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The Effectiveness of Community Mobilization Intervention in Creating Awareness Regarding Early Marriage among Adolescents in Bangladesh: The Case of Shornokishoree Network

Farzana Rashid Brownia [a*], **Shah Ehsan Habib** [b]

[a] Centre for Higher Studies and Research, Bangladesh University of Professionals, Dhaka, Bangladesh.
[b] Department of Sociology, University of Dhaka, Dhaka, Bangladesh.

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***Corresponding Author:**
Farzana Rashid Brownia

Email:
browniacbs@gmail.com

Tel: +088 1713036844

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ABSTRACT

Background: Bangladesh has one of South Asia's highest rates of child marriage, making female adolescents vulnerable to reproductive health risks. *Shornokishoree (SK)* Network has been implementing a mobilization program in Bangladesh using a variety of community engagement approaches. The main objective is to raise awareness among adolescents in secondary schools, bringing together as many stakeholders as possible. This paper aims to examine the effectiveness of the Network's interventions and to determine changes in adolescents' knowledge, attitudes and practices to prevent child marriage.

Methods: 630 participants were recruited from 35 secondary schools across eight divisions of Bangladesh. This study adopted a quasi-experimental design and consisted of a sample for intervention (308) and control group (322). The intervention group consisted of the participants who attended awareness sessions regarding early marriage and reproductive health issues. The study was conducted using stratified random sampling technique. Data were collected through a structured questionnaire and analyzed using SPSS version 23. Chi-square and z-tests were performed to assess the program's effectiveness including associated factors.

Results: The study shows that knowledge about child marriage remained significantly lower ($p < 0.01$) for the control group compared to the intervention group. Nearly one-third (27.9%) of the experimental group rejected the assumption that women's marriageability begins with puberty. 38.4% of the participants in the control group were unaware of the consequences of adolescent pregnancy compared to 8.1% of the intervention group ($p < 0.01$). Additionally, 29.9% of the control group had a very limited understanding of the child mortality and maternal death issues compared to 6.8% of the intervention group ($p < 0.01$).

Conclusion: The study concluded that the awareness program has been very useful in improving knowledge about child marriage among adolescents, creating an impact on child marriage prevention.

Keywords: Child Marriage, Community based participatory research, Adolescent, Bangladesh.

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Introduction

Child marriage is widespread in Bangladesh and has been practiced for decades. The prevalence of child marriage is high in this country when compared to other South Asian nations (Barbera, 2021; UNICEF, 2016). Child marriage has become more common in rural areas where children get married before they reach physical and mental maturity. Despite the Child Marriage Prevention Act 2017, this practice remains unabated in this country due to deep-rooted social and cultural traditions, patriarchal norms, unequal power relations, gendered economic disparity, and poverty (Ame, 2013). Regardless of their roots, child marriage deprives women and girls of autonomy and choice over their bodies and their lives and compromises the development of adolescent girls often resulting in early pregnancy, poor health, and low level of education (UNHRSP, 2017).

Early marriage, also referred to as child marriage, is defined as any marriage carried out below the age of 18, before a girl is physically and psychologically ready to shoulder the responsibilities of marriage and childbearing (Walker, 2012). In Bangladesh, early marriage and child marriage are synonymous with each other and both of them indicate marriage before the age of 18 for girls and 21 for boys. Bangladesh has the third highest child marriage prevalence in South Asia, and one of the world's highest prevalence rate (Kamal et al., 2015; UNICEF, 2016). Based on the report published by UNICEF, 51% of girls get married by the age of 18, putting the country among the top ten in the world in terms of child marriage (UNICEF, 2022). According to the report, Bangladesh currently has 34.5 million child brides — 13.4 million of whom were married before turning 15.

Early marriage is one of several social, cultural, and economic factors responsible for adolescent pregnancy in Bangladesh (NIPORT, 2016). According to the Bangladesh Bureau of Statistics (BBS), the number of married adolescents aged 10-19 makes up about one-fifth of the total population of the country comprising approximately 36 million in total where the adolescent birth rate is 113 births per 1000 women (BBS, 2015).

