Variations in Fertility Behaviour between Migrant and Non-Migrant Rural Households in Bangladesh

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Abstract

This study explores the variations in fertility behaviour between migrant and non-migrant households of rural areas of Fulbaria upazila under Mymensingh district of Bangladesh. Primary data were collected from a sample of 120 women comprising 60 each from migrant and non-migrant households through direct interview. Findings show very little difference in age at marriage in terms of migration status of the households. However, the mean age at first birth for migrant households (20.27 years) is slightly higher than that of non-migrant households (19.88 years). Unexpectedly, almost one-fourth of the respondents gave birth of first child before reaching the age of 18, though legal age at marriage for girls is 18 years in Bangladesh. However, this percentage is slightly lower for migrant households. Moreover, the incidence of accidental birth and miscarriage is lower for migrant households. There are no major variations in case of child preference in both households. However, wives of migrant households have comparatively higher autonomy to decide contraceptive methods than that of the wives of non-migrant households. The husbands of migrant households use contraceptive more than that of their counterpart of non-migrant households. Moreover, migrant households do more medical check-up before delivery of child than non-migrant households. Finally it can be concluded that the females of migrant households are somewhat in advantageous position in some fertility issues over the females of non-migrant households, and the variations in fertility behaviours of females of both households observed in this study can be used in policy formulation regarding fertility regulation.

Key words: Fertility behaviour, variation, female, migration status, rural Bangladesh

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Introduction

Fertility is one of the most important determinants of population change. Bangladesh has achieved remarkable success in reducing fertility rate during last three decades. The total fertility rate in Bangladesh was above the replacement level in 2011 (i.e., 2.28 children per woman). Total fertility rate in Bangladesh has declined consistently during the period of 2011 to 2016 and Bangladesh has achieved replacement level fertility (i.e., on average 2.1 children per woman) in 2016 (NIPORT, 2018). Women married before age 18 are more likely to have higher number of children than women married after age 18. Women with all girls are more likely to have higher total fertility rate and higher number of children than those who either have all boys or both boys and girls. This finding clearly indicates the existence of son preference in Bangladesh society. Women with lower socioeconomic status (lower education, not employed and lower wealth index) are more likely to high birth intervals, and age at first birth. Factors generally associated with decreased fertility include rising income, female labour participation, population age, contraception, value and attitude changes, education status, partner reluctance to having children, very low level of gender equality and infertility. Moreover, the level of migration in a community has the potential to affect fertility by its impact on the proportion of women

of reproductive age in marital unions (NIPORT, 2014). International migrants interact with their families and other kin left behind in terms of the influence they have to modify traditional behaviour and values, which in turn influence fertility behaviour.

Over the last few decades, total fertility rates have declined in most parts of Bangladesh. Among the most striking trends observed is an often remarkably large gap in fertility between migrants and non-migrants. Although a large literature has highlighted the importance of migration and urbanization within countries' demographic transitions, relatively little is known regarding the impact of migration on migrants' reproductive health outcomes in general and fertility regulation in particular. The association between migration and pregnancy outcomes among females residing in Bangladesh was examined in Khatun's (2009) study. The completed fertility patterns of female's residents are remarkably similar to those of residents who migrated. Recent migrants' left behind wives have an increased risk of pregnancy but not an increased risk of live birth in the first year's post-move compared with those who had never moved. This gap seems to be largely explained by an increased risk of miscarriage or abortion among recent migrants. Increasing access to contraceptives for recent migrants has the potential to reduce the incidence of unwanted pregnancies, lower the prevalence of unsafe abortion. It is likely to affect the demographic behaviour of the females of migrant households of the areas of origin whose husband stay in abroad. Thus rapid change of male migration changes fertility behaviour (Khatun, 2009).

However, it can be said that international migration plays significant role in shaping the social, cultural and demographic process of the individuals and also in changing the demographic context of the areas of origin and destination. It is likely to affect the demographic behaviour of the people of the areas of origin, more sepcifically of the female of the migrant households whose husband stay in abroad (Hadi, 1999). However, there is lack of systematic research in this area. Therefore, this study will address the phenomena whether international migration play role in changing the demographic behaviour more particularly fertility behaviour of the female of the migrant households. The overall objective of this study is to compare fertility behaviour of migrant and non-migrant households of the study area. This study will provide valuable information to the social workers, policy makers and researchers for further study.

