience and knowledge with other adolescent girls, encouraging them to delay their own first pregnancies.

We did not extensively explore whether any positive deviants faced prejudiced behavior from anyone in their family or the community and there is no information about this from the interviews we conducted, with the exception of one account from an influential females of a positive deviant.

“A few days ago, one of my neighbors asked me when my daughter-in-law would decide to have a baby, since another couple from an adjacent village that got married at the same time as my son had a baby already. I answered, it’s her wish, and she will take her decision according to her convenience since she is educated.” (ID#067, influential female, Age 45, uneducated, housewife)

Section F: Appealing alternative futures and challenges

Alternative immediate futures

Education

MAGs described many alternatives to becoming pregnant immediately after marriage, the most popular of which was for them to continue their education. Most MAGs without children were able to continue their education. Even after getting married, a newly married girl may continue going to school if her family allows. However, it was seen that MAGs with children could not continue their education because of the responsibilities of child rearing.

“In our community, education is valued highly. Our community respects educated people.” (ID#42, MAG without child, Age 18, Edu-SSC)

Employment

Employment was the most commonly discussed alternative to early pregnancy. Study participants listed a number of earning opportunities that already exist in their community, including poultry rearing, weaving, cigarette making, tailoring, and handicrafts. Some participants mentioned tutoring, teaching, gardening, and domestic work as income generating opportunities for MAGs. Most MAGs with children mentioned needing support from both the community and their families to take up any type of employment. MAGs believed that if they earned an income, they would be self-sufficient and this would also benefit their families. Their self sufficiency may also allow them to negotiate with their in-laws and husbands regarding FP decisions.

“I will not be forced to get pregnant. My mother-in-law can be an obstacle to me, but if I can make her understand that my involvement in work will bring money, she will not create a problem. If the training is near my house, it would be advantageous to me.” (ID#043, MAG without child, Age 14, Edu-9, housewife)

Table 8 below summarizes potential alternative futures to early pregnancy for MAGs.

Table 9: Possible alternative futures

<i>Sl no</i>	<i>Possible alternative future</i>	<i>Total participants (N=127)</i>
1	Handicraft	85 (67%)
2	Tailoring	84 (66%)
3	Cattle rearing and poultry farming	65 (51%)
4	Service (teacher, government, and private)	47 (37%)
5	Education	28 (22%)
6	Vegetable farming	17 (13%)
7	Private tutoring (teaching students at home)	15 (12%)
8	Work in garments factories	13 (10%)
9	Work in bidi factories (local handmade cigarettes)	8 (6.5%)
10	Small business	5 (4%)
11	Work in beauty parlor	5 (4%)
12	Computer operator	4 (3%)
13	Work in packaging factory	3 (2.5%)

Perceived benefits of pursuing alternatives to early pregnancy

Most of the study participants from all categories believed there were clear benefits when adolescent girls pursued alternatives to early pregnancy. Many agreed that a girl's family would be financially more stable if she were allowed to engage in income generating activities instead of having her first child immediately after marriage. Respondents from several categories believed that if girls were involved in earning money, their position in their family would be stronger and they would be better able to raise their children properly. Many also noted that the community usually respects MAGs who earn money for their family. Most of the MAGs with children and their husbands mentioned that married girls who earned money were capable of saving money for the future. The least frequently mentioned advantage of pursuing alternatives found from only two categories of respondents was that married girls who earn money could be self-sufficient to fulfill their own desires. Table 9 below demonstrates perceived benefits among the participants.

Analysis of feedback on vignette of Samira's story regarding pursuing alternatives to early

childbirth

Sixteen out of 17 MAGs and 18 out of 20 UAGs stated that people in the community, who are educated and aware, would support Samira if she wanted to become involved in an alternative opportunity while delaying her first pregnancy for two years. This is because, becoming involved in an income generating activity would improve the financial status of the family; she would be able to help her husband with the expenses, would be able to save up money for the future, complete her education, organize her family life, and spend her time wisely. Additionally, by delaying her first pregnancy, she would remain healthy.