There are numerous detrimental consequences associated with early marriage which involve physical, developmental, psychological, and social implications (WHO, 2011). Early marriage has a large impact on education, health, and child mortality. World Health Organization (WHO) reports that pregnancy complications remain the leading cause of death among girls aged 15 to 19 in low- and middle-income countries, and those girls are twice as likely to die in childbirth as mothers aged 20 and older (WHO, 2011). Stillbirth also occurs in 6.4% of ever-married women who got married as a child compared to 4.4% of ever-married women who joined in wedlock as adults.

Adolescent pregnancy does not only add to the rate of maternal mortality, but also leads to school drop-out and jeopardizes the ambitions and potential of sexual and reproductive health education (Bates, Maselko & Schuler, 2007). During the adolescent years, especially before 18, unplanned births are associated with low rates of school completion and limited future opportunities, thereby impacting these women's long-term economic status and their families (UNESCO, 2014; Williamson, 2013). A report revealed that 85.2% of women discontinued education because of child marriage in Bangladesh (Kamal, 2015).

Despite the damage to physical and psychosocial health and persistent parental pressure for early marriage, little progress has been made towards ending child marriage in Bangladesh. In this context, community mobilization can bring together as many stakeholders as possible to raise people's awareness to assist in the delivery of resources and services, and to strengthen community participation in a sustainable health promotion program (Talukder et al., 2020). There is evidence that parents, teachers, and community leaders often lack sufficient skills and resources for preventing early marriage and collaborating with other

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community organizations (Malhotra et al., 2011). Considering this reality, the government, non-governmental organizations, and other development partners have been making concerted efforts to raise awareness among general public regarding the adverse effects of child marriage (Sayeed, Saha and Yeasmin, 2019; Mehra et al., 2018; Malhotra et al., 2011; Plan International, 2018). *Shornokishoree* (SK) Network has been implementing a community mobilization program in an effort to minimize this gap to delay and prevent early marriage. Despite widespread acknowledgment of the importance of delaying or preventing child marriage, there have been no previous studies that investigated the impact of community mobilization programs in delaying the onset of child marriage in Bangladesh. The purpose of this research is to determine whether the *SK* Network intervention was successful in changing the knowledge, perception, and practice of child marriage among adolescents in Bangladesh. The main objectives are:

1) To determine whether *SK* Network interventions directed to adolescents in high schools were effective in improving knowledge about child marriage; and

2) To measure the efficiency of the Network's intervention in changing attitudes and practices about child marriage.

_SK_ as a framework for community mobilization

SK Network is the first of its type in Bangladesh and is considered the inspiration behind high-school-based teenagers. Its goals are to avoid early marriage and disseminate information about concerns pertaining to adolescents' reproductive health. The conceptual framework of the *SK* Network draws on the model of American psychologist Urie Bronfenbrenner which places power relations at the center of social structure and projects support action at multiple levels — policies, individuals, families, and communities (Bronfenbrenner, 1979; Brown, 2015; Svanemyr et al., 2015). His model was developed as a way of recognizing that an individual is influenced and is affected by a complex range of social impacts and nested environmental interactions. From this epistemological perspective, community mobilization is a participatory and holistic process wherein groups target the wider social and institutional systems that undermine collective efforts to prevent early marriage rather than a way of changing societal norms (Mannell and Dadswell, 2017). To inform its community mobilization program, *SK* Network created a five-level model of the factors affecting early marriage and the related health issues grounded in the social-ecological model (Islam & Brownia, 2013). An effort to prevent or delay child marriage might include a range of activities that work at the five levels of interest: individual, interpersonal relationships, community, organization, and policy.

The *SK* Network is an adolescent development program in Bangladesh implemented in 2012. The vision of this program is to create awareness among youths about the harmful practice of child marriage and empower them to know about their sexual and reproductive health rights issues. The initiative of the Network currently exists in all the divisions of Bangladesh. This program operates through secondary school-based clubs, namely SKClubs. Adolescent boys and girls of 6th to 10th grade (aged 11 to 19 years) join this club. Each secondary school has one SK Club including 30 boys and girls. Among them, 2 boys and/or girls are leaders of the club and the remaining 28 boys and/or girls are club members. This club has a designated guide teacher; in most cases, one of the schoolteachers guides the club. The SK leaders operate the clubs in the educational system and act as liaisons with the network group. The club members participate in discussions where they share their knowledge and opinions on a range of subjects related to early marriage and reproductive health during the group sessions, which is supervised by a guide teacher.

