

Teenage Marriage Practice of Muslim Women and its Effect on their
Reproductive Health

A Thesis

Submitted to Department of Health and Population in partial fulfillment for Master of
Education in Population Education

Submitted by
Tika Kumari B.C.

Tribhuvan University
Faculty of Education
Central Department of Education
Health and Population Education Department
Kirtipur
2021

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Declaration

I, hereby, declare that, to the best my knowledge, this thesis is my original work. No part of it was earlier submitted for the candidature of research degree to any university, college or educational institutions. The subject matter presented in this thesis report is the result of my own work. Whatever data and information I have presented and included in the thesis report belongs to my own original work conducted in this study except for those cited in references.

Date: 1st September, 2021

Tika Kumari B.C.



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I recommended this thesis for final evaluation.

Date: 1st September, 2021

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Approval Sheet

This thesis entitled "**Teenage Marriage Practice of Muslim Women and its Effect on their Reproductive Health**" submitted by **Mrs. Tika Kumari B.C.** in Partial Fulfillment for Master of Education in Population has been approved.

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September 2021

Tika Kumari B.C.

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Abbreviations

CBS	:	Central Bureau of Statistics
FAO	:	Food and Agriculture Organization
INGO	:	International Non-Government Organization
MOH	:	Ministry of Health
NGO	:	Non- Government Organization
TU	:	Tribhuvan University
UNDP	:	United Nations Development Program
UNFPA	:	United Nations Population fund
UNICEF	:	United Nations Children's Food
USAID	:	United States Agency for International Development

Abstract

The title of the research is "Teenage Marriage practice of Muslim women and its effect on their Reproductive Health. The objectives of the study were to identify the situation of teenage marriage in the Muslim community, to find out the main cause of teenage marriage in Muslim community and effects of on reproductive health. This study used quantitative and descriptive design. Total 82 respondents who were the married before 20 years and taken from 165 based on the household and census method. For this research I used interview schedule as tool for interview.

This study covers the physical, mental, socio-economic aspects. Based on the data obtained, adolescents of Muslim community had been studied up to the secondary level. The main occupation was business. Looking at the practice, the number early of marriage seems to higher with 47.47 percent getting married in 15-19 years. Some teenagers were found married at the 15 years. The reason behind getting married so early can be seen falling in love, family rituals, poverty, etc. Due to economic constraints, higher education is not possible and there is a tradition of getting married in an early age. Regarding the use of contraceptives, many have used three-month injection and Norplant. According to society's policy, abortion is prohibited. The desired appropriate age for the marriage was reported as 20-30 years. Due to this, many children are born. Besides, they faced problems in reproductive health during marriage and childbirth. Therefore, it is necessary to stop this practice by increasing awareness.

Chapter I: Introduction

Background of Study

Marriage is the established institution which demands maturity, capacity and responsibility. World Health Organization has defined teenage as the period of life spanning the age between 13 to 19 years. Teenage is a period of transition from child distinct and dynamic phase of development in the life at when maximum amount of physical psychological and behavioral change take place (WHO, 2008).

Teenage marriage is common in Nepal. The legal age of marriage is 20 years, but the median age at first marriage for women was 17.9 years according to NDHS 2016. Young pregnant women having higher risk than older pregnant women of hypertensive disease, which account for large proportion of pregnancy, related death among women under the age of 20 (UNICEF, 2008).

Early marriage remains quite common in Nepal especially in rural areas. Where large majority of the child marriage. Population lives the demographic and health survey show that 40% of women were marriage the median at marriage among women aged 20-49 was 16.6 years (Motet, 2008).

In Nepal the background factor affect pace of marriage and pace of motherhood some. What differently females with primary level education are marrying at much slower pace than females with no education but these two groups of females have similar pace of motherhood. Junior high school education slows the pace of marriage much more than the pace of motherhood. The effects of ecological region tarai and hill development region (less developed vs. more developed) are much stronger on the pace of marriage than on the pace of motherhood. The differences in the effects on the pace of marriage and the effects on the pace of motherhood are likely due to delayed consummation of marriage among those who marry at very young ages and to lower fecundity among very young married females right after marriage than among women who marry at older ages (Choe, Thapa & Achmad, 2001).

Early and child marriage has wide range impact to survivors. The girls suffer from sexual and domestic violence, the risk in health and loss of educational opportunities. Pregnancy-related complications, uterine prolepses, infant and maternal mortality, malnutrition of mother and child as well as psychological problems, including depression, violent marital relations and suicides are some other effects of early marriage. Similarly, the girls are forced to drop-out school to look after their children. Their health and psycho-social well-being is compromised, as they become mothers when they are neither physically nor mentally prepared. And this keeps the family trapped in a vicious cycle of poverty. Child Labor and girls trafficking can also be propelled due to child marriage (Acharya, 2016).

Child marriage is driven by gender inequality and the belief that women and girls are somehow inferior to men and boys. In Nepal, child marriage is also driven by: Poverty: Marriage is seen to reduce the economic “burden” of girls on their families. The payment of dowry by a bride’s family to a husband’s family remains widespread despite being illegal. This is particularly excessive in the southern Terai plains where parents marry their daughters off at a young age to avoid higher prices. Girls living in the poorest households are more likely to marry than those living in the richest households. Humanitarian context: CARE has reported that the 2015 earthquake led to a dramatic rise in child marriages and trafficking, as criminals targeted orphaned children and some families tried to protect their daughters by marrying them of Traditional customs: In some communities, family members believe they go to heaven if they marry off girls before menstruation. Shame surrounding pre-marital sex, and a lack of access to information about sexuality and contraception, encourages some girls to marry early. Self-initiated marriage: An increasing number of girls in Nepal are marrying spouses of their own choosing. These are known as “love marriages” and are sometimes used to escape abusive circumstances, forced marriage or allow young people to have sex within the socially sanctioned institution of marriage (rather than outside of marriage). UNICEF in a research “Violence against girls: A 2014 study” found that one in three married girls in Nepal has been subjected to sexual violence by their husbands. Although there is no information on the extent to which this drives child marriage, it likely affects a girl’s power within a marriage and her ability to escape (UNICEF, 2019).

The current situations of the boys are also marred as children, but girls are disproportionately affected. In Niger, for instance, 77 percent of women aged 20 to 49 were married before age 18 in contrast to percent of men in the same age group. Even in countries where child marriage is less common, the some gender differences are found. In the Republic of Moldova for example 15 percent of women aged 20 to 49 were married before age 18 compared to 2 percent of men. Furthermore, girls are often married to considerably older men. In Mauritania and Nigeria, more than half of adolescent girls aged 15 to 19 who are currently married have husbands who are 10 or more year older than they are child marriage is a manifestation of gender inequality, reflecting social norms that perpetuate discrimination against girls (UNICEF, 2014).

Child marriage among girls is most common in South Asia and Sub-Saharan Africa, and the 10 countries with the highest rates are found in these two regions. Niger has the highest overall prevalence of child marriage in the world. However Bangladesh has the highest rate of marriage involving girls under age 15. South Asia is home to almost half (42 percent) of all child brides worldwide; India alone accounts for one third of the global total (UNICEF, 2014).

Statement of the Problem

Child marriage is a global problem, which affects millions across the world but especially girls in south Asia. The government of Nepal has signed many international instrument designed to tackle this problem and has passed a law forbidding child marriage but has found it difficult to eradicate the phenomenon due to weak enforcement and low levels of awareness. (Maharjan, Karki, Shakya, & Aryal, 2012)

Child marriage affects both boys and girls; however it disproportionately affects girl ability to enjoy their right and freedoms especially due to the serious risks of sexual and reproductive harms associated with this practice. Child marriage triggers a continuum of reproductive and sexual harms and violation by exposing girls to forced intuition into sex and unprotected sex as well as early unplanned and frequent pregnancies (Center for Reproductive Right, 2016).

There are numerous health risks that a girl is exposed to when she is marriage before she turns eighteen. she is expected to start being sexually active and bear children before her baby has fully matured one common problem amongst women in Nepal that is related to early child birth is uterine prolapses a debilitating condition where the muscles and ligaments can no longer hold the uterus in place. While uterine prolapse can be caused by in adequate child spacing lack of proper rest after child birth and demanding labor during pregnancy it has also been linked to early child birth. Symptoms can include pelvic pain frequent urination painful sexual intercourse vaginal heeding reproductive and urinary tracts infections constipation vaginal discharge difficulty walking and urinary incontinence which severely compromise affected girls ability to perform daily activities like walking manual labor sitting or lifting her baby (Bhandari, 2019).

UNFPA is pushing for a Nepal free of violence for all women and girls and to prevent harmful practices, including child marriage. In Nepal, 41 percent of women aged 20 to 24 are married before they turn 18. The country has the third highest child marriage prevalence in South Asia. Child marriage occurs more frequently among girls who are the least educated, poorest and living in rural areas. Investing in girls, developing their social and health services, and ensuring that they can postpone marriage until they are ready means greater dignity for women (UNFPA, 2019).

It can be hard to imagine why someone would choose to have their child married off. But for millions of people, child marriage can seem like the best – or only – option. Daughters are frequently seen as burdens or commodities because of pervasive gender inequality. Impoverished parents often believe marriage secure a daughter's future by making a husband or his family responsible for her care. This may be the case when parents face economic hardships or when girls are forced by poverty or circumstance to drop out of school. In places where the bride's family pays a dowry to the groom's family, younger brides typically command smaller dowries, creating an incentive for parents to marry their daughters off early. In places where the groom's family pays a bride price, parents in difficult circumstances may marry off their daughters as a source of income (UNFPA, 2020).

National and international communities are in caressingly recognizing child marrying as a serious problem, both as a violation of girls human right and as a

hindrance to key development outcome. As more program, policy, donor and advocacy constituencies pledge commitment, resources and action to address this problem, it becomes important to examine past efforts and how well they have worked. Finding model solutions to address child marriage has been a challenge because, while there has been increasing investment in programs during the last decade many are not well- documented and even fewer are well- evaluated. In this brief, we summarize a systematic review of child marriage prevention programs, the have documented evaluations. Based on this synthesis of evaluated programs, we offer an analysis of the broader implications for viable solutions to child marriage. Our finding show that child marriage prevention programs have indeed expanded in number and scope during the last decade; almost two dozen have documented some types of an evaluation. The largest number of evaluated programs is in South Asia, especially in Bangladesh and India. Programs in a border range of African and middle Este countries, including Ethiopia and Egypt, are also adding to the evidence base (ICRW, 2011).

What is the situation of teenage marriage in the Muslim community?

What are the main cause of teenage marriage in the Muslim community?

What is the effects of teenage marriage on reproductive health of women?

Objective of the Study

The general objective of the study is to identify teenage marriage practice of Muslim women and its effects on reproductive health of Birendranagar Municipality, Surkhet district. Specific objective of this study there are:

1. To identify the situation of teenage marriage in the Muslim community.
2. To find out the main cause of teenage marriage in the Muslim community.
3. To find the effects of teenage marriage on reproductive health of women.

Significance of the Study

This study explores teenage marriage practice and its effect on reproductive Health situation. This study is related to the issue of child marriage. Many studies are

conducted dealing with early marriage by various national and international agencies of organization and by university students. So, it is the first study which is about the early marriage women in Muslim community of Birendranagar Municipality. The significance of this study includes the following:

- This study is helpful to get the situation of teenage marriage in the Muslim community.
- This study is helpful for the practice of the teenage marriage and its effect Reproductive health.
- It is helpful to create awareness in community about the consequences of teenage marriage or effect.
- This study is useful for N.G.O, local government, teacher and student in the field of teenage marriage

Delimitation of the Study

Every research have delimitation according to the time, resources and budget. This study was delimited giving follows.

