

**IMPACT OF CHILD MARRIAGE IN WOMEN HEALTH IN NEPAL:**

**A Study of Sinja Rural Municipality of Jumla District**

**A Thesis Submitted to Central Department of  
Rural Development**

**For the Partial Fulfillment of the Requirement for the Master of Arts  
in Rural Development**

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## DECLARATION

I hereby declare that this thesis, entitled **Impact of Child Marriage in Women Health in Nepal : A Study of Sinja Rural Municipality in the Jumla District** submitted to the Central Development of Rural Development, Tribhuvan University, is my original work prepared under the guidance and supervision of my supervisor. I have due to acknowledgments to all ideas and information borrowed from different sources in the course of writing this thesis. The result of this thesis have not been presented or submitted anywhere else for the award of any degree or for any purpose.

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## LETTER OF RECOMMENDATION

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## **ABSTRACT**

Child marriage which is also referred to as early marriage is an emerging economic and health concern and remains a widespread problem in Nepal. Women, who make up more than half of the population, face significant marginalization in literacy, education, job opportunities, health, legal rights, inheritance, and control over their lives. This study, focused on the women of Sinja Rural Municipality in Jumla District, aims to provide information on their health conditions and the trend of early marriage.

Data were collected through questionnaires and interviews with 100 randomly selected married women. 36 women are illiterate, 64 literates, among the 64 literate respondents, 40 have primary education, and 20 secondary education; none have university education. 50% are involved in agriculture and household work, 38% are laborers, and 8% run businesses. Only one respondent is in formal service. 74% married between ages 15-19, 10% between the age of 20-24, and 14% under 15, and only one at 29. And 30% visit public hospitals, 10% private hospitals, 36% rely on traditional healers, and 24% have never visited a hospital. 50% were pregnant before age 15. Early marriage is prevalent due to poverty, lack of education, large families, and cultural norms. 36% visit hospitals only when in pain, 20% visit once during pregnancy, and 24% never visit. Most births occur at home, risking lives. Majority of respondents has experienced complications during delivery and after. Few use contraceptives, mainly permanent methods. Women face heavy workloads, lack rest during and after pregnancy, and do not receive adequate healthcare or nutrition. The socio-cultural and economic structures perpetuate these issues, with women bearing a significant workload and relying on traditional healers due to limited access to formal healthcare.

Addressing these challenges requires improving education, healthcare access, socio-economic conditions, and changing cultural norms regarding marriage age. Comprehensive efforts are essential to improve the health of women in this area.

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## **ACRONYMS/ABBREVIATIONS**

BS	:	Bikram Sambat
CBS	:	Central Bureau of Statistics
HDR	:	Human Development Report
HHs	:	Households
FGDs	:	Focus Group Discussions
ILO	:	International Labor Organization
INGOs	:	International Non-Governmental Organizations
NDHS	:	Nepal Demographic and Health Survey
NGOs	:	Non-Governmental Organizations
RM	:	Rural Municipality
UNICEF	:	United Nations Children's Fund
UN	:	United Nations
UNDP	:	United Nation Development Program

# **CHAPTER - I**

## **INTRODUCTION**

### **1.1 Background of the Study**

Marriage is a social contract between individuals referred to as spouses that is frequently accepted by the law. It delineates the rights and responsibilities that exist between them, their children, and their in-laws. It delineates the rights and responsibilities that exist between them, their children, and their in-laws. Though the definition of marriage varies over time and across cultures and religions, it is almost universal. Marriage turns into a transactional mechanism to satisfy people's demands and a societal construct to resolve conflicts of interest between consenting parties. It is an institution in which interpersonal relationships, usually sexual, are acknowledged or sanctioned. In some cultures, marriage is recommended or considered to be compulsory before pursuing sexual activity. A private marriage is frequently referred to as an elopement, although a marriage ceremony is considered a wedding (Wikipedia).

Hurton & Hunt (1964) in the book *Sociology* wrote that some form of trial marriage would prevent a lot of mis-match and unhappy marriages. There is no convincing that non-marital cohabitation causes for this type of situation. Studies have regularly demonstrated that non-marital cohabitation has very little measurable impact on marriages and that it is very similar to traditional marriages in terms of issues and adjustments. Although it is now commonly acknowledged as a prelude to marriage, cohabitation outside of marriage has relatively little impact on marriage and family. In many societies, marriage is a working partnership but not a romantic adventure as well. If less is expected of marriage, more marriages will be successful. The husband and wife are the two decision-makers allowed under family behavior. Traditionally, children are not considered to be part of the family's decision-making group, but they can be acknowledged as recipients of products selected and given by devoted or responsible parents. Their assumptions regarding the structure of the bargaining game determine the implications of marriage, but generally speaking, these models expand the scope of reasonable family activity (Lundberg & Pollak 1996). Health is a crucial factor in determining the socio-economic status of women.

In Sinja Rural Municipality, the health condition of women is poor. Despite being occupied with work from morning until night, their health is often neglected. As a result, they face numerous complications during and after pregnancy. The lives of these women are at risk due to the negligence of their husbands and families.

## **1.2 Statement of the Problem**

Nepal is largely a patriarchal society where the reality of gender equality falls short of the slogans. Women face a range of challenges distinct from those of men. In Nepal especially in Karnali region, women often contend with early marriage, lack of education, unemployment, and poor health. They face discrimination within their own families and are frequently compelled to marry at a young age. Early marriage leads to larger families due to increased exposure to pregnancy and childbearing risks.

Child marriage has detrimental effects on a girl who is not mentally, psychologically, emotionally, or physically ready for marital life. Upon marriage, they are expected to fulfill multiple roles, including being a good wife, perfect daughter-in-law, diligent housekeeper, and responsible mother. While marriage at an older age is believed to help control fertility rates, early marriage is influenced by various socio-economic and cultural factors. This practice directly impacts the health of women.

In Nepal, one of the main issues causing gender disparity in several spheres of life is still child marriage. In Nepal, it is prohibited. The purpose of this study is to gather data and information about women's early marriages and their health conditions. This study has included women from Sinja RM, Jumla district only. Therefore, the study has been guided by the following research questions.

- i. What is the socio-economic status of women in research area?
- ii. What is the state of women related to reproductive health in study area?
- iii. What are the factors affecting child/early marriage in the study area?

## **1.3 Objectives of the Study**

The general objective of this study is to find out the impact of child or early marriage in Sinja RM, Jumla. The specific objectives of the study are as follows:

- i. To analyze the socio-economic status of women in Sinja RM, Jumla.
- ii. To examine the health condition of the women related to reproductive health.
- iii. To explore the factors affecting child/early marriage in the study area.

#### **1.4 Significance of the Study**

This study has tried to explore the condition of women's health due to child marriage. It is the case study of Sinja Rural Municipality, Jumla district. It is hoped that findings of study will be helpful for the programmers, planners and policy makers in formulating more effective policies and programs to study population.

Child marriage is linked to fertility of women due to the extended period; a woman is exposed to the risk of childbearing, directly impacting her health. This study has both practical and theoretical significance, providing valuable information. Conducted in a remote area, the sample population consists of laborers and housewives, with girls married at a young age, a practice detrimental from economic, health, and social perspectives. This study aims to analyze the problems faced by these women and offers recommendations for improvement.