Key focus areas of *SK* include personal hygiene including menstrual hygiene, adolescent reproductive and sexual health, nutrition, mental

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health lifestyle, empowerment and leadership development, and ending child marriage and early pregnancy. The main key strategies include involving adolescent boys and girls through SK clubs (*SK* school-based clubs) at the secondary school level and conducting peer education in the community setting, providing comprehensive, accurate, and age-specific information for behavior change, addressing barriers at schools and community through sharing and exchanging information on healthy practices. The strategies also include utilizing mass media (e.g. television) and digital media including mobile communication, social media, and online platform, and establishing networks with stakeholders — empowering adolescents through training and capacity building, advocating and mobilizing for policy change.

Methods

Study design

The study used a quasi-experimental design to assess the impact of *SK* intervention on early marriage prevention outcomes. The design was used to determine the effectiveness of the awareness program amongst high-school-based students in the selected areas. Students were selected from schools where they had benefitted from an awareness program (intervention group), and then, compared with students who did not receive any interventions at their schools (control group). Outcome variables were created based on knowledge, attitudes, and practices related to early marriage.

Study population and setting

The study population included adolescent boys and girls (aged 11 to 19) who were members of the *SK* Network or SK club studying at the secondary school level (Year 6 to 10). Adolescent boys and girls with similar age cohort studying at secondary schools regarding Control group were selected as the 'control group'.

Sampling

There are a total of 5,000 *SK* clubs comprising 150,000 members all over Bangladesh. A stratified random sampling technique was used to reduce bias and to obtain samples that best represented the population. Of the study population, a total of 630 students were selected from experimental and control groups. Using a systematic sampling technique, respondents were randomly selected from the identified list of *SK* clubs, and questionnaires were distributed to every student in the identified population. The sample population included secondary school-going adolescent boys and girls who went to *SK* Club (secondary school-based club) and the teenagers were not exposed to the Network program. Students being unable to manage time for the survey due to examinations were initially excluded. Questionnaires were distributed in 35 educational institutions located in eight divisions: Dhaka, Chottogram, Rajshahi, Khulna, Sylhet, Rangpur, Barisal, and Mymensingh. Educational institutions were randomly chosen for this study.

With a well-defined target population, probability sampling approach was used in the selection of the sample. The following formula was used to determine the sample size for students in the study area. Using a systematic sampling technique, respondents were selected at random from the identified list of students, and questionnaires were distributed to every student in the selected population.

$$n = \frac{pqz^2}{e^2}$$

Where,

n = required sample size

p = estimated value of the parameter

e = permissible margin of error, i.e. 5%

z = 1.96 which corresponds to the 95% confidence level

Deff (Design effect) = 1.0

Data collection

A structured and standardized self-administered questionnaire was developed based on WHO guidelines that generated more relevant and in-depth knowledge from the participants. The tool was translated from English to Bengali and administered to participants who gave informed

consent. The questionnaire was divided into four sections comprising 44 questions, and enquired about participants' socio-demographic characteristics, early marriage's knowledge, attitude, and practices including their negative consequences. Socio-demographic factors included the level of education, marital status, parents' education, and types of residence. Knowledge, attitude, and practice (KAP) variables included knowledge about the legal age of marriage, negative consequences of early marriage, problems of early pregnancy, drop-out, knowledge about the incidence of child marriage in their locality, and sources of information. Other measures consisted of attitude with a range of questions measuring mainly ordinal data using a scale. Answers were yes/no/unsure, and strongly disagree/disagree/slightly disagree/slightly agree/agree/strongly agree (scoring from 1 to 6). The students' voluntary participation and anonymity were emphasized by teachers and *SK* club members and through handing out the questionnaires in the schools. The overall response rate was 98%.

Data analysis

Data analysis was performed using SPSS for Windows (version 23). The normality of the continuous variables was verified using Skewness and Kurtosis statistics. Cross-tabulations were performed to summarize the characteristics of the sample and to provide basic information about the variables. Results were presented in numbers and percentages, and Chi-Square tests were performed to compare two categorical variables (control vs. intervention group), as a part of diagnostic analysis. The two-sample z-test was performed to validate whether there was a significant difference between the intervention and Control groups on categorical attributes of knowledge, perception, and attitude. P-value was set at less than or equal to 5% ($p \leq 0.05$).

