

**Health and Social-Behavioral Outcomes of Migrant Women Residing in the Urban Slums of Dhaka:
Preliminary Evidence from the SAFE Study**

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Extended Abstract

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Introduction

This paper explores social, behavioral and health outcomes of an understudied, underserved and vulnerable segment of the population in Bangladesh: migrant populations living in the urban slum areas of Dhaka, one of the world's most populous cities. Bangladesh, in the four decades following its independence has experienced rapid urbanization, with Dhaka city experiencing growth at the rate of over 5% per annum, the highest in the world (NIPORT, 2008). This rapid pace of urban growth is attributed primarily to high rates of rural to urban migration. In addition to rapid growth, Dhaka's urbanization has also been characterized by a dispersed and haphazard pattern of settlement due to the absence of adequate planning. Dhaka city is notable for the absence of large slum areas. Slums in Dhaka are neither secluded nor separate from the non-slum urban areas, unlike in many countries in Africa where urban centers have concentrated slum areas. Rather, many slums are dispersed within non-slum areas, creating particular and unique challenges for service provision and as well as research on these vulnerable populations. In this study, we use data from the baseline survey of a unique study, being conducted by the Population Council, ICDDR,B and three other partner organizations in Bangladesh, called the SAFE Program to examine social, behavioral and sexual and reproductive health outcomes of vulnerable women residing in the urban slums of Dhaka. The SAFE program is designed as an multi-sectoral intervention aimed at promoting sexual and reproductive health and rights (SRHR) among these vulnerable women by facilitating specific resources to enable them to defy social norms of gender inequality and to realize their rights. The central strategy of the program is to help them expand the perceptions of their strategic life options through the concepts of consent and choice. Among recent migrants to slum locations in Dhaka, the proportion of women has been rapidly increasing, making this a critical area of intervention in order to ensure rights for women living in particularly challenging circumstances. Additionally, the vulnerability of migrants, particularly women, in Dhaka slums are exacerbated due to their high levels of inter- and intra-slum mobility, resulting from the lack of social cohesion and social safety nets. This paper, thus, examines SRHR outcomes of women and issues related to early marriage among slum dwellers, paying particular attention to their migration status i.e. whether they were born in Dhaka or migrated to the slums. A very limited amount of research exists on the SRHR and marriage related issues and patterns among urban slum populations in Bangladesh or elsewhere in the developing world. Although descriptive in nature and from a cross-sectional baseline survey, the results from this study will be among the first of its kind, providing important insights, learning and guidance on future directions on how to reach a vulnerable at-risk group of women whose problems are considerably difficult to address and examine whether migration as an added dimension result in additional vulnerabilities for women in urban slums.

In Bangladesh adolescent girls and women are denied sexual and reproductive rights because of long standing patriarchal institutions that condone child marriage and forced marriage, segregation of the sexes, and economic exclusion that relegate women to low status. Inadequate SRHR information and services makes both genders vulnerable to diseases. Gender education is normally geared towards women and girls; thus men miss opportunities to become gender sensitive and responsible. Gender based power inequalities hinder the men and women's attainment of sexual health and pleasure and increase their vulnerability towards HIV/AIDS and sexually transmitted infections (Population Council, 2002). While Bangladesh has traditionally afforded women reasonably good access to family planning services, the context of low status of women means that women are unable to make choices regarding marriage, sex and childbearing to the full extent of their rights and ability. One of the most significant consequences of rigid patriarchal institutions in Bangladesh is child marriage. According to national surveys in Bangladesh, the majority of girls are married before the age of 18 (Amin, Selim & Waiz, 2006). The persistence of child marriage is associated with demands for dowry, with amounts increasing with age (Das & Amin, 2008). At the same time, women or girls' ability to exercise their right to consent to or choose a marriage (informed, voluntary and competent), or sex and sexuality, is routinely denied (Siddiqi, 2005). Child marriage represents a set of increased reproductive health risks that are associated with limited knowledge and skills to negotiate adult roles and diminished status in the marital home for an adolescent girl. In Bangladesh as with most other countries, adolescent childbearing occurs within marriage rather than to unwed mothers (Haberland et al. 2005). Child marriage has highly detrimental reproductive and sexual health consequences resulting in early childbirth, adverse effects on child and maternal nutrition, and maternal morbidity and mortality. One key reason for the association with early marriage and negative reproductive health outcomes is also that young age at marriage for girls is associated with larger age differences that reduce her power within the marital relationship. This may affect factors such as negotiating timing of births, choice of contraception or use of maternal and child health (MCH) services. More recently, there is emerging evidence that girls who marry early are at increased risk of gender-based violence (GBV), likely due to large spousal age differences and limited power within these marriages (USAID, 2009). Child

marriage and economic disempowerment may also be related to the high levels of intimate partner violence (IPV) observed in Bangladesh (Naved & Persson 2005; Bates et al 2004; NIPORT 2009).

