

**EARLY MARRIAGE AND IT'S IMPACT ON WOMEN'S  
HEALTH IN DALIT COMMUNITY**

**By**

**Muna Lamichhane**

**M.Ed. Second Year**

**Symbol No.: 2400053**

**T.U. Regd. No. : 9-2-643-4-2008**

**A Thesis Submitted to  
Health, Physical, Population and  
Environment Education Department in Partial Fulfillment  
of the Requirements of the Master Degree in Health Education**

**TRIBHUVAN UNIVERSITY  
FACULTY OF EDUCATION  
SAPTAGANDAKI MULTIPLE CAMPUS  
BHARATPUR, CHITWAN  
JULY, 2016**



# सप्तगण्डकी बहुमुखी क्याम्पस

## SAPTAGANDAKI MULTIPLE CAMPUS

(Affiliated to T.U. and HSEB, Nepal)

भरतपुर, चितवन, नेपाल  
Bharatpur, Chitwan, Nepal

प.स.र L.No.

च.नं.र Ref. No.

### RECOMMENDATION LETTER

This thesis entitled **Early Marriage and It's Impact on Women's Health in Dalit Community** submitted to the Department of Health, Physical, Population and Environment Education, Saptagandaki Multiple Campus, Bharatpur, by **Muna Lamichhane** has been completed under my supervision and guidance. I recommend it for acceptance and examination.

-----  
(Thesis Supervisor)

Deepak Babu Shrestha

Health, Physical, Population and Environment Education Department

Saptagandaki Multiple Campus

Bharatpur, Chitwan

Date:



# सप्तगण्डकी बहुमुखी क्याम्पस

## SAPTAGANDAKI MULTIPLE CAMPUS

(Affiliated to T.U. and HSEB, Nepal)

भरतपुर, चितवन, नेपाल  
Bharatpur, Chitwan, Nepal

प.स.र L.No.

च.नं.र Ref. No.

### APPROVAL SHEET

The thesis entitled **Early Marriage and It's Impact on Women's Health in Dalit Community** submitted by Muna Lamichhane in partial fulfillment of the requirements for the Master's Degree in Health Education has been approved.

#### Thesis Evaluation Committee

#### Signature

- 1. Mr. Nanda Lal Paudel,**  
Head, Department of Health, Physical  
Population and Environment Education  
Saptagandaki Multiple Campus  
Bharatpur, Chitwan  
.....  
Chairman
- 2. Mr. Deepak Babu Shrestha,**  
Lecturer, Department of Health, Physical,  
Population and Environment Education  
Saptagandaki Multiple Campus  
Bharatpur, Chitwan  
.....  
Supervisor
- 3. Dr. Surendra Giri**  
Associate Professor, Butwal Multiple Campus  
Butwal, Rupandehi  
.....  
External

Viva Date: 18<sup>th</sup> Oct, 2016

## DECLARATION

I, hereby, declare that the thesis entitled **Early Marriage and It's Impact on Women's Health in Dalit Community** is the result of my original work. No part of the thesis was earlier submitted for the research degree to any university and educational institution. This thesis is the result of my own research work conducted in the study area whatever, subject matter I have presented in this thesis is my original except some cited materials.

Muna Lamichhane  
Saptagandaki Multiple Campus  
Bharatpur, Chitwan

Date:

## **ACKNOWLEDGEMENT**

First of all, I would like to express sincere gratitude to thesis supervisor Mr. Deepak Babu Shrestha for scholarly and tireless guidance, critical suggestion, encouragement and supervision throughout this study.

An undertaking of this study is not the result of single mind. It attests to the contribution, support and encouragement of many there are so many helping hand to hands. It sore searcher wants to knowledge all of them of their kinds. Suggestions. guidance and help throughout study period.

I equally acknowledge and express my sincere gratitude to Mr. Nanda LalPoudel, Mr. Tika Ram Devkota, Govinda Parajuli and Krishna Prasad Ghimire for their generous guidance and assistance during this study period.

I acknowledge the support provided by Mr. Lal Bahadur Chhetri of Tandrang VDC for providing help in work and collecting data. I am also thankful to colleagues for sharing experience and knowledge during the time of study. I gratefully acknowledge to author of books and articles due the reference of which I have completed this study.

I would also like to thank Quality Photocopy and Computer for providing excellent computer service and helped to make this thesis in this form.

Muna Lamichhane

## ABSTRACT

The thesis entitled "Early Marriage and its Impacts in Women's Health in Dalit community of Tandrang VDC Gorkha District" was conducted among 172 early married Women in Dalit community of Tandrang VDC. The study of objectives was to analyze or identify of the different socio-demographic characteristics to find out the knowledge and practices of early marriage and effect or impact on women's health due to early marriage. So that data was collected 172 purposively sampled respondents through interview schedule. This study shows that most of respondents were 45.14 percent literate, 47.42 percent involved in agriculture. 36.57 percent were labor work. Similarly, nearly half 48.57 percent of the women in selected area had got married between 17-19 years. Similarly, majority of the respondents 89.37 percent had their first bearing child before 20 years.

This is a prospective study of the associated early marriage and its impact on women's health among the early marriage women of Dalit community. The major health problems found to low health condition, low literacy, low socio-demographic- economic status, lack of health education and health educator persons. Lack of awareness on sexual and reproductive health and early marriage with early pregnancy.

Moreover, 64.53 percent early pregnancy women delivery place of birth taking at home 22.27 percent at health post. Similarly, 44.57 percent early pregnancy women had not attended the regular antenatal checkup during their pregnancy, At pregnancy time they are not birth regular check up their pregnancy period. The major pregnancy related problems in this region are poor health condition. Anemia, over bleeding and most of uterine prolapsed along with the outcome of premature or low weight babies.

In conclusion, it can be said that early marriage is prevailing in this community due to many poor socio-demographic- economic status. Lack of information or health, lack of health educations, social belief, traditional marriage and love marriage system. So this problem solved. It is necessary to promote their education status it is also equally important to give them about the early marriage. It leads to teenage pregnancy. In which tends to bring risk in child maternal health through different program. Their women's addition improve that it is also need to remove their traditional concept and shyness towards. Early marriage with the help of effective and interesting educational programs, finally to change of traditional concept.

## TABLE OF CONTENTS

DECLARATION	iv
RECOMMENDATION LETTER	ii
APPROVAL SHEET	iii
ABSTRACT	iv
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS	vii
LIST OF TABLES	x
LIST OF FIGURES	xi
CHAPTER I:INTRODUCTION	1-7
1.1 Background of the Study	1
1.2 Statement of the Problems	3
1.3 Objective of the Study	5
1.4 Significance of the Study	5
1.5 Delimitation of the Study	5
1.6 Definition of Importance Terms Used	6
CHAPTER II:REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK	8-14
2.1 Review of Theoretical Literature	8
2.2 Review of Empirical Literature	10
2.3 Implication of the Review for the Study	12
2.4 Conceptual Framework	13
CHAPTER III:METHODS AND PROCEDURES OF THE STUDY	15-17
3.1 Research Design	15
3.2 Population of the Study	15
3.3 Sample size and sampling procedure	15
3.4 Study Area/Field	15
3.5 Tools of Data Collection	16
3.6 Data Collection Procedure	16
3.7 Data Analysis and Interpretation Procedure	17

CHAPTER IV: ANALYSIS AND INTERPRETATION OF RESULTS	18-42
4.1 Demographic Characteristics of the Respondents	18
4.1.1 Family Structure	18
4.1.2 Distribution of Respondent by Age at Marriage	18
4.1.3 Educational Status of the Respondents	19
4.1.4 Occupational Status of Early Married Women	20
4.2 Knowledge and Practices of Early Marriage	21
4.2.1 Respondents Knowledge about Early Marriage	22
4.2.2 Respondents View About Early Marriage	23
4.2.3 Decisions of Marriage of the Respondents	23
4.2.4 Knowledge About Legal Age at Marriage	25
4.2.5 Causes of Early Marriage	25
4.2.6 Age at first Pregnancy of Respondents	26
4.2.7 T.T. Injection During Pregnancy	27
4.2.8 Knowledge about Health Problem Create by Early Pregnancy	28
4.2.9 Problems Faced by the Respondents due to Early Pregnancy	29
4.2.10 Types of Health Problems Faced by the Respondents due to Early Pregnancy	30
4.2.11 Place of Delivery	31
4.2.12 Conditions of First Baby	31
4.2.13 Present Health Status of the Child	33
4.2.14 Health status of Women Before and after marriage	33
4.2.15 Instruments Used to Cut the Umbilical Cord by the Respondents	34
4.3 Family Planning	35
4.3.1 Knowledge about Family Planning	35
4.3.2 Source of Information of Family Planning	36
4.3.3 Use of Family Planning Method	37
4.3.4 The Reason of Not Using Family Planning Method	38
4.4 Impacts on Women's Health due to Early Marriage	39
4.5 Summary of Findings	41



CHAPTER V:CONCLUSION AND RECOMMENDATIONS	44-45
5.1 Conclusion	44
5.2 Recommendations	45
5.2.1 Policy Related Recommendations	45
5.4.2 Practice Related Recommendations	46
5.4.3 Recommendations for Further Study	46
REFERENCES	47-47
APPENDICES	49-51

## LIST OF TABLES

Table	Title	Page No.
1.	Respondents Age at Marriage	19
2.	Educational Status of Respondents	20
3.	Respondents View About Early Marriage	23
4.	Causes of Early Marriage	26
5.	Antenatal Checkup During Pregnancy	27
6.	T.T Injection During Pregnancy	28
7.	Knowledge about Health Problem Create by Early Pregnancy	28
8.	Type of Health Problems Face by the Respondents due to Early Pregnancy	30
9.	Delivery Place of Respondents	31
10.	Health Condition of First Baby at Birth	32
11.	Health Status of Women Before and After Marriage	34
12.	Instruments Used to Cut the Umbilical Cord of Respondents	34
13.	Source of Information about Family Planning	36
14.	Use of Family Planning	37
15.	The reason of Not Using Family Planning Method	38
16.	Health Problem Faced by the Respondent Due to Early Marriage	39

## **LIST OF FIGURES**

Figure	Title	Page
1.	Occupational Status of Early Married Women	21
2.	Respondents Knowledge about Early Marriage	23
3.	Decisions of Marriage of the Respondents	24
4.	Knowledge About Legal Age at Marriage	25
5.	Problems Faced by the Respondents due to Early Pregnancy	29
6.	Present Health Status of the Child	33
7.	Knowledge about Family Planning	36

# CHAPTER-I

## INTRODUCTION

### 1.1 Background of the Study

Marriage is the public joining together under socially specified regulation of a man and woman as husband and wife marriage bond is enduring. It is contract for the production and maintenance of children make couple are responsible to the bearing and dreading of children.

Marriage aims at social solidarity it contributed to emotional and intellectual instimulation of the partner. Due to the lack of education poverty and superstition are the main problems of early marriage in our society. It creates common public health problems and teenage pregnancy. "According to Hindu religious" ethics the girl's marriage should be occurred before the first menstruation. After the marriage husband parents in law desire the child family and society should be wanted child from the marriage couple so that it creates miscarriage and poor health problems. It also creates violence. Husbands and parents in law refuse to allow the child wife to go to school. Due to the fear and hesitation child wife couldn't get their rights deprivation of these girls of their rights to get education. There should be increased of child death rate and high risk of maternal mortality ([www.unicef.org.earlymarriage.com](http://www.unicef.org.earlymarriage.com) and [www.worldvisionorg.earlymarriage.com](http://www.worldvisionorg.earlymarriage.com)).

