

Effects of Early Marriage on the Health of Female Adolescents

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Abstract

The main aim of the study was to analyze the prevalence of early marriage and examine its effects on the health of adolescent mothers. The research was conducted at Banakariya Tol of Manahari rural municipality, Makawanpur in the year of 2023. Simple random sampling technique (lottery method) was applied to select 97 respondents out of 235 households. Chi-square and Fisher's Exact Test was used to analyse the data. It is found that educational attainment among locale was significantly associated (p -value=0.01) with early marriage practices. Apart from educational attainment, other variables are unassociated. Significant association was found between age of marriage and effects on health while bearing child in early ages χ^2 (2, $N = 97$) = 12.908, $p < .001$. Low level of education as well as the socio-cultural practices of the people was the main factors for high preference and prevalence of early marriage among female adolescents. The concern people, government and other agencies should formulate the suitable plan and policies to create awareness towards the reproductive health problems of adolescent mothers as well as to protect their reproductive health rights and uplift them for proper decision-making capacity and self-dependency.

Keywords: Birth Spacing, Early Marriage, Female Adolescent, Legal Provision, Use of Contraception.

1. Background of the study

Adolescence is a period of personality development as well as transitional period including many problems in decision making. According to Bell (2016), development during adolescence is very complicated in the involvement in dealing with the basic cognitive and biological progressions.

Early marriage is the union of two opposite sexes below the age of 20 as per the existing law of Nepal. The reproductive organs of adolescent girls have not properly developed before the age of 18 years. Early aged marriage as well as early aged pregnancy causes various problems during pregnancy and delivery. So, early marriage (before 20 years) is banned in Nepal. According to the Nepal Marriage Bill, 2011, nobody can involve in case of child marriage. It should be invalidated and the people involved in such a marriage would be imprisoned for three months to one year. The Purohit or priest and their followers involved, also fined two hundred rupees (Government of Nepal, 2006). Even though, legal age for marriage is declared of 20 years age, 78% of people married aged below 20 years; followed significantly higher to Madhesi and lower caste community compared to higher caste women in Nepal while analyzing the Nepal Demographic and Health Survey, 2011 (Pandey, 2017).

Early marriage was very high in the world especially in undeveloped, underdeveloped and developing countries in past decades. In the study of Sub-Saharan African countries, Yaya et al. (2019) stated that overall 54 percent of women experienced early marriage. Among them 81.7 percent in Niger, 77.9 percent in Chad, 72.8 percent of Guinea, 69 percent in Mali and 64 percent in Nigeria had married before 18 years. Similarly, UNICEF (nd) reported that child marriage rate in South Asia had the highest rate in the world. Forty five percent of women aged 20-24 years informed that they had married before 18 years. Seventeen percent girls had married before 15 years. Another study of Jensen and Thornton (2010), early marriage practices varied from 70 percent in South Asia to 30 percent in South East Asia. The women, who had married earlier, could not get chance to have education, bear child earlier and less decision-making capacity at household purpose. Similarly, they might experience domestic violence. In case of India, Raj (2010) stated that early marriage was reported by 44.5 per cent of Indian women ages 20-24 years; 22.6 per cent reported marriage earlier to age 16 years, and 2.6 per cent were married earlier at the age of 13. Another study showed that there were 5 million child brides in Nepal. Among them 1.3 million married before the age of 15 (UNFPA-UNICEF Country Profiles Nepal, 2020). Similarly, in a study of Kapilbastu district; Nepal, Shakya (2022) described that higher proportion of female (23.6%) had married before 20 years as compared to male (9.6%). The rate of early marriage before 20 years was found 26 percent and before 18 years was found 19.8 percent in the rural area as compared to the urban area (19%, less than 20 and 10.3%, less than 18 years).

In the recent period, preference for arrange marriage has been altered into love marriage and love cum arranged marriage. Meanwhile, early marriage is a more prevalent in Hindu and Muslim community due to rigid social norms and values than other ethnic and religious groups. Though, it seems that socio cultural practices within community have directly influenced prevalence and consistency of early marriage throughout surveys conducted in different time periods. Early marriage is predominantly found more among illiterate people than literate ones, where educational attainment becomes more a proactive factor to determine the practices of child marriage in Nepal (Shah, 2018).