Child marriage, challenges to SRHR, including intimate partner violence, are common in both urban and rural areas, with evidence to show that women in poor urban areas are most at risk (NIPORT, 2008; Rashid, 2006), yet most programs and projects aimed at empowering women remain in rural areas. There is extremely limited data on the experiences of women who have migrated to urban slum areas in Bangladesh. Data from a study of Dhaka slums (UHS, 2008), a notable exception, compared outcomes in slums to non-slum as well as municipality populations (Garcia-Moreno et al., 2005) showing higher prevalence and acceptance of gender-based violence among women living in urban slums. Migration into slums is likely to result in added vulnerabilities for these women. Migrant girls and women, particularly those living in urban slums, lack even the most rudimentary social protection. Without recourse to traditional forms of redress within the community, they have to rely on tenuous social networks for the bare necessities such as shelter and access to jobs. Child marriage, often imposed upon them, compounds their vulnerability to more violence as does the experience of living away from familiar social networks and being the first generation of women working in the formal sector. At the same time, relocation away from family structures may increase the scope to exercise choice over aspects of their life including personal life, and movement. Very little if anything is known about outcomes in SRHR of these migrant women, a majority of whom are relatively recent migrants to Dhaka. The results from this baseline aims to fill that void, presenting descriptive and multivariate analyses on these variables. This study is part of a larger multisite cluster randomized intervention design of a program to help these vulnerable women navigate such adverse consequences.

Data & Methods

The sample for this study comprises 2,989 ever married 15-29 year old females from the SAFE Baseline Survey being conducted by the Population Council and ICDDR,B in “slums” from three neighborhoods of Dhaka noted for the presence of large tracts of low income populations in Mohakali, Mohammadpur, and Jatrabari. The sample was drawn using a three level multisite cluster randomized trial design. This study presents data only from the baseline sample of the study comprising of ever-married women only.

Dependent Variables: SRHR outcome measures include childbearing practices, SRHR related KAPs, and service seeking behaviors. Child marriage related outcomes include the timing and number of marriages, whether marriages were arranged or love marriages, girls’ consent to and wishes in marriage and dowry demanded.

Explanatory Variables: The key independent variable examined in this study is migration status, which indicates whether the woman was born in Dhaka or is a migrant and migrated to the slums of Dhaka. Data on when the woman migrated (recent or not) and with whom is also available for further analyses.

Other Independent and Control Variables: Various personal characteristics, husband and marriage characteristics, and females’ exposure to violence in the last year are used as explanatory and control variables. Personal characteristics include: age during survey, education, marital and work status, home division, orphan-hood and wealth quintiles. Spousal characteristics related variables include: husband’s education, extra marital relationships, having any child with other women, alcohol consumption, and his getting involved in violence with other men. A full list of variables, study design, sites, data collection, processing, analysis, and ethical consideration are discussed in “SAFE Baseline Report: Introduction and Method”.

Preliminary Results

In this paper, we present preliminary descriptive and multivariate analysis of various characteristics of women, their migration status, and selected SRHR and child marriage outcomes. In Tables 1 and 2, we present bivariate analyses of women’s characteristics and outcomes. In Table 1, we present basic demographic characteristics for the full sample and by migration status. We find that an overwhelming majority of the residents of the slums in Dhaka are migrants, with 82% reporting that they migrated to Dhaka while only 18% reporting that they were born in Dhaka. In terms of socio-demographic characteristics, migrant women show clear disadvantages in their wealth and education profiles with higher concentrations of women in the poorest quintile and with no education. In terms of SRHR outcomes, a significantly higher proportion of migrant women reported having inadequate knowledge of sexually transmitted

infections (STI), menstrual regulation (MR) or sexual rights compared to non-migrants. A higher proportion of them also did not have institutional deliveries, although a higher proportion of them were seen to be using modern contraceptives. In terms of marriage outcomes, the patterns were similar. A higher proportion of migrants responded that dowry was demanded during their marriage and a lower proportion reported that they had a love marriage, indicating disadvantages in the domains of marriage as well.ⁱ

Table 1. Characteristics of Female Respondents (N=2989)