Reliability of data collection instrument

A pretest with different student groups but similar characteristics was used to determine the reliability of data collection instrument. In two secondary schools of Dhaka division, a pretest was conducted. The measures were deemed appropriate for use in the current study since they produced a correlation coefficient (r) of 0.70.

Ethical considerations

Ethical approval was obtained from the Centre for Higher Studies and Research (CHSR) at Bangladesh University of Professionals (Ref. No. LM 23.01.902.858.24.786.25, Date 09 March 2022). The participants were informed about the purpose and objectives of the study. Participants' consent was obtained prior to data collection, and subsequently, they were given the opportunity to withdraw from the survey at any time. They were well informed that the data collected were only to be used for research purposes. Personal identifications, names, and other sensitive information provided by the participants during the study were handled with confidentiality and anonymity.

Results

Socio-demographic characteristics

Table 1 presents the demographic characteristics of the respondents. The sample consisted of 630 secondary school students. 48.9% (n = 308) of them belonged to the intervention group (schools with a *SK* club), while 51.1% (n = 321) included in the control group (schools that do not have a club). The distribution of respondents between the intervention and control groups was almost equal (67.9% vs. 67.4%). The majority were female participants (67.7%). The age of the respondents ranged from 10 to 19 with a mean of 14.59 (± 2.49). The majority of participants in both the intervention (58.8%) and control groups (53.7%) were within the range of 14 to 17. Full details of the proportions in each of the response categories are given in Table 1.

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Table 1. Socio-demographic characteristics of the respondents by intervention and control groups

Variables	Intervention (SK) N = 308	(%)	Control (non-SK) N = 322	(%)	χ^2	P-value
Age						
10-13	96	31.2	113	35.1	1.62	.443
14-17	181	58.8	173	53.7		
18+	31	10.1	36	11.2		
Gender					.901	.015
Male	99	32.1	105	32.6		
Female	209	67.9	217	67.4		
Father's education					64.92	< 0.01
No education.	31	10.06	103	31.99		
Primary	36	11.69	64	19.88		
Secondary - higher	241	78.25	155	48.14		
Mother's education					67.93	< 0.01
No education	32	10.39	111	34.47		
Primary	47	15.26	69	21.43		
Secondary or higher	229	74.85	142	44.10		
Father's occupation					49.26	< 0.01
Agriculture	10	3.2	40	12.4		
Business	134	43.5	116	36.0		
Job holders	121	39.29	73	30.79		
Others	43	13.96	93	28.88		
Mother's occupation					38.84	< 0.01
Agriculture	2	0.65	37	11.49		
Jobholder	57	18.51	31	9.63		
Housewife	249	80.84	254	78.88		
Religion					28.36	0.092
Islam	265	86.04	261	81.06		
Others	43	13.96	61	18.94		
Level of education					22.41	< 0.01
Grade 6	27	8.8	40	12.4		
Grade 7	30	9.7	51	15.8		
Grade 8	57	18.5	50	15.5		
Grade 9	69	22.4	99	30.7		
Grade 10	125	40.6	82	25.5		
Use of smartphone					24.11	< 0.01
Yes	165	53.6	110	34.2		
No	143	46.4	212	65.8		
Use of social media					39.47	< 0.01
Yes	189	61.4	117	36.3		
No	119	38.6	205	63.7		
Location of residence					75.08	< 0.01
Urban	103	33.4	72	22.4		
Semi-urban	105	34.1	39	12.1		
Village	100	32.5	211	65.5		

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More than three-quarters (78.2%) of the respondents' fathers (part of the intervention group) had completed secondary school or higher level, while nearly about one-quarter (31.9%) in the control group received no formal education. Similarly, nearly three-quarters (74.8%) of participants' mothers (attached to the intervention group) had completed secondary school or higher level compared to 34.4% of respondents' mothers in the control group. There was a significant relationship between parental education and receiving health promotion intervention ($p < 0.01$). The majority of mothers were housewives from both groups: 70.1% of the intervention group and 66.4% of the control group. In contrast, business was overrepresented regarding the respondents' fathers' occupation in both the groups: 43.5% of the intervention group and 36.0%) of the control group.