This study will be beneficial for women affected by early marriage, raising awareness about the associated health problems. It will also be valuable for those working in women's education and for individuals seeking to promote awareness of Women's health issues due to child marriage. This study will be significant for researchers focusing on women health. It will provide guidance to NGOs, INGOs, and other stakeholders in implementing effective programs.

#### **1.5 Limitation of the Study**

The study is limited to Sinja Rural Municipality in Jumla district. Primary data was obtained through interviews with early married women, while secondary information was collected from various published documents and websites. The findings of this study are subject to these limitations. The report has been prepared according to the prescribed format of the Central Department of Rural Development.

#### **1.6 Organization of the Study**

The study is organized into major five chapters. The first chapter states the introduction, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study. The second chapter discusses the literature review. The third chapter describes methodology such as the research design, nature and sources of data, sampling process and sample size, data

collection tools/techniques, and data analysis and interpretation. The fourth chapter presents on the analysis and interpretation of the data. The fifth chapter contains the summary, conclusion, and recommendations of the study.

## **CHAPTER - II**

### **LITERATURE REVIEW**

#### **2.1 Conceptual Review**

Numerous studies have been conducted regarding the socioeconomic status of women. The study's main focus has been on female child marriage. The society is impacted by the economic system that has suffered during its historical evolution. Economic structure is created by social structure. Through this process, the socio-economic growth of the society is transformed. Every aspect of society participates in this distortion to the extent that they get to the point of producing commodities and exchanging money. However, this magical and twisted universe continues to evolve under the capitalist mode of production, notably in the case of capital, which forms its dominant category and its governing production relation. This relationship remains really basic and the actual connection is imprinted on the people carrying out the process if capital is first seen as a way to remove excess labor from the actual manufacturing process (Marx, 1906).

There are various manifestations of patriarchy, each with varying degrees of prevalence. When it comes to gender relations, the major historical shifts differ from those in capitalist class relations. Class and gender have their own historical dynamics, even if they undoubtedly influence one another. Class relations were altered by the emergence of capitalism, which also changed the social classes that made up society. Six patriarchal structures—paid work interactions inside the household, patriarchal culture, sexuality, male violence against women, and the state—restrict women and support male dominance (Welby, 1990).

According to Majumdar (2009), in contemporary times, marriage rituals have served as a prime location for cross-cultural criticism across a range of texts. Travel literature and early anthropology both demonstrate how marriage customs in distant places have always piqued the interest of outsiders who seek to understand the mysteries of eastern cultures. Like the ancient Romans, the Hindus have a custom of designating specific individuals to see the bride and groom alternately in their respective homes prior to the formation of a matrimonial alliance. Within the ever-expanding area under the influence of Hindu tradition, one set of rules artificially narrows the circle in

which a man must marry, another set artificially widens it, and a third set of conventions places unique restrictions on women's marriages.

Add to these the customs of child marriage, polygamy tending to disappear under the influence of popular disapproval and the ban on widow remarriage, and the series of contrasts between Indian and European marriage customs would seem complete.

The well-being and stability of the family remain the primary goals and areas of effort for women across all cultures. In a rural home, they are the focal point for choices on farm management and subsistence production. Without women's participation, the pace of rural development slows and its success is greatly hampered as farm enterprises become more and more dependent on institutional inputs. The land that contains the most valuable resource for production is owned and controlled by men in many of the towns (Acharya and Bennett 1981).

Marriage is a legal union between two individuals. Marital status is an essential demographic variable affecting the fertility life of women in countries where fertility outside the marriage is not accepted socially. Fertility, mortality, and migration are the three critical aspects of population change in any region. Marital status is an essential demographic variable affecting the fertility rate. Marriage is necessary to have a child in countries where unmarried fertility is socially unacceptable. The age at first marriage is a crucial demographic variable, showing women's legal and biological age at first marriage. The family's income level, female education, husband's education, place of residence in ecological regions, and age at menarche were significantly associated with the age at first marriage of Nepalese women (Gurung Y. et al 2024).

Poor health among women is also a result of frequent, closely spaced pregnancies. Many women are unaware of the health risks associated with having numerous children without considering their health status. They often believe that a larger family ensures better survival, neglecting the importance of family planning. Consequently, the proportion of female deaths is higher than that of males in Nepal, which has one of the highest maternal mortality rates in the world (515 per 100,000 live births). This high mortality rate is largely due to socio-cultural factors that limit Women's access to knowledge, healthcare, and nutrition from a young age (UNICEF, 1996).

This can be concluded that the prevalence of child marriage is high in Jumla Nepal. It is also alarming that around 70% of girls don't know about the legal age of marriage in Jumla. Factors that are related to child marriage are love marriage, culture, family pressure and illiteracy. The poverty is not the reason for child marriage in this area. The consequences of child marriage are very bad for girls in terms of health and education. They had experienced complication during antepartum and postpartum period. It was the most common reason for school dropout. They were also at high risk of any form of violence by their family members such as husband, father and mother in law (Shahi, Tamang et al, 2019).

Naturally, early pregnancy is not exclusive to developing nations. One significant public health issue facing the US is the number of teenage pregnancies. An estimated 21 million teenagers in the United States between the ages of 15 and 19 have engaged in sexual activity, and over a million teenage girls become pregnant in the first few months of the year—at least two thirds of them unmarried and without intending to." Approximately 430000 minors have an induced abortion each year, and thirty thousand of those pregnancies involve females under the age of fifteen (UNESCO, 1991). A person's health is their wealth. The key determinant of a woman's socioeconomic standing is her health. One of the things that affects women's fertility behavior is early marriage, especially in a place like Nepal where very few women utilize contraceptives. There is a relationship between the age of the first pregnancy and the total number of children born. Compared to women with fewer children, those with more children born had married earlier. Women's health is directly affected by pregnancy. Although many health issues arise from early pregnancy, many people become pregnant at extremely young ages. Nepalese women of childbearing age continue to face a number of health issues, such as anemia, hypertension, thyroid enlargement, and underweight, which could have an impact on future generations. This suggests that in order to enhance health and address issues associated to early pregnancy, the government and concerned bodies should concentrate on this high-risk population.

Child marriage remains a major issue in many developing nations. According to the article, the problem is more prevalent in South Asian and Sub-Saharan African nations. The literature review makes an effort to evaluate the issue, its ramifications,

different programs, and suggestions for reducing child marriage. This article reaffirms that early pregnancies with potentially fatal diseases are a risk for females who are married off as children. This study proposes that in order to significantly reduce child marriages, each nation should establish its own short- and long-term objectives (Ahmed, 2015).

Everyone should have regular checkups, but pregnant women especially need to do so because poor health can pose a risk to both the mother and the unborn child. Therefore, during pregnancy, knowledge and awareness are required. Pregnant women should receive routine checkups, but in Sinja RM, Jumla, women only go to the hospital when they are in excruciating agony. They don't even go to the hospital once during their pregnancy if they are not having any issues. Women rarely visit hospitals, but because they must deal with numerous complications thereafter, routine checkups are essential. Miscarriage rates are high because of the reckless actions of family members and men. Pregnancy requires routine medical checkups for the mother's health and the health of the unborn child.

Of the girls between the ages of 15 and 18, about 62% are married. Their bodies are not yet developed enough anatomically or physiologically to support children. Infant mortality, abortion, and miscarriage are more common in young child-bearers (UNICEF, 1992). Women are viewed as inferior by society due to a variety of sociocultural behaviors, belief systems, customs, traditions, and value systems. One such practice is the early marriage of girls, which demonstrates the lower status of girls at home and harms their ability to reproduce.