Man and women are married either religiously culturally and live together as husband and wife premarital sex, kissing, between boys and girls are not allowed in Nepali society in urban areas society is related to Hindu norms and values so that. They consider to achieve religious facts purity child marriage is the most essential things. If women are not educated it invites serious problems in women life and to their born baby. According to the 2014 census more than 7,50,000 women in Nepal today were married between 10 and 14 years of age more than half of girls/women between 15 and 19 (2-7) million out of 73 million reported. They were married but child marriage was particularly prominent in Dalit community according to 2014 report published by save the children world vision targeted aid interventions among Dalit are needed to reverse this troubling trend. According to the 2015 joint report girls who marry young suffer from pregnancy related complications uterine prolapse infant and maternal

mortality malnutrition of both mother and child as well as psychological problems including depression violent marital relations and suicides (olaperezynska 2015 save the children)

Early marriage better known as child marriage is defined as marriage carried below the age of 18 years before the girls is physically, physiologically ready to shoulder the responsibilities of marriage and child bearing. Required to perform heavy amounts of domestic work under pressure to demonstrate fertility, married girls and child mother face constrained decision making. If the mother doesn't give a birth of son h

er husband brings another wife. In the religious facts value of the son is the most essential thing. Before the age of 22 fertility rate are highly increased and high risk to give a child many pregnancy women has died due to the cause of child marriage most of the child marriage is considered as a family matter and governed by religion and culture, government of Nepal already has brought a law against the child marriage but it is still practice in our society.

"In Nepal half of all girls are married by age 18 even though child marriage is against the law campaigns against the practice are starting to have an impact and growing number of girls, empowered to defend their rights are resisting child marriage community awareness campaigns to stop child marriage in Nepal have taken a variety of forms including radio spots and street theatre by children clubs. Now there is a push to step up prevention efforts including advocacy work with men and boys. The national planning commission and government ministries are working UN agencies and civil society organization to develop a plan of action on adolescent development that will address child marriage. In Kapilvastu Shayti was married age of 12 but she and her husband are trying to save up some money before having children people are unable to create happy and quality of life and there are the problems to support their family" William A Ryan UNFPA 2013.

Tandrang VDC village development committee has been situated northern part of Gorkha. It is one of the VDC of Gorkha district which are situated in Gandaki river and Mukti stream, Pandrung, Baguwa, Dhawa, Borlang have connected with Tandrang VDC. It is 32 km far from northern part of the Gorkhabazaar. There are Brahmin, Chhetri, Newar and Dalit caste people live in Tandrang VDC in Dalit community.

They have the poor economic condition. Dalit people are involved in weaving clothes, Doko, Dalo, Thumsea, etc and they are involved in making metal copper materials which things are mainly used in agriculture field work wooden field in forest make Iron pot. There are two higher secondary school, two secondary school and give primary school in Tandrang VDC only one sub-health post (SHP) but this place many Dalit people have uneducated. There are many children boy and girls haven't pass in SLC facility of Health service but not goes to health service to believe the tradition society and tradition things. Tandrang coat is the famous religious place of Tandrang VDC. It lies east-north part of Tandrang VDC mainly in Dashain festival people gathered and worship in Tandrang coat. At that period people brings Pancabali, Kul puja etc.

According to household survey 2014-015 (071-072) the total population in the selected wards Tandrang VDC is 3860 out of them 1940 population of Dalit more than 65 present in Dalit people live in this VDC in Gorkha district. They have also own tradition and norms un comparable with other community due to lack of education they do not have knowledge about problems of early marriage.

## **1.2 Statement of the Problems**

Early marriage is main problems in urban (village area). It creates serious health problems despite the economic benefits some families depend on traditional social practices of early marriage. The legal age for marriage is 20 but most of the women ignore of marriage of the appropriate age and every years 15% die during the pregnancy because young women are not physically develop enough to deliver a child the often face prolonged labour. During labour the baby experts pressure against soft tissues in the mother pelvis. Because a hole of fistula. UNFPA reports 6,00,000 women in Nepal are affected by uterine prolapse. Among Nepali are affected by uterine prolapse. The causes of this condition are applying pressure during delivery strenuous manual labour after child birth giving birth and young age some effect or impact of uterine prolapse include pain during urination difficulties during stigmatization lack of education and health education myths and social norms misconception, economic and social status thereted from young or older member background community for qualitative life style. Inequality value of son are the different factor of early marriage it can be minimized to extend by the relevant knowledge about early marriage and many

kinds of opportunity to develop their career and further progress by the reducing the poverty and superstition child marriage should be stop employment public awareness public health education or health education are necessary to reduce the child marriage poor health condition miscarriage uterine prolapsed pain in uagina, anemia, uaginal swelling painful in menstruation time bleeding are main problems of early marriage parents are not responsible to provide the education for their children law quality of life is the major problems of early marriage, It create domestic violence and gender inequality. Early marriage is the major issues in Dalit community at Tandarnng VDC mother and child many problems. Psychological and emotional physical condition of weeks law weight baby high MMR morbidity and infant mortality and serious many problems to be health to mother as well as child it can be compromised minimized to extend by relevant knowledge about early marriage and many kinds of opportunity or chance to develop their career and further process so it is need to find out the problems of early marriage and it's impact or effect of women health [www.mariages.yjoy.com](http://www.mariages.yjoy.com).

Adolescent girls are both biologically and socially more vulnerably danger and cause of unprotected sexual relations including un wanted pregnancy sexual abuse STIS/HIV and AIDS (Benjingconference as cited in Katwal, 2010).

Early marriage is the major issues in Dalit community at Tandrang VDC in Gorkha district untovehabitlity is main problems but it is not the major cause of marriage. Most of the Dalit women of this VDC are uneducated and believe in their traditional culture poverty. Unemployment gender inequality lack of opportunities, untouchability poor socio-economic status lack of education or health education etc are the serious problems in this VDC only few people get SLC education but other people and mainly girls left the school before SLC level below the 15 years of girls are involved in love so they marriage with out the permission of parents love and tragedy is the major issues of early marriage early marriage is common practices in Dalit community of Tandrang VDC so the problems is stated as early marriage it impacts on women health of Tandran VDC Gorkha district.

### **1.3 Objective of the Study**

The objective of the study is to analyze the impact of early marriage on women health in Dalit community of Tandrang VDC Gorkha district. The specific specific objectives are as following.

- i. To find out socio-demographic factors of Dalit community in Tandrang VDC.
- ii. To explore the existing early marriage practice in Tandrang VDC.
- iii. To find out the health condition of Dalit community.

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

This study will indentify the health problems of early married women in Dalit community of Tandrang VDC of Gorkha district. So this study will help to explore the determinants or factor effect of early marriage and it's impact on mainly women's health Nepalese women are back ward in various perspectives poor socio-economic condition Health for all and all for health to day slogan of world.

- i. The study will be the women health problems early marriage.
- ii. The study will be help to researcher of the study.
- iii. Determinants factors due to early marriage and impacts women health in Dalit community.
- iv. Help full to know the health problems faced by early marriage women.
- v. This study will be useful of the university students to carry out researches in this field.

### **1.5 Delimitation of the Study**

This study fulfill to analyze the early marriage and it's impacts on women's health among Dalit community Tandrang VDC of Gorkha district due to the study lack of time and limited financial. This study is delimited on following points.

- i. The study is delimited on early marriage Dalit community of Tandrang VDC ward no. 1, 3, 5, 7, 8 and 9.
- ii. Women who have marriage age between 13-20 years are selected for the study.



- iii. This study was mainly related on early marriage and it's impacts on women's health.

## 1.6 Definition of Importance Terms Used

**Age of Marriage:** The age at marriage which female gets marriage and enters the reproductive period of life.

**Anemia:** Anemia is the low level of hemoglobin in blood. (Dhakal's 2068)

**Birth:** Process by which a baby is moved from the uterus to the out side world (Health and Physical Education II)

**Cast:** Cast is system of stratification which mobility up and down the status ladder at least ideally may not occur" (Green Maelver)

**Dalit:** Dalit is Nepali word for indigenous people. All through the Nepalese History the Dalit living in the poor local area which are called ethnic group who have dominate the other upper cast people like Brahmin & Chhetri.

**Delivery:** The process by which the fetus and the placental are expilled from the uterus (Public Health)

**Early Marriage (Teenage Marriage):** It's refers to the periods (13-19) years boys & girls. (WHO)

**Early Pregnancy:** The early pregnancy is pregnancy before the age of 20 years.

**Force Marriage:** The forced marriage in which is performed by the parents without the permission of their daughter.

**Infant Mortality Rate:** It is the number of deaths under one years of age per 1000 live birth in one years (Karki 2069)

**M.CH (Maternal & Child Health):** The term maternal % child health refers to preventive, Promotive, Curative and Rehabilitative health care for mother and children.

**Malnutrition:** It's define as diseale state resulting from prolonged in take of a diet deficient primary of protein energy food and secondary of other essential food elements such as minerals and vitamins. (Shrestha 1995)

**Marriage:** Marriage is a ritually recognized union between a man and women that the spouses live together and that the couple have clearly recognized mutual sexual right (Westermarck 1965)

**Maternal Mortality Rate:** It is the annual number of female death per-1,00,000 lives birth from any cause related to or aggravated by pregnancy or it's management. The MME includes death during pregnancy child birth or with in 42 days of termination of pregnancy irrespective duration and site of the pregnancy for a specified.

**VDC:** Village Development Committee

## **CHAPTER II**

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

This part of the study is concerned with review of some relevant studies regarding Early Marriage impact the women health. Some of the fact opinions and reports directly or indirectly related to his study are reviewed in this. Among the health research literature based on in digenous health practice of particular Dalit Community.

#### **2.1 Review of Theoretical Literature**

Nepal is one of the poorest counties in south Asia and Rank 138 out of 169 on (UNDP) Human Development index for the 2011 fiscal year. The world bank report (That GDP) per capital in Nepal was low dollar 470. Prevalence Nepal holds 7<sup>th</sup> position among the countries world wide to have high or prevalence of child marriage as reported by "The status of the world vision 2014)

The number of infant deaths (ie) under one years age per 100 live births at the world level declined from 98 in 1970-1975 to about 62 in 1990-1995 for develop regions. Improvement have been slower in sub-saharan, Africa and in some 1990-1995 more than one every 10 children burn a live die because early marriage women's health problems generally have high infant and child mortality rate than the national from. (WHO 2000)

International assembles of (1978) (Embrahmigi) held on Almanta a slongan (conforance) Health for all all for Health 2000 A.D. So that all people of the world can live socially-economically productive life emotionally.

According to the WHO (World Health Organization) (1996) The life time risk of dying from pregnancy early marriage have got many problems and other child birth related causes is in 20 in some developing countries composed to 1 in 10,000 in some develop countries.

Nepal can be divided into two culture Aryan and Mongolian Tibito-Burman. It is the Aryan culture however that has dominate and influenced the socio-culture of Nepali culture dominate of the Dalit in Brahmin Chhetri.

Such as rules imposed by the holy texts had their impact upon the religious population and the practice of child marriage was established by (2000) BS even the marriage daughter is still called to "Kanyadan" which literally means "The gift of virgin"

According to Hindu belief & culture "Kanyadan" earns a lot of "Punya of Spiritual and virtuous credit to the father.

Marriage is the public joining together under socially specified regulation of a man and women as husband and wife marriage bound is enduring analysis social institution 3069.

According to 5<sup>th</sup> Nepal demographic and Health survey (NDHS) 2011. Prevalence of strutting is 50 percent, which indicates early marriage un education many problems that.

Un 2011 report on "Word marriage Patterns" shows that early marriage this results in to early marriage this results in to early pregnancy. So that pregnant women younger than (13-19) years are more likely to die during pregnancy and child birth. It results in adequate growth under nutrition hypertension, uterrin prolapse and anemia adolescent women married to much older man unable to communicate the timing and frequency of intercourse and contraceptive use with their husbands and therefore unable to control their own fertility . But early marriage is common in many part of the world claiming.

UNICEF (2014) reported that Nepal is ranked second in terms of child marriage prevalence with percent of girls in the country marrying before of 18 (unicef)

report from the government own report by the ministry of health and population.The ministry report that only 25 percent of girls and 10 percent of boys were found to have married before the age of 18 in (report by 2014).

According to 2015 joint repot girls who marry young suffer from pregnancy related complications uterine prolased infant and maternal mortality mal nutrition of both mother and child as well as psychological problem including depression, violent marital relations and suicides. 2015 save the children.

Nepal is one among least develop countries of the world. The poor health status is one of the major socio-economic problems in Nepal are malnutrition rapid population growth, prevalence of disease. Environmental population maternal rate and lack of health facilities and services (CBS 2012)

Nepal has one of the highest maternal mortality rate 30 281/1,00,000 (CBS 2010). The point estimate of MMR suggest that maternal mortality has declined by 45 percent over the last ten years. The government of Nepal has conducted the latest survey in 13 April 2010 to 13 April 2011 and found that the overall MMR 229 per 1,00,000 lives Nepal's population growth rate is 124 percent report by (Census 2014) of Nepal.

