

An Evaluation of the Relationship between Early Marriage and Spousal Communication in Family Planning: A Community Based Study in Mymensingh, Bangladesh

Sabara Syeda Khan^{1*}, Shaheda Hamid², Nasreen Akhter³, Mohammad Atiqur Rahman Bhuiyan⁴¹Lecturer, Department of Community Medicine, Ibn Sina Medical College, Dhaka, Bangladesh²Associate Professor, Department of RCH, NIPSOM, Dhaka, Bangladesh³Associate Professor & Head (acting), Department of Community Medicine, Ibn Sina Medical College, Dhaka, Bangladesh⁴Chief Engineer, APS, Dhaka, BangladeshDOI: [10.36347/sjams.2019.v07i09.052](https://doi.org/10.36347/sjams.2019.v07i09.052)

| Received: 20.09.2019 | Accepted: 27.09.2019 | Published: 30.09.2019

*Corresponding author: Dr. Sabera Syeda Khan

Abstract

Original Research Article

Early marriage is an immense social problem in Bangladesh. Marrying off daughters at a young age is a strong social norm in rural area in Bangladesh like many countries of the developing world. By parents it is considered a means to secure their daughters' future financially and socially. However, these early marriages are often associated with spousal communication in family planning and taking household decision. This study was conducted in selected area of Trishal upazilla, Mymensingh 123 km away from Dhaka. The study population was married women between 20-24 years. The sample size was 260 which were purposively selected from Balipara, Bajor and Amiabari Union out 12 union of Trishal upazilla. All data were entered in to SPSS 20.0 version software and analyzed. In this study the mean age of respondent was 22.43 ± 1.361 years. Age of the respondent's husband range 20-50 years (Mean \pm SD = 32.69 ± 5.879). Maximum age was 50 years and minimum age was 20 years. Five percent respondent and 7.3% respondent's husband was illiterate. About seventy five percent respondent were housewives and 25.4% were involved in various type of job. Here maximum income of the respondent was 17000.00 taka only and minimum income was 2000.00 taka only. 35.2% respondent's husband were involved in business and 8.8% were involved in farming. Sixty three percent respondent were living in a join family and 36.5% were live in nuclear family. 48.1% respondent had two room in their house and 30.0% respondent were lived in one room house. 89.62% respondent were married at below the age of 18 years and only 10.38% were married above the age of 18 years. Sixty percent respondent did not ever used family planning method and 38.8% of respondent used family planning. About sixty percent respondent had history of adolescent pregnancy. 67.31% respondent had no spousal communication in taking house hold decision Only 10.38% respondent had spousal communication in using family planning method. Only 17.62% respondent had spousal communication in desire number of children and desire birth spacing. Educational status of respondent had high significant association ($P < 0.030$) with spousal communication in family planning. Monthly income of respondent had high significant state ($P < 0.221$) with spousal communication in family planning. Early marriage had very high significant association ($P < 0.000$) with spousal communication in family planning.

Keywords: Early Marriage, Spousal Communication, Family Planning.

Copyright © 2019: This is an open-access article distributed under the terms of the Creative Commons Attribution license which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use (NonCommercial, or CC-BY-NC) provided the original author and source are credited.

INTRODUCTION

Universally, early marriage is commonly classified as union formations by children under the age of 18 [1]. It is a practice which affects mostly girls in developing countries. One of the latest reports by UNFPA [2] states that; in 2010, there were over 67 million women between ages 20 and 24 who had been married before 18 in developing countries (excluding China). Moreover, in the same report it is projected that, if the present situation continues, more than 14 million

girls under the age of 18 will become married each year within the next decade. While Asia and Africa are the two continents where the practice is most common, it is also possible to witness early marriage victims in almost every developing country around the world. Bangladesh is one of the 41 countries where early marriage had been experienced by more than 30% of women who were between 20 and 24 years old in 2011 [2]. The widespread execution of early family formation in most developing countries has attracted the attention of scholars from different disciplines, mainly because

