

**EARLY MARRIAGE AND HEALTH STATUS OF  
MAGAR WOMEN**

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**FEBRUARY, 2021**

## **DECLARATION**

I hereby, declare that to the best of my knowledge this thesis is original; no part of it was earlier submitted for the candidature of research degree to any university, college of educational institutions. The subject matter presented in this thesis report is the result of my own work. I have not copied any material from the thesis completed and submitted in the past expect some cited texts.

Date: 22 February, 2021

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Usha Sen

## RECOMMENDATION LETTER

This is to be recommended that the thesis entitled "**Early Marriage and Health Status of Magar Women**" has been carried out by **Ms. Usha Sen** in the partial fulfillment of the requirements for Master's Degree in Population Education. This work was conducted under my supervision. I recommend the thesis for final evaluation and viva-voce.

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This thesis entitled **Early Marriage and Health Status of Magar Women** submitted by **Ms. Usha Sen** in partial fulfillment for requirements of Master Degree in Population Education has been accepted and approved.

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## ABSTRACT

In this study entitled “Early Marriage and Health Status of Magar Women in Sunchahari Rural Municipality of Rolpa District”. In this research the researcher has interests in the study the Women in different effects of early marriage on women’s health. This descriptive study was carried out for the fulfillment of three objectives such as to analyze the socio demographic characteristics of Magar women, to find out the cause of the early marriage and to identify the effect of early marriage on women’s health status. Information was drawn from 150 out of 638 married Magar women under the age of 20 years by using structured interview. The respondents were selected through simple random sampling method and under which lottery method was used and descriptive analysis and interpretations of the data was done based on quantitative discussion.

In this study, 43.33 percent respondents had got married due to their tradition and 23.33 percent women got married due to lack of education. Most of the females of the selected area had gotten married before the age of seventeen. Similarly, the majority of the mothers had been pregnant under the age of 19. About 76 percent respondents were illiterate and only 24 percent were literate. The socioeconomic status of women was also poor.

In conclusion, it was found that the main causes of early marriage were tradition, lack of education, poverty, low socio economic status of women etc. To reduce the rate of early marriage, it is necessary to promote their educational and socio-economic status. In addition to this, it is also equally important to give them knowledge about the risk factors of early pregnancy, which tends to bring risk in maternal and child health through different programs. It is necessary to remove their traditional concept towards marriage and pregnancy with the effective and educational programs.

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## ABBREVIATIONS

CBS	–	Central Bureau of Statistics
HRW	-	Human Right Watch
MMR	–	Maternal Mortality Rate
NHP	–	National Health Policy
NFHS	-	Nepal Family Health Survey
NPSE	-	National Project for Sex Education
NDHS	-	Nepal Demographic and Health Survey
UNFPA	-	United Nation Family Planning Association
UNICEF	-	United Nations Children's Fund
VDC	–	Village Development Committee
WHO	–	World Health Organization

# CHAPTER - I

## INTRODUCTION

### 1.1. Background of the Study

Nepal, though is small country in composition to its neighbors China and India. The total area of the country is 1,47,181 square km. and its population is 2,64,94,504. The population at male and female is 3,28,49,041 and 1,36,45,463 respectively. In this country 125 ethnic groups speaking almost the 123 language Nepal is one of the developing countries in the world. topographically, Nepal is divided into three distinct ecological zones mountain hill and Terai for administrative purposes, Nepal is divided into five development region: eastern, central western, mid-western and far western. Similarly, the country is divided into 14 zone and 75 administrative districts (Census Report, 2011).

Marriage is an important part of human life. Men and women are married either consensual or legally and live to get the same or different places as husband and wife. They are known as married couples. Nepalese society does not allow for sexual union without marriage. Therefore, marriage is one of the most essential events in our society for to have sexual contact. Religious belief and practice to formation of family. Early marriage is determined by culture, education, discrimination etc. (<http://www.earlymarriage.com> 2012).

Early marriage leads to early pregnancy. Early pregnancy is a health risk for young women. As a result of child bearing at early age, it included low birth weight babies birth complication to both other and child. Research show that there is higher rater miscarriage among early child bears the age of 18 years in relation at child and teenage mother. Therefore, there is extra risk of death for child of teenage mothers (Karki, 2065).

Early marriage is a harmful practice that denies girls their right to make vital decisions about their sexual health and well-being. It forces them out of education and into a life of poor prospects, with an increased risk of violence, abuse, ill health or early death.

In many countries, the girl child faces discrimination from the earliest stage of life, through childhood and into adulthood. Due to harmful attitudes and practice , such as female genital mutilation, son preference, early marriage, sexual exploitation, and practices related to food and health allocation, fewer girls than boys survive into adulthood in some areas of the world. Due to lack of protective laws, or failure to enforce such laws, girls are more vulnerable to all kind of violence , particularly sexual violence. In many reasons, girls face discrimination in access to education and specialized rating. More than 15 million girls aged 15-19 each given birth and face pregnancy related complications. Girls are more vulnerable than boys to the consequences of unprotected and premature sexual relations ( Luitel, 2015).

Child marriage in Nepal is driven by a complex web of factors, but key among them is gender discrimination, especially when combined with poverty. Discriminatory social norms mean that girls are often seen as a “burden” to be unloaded as early as possible through marriage. This perception is driven by the convention that sons stay with, and financially support, their parents throughout their lives, while girls go to live with and “belong to” their husband and in-laws. This practice creates clear financial incentives for a family to prioritize education and even basic survival needs, such as food, for boys over girls.

Nepal is placed among the less developed countries of the world. The poor health status is one the main problems of the Nepalese society. Nepal is also a backward country, and facing various health problems. The major health problems in Nepal are malnutrition, high child mortality rate, maternal mortality rate rapid growth of population teenage marriage, environmental population, lack of health facilities and health service, high prevalence of communicable disease, lack of education and information ([www.childmarriage.org](http://www.childmarriage.org) 2017).

The demographic variables like fertility and mortality are responsible for population growth. Mortality has been playing a vital role in determining the growth of population. The growth population affects on health, education, socio-security, ecological condition, economic condition and cultural entity. Therefore, the population itself become multi-dimensional factors socio-economic setup of a country.

Early marriage is the most common social problem in developing countries like Nepal. Nepal has one of the highest maternal mortality rate (MMR) in Asia ranging, 539 maternal deaths per 100000 live births (Nepal Family Health Survey, 1995). It is well accepted internationally that most include obstructed labors, hemorrhage, toxemia and complication of unsafe abortion. Women also suffer from die of direct cases that are aggravated by pregnancy Furthermore a large number of women suffer from infections and disabilities related to pregnancy and child birth. The material mortality rate has become one of the major health problems of Nepal.

Child marriage is human rights violation. Despite laws against it, the practice remains widespread: Globally, one in every 5 girls is married, or in union, before reaching age 18. In the least developed countries, that number double- 40percent girl are married before 18, and 12 percent of girl are married before age 15 (UNFPA, 2018).

The most important factor for early marriage is religious beliefs and practice. To prevent premarital sex, parents are willing to marry their children at early age, which is one of the most sensitive issues in Nepal where virginity is given a high social value the female marriage age is found to be younger. Nepal has a patriarchal society and female virginity is valued high which is prerequisite for marriage. This is one of the reason for early marriage in Nepal. According to some existing social and religious values marriage should occur before puberty. Due to the influence created by those factors, Nepal encourages child marriage.

There are various determinant factors of early marriage like as lack of education, traditional culture, unawareness about early marriage, economic status of poverty, conservative belief, backward community who has not got opportunity for good life style. And it creates many bad consequence like low weight baby, morbidity and infant mortality and invites serious problems to be healthy mothers as well as child. It can be minimized to the extent by the relevant knowledge about early marriage and many kinds of opportunity to develop their carrier and further progress.

## **1.2. Statement of the Problem**

Early marriage is global issue which can violate the rights of girls and boys both in this generation and the next. It effects the education and well-being of boys and girls teenage marriage can have served harmful effect on the overall well being of a girl

child who is not mentally, psychologically, emotionally or physically prepared for a marital life. Early marriage robs her of an opportunity of starting or continuing her education and deprives her possibility to develop her own personality and potentiality. One married she is expected to get in to the multiple role of good wife, perfect daughter-in-law and responsible mothers.

Early marriage is the most common social problem in developing countries like Nepal. In Nepal, 20 percent girls are married before their 14<sup>th</sup> birthday. Adolescent pregnancy below the age 18 years 2-3 times more likely to die than the pregnant women between 18 to 25 years. Low birth weight is also more common among babies from adolescent than those women. In Nepal, early marriage system is still accepted though the legal age of marriage of marriage is 20 above years. As a result of child bearing at early age includes low birth babies is complication to both other and child (UNICEF,1992).

In hilly region, 14-18 years of girl is common for marriages. The risk of complications during pregnancy period is more because the girls bodies are not fully developed under 18 years old. The amniotic fluid needed for the survival and growth of the fetus, might not be matured enough and undeveloped as a result uterus cannot provide a full protection shield.

The onset of childbearing at an early age has major effect in the health of both mother and a child and reproductive health problem with lifelong impact such as high morbidity, uterus problems, infection, vaginal uteri-prolepses hypertension, under nutrition and anemia most of the Nepali women are facing these problems. That away maternal mortality rate of Nepal is 281/10000 live birth. (NPSE/CBS, 2007). Early pregnancy is not only harmful and total for mother but is also be a great loss for the baby. Low birth weight is also more common among babies from adolescent then those women. In Nepal, early marriage system is still accepted thought the legal age of marriage is 21 male and 18 females above years.