The custom of child marriage seemsta have begun from the Brahmin cast which according to Hindu law is the highest caste. The mead period sanskrit dramas of Nepal narrative the incidents of child marriage customs. However in other castes child marriage was not compulsory. This true in the present context as well. The tradition of child marriage is dominant, hate, in the indo-Aryan Hindu such as Brahmins and Chhetries it Magar, Gurung,Tamang, cast is common but not touch of Dalit Community members & Dalit person factors influence of everything of Dalit people.

## **2.2 Review of Empirical Literature**

Empirical Literature based on the statistical figures records and study. It reflects past and present scenario of anything else. Some are related empirical reviews are summarized here.

Acharya T.B. (2010) in this study "Determinants of teenage marriage and its effects on mother and child health in Jeena VDC Arghakhanchi district" revealed that the total respond 65 percent were married in age of 15-19 years and 35 percent in below 15 years. 65 percent of the early married women don't have knowledge about marriage and study shows that 71 percent of respondents view that early married not good.

Poudel Rajesh (1992) discovered that the mean age at marriage among literature women was 17.12 years where as among illiterate women it was 12.78 years. This

indicated that literate women tend to marry 5.5 years later than illiterate women like wise the mean age at marriage among the women with primary education was 16 years. Where as among women with the secondary education to marry about one year later than those of primary education the occupation of women work in agriculture, but boy has make a Iron pot and other made of wooden thing. Lower age at marriage (13) than those engaged forming activities working women in rural. Nepal either works on farm or works as agriculture of labours (Dahal 1992).

According to Nepal demographic and Health survey (NDHS) 2006 prevalence of stunting is 49 percent which indicates chronic malnutrition prevalence of wasting and under weight were 13 percent and 39 percent respectively report said that exclusive breast feeding to 0-6 months is 52 percent while the prevalence of Anemia is dreadful children 0-2 years. It covered 72 percent among them pre-primary level age children is 48 percent.

Taladhar, S (1997) conducted a study on knowledge attitude and practice of teenage mother on reproductive health regarding pregnancy and it's out come. The study teenage mother is take from Tribhuvan University Teaching Hospital and Maternal. It was held for six weeks and mother is from age of 13 to 19 years result from that and minimum age is 15 years. All teenage mothers 60 percent mother's age of marriage is 12 years. Teenage marriage existed because of parental infrest.

Marriage usually take place at very early age in Nepal. Age at marriage in this situation make a real different in governing fertility. Some studies proved that an increase in female age at the marriage contributes to reduce in fertility. this is also true in the case of Nepal. where an inverse relationship between age of this marriage and fertility has been observe (Chhetry 1999).

Dalit population consisted 31,26,522 which was 16.90 percent of national population (CBS 1991) but census 2006 indicates that total population of Dalit in Nepal record ..... of national population (CBS) Age at marriage is an especially important variable affecting fertility in a society where fertility out of wed lack is strongly disapproved and marital dissolution is in significant. Marriage is not a biological event like birth and death rather it is a social event that occurs. therefore importance variables shaping

the fertility level in Nepal where ever few birth take place outside of marriage and maternal dissolution is in significant (Aryal 1995).

Early marriage better known as child marriage defined as marriage before the girl is physically, physiologically ready to shoulder the responsibility of marriage and child bearing required to perform heavy amount's of domestic work under pressure to demon state fertility, married girls and child's mothers face constrained decision making (Gautam 2015)

Subedi, P (2001) in her study teenage pregnancy and it's effect of mother's and child's health in Chepang community of Dhading district revealed that early marriage is found to have high prevalence more that 50 percent of the total respondents marriage between 10-18 years and 75 percent got first pregnancy in the same age group Immunization status of children under five years was found very poor. Diarrhea, Malnutrition, and ARI were the most common disease mother are mostly suffering from swelling heavy bleeding and lower abdomen pain.

On the basis of above literatures it is found that early marriage bring risk of mother health it is most common issues in developing countries like Nepal. It is also revealed that many health problem such as poor maternal and child health fertility and high level of maternal and infant mortality a rises from early marriage practice.

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

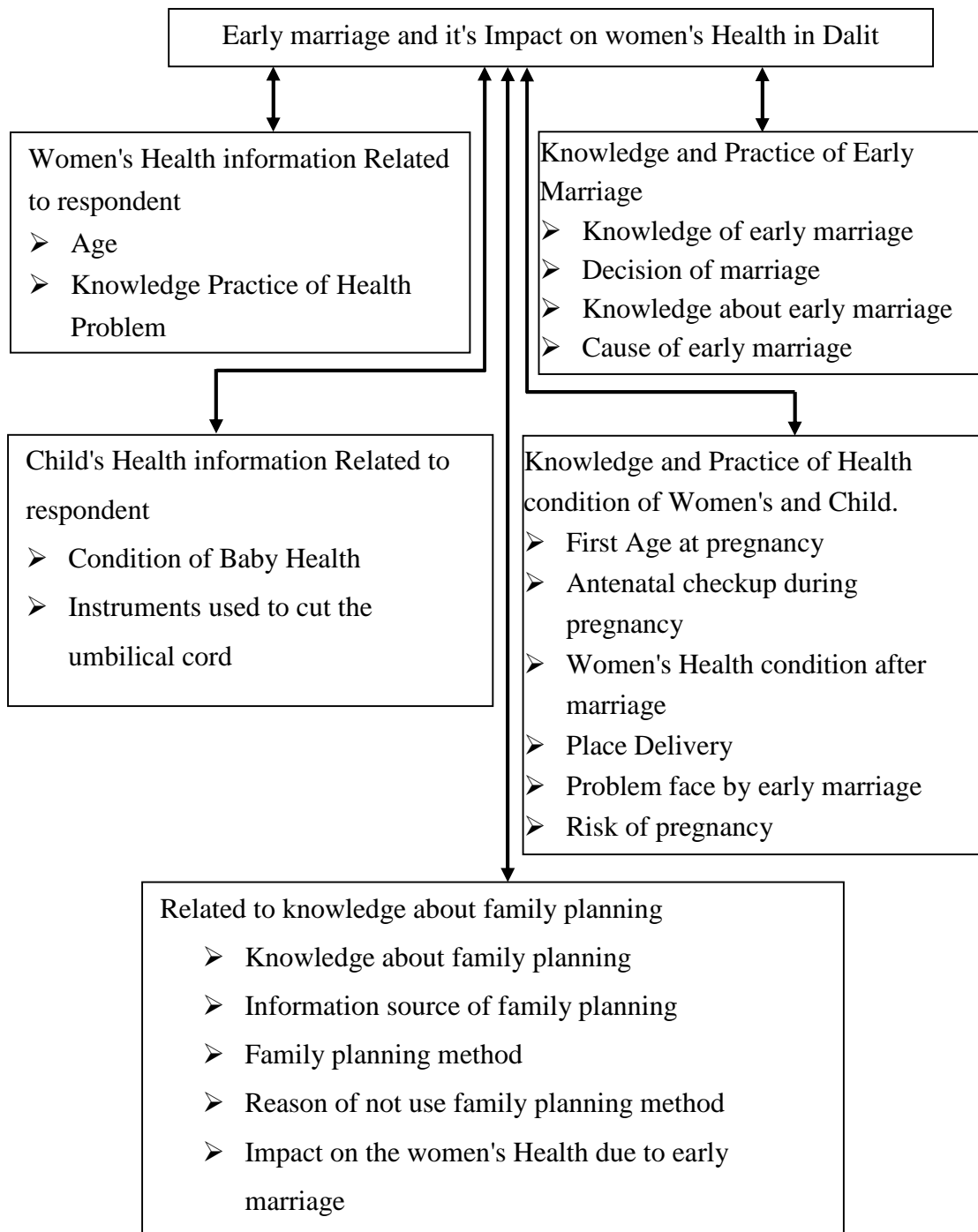
Literature review is the most important part of research. Literature review gives is guides line to make our research errorless. It is important to get knowledge to find out the search problem. It helps us to findout what's actual problems and condition in this topic in other same similar field. In this study review of literature provided in depth knowledge on theoretical aspect of early marriage and it's Impacts on women's Health in Dalit community of Tandrang VDC Gorkha district. It help to make research problem and it also helped to select appropriate, objectives, methodology, research design, formulate, questionnaire schedule and analysis. Literature review help to learn what actual problems in the study field or area in this subject matter on the basis of above literatures it is found that early marriage brings risk of member mother health. It is most common issues developing countries like Nepal. It is also revealed that

many health problems such as poor maternal and child fertility and high level of maternal and infant mortality arise from early marriage practice.

#### **2.4 Conceptual Framework**

On the basis of above discussed related literature every research is important in itself because it unfolds various unseen facts in any field study. The mother or women's and child health their knowledge attitude and skills. They ignore their health due to lack of proper educational knowledge of health. In most of Dalit community effect of early marriage women's health, child's health time of TT injection, Antenatal checkup during pregnancy. Use of family planning method. Impacts of women's health due to early marriage etc. There were found to be different variables for problems were shown in the given Framework.





## CHAPTER III

### METHODS AND PROCEDURES OF THE STUDY

#### 3.1 Research Design

The research use for descriptive study with qualitative and quantitative type of research method to find out factors associated about early marriage and it's impact of women health in Dalit community of Tandrang VDC.

#### 3.2 Population of the Study

This study is conducted in Dalit community of Tandrang VDC of Gorkha district. there is about 3860 population in selected ward in Tandrang VDC. Among them 65 percent people is Dalit the total number of Dalit population is 172 and numbers of early marriage women among them Dalit household 172 Dalit are living at ward of Tandrang VDC ward no. 5 Paretar, ward no. 7 Gayregam, ward no. 8 Ambhang, ward no. 9 Okhle, Total population Dalit is 1940.

#### 3.3 Sample size and sampling procedure

The total population the study area in the Dalit community is selected. There are 9 ward in Tandrang VDC. The study is selected ward in ward no. 1, 3, 5, 7, 8 and 9 by purposive sampling method (Total house hold survey) Where is the number of early married. Asking question and help of Vital registration and profile of VDC record. Among 540 married women under the age of 20 years out of them 172 respondents were selected by purposive sampling.

#### 3.4 Study Area/Field

Tandrang village development community (VDC) has been situated northern part of Gorkha. Pandrung, Baguwa, Dhawa and Borlang have connected with Tandrang VDC. It is 32 km far from northern part of GorkhaBazaar. Tandrang VDC with touch Gandaki river and MuktiKhola. This situated top of the hill middle side of village make a big road. Arughat to Gorkha and Kathmandu. There are Brahmin, Chhetri, Newar and Dalit community. Especially Dalit is Bayalkoti, uparkoti, sirmal B.K. sunar, Remtial etc. People live in Tandrang VDC people observe the many

festival Dashain, Tihar, Teej and Kulpuja. Especially Brahmin Kulpuja community observe the own Kulpuja to give the goat (Boka) balie.

### **3.5 Tools of Data Collection**

Interview schedule was the main tools of data collection, in which open and close types of questions were included to support the objectives of this research. After preparing the tool, it was pre-tested among 8 married females age of 14-20 years in ward no. 5 of Dhawa VDC. After pretesting, the tool was edited, modified and finalized according to the finding of the pretest and suggestion of the research advisor.

### **3.6 Data Collection Procedure**

This study is based on the mainly primary data, which data is collection the interview schedule from selected married women specially early marriage women of four ward of Tandrang VDC. The procedure of data collection will base in following point.

First up all the researcher is visited the chairman of Tandrang VDC of Gorkha district. This study was based on the primary data which was collected through the interview schedule from selected married women of 6 wards of Tandrang VDC. Procedure of data collection was based in following serially. The researcher visited the chairman of Tandrang VDC of Gorkha district with recommendation letter from Saptagandaki Multiple Campus, Health Physical Population and Environmental Department. As the nature of research topic with the VDC chairman about objective. As well as norms and values of the research. Then after getting permission from VDC chairman. Researcher was find out the early married women less than 20 years of Tandrang VDC vital registration f profile record. Then the researcher was find out the 540 early married women. Out of them 172 respondents were taken purposively. All respondents were married under 20 years of age. The researcher visited them and established report building with them. Finally, the interview was closed with thanks.

