

Marital Age and Fertility Consequences among Rural and Urban Women

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ABSTRACT

Background: In Bangladesh, marriage has been nearly universal. The legal age of marriage in Bangladesh is 18 for girls and 21 for boys. However, about two-thirds of the women aged 20-24 were married before age 18. Despite some successes, the society is still facing the practices of early marriage severely. Therefore, new policy perspectives, new programs and new dimension of study are needed to know the real facts regarding early marriage and take possible strategies and actions to way forward.

Materials and Methods: It was a cross sectional comparative study conducted in a rural community of Habashpur Union, Pangsha Upazilla, Rajbari and urban community of AGB colony, Motijheel, Dhaka. A total of 384 participants took part in the study, 251 from rural setting and 133 from urban setting.

Results: The mean age of the urban respondents was 27.17 (± 5.89) years and that of the rural respondents was 29.37 (± 6.62) years. At the time of marriage mean age of the respondent in urban group was 19.71 (± 1.995) years and in rural group the mean age was 15.14 (± 1.214) years. This difference was statistically significant in favor of urban respondents. More than 90% respondents in rural group got married before 18 years of age while opposite phenomenon is noted in urban group. Among the marital age subgroup analyses statistical significant differences were noted. The differences were statistically more significant between the urban and rural groups.

Conclusion: Logistic regression analysis showed that husbands and their wife's education, religion and monthly family income of the respondents before marriage were significantly associated with the age at marriage and fertility consequences of Bangladeshi women.

KEYWORDS: Rural and urban women, Marital age, Marriage pattern, Fertility, Contraceptive status.

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INTRODUCTION

Marital age defined as age at marriage. Fertility defined as the ability to conceive and ability to become pregnant through normal sexual activity. Consequence means a result or an effect typically one that is unwelcome or unpleasant. Bangladesh is the ninth most populous country in the world. According to the 2011 census it has an estimated population of 142 million. It is one of the most densely populated countries in the world. Here annual growth rate is 1.34 percent [1]. Totally fertility rate was 6.3 per women in 1975 [2]. There was high declining in the total fertility rate during

1975 to 1993 but from 1993 to 1999 it was almost constant (3.3 per women) [3], [4], [5]. Thus the fertility conditions prevailing in the country should legitimately by the core concern of the national policies programs.

Marriage refers to that stage in the life of men and women when they are socially and legally permitted to live together. Delay of marriage may be regarded as a positive check on population growth to keep it below substantial level. The initial timing to entry into marriage, particularly females are still very common [6]. Variation in the age of entry into

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marriage helps to explain difference in fertility across population and also helps to explain trends in fertility within individual populations over time [7].

Female's age at first marriage has significant effect and its increase has been associated with declines in population growth (Pathak 1980). In Bangladesh although an upward trend in marital age is evident but the trend towards later marriage is not up to the expected level. Still Bangladesh has lower marital age in comparison to Asian standards (Kabir & Uddin 1986). The average age at first marriage among ever married women is very low that is 14.5 years which is well below the minimum legal age at marriage for females of 18 years set by the Government of Bangladesh in 1976 (BDHS 1985). It was seen that urban women marry later than their rural counterparts. However, 80 percent of Bangladeshi women marry when they are still teenager (BDHS 2001). The effectiveness of legislative age at first marriage depends on prevailing social customs, religion, literacy rate, economic conditions and employment opportunities as well as enforcement machinery (Savitrindina 1997).

Contraception prevalence rate had increased from 7.7 % in 1975 to 62.3% in 2013-14 but TFR is not reducing accordingly [5]. Early marriage lengthens the duration of the period in which woman is at risk of getting pregnant [8]. During the last decade contraceptive prevalence rate is increasing but there is almost no change in total fertility rate. If total fertility rate is not reduced and the inter census growth remains constant then the population will be doubled by 32.3 years [5]

The government of Bangladesh has taken number of efforts to reduce the countries fertility rate. The long- term goal of population control program is to achieve Net reproduction rate (NRR) equal to one by the year of 2005. It seems too far from the reality but not impossible. A country like Bangladesh it would be impossible to achieve a replacement level of fertility by increasing the level of control of marital fertility alone; marital age would have to rise as well. This issue tends to attach importance to the necessity of studying the marital age and fertility consequences and a comparison of that in between urban and rural mothers.