Sunchahari is the backward rural municipality of Rolpa district. The people of this Magar community have poor economic and education status most of the people are engaged on agriculture or farming. They do not have proper knowledge, attitudes and practice to take part in the given facilities due to lack of education. The system of

early getting marriage causes high risk of pregnancy and effects on health on mother and child. There are various cause of their health problems related to pregnancy. It is necessary to conduct a research on this field. So, the problem is stated as "Early marriage and health status of magar women in Sunchahari rural municipality Rolpa".

### **1.3 Objectives of the Study**

The general objective of this study was to assess the causes of early marriage and health status of Magar women in the Sunchahari rural municipality of Rolpa district.

The specific objectives of the study were as follows:

- 1.3.1 To analyze the socio-demographic characteristics of Magar women.
- 1.3.2 To find out the status and causes of early marriage.
- 1.3.3 To identify the effect of early marriage on women's health status.

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

This study would be identify the health problems and causes of early marriage women in Sunchahari rural municipality Rolpa. There is the system of early marriage is highest exist commonly. Therefore, this study entitled the health problems of early marriage women.

This study would be significantly contributing the following area:

- 1.4.1 This study would be helpful to find out the effect on health due to early marriage.
- 1.4.2 It would help to create awareness in major community about the consequences of early marriage and its effect.
- 1.4.3 The study would be useful for planners, educators, policy makers, NGOs/INGOs, donors to make policy, plan and implement programs.
- 1.4.4 This study would be provide guidelines for further study or research to interested researchers.

1.4.5 It would be particularly more helpful for the reproductive health concern agencies for formulate the plan and policies in the study area.

1.4.6 It would be helpful to adopt ways to minimizing early marriage health problems related to early marriage.

## **1.5 Delimitation of the Study**

The delimitation of the study were as follows:

1.5.1 The study was limited within the Magar Community of Sunchahari Rural Municipality Ward No. 3.

1.5.2 The respondents were Magar women who were married early below 19 years.

1.5.3 The study was based on the effect of early marriage on women's health.

1.5.4 The study was delimited on causes of early marriage among Magar women.

1.5.5 The study was based on small size therefore the finding may not be generalized to another situation.

## **1.6 Definitions of the Terms Used**

**Adolescence:** The transitional period between puberty and adulthood in human development, extending mainly over the ten years and terminating legal when the age of majority is researched; youth.

**Birth:** Process by which a baby moved from the uterus to the outside world.

**Child Mortality:** The death of children and parents under the age of five years old.

**Community:** Community means a social group within the same degree of social coherence and living in given area.

- Delivery:** To process by which the fetus and the placenta are expelled from the uterus.
- Discrimination:** The practice of treating one person or group of people less fairly.
- Early Marriage:** Early marriage is a marriage that occurs before a person reaches the age of consent 19 years.
- Early Pregnancy:** A woman, who became pregnant before the age of 19 years.
- Education:** According to Pestalozzi, education is a natural harmonious and progressive development of character and mental power resulting from such training.
- Infant Mortality:** Infant mortality refers to death of children, typically these less than one year of age.
- Low Birth Weight:** Birth weight of a infant of 2,499 or less, regardless of gestational age.
- Maternal Mortality:** The death of women while pregnancy or 42 days of termination of pregnancy, irrespective of duration from any cause related to or aggravated by the pregnancy or its management but root from accidental or incidental cause.
- Morbidity :** It means incidence and prevalence of any disease to mother.
- Pregnancy:** The condition of having a developing embryo or fetus in the body after union of ovum and sperm. In women duration of pregnancy is about 280 days or stage of women having a growing baby inside womb.
- Teenage :** Time which refers to the period of 13-19 years.

## **CHAPTER-II**

### **REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK**

Review of literature is an essential part of all studies. It is ways to discover what other researchers in the area of our problem uncovered the fact. A critical review of the literature helps the researcher to develop a though understanding and insight into previous research work that relates to the present study.

#### **2.1 Theoretical Literature**

In many countries, the girl child faces discrimination from the earliest stage of life, through childhood into adulthood due to harmful attitudes and practices. Such as female genital multination. Son preference, early marriage sexual exploitation and practice related to health and food allocation, fewer girl than boys survive into adulthood in some areas of the world. Due to lack of protective laws, or failure to enforce such laws, girls are more vulnerable to all kinds of violence, particularly sexual violence. In many reason girls face discrimination in access to education and specialized rating. More than is million girls aged 15-19 each year given birth face pregnancy related complications girls are also more vulnerable than boys to the consequences of unprotected and premature sexual relation (Luitel, 2008).

Nepal girls can marry after the age of sixteen with the consent of their parents or guardians at eighteen years. They can marry without their parental consent. The corresponding age for girl and boys are 18 and 21 years respectively. In practice, child marriage is common and it's estimated that about 40 percent of all women get married below 16 (Poudel, 2009).

Marriage is the established institution for starting a family (Karki, 2064). It is an institution which demands maturity, capacity and responsibility. The World Health Organization has defined adolescence as the period of life spanning the age between 13 to 19 years (Subedi, 2062). Teenage is a period of transition from childhood district and dynamic phase of development in the life at an institution. They are formulating years when maximum amount of physical, psychological and behavioural

change take place. Thus, the future of the teenage depends upon how their growth and development take place (Acharya, 2008).

In Nepal, it is still at an early stage fertility remains high early marriage and child bearing are wide spread and infant mortality is also high. The 1996 Nepal family health survey shows that infant mortality is 50 percent higher for mothers in their teens than for mother in there (www.google.com.2012).

UN (2006) reported on "World marriage partners" shows that early marriage result in early pregnancy. Pregnant women younger than 15 years are four times more likely to die during pregnancy and child birth. It results in adequate growth under nutrition, hypertension and anemia motherhood imposed on an immature baby can result in prolong and obstructed labor and life long health problems. Adolescent women married to much older men are unable to communicate negotiable the timing and frequency of intercourse and wife therefore unable to control their own fertility.

UNICEF (2006) reported on "Early marriage harmful traditional practices: A statistical exploration" has shown that globally, 36 percent of women aged 20-24 were married or in union before they reach 18 years of age. An estimated 14 million adolescents between 15 and 19 give birth each yeas. Girls in the age group twice as likely to die during pregnancy or child birth as women in their twenties. Marriage of young girl is most common in sub Sahara, Africa and South Asia in Nigeria, 77 percent of 20-24 years old women were married before the age of 18. In Bangladesh, this rate was 65 percent.

NDHS (2011) stated that early teenage pregnancy can cause severe health problems for both the mothers and child. 17 percent of women age 15-17 have already had a birth or are pregnant with their first child. The percentage of women who have begun child bearing increase rapidly with age, from 1 percent among women age 15 to 39 percent among women age 19. Teenage pregnancy is twice as high in rural lowest in the hill zone (16%) and highest in the Terai (18%).

One of the cultural factors affecting infant health is teenage marriage the baby of teenage mother has the highest risk for neonatal and postnatal mortality "Park 2007". Early marriage is a long established custom in India. So, is the the case in Nepal too. The age at which the girl marries and enters the reproduction period of life has a grate

impact on her fertility. Girls who marry before the age of 18 given birth to large number of children than those who married late. It is estimated that if the marriage were postponed from the age of 18 to a group of 20-21 the number of birth would decrease by 20-80 percent (Park, 2015).

UNICEF (2018) stated that 37 percent of girls in Nepal married before age 18 and 10 percent were married by age 15, in spite of the fact that the minimum age of marriage under Nepali law is 20 years of age.

## **2.2 Empirical Literature**

Acharya (1979) found in his study the total respondents 68 percent were married in age of 16-19 years and 32 percent below 15 years. Sixty seven percent of the early married women do not have knowledge about marriage and the study show that 71 percent of respondents views that early married not good.

Pokhrel (1989) in her study found that about one third women marry in early age early marriage forced the women to bear the child in early age. The proportion of women's good health condition was significantly decreased after marriage. Only half of the women is early age got medical checkup and importance of medical check-up was not known by the rest of the women. The use of family planning device was very low among the women of early age. More than one third of the babies were low birth weight, majority of low birth weight baby were born by women who were under 17 years of age.

Tuladhar (1997) conducted "A study on knowledge attitude and practice of teenage mother on reproductive health regarding pregnancy and its outcome". The study of 200 teenage mother has taken from Tribhuvan University Teaching Hospital and maternity hospital Patan and Thapathali, it was held for six weeks and mother were from age of 13 to 19 were literature and 57 percent mother's age of marriage was 12 years teenage marriage was existed because of parental interest.

Gurung (2001) conducted a study on "Early marriage and its effects on women health and education in Gurung community of Kadhbari municipality". Sankhuwasava revealed that 35.9 percent had gotten married before 15 years and 40 percent before 18 years. More than 59.35 percent respondents are based on agriculture and 35-43

percentage family were depends upon foreign employment. In pregnancy period 48.48 percent respondents were suffered from prolonged labor pain during delivery.

Poudel (2006) made a study on "Teenage marriage and its effect on mother health on Dalit's communities in Tilahar VDC Parbat district". The study of 10 percent of population was selected randomly using lottery method more eve, 40 percent of these adolescent pregnancy women had not attended the regular antenatal checkup an intake during their pregnancy. At pregnancy period they are not consuming additional food. The place of birth taking at home is about 84 percent and 16 percent at hospital. The major pregnancy related problems in this region are anemia hypertensive disorder with presclmpsia along with the outcome of premature or low birth weight babies.

Mehata (2008) made a study in "Early pregnancy and its effect on maternal and child health of Tatma community at Madhyaharsahi VDC, Sunsari". To explore actual situation of the community people's knowledge on early marriage, pregnancy and its effect on health of mother and their children. The main objectives of the study were to assess the cause of early pregnancy and its effect on maternal and child health of Tatma people. The study was qualitative and descriptive types of research where selected using census method 64 percent of respondents had pregnant at the age of sixteen yeas. Out of total respondents, 86 percent children were delivered at home without any health facilities. Among them 14 percent women used to take additional food their pregnancy period. More than 60 percent respondents used contraceptive devices.

