



Child Marriage Practices in Nepal: A Case of Kailali District

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Abstract

Child marriage in Nepal, a practice deeply rooted in cultural traditions, poses significant barriers to education and has profound impacts on the health and well-being of young girls, highlighting the urgent need for educational interventions to break this cycle and promote healthier life. The objective of this study was to assess the role of education on child marriage and the impact of child marriage on health in the context of Nepal. Specifically, the research concentrates on gathering information on the health status, education status, perceptions and the role of influencing factors on early marriage. The study used a sequential mixed-method design, including questionnaires completed by 125 women married before 18, two focus group discussions with 20 students (10 boys and 10 girls), and quantitative surveys for statistical analysis. This research shows that the role of education plays an important role before and after child marriage and it shows that society functions as the primary agent of socialization for child marriage. Apart from that, poverty, education, gender discrimination, cultural practice and lack of awareness are some of the factors (preventive measures) of child marriage. This study, therefore, seeks to depict the main components of child marriage pointing out the effect on girls' health that increased risk for death during childbirth including obstetric fistulas, school dropout and domestic violence. This study concludes with possible strategies and programmes that must be implemented by all the representatives for education, raising awareness about women's health through government and non-government organizations.

Keywords: Women's education, women's health, child marriage

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Introduction

Marriage, typically regarded as the cornerstone of family and consequently, societal structure, holds significant significance in the life journey of individuals (Haas & Whitton, 2015). Nonetheless, the concept of marriage manifests differently across various cultural contexts, encompassing legal, religious, customary, traditional, or informal dimensions. These delineations are not mutually exclusive, often intertwining in practice. Even marriages lacking formal legal recognition may carry substantial social acknowledgment within their communities. Nepali cultural traditions exhibit a diverse array of rituals and norms, yielding both favourable and unfavourable outcomes. Within Nepal, marriage rituals are observed in accordance with socio-cultural mores and religious protocols, signifying the union of two individuals with familial and communal endorsement. However, practices such as early marriage exemplify detrimental ramifications within this cultural framework.

Child marriage is defined as an illegal or informal union of boys or girls before the age of 18. Historically, child marriage is a common practice, perhaps, since the beginning of the institution of marriage. It is driven or shaped by cultural traditions, religious beliefs and poverty exacerbated by vulnerability. Child marriage is regarded as a social and gender violence which refers to the practice of marrying individuals, typically girls, under the age of 18, which perpetuates gender inequality and subjects them to various forms of abuse and exploitation. It is a violation of children's rights, often leading to adverse physical, psychological and social consequences, including interrupted education, increased risk of domestic violence, and severe health risks associated with early pregnancies. The consequences of child marriage are felt at both the individual and societal levels while it hurts girls' maternal health, social-economic status and the future. In 2016, following numerous postponements, the governmental initiative titled the National Strategy to Eradicate Child Marriage was introduced (Human Rights Watch 2016). This strategy delineates six distinct elements: the empowerment of young girls, the enhancement of educational opportunities for girls, and the facilitation of services aimed at curtailing child marriage.

In Nepal, the Criminal Code Act (2017) has officially stipulated 20 years as the minimum age requirement for marriage. Consequently, any marriage involving one or both parties under the age of 20 is classified as early marriage. Nepal was ranked third in the prevalence of child marriage in South Asia by the United Nations Children's Fund (UNICEF) in 2016, following Bangladesh and India. According to the Nepal Law Commission (NLC) Part-3 (2016), the Nepali constitution recognizes health and education as fundamental rights. The adverse effects of child marriage, particularly on health, contradict the principles enshrined in these rights.

Moreover, as evidenced in the most recent census data from 2011, a substantial portion of females in Nepal enter into marriage prior to reaching the age of 18, with 41% falling into this category, and a concerning 8.1% of these individuals becoming pregnant between the ages of 15 and 19 (CBS, 2012). The Ministry of Health and Population (2011) has noted that a significant majority, 55%, of these marriages occur at the age of 18, with 74% involving girls below the age of 20, underscoring the persistent prevalence of early marriage practices in Nepal. As outlined in a 2011 report by the Ministry of Health and Population (MOHP, 2012), the proportion of women married by the age of 15 demonstrates a decline from 24% among those aged 45-49 to 5% among those aged 15-19, mirroring a similar trend among men who typically marry four years later than women. The median age at first marriage among women aged 25-49 stands at 17.5 years, while for men, it is 21.6 years.

