

**CONTRIBUTING FACTORS OF ADOLESCENCE
PREGNANCY IN TERAI COMMUNITY, SARLAHI**

By

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RESEARCH APPROVAL SHEET

Research on “**Contributing Factors of Adolescence Pregnancy in Tarai Community**”, my bonafide work, is being submitted for approval to Tribhuvan University, Institute of Medicine, Nursing Campus, Birgunj to fulfill the requirement of Bachelor in Nursing Program (Hospital).

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ABSTRACTS

Topic: Contributing Factors of Adolescence pregnancy in Terai Community

Background: Nepal is committed to achieve healthy life including sexual and reproductive health. Adolescence pregnancy is big problem in all over country including Nepal. All adolescence affects from adolescence pregnancy.

Objectives Contributing factors of Adolescence pregnancy in Terai Community.

Study Method: Descriptive cross sectional study design was used. The study procedure involved the simple random selection of VDCs and non-probability sampling method was used. Sample size was 50.

Result: The finding of this study revealed that the higher rate(98%). of adolescence of pregnancy was in the age of 15 to19. Regarding economical condition, 84% were within the group of enough for monthly expenditure and the equal percent of (84%) were Hindu. In regard with education, around two third (66%) were literate and 33% were illiterate. Regarding marriage, 48% respondent had married below age of 15 and 52% had married between 15 to 19.While most of the respondent (94%) were not interested for marriage and 6% were interested for their marriage. Sixty percent of the respondents were father pressurized for early marriage, 58% by mother and 50% by other family members. Regarding believe of early marriage92% respondents believe that tradition, 52% believe that gender discrimination and 20% god belief. Various type of social impact of adolescence pregnancy like 56% school dropout, 36% poly marriage, 8% separation. Among all respondents 78% know about adolescence pregnancy and 22% didn't know about adolescence pregnancy through 18% radio and 72% through health person. This research found that 46% of majority had dependent on farming and 24% had their own business. Among all 92% mothers were housewives.

Conclusion: In conclusion, most of the respondents know about complication of adolescence pregnancy. There are different contributing factors which effect on adolescence pregnancy. Some respondents face social pressure and face family pressure for early marriage.

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HAPTER I

INTRODUCTION

1.1 Background

It is the period between the ages of 10-19 years that encompasses time from puberty onset to full legal age (WHO, 2002b). This phase of life spurts physical, mental, emotional and social development where the individual learns about life making major decisions for career path. During this time teenagers feel a lot of peer pressure. Adolescence is generally a complex period where a number of factors may lead to sexual behaviors and reproductive health (RH) risks. This is due to teenagers being less experienced and less informed on, accessing RH services (Tufail, 2010).

Within South Asia, the recorded teenage pregnancy rate is highest in Bangladesh 35% followed by Nepal 21% and India 21%¹⁵. Teenage pregnancy can have significant effect on the level of education of women, their employment opportunities and marital stability and it increases their economic and social dependency on family and neighbours¹⁶. Although teenagers represent a large proportion of population in the developing countries, still relatively little is known about their sexual knowledge and experience and the risk associated with the teenage pregnancy^{17,18,19}. In recent years reviews have been conducted on teenage pregnancies in developing countries or in ethnic minorities^{20,21} but none of them have specifically focused on South Asian teenagers.(Acharya, Bhattarai, Poobalan , Ven & Chapman , 2010).

During this time most adolescents start exploring of sexuality and some young couples may start sexual relationships (Oringanje, 2010). Adolescents, who are less informed, may not access the appropriate reproductive health (RH) services and are therefore at greater risk of contracting sexually transmitted infections (STIs). They are also more likely to become pregnant due to lack of knowledge of appropriate contraceptives (NDHS, 2011)

Risk factors for teenage pregnancies in South Asia_Socio-economic status, educational attainment, cultural factor and family structure were all identified as risk factors for teenage pregnancies in South Asia. Using a retrospective questionnaire, Shrestha demonstrated that the incidence of teenage pregnancies is significantly higher in the lower social classes (52%) than in the higher social classes (26%). This study also found Low involvement of teenage girls in decision making also contributed to early pregnancy. Most adolescent marriages (80%) were arranged by parents without the girl's consent³¹. A higher proportion of adolescent pregnant women (67%) were found to be part of an extended family, of which just over half (51%) claimed that the authority over conception remains with their husband²⁷ in spite of the teenagers' desire to make their own decisions. The study also noted that teenage. (Acharya et al., 2010).

Adolescence pregnancy is worldwide social problem with serious implication of maternal and child health. Adolescence girl who give birth each year have a much higher risk of dying from maternal cause compared to women in their age 20 and 30 Adolescent pregnancy remains very prevalent particular in the poorest countries. Adolescent child bearing has a negative impact on these three dimension health of the adolescence and their infant individual, social and economic effects and society.

1.2 Rational of the Study

About 16 million girls aged 15 to 19 years give birth every year, accounting for about 11 % of all births worldwide. Approximately one in three adolescent girls is married before the age of 18 in the developing country (excluding China). Complications in pregnancy and childbirth are the leading causes of death among adolescent girls ages

15-19 in low- and middle-income countries, resulting in thousands of deaths each year. (United Nations Population Fund [UNFPA], 2012).

According to Nepal Demographic Health Survey [NDHS] (2011) report in Nepal, 2,753(71%) first age marriage falls under the risk of pregnancy. Because some women are sexually active before marriage but high rate of pregnancy is in after marriage. Most of the childbearing women on early age have an affect on both mother and child. Thereby, increasing the level of fertility rate is 132/1000. Almost one-quarter of Nepalese women (23%) have birth before reaching age 18, while about half (48%) have birth by age 20.

First birth is higher in rural area than urban area. In rural area 2,386(17.1%) and urban area 367(9.3%). Education also affects on teenage pregnancy. Illiteracy has 327(31.6%), primary education 456(27.8%), secondary education 1,368(13.2%) and SLC 602(8.0%) (UNFPA,2007).