Dhungana (2008) made a study "Early marriage practice and its effect on maternal and child health of Dalit community in Syangja district" in the study 71 percent women were married before the age of 20. The study found that 41-90 percent of the respondents were bounded into early marriage due to traditional belief. In the same away 28.57 percent were due to the social cause and 22-28 percent respondent were bounded into early marriage due to economic causes among all teenage mother. Only 28.57 percent had knowledge on health problem of early pregnancy and the 71.72 percent were about the health problem of early pregnancy.

Rai (2014) made a study on "Teenage marriage and its iffect on maternal and child health care of Chamar community at Shreepur VDC Sarlahi district". In the study

age at marriage of total respondents 70.45 percent were marriage at the age of 16-20 by years, 26.51 percent in 13-15 and 3.03 percent in 10-12 years of age. Unknown about early marriage knowledge were 65 percent. Out of total respondent 40 percent had got health checkup during pregnancy. The women who delivered at home were 82 percent and at hospital were 18 percent.

Acharya (2014) conducted "a study on teenage pregnancy and its effect on mother and child health in Tharu community of Chitwan District". The study had found that out of total 150 respondents, 28 percent were married at 16-18 age group where as 34.66 percent were first pregnant between age of 19-21 age group. Similarly 26.88 percent were known about devices of family planning. Due to the people's ignorance, most of the respondents were not used contraceptives. Only 40 percent people were checked-up during pregnancy, 31 percent had completed immunized their children, 80.66 percent had faced delivery complications and 30 percent were suffered from vaginal bleeding.

Chaudhary (2016) conducted a study in "Socio-economical status and early marriage practice in Saptahari district". The research carried out for the fulfillment of three objectives. They were (a) to assess economic status of Chaudhary community, (b) to identify the causes of early marriage in Chaudhary community and (c) to identify the reproductive health related problems of early marries women. Information was drawn from 61 sample respondent through the structured interview schedule.

The study show that the most of the people of selected area were involved in agriculture about 26.22 percent respondents were literate and only 6.22 percent completed SLC and above levels. Most of the females in the selected area had got married before the age of 17. Similarly the majority of the mother had been first pregnant within one year after marriage. Only 42.62 percent had used family planning device and 57.37 percent respondent hadn't used any type of family planning devie to delay or stop getting pregnancy.

According to report of HRW 2016, thirty-seven percent of girls in Nepal marry before age 18 and 10 percent are married by age 15, in spite of the fact that the minimum age of marriage under Nepali law is 20 years of age. Boys also often marry

young in Nepal, though in lower numbers than girls. UNICEF data indicates that Nepal has the third highest rate of child marriage in Asia, after Bangladesh and India.

In interviewing dozens of children and young people, Human Rights Watch learned that these marriages result from a web of factors including poverty, lack of access to education, child labor, social pressures, and harmful practices. Cutting across all of these is entrenched gender inequality, and damaging social norms that make girls less valued than boys in Nepali society.

According to UNICEF (2017), 40 percent of Nepalese girls are married before their 18<sup>th</sup> birthday and seven percent are married before the age of 15. Nepal has the 16<sup>th</sup> highest prevalence rate of child marriage in the world and the 17<sup>th</sup> highest absolute number of child brides – 662,000. Ten percent of Nepalese boys are married before the age of 18. Nepal is among the top 10 countries worldwide with the highest prevalence of child marriage and early unions among boys. There are high prevalence rates of child marriage in Province 2 (Nepal's southern border with Bihar, India), and along the borders between Provinces 5 and 6 (extending into Uttar Pradesh, India), where more than half of girls are married before age 18.

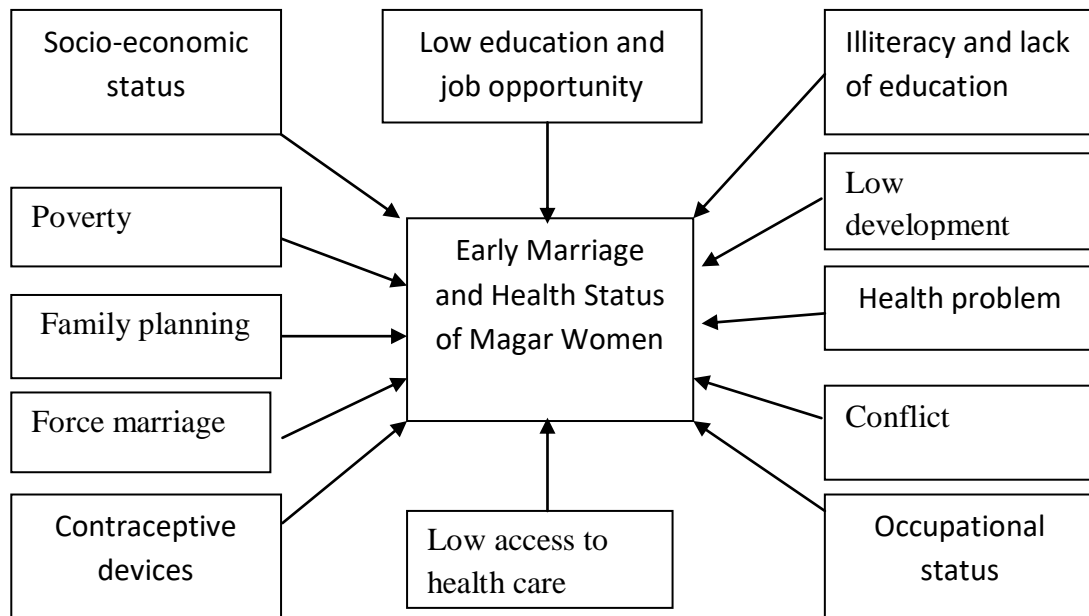
A 2017 World Bank/ICRW study estimates that ending child marriage in Nepal could see a 12.7 percent rise in earnings and productivity for Nepali women who married early.

### **2.3 Implication of Review for the Study**

From the above mentioned literature, it was helpful to prepare the given research. It was helpful to know about early marriage and health status of Magar women in Sunchahari Rural Municipality, Rolpa. It was also helpful about selection of problem, background of the study, objectives of the research, significance and limitation of the study respectively. It enriched the researcher to make a brief study about the research methodology where research design, source of data, tools and procedure of data collection etc. Will be identified and discussed. The study will be help to solve the causes of early marriage by conducting awareness programs about the validation of health services from the Sunchahari rural municipality, Rolpa. The study also provides various information about the recent socio-economic status of early marriage

women for health to police makers, planners, researchers and government organization.

## 2.4 Conceptual Framework



The above conceptual framework shows that there are different variable affected on Health status of Magar women. Here socio-economic status , family planning, contraceptive devices, force marriage ,poverty, conflict,health problems as well as Occupational status has directly effect to the early Marriage and health status of Magar women. Early Marriage is negative in our society people are not perfect to handle their families and member. Due to this socio-economic status can be decreased. Family planning is always opposite to early marriage, family planning concludes future plan of the family as well as perfect age for marriage. So, family plan is needed for Magar women for their health. Contraceptive Device are the Magar way for family planning. Here in our country, the main case of early marriage is our old lecture and erudition which effect badly on the health of male and female. In the Magar society, it is one of the main problems. Due to this Magar women have bad health condition after marriage. In the early age , internal organs like reproductive organs are not well developed sp , they will face various problems in future.

They have problems in their internal organs too. Early marriage provide bad effect to the health of the marriage men and women. In the early marriage, men had to fulfill the needs of family as the man himself have not age to do job or any work which effect all the family. If a family member have no good income then it will be hard to fulfill the needs. So, the occupation is needed for quality of good family. Therefore, above factors are directly or indirectly related to early marriage and health status of Magar women.

## **CHAPTER - III**

### **RESEARCH METHODOLOGY**

#### **3.1 Research Design**

Research design helps to follow the certain piano and procedures of the study. The researcher followed by quantitative cum descriptive research design for this study. Generally, a descriptive research design helps to find out the fact and adequate information on the population and describes the situation and events.

#### **3.2 Population of the Study/Sources of Data**

The research was based on primary sources of data. The study was conducted in the total population of Sunchahari Rural Municipality 3 number ward women who were married in early age. The total population of the Sunchahari Rural Municipality ward number 3 was 3020 according to 2068 census, out of which 1602 were women.

#### **3.3 Sampling Procedure and Sample Size**

According to sampling procedure and sample size such type of method is known as simple random sampling method. Data was collected from ward no. 3. In the study, the researcher found 605 total early married women under the age of 19 years of the Sunchahari Rural Municipality ward no.3. Among them 25 percent, i.e, 150 respondents were selected by lottery method.

#### **3.4 Data Collection Tools**

Interview schedule was used as the tools of data collection. It was concerned about early marriage and its cause and effect on women's health. The tools was designed and developed in consolation with supervisor before finalizing them.

#### **3.5 Validation of Tools**

Interview schedule was used while data collection and information in this study. The tool was revised according to suggestion given by the supervisor. After getting necessary suggestion from supervisor, improved tools was administered as operator to

10 mothers, who have early marriage of Sunchahari Rural Municipality Ward No. 1, Rolpa district. So the final set of tools and incumbents was prepared to collect data.

### **3.6 Data Collection Procedure**

In the process of data collection, the researcher had visited the chairman of Sunchahari Rural Municipality Ward No. 3, of Rolpa district with authorized letter from Health and Population Education Department and explained the purpose, and importance of study. After getting permission from the chairman, the researcher had visited sampled early marriage women of Sunchahari Rural Municipality ward No. 3. The researcher motivated and requires the respondents to participate in the activity to fulfill the interview schedule in the selected area.

