

Early Marriage Practices and Its Impact on Reproductive Health among Adolescent Girls

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Abstract

The study entitled 'Early Marriage and Its Influence on Reproductive Health among Women' has been conducted to examine the prevalence of early marriage and its influence on the reproductive health of women. Specifically, the study focuses on women who were married before the age of 20 in Besishahar Municipality wards no. 2, 3, 4, and 5 of Lamjung District, Nepal, while also exploring the associated socio-economic factors shaping early marriage practices. This study adopted a descriptive research design with a quantitative approach. Data were collected through a field survey conducted among women who experienced early marriage in the selected wards of Besishahar Municipality, the district headquarters of Lamjung in Gandaki Province. The socio-economic characteristics of respondents were delimited to age, caste, religion, educational status, occupational status, and age at marriage. After data collection, the information was carefully edited, classified, and tabulated using figures and diagrams. Quantitative analysis was carried out using statistical tools such as frequency, mean, and percentage. The findings were interpreted through comparison with national data and relevant literature. The study reveals that early marriage is deeply rooted in the socio-economic and demographic context of the study area. Joint family systems, labor migration of husbands, limited educational attainment, and restricted employment opportunities for women contribute to the persistence of early marriage. Key drivers include lack of awareness about the legal age of marriage, peer and social pressure, educational discontinuation, and economic hardship. The study concludes that comprehensive interventions focusing on girls' education, community awareness, improved reproductive health services, and women's economic empowerment are essential to reduce early marriage and enhance women's overall well-being.

Key Words : Early, Marriage, Practices, Impact, Reproductive, Health

Introduction

Child marriage is a formal or informal union where one or both individuals are below the age of 18. According to UNICEF and the United Nations Population Fund (UNFPA, 2020), it is considered a harmful traditional practice and a clear violation of human rights. In many societies, child marriage is often justified through cultural norms, economic hardship, or religious interpretations. Families sometimes believe that marrying off their daughters early ensures social security or protects their honor. However, in reality, it denies girls their rights to education, health, and the freedom to choose their life partner. In most cases, child brides are forced to abandon school soon after marriage, leaving them dependent on their husbands and in-laws for survival. Early marriage also limits their voice in household decision making and exposes them to domestic violence and exploitation. Although most countries have legally set 18 as the minimum age for marriage, weak law enforcement, poverty, and social pressure continue to make this practice common, especially in rural and marginalized communities. Child marriage is not only a social problem but also a developmental challenge that

prevents societies from achieving gender equality and sustainable development goals (Efevbera & Bhabha, 2020).

Child marriage, defined as the formal or informal union of a girl before the age of 18, remains a deeply rooted social problem in many countries, including Nepal. Despite legal frameworks that prohibit early marriage, cultural traditions, social expectations, and economic constraints continue to perpetuate this practice, particularly in rural and marginalized communities. Families often marry off their daughters early because of poverty, viewing it as a means to reduce household economic burden or to secure social alliances. Gender inequality further reinforces this practice, as girls' education and personal development are often considered less valuable than boys. Women who marry early are forced into adult responsibilities before they are physically, emotionally, or socially prepared, limiting their ability to make informed choices about their education, health, and personal life. The continuation of child marriage violates fundamental rights of girls, curtails their opportunities, and contributes to intergenerational cycles of disadvantage, making it a persistent public health and social challenge (NHRC, 2024).

Reproductive health is not merely the absence of disease but a state of complete physical, mental, and social well-being in all matters related to the reproductive system to its functions and process. The World Health Organization (WHO) defines reproductive health as the ability of individuals to have a safe and satisfying sexual life, the capability to reproduce, and the freedom to decide when and how often to do so. It includes access to accurate information, healthcare services, and education about family planning, maternal health, and the prevention of Sexually Transmitted Infections (STIs). For women, reproductive health education plays a vital role in shaping their future, as it helps them understand their bodies, menstrual cycles, fertility, and the risks associated with early pregnancy. A lack of reproductive health knowledge often leads to complications such as early pregnancy, unsafe abortion, malnutrition, and poor maternal outcomes. In societies where discussions about reproductive health are taboo, women suffer silently without access to medical or emotional support. Therefore, ensuring reproductive health requires comprehensive education, counseling, healthcare facilities, and social support so that young girls can make informed decisions about their own bodies and live healthy lives (Schlegel et al., 2023).