	Overall Sample N=2989	Born in Dhaka N=543	Migrated to Dhaka N=2446
Migration status			
Migrated to Dhaka	81.8	-	100
Born in Dhaka	18.2	100	-
Age			
15-19	16.9	23.1	15.6
20-24	41.1	41.2	41
25-29	42	35.7	43.4
Education			
No education	28	22.1	29.3
Primary incomplete	26.8	26.2	26.9
Primary complete	15.3	15.2	15.3
Secondary incomplete	24.3	30.2	23
Secondary and above	5.7	6.3	5.5
Marital status			
Divorced/separated/widowed	5	6.3	4.7
Currently married	95	93.7	95.3
Current work status			
Not working	71.3	74.8	70.5
Working	28.7	25.2	29.5
Home division			
Dhaka	49	90.8	39.7
Barisal	25.1	4.2	29.7
Chittagong	13.3	4.7	15.2
Rangpur	4.4	0.3	5.4
Khulna	4.1	0.1	5
Rajshahi	2.8	-	3.4
Sylhet	1.3	-	1.5
Orphanhood			
Only one parent/none alive	32.7	35.8	32
Both parents alive	67.3	64.2	68
Wealth quintile			
Lowest	29.6	14.6	32.9
Second	8.5	5.2	9.3
Middle	21.6	16.3	22.8
Fourth	18.7	22.8	17.8
Highest	21.6	41.1	17.2

Table 2. Select SRHR and Marriage Outcomes of Female Respondents (N=2989)

	Overall Sample N=2989	Born in Dhaka N=543	Migrated to Dhaka N=2446
SRHR Related Outcomes			
Did not know of STI	53.5	35.1	57.6
Did not know of MR	49.2	42.2	50.8
Did not know of EC	51.1	49.9	54.9
Inadequate knowledge of Sexual Rights	87.1	81.5	88.3
Inadequate knowledge of Repro. Rights	84.9	81.7	85.6
Current use of modern FP Methods (1)	57.6	65.5 (a)	72.9 (b)
Did not receive ANC	75.8	72.8	76.5
Did not have Institutional Delivery	70.2	58.1	73.1
Child Marriage Related Outcomes (2)			
Married before Age 15	32.1	39.3	29
Had a Love Marriage	47.5	49.9	46.5
Did not obtain consent for marriage	22.3	23.7	18.9
Dowry Demanded	27.1	25.5	27.8

(1) Denominator is 2,542 currently married females, (a) Denominator is 406 currently married females who born in Dhaka, (b) Denominator is 1643 currently married females who migrated to Dhaka.
(2) Excludes women married before migrating to Dhaka

Table 3. Logistic Regression of Migration Status predicting Marriage Outcomes

Variables	Marriage before 15 years	Love marriage	Did not obtain girl's consent	Dowry demanded
Migration status				
Migrated to Dhaka (r)	1	1	1	1
Born in Dhaka	1.742***	1.111	0.812	0.811
	1	1	1	1
Age: 15-19 (r)	1.042	1.045	1.15	0.907
20-24	1.334*	0.85	1.410*	0.762
25-29	1	1	1	1
Education: No education (r)	0.81	0.895	0.886	0.925
Primary incomplete	0.593***	0.757	1.019	0.954
Primary complete	0.453***	0.782	1.105	0.986
Secondary incomplete	0.066***	0.534*	0.964	0.507
Secondary and above				
Not working (r)	1	1	1	1
Working	0.986	1.417***	0.803	0.99
Wealth quintile				
Lowest (r)	1	1	1	1
Second	1.149	1.047	0.847	0.911
Middle	1.274	1.011	0.82	0.853
Fourth	1.385*	0.9	0.909	0.916
Highest	1.387*	0.726*	0.895	1.21
Timing of marriage				
Before 15 years of age	-	1	1	1
At 15 years and above	-	1.087	0.519***	0.863

Model Controls for (odds ratios not shown): Age, Marital Status, Home Division, Orphanhood Status, Husband's Education. * Significant at p< 0.05, ** Significant at p< 0.01, *** Significant at p<0.001

In Tables 3 and 4, we explore these relationships in a multivariate framework and we present some preliminary logistic regression analysis results of migration status predicting various SRHR and marriage outcomes among women living in slums, controlling for a range of socio-demographic variables. In Table 3, results are presented for selected marriage outcomes. In these analyses we exclude women who were married before migrating to Dhaka. We find only one statistically significant result indicating that that compared to women who migrated to the slums of Dhaka (the reference category), women who are non-migrants are more likely to be married early; an indicator of disadvantage compared to migrants. Analyses on whether migration status influenced other marriage outcomes such as having had a love marriage, not having obtained consent for marriage and whether or not dowry was demanded during the marriage, all indicators of choice in marriage, did not yield statistically significant associations. These results thus do not indicate that there are strong associations between migration status and disadvantage in terms of marriage outcomes for migrant women compared to non-migrant women.

