



Bangladesh's Adolescent Landscape

Unveiling Insights from the Adolescent Health and Wellbeing Survey 2019–20

D4I Webinar Series on
Health Equity in Global Health Monitoring, Evaluation, and Learning

October 30, 2023 || 9 a.m. EST / 7 p.m. GMT+6



D4I's Work



Generate Evidence

Use routine and other existing data and generate new data through rigorous methods tailored to budget, timeline, and context



Integrate Gender

Integrate gender throughout the project to ensure high-quality data for assessment of health and gender outcomes



Strengthen Capacity

Strengthen capacity through fostering collaboration, experimental learning, mentoring, and peer networks tailored to partner's needs



Promote Data Use

Visualize and communicate data in ways that are compelling, user-friendly, and actionable



Ensure Data Quality

Focus on ensuring high-quality data for effective decision making and program outcome improvement



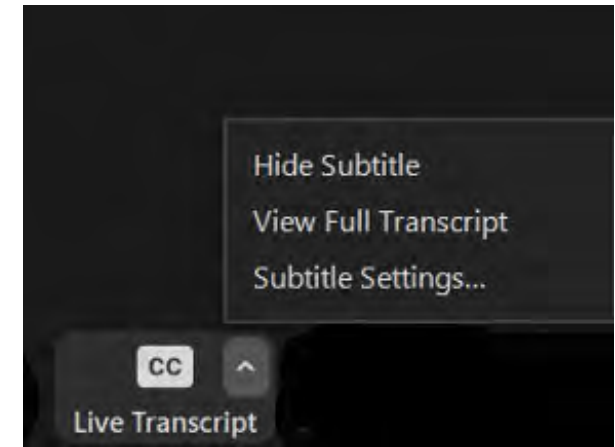
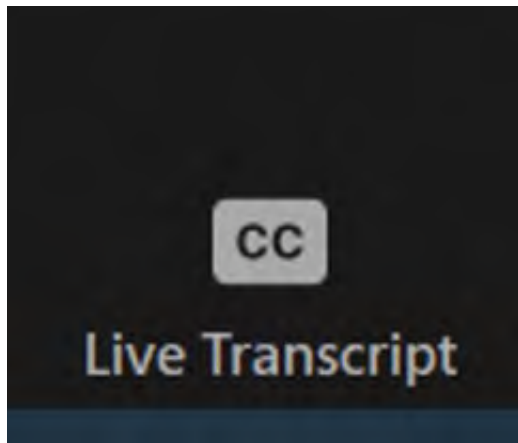
Learn

Encourage collaboration, improved results, and timely progress updates through idea exchange and shared learning



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Webinar Agenda

Session	Presenter
Bangladesh Adolescent Health and Wellbeing Survey (BAHWS) 2019–2020	Siân Curtis, PhD
Do adolescent girls in Bangladesh want to delay marriage? Evidence from a nationally representative survey (BAHWS 2019–20)	Nahid Kamal, PhD
What shapes attitudes on gender roles among adolescents in Bangladesh?	Kanta Jamil, PhD
Depression across reproductive life course: The case of married female adolescents ages 15–19 in Bangladesh	M. Moinuddin Haider, MSc, MPH
Factors that provide protection against intimate partner physical violence among married females (ages 15–19) in Bangladesh	Shusmita Khan, MSc



Sian Curtis, PhD

is a Professor in the Department of Maternal and Child Health at the Gillings School of Global Public Health, University of North Carolina and is the Faculty Principal Investigator for the D4I Project. She was awarded her PhD in Social Statistics from the University of Southampton, U.K. She has over 30 years of experience in monitoring and evaluation of population, health and food security programs, and in reproductive health and survey research. She has been working with the MEASURE Evaluation and D4I team in Bangladesh since 2012.

Bangladesh Adolescent Health and Wellbeing Survey (BAHWS) 2019–20





Adolescent Health Survey in Bangladesh—why?

- In Bangladesh, adolescents ages 10–19 years constitute over one-fifth of the total population.
- The Ministry of Health and Family Welfare (MOHFW) developed the National Strategy for Adolescent Health, 2017–2030 (MOHFW, 2018) with the goal that by 2030 all adolescents in Bangladesh will attain a healthy and productive life in a socially secure and supportive environment.
- This survey was initiated to gain a better understanding of the state of adolescent health and wellbeing and the needs of this population.

Organizations Involved



Implementation

Technical Assistance

Data Collection

Financial Assistance





Objective: To examine and understand the state of health and wellbeing for adolescents ages 15–19 years

Survey Design

- BAHWS 2019–20 is a nationally representative sample survey of around 20,000 adolescents ages 15–19
- Survey is designed to provide estimates for:
 - Ever-married and unmarried girls and unmarried boys
 - National level
 - Urban and rural areas
 - 3 regions: Western*, Central**, and Eastern***

Adolescents ages 10–14 were not included due to:

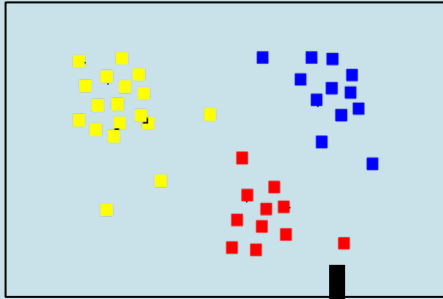
- Sensitive nature of some of the survey questions
- Difficulty in obtaining ethics approval for younger youths

Field Implementation

- **Data Collection:** July 2019 to January 2020 (in 5 phases)
- **Team:** 18 teams comprising 126 data collectors

*Rangpur, Rajshahi and Khulna Divisions ** Mymensingh, Dhaka and Barishal Divisions *** Chattogram and Sylhet Divisions

Sample Selection



736 Clusters



72,800 Households



5,066

Ever-married females



8,284

Unmarried females



6,538

Unmarried males



Sample Size and Response Rate

Households selected	72,800
Households occupied	68,677
Households interviewed	67,093

Response
98%

Married females selected	5,066
Married females interviewed	4,926

Response
97%

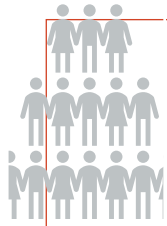
Unmarried females selected	8,284
Unmarried females interviewed	7,800

Response
94%

Unmarried males selected	6,538
Unmarried males interviewed	5,523

Response
85%

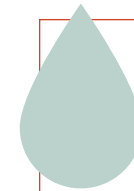
Topics Covered



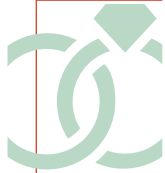
Adolescents' characteristics



Exposure to mass media



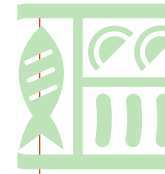
Menstruation



Marriage



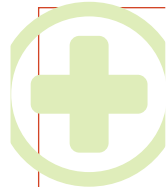
Family planning



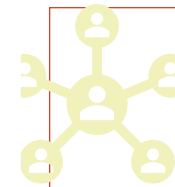
Nutrition and dietary diversity



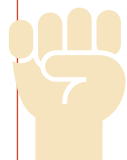
Health service utilization



Gender norms



Connectedness to friends and family



Violence and harassment



Mental health



Nahid Kamal, PhD

is an independent consultant with over 20 years of research and evaluation experience in population, health, nutrition, and WASH. Her past professional affiliations were with the Population Council, Global Fund (GFATM), Marie Stopes International, and the MEASURE Evaluation project. She was awarded her PhD in Demography from the London School of Economics in 2008.



Do Adolescent Girls in Bangladesh Want to Delay Marriage? Evidence from a Nationally Representative Survey (BAHWS 2019–20)



Team: Nahid Kamal, M. Haider, N. Chakraborty, M. Rahman, S. Khan, Q. Nahar, K. Jamil

Photo credit: Share-Net Bangladesh





Objective of Study

To assess Bangladeshi adolescent girls' preference on the timing of their own marriage using the Bangladesh Adolescent Health and Well Being Survey (BAHWS 2019–20)

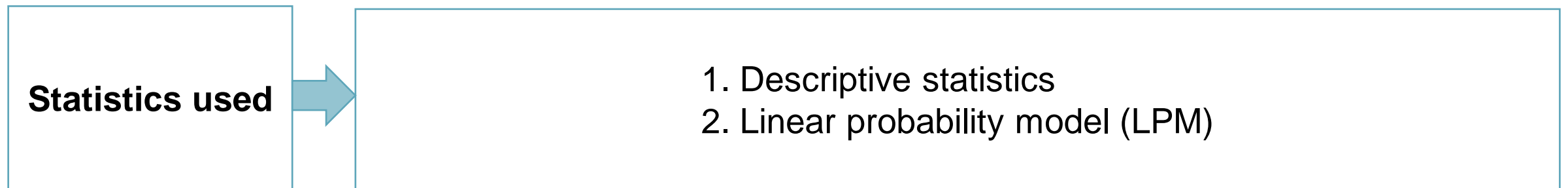
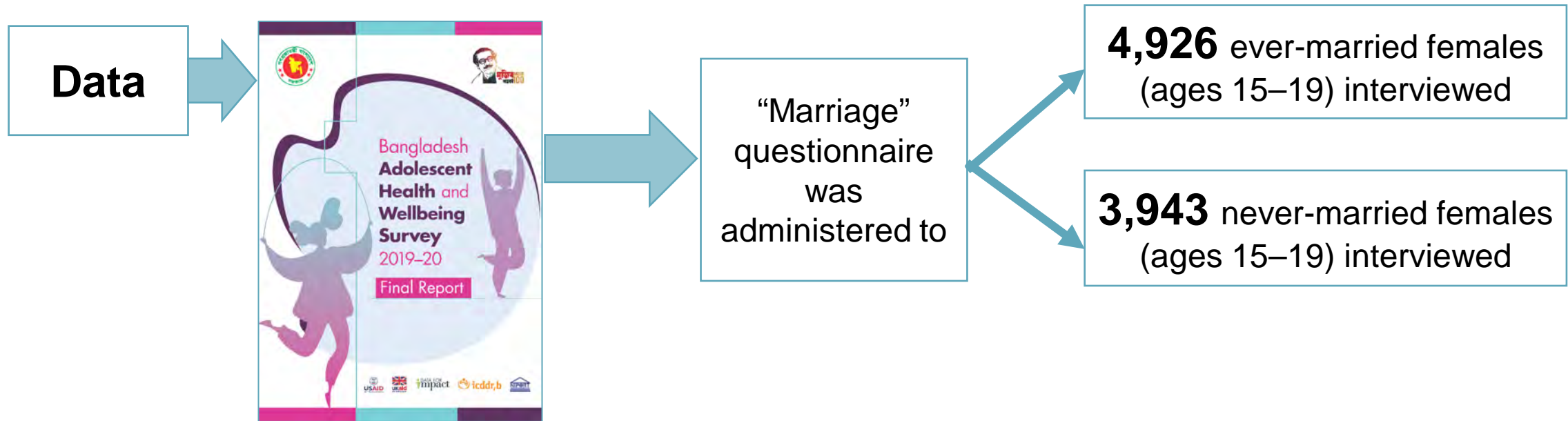


Background

- Bangladesh ranks among the top 5 countries globally with the highest levels of early and child marriage.
- While the legal age for marriage is 18 for girls, the median age at first marriage among women of ages 20–49 increased from 14 to 16 years during the last three decades (DHS).
- Progress to prevent child/early marriage must be accelerated significantly in order to meet the Sustainable Development Goal (SDG) and the national target on early marriage.



Methods: Data and Statistical Analysis





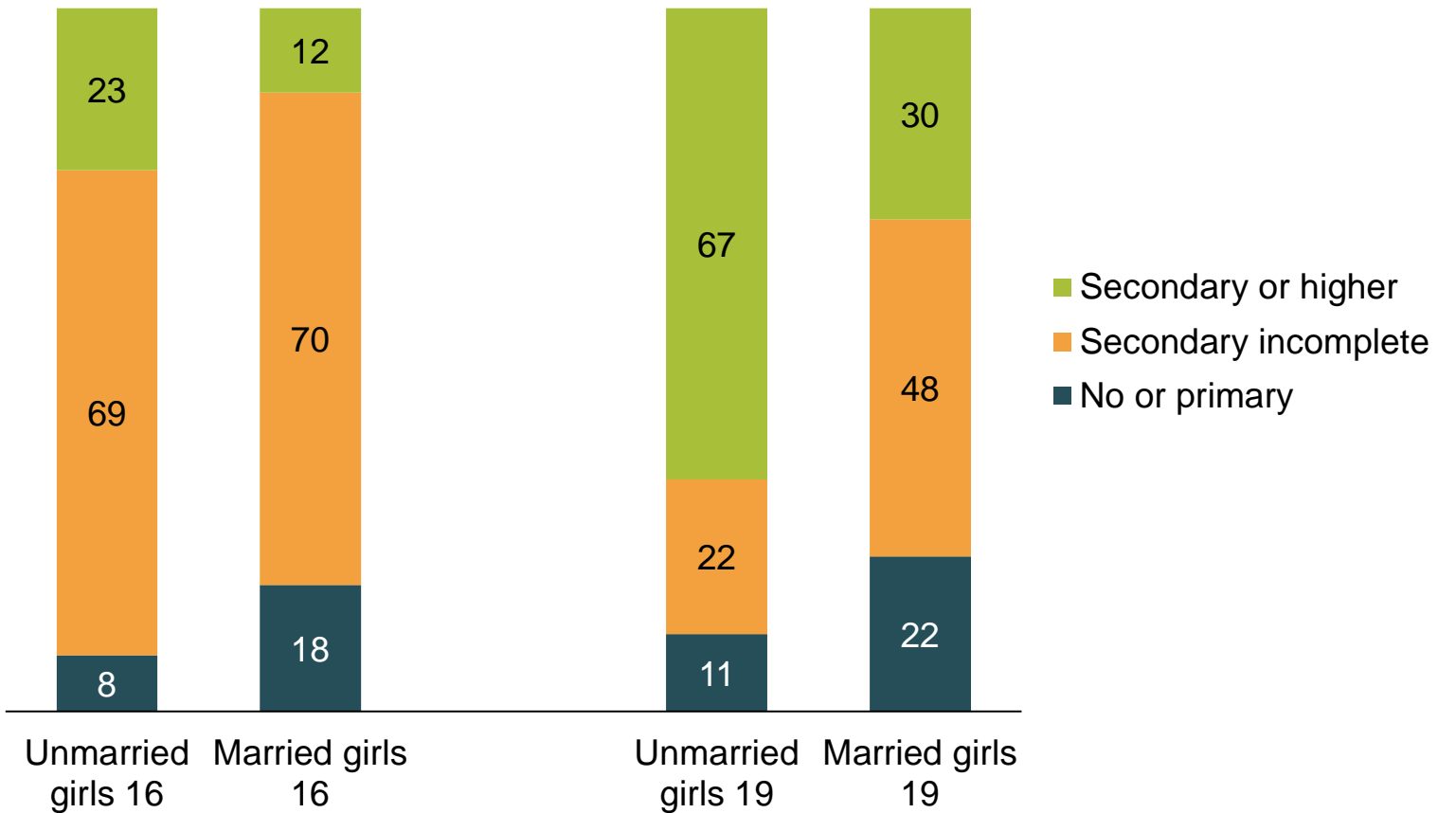
Survey Findings on Marriage among females (ages 15–19)