This is the period of globalization. The boys and the girls in modern society have established the worldwide relationship through social media. In research study carried out in Indonesia Aryati et al. (2020) found out the easiness of association between the children of opposite sexes due to globalization. Without parental supervision, widely disclosures of the information cause dangerous as free sex which causes early marriage. In another study of Nepal, Choe and et.al. (2004) stated that the early marriage and early motherhood were very common among rural women but less common among men. Similarly, the report of Central Bureau of Statistics (2020) describes that in the survey report of 2020, 41 percent of women

aged between 20-24 were married before they were 18, and the early marriage incidence was predominantly seen in rural areas compared to urban areas.

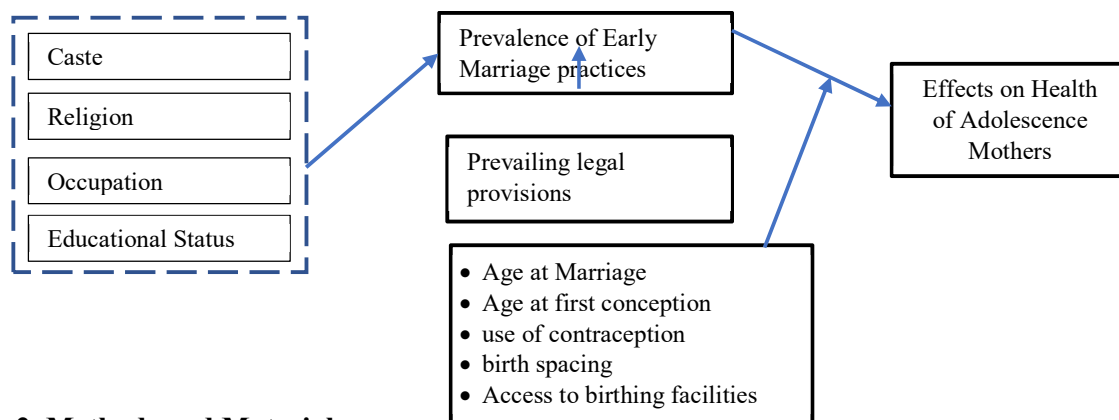
Early marriage practices have been decreasing in Nepal in the recent decades. But the decreasing trend is found unsatisfactory, though the awareness programmes have been conducted by different agencies. According to Bhattarai et al. (2022), the early marriage prevailed high (49.6%) in Nepal; however the early marriage trend in Nepal has been decreasing in recent years. Similarly, the study of UNFPA-UNICEF Country Profiles of Nepal (2020), shows that the early marriage practice had been decreasing as compared to the last decades but the progress was not sufficient. Prevalence of early marriage was less in the survey of 2016 (40%) as compared to the survey of 1991 (55%).

Health is a condition in which the person feels physically, mentally, socially, emotionally and spiritually well. WHO (2020) defines health as the overall well-being in social, mental and physical conditions, and it is not only the lack of diseases and weaknesses. The health of early married and early aged mother becomes weak, and she tends to suffer from different problems and diseases. In a study, Mishra (2022) stated that due to the early marriage; most of the women had faced various health problems, such as anemia, weakness and bleeding during pregnancy and the children also suffered from different diseases, low weight birth and so on. Another study of sub-Saharan Africa or South Asia, Fan (2022) depicts that child marriage resulted physical violence from the partner.

This research study is an original work of the researchers. The study is helpful to the governmental and non-governmental organizations to make policies and plans to discourage early marriage, support the Child Clubs for their effort and break early marriage practices (before 20 years).

Although many governmental and non-governmental organizations are working to stop the early marriage practices in Nepal, but the problem still persists. So, this research study aims to furnish the present scenario of early marriage and to examine the effects of early marriage on the health of adolescent mothers.

Figure 1: Conceptual Framework.