II. MATERIALS AND METHOD

Study Design: Cross sectional with quantitative study was carried out.

Study place: The study was conducted in a rural community of Habaspur Union, Pangsha Upazilla, Rajbari District and in an urban community of AGB colony, Motijheel, Dhaka.

Study period: The study period was conducted from July 2016 to June 2017.

Study population: The rural mothers of Habaspur Union, Pangsha Upazilla, Rajbari District and urban women of AGB colony, Motijheel, Dhaka.

Sampling Method: Purposive sampling was done to collect data. Sample size of the study was 384.

Eligibility criteria: The married women at least have history of one live birth in their reproductive age group.

Research Approach: Data were collected by face-to-face interview with the help of a semi-structured questionnaire.

Data processing and analyses: All the data were checked and edited after collection. Data were then entered into computer, with the help of SPSS for Windows (IBM SPSS Statistics for Windows, version 18). An analysis plan was developed keeping in view with the objectives of the study. Statistical analyses were be done by using appropriate statistical tool. Data were expressed in means with standard deviations for continuous variables and categorical variables were presented as frequency. Statistical significance was assessed at the 0.05 level for all analyses.

Data quality management: Data quality was strictly maintained in every stages of data collection, interpretation, analysis. Tools and instruments were checked every day. At the end of each day of data collection, each questionnaire was checked to see whether it was filled up completely and consistently.

Ethical issues: The study was done through collection of data using questionnaire and neither any intervention nor any invasive procedures was be undertaken. However, prior to initiation of the study ethical clearance was taken from appropriate Ethical Committee.

III. RESULT

This cross-sectional comparative study was done to compare marital age and fertility consequences between rural and urban women of Bangladesh. A total of 384 respondents (251 from rural setting and 133 from urban setting) were enrolled in the study. The findings derived from the data analysis are presented in this section.

Table-1 shows the socio-demographic distribution of the respondents. The mean age of the urban respondents was 27.17 (± 5.89) years and that of the rural respondents was 29.37 (± 6.62) years. Significant difference was observed between these two groups ($t = -3.337$ ($df = 297.56$); $p = 0.001$). In urban group the numbers of illiterate husbands were significantly less than rural group (1.5% vs. 14.3%) whereas numbers of different level educated husbands were significantly higher in urban group. About 28% husbands in urban group had secondary to higher secondary and above educational qualifications while this percentage was negligible (3.6%) in rural group. The differences of education between husbands of urban and rural groups were statistically highly significant ($\chi^2 = 348.07$ ($df = 3$); $p < .001$). Significantly more respondents in rural group used to go to Madrasas (31.5%) than urban group (12.8%). Statistically this difference was highly significant ($\chi^2 = 68.99$ ($df = 2$); $p < .001$). Here, significantly more respondents in rural group used to go to Madrasas (23.1%) than urban group (4.5%). Statistically this difference was highly significant ($\chi^2 = 60.924$ ($df = 2$); $p < .001$). Most of the husbands in rural group were

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farmers (72.9%); however most of the husbands in urban setting were service holders (80.5%). A considerable number of husbands (13%) in rural group were day laborers. Other professions include business, rickshaw pulling etc. were grossly identical in both groups. However, the differences of occupation were statistically highly significant ($\chi^2=256.83$ (df=3); $p<.001$) and more than 90% respondents in rural group got married before 18 years of age while opposite

phenomenon is noted in urban group; here about 95% respondents got married after the age of 18 years. This difference was statistically highly significant ($\chi^2=264.95$ (df=1); $p<.001$). Mean age of the respondent at the time of marriage in urban group was 19.71 (± 1.995) years and that of the rural group was 15.14 (± 1.214) years. The mean age of respondent at the time of marriage in rural group was significantly lower than that of the urban group ($p<0.001$).