The reproductive health of women is significantly affected by early marriage, making them highly vulnerable to a wide range of health risks. Girls married before 18 are more likely to experience early pregnancies, which increase the likelihood of complications such as obstetric fistulas, severe anemia, preterm birth, low birth weight, and maternal mortality. Limited access to information about reproductive health, contraception, and safe maternal care exacerbates these risks. Adolescent brides often face social restrictions that prevent them from seeking healthcare, including cultural norms restricting mobility, lack of autonomy in decision-making, and inadequate support from family or partners. The psychological and emotional consequences of early marriage, such as stress, depression, and social isolation, can further compromise reproductive and overall health. Early marriage also increases the risk of sexually transmitted infections and repeated pregnancies, creating long-term health challenges that extend beyond adolescence and can impact future generations (Nhampoca & Maritz, 2024).

Understanding the link between child marriage and reproductive health is critical for developing effective interventions to protect women. Research that explores both the socio-economic and cultural factors contributing to early marriage, as well as its direct and indirect effects on reproductive outcomes, is essential for designing targeted programs and policies. Such studies provide evidence for promoting education, awareness campaigns, and community mobilization initiatives aimed at delaying marriage and empowering girls to make informed health decisions. By highlighting the reproductive health challenges and social vulnerabilities faced by women married early, this study aims to provide actionable insights for policymakers, non-governmental organizations, and health professionals. Ultimately, addressing child marriage through informed interventions can improve maternal and child health outcomes, enhance educational attainment, and promote gender equality within affected communities (Wahyuningsih et al., 2025).

Child marriage has severe and lasting effects on the reproductive health of women. Physically, their bodies are not yet mature enough for pregnancy and childbirth, making them vulnerable to life-threatening complications such as obstetric fistula, premature labor, and maternal mortality. Studies show that girls aged 15–19 are twice as likely to die during childbirth as women in their twenties, and those under 15 face even higher risks. Early pregnancy also affects newborns, often resulting in low birth weight, malnutrition, and increased infant mortality rates. Psychologically, early sexual activity and forced motherhood cause significant stress, anxiety, and trauma, as young brides are rarely emotionally prepared for marriage or motherhood. Furthermore, limited awareness and restricted access to healthcare make them more vulnerable to sexually transmitted infections, including HIV/AIDS. In many cultures, adolescent wives are also denied contraceptive use and family planning information due to restrictive gender norms. Over time, repeated pregnancies, poor nutrition, and a lack of proper maternal care can lead to chronic health issues such as anemia and reproductive tract infections. Thus, child marriage directly endangers the reproductive health and overall well-being of women (Fan & Koski, 2022).

Although the overall prevalence of child marriage has declined worldwide, progress remains slow. In the six countries with the highest rates of child marriage, more than 60 percent of women aged 20–24 were married before reaching adulthood. Between 2011 and 2020, approximately 11 percent of girls in Eastern Europe and Central Asia entered marriage as children. If current trends continue, it is estimated that over 140 million girls will become child brides during this period—equivalent to about 14.2 million each year or nearly 39,000 girls every day. Child marriage remains a major global concern, particularly in developing countries, where roughly one in three girls is married before the age of 18. In many settings, males tend to begin sexual activity earlier than they enter marriage, whereas for girls, marriage often coincides closely with the onset of childbearing. In Nepal, motherhood begins at a relatively young age, with nearly one-quarter of women having their first child by age 18 and almost half by age 20. Early marriage frequently leads to early pregnancies, which can have serious consequences for girls' health and limit their ability to continue their education. About 17 percent of adolescent girls aged 15–19 are already mothers or are pregnant with their first child. Although teenage pregnancy has declined by approximately 10 percent in recent years, closely spaced births remain

common: around half of all births occur within three years of a previous birth, and 21 percent take place within a two-year interval (CWIN, 2016).