According to Nepal Census (2011), in Kailali district, 169,965 (21.92%) people got married when they were below age 10. Among them, the number of boys was 87,483 (23.12%) and the number of girls was 82,482 (20.76%). The number of people who got married between the ages of 10-14 years was 108462 where the number of boys was 55,706 (14.72%) and girls were 52,756 (13.28%). The number of people who got married between the ages of 15-19 years was 93690 (12.08%) whereas the number of boys was 45,078 (11.91%) and for girls was 48612 (12.24%). Approximately 47.97% of girls were married before the legal age of 20 in Kailali.

Child marriage obstructs the educational and professional progression of young girls. The ramifications of such unions are substantial, predominantly manifesting as psychological and physical ailments. In accordance with data from the United Nations Population Fund in 2012, females lacking formal education face a threefold increased likelihood of marrying or entering a marital union before reaching the age of 18. Pandey (2017) contends that the prevalence of underage marriage is disproportionately higher among women residing in less educated rural areas, belonging to lower caste Hindu communities, and identified as Madhesi, as compared to their counterparts who are more educated, reside in urban locales, and belong to higher caste Hindu groups. Nonetheless, the enforcement of extant legal frameworks and prior commitments remains deficient, resulting in minimal advancements (Regmi et al., 2016).

According to King and Winthrop (2015), child marriage can function as both a catalyst and an outcome of inadequate educational achievement. It frequently occurs either prior to a girl's impending marriage or shortly thereafter, as her domestic responsibilities escalate, impeding her educational pursuits. This investigation delves into the determinants that potentially precipitate early marriage, examining the

viewpoints of young girls regarding their health during pregnancy and the legality of marrying at a non-conventional age.

This study makes a tangible empirical contribution toward addressing the issue of child marriage by furnishing benchmark data and information pertinent to the implementation and monitoring of initiatives targeting child marriage within the Godavari region. Despite its significant implications, child marriage in Nepal receives insufficient attention, despite being a pressing issue in various regions, notably rural areas such as Mugu, Doti, Kalikot, Morang, Bardiya, Kailali, and others. Studies consistently identify gender norms and societal expectations as the underlying drivers of this harmful practice. Whether rooted in cultural traditions or exacerbated by limited access to education, the subordinate status of girls and women within society remains a central factor. Moreover, certain ethnic communities in Nepal hold beliefs that marrying girls before puberty or their first menstruation leads to spiritual rewards, further perpetuating the practice of child marriage.

According to UNFPA 42.9% of women residing in rural areas married before reaching the age of 18 in comparison to 26.9% of those residing in urban areas. Girls with no education or from low-income families are at high risk. Child marriage is more prevalent among marginalized groups such as Janjatis and Dalits. The young females who are forced to enter into early marriage are not able to cope with married life and their children. That makes poor health for both mother and child. Child marriages not only deprive girls of educational and decision-making opportunities but also stem from socioeconomic pressures, wherein impoverished parents or guardians may feel compelled to marry off their daughters in exchange for a bride price, erroneously believing it will alleviate their financial struggles. However, such individuals often lack awareness of the detrimental effects of early marriage on the health and well-being of young females.

Taking concept of child marriage practices and its problems into account, the study primarily attempted to identify and explain the social determinants of early marriage in Nepal and specifically in Godawari Municipality of Kailali district. Specifically, this study attempted to:

1. Identify the girls' attitude towards child marriage in Godavari Municipality.
2. Investigate the relationship between the reproductive health condition of girls and early marriage in Godavari Municipality.
3. Identify causes of child marriage and its impact on the health and education of girls in Godavari Municipality.

Literature Review

Social Factors of Early Marriage

The educational attainment of parents significantly influences the occurrence of early marriage. Educated parents typically prioritize the importance of education in contrast to securing a career and contributing to society, while less educated parents often perceive their children, especially daughters, primarily in terms of household duties. Bhandari (2017) discerns distinctive cognitive approaches between educated and uneducated households regarding their offspring.

