Received Date: April 2022 Revised: May 2022 Accepted: June 2022

Impact of Early Marriage: Knowledge and Health Practice

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Abstract

This paper based on "Impacts of Early Marriage: knowledge and health Practice" is representative of the Nepalese community. The aim of the paper is to find out theimpact of teenage marriage: knowledge and health practice. It was an analytical as well as descriptive research design and used in primary and secondary data. It is based on the snowball sampling method. A total of 156 married women who had married between 15-19 years aged and had at least one child during the time of the survey and a structured questionnaire was used throughout the data collection. Poor economic condition is not enough for the fulfilment of basic needs and other activities. Most of the mothers didn't Anti a natal check during their pregnancy. Most of the babies were delivered at home with the assistance of their family members, sudheniand elder women of the community. In complicated cases, most of them consult with Dhami, Jhakri. Postnatal care was also poor in the area. Some complications were also occurring in the study area, e.g. anaemia, bleeding, weakness etc. Children suffered from low birth, weight and diseases. There was a greater son preference. Early marriage, early pregnancy, multiple pregnancies, low birth space, and complications during and after pregnancy were the most prevailing problems. After considering all of the findings the study indicates that early marriage practice in this area was highly influenced by lack of education, low socioeconomic status, traditional beliefs, no knowledge about early marriage and legal age at marriage and awareness about health education.

Keywords: Early marriage, early child bearing, impact, knowledge and health practice.

Introduction

Nepal is one of the least developed countries in the world. About 38 percent of people are living below the poverty line. Here are multi-religious, multi-ethnic, multi-linguistic and multi-cultural people. Ethnic is an inhabitant in a different part of the country. Women are illiterate, especially in Dalit and ethnic groups. They don't know what health is and how can preserve it. So, many people in some communities believe "It is better to make early marriage for their daughter as soon as possible." They don't know early marriage leads to early pregnancy; early pregnancy is a health risk for young women. When a girl marries one young male before 20 years can be termed an early marriage. According to health science, before 20 females may be harmful to a child as well as a mother. After 20 years' reproductive health implies that all women are also to have satisfaction from safe sex life

and they have the capacity to reproduce and are free to decide, when and how often to do so with their husband's participation. Health has been recognized as crucial to human development. This includes sexual health also; enhance life and personal relation also (Aacharya, 2009).

Early marriage, better known as child marriage, is defined as marriage carried below the age of 18 years, "before the girl is physically, physiologically and psychologically ready to shoulder the responsibilities of marriage and child bearing". Many factors interact to place a child at risk of marriage. Parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. Strong correlations between a woman's age at marriage and the level of education she achieves, the age at which she gives birth to her first child and the ages of her husband have been well documented. Early marriage means also the individual becomes sexually active early, raising children while children themselves. The marriage of a young girl affects not only her life but that of the children she will bear (Pokhrel, 2011).

Teen marriage is typically defined as the union of two people, one or both of them adolescents, joined in marriage from the age range of 13–19 years old. Many factors contribute to teen marriage such as love, teen pregnancy, religion, security, family and peer pressure, arranged marriage, economic and political reasons, social advancement, and cultural reasons (Karki, 2003). Studies have shown that early married couples are often less advantageous, may come from broken homes, may have little education, and work low-status jobs in comparison with those that marry after adolescence(Pant, 2014).

Early pregnancy is not, of course, found only in the developing world. The early pregnancy rate has been called a major public health problem in the United States. It has been estimated that over half of the 21 million adolescents aged between 15 and 19 in the united states have been sexually active and more than a million early girls become pregnant early year, at least two-thirds of them without planning to and while unmarried. Thirty thousand of those pregnancies affect girls under 15 and about 430000 earlier have induced abortions each year (UNESCO, 2010).

Early marriage is taken as a normal thing in many parts of the world. It usually leads to early motherhood. Girls under 15 are five times more likely to die of pregnancy-related complications than women over 20 and pregnancy is the leading cause of death for 15-19 years old girls around the world. In many developing countries, at least 20 percent of women give their first birth before age of 18. The expectation of parents-in-law and society are reasons to compel mothers to produce a child soon after marriage many young wives feel pressure to bear sons. This result in pregnancies being spaced too closely in addition to occurring soon in the young mother's life (Poudel, 2010). As women are married early and generally becomes pregnant in adolescent ages greater risk is associated with pregnancy and childbirth (Agrawal & Shrestha, 2011).