### **3.7 Data Analysis and Interpretation Procedure**

It's the data processing techniques the field interview schedule is carefully checked to remove the possible careers and in consistencies to edit raw data. After that editing of data the necessary data is tabulation. The data is analyze and interpretation on the make graph tables presented and different table. the data is analyze and interpretation on the this numbers and percent with the help of pie-chart, Bar-Diagram table for secondary data.

## **CHAPTER – IV**

### **ANALYSIS AND INTERPRETATION OF RESULTS**

The chapter is concerned with analysis and interpreting of data collection from the respondents. The data tabulated and kept in sequential order according to the objectives of the study. The research analysis of data on the basis of frequencies percentages essential table and figure have been used to make analysis more clear the analysis on main element of knowledge. Early marriage practice and impact on women's health. The detail description about the analysis and interpretation of data is given below.

#### **4.1 Demographic Characteristics of the Respondents**

This section is the main part of the study which highlights to the analysis and interpretation of collected data on early marriage effect of women's health.

##### **4.1.1 Family Structure**

Family is a fundamental unit of a society. Family is the original social institution from which all their institution develops (Ballard) family is a natural and social unit protected by society and state. It is a group of person of different age and sex related by blood or marriage living under the same roof will common provision of food and sharing the function, responsibilities and available resource of the group each other's.

The sample taken from 172 family members show that there in the composition of 64.41 percent nuclear family and 34.63 percent joint families. So that figure shows majority of the families are the nuclear family. Each of family also related to the same cultural and development condition usually and developing country.

##### **4.1.2 Distribution of Respondent by Age at Marriage**

Marriage is the social process of family. Construction bridge of two family's relationship. Marriage is the social acceptance of sexual intercourse between male and female and bearing children socially acceptance. Women who marry early will on average, have a longer exposure to the risk of becoming pregnant and their early age

child bearing tends to high fertility in our society giving rise to an increase in population.

Table 1  
Respondents Age at Marriage

S.N	Age	Numbers	Percentage
1	Before 14 years	30	17.14
2	14-16 years	60	34.28
3	17-19 years	82	48.57
Total		172	100

In this study the age of respondents is classified in different three groups. Those are before 14 years, 14-16 years and 17-19 years. The above table now show that 17.14 percent of respondents get married before age of 14 similarly 34.28 percent respondents get married between age of the 14-16 years and 48.57 percent of the respondents get married between ages of the 17-19 years.

According to the above it is included in this study that early marriage is prevailing in Tandrang VDC Gorkha district. Tradition is the main cause of early marriage where the lack of education also plays an important role for marriage, which is presented in the figure below. It seems more when looked minutely in 17-19 years.

#### **4.1.3 Educational Status of the Respondents**

Education is the most important part of human being. So it is a major factor to bring change on people's attitude and habit behaviours. Education always plays a vital role in all-round development, an indicator of civilization for society. The whole literacy rate of the people of the study group is found below than the national indicator of literacy. Economic status and educational status of family leader also affect the education of their child and coming generation. It is found that lack of education, poor status of education, condition, background and poverty could be the two causes of dropout and illiteracy.

Commonly few of the females with higher level of education of women tend to marry at early ages that studies have revealed that literate women are more responsive to

knowledge attitude and behaviour practice about planning method. In comparison to the illiterate.

Table 2

## Educational Status of Respondents

Educational Status	Number	Percentage
Literate	79	45.14
Illiterate	93	54.85
Total	172	100
If Literate		
Primary Level	56	70.88
Secondary Level	20	25.31
Higher Secondary Level (1 M.ed)	3	3.79
Total	79	100

The table shows that most of Dalit women were illiterate. Among them 172 respondents 55.81 percent were illiterate and only 44.18 percent were illiterate and only 44.18 percent literate among the literate only 3.79 percent responds had passed higher secondary level 23.68 percent respondents were secondary level 72.36 percent respondents were primary school graduate.

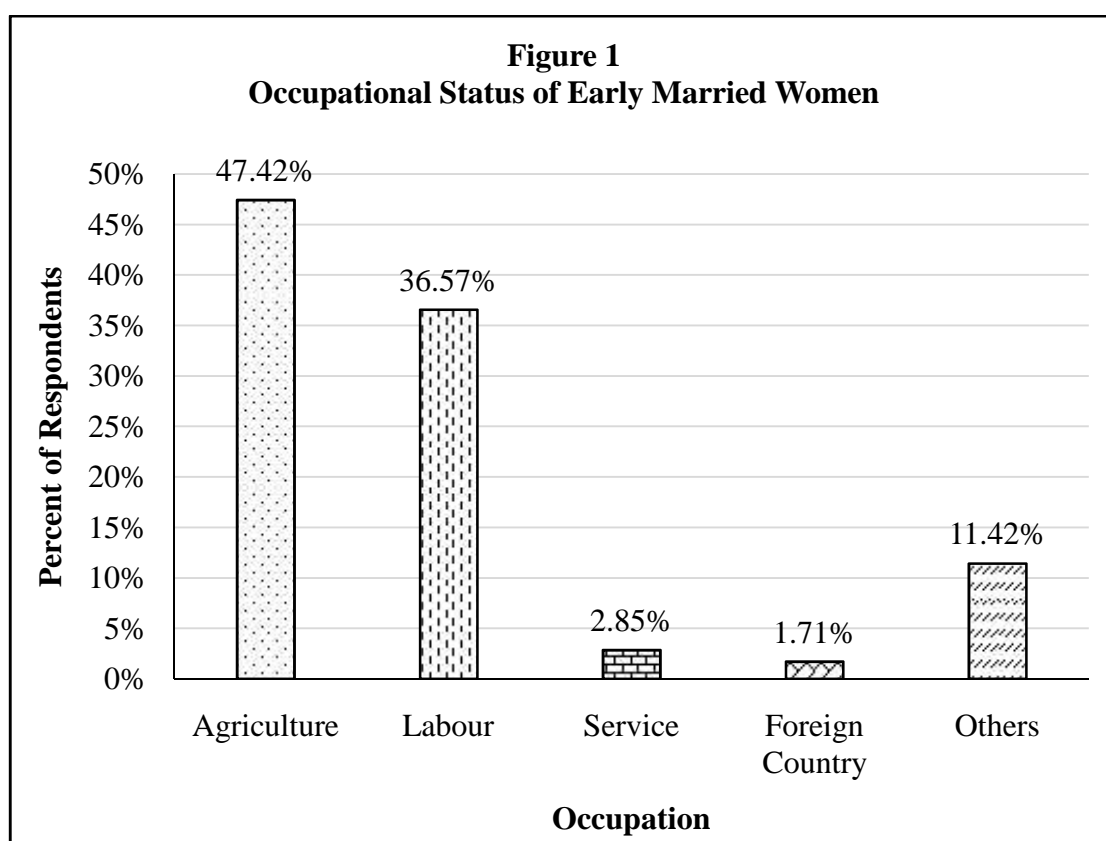
The above information reveals that the women who had early marriage had illiteracy and low education status has been one of the determining factor affecting of age at marriage. The studies have shown that poor economic status of education submitted had lead early marriage. Big family and other causes of early marriage so we can include that early marriage is the Dalit community's especially women result of poor slow educational status. Due to majority of 55.81 percent respondents were illiterate. So that they didn't know about age at marriage.

#### 4.1.4 Occupational Status of Early Married Women

Occupational refers to any work which are applied for the condition of their life. Occupation lead human being towards certain directions and it can make their lives comfortable as well as enjoyable. Occupational status plays vital role for promotion

and protection of individuals as well as community's health. Nepal is an agricultural country where near about 80% of total population is engaged in agro-based occupation lower. Educational people or women involved agriculture, labour and household in this regard respondent were asked, "what is the main major occupation"? The occupation status of early married women shown in figure 1.

The above figure 1 shows that 47.42 percent of the total respondents are engaged in agriculture field 36.57 percent labor 2.85 percent service and 1.71 percent foreign country and others 11.42 percent about table indicates that the Dalit community. Due to lack of education poverty most of the respondents are engaged in both agricultural and labor.



#### 4.2 Knowledge and Practices of Early Marriage

Early marriage is very common in Nepalese society. So it is necessary to analyze and to find out the knowledge and practice of early marriage. Different health related activities practiced by the responds are discussed in this section and age at first pregnancy. Knowledge about early marriage.



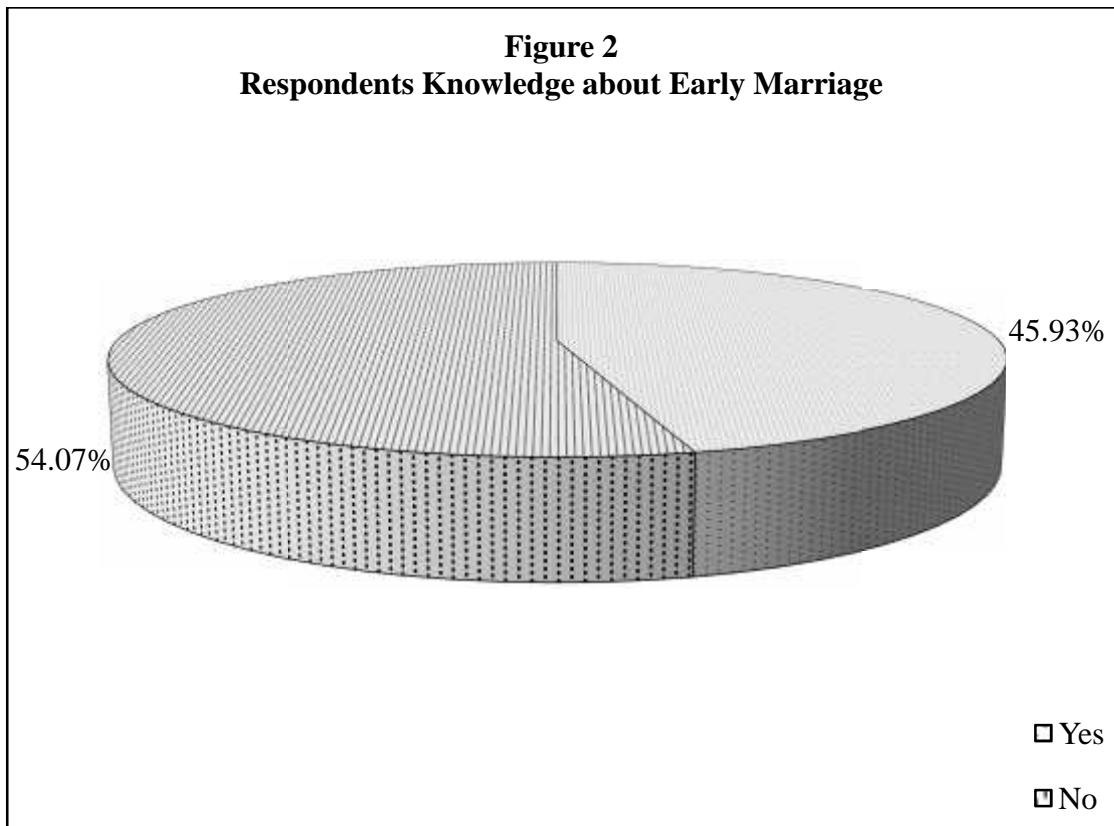
According to mulukiain the legal age of marriage is 18 years girls and 21 years boys with the consent of the parents without their consent the age should be 18 and 21 respectively for girls and boys in this section age at first pregnancy knowledge legal age of marriage reason of early decision of marriage age at first pregnancy antenatal checkup during pregnancy, using of T.T vaccine respondents knowledge about health problems of early marriage or pregnancy. Place of delivery condition of first baby present health status of the child health status of women instruments used to cut the umbilical cord by the respondent's knowledge about use of contraceptive devices. Early marriage directly or indirectly related to the health impact faced by the respondents.

