

Background

Child marriage has been illegal in Nepal since 1963. According to the Nepalese Country Code, the legal age of marriage is 20 years for both men and women. Marriage under 18 years, i.e., 'child marriage', is correlated to numerous adverse health and wellbeing outcomes for Adolescent Girls and Young Women (AGYW). Nepal is ranked third, after Bangladesh and India, among South Asian Association for Regional Cooperation member states in child marriage incidence.

Center for Research on Education Health and Social Science (CREHSS) carried out this Research study for World Vision International Nepal from June to September 2022.

Objectives

The overall purpose of the study was to understand the situation of married and unmarried AGYW in different geographical areas of Nepal.

Methodology

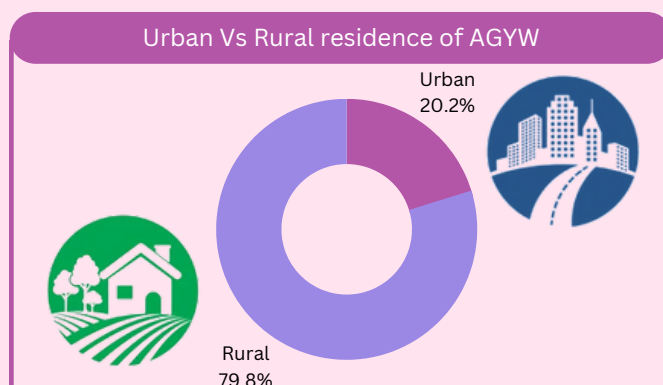
This study is cross-sectional in design and used a mixed-method (quantitative and qualitative) approach. The quantitative method included a survey with Adolescent Girls and Young Women (AGYW), which utilized a structured questionnaire to collect the data. A total of 1745 AGYW aged 15–24 was covered during the survey. For the qualitative part, 12 Focus Group Discussions (FGDs), 10 Key Informant Interviews (KIIs) and 4 case studies were conducted using distinct qualitative guidelines with relevant stakeholders and beneficiaries. The study was conducted in six districts of Nepal (two districts from each ecological region): Jumla and Bajhang (Mountain), Doti and Achham (Hilly), Rautahat, and Mahottari (Terai)

Key Findings

Demographic status

The majority of the AGYW (80%) were from rural areas (rural: primarily agricultural area which is within a ½ day from a town or city and very rural: more than ½ day from a town or city) as compared to urban areas (very urban: city area, urban: town and semi-urban: village) (20%). The district-wise distribution shows that the proportion of AGYW covered was the highest in Rautahat (27%), and the lowest in Bajhang and Doti (12% each). Almost half (47%) of the AGYW were from the Terai region. Ethnicity-wise disaggregation showed that 37 percent of the AGYW belonged to Brahmin/Chhetri/Thakuri/Sanyasi, followed by Dalit (28%), Janajati/Adhibasi (14%), and Muslim (10%) and

other castes (12%). Similarly, most of the AGYW (90%) were Hindus, while the remaining were non-Hindus (10%).



Dreams

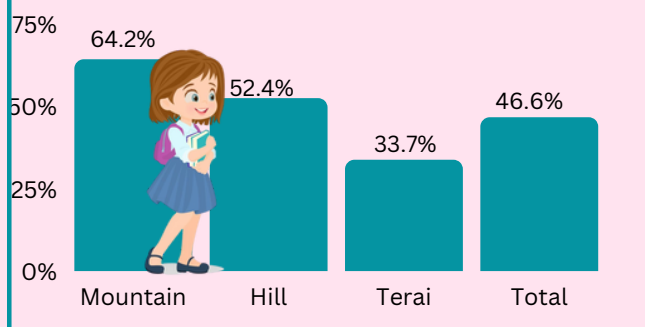
The findings of the qualitative study (KIIs and FGDs) depicted variations in the dreams of the married and unmarried AGYW. Most of the married AGYW dreamed of having a good family, husband. In contrast, unmarried AGYW had different career goals, such as becoming a nurse becoming a banker, and a few also had dreams of getting married. Those who wanted to study were aware of the financial difficulties.