According to UNICEF's innocent research centre" practice of marriage girls at a young age is most common in Sub-Sahara African and South Asia." In many places on earth marriage before puberty is not unusual. However, the centre also notes that marriage shortly after puberty is common among those living traditional lifestyles in the Middle East, South Africa and other parts of Asia. Marriage of female adolescents between 16 to18 is common in parts of Latin America and Eastern Europe (UNICEF, 2012).

Child marriage is a human rights violation, restricting children's choices, changing their course in life, and putting them at significant risk of abuse and violence. A UNICEF study found that one in three married girls in Nepal had been subjected to sexual violence by their husbands, while one in six reported physical violence. child marriage in Nepal is complex. Poverty, the low value attached to daughters, and lack of access to education are contributory factors, while the caste system and patriarchal culture similarly play a role. It increasingly appears that earlier are choosing their own partners and may even elope. In some cases, parents encourage adolescents to initiate their own marriage to avoid the high costs associated with dowry or weddings. Adolescents may also choose to elope as sexual expression outside of marriage is not acceptable, to avoid forced or arranged marriage or to escape from difficulties at home (UNICEF& UNFPA, 2016).

Most of the mothers don't check up on their pregnancy, such as they do not take proper food, T.T. injection, and iron tablet and quality health service from trained health personnel. Most of the babies were delivered at home with the assistance of their family members, *Sudheni* and elder women of the community. In complicated cases, most of them consult with *Dhami, Jhakri*. If they cannot manage the problem, they decide to take the mother to the health centre. It becomes too late for the delivery. Postnatal care is also poor in the study population. Some complications are also occurring in the study area, e.g. anaemia, bleeding, weakness etc. Children are suffering from low birth, weight and diseases. They want more sons than the daughter. Early marriage, early pregnancy, multiple pregnancies, low birth space, and complications during and after pregnancy are the most prevailing problems in rishing rural municipality areas. After considering all of the findings the study indicates that early marriage practice in rising rural municipality areas is highly influenced by lack of education, low socioeconomic status, traditional beliefs, no knowledge about early marriage and legal age at marriage and awareness about health education (Thapa, 2019).

As women are married early and generally becomes pregnant in adolescent ages greater risk is associated with pregnancy and childbirth. Human health needs to understand not only from the biophysical point of view but also from a cultural and social point of view. The death of each of us is very much influenced by our lifestyle, the kind of community we live and by our natural environment. It is by examining these and another dimension of socio-cultural context that makes a distinctive contribution to the understanding of health issues.The main objective of this study was to find out the effect of early marriage on Gauradaha municipality ward no 4 (Sudhar Marga)of the Jhapa district. Knowledge of early marriage, causes of early marriage and its effect were an important part of the study. Especially the women of Sipadol have been taken as a sample population of the study. On

the basis of their information, the present study was prepared.Early marriage invites the growth of the population. Population growth has appeared as a threatening challenge to the very development and prosperity of the human race like high birth rate and low death rate in the world, especially in underdeveloped and developing countries such as our country Nepal.

Due to lack of knowledge, a large proportion of birth is delivered at home, outside the health facilities. In this area, it is common for early married girls to suffer sex-related injuries, pain and sickness. Undergoing girls who are disadvantaged by childhood deprivation give birth to weak and underdeveloped offspring. The risk of complications during childbirth is greater because the body of girls under 18 is not fully developed. The ammonic fluid needed for the survival and growth of the fetus might not be mature enough and the underdeveloped uterus cannot provide a full protection shield. Similarly, because of the critical dilations (lack of elasticity in the cervix), the child may suffocate to death at the time of birth. Also, pregnant adolescents are less likely to receive early and adequate prenatal care. Thus leading to higher rates of maternal and child mortality Pregnancy-related complications are the main cause of death in 15-19 years, old girls, worldwide. The women who begin childbearing at an early age are also more likely to have a pattern of having babies in quick succession which is not conducive to the good health of the girl and their babies. It also means that they will have larger families overall, which leads to higher maternal and child mortality. So, this paper is based on the health problems of early marriage in Gauradaha municipality ward no 4(Sudhar Marga) of the Jhapa district.

Objectives

- To find out the knowledge and health practice of early marriage.
- To examine the effect of early marriage.