both the causes and the consequences of this practice are far reaching. Not only does early marriage pose serious health threats to girls who experience early sexual intercourse and childbearing following marriage formation; it also leads to social and economic underdevelopment both at individual and aggregate level [3, 4]. In fact, the Bangladesh Ministry of Health and Family Welfare presents early marriage as one of the most prevalent types of harmful traditional practices that are performed in Bangladesh [4]. Even though there is no clear definition of the term, harmful traditional practices (HTPs) can be generalized as traditional behaviors that constitute violence of some form to specific population groups, especially to women and children. Early family formation is a traditional practice, which is socially and culturally institutionalized.

The present study is aiming at contributing to the literature developed around early marriage practice by focusing on trends in early family formation and the determining factors for “who” actually marries early. The following section will be devoted to a brief information on demographic and socio-economic situation in Bangladesh. Later, the literature review will focus on previous research on early marriage in Bangladesh. It is widely recognized that every individual has a right to health, despite their socioeconomic status. Yet, in many developing countries considerable inequalities prevail, often at the expense of the poor. There are various causes that can affect health outcomes, from the lack of access to health care services to harmful behavior. One such behavior is marrying off daughters at a very young age. In many developing countries, child marriages are a strong social norm. For parents it is desired to marry off daughters early, as they believe it is a means of securing them both a financial and social future. Still, these early marriages are often associated with poor social and physical outcomes. Evidence shows that girls who marry at a young age attain lower levels of education, have less reproductive control and encounter higher rates of mortality. Such outcomes suggest a high impact on society at large, including high population growth, a more rapid spread of disease, and higher numbers of uneducated women [5, 6]. With early female marriage having direct impact on the health of young mothers and their offspring, it should be viewed critically from a social and policy perspective. Health is one of the most important conditions of human life and is the essential part of a person’s opportunity to develop talents and capabilities. Both child marriage and health are a matter of social justice and demand protection; while health requires a fair distribution as well as access to it [7, 6]. Furthermore, insight into socioeconomic inequalities that might be present can help policymakers construct policies and make distributional decisions regarding family planning programs, in terms of the scale that should be covered, which segments of the population should be targeted and which interventions should be

improved and how [8]. The study will provide base line data and will help the health planners, policy makers, donor agencies, NGO and other relevant health personnel to mitigate the adverse effect of early marriage and improve spousal communication in family planning to reducing mortality and morbidity mother and child which will ultimately contribute in increases quality of health status of country.

OBJECTIVE

General Objective

To find out the relationship between early marriage and spousal communication in family planning in rural area

Specific Objectives

To estimate the proportion of early marriage among the selected respondent in rural area

To assess the status of spousal communication in family planning in rural area

To find out the factor associated with spousal communication in family planning in rural area

To assess the socio-demographic pattern in early marriage and spousal communication in family planning in rural area

METHOD AND MATERIALS

A cross sectional study was conducted among the married women who were residing of Trishal Upazilla, Mymensingh during January to December 2015. The inclusion criteria were Women the age between 20-24 years, permanent resident of the study area, volunteer to participate and respond to the questionnaire were included. Women who were mentally disabled and severely ill were excluded. Our aim was to measure early marriage and spousal communication in family planning is a cross-sectional community based study was done at Trishal upazilla, Mymensingh. The married women whose age between 20-24years were taken as respondent. A semi-structured questionnaire was settled initially in English for the collection of data from research participants. The questionnaire was constructed using the selected variables according to the specific objectives. The questionnaire was pre-tested on fifteen women who had the similar criteria as our study respondent at Bosila, Mohammadpur which were not included in the study. This was done before the initiation of the actual study to exploit the answers and the understandings to adjust the research instrument, the questionnaire. The data were collected by house to house visit by applying face to face interview maintaining privacy as much as possible. Only the married women age between 20-24 years consistent with selection criteria were included as research participants. Informed consent was taken initially. The data were collected by house to house visit by applying face to face interview maintaining privacy as much as possible. Informed consent was taken

initially. The data entry was started immediately after completion of data collection. Data processing and analyses were done using SPSS (Statistical Package for Social Sciences) and Microsoft excel. The test statistics used to analyze the data are descriptive statistics, Chi square according to the demand of the study with 95% CI (confidence interval). Level of significance was set at $P < 0.05$.

