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Research Article

PREVALENCE OF TEENAGE MARRIAGE IN NEPALESE CONTEXT

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ABSTRACT

Marriage is regarded as a moment of celebration and a milestone in adult life throughout the world. However, the practice of early marriage gives no such cause for celebration. The study was conducted in two different districts of western Tarai in November, 2017 with the objectives of collecting baseline data on prevalence of early child marriage along with the knowledge, attitude and practice of respondents about ECM and its reporting. It also included effects of ECM.

Key Words:

Marriage, celebration, prevalence,
knowledge, attitude, practice, effects

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INTRODUCTION

Marriage is the legal and socio-cultural bond between persons to live together with the role of husband and wife. As the child marriage is a human rights issue, the right to 'free and full' consent to a marriage is necessary. Otherwise, it deprives the early and child marriage (ECM) survivors of education and development of the personalities. Wonkist and Akhtar, (1997) as cited in Gautam (2015) have meant that the concept of early marriage is synonymous with the women's new gender-defined role of motherhood which is a cultural expectation emanating from the husband and the in-laws and often women's own parents. According to them, nearly one quarter (23%) of the women by the age of 19 years is child-bearing in the world. Ahmad (2012) states that high rate of early age marriages is compounded with the common practice of early conception of the first pregnancy, which is culturally considered to be a sign of fertility. The cultural expectation of conception soon after marriage also compound, more heavily on the women. In the same perspective, Lee (1995) mentions that beside legal and a socio-cultural aspect, marriage is closely associated with high fertility. Age at first marriage has a marked effect on childbearing because women who marry early have, on average, a longer period of exposure to the risk of becoming pregnant and a greater number of lifetime births.

Early marriage is obviously related to early pregnancy. National Research Council and Institute of Medicine, USA

(2005) states that an estimated 16 million births occur every year to young women aged 15–19 years in the world, representing 11% of all births.

The Reproductive health publication of World Health Organization (2011) includes the alarming situation of teen age marriage and pregnancy in the world. It has mentioned that about 13% of adolescent girls in low- and middle-income countries are married by the age of 15 years, and as many as 30% are married by the age of 18 years, enhancing their risk for adverse health consequences of early pregnancy.

Nepal Demographic and Health Survey 2016 shows that 17% of women age 15-19 had begun childbearing. Nepal is a country with high prevalence of child marriage due to poverty, lack of education and socio-cultural values. In south Asia, it is in the third position after India and Bangladesh. Therefore, Government of Nepal, along with many other efforts, has endorsed a National Strategy on Ending Child Marriage and has set the legal age of marriage at 20 to discourage early marriages.

Early marriage has adverse effects in many ways. It may cause early pregnancy which in many cases lead to complications in pregnancy. It also causes break on professional careers as Ahmad (2012) says the early entry into reproduction and child bearing denies them the opportunity to pursue academic and/or professional goals and is simply inhibitive to any prospects of professional careers. Silwal (2011) in the same regard mentions

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that due to early marriage and teen age pregnancy, motherhood is often marked by unforeseen complications or even a loss. Some women loss the fetus even before being born or shortly after birth, while some loss both their life and that of the baby.

MATERIALS AND METHODS

1. **Study design:** the study was based on mixed design. The researcher had used both qualitative and quantitative methods and data collected primarily from sampled area of two districts Kapilbastu and Rupandehi with the backup of secondary information which were got during desk review.
2. **Sampling:** the households were sampled from the clusters of marginalized groups from three wards of saljhundi VDC in Rupandehi and Pipara VDC in Kapilbastu for household survey. Total 60 households (30 households from Saljhundi VDC of Rupandehi district and 30 households from Pipara) had been randomly selected at 15% sampling from 400 households.
3. **Study population:** Key stakeholders, adolescents and right holders were selected for total 2 Focus Group Discussions (FGDs) in each district. For key stakeholder, police, health personnel from Health Post, teachers from school, and students
4. **Tools:** Interview schedule, Checklist and FGD were the tools for the study. These tools had been developed in both English and Nepali for the convenience of field work and reporting purposes. Tools were finalized after one day field testing.
5. **Data analysis:** the household survey data had been entered in SPSS program in computer. Then the data were tabulated and calculated using SPSS and MS Excel program.
6. **Ethical consideration:** Working relations with all the stakeholders, use and protection of information, respect to different customs and culture were strictly maintained within the premises of research ethics.

RESULTS

Demographic profile of the population

1. Out of the total sample population covered in this survey; there were 43.7% males and 56.3% females. Young population of age 0-14 was 27%. Similarly, 67% of the population was of economically active age (15-59). About 6% were elderly people. Among the population of 10 years and over, 70% was found married and 27% unmarried.
2. Forty-seven percent spoke Nepali as mother tongue, 38% spoke Awadhi and 15% spoke Tharu. There were 83% Hindu and 17% were Muslim.
3. There were 13% illiterate people (5 years and over), 10% male and 16% female were illiterate. There were 27% families headed by female. About three-fourth (74%) of the families were joint families.
4. Majority (38%) of the population (over 10 years) was involved in just domestic work.
5. About half (49%) of the households had agriculture as the main source of family income in the study area.

