CHAPTER - I
INTRODUCTION

1.1 General Background

Generally, marriage is the legal union of persons of opposite sex. It provides men and women a family life in which they are socially permuted to have children. In other words, marriage is a social phenomenon which can be defined on the basis of social, cultural and religious values of contemporary society.

According to Hurton and Hunt (1968), "Marriage is the approval social pattern where by two or more persons established a family." Similarly, Lundberg (1956) writes, "Marriage consists of rules and regulation which define the rights, duties, and privileges of husband and wife with respect to each other." Likewise, Mazumdar (1966) states that marriage is a socially sanctioned union of male and female, are as a secondary institution devised by society to sanction the union and mating of male and female for purposes of (i) established a household, (ii) entering into sex relations, (iii) procreating and providing care for the off spring.

The legal marriage age in our country is 18 but normally the girls of our society get married before the age of 16. From the above definitions, we can say that marriage is a union of opposite sex.We are here talking about hetero-marriage not talking about other marriage such as homo sexual marriage (.i.e. marriage to same sex), third sex marriage etc. The biological and social activities are fulfilled on the basis of social, cultural, religious and legal permission.

Nepal is poor country where maternal mortality ratio is comparatively high (229 per 100000 live birth) like other developing countries. In Nepal around 66.75 percent of total deliveries take place at home. Early marriage also found common in Nepal. As many as 24 percent of adolescents girls in the rural areas have given birth to at least one child. While about 48.4 percent women receive antenatal care, a large number of remote area are not contact with workers during pregnancy. Trained attendants

assisted only 50.5 percent of the childbirths in 2011. As many as 80 percent born are underweight (MOHP, 2012)

In the content of gender, Nepal was ranked 145th, up from last year's 157th. However, the two rankings are not directly comparable. It indicates the status of women in relation to men is one of the lowest in the world. However, Nepal has improved its human development index (HDI) value in the latest human development report (HDR) 2014 (UNDP,2014).According to Bhattachan et.al(2003), in far-western part of Nepal Dalit women are sexually exploited and in case of pregnancy they are forced to conceive baby. By analysing these definitions it is cleared that women are always dominated and no one care about their health condition.

The NEHS 1996 found that only 8% of births are delivered under health facilities, while data from NDHS 2011 indicated that there had been very little improvement in this area. This shows that use of health facilities is still far away from average Nepalese women. In total Nepalese women 17.5% are pregnant out of it 10% pregnant is miss-pregnant and 40% of the women stayed in high risk condition (NDHS, 2011).

According to CBS (2013/2014)), distribution of population by geographical region is different. The population of female in mountain is 919200,5953940 in hilly area, 6772323 in terai, 2217771 in urban area and 11427692 in rural area. Nepal is a country of diversity. The way of life, dress, language, socio-demographic, economic and cultural identities of people are apparently different by geographical variations. Therefore, each group of people has their own identities and they do the activities according to their cultural practice, and numerous characteristics. Early marriage being a custom in Nepalese communities affects the health condition of women. It comparison to other ethnic group Dalit women are in the main stream of the problem. They are dominated in the society. Due to the lack of education and awareness Dalit communities girls are married earlier which create the health problem to them too (FEDO, 2013).

A UNICEF study reports that 60% of Nepalese women were married by the time they reached 18. High illiteracy rate and poverty contribute to child marriage in dalit community and unless that change it will never eliminate this problem. According to

2011 census, more than 750,000 women in Nepal today were married between 10 to 14 years of age. More than half of girl/women between 15 and 19 (2.7 million out of 4.3 million) reported they were married by the time they turn 19 (IDSN, 25th Sept 2014).

Women are discriminated in society by their family and their husband in each and every step. Health is wealth for everybody. Health is important factor to determine the socio-economic status of Dalit women. According to data fromSeti Zonal Hospital of dhangadhi, health condition of dalit women in Malakheti VDC is not good.They have to be busy in works day to night but the health condition of women is neglected. So they have to face lots of complication during pregnancy and after pregnancy. The life of women is in risk due to the negligence of her husband and family.

Health services are nothing but a dream for many dalit women especially in ruler areas. A significant number of dalitwomen loses their lives in the absence of basic health services. The maternal mortality rate of dalit women is higher than for any other group of women in Nepal (The effect of caste, ethnicity, and Regional identity further analysis of the 2011, Nepal demographic and health survey, 2013)

According to NDHS (2011), on average 72% of the women in the country faced health problem and dalit women face more problem average with 79 to 80%.The legal age of marriage in Nepal for boy is 21 and 18 years for girls but they get married earlier. Literacy is the major component which has direct relation with the early marriage. In general, schooling has positive effect on the early marriage. Female literacy increases the self-confidence and offers them more income generating opportunities outside home which help them to be independent. But the legislation is most developing countries including Nepal, seems to be ineffective due to prevailing social customs and tradition, and limited educational and employment opportunities for girls. So, proper education and employment opportunities for women are needed to control early marriage.

The legal marriage age of women is 18 but due to lack of education, poverty, large family etc. causes child marriage. It meansdue to the lack of awareness about health problem and negative impact of early marriage child marriage occur. Child marriage effect on health of women before and after delivery. Women have to face lots of

problem such as miscarriage, abortion, abnormal delivery, weakness and others. And again after delivery too they have to face problems like thyroid, underweight, and physical weakness. Even the newly born child can be physically abnormal or face problem such as nutrition, underweight, etc. women have to be busy on household works.

1.2 Statement of the Problem

Principally in most of the society though women are valued for their reproductive role, their reproductive health has been poorly protected. Study shows that 800 women die per day as a result of complication during pregnancy or child birth and more than one quarter of adult women in the developing world suffer from pregnancies or child birth related illness and injuries in 2012 (WHO,2013)

Nepal is predominately a patriarchal society. Women and women are equal in slogans but they are not equal in real life. According to Acharya (1996), women have to face different kinds of problem in comparison to men. In Nepalese context, women are generally associated with early marriage, illiteracy, unemployment, poor health and so on. They are discriminated by their own family and forced to marry earlier. Women who marry early are more likely to have large families because of their exposure to risk of pregnancy and childbearing (UN, 1988).

It is found that female education or awareness in health service directly affect the nutritional status during the pregnancy, which consequently affect the child health (CMR 92.2/1000), and utilization of the health service. The maternal mortality rate is found very high in Nepal which is the highest in the world (229 per 100,000 live birth). It is tragic that so many women die while giving birth to new baby (CBS, 2013).