#### **4.2.1 Respondents Knowledge about Early Marriage**

Vital role of women in this household and family. Early marriage can have several harmful factor effects on the overall well-being of a girl child who is not fully overall wellbeing of girls child who is not mentally, physically, psychologically, emotionally prepared of a marital or marriage life has define teenage as period shapinning the age of between 13 to 19 years, respondents were asked about their knowledge an early marriage.

The above figure show that 55.81 percent early married women's don't know about early marriage. Just have only 49.8 percent had known about early marriage. It is only their prediction but not the actual fact respondents have no formal education. Some of them who agreed to know are also actually unknown about the fact.

The information shows that most of the respondents didn't know about early marriage and only 45.8 percent give different view about early marriage and only little knowledge is one of the reasons of early marriage practice.



#### 4.2.2 Respondents View About Early Marriage

To find out the knowledge and the view about the definition of early marriage respondents were requested to report the definition of the early marriage the definition reported by the respondents can be seen the table given below.

Table 3  
Respondents View About Early Marriage

S.N	Respondents view	Number	Percentage
1	Marriage before development physical fitness	28	35.05
2	Marriage before 20 years	19	24.05
3	Marriage before the menstruation	32	40.50
Total		79	100

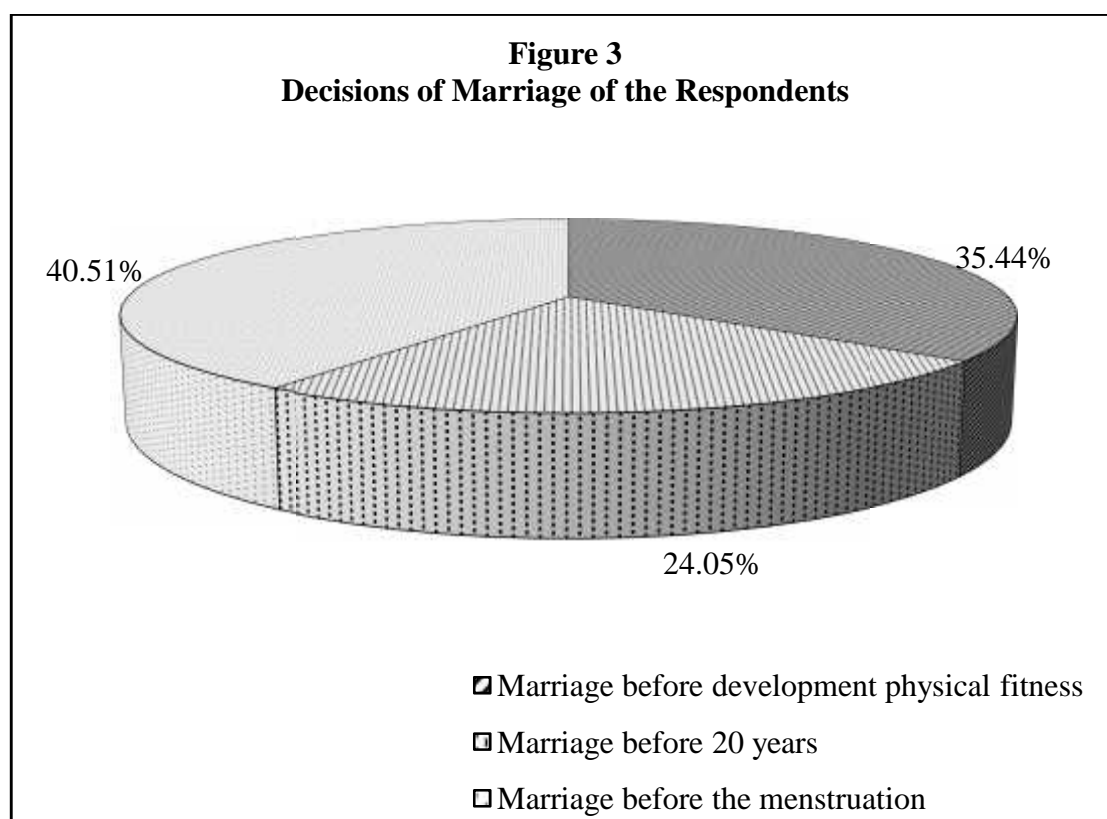
Table no. 3 reveals that more than 40.50 percent of the respondents defined early marriage as marriage before menstruation. 35.05 percent defined early marriage as married before undevelopment physical fitness and 24.05 percent defined early marriage as the marriage before 20 years old. After analyzing the view of respondents

about early marriage, the early marriage practice as still remained as deep rooted. Problems of Tandrang VDC of Dalit community of Gorkha district.

### 4.2.3 Decisions of Marriage of the Respondents

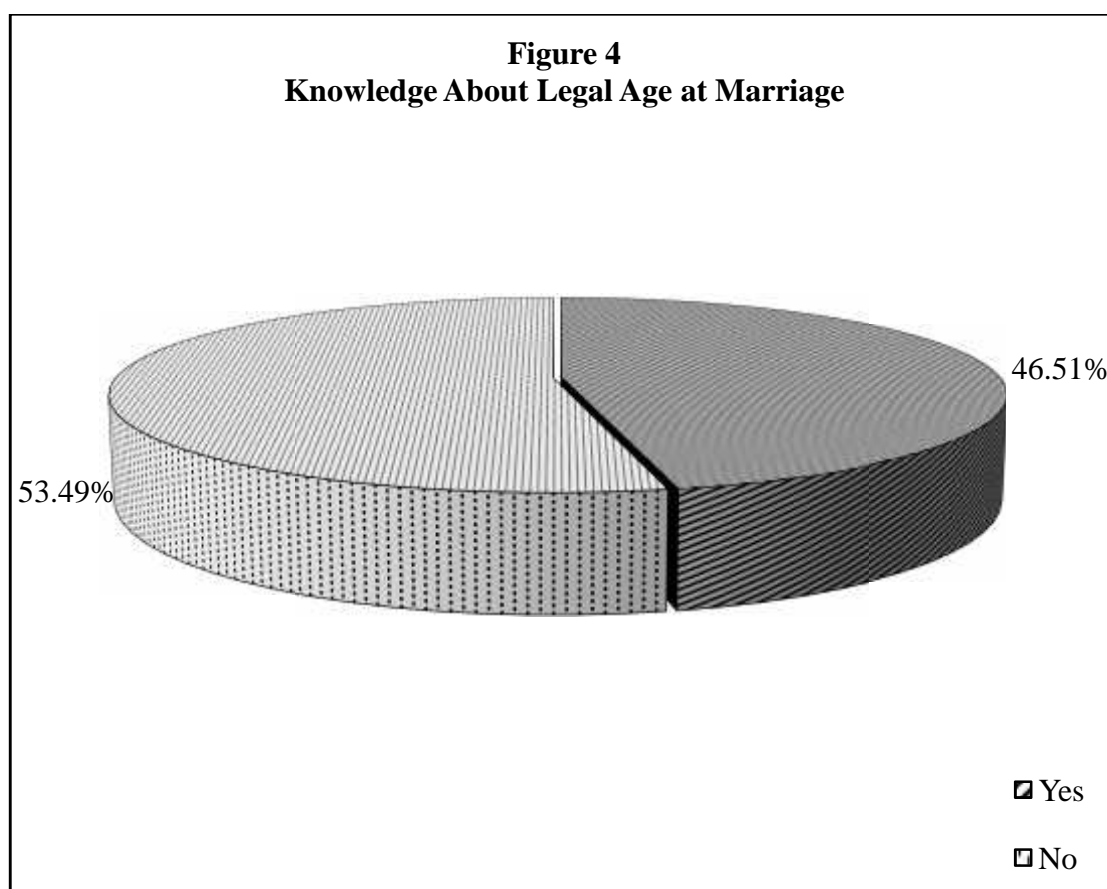
Marriage is taken as a social consent for intercourse and rearing bearing the children. It is a social institution. It is our social culture of society and impact of traditions. Religious norms play vital role in effect and determining the marriage.

The figure shows the decisions of marriage that was respondents. The majority of the respondents 66.86 percent got marriage by their parent's decision 20.3 percent marriage own/self-decision, 12.79 percent got married by others decision the main reason of all most of the women married by their parents decision is this society cultural aspect low educational knowledge, narrow concept of daughter married. Their concept is daughter or girl cast goes to other's house. Similarly, many women parents decision got married.



#### 4.2.4 Knowledge About Legal Age at Marriage

Knowledge, Attitude and Practice (KAP) of early marriage. According to mulukiain the legal age of marriage girl 18 years and boy 21 years. Respondents were asked to report the legal age for marriage to check their knowledge because knowledge of legal age for marriage helps to control show the table 45.51 percent know of knowledge and 53.48 percent hadn't known of the legal age of marriage more than half of the women don't have a legal age at marriage.



#### 4.2.5 Causes of Early Marriage

Socio-cultural and economic characteristics of the play vital important role of determine the age of marriage. Education is the main aspect of society but in this study low educational status. Whenever culture and tradition promoting rather than avoiding the early marriage have no money their children reading and writing or study in school. Similarly, girls are involved getting marriage in their own decision so they are getting premature marriage because of the lack of education or knowledge. Tradition belief, lack of knowledge, social cause, poverty, tradition, norms etc. are

cause of early marriage. To find out the reason behind the early marriage in this study were request the reason of early marriage reported shown in table 4.

Table 4  
Causes of Early Marriage

S.N	Cause	Number	Percentage
1	Lack of knowledge	42	24.00
2	Traditional belief	73	41.71
3	Social cause	35	20.28
4	Love Marriage	22	13.28
Total		172	100

Table4 reveals that out of 172 respondents higher population 41.71 of respond reports that traditional belief which of the main cause of early marriage in our society. Second cause of lack of knowledge had shown in 24.00 percent. so few of little knowledge before 20 because of lack of when cause of early marriage impact of our family life social cause 18.28 percent study identified that majority of women got marriage in early age because of tradition lack of education, socio-economic status, 13.28 percent women's love marriage, so that early marriage lead early pregnancy it is very risk for mother as well as child so it should be to increase female age at marriage providing knowledge to the community member before 20 about the effect the teen age on maternal and child can reduce high practice of early marriage.

Study identified that majority of women that majority of women had marriage in early age because social tradition lack of knowledge awareness poverty, dowry system, etc.

#### **4.2.6 Age at first Pregnancy of Respondents**

Marriage is the process of union between male and female governed by various. Socio-economic and socio-culture factors. Age at first pregnancy reflects the maternal health. Low age at first pregnancy invites the risk of complications during pregnancy and increase the maternal and child mortality rate. This has become a serious problem in Nepal. When interested to give birth to a baby or to be mother. Due to early age they have not able to think knowledge about using contraceptive devices and problem their pregnancy and delivery. The collection of information about age at first pregnancy in the following table.

Table 5  
Antenatal Checkup During Pregnancy

S.N	Time of checked	Number	Percentage
1	Once	32	18.85
2	Twice	15	8.57
3	Three times	26	14.85
4	Four times	23	13.14
5	Never checkup	76	44.57
Total		172	100

Pregnancy is the period from conception until delivery of the fetus. Health checkup during pregnancy means to examine pregnant mother's health during pregnancy period.

This table indicated that higher proportion of respondents. 44.57 percent never checkup and not visit during pregnancy similarly 13.14 percent four-time checkup 14.85 percent two time, 18.85 percent only one time visit or check up during pregnancy.

The deprived of doing so due to the negative attitude towards health checkup by them in laws. The status of health checkup in the time of their first pregnancy.

Above table indicates that due to teen age marriage, most of the respondents were deprived of their educational achievement. So, most of the respondents did not have health check up during pregnancy as they were deprived doing so due to the negative attitude to health check up there is low. The status of health check up in the time of their first pregnancy.

#### **4.2.7 T.T. Injection During Pregnancy**

T.T. in section is an importance off antenatal care give during pregnancy neonatal care give during pregnancy neonatal tetanus is one of major causes of infant death in Nepal. For protection it is recommended that pregnancy. Five doses of T.T injections are considered to provide life time protection. The following table shows the practice T.T of during their first pregnancy.