According to National report in terai region about 2,259,273 adolescence girls marriage between (15-19) and about 646,301 girls married between 10-14, and in Rural area 3,713,328 in age between 15-19 and 954,384 in age between 10-14. In Sarlahi district total 169,794 girls married in age between 10 – 20 years. (National report, 2011).

Adolescence pregnancy is very common in Madheshi community. In sarlahi district there is high incidence of adolescence pregnancy.

1.3Objective of the study

1.3.1 General objective

To find out the contributing factors of adolescence pregnancy in Terai community.

1.3.2 Specific Objective

To find out the social and cultural factors of adolescence pregnancy.

To find out the economic factors of adolescence pregnancy.

1.4 Significance of the study

This study will be help to know about exact rate of adolescence pregnancy and its help to government for make strong policy for control early marriage and prevent the adolescence pregnancy

1.5 Conceptual Framework

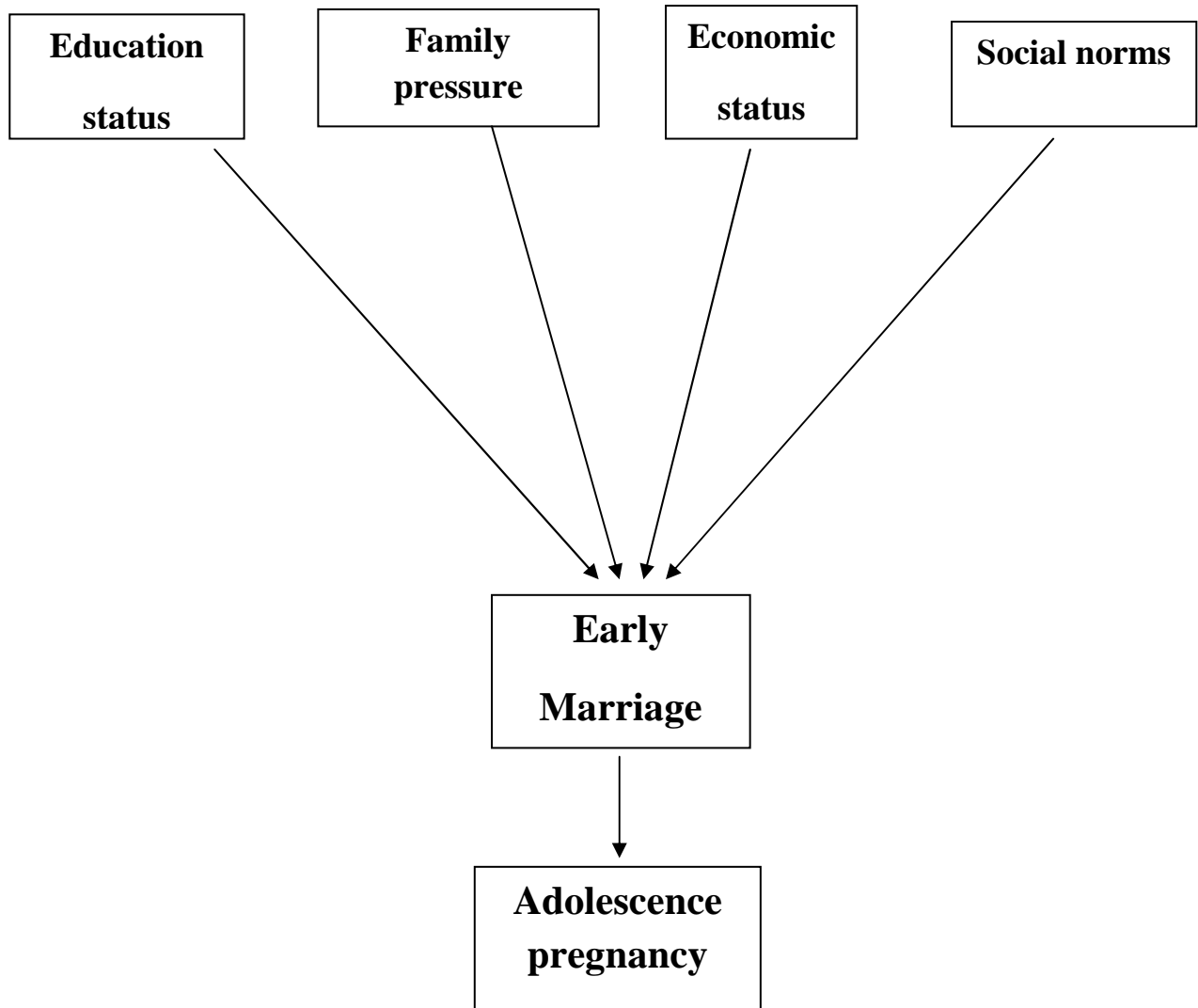


Figure: Conceptual framework

1.6 Research question

What are contributing factor of adolescence pregnancy in Terai community?

1.7 Operation definition

These terms are defined in these studies as follows

Age of mother

Age between (10-19) including all madhesi pregnant women.

Education level

Education of respondent is illiterate and literate (primary, secondary and higher education)

Family pressure

Family presser include continue convincing (father, family member, husband, mother in low and other)

Economical condition

Not enough for month, not enough for month, too enough for month.

Social Norms

Social norms are including father pressure, other family member behaviur, social violence, gender discrimination, husband pressure and god believe

1.8 Delimitation

Sample area was only sarlahi district of the 4 VDC (Salempure , Sisautiya , Musali, and Ramban)

Sample size was only 50 respondents.

Time limitation time period of the study was only 7 week.

Due to all these reason this study cannot be generalized

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

The review of the literature is of broad, comprehensive, in depth, systematic and critical review of scholarly print material and audiovisual material and personal communication. In this research the investigator collects related literature from the book, previous research report, and journal and computer search.