According to the United Nations Population Fund (2012), various factors contribute to and perpetuate the practice of early marriage, including economic hardship, familial reputation, religious doctrines, societal and cultural norms, educational opportunities, and conflict dynamics, all of which stem from gender disparities. The institution of dowry serves as a catalyst for early marriages, as families of girls often face reduced financial obligations when arranging marriages at a young age (Maharjan et al., 2012). This customary practice places a significant burden on impoverished families. In Nepal, parents are apprehensive about societal judgments if their daughters, who have reached adulthood (over 18 years old), remain unmarried. Concerns about tarnishing the family's reputation through elopement or engaging in illicit relationships contribute to this fear, making it challenging to find suitable matches for older daughters within their social circles. Additionally, economic constraints render daughters a financial strain on the family, leading to the perceived alleviation of this burden through their early marriages, which is perceived to be advantageous for both the family and the girl herself.

Child Marriage and Education

The constitution of Nepal (2015) enshrines education as a fundamental right for all Nepalese citizens. Nonetheless, entrenched cultural norms, particularly prevalent in Kailali, perpetuate the practice of early marriage, resulting in the deprivation of educational opportunities for many young girls. Societal conventions encourage parents to arrange marriages for their daughters prematurely, thereby impeding their access to schooling. This practice, compounded by traditional perceptions of girls as chattels, undermines familial prioritization of girls' educational pursuits (Bista, 2004). Previous scholarly inquiries have elucidated a notable association between early matrimony and educational attainment. Studies indicate a notably low rate of educational engagement among married adolescent girls, as evidenced by Sekine and Hodgkin (2014), who report a mere 31.2% attendance rate among girls aged 15-17. Conversely, early initiation of sexual activity has been linked to heightened risks of academic underperformance and premature withdrawal from schooling (Biddlecom

et al., 2008; Grant & Hallman, 2008; Hindin & Fatusi, 2009). Disparities in the mean age of marriage between individuals with secondary and primary educational backgrounds are pronounced, accentuating the importance of education in delaying marriage (Bongaarts et al., 2017). The United Nations Educational, Scientific and Cultural Organization underscores the pivotal role of secondary education in mitigating the prevalence of early marriage among girls (UNESCO, 2014).

Among school-aged girls, marriage followed by pregnancy is frequently cited as the primary cause for discontinuing education (Thapa et al., 1997). Sustaining girls' enrolment in schools stands out as a highly effective strategy in preventing child marriages (UNESCO, 2014). Barr (2017) contends that the likelihood of early marriage among girls coincides with their school-age years and escalates notably with each passing year post-primary education completion. Across various cultural contexts, attendance at school is often perceived as incongruent with the societal expectations and duties associated with marriage and parenthood (Bajracharya & Amin, 2012; Mensch et al., 2005; Schuler et al., 2006; UNESCO, 2014).

Child Marriage and Girls' Health

Based on prior investigations, it has been observed that women often encounter challenges when attempting to access healthcare services. In Nepal specifically, a significant proportion of women, approximately 83%, encounter at least one barrier in accessing healthcare for themselves. Concerns are prevalent among women, with around 68% expressing reluctance to visit health facilities unaccompanied and a similar percentage expressing apprehension regarding the unavailability of female healthcare providers. Financial constraints are a worry for 55% of women, while 53% cite distance to healthcare facilities as a concern. Additionally, less than 25% of women express concerns about obtaining permission for seeking medical treatment. (Nepal Demographic and Health Survey: NDHS, 2016). For example, in the case of childbirth: according to Nepal Demographic and Health Survey Key Finding (2016), more than 57% of Nepalese women give birth in health facilities, and 41% give birth at home. According to Nepal Demographic and Health Survey (NDHS, 2016), access to healthcare is correlated to the level of education: women having education above grade 10th, School Leaving Certificate (SLC) 85% deliver in health facilities, more than 57% receive a postnatal check in the first 2 days of the birth, with most check-up's occurring within 4 hours of delivery and 42% did not receive any postnatal check. But early married women also face specific problems.