ELIGIBILITY CRITERIA

Inclusion Criteria

- Rural married women between 20-24 years of age.
- Willingly participate.

Exclusion Criteria

- Severely ill.

RESULT AND OBSERVATION

Highest frequency of respondent were at age 23(28.08%), 24(28.08%) and lowest frequency at 20(11.15%). The mean age of respondent was 22.43 ± 1.361 years. The histogram of respondent husband's age is the normal curve. Maximum age is 50 years and minimum age is 20 years. Among the respondent almost 94.62 were Muslim. Only 5.38 % of respondent were Hindu. 5% respondent was illiterate and 95% had different level of education. Among them 31.2% had secondary education and 29.6% had primary education. Ninety three (93%) husband of respondent was literate among them 21.9% had primary and secondary education and only 7.3% husband of respondent was illiterate. Maximum respondents 74.6 % were housewives, 6.5% were in service and 18.9% were involved in others jobs. 35.0% husband of respondent were businessmen, 31.2% were in service and 33.8% were involved others jobs. Forty three (43.0%) of respondent were lived in tinshed house (Wood Made). About 22.0% and 20.0% were lived in katcha (Mud Made) and adhapaka bari (Brick Wall Made). Only 15.0 % were lived in pakabari (Building) 70.0% responded had two or more room in their house and 30.0% respondent were lived in one room house. 63.5% respondent was living in a join family only 36.5% of respondent lived in nuclear family. 67.3 % respondent had have 5 and above family member in their family and 32.7% of respondent had less than 4 family member. Ninety (89.62%) respondent was married at below the age of 18 years and only 10.4% were married above the age of 18 years. Among the respondents almost 60% had history of adolescent pregnancy. Among the respondents 31.1% had history of pregnancy between 17-19 years and 28.5% had pregnancy at 16 and before 16. 40% had history of pregnancy after 19 years. 96.5% respondent was aware about FP services and only 3.5% did not aware about it. 73.1% respondent awarded about FP services by health worker 16.92% from TV/radio and only 10% from their relatives.

61.15% respondent did not use family planning method. 17.69% respondent used IUCD and 8.077% used condom. Only 5.769% respondent used oral pill. Among respondent some used family planning method and other did not use family planning method. 61.2% respondent used family planning method and rest of 38.8% of respondent did not ever used family planning. Among respondent some used family planning method and other did not use family planning method. 61.2% respondent used family planning method and rest of 38.8% of respondent did not ever used family planning. 233 respondents had no SC in using FP method. Only 27 respondents discuss about using family planning method. Among them 33.3% is use FP method according to their husband's opinion. Only 11.1% respondent used FP method according to their mutual choice. About 90% respondent had no SC in FP and only 10.38% respondent had SC in FP. Among 260 respondent only 95 had spousal communication in FP another 165 had no spousal communication in FP. 33.38% responded had spousal communication in FP who were literate and only 3.07% illiterate responded had spousal communication in FP. So, responder educational qualification had highly significant association with spousal communication in FP ($p < 0.030$) Among 260 respondent 25.38% was housewives and other were involved in different type of job. 25.38% responded were housewife who had spousal communication in FP and 16.17% responded had spousal communication in FP were involved with different type of occupation. So, occupational status had no significant state with spousal communication in FP here ($P < 0.0203$). Among 260 respondent 69 had 2 or more than room and other lived in 1 room house. 10.76% respondent had spousal communication in FP who lived in 1 room house and 26.53 % respondent had spousal communication in FP who lived in 2 or more room house. Here P value < 0.106 which had highly significant association with number room with spousal communication in FP. Among 260 respondent 165 were lived in join family other lived in nuclear family. 25.76% had spousal communication in FP who lived in join family and 10.76% had spousal communication in FP who lived in nuclear family. Here type of family had significant association with spousal communication in FP ($P < 0.480$). Among 260 respondent 32.3% had monthly income 6000 taka only. 32.30% respondent who had 6000 taka only monthly income had better Spousal communication in FP. Here monthly income had significant association with spousal communication in FP ($P < 0.221$). Among 260 respondent 43 were lived in tinshed (Wood Made). And other lived in different type of house. Type of house hold had no significant association with spousal communication in FP ($P < 0.618$). Among 260 respondent 233 were married before the legal age of married. 10.38% respondent who was married at or after age of 18 years had better spousal communication in FP than 89.62% respondent who were married before age of 18 years. Here P value < 0.000 which had very