Current school going status

Overall, almost half of the AGYW (47%) were currently going to school. Percentage of AGYW who were currently studying was higher among unmarried than married. District-wise analysis showed that AGYW who were currently in school was higher in mountain and hill districts than Terai districts. All unmarried aged 15-17 of Bajhang (100%), almost all of Achham (99%), Jumla (98%) and Doti (98%), while only 67% in Rautahat and 57% Mahottari were currently in school. Currently school attending status is lowest among married Muslim AGYW (6%; 15-17 years and 3%; 18-24 years) than other caste/ethnicity.

Almost half (46%) of the AGYW who were currently in school (N=814) would like to complete their graduate level, if there is no barrier to attending school. The KIIs, with the ward chairperson and teachers, explored the school-going issues in the community. As per the informants, even though people have realized the importance of education, there are certain factors which hinder the girls/women from attending school, such as lack of awareness of the importance of education, distance to school, poverty, and marriage.

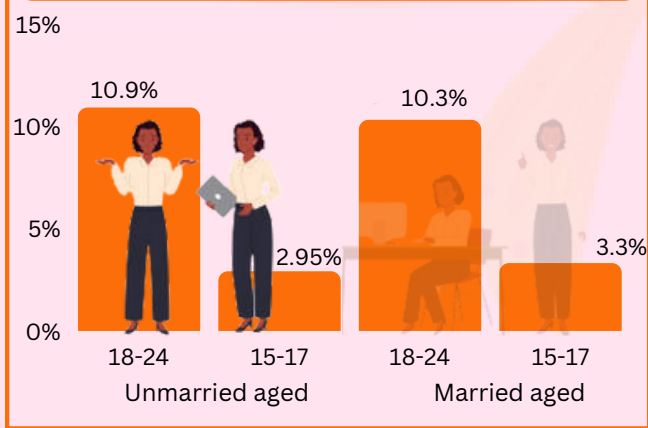
School-going status by ecological zones



Involvement in any paid job/work

Overall, 7% (N = 120) of the total AGYW are currently employed and earning money. District-wise analysis showed that a higher proportion of the AGYW, almost 20% each from Mahottari and Bajhang, who were unmarried and aged 18-24, were working. Similarly, proportion of AGYW who were involved in paid job was high among married aged 18-24 years from Achham (18%) compared to other districts. The percentage of married AGYW aged 15-17 working was higher in the urban area (6%) than in rural areas (3%). Involvement in paid job was high among those household who had upto 4 family members (8% among married 15-17 and 6% among unmarried 15-17 years) than those who had 5 or more family members.

Working status of AGYW



Number of children

Almost one-third (29%) of the 1745 AGYW had at least one child during the survey. Almost a fifth (19%) had given birth to only one child. The proportion of AGYW having one child was higher among those married and aged 18-24 (46%) than those aged 15-17 (28%).

Aspiration of never married AGYW

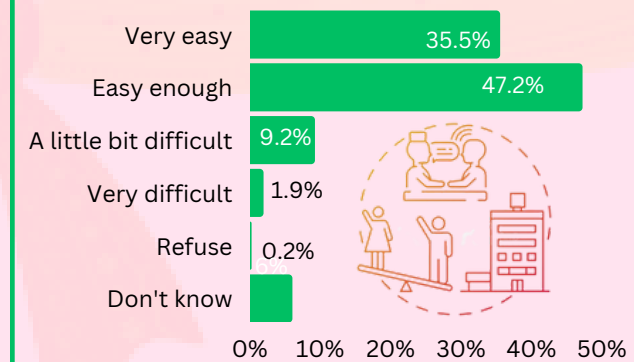
Most of unmarried AGYW aspired to study, whereas the married AGYW had fewer aspirations regarding study or any other activities as they did not receive support from their family members. In terms of achieving their aspirations, the primary differences between married and unmarried AGYW were the family support they received and the household chores married had

to perform. Therefore, most of the married AGYW faced difficulty in achieving their aspirations.

Access to health care

Overall, more than four-fifths of AGYW reported having access to health care (83%) during illness. On the other hand, nearly a tenth (9%) reported having a little bit difficult access to health care when needed during the time of illness. District-wise analysis showed that comparatively a higher proportion of the AGYW from Achham (24%) reported that they had difficulty (little bit difficult+very difficult) to access the health care when needed than other districts (Bajhang=17%, Jumla=15%, Rautahat and Doti =6% each and Mahottari=5%). The KIIs also sought information regarding the accessibility of the AGYW towards the needed healthcare services and facilities. Consistent with the findings of the quantitative survey, the KII participants also shared that access to health care in the village was limited and AGYW were not easily able to access the health care. Moreover, the informants mentioned that there were limited doctors to look over the reproductive health issues including lack of AGYW friendly facilities in the health centers such as a separate examination room to maintain their privacy.

