International Journal of Community Medicine and Public Health
Gomi M. Int J Community Med Public Health. 2025 Nov;12(11):4933-4936
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20253666

Original Research Article

Changing views on education, marriage, and reproductive health among rural youth in Bangladesh: implications for preconception health promotion

Mami Gomi*

Department of Midwifery, Graduate School of Nursing, Kawasaki City College of Nursing, Kawasaki, Kanagawa, Japan

Received: 07 October 2025
Accepted: 23 October 2025

***Correspondence:**
Dr. Mami Gomi,
E-mail: gomi-m@kawasaki-cn.ac.jp

ABSTRACT

Background: Child marriage remains a critical reproductive health and social concern in Bangladesh, particularly in rural communities where traditional expectations and economic constraints shape young people's life choices. The COVID-19 pandemic further increased the risk of child marriage through school closures and socioeconomic shocks. From a preconception health perspective, adolescence is a critical period for shaping reproductive attitudes and life decisions. This study explored the evolving perceptions of education, marriage, and reproductive health among rural youth in Bangladesh.
Methods: An exploratory qualitative study was conducted in two rural villages in Madaripur District in December 2021. Two workshops were facilitated by a female NGO facilitator experienced in adolescent development. Sessions were conducted in Bangla and audio-recorded. The facilitator prepared English verbatim transcripts, which the researcher reviewed alongside the original recordings to ensure contextual accuracy. An interpretive reading approach was employed to identify recurring themes and representative narratives.
Results: Four themes emerged: (1) education as dignity and empowerment; (2) negotiating parental expectations and personal will; (3) awareness of child-marriage consequences; and (4) envisioning partnership and mutual respect. Youth narratives revealed incremental yet meaningful shifts toward self-determination and reproductive awareness.
Conclusions: Education and community dialogue contribute to delaying child marriage and strengthening preconception health awareness. For nurses and midwives, supporting culturally sensitive, community-based reproductive literacy and intergenerational communication before marriage or pregnancy represents a practical pathway to sustainable preconception health promotion in rural settings.

Keywords: Bangladesh, Rural youth, Child marriage, Reproductive literacy, Community health nursing, Preconception health

INTRODUCTION

Child marriage continues to affect a substantial proportion of Bangladeshi adolescents. According to the Bangladesh Demographic and Health Survey 2022, the prevalence of marriage before age 18 remains high: 52.6% in rural areas and 44.4% in urban areas.[1] Although the national prevalence has declined over recent decades, child marriage endures as one of the most persistent reproductive health challenges.

The COVID-19 pandemic amplified vulnerabilities through school closures, income loss, and caregiver absence. National monitoring suggested a marked rise in child marriages during 2020, with thousands of cases reported in a short period and many involving girls under 15 years old.[2-5] These dynamics demonstrate how

socioeconomic disruptions can weaken adolescent protection systems.

Community-based education and participatory dialogue have been associated with improved reproductive literacy, delayed marriage, and stronger self-efficacy among girls in rural Bangladesh.[6-7] However, relatively few studies have examined how youth themselves articulate these social shifts. From a preconception health perspective, understanding adolescents' beliefs about education, marriage, and reproductive life is crucial to shaping later outcomes, including the timing of marriage, informed reproductive choices, and respectful partnerships.[8–11]

This study explores how unmarried rural youth conceptualize education, marriage, and reproductive health within changing community contexts and discusses implications for preconception health promotion in nursing and midwifery practice.

METHODS

Study design and setting

This exploratory qualitative study was carried out in December 2021 in two rural villages (Village A and Village B) in Madaripur District, central Bangladesh—agrarian communities with limited access to higher education and health services. The study was conducted in collaboration with a local non-governmental organization (NGO) engaged in adolescent development programs.

Participants

Forty unmarried youth (30 females, 10 males), aged 15–26 years, participated. Purposive recruitment through the NGO's youth network sought diversity in age, gender, and schooling background.

Village A: mixed-gender workshop (20 participants).

Village B: female-only workshop (20 participants).

Data collection

Two workshops (three hours each) employed storytelling, group dialogue, and reflective exercises on education, marriage, and reproductive aspirations. All sessions were conducted in Bangla and audio-recorded with participants' informed consent. A female NGO facilitator conducted both sessions and prepared English verbatim transcripts from the recordings. No Bangla transcripts were created. The researcher reviewed the English transcripts while listening to the original recordings to confirm nuance and accuracy.