Child marriage was particularly prominent in the dalit community, according to 2012 report published by Save the Children,World Vision, and Plan, and targeted aid intervention among dalits are needed to reverse this troubling trend.Early marriage or child marriage have harmful effects on a girl child who is not mentally, psychologically, emotionally or physically prepared for a conjugal life. While she is married, she is expected to get into the multiple role of a good wife, perfect daughter-in-law, diligent house keeper and responsible mother. This transition can be

responsible mother. This transition can be psychologically and emotionally stressful for a young girl due to the lack of maturity and skill to handle her personal, family, economic and social affairs (IDSN, Sept 25th 2014). A lady in Nepal bear her first child when she is 15 or 16 while the years between 20 and 30 are generally considered being the safest period for child bearing. It is assumed that marriage in increased age controls fertility level to some extent, but early marriage itself is influenced by various socio-economic and culture. Early marriage directly affect the health condition of women.

Early marriage is still found to be one of the root problem in Nepal which bring gender inequality in different aspects of life. It is illegal in Nepal, but the statistics of 2011 shows that 22.5 of all girls were married before the age of 14 and 40 percent of girls between 15-19 years have given birth to at least one child. However, in statistics of 2013/2014, the mean age at marriage of male is 22.9 and 20.6 is of female. This shows the critical health condition of women. This study aims to provide the data and focus on collecting information of the early marriage among Dalit women and their health condition. This study is include only Dalit women from Kailali district, Malakheti VDC 7 only. Therefore, the study is guided by the following research questions.

a) How is the trend of child marriage in research area?
b) What is the condition of Dalit women related to reproductive healthin Malakheti VDC?
c) What are the negative impacts of early marriage is research area?

1.3 Objective of the Study

The objective of this study is to find out the impact of early marriage in Dalit community in Malakheti VDC, Kailali. The specific objectives of the study are as follows:

a) To explore the trend of child marriage in Malakheti VDC 7.
b) To examine the health condition of the Dalit women related to reproductive health.
c) To explore the perception of local people to control early marriage among Dalit women in Malakheti VDC.

1.4 Significance of the Study

This study has explored the condition of Dalit women due to early marriage. It is the case study of Malakheti VDC of Kailali district. It is hoped that findings of study will be helpful for the planners and policy makers in formulating more effective and suitable programs in study area.

Early marriage is related to fertility because of time a women is exposed to the risk of child bearing. So, early marriage is directly related to the health of the women. This study has significance both in practical and theoretical senses. It will be helpful to provide useful information. The study area is remote area where sample population are labour and housewife. Girls are married in early age which is not good from the economic, health and social point of view. Thus, this study will attempt to analyse the problem of women and will give recommendation for improvement.

This study will be very much helpful for the victimised women to get awareness about health problem due to early marriage. Similarly, this study will be very fruitful to those who want to work in the field of women education. Furthermore, this study will be helpful to people who want to arise awareness about health problem to women due to early marriage. Similarly, this study will be highly significant for the researcher mainly who want to undertake research in the field of women's health. This study will be useful to give the direction to NGOS, INGOS and other concerned people for the implementation of effective programme.

1.5 Organization of the Study

The study is organized into five chapters. The first chapter deals with introduction, statement of problem, objectives of the study, significance of the study and organization of the study. The second chapter include the literature review. Similarly, introduction of study, research design, nature and sources of data, sampling process, data collection technique and limitation of the study are included in third chapter. Fourth chapter deals with analysis and interpretation of the data and in fifth chapter summary, conclusion and recommendation of the study is included.

CHAPTER - II
REVIEW OF LITERATURE

2.1 Review of Theoretical and Empirical Studies

Every researcher needs to observe the fundamental background of the related subject and past studies. There are so many research works carried out on socio-economic condition of women. However, the present study highly focused on the early marriage of Dalit women. There are only few researches carried out in this area. Some of the related studies are briefly reviewed in this section.

The society is affected from their historical development which is suffered from economic system of that society. Social structure is made through the formation of economy. Superstructure is determined by infrastructure of that society. The transformation of the socio-economic development of the society is made with this process (Marx,1906).

Gurung (2000),carried out research on “socio-Economic Status of Gurung Women”. In this research the objective of the study were to find out women’s household economic activities and to explore the social and cultural attributes among gurung.She uses interview schedule, and observation to collect data. The sample population was from Rumjatar VDC in Okhaldhunga district. The major finding of the study was that gurung women have accessibility and control over farming and household activities. The cash earned from agriculture and weaving was strictly controlled by women.

Shakya (2061) carried out research on "Social, cultural and economic condition of Tamang." In this research, the objectives were to find out the social and cultural condition of Tamang and to explore on their social behavior and cultural practices. He uses interview and observation to the data. The sample population was from Lalitpur district. The major finding was the Tamang women are not getting the health awareness education and Tamang has practice early marriage.

Thapa (2013), carried out research on “Knowledge and Practices on Maternal Health of the Women.” The main objectives of this research were to describe basic knowledge of pregnant women and mother about ante-natal, natal and postnatal

check-up and to find out main factor which play an important role to increase maternal health problems. The main finding of this research was that majority of the respondents have visited to government hospital. It may be because all health care services are free off cost and in the study site there are no other private medical so people hav no other option. The acceptance of iron tablet, T-T vaccination and vitamin “A” was high among the women. The delivery practices of more women has been affected by their socio-cultural practice because still 66 percent of deliveries had taken place at home.

Niraula (2015), carried out research on “A study on Malnutrition status of Pregnant women in Dalit Community.” The researcher used descriptive research design and interview as a data collection tool. The main objective of the study was to find out knowledge of nutrition and food and to find out food practice of pregnant women during pregnancy. The major findings of this study was that majority of respondents were found illiterate and most of respondents depend on farming. Most of the respondents were unknown about nutrition. A mother’s nutrition status during pregnancy is important for both child’s intrauterine development and for protection against maternal morbidity and mortality. Malnutrition is the main problem among children and pregnant women.

From above researches, we can say that women from different cast and culture are dominated and they are deprived from health education. Girls are married earlier and they have to face many health problem.

Marriage is a sensefull relationship between men and women. It is a legal union of persons of opposite sex, which admits male and female to family life. Marriage in any society is determined by the combined effect of biological, economic, religious, tradition, social custom, psychological and also legal factors. But in Malakheti VDC Dalit women are deprived from their right and have to face health problem.

2.1.1 Status of Dalit Women in Nepal

According to the tenth plan in title of “Dalit and neglected communities" explain the Dalit who have been bank warded from every aspect of socio-political, economic issues because of the prevalence of aged old poverty and social deprivation. In this section of population could not get social practice due to existence of caste system

and in human behavioural because of ineffective enforcements of acts, which categorically has made the caste system punishable. In this way, we can easily say that Dalit are poorest of the poor in many aspects in Nepal.