- This study was conducted on only Muslim community in Birendranagar Municipality word No 10 /11 Surkhet district.
- This study used descriptive and quantitative research design.
- The respondents were teenage-marriage women who married before 19 years old with in the reproductive age group (20-30).
- In this study, interview schedule had been used for the data collection.
- This study covered 165 household and 82 respondents

Operational Definition of Key Terms

Community: The community for this study in Muslim.

Kachhi: House made by mud and bricks not cement.

Early marriage: Teenage marriage people who get marriage before the age of 20 year

Chapter II: Review of the Related Literature and Conceptual Framework

Literature view is a part of the research. This chapter attempts to review some relevant past study regarding birth spacing and education. So the birth spacing and education are two most important matters there is no particular theory. There are two types of review of the related literature such as theoretical and empirical literature. Some of the fact, opinion, theory, principle and study reports directly or indirectly related top reviewed and present here.

Theoretical Literature

The world health organization (WHO) has clearly recognized the connection between child marriage early pregnancy and poor reproductive health out Come for adolescent girls. in its Guidelines on preventing early pregnancy and poor reproductive out comes Among Adolescent in developing countries as well as in a 2012 report by the WHO secretarial entitled. " Early marriage adolescent and young pregnancies" the WHO has articulated several evidence based recommendations for governments to protect adolescent reproductive health. Reducing marriage before the age of 18 years, Creating understanding and support to reduce pregnancy before the age of 20, increasing the use of contraception by adolescents at risk of unintended pregnancy, reducing unsafe abortion among adolescent, increases the use of skilled antenatal child birth and postnatal care among adolescent. The 2012 report specifically emphasizes the role of sexuality education to address harmful gender stereotypes and empower adolescent girls to resist coerced sex and prevent early pregnancy (Center of Reproductive Right, 2009).

Tackling child marriage is a daunting but possible task, requiring political will and proactive multifaceted strategies at the international, national and community levels. Ending child marriage: A guide for global policy action is part of a wider advocacy strategy to raise awareness on child marriage and its effects on communities. It aims to stimulate decision maker world wide- in particular government policy makers, donors and international development agencies to take all necessary measures to end this violation of right. The publication out lion this global problem and the reasons why child marriage persists, assesses how it contravenes many international human right standards and then provides policy and programmatic

recommendations. It assist organizations to accelerate action and advocate for an end to this practice (IPPF, 2006).

Many of the marriages we heard about were arranged—and, often, forced—by girls’ parents, or other family members. In some areas of the country, families marry girls at ages as young as one and half years old. We heard some children describe their unions as “love marriages.” In Nepal, the term love marriage is commonly used to refer to a marriage not arranged by the bride and groom’s families. Usually it refers to a situation where the two spouses have decided themselves to get married, sometimes over the opposition of one or both of their families. Although different from arranged marriages, love marriages among children are often triggered by the same social and economic factors. The Nepal government has taken some action to stop the practice of child marriage, but not enough. A national plan to reduce child marriage has met with long delays. Protective factors, such as access to quality schools and health information and services, remain out of reach for many children (Human Right Watch, 2016).

The practice of child early and forced marriage undeniably perpetuates patriarchy and gender inequality that further marginalize girls. It exacerbates poverty girls are prevented from forming social networks and accessing an education and suffer from health and nutritional consequences child early and forced marriage involves a lack of free full and informed consent it limits bodily integrity and the enjoyment of childhood (Arrow, 2017).

Ending child marriage a guide for global policy action appeals to key policy makers to improve the quality of life of millions of girls and young women forced in to child marriage. Globally vulnerable and marginalized rural girls and women continue to bear the health risks and social and economic costs of early and forced marriage non- consensual sex and early pregnancies. There is now greater urgency for global policy action because child brides are increasingly more vulnerable to HIV infection (IPPF, 2006).

Birth, marriage and Earth are the standard trio of key events in most people lives but only one marriage is a matter of choice. The right to exercise that choice was recognized as a principle of law even in roman times and has long been established in

international human right instrument yet many girly and a smaller number of boys enter marriage without any chance of exercising their right to choose some are forced into marriage at a very early age other are simply too young to make an informed decision about their marriage its self they may have given what passes for consent in the eyes of custom other low but in reality consent to their binding union has been made by others on their behalf (UNICEF, 2001).

Child marriage, also known as early marriage, is defined as “any marriage carried out below the age of 18 years, before the girl is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing.” Marriage is a formalized, binding partnership between consenting adults, which sanctions sexual relations and gives legitimacy to any offspring. It is still a respected and valued social institution throughout the world, and may take different forms in different cultures. Child marriage, on the other hand, involves either one or both spouses being children and may take place with or without formal registration, and under civil, religious or customary laws. In many societies in developing countries, child marriages are used to build or strengthen alliances between families. Sometimes this may even include the betrothals of young children or babies (IPPF, 2006).

To the Government of Nepal reform Nepal’s law prohibiting child marriage to make it more effective. Reforms should, include tougher punishments for those who arrange or conduct child marriages remove provisions that discriminate based on gender; establish a requirement that anyone conducting or registering a marriage verify the age of the spouses; provide support services and compensation to victims of child marriage; and increase the statute of limitations for legal action regarding a child marriage until the married child reaches at least the age of 21. Ensure that national law upholds international rights and standards regarding child marriage and that these laws are fully implemented by police, courts, and other government officials. As a follow up to the National Strategy to End Child Marriage, develop and implement the planned National Plan of Action to End Child Marriage through a consultative process with all relevant parts of government and with civil society, community leaders, Dalit and indigenous peoples’ rights groups, faith-based leaders, and young people. Ensure that the plan encompasses prevention of both arranged and love marriage, and

consists of detailed plans with clear lines of responsibility across different government institutions, adequate resources, and time-bound and measurable intermediary benchmarks to track progress toward meeting the government's goal of ending child marriage by 2030. Implement a system of universal compulsory birth and marriage registration, ensure registration records are accessible throughout the country, and hold officials responsible if they knowingly permit or register child marriages (Human Right Watch, 2012).

Empirical Literature

According to NDHS 2016, overall, 17% of women age 15-19 had begun child bearing. The proportion of teenagers who had begun child bearing rises rapidly with age, from 2% at age 15 to 36% at age 19. Rural teenagers tend to start child bearing earlier than urban teenagers. Similarly, age specific fertility rate for the women of age 15-19 and 20-24 years was 125 and 209 per thousand women of that age in rural area of Nepal (MoH, New ERA and ICF, 2017).

UNICEF (2006) found that fifth Asian and Pacific Population Conference (11-17 December, 2002 Bangkok) stated that Nepal has high fertility rate among adolescents overall 21 percent of adolescents girls aged 15-19 are already become mother or pregnant with their first child. The age specific fertility rate, in both urban and rural area is the highest among 20-24 years age groups. The practice of early marriage is a major factor responsible for relatively high proportion of adolescent child bearing in Nepal contribution to high maternal mortality. The adolescent girls have nutritional deficiencies, which may affect their children resulting in low birth weight disabilities or death. As they have repeated pregnancies, anemia, continued malnutrition and excessive workload can result in an early death.

Child early and forced marriages result in the end of a girl's education, setting aside her chances of a vocation or career and undermining her life choices and her human rights. Early marriage can also have life-threatening consequences due to early and unwanted pregnancies and high risk of STIs such as HIV. Many girls also suffer physical, emotional and sexual violence. Two-fifths (41%) of girls in Nepal are married before the age of 18 according to NDHS 2011.

Shrestha (2012) conducted the study on “ Teenage pregnancy in Nepal: Consequence courses and policy recommendations.” The main objective of this study the aim of this study is to explore and analyze the factors contributing to teenage pregnancy and motherhood in Nepal, its consequences, current policy and program responses in order to improve the adolescent reproductive health program. The study method study is carried out doing literature review articles, published and unpublished literature. The conceptual framework is adapted and modified from ecological and health belief model. The major finding of the of the study worldwide and Nepal TP and motherhood of adolescents girl is threat to the mother and their new born children with serious impact on health, social life and economy. The main factor is interpersonal, interpersonal, institutional, structural and public policy part. Part of the vulnerability of pregnant teenagers is related to the social determinant that leads to early pregnancy and conclusion this study is despite the government and NGOs having policies and programs recognizing adolescent issues and trying to solve problems associated with adolescent reproductive health, Nepal is not yet meeting the needs of its adolescent. There for, efforts for TP reduction call for addressing these influencing factors collectively through multiple interventions.

Chaudhary (2016) conducted the study on “Teenage marriage practice among Tharu community and its effects on reproductive health of Tilakpur V.D.C. Nawalparasi District. The main objective of this study was to find out the main causes of teenage marriage in the Tharu Community, to identity the situation of teenage marriage in the Tharu Community and to assess the effects of teenage marriage on reproductive health of women. The study was based on deceptive types of research where simple sampling method was used to respondents, The majors finding of the study out of total respondents 64 percent were engaged in agriculture 16 percent were engaged in business 8 percent were engaged in service and 12 percent women were engaged in other occupation and Among the all respondents 9 percent women have not a baby 22 percent have a baby us percent have more than 2 baby.”

Khatri (2015) had done a study on “Early marriage and its Effects on women health in Chhetri community of Sitapur VDC Banke.” The main objective of the was to find out socio- demographic characteristics of the respondents regarding early marriage in Chhetri community, to identity cause of early marriage in Chhetri

community and to Analyze the women health problems regarding early marriage. This study is based on the descriptive types of research. This study was applied field survey technique in order to conduct research work and interview schedule was the main to of the study. The major finding of finding of the study is in term of the types of the family majority 66.45 percent of the respondents were living in joint family, in terms of the age of the respondents 32.25 percent of the respondents were of the age of 26-30 years and another 3.23 percent of 41-45 years, two third (66.66) of the respondents faced problems due to early pregnancy.

Sitaula (2016) had done a study “Teenage marriage and its effects on women health in Kumal community at Salyantar VDC Dhading district.” The main objective of the was to assess the teenage marriage practice in kumal community, to identify cause of teenage marriage in kumal community and to find out the effect son women health due to teenage marriage. This study is based on the descriptive types of research. This study was applied field survey techniques in order to conduct research work and interview schedule was the main to of the study. The major finding of the study is only married women of age 13-49 were selected for the interview is in age group 25-30 and the lowest percent of respondents is in 46-49 age group 4.63 percent and maximum respondents 64.47 percent were found in nuclear family and 35.53 percent were found in jointly family.

Poudel (2016) had done a study on “Early marriage and its effects on health in Magar community of Khiljee VDC Arghakhanchi.” The main objective of this was to find out socio- demographic characteristics of the respondents regarding early marriage in Magar community, to identify cause of early marriage in Magar community. And to analyze the women health problem regarding early marriage. This study is based on the descriptive types of research. In order to collect the data the census method was used to respondents. The major finding of the study is in in terms of the age of the respondents 32.25 percent of the respondents were of the age of 16-20 years, 15.48 percent of the respondents were of the age of 26-30 years and another 3.23 percent of the respondent were of the age of 41-45 years. And more than 76.13 percent of the respondents were magar and 7.74 percent were Brahmin and 1.94 percent go the respondents were other caste.