Table-1. Distribution of the respondents by socio-demographic information (n=384)

Age group	Category of the women				Total No. (%)
	Urban		Rural		
	No.	%	No.	%	
19-24 years	41	30.8	52	20.7	93(24.2)
25-29 years	62	46.6	89	35.5	151(39.3)
30-34 years	10	7.5	46	18.3	56(14.6)
35-39 years	10	7.5	34	13.5	44(11.5)
40 and above	10	7.5	30	12.0	40(10.4)
Total	133	100.0	251	100.0	384(100.0)
Mean =27.17; (SD = ± 5.887)			Mean =29.37;(SD= ± 6.619)		
Educational qualification	Category of the women				P-value
	Urban		Rural		
Illiterate	2 (1.5)		36 (14.3)		0.001
Primary	94 (70.7)		206 (82.1)		
Secondary	26 (19.5)		2 (0.8)		
Higher secondary and above	11 (8.3)		7 (2.8)		
Total	133 (100.0)		251 (100.0)		
Institute respondent studied	Category of the women				p-value
	Urban		Rural		
School/College	113 (84.9)		117 (46.6)		0.001
Madrassa	17 (12.8)		79 (31.5)		
Not applicable	03 (2.3)		55 (21.9)		
Total	133 (100.0)		251 (100.0)		
Types of Institute	Category of the women				p-value
	Urban		Rural		
School/College	125 (94.0)		157 (62.6)		0.001
Madrassa	6 (4.5)		58 (23.1)		
Not applicable	2 (1.5)		36 (14.3)		
Total	133 (100.0)		251 (100.0)		
Husbands' occupation	Category of the women				p-value
	Urban		Rural		
Farmers	0 (0.0%)		183 (72.9%)		0.001
Day labor	13 (9.8%)		43 (17.1%)		
Service holder	107 (80.5%)		15 (6.0%)		
Others	13 (9.8%)		10 (4.0%)		
Total	133 (100.0%)		251 (100.0%)		

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Age at marriage (yrs.)	Category of the women						p-value	
	Urban	Rural						
<18	07 (5.3)	227 (90.4)					0.001	
≥18	126 (94.7)	24 (9.6)						
Total	133 (100.0)	251 (100.0)						
Parameter	Category of the patients	Min.	Max.	Mean	SD	"t" value	p-value	
Age of the respondent at the time of marriage	Urban(n=133)	16	25	19.71	1.995	22.773	0.001	
	Rural (n=251)	14	26	15.41	1.214			

Figure 1 shows religious identity of the respondents is presented in the above figure. Most of the respondents in both groups were Muslims (88% in urban group and 80.5% in rural group). The numbers of non-Muslims are few in each group

and mainly comprised by Hindu population. The differences of religion between two groups was not statistically significant ($p > .05$)

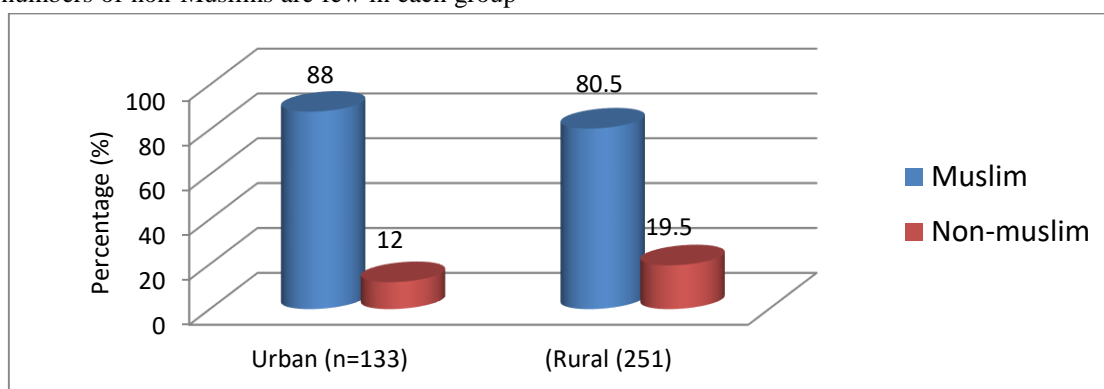


Figure-1: Distribution of the respondents by religion (n=384)