Researcher role and reflexivity

The researcher, a nurse-midwife, maintained collaboration with the NGO facilitator throughout planning and interpretation. Reflexive notes documented interpretive decisions and the researcher's positionality as a non-local collaborator. Ethical sensitivity and respect for participants' perspectives guided all stages.

Data interpretation

An interpretive reading approach. [12] was used to identify recurring ideas and representative narratives. Following Braun and Clarke's reflexive thematic principles, interpretive reading involved iterative engagement with the data to derive shared meanings. Instead of formal coding, transcripts were read repeatedly to derive central meanings. Themes were organized inductively to reflect shared experiences across both villages.

Ethics

The study was approved by the Research Ethics Committee of Nara Women's University, Japan (Approval No. 17-23). Written informed consent was obtained. Confidentiality and anonymity were maintained.

RESULTS

Education as dignity and empowerment

Participants described education as a path to dignity, independence, and safety:

"*When I study, I feel my mind becomes light. I can decide my life by myself*." (Village B, Female, 16)

"*Education is light. It helps me avoid darkness. If a girl studies, she can make her own decisions*." (Village B, Female, 16)

"*If I am educated, I can protect myself and my children in the future*." (Village A, Female, 23)

Education was thus associated with self-respect and the capacity to delay child marriage.

Negotiating parental expectations and personal will

Many youths described balancing respect for parents with emerging autonomy:

"*My father thinks girls should marry early so people will not gossip. But I want to study and marry later*." (Village B, Female, 16)

"*Sometimes parents decide without asking us. They think girls are weak, but I want to stand on my own feet*." (Village B, Female, 16)

"*In my family, elders decide everything. But I think our generation must speak. We have dreams too*." (Village A, Male, 19)

These reflections reveal negotiation between tradition and aspiration.

Awareness of child-marriage consequences

Youth shared experiences of relatives or friends affected by early marriage:

"*My friend married at fifteen. She cried because her husband didn't understand her feelings*." (Village B, Female, 16)

"*One of my cousins had a baby at sixteen. She was sick for a long time and stopped going outside*." (Village B, Female, 16)

"*When I was younger, I thought marriage was beautiful. But I saw my sister's life change completely. Now I think education first*." (Village A, Male, 26)

These narratives show community learning and reproductive awareness.

Envisioning partnership and mutual respect

Participants increasingly viewed marriage as cooperation and dialogue:

"*A good marriage is when husband and wife understand each other. They share work and decide together*." (Village A, Female, 23)

"*I don't want a wife who only obeys. I want us to be friends and make decisions together*." (Village A, Male, 26)

"*When a couple can talk about everything, that is peace in family life*." (Village A, Male, 19)

These statements indicate changing gender expectations toward equality and communication.

Table 1: Characteristics of unmarried youth participants in community workshops (n=40).

Characteristics	Village A (Mixed-gender, n=20)	Village B (Female-only, n=20)	Total (n=40)
Gender	Female 10	Female 20	Female 30
	Male 10	Male 0	Male 10
Age range (years)	16–26	15–16	15–26
Mean age (years)	21	15.5	18.25
Highest education level	**Female**: Secondary to university student/graduate	Current secondary students (Grades 9–10)	—
	Male: Secondary to postgraduate student/graduate		
Marital status	All unmarried	All unmarried	All unmarried

DISCUSSION

This study provides insight into how rural Bangladeshi youth reinterpret education, marriage, and reproductive health within social transition. They viewed education as empowerment and protection, sought dialogue within relationships, and recognized risks linked to child marriage. Such findings align with previous evidence that community participation fosters reproductive literacy and delays marriage.[6,7] Education and community dialogue appear to contribute to delaying child marriage and strengthening preconception health awareness.

From a nursing and midwifery standpoint, these results emphasize the importance of culturally grounded engagement. In settings where family and religious norms shape reproductive decisions, health professionals can act as facilitators of reflection, enabling families and youth to discuss health and life choices respectfully. Strengthening collaboration among nurses, midwives, community health workers, teachers, and NGOs is essential to sustain reproductive-health education during normal times and crises, such as COVID-19, which exacerbated risks of child marriage.[2–5]

Implications for preconception health promotion

Positioning adolescent engagement within a preconception health framework underscores that reproductive well-being begins well before marriage or pregnancy. The narratives highlight three priorities for promoting preconception health in rural contexts:

Knowledge and confidence

Reinforcing reproductive literacy and life skills through schools and community programs.

Family communication

Supporting intergenerational dialogue that integrates youth aspirations and cultural values.

Collaborative networks

Linking nursing and midwifery initiatives with NGO and educational efforts to foster safe, trusted spaces for discussion.