Child marriage is deeply rooted in traditional customs, religious beliefs, and patriarchal values in Asia. Countries such as India, Bangladesh, Pakistan, and Nepal have some of the highest rates of early marriage globally. Bangladesh, for example, continues to record one of the world's highest child marriage rates, where nearly half of all girls are married before the age of 18. Several factors contribute to this persistence, including poverty, illiteracy, dowry practices, and social pressure to protect girls from harassment or perceived dishonor. In South Asia, many families also believe that marrying off daughters early helps avoid higher dowry costs as they age. However, the consequences of early marriage on health are extremely serious. Adolescent mothers face higher risks of maternal complications, including anemia, obstructed labor, and malnutrition. Many also lack access to antenatal and postnatal care, safe delivery services, and reproductive health education. Without proper knowledge of family planning and maternal health, these girls face repeated pregnancies and worsening health conditions. While governments across Asia have initiated national programs, laws, and awareness campaigns to address the issue, enforcement remains inconsistent. Therefore, empowering girls through education, life skills, vocational training, and improved access to reproductive health services is crucial to ending this harmful practice and promoting gender equality across Asia (Subramanee et al., 2022).

In Nepal, child marriage remains a deeply rooted social and health problem, particularly in rural, poor, and marginalized communities. Although the legal age for marriage is 20 years, many girls continue to marry before 18 due to poverty, traditional beliefs, and low literacy levels. National demographic surveys show that nearly 40% of women aged 20–24 were married before turning 18, illustrating the persistence of early marriage despite legal prohibitions. In many rural areas, parents marry off their daughters early, believing it ensures social protection, reduces financial burdens, or prevents premarital relationships. However, the consequences are serious and far-reaching. Early marriage frequently results in early pregnancy, which places immense strain on a young girl's body and increases the risk of maternal complications and death. Adolescent mothers often suffer from malnutrition due to inadequate diets and heavy workloads. Many do not receive proper prenatal or postnatal healthcare, further endangering their health and that of their babies. The lack of reproductive health education in schools also contributes to low awareness of safe motherhood practices. Although the Government of Nepal, along with UNICEF and various NGOs, has launched programs to end child marriage such as community awareness campaigns, legal enforcement, and girls' education initiatives progress remains slow. Deep-rooted cultural norms and limited institutional capacity continue to hinder effective change (Subramanee et al., 2022).

The reproductive health consequences of child marriage are profound and well-documented. Girls married early face heightened risks during pregnancy and childbirth, including obstetric complications, maternal mortality, anemia, and other health issues. Additionally, early marriage often restricts access to reproductive health information and services, leaving women unaware of family planning, safe delivery practices, and sexually transmitted disease prevention. Beyond physical health, child marriage also affects the psychological well-being of women, contributing to stress, depression,

and social isolation. These reproductive health risks not only affect individual girls but can also have broader implications for public health and community development.

Despite the known adverse effects, there is limited research focusing specifically on the link between child marriage and reproductive health among women in Nepal. Most studies address child marriage in general terms or focus on social and economic consequences without exploring its direct impact on reproductive outcomes. Understanding how child marriage affects reproductive health is critical for developing targeted interventions, raising awareness, and creating policies that protect women. This study aims to fill this gap by investigating the influence of child marriage on reproductive health, examining both socio-economic factors and health outcomes, and providing evidence to inform programs and policies aimed at improving the lives of women.

Objective

The main objective of this study is to examine early marriage and its influence on reproductive health among women.

Review of Related Literature

Feminist Theory focuses on understanding the structural inequalities and power dynamics that shape women's experiences (Arora, 2024). Child marriage is a direct reflection of patriarchal norms where girls are denied autonomy, their voices are undervalued, and societal expectations confine them to domestic roles at an early age. Women in child marriages often have limited control over their reproductive decisions, including the timing of pregnancies and access to contraception. These restrictions can lead to adverse reproductive health outcomes, such as complications during childbirth, high maternal and infant mortality, and increased vulnerability to sexually transmitted infections. Feminist Theory emphasizes that child marriage is not just an individual problem but a social issue rooted in gender inequality, cultural expectations, and discriminatory practices. By applying this perspective, it becomes clear that improving reproductive health among women requires challenging societal norms, empowering girls to make informed decisions, and creating an environment where their rights are recognized and protected. It also highlights the need for gender-sensitive interventions that address both the health and social dimensions of child marriage.