Mahara (2018) had done a study on “Early marriage and its effects on reproductive health in Dalit community of Mahakali municipality Dracula district.” The main objective of the was to find out socio- demographic characteristics of the respondent regarding early in Dalit community, to identify cause of early marriage in Dalit community and to analyze impact of early marriage in reproductive health of Dalit women. This study is based on the descriptive types of research design to meet the objectives interview schedule was used to collect Necerasary information. The major findings of the study are given below according to the objectives. In terms of the age of the respondents were of the age 16-20 years 15.48 percent of the respondent were of the age of 26-30 years and another 3.23 percent of the respondent were of the age of 41-45 years in terms of the problem faced by the respondent of the respondent who were marriage before the age of 13 faced immature pregnancy anemia and weakness 41.94 percent of the respondents who were married between the age of 13 to 16 faced mental stress.

Rai (2017) has done a study on “Teenage marriage and fertility behavior in woman Rai community of Okhaldhunga.” The main objective of the was to identify the situation of teenage marriage in woman Rai community in Okhaldhunga, to identify the cause and consequences of teenage marriage in study Rai community and to differentiate fertility behavior of teenage marriage and women of appropriate age at marriage in woman Rai community. This study is based on the descriptive types of research design to meet the objectives interview schedule was used to collect necessary information. The major finding of the study are given below according to the objective the study showed that 20 percent respondent was in 15-19 years, 31.43 percent were in between 20-24 years 39.28 percent were in 25-29 years of the age composition of respondents out of the total respondent 60.72 percent women respondent had been involved in teenage marriage and 39.28 percent women respondent had been involved at appropriate age at marriage and the study revealed that 47.14 percent women respondent were know about legal age marriage and 52.86 percent women respondent did not have knowledge about the legal age of marriage in Nepal.

Chaudhary (2016) has done a study on “Teenage pregnancy and its effect on health status in Tharu women of Lamahi municipality Dang district.” The man study

of the was to identify the cause of Teenage pregnancy in Tharu community, to find out the effects of teenage pregnancy on maternal and child health and to analyze the teenage pregnancy Practices in Tharu community. This study is based on the descriptive types of research design.”

Sharma (2017) has done a study on “Early marriage and its effect on women health in Gurung Community of Lamjung.” The main study of the was to find out socio- demographic characteristics of the respondent regarding early marriage in Gurung community, to identify cause of early marriage in Gurung community and to analyze the women health problems regarding early marriage. The major finding of this study are given below according to the objectives. In terms of the age of the respondent 32.25 percent of the respondent were of the age of 16-20 years 15.48 percent of the respondent were of the age 26-30 years and another 3.23 percent of the respondent were of the age of 41-45 years, in terms of education status 14.84 percent of the respondent were illiterate 22.40 percent of the respondent were literate 30.96 percent of the respondent only achieved primary level education 6.45 percent of the respondent had higher secondary level education.

Tharu (2017) has done a study on “Effects of early marriage on educational opportunities and health situation in the Tharu women of Baniyabar VDC Bardiya district.” The main study of the was to identify the cause of early marriage among the Tharu women. To fine out the effect of early marriage on education status of the Tharu women and to assess the effects of early marriage on their health status of women. The study was descriptive and quantitative in nature. Descriptive method was used to analyze and interpret the collected data from the study area. the major finding of this study in terms of the age of the respondent 32.35 percent were of the age of 15-19 years 21.80 percent of the age of 20-24 years ,14.72 percent of the age 25-29 years and 11.77percent of the respondent were of the age of 30-34 years 8.23 percent of the respondent were of the age of 35-39 years 7 percent were 40-44 years and 4.11 percent of the respondent were of the age of 45-49 years and out of the total respondent 76.48 percent were engaged in agriculture 8.82 percent in business 4.70 percent in services and 10 percent in other occupation.

Dahal (2017) has done a study on “Early marriage and its effects on women health in Gurung community of Nayagaun 15 Kaski District.” The main objective of the was to fine out socio demographic characteristics of the respondent regarding early marriage in gurung community , to identify cause of early marriage in gurung community and to analyze the women health problem regarding early marriage the present study was designed on the descriptive types of research which was focused on early marriage. The major finding of this study are given below according to the objectives. in terms of the age of the respondent 32.25 percent of the respondent were of the age of 16-20 years 15.48 percent of the respondent were of the age of 26-30 years and another 3.23 percent of the respondent were of the age 41-45 years and nearly half (45.16) % of the respondent reported gender discrimination was the traditional cause behind early marriage. Similarly 22.58 percent respondent reported believing in superstition was the traditional cause due to which girl were still compelled for early marriage.

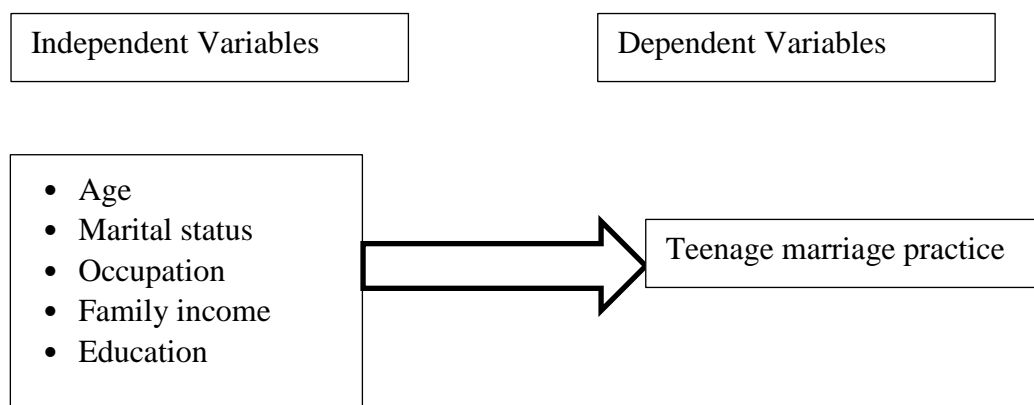
Implication of Review for the Study

Literature review is the most important activity to conduct any research study. It provided theoretical and empirical knowledge with deeper understanding and ideas to researcher in terms of teenage marriage. The researcher studied some related book documents, journal articles and theses related to the study.

First of all the review helped the researcher to select the own interested topic or research subject and related area in order to find the research gap. It was also helpful about the selection of background, of identify problem and objective of the study it helps the researcher to find out research methods. It helped in designing table, chart and graph for in interpretation and analysis of data. Besides, it also helped to broaden the idea on the current trends situation of the teenage marriage and reproductive health and effect of teenage marriage and pregnancy with mother, child and family.

Conceptual Framework of the Study

Based on the theoretical as well as empirical study of available literature the conceptual framework for this study has been made. Age, literacy and education attainment and occupation are selected as independent variable whereas causes of early marriage, health problem, health services etc. are selected as dependent variables for this study. On the basis of above variables the teenage marriage practice of study area has been studied. The conceptual framework of the study is given below:



This section of the thesis displays the relationship among the variables. The variables presented in the framework are selected after studying and having depth knowledge about the determinants of teenage marriage through various related literature reviews. This paper does not include all dimension of teenage marriage. This study takes only five variables of teenage marriage.

Chapter III: Research Methodology

This chapter deals with the methodology of research. An attempt is made to present a basic frame of methodology with in which the research was conducted. A systematic research study requires a proper methodology to achieve the set of objective.

Research Design

The quantitative research design has been used in this study. During this study, I took quantitative data from this Muslim community and analyzed it.

Population and Sample

The population of this study was married females of age group above 13 years of Muslim community was taken. Total 82 respondents were found in 165 households. Therefore, census method had been applied to select the sample.

Sources of Data

The researcher had mainly used primary data collected from the field. Besides, the secondary information was also collected while doing literature review.

Research Tools

For this research I used interview schedule. The interview schedule had been based on the socio-cultural status and situation of early marriage. Socio-cultural status refers to the situation of economic and social functional behavior of respondents. And situation of early marriage refers to the causes of early marriage and its effect on reproductive health.

For the validation of tool, I did the pre- test five respondents on same type of different community. After that, I finalized the tool with the field experience and feedback from supervisor.

Data Collection Procedures

For the data collection I had been entered on the study area. I made the rapport with chairperson of the ward. Then I started the interview using the research tool.

Data Analysis Procedures

After taken interview, I checked the questionnaires. I used coding the all questionnaire according to the objective of study, then I made table. Then I analyzed data by presenting through tables, charts and figures with the help of computer to make the presentation clear.

Ethical Considerations

The participants were not be vulnerable to any risk during the study. The research tools were made convenient as to the social cultural and values. The informed consent was taken verbally. In the study time, the respondent was not being forced to participate in interview during data collection and answering. Their involvement was voluntary. The respondents name and other personal things were kept confidential in the research. The collected data were not be used for other purposes.

Chapter IV: Results and Discussion

This chapter presents the analysis and interpretation of statistics. In this Section contains an on-site study of 165 households of the Muslim community in ward no.10, 11 of Birendranagar Municipality, Surkhet District. This study is based on 82 respondents who married into adolescence .Where early marriage has how to effect on their reproductive health studied under various heading.

A General Description of the Study Population

This study is based on Muslim community in Birendranagar Municipality Ward No. 10 and 11 of Surkhet district. Those who got married in their teen age are the population of the study. In it, various aspects related to their marriage have been studied. They are like.

Age specific details of marital status. Marriage is a social institution that every person adopts at one time. There is a legal age limit for getting married in Nepal. However, the number of people getting married before the age is seen. Similarly, the age of marriage in this Muslim community can be seen in this way.

Table 1

Marriage Status and Total Population in Muslim Community

Age of marriage	Number	Percentage (%)
10-14	43	9.04
15-19	228	47.80
20-24	181	38.03
25-29	15	3.16
30-34	09	1.90
Total	476	100

According to the table presented above, the highest age of marriage in this Muslim community is (47.80%). Similarly, the lowest is seen in the (1.90%) age group. In this way, 9.04 in 10-14 age groups, (38.03%) in 20-24 age group and (3.16%) in 25-29 age group are married. The mean got at marriage was 19.04 years. Looking at the statistics in this way, it seems that marriages are getting earlier in this

Muslim community. As a result, their reproductive and socio-economic sectors are affected.

Respondent husband age at the time of marriage. According to Nepali society, Men are the main source of income and play a major role in the social sector. Similarly, to this, the society is especially interested in the marriage. Similarly, in Muslim community, looking at the age of marriage of men, it looks like this. This is presented below.

Table 2

Respondent Husband Age at the Time of Marriage

Age group	Number	Percentage (%)
10-14	04	4.87
15-19	23	28.04
20-24	45	54.87
25-29	06	7.31
30-34	04	4.87
Total	82	100

Table 2 shows the men age while getting marriage. There are different age group. 20-24 age group is highest age group as it has 54.87% whereas 10-14 age group is lowest age group as it has 4.87%. Average got at marriage of their husband was 21.0 years.

Educational status. Education is a key to life. Good education plays positive role in human life. Its help to change knowledge, attitude, and practice (KAP) of human behavior. For the development of society, education exchanges various positive behaviors for individual and social developers. So it is important to study the educational status of the society. The educational status of the respondents is as follows.