Literature Review

International migration plays mixed role in social, economic and demographic aspects of left-behind communities. Though some research works have been published by various researchers across the globe reflecting the issue of fertility behaviour change due to migration (Asis and Baggio, 2003; Bertoli, 2015; Fargues, 2011; Goldstein, 1982; Kulu, 2005; Majelantle and Navaneethan, 2013; and White et al., 2005), most of the studies conducted so far related to migration gave more emphasize on socio-economic aspects (Adams and Page, 2003; Azam and Gubert, 2006; Barai, 2012; Haan, et al., 2000; Haas, 2010; ESCAP, 2002; Islam et al., 2013; Rahim and Alam, 2015; RMMRU, 2008; and Taylor, 1999) ignoring the demographic behaviour, more particularly fertility behaviour of female population. Migration impacts fertility and families by moving these processes to the transnational arena where decisions about fertility, family, work and residence are negotiated by households and states, with multiple mutable systems of gender and ideas about the nation-state. Moreover, Remittance income may lead to fertility reductions. (Mendoza, 2004). Gutali (1993) examined the effects on the women left behind on account of the absence of their husbands who went abroad. Close association was found in this study between husbands' absence and fertility, and communication exposure of the women. This study confirmed that the absence of husbands for long periods of time actually helps women regain thier health as the inter-birth interval is widened. Again, families with migrant members have more knowledge about modern health facilities than non-migrant households because of their exposure to other cultures via their one or more of their migrant family members. Therefore, a possible downward trend of fertility patterns is observed in the migrant households as international migrants often gain exposure to cultures with different fertility norms leading to changes in their fertility belief

systems (Clifford, 2009). They have, moreover, greater confidence and ability to interact with health care providers and fertility pattern of left behind females changes positively due to male migration found in the study of Hadi (1999), Iqbal (2014), and Rahman (2007). A bit different result was found in the study of Anderson (2004) such that migration to trigger, rather than disrupt the process of childbearing.

Migration is a disruptive process for fertility as migrants tend to postpone having children because of the socio-psychological stress associated with living in a new place and spouse separation. Physical separation of spouses for long periods of time can disrupt and negatively influence fertility (Lindstrom and Saucedo, 2002; Clifford, 2009; and Kulu, 2005). Moreover, migration patterns in general differently affect fertility levels, patterns and behaviour. For economically dynamic areas, out migration and the associated spousal separation and differential sex ratios seem to be associated with decreasing fertility. The demographic effect of migration seems to promote high fertility by undermining some critical factors of fertility determinants and behaviour (Ochola *et al*., 2003). Sarker and Islam (2014) examine the effects of husbands' international labour migration on wives' position. Among the left-behind wives in rural Bangladesh. They found that male international migration increases the women's decision making role and autonomy in rural areas. Therefore, the females of migrant households easily spend money for their health matters, which in turn positively affect their health outcome. The relationship between husbands' labour migration and wives' autonomy in Southern Mozambique was examined in the study of Yabiku et al. (2010). They found that current migration status of husbands was positively associated with their wives' autonomy in the study area. Men's migration leads to women more income generation activities and employment, which is generally related to lower fertility of women because of absence of male reduced the sexual intercourse. Majelantle and Navaneethan (2013) on the other hand finds that when people move across borders, cultural norms, values, and ideas are spread, and these can influence fertility choices both abroad and back home. The influence migration can exert on fertility in migrant-sending countries crucially depends on the country where the male migrated as the spread of fertility norms varies in terms of regions with vastly different fertility norms. In their study of the effects of migrant remittances on fertility, Davis and Lopez-Carr (2010) tried to find out whether there is a reduction in fertility in migrant households following exposure to lower fertility cultures. They concluded that the near-term rise in consumption due to remittances is not counterbalanced by rapid decline in migrant household fertility.

Research Methodology

The present research was conducted in Radhakanai union of Fulbaria Upazila under Mymensingh district of Bangladesh. Firstly, Fulbaria Upazila was selected randomly among the 12 upazilas of Mymensingh district as the study area for this research. Then Radhakanai union of Fulbaria upazila was selected randomly. A preliminary visit was conducted at Radhakanai union in order to select potential study villages. Having been experienced from preliminary visit, Radhakanai, Polashtoli and Durduria villages were selected purposively for the study as these villages have considerable number of migrants.