Malhotra (2010) notes that restricted access to education and limited economic opportunities are strongly linked to early marriage. Girls with little or no formal schooling are significantly more likely to marry at a young age, while continued school attendance and higher educational attainment serve as key protective factors against child marriage. In many societies, greater value is placed on educating boys than girls. When women are primarily viewed as future wives, mothers, and homemakers, investment in girls' education and job preparation is often neglected. Even when economically disadvantaged families wish to educate their daughters, they may face barriers such as the absence of nearby quality schools and the inability to afford school-related costs. As a result, families often perceive allocating scarce resources to sons' education as both safer and more economically beneficial. These constraints leave early marriage as one of the few perceived options available for girls, reinforcing the cycle of child marriage.

ICRW (2011) points out that long-standing traditions of child marriage continue to be reinforced by prevailing cultural norms. In the three countries studied, both parents and children often view

marriage as unavoidable and essential. Parents are widely believed to be responsible for arranging their daughters' marriages and safeguarding their chastity until marriage, and early marriage is seen as an appropriate and respectable way to fulfill this obligation. Families that postpone their daughters' marriages may be criticized by the community and perceived as neglecting their parental duties. Girls from economically disadvantaged households are at greater risk of child marriage, as multiple factors compound their vulnerability. One key factor is limited access to education. Due to the financial costs of schooling, girls from poorer families are often unable to continue their education, as scarce household resources are more frequently invested in sons' schooling rather than daughters'. Parents commonly regard spending on a son's education as a long-term investment, whereas educating a daughter is seen as less beneficial because she is expected to join her husband's family after marriage. Additionally, it is widely observed that when a girl is not attending school, parents are more inclined to arrange her marriage at an earlier age.

CRR (2013) emphasizes that child marriage should not be viewed as a single or isolated violation of rights; instead, each case sets off a chain of interconnected rights abuses that often persist throughout a girl's life. Early marriage places girls and women at serious risk by subjecting them to forced sexual initiation, ongoing sexual violence, and early, unintended, and repeated pregnancies, all of which threaten their health and survival. In addition, girls who marry as children are frequently deprived of educational opportunities, socially isolated, and locked into long-term economic dependence. The combination of child marriage and early childbearing perpetuates cycles of poverty that affect not only individual women but also future generations. These consequences amount to serious infringements of girls' fundamental rights, including reproductive rights and the right to live free from gender-based violence. Addressing child marriage effectively requires accountability at multiple levels. This includes holding authorities responsible when laws and policies designed to prevent child marriage are not properly enforced, as well as removing legal and social obstacles that prevent married girls from leaving such unions. Furthermore, targeted legal provisions and remedies are necessary to respond to the specific circumstances and needs of girls who are married as children.

Batyra and Pesando (2021) conducted a study entitled "Trends in Child Marriage and New Evidence on the Selective Impact of Changes in Age-at-Marriage Laws on Early Marriage." The main objective of the study was to analyze trends in child marriage and evaluate the effectiveness of policy changes aimed at increasing the minimum legal age of marriage across several low- and middle-income countries, including Nepal. The researchers used data from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), combining these with longitudinal policy data from the PROSPERED project. The study employed data visualization and regression discontinuity design to estimate the impact of policy changes. The main findings revealed that raising the legal age of marriage did not significantly reduce child marriage rates in most countries. However, moderate reductions were seen in Tajikistan and Nepal, though these effects varied based on the model used. The study concluded that changes in legal frameworks alone are insufficient; effective enforcement, education, and social support are essential to delay marriage and ensure better outcomes for women and girls.

Bhatta et al., (2025) conducted a study entitled "Understanding the Determinants of Adolescent Pregnancy among an Indigenous Community in Rural Nepal: A Qualitative Exploration." The main

objective of the study was to understand the determinants of adolescent pregnancy among the marginalized Chepang community in Raksirang Rural Municipality, Makwanpur District of Nepal. The study followed a qualitative research design conducted from September 2022 to April 2023. Twenty participants (10 in-depth interviews and 10 key informant interviews) were selected through judgmental sampling. The main findings identified six determinants of adolescent pregnancy: inadequate access to sexual and reproductive health services, programmatic gaps, elopement marriage as an escape, discontinuation of education, limited knowledge of marriage and pregnancy, and the perception of early pregnancy as prosperity. The study concluded that a multifaceted approach including enforcement of child marriage laws, better healthcare access, education, awareness, and sociocultural transformation is necessary to address adolescent pregnancy and improve reproductive health in marginalized communities.