In general, the status of women in Nepal is very low, like other south Asian countries. Among them though, dalit women face suppression and oppression. Dalit women are living in pain, agony, sorrow, misconduct, maltreatment, suffering. They are not only the victim of gender discrimination but also the victim of cast-ism. There is no controversy among development planners and workers that there has been very little impact on rising status of dalit women.

After the political change in 2007, the situation of women has certainly changed but not to the extent it should have been. The fact is that Dalit women also consist of one-fourth of the total women population. The whole women are the victim of gender discrimination in the society. The basic difference between high caste women and dalit women lies on the ground of caste based discrimination and untouchability, which dalit women have to face. Dalit women are thrice alienated on the basis of class, caste and gender. It is estimated that dalit community consists 20 percent of the total population of the country and the population of dalit women is half of this figure.

Early marriage is much more common among female in Malakheti VDC, Kailali than Kathmandu. It is because of the developed area and remote area. This area is remote area so people do not get good education and health awareness so, girls are married earlier. Female early marriage is less common for most of the large ethnic groups, Brahmin, Chhetri, Magar and Gurung, but it is in high range among the Dalits: Nepali, Sarki, Bk, Kami, Kholi, Parki, Lohar and so on.

2.1.2 Involvement of Dalit Women

Women are as laborious and potential as their male counterparts but still they are confined to their traditional roles of mothers and housewives. Women of today are not merely contended in their role of mother and dutiful wife women works as men but they are paid less than them because female are valued less. This shows that how women are dominated even in physical work. Our so called socio-cultural environment which is organized on the principal of patriarchy has several implications for the girl child in Nepal. Women has less freedom, less health care and

food, and have to limit her personal intellectual and social horizons. But she have to work hard at home as well as in agricultural labour.

2.1.3 Dalit Women and Economy

The daily task of family life in rural Nepal involved women in labor intensive farm work and time consuming domestic work to provide, food, water for household members and farm workers. They work all day but are behaved like that they have not done anything.

Acharaya and Bennett (1981) have stated that most of the routine work inside the home is the responsibilities of women, who cook, clean, fetch water and care for children and elderly family members. Little time is left for activities with potentially higher economic returns or to contribute to the economic and socio-development of the country. Since the early 1980s it has been established that women in Nepal have vital contribution to the domestic and thus the national economy. Women and girls together contribute more than 53 percent of the household income in the rural areas of Nepal.

2.1.4 Dalit Women and Legal Rights

Nepal's constitution (2072) has guaranteed that there will be no discrimination against any citizen in the application of general laws, as well as in political and civil rights, on the ground of religion, race, sex and caste. Hence, men and women are given equal rights under constitution to vote, participate in government or inter public services. However, in real life women are dominated by male. The rights of women are only limited on constitution only. Imbalances between rights of women and men persist both in the legal provisions, particularly for property and in the interpretation and application of the law. A daughter in Nepal has limited rights to inheritance in her parental property. She will inherit equal share with her brothers only if she remains unmarried till the age of 35. Majority of women are unaware of their legal rights over property and even if they are aware, they do not want o or cannot use them because of social codes and harms (Majupuria,1978).

The interim constitution of Nepal 2063 B.S. states that “ NO discrimination shall be made against any citizen in the application of general law on the group of religions,

race ,cast, sex, tribe or ideological conviction or any these but in reality this has not been practiced (Budha,2014).

2.1.5 Dalit Women and Early Marriage

Women have always a lower status then man because our society where we are living is a patriarchal society. Boys and girls are seen differently from their birth. They give priority to son but girls are deprived from their rights. People take their daughter as so, girls are married in early age.

According to National Dalit Commission (2006), the lack of access to education is one of the major problem for the dalit community. Early marriage in dalit community results in high illiteracy rates and inability to contribute to the family. Dalit women suffer double discrimination based on both caste and gender. Ninety percent of dalit women in Nepal live below the poverty line and 80 percent of dalit women are illiterate. Thus, early marriage causes many problems to women so, they should be given education instead of early marriage.

2.1.6 Dalit Women and Health Condition

Poor health condition among women is also a consequences of many closely spaced pregnancies. They do not care and do not know the health problem for ladies by having many children without observing her health condition. They think that if they will have large family there will be easy to survive the family. So, they do not care about family planning. UNICEF (1996) has noted that the proportion of females dying is higher than that of males in Nepal. Nepal has one of the highest maternal mortality rates in the world (515 per 100000 live births). This is primarily seems to be related to other socio-cultural factors which influence women's access to knowledge, care and food and female health from the time when she was very young.

Women have limited access to health and family planning services, foods and others. Poor nutrition in childhood, resulting in inadequate skeletons development, affects their capacity to give birth to their own child and there is always complications on their deliveries. Dalit women do not get nutritional food in poor family so, they have to face many health problems.

2.1.6.1 Age of Marriage and Health Condition

The legal age of marriage of girl is 18 and the marriage age of boy is 21 but the girls are married earlier. Most of girls in society are not send to school. Even if they are send they are not allowed to get higher education. They are married under fifteen which causes many health problem to women. Mostly in dalit community the daughters are not send to school but are compelled to work at household work. Social phenomena, social custom, norms and attitude are bounded by the religion. Actually, social system is moved by the religious philosophy. Nobody can go far from any religion so religion also affect the age of marriage in dalit community.

Nepal Fertility, Family Planning and Health survey (1991) related that 28% of women aged 15-49 years were married by the age of 16 years and 68% were married by exact 18 years. It suggested that they have health problem due to early marriage.

Nepal can be characterized as a high nuptiality, low age at marriage and higher porportion of married population where most of the child bearing years are spent within marriage. Thus age at entry into sexual union and duration of marriage are important determinants of fertilitybecause pregnancy outside wedlock is rare and contraception is very low in Nepal. Women who marry early are more likely to have large families because of their longer exposure to risk of pregnancy and child bearing.

According to Tuladhar (1985), if female age of marriage is increased upto 21 years, the population growth rate of Nepal could be reduced to 1.8%.

Early marriage is affected by the other factors like education, occupation, religion and cultural difference or route of the study of fertility (Risal and Shrestha).

2.1.6.2 Pregnancy and Health of Women

According to Nepal Demographic and Health Survey (2011), only 58.3 percent of women have visited the trained person for antenatal care during their pregnancy period; still around 42 percent women do not visit the trained person during their pregnancy period and around 64 percent women do not attended skilled provider during their delivery period.

Health is wealth of human being. Health is the important factor to determine the socio-economic status of dalit women. Early marriage is one of the factor that influence the fertility behaviour of women, particularly in a country like Nepal where contraceptive use is very low. The age at first pregnancy and number of children ever born are interrelated with each other. Those women having more children ever born have earlier age of marriage than those having fewer children. Pregnancy directly effects on health of women. Early pregnancy causes many health problems to women but they get pregnant in very early age.

