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Countering Early Marriage & Fertility: A Focus on Bangladesh's Rohingya Refugee Camps

Hossain T[1]*, Akter R[1], Bashar MA[1], Robinson WC[2] and Zimmerman LA[2]

[1]Community Partners International, Bangladesh
[2]Johns Hopkins University, USA

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Executive Summary

Community Partners International, BRAC James P Grant School of Public Health, BRAC University (BRACJPGSPH), and Johns Hopkins University collaborated to implement a study investigating family formation among young Rohingya living in Cox's Bazar, and how this has been affected by their forcible displacement from Myanmar.

The study was funded by Elrha's Research for Health in Humanitarian Crises (R2HC) programme which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises. R2HC is funded by the UK Foreign Commonwealth and Development Office (FCDO), Wellcome and the Department of Health and Social Care (DHSC) through the National Institute for Health Research (NIHR).

A desk review of local and international policies and strategies that target countering child marriage in humanitarian settings was performed. Quantitative and qualitative data were collected from boys and girls in two age groups: 1519 and 20-24, from 15 camps at Ukhiya and Teknaf Upazilas of Cox's Bazar district. The research finds consistent preferences for marriage at 18, and childbearing soon after. It also finds potential for more family planning to support spacing later births.

In order to make major changes to the preference for early marriage and childbearing, a shift in the security and socioeconomic situation in the camps will be required. These will be long term processes, but they will be vital. In the short term, focus should be on targeting families with one child, as well as comprehensive sexual and reproductive health education before the age of 18.

***Corresponding author**: Hossain T, Community Partners International, Bangladesh.

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Factors leading to early marriage and childbearing	Potential Intervention to reduce early marriage and childbearing
• Cultural norms regarding the preferred age of marriage lead to social stigma or ostracism faced by unmarried girls and their families.	• Enforce Existing Laws on Minimum Age for Marriage: Educate communities about existing laws of a minimum age for marriage and its legality. • Promote Positive Social Change: Collaborate with communities, leaders, and key stakeholders to facilitate discussions and awareness initiatives aimed at transforming cultural attitudes and practices that perpetuate early marriage and childbearing.
• Security concerns, especially for single girls, arise due to unsafe living conditions.	• Enhance Protection Mechanisms: Advocate for improved protection mechanisms within camps to ensure the safety and well-being of all residents.
• Limited educational and career opportunities for both girls, boys, and their families lead to poverty and socioeconomic issues. • Dowry practices exacerbate the challenges of child marriage, as households seeking financial security view their sons' marriages as opportunities to obtain dowries from the brides' families. • Early childbearing possibly due to limited access to comprehensive sexuality education, family planning services and social pressure.	• Empowerment of Women and Men: Promote both economic and social empowerment through education, income generation activities, peer support groups, financial assistance for small businesses, and necessary training and technical assistance. Challenge harmful gender norms. • Create Alternatives for Rohingya Youth: Facilitate more economic opportunities for Rohingya young people to secure economic stability. Find creative solutions to address the regulations that prohibit them from accessing quality education and further education and business ownerships. • Community Engagement: Engage communities, religious leaders, and other stakeholders in dialogues and awareness campaigns to highlight the harmful health effects of consecutive childbearing without proper birth spacing. • Comprehensive Sexuality Education: Implement comprehensive sexuality education programs in learning centers and communities to provide young people with the knowledge and capabilities they need to make informed decisions about their sexual and reproductive health. • Family Planning and Birth Spacing Education and Services: Implement comprehensive family planning and birth spacing education programs in communities, ensuring access to necessary services and resources. • Information, Education, and Communication (IEC) Materials: Provide visible IEC materials to inform the community about the benefits of delaying the second birth.

Background

Child marriage is traditionally a common practice among the Rohingya community, and it has increased more after the 2017 influx where more than 700,000 Rohingya people fled to Bangladesh to seek refuge from systematic genocide**.** Recent data indicate that displacement during 2017 may have increased child marriage, with approximately 14% of FDMN (Forcibly Displaced Myanmar Nationals) females age 18-19 married before age 18 and 9.4% of FDMN males age 18-19 [1]. Qualitative data suggest that there is widespread acceptance of child marriage in communities, and that looser regulation regarding the legal age of marriage may explain increased rates of child marriage among more recently displaced persons [2]. Inadequate implementation of law and camps policies, economic insecurities, and gender-based discrimination is found to be the drivers to early marriage [3]. Child marriage profoundly affects fertility behaviour, substantially raising the likelihood of adolescent childbearing and resulting in higher lifetime fertility for both men and women because of an extended reproductive period [4]. However, there is insufficient evidence about how displacement affects fertility behaviour amongst Rohingya adolescents once they are married.