Methods

This study followed a descriptive research design with a quantitative approach. Data were collected through a field survey method to understand the influence of child marriage on reproductive health among women.

The population of the study consisted of women in Besishahar municipality wards no. 2, 3, 4 and 5 of Lamjung district who were married before the age of 20. In the study area, there are 906 households in ward no. 2, 756 households in ward no. 3, 301 households in ward no. 4 and 438 households in ward no. 5 (municipality record, 2082). Among the total households, 208 women in the study area who experienced early marriage. From this population, 104 respondents were selected using a systematic sampling method. The use of the systematic sampling method in this study is useful because it ensures that the selected sample is representative of the total population of women who experienced early marriage in the study area.

A structured interview schedule was used as the primary tool for data collection in this study. The interview schedule consisted of two main sections. The first section included questions related to the socio-economic characteristics of the respondents, such as age, caste, religion, education, occupation, and family income. The second section focused on identifying the causes and effects of early marriage on reproductive health and its related socio-economic outcomes.

Analysis and interpretation of Data

This study deals with the analysis and interpretation of data regarding causes of early marriage. It contains: influence of traditional or cultural beliefs on early marriage, cultural beliefs encouraging early marriage, influence of education on timing of marriage, influence of early marriage on education and awareness of reproductive health and legal age of marriage, etc. as follows:

Influence of Traditional or Cultural Beliefs on Early Marriage

This variable examines whether traditional or cultural beliefs in the community encourage early marriage. Understanding this helps to assess the role of societal norms and cultural practices in influencing marriage patterns among respondents. The distribution of respondents according to the influence of cultural beliefs on early marriage is presented in the following table.

Table 1

Distribution of Respondents by Influence of Traditional or Cultural Beliefs on Early Marriage

Influence of Cultural Beliefs	No. of Respondents	Percentage %
Yes	30	28.85
No	74	71.15
Total	104	100.00
Among the 'yes' responses on the basis of influences of cultural beliefs		
Religious or community customs	11	36.67
Family beliefs	10	33.33
Early marriage preserves family honor	7	23.33
Girls should marry before puberty	2	6.67
Total	30	100.00

Source: Field Survey, 2025

Table 1 shows that a majority of respondents 71.15% reported that traditional or cultural beliefs in their community do not encourage early marriage, while 28.85% felt that such beliefs do promote early marriage.

Table also reveals that the most commonly reported cultural belief encouraging early marriage was adherence to religious or community customs, cited by 36.67% of respondents. Another significant reason was “Other” unspecified beliefs 33.33%, followed by the perception that early marriage preserves family honor 23.33%. Only a nominal proportion 6.67% reported the belief that girls should marry before puberty as a reason.

The findings suggest that, although cultural norms may still influence some early marriages, the majority of respondents perceive that traditional beliefs are no longer a strong driver for early marriage in their community. This may reflect gradual changes in societal attitudes, awareness programs, and legal regulations discouraging early marriage. Community and religious customs play a dominant role in promoting early marriage among some families, while other socio-cultural factors also contribute.

Influence of Education on Timing of Marriage

This variable examines whether the respondents' level of education influenced the timing of their marriage. Understanding this relationship helps assess the role of education in delaying or determining the age at which women get married. The distribution of respondents according to the influence of education on marriage timing is presented in the following table.

Table 2

Distribution of Respondents by Influence of Education on Timing of Marriage

Education Affect Timing of Marriage	No. of Respondents	Percentage%
Yes	76	73.08
No	28	26.92
Total	104	100.00
Among the 'yes' responses on the basis of education effect on early marriage		

Girls drop out of school and marry early	29	38.16
Families prioritize marriage over education	25	32.89
Reduce poverty	13	17.11
Both a and b	9	11.84
Total	76	100.00

Source: Field Survey, 2025

Table 2 shows that a large majority of respondents 73.08% reported that their level of education affected the timing of their marriage, whereas 26.92% indicated that it did not have an effect.