## **2.2 Theoretical Review**

Over the past few decades, child marriage has declined globally as it has grown to be recognized as a violation of human rights. However, more than half of all child weddings take place in South Asia, where the practice is still widespread. Being impoverished and having little education were linked to child marriage. When developing new plans to slow down the nation's population growth and lower fertility and death rates, these aspects should be taken into account. We should support initiatives aimed at elevating women's standing via greater educational engagement. Economic position and the wife's and husband's level of education are determined to be key factors in the explanation of early age marriage.

Hindu women were more likely than Buddhist and Christian women to get married as children, however the difference was not statistically significant. The use of contraceptives was not substantially correlated with marriage age. Early age marriage was associated with a greater rate of unwanted pregnancies (Shahi et al., 2019, Pokharel et al., 2014).

Over the past few decades, Nepal has made great progress toward inclusion, human and social development, and fewer people live in extreme poverty; the neonatal death rate has decreased, and more homes have access to toilets. Progress was also made in the field of education, as seen by increases in literacy among those aged 15 to 24 and in net enrolment rates for basic and secondary education, gender parity in enrollment, and basic education survival and completion rates (UNICEF, 2021).

Economic justifications fall short: One reason so many families marry their children out of fear is poverty. Another is the worry that girls would be abducted and forced into marriage. However, a thorough analysis of early marriage released by Sana University in 2006 indicates that cultural custom and the notion that a young virginal bride can best be molded into a devout wife are the most significant (Worth, 2008.)

Religion also has an impact: Hard-line Islamic conservatives, whose power has greatly increased over the last 20 years, support it by citing the Prophet Muhammad's marriage to a 9-year-old as evidence. This place has a strong local custom supporting child marriage, which is even codified in an old tribal proverb that goes, "Give me a girl of eight, and I can give you a guarantee" for a happy marriage. Women have less access to food, family planning, health care, and other resources. Early malnutrition stunts the growth of their skeletons, which makes it harder for them to become pregnant later in life and increases the risk of delivery problems. Women in low-income families often struggle with health issues because they do not receive nourishing food.

According to Nepal Demographic and Health Survey (2022), Teenage pregnancy is highest in Karnali Province (21%), followed by Madhesh Province (20%), and lowest in Bagmati Province (8%). The proportion of women between the ages of 15 and 19 who have ever given birth increases with age, rising from 1% at 15 to 32% at 19. Compared to women with at least some secondary education (8%), those without any

education between the ages of 15 and 19 (33%) are more likely to begin having children earlier. In the two years, ninety-four percent (94%) of the women stated that they had received prenatal care from a qualified practitioner for either their most recent live birth or loss.

### **2.3 Empirical Review**

While there are notable regional variations in female reproductive health, Southeast Asia's social and economic growth is lagging behind, and the region's female reproductive health is concerning. Women in South East Asia still had generally poorer reproductive health, with regional and national differences. The potential impacting factors were women's education and attitudes, service accessibility, social and cultural factors, etc. Southeast Asian countries still have a lot of room to improve when it comes to reproductive health, and effective interventions are possible for high-risk areas and important but easily altered risk factors like education (WHO 2013).

The socio-cultural and economic status of Tamangs: A case study of Angsarang, Nepal was researched by Ghimire (2014). The aim of this study was to examine the social behavior and cultural practices of the Tamang people in the Angsarang Village Development Committee of the Panchthar district of Nepal, as well as to describe their sociocultural and economic situation. The two main conclusions were that Tamang women do not receive health education and that early marriage is a custom among them. Addressing issues related to gender inequality and education was imperative. The community's values, customs, and cultural practices must be carefully arranged and maintained. Modern agriculture and the creation of job opportunities are both necessary. The sociocultural and economic landscapes are also evolving throughout time. Though many ideals have been upheld and will continue to strengthen the Tamang people's sense of identity and social cohesion, there are still some difficulties that require various forms of change.

Research on "Knowledge and Practices on Maternal Health of the Women" was conducted by Thapa (2013). The primary goals of this study were to identify the fundamental information that expectant mothers and women knew about prenatal, natal, and postnatal checkups, as well as to identify the key factors that are associated with an increased risk of maternal health issues. The majority of respondents to this

study visited government hospitals, which was the primary finding. It can be because there are no private medical facilities in the study site and all healthcare services are provided without charge, leaving patients with no alternative options. The women showed a high level of acceptance for vitamin "A," iron tablets, and the T-T immunization. Since 66% of deliveries still happen at home, more women's delivery habits have been influenced by their sociocultural practices.

In Nepal, malnutrition is a serious issue for nutrition and public health. Numerous risk factors, including low birth weight, multiple births, short spacing between births, increased nutrition, and iron supplementation during pregnancy, are linked to it. Maternal factors, such as an increased diet during pregnancy and lactation, iron supplementation throughout pregnancy, and exclusive breastfeeding for six months, have a substantial impact on the nutritional health of the offspring. The Ministry of Health should give maternal and child health more priority (Niraula et al., 2013).

Delaying marriage age is largely dependent on formal education, especially after basic school. Programs aimed at preventing child marriage have mostly evolved from a reproductive health perspective. There are several initiatives in place to help girls become more independent through skill development, higher education, better health, and the provision of secure environments where they can form friendships with their peers. It has been prioritized to work with adults and other significant decision-makers for girls, like parents, in order to assist the shifting of marriage-related norms. It frequently takes years to determine the full impact of programs intended to postpone child marriage because they essentially challenge social norms (ICRW, 2008).

According to the data of the District Public Health Office, Jumla, 17 percent of girls have become mothers before reaching the age of 19 in the district. This figure was found by looking at the age group of women who go to health institutions for pregnancy check-ups. 33 percent of girls became mothers before reaching the age of majority in Gothichour RM. Respectively: 24 in Patarasi RM, 22 in Tila RM, 20 in Tatopani RM, 20 in Kanakasundari RM, 17 in Hima RM, 15 in Sinja RM and 13 percent in Chandannath Municipality. This data shows that the situation of child marriage in Jumla is very terrible. It seems that child marriage occurs due to lack of education, poverty and poor appearance. Health workers have said that the lives of

mothers and children are at risk when getting married without information about giving birth and raising children. Body parts are not fully developed. As a result, there is a risk of uterine prolapse and cervical cancer as well. The girls of Jumla are in the campaign to stop child marriage. However, they have to endure repeated threats and pressure. The constitution of 2072 has considered marriage before the age of 20 as a legal crime, due to illiteracy, poor economic conditions and lack of information about the problems that may occur during child marriage, children in rural areas are forced to join the married life before reaching the age (Budha 2024).

## **2.4 Policy Review**

"No discrimination shall be made against any citizen in the application of general law on the group of religions, race, caste, sex, tribe, or ideological conviction or any of these," according to the interim constitution of Nepal 2063 B.S., however in fact this has not been implemented (Budha, 2014).

No citizen of Nepal will be subjected to discrimination on the basis of religion, race, sex, or caste in the implementation of general laws or in the exercise of political or civil rights, according to the country's constitution (2072). As a result, the constitution grants equal rights to men and women to vote, hold public office, and engage in other public responsibilities. On the other hand, men actually control women in real life. Women's rights are exclusively restricted by the constitution. The legal provisions, especially those pertaining to property, as well as the interpretation and implementation of the law continue to exhibit disparities between the rights of women and men.