- Almost **39%** of the adolescent females ages 15–19 surveyed were married; **87%** of them were married before the age of 18 and **46%** were married before the age of 16.
- One-fourth of 16-year-old adolescent females were married, compared with two-thirds of 19-year-olds.
- Relatively higher proportions were married in rural areas - 42% in rural areas compared with 31% in urban areas.
- Early marriage was more common in the western divisions of the country - 49% in Rajshahi compared with 18% in Sylhet.



Educational Attainment among Unmarried and Married Girls of Ages 16 and 19 Years

- Educational attainment is lower among married adolescent females





Construction of Variable: Preferred Age at Marriage

* Preferred age at marriage was asked differently to unmarried and married adolescent girls in the survey to account for the differences in their circumstances

Never-married females (ages 15–19) were asked about their preferred age at marriage

Ever-Married females (ages 15–19) were asked the following two questions:

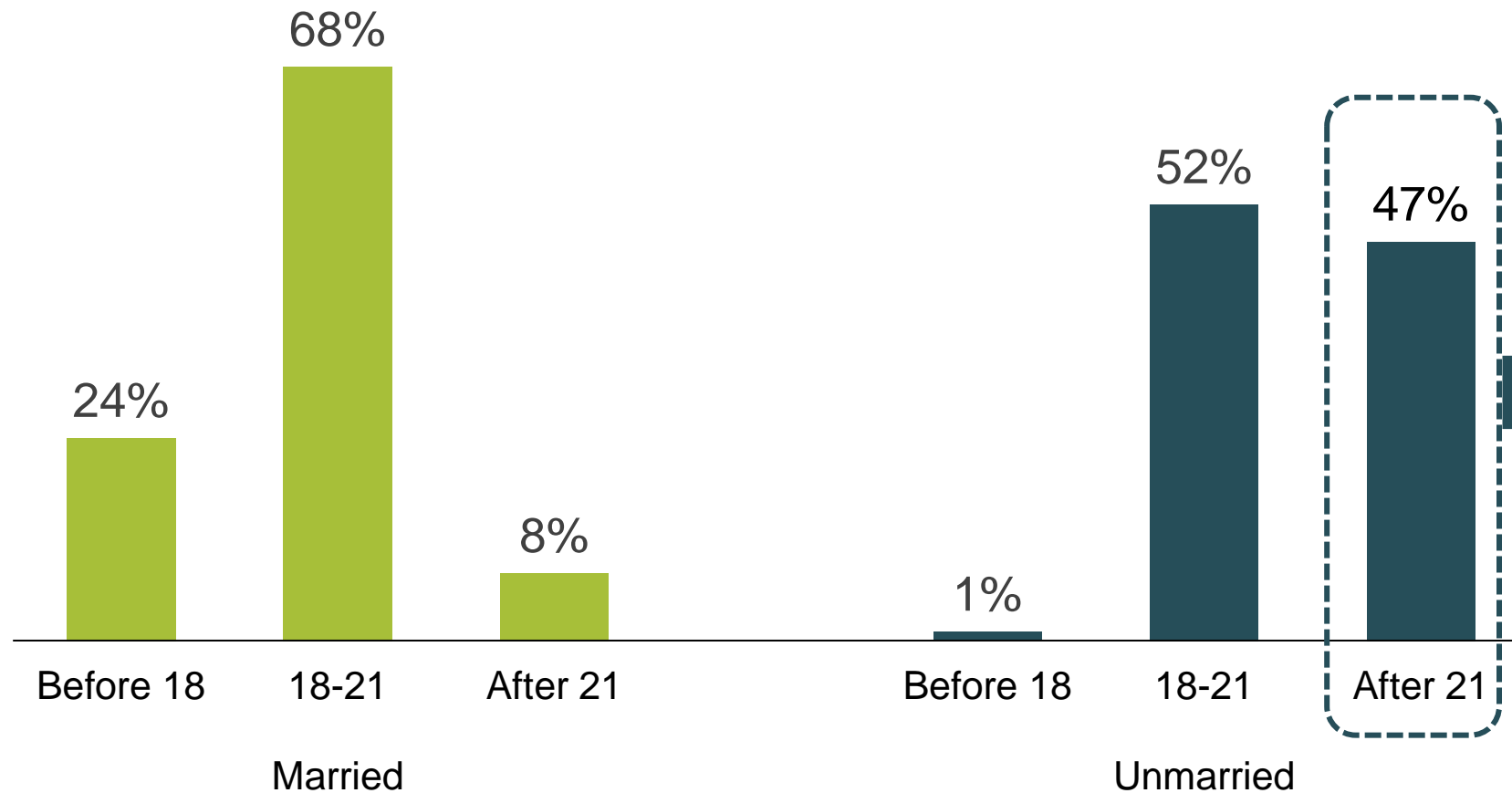
1. Whether they thought they were married at the right age or would have preferred to marry later/earlier
2. Those who responded that they would have preferred to marry later were asked their preferred age for marriage



31% of the ever-married female adolescents (N=4,926) felt that they were married at the right age, 65% would have preferred to marry later while 4% would have preferred to marry earlier.



Preferred Age at Marriage among Married and Unmarried Adolescent Females (15–19)

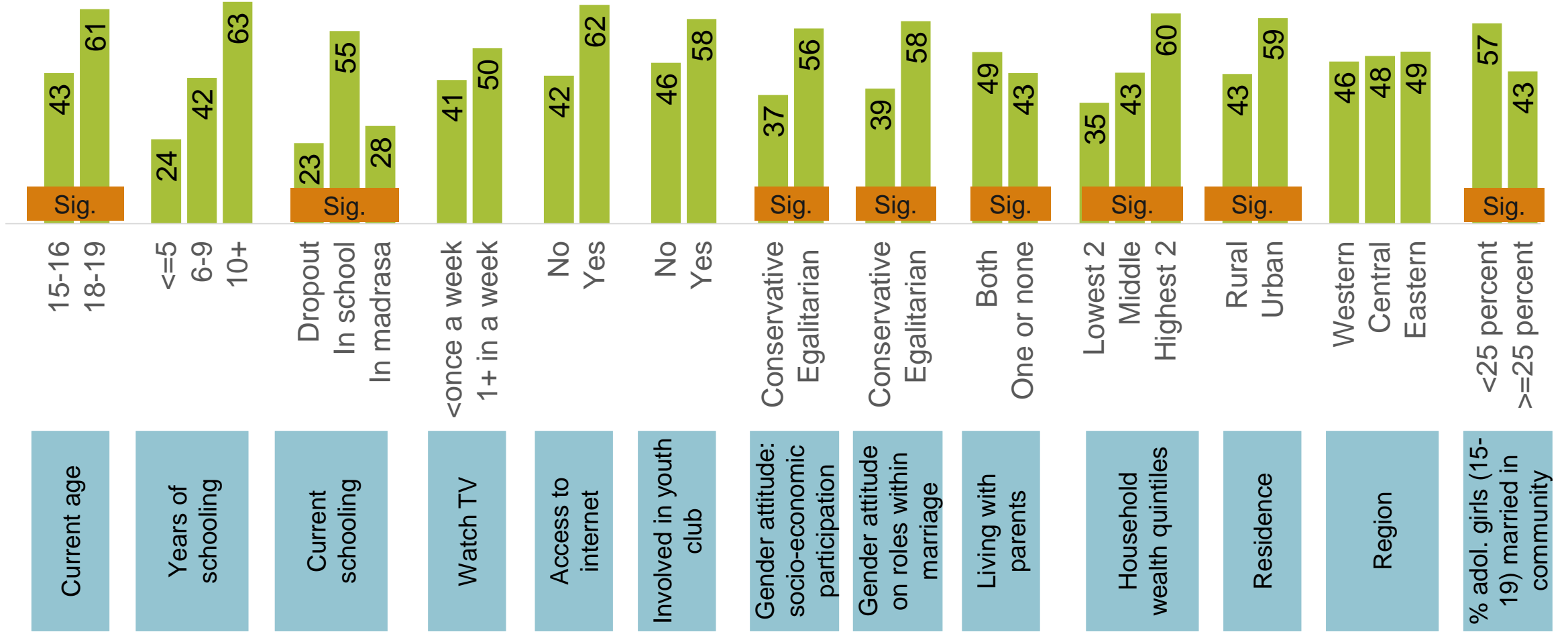


Among the girls whose parents' preferred age of marriage was lower than their preferred age of marriage, 75% thought could negotiate the timing of their marriage



Percent Distribution of Unmarried Adolescent Females Who Prefer to Marry after Age 21

Regression





Summary of Findings

- Large numbers of girls are still getting married before the legal minimum age of 18 years and the vast majority of these girls getting married early (65% of the ever-married girls of ages 15-19 in this survey) would have preferred to marry later than they did.
- Educational attainment is lower among married adolescent girls.
- Almost half (47%) of the never-married adolescent girls who were surveyed reported a preference to delay marriage to the age of 21 years or later.
- Factors associated with a preference for delayed marriage include staying in school, belonging to higher quintiles and living in urban areas, and community effect (i.e., girls living in communities where early marriage is common are less likely to want to delay marriage beyond the age of 21).



Recommendations/Policy Implications

- Increase investments to keep girls in school and make 12 years of schooling for girls mandatory; improve access to employment for girls.
- Targeted efforts are needed for girls in lower wealth quintiles, out of school, rural areas, and in the western districts.
- If girls wish to delay marriage, empower them to do so through laws and interventions. Engage extended families to lend a voice to adolescents to negotiate the timing of marriage.
- Future efforts to prevent early marriage should take a more human-rights based approach.



Kanta Jamil, PhD

is a demographer by training, currently working as an independent consultant with over 35 years of research and evaluation experience in population, health, and nutrition. Her past professional affiliations were with the IAP Worldwide Services, USAID/ Bangladesh, and the Johns Hopkins University. She was awarded her PhD in Demography from the Johns Hopkins University in 1991.

What Shapes Attitudes on Gender Roles among Adolescents in Bangladesh?

Team: Avita J. Streatfield, Md Mahabubur Rahman, Shusmita Khan, M. Moinuddin Haider, Mizanur Rahman, Quamrun Nahar, Kanta Jamil





Background and Objective

- In Bangladesh gender differentials in outcomes can be observed in all spheres of life
- Various forms of gendered inequalities stem from society's conservative gender norms and attitudes
- Adolescence is a crucial period for social-emotional learning and formation of norms and attitudes take shape during this period

We investigated the extent to which Bangladeshi adolescents hold egalitarian attitudes towards gender roles, and examined the factors that influence egalitarian gender attitudes.