Table also indicates that the most commonly reported influence of education on early marriage was that girls drop out of school and marry early 38.16%, followed closely by families prioritizing marriage over education 32.89%. A smaller proportion 11.84% indicated both factors simultaneously affected early marriage, while 17.11% believed that education reduces poverty, thereby influencing marriage timing.

The findings suggest that education plays a significant role in influencing the age at marriage, likely by increasing awareness, personal aspirations, and decision-making capacity. Educated women may delay marriage to complete schooling or pursue career opportunities, highlighting the importance of education in reducing early marriage. Educational discontinuation and family decision-making are the main ways in which education affects early marriage. Promoting continued education and raising awareness about its benefits could be effective strategies to delay marriage and empower girls.

Awareness of Reproductive Health and Legal Age of Marriage

This variable examines the respondents' awareness of reproductive health and the legal age of marriage before they got married. Understanding this awareness is important as it may influence decisions regarding the timing of marriage and overall reproductive health practices. The findings indicate that awareness of reproductive health and legal regulations was limited among many respondents, which may have contributed to early or uninformed marital decisions. This highlights the need for improved education and awareness programs targeting young women prior to marriage.

Contribution of Lack of Awareness to Early Marriage

The qualitative responses indicate that lack of awareness is a major factor contributing to early marriage in the community. One respondent stated, "*Ignorance of Law and Right*", reflecting a fundamental lack of understanding regarding legal protections against early marriage. Another noted, "*I don't know the alternatives of Early marriage*", highlighting that limited knowledge about educational, vocational, or personal development opportunities makes early marriage appear as the only option.

Some respondents emphasized that they were unaware of the negative consequences of early marriage, such as, "*I was unaware about the negative impact of early marriage before marriage*", and "*In my community there is lack of awareness about reproductive health*". These responses reveal that insufficient knowledge about reproductive health, maternal risks, and the social implications of early marriage contributes significantly to the persistence of the practice.

Other respondents expressed the influence of societal expectations coupled with ignorance, such as, "*Everyone must get married at once in their life*" and "*In our community, girls are expected to marry as soon as they reach puberty, and nobody explains the consequences*". Additional illustrative

responses include, "*I thought marrying early was normal because elders encouraged it*" and "*We were not aware that delaying marriage could allow girls to continue education and improve their future*". These responses show that a combination of societal norms and lack of information reinforces early marriage practices.

Influence of Friends, Peers, or Neighbors on Early Marriage Decisions

This variable examines whether friends, peers or neighbors influenced respondents' early marriage decisions. Understanding this influence helps to identify social pressures and peer dynamics that contribute to early marriage. Respondents were asked about the influence of friends, peers, or neighbors. For the purpose of data collection, they were provided a set of questionnaire having 'yes'/'no' options. After the feedback of the respondents, it was found that majority of respondents (93 people) reported that friends, peers, or neighbors influenced early marriage decisions, while only 11 respondents indicated no such influence.

Effect of Peer or Community Influence on Marriage

This variable explores the specific ways in which friends, peers, or the community influence early marriage decisions. Understanding these effects helps identify social pressures and cultural norms that contribute to early marriage. The distribution of respondents according to the effect of peer or community influence is presented in the following table.

Table 3

Effect of Peer or Community Influence on Marriage

Effect of Peer or Community Influence	No. of Respondents	Percentage%
Pressure from community leaders or elders	33	31.73
Social Norms	30	28.85
Encouragement from friends or relatives	22	21.15
Both a and b	19	18.27
Total	104	100.00

Source: Field Survey, 2025

Table 3 shows that the most commonly reported effect of peer or community influence was pressure from community leaders or elders, cited by 31.73% of respondents. Social norms were also significant, reported by 28.85%, followed by encouragement from friends or relatives 21.15% and a combination of both 18.27%.

The findings suggest that both formal community authority figures and informal social networks play a strong role in influencing early marriage. Cultural expectations and peer encouragement together create a social environment where early marriage is reinforced, highlighting the need for targeted interventions at both community and family levels.

Impact of Early Marriage on Reproductive Health

This sub-section of the study deals with the analysis and interpretation of data regarding impact of early marriage on reproductive health. It contains: age at first pregnancy after marriage, complications during childbirth due to early marriage, types of childbirth complications experienced due to early marriage, social position of women married early and health issues experienced by women married early, as follows:

Age at First Pregnancy after Marriage

This variable examines the age at which respondents experienced their first pregnancy following marriage. Understanding this is important for assessing reproductive health patterns, early childbearing, and its implications for maternal and child health. The distribution of respondents according to the age at first pregnancy is presented in the following table.