Table 3

Educational Status of Population in Muslim Community

Educational Level	Number	Percentage (%)
Illiterate	169	20.51
Literate	655	79.49
Total	824	100.00
Among Literate:		
Without school	42	6.41
Basic level	206	31.45
Lower secondary	205	31.29
Secondary level	118	18.01
+2 level	61	9.31
Bachelor or +	23	3.51
Total	655	100.00

Table 3 shows the educational status of population in Muslim community. In terms of literacy, they are more literate than illiterate. In Muslim community according this study, literate rate was 79.49% and illiterate rate was 20.51%. According this data the marriages of low-educated teenagers are high than those of higher education.

Occupational status. Occupation refers to the source of economical income of family. Each family has its own occupation / profession. Similarly, the studied Muslim community also has its own occupation. The types of occupation of Muslim community are billow in table.

Table 4
Occupational Status of Total Population

Occupation	Number	Percentage (%)
Agricultural occupation	01	0.17
Business	217	38.07
Wages /Bodily labor	124	21.76
Job	16	2.81
Others	212	37.19
Total	570	100

Analyzing the table 4 shows the many people in this Muslim community are engaged in business (38.07%). Similarly in this study 37.19% people involved in other occupation. In here other occupation in this study include occupation such as Housework, Politics, and Mullahs. The study found that women, children and elderly were more likely to be involved in business. According to the study, the lowest (0.17%) number of people in the Muslim community is engaged in agriculture.

Type of house. Home is one of the most important things for people. It is essential for personal and family security. In the Nepali community, many types of houses were found here as the house is associated with personal dignity. So there are different types of house in this community which are as follows.

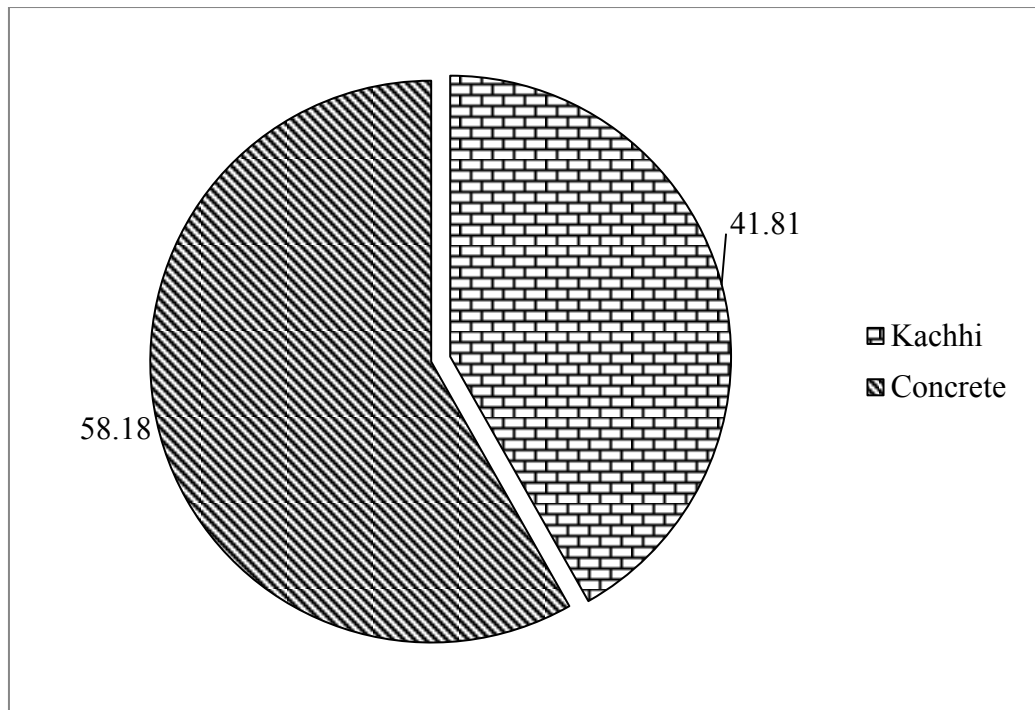


Figure 1

Type of house

Studying the figure 1 of above, it is found that the number of concrete houses (58.18%) is increasing in this Muslim community as compared to the number of kachhi house (41.81%). Looking at it this way, it can be assumed that the financial position of this Muslim community is good.

Communication service details. Communication is a foundation of devolvement. Communication has been an integral part of human life for centuries. It help in exchanging various type of information and knowledge. Similarly, the types of communication tools being used in the studied Muslim community are described here.

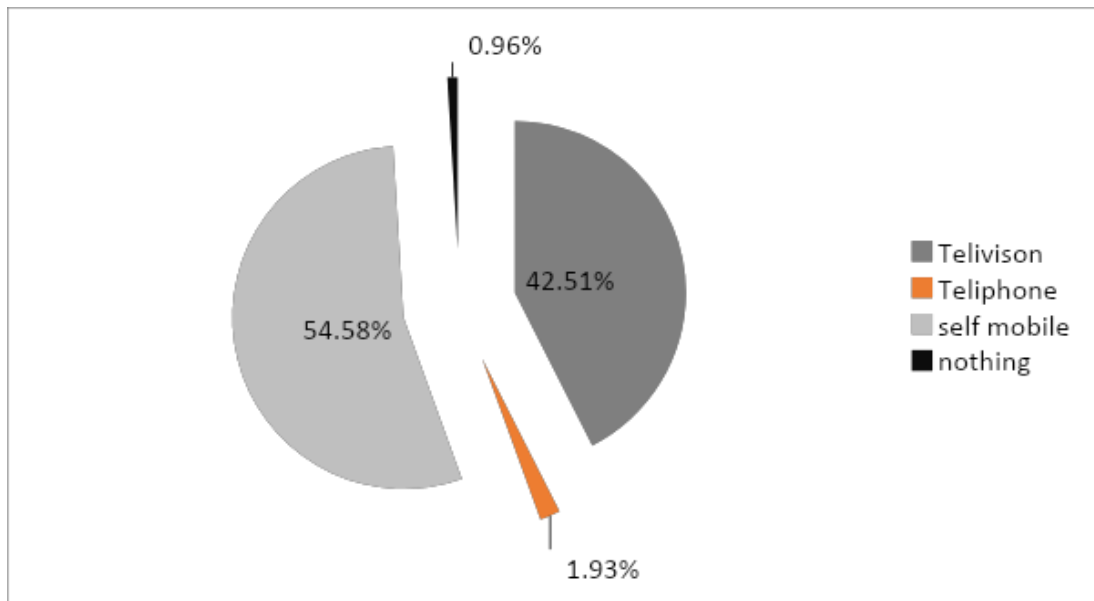


Figure 2

Communication service details

Studying the figure 2 of above, the most used means of communication in this Muslim community is the mobile phone (54.51%) and least used means of communication is the least/ nothing (0.96%). Similarly, television (42.51%) and telephone (1.93%) were used. Seen in this light, this Muslim community seems to have made maximum use of the means of communication.

Adolescent marriage status. Marriage is a social institution that is performed on the basis of social values, beliefs and rituals with the consent of both men and women. In this study, various topic have been selected to understand the marital status of the Respondent. The government has also set an age for marriage.

Current state of study. In this Muslim community, much adolescence gets married at an early age. And it can be seen that basic level and lower secondary level has been studied. Due to do household chores after marriage the studies do not seem to have progressed.

Education level while getting married. This study looks at the level of education of adolescence in this Muslim community at the time of while getting

married. Marriage is social institution. This done with the consent of both men and women, after reaching a certain age. In such a marriage, any marriage is found to be illegal and even ahead time. Here, the age of the education was taken into consideration when marrying teenagers from the Muslim community. Given the current situation, it is better to get married after finishing certain level of education.

Table 6

Education Level While Getting Married Respondent

Level of Education	Number	Percentage %
Illiterate	9	10.97
Literate	73	89.03
Total	82	100.00
Basic level	19	26.03
Lower secondary level	38	52.06
Secondary level	16	21.91
Total	73	100.00

According to given table 6 above, there was 89.30% of respondent is literate whereas illiterate respondent is 10.97%. It seems that most of them are married at education level of lower secondary level (52.06%). Similarly, the number of people getting married between the education level of basic level is 26.03%%. In this way, the number of people getting married at secondary level of education level is (21.91%). Thus, when teenager gets married without completing their education level, they may face physical, social, mental and financial problems.

Husband's education level. Education is key of life. Educational level provides the light in life. If education is incomplete, then one's learning is also may be incomplete. According to the Nepali society, the husband is the main person earning income and raising a family. According the level of education of the person, he well develops skills and make economic progress through employment. Looking at it this way, it seems necessary to understand the education level of the boy who is getting married. In this study, we have studied the education level of husband in the Muslim community. This is like this below.

Table 7
Respondents Husband's Education Level

Level of Education	Number	Percentage %
Illiterate	5	6.10
Literate	77	93.90
Total	82	100.00
Basic level	23	29.87
Lower secondary level	44	57.14
Secondary level	8	10.39
Higher	2	2.60
Total	77	100.00

Looking at the table 7 shows that the education level of men respondents. There is literate men respondent more than illiterate. The highest number of education level is lower secondary level (57.14%) the lowest is 2.60% higher level of education, and the Illiteracy rate is 6.10%. Similarly, 29.87% at basic level, 10.39 at secondary level and 7.31% are literate husband's number found. Overall, the age at which husbands drop out of school and the age at which they get married seem to be same. It can be seen that the common age to get married is 16-20 years.

Family type. Family means the number of people who lives in the same place at the same time and eat in the same kitchen and they all have own same goal. The size of such families varies as per its type. Especially there are two type of family single and joint family. In this study, we have prepared a report on the size of the family of the Muslim community Under Birendranagar Municipality.

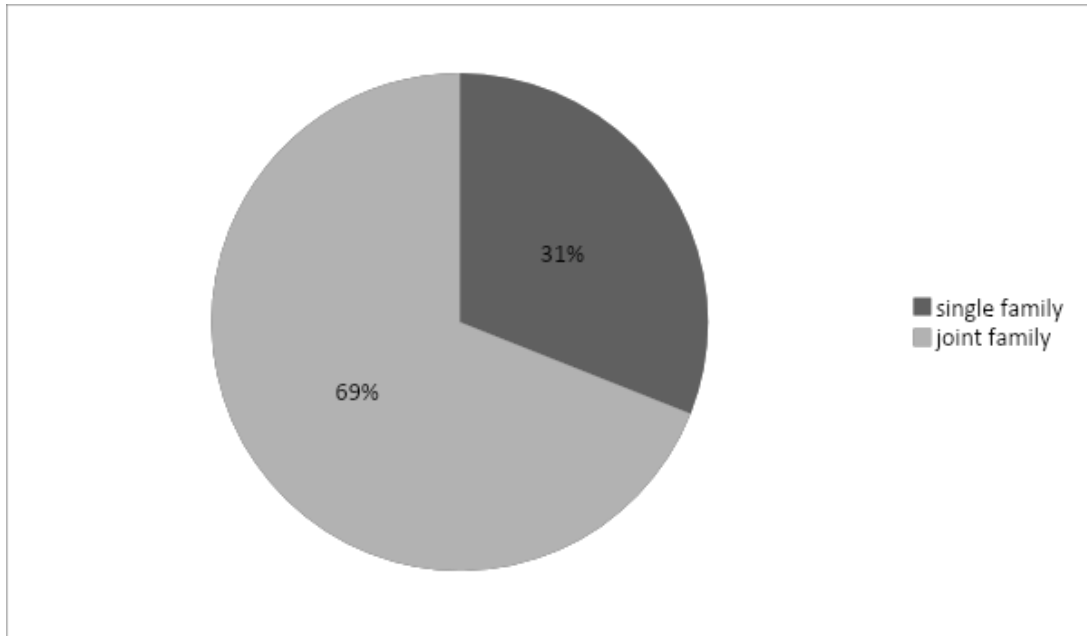


Figure 3

Family type

Studying the figure 3 above, the highest number of joint families in this Muslim community was 69% and the lowest number of single families was 31%. In this way, it would be easier to dispose of work in a joint family, it would be easier to do business and it would be easier to pass culture and values to the upcoming generation. It seems to have settled in a joint family like this.