Table 6  
T.T Injection During Pregnancy

S.N	T.T. injection received	Number	Percentage
1	Yes	70	40.69
2	No	102	59.30
Total		172	100

The table shows that more than 59.30 percent respondents had never received only dose of T.T injection. Similarly only 40.69 percent respondents had received the T.T. vaccine in Nepal, only 70 percent of total women of age group 15-49 have received T.T vaccine. This data by NDHS 2014 reveals that the women receiving T.T vaccine during pregnancy most be lower than the above data but in the study area 40.69 percent respondent have received the vaccine which is very lower with respect to overall data: so that the main cause was the ignorance of T.T injection poor knowledge of injection by respondent due to low level education attainment.

#### 4.2.8 Knowledge about Health Problem Create by Early Pregnancy

It is well known that early marriage cause early pregnancy. Early pregnancy is the health risk for both mother and child. So, if men and women have knowledge about it there will be problem being the less practice of early marriage.

Table 7  
Knowledge about Health Problem Create by Early Pregnancy

S.N	Health Problems	Number	Percentage
1	Yes	84	48.83
2	No	88	51.16
Total		172	100

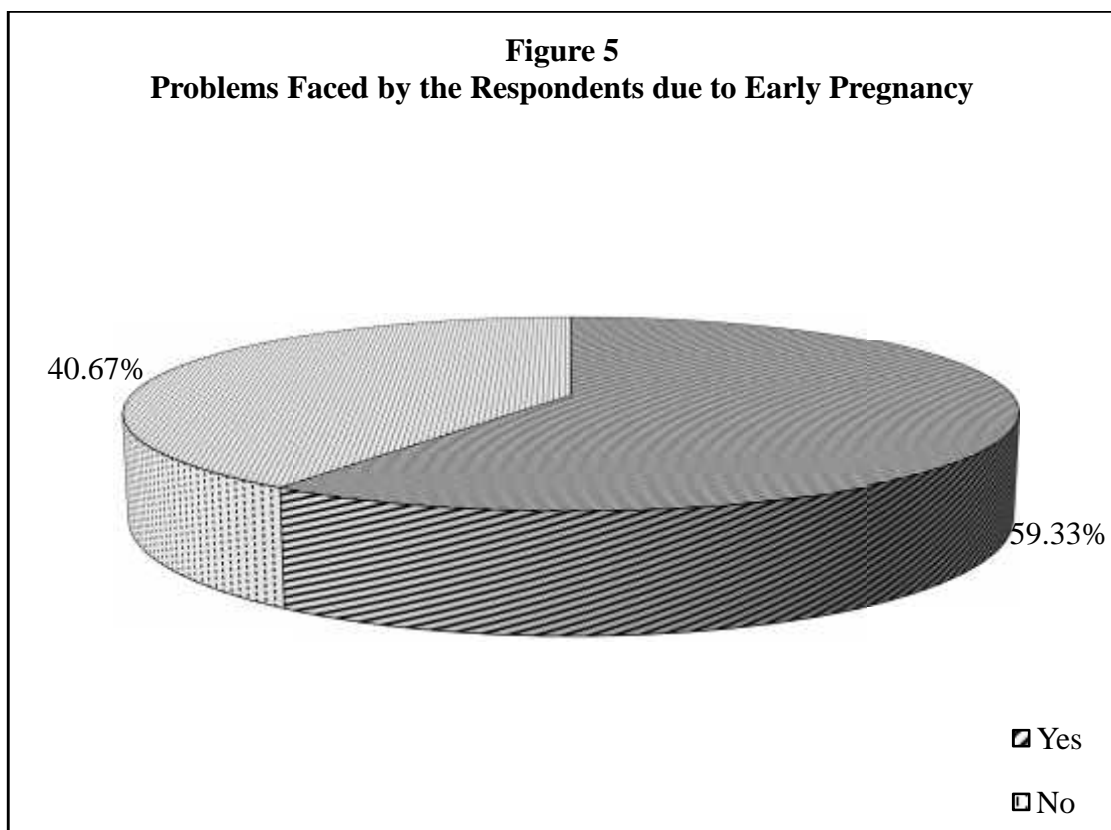
Table indicated that out of total respondents 48.83 percent of were found they had knowledge about bad effect or impact on their health because of early pregnancy. But majority of the respondents 51.16 percentage didn't know anything about the health and impact of early marriage or pregnancy respondents who were heard about it, most of them reported that they had got the knowledge radio, to and others communication and information were experienced from old women and community health volunteer.

The information reveals that most of the respondents were unknown about health problem of early marriage and early pregnancy before they married. If they had knowledge about early marriage and complication during early pregnancy would be helpful to stop early marriage practice.

#### 4.2.9 Problems Faced by the Respondents due to Early Pregnancy

After analyzing the knowledge about the health problems of early pregnancy respondents were asked wherever they face any problems impact of pregnancy time.

Figure 5 show that 59.33 percent of the respondents faced the problem due to early pregnancy and 40.66 percent of the respondents did not faced any other problems in pregnancy time may be because they were not pregnant even for the first time or they were educated and adopted precautionary measures by using their knowledge. Compare the data or questions a few of women did not faced any health problems.





#### 4.2.10 Types of Health Problems Faced by the Respondents due to Early Pregnancy

UN (2010) reported that early pregnancy is high risk for young women in many developing countries. Majority of 50 percent of all women given birth before the age of 20. The pregnancy of teenagers especially below 17 years is dangerous for child most of the adolescent do not seek proper advice until late in pregnancy as the result there is high maternal and child mortality, morbidity, excessive bleeding, selling bad smell prolonged labor, anemia, premature delivery etc. are cause by the problems related to pregnancy of mother death rate. From causes of delivery and abortion are particularly high in girls under 20 years. Maternal and child health can be related with complication with during early pregnancy.

Table8

Type of Health Problems Face by the Respondents due to Early Pregnancy

S.N	Problems	Number	Percentage
1	Bleeding	39	25.32
2	Miscarriage	20	12.82
3	Weakness	37	23.71
4	anemia	24	15.38
5	Complication in delivery	33	21.15
Total		156	100

Table 8 show that out of 156 problems 25.32 faced by respondents 12.82 percent faced bleeding 23.71 weakness 12.82 percent miscarriage 15.28 percent Anemia and 21.15 respondent were face complication in delivery due to immature and early marriage. almost many problems of early marriage. Every problems face during pregnancy. Such as the result for poverty, low educational attainment, economic condition, cultural system not availability of health facilities of this community if early marriage is controlled for this government should strictly control the early marriage system.

#### 4.2.11 Place of Delivery

In Nepal pregnancy and delivery are viewed as natural process requiring on health care interventions child bearing women and their family only seeks care when condition becomes life threatening and challenging.

Almost women are delivery take place home and birth is considered to be traditionally child birth take place in a cow shed, buffalo's shed and dirty materials are used for delivery and cord care. Strong religious and cultural belied and practice regarding in the traditional, society of Nepal. Give birth at the buffalo, cows shed and jungle.

Table 9  
Delivery Place of Respondents

S.N	Place	Number	Percentage
1	Home	111	64.53
2	Hospital	9	5.23
3	Health post	39	22.67
4	Others	13	7.5
Total		170	100

The table 9 shows that among 170 respondents 64.53 percent had given birth to their first baby at home, 5.23 percent hospital, 22.67 percent had given birth at health post, 7.5 percent had given birth others place buffalo, cow's shed, got o the jungle. although in Nepal 45 percent women have got the facilities of ANC and PNC from a skilled birth attendance, where 75 percent get the facility in urban area and 25 percent get facility in rural area.

That 50 unsafe delivery practices are prevalent in this Tandrang VDC home delivery complication is one of the major causes of MMR during pregnancy period, this means that early marriage women suffered serious complication such as bleeding abortion, effort of infertility, birth and health of mother.

#### 4.2.12 Conditions of First Baby

The situation of children's health condition is very poor in Nepal children's. Everyone in many health problems children die malnutrition, virus, bacterial infection many

child's life disable. Mother's nutritional during pregnancy is importance both for the children development and for protecting against maternal morbidity and mortality. Low pregnancy weight is often associated with pregnancy outcomes such as: low birthweight disable etc.

Table 10  
Health Condition of First Baby at Birth

S.N	Health Condition	Number	Percentage
1	Healthy	73	42.44
2	Unhealthy	99	57.55
Total		172	100
Reasons of Health Problems			
1	Low birth weight	59	59.99
2	Disabled	17	17.17
3	Others	23	23.23
Total		99	100

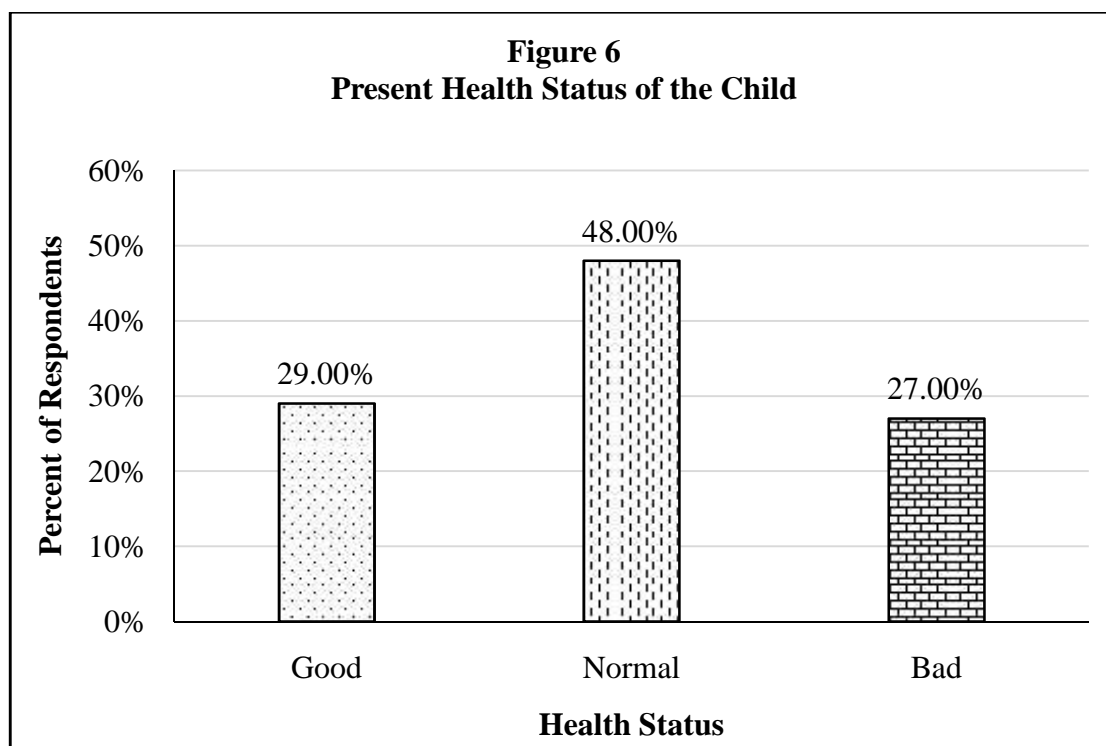
Above table shows early marriage mother children health conditions give birth with in the age of 20 years. Among them 42.44 percent were healthy according to their mother 57.55 percent unhealthy many problems. The weight of children at birth was normal 2.5 kg that who had the unhealthy babies 57.55 percent low birth weight 59.59 percent said it was disabled 17.17 percent and others health problem of 23.3 percent other's many problems. Jaundice, night blindness, Beriberi, scurvy, kwashiorkor, marasmus. The almost mother and grandmother couldn't tell exacting weight of their children because in home delivery there was no practice of weight system they used normal children small children less weight that others call 'Sano'. Having more than the third of the children low birth weight was the result of early marriage in this Dalit community especially in Bayalkoti Community.

A research shows there is higher problem of malnutrition (EPM) miscarriage among early marriage child born before the age of 20 in relation of the child risk 30 percent child extra risk of child death. For child of teenage mothers (Karki 2010)

#### 4.2.13 Present Health Status of the Child

Child future health is also depend on health condition during how birth is the baby had complications at birth child birth many problems of in future life such as: low weight disabilities malnutrition problems etc he or she would face problem of physical and mental development in future so respondent were asked figure 6, 27.88 percent children have good health now 44.2 percent have normal health status and 25.96 percent have had bad health status of the child health.

In conclusion most of the children have malnutrition and problems of physical, mental and emotional development in future and so age at marriage determines the future state.