Figure 2 shows the educational status of the respondents in two groups. In urban group the number of illiterate person were significantly less than rural group (2.3% vs. 21.9%) whereas numbers of moderate to highly educated persons were significantly higher in urban group. More than half of

the respondents in urban setting had attained secondary level degrees while this percentage was quite low in rural setting (2.8%). The differences of education between these two groups were statistically significant ($\chi^2 = 286.06$ (df=3); $p < .001$).

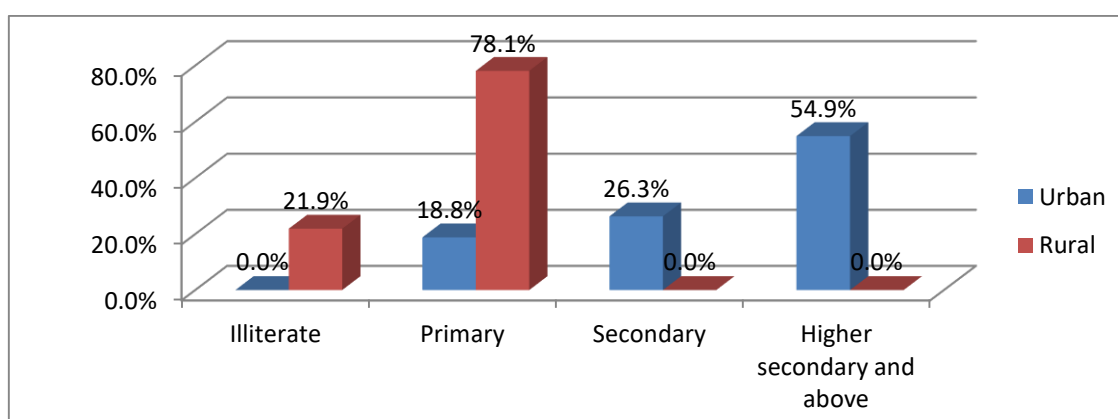


Figure 2: Distribution of the respondents by educational status (n=384)

Figure 3 shows most of the respondents in both groups were housewives (urban: 78.9%; rural: 90.4%). Twenty three respondents (17.3%) in urban group were service holders while seven respondents (2.8%) in rural group were service holders. Small business was profession for 5(3.8%) and 17(6.8%) in the two groups respectively. These differences were statistically significant ($\chi^2 = 26.116$ (df=2); $p < .001$).

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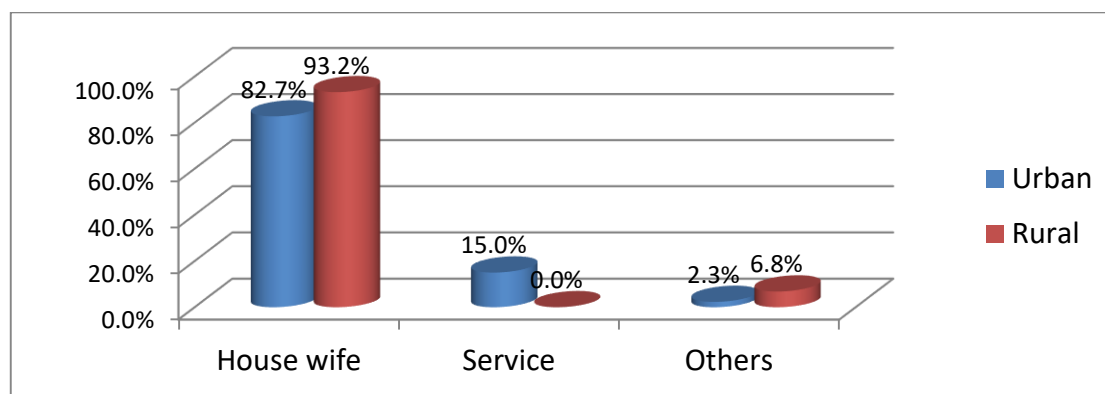