high significant association with early marriage with spousal communication in FP.

Table-1: Distribution of Respondent by Their Age. (n=260)

Age (respondent)	Frequency(n=260)	Mean±SD
20	11.15%	32.69±5.87
21	18.46%	
22	14.23%	
23	28.08%	
24	28.08%	

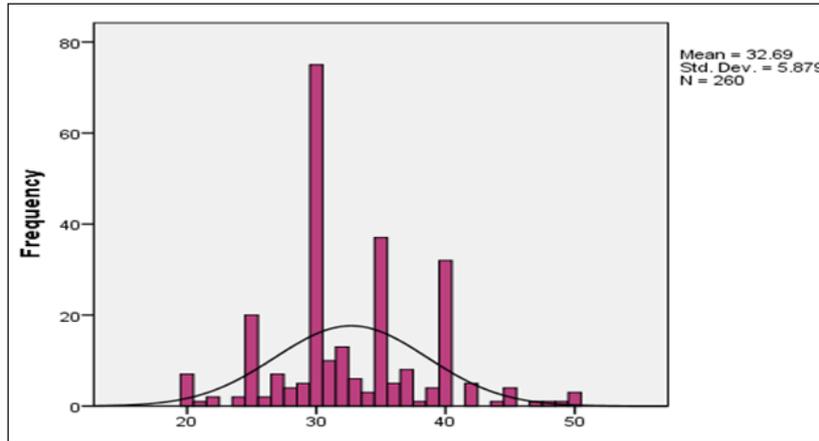


Fig-1: Distribution of respondent by their husband's age. (n=260)

Table-2: Association between respondent's educational status and SC in FP (n=260)

Educational status	Spousal communication in FP	No Spousal communication in FP	Total	χ^2	P Value
Illiterate	8(3.07)	5(1.9)	13(5)	33.516	0.030
Can signature	11(4.23)	20(7.7)	31(11.9)		
Primary-higher secondary	62(23.84)	140(53.84)	216(83.0)		
Total	95(36.53)	165(63.5)	260(100)		

Table-3: Association between respondent's occupational status and SC in FP (n=260)

Occupational status	Spousal communication in FP		Total	χ^2	P Value
Housewives	66(25.38)	128(49.2)	194(74.6)	20.386	0.203
Different type of job	29(16.17)	37(14.23)	66(25.38)		
Total	95(36.53)	165(63.5)	260(100)		
Type of family	Spousal communication in FP	No Spousal communication in FP	Total	χ^2	P Value
Nuclear family	28(10.76)	67(25.8)	95(36.5)	3.845	0.480

Table-4: Association between respondent's monthly income and SC in FP. (n=260)