In general, there were more participants in the intervention than the control group with smartphones (53.6% vs. 34.2%). There was a significant association between the ownership of smartphones and being part of the intervention program ($p < 0.01$). Students from the intervention group reported the highest use of social media (61.4%). By contrast, 36.3% of participants in the control group reported using social media. There was a significant association between the use of social media and being linked to the intervention program ($p < 0.01$).

Adolescents' knowledge and perception related to early marriage

A majority of teenagers from both the intervention (99.7%) and control groups (89.1%) had good knowledge of early marriage, Table 2.

Table 2. Knowledge and perception of respondents related to early marriage for intervention and control groups

Statements	Proportion (*SK*) P_1	Confidence interval 95%		Proportion (non- *SK*) P_2	Confidence interval 95%		P_1-P_2	P-value
		LCL	UCL		LCL	UCL		
Early marriage is harmful	.996	.990	1.00	.8913	.857	.925	.105	< .01
Minimal legal age for boys is 21	.980	.965	.995	.8467	.805	.888	.133	< .01
Minimal legal age for girls is 18	.990	.979	1.00	.9721	.953	.991	.018	< .01
Early marriage is a legal offense	.987	.974	.999	.878	.840	.911	.109	< .01
There is legal punishment for early marriage	.967	.947	.987	.7143	.664	.763	.253	< .01
Punishment for early marriage is imprisonment and fine	.957	.935	.980	.4783	.423	.532	.479	< .01
Early marriage has implications on health	.981	.966	.9964	.618	.564	.671	.363	< .01
Early marriage increases child mortality	.931	.903	.9559	.7108	.658	.763	.220	< .01
Early marriage stops/limits access to education	.970	.951	.989	.77	.721	.818	.200	< .01

LCL= Lower Confidence Limit, UCL=Upper Confidence Limit

A large majority of adolescents from both the intervention (98%) and control groups (84.7%) correctly identified the minimum (legal age) of marriage for boys. In addition, almost all (99%) the adolescents in the intervention group and 97.2% in the control group correctly identified the minimum legal age of marriage for girls.

More respondents in the intervention (98.7%) than the control group (87.8%) ascertained that child marriage is a legal offense in Bangladesh. When asked if they had learned about existing punishment for early marriage, 96.7% of adolescents in the intervention group and 71.4% of adolescents in the control group responded positively. Participants in the intervention group (95.7%) were more likely to state correctly both

imprisonment and a fine as the punishment for early marriage compared to 47.8% of the participants in the control group (p = 0.01).

The proportion of respondents who were concerned with the health implications of early marriage was 98.1% in the intervention group compared to 61.5% in the control group. About 93.1% of the respondents in the intervention group and 71.1% of the respondents in the control group answered correctly stating that early marriage increases child death rate. When asked whether early marriage prevents or restricts access to schooling, a difference of around 20% was found in the proportion of correct answers recorded in both the intervention and control group participants.

Attitude and beliefs related to early marriage

Table 3 shows the respondents' attitudes and beliefs regarding early marriage.

Table 3. Attitude and beliefs of respondents related to early marriage by intervention and control groups

Statements	Proportion (*SK*) P_1	Confidence Interval 95%		Proportion (non- *SK*) P_2	Confidence interval 95%		P_1-P_2	P-value
		LCL	UCL		LCL	UCL		
Early Marriage protects a girl	.9903	.979	1.00	.832	.791	.873	.158	< .01
Early Marriage is good to raise family	.9903	.979	1.00	.788	.744	.833	.201	< .01
Mature appearance is readiness for marriage	.9156	.884	.946	.677	.625	.728	.238	< .01
girl under 18 is more fertile than above 18	.9643	.943	.985	.720	.671	.769	.243	< .01
Early marriage hampers the scope of study	.9675	.947	.987	.757	.711	.804	.209	< .01
Main role of woman is, as wife/mother	.9546	.931	.977	.593	.539	.646	.361	< .01
Daughter's education is less important	.961	.939	.982	.711	.661	.760	.249	< .01
Confidence to influence community decision on child marriage	.9545	.931	.977	.543	.489	.590	.411	< .01

Note: LCL= Lower Confidence Limit, UCL=Upper Confidence Limit

A number of questions were asked to assess respondents' attitudes towards early marriage. The first question was about the association between girls' early marriage and being protected. A large proportion of participants from both the intervention (99.0%) and control group (83.2%) disagreed that a girl receives protection through early marriage. When asked if early marriage allowed more time to raise children, almost all the participants in the intervention group (99.0%) agreed with the statement. On the other hand, more than three-quarters (78.9%) of the participants from the control group disagreed with the statement.