According to UNICEF (cited in Brown, 2012), an estimated 150 out of every 1,000 births worldwide are to adolescent girls aged 15-18. For some adolescents, pregnancy and childbirth occur unexpectedly and against their wishes. In certain

societal contexts, there exists significant pressure for girls to marry, leading to early pregnancies within marriage (Franjic, 2018). The prevalence of early marriage is highlighted by Franjic's claim that approximately 15 million girls under 18 are married annually, with 90% of births to girls aged 15 to 19 occurring within marriage. In Nepal, 41% of girls are married before reaching 18 years of age. To address these challenges, there is a need for investments in girls' education, healthcare access, and the development of their social and economic capabilities to enable them to delay marriage until they are prepared. The Government of Nepal has recently endorsed a new National Strategy on Ending Child Marriage, setting the legal marriage age at 20 (UNFPA, Nepal, 2016). Regarding teenage pregnancies, data from the NDHS (2016) indicate that 17% of adolescent women aged 15-19 are either already mothers or pregnant with their first child. This phenomenon is more prevalent in rural areas (22%) compared to urban areas (13%). Of these pregnancies, 81% result in live births, 9% end in miscarriages, and 9% are terminated through abortions.

Similarly, Blanc et al. (2013) posit that adolescent mothers confront elevated risks of maternal mortality in comparison to their counterparts who give birth between the ages of 20 and 24. Early marriage, particularly before the age of 18, is associated with higher parity rates compared to later marriages. Moreover, according to Central Bureau Statistics (2015), fatalities linked to pregnancy are a significant contributor to mortality among both married and unmarried adolescents aged 15 to 19, particularly within the younger spectrum of this age bracket. Darroch et al. (2016) report that in 2016, approximately 21 million pregnancies occurred among adolescent girls, with roughly half culminating in childbirth.

In this existing literature, I found few explorations of the perception of women towards marriage. A lot has already been written about child marriage in Nepal by lots of organizations and scholars, for example, World Vision Nepal, UNICEF, and many more organizations. And scholars from Nepal, as well as other countries such as Bhandari (2017), wrote about Early marriage in Nepal: Prospects for Schoolgirls, and Barr (2017) wrote about child marriage many more have written. Along with the above-mentioned relationships between education, health, and marriage, and along with research that prompts a perception of free will towards the early marriage (love marriage, interest in sex), it appeared that an evaluation of girl's perceptions would be beneficial to understanding the consensually and interest in the marriage of this population. This research will specifically explore the perceptions of young girls on child marriage, causes of child marriage and relationship between child marriage and health of young girls of Godavari municipality.

Methods and Procedures

Research Design

The study has employed sequential mixed method design applying qualitative and quantitative tools. The key methods of the study include focus group discussions, key informant interviews, and case stories as qualitative data and surveys as quantitative methods.

Description of the Research Area

Based on the national statistics on marriage (Central Bureau Statistics, 2011), I selected Kailali district, Province no 7, which has 12 Wards, from it I selected Godavari municipality no.2. The total population of Godavari is 78,018 and the number of females is 41,376 (53.03%) and male is 36,642 (46.97%) in which the age group of 10-19 years old female numbers is 10,339 (13.25%) and age group of 10-19 years old male is 10,067 (12.90%). Being a resident of Kailali, (Godavari) it was not much difficult to convene the participants, stakeholders, and local representatives. The selection of my informants was guided by a need for a variety of opinions, by their expertise as well as by their accessibility.

Sampling

To understand the perspectives of early married girls and assemble a representative sample of the population of early married girls in the Godavari municipality, 125 women from 20 to 24 years old, who got married between 14 and 18 years old and had at least one child or became pregnant before 18 years old, were selected to complete this research between March 3rd and March 15th, 2020. All of them dropped school before 19. I contacted participants with the help of social mobilizers working for NGOs i.e., Nepal Jaycees (JCI), Youth Acting for Change-Nepal (YAC-Nepal), Women for Human Rights (WHR-Nepal), and many more, local representatives from different sectors like red cross, local women development cooperation and many more and local government agencies i.e., Municipality office, Health post, School and many more. In addition, through snowball sampling, I asked research participants to provide information about other women in the same category who could be willing to participate.

Focus Group Discussions

A total of 20 students from Durga Laxmi Higher Secondary School (DLHSS) (10 boys and 10 girls) participated in Focus Group Discussions (FGDs) which were organized in the same location on the issue of early marriage including status, causes, consequences, and possible interventions, on March 16th, 2019, in the Godavari, municipality, district of Kailali. Two FGDs (comprising 10 boys and

10 girls separately) I had taken help from school staff and administration for the sampling of the same school. All relevant structured and unstructured questionnaires were developed and administered. The questionnaires were developed in a written schedule which contained the early married women, their health problems, and their educational situation.