Radhakanai union is situated 10 km to the east of the Upazila headquarter. According to the National Encyclopaedia of Bangladesh (second edition), total area of the study union is 33.5 sq. km. Number of population of the union is 26,560. Household size of Radhakanai is 3.2. The density of population is 860 per sq. km. In the study area, the number of male is more than female. The male constitute 50.77% and females 49.23% and sex ratio is 1.03. In the study area, most of the populations are Muslim. There are a few percentage of Hindu. There are no Christian, Buddhist in Radhakanai union. The educational status is not too high to get govt. or other job. So, a significant number of people migrate internationally as labour forces. Few household heads migrate abroad as professional employees as well (Banglapedia, 2012).

All married women of 20-45 years of age of the selected three villages were the population of the present study. A complete list of eligible women was created out classified by migrant and non-

migrant households. A household is termed as migrant household in this stusy if at least one member of the study household moved to abroad for employment for at least one year during the period of survey. On the other hand, non-migrant household is a household of the study area no member of which has yet migrated from his country to another country for employment that is no member have any experience of movement outside his country. Then contact were made with the population and brief introduction was given to them regarding the objectives of the study including ethical procedures to be followed regarding data collection and subsequent analysis and reporting. Those who gave consent to participate in the study were the potential sample of this study. Finally, a sample of 120 respondents, 60 from migrant households and 60 from non-migrant households was drawn randomly in order to meet the objectives of the study.

The study was based on a set of field level primary data collected from the selected respondents by face to face interview with the help of interview schedule designed for this study. The interview schedule was designed with the questions related to background socio-demographic characteristics of the respondent households as well as questions related to fertility behaviour of the females of both households. Socio-demographic characteristics of the respondents and of their households were looked upon from different points of view, such as age, educational status, age at marriage, family size. The socio-demographic characteristics of the respondents and their husbands including information on family size classified by gender are presented in Table 1.

Table 1: Descriptive statistics on socio-demographic characteristics

Particulars	Migrant			Non-Migrant		
	Mean	Range	St. dev.	Mean	Range	St. dev.
Age						
Respondent	29.47	20-43	5.956	28.73	20-40	4.69
Husband	35.18	25-55	6.893	34.18	25-48	6.25
Year of schooling						
Respondent	8.98	0-16	3.457	8.12	0-16	3.440
Husband	8.92	0-16	3.010	7.83	0-16	3.992
Father-in-law	2.22	0-12	3.340	1.93	0-11	3.404
Mother-in-law	1.80	0-12	2.996	1.12	0-10	2.532
Age at marriage						
Respondent	18.40	12-25	2.657	18.43	12-24	2.752
Husband	23.68	15-32	4.670	23.90	15-32	3.722
Family size						
Total	4.85	3-8	1.287	4.65	2-8	1.071
Male	2.52	1-5	0.930	2.38	1-11	1.391
Female	2.30	1-6	0.908	2.43	1-4	0.831

Age of respondents and their husbands was asked directly during the time of the interview. The mean age of the respondents and their husband are 29.47 years and 35.18 years with the standard deviation of 4.69 and 6.34, respectively in case of migrant households. On the other hand, mean age of the respondents and husband are 28.73 years and 34.18 years for non-migrant households, respectively. The years of schooling of the respondents are 8.98 and 8.12 and of the husbands are 8.92 and 7.83 for migrant and non-migrant households, respectively. For both the female respondents and their husband, years of schooling are comparatively higher for migrant households than that of the non-migrant households. Interestingly, years of schooling are higher for females than that of male for both migrant and non-migrant households. Moreover, years of schooling for father-in-law and mother-in-law are very low for both cases. The mean age at marriage was observed to be 15.5 ± 1.5 years which was below the minimum legal age for marriage of females found in the study of Ahmed *et al.* (2007). However, age at first marriage has continued to rise slowly in Bangladesh. The median age at first marriage among women age 20–49 increased from 15.3 years in 2007 to 16.3 years in 2017 (NIPORT, 2020). Nevertheless, the mean age at marriage for male is about 24 years and for female is about 18 years for the study households. The mean age at marriage for female is considerably higher in the study areas compared to that of national average of Bangladesh, which is 16.3 years (NIPORT, 2020). But there is instances of marriage for female as low as 12 and for male as low as 15. Age at marriage for both types

of households is almost same. The mean family size is 4.85 with comparatively higher number of male for migrant households and 4.65 with lower number of male for non-migrant households.