A large proportion of participants (91.5%) from the intervention group disagreed with the statement that physical change signified a girl's preparedness for marriage. Additionally, 96.4% of participants in the intervention group disagreed that girls under 18 were more fertile (capable of childbearing) than those over 18. When asked whether early marriage was a barrier to the access to education, almost all

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the participants (96.8%) in the intervention group and three quarters (75.8%) of the participants in the control group shared the view that early marriage hindered the future scope of education. When participants were asked to comment whether education was perceived as being important for girls, a significant proportion of participants (28.9%) in the intervention group stated that a girl's education was not equally important in comparison to boys. On the other hand, only a small proportion of participants in the intervention group had negative attitudes indicating that girls did not deserve to be treated equally as far as education was concerned.

Early marriage practices

More than half (61.2%) of the participants in the intervention group and almost half (47.7%) of participants in the control group stated that they knew girls in their community who had been married off under the age of 18 the previous year. There was a significant association ($p < 0.01$) between receiving the intervention and knowing whether a girl under the age of 18 in their community was married off in the previous year.

A large majority (93.8%) of participants in the intervention group and more than two-third (69.0%) of participants in the control group mentioned that their teachers discouraged early marriage during the awareness-raising sessions held on school premises. Additionally, nearly three-quarters (74.6%) of participants in the intervention group stated that their parents had discussed the negative consequences of early marriage with them compared to about one-third (31.4%) of participants in the control group. Sharing information through school or club activities was significantly associated with receiving the membership of intervention group ($p < 0.01$).

Association between knowledge, attitudes, practices, and membership

Table 4 shows the number of participants with knowledge, attitudes and practices for the intervention group and control group. The Chi-square test of association was performed in order to assess whether there is a relationship between knowledge, attitudes and practices and being a member of *SK* Network. The results are presented in Table 2 to Table 4. There was a significant association ($p < 0.05$) between knowledge, attitudes and practices and being a member of the Network.

Table 4. Early marriage among respondents by intervention and control groups

Statements	Intervention (*SK*) n	Intervention (*SK*) (%)	Control (non-*SK*) n	Control (non-*SK*) (%)	χ^2	p-value
A girl under 18 from your area got married last year.						
Yes	188	61.2	137	47.7	24.92	< 0.01
No	90	29.3	80	27.9		
Don't know	29	9.4	70	24.4		
Early marriage increased in your area last year.						
Yes	133	43.3	92	32.1	21.68	< 0.01
No	127	41.4	106	36.9		
Don't know	47	15.3	89	31.0		
A Boy under 21 from your area got married last year.						
Yes	70	22.80	85	29.6	45.24	< 0.01
No	206	67.10	121	42.2		
Don't know	31	10.10	81	28.2		

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Table 4. Early marriage among respondents by intervention and control groups

Statements	Intervention (*SK*) n	Intervention (*SK*) (%)	Control (non-*SK*) n	Control (non-*SK*) (%)	χ^2	p-value
School teachers discourage on early marriage						
Yes	288	93.8	198	69.0	61.43	< 0.01
No	19	6.2	89	31.0		
Your parents discussed the negative effects of early marriage.						
Yes	229	74.6	90	31.4	111.51	< 0.01
No	78	25.4	197	68.6		
Peer education changed the perception of early marriage of your parents.						
Yes	280	91.2	177	61.7	73.173	< 0.01
No	8	2.6	26	9.1		
Don't know	19	6.2	84	29.3		
Peer education changed the perception of neighbors about early marriage.						
Yes	300	97.7	214	74.6	68.24	< 0.01
No	7	2.3	73	25.4		
Heard of or read about "reduce early marriage" last year in Bangladesh						
Yes	265	86.3	145	50.5	88.91	< 0.01
No	24	7.8	83	28.9		
Don't know	18	5.9	59	20.6		
Try to stop any early marriage in your area						
Yes	131	42.7	103	35.9	2.85	.09
No	176	57.3	184	64.1		