Research Overview

Research Approach

Between 2021 to 2023, a mixed methods study was conducted in Cox's Bazar, Bangladesh. CPI carried out the quantitative component, while BRAC-JPGSPH managed the qualitative component with support from CPI. Faculty from the Johns Hopkins Bloomberg School of Public Health, Center for Humanitarian Health, supported both components. A desk review was done to supplement the empirical findings.

To quantify the effect of displacement on adolescents regarding marriage and fertility decisions CPI conducted interviews with Rohingya FDMNs from fifteen camps of Ukiya and Teknaf Upazila, Cox's Bazar between January and March 2023. The interviews were carried out face to face by same- sex Rohingya data collectors. Sampling strategy was a combination of purposive and probability proportional to size (PPS). Three camps were selected purposively where CPI was already working and the other twelve were chosen with probability proportional to size. There were sixty-five clusters, each containing twenty-five households, and therefore, data were collected from a total of 1,625 households. Selection of households were random and were only eligible if it matched the selection criteria of having at least one adolescent aged 15-24 regardless of marital status who has been living in the shelter for at least one month and arrived in the camp during or after October 2016. Verbal consent and assent were taken prior to the interview. Up to 2 adolescents from each house were chosen, regardless of sex. The ratio is 2:1 females and males. In total, 1600 adolescent females and 730 males were interviewed. The Kobotool box was used for the data collection.

Qualitative research took place in camps 1W, 4, and 17 in Ukhiya Upazila of Cox's Bazar district. These locations were intentionally selected due to CPI's established community connections. Qualitative data was collected in March April 2023. A total of forty-nine in-depth interviews and sixteen focus group discussions were conducted with FDMNs aged 15-24 who had arrived during or after October 2016. Participants were identified and recruited using a snowball sampling approach.

Results

Findings from the mixed-methods research

Analyzed data for boys and girls in the age groups of 15-19 and 20-24 reveal that around 75% of all respondents, irrespective of age or sex, considered age 18 to be the appropriate age for females, while 67% believed age 20-22 to be suitable for males. Across all age and sex categories, about 25% of respondents felt that couples should wait less than a year before having a child, approximately 40% suggested waiting one year, and about 30% recommended waiting two or more years. Among the ever-married sample, the majority of adolescents, regardless of age group, were married in Bangladesh and had at least one child. Of the 509 women aged 20-24, 28.3% were married by age 18, compared to 6.9% of the 261 males aged 20-24. About 21% of females aged 15-19 were married before age 18, compared to 28% of females aged 20-24. For males, these figures were 4% and 7%, respectively.

Quantitative analyses showed consistently higher risk for child marriage amongst the older cohort of adolescents, age 20-24 than those aged 15-19, for both boys and girls. We also found that 30% of girls gave

birth within a year of marriage and 75% within three years. There were no differences by age at marriage or age cohort, indicating that child marriage and displacement do not have significant impacts on time to first birth following marriage.

Qualitative findings consistently highlight the nature of a fixed desire for particular age of marriage among participants. For girls, people typically viewed 18 as the ideal age to marry, while for boys, people generally considered ages 18 to 22. Some noted societal pressure for young girls to marry early, with less stigma for older brides.

Security concerns also drive early marriages, especially for young unmarried girls, cited by participants who noted unsafe living conditions in camps and places of origin in Myanmar.

"My parents were concerned about my security as I was young and pretty. They feared something might happen to me. Getting me married was a way to ensure my safety. But I don't know how. Anything bad could have happened even if I was with my husband. But that gave them peace, so I have no comments on that." - IDI10, female, married at 16, age 22

Limited educational and career opportunities frustrate males in the camp, prompting some families to support early marriages. Restrictions on formal employment and education after class 8 exacerbate this situation.

"There is no activity here in the camp. So, boys get married at the age of 17/18. The reason for doing this is that they cannot study much here. Cannot go to college after class 10 due to rules and a lack of opportunities. So, they do not study or do business or work. Then, while not doing anything like that, they get involved in bad deeds. That is why they get married." - IDI14, male, married at age 22, age 23

Marriage serves as a socioeconomic solution, particularly for girls facing instability at home. Parents sometimes choose early marriage to alleviate financial burdens or ensure their daughters' future security.

"Many people married girls off, thinking about who will take care of the girl when the parents are old or die. Some are poor; others married early because they do not have a father or a mother." - IDI32, female, married at age 18, age 20

The data suggests that societal norms among the study population favor early marriage for females and slightly delayed marriage for males, with 75% of respondents considering 18 the appropriate age for females to marry and 67% viewing 20-22 as suitable for males. This was also strongly backed up in qualitative interviews. Additionally, a notable, consistent preference to have a first child as soon after marriage as possible, and little mention from boys or girls for family planning at this point, contrasts with willingness to engage with ideas of delaying the second child.