The dalit women's right are denied. They have to face gender discrimination from their male counterparts. If they ignore to have a baby earlier then they experience violence including physical and psychological such as battering, rape etc. they are sexually exploited in case of pregnancy they are force to concive a baby (Bhattachan et.al. 2003).

Child bearing age of Nepalese women still suffer from many health problems like anaemia, hypertension, thyroid enlargement, underweight, which may have effect in future generation. This suggest that such high risk population should be the focus of the government and concerned bodied to improve the health and early pregnancy related problems.

2.1.6.3 Medical-check up during Pregnancy

It is said that health is wealth. The health condition of rular women is very pathetic, as they have to get busy in agriculture, fetching, firewood, and drinking water. They are always over burdened with works. It is medically recommended that in period of pregnancy women should not be involved in physically strenuous work but in Nepal a pregnant women keeps working even up to the last day of delivery (CBS,2005).

According to WHO, the pregnant women should check up 4 times during their pregnancy. But due to the lack of knowledge of safe motherhood program, the women have dropped out. The government has conducted this program in each district, only 40 percent of the women have been completed it. Fifty-three percent of expected women have been 1.8 to average No. of ANC visits. 8.4 percent of expected pregnancy has been deliveries conducted by TBA, 16.1 percent of expected

pregnancies, deliveries have been conducted by health workers. 71.7 percent of urban women and 36.1 percent of the rural women have checked up in their pregnant period.

Health check-up is necessary for everyone and it is needed more in pregnancy period because bad health condition is dangerous for both baby and mother. So, consciousness and awareness is necessary during pregnancy. The pregnant women should have regular check-up but women of dalit society in Malakheti VDC visit hospital only if they have uncontrollable pain. If they do not have problem they do not visit the hospital even once in pregnancy period. Only few women go to hospital but regular check-up is necessary because they have to face lot of complication afterward. The rate of miscarriage is high due to careless behavior of family and also a male counterpart. For healthy baby and healthy mother regular medical check-up is needed during pregnancy.

2.1.6.4 Early Marriage and Health Condition

Education enables people acquire basic skill and inculcate abilities, which are helpful in raising social, economic and health status of a person. It is true that women education is controlled by socio-economic condition. So, to reduce the early marriage education is needed to society (Santon,1991).

In total Nepalese women 17.5 percent are pregnant out of it 10 percent pregnant is miss pregnant and 40 percent of women stayed in high risk condition (NDHS,2011)

About 62% of the girls between 15 to 18 years are married. Their bodies are physiologically and anatomically immature for child bearing. Young child bearers have higher rates of miscarriage,abortion and infant deaths(UNICEF,1992).

According to National Population and Housing Census (CBS 2011), the mean age at marriage of male is 22.9 and mean age at marriage age of female is 19.5. According to CBS (2013/2014), the national literacy rate is 65.5 percentage. The literacy rate of male is 75.1 whereas the literacy rate of women is 57.4 percentage. The literacy rate in urban area is 82.2 percentage and 62.5 percentage in rural area.

Socio-cultural practices, value, system and prevention of poverty determined the status of women is discrimination against girls. A large proportion of girls are married

early pushing them pre-maturely into motherhood at the expense of their own personal growth and development, perpetuating the cycle of poor infant survival and development, maternal malnutrition and morality and the inequitable condition and low status of their mother (CBS,2011). The socio-cultural practices, belief system, custom, tradition, value system make women of lower status. The socio-cultural practice of early marriage of girl shows the lower status of girl at home and their reproduction health becomes damaged, so they need to be inferior in the family.

After reviewing these works, I got lots of ideas regarding early marriage, educational status, occupations, reasons of early marriage, medical check-up,health problem after childbearing, status of early marriage in society, gain knowledge about the methodology of the study, select appropriate research tools for research, familiar with health problem and so on.

Those studies were helpful for clarification of subject matter, selecting research problems, designing research question, and empirical review and choosing objectives. Those works provided insights for my study and helped to explore the theoretical concepts and various guidelines to carry out overall research work.

From the above survey of literature it is clear that different people have their own perspective on early marriage and health problem. Though he present study is related to these earlier studies it is different from them in terms of target group of primary data i.e. married dalit women from Kailali district and main concern is to find out trend of early marriage, health condition and the perception of local people to control early marriage among dalit women.

CHAPTER - III
RESEARCH METHODOLOGY

3.1 Introduction of the Study Area

This study was conducted in Malakheti VDC of Kailali district. I wanted to explore about the early marriage in Dalit community and its impact on health condition of women. I selected this village as a research area because nobody had carried out research on this topic in this area. As well as, I am local resident of Malakheti VDC-7 so that it will be easier to collect the necessary data for research. It will be easy to get health related reliable and necessary data from the near heath care centres such as, Seti zonal hospital. Almost all dalit women in society are illiterate and married in very young age. They do not have knowledge about the problems of early marriage and its negative effects. So, I tried to find out the trend of early marriage and health problem of dalit women.

3.2 Research Design

This study was an exploratory and descriptive research design. Descriptive research is the study designed to depict the participants in an accurate way. More simply put, descriptive research is all about describing people who take part in the study. Exploratory research is conducted in order to determine the nature of problem and helps the researcher to develop a better understanding of the problem. This study was specially designed to investigate "Early marriage and health problem of dalit women in Malakheti VDC - 7, Kailali district." The present study is an attempt to describe what people think about early marriage in dalit community and its effect on their health.

3.3 Nature and Sources of Data

The data was qualitative and quantitative in nature. Qualitative research gathers information that is not in numerical form. For example, diary accounts, open-ended questionnaires, unstructured interviews and unstructured observations. Qualitative data is typically descriptive data and as such is harder to analyse than quantitative data. Quantitative research is used to quantify the problem by way of generating

numerical data or data that can be transformed into useable statistics. It uses measurable data to formulate facts and uncover patterns in research. For collecting information both secondary and primary data was used. Primary data was collected from group meeting, structure interview schedule, key information etc. Secondary information was gathered from existing office records, published and unpublished research articles and reports.

3.4 Sampling Process

Malakheti VDC of ward no. 7 of Kailali district was the selected area for the study. It was selected randomly. The 50 women were selected randomly for the study. The selected sample of boys are not the husbands of selected respondents. This study tried to find out the health condition of dalit women due to early marriage.

3.5 Data Collection Technique

In order to obtain the necessary and reliable data for the study, interview method was used.