Monthly income	Spousal communication in FP	No Spousal communication in FP	Total	χ^2	P Value
<=6000	84(32.30)	149(57.30)	235(90.38)	59.513	0.221
>=7000	11(4.2)	14(5.3)	25(9.61)		
Total	95(36.53)	165(63.5)	260(100)		

Table-5: Association of Respondent's Number of Room, type of family and SC in FP. (n=260)

Number of room	Spousal communication in FP	No Spousal communication in FP	Total	χ^2	P Value
1	28(10.76)	52(20)	78(30)	32.896	0.106
>=2	69(26.53)	113(43.46)	182(70)		
Total	95(36.53)	165(63.5)	260(100)		

Table-6: Association between respondent's type of household and SC in FP. (n=260)

Type of household	Spousal communication in FP	No Spousal communication in FP	Total	χ^2	P Value
Tinshed	43(16.53)	69(26.5)	112(43.1)	9.981	0.618
Adhapaka	16(6.15)	36(13.8)	52(20)		
Katcha Bari	21(8.07)	36(13.8)	57(21.9)		
Paka Bari	15(5.79)	24(9.2)	39(15)		
Total	95(36.53)	165(63.5)	260(100)		

Table-7: Association between responder's age at first marriage and SC in FP (n=260)

Age at marriage	Spousal communication in FP	No Spousal communication in FP	Total	χ^2	P Value
<=17	68(26.15)	165(63.46)	233(89.61)	260.00	0.000
>=18	27(10.38)	0	27(10.38)		
Total	95(36.53)	165(63.5)	260(100)		

DISCUSSION

Several researches that have shown a relationship between early marriage and spousal communication in family planning. Which laid a foundation for this research [9-11]. Also, the ICRW and UNICEF reports cover related discussions, even stating there is a strong correlation between these outcomes and the childbearing age of the mother. It was found that being part of the richer wealth quintiles and having an education decreases the probability of both these outcomes, while being part of a poor household increases the probability. This study confirms that current use of any contraceptive method, also particularly, traditional and modern method choice as well as future intention of contraceptive use is strongly positively related to inter-spousal communication, a relationship which persists even after controlling for other socioeconomic, cultural and programmatic factors. Inter-spousal communication showed to have stronger influence on contraceptive adoption among couples than the programmatic factor such as visitations by FPWs. These findings suggest the dominance of husbands in FP decision-making and the low levels of autonomy of women in rural Bangladesh. Our findings are consistent with many studies conducted on spousal communication and the use of any contraceptive use [12-16], modern method choice [17, 18] and intention to use contraceptive method in future [19]. This research was conducted to find the real scenario of early marriage and spousal communication in FP in rural area. This study found that spousal communication in FP was very hard to describe with early marriage and it was an adopted issue. Spousal communication in FP and early marriage is multidimensional no doubt and socio economic factor alone cannot describe it.

Majority 28.1% of the respondent were the age of 23-24years. Around 11.2% were just leave the adolescent age group. And rest of them were 21-22 years old. Almost all 94.62% respondent were Muslims and rest of them are Hindu. Average monthly income of

the respondent was about 6000 taka only. Minimum monthly income of the respondent 2000 taka and the maximum monthly income of the respondent was 17000 taka only. Among the respondent average monthly family income was more than 17000 taka only. Maximum family income was 150000 taka and minimum family income was 4000 taka only. More than 50% respondent had more than 5 member in family and more than 30% respondent had less or equal 4 member in family. Among the respondent 5% were illiterate or without academic learning. 29.6% were literate up to primary level and rest of them crossed primary level with 12.7% in higher secondary or more. About 11.9% of respondent could sign only. More than 10% respondent were go to madrasha (Religious Academy). About 7% of respondent's husband were illiterate. 13.8% of them were only able to do signature. More than 20% of them had experience to learn in both primary and secondary schooling. About 18% of them had gone to higher secondary institutions. Rest of them were gone to madrasha (Religious Academy). In this study female had better history of schooling than their husband. Increased the rate of literacy in female was in favor of BDHS report of 2011 and Bangladesh has already received award for initiative to educate women. Only 12.8% of the respondent were other than housewives in the selected rural area. Among the husband about 35% involved in business. More than 30% were in service. Only 0.4% of them were in garments. And very few of them 8.8% were involved in farming. This study shows that now-a-days men did not want to involve in agricultural job. Most of them were involved in self-employed job. Age, income, family size, family member, type of household etc. sometimes shoed similarities with national findings of BDHS, 2011 and in few cases it differ due to regional variation or due to the study process. Family type gradually shifted to the single type from joint category for last few decades according to the reports of BBS. But in this selected rural area more of than half 63.5% of the respondent lived in joint family and rest of them lived in single family. The conventional explanation is that