#### 4.2.14 Health status of Women Before and after marriage

On the reproduction health point of view a women's age of bearing should be 20 years otherwise more complication can be seen in this period which may also lead so her death and different type of effect and complication might come different age of mother and effect the children's health very beginning in this respondents were asked "what is the different in your health status before and after marriage.

Table 11  
Health Status of Women Before and After Marriage

Health Status	Before Marriage		After Marriage	
	Number	Percent	Number	Percent
Good	91	53.32	46	26.74
Normal	70	40.69	52	30.29
Bad	11	6.23	74	43.02
	172	100	172	100

Above table 11 show that 53.32 percent of early age good health before marriage. 40.69 percent of normal health status and 6.23 percent bad health status. Similarly, 26.74 percent good health after marriage 30.29 percent normal and 43.02 percent bad condition had after early marriage.

In this study that majority of women had good health before good health condition was decreased after marriage. so early marriage impacts were negative on women's health.

#### **4.2.15 Instruments Used to Cut the Umbilical Cord by the Respondents**

Umbilical cord is the organ from their fetus gets nutrition the womb. After birthing umbilical cord should be cut to separate the infant from mother body. Nepal and Nepali society is very traditionally and lack of educational knowledge in Nepali context there is concept of health diseases. To cut the cord different people used different instruments some used sterile instruments some used unsterile instruments. Unsterile instrument is high chanced of infection from different disease. In this context instrument that was used by them to cut the cord. The instruments reported by the respondents are shown in the table below.

Table 12  
Instruments Used to Cut the Umbilical Cord of Respondents

S.N	Instruments	Number	Percentage
1	Sterile instrument	35	21.8
2	Unsterile instrument	98	61.25
3	Delivery set	29	17.87
Total		162	100

Table 12 show that out of 162 respondents who experience birth child most of them 61.25 percent used unsterile instrument to cut their infant cord similarly 21.8 percent used. Sterilized scissor, blade, respondents use sterile blade to cut the cord and remaining 16.87 percent used delivery set. The table show that only few respondents used sterilized and safe instruments. Majority of them used unsafe instruments. This might be due to the lack of knowledge and illiteracy.

### 4.3 Family Planning

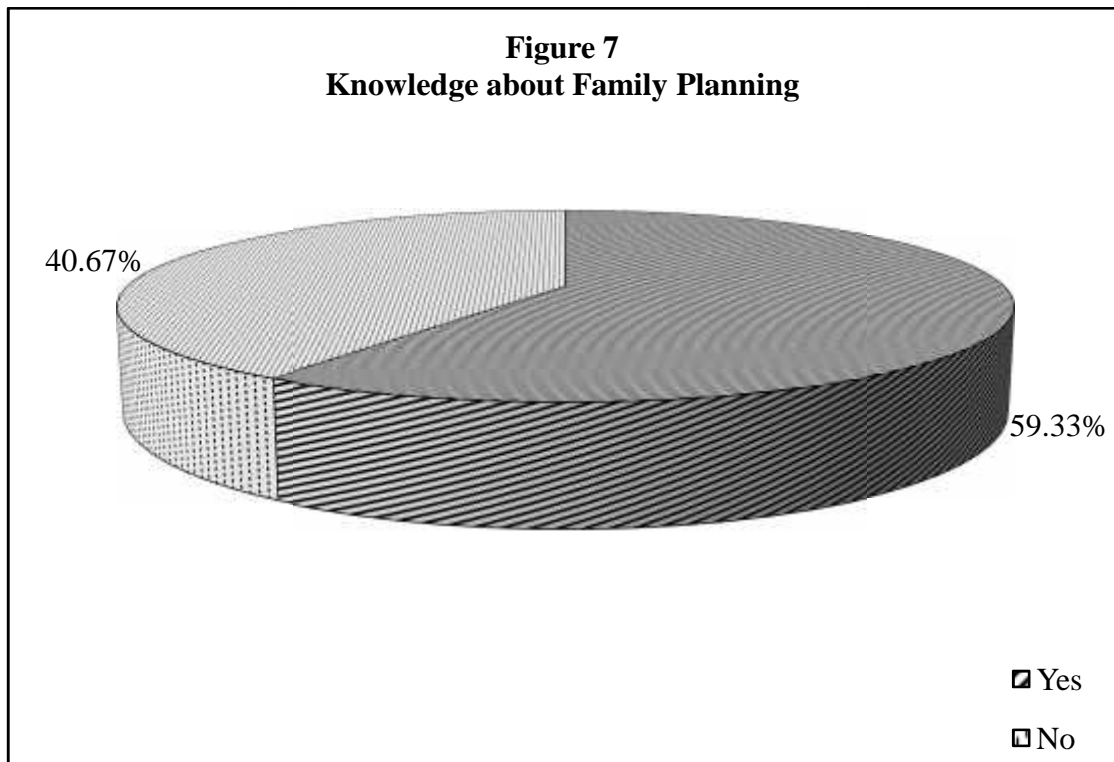
Family planning is an important aspect of reproductive health. There are several definitions of family planning. Family planning is a way of thinking and a way of living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individuals and couples. Family planning methods are most essential factor to determine fertility and maternal health uses of family planning methods such as condom, oral pills, depoprovera, copper T, implant, use in this study area.

#### 4.3.1 Knowledge about Family Planning

Family planning is an importance aspect of reproductive health there are several definitions of family planning. An expert committee 1971 pf the WHO defined "Family planning is a way of thinking and living that a adopted voluntarily upon the basis of knowledge. Attitude and responsible decision by individuals and couples in order to promote the health and welfare of the family group and effectively to the social development of a country. In order to assess the knowledge about family planning among early married women. It plays on important role in determining the health status of the mother and child in a community.

The figure 7 show that 40.69 percent of the respondents have knowledge about the device of family planning and 59.30 percent respondents have no knowledge it. The figure is clear that most of the respondents have knowledge about the devices of family planning and few not heard about it.

They were asked if they had various family planning devices that a couples could use to delay or stop pregnancy.



#### **4.3.2 Source of Information of Family Planning**

Knowledge of family planning method is an important phenomenon in family planning programme; because without knowledge of family planning methods. To facilitate response, the many source of information of family planning.

Table 13  
Source of Information about Family Planning

S.N	Source	Number	Percentage
1	Radio/TU/Newspaper	42	38.8
2	Health Person	26	24.07
3	Friends	37	34.25
4	Teachers	3	2.77
Total		108	100

Above the table 13 shows of the respondents who reported as the source of information of family planning. Majority then followed by health person such as village health worker VHW, MCHW health post and sub health post person information of family planning show that table 38.8 percent TU/Radio newspaper, 34.25 percent own help friends. 24.07 percent information of the health person and 2.77 percent teachers although it is found that others communication media the most effect media of spreading information on family planning which help to delay the age of pregnancy to the early marriage help to decrease the maternal and child mortality rate it is concluded in this study that respondent poor knowledge about family planning, lack of education in this community.

#### **4.3.3 Use of Family Planning Method**

Contraceptives method called family planning method. Family planning is one of the very effective method of controlling rapid population growth and to make desirable family size. Most essential factors to determine fertility an maternal health use of family planning method in this study shown given below.



Table 14  
Use of Family Planning

S.N	Method	Number	Percentage
1	Yes	70	40.69
2	No	102	59.30
Total		172	100
Method of Family Planning			
S.N	Method/Devices	Number	Percent
1	permanent	4	5.71
2	Temporary		
3	Oral pills	17	24.28
4	Depo-provera	26	37.14
5	Condom	10	14.28
6	Copper-T		
7	Emplant	13	18.57
		70	100

According to the respondent show to table 14 clearly that more than half 59.30 percent had not used family planning method and 40.69 percent respondent use of family planning 5.71 percent respondent use permanent method and other most of them respondent practice temporary devices. It is also provided that the majority of respondents practice temporary device 24.28 percent used of oral pills 37.14 percent Depo-provera. 14.28 percent used condom, now this situation of emplant used is 18.57 percent but other family planning method haven't used in this community.

#### 4.3.4 The Reason of Not Using Family Planning Method

Out of total respondent the study of population 59.30 percent respondents that they did not use any family planning method. There answers and that following below.

Table 15  
The reason of Not Using Family Planning Method

S.N	Reasons of not using	Number	Percentage
1	Religious Belief	24	13.95
2	Ignorance	39	22.6
3	Lack of knowledge	14	8.13
4	Fear of side effect	21	12.20
Total		98	100

Table 15 show that 13.95 percent did not any method of family planning method because many traditional religious belief in their society in concept of family planning method. 22.6 percent ignorance 8.13 percent of lack of family planning knowledge, 12.20 percent had fear of side effect and use of any problems respectively in this study that majority of the respondents who did not use.

#### **4.4 Impacts on Women's Health due to Early Marriage**

In this study respondents felt health effects due to early marriage and its kinds of other health related activities done by them. Health problem faced by the respondents are discussed in below

Many types of health problems faced by the respondent's due early marriage.

Early marriage, pregnancy, motherhood is a major social and health issue in Nepal. Early pregnancy can serve health problems such as immature pregnancy risk of roots carriage, still birth, uterine prolapsed; low weight mother and baby anemia, malnutrition reproductive organ problems for both mother and child.

Knowledge and health related behaviour practice by early married women's and health problems are already discussed separately. Here in this sections different problems are found to be faced by the respondent due to their activities after early marriage.

Table 16  
Health Problem Faced by the Respondent Due to Early Marriage

S.N	Health Problem	Number	Percent	Remarks
1	Immature Pregnancy	46	29.48	Out of 136 respondents who have experienced the pregnancy and delivery
2	Miscarriage	35	22.41	
3	Still birth	16	10.29	
4	uterine prolapsed	39	29	
5	Anemia	19	12.17	
Total		156	100	
1	Poor Health condition	56	32.55	Out of total 172 respondents
2	Pain in Vagina	15	8.72	
3	Irregularity in menstruation	27	15.69	
4	Painful menstruation	23	13.37	
5	Bad smelling of vaginal	51	29.65	
Total		172	100	

Table 16 show that out of 156 respondents (29.48) percent suffered from different problems due to pregnancy in immature age. 22.41 percent were miscarriage (10.25) still birth (25%) respondent were uterine prolapsed. Similarly, out of 172 respondents (32.55) percent poor health or weak health condition due to early marriage. 29.65 bad smelling of vaginal swelling. (13.37) percent respondents suffered from painful in menstruation. The above data is found that all of the respondent were suffered from different health problems which were affecting determine their health problems which were affecting determine their health conditions. If they were not treated in time these problems lead them toward the untimely death and disable.

Thus early marriage is dangerous from the women's health point of view. However, the trend of early marriage is still there in study area which complex women to feel different health problems due to early marriage.

#### 4.5 Summary of Findings

Marriage is the public joining together under socially, specified regulation of a man and women as husband and wife marriage bound is enduring. Early marriage is very common in problem in our Nepali context and in our country. It practices in Nepal result in long term social and economic consequences including higher fertility. Socio-economic factor determinations. Lack of education and informational technology, information sources etc. Lack of access traditional cultural practices have the negative influence age at marriage. It creates many consequences like higher fertility low birth weight mortality and also invites serious problems to the health of mother as well as child.

The main objectives of the research were to analyze socio-demographic characteristics to find out the knowledge and practice of early marriage and to explore the impact on women's health due to early marriage in Dalit community of Tandrang VDC in Gorkha district. the present study in "Early Marriage and its Impact on Women's Health in Dalit Community of Tandrang VDC"

The sample is selected based on purposive sampling method. Total household survey. Descriptive study with quantitative in nature was used for this study.

To find out the respondent's researcher take help from vital registration and profile of VDC 172 early marriage. Dalit women from ward no. 1, 3, 5, 7, 8 and 9 of Tandrang VDC of Gorkha district were selected purposive sampling method for primary data collection. The interview schedule was the main tool used for data collection among in the Dalit community of early married Dalit women's about early marriage and its impacts on women's health information survey of process of visiting home door to door.

Finally, the data collected were through analyzed and interpreted on the basis of number, percentage without help for pie-chart, data table bar-graph-diagram interpreting the data. The collection data were thoroughly analyzed and interpreted in terms of selected objectives. The finding of the study are as follows.