Variable Specification

Every researcher used the variables for determining their positions and justifies the relationship among the different concepts of the research topic and theories. The core concept is marriage practices and child marriage. Independent variables are social values and economic values. The dependent values are child marriage, age, education, occupation, health, gender, and income. Child marriage is a dependent variable because it can increase or decrease based on social and economic functions and values.

Data Processing and Analysis

A structured interview was directly administered to the respondents in which the predetermined questions were used. The interview involved the use of fixed, alternative questions to get the certification of the subject. An unstructured interview was administered to the FGD. Interviewees and FGD participants were selected purposely. The intentional selection of participants provided a basis for the collection of rich information related to the subject of the study and a maximum variation in research participants. The collected data were processed and analysed in descriptive as well as statistical table presentation. The quantitative data were analysed by tabulation, and percentages and conclusions were drawn.

Results and Discussion

Social Determinants of Early Marriage in Western Nepal

The phenomenon of school dropout is influenced by a variety of factors, each contributing to the overall rates observed within educational systems. The data highlight that the predominant reason for school dropout is marriage cases. This is followed by economic constraints and a lack of interest in studying. Additionally, parental disapproval of continuing education is a factor some dropouts, while the distance to school facilities also affects students. Physical disabilities, though less common, still impact the student population.

Table 1*Reason for School Dropping of Informants Aged 20-24 (n=125)*

Got married	49.6%
Did not like to study	12.8%
Economic reasons	22.4%
Parents did not allow	9.6%
School facility far away	4%
Physical disability	1.6%

(Source: Field Survey 2019)

In Kailali, Godavari the average literacy rate is 66.3% and for the women, the literacy rate is 21079 (27.01%) and 14765 (18.92%) women are illiterate (CBS, 2011). The dropout rate has been one of the cross-cutting issues which definitely will create obstacles to obtaining education for all. The above table shows the main reason for leaving school is child marriage with 49.6% and having economic problems 22.4% were unable to continue their study. The other reasons for school dropout were parents' decisions, physical accessibility, school facilities, socio-cultural values, and others. Women who were married at a young age were more likely to have dropped out of school, have no formal education, reside in a rural setting, live in poverty, or have an uneducated household head, and they tended to be older adolescents.

In our society, marriage is more socially acceptable than other possible reasons because of our social values and norms, it has been reported as the primary reason for leaving school, even if other factors are more attributable. Decisions about marriage and dropout are the result of a complex interplay of various factors. Even most of the girls cite marriage rather than other factors for child marriage because of positive social status. Social pressure to maintain family honour, household heads with less education, more children, and less income in the family are other factors as described by the informants.

Health and Early Marriage

Research shows that child marriage often leads to very early pregnancy and childbirth for girls, who often, at least initially, feel unable to negotiate to delay childbearing with their husbands. When girls get pulled out of school earlier, because of early marriage, they are often even less familiar with production health issues.

Much of the reason that health education is so important is that there are many health benefits and risks associated with premature pregnancy, and by association, premature marriage. Because many of the husband's families pressure girls to have babies immediately, early marriage also often leads to early childbirth and mothering.

Table 2 shows the women's health situation during pregnancy.

Table 2

Medical Check-up during Pregnancy and Delivery of Baby (n=125)

Regular medical check-up	17.6%
Check-up in case of a problem	59.2%
No check-up	23.2%
Delivery in hospital	51.2%
Delivery in home	48.8%
Complication during delivery	62.4%

(Source: Field Survey 2019)

The above table shows the health condition of women during their reproduction period. Girls who get married early have a higher probability of getting pregnant and having more children. This opens them up to risks related to reproductive health and unaware of risks to their health. The negative health impact as reported by the informants includes miscarriage, infanticide, uterus prolapse, maternity death, sexual disease, and infertility. Out of the one hundred and twenty-five women 62.4% face complicity during delivery because of their early age and were immature physically and physiologically. They also lack access to reproductive health information and services and lack parental care for them during pregnancy.