These align with WHO and UNFPA frameworks on preconception care and the SDG goals for health, education, and gender equality.[10,13,14]

Limitations

This study involved a small sample and relied on transcripts prepared by one facilitator. Findings are exploratory rather than generalizable. The interpretive reading method prioritized authenticity of youth voices over systematic coding. Future studies should expand to multiple regions, include more diverse participants, and apply formal thematic coding frameworks.

CONCLUSION

Rural youth in Bangladesh articulated evolving understandings of dignity, education, and partnership in ways that support reproductive well-being. Framing these insights within preconception health promotion highlights opportunities for nurses and midwives to strengthen adolescent empowerment before marriage or pregnancy through education, communication, and culturally sensitive support, thereby enhancing reproductive literacy and awareness.

ACKNOWLEDGEMENTS

This study was conducted as part of a long-standing international collaborative project between Japanese and Bangladeshi researchers and NGOs aimed at improving reproductive health in rural South Asia. The author would like to express my heartfelt gratitude to the local NGO partners who have supported this collaboration for many years, and to all participants for their generous cooperation. The author hope that the efforts of these young participants will contribute to improving the health and well-being of women and youth in their communities. The author deeply grateful to Professor Emerita Etsuko Matsuoka of Nara Women's University, the principal investigator of this project, for her continuous guidance and encouragement. The writing of this paper was supported by JSPS KAKENHI (Grant Number: JP15H05170).

Funding: This study was supported by the Japan Society for the Promotion of Science (JSPS KAKENHI Grant Number: JP15H05170)
Conflict of interest: None declared
Ethical approval: Approved by the Research Ethics Committee of Nara Women's University, Japan (Approval No. 17-23)

REFERENCES

1. National Institute of Population Research and Training (NIPORT), ICF. Bangladesh Demographic and Health Survey 2022: Key Indicators Report. Dhaka (BD), Rockville (MD): NIPORT and ICF; 2023.
2. Manusher Jonno Foundation (MJF). Bringing Children Back to School. Dhaka (BD): MJF; 2021.
3. Hossain MJ, Soma MA, Bari MS. COVID-19 and child marriage in Bangladesh: Emergency call to action. BMJ Paediatrics Open. 2021;5:e001328.
4. Yukich J, Worges M, Gage A. Projecting the impact of the COVID-19 pandemic on child marriage. J Adolesc Health. 2021;69(Suppl 1):S23–S30.
5. UNICEF. COVID-19: A Threat to Progress Against Child Marriage. New York (US): UNICEF; 2021. Available at: https://www.unicef.org/media/100406/file/Child-marriage-COVID-19.pdf. Accessed on 7 October 2025.
6. Amin S, Hossain A, Ahmed J. Empowering adolescent girls in rural Bangladesh: Long-term effects of community programs. Lancet Glob Health. 2021;9(3):e245–56.
7. Nasrin S, Sultana N. Perceptions of reproductive health among rural Bangladeshi youth: A qualitative exploration. BMC Public Health. 2022;22(1):1843.
8. Dean SV, Lassi ZS, Imam AM, Bhutta ZA. Preconception care: Closing the gap in the continuum of care. Reprod Health. 2014;11(Suppl 3):S1.
9. Stephenson J, Heslehurst N, Hall J. Before the beginning: Preconception period and future health. Lancet. 2018;391(10132):1830–41.
10. World Health Organization. Preconception Care: Maximizing the Gains for Maternal and Child Health. Geneva (CH): WHO; 2013. Available at: https://apps.who.int/iris/handle/10665/78067. Accessed on 7 October 2025.
11. Shaheen R, Alam A. Integrating preconception care into reproductive health services in South Asia: Challenges and opportunities. Int J Gynaecol Obstet. 2022;158(3):513–20.
12. Braun V, Clarke V. Thematic Analysis: A Practical Guide. London (UK): Sage Publications; 2022.
13. World Health Organization. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): 2023 Progress Report. Geneva (CH): WHO; 2023. Available at: https://www.who.int/publications/i/item/9789240076121. Accessed on 7 October 2025.
14. United Nations Population Fund (UNFPA). State of World Population 2024: Interwoven Lives, Threads of Hope. New York (US): UNFPA; 2024. Available at: https://www.unfpa.org/swp2024. Accessed on 6 October 2025.

Cite this article as: Gomi M. Changing views on education, marriage, and reproductive health among rural youth in Bangladesh: implications for preconception health promotion. Int J Community Med Public Health 2025;12:4933-6.