Figure 3: Distribution of the respondents by occupation (n=384)

Table 2 shows the distribution of the respondents by their reproductive health care receiving history. Most of the rural respondents (88.8%) did not receive any reproductive health care while around three-fourth of the urban respondents did receive such care although irregularly. This difference of getting reproductive health care was statistically highly significant ($p < 0.001$) and only three respondents in urban

group never received RHC due to husband (2) or family interferences. In rural group 61% of the respondents were unable to get RHC due to family forbidding and 31.4% due to obstacle from husbands. However, this difference was statistically not significant (Fisher's Exact test=1.776; $p > 0.05$)

Table 2. Distribution of the respondents by reproductive health care receiving history (n=384)

Receiving reproductive health care	Category of the patients		p-value
	Urban	Rural	
Never	3 (2.3)	223 (88.8)	0.001
Regular	17 (12.8)	0 (0.0)	
Irregular	102 (76.7)	15 (6.0)	
Occasional	11 (8.2)	13 (5.2)	
Total	133 (100.0)	251 (100.0)	
Reason of not receiving reproductive health care	Category of the patients		p-value
	Urban	Rural	
Willingly	0 (0.0)	17 (7.6)	0.426*
Husband forbade	2 (66.7)	70 (31.4)	
Family forbade	1 (33.3)	136 (61.0)	
Total	3 (100.0)	223 (100.0)	

Percentage is given in parenthesis

Figure 4 shows in rural setting almost all the decision regarding health care were reported to be taken by the husband alone. On the contrary in urban group most of the

decisions (72.2%) were taken both husband and wife. This difference was statistically highly significant ($\chi^2=312.47$ (df=1); $p < 0.001$).

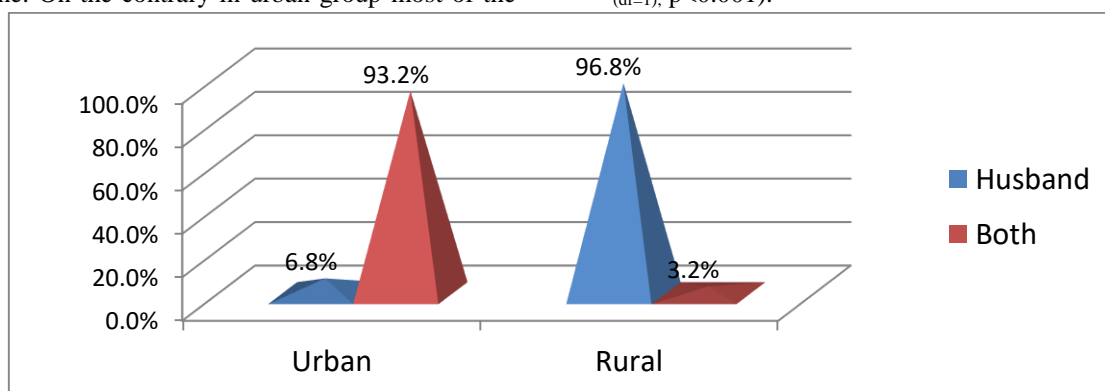


Figure 4: Distribution of the respondents by decision taking about health care (n=384)

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Table 3 shows significantly more respondents (76.7%) in urban group used contraceptive just after marriage than their rural counterpart (19.5%). This difference was statistically highly significant ($\chi^2=119.08$ (df=1); $p<0.001$). In urban group 32 respondents had to change the method of contraception. Almost 72% respondents changed the method by their own decision. While in rural setting most of the changes (74%)

took place due to health related causes. This difference was statistically highly significant ($\chi^2=41.51$ (df=2); $p<0.001$) and 27.5% of rural counterparts were not using any such method. In more than 78% urban respondents, oral pill was the preferred method whereas among rural respondents injection was the mostly used (45%) method. This difference was statistically highly significant ($p<0.05$).