### **3.7 Method of Analysis and Interpretation Data**

After collecting data the researcher had presented in tables and figures, according to the purpose of the study. Mainly table, chart and groups were developed in percentage to describe the data. The data analysis, interpretation and conclusion were drawn and recommendation for further study were provided.

## **CHAPTER : IV**

### **ANALYSIS AND INTERPRETATION OF DATA**

This chapter deals with analysis and interpretation of the raw data collected from the field. The main concern of this research work was to find out the causes of early marriage on owner's health status and analysis the socio demographic characteristics of Magar community. To fulfill these objectives the researcher went to the field and took the structured interview to the respondents. The data had been tabulated and kept in sequential order according to the objectives of the study. Then the information had been analyzed on the basis of percentage, table, and figures were used to make the presentation on clearer and more meaningful. The analysis and interpretation of data have presented as follows:

#### **4.1 Socio-economic Status of Respondent**

##### **4.1.1 Educational Status of Early Marriage women**

Education help to maintain quality of life of an family. We can define the quality of life as the way of living with happiness and satisfaction by fulfillment of basic needs as well as other social cultural psychological spiritual and emotional needs and such happiness should be for long run not temporary.

It is essential for development and changes in the community as well as society. It can change knowledge, attitude, practice and behaviour. Educational situation of a community reflects the level of people awareness. Educated women are more conscious about the reproductive health then non educated women. So, education is the most valuable factors which help the women in the every aspect of life behaviours. The researcher asked question what is your education status? Response of the respondents are presented in table.

**Table No.1: Educational Status of Respondent**

<b>Level of Education</b>	<b>No. of Respondent</b>	<b>Percentage</b>
Illiterate	76	50.66
Literate	24	16.00
Primary level	32	21.33
Secondary level	11	7.33
Higher level	7	4.66
Total	150	100.00

Table 1, shows that the educational status of the study population is very poor. Where 50.66 percent women are still illiterate. It means those women are not able to read and write. There are few percent 16 are literate and another 21.33 percent have passed the primary level education and 7.33 percent have passed secondary level education and 4.66 percentage have passed higher education.

The above information shows that most of women had illiterate. So poor education status is the main reason of early marriage of magar women. They several study had show that poor status educational attainment had lead early marriage, fig family size and other consequence of early marriage, so we can conclude that early marriage is the result of poor educational status of magar women.

#### **4.1.2 Occupational Status of Family**

Without money our life is not spent successfully. If people do work for get money to fulfill their needs that work is called occupation. Occupation plays vital role of human being towards certain direction and it can make their life more comfortable as well as enjoyable without occupation people cannot meet the increasing need and interest of the family. Occupation status plays an important role for promotion and protection of individual as well as community agriculture and labour. The occupation of the women is directly related to equality of education and health services. The researcher asked question what is your main occupation? Response of the respondent are presented in table 2.

**Table No.2: Occupational Status of Family**

<b>Discription</b>	<b>No. of Respondents</b>	<b>Percentage (%)</b>
Agriculture	95	63.33
Service	8	5.39
Labour	42	28
Business	4	2.67
Livestock	1	0.67
Total	150	100

Table 2, reflect that maximum of the total respondents 63.33 percent and 28 percent were engaged agriculture and labour works respectively which are consider as the less beneficial work. Similarly 5.33 percent were engage in service, 2.67 percent were engaged in business and 0.67 percent in livestock. It was found that most of the respondents had not permanent source of income. The labour respondents replies that they had no money for purchasing nutritious food, so their children were not born healthy.

It is include that majority of the respondents were engaged in agriculture and had labor only of few the respondents were employed in service. This community educational status was very low that's why most of the families depended on agriculture.

#### **4.1.3 Income of Family**

Income plays vital role for improving the life style of every people. Who can earn a lot of money their health status, education status is different from other people who can't earn money. So, following table other people who can't earn money. So following table shows the income rates of family per year.

**Table No.3: Per Year Income of Family**

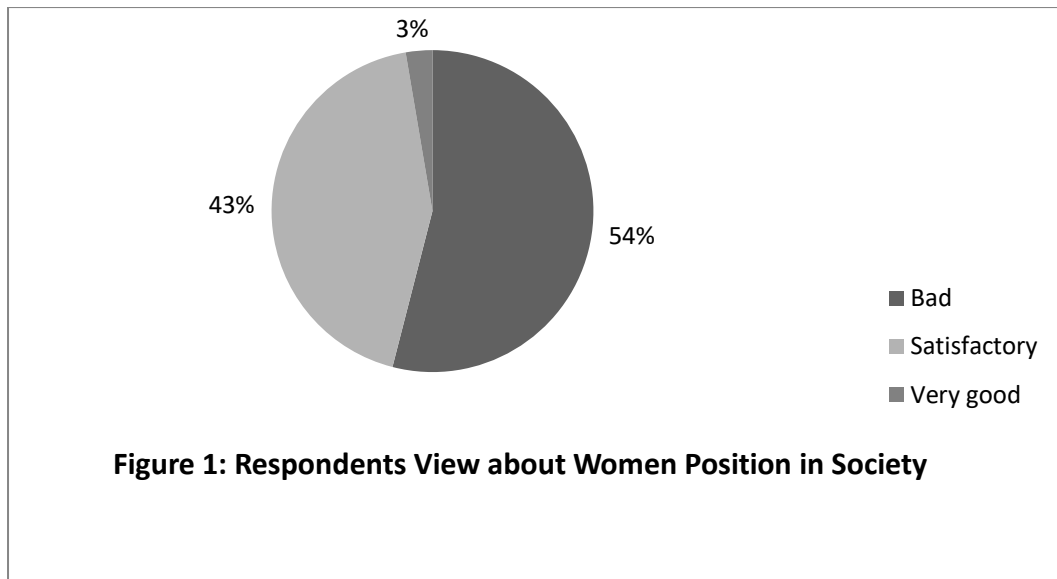
<b>Income per year</b>	<b>Number of Family</b>	<b>Percentage</b>
Below 50 thousand	22	14.67
50-70 thousand	49	32.66
70 -90 thousand	45	30.00
Above 90 thousand	34	22.67
Total	150	100.00

Table no. 3, shows that 32.66 percent respondents earned between 50-70 thousand per year, 30 percent respondents earned between 70-90 thousand per year, similarly, 22.67 percent respondents earned above 90 thousand and 14.67 percent earned below 50 thousand.

On the basis of above information most of the respondents earned between 50-70 thousand per year but they can't save that money. They spend all the money but their food, clothes etc. in this study most of the people are suffering from low income and its impact in their lives is very poor.

#### **4.1.4 Respondents View about Women Position in Society**

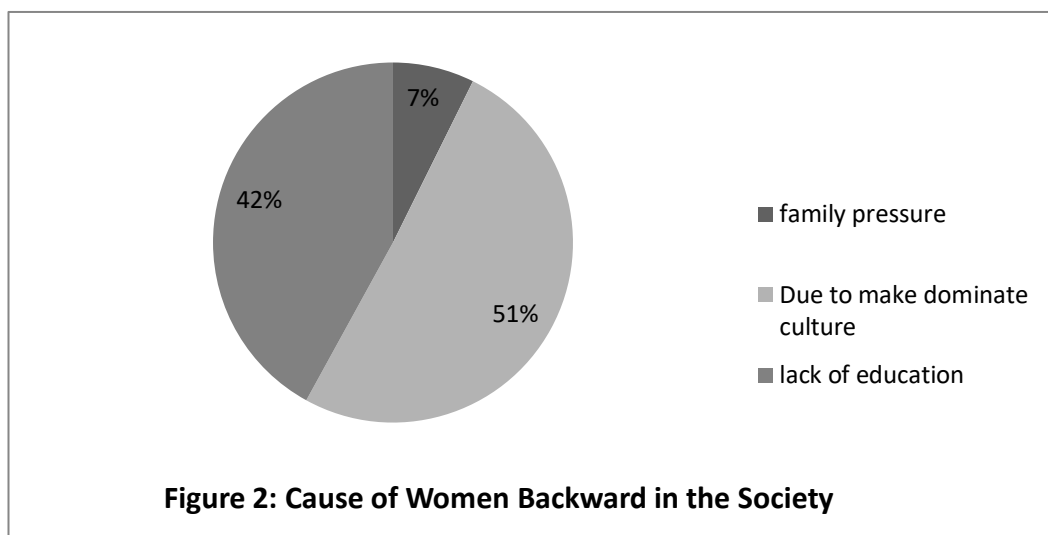
According to United Nation Department of Economic and Social Affairs (2019), 50.4% women cover the country through there condition is very poor because of different religious believes, lack of education, poverty, male dominate society, etc. In our country women position in different from community to community. In Brahmin community women position is far better other community. Similarly, woman position is very bad in Muslim community. The position of women in Magar community is clearly shown in following figure.



The above figure 1, shows that the condition of women are very bad in the society. In all society, to a greater or lesser degree women and girls are subject to physical, sexual and psychological abuse that cuts across line of income class and culture in both public and private life. So in every field they are dominated by male which is the main cause of behind the bad position of women in society.

#### **4.1.5 Cause of Women Backward in the Society**

In more developed countries male and female are equal. There no discrimination between male and female. Law also gives equal emphasis on the right of both male and female. But the situation is different in developing countries like Nepal. The most important cause of women backward in society is law. In our country the constitution does not give equal right for male and female only 33 percent right is given to the women. So it is the main cause of women backward in the society. Similarly, lack of education and male dominate society also play vital role to make women's backward in society. The following figure 2 shows the clear reason or cause of women backward in society.