Table 10: Perceived benefits of pursuing alternative futures

Advantages	Category of study participants								Total (N=127)
	MAGs with children (N=10)	MAGs without children (N=11)	Husbands (N=14)	Influential males (N= 22)	Influential females (N=25)	UAGs (N=20)	Community leaders (N=15)	CHWs (N=10)	
Financial stability in families	**	***	**	***	***	**	*	*	63
Established girl's position in the family		*	*	**	**	*			14
Savings for children's future	*	*	*	*	***	*	*	*	25
Social respect		*	*	*	*	*	*		15
Savings	**	*	**	*	*	*	*		26
Educated mother will have educated children	*	*		*	*	*	*		4
Capacity development			*	*	*	*	*		4
Happy conjugal life	*	*	*	*	*	*	*	*	6
Self sufficiency					*		*		3

Note:

We used ‘***’ where we got responses from majority study participants (e.g., 7 or more out of 10 \approx >70%)

We used ‘**’ where we got responses from many study participants [e.g., 4 to below 7 out of 10 \approx (41-69) %]

We used ‘*’ where we got responses from few or some study participants [Less than 4 out of 10 \approx \leq 40%]

Existing resources and skills for pursuing alternative futures

Education was found to be one of the most common resources allowing girls to pursue alternative futures. Almost all the UAGs were continuing their education at secondary and higher secondary levels. Apart from education, a few of the married and unmarried girls had received training on tailoring, a skill that could be useful for them to pursue alternatives to early pregnancy. They received training from a nearby school organized by a NGO (could only mention brac), but they were not applying their skills to earn money, because they did not have sewing machines. Many UAGs were providing private tutoring services as a means to earn money and continue their own education. A few unmarried girls participated in adolescent clubs where they learned about the consequences of early marriage and early childbearing. Some MAGs had experience working for bidi cigarette industries. Some MAGs were involved in cattle rearing and poultry raising, but had not received any formal training in these areas.

Challenges to pursuing alternative futures

Most of the MAGs were confined within their homes, had limited decision-making power, preventing them from exploring the job market, and were financially dependent on their husbands. Despite the growing educational and career opportunities, MAGs were bound within traditional expectations.

“My mother-in-law does not want me to continue my education. My mother-in-law says that there is no need for education. I cannot go to school regularly; I still want to finish my studies. My husband says that if my father pays the expenses, then he will allow me to go to school, but, because my husband does not have any income, he can’t support my education. My father says that he will give me money to finish my studies, but my mother-in-law will not allow me to continue my studies. She says there is no need for me to study anymore. ‘Whatever you have studied so far is enough,’ she says.” (ID#047, MAG without child, Age 16, Edu-9, student)

In addition to having limited career opportunities, MAGs must also receive approval to participate in them from their husbands, mothers-in-law, and other influential family members. Although most husbands disapproved of their wives going outside of their community, they have no objection to their wives engaging in earning opportunities within their locality.

"I will not allow my daughter-in-law to go outside of the locality. Community people will say bad things about my newly married daughter-in-law and about the family, so I can't let that happen. If she wants to work somewhere within the village, then that will be alright." (ID#060, influential female, Age 45, Edu-0, domestic helper)

"A newly married wife cannot go outside of the home before being married for at least six months. Everybody sees it negatively if a newly married wife goes out to work. In-laws do not allow that either. After a while, they might send the daughter-in-law outside for some small jobs, like taking care of the cattle." (ID#090, husband, Age 23, Edu-05, day laborer)

"There are some families that do not allow their daughters-in-law to work outside home. Sometimes, fathers-in-law say that they will not allow their daughters-in-law to work outside home. The daughters-in-law should not go outside, let them stay inside the house, because, if she goes out, she will become spoiled. If she goes out, she will become too clever. This is because, there are some wives who go outside, learn many new things, and then humiliate the in-laws." (ID#048, MAG, Age 18, Edu-8, student)

Lack of employment opportunities in the area, lack of training and resources (e.g. sewing machine), and lack of funding for capital are also among the major barriers that girls face when trying to pursue alternative opportunities.

"I wanted to be a nurse, but it would not happen. I have dropped out of school. My mother-in-law and husband will not allow me to restart my education. In my family, my mother-in-law is the primary decision maker. Even for training, she and my husband will not allow me to go to a distant place." (ID#043, MAG without child, Age 14, Edu-9, housewife)

The main reason for allowing MAGs' engagement in income earning opportunities was to help alleviate their family's poverty. Some study respondents declared that, if a MAG was earning an income, the community would support her decision to delay childbirth, at least by two years. Yet, in many cases, traditional beliefs still prevailed.