In Table 4, we report results for selected SRHR variables, where unlike the marriage analyses, a number of outcomes show highly significant associations with migration status. In these results, we find a clear pattern of disadvantage for migrant slum dwellers compared to women born in Dhaka. Among the statistically significant results, women who are non-migrant residents of slums are seen to be less likely to not be educated about sexually transmitted infections, less likely to have inadequate knowledge about sexual rights, and less likely to not have received maternal healthcare services such as ANC or skilled care during delivery or have had an institutional delivery, compared to migrant women. Again, the pattern of disadvantage for migrant women in SRHR is evident, even after controlling for a range of socio-demographic variables noted in the table. All but one of these results is significant at the 0.001 level.

Table 4. Sexual and Reproductive Health and Rights (SRHR)

Variables	Do not know about sexually transmitted infections	Do not know about emergency contraceptives	Do not know about menstruation regulation	Inadequate knowledge about reproductive health rights	Inadequate knowledge about sexual health rights	Current non-use of any modern FP method	Did not receive medical attendance for antenatal care	Had non-institutional delivery during the last child's birth	Did not receive medical attendance during delivery
Migration status									
Migrated to Dhaka (r)	1	1	1	1	1	1	1	1	1
Born in Dhaka	0.483***	0.932	0.878	0.764	0.557***	0.888	0.743*	0.525***	0.630***
Education: None (r)									
Primary incomplete	0.727**	1.014	0.826	0.727	0.798	0.853	0.835	0.746	0.895
Primary complete	0.540***	0.824	0.775	0.945	0.915	0.696*	0.772	0.691*	0.861
Secondary incomplete	0.420***	1.013	0.627***	0.658*	0.671*	0.691**	0.713	0.642**	0.776
Secondary and above	0.144***	0.586*	0.529**	0.408***	0.344***	0.765	0.838	0.294***	0.509*
Current work status									
Not working (r)	1	1	1	1	1	1	1	1	1
Working	0.690*	0.977	1.189	0.849	0.787	0.914	1.186	1.211	1.417*
Wealth quintile									
Lowest (r)	1	1	1	1	1	1	1	1	1
Second	0.936	0.777	0.87	1.187	1.283	0.74	0.724	1.027	1.064
Middle	0.894	0.935	0.8	1.056	1.056	0.85	0.888	0.841	0.729*
Fourth	0.781*	1.023	0.816	1.024	1.068	0.745*	0.779	0.879	0.586***
Highest	0.632***	0.971	0.835	0.93	0.859	0.686**	0.77	1.143	0.729
Marriage timing									
Early marriage (r)	1	1	1	1	1	1	1	1	1
Marriage on/after 15	1.175	1.006	1.514***	1.364*	1.525***	1.15	1.282*	0.773*	1.178
-2 Log likelihood	3272.546	3379.72	3305.974	2124.301	1967.698	3055.614	2174.199	2039.217	2276.529
Hosmer and Lemeshow Test (chi-square)	4.774	9.445	12.021	14.28	16.937	9.079	8.676	9.519	6.618
N	2,686	2,533	2,686	2,686	2,686	2,305	2,328	1,730	2,437

Models control for (odds ratios not shown): Age, Marital Status, Orphanhood, Home Division, Marital characteristics including type of marriage and dowry demand, Husband's education, extramarital affairs, alcohol consumption, and exposure (various types). * Significant at $p < 0.05$, ** Significant at $p < 0.01$, *** Significant at $p < 0.001$

In the full paper, we will explore these relationships presented in this abstract further, using multivariate and descriptive analyses and examine pathways through which migration patterns among women may affect their wellbeing, particularly focusing on understudied topics concerning mobile migrant women and slum dwellers in urban centers such as SRHR outcomes and marriage patterns. Further analysis of the rich intimate partner violence data available in this dataset will also allow us to examine this important dimension of gender inequality in the proposed full paper.

A study on women living in slums, whose vulnerabilities have been amplified by the lack of stable social networks and social cohesion as a result of their migration patterns, is both timely and appropriate; particularly since the proportion of women among those migrating to the slums of Dhaka is increasing. Understanding whether and how migration status influences SRHR outcomes of women as well as markers of gender inequities such as early marriage will provide critical insights into important dimensions of disadvantage for women in Bangladesh. Results from this study are also particularly salient for the larger study on the SAFE project, which as an intervention is designed to help women navigate inequities and to help enable them to better take advantage of opportunities to improve their social and political agency and health and wellbeing. Evidence from rigorous examinations of the influence of migration patterns on women's health and social-behavioral outcomes is likely to be instrumental in helping build a stronger case for more

focused and evidence based targeting and contextualized interventions to help women in slums achieve better outcomes for themselves and their families.

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ⁱ Women who were married before migrating to Dhaka were excluded from the analysis of marriage outcomes.