The National Civil (Code) Act, 2017 (2074) in Nepal A marriage can end: (1) Subject to this Chapter, a man and a woman may get married under the following circumstances: (a) if they both agree to accept one another as husband and wife; (b) if they are not related and are not subject to incest penalties under the law; and (c) if neither of them has a matrimonial relationship and both have reached the age of twenty. It is forbidden to marry before the age of 20 (Civil Code, 2074).

Clarifying the subject matter, picking research challenges, formulating research questions, conducting an empirical review, and deciding on objectives were all made easier by those studies. These publications gave me new perspectives for my research

and aided in the exploration of theoretical ideas and different guidelines for doing comprehensive research. Even though this study is linked to previous research, it differs from it in that its primary data target group is married women in the Jumla district. Its primary goal is to determine the trend of early marriage, the state of their health, and the locals' perception of the control over early marriage among women.

## **2.5 Research Gap**

Despite existing research on the socio-economic and cultural factors affecting women's health in Nepal, there is a significant gap in understanding the specific impact of child marriage on women's health in Sinja Rural Municipality of Jumla District. The unique socio-economic context, traditional beliefs, and limited access to healthcare services in Sinja RM necessitate a detailed information into how these factors influence early marriage practices and their consequent health related complications. This study aims to address these gaps by providing specific perceptions into the health conditions of women married early, their educational and economic dependencies, and the overall quality of life in Sinja Rural Municipality on child marriage and women's health in rural Nepal.

## **2.6 Conceptual Framework of the Study**

Child marriage is prevailed in Sinja RM Jumla, driven by traditional beliefs and low education levels among girls. Economic pressures lead families to marry their daughters early, resulting in young pregnancies that cause health issues, contributing to high maternal mortality and morbidity rates. Limited awareness and enforcement of child marriage laws worsen the problem. Early marriage severely limits women's educational opportunities and achievements, leading to economic dependency on their husbands and families, and diminishing their overall quality of life and well-being. This study contributes to the existing literature on child marriage and women's health in rural Nepal.

## **CHAPTER - III**

### **RESEARCH METHODOLOGY**

#### **3.1 Research Design**

This study is exploratory and descriptive research design. Descriptive research is the study designed to depict the participants in an accurate way. More simply put, descriptive research is all about describing people who take part in the study. This study is designed to investigate on child marriage and health problem of women and an attempt to describe what people think about early marriage in community and its effect on their health.

#### **3.2 Rationale of the Selection of Study Area**

This research was carried out at the Jumla district's Sinja RM. I have looked into the problems of early marriage in the community and how it affects women's health. No one has studied this topic in this location before, which is why I chose it for my research focus. Additionally, as I live in Sinja RM, Jumla, it has been simpler for me to get the information needed for research and to obtain trustworthy health-related data from the surrounding medical facilities. In our society, nearly every woman is uneducated and gets married at a relatively young age. They are unaware of the issues and detrimental impacts of young marriage.

#### **3.3 Nature and Sources of Data**

Since qualitative data is often descriptive in nature, it is more difficult to analyze than quantitative data. By producing numerical data or data that may be converted into useful statistics, quantitative research is utilized to quantify the issue. It formulates facts and identifies patterns in study using quantifiable data. Both secondary and primary data have been used in the information gathering process. Primary data was gathered through structured interviews and group meetings. Existing office records, published and unpublished research articles, and reports have all provided secondary information.

### 3.4 Universe, Sample and Sampling Procedure

Plan international located at Surkhet has recently (2023) conducted research in the Simja Rural Municipality. The study revealed the total number of households with early marriage as 143 which is universe of the study. Out of 143, 100 households covering 6 wards were selected on the basis of snowball sampling. For FGD, male and female both who experienced early marriage were selected in each ward, comprising only 8 members in one FGD.

Table 3.1: The Situation of Child Marriage

S.N	Word no	Under 18	18-19	Total Child marriage	Percentage
1.	Word no. 1	2	7	9	9
2.	Word no. 2	6	5	11	11
3.	Word no. 3	12	18	30	30
4.	Word no. 4	3	7	10	10
5.	Word no. 5	6	14	20	20
6.	Word no. 6	6	14	20	20
	Total	35	65	100	100

*Source: Field Survey, 2024*

In the above table it shows that hundred children has done the child marriage in sinja rural municipality. Among above word's in word no.1 has least rate of having child marriage where 9% of children has done child marriage among 100%. Among them 2% of children has done child marriage in the age of under 18 and 7% of children has done child marriage in the age of 18 to 19. In this word's less percentage of children has done child marriage and the reason of it is in this word's no.1 the percentage of literacy rate more high comparing to other word's whom knows about the child marriage that what impact and effect that can occur. And also in this word's less Dalits communities are living and don't have the problem of poverty. So, because of this reason there is less rate of doing child marriage. Similarly, in word's no.2 11% of children has done child marriage. Among them 6% of children has done child marriage in the age of under 18 and 5% of children has done child marriage in the age of 18-19. So in this word's also has less rate of having child marriage. In word's no.3 the rate of child marriage is 30% of 100 which has the highest rate of child marriage among other word's. In this word's more Dalits communities are living where the reason of having highest rate of child marriage. The children who has done child

marriage are belongs from Dalits communities. The people of Dalit's communities do the marry of their children in the young age. They do because of less education and they area suffering from poverty. And also they gives birth of many children. Because of having more children , they are compelled to do child marriage to reduce poverty. In word's no.5 and 6 have equal rate of child marriage. 20% of children has done child marriage. Among them 6% of children has done child marriage in the age of 18 and 14% of children has done the child marriage in the age of 18-19.

Having strict rule over child marriage and people are still doing child marriage. Because of the lack of awareness program, illiteracy, poverty, giving more birth etc people are doing child marriage.

### **3.5 Data Collection Techniques and Tools**

Data collection has been used to describe a process of preparing and collecting data. The purpose of data collection is to obtain information to keep on record to make decision about important issue to pass.

#### **3.5.1 Household Survey**

Household survey was conducted among 100 household one from each household by developing questionnaire. The format of the household survey has been attached in annex II.

#### **3.5.2 Focus Group Discussion (FGD)**

Six FGD was organized in six wards (one in one ward) to collect the information selecting to reason of early marriage. There was 8 participation in each FGD. The format of FGD guideline has been allow in annex III.

### **3.6 Methods and tools of Data Analysis**

In this study both quantitative and qualitative analysis was used. The information was shortened through minor and major category with the help of variables included. The actual themes were carried out from field note review and translation, coding of the translation, sorting of the information by content analysis, summarization. The data was interpreted and MS Excel was used for basic data analysis, providing functions for statistical analysis, tables, and other data visualization o

## CHAPTER - IV

### ANALYSIS AND INTERPRETATION

#### 4.1 Socio-Economic Profile of Respondents

##### 4.1.1 Educational Status

Education is one of the major indicators used to measure the social status of any individual. It brings awareness and fosters change, helping people to live better lives. Generally, the level of education serves as an indicator of women's social status, access to job opportunities, health conditions, and economic independence. Due to lack of educational awareness, women face numerous physical, mental, and health problems. They often become pregnant at an early age and encounter many complications both before and after delivery. The education levels of the respondents in the study are detailed in table given below.