6. Out of the total 167 households, 86% of them had cultivable landholding and 14% of the households had no cultivable landholding. Out of households having cultivable landholding, 62.5% had inadequate production for a year.
7. Most (95%) of the households had mobile phone in their household. About 60% of the total households had electricity service and 38% had TV. Just 3.6% had the RCC building.
8. Total 97% of the households had the firewood as the main source of cooking fuel. Just 1.8% (3 HH) had been using LP Gas.
9. Only 8% of the households had the piped water tap that can be considered safe.

Prevalence of ECM

1. There was the prevalence of ECM in 94% of the households.
2. Age of ECM ranges 13 years to 18 years. Majority (64%) of the marriage had taken place at the age of 15-19 years. Besides, about 23% of the marriage had occurred at 10-14 years. In this way, nearly 89% of the marriage had taken place by 19 years. Average value of age at first marriage is 16.5 years.
3. Out of married persons of current age 15-19 years, 29% had married in 10-14 years and rest 71% were married in 15-19 years. Similarly, out 182 married persons with current age 20-24 years, 21% were married in 10-14 years, about 67% in 15-19 years.
4. Just 26.5% Brahmin, about 9% Dalit, 10% Tharu, about 18% Janajati (hill), 4% Madhesi, and 5% Muslim had been married at the age 20 years and over.
5. For 10-14 years, Rupandehi had higher (26%) concentration than Kapilbastu (16%) of the marriage.
6. There is the very low prevalence of marriage registration.

Knowledge, attitude and practice on ECM

Knowledge on ECM

1. Out of total 40 respondents, only 50% could mention the ECM as the marriage under 20 years. It means, the local stakeholder were not aware of new amendment of Civil Code (*MulukiAin*).
2. For the prevention of ECM, most (73%) of the respondents favored the increase awareness on ECM.
3. Three-fourth (75%) of the respondents mentioned that self-elopement was popular in the study area.
4. On the basis of multiple responses to possible consequences of ECM, 65% mentioned uterus prolapsed and 55% mentioned maternal and child death.
5. Only one third (32.5%) of the respondents could mention 'child' as the person below 18 years.
6. Three-fourth of them mentioned that legal age at marriage as 20 years, whereas still there were 25% who had no proper knowledge on it.
7. Total 87.5% of the respondents mentioned Nepal Police as the person to report the case of ECM. Half (50%) of them mentioned local body to report the case. One-fourth of them mentioned school as the reporting place of reporting of the case. Similarly one fifth of them reported to use child helpline 1098.

8. Among the 40 stakeholders, 52.5% reported that community leader can report the case of ECM. Similarly, 50 % reported anyone who gets information, can report ECM. One-fourth of them also reported that concerned guardian can report it. Similarly, 22.5% of them reported near-relatives can report the case of ECM.
 9. Though marriage under 20 years is taken as ECM and illegal in Nepal, just 27.5% of the respondents could mention that marriage under 20 years should be reported as ECM. Still majority (45%) of the respondents mentioned that the marriage under 18 years can be reported as ECM.
 10. Among the total sampled respondents (40), 67.5% mentioned that ECM can be controlled. Similarly, 10% of them mentioned it cannot be controlled. Some (22.5%) of them did not know about it.
 11. Half (50%) of the respondents mentioned that ECM can be reported up to two months after occurrence of ECM. Similarly, 15% of them told that ECM can be reported up to one month after ECM takes place. However, 17.5% of them did not know about it.
 12. On the survey, 35% of the respondents mentioned the need of counseling for both parties to annul the marriage. Similarly, 32.5% of them told that reporting is important to annul it. Rest (32.5%) of them did not know the action/process.
9. Majority (52.5%) of the respondents reported community leader as the person who can report the case of ECM. Similarly, 22.5% of them told that anyone who gets information of ECM can report it. Intimate relatives and guardian of the children as the person to report the case of ECM were reported by 10% each. Finally, 5% of them chose any members of Child Protection Committee or child club or women's network.
 10. On the behavior of duty bearer, 30% of the respondents reported that they play the role of mediator only. Similarly, 22.5% of them told that they usually take the case without interest. One-fifth (20%) of them reported that they pressurize the authority not to take action against their relatives. Besides, 17.5% of them told that they reject to register the case.
 11. In terms of expected behavior of concerned authority to increase reporting, 45% of them told 'sensitive to children'. Similarly, 35% of them emphasized to psychological counseling and mediation. Besides, 27.5% maintained the need of separate room for listening children's issues. One-fourth (25%) of them told that the concerned authority should prioritize the issue of ECM and take legal action after registering the case. In addition, 12.5% of them expected harmonious relationship with police and people.