"Community people would say that pregnancy comes first then earning. What if in the future infertility develops?"- (ID#103, male community leader, Age-57, Edu-Bachelor)

Suggested supports to pursue alternative futures

Out of 127 respondents, 65 of them stated that training programs on sewing and tailoring for adolescent girls was needed in their community. Those programs would have to pay for the participants' transport to and from the training sessions and provide them with a sewing machine at the end of the program in order for them to apply their skills for income generation. Fifteen respondents said that the training program needed to be in the village, and that sessions must separate men and women. Five respondents wanted to receive training in cattle farming, but also said that they must receive cattle at the end of the training. Eighteen respondents said that, because most of people in the community were so poor, training alone would not be enough. A training program must also give participants financial support in the form of loans in order to start a business. Sixteen respondents said that there should also be programs to help girls continue their studies. Fifteen respondents said that the number of job opportunities must increase for girls who were educated. Eleven respondents said that courtyard meetings should be held in order to teach people about health education. One respondent talked about the importance of establishing a club divided into two groups for married and unmarried adolescent girls so that they could learn about sexual reproductive health.

Suggestions for overcoming barriers to pursuing alternatives

Parents of adolescent girls, elders in the family, and the girls themselves can talk with husbands and in-laws if they are acting as barriers to pursuing alternatives to early pregnancy. If the husband is acting as a barrier, then his mother can help him understand the benefits of his wife working. Influential members of the community must try to counsel and persuade in-laws, parents, and other influential members of the community who are acting as barriers for adolescents that by pursuing alternative opportunities to early pregnancy, adolescent girls have much to contribute. Most community and religious leaders think that girls can work outside the home as long as they wear modest clothes. Almost the same findings were revealed from intercept interviews.

Section G: Women's empowerment issues

Traditional roles

In most cases, MAGs are expected to be responsible for domestic work and childrearing. MAGs, their husbands, and community leaders reported that a girl's only job after marriage is to take care of her husband and in-laws by contributing to family income generating activities, such as poultry rearing; cooking and cleaning; saving money for the family; contributing household materials from her parents' (e.g., furniture); and making sure that she completes all her daily chores. Husbands and in-laws expect MAGs to dress modestly and wear *burkhas*, perform prayers regularly, and, most importantly, bear children soon after marriage.

Lack of decision making power for MAGs

Most of the MAGs in our study were living with their husbands' families, where their decision making power tended to be extremely low in terms of engaging in earning opportunities and adopting a method of contraception. Newlywed MAGs were found to be powerless; their husbands were the main decision makers. MAGs' inability to negotiate the use of contraception within her family and the imposition of social pressures make them vulnerable to early pregnancy.

"Use of a family planning method solely depends on my husband's decision; in this case, my decision is not counted." (ID#43, MAG without children, Age 14, Edu-09, housewife)

Decisions regarding spending money to buy something or seeking healthcare were also made by their husbands. A few MAGs said that, even though they could not make any spending decisions, they could share the needs of the family with their husbands.

"I can tell my husband what I need in the family. Bring 20 taka of chilies home or buy oil for 20 taka. These things I can tell to my husband easily." (ID#076, MAG, Age 18, Edu-8, housewife)

Only one out of 17 MAGs (positive deviants were not included here), stated that she could make decisions to purchase household needs.

"I buy necessary stuff for family after taking money from husband. Sometimes, I buy things without my husband's knowledge. I inform him later on, but my husband does not react. If I buy any stuff for the family, he will not get angry about it, but rather, is delighted. You can see the stuff inside - the rack, table, and the showcase that I have bought for 5,000 taka." (ID#81, MAG, Age 18, Edu-6, housewife)

Likewise, UAGs informed us that they could not make any spending decisions by themselves. They usually consulted with their parents about their schooling, buying new clothes, etc.

Girl's mobility

MAGs with or without children all said that they could not go anywhere outside alone, even if visiting her parents' or other relatives' houses. When they want to go out, they all said that they would need their husband's permission. As long as her husband permits, her mother-in-law would not prevent her from doing so. However, she would need to inform her mother-in-law when she returned home.