Table 4.1 : Educational Status

S.N.	Education	Number	Percentage
1.	Illiterate	36	36
2.	Literate	64	64
Literate			
3.	Primary	40	62.5
4.	Secondary	20	31.25
5.	Higher Secondary	4	6.25
6.	University Education (BA & above)	0	0

*Source: Field Survey, 2024*

The above table shows that among hundred respondents 36% are illiterate and 64% are literate. Among the illiterate 64 respondents, 40 respondents were educated up to primary level, 20 secondary levels, 4 higher secondary but no women have gained the university education. The table shows there are more illiterate women than literate women. Significant proportion of women is illiterate or has only basic literacy, with a very small percentage achieving secondary education and none reaching university level. This lack of education has far-reaching consequences, contributing to early marriages, health complications, and limited job opportunities, ultimately reinforcing the cycle of poverty and marginalization, it is crucial to focus on enhancing

educational opportunities for women, which can lead to better health outcomes, increased economic independence, and overall improved social status.

#### 4.1.2 Occupational Status

Occupation also plays a crucial role in determining the health condition of women. Women in Sinja Rural Municipality of Jumla District are engaged in various sectors such as agriculture, housework, labor, and business. Table 4 provides an overview of the main occupations of the respondents:

Table 4.2 : Occupational Status

S.N.	Occupation	Number	Percentage
1.	Agriculture	50	50
2.	Labor	38	38
3.	Business	8	8
4.	Service	4	4
	Total	100	100

*Source: Field Survey, 2024*

Among hundred respondents 50% depend on the agriculture and 38% were labor. Eight percent respondents were engaged on their business and only 4% were on service. This shows that highest number of respondents was involved in agriculture and few were on service. This table illustrates that a significant proportion of women are involved in agriculture and household work. A considerable number of women are also engaged in labor, while a smaller percentage run their own businesses or are employed in service roles. The high involvement in labor-intensive sectors like agriculture and household chores often leads to physical strain and health issues due to the demanding nature of these tasks and the lack of access to healthcare and rest. Addressing the occupational challenges faced by these women requires creating more job opportunities, promoting economic independence, and ensuring better healthcare support for those in labor-intensive roles. This can contribute to improving their overall health and well-being.

### 4.1.3 Age at Marriage Status

The age at which women marry directly affects their health. In my study area, the marriage age among respondents varies, with some marrying before fifteen and others marrying between fifteen and nineteen.

Table 4.3 : Age at Marriage Status

S.N.	Age of Respondent	Number	Percentage
1.	Below 15	32	32
2.	15 – 19	68	68
	Total	100	100

*Source: Field Survey, 2024*

The above table shows that most of girls get married in age group of 15-19, 68 percent whereas 32% respondents got married below fifteen. The highest percentage of girls are married in early age and there is much more probability of population growth because early marriage brings early pregnancy. It automatically leads to large family due to frequent exposure to pregnancy and childbearing. Marrying at an early age can lead to numerous health complications, including early pregnancies, which increase the risk of maternal and infant mortality and other health issues. Early marriage also often results in a lack of education and economic opportunities, further exacerbating health problems. Promoting education and awareness about the risks of early marriage and supporting policies that increase the legal marriage age can help mitigate these health risks.

### 4.1.4 Religious Statues

Hinduism is prevalent in our country and the same holds true for the study area. Religion is widely believed to play a vital role in determining the age of marriage in all communities.

Table 4.4 Religious Statues

S.N	Religion	Total	Percentage (%)
1	Hindu	80	80
2	Christion	20	20
	Total	100	100

*Source: Field Survey, 2024*

This shows that Hinduism is the predominant religion, accounting for 80% of the respondents, while Christianity represents 20%. There are no respondents from other religions. Religion plays a vital role to determine marriage as societal norms and values are prevalent among the Hindu family with compare to Christian family.

#### 4.1.5 Ethnic Status

Many people believe that caste is a key factor in determining child marriage, factors such as educational level, economic status, tradition, and parental attitudes towards their children also play significant roles. Some parents choose to marry off their children early, thinking it will help them establish their families sooner. The study area includes individuals from all castes and following is the detail information about the caste of the respondents.

Table 4.5: Ethnic Status

S.N	Caste	Total	Percentage (%)
1	Brahmin	25	25
2	Chhetri	30	30
3	Dalit	45	45
	Total	100	100

*Source: Field Survey, 2024*

This data shows that the study area includes individuals from Brahmin (25%), Chhetri (30%), and Dalit (45%) castes, with no respondents from other castes.

#### 4.1.6 Type of Family

There is nuclear to extended families in Nepal and family system has directly affected the marriage age means it is thought to be the predictor of early marriage. Following is the family type of the respondents in study area.

Table 4.6: Type of Family

S.N	Family	Total	Percentage (%)
1	Joint	60	60
2	Nuclear	40	40
	Total	100	100

Source: Field Survey, 2024

Among the selected 100 households of the Sinja RM 60% people belonged to joint family and 40% respondents belonged to nuclear family. There is supposed to be family influences in the marriage decision and joint family system might make the decision-making complex and there might be less chance of making wrong decisions.

## 4.2 Health Status of Respondents

### 4.2.1 Choice of Medical Treatment during Pregnancy

Study area is rural area. There are many alternatives for health care. The following table shows the different health center visited by the respondents during their pregnancy.

Table 4.7 : Medical Treatment during Pregnancy

S.N.	Response category	Number	Percentage
1.	Public Hospital	30	30
2.	Private Hospital	10	10
3.	Dhami/Jhakri	36	36
4.	Did not visited	24	24
	Total	100	100

Source: Field Survey, 2024

Among hundred respondent's 30 percent of them visited public hospital, 10 percent private hospital. However, 36% respondents were still found to be visiting to Dhami and Jhakris and 24 percent even did not visit hospital, which shows that how careless are respondents about their health. Some of the respondents who were aware of their health visited public hospital and the respondent who have good economic condition and awareness visited private hospital. However, there were some respondents who madly believe on custom and ritual of the society visited dhami/jhakris instead of

hospitals and also there were respondent who did not visited hospital during pregnancy.

#### 4.2.2 Age at the First Pregnancy

Pregnancy significantly impacts women's health, and the age at which a woman first becomes pregnant is crucial. It not only affects her health but also indicates when she must take on additional responsibilities. The table below provides information about the respondents' age at the time of their first pregnancy.

Table 4.8 : Age at First Pregnancy

S.N.	Age of respondent	Number	Percentage
1.	Less than 15	20	20.00
2.	15 – 19	58	58.00
3.	20 – 24	16	16.00
4.	25 – 29	4	4.00
5.	Above 30	2	2.00
	Total	100	100.00

*Source: Field Survey, 2024*

People get early marriage due to different causes which create health problem to women but no one care about it. This table reveals that a significant majority of respondents (58%) had their first pregnancy between the ages of 15-19.

A considerable number (20%) became pregnant before the age of 15. A smaller percentage (16%) experienced their first pregnancy between the ages of 20-24, while only 4% were pregnant between the age of 25-29, and 2% were above 30 at the time of their first pregnancy. Early pregnancies, particularly those occurring before the age of 20, pose significant health risks for young women. These include increased risks of maternal and infant mortality, as well as long-term health issues due to the physical and emotional immaturity of the young mothers. Early pregnancies also often result in young mothers facing additional social and economic challenges, limiting their access to proper healthcare and support. By delaying the age of first pregnancy, we can improve health outcomes for both mothers and their children and help young women achieve better social and economic stability.