3.5.1 Interview

All relevant structured and unstructured questionnaires were developed. The questionnaires were developed in a written schedule. The questionnaire contained the early married dalit women, their health problems, sources of income of the family etc.

Structured interview was directly administered to the dalit women who had an early marriage. Such interview involved the use of set of predetermined questions. The interview involved the use of fix, alternative questions to get the certification of the subject. Unstructured interview was administrated to the VDC peoples.

3.6 Data Analysis and Interpretation

The collected data is processed, analysed by descriptive as well as statistical way like table, percentage etc. The quantitative data is analysed by tabulation, percentage and ratio method and conclusion is drawn.

3.7 Limitation of the study

The study was limited under the following respects:

The population of this study was limited to Malakheti VDC – 7 Kailali. The study was limited to early married dalit women of kailali district. The study was limited to fifty married women. The research focused only on the objectives of the study of the particular area. The data were collected through interview.

CHAPTER – IV

Socio-economic Characteristics of the Respondents

4.1 Analysis and Interpretation of the Study

After collecting all the questionnaires and asking respondents, the data were processed, analysed and interpreted. The main focus of the study was to explore the health condition of women due to early marriage. The respondents' responses were counted and tabulated. Responses were changed into percentage. On the basis of numbers and percentage of the responses, the data were analysed and interpreted.

4.1.1 Educational Status of Respondents

Education is one of the major indicator to measure the social status of any individual. Education brings awareness and change. It helps people to live better life. Generally, the level of the education is an indicator of the social status of women, access to job opportunity, health condition, and economic independency. Due to the lack of education awareness women have to face lots of physical, mental, health problem. They are pregnant in early age and they have to face lots of complication after and before delivery. The education levels of the respondents of the study are given in the table 1:

Table 1

Education Status of Respondents

S.N.	Education	Number	Percentage
1.	Illiterate	18	36
2.	Literate	15	30
3.	Primary	10	20
4.	Secondary	5	10
5.	Higher Secondary	2	4
6.	University Education (BA & above)	0	0
	Total	50	100

Source: Field Survey 2016

The above table shows that total number of respondents is 50. Among fifty respondents 16 (36%) are illiterate and 15 (i.e. 30) are literate. Similarly, 10 (i.e. 20(respondents were educated upto primary level, 5 (i.e. 10) secondary level, 2 (i.e. 4) higher secondary but no women have gain the university education. The table shows there are more illiterate women than literate women. However, according to CBS (2O11), 65.9 percentage of population are literate. The literacy rate of male is 75.1 percentage and the literacy rate of female is 57.4 percentage.

4.1.2 Occupation of the Respondents

Occupation of the women also act as variable determining the health condition of women. Women are engaged in different sectors like agriculture, housewife labour, business etc. The table 2 shows the main occupation of the respondents.

Table 2

Occupation of the Respondents

S.N.	Occupation	Number	Percentage
1.	Agriculture	25	50
2.	Labour	19	38
3.	Business	4	8
4.	Service	2	4
	Total	50	100

Source: Field survey 2016

Among fifty respondents twenty-five (i.e. 50) depend on the agriculture and nineteen (i.e. 38) were labour. Four respondents (i.e. 8) were engaged on their business and only two (i.e. 4) were on service. This shows that highest number of respondents were involved in agriculture and few were on service.

4.1.3 Age at Marriage of Respondents

Marriage age of respondent directly affect the health condition of women. The age of marriage respondent in my study area is different among all respondents. According to CBS (2011), the mean age at marriage of boys is 22.9 and mean age of girls is 19.5.

However, respondent are married before and after fifteen and from twenty to twenty-nine.

Table 3

Marriage age of Respondents

S.N.	Age of Respondent	Number	Percentage
1.	Below 15	16	32
2.	15 - 19	34	68
	Total	50	100

Source: Field survey 2016

Thetable 3 shows that most of girls get married in age group of 15-19,(i.e 34 respondents) 68 percent whereas sixteen respondents (i.e. 32%) got married below fifteen The highest percentage of girls are married in early age and there is much more probability of population growth because early marriage brings early pregnancy. It automatically leads to large family due to frequent exposure to pregnancy and childbearing.

4.1.4 Medical Treatment Choice of the Respondents during Pregnancy

Study area is rural area. There are many alternatives for health care. The following table 4 shows the different health centre visited by the respondents during their pregnancy.

Table 4

Medical Treatment of the Respondents during Pregnancy

S.N.	Response category	Number	Percentage
1.	Public Hospital	15	30
2.	Private Hospital	5	10
3.	DhamiJhakri	18	36
4.	Did not visited	12	24
	Total	50	100

Source: Field survey 2016

Among fifty respondents 30 percent of them visited public hospital, 10 percent private hospital. However 18 (i.e. 36%) respondents were still found to be visiting to Dhami and Jhakris and 12 percent even did not visit hospital, which shows that how careless are respondents about their health.

Some of the respondents who were aware of their health visited public hospital and the respondent who have good economic condition and awareness visited private hospital. However, there were some respondents who madly believe on custom and ritual of the society visited dhamijhakris instead of hospitals and also there were respondent who did not visited hospital during pregnancy.

4.1.5 Age of Respondents at the First Pregnancy

Pregnancy is the factor that directly effect on the health of the women. Age of pregnancy also means the age when the women have to be ready to take the responsibility of additional work. The table 5 gives the information about the respondent's age at the time of first pregnancy.

Table 5

Age of Respondents at First Pregnancy

S.N.	Age of respondent	Number	Percentage
1.	Less than 15	10	20.00
2.	15 - 19	29	58.00
3.	20 - 24	8	16.00
4.	25 - 29	2	4.00
5.	Above 30	1	2.00
	Total	50	100.00

Source: Field survey 2016

Among fifty respondents ten (i.e. 20%) respondents become mother before 15. Similarly, twenty-nine (i.e. 58%) become mother in age group of 15-19, eight respondents bear child in age group 20-24. Only two (i.e. 4%) women bear baby on age group 25-29 and only one women (i.e. 2%) bear baby above 30. This shows that women are getting married earlier and bear baby so they have maximum health

problem. However, demographic and health survey (2011), shows that the mean age of first pregnancy is 18.

4.1.6 Reasons of Early Marriage of Respondents

People get early marriage due to different causes which create health problem to women but no one care about it. People get married earlier due to poverty, lack of education, large family and our culture is also responsible for it.

Table 6

Reasons of Early Marriage

S.N.	Reasons	Number	Percentage
1.	Poverty	20	40
2.	Lack of education	11	22
3.	Large family	9	18
4.	Culture	10	20
	Total	50	100

Source: Field survey 2016

Table 6 shows that 40 percent of respondent get married earlier due to poverty and 22 percent due to lack of education. Similarly, nine (i.e. 18%) respondents got married, due to large family and 10 percent respondent due to culture. This table shows that all people should be given education and opportunity to do work than we can decrease the problem of early marriage.