Methods

This paper-based on descriptive as well as analytical research design. It was cross-sectional research and the quantitative research method had been used. It was based on a primary source of data. The primary data was collected through the face to face interviews with married women aged 15-19 years of Sudhar Marga Tol of Gauradaha municipality ward no. 4 (Sudhar Marga) of Jhapa district. It is based on the snowball sampling method andselected the respondents 156 married women who had married in the age 15-19 years and had at least one child during the survey time. The women of the family (who have early marriage and gave birth at an early) in every household have been selected for the interview to obtain the required primary data. Semi-structured questionnaires were used throughout the data collection. The analysis of the data by the SPSS and results were presented by the frequency table and cross-tabulation.

Results and Discussion

In many regions, parents arrange their daughter's marriage without even informing her. It means that one day, a daughter might be playing with her siblings at her home and the next

day she would be married off and be compelled to live with her husband and his family-the strangers in the next village. Most probably, she dropped out of school. Ultimately, she will be a victim of domestic violence and might suffer from many health complications associated with early sexual activity and childbearing (ICRW, 2012). Early marriage is most common in developing countries like Nepal. Research in Nepal shows that 22.05 percent of girls are married before their 14th birthday. Pregnancy adolescent below the age of 18 years is 2-3 times more likely to die than pregnant women between 18 and 25 years. Low birth weight is more common among babies born to an adolescent than in adult women. The high maternal death rate is 539 in 100000 live birth which is contributed by early childbearing and pregnancy complications (UNICEF, 2012). According to Karl Marx, "women are unpaid labour." Women did hard work but non-produced work. No value the women's work in the patricidal and class-based society when the means of production and the relation of production are controlled by women then women's early marriage will be established. Gender connections these things. These social and cultural definitions of women and men are called gender (Arora & Koundal, 2014). According to WHO (2013), the lifetime risk of dying of pregnancy or childbirth is one in twenty in some developing countries. Compared to one in ten thousand in some developed countries, the age at which women being to start childbearing, the interval between each birth, the total number of lifetime pregnancies and socio-cultural and economic circumstances in which women's life influence maternal morbidity and mortality.

Knowledge about early marriage

Marriage below 18 years is called early marriage. The knowledge about early marriage helps to control it. Those parents, who have knowledge about early marriage and complications, can help to stop it practice. In order to access the knowledge about early marriage among early married women, they were asked their opinion "what do you mean by early marriage?" responses of the respondents are presented in table 1 below.

Table1: Distribution of respondents by knowledge about early marriage

Meaning of marriage	**Number**	**Percent**
Marriage below 18 years	33	21.2
Marriage in childhood age	35	22.4
Marriage before getting menstruation	52	33.3
Don't know	36	23.1
Total	156	100.0

Source: Field Survey, 2021.

Around 23percent of respondentsreported that they have noknowledge about early marriage, 22.4percentof respondents know that early marriage is that marriage which getting at childhood age, (33.3%) said that marriage getting before menstruation is called early marriage and only (21.2%)they said early marriage is marriage below eighteen years. The above table shows that most of the respondents don't know about early marriage. So that little knowledge is one of the reasons for early marriage practice.

Knowledge about the legal age for marriage

According to MulukiAin, the legal age of marriage in Nepal is 20 years for both girls and boys. They are able to marry at 18 years with parental consent. There is the provision of legal punishment for illegal/early marriage for both couples as well as guardians. Punishment is imprisonment of 3 years 3 months or 20,000.00 cash payment or both according to the case. The respondents were asked, "do you know about the legal age of marriage?". Results show that most of them don't aware of the legal age of marriage, Some are forced to married due to their parents' force. Some people married their children at an early age due to poverty, social pressure and responsibilities even though they know the effect of Early marriage.

Causes of early marriage

Marriage is also dependent on the nature of the community and its socio-culture traditions. Such as somewhere or some cast there are practices of marriage by their self-decision, in some cast by pressure or force. They also asked the respondent how did they got married? They said that some of them had married by their self-decision but most of them had married by parents' decision.Among 156 respondents, 36.5 percent of respondents married by their own wish, 44.9 percentrespondentsmarried by their parents decision and 7.7 percent respondents to economic problems.Similarly, only 1 respondents (0.6 %) got married wishing to complete their education after marriage. It is right to decide to do her own marriage by herself, it is also necessary to know about marriage and its meaning.

Age at first pregnancy

From the reproductive health point of view, a women's age at first pregnancy is at least 20 years. Low age at first pregnancy invites the risk of complications and increases the maternal and child mortality rate. The majority of the age of first pregnancy was 17 years (31.2%) age group,14.4 percentof respondents had first pregnancy up to 15 years. The women who have children below 19 years of age are mostly illiterate. There is a tradition of early marriage and childbirth just after marriage.