Fertility behaviour is the central concept of this study, which was conceptualized and operationalized in terms of the attitudes towards total number of birth by a woman, desired fertility rate (how may children a woman want in her reproductive period), wunwanted fertility rate (number of children a woman gave birth accidentally), incidence of miscarriages, ideal fertility rate (number of children a woman consider as ideal a family have), sex preference (whether a woman prefer boy or girl child), age at first birth (what was her age in year during giving birth of 1st child), mean birth interval (average gap between births), how many medical check-up before delibery of child, services used during delivery (traditional or modern), knowledge on contraceptive methods (whether knows about contraceptive or not), status of using contraceptive (whether she is using any contraceptive or not), and types of contraceptive used.

After collecting requisite data, they were processed and analysed by employing descriptive statistics with view to achieve the objectives of the study. The data entry and analysis was done by SPSS. The variables used in this study were total live births, desired fertility, unwanted fertility, ideal fertility, sex preference of child, mean birth interval, age at marriage, age at first birth, services used during delibery, knowledge on contraceptive methods, status of using contraceptive, and types of contraceptive used by the sample female, etc.

Results of the study

The results of this article are discussed in this section on the basis of the comparison between the fertility behaviours of females of migrant and non-migrant households based on age at first birth, status of birth, child preference, knowledge and use of contraception, decision making process on fertility issue, place of birth of children, medical check-up, and birth interval.

Variation in age at first birth

Age at first birth has a direct effect on fertility. Early initiation of childbearing lengthens the reproductive period and subsequently increases fertility. In many countries, postponement of first births, reflecting an increase in the age at marriage, has contributed greatly to overall fertility decline. Moreover, bearing children at a young age involves substantial risks to the health of both the mother and child. Early childbearing also tends to restrict educational and economic opportunities for women. In societies where marriage is the precursor of socially-acceptable childbirth, childbearing begins soon after marriage. Early marriage is associated with early childbearing in most cases, particularly in the developing world where the main purpose of marriage is to have children. When a girl has her first birth at less that19 years of her age in Bangladesh, it is considered early age at first birth (Ali, et al., 2020). Childbearing begins early in Bangladesh like other socioeconomically backward developing countries of the world, with forty three percent women gave birth before age 18 (NIPORT, 2020). The mean age at first birth for migrant households is slightly higher (20.27 years) than that of non-migrant households (19.88). Moreover, the mean age at first birth is lower for the study sample than that of national average of 18.6 years (NIPORT, 2020). There are, however, instances of giving birth of first child at very early age, which is 13 for migrant households and 14 for non-migrant households (Table 2).

Table 2: Age of the respondents at first birth

Particulars	Migrant households	Non-migrant households
Age at first birth (year)		
Mean	20.27	19.88
Range	13 – 28	14 – 26
St. dev.	2.976	2.630
Categories of age at first birth (year)		
Up to 16	10.2	11.7
17 – 18	11.9	15.0
19 – 20	32.2	28.3
21 – 25	44.1	43.3
26 -30	1.7	1.7

Table 2 also presents the percentage of all women who had given birth by specific age categories for different age cohorts. The results indicate that about 22 and 27 females of migrant and non-migrant households gave birth of the first child before reaching the age of 18. That means they gave birth of children when they were in the category of children officially according to the rules of Bangladesh. Almost 100% of the respondents gave birth of first child by the age of 25 years. Moreover, highest percentage of female gave birth the first child during the age category of 21-25 years, which is 44.1% and 43.3%, respectively for migrant and non-migrant households.

Variation in status of birth

The status of birth by the females of migrant and non-migrant households based on number of live birth, accidental birth, miscarriage, and expected number of children is presented in Table 3. The result indicates that more than one-third of the respondents gave birth of only one child, which is very good sign of fertility control in the study area. Very few of the respondents have 4 or 5 children. The incidence of accidental birth found very rare in the study respondent. There is no accidental birth found in 96.7% of the migrant households and 90% of the non-migrant households. Very few respondents have accidental birth which estimates 3.3% for migrant households. However, the percentage of accidental birth is comparatively higher for non-migrant households estimated at 10%.