4.1.7 Medical Check-up of Respondents during Pregnancy

Health consciousness is necessary during pregnancy period. It is dangerous for both mother and child if medical check-up is not done. Some respondents have regular check-up required for pregnant womenwhile some respondents go for check-up when they have got serious health problem. Similarly, some respondents check-up only once during pregnancy period and some even do not visit the hospital. The table 7 presents the medical check-up of the respondents during the pregnancy.

Table 7

Medical Check-up during Pregnancy

S.N.	Check-up time	Number	Percentage
1.	Regular check-up	10	20
2.	Check-up only in pain	18	36
3.	Check-up once	10	20
4.	No check-up	12	24
	Total	50	100

Survey: field survey 2016

Among fifty respondents only 10 (i.e. 20%) had regular check-up while 18 (i.e. 36%) had check-up only in pain. However, 20 percent respondents state that they had gone for medical check-up only once while 24 percent of them never visited doctor in time of pregnancy.

4.1.8 Place of Delivery of the Child

The health condition of rural women is very pathetic, as they have to get busy in agriculture, fetching firewood other. They are always over burdened with work. In our country Nepal, a pregnant woman keeps on working even up to the last day of delivery so their health condition is not good. The table 8 illustrates the place of delivery.

Table 8

Place of Delivery of a Child

S.N.	Delivery place	Number	Percentage
1.	Hospital	15	30
2.	Home	35	70
	Total	50	100

Survey: Field survey 2016

The table 8 shows that only 15 (i.e. 30%) of the dalit women give birth to child in hospital whereas 35 (i.e. 70%) give birth at home. So, they have higher rate of miscarriage and abortion that may cause higher risk to life of child and mother.

4.1.9 Number of Respondents having Complication during Delivery

Health is wealth we should be conscious about our health special at pregnancy time. It pregnant women are not given good treatment they obviously have complication during delivery. The table 9 shows the number of respondent having complication during delivery.

Table 9

Complication during Delivery

S.N.	Response	Number	Percentage
1.	Yes	40	80
2.	No	10	20
	Total	50	100

Source: Field survey 2016

The table 9 shows that most of women have complication during delivery. Among 50 respondents 40 respondents (i.e. 80%) have complication during delivery while only 20 percent of respondent do not have complication during delivery. This shows the most of women have to face health problem during delivery such as abnormal delivery, bleeding etc.

4.1.10 Behaviour towards the Use of Contraceptives

Frequent pregnancies hamper the health condition of women. So, for frequent unwanted pregnancies contraceptives should be used. But in my study area many of them do not use contraceptives due to their husband's pressure. The table 10 describes the behaviour of women towards the use of contraceptives.

Table 10

Behaviour towards the Use of Contraceptives

S.N.	Behaviour	Number	Percentage
1.	No contraceptive	22	44
2.	Temporary contraceptive	8	16
3.	Permanent contraceptive	20	40
	Total	50	100

Source: Field survey 2016

Among fifty respondents 44 percent of the respondent have not used any contraceptives due to negative attitudes toward the contraceptives and their husbands. Temporary contraceptive is used by only 8 (i.e. 16%) respondents while 20 (i.e. 40%) respondents were using permanent contraceptive to control frequent unwanted pregnancies.

4.1.11 Followers of Early Marriage in Society

Our society is bound with culture, tradition and religion. So, every person in the society follow rules and regulation of the society. In Dalit society, they follow the system of early marriage which directly hampers the health of women.

Table 11

Followers of Early Marriage in Society

S.N.	Response	Number	Percentage
1.	Yes	47	94.00
2.	No	3	6.00
	Total	50	100.00

Survey: Field survey 2016

Among fifty respondents forty-seven of the respondents (i.e. 94%) said that they follow the early marriage while only 6 percent of respondents show negative response forwards early marriage. It means the majority of people in Dalit society of Malakheti VDC follow the early marriage without considering the effect of early marriage.

4.1.12 Gap in Birth for Next Child

While asking about the gap between next children, most of respondents said that they have no gap while few of them have 1 year gap and 2 years gap.

Table 12

Gap in Birth for Next Child

S.N.	Birth gap year	Number	Percentage
1.	No gab	40	80
2.	1 year	8	16
3.	2 years	2	4
4.	3 years	0	0
	Total	50	100

Survey: Field survey 2016

Among 50 respondents 80 percent said that they have no gap between two child, 16 percent of respondent said that they have one year gap, 4 percent said that they have 3 year gap. It show that most of respondent does not have gap between two childrendue to lack of knowledge about using contraceptives which directly affect the health condition of women.

4.1.13 Health Problem after Child Bearing

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

Table 13

Health Problem after Child Bearing

S.N.	Problems	Number	Percentage
1.	Hypertension	12	24
2.	Thyroid	8	16
3.	Underweight	20	40
4.	Anaemia	10	20
	Total	50	100

Survey: Field survey 2016

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

4.1.14 Age of Respondents When they got First Live Child

Age is an important demographic, characteristic. Age structure of any society shows the overall picture of health and socio-economic prospect. Girls are married in early age and there are many chances of miscarriage and abortion. So, it takes time to get a live child for women which is very harmful for health of women. The information regarding this is given in the table 14;

Table 14

Age of Respondents when they got First Live Child

S.N.	Age group	Number	Percentage
1.	15 - 19	11	22
2.	20 - 24	30	60
3.	25 - 29	8	16
4.	30 above	1	2
	Total	50	100

Survey: Field survey 2016

Marriage occurs relatively early in Nepal. According to above table, 22 percent of women got their child in age group of 15-19 while maximum number of respondent (i.e. 60%) got in age group of 20-24. Similarly, 16 percent of respondent got first live child in age group of 25-29 and only 2 percent of respondent got their first alive child above 30 years. It shows that most of dalit women got their first live child in age group of 20-24.

4.1.15 Number of Respondents having Complication during Pregnancy

Early marriage has a major effect on child because women who marry early have, on average, a longer period of exposure to the risk of life time births. Information about

complication during pregnancy was obtained by asking every respondents in Malakheti VDC 7, Kailali. The table 15 gives information about it.

Table 15

Respondents having Complication during Pregnancy

S.N.	Response	Number	Percentage
1.	Yes	45	90
2.	No	5	10
	Total	50	100

Survey: Field survey 2016

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

4.1.16 Number of Respondents having Complication after Delivery

Pregnancy is the factor that directly effect on the health of the women. The health of the women. The health condition of rural women is very pathetic, as they have to get busy in agriculture, fetching firewood and drinking water. They are always over burdened with work. They do not get time to take rest and even nutrition food which create complication after delivery too. The table 16 shows the number of respondents who have to complication after delivery.