According to the above figure 2, shows that 51 percent respondent expressed their view towards male dominant culture is main cause of women backward in society. Similarly 42 percent respondent said lack of education and 7 percent respondent said family pressure.

The above information clarify that dominant culture and lack of education are main reason of women backward in the society. To improve women position in the society women should be given equal access to and full participation in power structures and decision making in government bodies and public administration, political parties and trade unions. Similarly it is necessary to increase women's capacity to participate in the decision making and leadership position.

#### **4.1.6 Relation between Educational level and Health Level Condition of Married Women**

Education is the major factors to bring change on people's attitude and behaviour, which can lower level of education trends to marry at early age. Early marriage causes early pregnancy therefore education level related with health condition of married women

**Table No.4: Relation between Educational level and Health Condition**

Discriptions	No. of Respondent		Health Status					
			Unhealthy		Weakness		Good	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Illiterate	76	50.66	45	59.21	23	30.26	8	10.52
Literate	24	16.00	13	54.16	9	37.5	2	18.33
Primary	32	21.33	16	48.78	6	19.51	10	31.67
Secondary	11	7.33	3	29.33	4	33	4	37.67
Higher secondary	7	4.66	2	23.33	-	-	5	76.67

Table no 4, shows that 59.21 percent illiterate married women had unhealthy and 10.52 percent illiterate women had good health. Among 24 literate, 54.16 percent were unhealthy, 37.5 percent were weakness and 8.33 percent were good health. Similarly, 48.78 percent women who got primary level education were unhealthy and 19.51 percent had weakness. Out of 4 percent women who got secondary level education had good health and level of higher secondary, 71.42 percent women had god health and no one weakness.

Above the information reveals that women who were illiterate they had unhealthy because of poor status of education attainment had lead early marriage, Uterin prolepses etc. they had not for proper knowledge about health checkup. Tradition culture, redigious and socio economic characteristics also responsible for their poor health condition. Similarly, who were passed secondary and higher secondary education they fact low health problem because they had knowledge about how to make their health good.

#### **4.1.7 Relation between income and Health Condition of Married Women**

Income plays vital role in family health and education. Low income decreases the health status and high income increase the health status of people. If people have good

income source they have also good life and education and get proper knowledge about life and education and get proper knowledge about right age of marriage. So the harmonious relationship between income and health condition of married women. The following table shows the relation between income and health condition of married women.

**TableNo. 5: Relation between Income and Health Condition**

Discriptions	No. of Respondents		Health Status					
			Unhealthy		Weakness		Good	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Below 50 Thousand	22	14.67	13	59.09	7	31.81	2	9.09
50-70 thousand	49	32.66	24	48.97	18	36.73	7	14.28
70-90 thousand	45	30.00	21	46.66	8	17.78	16	35.56
Above 90 thousand	34	22.67	15	44.11	5	14.70	5	14.70

Table no 5, shows that 59.09 percent women who earned below 50 thousand per year had unhealthy and only 9.09 percent had good health. Similarly, 48.98 percent women who earned 50-70 thousand per year and unhealthy and 12.28 percent good health. 46.66 percent women who earned 70-90 thousand per year were unhealthy and 17.78 percent and weakness most of women 44.12 percent who earned above 90 thousand had good health and only 14.70 percent had weakness who had low income.

The above information shows that who had low income they faced so many problems because they cannot fulfill their fundamental needs due to the unproductive and insufficient land, each of job opportunities, they had no chance to regular health check up and they did not eat balance diet. Similarly, who had high income they had good health because they had proper money to regular health check up and they can eat proper balance diet. So related with women health.

#### 4.1.8 Relation between Age at Marriage and Health Condition of Married Women

Age at first marriage is defined as the at which the respondent began living with her first spouse, partner, marriage occurs relatively early in Nepali, among women age 25-49, 55 percent were married by age 18 and 74 percent were married by age 20. The medium age at first marriage among women 25- 49 is 17.5 years. The proportion of women married by age is declines from 24 percent among those 25-49 to 5 percent among those age 15-19 indicating clear evidence of a rising age of first marriage (NDHS, 2017).

Age at marriage an important factor, which affect mothers and children's health. The following table no.6 shows relation between age of first marriage and health condition of marriage women.

**Table No.6: Relation between Age at Marriage and Health Condition**

Discriptions	No. of Respondent		Health Status					
			Weakness		Unhealthy		Good	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
12	4	2.66	1	25.00	2	50.00	1	25.00
13	15	10.00	6	40.00	7	46.47	2	13.33
14	13	8.06	6	46.15	5	38.45	1	15.38
15	44	29.33	20	45.45	13	29.55	11	25.00
16	27	18.00	11	40.74	10	33.32	7	25.94
17	13	12.66	6	47.36	2	15.78	4	36.84
18	17	11.33	10	58.82	1	5.88	6	35.29
19	11	7.33	-	-	5	45.46	6	54.54

In this study the frequency of married women age at 12 years in highest 50.00 percent women had unhealthy, in the same away the frequency of married women age at 13 years also highest 46.47 percent women had unhealthy and 13.33 percent has good health. Age at 15, 45.45 percentwomen was weakness and 25 percent women had good health. Age 16, most of the women 40.74 percent women was weakness and only 25.94 percent women has good health. Age at 18, 58.82 percent women were

weakness and 35.29 women had good health and age at 19, maximum of the total women 45.46 percent women had good health.

## 4.2 Marriage Practice of Respondents

Marriage practice is related with the values and norms in our society in which marriage at proper age and how the marriage process taken place. In society, marriage practice held in different way of respected respondents and their culture.

### 4.2.1 Marriage Age of Respondents

Age is important factors which affects mother and children's health. Age of mother and healthy baby are different things but closely associated. If the age of mother is below than 20, she can't give birth to a healthy baby. As a result there may occur so many health problems. Most of woman in rural area of Nepal are married before 15 years. Before reaching 20, they will already have given birth two or three children. Early pregnant do not get adequate care, possible leading to high mortality and morbidity, early age mothers are more likely to suffer from fever complication during pregnancy and child birth. Which can be determined to the health and survival of birth mother and child. In this study, respondents were asked about their marriage age in order to find out the real marriage age. The responses were presented in table below.

**Table No.7: Marriage Age of Respondents**

Discription	No. of Respondents	Percentage (%)
12	4	2.66
13	15	10.00
14	13	8.06
15	44	29.33
16	27	18.00
17	19	12.66
18	17	11.33
19	11	7.33
Total	150	100

According to above table 7, higher 29.33 percentage in 15 years of early marriage in the same way the lower percentages (2.66%) in 12 years. So, most of the women got marriage below 17 years. It indicates that early marriage is the main cause of early marriage is socio culture traditions.

#### 4.2.2 Type of Marriage of Respondents

Marriage is a legal sanction given by particular society to the individual man and woman to have sexual relation and produce children for the continuation of future generation. It is common for parents to arrange marriage in Nepal. Tradition, society and religious norms play vital rolen determining the kinds of marriage for the purpose of the respondent were ask how you had married. The response had been clearly presented as follow.

**Table No.8: Types of Marriage of Respondents**

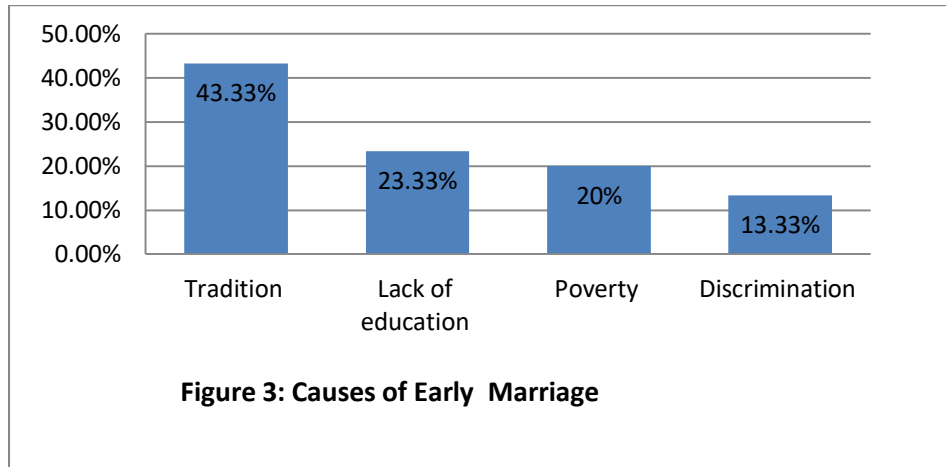
<b>Discriptions</b>	<b>No. of Respondents</b>	<b>Percentage(%)</b>
Arrange marriage	112	74.67
Love marriage	37	24.67
Force marriage	1	0.66
Total	150	100

Table no. 8, indicates the kind of marriage that was performed out of 150 respondents. The out of total respondents, 74.67 percent respondents had got arranged marriage whereas 24.67 percent had love marriage. It is a big challenge to the legal aspects too. This figure shows that the guardians had not any responsibility towards their daughters except marriage. Similarly, 0.66 percent marriage was forced marriage.

#### 4.2.3 Causes of Early Marriage

In Nepal there are many reason of early marriage such as uneducated family, socio-cultural tradition, poverty, discrimination towards son and daughter and socio economics status etc. our country especially in Hindu society and cultures. There is a tradition of early marriage. In order to assess the reasons of early marriage

respondents in the study asked questions. The reasons of early marriage of respondents' responses are presented in following figure.



The figure 3, shows that majority of the respondents 43.33 percent had got marriage cause of socio – culture traditions. Out of the total respondents 23.33 percent had got marriage caused by lack of education. 80 percent respondent had got marriage cause of discrimination.