2.2 literatures Review

Early marriage, less awareness of family life, education, low socio economic condition and burden of large. Families in rural area are the contributory factors to high teenage pregnancy and its complications (Kafle, Pakuryal, Regmi and Luintei. 2011)

No formal education and no employment. also girls affected by the mother's education and the living patterns in the home and finally girls from families of low socio-economic status have a higher risk of pregnancy.(Taiwan, Wang & Husu, 2003).

35% of women under the age of 20 become pregnant at least once; this amounts to About 850,000 pregnancies each year.7 78% is unintended. 20% of teenage girls who become sexually active become pregnant within the first month and 50% become pregnant after six months. The United States has the highest rates of teen pregnancy and birth of the industrialized world. The teen birthrate has declined by 31% for 15- to 19-year-old the year's 2004 (Wirkus, 2005).

Socio-economic factors, low educational attainment, cultural and family structure were all consistently identified as risk factors for teenage pregnancy. Majority of teenage girls are reported with basic knowledge on sexual health however, very few of them have used the knowledge into practice. Both social and medical consequences of teenage pregnancies are reported consistently along the most of the studies. Utilization of health services, which is a protective factor, remains low and consistent. However, teenagers agreed to delay the indexed pregnancy if they would know its consequences (Acherya, Bhattarai, poobalan, ven, & chapman, 2010).

In low and middle income countries over 30% of girls marry before they are 18 years age; around 14% before the age of the 15. Moreover married Adolescents are likely to become pregnant and give birth in accordance with social norms. Education on the other hand is a major protective factor for early pregnancy. Birth rate among women with low education are higher than for those with secondary or tertiary education (Media centre fact, 2012).

Early marriage is the norm in Nepalese society. Some culture and social norms in certain communities with Nepal still prefer early marriage. This is particular true for rural communities, where some people still practice child marriage. This in turn leads to an increase in the likelihood of sexual activities starting at a young age (UNAIDS, UNICEF, 2001).

In Nepal 17% of teenage girls had already give birth or were pregnant with their first child. The percentage is increasing rapidly from 1% among those aged 15 to 39% in those aged 19. Adolescent fertility rate (AFR) in Nepal is 81% per 1000 girls (NDHS, 2011).

Adolescent pregnancy brings detrimental social and economic consequences for a girl, her family, her community and her nation. Many girls who become pregnant drop out of school, drastically limiting their future opportunities. A woman's education is strongly correlated to her earning potential, her health and the health of her children. Thus, adolescent pregnancy only fuels the intergenerational cycle of poverty and ill health.⁸ The younger a girl is when she becomes pregnant, whether she is married or not, the greater the risk to her health. It is estimated that girls under the age of 15 are

up to five times more likely to die in childbirth than women in their 20s.⁹ Whether married or unmarried, young women are less likely than their older counterparts to use modern contraceptives. Married adolescents may feel social pressure to bear a child and thus not seek family planning services. Unmarried adolescent girls face a different type of social pressures, fearing judgment or dealing with a socially-unsanctioned pregnancy. Increasing their vulnerability, some adolescent girls are subject to sexual exploitation and abuse, and many have limited knowledge about how to protect their health. Approximately one in three adolescent girls is married before age 18 in the developing world (excluding China). The poorest and least educated girls are those most likely to be married early. Girls who enter into marriage early face serious health risks; being married, they are more likely to be exposed to frequent, unprotected sex compared to their unmarried peers, and hence more vulnerable to adverse pregnancy outcomes, HIV infection and violence.¹² About 16 million girls aged 15 to 19 years give birth every year, accounting for about 11 per cent of all births worldwide.¹³ Less than one-half of these adolescents made four or more antenatal visits or delivered at a health facility.¹⁴ Adolescent pregnancies put newborns at risk. Deaths during the first month of life are 50 to 100 per cent more frequent if the mother is an adolescent than if she is older. The younger the mother is, the higher the risk for the baby.¹⁵ Fifteen per cent of all unsafe abortions in low- and middle-income countries are among adolescent girls aged 15-19 years.¹⁶ In 2008, there were an estimated 3.2 million (Adolescent Girl's sexual and Reproductive health Needs, 2012).

Youth are forced in to having sexual intercourse by peer pressure. Peer pressure play role in initiating sexual activities, which frequently and end in adolescent pregnancy (Kamba & Edraaogi, 2005).

The majority of 46% of women in south Asia are married by the age of 18. Child marriage is more from of gender based violence. A women may experiences along with domestic violence, honor killing and human trafficking and other injustices (World Health Bank Report, 2014).

This has led to girls being married at shockingly early ages. 57% of women in Nepal are married before the age of 18 (UNICEF). In rural Nepal, as many as 69.7% of girls

marry before the age of 15. With these horrifying statistics come a myriad of social, economic, and health problems. Most of In a country which places huge emphasis on preserving the family, the sad reality is that a girl is of no use for maintaining the paternal line. Her only value is in producing sons for the family she these child brides are married to much older men and are unable to negotiate the terms of sex with their husbands (UNICEF, 2013).

About 850,000 pregnancies each year.7 78% is unintended. 20% of teenage girls who become sexually active become pregnant within the first month and 50% become pregnant after six months. The United States has the highest rates of teen pregnancy and birth of the industrialized world. The teen birthrate has declined by 31% for 15- to 19-year-old the year's 2004 (Wirkus, 2005).