Data Source

2019–20 Bangladesh Adolescent Health and Well Being Survey

13,014

unmarried females and males ages 15-19
were asked

**If they agree/disagree with the
following unequal gender role
statements**

- a son should have more education than a daughter
- outdoor games are only for boys
- household chores are for women only
- women should not be allowed to work outside

If disagreed
with ALL four
statements

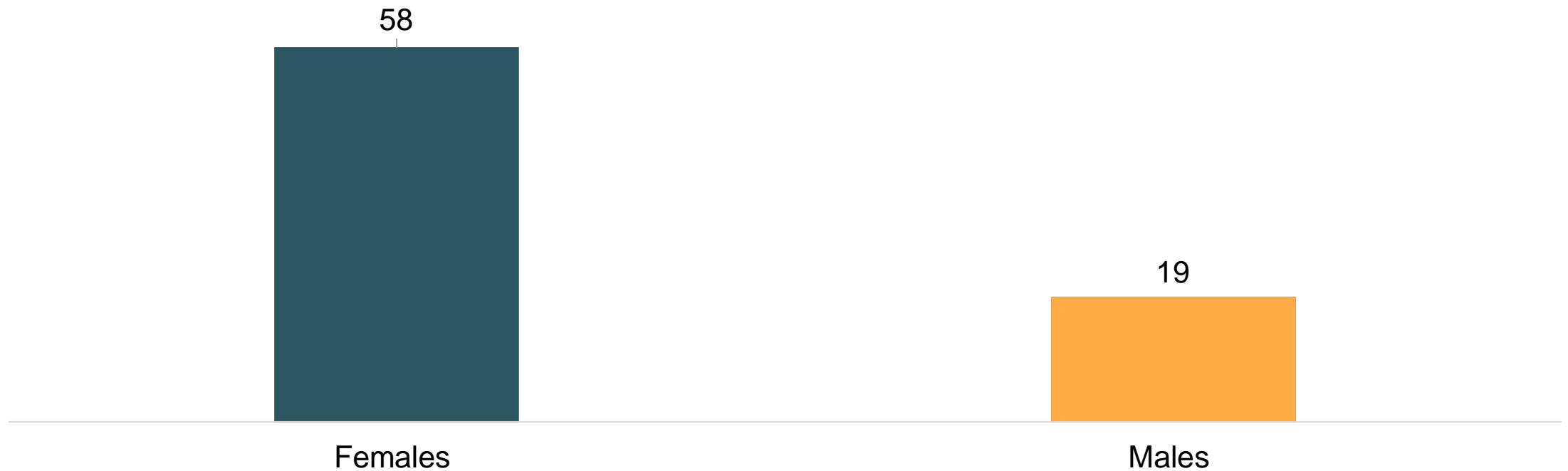
Egalitarian attitude
on gender role
regarding socio-
economic participation

If agreed with
one or more
statements

**Non-egalitarian
attitude** on gender role
regarding socio-
economic participation



Percentage of unmarried adolescents ages 15-19 with egalitarian attitudes on gender role





Factors shaping unmarried adolescents' attitudes on gender role on socio-economic participation

Dependent Variable

Respondent has egalitarian or non-egalitarian attitude on gender role

Independent Variables

Individual/contextual factors

- Educational attainment
- Household wealth quintile
- Region
- Place of residence

Peer influence

- Connectedness with parents
- Community peers' attitude on gender roles

Social connectivity

- Television viewership
- Internet access
- Member of social organizations
- Participation in programs for adolescents



Definitions

Peer Influence Variables

Connectedness with parents (proxy measure of parents' attitude):

- Assumed that an adolescent is connected with mother/father if she/he “can always or most of the time discuss personal matters with mother/father”
- Assumed adolescents have stronger connection with parents, when parents have egalitarian attitude

Community Peers' attitude on gender roles:

For a girl respondent, her community peer is other unmarried adolescents ages 15–19 in the sampled cluster she resides in; for a boy—his peers are unmarried boys in the same age group in the cluster he resides

Egalitarian peers: 60% or more of the unmarried girls/boys in that cluster have disagreed with all 4 unequal gender role statements; **Somewhat egalitarian:** 30-59% of the disagreed with all the statements; **Non-egalitarian:** < 30% disagreed with all four statements.



Methods for Data Analysis

- A multivariate linear probability model (LPM) was implemented to identify the factors shaping attitudes on gender roles, after controlling for other variables.
- Marginal probabilities (that is, proportion of adolescents having egalitarian attitude on gender roles) are estimated for each category of each of the independent variables.



Does socio-economic status influence unmarried adolescents' attitudes on gender role?

Individual/contextual factors

- Educational attainment
- Household wealth quintile
- Region
- Place of residence

Peer influence

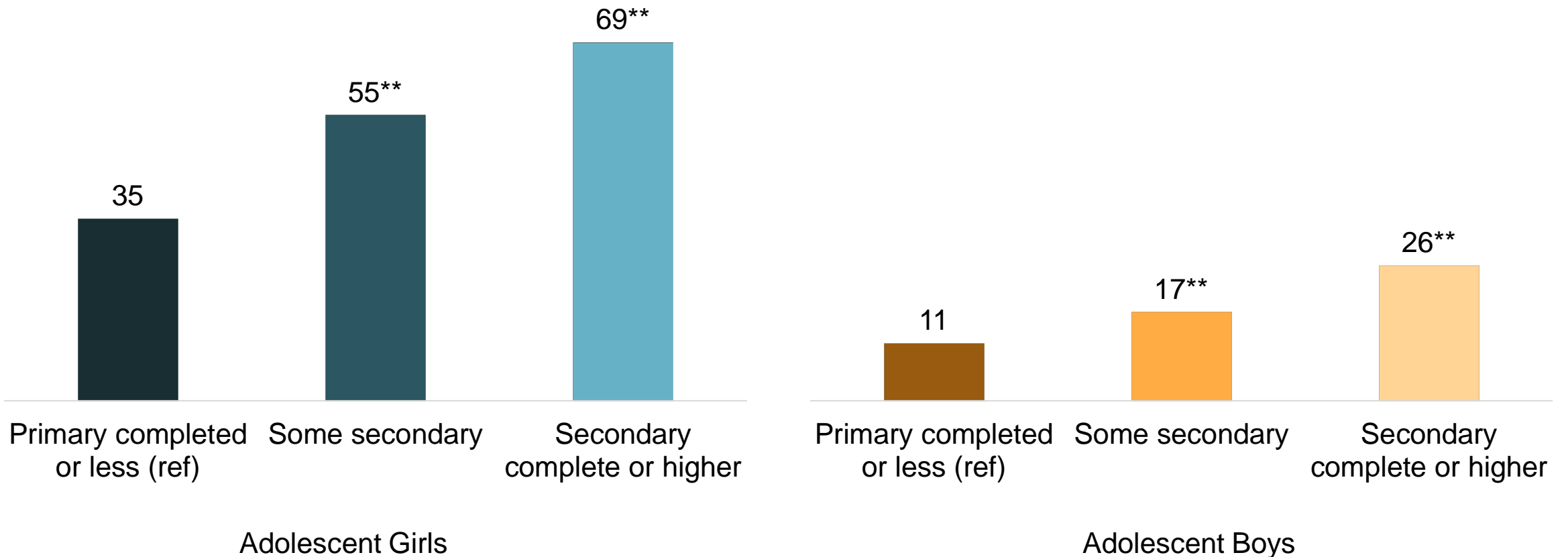
- Connectedness with parents
- Community peers' attitude on gender roles

Social connectivity

- Television viewership
- Internet access
- Member of social organizations
- Participation in programs for adolescents

Educational attainment is positively associated with having egalitarian attitude among both boys and girls

****p<.01**

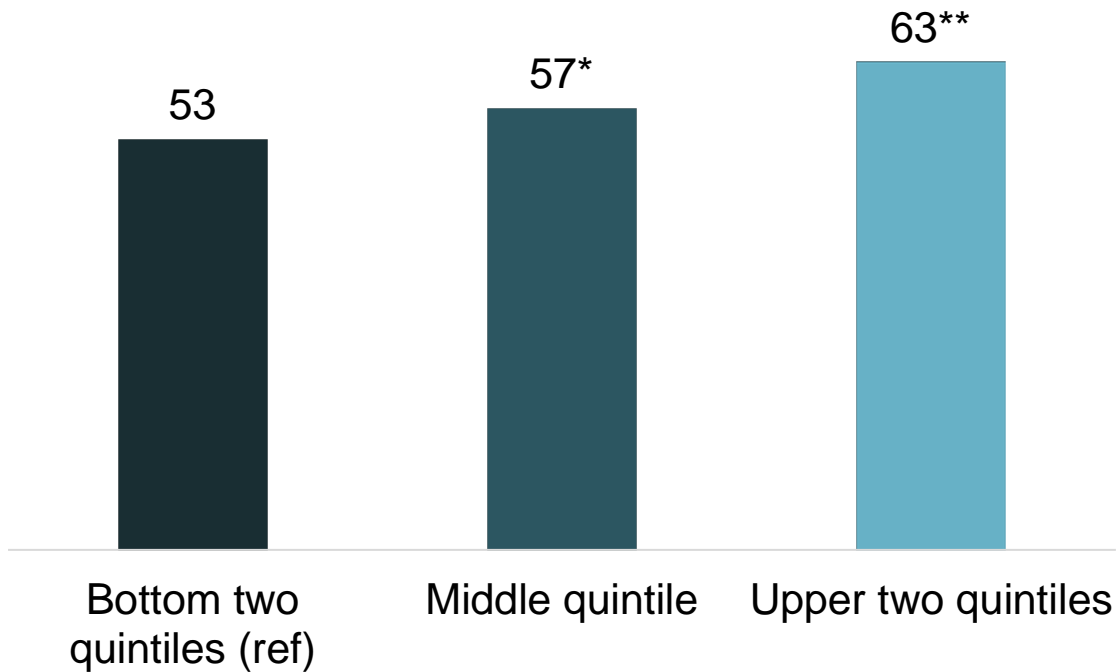


For girls, egalitarian attitude is positively associated with household wealth status

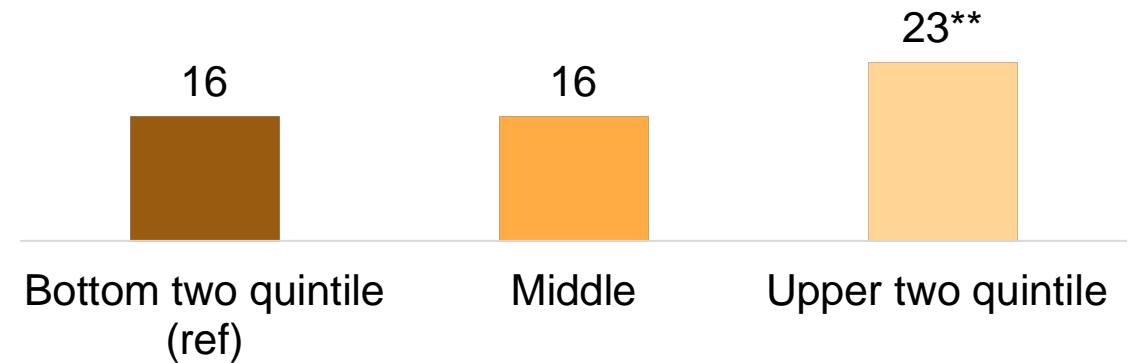
For boys, only those from the upper two wealth quintiles have higher egalitarian attitude

*p<.05; **p<.01

**p<.01



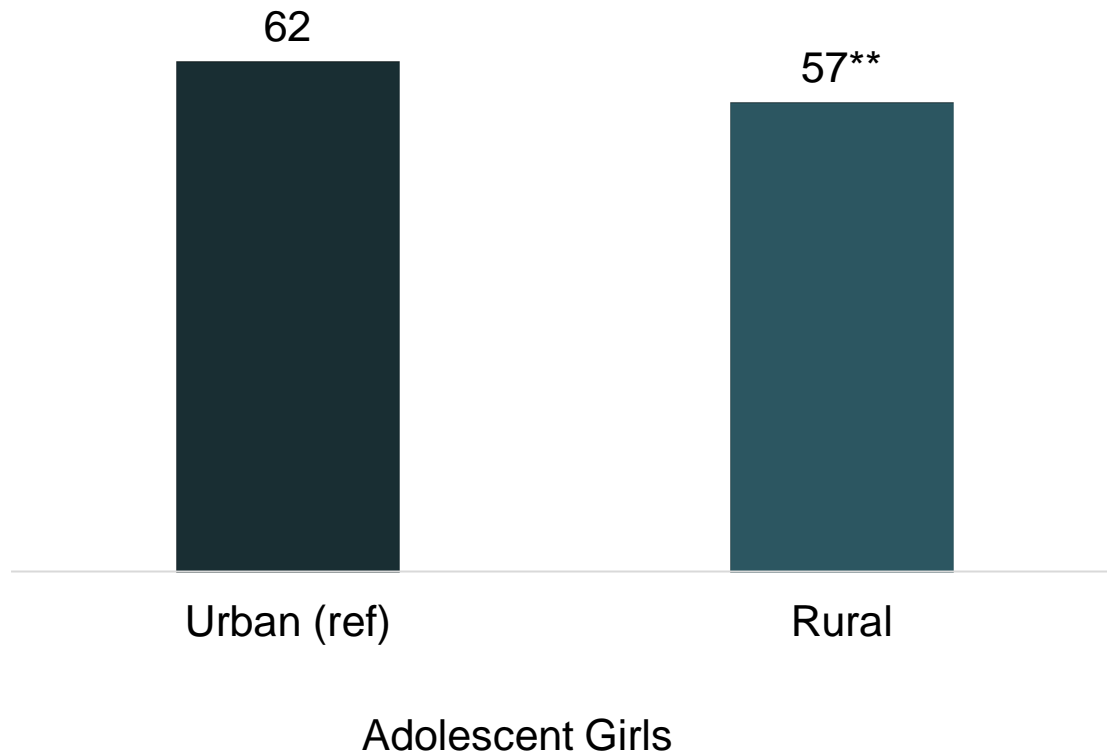
Adolescent Girls



Adolescent Boys

Urban girls are more likely to have egalitarian attitude on gender role than those in rural areas