Similarly, 48.8% of women give birth in their homes. There are multiple variables for these reasons such as cultural rules and values, poverty, lack of health post, lack of knowledge about maternal health, and many more. 59.2% of them visit hospitals when needed. Having more or less information and education in the family members, and for the sake of their upcoming child, they visit the hospital. And some women regularly visit hospitals for a check-up. The reason for this is to educate family members on at least one, care and good economic status. Some of them didn't visit the hospital because of various reasons (culture, lack of money, hospital facilities, etc.). When this is combined with pregnancy at a young age with a lack

of power, information, and access to services, married girls experience much higher rates of maternal mortality and morbidity.

Adolescent childbirth is dangerous for the infant as well as the mother. Underdeveloped bodies of girls have led to complications during childbirth that causes infant death as well as maternal death. They are pressured to bear children as soon as they are married. Physical and emotional immaturity of the mothers, their malnutrition, and lack of access to social services and health care are also important concerns for child married women.

Influencing Factors for Early Marriage

Lack of access to education, poverty, child labour, social pressures, family planning information, contraceptive supplies, and harmful practices including dowry and beliefs about menstruation and virginity typically drive child marriage in Godavari, Kailali Nepal.

According to the respondents, school girls are fully conscious that marriage is associated with low education, socio-cultural norms, gender discrimination, and poverty which causes harm to their physical and mental health after early marriage. The practice of marriage with no parental involvement is also common in these societies. Neighbours, relatives, religion, and social culture also promote early marriage, by bringing marriage proposals and convincing or pressuring parents to marry daughters early. So, nobody thinks about their future, health complications, mental pressure, immaturity, etc. which happen after child marriage.

The respondent's view from their interview is that having less or no education from their parents is one of the main reasons to marry their daughter from the age of 12/13 years old. As a result, the girls left their school, and must bear a child at an early age which occurs lots of health complications during and after the pregnancy with physiological unstable. It can harm the newborn infant too.

Relation between Early Marriage and Education

As per the respondents in the study, furthering one's education enhances the likelihood of delaying marriage. Research indicates a link between early marriage and levels of educational achievement (Barr, 2017; Sekine & Hodgkin, 2014). Additionally, they contend that a significant proportion of female students dropping out of school is attributable to early marriage.

The participants indicated that marriage proposals began at the age of 12 for them. Should a girl cease attending school, whether due to financial constraints, geographical distance, familial issues, or employment, marriage becomes an

inevitable outcome. This perpetuates the trend of dwindling educational engagement, as married girls typically withdraw from or abandon their studies. Many of the respondents were wedded at the age of 12 for diverse reasons, consequently hindering their educational pursuits.

Relation between Early Marriage and Health Complications

Premature pregnancy poses significant health risks for both mothers and infants, leading to increased incidences of severe health complications and mortality. Pregnancy-related complications stand as the primary cause of mortality among adolescent females aged 14-19 in Kailali. Studies indicate that girls aged 10-14 face a fivefold higher risk of mortality during childbirth compared to mothers aged 20-24, while those aged 15-19 face double the risk of maternal mortality compared to women in the 20-24 age group.

Early pregnancy can have severe health consequences for both mothers and babies including elevated rates of serious health problems and death. Complications resulting from pregnancy are the most important causes of death in Kailali, among adolescent girls aged 14-19 years old. Research shows those girls aged 10-14 are 5 times more likely to die during delivery than mothers aged 20-24; girls aged 15-19 are twice as likely to die during delivery as women aged 20-24.

According to respondents due to immaturity, young girls are more susceptible to obstructed labour, which is the leading cause of maternal mortality among them. The data shows that most of these women face complications during pregnancy and are not able to get health access in the meantime of their delivery and during their difficulties. Lack of knowledge about reproductive health, health awareness, basic knowledge during pregnancy, and workload during pregnancy causes complications for both mother and child.

Opinion of Focus Group Discussion towards the Early Marriage

The participatory approach was used to gather in-depth information from key people, such as local boys and girls. It was used to extract key information on causes, patterns, and impact of child marriage, its initiatives, and recent practices and development-related issue in the locality. The views of young children towards early marriage were taken. They assisted the research team in identifying good, programmed designs, practices, and initiatives against child marriage and identifying the present programmed design and delivery, etc. The majority of the children have raised a similar opinion that they are having mental pressure from their parents for having early marriage which causes them physical abuse and mental distraction. Even if they do not want to have a marriage at an early age because they do not know the meaning of it and want to continue their life by studying and enjoying their

livelihood but being pressured by their parents. Most of them are conscious of the effect of early marriage on their upcoming future life because of education and wish they would be rescued or prevented from their secure life and good future.