the people in richer households can gain better education, exposure to media and access to and control over resources, thereby increasing their status in the perception. This achievement has perhaps given them the confidence to think about spousal communication in FP stemming from tradition, conservative cultural attitudes and religion. In contrast, women with low socioeconomic status lack the knowledge, skills and finances to acquire the essential prerequisites to enhance their confidence. Although constitutional affirmations of spousal communication in FP are present in our country, but in reality there is still gap in spousal communication in FP in between spouses. There were many socio-economic disparity behind the spousal communication in FP between spouses. 89.62% respondent married before age of 18 years and age of marriage had very high significant association with spousal communication in FP ($P < 0.000$). Spousal communication in FP is no doubt a burning issue in involvement of women in national development. Accepting the progress in spousal communication was hard to believe for rural women of the study. Spousal communication in FP economic access, household, decision making, mobility, and educational status. Level of spousal communication in FP was increased with the decreasing the marriage at early age.

CONCLUSION

Early marriage was a common scenario in rural community and it was slightly higher in this study in comparison to the NDHS of 2011. Almost more than 80% had history and spousal communication in FP is no doubt a burning issue in involvement of women in national development. Educational status, occupational status, income status and other socio-economic status and reproductive and FP awareness were major issue in spousal communication in FP. Therefore, based on this research, I conclude that the harmful tradition of child marriages is changing for the better, as over the years more and more girls marry at more mature ages. Additionally, I would like to conclude this there is still room for improvement in the access to education. This is a long term investment. The continuation of investment in education programs is the right strategy at the moment. Although on the right track, more strategic targeting should be implemented with a stronger orientation towards the poorest households in Bangladesh. Overall, the analyses of this study indicate larger positive impact of spousal communication on FP. In addition, lack of inter-spousal communication, religious beliefs. Socioeconomic, cultural and religious beliefs are important determinants of contraceptive use in rural Bangladesh. According to this study I would like to conclude this early marriage was triggering factor in inter-spousal communication in FP appeared as vital factor, couples should be inspired to talk about family size including other familial issues that they may understand each other's views and attitudes. These efforts may help to raise the CPR in Bangladesh that is

needed for extra cutback of fertility to reach at replacement level.

LIMITATIONS OF THE STUDY

This was a single Centre study with small sample size, which may not reflect the scenarios of the whole country.

RECOMMENDATIONS

The investigation of spousal communication on contraceptive use and ideal family size should be extended to other areas. In addition, survey questions should be more specific, include broader definition of communication not only on the subject of FP but also for other matters in the family that require communication between spouses such as decisions about child schooling, food purchase, and property acquisition. Attempts to examine issues as to why couples report contraceptive use differently will benefit from information gathered in-depth surveys of couple's attitudes, preferences and behavior regarding contraceptive use, discussion and FP. Longitudinal data are required to gain better understanding of effects of couple's attitudes on contraceptive use and FP. Further analytic study will be recommended to conclude the issue using these baseline data. Women should be aware about early marriage and spousal communication to improve their current status through their empowerment. Early marriage is not only disgraceful for the familial life it creates problem in social harmony. Spousal communication in family planning is not only the power to take control over but also to protect them from any kind of violence against them. Policy makers should make the women empowered in that scale to say "NO" to early marriage and "YES" to spousal communication in family planning by breaking their silence.