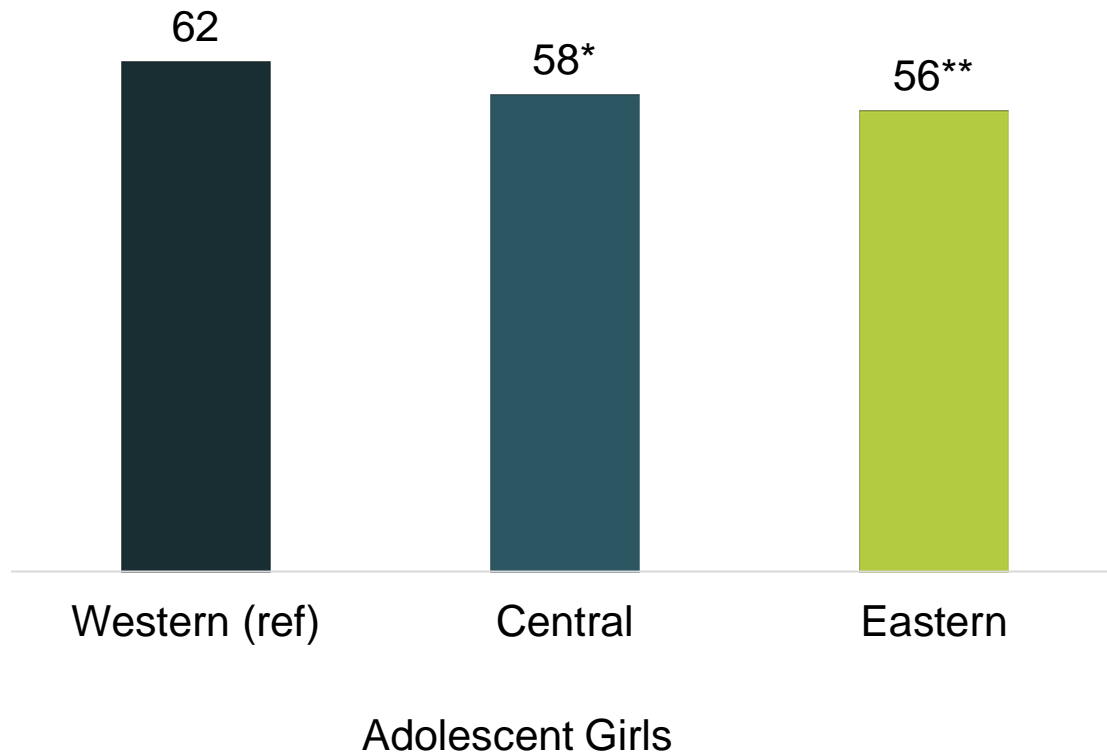
****p<.01**



No difference in attitude on gender role between boys living in urban and rural areas

Girls in the Eastern/Central regions are less likely to have egalitarian views on gender roles compared to those in the Western region

*p<.05; **p<.01



Boys attitude on gender role does not vary by region



The role of peer influence: Unmarried adolescents' attitude on gender roles on socio-economic participation

Individual/contextual factors

- Educational attainment
- Household wealth quintile
- Region
- Place of residence

Peer influence

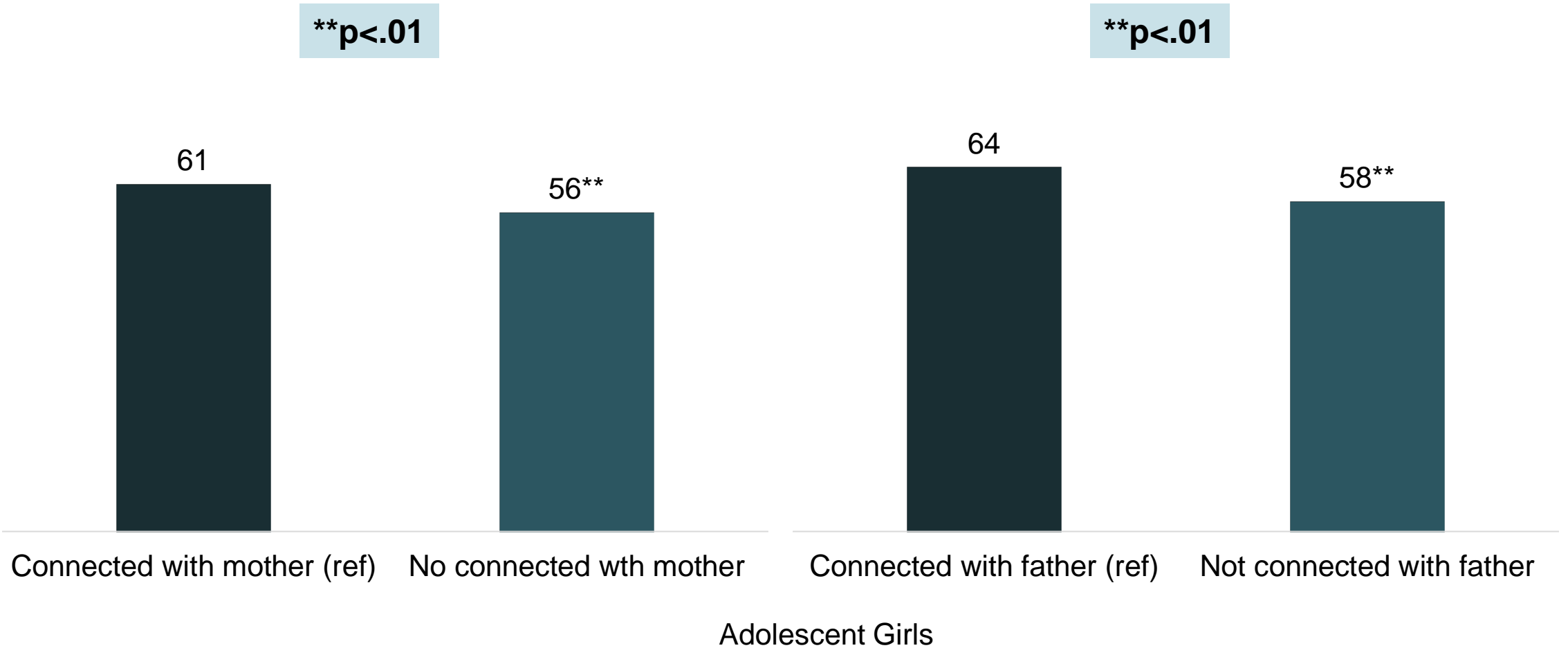
- Connectedness with parents
- Community peers' attitude on gender roles

Social connectivity

- Television viewership
- Internet access
- Member of social organizations
- Participation in programs for adolescents



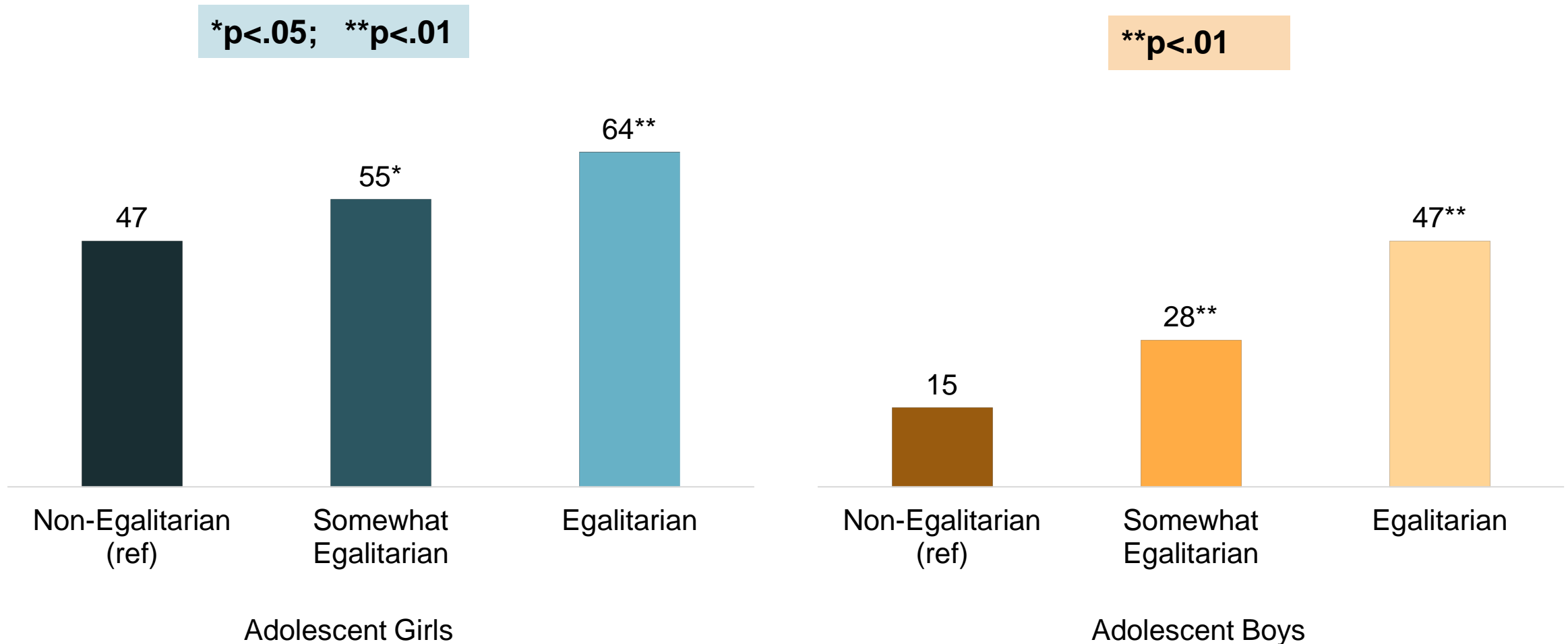
Girls who have egalitarian parents are more likely to have egalitarian views on gender roles





Being connected with parents does not affect adolescent boys' attitude on gender roles on socio-economic participation

Girls' and boys' attitudes on gender roles are highly correlated with their community peers' attitudes





The influence of social connectivity on attitudes on gender roles

Individual/contextual factors

- Educational attainment
- Household wealth quintile
- Region
- Place of residence

Peer influence

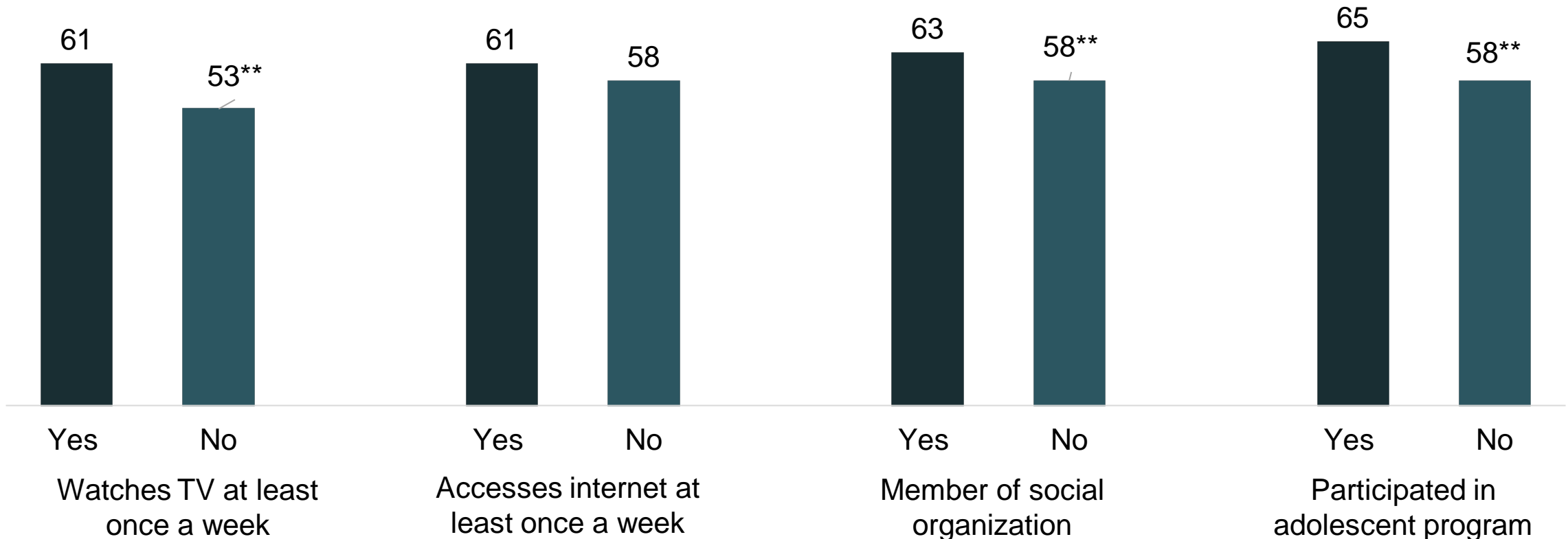
- Connectedness with parents
- Community peers' attitude on gender roles

Social connectivity

- Television viewership
- Internet access
- Member of social organizations
- Participation in programs for adolescents

For girls, watching TV, membership in social organization, and participation in adolescent program are positively associated with egalitarian attitudes on gender roles

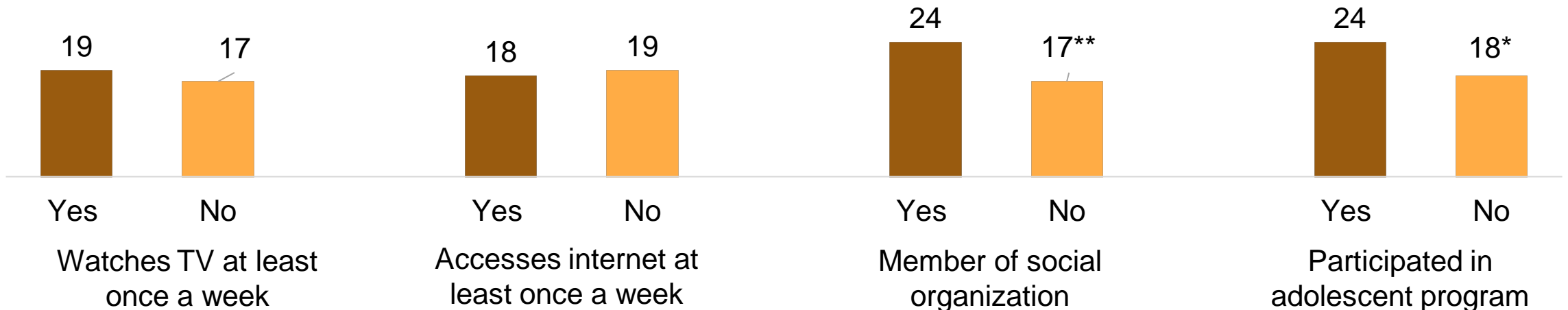
****p<.01**





For boys, membership in social organization, and participation in adolescent program are positively associated with egalitarian attitudes on gender roles

* p<.05; **p<.01;





Summary

- **Wide gap between boys and girls on egalitarian gender attitude**
 - Girls are primary victims of gender discrimination—more likely to embrace egalitarian views. Gender stereotypes are more rigid for men/boys—program designs need to take account of this difference.
 - Egalitarian gender roles will be difficult to implement in the real world when boys' attitudes remain non-egalitarian, hence the need to focus changing views of both boys and girls.
- **Schooling has significant association with egalitarian attitude on gender roles**
 - Now, educational attainment (completed at least some secondary education) is higher among girls. Historically it was not so. School dropout rates higher among boys. Over 90% of the boys who dropped out mentioned “lack of interest” (57%) and/or “financial constraint” (51%) to be the reasons for dropout.
 - Need to rethink how to keep boys in school. Conduct formative research to understand the reasons for dropout and initiatives that can be undertaken to keep boys in school.