The above figure shows that majority of respondents marry early because of social traditions and lack of education, Poverty and discrimination. To improve the tradition the area of education should be wider and it should be reachable for every people in the society.

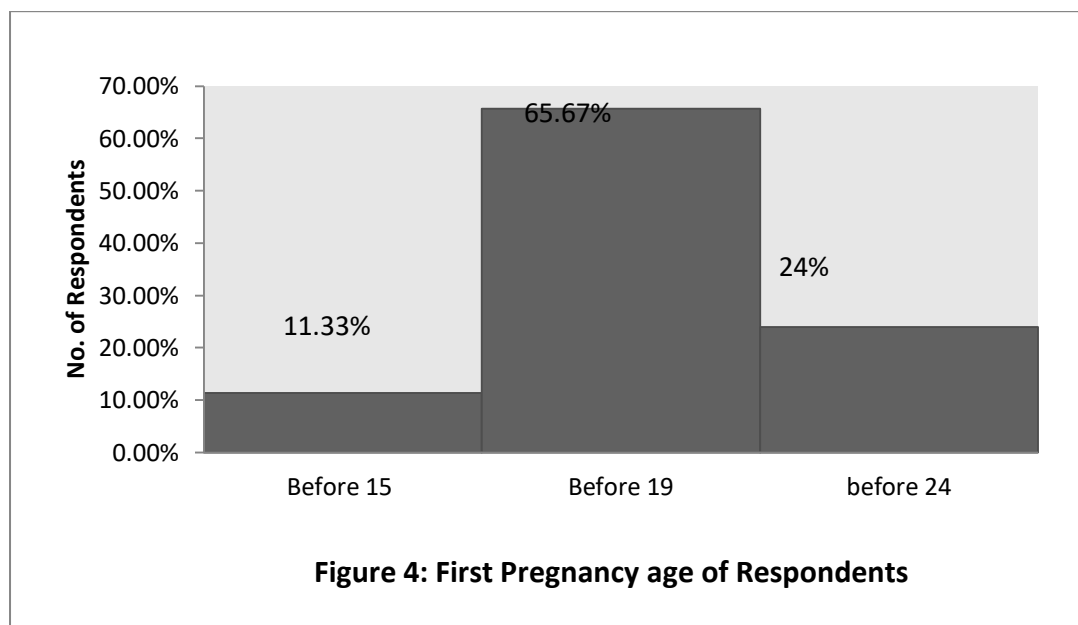
The above information indicates that most the respondent were conducted arranged marriage because of tradition, lack of education awareness and socio economic status. Tradition society and religious norms play vital role in determining the kind of marriage.

### **4.3 Health Problem of Early Marriage**

#### **4.3.1 First Pregnancy Age of Early Marriage Woman**

Marriage is legal union through which male and female are committed to life long marital relationship when young girl got marriage. They have kept interested to give birth to baby or to be mother. Due to early age they may not able to think of about using contraceptives device and problems of during pregnancy and delivery.

Information regarding age of first pregnancy has been collectively presented in the figure 4.



The figure no.4, show that maximum respondent had first pregnancy was before 19 years 65.67 percent, 24 percent had first pregnancy before 24 years and 11.33 percent respondents had first pregnancy before 15 years.

The above indicators indicates that the maximum respondent have first pregnancy at ten age which increase the high number of child. It caused that socio culture tradition and due to lack of education.

#### **4.3.2 Health Check up During Pregnancy**

Health check up during pregnancy means of to examine pregnant women health during pregnancy period. The national safe motherhood program guidelines in Nepal, Recommend at least four during pregnancy, Every woman has to check up four times in pregnancy period. In this period of health check up for mother and her fetus from conception of 28 week of pregnancy period. Monthly check up from 29 week up to 36 weeks and weekly check pu after 36 weeks in the period producing baby at least fore times antenatal visits are required fro normal pregnant woman for safe delivery. But due to the lack of awareness, poor economics condition lack of facilities, lack of counseling etc woman do not make their health check up regular. The researcher asked about " Did you check up your health during pregnancy?" the response of their respondents has been presented in following table no.9.

**Table No.9: Health Checkup During Pregnancy**

<b>Discriptions</b>	<b>Respondents</b>	<b>Percentage</b>
Health checkup during pregnancy	43	29
Health not checked up during pregnancy	107	71
Total	150	100

The above table no.9, shows that 43 respondents were check up their health during pregnancy. But 107 respondents were not check up their health during pregnancy.

Most of non check up women are illiterate and due to lack of knowledge counseling about health check up during pregnancy. More over there is no availbilty of health check up facilities.

#### **4.3.3 Trend of Health Check Up During Pregnancy**

Health check up during pregnancy means to examine pregnant mother's health during pregnancy period. It can be more effective in avoiding adverse pregnancy outcomes. When it is sought early in the pregnancy and continues through to delivery. If health is not check up during pregnancy mothers were unknown about their own health and unborn boy's health. That may be the reason of many health problems of mothers and baby's health problems mother or baby be die. So medical check up during once pregnancy is four times is more effective. The researcher asked if your check up or health during pregnancy how many times? The response of their respondents has been presented in following.

**Table No.10: Trend of Health Check up During Pregnanc**

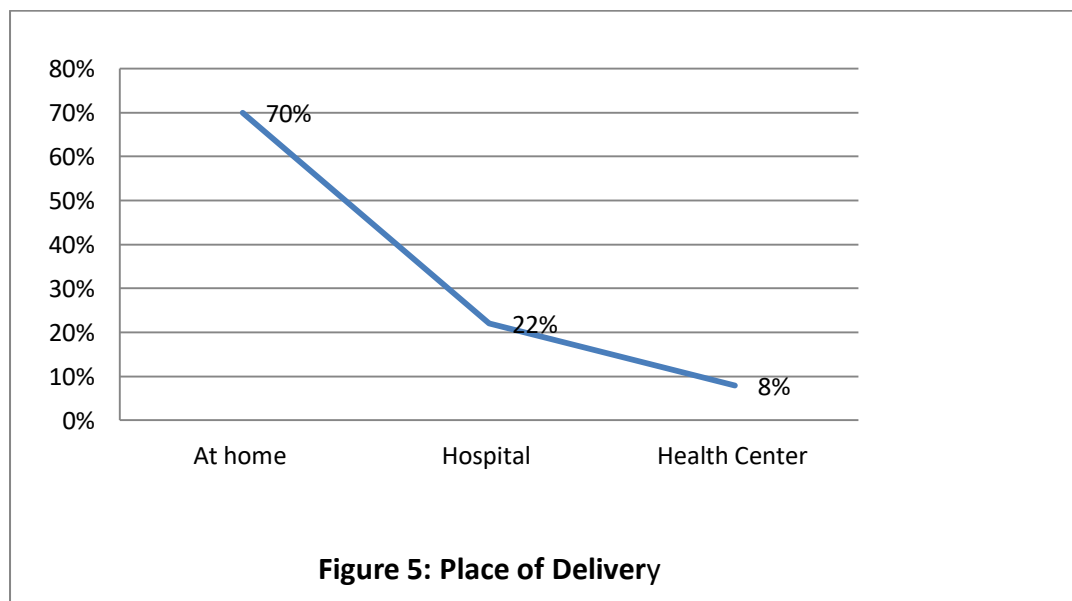
<b>Discriptions</b>	<b>Respondent</b>	<b>Percentages (%)</b>
1 times	3	6.97
2 times	15	34.88
3 times	20	46.51
4 times	5	11.62

The above table 10, shows that just 43 respondents were health check up during pregnancy and highest number of respondents did not check their health compactly four times. Just 5 respondents were checking their health completely four times.

Above table shows that more women did not check up their health who had checked they were not check four times in pregnancy period. The main cause of non check up health in study area were lack of education, lack of knowledge and decision making family members. So, it is necessary to conduct the different types of awareness programs in this study area.

#### 4.3.4 Place of Delivery

Traditionally, Nepalese children are delivered at home either without assistance or with the assistance of traditional birth attendants or relatives friend and sudden. An important component of effort to reduce the health risk of mothers and their children is to increase the proportion of babies delivered under medical supervision. Proper medical attention, hygiene conditions during delivery can reduce the health risk, implications and infections that can cause the serious illness leading to death of mother or babies. Respondent in the survey were asked a question about loction of delivering the baby or where did you give birth to your child? Their respondent is presented in figure 5 below.



As shown in figure 5, out of 150 respondents, only 22 percent mother received health facilities from hospital in the period of delivered at home and 8 percent in health

centered. This illustrates that unsafe delivery practice are prevalent in this sunchhari rural municipality. Home delivery and complication is one of the major cause of MMR during pregnancy period. If means, the substantial number of early marriage women suffered serious complication in the study area.

#### 4.3.5 Problem faced During Pregnancy Period

Despite the economic benefits some families receive through marriage, early marriage can have serious health consequences for young girl, in Nepal there is pressure for new wives to demonstrate their fertility and to begin bearing children as soon as possible, but research from the United Nations Population Fund (UNFPA) shows that girls 15-19 die during pregnancy one of the common death risk of early pregnancy is fistula. UNFPA reports 600,000 women in Nepal are affected by uterine problems. In the study researcher found that most of the respondents suffering from anemia, weakness – back pain, swelling, heavy bleeding which is shown in Table no. 11.