If current levels of child marriages hold, 14.2 million girls annually or 39 000 daily will marry too young. Furthermore, of the 140 million girls who will marry before they are 18, 50 million will be under the age of 15.Despite the physical damage and the persistent discrimination to young girls, little progress has been made toward ending the practice of child marriage. In fact, the problem threatens to increase with the expanding youth population in developing world.“Child marriage is an appalling violation of human rights and robs girls of their education, health and long-term prospects,” says Babatunde Osotimehin, M.D, Executive Director, UNFPA. “A girl who is married as a child is one whose potential will not be fulfilled. Since many parents and communities also want the very best for their daughters, we must work together and end child marriage.”Girls married young are more vulnerable to intimate partner violence and sexual abuse than those who marry later."Complications of pregnancy and childbirth are the leading cause of death in young women aged 15–19. Young girls who marry later and delay pregnancy beyond their adolescence have more chances to stay healthier, to better their education and build a better life for themselves and their families,” says Flavia Bustreo, M.D., Assistant Director-General for Family, Women’s and Children’s Health at the World Health Organization. "We have the means at our disposal to work together to stop child marriage.”On March 7, a special session of the UN Commission on the Status of Women (CSW) will focus on child marriage. The Governments of Bangladesh, Canada and Malawi will jointly sponsor the session. It is held in support of Every Woman Every Child, a movement

spearheaded by U.N. Secretary-General Ban Ki-moon which aims to save the lives of 16 million women and children by 2015 (UNFPA, 2013).

The NDHS showed that, among women age 15-49, 22 percent had experienced physical violence and 12 percent had experienced sexual violence at least once since age 15. Among married women, one-third had experienced emotional, physical, or sexual violence from their spouse in their marital relationship, and 17 percent had experienced it within the last 12 months. Among those women who had ever experienced physical and sexual violence in their marriage, 37 percent had cuts, bruises, or aches, eye injuries, sprains, dislocations or burns, deep wounds, broken bones, broken teeth, and other serious injuries.

Another study in Nepal reported that nearly one-half of Nepalese women have experienced violence at some point in their lives, and three-quarters of the perpetrators were intimate partners, including husbands. The study also found that over 16 percent of women have experienced sexual violence from their intimate partners, predominantly being forced to have sex against their will (Office of Prime Minister and Council of Ministers report, 2012).

The relationship between teenage pregnancy and education goes in both directions. Teenagers who become pregnant are more likely to drop out of school and teenagers who drop out of school are more likely to become pregnant. Also, children of teen mothers are less likely to graduate from high school than children whose parents were older at the time of childbearing. However, educational goals can also help reduce the likelihood of teen pregnancy. For instance, planning to attend college is associated with a lower risk of teen pregnancy. Only 38% of teen mothers who have a child before the age of 18 graduate from high school, compared to approximately 75% of women who delay child bearing until 20-21.¹¹ Parenthood is a leading cause of dropping out of school among girls. 30% of teen girls cited pregnancy or parenthood as a reason for dropping out of high school. Women who are 20-21 when they give birth are over 4 times as likely to have a college degree by the time they are 30 as women who have a child before the age of 18 (9% compared to <2%). 2/3 of children of teen mothers graduate high school, compared to 81% of the children of parents who were older at the time of childbearing. Children of teen mothers are 50% more

likely to repeat a grade as children of older parents Teenagers who drop out of school are more likely to get pregnant than their peers who stay in school (Shrestha, 2002).

2.3 Summary of literature Review

After the extensive review of the related literature that most of the adolescents suffer from early marriage and pregnancy. There most of contributing factors are socio-economic condition, education, and family/peer pressure .In poverty family level of adolescence pregnancy high rather than rich.

CHAPTER-III

METHODOLOGY

This chapter concern with the method used to assess the study on contributing factor of adolescence pregnancy in VDCs of Sarlahi district.

3.1 Research Design

Descriptive cross sectional study design was used.

3.2 Research Setting

Four VDCs of Sarlahi district in Terai community

3.3 Sampling

The study includes all adolescence pregnancy in Sarlahi district. The entire adolescence pregnancy of those four VDCs was enrolled in the study. Probability random sampling was used to select four VDCs among 99 VDCs and entire adolescence pregnant mother of those four VDCs was enrolled. All the married adolescence pregnant women of those four VDCs were enrolled in the study.

3.4 Instrumentation preparation

Structured interview schedule was used to collect the information.

Questions are divided into three parts:-

Part 1- Socio-demographic Information.

Part 2- Social and culture factor

Part 3- Education and Economical factor

Validity: This research was checked by the research expertise, concerned teachers and colleagues to ensure the validity of data. Necessary modification was done on the basis of their comments.

Reliability: Pre-testing was done in 10% of the respondents who met the inclusive criteria for accuracy of tool. The questions were modified after the pretesting and according to advice of the research committee.

3.5 Data Collection Procedure

At first, researcher took the permission from authorized person and request letter was submitted to DDC officer then took permission secretary of VDC. The objectives of the study were explained to the respondents. Privacy and confidentiality will be maintained.

Before conducting research, formal approval was taken from committee of Birgunj Nursing Campus. The purposes and time was taken for data collection and explained to the respondent. Privacy and confidentiality of all respondents were maintained. Respondents were informed that they can discontinue participating any time if they want.

3.6 Data Analysis Procedure

After collection of data, Accuracy and completeness were checked and then organized, interred in SPSS version 20 for data analysis. Descriptive statistic mean, frequency, standard deviation were used to measure factors contributing to adolescence pregnancy Finding was presented through academic tabulation.

CHAPTER IV

FINDINGS OF THE STUDY

This chapter deals with the analysis and interpretation of data from different questionnaire. Data were collected from 50 respondents. The data were analyzed according to research objective and research question.

Finding of the study are presented into six parts

1. Socio-demographic information
2. Distribution of the Respondents regarding Occupation
3. Marital Status of the Respondents
4. Decision regarding Adolescence Pregnancy
5. Consequences regarding Adolescence Pregnancy
6. Knowledge about adolescence pregnancy

TABLE 1
Socio-demographic Informations of the Respondents

Socio-demographic Informations	Frequency	Percent
n=50		
Age (years)	1	2.0
14		
16	1	2.0
17	7	14.0
18	18	36.0
19	23	44.0
Mean= 18.2 years		
Religion		
Hindu	42	84.0
Muslim	8	16.0
Economic status		
Not enough	6	12.0
Enough	42	84.0
More than enough	2	4.0
Educational status		
Illiterate	17	34.0
Literate	33	66.0
Primary	11	33.3
Secondary	16	48.5
Higher Secondary	6	18.2

Table 1, shows depicts that majority (44%) of the respondents were of 19 years, 36% were 18 years and 14% were of the age 17years respectively. Four-fifth (84%) of the respondents was Hindu and 16% were Muslim. Majority (84%) respondents had enough income for their monthly expenditure and 12% respondents did not have enough income for monthly expenditure. Majority (66%) of the respondents were literate as 34% were illiterate. Out of 33 literate respondents, majority 48.5% were had secondary level education.