2. Methods and Materials

The research has applied a cross-sectional study as well as an analytical research design. This research was conducted at Bankariya Tol in Manahari Rural Municipality, Makawanpur in 2023. People of Bankariya Tol of Manahari are deprived of education, health services and facilities and other various social services. Despite the support from several governmental and non-governmental organization, the Chepanag community remains backward in various socio-economic indicators- education, access to health services and basic infrastructures as well as many facilities. Their literacy rate was very low till now and they

are far behind in Human Development Index and other indicators too (Chepang, 2022). On the other hand, literacy rate of Bankariya was 58.33 percent including the newly admitted children but no one had seemed appeared in School Leaving Certificate examination. Mostly all of them believed on Dharni, Jhakri(Witch Doctors) and used home-made medicine to treat the sick persons (Lamichhane, 2012).So, the study area and respondents were selected to examine the problems.

Out of 235 households in Bankariya Tol, 97(41%) households were taken as sample. Simple random sampling technique (lottery method) was used to take a required number of sample units. Where, confidence level was 95%. Semi-structured questionnaire was administered to collect the required data. The data were analyzed with Chi-square and Fisher's Exact Test with the help of statistical tool (SPSS 23) and interpreted accordingly.

3. Result and Discussion

The result and discussion of data and information show and elucidate the researcher about the existing situation and provide the ideas to search solution to overcome such problems as well as explain the backgrounds of the problems.

3.1 Age at Marriage on the Basis of Socio-demographic Characteristics

Socio-demographic characteristics play an important role in case of age at marriage. People belong to different castes and religions in which they follow their respective culture, values and beliefs that cause the difference in practices too. The table below describes the practices of early marriage on the basis of socio-demographic characteristics.

Table 1 Age at Marriage on the Basis of Socio-demographic Characteristics

			Age of marriage		Total	two-tailed p-value
			10-15	15-19		
Caste	Chepang	Count	19	50	69	0.921
		% within Caste	27.5%	72.5%	100.0%	
	Dalit	Count	1	2	3	
		% within Caste	33.3%	66.7%	100.0%	
	Bankariya	Count	7	14	21	
		% within Caste	33.3%	66.7%	100.0%	
Religion	Others	Count	1	3	4	0.158
		% within Caste	25.0%	75.0%	100.0%	
	Hindu	Count	10	37	47	
		% within Religion	21.3%	78.7%	100.0%	
	Bauddha	Count	0	1	1	
		% within Religion	0.0%	100.0%	100.0%	
Occupation	Christian	Count	18	31	49	1.00
		% within Religion	36.7%	63.3%	100.0%	
	Agriculture	Count	28	67	95	
		% within Occupation	29.5%	70.5%	100.0%	
	Business	Count	0	1	1	
		% within Occupation	0.0%	100.0%	100.0%	
	Labour	Count	0	1	1	1.00

		% within Occupation	0.0%	100.0%	100.0%
Educational Status	Literate	Count	5	31	36
		% within Educational Status	13.9%	86.1%	100.0%
	Illiterate	Count	23	38	61
		% within Educational Status	37.7%	62.3%	100.0%
					0.01