Miscarriage is also important indicator of fertility behaviour. So miscarriage occurrences are investigated in the present study. In case of 85% and 78.3% of the migrant and non-migrant households respectively, no occurrence of miscarriage found in the study area. The occurrence of miscarriage of at least one child is 13.3% for migrant households, whereas this percentage is near to double (21.7%) in case of non-migrant households. Expected child in reproductive period is important for analysing the fertility behaviour of females. Almost half of the females expect three children in their entire reproductive period, though women in Bangladesh at national level consider 2.3 children as their ideal family size (NIPORT, 2020). Very few have expectation to have four children. The incidence of accidental birth and miscarriage is comparatively low for migrant households. This is because they are more aware about the contraceptive use and health care during the period of conception.

Table 3: Comparative features on status of birth

Particulars		Migrants (%)	Non-migrants (%)	Total
No. of live birth	0	3.3	0.0	1.7
	1	38.3	30.0	34.2
	2	35.0	36.6	35.8
	3	18.3	26.7	22.5
	4	3.3	6.7	5.0
	5	1.7	0.0	0.8
No. of accidental birth	0	96.7	90.0	93.3
	1	3.3	10.0	6.7
No. of miscarriage	0	85.0	78.3	81.7
	1	13.3	21.7	17.5
	2	1.7	0.0	0.8
No. of expected child	2	41.7	45.0	43.3
	3	53.3	48.3	50.8
	4	5.0	6.7	5.8

Variation in child preference

The scenario of child preference of the respondents is portrayed in Figure 1. The results indicate that 58.3% and 41.7% of the migrant households give preference for male child and female child, respectively. That means the preference for male child is higher in case of migrant households. This phenomenon is very much typical as migrant households usually consider their son as prospective migrants. What is surprising is that child preference is equal in case non-migrant household. This is an exception considering the sociocultural context of Bangladesh rural society, where people usually prefer for male child.
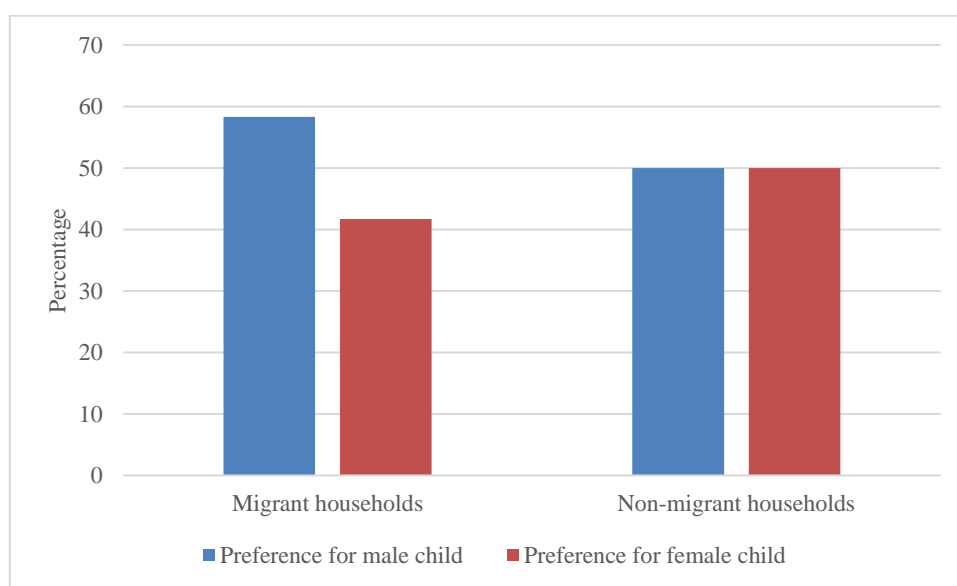