Summary ...

- **Community peers' attitude on gender role has a strong influence on individual views—more so for boys**
 - Multi-level interventions are needed to change attitudes. Interventions have to target not only adolescents, but also their parents, peers, and broader community members.
 - Use various existing platforms to reach the adolescents and the larger community



Summary ...

- **Participation in adolescent focused programs is associated with egalitarian attitude both for boys and girls**
 - Programs must include both boys and girls and approaches to attract participation may have to be different for boys and girls
 - Review of literature suggest that interventions to promote egalitarian attitude may be more effective if started during early adolescent years
 - School and other programs on improving gender role attitudes must be able to convince boys, that boys will also gain from eliminating gender discrimination
 - Promote extra curricular activities among girls to showcase that girls are equally capable to succeed in all fields
 - Rigorous evaluation and well-designed learning agenda should be built in when implementing interventions to develop egalitarian attitudes on gender roles among adolescents, so that successful interventions can be taken to scale



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What shapes attitudes on gender roles among adolescents in Bangladesh

Avita J. Streatfield¹, Md Mahabubur Rahman^{2,3}, Shusmita Khan¹,
M. Moinuddin Haider^{2,3}, Mizanur Rahman³, Quamrun Nahar² and
Kanta Jamil^{1*}

¹Independent Consultant, Fitzroy North, VIC, Australia, ²International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh, ³Data for Impact, University of North Carolina at Chapel Hill, Chapel Hill, NC, United States

Background: In Bangladesh, large gender differentials exist in outcomes in almost all spheres of life, stemming from conservative norms and attitudes around gender. Adolescence is a crucial period for social-emotional learning that can shape gender norms and attitudes.

Objective: The aim of the paper is to investigate the extent to which adolescents hold egalitarian attitudes toward gender roles, and to examine the factors that influence egalitarian gender attitudes.

Methods: The paper uses data from a nationally representative sample survey of 7,800 unmarried girls and 5,523 unmarried boys ages 15–19 years. Adolescents were considered to have egalitarian attitudes on gender role if they disagreed with all the following four unequal gender role statements with regards to socio-economic participation, while respondents who agreed with any one of the four statements were considered to have non-egalitarian attitudes: (1) It is important that sons have more education than daughters, (2) Outdoor games are only for boys, not girls, (3) Household chores are for women only, not for men, even if the woman works outside the home, and (4) Women should not be allowed to work outside the home. Multivariable linear probability regression analysis was implemented to identify the factors shaping attitudes on gender roles.

Results: Unmarried girls and boys differ hugely in their views on gender roles regarding socio economic participation—girls were much more egalitarian than boys (58 vs. 19%). The multivariate linear probability model results show girls and boys who completed at least grade 10 were 31% points and 15% points more likely to have egalitarian views on gender roles respectively, compared to girls and boys with primary or less education. Having strong connection with parents is associated with having egalitarian views on gender roles among girls but not boys. Adolescents' individual attitude on gender role is highly associated with the views of their community peers for both girls and boys. Girls and boys who had participated in adolescent programs were 6–7% points more likely to have egalitarian attitude than those who were not exposed to these programs. Egalitarian views were also significantly higher, by 5% points among girls and 6% points among boys, who were members of social organizations compared to those who were not. Watching television had positive influence on egalitarian attitudes among girls but not among boys. To create a more egalitarian society, both men and women need to hold progressive attitudes toward gender roles. The interventions must be multilevel, influencing adolescents at the personal, interpersonal, communal, and societal levels.

KEYWORDS

adolescents, gender role, Bangladesh, attitudes, egalitarian, non-egalitarian



M. Moinuddin Haider, MSc, MPH

is an Associate Scientist in the Health Systems and Population Studies Division at icddr,b, Bangladesh. He is an MSc in Applied Statistics from the University of Dhaka and a Master of Public Health from the Independent University, Bangladesh. He has over 13 years of experience in the area of reproductive, maternal, child and adolescent health, and survey and demographic surveillance research. His other expertise includes health and demographic measurement improvement in population-based surveys.



Depression across Reproductive Life Course: *The Case of Married Female Adolescents Ages 15–19 in Bangladesh*

Team: MM Haider, KZ Ahsan, S Khan, M Rahman, Q Nahar, K Jamil

30 October 2023



Background

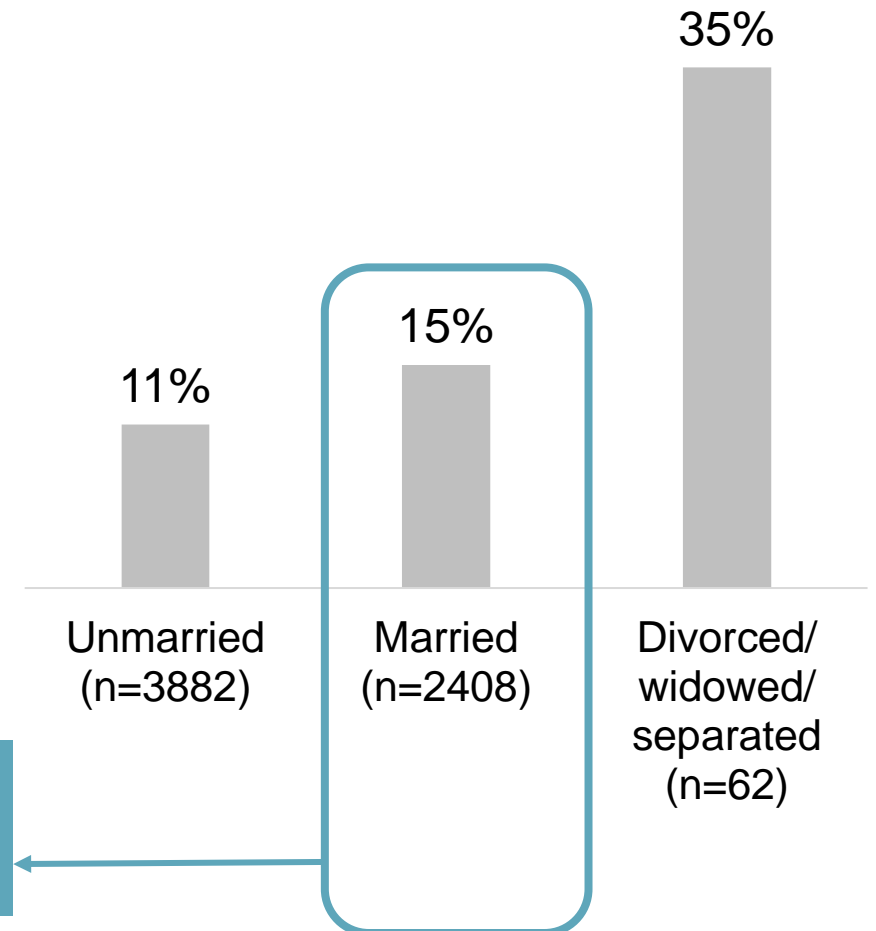
Bangladesh Adolescent Health and Wellbeing Survey 2019–20 (BAHWS 2019-20)

Patient Health Questionnaire-9 (PHQ-9) module: How often she experienced the following 9 symptoms in the last 2 weeks. Answer options were: *not at all*, *several days*, *more than half of the days*, and *almost every day*

1. Feeling down, depressed or hopeless?
2. Little interest or pleasure in doing things?
3. Had trouble falling asleep, staying asleep, or sleeping too much?
4. Had poor appetite, weight loss, or overeating?
5. Felt tired, or had little energy?
6. Felt bad about yourself – or felt that you are a failure?
7. Trouble concentrating on usual activities?
8. Felt as if you have become more silent or restless?
9. Thoughts that you would be better off dead, or have hurt yourself in some way?

A composite index based on a combination of the responses to the nine questions is used to assess **major depressive disorder** or **depression**

Prevalence of depression among females age 15–19 years



Reproductive Life Course (RLC)

Pregnancy Postpartum



Reproductive Life Course (RLC) of Women

Age 12

Age 50



Marriage is a pre-requisite for sexual union and childbearing in many cultures/countries

Adolescent females

Muslim + Hindu: 99%

Childbearing is not acceptable outside wedlock:

- In Islam and Hinduism
- Social norms are influenced by religions



Bangladesh

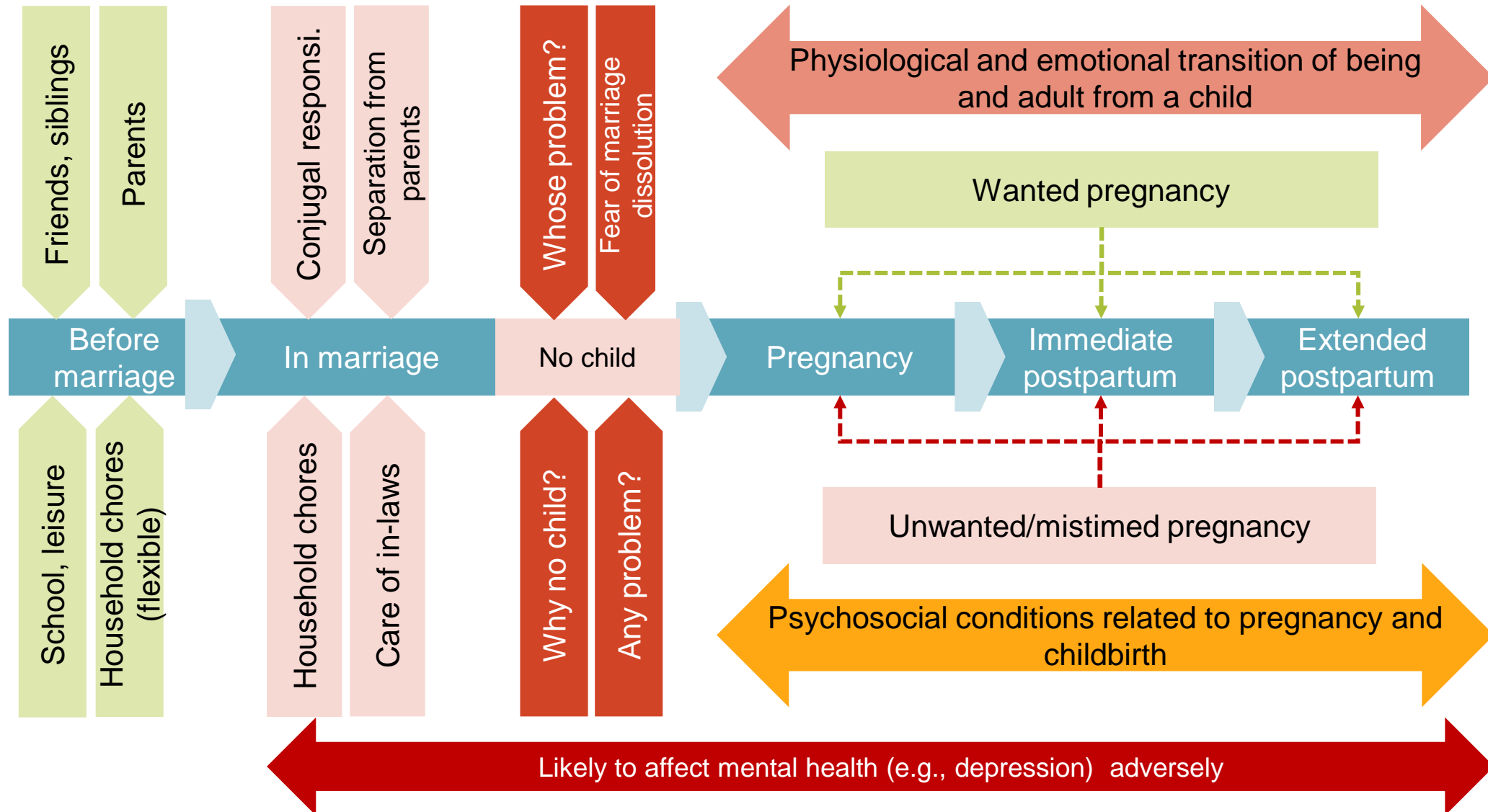
Social norm:

- Early marriage
- Childbearing shortly after marriage

Childbearing is not only a woman's choice

1 in 5 birth is mistimed or unwanted

RLC an Adolescent Female: Bangladesh context





Depression across RLC of adolescent females, Bangladesh

**To our knowledge,
no study examined depression across RLC
of married adolescent females in Bangladesh**



Study Objectives

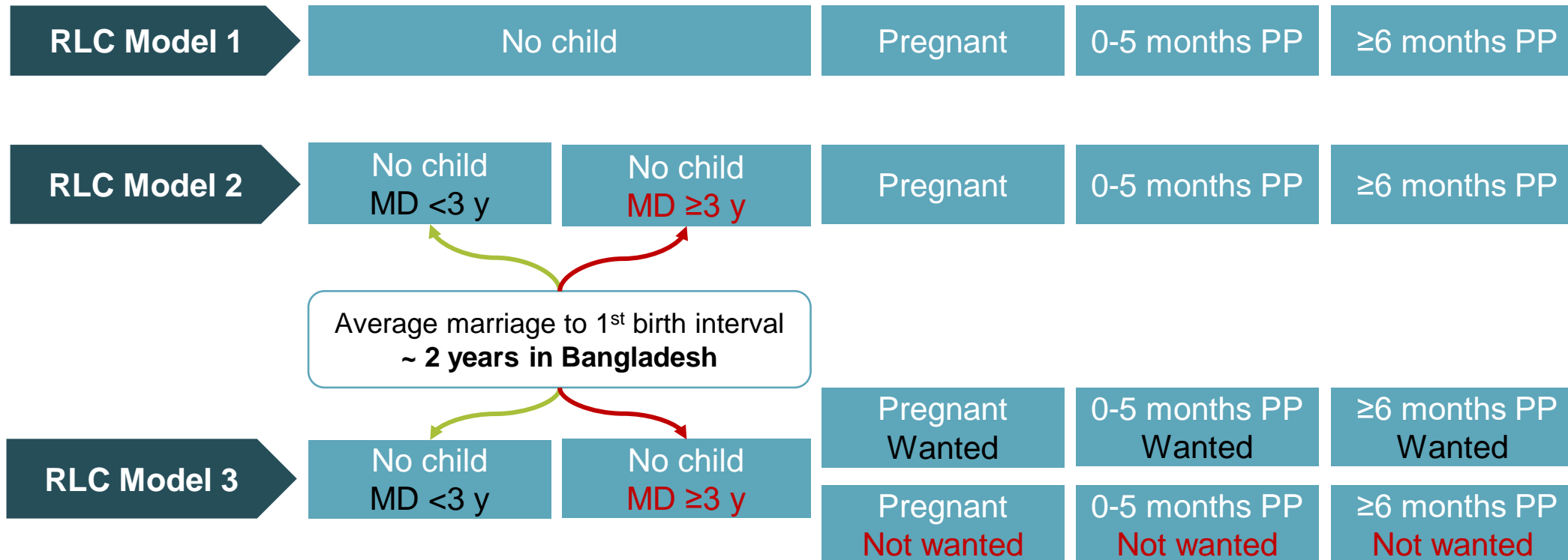
**To examine depression across RLC
of currently married females ages 15–19
in Bangladesh**



Methods: Reproductive life course (RLC) models used

RLC models for Married adolescent females

MD = marriage duration;
PP = postpartum





Methods: *Data and statistical analysis*

Data

Nationally representative Bangladesh Adolescent Health and Wellbeing Survey 2019–20

- 4802 currently-married adolescent ages 15–19 years were interviewed
 - **Received PHQ-9 module: 2408 (sub-sample)**
 - **Analysis includes: 2280**
 - Have no child or
 - Are currently pregnant with first child
 - Are mothers of single child
 - **Analysis excludes: 128**
 - Have two children
 - No date of birth for 2nd child, thus postpartum stage is unknown

Dependent variable

Two-weeks major depressive disorder or depression (no/yes)
[based on PHQ-9 data]

Statistical analysis

- Descriptive statistics (Ns, %s)
- Multiple logistic regression

Results...

RLC Model 1

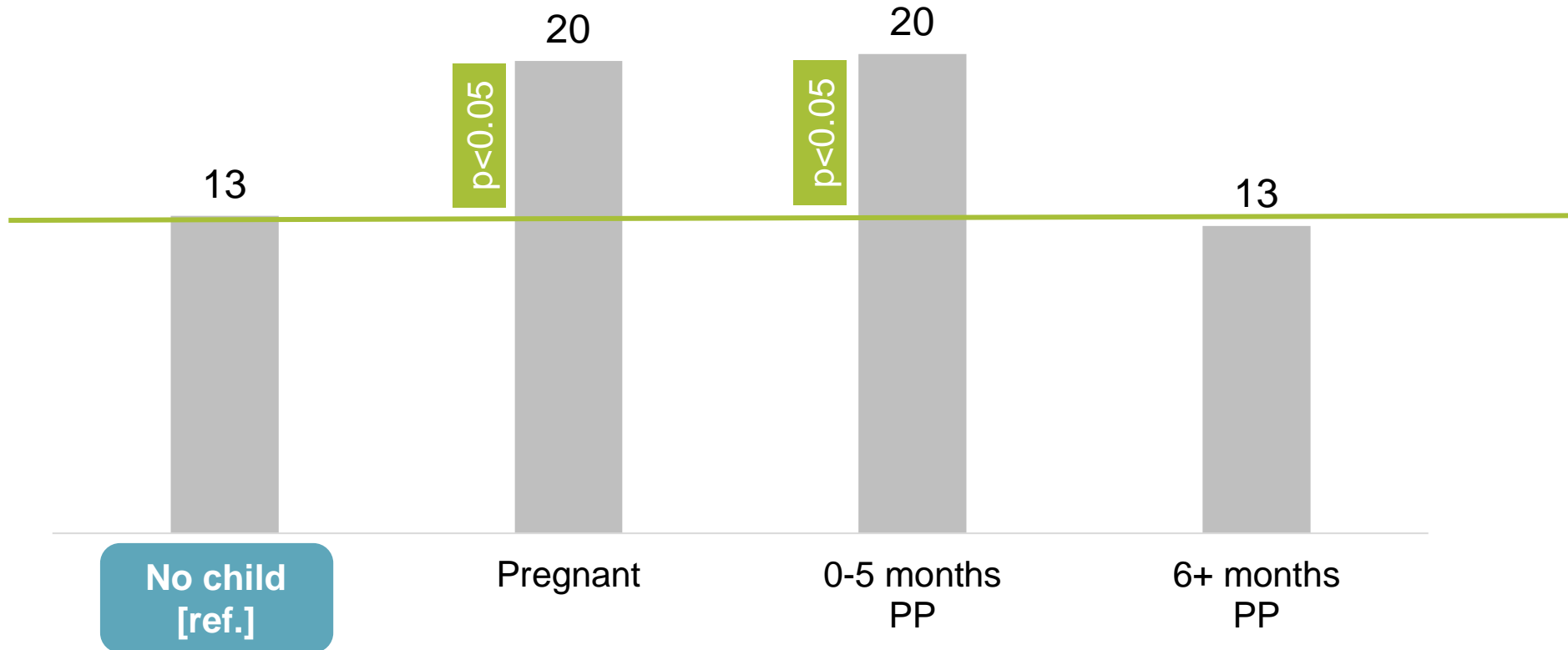
No child

Pregnant

0-5 months PP

≥6 months PP

% had depression



Logistic model controlled for:

- Education
- Wealth
- Residence
- Region
- Gender attitude
- Marital duration
- Spousal age gap
- Living and connectedness with husband
- Violence/harassment/bully

Results...

RLC Model 2

No child
MD <3 y

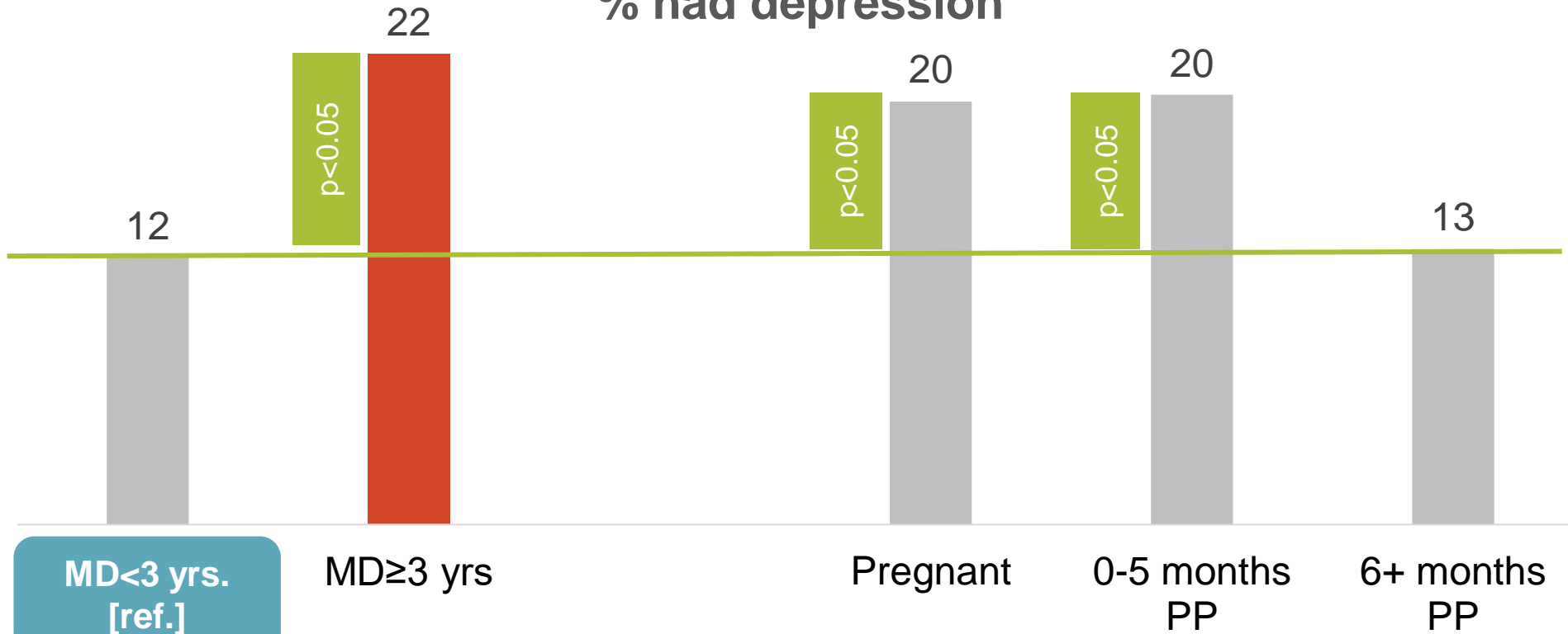
No child
MD ≥3 y

Pregnant

0-5 months PP

≥6 months PP

% had depression



MD < 3 yrs.
[ref.]

MD ≥ 3 yrs

Pregnant

0-5 months
PP

6+ months
PP

No child

Logistic regression controlled for the same co-variates included in analyzing [Model 1](#)

Results...

RLC Model 3

No child
[MD <3 yrs]

No child
[MD ≥3 yrs]

Pregnant [Wanted]

0-5 months PP
[Wanted]

≥6 months PP [Wanted]

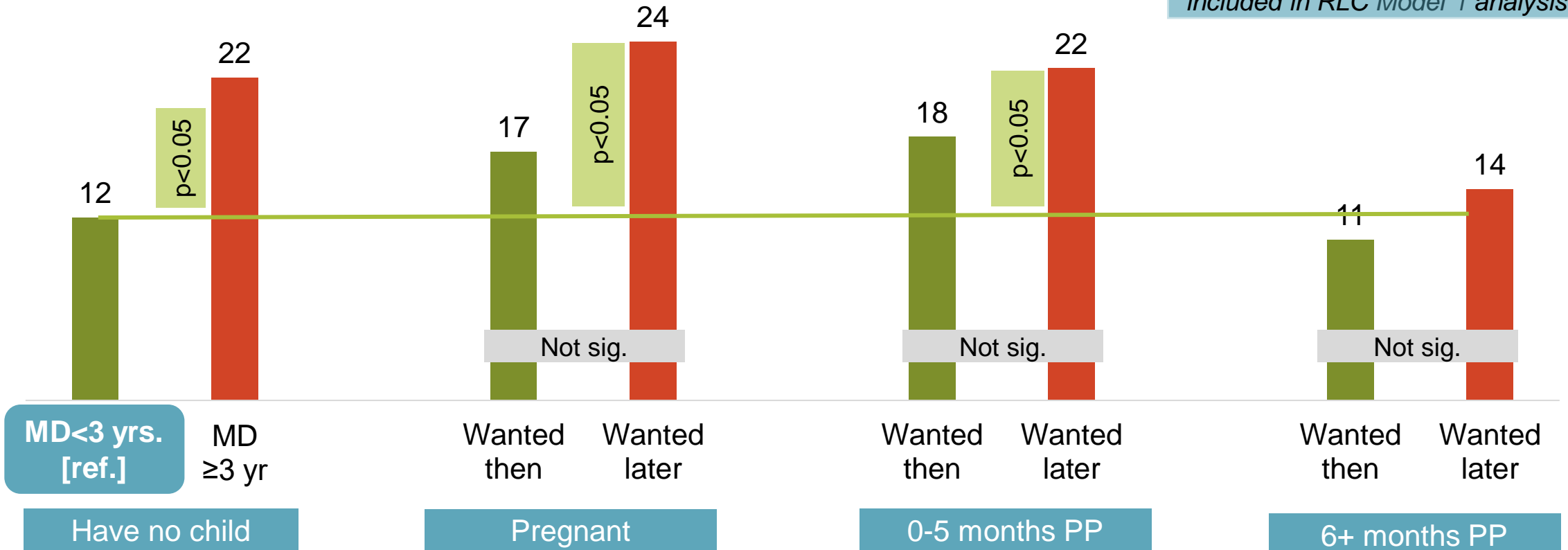
Pregnant
[Not wanted]