### 4.2.3 Problem after Child Bearing

Early marriage is problem in own self. Women have lots of health problem due to early child bearing. They have the problem like hypertension, thyroid enlargement, underweight and anemia. The table 13 shows the problem after child bearing.

Table 4.9 : Problem after Child Bearing

S.N.	Problems	Number	Percentage
1.	Hypertension	24	24
2.	Thyroid	16	16
3.	Underweight	40	40
4.	Anemia	20	20
	Total	100	100

*Survey: Field Survey, 2024*

Most of respondents have the problem of underweight due to early child bearing. It means 40 percent of respondents have underweight problem. Among 50 respondent's 24 percent of respondents have problem of hypertension, 20 percent have anemia and 16 percent have thyroid enlargement. Majority of respondents have underweight due to early child bearing.

### 4.2.4 Complication Status during Pregnancy

Early marriage has a major effect on child because women who marry early have, on average, a longer period of exposure to the risk of life time births. Information about complication during pregnancy was obtained by asking every respondent in Sinja RM, Jumla. The table 15 gives information about it.

Table 4.10 : Complication status during Pregnancy

S.N.	Response	Number	Percentage
1.	Yes	90	90
2.	No	10	10
	Total	100	100

*Survey: Field Survey, 2024*

While asking about complication during pregnancy to women most of respondent said that they have got complication while only 10 percent ignore about it. We can say that, almost all of women have got complication during pregnancy.

#### 4.2.5 Complication Status after Delivery

Pregnancy is the factor that directly effect on the health of the women. The health condition of rural women is very pathetic, as they have to get busy in agriculture, fetching firewood and drinking water. They are always over burdened with work. They do not get time to take rest and even nutrition food which create complication after delivery too. The table given below shows the numbers of respondents who have face to complication after delivery.

Table 4.11 : Complication Status after Delivery

S.N.	Response	Number	Percentage
1.	Yes	92	92
2.	No	8	8
	Total	100	100

*Source: Field Survey, 2024*

In this study 92 percent of the women agree that they have got complication after delivery while only 8 percent of respondent said that they do not have any complication after delivery. Most of women have got complication after delivery due to early pregnancy.

#### 4.2.6 Age Status at the Time of First Pregnancy

Pregnancy is the factor that directly effect on the health of the women. Age of pregnancy also means the age when the women have to be ready to take the responsibility of additional work. The table given below describes about it.

Table 4.12 : Age status at the Time of First Pregnancy

S.N.	Age group	Number	Percentage
1.	Less than 15	30	30
2.	15 – 19	38	38
3.	20 -24	20	20
4.	25 – 29	10	10
5.	30 Above	2	2
	Total	100	100

*Source: Field Survey, 2024*

According to above table, we can say that the majority of women experienced pregnancy during their teenage years, with only 2 percent of respondents becoming pregnant at age 30 or older. Specifically, 30 percent of respondents had their first child before the age of 15, 20 percent had their first child between the ages of 20-24, and 10 percent had their first child between the ages of 25-29. This indicates that the highest number of respondents were pregnant during the 15-19 age group.

#### 4.2.7 Place of Delivery of Child

The health conditions of rural women, particularly in Nepal, are often distressing due to their heavy involvement in agricultural and domestic chores, such as fetching firewood. They are consistently burdened with strenuous workloads, and even during pregnancy, many continue working until the final days before delivery. This labor-intensive lifestyle contributes to poor health outcomes for women in rural areas. The table below illustrates where women in the study area typically give birth:

Table 4.13: Place of Delivery of Child

S.N.	Delivery place	Number	Percentage
1.	Hospital	30	30
2.	Home	70	70
	Total	100	100

*Survey: Field survey 2024*

This table shows that 30% of women in the study area give birth in hospitals, while the majority, 70%, opts for home births. This distribution underscores the prevalent preference for home deliveries over hospital births among women in rural areas, which can be influenced by factors such as accessibility, cultural practices, and perceptions of healthcare facilities. Home births, while culturally accepted and convenient, can pose risks due to limited access to medical professionals and emergency care.

#### 4.2.8 Gap in Birth for Next Child

While inquiring about the gap between their children, most respondents reported having no gap, with a few indicating a one-year or two-year gap.

Table 4.14 : Gap in Birth for Next Child

S.N.	Birth gap year	Number	Percentage
1.	No gab	80	80
2.	1 year	16	16
3.	2 years	4	4
4.	3 years	0	0
	Total	100	100

*Survey: Field Survey, 2024*

Among hundred respondents 80 percent said that they have no gap between two child, 16 percent of respondent said that they have one year gap, 4 percent said that they have 3 year gap. It shows that most of respondent does not have gap between two children due to lack of knowledge about using contraceptives which directly affect the health condition of women.

### 4.3 Factors affecting of Early Marriage

People get early marriage due to different causes which create health problem to women but no one care about it. Early marriage, driven by various causes, creates significant health problems for women, yet it often goes unnoticed and unaddressed. From FGD and opinion of people, the following are factors affecting of early marriage. The primary reasons for early marriage include poverty, lack of education, Cultural and Traditional Practices and Legal Awareness.

Table 4.15 : Reasons of Early Marriage

S.N.	Reasons	Number	Percentage
1.	Culture	20	20
2.	Lack of education	22	22
3.	Poverty	40	40
4.	Legal awareness	18	18
	Total	100	100

*Source: Field Survey, 2024*

This table shows that poverty is the most common reason for early marriages, cited by 40% of respondents. Lack of education follows at 22%, while legal awareness and

cultural factors each account for 18% and 20% respectively. These factors contribute significantly to perpetuating early marriages, which in turn lead to various health challenges for young women. Addressing these root causes requires targeted interventions such as poverty alleviation programs, improved access to education, family planning education, and community-driven initiatives aimed at changing harmful cultural norms. Efforts in these areas can help empower women, improve their health outcomes, and foster greater gender equality within communities.

#### **4.3.1 Cultural and Traditional Practices**

Child marriage is widely practiced in Nepalese culture and traditions especially in study area. There is vast difference between the marriage age of boys and girls, the girls are married earlier than boys because girls are taken as burden of the family. Traditionally it has been taken as a customary practice that has been followed for generations. This cultural practice or acceptance continues the cycle of child marriage, as parents and community members see it as a normal and necessary practice. Efforts to raise awareness about child marriage often face challenges in reaching remote and rural communities like Sinja. It has been essential to engaging local leaders, schools, and community organizations is essential for spreading awareness and creating sustainable change to build peaceful and harmonious community. Nowadays, different community-based programs that involve local leaders, religious figures, and other influential community members can help to shift cultural norms and practices about the perception of common people on the issue of early marriage. Community dialogues and workshops can be effective in addressing the root causes of child marriage.

A few people mentioned that it's socially acceptable to get married young. Girls are expected to marry and take care of their in-laws, according to one responder. One more emphasized the prevalent belief that a girl's true home is with her in-laws. An early marriage's likelihood is greatly influenced by social factors. The social environment, which includes family members, frequently uses physical changes and puberty indications in teens to determine whether a person is ready for marriage. Generally, parental decision-making is influenced by social influences that lead to early marriage decisions. Girls in child marriages are frequently forced to take on

additional duties despite the fact that they are often psychologically and physically unprepared.