Knowledge about antenatal care

Antenatal care includes the care of the mother during pregnancy or before delivery. It is essential for the good health of both mother and fetus. It helps to reduce maternal mortality as well as the death of a newborn baby. Nearly 90 percent of respondents have knowledge about ANC and only about 10.3 percent do not have knowledge about antenatal care.

Practices of antenatal care services

Antenatal Care services are the health care facilities that women get during their pregnancy, which includes health checkup, TT vaccine; iron Tablets and vitamin "A". Antenatal Care is essential for the good health of the mother and fetus. It plays a role in identifying danger signs or predicting complications around delivery by screening for risk factors and arranging for appropriate delivery care. It helps to reduce maternal mortality as well as the death of newborn babies. In total, 84 percent of respondents have received or practised antenatal services, while only about 16 percent of respondents have not received antenatal services.

The practice of antenatal care by age

The practice of ANC services by age of respondents that the highest i.e. 34.0 percent respondents who have received anti-natal care are of age group 30-34 years, 21.2 percent who have received anti-natal care are of age group 20-24, 15.4 percent who have received anti-natal care are of age group 35 and above, 7.7 percent who have received this service are of age group 25-29 years and only 5.8 percent who have received anti-natal service are of age group 15-19 years, respectively.

Table 2: Distribution of respondents by age and practices of antenatal care

Age group	Received ANC					
	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
15-19	9	5.8	1	0.6	10	6.4
20-24	33	21.2	6	3.8	39	25.0
25-29	12	7.7	5	3.2	17	10.9
30-34	53	34.0	4	2.6	57	36.5
35 & above	24	15.4	9	5.8	33	21.2
Total	131	84.0	25	16.0	156	100

Source: Field survey, 2021.

Mostly younger respondents are associated with a better antenatal checkup. This study shows that nearly 100 percent of respondents of the age group 15-19 have utilization of ANC service.

Practices of antenatal care by education

Among the total literatureliterature, 62.2 percent of respondents have received antenatal service and only 10.9 percent literate have not utilized this service, 21.8 percent illiterate have utilized anti-natal care services and 5.1 percent have not utilized this service.

Table 3: Percentage distribution of respondents who received ANC by education

Education	Received of ANC				Total	
	Yes		No			
	Number	Percent	Number	Percent	Number	Percent
Literate	97	62.2	7	10.9	114	73.1
Illiterate	34	21.8	8	5.1	42	26.9
Level of education						
Illiterate	34	21.4	8	5.1	42	26.94
Primary	56	35.9	8	5.1	64	1.0
L. Secondary	27	17.3	5	3.2	32	20.5
Secondary	14	9.0	4	2.6	18	11.5
Total	131	84.0	25	16.0	156	100.0

Source: Field survey, 2021.

The utilization of ANC care by the level of education. The highest 35.9 percent of women with a primary level of education have received ANC services and 17.3 percent of women with lower secondary education have received the ANC services. It is also found that only 9.0 percent of women with secondary education and 21.4 percent of illiterate women also have received ANC services.

Antenatal care practice

Pregnancy is a special period. There are many chances of danger at any time. It is an essential health check-up for the mother and her fetus during the antenatal period at least 4 times for normal pregnant women for safe delivery. Most of the respondents 36.3 percenthave never visited for an antenatal check-up. Only 33.8 percentof respondents had checked more than 4 times during pregnancy, 6.3 percent of respondents had checked one time, 8.8 percent of respondents had checked 2 times and 15 percent of respondents had checked 3 times during pregnancy.Most of none checked respondents are illiterate.

Place of delivery

Assistance by skilled health personnel during delivery is considered to be effective in the reduction of maternal and neonatal mortality. Births delivered at home are usually more likely to be delivered without assistance from health personnel, whereas birth delivered at health facilities are more likely to be delivered by health personnel. Among total respondents 55.1 percent of deliveries are assisted by nurses/midwives, in the same way, 19.9 and 19.9 percent are assisted by doctors and TBAs, and 5.1 percent are assisted both by doctors and nurses.

Use of safe delivery kit during delivery

It is an important component for safe and effective delivery to save the life of the mother and newly born baby from tetanus and other infections. The safe delivery kit consists of a razor, a cutting surface, a plastic sheet, a piece of soap and pictorial instruction assembled by maternal and child health products Pvt. Ltd. for safe delivery practices.