The participants also express the belief that the enactment and enforcement of robust legislation against child marriage could instil fear of legal repercussions among their parents and members of society, potentially leading to a shift away from early marriage. Moreover, they suggest that parental education and warnings about early marriage and other detrimental social customs are necessary. Respondents attribute the prevalence of early marriage partly to parents' lack of awareness regarding its negative consequences. One participant recounted her unsuccessful attempts to dissuade her parents and relatives from proceeding with her marriage, despite employing emotional appeals. They acknowledge the difficulty in halting the process once parents have agreed to a proposal, largely due to familial pride. Educating neighbours and providing counselling to relatives are proposed strategies to diminish the incidence of early marriage, as parents may be swayed by these individuals to marry their children prematurely.

Conclusion

The issue of child marriage at the present is still one of the critical subjects in society. Though there is substantive work initiated to reduce the incidence of child marriage, there is a lot that remains to be done to reduce the lower point. The study finds some of the important issues that are intertwined with child marriage: discontinuation of education among the women, lack of education among the parents as well as society, lack of maternal health awareness and knowledge, economic instability, and influence of socio-cultural and religious aspects.

The overall educational status of disadvantaged groups has changed over time but they still lag in several instances. The commitment to the widespread and equitable provision of education is the basic requirement for child marriage control. Because of child marriage, girls are unable to continue their studies and fulfil their dreams. Most of them have to drop out of school because of early marriage.

Early marriage has detrimental effects on both adolescent girls and society. This research affirms its association with various factors, albeit on a limited scale, primarily focusing on health issues during pregnancy. Bearing children at a young age increases susceptibility to health complications and mortality. Young mothers often face pregnancy-related challenges without emotional, physical, and psychological readiness. This hinders their ability to pursue personal and professional aspirations, thus impeding career advancement. While attitudes towards marriage and pregnancy may be evolving positively among informants, the prevalence of child

marriage persists in contemporary society.

References

- Bajracharya, A., & Amin, S. (2012). Poverty, marriage timing, and transitions to adulthood in Nepal. *Studies in Family Planning*, 43(2), 79–92.
- Barr, H. (2017). *Why no rush to end child marriage in Nepal? Still no concrete plan despite early promises*.
- Bhandari, N. R. (2017). To what extent does religious orientation and educational attainment deform gendered attitudes between wives and husbands? *Research in Pedagogy*, 9(2), 245-253.
- Biddlecom, A., Gregory, R., Lloyd, C. B., & Mensch, B. S. (2008). Associations between premarital sex and leaving school in four Sub-Saharan African countries. *Studies in Family Planning*, 39 (4), 337–350. <http://www.jstor.org/stable/20454480>
- Bista, M. (2004). *Review of research literature on girl's education in Nepal*. UNESCO Kathmandu Series of Monographs and Working Paper 3. Kathmandu: UNESCO. pp. 7-39.
- Blanc, A. K., Winfrey, W., & Ross, J. (2013). New findings for maternal mortality age patterns: Aggregated results for 38 countries. *PLoS ONE*, 8(4), e59864. <https://doi.org/10.1371/journal.pone.0059864>
- Bongaarts, J., Mensch, B. S., & Blanc, A. K. (2017). Trends in the age at reproductive transitions in the developing world: The role of education. *Population Studies*, 71(2), 139–154. <https://doi.org/10.1080/00324728.2017.1291986>
- Brown, G., (2012). *Out of wedlock, into school: combating child marriage through education* (pp.11-33). The office of Gordan and Sarah Brown, London.
- Central Bureau of Statistics (CBS). 2012. *National Population and Housing Census 2011* (National Report). Available online: <https://cbs.gov.np/national-population-and-housing-census-2011national-report/>
- Central Bureau of Statistics, (2015). *Nepal Multiple Indicator Cluster Survey 2014, Final Report*. Kathmandu, Nepal: Central Bureau of Statistics and UNICEF Nepal.
- Darroch, J. E., Woog, V., Bankole, A., & Ashford, L. S. (2016). *Adding it up: costs and benefits of meeting the contraceptive needs of adolescents*. Guttmacher Institute, New York, 6–14.