TABLE 2
Distribution of the Respondents regarding Occupation

n=50

Respondents regarding Occupation	Frequency	Percentage
Resources of family income	23	46
Farming		
Business	12	24
Job	10	20
Foreign employment	5	10
Occupation of respondents		
House	46	92
Job	1	2
Business	1	2
Student	2	4
Occupation of respondents husband		
farmer	20	40
Business	15	30
Job	8	16
Foreign employment	7	14

Table 2 shows, Majority (46%) of respondents had family resources Farming, Most of the respondents (92%) were house wives, 40% of the respondents' husband was farmer.

TABLE 3
Marital Status of the Respondents

Marital Status of the Respondents	Frequency	Percentage
n=50		
Age of marriage(in years)	12	24
10-13		
14-17	25	50
18-19	13	26
Marriage		
Pressurized	3	6
Non Pressurized	47	94
Pressurized by**		
Father	30	60
Mother	29	58
Other family member	25	50
Why pressurized**		
Social pressure	30	60
Study not good	5	10
Family decision	47	94
Social belief regarding early marriage**		
Tradition	46	92
God belief	10	20
Gender discrimination	26	52
Multiple response **		

Table 3 shows, Majority (24%) of the respondents had married at the age of 14, and 18% respondents had married at 13. Most (94%) of respondents had pressurized married. Majority (30%) had pressurized from fathers, (29%) had pressurized from mother and 25% respondents had pressurized from other family.

TABLE 4
Decision regarding Adolescence Pregnancy

n=50

Decision for your pregnancy	Frequency	Percentage
Mother in low	34	68
Husband	15	30
Self	1	2

Table 4 shows, Majority (68%) of the respondents mother in low had took decision for pregnancy.

TABLE 5
Consequences regarding Adolescence Pregnancy

Consequences regarding adolescence pregnancy	Frequency	Percentage
n=50		
Behavior face by women**		
Social violence	37	74
Remarriage	48	96
Murder	11	22
Separation	12	24
Social impact		
School dropout	28	56
Poly marriage by husband	18	36
Multiple response **		

Table 5 shows, Majority (24%) of respondents had married at 14, Most of respondents 94% respondents pressurized married. Majority of (30%) had pressurized from father,(29%) had pressurized from mother. similarly 30% respondents believe that marriage is social pressurized, 46% respondents had believe by tradition. Most (96%) of respondents face remarriage behavior when didn't get baby soon after marriage, More than half (56%) of school dropout had impact of adolescence pregnancy

TABLE6
Knowledge about adolescence pregnancy

	n=50	
Knowledge	Frequency	Percentage
Knowledge about adolescence pregnancy	39	78
Yes		
No	11	22
Which method**		
Radio	9	18
Television	1	2
Newspaper	-	-
Health personnel	36	72
Who are effected		
Mother	2	4
Baby	-	-
Both	37	74
Complication of mother**		
Prolong labour	8	16
Heavy bleeding	12	24
Low self esteem	4	8
Mother death	19	38
All of above	15	30
Complication of baby**		
Low birth weight	2	4
Abortion	13	26
Death of baby	25	50
All of above	14	28

Multiple response **

Table 6 shows, Majority (78%) had known about adolescence pregnancy. Almost (78%) of respondents get information through Health person. Above this table Majority (74%) of respondents said both (mother and baby) affected from adolescence pregnancy. Majority (38%) of respondents said mother death is complication of adolescence pregnancy in mother, and 50% respondents said baby death is complication of adolescence pregnancy in child.

CHAPTER V

DISCUSSION, CONCLUSION, AND RECOMMENDATION

5.1 Discussion

This study was conducted to know the contributing factors of adolescence pregnancy in Terai community. Altogether, 50 adolescence pregnant mothers were included in this study from 4 VDCs of Sarlahi district. The data was collected by interview method by using semi-structure questionnaire. Data were analyzed by using SPSS software version- 20 and interpreted in different tables.

This the greatest age of pregnancy almost 98% in 15 to 19 age group and only 2% pregnancy is below 15. Out of them 15-19 age group where found more adolescence pregnancy. This finding is also related to the study of Winkes (2005) report. In his report, he has found that there is 31% pregnancy rate is in between 15 to 19 age group in the year of 2002 and 35% pregnancy rate is under the age of 20. And it is also similar to the report of Medical Center (2012). In their report, there is 30% adolescence had married before the age of 18 and 14% before the age of 15.

Regarding economic condition, more than four fifth (84%) of the respondents were in the group of enough for monthly expenditure and just 12% were in not enough for monthly expenditure. it is similar to the report of medial center (2005). in Middle income countries over 30% of girls married before at the age 18 and 14% before the age of 15. Moreover, married adolescence likely to become pregnant and give birth in accordance with social norms.

This study shows 34% of the respondents were illiterate and 66% were literate. Among 66% literate respondents, 32% majority were in secondary level of high risk of adolescence pregnancy. It also supports to Taiwan and Wang Wang (2003) research. In their research it is mentioned that the adolescence pregnancy rate is higher in no formal education and low and secondary education level than higher level of education level.

In this study, 48% marriage held under the age of 15 and 52% respondents had married at the age of 15 to 19, which also supports to the research of Wrikus (2005). In his research there is 31% pregnancy occurred in between 15 to 19 age group in 2004. Early marriage effects on adolescence pregnancy.