Table 4: Percentage distribution of respondents by use of safe delivery kit, by literacy during delivery

Literacy Status	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Literate	6	40.0	2	13.3	8	53. 3
Illiterate	5	33.3	2	13.3	7	46.7
Total	11	73.3	4	26.6	15	100.0
Level of Education						
Illiterate	5	33.3	2	13.3	7	46.7
Primary	2	13.3	1	6.7	3	20.0
Lower S.and Secondary	4	26.7	1	6.7	5	33.3
Total	10	73.7	4	26.6	15	100.0

Source: Field survey, 2021.

Only 15 total respondents who give birth at home, respondents are literate and among them, 40 percent of literate respondents used safe delivery kits whereas only 33.3 percent of illiterate respondents used them. The illiterate respondents did not use a safe delivery kit as compared to literate. About 13.3 and 13.3 percent of literate and illiterate respondents did not use delivery kits, respectively. Similarly, levels of education also determine the use of safe delivery kits during the delivery period.

Assisting health personnel during delivery

Assistance by skilled health personnel during delivery is considered to be effective in the reduction of maternal and child health problems. Delivery at home one usually more likely delivered without assistance from a health professional.Among 156 women, 60.6 percentwomen are not assisting health personnel with delivery. Similarly, 39.4percent of respondents are assisting health personnel with delivery.

Complications during pregnancy

Early marriage and pregnancy can have severe implications for the health and well-being of mothers whose bodies are not sufficiently developed to withstand the period of pregnancy

and the pain of childbirth. The status of mother and child health in Nepalese is very low due to economic, and socio-cultural barriers. Pregnancy complication is one of the main challenges to improving maternal health in Nepal.

Table 5: Distribution of respondents by complications during pregnancy

Complications before delivery	Number	Percent
Stomach pain	43	27.5
Swelling	75	48.1
Bleeding	31	20.7
Miscarriage before 3 months	7	3.7
Total	156	100

Source: Field survey, 2021.

Out of total respondents, 27.8 percent of respondentshad suffered stomach pain during pregnancy, 48.2 percent had suffered from swelling, 20.3 percent had suffered bleeding and 3.7 percenthad suffered miscarriage before 3 months during pregnancy.

Complications after delivery

Most complications seemed after delivery like anaemia, bleeding, and weakness, some kinds of complications lead to the main causes of women's morbidity and mortality. Total of 160 respondents, among them, 3.8 percent respondents had suffered from anaemia, 2.5 percent respondentssuffered from Jaundice,11.3 percent respondents suffered from back pain, and 13.8 percent respondents suffered from thyroid. Many of the selected area women of reproductive age had suffered from dangerous diseases which directly impact their health and their ability to reproduce. The high proportion of anaemic among Nepalese women results in high maternal morbidity as well as mortality. Moreover, the days lost due to sickness were found to be greater for women than men. High bleeding after delivery is one of the main causes of maternal death.

Respondents by the practice of post-natal service

After the birth of the baby, the mothers need to check her health at least 3 times according to the specified schedule: six hours, six days, and six weeks by trained health personnel. At that time, she receives vitamin A capsules, advice on food and nutrition, hygiene, immunization and family planning. In the study area, they don't care for the mother after the delivery. If they had a critical problem they use to go to a medicine shop near the community. Thus, in this area women have faced many problems during the post-delivery period. They had faced many kinds of health problems after marriage during pregnancy and after delivery today.

Conclusions

Maternal health care, as well as safe motherhood in the study area, is still poor, but health services are available in this area. Household works, agriculture and wage labour are the main occupations. Most people are engaged in agricultural production like paddy, maize, vegetables, and fruitsand they sell to the market is the main second occupation of that community. Most of the mothers don't check up on their pregnancy, such as they do not take proper food, T.T. injection, and iron tablet and quality health service from trained health personnel. Most of the babies were delivered at home with the assistance of their family members, *sudheni* and elder women. In complicated cases, most of them consult with *Dhami* and *Jhankri*is still here. If they cannot manage the problem, they decide to take the mother to the health centre. It becomes too late for the delivery. Postnatal care is also poor in the study population. Some complications are also occurring in the study area, e.g. anaemia, bleeding, weakness etc. Children are suffering from low birth, weight and diseases in some communities people. They want more sons than the daughter. Early marriage, early pregnancy, multiple pregnancies, low birth space, and complications during and after pregnancy are the most prevailing problems.After considering all of the findings the study indicates that early marriage practice in the study area is highly influenced by lack of education, low socioeconomic status, traditional beliefs, no knowledge about early marriage and legal age at marriage and awareness about health education.

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