0-5 months PP
[Not wanted]

≥6 months PP
[Not wanted]

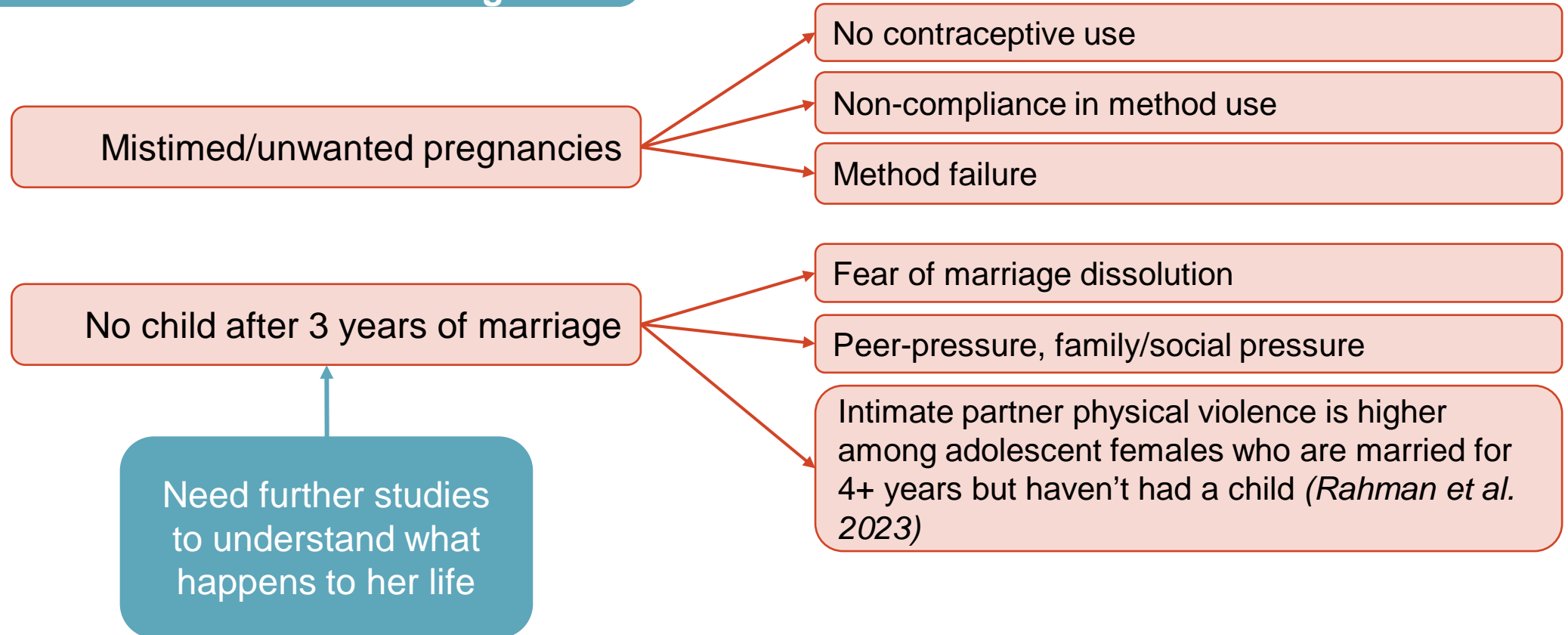
% had depression

Controlled for the same variables included in RLC Model 1 analysis



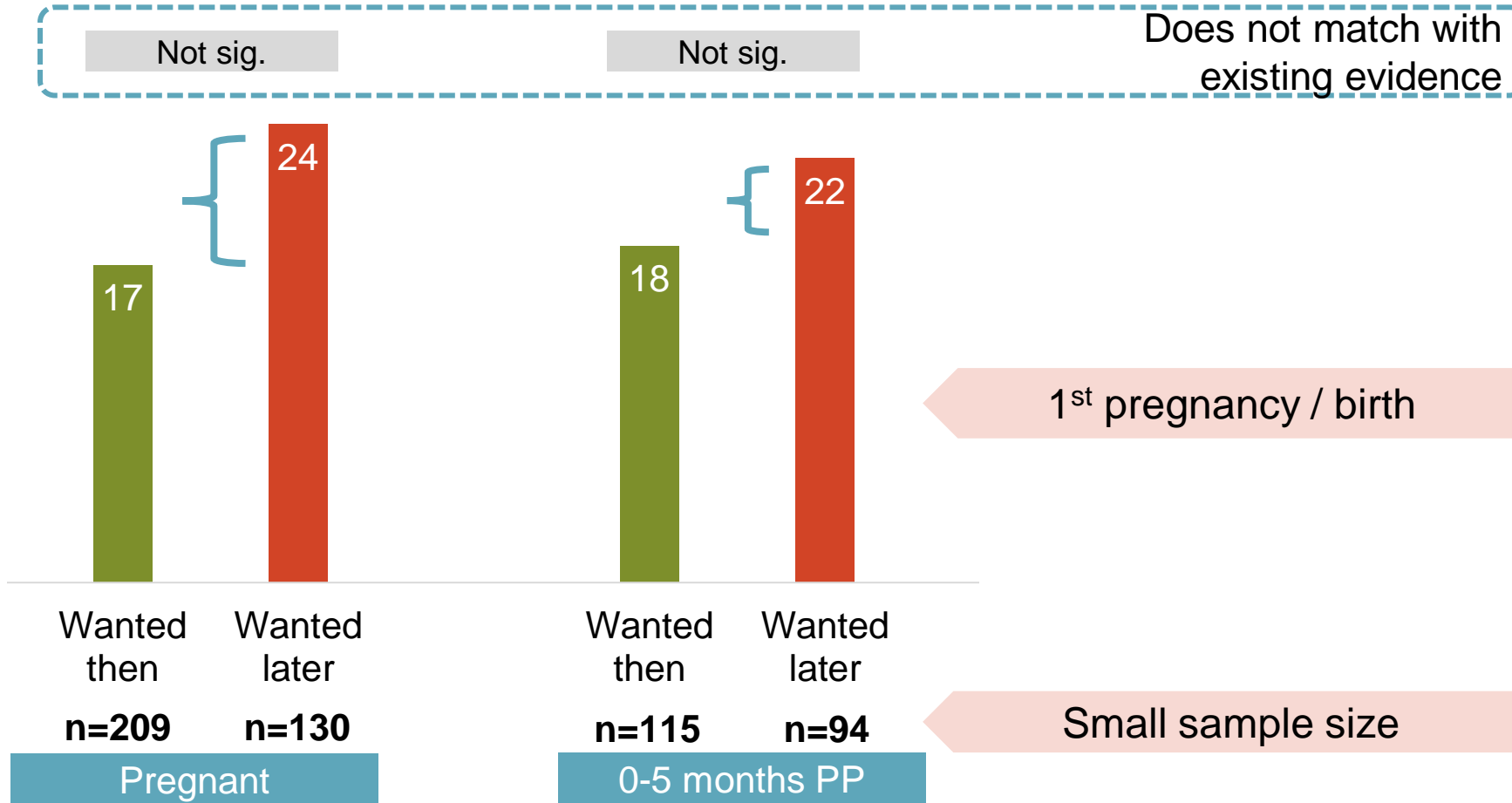
Discussion

Two primary sources of variation in depression across the **reproductive life course** of married adolescent females in Bangladesh



Discussion...

% 15-19 married females had depression




To conclude, we need more studies considering factors like parity



Shusmita Khan, MSc

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Factors that Provide Protection against Intimate Partner Physical Violence among Married Females (age 15–19) in Bangladesh

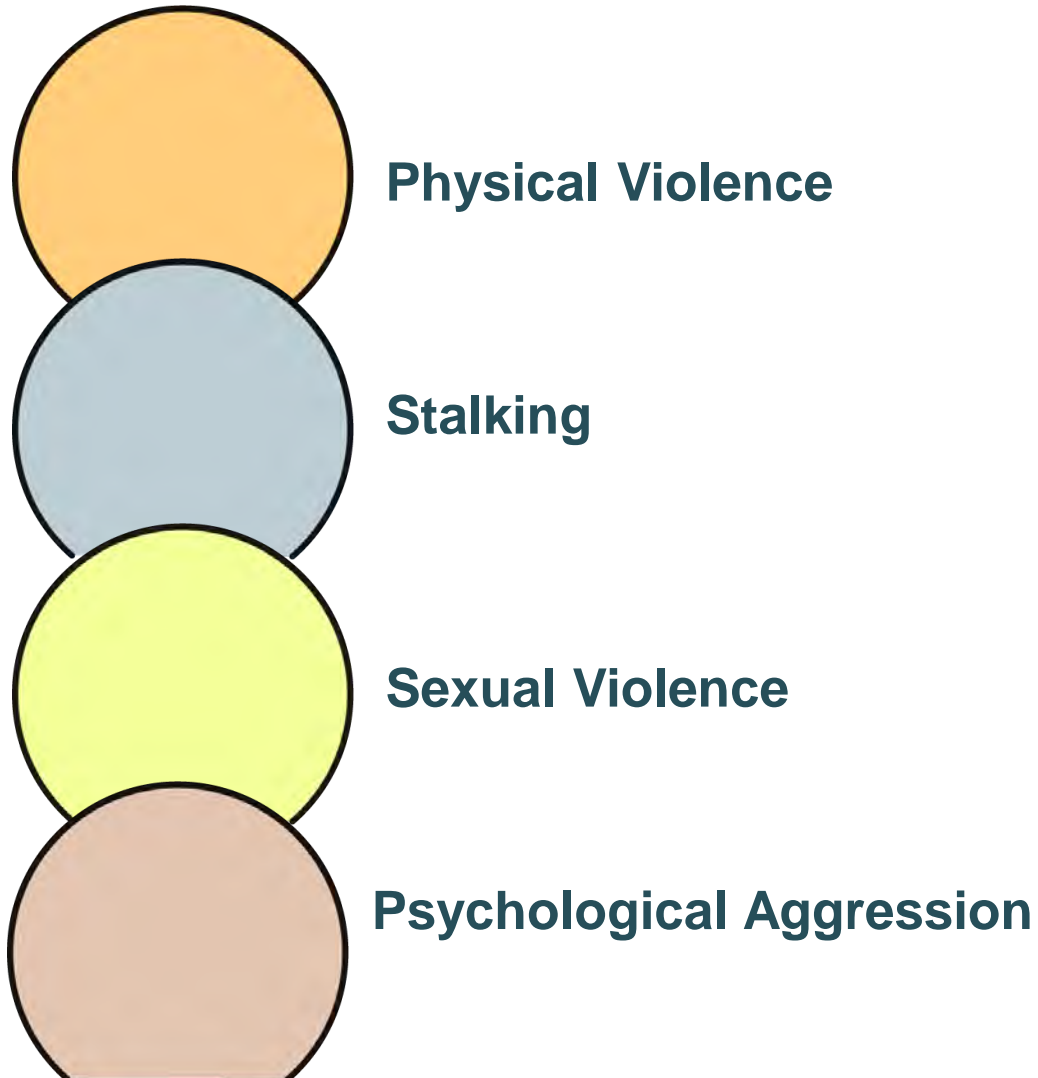
Team: Mizanur Rahman, Kanta Jamil, Quamrun Nahar, Nitai Chakraborty, M. Moinuddin Haider, Shusmita Khan








CDC Identifies Intimate Partner Violence (IPV)



- It is pervasive across countries around the globe, especially in those with traditional economies.
 - Bangladesh is a country with a moderate to high level of Intimate partner physical violence (IPPV).
 - It has short- and long-term negative effects on women's health and wellbeing with varying degrees and magnitude.
- 

Information was derived from

1,846 currently married females (ages 15–19) were asked:

“In the last 12 months, has anyone ...

- Slapped you, pushed you, or pulled your hair?
- Punched, thrown something at you, or hit you with a stick or something heavy?
- Kicked you, dragged you, or beat you up?
- Tried to choke you or burn you on purpose with something hot (fire, object, acid)?
- Threatened or attacked you with a knife, gun, or any other weapon?”

For each
“Yes”
response

They were asked
“who was/were the perpetrator(s)”

If
“Husband”

Then we considered those who responded as
individuals who faced
“any form of physical violence from
husband/intimate partner at least once in
the last 12 months”



16%

of currently married females ages 15–19 years
faced any form of physical violence from husband
at least once in the last 12 months



Factors that provide protection against intimate partner physical violence among married females (ages 15–19) in Bangladesh

Experience of physical violence at least once from husband in the last 12 months

Socioeconomic

- Years of schooling
- Household wealth quintile
- Residence
- Region of the country

Attitude towards gender roles

Attitude towards gender responsibilities and spousal power dynamics

Spousal demographic characteristics

- Husbands age
- Duration of marriage

Spousal connectedness or spousal control

- Connectedness with husband
- Spousal control

Household living arrangement

- With husband and children (if any)
- With husband, parents in law or parents, and children (if any)
- Husband lives elsewhere, but wife lives with (a) parents in law or (b) parents, or (c) lives alone. There may be child(ren) if there are any.

Childbearing status

Multivariate analysis was performed to determine factors significantly associated with IPPV, after controlling for other variables.