"I do not go anywhere, even places near my house, because my mother-in-law suspects that if I talk to anybody, I might be badly influenced by them." (ID#74, MAG, Age 18, Edu-11, housewife)

According to many women in the intercept interviews, a woman's mobility and freedom becomes even more restricted after she has a child. This is because, after having a child, women have to stay with the baby all day long, taking care of the baby, as well as everyone else in the household, and also completing her own chores. Both men and women said that mothers have to bear more responsibilities after a baby.

"Going to neighboring houses is prohibited for me by my in-laws, because they think, if a daughter-in-law like me goes outside and talks to anybody, her character will be questioned; she will not behave well with her husband and in-laws, and she will be disobedient to them." (ID#83, MAG, Age 19, Edu-08, housewife)

On the other hand, UAGs said that they could only walk to school alone. If they wished to go beyond four or five kilometers, out of their surrounding area to another relative's house, for example, they would need to be accompanied by their mothers or brothers.

Girls' communication channels

Both married and unmarried adolescent girls commonly communicate with their mothers, sisters-in-law (*bhabis* and *jaa*), and elderly sisters for various purposes. For any personal issues, MAGs consulted their mothers, mothers-in-law, husbands, and sisters-in-law. UAGs, on the other hand, preferred to consult their friends, in addition to their mothers and *bhabhi* (brother's wife/sisters-in-law).

MAGs usually pass their leisure time within their household with their mothers-in-law, sisters-in-law, and grandmothers-in-law. UAGs who are students spend most of their time at school with their friends. They have more freedom to go over their friends' houses in the afternoons.

Both MAGs and UAGs noted that they get information about ongoing or upcoming events from similar sources, including family members and neighbors. Announcements are often made to the community through *miking* (megaphones), and people also share information using cell phones. SES data shows that 80 percent of MAGs and UAGs have access to cell phones.

Availability of groups/ organizations for girls in the community

Adolescent clubs were only available for UAGs in very few areas, but all MAGs and UAGs expressed that they would benefit greatly from access to this kind of club.

“There is no organization or group for adolescents; I wish I could join such a group so that I could benefit my family by disseminating knowledge on health-related issues that I could gain from it.” (ID#80, MAG with child, Age 15, Edu-04, housewife)

Influential agencies in MAGs’ lives

MAGs must have their husbands’, and often their in-laws’, approval to use FP methods and delay their first pregnancy. MAGs reported that they feared verbal abuse by the in-laws and neighbors if they discovered that the MAGs were engaged in income earning, going out of their homes to collect FP methods, or even using FP methods to delay their first pregnancy. Some of the MAGs said that initiating a discussion about delaying their first pregnancy and using FP methods are generally considered unacceptable by husbands. Out of 15 influential females, five women supported delaying pregnancy, out of which, two had daughters-in-law who successfully delayed their first pregnancies. The daughters-in-law of the other three women were not able to delay their first pregnancies, despite the support from these influential women; one used her contraceptive method incorrectly and the husbands of the other two girls were unsupportive of delaying pregnancy.

Section H: Migration impact

Migration impact on women’s empowerment

Eight out of ten community leaders explained that MAGs with husbands who migrated for work had to bear more responsibilities at home, completing all the daily household activities, including farming and shopping, and often doing so with no support. Sometimes, after leaving, husbands stop communicating and sending money to their families. Increasingly, wives are seeking out training for tailoring and work at beauty parlors instead of sitting idle when the husbands are not present. However, in absence of the husband, the wife has to be alert about her security.

“Wives of migrated husbands are facing difficulties fulfilling their daily needs. They have to buy goods from markets and seek treatment all by themselves, whereas, in the past, they were dependent on their husbands to do these jobs. Now, they are being compelled to do all these works. They are becoming self-sufficient and are becoming aware of their surroundings. In this way, they are increasingly getting involved”. (ID#106, community leader, Age 24, Edu-04, social worker)

“Since husbands are away, wives are able to use their front lawns for cultivating vegetables. Girls who are capable of working outside their homes can do so.” (ID#105, male community leader, Age 52, Edu-HSC, business)

Impact of migration on wealth

Migration for work is not unusual for the poor families in the area of our study. It tends to be seasonal and short-termed, with the men leaving home to work for two to three months at a time. Out of 10 community leaders, eight of them agreed that there has been massive socio-economic development due to increased migration, improving the economic situation and living conditions for many poor families. More families have been able to start their own businesses, are saving money, and able to buy land. Their health and sanitation conditions have improved, with many of them now using latrines. Their children are in school and no longer working for their families in the fields.