Table 4

Distribution of Respondents by Age at First Pregnancy After Marriage

Age at First Pregnancy	No. of Respondents	Percentage %
Below 15 years	0	0.00
15–17 years	27	25.96
18–20 years	77	74.04
21 years or above	0	0.00
Total	104	100.00

Source: Field Survey, 2025

Table 4 indicates that the majority of respondents 74.04% experienced their first pregnancy between 18 and 20 years of age, while about one-quarter 25.96% became pregnant between 15 and 17 years. No respondents reported experiencing their first pregnancy before 15 years or after 21 years. The findings suggest that early childbearing is common among the respondents, with most experiencing pregnancy soon after marriage.

This highlights the need for reproductive health education, family planning awareness, and maternal health services targeted at young married women to ensure safe pregnancies and reduce risks associated with early childbearing.

Complications During Childbirth Due to Early Marriage

This variable examines whether respondents experienced complications during childbirth as a result of early marriage. Understanding this is important for assessing the health risks associated with early marriage and early childbearing. The distribution of respondents according to childbirth complications is presented in the following table.

Table 5

Distribution of Respondents by Complications During Childbirth Due to Early Marriage

Complications During Childbirth	No. of Respondents	Percentage %
Yes	38	36.54
No	66	63.46
Total	104	100.00
Among the 'yes' responses on the basis of complication during child birth		
Birth canal injury fistula	19	50.00
Both prolonged labor and birth canal injury	11	28.95
Prolonged or obstructed labor	8	21.05
Total	38	100.00

Source: Field Survey, 2025

Table 5 shows that more than one-third of respondents 36.54% reported experiencing complications during childbirth due to early marriage, while 63.46% did not face any complications. Table also indicates that the most commonly reported complication was birth canal injury fistula, experienced by 50.00% of respondents who reported complications. Both prolonged labor and birth canal injury affected 28.95%, while prolonged or obstructed labor alone was reported by 21.05%.

The findings suggest that early marriage can pose significant health risks for women, particularly in terms of reproductive and maternal health. This highlights the importance of delaying marriage, promoting reproductive health education, and ensuring access to maternal health services to reduce childbirth-related complications. Early marriage significantly increases the risk of severe childbirth complications. Birth canal injuries and prolonged labor are major concerns for young mothers, emphasizing the need for improved maternal health services, awareness about early marriage risks, and timely medical interventions.

Social Position of Women Married Early

This variable examines the perceived social position of women who married early within their community. Understanding their social standing helps to assess how early marriage may influence women's roles, recognition, and status in society. The distribution of respondents according to the perceived social position is presented in the following table.

Table 6

Distribution of Respondents by Social Position of Women Married Early

Social Position	No. of Respondents	Percentage%
Very good	28	26.92
Good	41	39.42
Acceptable	13	12.50
Poor	10	9.62
Total	104	100.00

Source: Field Survey, 2025

Table 6 shows that the majority of respondents perceived the social position of women married early as "Good" 39.42% or "Very good" 26.92%. A smaller proportion considered it "Acceptable" 12.50% or "Poor" 9.62%. The findings suggest that despite early marriage, many women maintain a respectable social position in their communities. However, a notable minority still experience limited social recognition, which may reflect lingering societal biases, restrictions, or challenges faced by women who marry early.

Health Issues Experienced by Women Married Early

This variable examines the health issues experienced by women who married early. Understanding these health problems helps assess the physical and mental well-being of early married women and the impact of early marriage on their overall health. The distribution of respondents according to the type of health issue experienced is presented in the following table.

Table 7

Distribution of Respondents by Health Issues Experienced

Health Issues Experienced	No. of Respondents	Percentage %
Anemia	25	53.19
Malnutrition	5	10.64
Mental and Psychological health	5	10.64
Both anemia and malnutrition	3	6.38
Total	38	100.00

Source: Field Survey, 2025

Table 7 shows that anemia was the most commonly reported health issue, experienced by 53.19% of respondents who reported health problems. Mental and psychological health issues and malnutrition were each reported by 10.64% of respondents, while a nominal proportion 6.38% experienced both anemia and malnutrition.