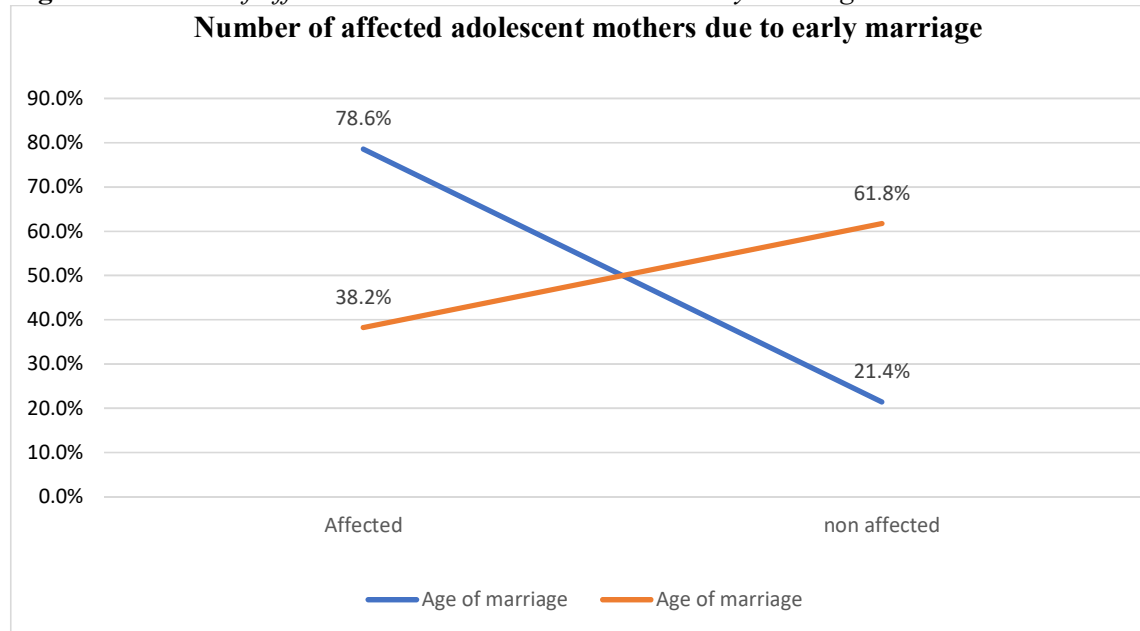
Fisher's exact test was implemented to assess the relationship between socio-demographic characteristics with respect to early marriage practices. As shown in Table 1, Prevalence of child marriage was found less in Buddhist and Christian communities as compared to Hindu community although there was no significant association between age at marriage ($p\text{-value} \geq 0.158$) with their religion. In the same manner, Caste and ethnic group as well as occupation of respective household was not seemed associated with age of marriage. The adolescents, having agriculture as a primary occupation of their household, were highly involved in early marriage practice, while occupational status was not significantly related with age of marriage ($p\text{-value} \geq 1.00$). The study of Adhikari (2017) shows that the average highest percentage (41.2%) of the respondents got married at the age of 19 years while, 11.8 per cent of the respondents got married at the age of 15 years.

In the contrast, incidence of early marriage practices predominantly was found with illiterate couples compared to the literate ones. So, it is found that educational attainment among locale was significantly associated ($p\text{-value} \leq 0.01$) with early marriage practices. Same case was reported by Bhattarai (2022) that literacy, gender role in household level, cultural and religious practices influenced the prevalence of child marriage within the rural western and the Terai region of Nepal.

3.2 Number of affected adolescent mothers due to early marriage

The adolescent mothers have been facing various health problems. People of Nepal have been following respective norms, values, beliefs which result in early marriage, early pregnancy and other physiological, psychological and social problems. The figure below shows that most of the early aged married female adolescents have been facing problems.

Figure 2 Number of affected adolescent mothers due to early marriage



Chi square test was conducted to measure the association between age of marriage and effects of bearing child in early period. As shown in figure 1, the association between these two variables was significant, $\chi^2 (2, N = 97) = 12.908, p \leq .001$.

3.3 Effects of Early Marriage on Health of Adolescence Mothers

Early marriage and early pregnancy both are harmful to the health of mother, especially on the health of adolescent mothers. But the prevalence of early marriage is still remained critical. The table below shows the effects of early marriage on the health of adolescent mothers.

Table 2 Effects of Early Marriage on Health of Adolescent Mothers

				Effects on health of adolescent mothers						
				Excess ive Bleedi ng	Bac k Pain	Uteru s Prola pse	Prolon ged labour pain	No Probl em	Total	two- tailed <i>p</i> -value
Age of marriage	10-15	Count	2	15	2	2	7	28		
		% within Age of marriage	7.1%	53.6%	7.1%	7.1%	25.0%	100.0%		
	15-19	Count	2	44	1	4	17	68		
		% within Age of marriage	2.9%	64.7%	1.5%	5.9%	25.0%	100.0%		0.421
Age of first Conception	10-15	Count	0	6	1	1	3	11		
		% within Age of first child	0.0%	54.5%	9.1%	9.1%	27.3%	100.0%		
	15-19	Count	0	0	0	1	0	1		
		% within Age of	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		0.164