Type of marriage. There is much type of ways to get married in our society. People get married on their own free will and should do so; it is also a constitutional provision. Every society has its own way of getting married. Accordingly, I have studied the way of getting married in this Muslim community. The following are the ways to getting married in the Muslim community which are presented below.

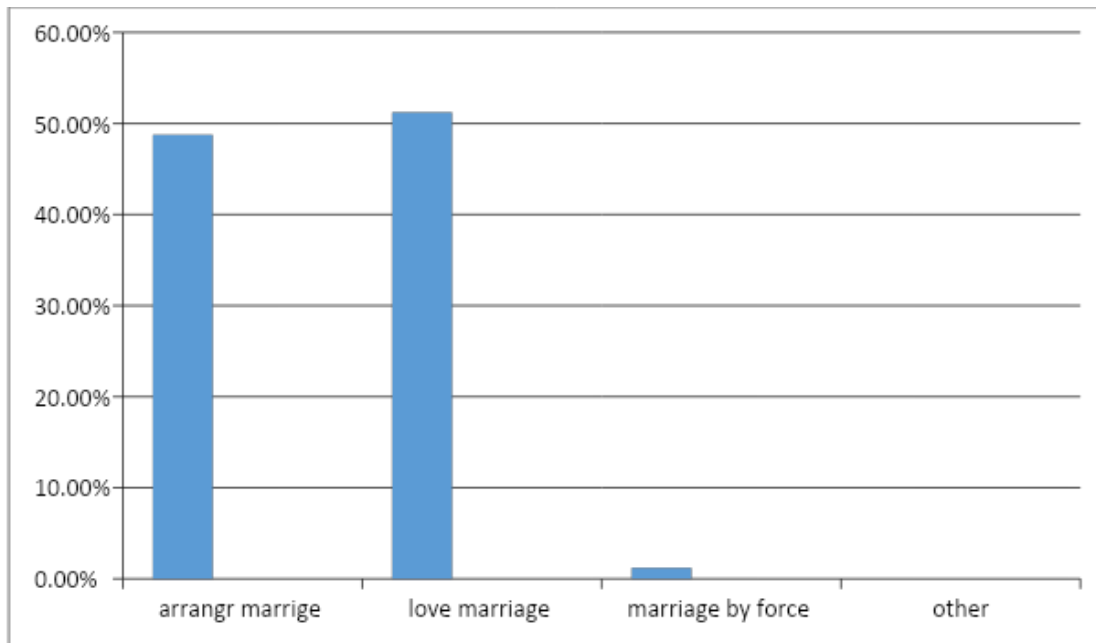


Figure 4

Type of marriage

Studying the figure 4 above, the most common type of marriage is a love marriage 50.01%, while the lowest speed marriage is a forced marriage 1.21%. The arrange marriage is 48.78%. Looking at the type of marriage in this way, it is doubtful whether there is a strong connection between love marriage and early marriage/ marriage during teenager. The question arises as to whether adolescent love is a major cause of adolescent marriage.

The satisfaction of marriage. While marriage is a forms of social work, it's a work between a people on a couple to make the marriage last for a long time, to make love ant to be satisfied with marriage. Marital satisfaction after marriage is the cause of happiness in the family. During the course of this study, I asked the respondent, "Are you satisfied with your marriage life?" the answer given by them is as following.

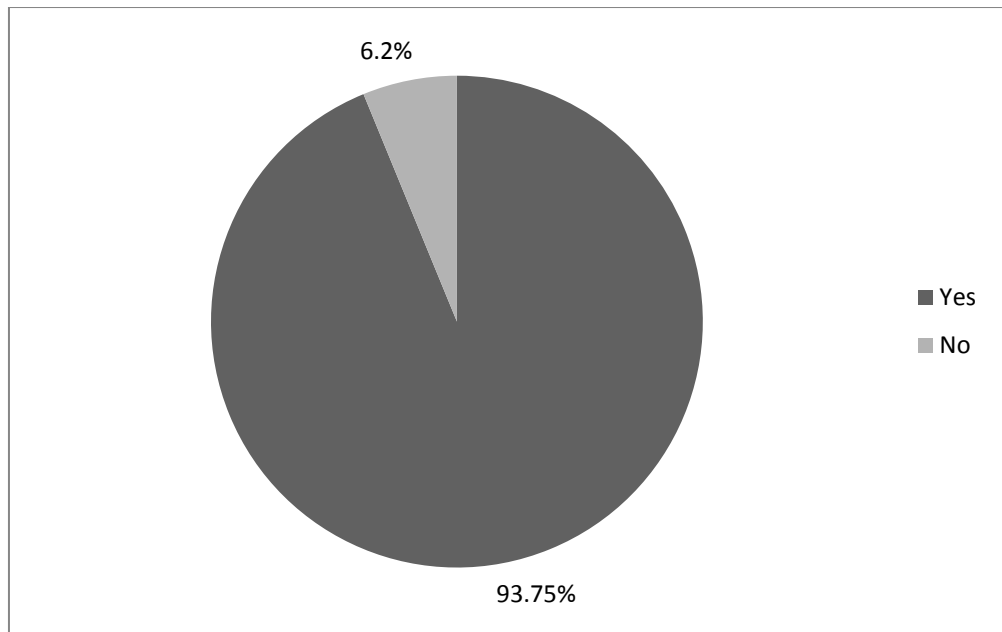


Figure 5

The satisfaction of marriage

Studying the figure 5 above, the number of those who are satisfied with married life is 93.75% and the numbers who are not satisfied is 6.25%. In this way, the Muslim community is more satisfied with marriage, but it is important to understand why there is such dissatisfaction as the group of dissident is close to double digits. Are everyone satisfied? Who give yes response? Aren't they ashamed to talk outside the house? This remains a question.

The reasons for unhappiness in married life. When a person joins the marital life, various problems come up in his life. He needs to work with his family to overcome these entire problems. In spite of this our society, marital life become unhappy due to misunderstanding between mother-in law, sister in law and husbands and wife. As the number of unhappy women in this group increases, we have tried to find out the reason why women are unhappy with marriage.

Table 8

The Reasons for Unhappiness in Married Life

Causes of unhappy	Number	Percentage (%)
Husband	4	96.20
Mother in law	2	3.21
Sister in law	1	1.23
Total	7	100

While studying the above table 8, most of the respondents are unhappy with their husband (96.20%) and the least with sister –in –law (1.23%) and also 3.21% are unhappy with their mother-in- law. Thus, the main reason being unhappy with their husband is addicted to alcohol drug, the husband cannot earn. The family's lack of satisfaction can be seen.

Caste when getting married. Each community has its own type of marriage. We looked at the state of caste and inter-caste marriage in this Muslim community which is as follows.

Table 9

Caste When Getting Married

Caste type	Number	Percentage (%)
Same caste	79	96.33
Inter-caste	3	3.77
Total	82	100

According to table, 9 shows the (96.33%) marriage on same caste. and lowest number of marriage is inter-caste (3.77%). Seen in this light, same caste marriage is major factor in this community. It can be understood that inter caste marriage still bad.

Details of reasons for early marriage. In the general sense, getting married before the age prescribed by the law means getting married early. Thus, getting married at an early age is a quick marriage. In order to understand the reasons for

such early marriages, the following reasons have been found for early marriage in this Muslim community. Here are the main reasons for getting married early.

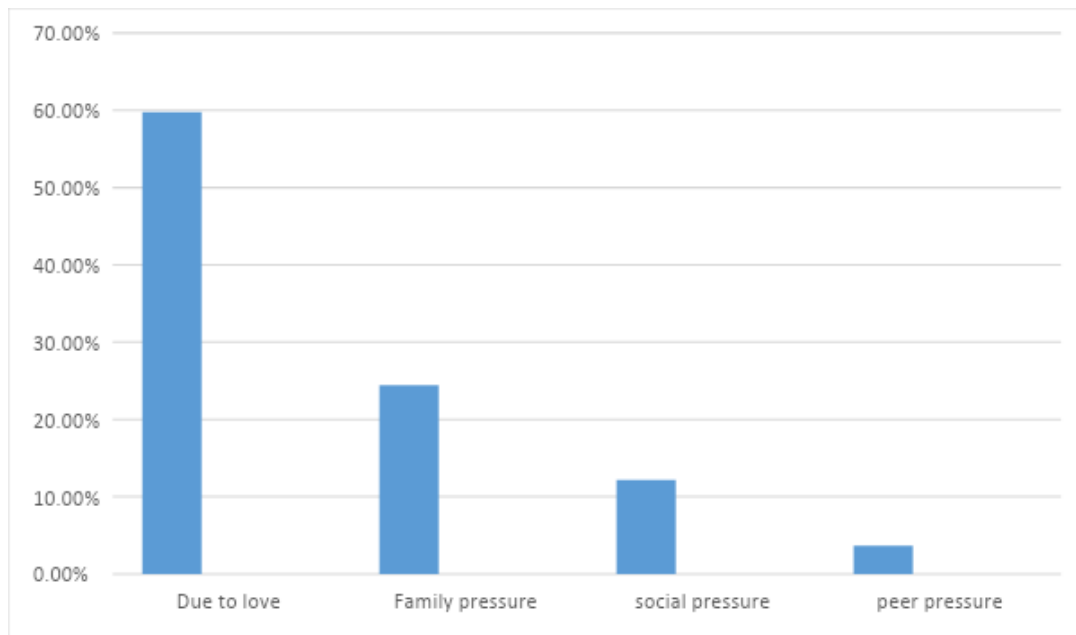


Figure 6

Details of reasons for early marriage

According to the figure 6 shows that the details of reasons for early marriage. This study indicates love is main reasons of early marriage. Due to love 59.75% of them are married at early stage, while the lowest number of marriage are due to the peer pressure 3.66%. Similarly, 24.39% due to family pressure and 12.20% due to social pressure appear to have gotten married in adolescence. Looking at it in this way, it can be understood that they got married to manage the love by considering the attraction towards each other as love.

Possibility for the Muslim community to get married early. This study shows that the Muslim community is getting married early. The answer of the respondent to the question whether there is a possibility of early marriage in this area is as follows.