Among all adolescence pregnancy 60% were pressurized by father pressure for marriage, 58% were pressurized by mother for marriage and 50% respondents said, they are pressurized by other family members. But in report of UNAIDS (2009) it is mentioned that marriage is done because of the norms, belief and culture of the society in Nepalese society.

In this study, majority (94%) of respondent's decision for marriage was taken by family members, 60% were pressurized by society. Many similar researches showed family members took decision and pressurized for marriage.

In this study, majority (94%) of respondents said belief in tradition is the main cause of early marriage, 20% respondents said God belief and 50% said gender discrimination. Similar to UNFPA(2013) report, maximum adolescence marriage was done by persistent discrimination to young girls and Report of world Health bank report (2014) shows child marriage one from gender violence.

Finding showed the impact of adolescence pregnancy among respondents, 56% were school dropout, 36% poly marriage and 8% were separation. Similar to report of UNFPA (2013) Complication of adolescence marriage are death of young girls, disturbance in education and disturbance in good health. According to reproductive health report (2013), it shows that health risks, unprotected sex, HIV infection disease and women violence.

Majority of respondents 44% had 3 sisters, 32% had more than 3sisters and 22% had 2 sisters. Similar to Ackina (2013) research, big family is also the cause of adolescence pregnancy. Maximum early marriage is done in joint family.

Regarding knowledge about adolescence pregnancy, majority of 78% respondents knew about adolescence pregnancy and 22% respondents didn't know about adolescence pregnancy. But in report of UNFPA (2004) it shows that adolescence didn't know about the adolescence health any about adolescence pregnancy.

In the finding of this research, 78% respondents knew about adolescence pregnancy through health person, 18% knew through radio and only 2% knew about adolescence pregnancy through television.

Majority of 74% respondents said both (mother and baby) affected on adolescence pregnancy and only 4% respondents said only mother affected on adolescence pregnancy.

Regarding knowledge about complication of adolescence pregnancy on mother, 38% respondents said mother death, 30% all of above, 24% respondents said heavy bleeding and 16% respondents said prolong labour. Regarding knowledge about adolescence pregnancy on baby, 50% respondents said death of baby, 28% said all of above and 26% respondents said abortion. A similar to research conducted by UNFPA, during adolescence age, this group did not know about adolescence pregnancy.

Majority of 46% respondents had family resources Farming, 24% had Business, 20% had job and 10% respondents had family income from foreign employment.

Majority of 92% respondents were house wife and only 4% respondents were students.

5.2 Conclusion

This study is conducted to know about the contributing factors of adolescence pregnancy among Terai community. This study was conducted by using the semi

structure questionnaire and interview scheduled method to collect the data. This study included 50 respondents who were in Terai community.

On the basis of the finding and discussion of this study, following conclusion has been drawn. Majority of 94% had family decision for early marriage and 60% had social pressure for early marriage.

On the basis of education there were 32% were literate and they knew about adolescence pregnancy and 22% illiterate respondents, they didn't know about adolescence pregnancy.

Regarding the condition of economical status, 84% had enough for monthly expenditure and only 12% had not enough for monthly expenditure.

In conclusion most of respondents 92% were housewives and only 4% were students, 2% were job holder and only 2% were business. Their family income was mostly 46% based on farming, 24% based on business and 20% based on job.

5.3 limitations

The study was conducted only in 4 selected VDC sarlahi district and study setting (VDC) was selected randomly. So the findings of this study can not be generalized.

5.4 Implication

The finding of this study should be useful for adolescence girls, parents and their relatives. In the same way for policy maker to plan health education strategies, interventions programs and also help to increase adolescence girls education to prevent adolescence pregnancy and control adolescence mother death and baby death.

Finding of the study should provide baseline data to carry out further study.

5.5 Recommendation Further study:

As regards to all the findings and discussions of this study, the following recommendations heard from Terai community. There is need for special focus on adolescence reproductive health because Nepalese adolescents are facing high risk

behavior. As a result the problems like TP and unsafe abortion. Adolescents are in urgent need of support and guidance to avoid high risk behaviors.

The best intervention strategy should be strong policy for adolescent, to providing comprehensive sexuality education with broad range of topics with sexuality counseling. To targeting married, soon to be married and unmarried adolescents. For reduction of TP, a comprehensive school, home, health facility, society's interventions at large is required. Prevention should be evidence based education programs supported by interventions among parents, relatives, partners, peers, societies and health system as discussed. Some of the programs like providing health services time to time in school and gynecological check-ups for out of school adolescents is also possible. Therefore, Tarai community needs to decide different kinds of interventions and move forward to control the issue of teenage pregnancy also recommending to family members to provide health education about adolescence pregnancy and right age of marriage.

5.6 Plans for Dissemination

Research committee of Nursing Campus Birgunj

Library of the Nursing Campus Birgunj

DDC of Sarlahi District.

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APPENDICES

APPENDIX A
TRIBHUVAN UNIVERSITY
INSTITUTE OF MEDICINE
NURSING CAMPUS
BIRGUNJ, PARSA
2071

INFORMED CONSENT FORM

Study Title: Contributing factor of adolescence pregnancy in Terai Community

Objective: -To find out the contributing factor of adolescence Pregnancy amount Terai community .

Namaste, I am Bachelor of Nursing student of Nursing Campus Birgunj, TUIOM. This study is being conducted as the partial fulfillment of Bachelor of Nursing programme. The purpose of the study is to find out the contributing factor of adolescence pregnancy among madhesi community in VDCs of sarlahi district .Although the study will not benefit you directly, its procedure have been approved by the research committee of nursing campus of birgunj.The study procedure involves the simple random selection of VDCs and non-probability sampling method will be used. The question will be distributed and after that will be collected after completion. If you agree to participate in my research study, I would like to ask you to participate as a subject in my research. I will ask you some question. Your identity will not be disclosed while study is being conducted or when the study is reported or published.

It will be confidential and your name won't be linked with any of your answer you give your participation in the study in entirely voluntary. This is not directly beneficial to you but it will help to find out contributing factor of adolescence pregnancy.