Figure 1: Preference for male and female children classified by migration status

Variation in decision making process on having children

Figure 2 shows the decision making process on family size, desire on son and having child just after marriage and it is found that both the migrant and non-migrant households do not differ much in these issues. Family size formation decision depends largely on husband and wife. They both take the decision jointly regarding the size of the family in most of the cases. In the study area, desire on son is found more among wives which is 50% and in 25% cases husband desires of having son. This result is somewhat coincide with the sociocultural context of rural Bangladesh where females usually expects son. Because along with their male counterpart they believe that sons will look after their parents at their old age. Decision on having child just after marriage comes mostly from husband, which is 36.7% for migrant households and 43.3% for non-migrant households. That is means greater percentage of husbands in the non-migrant households expect child just after the marriage.
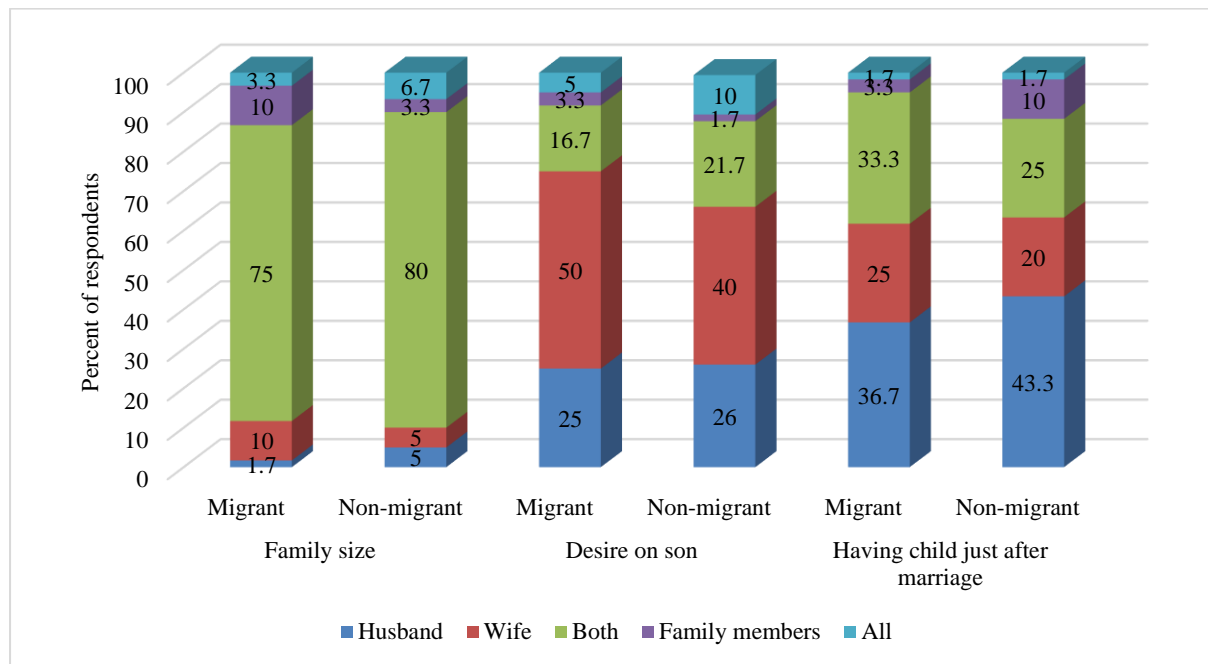

Figure 2: Decision making process on having children

Variation in knowledge regarding and use of contraception

Knowledge on contraception is important issue for respondent and husband. Current use of contraception is defined as the proportion of currently married women who report that they are using a family planning method at the time of the survey. Table 4 shows the knowledge and use of contraceptive method classified by migration status. Overall, 100% of currently married sample women have knowledge on contraceptive method. Various types of contraceptive are used by the respondents. The pill, however, is by far the most widely used method, 45 and 38.3 percent, respectively for migrant and non-migrant households. In majority of cases, women use the contraceptive though the decision to use contraceptive is taken by both the wife and husband in most of the cases. However, wives of migrant households have comparatively higher autonomy to decide for using contraceptive methods than that of the wives of non-migrant households. Migrant households' husbands use contraceptive more than that of the husbands of non-migrant households.

Table 4: Knowledge and use of contraceptive classified by migration status

Particulars		Migrants	Non- migrants
Knowledge on contraception	Yes	100.0	100.0
	No	0.0	0.0
Types of contraceptive used	Pill	45.0	38.3
	Injection	15.0	35.0
	IUT	5.0	6.7
	Others	35.0	20.0
User of contraceptive	Husband	30.0	13.3
	Wife	70.0	86.7
Decision maker in using contraception	Husband	5.0	1.7
	Wife	10.0	3.3
	Both	85.0	95.0