The findings indicate that early marriage poses significant health risks, particularly related to nutritional deficiencies and psychological well-being. These results highlight the need for targeted health interventions, nutritional support, and mental health services for women married at a young age.

Experience of Abortion Due to Early Pregnancy

This variable examines whether respondents had ever considered or undergone an abortion due to early pregnancy. Understanding this issue is important for assessing the reproductive health challenges and difficult decisions faced by women as a result of early marriage and early pregnancy. The distribution of respondents according to their experience is presented in the following table.

Table 8

Distribution of Respondents by Experience of Abortion Due to Early Pregnancy

Experience of Abortion Due to Early Pregnancy	No. of Respondents	Percentage %
Yes	36	34.62
No	68	65.38
Total	104	100.00
Among the 'yes' responses on the basis of experience of abortion due to early pregnancy		
Unsafe, unsupervised	13	36.11
Safe, medically supervised	11	30.56
Both	6	16.67
Other	6	16.67
Total	36	100.00

Source: Field Survey, 2025

Table 8 shows that more than one-third of respondents 34.62% had considered or undergone an abortion due to early pregnancy, while 65.38% reported no such experience.

Table indicates that the majority of respondents who underwent abortion experienced unsafe, unsupervised procedures 36.11%, while 30.56% had safe, medically supervised abortions. A smaller proportion 16.67% reported both types, and another 16.67% reported other types of abortion. The

findings indicate that early pregnancy among young married women exposes them to considerable health risks, especially due to unsafe abortion practices. This highlights the urgent need for reproductive health education, access to safe abortion services, and counseling to reduce health complications and maternal mortality associated with unsafe abortion.

Conclusion

This study clearly demonstrates that early marriage is deeply embedded in the socio-economic and demographic realities of the study area. The dominance of joint family systems, medium-sized households, and the widespread practice of labor migration particularly foreign employment among husbands strongly shapes women's marital life and living arrangements. Although remittance and agriculture provide essential economic support to households, women's limited access to formal employment and higher education restricts their long-term socio-economic empowerment. While a considerable number of women are engaged in income-generating activities, traditional gender roles continue to define women's responsibilities within the household, reinforcing economic dependence and limiting decision-making power. These structural conditions collectively create an environment in which early marriage persists and continues to influence women's life trajectories.

The findings further reveal that early marriage is largely driven by a combination of limited awareness, social and peer pressure, and educational discontinuation. Lack of knowledge regarding the legal age of marriage and the consequences of early marriage remains a critical issue among both women and their families. Peer influence, encouragement from friends and relatives, and pressure from community elders significantly shape marriage decisions, indicating that early marriage is often a socially reinforced practice rather than an individual choice. Although traditional cultural beliefs are perceived to be weakening, they still exert indirect influence through concerns related to family honor and social norms. Additionally, families' preference for marriage over girls' education, along with economic hardship and poverty, further accelerates early marriage, highlighting the strong interconnection between education, awareness, and socio-economic vulnerability.

The study found that majority of respondents 71.15% reported that traditional or cultural beliefs in their community do not encourage early marriage, while 28.85% felt that such beliefs do promote early marriage. In the study, a large majority of respondents 73.08% reported that their level of education affected the timing of their marriage, whereas 26.92% indicated that it did not have an effect. More than one-third of respondents 36.54% reported experiencing complications during childbirth due to early marriage, while 63.46% did not face any complications. More than one-third of respondents 34.62% had considered or undergone an abortion due to early pregnancy, while 65.38% reported no such experience. The study also concludes that early marriage has serious and long-lasting consequences for women's reproductive, physical, and psychological health. Early childbearing exposes young women to increased risks of pregnancy and childbirth complications, including prolonged labor, birth canal injuries, and chronic health problems such as anemia and malnutrition. Limited access to reproductive health services and inadequate awareness contribute to unsafe abortion practices, further endangering women's health. Beyond physical health, early marriage significantly affects mental well-being, with many women experiencing stress, anxiety, and depression due to increased responsibilities, reduced autonomy, and social pressures.

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