Name of respondent

Signature-

Date-

APPENDIX B
TRIBHUVAN UNIVERSITY
INSTITUTE OF MEDICINE
NURSING CAMPUS
BIRGUNJ, PARSA
2071

Semi Structure Questionnaire for Data Collection

Topic: Contributing factor of adolescence pregnancy among Madhesi Community.

The purpose of this study is assessing the knowledge about contributing factor of adolescence pregnancy among Madhesi Community in Sarlahi District.

You are requested to fill all questionnaires. Your sincere response will be highly appreciated. Research would like to assure you that obtained information will be kept confidential and used only for the purpose of this study.

Date:.....

Direction:

Please tick (√) in box on the appropriate answer.

Related to Socio-demography status.

1. Age (in completed years)

2. Religion
 - a) Hindu
 - b) Muslim
 - c) Christian
 - d) Other

3. Economical status of family
 - a) Not enough for monthly expenditure
 - b) Enough for monthly expenditure
 - c) Too enough for monthly expenditure

4. Education Status
 - a) Illiterate
 - b) Literate

5. If literate education
 - a) Primary
 - b) Secondary
 - c) Higher

6. Age of marriage
 - a).....

Question of Socio-culture factor and family presser.

7. Your marriage willed or un willed?
a) Yes b) No
8. Who pressurized you for marriage?
a) Father b) Mother
c) Other family member d) Self
Why you pressurized for marriage?
a) Social Pressurized b) Your study not good
c) Family decision d) Other
9. What types of social believe in you society regarding early marriage?
a) Tradition b) God believe
c) Gender discrimination d) Others
10. What is your opinion, which is the appropriate age for marriage of female?
a) 13-15 b) 16-17
c) 17-19 d) above 19
11. What types of behaviors they have to face when Madhesi women didn't have baby soon after marriage?
a) Social violence b) Remarriage
c) Murder d) Others
12. Do you know what the social impact of adolescence pregnancy?
a) School dropout b) Poly marriage
c) Separation d) Divorce
e) Others
13. Who took decision for this pregnancy?
a) Mother in-law b) Husband
c) Self decision d) Others
14. How old were you, when you gave first child birth?
a).....year
15. How many sisters in your family?
a) 1 b) 2
c) 3 d) above 3

Related to Education

16. Why you drop your education?
a) Family pressers b) Self
c) Social behave d) School not available

APPENDIX C

मन्जुरीनामा पत्र

विषय तराई समुदायमा किशोरावस्था गर्भवस्थामा हुने कारक तत्वहरू ।

उद्देश्य : तराई समुदायमा किशोरावस्था गर्भवस्थामा हुने कारक तत्वहरू पत्ता लगाउनु हो ।
नमस्कार, म आशा कुशवाहा ब्याचलर इन नर्सिङमा दोस्रो वर्षमा अध्ययनरत छात्रा हुँ । मैले मधेशी समुदायमा किशोरावस्था गर्भवस्थामा हुने कारक तत्वहरूको बारेमा अनुसन्धान गरिरहेको छु । यस अध्ययनले तपाइलाई कुनै पनि हानि तथा क्षति पुऱ्याउने छैन । यस अध्ययनले तपाइलाई प्रत्यक्ष फाइदा नपुऱ्यता पनि बेफाइदा पनि गर्दैन । यस अध्ययनमा लिइसके पछि तपाइले यस बारेमा जानकारी पाउनु हुनेछ । यो अध्ययन तथा यसको प्रक्रिया नर्सिङ वीरगंज क्याम्पसको रिसर्च कमिटी द्वारा पारित गरि ल्याइएको छ । यस अध्ययनको प्रक्रिया चिठा तानि गा.वि.स. छानेर त्यहाँ भएको किशोरी गर्भवती महिलाहरू लाई अध्ययनमा सहभागी गराउने छु । यसको प्रश्नावलीहरू निम्न रहेको छ जस्तै : सामाजिक तथा जनसंख्यायिक विवरण, साथै सामाजिक मान्यता र शिक्षा बिच सम्बन्ध देखाउने प्रश्नहरू उल्लेख गरेको छु । यसले तपाइको आधा घण्टा जति समय लिनेछु । यसमा तपाइको स्वैच्छिक सहभागी हुनेछ र तपाइले चाहेको बेला छोडन सक्नु हुनेछ । यस अध्ययनले तपाइको पहिचानलाई खुलाउने छैन । यो केवल एक अनुसन्धानात्मक खोज मात्र हो ।

मलाई यस अध्ययनको विषयमा अवगत गराइएको छ । मैले यस सहमति पत्र पढेको र बुझेको छु, मेरा सबै प्रश्नहरू उत्तरित छन् र म आफ्नै स्वैच्छाले यस खोजको कार्यत्रममा भाग लिने कुरामा मन्जुर भएको जानकारी गराउदछु ।

नाम :

सहि:

मिती :

APPENDIXD

त्रिभुवन विश्वविद्यालय

चिकित्सा शास्त्र अध्ययन संस्थान

नर्सिङ्ग क्याम्पस वीरगंज

२०७१

तथ्यांक संकलनका लागि सेमी संरचना प्रश्नावली

शिर्षक : मधेशी समुदायमा किशोरावस्था गर्भवस्थामा हुने कारक तत्वहरू ।

यस अध्ययनको उद्देश्य मधेशी समुदायमा किशोरावस्था गर्भवस्थाको कारक तत्व बारेमा जनकारी प्राप्त गर्नु हो ।

तपाईंलाई अनुरोध गरिन्छ सबै प्रश्नको उत्तर दिनुहोला । हजुरको अमूल्य सहभागिता प्रशासनिय रहने छ । यो अनुसन्धानले तपाईंले दिएको जानकारीलाई गोप्य राख्ने छ र अध्ययनको लागि मात्र प्रयोग गरिनेछ ।

निर्देशन : अध्ययन कर्ताले तपाईंहरूले दिएको उत्तर अनुसार ठिक(√) चिन्ह लगाइने वा खाली ठाउँ भरिने छ ।

मिति :.....