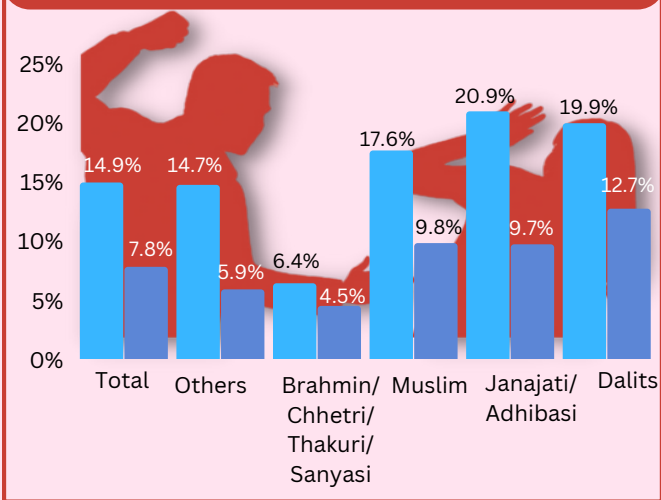
Access of health care



Experience of violence

Overall, more than a tenth (11%) AGYW had experienced any kind of violence. Violence is higher among married AGYW (15%) than unmarried AGYW (8%). One-tenth of the AGYW (11%, N=873) reported having experienced being 'slapped' (one time/few times/many times) by their husbands in the past 12 months. Similarly, 9 percent said their husband 'physically forced them to have sex when they didn't want to'; 8 percent said their husband 'pushed or shoved them' and 'had sexual intercourse when they didn't want because they were afraid to say no because their husband might hurt or leave them'; and 6 percent said their husband 'hit them. Among unmarried AGYW, the experience of violence results are as follows: being slapped or thrown any object (7%), being pushed and shoved (4%), being hit with the fist (2%), being kicked or beaten (1%), being physically forced for sex (1%), and being forced to have sex but afraid to report it (1%) respectively.

Experience of Physical Violence (at least once)



Decision to seek the health care

Less than a third of the married AGYW reported that a joint decision was taken (together by husband and wife) for their health (29%) followed by husband only (27%) and someone else (27%) and AGYW (themselves) alone (16%). Age-wise analysis showed that a higher proportion of the AGYW aged 18-24 (37%) mentioned that they and their husband together make a joint decision for their health care than those aged 15-17 years (29%).

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Knowledge and accessibility of ANC, PNC and SBA

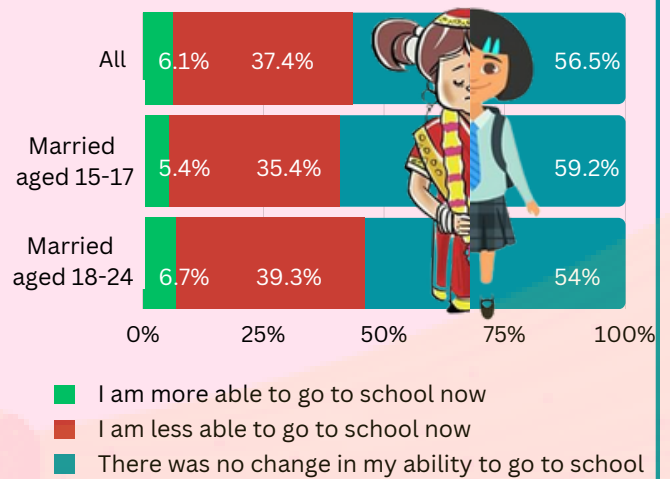
The study explored the knowledge and accessibility of ANC, PNC and SBA services among all participants (N = 1745). An overwhelming majority of the AGYW (95%) reported that they were aware about availability of ANC services in their community; almost four out of five AGYW (79%) were aware about the post-natal services existing in their community and 74 percent of them were aware that SBA services that existed in their community.