Socioeconomic factors that provide protection against intimate partner physical violence among married females (ages 15–19) in Bangladesh

Years of schooling

- Less than 5 years
- 6–9 years
- 10+ years

Household wealth quintile

- Bottom 40%
- Middle 20%
- Upper 40%

Residence

- Urban
- Rural

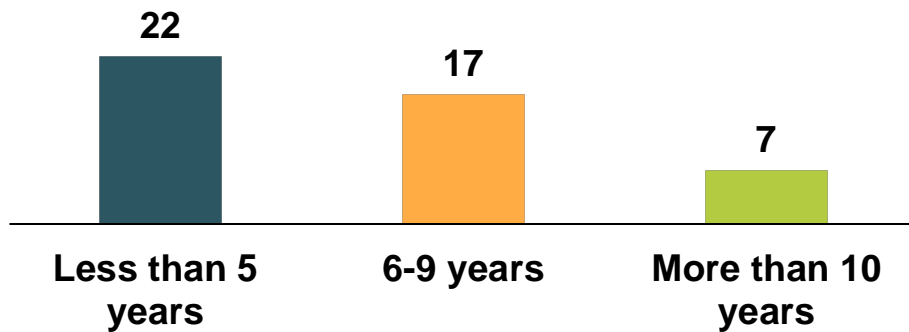
Region of the country

- Western
- Central
- Eastern

Married females (ages 15–19) with better education are less likely to face IPPV

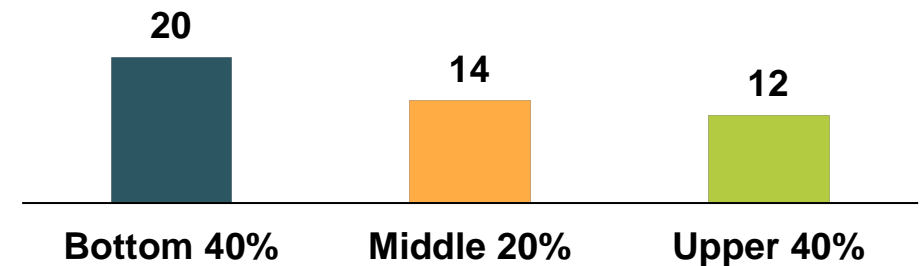
Married females (ages 15–19) from wealthier households are less likely to face IPPV

% faced IPPV at least once in past 12 months



Years of schooling

% faced IPPV at least once in past 12 months



Household wealth quintile



Gender related factors that provide protection against intimate partner physical violence among married females (ages 15–19) in Bangladesh

Attitude towards gender roles are:

- Egalitarian if they disagree with these four statements:
 - Sons should have more education
 - Outdoor sports are only for boys
 - Household chores are for women only
 - Women should not be allowed to work outside of home
- Non-Egalitarian if they agree to any of the above four statements.

Attitude towards gender responsibilities and spousal power dynamics are:

- Egalitarian if they disagree with these four statements:
 - Looking after the household and kids is the responsibility of women only;
 - a woman should always listen to her husband even if she disagrees;
 - a husband has the right to physically assault or beat his wife if she does not listen to him.
- Non-Egalitarian if they agree to any of the above three statements.



Spousal factors that provide protection against intimate partner physical violence among married females (ages 15–19) in Bangladesh

Spousal demographic characteristics

- Husband's age
 - 20 years or less
 - 21–25 years
 - 26 years or more
- Duration of marriage
 - 0–1 year
 - 2–3 years
 - 4+ years

Spousal connectedness

- Connectedness with husband
 - Connected (Enjoy spending time with husband, feel close to husband, or talk with husband about very personal things most of the time or always)
 - Weakly connected (Sometimes or never enjoy spending time with husband, feel close to husband, or talk with husband about very personal things)

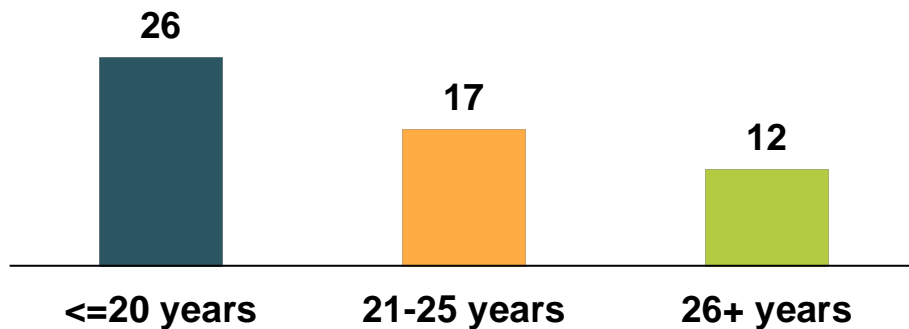
Spousal control

- Spousal control
 - Having her own cell phone

Females (ages 15–19) married to older husbands are less likely to face IPPV

Married females (ages 15–19) with ownership of a mobile phone are less likely to face IPPV

% faced IPPV at least once in past 12 months



Husbands age

% faced IPPV at least once in past 12 months



Marriage duration



Household factors that provide protection against intimate partner physical violence among married females (ages 15–19) in Bangladesh

Household living arrangement

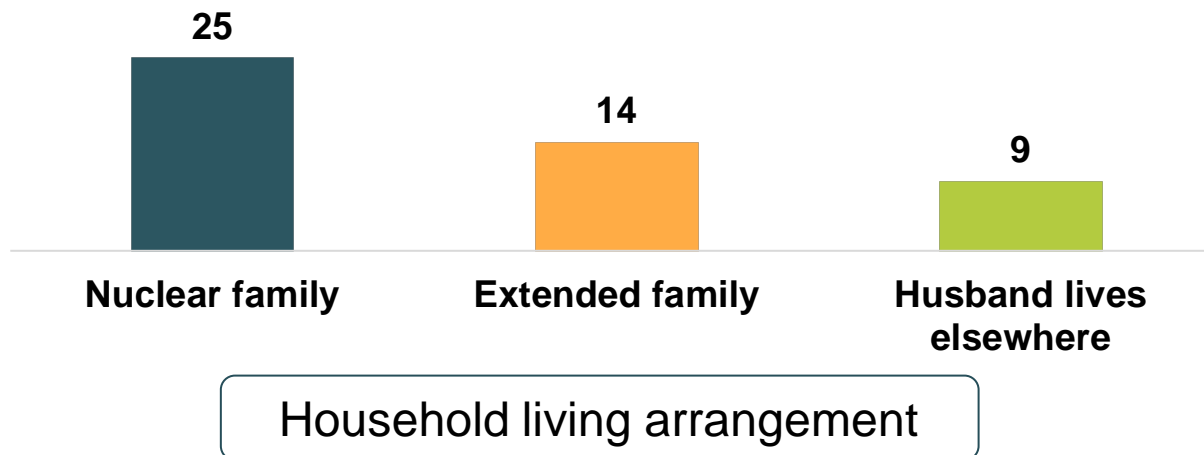
- With husband and children (if any) = Nuclear family
- With husband, parents in laws or parents, and children (if any) = Extended Family
- Husband lives elsewhere but she lives with (*There may be child(ren) if there are any*)
 - parents in laws or
 - parents
 - lives alone

Childbearing

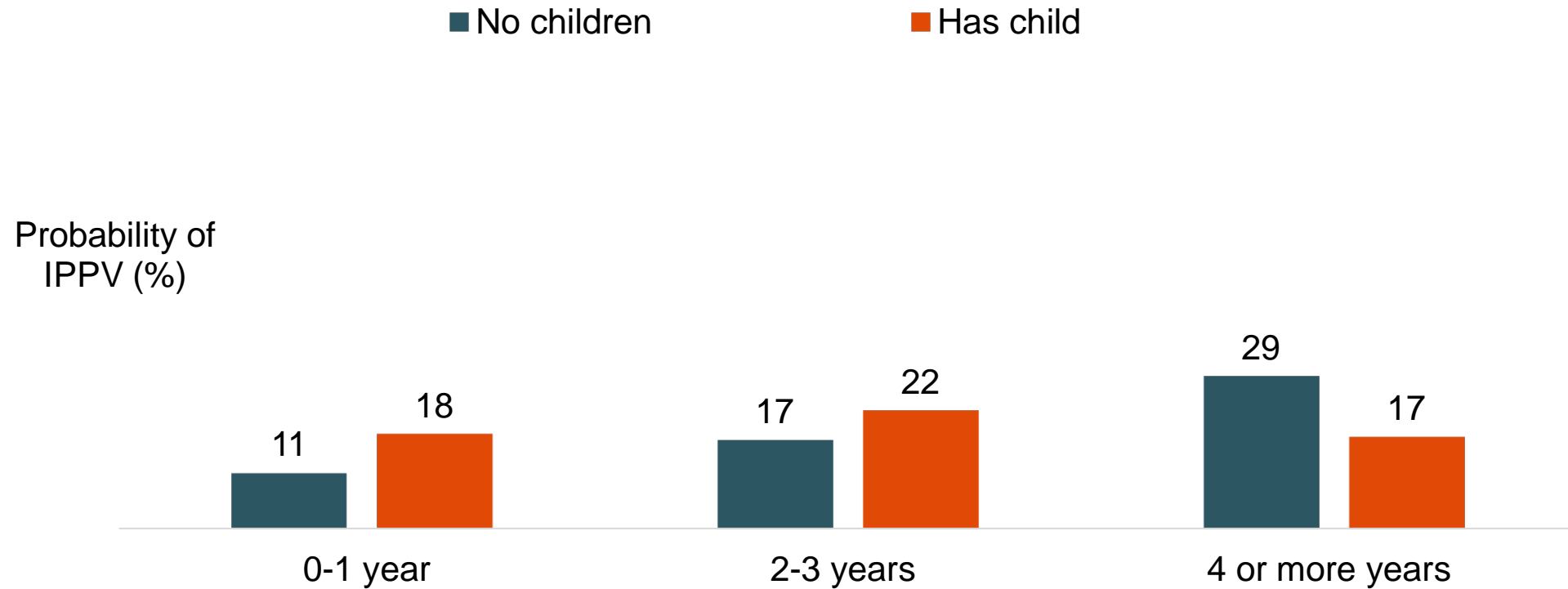
- Has child(ren)

Married females (ages 15–19) living with in-laws or parents are less likely to face IPPV

**% faced IPPV at
least once in
past 12 months**



Predicted probability of IPPV based on model interaction between marriage duration and having a child



Childbearing and Marriage Duration



Take-Home Messages

- IPPV among married females adolescents is pervasive in Bangladesh.
- Girls' education is protective of IPPV as more educated female adolescents have lower risk of IPPV.
- Married adolescents, whose husbands are younger than 21 years, are 1.8 times more likely to face physical violence, compared to adolescents married to husbands 21 years or older.
- Childbearing immediately after marriage exposes married female adolescents to IPPV but delay in having a child after 3 years of marriage is a source of risk for IPPV.
 - Likely family or social pressure on the couple to show proof of fecundity
- Married female adolescents living in households with the presence of parent-in-laws/parents are likely to be more protected from IPPV.
- A phone is likely a vehicle that can help receive instrumental social support against IPPV among married females adolescents, indicating more unrestricted sense of spousal control is a protective factor of IPPV.



In Conclusion

- To prevent physical violence by intimate partners, we ought to keep our girls at schools, as higher education is protective towards IPPV.
- Strictly adhering to the law that requires men to marry at 21 or older age can reduce married girls' risk of IPPV.
- In case of early marriage, for the prevention of IPPV, it is better to live in joint families.



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Factors that provide protection against intimate partner physical violence among married adolescents in Bangladesh

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Background: Intimate partner violence (IPV), and especially intimate partner physical violence (IPPV), perpetrated by husbands, and within adolescence marriage are pervasive in Bangladesh. Younger women are more vulnerable to IPPV.

Objectives: We examined factors associated with IPPV experienced by married adolescents ages 15–19 and tested four hypotheses: (1) adolescent girls married to relatively older husbands, (2) adolescents living in extended families with parents or parents-in-law, (3) adolescents who are minimally controlled by husbands, and (4) adolescents who have a child after marriage are protective of IPPV.

Methods: We analyzed IPPV data from 1,846 married girls ages 15–19 obtained from a national adolescent survey conducted in 2019–20. IPPV is defined as the respondent having physical violence perpetrated by her husband at least once in the last 12 months. We implemented logistic regression models to test our hypotheses.

Results: Sixteen percent of married adolescent girls experienced IPPV. Girls living with parents-in-law or parents had adjusted odds ratio (AOR) of 0.56 ($p < 0.001$) of IPPV compared to those girls who lived with husband alone. Girls with husbands ages 21–25 years and 26 years or older had AORs of 0.45 ($p < 0.001$) and 0.33 ($p < 0.001$) of IPPV compared to those girls with their husband ages 20 and younger. Married adolescent girls who did not own a mobile phone (an indicator of spousal power dynamics) had an AOR of 1.39 ($p < 0.05$) compared to those girls who had a phone. IPPV risk increases with an increased duration of marriage for those with no living children ($p < 0.001$) but not for those with at least one living child; the risk was higher among those who had a child within the 1st year of marriage than those who had not yet had a child. At a duration of 4 years and longer, IPPV risk was higher among those with no living children than those with children.

Discussion: Findings related to those living with parents-in-law or parents, girls married to relatively older boys/men, having the ability to communicate with outside world, and having a child are protective of IPPV in Bangladesh are new, to our knowledge. Strictly adhering to the law that requires men waiting until the age of 21 to marry can reduce married girls' risk of IPPV. Raising girls' legal marriage age can minimize adolescents' IPPV and other health risks associated with adolescent childbearing.

KEYWORDS

intimate partner violence, intimate partner physical violence, adolescence marriage, living arrangement, spousal control



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Q&A with Panel