**Table No.11: Problems Faced During Pregnancy Period**

S.No.	Discriptions	No. of Respondents	Percentage (%)
1.	Back Pain	27	18
2.	Swelling	18	12
3.	Jaundice	12	8
4.	Anemia	37	24.67
5.	Others	56	37.33
	Total	150	100

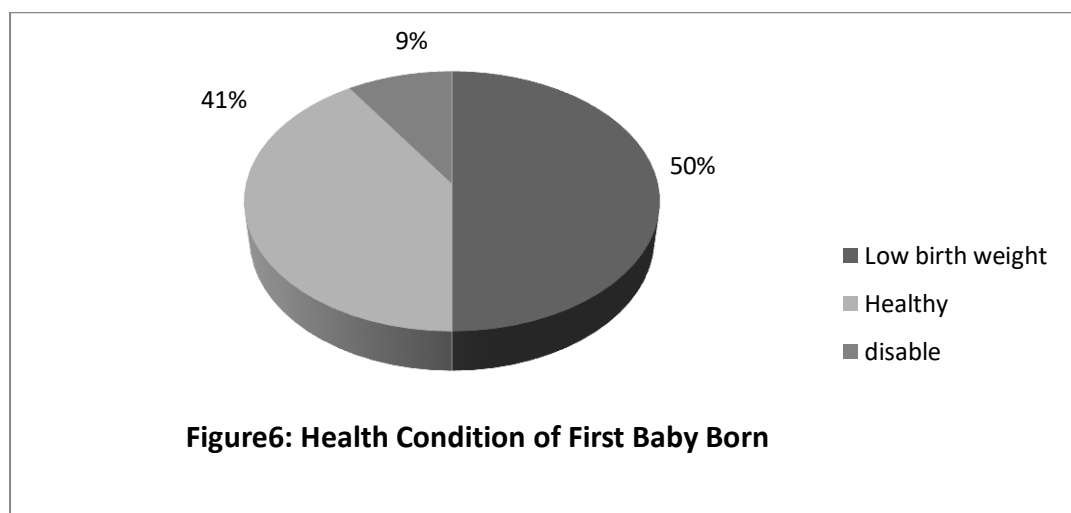
The table 11, clearly show that most of the magar women were suffered from different type of complication. Among the total respondents 37.33 percent were suffer from others. Such as stomach pain, vomiting, faint, night blindness etc. 24.67 percent from anemia, 18 percent from back pain, 12 percent from swelling and 8 percent from jaundice.

This illustrates that due to early pregnancy majority of the respondents were suffered from different types of complications and problems during pregnancy over lack of

awareness and traditional beliefs about pregnancy were also the factors that cause complications during pregnancy.

#### 4.3.6 Health Conditions of First Baby Born

Generally the weight of health baby birth is 2.5 kg but in the condition of Nepal most of the women got married below 20 years so their children weight is less than 2.5 kg. Early marriage is the main cause of less weight. A mother nutritional during pregnancy is very important for the children development and for protecting against maternal morbidity and mortality. During pregnancy period the mother should take balance diet a lot of fruits, meat, and fish etc. otherwise the baby's weight less than average(2.5). so, the following figure shows the actual condition of baby at birth.



According to above figure 6, shows that 40.67 percent children were healthy according to their mother. It was found that 9.33 percent children were disabled. The weight of children at birth was normal. It was found that 50 percent children had low birth weight. They might be less than 2.5 kg because in home delivery there was no practice of weight system. They used normal children "Thulo" and small children other called sano. The children with low birth weight were the result of the early marriage.

#### 4.3.7 Health Status after Early Marriage

Health is most important for human being. Health status determines their style. Good health is one the basic human right endorse by various international initiative as well as prerequisite of social and economic development. Generally more than women's

health going bad after marriage age because they have more responsible to do for their house child, husband, relatives soon after marriage. In this records respondents were asked "Do you have any different in your health status after marriage? Their response is presented in table.

**Table No.12: Health Status after Early Marriage**

<b>Health Status</b>	<b>Respondents</b>	<b>Percentage</b>
Good	93	62.00
Unhealthy	35	23.33
Weak	22	14.67
Total	150	100

The table 12, indicated that 62 percent of respondents mother said that their health status were good after marriage, and 14.67 percent of respondents said that their health status were week after marriage.

The above informations shows that most of the respondents had good health status and few respondents had weak status health after early marriage.

#### **4.3.8 Knowledge about Family Planning**

Family is planning is sometimes used as a synonym for the use of birth control, however, it often includes a wide variety of method and practice that are birth control. It is most usually applied to female and couple who wish to limit the number of children they have to control the timing of pregnancy. The following table 13 shows the knowledge about family planning of respondents.

**Table No.13: knowledge about Family Planning**

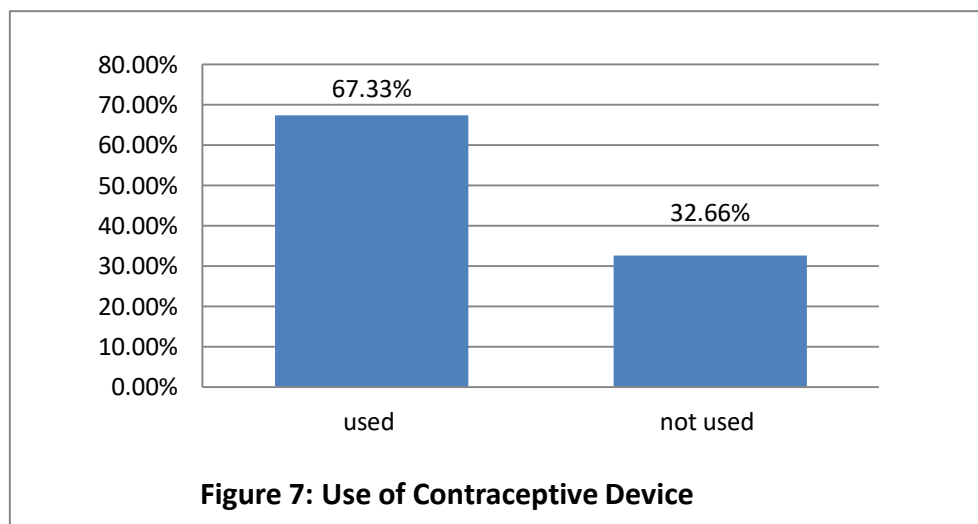
<b>Family Planning</b>	<b>Respondents</b>	<b>Percentage(%)</b>
With knowledge	47	31.33
Without knowledge	103	68.67
Total	150	100

Table13, shows 68.67 percent respondents had knowledge about family planning and 31.33 percent respondents had not knowledge about family planning.

The above figure is clear that most of the respondents had knowledge about family planning and few and had not knowledge about it. The high level of knowledge could be attributed to the successful discrimination of family planning message through the mass media.

#### 4.3.9 Use of Contraception Devices

Use of contraceptive device by male or female is very important thing to control. Population growth. Now a days the use rate of contraceptive device has gradually developed because the education level of people is high so, following figure 7 shows that the use of contraceptive by respondents.



Above figure 7, shows that 67.33 % respondents used contraceptive device where as 32.66 % not used contraceptive device.

The above information shows that most of respondents used contraceptive device and few numbers respondents had no used contraceptive device.

#### 4.3.10 Types of Contraceptive Used by Respondents.

Contraceptive are those device of family planning which is used by male or female to prevent different types of disease, birth control, birth spacing etc. the research asked

question which contraceptive use of family planning? Responses of the respondent are presented in table.

**Table 14: Types of Contraceptive Used**

<b>Device</b>	<b>No. of Respondents</b>	<b>Percentage(%)</b>
<b>Permanent</b>	43	42.57
<b>Temporary</b>		
Condom	9	8.91
Pils	12	11.88
Dipo	21	20.79
IUD	0	0
Nor plant	16	15.84
Total	101	100

The above table no.14, show that 67.33 percentage respondent used family planning. Among them 42.57 percent respondents practice permanent methods at the report time. 57.43 percent respondent used temporary contraceptive methods. Among them 20.79 percent respondents used Dipo 15.84 percent respondent used nor plant, 11.88 percent respondent used pils and 8.91 percent respondent used condom.

It is conducted in this study that temporary method had practice in greed number than permanent contraceptive device. The respondent had low knowledge about permanent family planning device. So to give information about permanent device different awareness programs should be conducted in the different part of society.

It is included that majority of the women who got married early age were unhealthy and weak because early marriage causes early pregnancy. If the age of mother is below that 20, she can't give birth to a healthy baby and may occur so many health problems ie weakness, bleeding miscarriage, swelling, back pain etc. so age at marriage also related factor of health condition of women.

The researcher found that more respondent had suffered from many types of problems. Their health condition had got bad after marriage. The respondent used to spend their more time in their farm and household work. They hadn't time for think

about themselves. The researcher found that the study are suffered from negative culture, so it is necessary to remove that type of culture and to conduct awareness programs in this study areas.

## CHAPTER – V

### SUMMARY, FINDING, CONCLUSION AND RECOMMENDATIONS

In this chapter researcher has tried to draw the findings from the analysis and interpretation of collected data. A brief summary of the work done so far is given here. Furthermore on the basis of finding and conclusion of the research work derived and some recommendations are made for the respondents and other for future research in this area.

#### 5.1 Summary

The population of the world is growing every movement due to so many reasons. Early marriage is one of them. Mainly in less developed countries the early marriage is still in practice. The main cause of early marriage is tradition. Poverty lack of education and awareness about effect of early marriage. Probably this was the first type of research on the early marriage and health status. This research has been enlightening the knowledge on early marriage, socio economic status causes of early marriage, socio economic status, cause of early marriage, and effect of marriage on the women's health. As it was found that title research has been conducted in this area.