Access to SRH, ability to go to school and go for outdoor work

Among the married AGYW, nearly half (48%) reported that they have better access to antenatal care after getting married; the proportion reporting this was nearly two times higher among those aged 18-24 years (61%) than those aged 15-17 years

(34%). Likewise, above two-fifths of the married AGYW (42%) mentioned that they have better access to sexual and reproductive health services (e.g. contraception) after they got married, the proportion reporting this was higher among those aged 18-24 years (52%) than those aged 15-17 years (31%). The AGYW FGD participants were asked how the life of a married AGYW changes after getting married. Most of the participants stated that married girls are restricted in terms of personal freedom (mobility); they face challenges in continuing their education due to the responsibility of maintaining the relationships and reputation of the husband's family.

Ability to go to school changed since marriage



Conclusion

The research conducted in the 15-24 years of the AGYW was eye-opening from numerous perspectives. The AGYW, particularly unmarried 15-17, had a dream of studying but were aware of the financial difficulties hence, they wanted to work outside the home for money. Even though, they aspire to study, most of them had to get married and lacked any options in their lives. Furthermore, they could not attend their school due to the inaccessibility of schools in their locality. The existing social construct caused the females remain limited in pursuing education. The findings of this study depict that most of the decision of the AGYW on getting married was made by someone else; mostly their parents or elder members of their family.



The AGYW who were married at an early age conceived subsequently, deteriorating their health condition. Those married early faced domestic violence and could not report their cases because they had to protect the family's reputation. Most of the unmarried AGYW aged 15-17 were attending schools, but majority of the married AGYW did not attend the school. The major barrier, as reported by the married AGYW, to continue education is household and family responsibilities they had to bear and lack of family support to continue study or perform outdoor job. Overall, there is a need for the AGYW to help them uplift their lives in terms of education, social status, finances, and health.

Recommendations:

The following recommendations are drawn from the study:

- Early marriage restricts the holistic development of an AGYW and limits her opportunities to prosper in life. Hence, entire community should be educated to reduce the child marriage. The existing government policies and legal measures against child marriage needs to be strictly implemented to end child marriage and its consequences.
- AGYWs are often limited with opportunities to prosper in life due to family boundaries. The aspiration of the married AGYW to study and achieve career goals was dependent on their family's support. Families need to be aware on the importance of female education and employment and its benefit to family and community as a whole, and they need to be encouraged to support the AGYW to pursue their dreams.
- A substantial proportion of the AGYW who were currently attending school would like to complete higher education if there is no barrier to pursuing their education. Furthermore, KII also explored that poverty, lack of access to school, and early marriage as barriers for the discontinuation of the school. Hence, to ensure AGYW (specially married ones) acquire their desired level of education, the possible hindering factors need to be identified by the program interventions and supported accordingly, such as:
 - financial support (scholarship to needy AGYW)
 - capacity building of parents to generate income for poor families
 - community level awareness on prevention of early marriage
 - improved access to educational centers.
- AGYW, specially married AGYW, wanted to become independent and earn themselves so that they could achieve career goals, continue further education on their own. Thus, programs should be designed to address the desire to work of the married AGYW. Aside from regular study, the introduction of vocational education and skill-based learning could help uplift their economic status.

- The findings of the survey revealed that child brides (AGYW aged 15-17) also had children. Therefore, there should be an awareness program to share the complications of early conception, pregnancy and childbirth in the community. Furthermore, married AGYW and their families should also be made aware about the antenatal and post-natal check-ups and use of family planning contraception.
- The available healthcare facilities are inadequate with very limited basic health facilities and inadequate human resources and drugs at the health post, so community people have to rely on private hospitals for health care. Furthermore, the available health services in the community are not adolescent-friendly and there are limited human resources to provide SRH services. Therefore, provision of basic health facilities needs to be ensured at the peripheral level of health institutions such as availability of essential human resources and basic pharmacy drugs and the services delivery needs to be friendly for adolescents.
- A considerable proportion of the surveyed AGYW reported of having experienced any kind of violence and the prevalence was almost double among the married than the unmarried AGYW. Moreover, though most of the AGYW reported they know where to report if they experience any kind of violence however, the victims often do not report the cases of violence due to dependency on husband's income and being submissive to their family despite violence. Community awareness program that advocates raising voice against violence and encouraging the victims of violence to access protection services should be intensified and legal measures against violence should be strictly implemented by the local government.



Suggested Citation:

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