The consistent community preferences for marriage at 18 and childbearing soon after underscores entrenched practices that will be difficult to change quickly, highlighting the necessity for targeted interventions. Focusing on providing reproductive health services to young men and women who are married with one child should be a priority.

Secondly, a major issue that leads young men and women to prioritize marriage is socioeconomic and physical security (or lack of). In order to make changes to the underlying structures that push for early marriage, and encourage having a first child soon after, it seems clear that education (both general and specifically on sexual and reproductive health) and livelihoods reform will be central. These are long term issues, but they may be the key factors that could shape marriage and reproductive health choices for Rohingya living in Cox's Bazar.

Findings from the Desk Review

The protection of refugees and stateless persons, including their marital, sexual, and reproductive health rights (SRHR), is a critical issue governed by various international conventions. Several key international conventions address child marriage, including the Universal Declaration of Human Rights (UDHR), the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1964), the International Covenant on Civil and Political Rights (ICCPR) (1966), the International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

(1979), and the Convention on the Rights of the Child (UNCRC) (1989). While these frameworks do not explicitly target refugees, they are designed to protect the fundamental rights of all individuals. States that are signatories to these conventions are obligated to ensure that refugees and stateless persons within their borders receive the same legal protections regarding marriage and SRHR as other citizens.

In pursuit of the Sustainable Development Goals (SDGs), various strategies and programs have been implemented by UN organizations, international non-governmental organizations (INGOs), and countries to end child marriage, ensure child protection, and promote equal rights in marriage. Specific guidelines, such as the Minimum Standards for Child Protection in Humanitarian Action by the Alliance, the Child Protection Strategy by UNICEF, and the UNHCR Policy on the Prevention of, Risk Mitigation, and Response to Gender-based Violence (2020), provide frameworks for addressing child protection in humanitarian contexts. These initiatives reflect a concerted effort to combat child marriage and safeguard the rights of women.

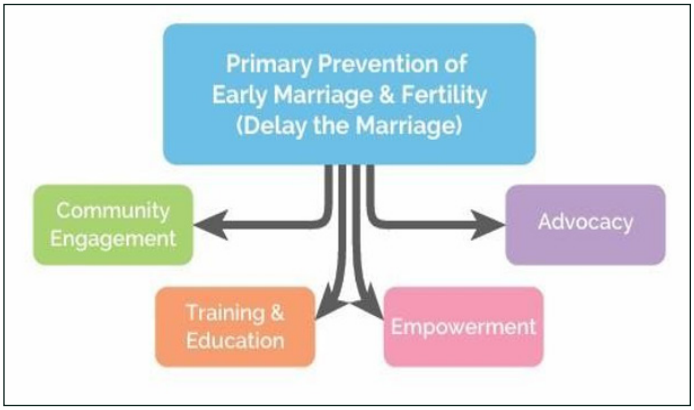
However, Bangladesh has not ratified or become a state party to the 1951 Convention relating to the Status of Refugees or the 1967 Protocol, nor the 1954 Convention relating to the Status of Stateless Persons. Despite not ratifying the 1951 Refugee Convention or recognizing the Rohingya as refugees, the country has acceded to several international treaties that indirectly protect the rights of the Rohingya Forcibly Displaced Myanmar Nationals (FDMNs) as "stateless persons", including the UDHR (1948), the Convention against Torture (1948), the Convention on Consent to Marriage (1964), the ICCPR (1966), the ICESCR (1966), the CEDAW (1979), and the UNCRC (1989). Under the SDGs, which apply to all individuals within the country's borders, these protections extend to the Rohingya population. While Bangladesh has yet to introduce specific national policies or legislation addressing refugees, its constitution guarantees certain fundamental rights for non-citizens residing in the country.

While the Bangladesh constitution guarantees fundamental rights for non-citizens, including the Rohingya, there remains a lack of national-level policy addressing their specific needs. Since 2018, the Joint Response Plan (JRP) has provided a collaborative framework for the Bangladesh government, UN agencies, and NGOs to protect the Rohingya in Cox's Bazar [5]. The JRP 2024 aims to reduce child marriage and gender-based violence while promoting sexual and reproductive health services, including family planning and education. Furthermore, the Strategy on Family Planning for the FDMN Humanitarian Crisis (2022-2025) emphasizes the importance of engaging Rohingya youth in comprehensive SRH education, peer counseling, and access to youth-friendly services [6].

To sum up, while Bangladesh has acceded to several international treaties that indirectly protect the rights of Rohingya FDMNs, there remains a critical need for specific national policies to address their unique circumstances and ensure their full access to fundamental rights. Moreover, global efforts must focus on developing comprehensive international frameworks and policies that explicitly safeguard the SRHR of refugees. Strengthening national and international policies, along with ongoing collaboration between governments, UN agencies, and NGOs, is essential to combat child marriage and gender-based violence in humanitarian contexts. Such targeted measures are essential to close existing protection gaps and to uphold the dignity and well-being of displaced populations globally.