REFERENCES

1. UNICEF. Early marriage a harmful traditional practice a statistical exploration 2005. UNICEF; 2005.
2. Gender inequality and women's empowerment: Ethiopian Society of Population Studies. Addis Ababa UNFPA. 2012.
3. Clark TN, editor. The city as an entertainment machine. Amsterdam, Netherlands/Boston, MA: Elsevier/JAI; 2004.
4. Assefa Z, Van Laethem A, Garmyn M, Agostinis P. Ultraviolet radiation-induced apoptosis in keratinocytes: on the role of cytosolic factors. *Biochimica et Biophysica Acta (BBA)-Reviews on Cancer*. 2005 Jul 25;1755(2):90-106.
5. Bruce CJ, Goldberg ME. Primate frontal eye fields. I. Single neurons discharging before saccades. *Journal of neurophysiology*. 1985 Mar 1;53(3):603-35.

6. Marrying too young. End child marriage. New York UNICEF. 2005.
7. Sen A. Health: perception versus observation: self reported morbidity has severe limitations and can be extremely misleading. 2002.
8. Adams CF, Pickard MR, Chari DM. Magnetic nanoparticle mediated transfection of neural stem cell suspension cultures is enhanced by applied oscillating magnetic fields. *Nanomedicine: Nanotechnology, Biology and Medicine*. 2013 Aug 1;9(6):737-41.
9. Finlay JC. Stream size and human influences on ecosystem production in river networks. *Ecosphere*. 2011 Aug;2(8):1-21.
10. Rahman MM. Control measures for important insect pests of major pulses. In *Advances in pulses research in Bangladesh: Proceedings of the Second National Workshop on Pulses 1989 Jun 6* (pp. 6-8).
11. Abdullah S, Burke EK. A Multi-Start Very Large Neighbourhood Search Approach with Local Search Methods for Examination Timetabling. In *ICAPS 2006 Jun 6* (pp. 334-337).
12. Kamal M, Islam A. Prevalence and socioeconomic correlates of unintended pregnancy among women in rural Bangladesh. *salud pública de México*. 2011;53(2):108-15.
13. Lü L, Zhou T. Link prediction in complex networks: A survey. *Physica A: statistical mechanics and its applications*. 2011 Mar 15;390(6):1150-70.
14. Ogunjuyigbe PO, Adeyemi EO, Obiyan MO. Attitudes towards people living with HIV/AIDS: Implication for infection and spread of HIV/AIDS in Lagos State, Nigeria. *Journal of Chinese Clinical Medicine*. 2009 Mar 1;4(3).
15. Kulczycki A. Husband-wife agreement, power relations and contraceptive use in Turkey. *International family planning perspectives*. 2008 Sep 1:127-37.
16. Islam MS, Sharma S, Kamins TI, Williams RS. Ultrahigh-density silicon nanobridges formed between two vertical silicon surfaces. *Nanotechnology*. 2004 Jan 23;15(5):L5.
17. Kamal N. Inter-spousal communication on family planning as a determinant of the use of modern contraception in Bangladesh. *Journal of Family Welfare*. 1999 Apr 1;45(1):31-43.
18. Gage FH, Coates PW, Palmer TD, Kuhn HG, Fisher LJ, Suhonen JO, Peterson DA, Suhr ST, Ray J. Survival and differentiation of adult neuronal progenitor cells transplanted to the adult brain. *Proceedings of the National Academy of Sciences*. 1995 Dec 5;92(25):11879-83.
19. Hamid S, Stephenson R, Rubenson B. Marriage decision making, spousal communication, and reproductive health among married youth in Pakistan. *Global health action*. 2011 Dec 1;4(1):5079.