“The reason behind the increased rate of migration is loans from micro-credit programs. There are some NGOs working here, such as ASA, RDRS, brac, that give loans to poor families. When people face any problem, they take a loan from them. In order to pay the loan back, they migrate to different districts. After earning money, they come back home and pay the loan back.” (ID#106, community leader, Age 24, Edu-04, social worker)

Impact of migration impact on FP

The use of temporary FP methods (contraceptive pills and condoms) among couples whose husbands migrate for work is high. According to the community leaders in our study, fertility rate was decreasing because of increases in migration. MAGs whose husbands migrated generally preferred to use pills as their contraceptive method, but only when their husbands would come back to visit them. Although the use of contraceptive pills was high among these couples, they were being used inappropriately, which led to increased chances of unintended pregnancies.

Impact of migration on early childbearing

Migration resulted in some couples delaying first childbirth, as the husband was not around to support his wife in her household chores and childrearing. In other cases, migration of the husband increased the rate of early childbirth, as some husbands felt that their wives were less likely to be unfaithful if they had a child.

“Some migrated husbands decide to have children earlier, say that, they would feel insecure about leaving their wives at homes, because their wives might become involved in extra marital affairs. Having children would make them feel more secure.” (ID#108, Age 32, Edu-10, UP member)

“Misunderstandings occur between husbands and wives if a husband does not come home regularly. Girls sometimes get involved with extramarital relationships if husbands do not come home for a long time. These things are happening very frequently in our area.” (ID#106, community leader, Age 24, Edu-04, social worker)

Section I: Community suggestions for program considerations

Potential programs to pursue alternatives

Economic aspect

Community leaders and the health providers articulated several ways to involve MAGs in earning opportunities, thus delaying early pregnancy. Many of them supported NGO initiatives to train girls in handicrafts, sewing, tailoring, and poultry farming. Additionally, special awareness raising sessions should be organized with influential members of the girls’ families along with local elites. When planning the training, the importance of proximity for accessibility was underscored.

“Not all families will allow girls to go far away for work. If they leave, who will take care of the household chores? Those family members will say that there is no need for girls to work and that the girls should just stay home. People in the community will say bad things about the family. Like, the only reason they have the girl is to live off of the girl’s earnings.” (ID#120, CHW, Age 28, Edu-12, CHCP)

Health aspect

Some community leaders and a number of health providers supported the idea of disseminating sexual and reproductive health and rights information through Social and Behavioral Change Communications (SBCC) materials, like small booklets containing explanatory information in simple language, bioscopes (travelling movie theaters), folksongs, and street dramas. In intercept interviews, respondents suggested disseminating information via compact discs and television commercials, or via a door-to-door campaign. Some thought community elites should disseminate the information, while others were in favor of using community health care providers and other health workers. Service-delivery strategies need to be tailored to increase access to contraception and information for newlywed couples. The national strategy has shifted from home visits to service delivery points, such as Union Health and Family Welfare Centers and Community Clinics. Some health providers mentioned establishment of special clinic hours and organization of clinic services, especially for the unmarried and married adolescent girls.

“Unmarried girls need a separate clinic because they feel shy discussing their personal health problems. We need more human resources, training, and waiting space to serve the adolescent separately.”(ID#124, CHW, Age 44, Edu-14)

MAGs suggested increasing training and support of CHWs to provide FP services and information to MAGs at the household level, because, as newlywed girls, they have restrictions on their mobility. Study participants suggested courtyard meetings and health education programs, including elderly people, to make a congenial atmosphere for pursuing alternatives.

Potential stakeholders

According to study participants, there are potential stakeholders who need to be involved in future programs, including religious leaders, teachers, local government representatives, village police, counselors, husbands, fathers-in-law, mothers-in-law, NGO representatives, and CHWs.

Chapter-5

Conclusion & Recommendations

Early marriage and pregnancy

In our exploration of the reasons behind early pregnancy in the area of our study, early marriage emerged as one of major contributors. MAGs often have children soon after marriage to prove their fertility, make their in laws happy, and establish their position in the family.

Delayed pregnancy

MAGs are rarely able to delay pregnancy due to external pressures imposed on them. Delaying pregnancy up to two years seems to be acceptable to many, but very few MAGs are actually able to do so.