Variation in perception of females on having child

Females of migrant and non-migrant households' perceptions regarding the extent of pressure they have to face on having child are presented in Figure 3. Medium to high pressure from family members for having more children is reported by three-fourths of the females of study area. In majority of the cases, respondents have to face medium to high pressure from family members to have child early and the extent of influence of religious belief is nearly similar with preceding case. However, slightly higher percentages of females of the migrant households face medium to high pressure for having child as early as possible just after their marriage. This is obvious as their husbands are in a hurry to migrate abroad.
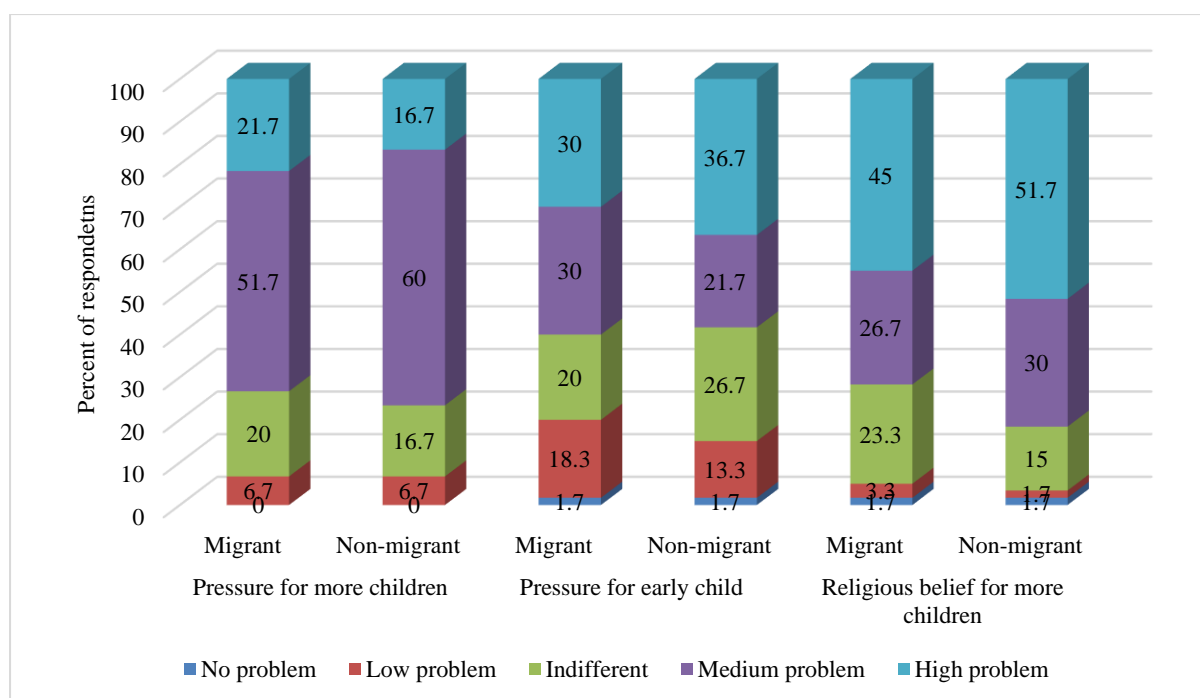

Figure 3: Females' perception on having child

Variation in place of birth of child(ren)

Place of giving birth is an indicator of the economic status of the households. When the individuals have the ability to spend more money, they give preference to use modern facilities over traditional system. In case of 1st child, comparatively higher percentage of females of migrant households (Govt. hospital-21.7% and private clinic-15.0%) use modern place to give birth of their child than that of the females of non-migrant households (Govt. hospital-18.3% and private clinic-8.3%). Moreover, half of the females of non-migrant households take the service of traditional birth attendant during the birth of their first child, whereas, this percentage is slightly lower for migrant households. Therefore, it can be concluded that migrant households are in the position of using more modern facilities because of their advantageous economic position.