Nonetheless, there are still reasons why this is done and continues to exist. Families and social environments frequently give young people little room to make their own judgments. Teenagers who marry young are frequently seen as achieving social identity and independence. Child marriage has its roots in gender inequality and discrimination, and it is frequently encouraged by unfavorable social standards as well as the detrimental effects of deprivation and poverty. The association between child marriage and other interrelated elements that sustain the practice is made worse by humanitarian crises.

#### **4.3.2 Education and Literacy**

Low levels of education and literacy, especially among women and girls, contribute to a lack of awareness about the negative impacts of child marriage. When girls are not educated, they are less likely to understand their rights or the potential health, economic, and social consequences of early marriage. Gender inequality and patriarchal norms play a vital role in promoting child marriage. Girls are often seen as less valuable than boys, and their primary role is perceived to be that of a wife and mother which leads to a lack of investment in their education and overall development. There is insufficient awareness about the health risks associated with child marriage. Early pregnancies can lead to serious health complications for young mothers, including higher risks of maternal and infant mortality. It can be said that women's health is neglected so they are compelled to give birth of child at home instead of hospital and they have complication due to the lack of treatment and rest at the time of pregnancy.

The majority of interviewees said that young ladies who lack education typically marry. Most participants agreed that keeping females in school prevents child marriage, while some claimed that marriage is a direct result of being ignorant. Others suggested that when a girl or her parents lack education, they are oblivious of the repercussions and girls lack of access to quality education are both rooted in gender inequality and the belief that girls and women are worth less than boy and men.

### **4.3.3 Poverty**

Poverty is a significant driver of child marriage. Poor families may see marrying off their daughters at a young age as a way to reduce financial burden. Lack of awareness about alternative opportunities for economic improvement, such as education and vocational training, worsens this issue. The most of people are living below poverty line, food insecurity and malnutrition. Families may lack sufficient funds to buy nutritious food, resulting in health problems, especially in children in study area. People are living in substandard housing, no work for whole year and geographical difficulties which lack proper sanitation, heating, and structural safety which can lead to forcing people and families to live in miserable way. The people of study area are out of access to healthcare services, medications, and preventive care which leads to untreated illnesses and chronic conditions. Higher mortality rates and lower life expectancy are common due to inadequate healthcare and poor living conditions. The community people are taking girls as the burden for the family which leads them to marry in early age so that they can be free to invest for them.

As we all know that the reason of facing the problem of poverty, it's all because of having more children's in a family. Because of having more children's there is more chance of having child marriage. In our society people believes in patriarchal societies where sons are given more importance than the daughter. They think if daughter got educated then they cannot afford finance things for their son. So, to make their son educated they do marriage of their daughter in an early age where children marriage occurred. Because of the problem of financial things or poverty there is the more chance of having child marriage. So, poverty affects more on child marriage like our societies are suffering from. Some interviewees acknowledged that the cost of raising children was a major contributing factor in their poverty. According to one responder, low-income families are more inclined to marry off their daughters if they are unable to pay for their sons' schooling. Some clarified that girls with a larger sibling group would be married off to lessen the overall and financial burden of raising a family. Since most families in rural areas have big families, poverty is the primary cause of early marriages in these places. Most parents in these kinds of households are unable or unwilling to care for their children. Therefore, it is believed that getting married young can help lessen this load. Some who cannot afford to feed their kids or send

them to school force young girls into marriage with older men. As a means of settling debts, some parents set up marriages between their kids and their lenders. This debate centers on whether or not early marriage will lift these families out of poverty.

#### **4.3.4 Legal Awareness**

While Nepal has laws that takes illegal for child marriage, there is often a lack of awareness about these laws among the general population. Even when people are aware, enforcement is weak, and there is a lack of understanding about the legal and social mechanisms available to protect girls from child marriage. Media in Nepal has a crucial role in raising awareness, but coverage on the issue of child marriage is often limited. Increasing the presence of child marriage issues in the media can help to educate the public and change social norms. Projects with the support of international organizations plays important role to make aware about the existing legal provisions upon the child marriage. Local government has focused to implement the existing legal provisions to minimize the child marriage coordinating with all stakeholders such as media, NGOs, teachers, dhami/jhakris in study area. The age of marriage is changing although women are having lots of complication due to early marriage and marriage duration.

There are strict protocols that has been made by Nepal Government for child marriage. Having known about strict policy of government, people are still doing child marriage. It's all because of lack of legal awareness and there are more reasons. Like: corruptions, favoritism etc. because of the lack of legal awareness different people are still suffering from child marriage. So, to make aware of child marriage different affected awareness should be done to stop child marriage. And the government should make strict rule over child marriage so all citizens of country do not try to do child marriage. The person who does child marriage and who force to do marriage are strictly punished by the government. Mainly in remote area this legal awareness program should held and give more education about child marriage that everyone can get the knowledge about it.

## **CHAPTER - V**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.1 Summary**

Women constitute more than half of the population and are the primary providers of subsistence for most of the population in Nepal. However, as the country continues its struggle to develop, women remain marginalized in terms of literacy, education, job opportunities, health, legal rights, inheritance, and general control over their own lives. This study focused on the women of the Sinja Rural Municipality of Jumla District. The purpose of the study was to provide information about the health conditions of women and the trend of early marriage. Data were collected through questionnaires and interviews, with one hundred married women selected randomly for the study. Based on the analysis and interpretation of the data obtained from the respondents, the following findings have been drawn:

Thirty-six percent of respondents from were illiterate, 30 percent were literate, 10 percent had studied up to the primary level, and only 4 percent up to the secondary level. None had a university education, highlighting the poor condition of women in the education sector. Fifty percent of women are involved in agriculture and household work, 38 percent are laborers, and 8 percent run their own businesses. Among fifty respondents, only one is in service, indicating that most women are unable to secure jobs and are involved in other activities. Seventy-four percent of respondents were married between the ages of 15-19, while 10 percent were married between the ages of 20-24. Fourteen percent were married under 15, and only one respondent married at age 29. Thirty percent of respondents visit public hospitals for treatment, while only 10 percent go to private hospitals. However, 36 percent rely on traditional healers (Dhami and Jhakri) instead of hospitals, and 24 percent have never visited a hospital.

Fifty percent of respondents were pregnant before age 15, and only 16 percent married between the ages of 20-24. This shows that in Dalit society, women marry earlier, leading to early pregnancies, which are harmful to their health. Forty percent of women marry early due to poverty, while 22 percent cite a lack of education, large families, and cultural reasons. Thirty-six percent of respondents visit hospitals only

when in pain. Regular check-ups during pregnancy are necessary, but twenty percent of women visit the hospital only once during pregnancy, and 24 percent do not visit at all. The majority of women give birth at home, increasing the risk to their lives and those of their babies if complications arise.

A majority of women reported complications during delivery, indicating poor healthcare during pregnancy. Most respondents do not use any contraceptives or only use permanent methods, meaning temporary contraceptives are rarely used. Ninety-four percent follow the practice of early marriage in society, with the majority marrying at a young age. Most women do not have any gap between their first and second children, indicating poor health conditions and a lack of knowledge about health. Additionally, many respondents lose their freedom after marriage, being treated as laborers and childbearing machines. They do not receive rest, healthcare, or nutritious food during and after pregnancy.