Family Planning

Most of the study participants from all the categories were able to name different contraceptive methods, and knowledge of FP methods was generally high among the MAGs with children and their husbands. The use of FP methods was low, however, among newly married adolescents before their first pregnancy. Sisters-in-law (*bhabis/jaa*) were the most important source of FP information for adolescent girls. It is very difficult for newly married girls to acquire FP methods due to their restricted mobility.

Perspectives from positive deviants

Despite different challenges, the study identified a few positive deviants who could continue their education and job while delaying their first birth. They recognized their husband's support to delay childbearing as a crucial component to their success. Their other family members, including mothers-in-law, played supportive roles. Some motivating factors helped them continue their education and work, instead of becoming pregnant.

Pursuing alternatives: benefits and barriers

The study explored some existing alternatives, such as: handicrafts, tailoring, cattle rearing, poultry farming, services (teacher, government or private sector), and vegetable gardening. But there are some barriers that still exist, preventing MAGs from pursuing alternative futures. These barriers include restriction on mobility, limited decision making power, and unwillingness of husbands and mothers-in-law to allow them to engage in economic activities, especially outside the home.

Influential agencies in MAGs' lives and potential stakeholders

Husbands and in-laws are major influencing agencies in a MAG's life. Potential stakeholders who need to be involved in the development of future programs include: religious leaders, local government representatives, husbands, in-laws, NGO representatives, and CHWs who can work together to motivate community support for delaying childbirth.

Recommendations

Based on the findings from our study, following are the recommendations for future programs:

From a structural environment aspect:

- Mitigation of health system barriers – Training and motivational actions oriented program for CHWs on adolescent and reproductive health should be arranged in the study area. This training would need to address social norms, counseling, and consequences of early childbearing, rather than pure clinical training. Exchange of experiences between government and NGO health workers can be an initiative.
- Support for continued education – Different strategies can be adopted for unmarried and married adolescent girls that will allow them to continue their education and have enough informed choices to pursue alternatives.

- Logistics and economic support for pursuing alternatives – Logistics support (e.g. sewing machine) and economic support (e.g. loan without any interest) should be provided to married and unmarried adolescents to make them financially self-sufficient and empowered to delay their first birth. For example, women can create products for local market by using sewing machines; loans can help women to start a small business, such as poultry farming, handicrafts, cattle rearing, or vegetable gardening.

From a relations aspect:

- Stakeholders' engagement – Potential stakeholders, including husbands and in-laws, suggested by the community should be involved in making opportunities available and user-friendly for married and unmarried adolescents. All the stakeholders (community leaders, local government representatives, NGO representatives, CHWs, and influential family members) can work together to create an enabling environment.
- Positive deviants as role models in advocacy campaign – As positives deviants showed interest in sharing their experiences with other girls in the community, the program can take this opportunity to use them in an advocacy campaign at the local level.
- SBCC activities – A variety of SBCC activities are needed at the community level to change negative social norms and misconceptions about different methods of FP and early pregnancy to expedite delaying first births among adolescents.

From an individual agency aspect:

- Training for employment opportunities – Short-term training for married and unmarried adolescent girls on income generating activities based on their local context should be arranged. Stakeholders can play an important role in this regard.
- Awareness-raising – Sensitization meetings or campaigns at the local level targeting parents, in-laws, and husbands should be arranged to create an enabling environment for married and unmarried adolescent girls.

Chapter-6

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Annex 1

Table 11: Characteristics of intercept interviews

Traits	n (%)
Age	
Below or equal 30 years	12(41.4%)
Above 30 years	17(58.6%)
Mean	34.2
Total	29(100%)
Sex	
Male	15(51.7%)
Female	14(48.3%)
Total	29(100%)
Respondent's level of education	
No formal education	2(6.9%)
Class-1 to class 4	2(6.9%)
Class-5 to class 9	4(13.8%)
SSC passed	6(20.7%)
Higher Secondary and above	15(51.7%)
Total	29(100%)
Religion	
Islam	27(93.1%)
Hinduism	2(6.9%)
Total	29(100%)
Occupation	
Agriculture	3(10.3%)
Business	4(13.8%)

Housewife	7(24.1%)
Service	8(27.6%)
Other (Imam, Student, Tailor, Unemployed)	7(24.1%)
Total	29(100%)