	20-25	first child	Count	4	53	2	4	21	84	
		% within Age of first child		4.8%	63.1%	2.4%	4.8%	25.0%	100.0%	
Use of contraceptives	Used	Count	4	40	0	3	17	64		
		% within Use of contraceptives	6.3%	62.5%	0.0%	4.7%	26.6%	100.0%		
	Not Used	Count	0	19	3	3	7	32		
		% within Use of contraceptives	0.0%	59.4%	9.4%	9.4%	21.9%	100.0%		0.071
Place of delivery		Count	3	47	3	5	14	72		
		% within Place of delivery	4.2%	65.3%	4.2%	6.9%	19.4%	100.0%		
	Hospital	Count	0	11	0	1	9	21		
		% within Place of delivery	0.0%	52.4%	0.0%	4.8%	42.9%	100.0%		
	Jungle	Count	1	1	0	0	1	3		
		% within Place of delivery	33.3%	33.3%	0.0%	0.0%	33.3%	100.0%		0.184
Birth Spacing	1-3 Years	Count	3	42	2	4	15	66		
		% within Space between two children	4.5%	63.6%	3.0%	6.1%	22.7%	100.0%		
	3-5 Years	Count	1	17	1	2	9	30		
		% within Space between two children	3.3%	56.7%	3.3%	6.7%	30.0%	100.0%		0.944
Total		Count	4	59	3	6	24	96		
		% within Space between two children	4.2%	61.5%	3.1%	6.3%	25.0%	100.0%		

Fisher's exact test was conducted to explore whether there was significant association of different variables with effects on health caused due to early marriage practices. This test

as appropriate when the counts in the boxes are less than 5. As shown in Table 2, there was no significant association among different variables such as age at marriage, birth spacing, place of delivery, and use of contraceptive on effects in the health of women, whoever married in early ages. In the study carried out in India, Raj (2010) stated that the relation between early marriage and prompt recurrence childbirth, several undesired pregnancies, abortion and sterilization persisted important after controlling for the period of marriage. Eventually, above mention two- tailed p -value signified no noteworthy association between age of marriage and effects on health (p -value ≥ 0.421). Similarly, two-tailed p -value stands for use of contraceptive and health effects (p -value ≥ 0.071), for place of delivery and effects on health (p -value ≥ 0.184) and for birthing space and effects on health (p -value ≥ 0.944) had clarified no significant association.

In the study of Gauradaha Municipality of Jhapa district; Nepal, Mishra (2022) stated that the delivery practices of Nepal were found inadequate and poor. Most of the pregnant women have given birth to their babies at home with the help of elder women and sudeni (birth attendees). Dhami and Jhakri are the major consultants in case of complications during delivery.

Meanwhile, there was also no significant association (p -value ≥ 0.164) between age of first conception and effects on health of women after child bearing. Furthermore, MoHP et al. (2022) reported that 14 percent of women aged between 15-19 were reported pregnancy cases in early period, subsequently women with no education (33%) were likely to have more pregnancy cases and expected to have given birth as compared to those having at least secondary education (8%).

4. Conclusion and Implications

Although Nepal passed the legal provision of age at marriage in 2016 AD, there is still high prevalence of early marriage before 20 years. The study shows that Hindus have high prevalence of early marriage as compared to other religion. Furthermore, Occupation, ethnicity and cultural practices indirectly influence on early marriage practices, where educational attainment has predominantly influenced the early marriage practices. Moreover, the incidence of early marriage was high on vulnerable and marginalized communities of rural Nepal (Yogi, 2020).

Adolescent mothers have also been facing various health hazards/problems including physiological and psychological problems. Early marriage results in the early pregnancy and high fertility rate.

Different levels of government and other concerned agencies should formulate plan and policies to create awareness towards the reproductive health problems of adolescent mothers as well as protect their reproductive health rights, self-dependency and proper decision making.

A collaborative effort involving the local and national government as well as other concerned organizations is essential in order to decrease the prevalence of early marriage in Nepal and meet the Sustainable Development Goal target of ending early marriage by 2030.

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