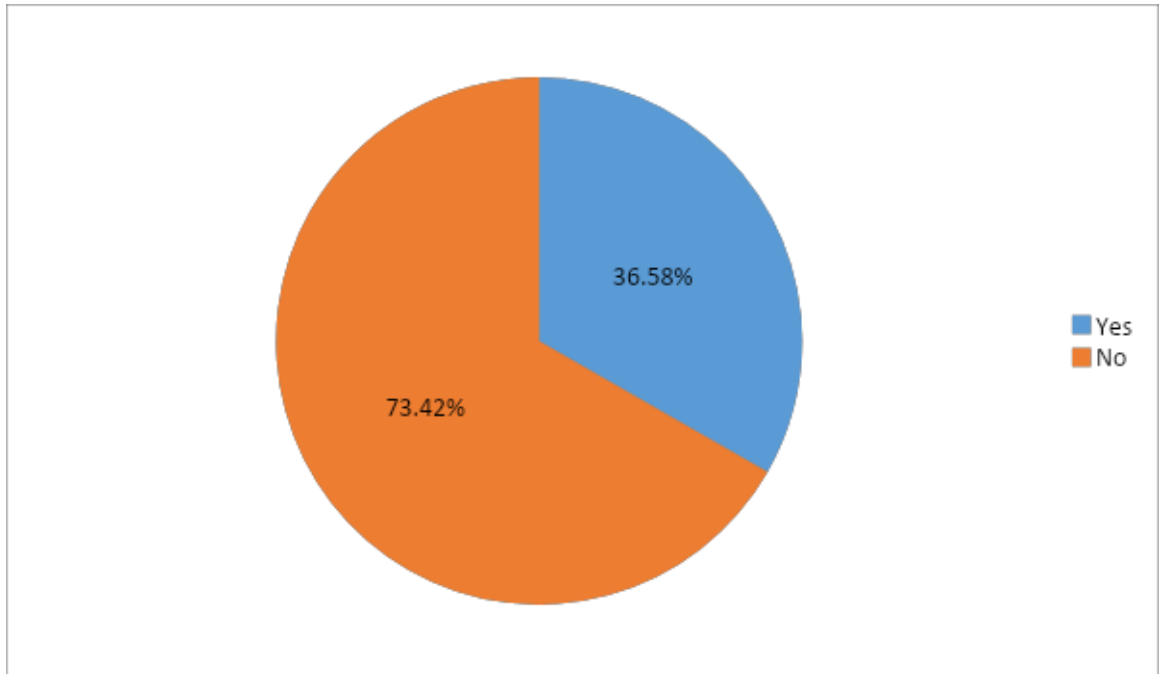


Figure 7

Possibility for the Muslim community to get married early

According to figure 7 above, the problem of early marriage in this Muslim community seems to be still there. The number of early marriage is still 36.58%. The number of marriage after reaching the age of 73.42% looking at it this way. The problem of getting married early still seems strong. Due to early marriage which arise physical and social problems. Thus, lack of education and awareness can be seen behind getting married early.

Health problems caused by teenage marriage. Adolescent marriage is an early marriage. Early marriage can lead to various problems for women. Getting married at a young age can lead to miscarriage, early pregnancy, physical and mental problems. While studying about problems, the following have been observed.

Table 10

Details of the Health Problems Caused by Teenage Marriage

Health problems	Number	Percentage (%)
Physical problems	10	12.19
No problems	72	87.80
Total	82	100.00

According to the table 10 shows the most respondent said there were no health problems. Thus, the number of those who say there is no problem is 87.80% and the number of those who say there is a health problem is 12.19% in this way, The difference the number of people saying that there is no health problem and the number of people who are not satisfied with the marriage gives the impression that the respondent has not been able to give the correct answer. In this way, the question arises as to whether the respondent told the researcher about the problems

Details of childbearing age. The main purpose of marriage is to produce children. If children are not produced, then the society question why people give birth to show their fertility. This is how Hindus looks at the age at which women in the Muslim community give birth. In this study, we asked the respondent at what age did you give birth? The answer to that question is as follows.

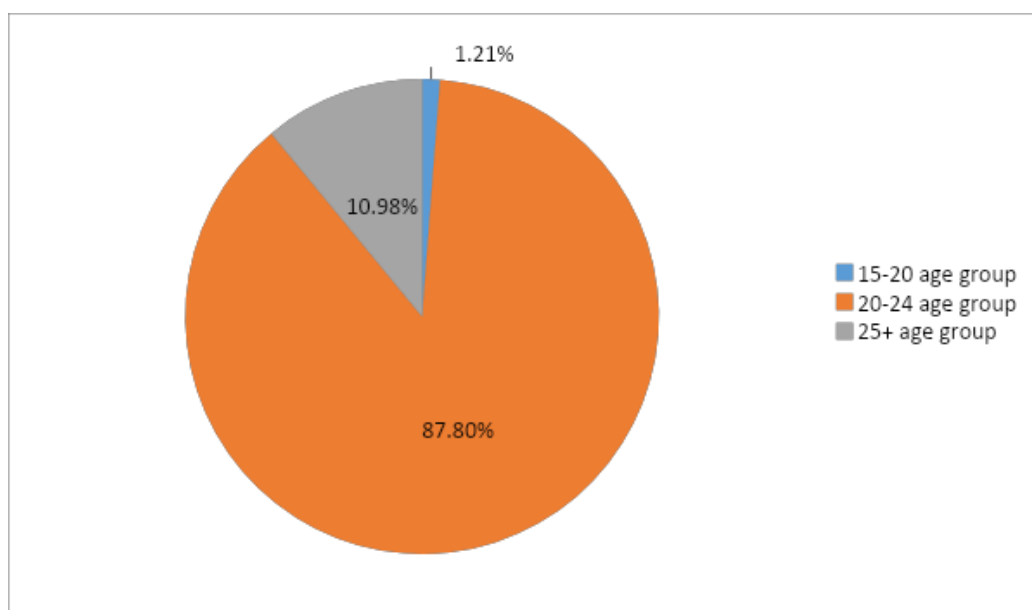
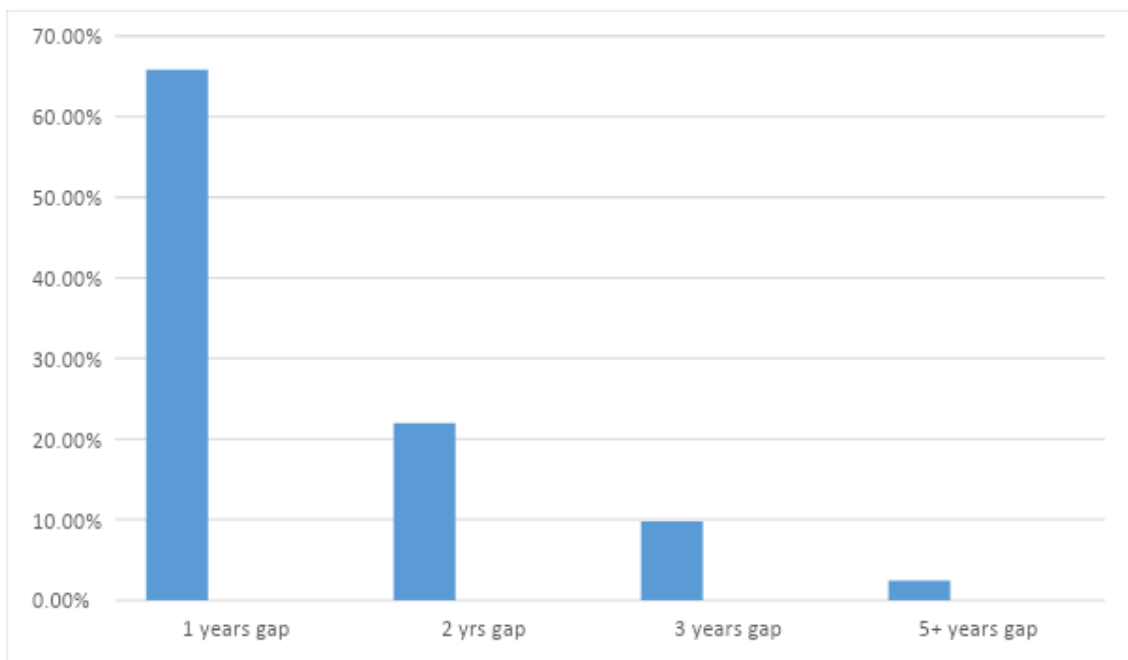


Figure 8

Details of childbearing age

As the shown in the figure 8 presented, the largest childbearing age group is 20-24 as (87.80%) and the lowest is 1.22% between 15-20 age group. The number of spring in the 25+ age group is 10.98%. In this way, it seems good to produce children in this Muslim community at the age 20-24 this age is considered excellent for producing offspring. In this way, the childbearing age of women in this community can be seen well. Legal provision, health education knowledge and awareness may be the reason for creating childbirth in the age group of 20-25 years.

Gap between marriage and first birth. In our society, a soon as couple gets married, the family wants a child. After marriage, it is necessary to maintain certain time interval for the first child birth. It helps the couple to maintain the proper understanding and prepare for the life. Generally, it is necessary to maintain the gap of at least two years between marriage and first child birth. The gap founded in the Muslim community is as follows.



*Figure 9***Gap between marriage and first birth**

In the community women, 56.85% of women gave birth within a year of marriage and 21.95% of women gave first birth after 2 year of marriage. Similarly, 9.75% of women gave their first birth after 3 years of marriage and 2.45% of women gave birth after 5 years and above of marriage.

Health check-up during pregnancy. Pregnancy is a sensitive and delicate condition. In this case, it is important to check the health of pregnant women and take care of her health. I have studied whether a pregnant women in this Muslim community has undergone regular check-ups which should be done four times within nine month of pregnancy. The details of which are follows.

Table 11

Checkup Time and Respondent

Checkup time	Number	Percentage (%)
1 time	06	7.31
3 time	09	10.97
4 time	56	68.29
4+ time	11	13.42
Total	82	100.00

This table 11 shows that the checkup times and respondent of during the pregnancy period. There is 68.29% of respondent have had four times checkup at the pregnancy times whereas 7.31% of respondent have had 1 times checkup during pregnancy period. Respondent women's average checkup time is 4 time.

Family help during pregnancy. Every pregnant woman wants support from her husband and family. In this process, I have studied the support and assistance provided to the pregnant women of this Muslim community by their families. The state of cooperation is as follows.

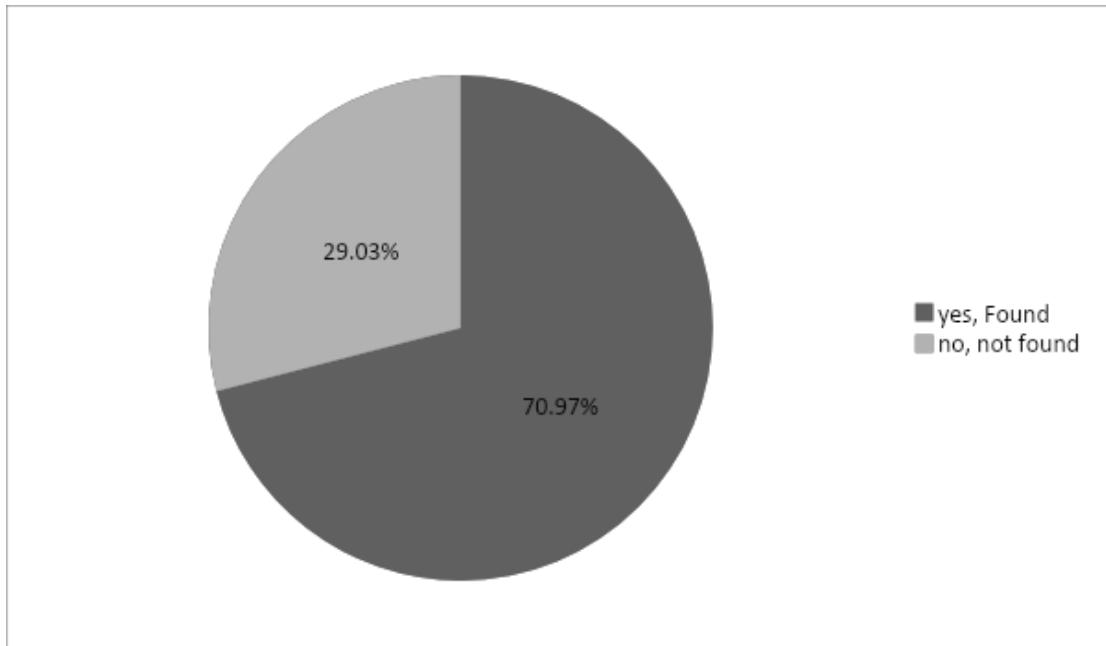


Figure 10

Family help during pregnancy

This figure 10 shows that the family help during the pregnancy. Most (71%) of women in this Muslim community receive help from their family members and husband. Thus, the number of those who get along is (70.97%) and the number of those who do not get along is (29.03%). Seeing this, the number of women who do not get along and help is also very high. It is necessary to study why this happened and solved it.