Women work hard even during pregnancy and are not allowed to rest during delivery. This shows that they are treated like machines. Many respondents suffer from hypertension and anemia due to early marriage. Among hundred respondents, 60 percent had their first living child between the ages of 20-24. The majority of respondents (90 percent) experienced complications during pregnancy due to early pregnancies. Ninety-two percent of respondents reported complications even after delivery. While the situation of early marriage in society has slightly improved, the overall situation remains dire. There is a significant difference between the marriage ages of boys and girls, with most respondents having children between the ages of 15-19.

## **5.2 Conclusion**

Based on a rigorous analysis and interpretation of the data, it can be concluded that the majority of women in the study have poor health conditions due to early marriage and lack of education. Although a few respondents were educated, aware of their health, and employed in organizations, the majority were uneducated and lacked access to healthcare. This situation is partly attributed to the traditional socio-cultural structure of the society and the custom of marrying girls at an early age. The workload of women was found to be significantly higher than that of their male counterparts. Women are primarily responsible for household chores such as cooking, fetching

water, and child care, while men typically do not assist in these activities. This indicates that male members of the community are often unaware of the burden of overwork faced by women.

Despite the availability of hospitals for medical treatment, most respondents still rely on traditional healers (Dhami and Jhakri) for their healthcare needs. This shows a prevalent belief in spiritual healing among the women in this area. Primary education is a crucial factor in raising awareness about health and the appropriate age for marriage. The practice of early marriage significantly impacts the number of children women have and is strongly influenced by socio-economic variables and cultural norms. To address the issue of early marriage and improve women's health, there must be an improvement in the socio-cultural and economic conditions of society. Without changes in the age at which women marry, their health conditions are unlikely to improve. The study population appears to be heavily influenced by conventional and traditional beliefs.

In conclusion, the health of women in Sinja Rural Municipality of Jumla District is adversely affected by early marriage and a lack of education. The deeply rooted socio-cultural traditions and economic conditions of the society contribute to the perpetuation of these issues. Women's heavy workload, reliance on traditional healers, and limited access to education and healthcare further exacerbate their poor health outcomes. Addressing these challenges requires a multifaceted approach that includes improving education, healthcare access, and socio-economic conditions, as well as changing cultural norms around the age of marriage. Only through such comprehensive efforts can the health and well-being of women in this area be significantly improved.

### **5.3 Recommendation**

Based on the findings and conclusions of this study, the following recommendations are proposed to improve the health and well-being of women in Sinja Rural Municipality; it has to implement targeted literacy programs for women and girls to increase their education levels. This should include both formal and informal education opportunities and conduct awareness campaigns on the importance of education and its impact on health, economic opportunities, and personal development

and provide incentives for families to keep their daughters in school, such as scholarships, free school supplies, and financial aid.

Access to healthcare facilities should have been increased, especially in rural areas and establish mobile clinics and regular health camps to reach remote populations and educate women about the importance of prenatal and postnatal care to provide information on the risks of early pregnancy and the benefits of regular medical check-ups. Lastly, train healthcare providers to offer culturally sensitive care and educate them on the specific health needs of early married women.

It has to be strengthened the enforcement of laws against child marriage to ensure that local authorities are proactive in preventing early marriages. Community leaders and influencers should be engaged in dialogue about the negative impacts of early marriage to use their influence to shift cultural norms and create alternative opportunities for girls that delay marriage, such as vocational training and economic empowerment programs. Community workshops and education programs should be organized to promote gender equality that highlight the equal roles and contributions of men and women and encourage the redistribution of household chores and responsibilities to reduce the burden on women. This can be achieved through community-based initiatives and awareness programs and establish support groups for women to share experiences, provide mutual support, and advocate for their rights.

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**Consent Form for Interview**

Namaskar, I am Sandhya Khatri a student of Central Department of Rural Development, Tribhuvan University, doing a research study on "**Impact of Child Marriage in Women Health**", A Study of Sinja Rural Municipality of Jumla District. The objective of my study is to find out the impact of child or early marriage in Sinja RM of Jumla District. Your participation in this survey is very important and is completely voluntary. If you agree to participate you will be asked to fill the questionnaire which will be provided to you related to child marriage. All the participants will be assigned a code number and confidentiality of the information, collected will be maintained. Information will be used for the scientific research purpose only to fulfill the objectives of the study.

Name of interviewer: .....

Date.....

Ward .....

Community.....

## Questionnaire for Interview

1. Full Name of Respondent:  
 Age: RM:  
 Ward No. : Village:
2. Head of the household:  
 Name: Age:  
 Gender: Occupation:
3. What is your educational situation?  
 a) Literate b) Illiterate  
 c) Primary level d) Secondary level and above
4. What is your occupation?  
 a) Agriculture b) Labor  
 c) Business d) if any...
5. Do you have children?  
 a) Yes b) No  
 If yes, how many children do you have?  
 .....
6. Where did you go for check-up during your pregnancy?  
 a) Public hospital b) Private hospital  
 c) Dhami/Jhakri d) if any...
7. Do you use any contraceptive to confront frequent pregnancies?  
 a) Yes b) No
8. Where did you give birth to your child?  
 a) Home b) Hospital
9. What are the health problems after early child bearing?  
 a) Hypertension b) Thyroid  
 c) Underweight d) if any...
10. What was the birth gap for another child?  
 a) 1 year b) 2 year  
 c) 3 years d) 4 years and above
11. Does your society follow child marriage?  
 a) Yes b) No
12. If yes, what are the reasons of doing child or early marriage?  
 a) Poverty b) Lack of education  
 c) Large family d) if any...

**Consent Form for Focus Group Discussions**

Namaskar, I am Sandhya Khatri a student of Central Department of Rural Development, Tribhuvan University, doing a research study on **"Impact of Child Marriage in Women Health" A Study of Sinja Rural Municipality of Jumla District**. The objective of my study is to find out the impact of child or early marriage in Sinja RM of Jumla District. Your participation in this survey is very important and is completely voluntary. Your comments will not be attached to your name, so your responses will be held confidential—although, we will be taking notes (and recording your voice) so that we can remember later what you tell us. Any information you provide that might identify you will be kept confidential.

You should also feel comfortable asking any questions at any time during the conversation. Will you participate in this research study? You may answer yes or no.

Yes, I am willing to participate.

No, I am not willing to participate.

Ward .....

Community.....

FACILITATOR:

NOTE TAKER:

DATE:

PARTICIPANTS:

SN	Name	Age	Sex	Caste/Ethnicity	Job	Remarks

**Checklist for Focus Group Discussion**

1. How is the situation of early marriage in your community?  
\_\_\_\_\_
2. What are the causes of early marriage in your community?  
\_\_\_\_\_
3. Do you see any change on age of marriage of boys and girls?  
\_\_\_\_\_
4. What are the consequences of women due to early marriage?  
\_\_\_\_\_
5. What was the age during marriage in your community?  
\_\_\_\_\_
6. What was your age in first pregnancy in your community?  
\_\_\_\_\_
7. Did you have seen complication during pregnancy in your community?  
\_\_\_\_\_
8. Did you have seen complication during delivery in your community?  
\_\_\_\_\_
9. Did you have seen complication after delivery in your community?  
\_\_\_\_\_
10. What are the health related problems after early child bearing in your community?  
\_\_\_\_\_