भाग १

सामुदायिक तथा जनसांख्यिकीय विवरण

१. तपाईंको उमेर.....वर्ष

२. तपाईंको धर्म

क) हिन्दु

ख) मुस्लिम

ग) क्रिश्चन

घ) अन्य

३. परिवारको आर्थिक अवस्था

क) महिना भरि खाना नपुग्ने

ख) महिना भरि खाना पुग्ने

ग) महिना भरि भन्दा धेरै हुने

४. शैक्षिक अवस्था

क) शिक्षित

ख) अशिक्षित

यदि शिक्षित भएमा.....

क) प्राथमिक ख) माध्यमिक

ग) उच्च शिक्षण

५. तपाईंको विहे भएको उमेर

.....

सामाजिक सांस्कृतिकको अनुसार

६. तपाईंको विहे इच्छाले वा अनइच्छाले भएको हो ?

क) इच्छा ख) अनइच्छा

७. तपाईंको विहे गर्नको लागि को ले दबाव दियो ?

क) बुवा ख) आमा

ग) अरु परिवारको सदस्य घ) आफै

८. किन दबाव दियो ?

क) तपाईंको पढाई निरन्तर नभएर

ख) परिवारको निर्णय भएर

ग) सामाजिक दबावले

घ) अन्य

९. तपाईंको समाजमा कस्तो किसिमको विश्वास छ, छिटो विवाह प्रति ?

क) परम्परा ख) ईश्वरको प्रति विश्वास

ग) लिंग भेद घ) अन्य

१०. तपाईंको विचारमा महिलाहरूको विहे गर्ने सही उमेर कुन हो ?

क) १३-१५ ख) १६-१७

ग) १८-१९ घ) १९ भन्दा माथि

११. मधेशी महिलाले विहे लगतै बच्चा नपायो भने कस्तो व्यवहार भैल्लु पर्छ ?

क) सामाजिक भेदभाव ख) दोस्रो विवाह

ग) मारिदिने घ) छुट्याइदिने

ड) अन्य

१२. के तपाईलाई थाहा छ किशोरावस्थाको गर्भले सामाजमा कस्तो असर पाछ ?

क) स्कूल छोड्नु पर्ने ख) बहुविवाह

ग) छुट्याईदिने घ) अन्य

१३. तपाई गर्भवती हुनुमा कसको निर्णय हो ?

क) सासुआमा ख) श्रीमान्

ग) आफै घ) अन्य

१४. तपाई कति उमेरमा पहिलो बच्चा पाउने भयो ?

.....

१५. तपाई कति दिदि बहिनी हुनुहुन्छ ?

क) १ ख) २

ग) ३ घ) ३ भन्दा धेरै

शिक्षा सम्बन्धित विवरण

१६. तपाई स्कूल किन छोड्नु भयो ?

क) पारिवारिक दबाव ख) आफै

ग) सामाजिक व्यवहार घ) स्कूल टाढा भएर

१७. तपाई भविष्यमा के बन्ने योजना थियो ?

क) गृहणी ख) व्यापारी

ग) कर्मचारी घ) अन्य

१८. के तपाईलाई किशोरावस्थाको गर्भावस्था बारेमा थाहा छ ?

क) छ ख) छैन

यदि छ भने कुन माध्यमबाट थाहा पाउनु भयो ?

क) रेडियो ख) टि.भी.

ग) पत्रपत्रिका घ) स्वास्थ्य कर्मीबाट

ड) अन्य

१९. किशोरावस्थाको गर्भबाट को को प्रभावती हुन्छ ?

क) आमा ख) बच्चा

ग) दुबै

२०. किशोरावस्थाको गर्भले गर्भवती आमालाई के के खतरा हुन सक्छ ?
- | | |
|--|---|
| क) लामो व्यथा <input type="checkbox"/> | ख) धेरै रगत जाने <input type="checkbox"/> |
| ग) आमाको मृत्यू <input type="checkbox"/> | घ) आत्म समान घट्ने <input type="checkbox"/> |
| ड) माथिको सबै <input type="checkbox"/> | च) अन्य <input type="checkbox"/> |

२१. किशोरावस्थाको गर्भले बच्चालाई के खतरा हुन सक्छ ?

- | | |
|--|---|
| क) कम तौल <input type="checkbox"/> | ख) गर्भ तुहिने <input type="checkbox"/> |
| ग) बच्चाको मृत्यु <input type="checkbox"/> | घ) अन्य <input type="checkbox"/> |
| ड) माथिको सबै <input type="checkbox"/> | |

आर्थिक अवस्थाको विवरण

२२. परिवारको मासिक आयश्रोत महिनाभरी पुग्छ ?

- | | |
|-----------------------------------|-------------------------------------|
| क) पुग्छ <input type="checkbox"/> | ख) पुग्दैन <input type="checkbox"/> |
|-----------------------------------|-------------------------------------|

२३. परिवारको आयश्रोत के हो ?

- | | |
|-------------------------------------|-----------------------------------|
| क) किसानी <input type="checkbox"/> | ख) नोकरी <input type="checkbox"/> |
| ग) व्यापार <input type="checkbox"/> | घ) अन्य <input type="checkbox"/> |

२४. तपाईंको पेशा के हो ?

- | | |
|-------------------------------------|-----------------------------------|
| क) गृहणी <input type="checkbox"/> | ख) नोकरी <input type="checkbox"/> |
| ग) व्यापार <input type="checkbox"/> | घ) अन्य <input type="checkbox"/> |

२५. तपाईंको श्रीमान्को पेशा के हो ?

- | | |
|-------------------------------------|-----------------------------------|
| क) व्यापार <input type="checkbox"/> | ख) नोकरी <input type="checkbox"/> |
| ग) किसानी <input type="checkbox"/> | घ) अन्य <input type="checkbox"/> |

धन्यवाद ॥