Attitude on preventing ECM

1. In order to eradicate the ECM, about two-thirds (65%) of the stakeholders favored guardian's role. Slightly more than one-fifth (22.5%) reported police/government/court as the responsible to eradicate it.
2. Half (50%) of the respondents mentioned that under 20 years can be taken as the appropriate age at marriage for girls.
3. Majority (47.5%) of the stakeholders favored 'over 22 years' as appropriate age at marriage for boys. Similarly, 22.5% of them favored under 18 years (including less than 16 years).
4. Misuse of social media (Face book /YouTube) was reported as the main promoting factors as told by 52.5% of the respondents.
5. Similarly, children themselves were also responsible (as mentioned by 45% of the respondents) for ECM as self-elopement is prevalent in the society. In addition, 40% reported guardians as the promoters of ECM.
6. Among the respondents, 85% were convinced that ECM can be controlled whereas 15% of them did not believe that ECM can be controlled.
7. On the survey, 57.5% of the stakeholders reported self-elopement as the major behavioral cause of ECM. Similarly, half of the respondents mentioned socio-cultural promotion/social values as the cause of ECM. Some (17.5%) of them mentioned that 'taking girls as the burden' as the cause of ECM in the socio-economically poor families.
8. In terms of process of reporting, one-third (32.5%) of the respondents mentioned 'inform police with required information by phone call'. Similarly, 22.5% of them told about informing local body. One-fifth (20%) of

Practice on preventing ECM

1. Almost (95%) of the respondents reported awareness (on negative consequences of ECM) can be the preventive measure as per their experience. Similarly, 27.5% told that controlled access to mobile for the children can be one of the effective measures to prevent ECM. Some (17.5%) of the respondents reported that it could be better to emphasize friendship with same sex to prevent it.
2. On the basis of practice in their society, 55% of the respondents reported that ECM takes place under 18 years. Similarly, 27.5% reported that ECM takes place under 15 years. Only 12.5% of them reported the marriage takes place 20 years and over.
3. More than half (52.5%) of the stakeholders told that they report the case of ECM to Nepal Police. However, 30% of them did not know about what to do on the occurrence of ECM.
4. Majority (57.5%) of the respondents did not know the about the process and practical challenges towards eradicating ECM. Similarly, 27.5% of them told that it has long legal process regarding ECM and they do not have time for its follow up. One-fifth (20%) of them reported 'no penalty for self-elopement' in the society as another behavioral problem to eradicate the ECM. Similarly, 15% of them reported 'fear of witnessing' as the challenges.
5. On the question, "Who is reporting the ECM at village level?" 40% of the respondents mentioned that civic society and community leader report the case. Similarly,

32.5% told that anyone who gets information can report the case. Besides, 27.5% reported that Child Protection Committee, Child/Youth Club and Women's Network can also report the case.

6. At district level: Out of total 40 respondents, 30% mentioned that civic society reports the case at district level. Similarly, 22.5% of them told that Child Protection Committee, Child/Youth Club and Women's Network as well as community leader. One-fifth (20%) of them told that it can be reported by anyone who gets information of ECM. Besides, 17.5% of them told DWCO as the reporter of the case to the concerned authority. Others can be Child Helpline and journalist as reported by 7.5% and 5% respectively.
7. On the query about the effectiveness of the role while dealing the reporting of ECM, one-fourth (25%) of the respondents mentioned that duty bearers handle the case of ECM with high importance. Another one-fourth (25%) reported that they provide psychosocial counseling and mediation. However, 42.5% of the respondents did not know about the effectiveness of role of duty bearer.

Effects of ECM

1. Girls had to face various RH problems such as unsafe sexual behaviour, unwanted pregnancy, economic burden, tension, family conflict, quarrel and violence due to ECM. Most of household respondents reported that the pregnancy risk and other health related problems emerged due to ECM. Deprivation of opportunity and lack of opportunity for economically self-dependent was reported by about 36% and 29% respectively in the Household Survey.
2. Out of 167 respondents from the household in household survey, 11% mentioned that the maternal mortality had occurred in their household. Bleeding was the major cause and prolonged labour was another cause.
3. Child mortality had been occurred in 17% of the households. The child mortality, in the three-fourth (75%) households, had occurred at the age of 15-19 years of mothers. Similarly, women in the 35% household had experienced miscarriage. Out of that, 85% of the miscarriage had occurred at the age of 15-19 years.
4. In terms of violence, most (79%) of the respondents mentioned that domestic violence occurs due to ECM. Similarly, 72.5% reported denial of resources whereas 71% told mental torture as the effect of ECM.

CONCLUSION

Early child and forced marriage is illegal in Nepal. Nepal has been signatory in various international treaties and conventions regarding child right and ECM.

It has set the legal age at marriage 20 years with the amendment of Civil Code (*Muluki Ain*) and has taken child marriage as the violation of child right in its current 'Constitution of Nepal'. Nepal has also adopted the National Strategy to End Child Marriage in Nepal, 2016 providing detail policy to promote legal accountability with the vision of 'child marriage-free Nepal' with the aim of ending ECM by 2030 as recommended by Sustainable Development Goals globally. NPC (2017), has also has focused on the extension of awareness program up to community level to create awareness against early marriage, child marriage and forced marriage. However, the practice of teen age marriage has challenged to Nepal society.

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