### **Socio-Demographic Finding**

- a) There are (64.41) percent of the household is nuclear (34.63) percent at the household in joint family.
- b) Among 172 respondents 48.57 percent were get married between the age of 17-19 years. 34.28 percent of the respondents were married ages of 14-16 years. (17.14) percent were get married between the age before 14 years.
- c) Among the total respondents only 45.14 percent were literate and 70.88 percent primary level. So 25.31 percent had secondary level and 3.79 percent higher secondary level.
- d) Majority of respondents (72%) were engaged in agriculture. 36.57 percent had labor field engaged.

### **Knowledge and Practices about Early Marriage**

- a) Majority of the respondents (55.81) do not have the knowledge about the early marriage.
- b) Nearly half (35.05) percent respondents define early marriage as a marriage before development) More than half of respondents (66.86) physical fitness. (40.50) percent define early marriage as the before the menstruation. (24.05) percent define marriage before 20 years.
- c) More than half of respondents (66.86) got married by their parent's decision. (20.3) percent married by their own or self-decision. 12.79 percent got married by others like Mama, Maiju, Brother, Friend and other relatives.
- d) More than half respondent (53.48) do not have the knowledge about legal age for marriage.
- e) In this study more than less half 41.71 percent were early marriage cause of traditional belief in the same way, 24 percent lack of knowledge, 20.28 percent social cause of early marriage.
- f) Majority of respondents 44.57 had never visited to health checkup or never checkup during pregnancy. 18.60 percent were visited health checkup once time, 8.57 percent two time and 14.85 percent respondent were visited three times.
- h) It was found that only 59.30 respondent had not T.T vaccine during pregnancy.
- i) Majority of respondent 48.83 had knowledge about health probelm and 51.16 percent had not knowledge about health problem.

- j) Majority respondent 59.33 had faced health problem due to early marriage and 40.66 had not faced health problem.
- k) Out of 156 respondents most of them 25.32 percent had bleeding 12.82 had miscarriage, 21.15 had complication 23.71 had weakness due to immature pregnancy.
- l) Majority of respondents 64.53 were delivered at home, 22.67 percent were delivered in health post and 7.5 percent were delivered in others places.
- m) It was also found that 42.44 percent healthy and 57.55 percent were unhealthy babies.
- n) Majority of respondents 59.59 were low birth weight, 17.17 percent had disable health conditions of babies.
- o) In terms of the instrument used to cut the umbilical cord majority 61.25 percent of the responder used unsterile instrument like knife, scissor, blade, sharp thing etc. which were available the moment.
- p) among all respondent more than half of respondent 59.30 percent had no knowledge about family planning and 40.69 had knowledge of family planning knowledge.
- q) There is found that 38.8 percent respondent were knowledge of family planning by TV, Radio, Newspaper and another information media. 34.25 percent by own friends. 24.07 percent.
- r) In this study 40.69 percent had used family planning method and 59.30 percent respondent had not used to any types of family planning device to stop pregnancy.
- s) Majority of respondents 22.6 had ignorance 13.96 percent had religious belief. 12.20 percent had fear of side effect, 8.13 percent had lack of knowledge were main reasons of not using family planning methods.

## CHAPTER – V

### CONCLUSION AND RECOMMENDATIONS

#### 5.1 Conclusion

Early marriage is very common problem in developing countries. It is most common issues in Nepal. So that in early marriage results in early pregnancy bring health risk for young woman that marriage is factor determined by the tradition and socio-economic condition of the our Nepali society. In Nepalese system still determines various socio-demographic variable. This is because of Dalit respondents were selected as study population for this study. Dalit caste have high early married trend and law of social cultural condition. In this study gives the information about "Early marriage and it's impacts on Gorkha district. In this study gives the information about "Early Marriage and It's Impacts on Women's health of Tandrang VDC Gorkha District. In this study most of the early marriage Dalit women were educational status is low. Most of them in this area were 54.85 percent illiterate. It is most importance factor of early marriage 3.79 percent of the respondents have attained higher secondary level of education majority 72.36 percent has primary level of education. Majority of the respondent's women's married 17-19 years almost of early married women got pregnancy before 20 years. 34.28 percent respondents got marriage between 14-16 years.

In this study, most of the early married women were engaged in agriculture. The prevalence of T.T vaccine and PNC were also in poor condition due to very low literacy among married women. Health checkup status during pregnancy was very low. Most of respondent deliveries occur at home and jungle, work field etc. also in most of the cases there is involvement of health professional's child have mainly low birth weight problems. Knowledge and use of family planning method were also found to be very low in which communication media guided tradition society, cultural belief, ignorance and poor religious belief were the main reason for the using family planning methods. This factor like lack of regular antenatal checkup have played importance role in creating many problems among early marriage in Dalit women. This study also revealed that traditional belief main cause of early marriage. Lack of good knowledge and traditional belief love marriage and social are the main cause behind early marriage which occurs generally by parent's decision age at marriage.

It leads them various types of reproductive health problems is miscarriage, still birth, miscarrying immature, pregnancy. Poor health condition, anemia, pain, bad smelling, irregularity in menstruation cycle. Painful menstruation, bleeding are the health problems faced by the respondents due to early marriage. Traditionally early marriage practice effects the women mentally, physically and socially too.

In conclusion, illiteracy and low-socio-cultural and economic status of Dalit women further added up more problems in early pregnancy. similarly, early marriage system is found commonly in study area. So women should low status and married after age of 20. There is need of participation of NGO and INGOs to aware people about the impacts of early marriage and to control early marriage.

## **5.2 Recommendations**

On the basis of this study the following recommendations were made for the government and nongovernment agencies and individuals. Early marriage and early pregnancy with child birth during teenage are the major health problems especially in the development countries. This following recommendations are suggested and expected to be helpful for health persons, teacher health teacher or researchers and related persons.

### **5.2.1 Policy Related Recommendations**

- a) All most if the respondents were from low education level or uneducated due to which they do not have knowledge about the effect of early marriage and improved them to do early marriage. so every woman should be educated properly.
- b) Health education programme should be conducted for mother group.
- c) Need for improvement programme.
- d) The legal marriageable age need to increase up 20 years old and the educational status of the women in need up life.
- e) Health education programme should be conducted for mother's group.
- f) The study should be conducted to find out health problems of early marriage women of different community.



- g) Similar types of research should be conducted in a wide coverage in order to identify major problems and make women aware about their problem.
- h) The reproductive education and health education necessary to provide adolescent girls and boys with co-operation are the curriculum.

#### **5.4.2 Practice Related Recommendations**

- a) Information of child health, women and health problems found out in our Dalit society.
- b) The people of society should be aware who is suffering from traditional myths about early marriage through formal and informal education.
- c) NGO and INGO activities we needed to concentrate on health related programme and awareness programme and awareness programme in study area.
- d) Traditional communicable practice and gender discrimination should be discarded through the awareness program. For this NGO and INGO can play vital role.

#### **5.4.3 Recommendations for Further Study**

Every by being a meaningful study may it has not covered all aspects of early marriage but due to different ways of further issues are recommendation as follows.

- a) This study is main focus on health problems of early marriage e.g. educational, social, economic, etc.
- b) Comparative study on health problems of women between early marriage and fix timely marriage
- c) Survey on effect of early marriage on the women health comparing with others ethnic group.
- d) Study area of this research is only based on Tandrang VDC so, it is complicated and district. so study area should be connected or add representation the other VDC of Gorkha District.

## REFERENCES

- Acharya, T. (2008). Determinants of teenage marriage and it's effects on mother and child health in Durali VDC of Arghakhanchi district. M.Ed thesis submitted to FOE, TU.
- Adhikari, D. (2010). Safe motherhood practice of Dalit community Hanspur VDC of Gorkha district. M.Ed thesis submitted to FOE, TU.
- Baruwal, K.A. (2015). Nutritional status of children under five years among Tharu community at Bhandara VDC Chitwan district. M.Ed thesis submitted to FOE, TU.
- C.B.S. (2010). National census report. Kathmandu: NPC.
- Chapagai, S. (2013). Early marriage it's impacts on women's health in Tharu community Dibyanagar model VDC, Chitwan district. M.Ed thesis submitted to FOE, TU.
- Chapagain, P. (2015). Impact of saving and credit co-operative on rural women in Pithuwa VDC. M.Ed. thesis submitted to FOE, TU.
- Chaudhary, R.D. (2011). Early marriage and it's impact on maternal and child health of Mushar community Pithaully VDC in Nawalparasi district.
- Dhakal, S. (2069). Foundation of health education. Kathmandu: RatnaPustakBhandar Bhotahiti.
- Dhakal, S. (2070). Basic health education. Kathmandu: RatnaPustakBhandar.
- Dhurba, N. (2069). Research methodology. Kirtipur, Kathmandu: Quest Publication.
- FHS. (2011). Family health survey report. Kathmandu: Government of Nepal.
- Gautam, T. (2070). Analysis of social institution. Kathmandu: BidharthiPustakBhandar.
- HamroKhabar A (2015). From poverty to matrimony: Early marriage in Dalit area in Nepal.
- HatemaloTandrang. (2015). VDC (2016) Tandrang village development committee profile record.
- Health Condition of Tandrang VDC in Dalit women's (Wash Programme report 2015)

Human right declaration (1948) Egypt. Cairo

Karki, A.K. (2012). Foundation of population education and reproductive health. Kathmandu: ShitizPrakashan.

Mudawari, N. (2070). Modern approach. Kathmandu: Jupiter Publisher & Distributors.

New Era. (2012). Nepal demographic and health survey 2011. Kathmandu: New Era/ORC Macro

Parakhi. (2013). Nepal rank and when it comes to child marriage.

Sarup, K. (2014). Early marriage has harmful effect on women. Kathmandu: Author.

Save The Children. (2015). Situation of Women and early child Health problem.

Shrestha&Tuladhar. (1997). Study on knowledge attitude and practice of teenage mother on reproductive health regarding pregnancy. M.N. thesis Submitted to Nursing Campus Maharagunj, TU.

UNDP. (2009). Human development report. Washington DC: UNDP.

UNESCO. (2013). EFA global monitoring report.

UNICEDE. (2014). Annual report, Kathmandu.

UNICEF. (2006). Early marriage a harmful traditional practice: A statistical exploration. New York: UNICEF

**APPENDIX**  
**INTERVIEW SCHEDULE**

**1.1 Socio-Demographic characteristics of the study.**

1. Which of the following in your family types ?

- a. Nuclear                      b. Joint

1.2 When did you get married ?

a. Before 14 years

b. 15 to 16 years

c. 17 to 19 years

d. Above 20 years

1.3 Are you literate or Illiterate ?

- a. Literate                      b. Illiterate

1.3.1 If Literate how much you get education status.

- a. Primary      b. Secondary    c. Higher Secondary    d. Bachelor & Above

1.4 What is your occupation ?

- a. Agriculture                      b. Non-agriculture

**2. Question about Knowledge and Practice of early marriage or knowledge andpoint of view of early marriage.**

2.1 How old are you ?

2.2 Do you know about early marriage ?

- a. Yes                              b. No

If yes, what is the meaning of early marriage ?

.....

2.2.1 At what age did you get married.

2.3 What is the legal age at marriage in Nepal ?

- a. Below 20                      b. Above 20                      c. Don't know

- 2.4 How did you get marriage ?
- a. Parents Decision
  - b. Self decision
  - c. Others, specify .....
- 2.5 If yes, What is your age Now ?
- .....
- 2.6 What we are the causes of early marriage ?
- a. Traditional belief
  - b. Love marriage
  - c. Lack of knowledge
  - d. Social causes
  - e. Poverty
- 3. Health Problems of early marriage practices**
- 3.1 How old are you at first pregnancy ?
- a. Less than 15
  - b. 15 to 17 years
  - c. 17 to 19 years
  - d. Above 20
- 3.2 How many children do you have ?
- a. 1
  - b. 2
  - c. 4 and above 4
- 3.3 Where did your baby taken birth ?
- a. At home
  - b. At hospital
  - c. Other
- 3.4 Did you check you health in pregnancy period ?
- a. Yes
  - b. No
- 3.5 If yes how many time check
- a. Only one time
  - b. Twice
  - c. Three
  - d. Four
  - e. Never check up