- Franjic, S. (2018). Psychiatry practice today. *Clinical Research in Psychology*, 1(2), 1-6.
- Government of Nepal, (2017). *Criminal (Code) Act 2074 (2017)*. Nepal, Criminal and penal law, Kathmandu.
- Government of Nepal, National Planning Commission Secretariat, Central Bureau of Statistics, (2012). *Nepal Census 2011 Volume 01*, 2011, pp.108-143. [Online] Available at: https://nepal.unfpa.org/sites/default/files/pubpdf/Ending%20forImpunity%20for%20Child%20marriage%28final%29_25Nov16.pdf
- Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 39(4), 369-382.
- Hindin, M. J., & Fatusi, A. O. (2009). Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. *International Perspectives on Sexual and Reproductive Health*, 35(2), 58-62.
- Human Rights Watch, (2016). 'Our Time to Sing and Play'- *Child Marriage in Nepal*, 7 September 2016, available at: <https://www.refworld.org/docid/57d2affd4.html>
- Haas, S. M., & Sarah, W. (2015). The significance of living together and the importance of marriage in same-sex couples. *Journal of Homosexuality* 62, 1241–63.
- King, M. E., & Winthrop, R. (2015). Today's challenges for girl's education. *Global Economy and Development*, 32-73.
- Maharjan, R. K. (2012). *Child marriage in Nepal: Research report*. Plan Nepal, Save the Children and World Vision International, Nepal.
- Mensch, B.S., Singh, S., & Casterline, J. B. (2005). Trends in the timing of first marriage among men and women in the developing world. *The changing transitions to adulthood in developing countries: Selected studies*, 118-171
- Ministry of Health and Population (MOHP) {Nepal}, (2012). *Nepal Demographic and Health Survey 2011*. New ERA, and ICF International Inc. Kathmandu.
- Ministry of Health, Nepal, (2016). *Nepal Demographic and Health Survey - key findings* pp. 8-15.
- Ministry of Health Nepal. (2017). *Nepal Demographic and Health Survey 2016*. Ministry of Health Nepal.
- Ministry of Women, Children and Social Welfare. Government of Nepal 2016.

- National Strategy to End Child Marriage, 2072 (2016)*. Kathmandu.
- Nepal Law Commission (2016). 'Fundamental Rights and Duties Part-3', *Nepal Constitution 2072 (2016)*. Government of Nepal.
- Tarique, I., Schuler, R., & Gong, Y. (2006). A model of multinational enterprise subsidiary staffing composition. *The International Journal of Human Resource Management*, 17(2), 207-224
- Pandey, S. (2017). Persistent nature of child marriage among women even when it is illegal: The case of Nepal. *Children and Youth Services Review*, 73, 242–247.
- Regmi, S., Upreti, M., & Shrestha, P. (2016). *Ending impunity for child marriage in Nepal – A review of normative and implementation gaps*. Centre for Reproductive Rights.
- Sekine, K., & Hodgkin, M. E. (2014). Effect of child marriage on girls' school dropout in Nepal: Analysis of data from the multiple indicator cluster survey 2014. *PLOS ONE*, 12 (7), e0180176.
- Thapa, S. (1997). The timing of family formation in ethnic mosaic Nepal: a district-level analyses. *Asian-Pacific Population Journal*, 12, 75-87.
- The United Nations Children's Fund (UNICEF). (2016). *The state of the world's children: A fair chance for every child*. <https://doi.org/10.18356/4fb40cfa-en>
- UNFPA Nepal. (2016). *Fact sheet: Child marriage in Nepal: Child, early and forced marriage in Nepal*. UNFPA Response. Available at: <https://nepal.unfpa.org/en/publications/fact-sheet-child-marriage-nepal>
- United Nations Educational Scientific and Cultural Organization (UNESCO) (2014). *Teaching and Learning: Achieving quality for all*, EFA Global Monitoring Report, pp.181-185.
- United Nations Population Fund (2012). *Marrying too young; End child marriage*. UNFPA, New York. Available at: <http://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf>.
- WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division (2019). *Maternal mortality: Levels and trends 2000 to 2017*. Geneva, pp.32-33. (<https://www.who.int/reproductivehealth/publications/maternalmortality-2000-2017/en/>)