Table 5: Place of birth of child

Number of child	Traditional (%)		Modern (%)		Not applicable
	Traditional birth attendant	Trained birth attendant	Govt. hospital	Private clinic	
Migrant					
1st child	45.0	16.7	21.7	15.0	1.7
2nd child	33.3	3.3	11.7	6.7	45.0
3rd child	15.0	5.0	1.7	0.0	78.3
4th child	8.3	0.0	0.0	1.7	90.0
Non-migrant					
1st child	50.0	23.3	18.3	8.3	0.0
2nd child	55.0	8.3	8.3	3.3	25.0
3rd child	25.0	3.3	3.3	1.7	66.7
4th child	6.7	0.0	1.7	0.0	91.7

Comparison on medical check-up before the birth of first child

The percentage distribution households regarding medical check-up before the birth of first child classified by migration status is presented in Table 6. In total 31.7% of the respondents, consisting 26.7% for migrant and 36.7% for non-migrant households, do not do medical check-up before the birth of the first child. The highest 45% of the migrant households and 25% of the non-migrant households do two medical check-ups, respectively. Higher percentage of migrant households do medical check-up before the birth of the first child.

Table 6: Percentage distribution regarding medical check-up before the birth of first child

No. of check-up	Migration status		Total
	Migrant households (%)	Non-migrant households (%)	
0	26.7	36.7	31.7
1	10.0	15.0	12.5
2	45.0	25.0	35.0
3	18.3	21.7	20.0
4	0.0	1.7	0.8

Variation in birth intervals

Birth intervals are generally long in Bangladesh, with a current median birth interval of 55.7 months. The median birth interval was 47 months in 2011 and 43.7 months in 2007(NIPORT, 2020). Birth interval statistics of the study areas is shown in Table 8. The table confirms that 41.7% and 31.7% of the migrant and non-migrant households do not have 2nd child, and 36.7% and 40% maintains birth interval of 3-4 years, respectively between having first and second child. The birth intervals maintained by the respondents is comparatively lower than that of national average. Moreover, eleven percent of births occur within 24 months after the preceding birth in Bangladesh (NIPORT, 2020). However, this percentage is only 5 for migrant households, confirming the better position of those households.

Table 7: Birth interval statistics classified by migration status

Birth interval (years)	Migrant households	Non-migrant households
1st to 2nd child		
No 2nd child	41.7%	31.7%
Up to 2	5.0%	13.3%
3 - 4	36.7	40.0
More than 4	16.7	15.1
2nd child to 3rd child		
No 3rd child	78.3	73.3
Up to 2	5.0	10.0
3 - 4	8.4	10.0
More than 4	8.3	6.7
3rd child to 4th child		
No 4th child	93.3	90.0
Up to 2	3.4	0.0
3 - 4	1.7	5.0
More than 4	1.6	5.0

Conclusion & Recommendations

Migration plays a significant role in changing fertility behaviour. The individuals of the study areas irrespective of the migration status get married at early age, therefore they give birth of their child at very early age which is very detrimental for their health. In some cases, fertility behaviour varies in terms of migration status of the households. For example, mean age at first birth for migrant households is slightly higher than that of non-migrant households. The incidence of accidental birth and miscarriage was not found remarkably in the study respondents. However, percentage of accidental birth and miscarriage is comparatively higher for non-migrant households. Wives of migrant households have comparatively higher autonomy to decide for using contraceptive methods than that of the wives of non-migrant households. Migrant couple desired more children than that of non-migrant couple. The husbands of migrant households use contraceptive more than that of the husbands of non-migrant households. On the contrary, husbands of non-migrant households want earlier child than that of migrant households. Migrant households do more medical check-up before delivery of child than non-migrant households.

However, there are some instances where no substantial variations found regarding the fertility behaviour of the females of migrant and non-migrant households. For example, almost half of the females expect three children in their entire reproductive period. No major variation was found in case of child preference and females' perception regarding pressure on having children based on migration status of the households. Religious influence on having more child exists on migrant and non-migrant households. This study suggests to prevent marriage before 18 years (child marriage) through strict implementation of laws and creating awareness about the negative consequences of child marriage. Preventing child marriage will have significant impact on reducing early childbearing and having higher number cumulative fertility. In order to reduce the rate of early marriage and early childbearing, girls, their parents and communities should be made more aware of the negative health, social and economic

consequences of these events. Therefore, awareness building programme is necessary for rural households so that they can learn about the detrimental health consequences of females due to early child bearing. The females of the study are the major recipients of contraceptive and the rate of contraceptive use by the male individuals is comparatively low. The attitudinal change is necessary for the male to use contraceptive methods as like other parts of Bangladesh. The results of this study is applicable for other rural areas with similar socioeconomic contexts of Bangladesh. However, the main drawback of this study is its low sample size. Therefore, similar types of studies could be conducted with larger sample size in order to make appropriate generalization.

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