Table 16

Respondents having Complication after Delivery

S.N.	Response	Number	Percentage
1.	Yes	46	92
2.	No	4	8
	Total	50	100

Source: Field survey 2016

In this study 92 percent of the dalit women agree that they have got complication after delivery while only 8 percent of respondent said that they do not have any

complication after delivery. Most of women have got complication after delivery due to early pregnancy.

4.1.17 Situation of Early Marriage in Society

Education is one of the most important social factor for determining age of marriage. Education affects the female age of marriage and it is generally assumed that women having lower level of education tend to marry later and women having lower level of education tend to marry earlier. The study has observed the situation of early marriage in Malakheti VDC of Kailali district. To find out the situation of early marriage in society researcher has taken interview with respondent. The table 17 shows the situation of early marriage in society.

Table 17

Situation of Early Marriage in Society

S.N.	Situation	Number	Percentage
1.	Miserable	15	30
2.	Better than before	20	40
3.	Same as before	15	30
	Total	50	100

Source: Field survey 2016

While asking respondent about situation of early marriage in society 40 percent of respondent said that the situation is better than before, 30 percent said that the situation is miserable and 30 percent said that the situation of early marriage in society is same as before.

4.1.18 Difference between Age of Marriage of Boys and Girls

Nepal is based on the patriarchal system and there is a strong tendency preferring sons rather than daughters. Sons are considered as economic insurance against the insecurities of old age while daughter are dominated. They are married earlier than boys in the name of social phenomena. Social custom, norms and attitude are bounded by so called religion. There is vast difference between marriage age of boys and girls. The table 18 gives the information about it.

Table 18

Age of Marriage of Boys and Girls

S.N.	Age group	Number		Percentage	
		Boys	Girls	Boys	Girls
1.	15 - 19	2	35	4	70
2.	20 -24	30	12	60	24
3.	25 - 29	15	3	30	6
4.	30 Above	3	0	6	0
	Total	50		100	

Source: Field source 2016

We can see the difference between age of marriage of boys and girls 60 percent of boys are married in age group of 20-24, 30 percent are married in age group of 25-29, 6 percent boys are married above thirty and only 4 percent boys are married between age group 15-19. However, 70 percent of girls are married between age group 15-19, 24 percent are married in a group of 20-24, and no girls are married after 30. It shows that there is vast age difference between age of marriage of boys and girls.

4.1.19 Age of Respondents at the Time of First Pregnancy

Pregnancy is the factor that directly effect on the health of the women. Age of pregnancy also means the age when the women have to be ready to take the responsibility of additional work. The table 19 describes about it.

Table 19

Age of Respondents at the Time of First Pregnancy

S.N.	Age group	Number	Percentage
1.	Less than 15	15	30
2.	15 - 19	19	38
3.	20 -24	10	20
4.	25 - 29	5	10
5.	30 Above	1	2
	Total	50	100

Source: Field survey 2016

The table 19 revels that most of dalit women got pregnancy at teenage while only 2 percent respondent are pregnant above 30 age group. Thirty percent of respondent bear first child in less than 15 years, 20 percent respondent bear child between age group of 20-24, and 10 percent respondent bear child between age group 25-29. This means that maximum number of respondents are pregnant during age group of 15-19.

) Opinion Elicited through Key Informants

Nepal can be characterized as high muptiality, low age at marriage and higher proportion of married population where most of the child bearing years are spent with in marriage. Thus health condition of women depend on the age at entry into sexual union and duration of marriage. They are the important determinants of fertility because pregnancy outside wedlock is rear and contraception use is very low in Malakheti VDC women in this dalit society, who marry early are more likely to have large families because of their longer exposure to risk of pregnancy and child bearing.

The condition of women in Malakheti VDC pathetic due to bad health condition. They have got lots of health problem from the pregnancy period to after delivery. The general health problem are hyper tension, thyroid enlargement, under eight etc. The age of marriage is changing although women are having lots of complication due to early marriage and marriage duration.

There were all together twelve open ended question which tried to ask respondents opinion on various topics that were set considering the objectives.

The research asked first question to find out the situation of early marriage in society. According to respondents, the majority of the respondents said that the situation is little bit better than before. So, it can be concluded that most of respondents see some progress in society.

In second question, the researcher tried to find the causes of early marriage. Respondents said that the main cause of early marriage is poverty, lack of education and large family. The also said that their culture is also the cause of early marriage.

The third question was asked to find out the difference between the marriage age of boys and girls. Respondents said that there is vast difference between the marriage

age of boys and girls. They said that girls are married earlier than boys because girls are taken as burden of the family.

The fourth question was asked to find out the consequences for women due to early marriage. Most of respondents said that they have got lot of health problem due to early marriage. Similarly, they have problem of unwanted pregnancy and many chances of miscarriage and abortion.

The fifth question was asked to find out the age of respondent when they were married. According to them, most of them were married between 15-19 and some were married below 15.

The sixth question was asked to find the age of respondent when they got first live child. Most of respondents said that they got their first lived child between20-24 and between15-19. It can be concluded that girls are married earlier but they got live child only when they are mature.

The seventh question was asked to find out the first pregnancy of respondents. Majority of respondent were pregnant between age group of 15-19 and less than 15. Pregnancy directly effect on the health of women but they are compelled to conceive baby after marriage.

The eighth question was asked to find out the complication respondent during pregnancy. Maximum number of respondents said that they have complication during pregnancy while only few refused about complications. It can be concluded that most of respondents have complication during pregnancy.

The ninth question was asked to find out the place of delivery. Most of respondents said that they gave birth to child at home where as only few respondent were at hospital during delivery. It can be said that women's health is neglected so they are compelled to give birth of child at home instead of hospital.

The tenth question was asked to find out the complication of respondents during delivery while asking them about complication during delivery mot of respondent said that they have complication due to the lack of treatment and rest at the time of pregnancy.

The eleventh question was asked to find out the response of respondents about the complication after delivery. Almost all of the respondent said that they have got complication because they have to get busy in agriculture, fetching firewood and drinking water instead of taking rest.

The last question was asked to find out the health problem of respondents after early child bearing. Respondents said that they have got problem like underweight, anaemia, hypertension, thyroid enlargement etc.

CHAPTER - V

SUMMARY AND CONCLUSION

5.1 Summary of Findings

Women constitute more than half of the population and the primary providers of subsistence for most of the population in Nepal and yet, as the country continuous the struggle to developed, women continue to be marginalized in terms of literacy, education, job opportunity, health, legal right, inheritance and general control over their own life.