Policy Recommendations

Primary Prevention: Delaying Early Marriage



The primary prevention of early marriage and early fertility can be achieved by delaying marriage. This approach, however, requires significant advocacy efforts to gain acceptance from the community and address the underlying issues. The following strategies are

recommended:

1) Training and Education:

- Comprehensive Sexuality Education: Implement comprehensive sexuality education programs in learning centers and communities. These programs should equip adolescents with the knowledge and capabilities they need to make informed decisions about their sexual and reproductive health.
- Livelihood Training Initiatives: To address the underlying socioeconomic issues contributing to early marriage, implementing livelihood training such as vocational training programs, livestock training, and home gardening projects would be preferable.

2) Community Engagement: Engage communities, religious leaders, and other stakeholders in dialogues and awareness campaigns. These initiatives should challenge harmful social norms surrounding early marriage and early childbearing and also highlight the risks of childbearing during adolescence and encourage delaying first birth until women are at least age 18.

3) Empowerment

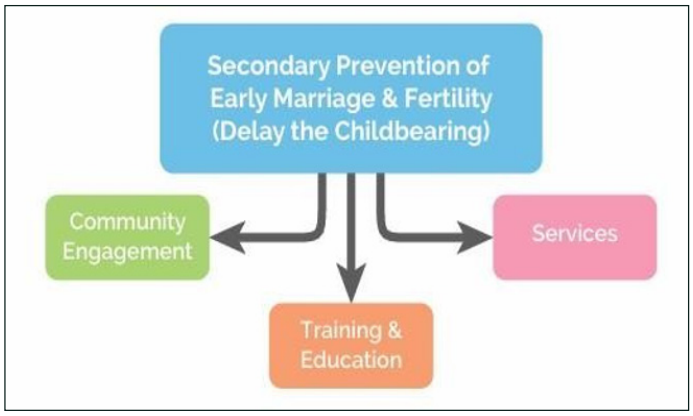
a) Create Alternatives for Rohingya Youth: Facilitate more opportunities for Rohingya young people to secure economic stability. Addressing the lack of alternatives is crucial for reducing early marriage and childbearing in the long term.

b) Empowerment of Women and Men: Both economic and social empowerment through education, income generation activities, support groups, financial support for small businesses and necessary training and technical assistance.

4) Advocacy

- Enhance Protection Mechanisms: Advocate for improved protection mechanisms within camps to ensure the safety and well-being of all residents.
- Prevent Gender and Sexual Violence: Advocate for prevention of gender and sexual violence through supporting women-based organizations and networks.
- Enforce Existing Laws on Minimum Age for Marriage: Educate communities about existing laws of a minimum age for marriage and its legality.

Secondary Prevention: Delay Childbearing, particularly after the first birth



Secondary prevention can be achieved by delaying childbearing, especially after the first child. Ideally, delay of childbearing after marriage should be focused but this approach is often more readily accepted by the community. The following strategies are recommended:

1) Community Engagement: Engage communities, religious leaders, and other stakeholders in dialogues and awareness campaigns. The focus of these discussions should be on the harmful health effects of consecutive childbearing without proper birth spacing.

2) Training and Education:

- Implement comprehensive family planning and birth spacing education programs in communities. These programs should equip individuals with the knowledge and capabilities to make informed decisions about their reproductive health and the timing of their children.
- Information, Education, and Communication (IEC) Materials: Provide visible IEC materials to inform the community about the benefits of delaying the second birth. These materials can effectively convey important messages and encourage healthy reproductive practices.

3) Family Planning Services: Prioritize postpartum family planning to engage young couples, offering counselling on the importance of birth spacing at a time when they are more likely to be in contact with the health system.

Monitoring and Evaluation: Establish routine surveillance mechanisms to monitor and evaluate the effectiveness of interventions aimed at reducing early marriage and childbearing, use data to inform evidence-based policy adjustments for relevant stakeholders.

While all prevention strategies are important, it is

crucial to tailor the approach based on the readiness and acceptance of the community. This will ensure the effectiveness and sustainability of these interventions.

Conclusions

Early marriage and early childbearing pose significant challenges to the well-being and development of individuals and communities. By implementing evidence-based policies and interventions, we can create a future where every individual has the opportunity to reach their full potential, free from the constraints of early marriage and childbearing. All stakeholders, including the government of Bangladesh, to collaborate in reducing the high incidence of child marriage and early childbearing among Rohingya adolescents and youths. This policy brief aims to amplify the voices of Rohingya adolescents and encourage intensified efforts to improve their overall welfare, focusing on preventing early marriage and childbearing.

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