Table 3. Distribution of the respondents by using contraceptive (n=384)

Using contraceptive just after marriage	Category of the patients		p-value
	Urban	Rural	
Yes	102 (76.7)	49 (19.5)	0.001
No	31 (23.3)	202 (80.5)	
Total	133 (100.0)	251 (100.0)	
Reasons of changing contraceptive method	Category of the patients		p-value
	Urban	Rural	
Husband's will	05 (15.6)	04 (3.1)	0.001
Health related	04 (12.5)	94 (74.0)	
Patient's will	23 (71.9)	29 (22.9)	
Total	32 (100.0)	127 (100.0)	
Contraceptive method using at present	Category of the patients		p-value
	Urban	Rural	
Oral pill	104 (78.2)	36 (14.3)	0.001*
Condom	17 (12.7)	0 (0.0)	
Injection	03 (2.3)	113 (45.0)	
Norplant	0 (0.0)	06 (2.4)	
Copper T	7 (5.3)	17 (6.8)	
Permanent method	2 (1.5)	10 (4.0)	
Not using	0 (0.0)	69 (27.5)	
Total	133 (100.0)	251 (100.0)	

Percentage is given in parenthesis

Table 4 shows, Socio- demographic and reproductive characteristics related variables are compared in the above table. Monthly family income of urban respondents was significantly higher than that of the rural group. Age of menarche was not different. Rural respondents were significantly younger than their urban counterpart at the time

of marriage. Age of respondent at 1st pregnancy and at 1st delivery was significantly higher in urban group. Number of conception, live births and living children of the respondents in rural group were significantly higher in rural group ($p<0.001$).

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Table 4. Comparison of socio-demographic and reproductive characteristics related variables between two groups (n=384)

Variables	Category	Mean	±SD	t-value	p-value
Family income of the respondents	Urban	14030.08	3339.87	26.433	<0.001
	Rural	6633.47	1180.30		
Family member of the respondent	Urban	3.80	0.821	28.525	<0.001
	Rural	6.84	1.257		
Age of menarche	Urban	13.69	0.665	2.864	0.06
	Rural	13.61	0.517		
Age of the respondent at the time of marriage	Urban	19.71	1.995	22.773	<0.001
	Rural	15.41	1.214		
Age of respondent at 1 st pregnancy	Urban	21.12	2.629	22.802	<0.001
	Rural	15.87	0.524		
Age of respondent at 1 st delivery	Urban	22.13	2.633	22.626	<0.001
	Rural	16.92	0.487		
No. of conception of the respondent	Urban	1.67	0.967	-29.297	<0.001
	Rural	6.06	1.968		
No. of live birth of respondent	Urban	1.42	0.540	-28.041	<0.001
	Rural	3.75	1.084		
No. of living children of respondent	Urban	1.43	0.541	-20.755	<0.001
	Rural	3.26	1.183		
Age of last child of respondent	Urban	3.59	3.227	-6.491	<0.001
	Rural	5.63	2.136		

Table 5 shows the logistic regression analyses for each group were performed to ascertain the effects of respondent's education, husband's education, religion, access to TV, access to mobile and monthly family income on the likelihood that participants have early marriage. The logistic regression models were statistically significant (urban group: $\chi^2 = 2.890$ (df=5), $p < .001$; rural group: $\chi^2 = 2.247$ (df=5), $p < .001$). Models explained 31.8 to 48% (Nagelkerke R^2) of the variances in early marriage and correctly classified 92 to 97%

of cases. The women and their husbands of urban areas with secondary, higher secondary and above level education have higher age at marriage. The rural and urban non-Muslim women were 1.993 and 2.109 times respectively more likely to go for getting married after the age of 18 than the Muslim counterpart. Access to TV and mobile were also found to be significantly influencing the age of marriage. Respondents whose families earning over taka 10000 per month were more likely to be married after the age of 18 years

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Table 5. Logistic regression estimates of the effects of different background characteristics on age at marriage of rural–urban settings in Bangladesh (n=384)