Place of child birth. A pregnant mother gives birth to a child. In this way, when giving birth to a child, the place of birth should be cleared. A good place to give birth to a child should be managed. Thus, the place where the baby was born has a direct effect on the health of baby. The details of the place where the baby born the mothers of the Muslim community are born are as follows.

Table 12

Place of Child Birth

Place of birth	Number	Percentage (%)
At home	14	17.07
At hospital	68	82.93
Total	82	100.00

According to the table 12 shows the number of women in the Muslim community giving birth in their own home during adolescence is (17.07%). Similarly, the number of women giving birth in the hospital was found to be (82.93%). It is clearly shows that this community belongs to the municipality and the number of people giving birth in the hospital has increased due to the quick availability of services and the increase in the level of awareness among the people.

Process of child birth. Giving birth is a difficult task. People argue that we have to fight death in child birth, thus, the question arise as to where and how the child born fighting death was born. I have studied where and how the children born in this Muslim community were born. Here is how the baby was born.

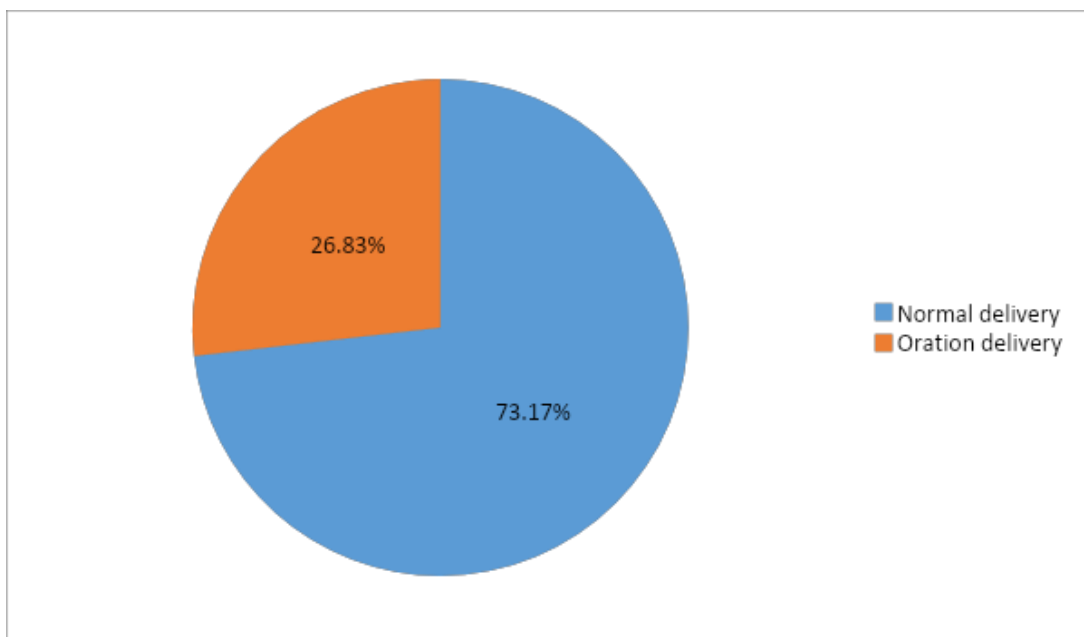


Figure 11

Process of childbirth

According to the figure 11 above, the number of respondents giving birth in normal way is very high (73.17%). Rest 26.83% gave birth by caesarean section /operation. Seen in this way, the number of births by caesarean section / operation also seems to be high, which means that the availability of health services may also be the main reason.

Details about the health problem seen in the child. Most (90%) women had not the problems with childbirth at a young age. The following table shows the detail about the health problem seen in the child:

Table 13

Health Problem on Children and Respondents

Health problems on children	Number	Percentage (%)
No any health problems	74	90.24
Death baby born	2	2.43
Low birth weight	1	1.21
Other	5	6.09
Total	82	100.00

Looking at the table 13 shows the birth 90.24% of babies have no health problems, 6.09% have other common health problems, 2.43% have still death birth and 1.21% has low birth weight babies. Hence, there is no health problem on baby it's may show the good health status on the Muslim community.

Details about child number of Muslim community. Its natural process to giving child birth after married. Every person and every society wants to baby after marriage. A married woman is complete only when she gives birth to a child. Therefore, child production is considered important. In this way, the process of procreation seeks to understand how many children a mother has given birth to in this Muslim community. This is as follows.

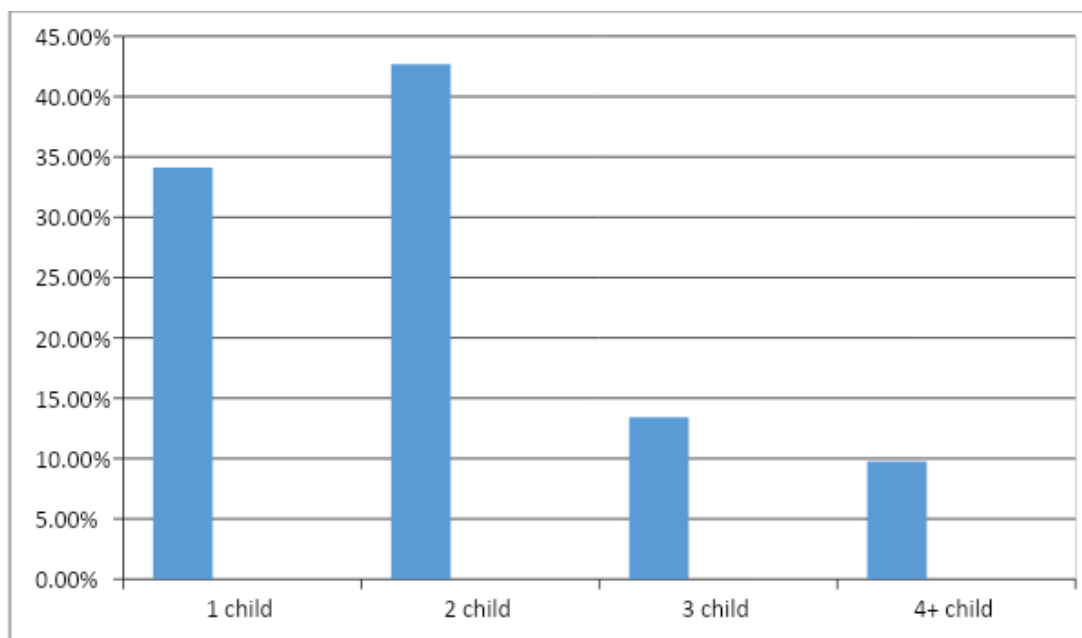


Figure 12

Details about child member

According to the figure 12 above, the number of birth of child alone was (34.14%), the number of births of two children was (42.68%) the number of three children were (13.41%), and the number of birth of children above four was (9.76%). Hence, the number of birth of two children seem to be higher in the hydras community which means that having two children seem to be enough knowledge for a small family.

Heard of family planning method. In the study area, women from the Muslim community who were married as teenagers were asked if they knew about family planning. The answer from them is given below.

Table 14

Heard of Family Planning Method

Heard of Family planning method	Number	Percentage (%)
Yes	82	100
No	0	0
Total	82	100.00

For the study, table shows the adolescent married women in the 20-30 age groups were taken from the overall respondent. Accordingly, there were 82 people. There is 100 percentage woman was found to be aware of family planning. They all known about family planning. According to this belief, family planning method was adopted.

Type of family planning. There are two types of family planning like, permanent or temporary. People adopts family planning method after the birth of first child before the birth of the second child or because the interest of the child has been fulfill. Here is the answer to the question of what kind of family planning method is used by the women of Muslim community in this study area are below.

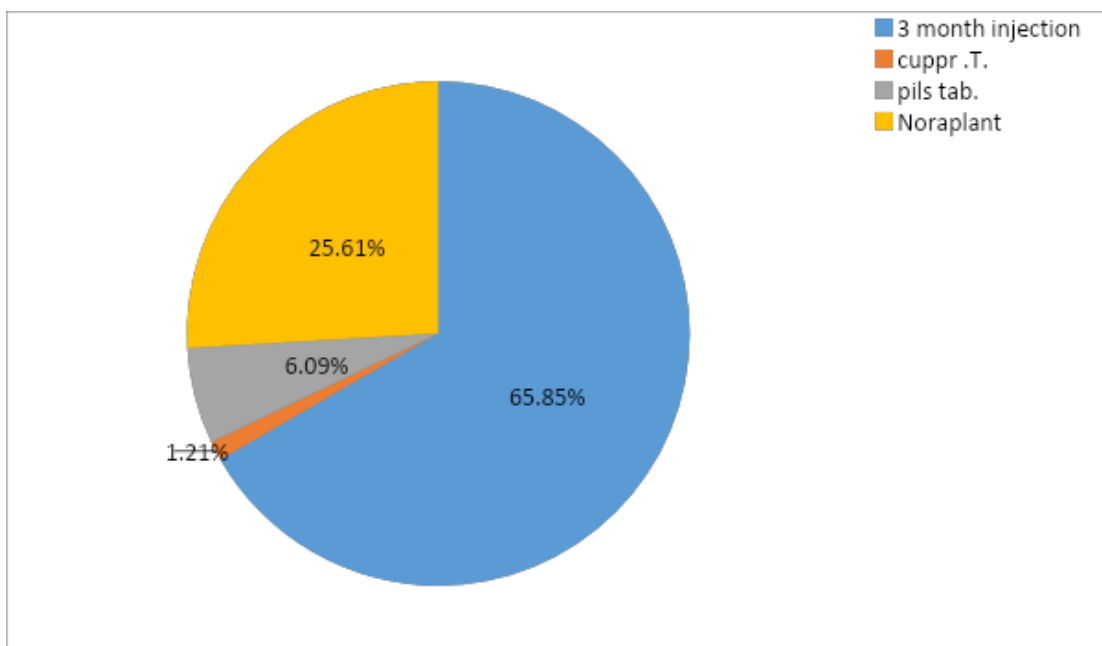


Figure 13

Type of Family Planning

According to figure 13 among women from the Muslim community who were married as teenagers 65.85% used three month injection, 1.21% used copper-T, 6.09% used pills and so on. The number of people using Norplant was found to be 25.61%. In this way, the use of three month injection and Norplant has increased in this Muslim community, This may be due to the fact that the Norplant can be contraceptive for least 5 years and the injection can be dropped for three months at the desired time.