The main objective of this study were to analysis the socio demographic characteristic of Magar women to find out the cause of early marriage and to identify the effect of early marriage on women health status. Major literatures were reviewed fro the reports fo different originations related to research topic and also reviewed from internet and some were reviewed from the thesis submitted in Health and Population Education Department. A Self administrated questionnaire was used among early married women of Cubnchahari R. M. survey method was used throw randomly selected ward early married woman. Our research was quantitative lots of figure and fable were used to describe the data. Analysis and interpretation of data were done on the basis of objectives and all the result were arranged on various topic. From the data analysis and interpretation, the finding and conclusion were drowned and appropriate recommendation are made.

## 5.2 Findings

The major finding of the study are given below.

**5.2.1 Causes of Early Marriage :** Under this topic the following findings were found.

- a. During the survey 43.33 percent respondent said that the cause of early marriage was Tradition, 23.33% said lack of education, 20 percent said poverty and 13.33 percent said discrimination. And around 29.33 percent respondents were married at the age of 15, 18 percent at the age of 17. So, most of the respondent were married below 17.
- b. Most of respondents 74.67 percent had conducted arranged marriage whereas only 0.66 percent of force marriage was found.

**5.2.2 Health Problem of Early Marriage :** under this topic following finding were found.

- a. Out of total respondents 65.67 percent women were pregnant before 19 years and 11.33 percent women pregnant before 15 years.
- b. Majority of the respondent, 29 percent visited for health check up during pregnancy and 71 percent were never visited to health check up during pregnancy.
- c. Out of those respondents (11.62) percent respondent visited for health check up during pregnancy completely 4 times.
- d. Out of total respondents, 22 percent mothers received health facilities from hospital in the period of delivery, 70 percent mothers delivered at home and 8 percent mothers delivered in health centre.
- e. Out of total respondents, 24.67 percent were suffered from anemia, 18 percent fro pain 12 percent swelling, 8 percent from jaundice and 37.33 percent were from other common health problems during the period of pregnancy
- f. It was found that 50 percent had low birth weight 40.67 percent were healthy and 5.33 percent were disabled.

- g. Around 62 percent respondents were good on their health, 23.33 percent were unhealthy and 14.67 percent were affected by weakness after early marriage.
- h. Among the total respondents 68.66 percent had knowledge and 31.33 percent had no knowledge about family planning.
- i. About 67.33 percent had used contraceptive device and 32.66 percent hadn't used contraceptive device.
- j. Out of the total respondent 42.57 percent had used permanent device and 57.43 percent had used temporary device of family planning method.

**5.2.3 Socio – economic status :** under this topic the following findings are as following.

- a. Among the total respondents 50.66 percent were illiterate 16 percent literate, 21.33 percent had passed primary level, 7.33 percent secondary level and 4.66 percent higher secondary level.
- b. Most of the people around 63.33 percent were engaged in agriculture whereas 0.67 percent were engaged in livestock.
- c. Among the total respondents, 22.67 percent earned 90 thousand and 14.67 percent earned below 50 thousand.
- d. It was found that 54 percent women position was bad and 3 percent was very good.
- e. Out of the total respondents, 51 percent women were weak back ward in society due to male dominated culture and 7 percent family pressure.
- f. Majority of the respondents around 59.21 percent illiterate women had unhealthy and 10.52 percent illiterate women had good health. 54.16 percent literate women were unhealthy and only 18.33 percent women had good health.
- g. Among them, 76.67 percent women who got highest secondary level education good health.
- h. Out of the total respondent, 59.09 percent women who earned below 50 thousands per year had reproductive health problems and only 9.09 percent had good health.

- i. Among the total respondents, 44.11 percent who earned above 90 thousands had only 14.70 percent good health and only 14.70 percent had reproductive health problem.
- j. It was found that married women age at 12 years in highest 50 percent had reproductive health problems and age at 19, maximum of the total women 54.54 percent had good health.

### **5.3 Conclusion**

The study found that the main reason of early marriage were tradition, lack of education and poverty. These reasons play vital role to increase the rate of early marriage. Early marriage and early pregnancy which brings different kinds of health problems in mother as well as child. Similarly the most of the women were pregnant before 20. So, the pregnancy without proper physical development is very risk for mother and child. Mother can be dying due to early pregnancy. In the case of antenatal and postnatal checkup, it was also poor which creates many problems among early pregnancy women. Anemia, weakness, swelling, bleeding were the common health problems of the early pregnancy women. Majority of the respondents were married by the decision of their parents. They didn't have more knowledge about the different effect of the early marriage. They didn't know about the right age of marriage. So it increases the rate of early marriage. The study found that most of the respondent had proper knowledge about family planning. Majority of the respondent use permanent family planning device. So, they hadn't given birth to many children. The health status of women before marriage was healthy and physically fit but after marriage health status wasn't good. They had so many problems like weakness, uterine prolapsed, bleeding and reproductive problems.

Similarly, the study found that socio-demographic status was also poor. Majority of the respondents depend on agriculture. They hadn't permanent income source. The educational status of the respondents was also poor, which was the main reason of the early marriage. Most of the respondents expressed their view that women are backward in society due to male dominated culture and lack of education.

Rising the legal age of marriage is an essential work steps towards reducing early child bearing. The factors like lack of awareness of knowledge about sexual and

reproductive health, appropriate age of marriage, lack of regular antenatal checkup had played important role in creating many problems among early pregnant women. Overall all observation and interview indicates that most of the respondents were suffering from different health problems due to the early marriage.

## **5.4 Recommendations**

Globally it has been well accepted that early marriage, early pregnancy, with child birth during teenage are the major health problems in the developing countries. Those are the following recommendations which are being suggested in view of this study.

### **5.4.1 Recommendation for Improvement**

- a. On the basis of the above findings most of the respondents were married at early age due to poverty, lack of education, tradition. So to reduce age at marriage different skills oriented programs should be launched in society.
- b. Most of the respondents were illiterate, due to which they do not have the knowledge about the effect of early marriage. So every woman should be educated properly.
- c. The sex education and reproductive health education is necessary to provide adolescence girls and boys along with incorporation in the curriculum.
- d. Most of the respondents were before 20. To improve this condition different awareness programs should be conducted.
- e. Proper environment for girls should be provided to make them inform or open their health problems without any hesitation.
- f. Most of the respondents were married before 20 due to traditional culture. So awareness and interaction programs should be conduct including active participation of the related women.
- g. Majority of the respondents were depended on traditional agriculture system. So NGOs or INGOs should conduct different information program about modern agricultural technology.
- h. Different awareness programs related to family planning, effect of early marriage, complication of immature pregnancy should be launched.

- i. Women should be encouraged to enter into modern sectors by giving them job oriented trainings in farm sector which may help for delaying their marriage.
- j. To develop economic status of the women it should be focused on productive aspect of women's work ignoring the reproductive role- emphasis on income generation, welfare approach health hygiene, childcare and literacy.
- k. It should be revise laws and administrative practices to ensure women equal rights and access to economic resources.
- l. It should encourage both women and men to take responsibility for their sexual and reproductive behavior which helps to make women health good.
- m. Strengthen the role of family in improving the status of the early married women.

#### **5.4.2 Recommendations for National Policy**

- a. Issue of early marriage should be included in National Policy but amplication aspect is very poor. So a strong programmed impletion policy should be emphasize by the concerned department and ministry.
- b. Local NGOs/CVS should develop awareness about early marriage and its consequences.

#### **5.4.3 Recommendation for Further Study**

- a. These types of study should be conducted to find out the trend of early marriage among the different parts of the country.
- b. A comparative study about the marriage trend of Magar communities and other communities should be conducted.
- c. This study mainly focused on the early marriage and its effect on the women health in Magar community. So it is necessary to conduct study on the early marriage and its effect on women health in other society
- d. This study mainly focused on health problems of early marriage women so it is necessary to conduct study on other problems e.g social economic and educational etc.

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- a) House
- b) Temple
- c) Court
- d) Others

**Health problem of marriage**

1. What age did you get first pregnancy?
  - a) below 15 years
  - b) 15-19
  - c) 20-24
  - d) 25 above
  
2. Did you check your health in pregnancy period?
  - a) Yes
  - b) No
  
3. If yes, how many time ?
  - a) Once
  - b) Twice
  - c) Three time
  - d) Four
  
4. How many children have you given birth?
  - a) Total
  - b) Alive
  - c) Death
  
5. If death why?  
.....
  
6. Was your first child health during his/her birth?
  - a) Yes
  - b) No
  
7. If no what was the reason?
  - a) Disable
  - b) Low birth weight
  - c) Healthy
  
8. Where did you baby take birth?
  - a) Home
  - b) Hospital
  - c) Health center
  - d) Others .....



- e) Condom
- f) Others .....

17. Who first advised you to use this method?

- a) Doctors/Nurse
- b) Friend
- c) Neighbours
- d) Others .....

18. Why did you adopt the device of family planning?

- a) For birth space
- b) For birth control
- c) To prevent venereal disease
- d) All of above

**Socio economic status**

1. How many members in your family are currently living in this house?

.....

2. How many does your family earn per year?

- a) Below 50 thousand
- b) 50-70 thousand
- c) 70-90 thousand
- d) above 90 thousand

3. What are the major sources of income in your family?

- a) Agriculture
- b) Livestock
- c) Wage and labour
- d) Service
- e) Business

4. How long in your food production sufficient?

.....

5. What is the field of your expenditure?

- a) Food
- b) Clothes
- c) Education
- d) Health
- e) Festival

6. What class did you read at marriage time?

- a) Illiterate
- b) Primary
- c) Secondary
- d) Higher Secondary

7. Did you continue your education after marriage?

- a) Very good
- b) Satisfactory
- c) Poor

8. If no why?

.....

9. What is the position of women in the society?

- a) Very good
- b) Satisfactory
- c) Poor

10. Why are women backward in society?

- (a) Due to male dominated culture
- (b) Family pressure
- (c) Lack of education