Parameters	Urban		Rural	
	Coefficient (β)	OR [(Exp(β))]	Coefficient (β)	OR [(Exp(β))]
Respondent's education				
Illiterate (r)	-	1.00	-	1.00
Primary	0.087	1.015	0.380	1.271
Secondary	2.231*	3.966	2.518*	7.241
Higher secondary and above	0.614*	1.837	0.741*	2.089
Husband's education				
Illiterate (r)	-	1.00	-	1.00
Primary	0.111	1.117	0.361	1.451
Secondary	0.781*	2.381	1.753*	4.861
Higher secondary and above	0.352†	1.451	0.394	1.481
Religion				
Muslims (r)	-	1.00	-	1.00
Other religions	0.684†	1.993	0.741	2.109
Monthly family income				
<10000 BDT (r)	-	1.00	-	1.00
≥10000 BDT	0.181†	1.210	0.307†	1.561

r = reference category; OR= Odds Ratio; *significant at the p level of 0.01; †significant at the p level of 0.05; ‡significant at the p level of 0.1

Table 6 shows in case of age at 1st pregnancy in urban group there were 50 respondents got pregnancy below 20 years whereas after 20 years the number was only 4, in case of marital age 1st than 18 and marital age more than 18 the figure was 5 and 74. In comparison to urban group, the rural respondents got pregnancy earlier and the difference is statistically highly significant (p<.001). If we go for number of conception, in rural setting where marital age was less than 18 years, 10 respondents got less than 2 conception and 211 got less than 2 conceptions whose marital age was more than 18. In case of urban setting 97.47 % respondent got less than 2 conceptions and 2.53% got more than 2 conceptions and 2.53 % got more than 2 conceptions where marital age was more 18. The statistical difference was significant (p<.05). In

case of number of live birth and number of living children there was a gross difference in urban and rural area. In urban setting the difference between the marital age category and number of live birth and number of living children was statistically not significant (p>0.5) where as in urban setting in rural setting 196 respondents had less than 2, and 38 respondents had 2.or more than 2 cases when they were below 18. In case of rural case it was statistically significant (p<.05) whereas in case of urban setting the difference was statistically no significant. Majority of the rural respondent were using temporary contraceptive method at the time of interview and only a few (2.67) got temporary method. The figure got almost matched with rural group but the marital age category was different and majority that was 200 respondents were using temporary contraceptives below 18 years. The difference in both setting was not statistically significant.

Table 6. Relationship between marital age and the variables related to fertility consequences of the urban and rural area (n=384)

Name of Variable	Marital age category	Urban	p value	Rural	p value
1. Age at 1 st pregnancy <20	<18	50(92.59)	p<.001	211 (93.36)	P<.001
	>18	5(6.33)		15(60.0)	
	<18	4 (7.41)		15(6.64)	
	>18			10(40.0)	
2. No of conception <2	<18	38 (70.37)	P<.05	10 (4.52)	P<.05
	>18	77 (97.47)		15 (50.0)	
	<18	16 (29.63)		211 (95.48)	
	>18	2 (2.53)		15 (50.0)	
3. No of live birth <2	<18	40(75.48)		8 (3.86)	P<.05
	>18	69 (86.25)		13 (29.55)	

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2 and above	<18	13(24.52)	P<.05	199 (36.14)	
	>18	11 (13.75)		31 (70.45)	
4. No of living child <2	<18	51(91.07)	P>.05	72 (31.44)	P<.05
	>18	70 (90.91)		12 (54.55)	
2 and above	<18	5 (8.93)		157 (68.55)	
	>18	7 (9.09)		10 (45.45)	
5. No of MR/Abortion <2	<18	45 (83.33)	P>.05	196 (83.77)	P<.05
	>18	69 (87.34)		10 (58.82)	
2 and above	<18	9 (16.67)		38 (16.23)	
	>18	10 (12.66)		7 (41.17)	
6. Contraceptive method using at present	<18	54 (100)	P>.05	200 (100%)	P>.05
	>18	75 (97.33)		27 (52.94)	
Temporary Permanent	<18	0		0	
	>18	2(2.67)		24 (47.06)	

Percentage is given in parenthesis

IV. DISCUSSION

The current study was conducted in a rural community of Habaspur Union, Rajbari District and an urban community, AGB colony, Motijheel, Dhaka, to compare marital age and fertility consequences between rural and urban women. Out of 384 respondents, 251 were from rural setting and rest 133 from urban setting.