Discussion

The purpose of this study was to evaluate the effectiveness of the *SK* Network's intervention in preventing early marriage in Bangladesh. This was the first study to examine the effectiveness of a school-based community mobilization program to prevent child marriage in this country. The Network's attempt at health promotion was found to be effective in improving the social and legal knowledge of child marriage among adolescents. The data provided sufficient evidence indicating that the respondents in the intervention group had better knowledge about early marriage than the respondents in control group. Findings demonstrated that the respondents in the intervention group were more aware of the law and punishment issues regarding early marriage than those in the control group. Furthermore, respondents in the intervention group were more confident in their capacity to influence broader community decisions on child marriage. Adolescents actively engaged in *SK* clubs had better knowledge and positive attitude about child marriage compared with those who were not associated with the clubs.

Over the years, *SK* clubs have been engaged in extensive work for educating adolescents about the harmful consequences of child marriage. The work included law enforcement and punishment issues related to the issue. In this study, there was disparity regarding knowledge, attitudes, and perceptions between the two groups. A large number of respondents from clubs knew the legal punishment of child marriage compared to those in the Control group. Overall, these findings were in accordance with the findings reported by Bhandari (2017) which showed an association between education and a reduced rate of child marriage in

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Nepal. The authors found that thinking patterns between educated and uneducated were different, and adolescent girls with lower levels of knowledge were more likely to get married at an early age by their own choice. A similar conclusion was reached by Ferdousi et al. (2013) who found an association between lack of knowledge and child marriage. They demonstrated that lack of knowledge was a major predictor contributing to child marriage, frequently overlooked in the context of restricting child marriage in Bangladesh.

The study showed that adolescents who were members of the SK club had a positive perception regarding child marriage compared with non-members. The increase may be the result of better exposure to community mobilization programs. Comparisons in this study revealed that many teenagers from the Control group expressed positive beliefs towards child marriage. These prevailing beliefs may be justified on religious and traditional grounds. In Bangladesh, marriage between adolescent boys and girls was often accepted as a cultural norm (Ferdousi, 2013). A common idea was that girls should become mothers as soon as they enter puberty or girls are more fertile in their adolescent years than in their 20s. The results led to the conclusion that a larger proportion of today's adolescents are aware the prevailing misconceptions grounded in Bangladesh society for years.

Respondents from the intervention group showed a negative attitude towards child marriage. A range of prevailing ideas of child marriage on traditional grounds was found in this study. For example, compared to the control group, more adolescents in the control intervention group rejected the idea that women's suitability for marriage starts with their puberty. Furthermore, a larger proportion of adolescents in the intervention group acknowledged that child marriage was a barrier to better health and education. A similar pattern of results was obtained in the study by Ferdousi et al. (2013). They found that parents and relatives helped teenage girls get married in conformity with local social norms before they reach full adulthood in terms of both physical and mental development. A similar pattern of results was obtained in a previous study conducted in Bangladesh, where the authors found that the participants of the intervention group experienced lower risk of child marriage relative to the control group (Amin, Saha & Ahmed, 2018). Understanding prevailing social norms which impact early marriage decisions is crucial to designing and enforcing interventions that promote health and well-being of adolescent girls. The results supported the claim that increasing public awareness by involving students, parents, and local stakeholders reduces early marriage at a significant rate. For example, Better Life Options – a school-based intervention program in India became successful in changing perceptions and influencing adolescent girls' attitudes towards early marriage. The outcome of the intervention reveals that the participation of the school girls in negotiating marriage decisions increased in the group under intervention (Temin & Heck, 2020).

Many respondents from the control group lacked knowledge of the fundamental aspects of child marriage. For instance, 16.3% of adolescents in the Control group expressed that they did not know the legal age of marriage for boys and girls. On the other hand, the intervention that *SK* carried out in the same age range and in the same regions generated a difference of 98% through effectively circulating this information among teenage males and girls. In order to raise awareness among adolescents, SK groups have been crucial in disseminating information for the prevention of early marriage.