This study was concentrated on the Dalit women of the Malakheti VDC of ward No. 7 of Kailali district. The purpose of the study is to provide information about health condition of Dalit women and the trend of early marriage. For this study, the data were collected by through questionnaire and interview. The fifty married dalit women were selected randomly for the study. On the basis of analysis and interpretation of the data obtained from the respondents, the following findings have been drawn:

Thirty-six percent of respondents of Kailali district were illiterate and 30 percent were literate, 10 percent of women have studied upto primary level and only 4 percent upto secondary level. But no one of them have the university education. It shows the condition of dalit women in education sector. Similarly, 50 percent of women are involved in agriculture and household work. 38 percent of women are labour and 8 percent are involved in their own business. Among 50 respondent only one respondent is in service. It shows that maximum number of women are unable to do job and involved in other activities.

Seventy-four percent of respondent were married between age group of 15-19 while 10 percent of respondent were married between age group of 20-24. Similarly 14 percent of respondents were married under 15 and only one respondent was found to marry in age group of 29. Likewise,thirty percent of respondent opined that they got to public hospital for treatment while only 10 percent goes to private hospital. However, 36 percent respondent depend on Dhami and Jhgakri instead of hospital and 24 percent never visited the hospital.

Fifty percent of respondent opined that they were pregnant before 15 and only 16 percent respondent married in age group of 20-24. This shows that in dalit society women are married earlier. This leads them to early pregnancy which is harmful for them. Forty percent of Dalit women are married earlier due to poverty whereas 22 percent due to lack of education, large family and culture are also the reason of early marriage.

Thirty-six percent of the respondent opined that they only visit hospital when they have pain. In pregnancy period regular check-up is needed but twenty percent of Dalit women visit hospital only once and 24 percent of women do not visit the hospital once during pregnancy period. Majority of the women have delivery at home. So, they have maximum chances to have risk of their life. If there is complication in delivery mother and baby both can die in absence of doctor.

Similarly, majority of women opined that they have complication during delivery. It means that they do not get good health care during pregnancy. Maximum respondent said that either they do not use any contraceptive or permanent contraceptive. It meansmost of respondent do not use temporary contraceptive. Ninety-four percent or most of respondent opined that they follow the early marriage in society. It means majority of respondent get married in early age.

Majority of dalit women said that they do not have any gap between first and second child. It means their health condition is bad and they do not have knowledge about health. Likewise, most of respondent lose their freedom after marriage. They are treated as working machine and machine to born child. Most of respondent do not get rest, health care and nutrition food during pregnancy and after pregnancy.

Women have to work hard even in pregnancy period. They are not allowed to take rest even in delivery period. It shows that women are treated like working machine. Most of respondent have problem of hypertension and anaemia due to early marriage. Among 50 respondents 60 percent of respondent got their first lived child between age group of 20-24. Majority respondents have complication during pregnancy (i.e. 90) due to early pregnancy.

Ninety-two percent of respondents said that they have got complication even after delivery. The situation of early marriage in dalit society is little bit improved but as a

whole there is miserable situation. There is vast difference between marriage age of boy and girls. Most of respondents bear baby between15 to 19.

5.2 Conclusion

On the basis of the rigorous analysis and interpretation of the data, it can be said that most of dalit women have bad health condition due to early marriage and lack of education. Although few of the respondents were educated and aware of their health and working in organization, the majority of the women were found to be uneducated and did not have access to their health. To some extent this is because of the traditional socio-cultural structure of the society and the custom of marring the girl at the early age.

The workload of women was found to be comparative higher than their male counterpart. They do not help in household work like cooking, fetching water, child care etc. This indicate that male members can not realize the problem of over work faced by the women.

Although most of the respondents do not visit the hospitals for the medical treatment, most of them were still found to be visiting to Dhami and Jhakri for their treatment. This shows that the women of this area are found to believe in spiritual power.

The basic as primary education is important factor for raising awareness of health and women age at marriage to some extent. Early marriage of women determines the value of number of children they born. Early marriage is strongly attached by the socio-economic variables and culture of the society. The early marriage could not be changed without improving socio-cultural and economic condition of the society and without change in the age of marriage of women the health condition of women cannot be improved. The study population is found to be moved by convention and tradition.

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Dear Respondents,

The questionnaire is prepared for the purpose of my research study entitled "The Impact of Early Marriage on Health of Dalit Women" under the guidance and supervision of Prof. Madhusudan Subedi, Central Department of Sociology, T.U., Kirtipur. Your cooperative in completion of the questionnaire will be great value to me. Please feel free to put your response required to the questionnaire. I assure that your response will merely be used as information for the research and will have no harmful effect upon your career.

Researcher
Padam Saud
University Campus, T.U.
Department of Sociology
Kirtipur, Kathmandu

Appendix - I

Questionnaire for Interview

1. Introduction

   Full Name of Respondent:

   Age:

   VDC: Ward No. :

   Village:

2. Head of the household:

   Name: Age:

   Gender: Occupation:

   Education:

3. What is your academic qualification?

   a) Literate b) Illiterate

   c) Primary level d) Secondary level

   e) Higher secondary level

   f) University education (BA and above)

4. What is your occupation?

   a) Agriculture b) Labour

   c) Business d) Service

5. Do you have children?

   a) Yes b) No

   If yes, how many children do you have?

   …….

6. Where did you go for check-up during your pregnancy?

   a) Public hospital b) Private hospital

   c) Dhami Jhakri d) did not visited

7. Do you use any contraceptive to confront frequent pregnancies?

   a) Yes b) No

8. Where did you give birth to your child?

   a) Home b) Hospital

9. What are the health problem after early child bearing?

   a) Hypertension b) Thyroid

   c) Underweight d) Anaemia

10. What was the birth gap for another child?

a) No gap b) 1 year

c) 2 years d) 4 years

11. Does your society follow early marriage?

a) Yes b) No

12. If yes, what are the reasons of doing early marriage?

a) Poverty b) Lack of education

c) Large family d) Culture

Appendix - II

Questionnaire for Informants

Name:

Occupation:

Age:

1. How is the situation of early marriage in your community?

   _____

2. What are the causes of early marriage?

   _____

3. Do you see any change on age of marriage of boys and girls?

   _____

4. What are the consequences of women due to early marriage?

   _____

5. What was the age during your marriage?

   _____

6. What was your age in first pregnancy?

   _____

7. Tell me your age when you got first lived child.

   _____

8. Did you have complication during pregnancy?

   _____

9. Where did you give birth to your child?

   _____

10. Did you have complication during delivery?

    _____

11. Did you have complication after delivery?

    _____

12. What are the health problem after early child bearing?

    _____