Child loss experience in respondent. Infant mortality is the death under one year of birth. However, according to the study, women in the Muslim community who were married as teenagers were asked if any of their children had died during childbirth. The answer from them as follows;

Table 15

Child Loss Experience in Respondent

Child loss	Number	Percentage (%)
Yes	10	12.19
No	72	87.81
Total	82	100.00

According to table 15, there is 12.16% of the respondents had infant mortality whereas 87.81% did not have infant mortality.

Details of the cause of death of infant. A study of the Muslim community in the study area found that 10 out of 10 woman who married as teenager died in childbirth and were asked the causes of death. The answer from them is as follows.

- While the baby was in the womb, the mother had an abortion due to health problems.
- The baby was found death in the womb due to uterine problems.
- The child died due to disability.
- The child died due to health problems in the mother's body.
- The child died due to infertility,
- The child died due to typhoid problems on mother.
- The child died due to infertility

Overall, the problem was the same with many dying of child due to infertility. To reduce this problems. It important to raise public awareness through education among adolescents of all age.

Vaccine details. From birth to nine month of age, children need to be vaccinated with different type of vaccines to give them the strength to fight various

diseases. Accordingly, the women of this Muslim community were asked to know whether their children have been vaccinated with all type of vaccines and whether they should be vaccinated. The answer as follows.

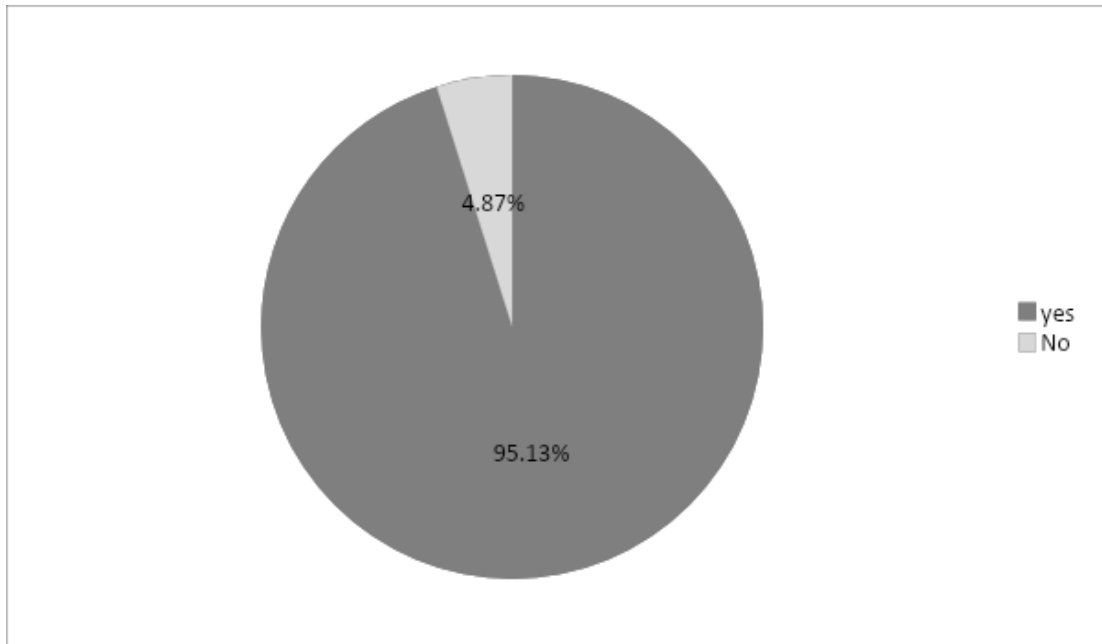


Figure 14

Details about vaccine

Out of total respondents 95.13% had reported that their children were fully immunized. Rest 4.87% reported that their children had not immunized.

Summary of the Findings

This research work is done was Surkhet District Birendranagar Municipality WardaNo.10 about teenage marriages in the Muslim community. It was titled "Teenage Marriage practice of Muslim women and its effect on their Reproductive Health" The study has three objectives to identify the situation of teenage marriage in the Muslim community, to find out the main cause of teenage marriage in Muslim community and effects of on reproductive health.

- About 79.5% respondents were literate.
- The Muslim women had got married at 19.4 years.
- Average age at marriage of their husband was 21.0 years.
- Cellphone and television were found to be the most used means of communication in this study area.
- The respondent's husbands were studying in lower secondary level and had dropped out after marriage.
- In the Muslim community, the percent of people living in joint family steam was 69%.
- Majority (93.75) % of the women in study area was found to be happy in their married life.
- Early or adolescent marriages were found to cause physical problems in women
- About 83% of women in this study area gave birth at hospital.
- In this study area, 73.17% women gave birth in normal way and 26.83% gave birth by caesarean section.
- Cent percent of the respondent had her family planning.
- About 12.2% women had child loss experience.
- Most (95.15%) of the children in this study area were found vaccinated.
- None of the women in this study area have lost a child due to abortion.
- In the Muslim community, 12.19% women had uterine problems.

Chapter V: Conclusion and Recommendations

Conclusion

The title of this study is " Teenage Marriage practice of Muslim women and its effect on their Reproductive Health." The objectives of the study were to identify the situation of teenage marriage in the Muslim community, to find out the main cause of teenage marriage in Muslim community and effects of on reproductive health.

Teenage marriage existed Muslim community. Business and wages were the main occupation. Still there were some illiterate respondent in the community. Joint family was popular in the community. Love marriage was popular there. However, they were happy. Many women gave birth in hospital. Many respondents had health checkup 4 times. Some children had different types of health problem.

When women got married in the Muslim community, their level of education was very low. Most of them got married while studying primary education. Love is the main reason of teenage marriage. Muslim women are often married at an early age. Getting married at a young age can lead to health problems for women. There were some women who experienced health problem. Muslim women were aware of family planning and they preferred 3- month injection more often than other.

Recommendations

On the basis of findings, following are the recommendation for the improvement of situation and further study.

Recommendations for practice. The recommendation are mentioned as follow:

- Community people should participants in awareness programmed agent teenage marriage.
- Family should encourage girl complete higher education.

Recommendations for policy. The recommendation are mentioned as follow:

- In this Muslim community, some people are still married as teenagers. Therefore, the government should run various programs to discourage it in the Muslim community.
- The local government should run public awareness campaign on reproductive health including family planning methods.

Recommendations for further studies. The recommendation are mentioned as follow:

- National level study could be done on teenage marriage.
- Study on use of family planning in Muslim community can be an interesting area for further study.

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Appendix

Section 1: Household Questionnaire

Name of the respondent of the household questionnaire:

Date:

S.N	Household name	Relationship with house owner	Sex F/M	Age	Marital status (If more than 10 years)	Age of marriage	Education (If more than 5 years)	Occupation
1								
2								
3								
4								
5								

S.N.	Questionnaire	Coding	Skip
1	What kind of house do you have?	1. Non concrete house 2. Concrete house 3. Other	
2	What is your monthly income?	1. 5000-10000 2. 10000-15000 3. 15000- Above	
3	What communication facilities do you have in your house?	1. Television 2. Telephone 3, Mobile 4. Others	
4	What is your educational status of your family members?	1. Educated 2. Uneducated 3. Not to school 4. Primary 5. Lower secondary 6. Secondary 7. Higher secondary 8. Bachelor and above	
5	What is your family main occupation?	1. Agriculture 2. Business 3. Job 4. Wages	

		5. Housewife 6. Working 7. Student 8. Disable	
6	What is the current state of marriage?	1. Married 2. Unmarried 3. Divorce 4. Widow 5. Not divorced but separated	
7	How old are the people in your house?	1. 0-15 2. 16-59 3. Above 60	

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Section 2: Personal Questionnaire

Name of the respondent of personal questionnaire:

Household questionnaire serial number:

Date:

1. The state of Teenage Marriage

S.N.	Questionnaire	Coding	Skip
1	At what age did you get married?	1. 15-16 2. 17-18 3. 18-19 4. 19 and above	
2	what is your current educational qualification?	1. Primary 2. Lower secondary 3. Secondary 4. Other	
3	In which class, do you get married in?	1. Primary 2. Lower secondary 3. Secondary	
4	How old was your husband when you get married?	
5	How much was your husband education when you got married?	1. Literate 2. Primary 3. Lower secondary 4. Secondary	
6	What kind of family is your family?	1. Nuclear 2. Joint	
7	What kind of marriage did you had?	1. Arrange marriage 2. Love marriage 3. Love plus arrange marriage 4. Other	

2. The main reason for Teenage Marriage

S.N.	Question	Coding	Skip\
1	Are you happy in your marriage life?	1. Yes 2. No	If 'Yes' then go to question no 13
2	What are the reasons being not happy with your marriage life?	1. Husband 2. In Law 3. Community 4. Other	
3	What kind of marriage do you think is called a good marriage?	1. Love Marriage 2. Arrange Marriage 3. Inter caste Marriage 4. Other	
4	Did you get married in your own caste?	1. Same caste 2. Inter caste	
5	At what age do you usually get married in your community?	1. 15-16 2. 17-19 3. 20 and above	
6	What was the reason you got married so early?	1. In love 2. Family pressure 3. Social pressure 4. Traditional customs 5. Poverty	
7	Did you get married on your own decision or under someone pressure?	1. Myself 2. Family pressure 3. Social reason 4. Friend reason	
8	Is it customary in your community to get married early?	1. Yes 2. No	
9	Did you faced any problem when getting married early?	1. Physical problem 2. Psychological problem 3. Other 4. No	

4. Impact of Teenage marriage on Reproductive health

S.N.	Question	Coding	Skip
1	What do you think is the right age to have a baby?	1. 15-20 2. 21-24 3. 25- above	
2	How many years after your marriage did you have a child?	1. 1 year 2. 2 year 3. 3 year	
3	How often did you get a health check-up during	1. 3 times	

	pregnancy?	2. 1 time 3. 4 times 4. 4 times and above	
4	Did you get support from your family during pregnancy or not?	1. Yes 2. No	
5	Where was the baby born?	1. House 2. Hospital 3. Deliver at home by sudeni	
6	How did you give birth?	1. Normal 2. Operation	
7	Did the baby show any problems after birth?	1. No 2. Stillborn baby 3. Weight loss baby 4. Other	
8	How many children do you have?	1. 1 child 2. 2child 3. 3 children 4. other	
9	Do you know about family planning?	1. Yes 2. No	
10	What type of family planning do you have?	1. Permanent 2. Temporary	
11	Which tools were used in temporary family planning?	1.DMPA- 2. Copper T 3. Pills 4. Others	
12	Were any of your stillborn babies born?	1.Yes 2. No	
13	What was the cause of death?	
14	Has the child been vaccinated with all types of vaccines according to age?	1. Yes 2. No	
15	Did you know that you should be given yellow milk before the baby is born?	1. Yes 2. No	
16	Did you breastfeed early?	1. Yes 2. No	
17	Have you had an abortion?	1. Yes 2. No	
18	Has anyone in your family died from an abortion?	1. Yes 2. No	
19	What is the birth rate of your child?	
20	Do you have any uterine problems?	1. Yes 2. No	