In addition to information on legal matters, the Control group possessed a low level of understanding regarding reproductive health issues. A large number of participants (38.4%) from the Control group were unaware of the dangers associated with adolescent pregnancy posing adverse health consequences to mothers and to their unborn children. The proportion of respondents disagreeing with the idea that women

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should not wait long before they become wives and mothers was higher in the intervention. Besides, respondents from the Control group had a very limited understanding of maternal and child mortality in Bangladesh compared to respondents in the intervention group. Teenage girls in the intervention group were more conscious of their own bodies and health due to the program's effect. Weekly conversations and activities run by SK clubs might have increased knowledge among adolescents. Moreover, supervision and help provided by teachers and master trainers made them capable of disseminating information about early marriage and reproductive health-related issues. This result was in line with a previous study conducted in Uttar Pradesh of India where the author's analysis of the impact of school-based intervention suggested significant differences in overall knowledge about reproductive health among students (Acharya, 2009). The lack of knowledge about sex education and adverse consequences of reproductive health was significantly associated with girls' increased risk for early marriage. This indicated that better knowledge about the consequences of early marriage and reproductive health complications was more among the subjects exposed to community mobilization.

The teenagers in the intervention group were aware of the legal age of marriage. They were also aware of the number of teenage girls in their area who are married off before their legal age. More than half of the adolescents from the intervention group stated that they knew boys and girls were married off in their area before their legal age of marriage. Comparisons revealed that the differences were high in the Control group; the participants stated that nearly half of the girls and boys married off before the legal age. A large proportion of participants from the intervention group believed that due to the information they gathered through taking part in SK club events, they might be a potent agent in the fight against child marriage. This demonstrates how effective *SK* is at educating, empowering, and raising awareness among the youth about the need to prevent child marriage.

There were several limitations in this study. First, this project was a part of a cross-sectional study design, which means that a relationship cannot be drawn between the outcome and cause variables. Therefore, the relationships between the variables should be considered tentative. Second, the respondents who participated in this study had to provide a range of information which required them to recollect events over a longer time interval. The control sample may not turn out to be completely comparable. Third, to some extent, the control group sample failed to satisfy the criterion of being similar to the intervention group in all respects in terms of types of educational institutions. Thus, the data from the Control group may be induced with recollection bias.

Conclusion

The main objective of the study was to observe the difference between adolescents engaging in *SK* intervention and adolescents not engaging in this intervention based on their knowledge, attitudes, and practices on child marriage. The intervention group performed significantly better regarding the level of knowledge, positive attitude and practices compared to the control group. *SK's* intervention program is a potential predictor of increasing knowledge and behavior change through a peer-led and multi-level advocacy effort. Those participants who continued to engage in this intervention-induced and awareness-raising program experienced an increase in knowledge and awareness; this indicated effectiveness in changing attitudes and perception towards early marriage.

The members of *SK* school-based clubs had a deeper comprehension of the significance of peer education regarding the prevention of early marriage. The study provides new insights into how exposure to the school-based peer education program changes adolescents' level of knowledge, attitudes, and practices. These results add to the knowledge regarding the effect of the peer-led

program in preventing early marriage in a society where gender-inequitable norms and child marriage are widely prevalent. The program has created a platform where adolescents have been actively involved in the campaign against child marriage, raising awareness among teenagers and parents in the community about the consequences of child marriage. Teenagers became well aware of the relationships between early marriage and the devastating consequences for girls' health which is linked to school dropout.

School-based peer education positively influences the knowledge and attitudes of adolescents and has a fundamental role in preventing early marriage. Additionally, the community still has to be mobilized more, and information needs to be shared with everyone, especially those who live in remote villages. The study proposes the engagement of more peers in the health education campaign who can be considered important agents of behavior change. SK's community mobilization framework demonstrated that it is a potential driver of adolescents' empowerment. The findings of this study can be utilized to evaluate the existing situation in terms of early marriage planning, programming, and policy lobbying.

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Conflict of interest

The authors declared no conflict of interest with respect to the content of this article, authorship, and/or publication of this article.

Authors' contribution

F. R. B; conceived of the presented idea and carried out the study, Sh. E. H; designed and supervised the findings of this study and aided in interpreting the results, F.R.B; wrote the manuscript with input from, Sh. E. H., Sh. E. H; verified the analytical methods, reviewed and contributed to the final manuscript.

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