The mean age of the respondents at the time of marriage in rural group was significantly lower than that of the urban group ($p < 0.001$). More than 90% respondents in rural group got married before 18 years of age while opposite phenomenon is noted in urban group. One local study reported that only 7.4% of rural and about 14% of urban females got married at the age of 18+ years [10]. Most of the rural respondents (88.8%) did not receive any reproductive health care while around three-fourth of the urban respondents did receive such care although irregularly. In rural group 61% of the respondents were unable to get RHC due to family forbidding and 31.4% due to obstacle from husbands. Significantly more respondents (76.7%) in urban group used contraceptive just after marriage than their rural counterpart (19.5%). Both these differences were statistically significant ($p < 0.001$).

Contraceptive use among currently married women has been increasing steadily from 1993–94, when it was 44.6% to 53.8% in the year 1999–2000, and reached 58.1% in 2004 [11]. The DHS found no significant difference in contraceptive use between married women belonging to different wealth quintiles, thus showing that poverty is not a factor that restricts access of women and couples to contraceptive products and services [11].

Family planning activities in Bangladesh is facing some difficulties now a day. The human resources issues such as insufficient training for health providers, inappropriate placement and personnel and inadequate supervision and the infrastructure in health sector are the keys challenges that

government is facing to improve the family planning service [12]. The field workers are reluctant to provide necessary services especially in rural areas. The urban peoples are well motivated and usually do collect the family planning services of their own. This phenomenon could contribute to create such discrepancy between urban and rural setting in this regard. Cent percent of the urban respondents were using some contraceptive methods while 27.5% of rural counterparts were not using any such method. To more than 78% urban respondent's oral pill was the preferred method whereas among rural respondents injection was the mostly used (45%) method. This difference was statistically highly significant ($p < 0.05$).

In Bangladesh and elsewhere, child marriage often leads to early pregnancy, which can have severe health consequences for both mothers and babies, including dramatically elevated rates of mortality [13].

Education is one of the important determinants of the life style in our society. From the results, it is also obvious that the women and their husbands of urban areas with secondary and higher secondary and above level education have higher age at marriage (married after the age of 18 years) than their rural counterparts. Religion is another important and highly significant factor influencing age at marriage of the respondents. It appears that the rural and urban non-Muslim women are 1.993 and 2.109 times respectively more likely to go for getting married after the age of 18 than the Muslim women.

This study found association between education status of the respondent and their number of children was found to be statistically highly significant ($p = < 0.001$) and also significant with age at marriage ($p = 0.004$). Similar statement was stated "We find that women's education is the most important factor explaining fertility differences across the country and overtime", ($p < 0.05$) [14].

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V. CONCLUSION & RECOMMENDATION

On the basis of this study following conclusion may be drawn. Marriage below 18 years, a form of early and forced alliance, is steeped in harmful traditional norms and practices passed across generations, which has a debilitating impacts on the lives of girls, their families and society at large. It is a harmful practice that significantly undermines the best interests of the girl child. The occurrence of early marriage is greater in poorer families and those with lower levels of education, and is also high in fragile states hit by natural catastrophe and conflict. Family planning is the only way to control fertility to reduce the burden of high density. This leads to a conclusion that future reduction of poor consequences of fertility and also the maternal mortality in Bangladesh may largely depend on the increase of the marital age.

Uniformity of national income should be confirmed throughout Bangladesh to reduce economic disparity. As a result, the consequences of early marriage will maintain homogeneity in the urban and rural areas. Steps need to be taken for increase education level of women and better

reproductive health care in specially rural areas to reduce the negative consequences of early pregnancy.

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