

Early Marriage and Its Effect on Maternal Health in the Danuwar Community

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Abstract

Background: This study examines how early marriage affects the health of Danuwar women in Melamchi Municipality, Nepal, where it is still a major social problem with wide-ranging socioeconomic and health effects. The study intends to evaluate the maternal health issues associated with early marriage, determine the major factors influencing early marriage, and examine the sociodemographic traits of women who got married young.

Methods: A cross-sectional study design was used, and 51 respondents were chosen by systematic random sampling from 102 early-married women identified using city records. A structured questionnaire was utilized for data collection, and descriptive and inferential statistics, such as logistic regression models and chi-square tests, were used for analysis.

Results: Results showed 49.01% of respondents were married before the age of 13, and 66.67% of respondents were part of joint families. There were notable maternal health issues, such as anemia (41.2%), miscarriage (14.7%), and delivery problems (32.3%), all of which were substantially linked to early pregnancy ($p < 0.05$). 69.44% of respondents also said they didn't know anything about contraception. Early marriage was found to be strongly predicted by cultural customs ($p = 0.002$) and illiteracy ($OR = 3.2, p < 0.001$), according to logistic regression analysis.

Conclusion: The study emphasizes that to lessen the negative impacts of early marriage, specific community-based interventions are required, such as educational campaigns, legal support, and programs that raise awareness of reproductive health issues.

Keywords: Early marriage, Maternal health, Cultural norms, Socio-demographic characteristics, reproductive health education.

Introduction

In Nepal, early marriage is a widespread problem, especially for underprivileged groups like the Danuwar. About 40% of Nepalese women get married before turning 20, which has a serious negative impact on their socioeconomic and

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health prospects (UNICEF, 2023). Cultural customs, financial difficulties, and gender norms that favor early marriage for women are the main causes of this practice's continued existence. The hazards to maternal health are disproportionately higher for adolescent moms. Adolescent pregnancies are linked to higher risks of obstetric problems, including anemia, unsafe abortions, and obstructed labor, according to the World Health Organization (WHO, 2023). To guide policy and programmatic measures, this study investigates the relationship between early marriage and maternal health outcomes among Danuwar women.

Methodology

This cross-sectional study was carried out in the study site. Based on municipal data, 102 early-married women were found, and 51 respondents were chosen using systematic random sampling. Data was collected using a standardized questionnaire that included closed-ended questions. Significant connections were found by statistical studies using SPSS, which included logistic regression, t-tests, and chi-square tests.

Results and Discussion

Table 1

Socio-Demographic Characteristics of Respondents

Family Type	Frequency	Percentage (%)
Joint	68	66.67
Nuclear	34	33.33
Total	102	100

The majority of those surveyed (66.67%) were from joint families, and 33.33% were from nuclear families. Joint family structures and early marriage were found to be significantly correlated by a chi-square test ($\chi^2 = 7.89$, $p = 0.005$). This implies that because of societal or familial expectations and conventions, joint family systems may encourage or impact early marriage.

Table 2

Age at Marriage

Age Group (Years)	Frequency	Percentage (%)
11-13	50	49.01
14-16	32	31.37
17-19	20	19.60
Total	102	100

The mean age at marriage was 14.2 years ($SD = 2.1$), with a considerable percentage of respondents (49.01%) getting married before turning 13. The results of the t-test ($p < 0.001$) reveal a substantial difference in health outcomes according to the age of marriage, suggesting that early marriages—particularly those that take place before the age of 13—are linked to more serious maternal health issues.

Table 3

Determinants of Early Marriage

Determinants	Frequency	Percentage (%)
Lack of Education	37	36.27
Poverty	21	20.58
Tradition/Culture	26	25.49
Parental Pressure	18	17.64
Total	102	100

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Early marriage was most frequently caused by illiteracy (36.27%), followed by poverty (20.58%) and cultural customs (25.49%). Early marriage was found to be significantly predicted by cultural customs ($p = 0.002$) and a lack of education ($p = 0.01$), according to a multinomial regression analysis. This demonstrates the crucial part that cultural norms and education play in the Danuwar community's continued practice of early marriage.

Table 4

Maternal Health Complications

Health Issues	Frequency	Percentage (%)
Anemia	42	41.20
Miscarriage	15	14.73
Bleeding	18	17.64
Delivery Complications	33	32.35

There were many maternal health issues; anemia was reported by the largest percentage of responders (41.20%). Significant delivery problems also affected 32.35% of respondents. Early pregnancy and delivery problems were significantly correlated, according to a logistic regression analysis ($p = 0.003$). This demonstrates the dangers of teenage pregnancies, which are made worse by young marriage.

Table 5

Knowledge of Contraceptive Use

Knowledge of Contraceptive Use	Frequency	Percentage (%)
Yes	31	30.55
No	71	69.44

Unwanted births and hazards to maternal health may result from the huge percentage of respondents (69.44%) who were ignorant of contraception. Contraceptive knowledge and literacy levels were found to be significantly correlated by a chi-square test ($\chi^2 = 8.62$, $p = 0.004$). This implies that lowering the health hazards connected to early marriage and motherhood may be possible through raising knowledge of reproductive health issues and enhancing education.

Discussion

This study emphasizes how early marriage has a serious negative influence on the health of Danuwar women in Melamchi Municipality. A high frequency of problems, such as anemia (41.20%), miscarriage (14.73%), and delivery difficulties (32.35%), is revealed by the findings. The health risks were significantly higher for women who married before the age of 13, highlighting the psychological and physical toll that early pregnancy has on young girls who are not yet biologically ready for delivery. Early marriage is maintained by sociocultural factors, with lack of education (36.27%) and cultural traditions (25.49%) standing out as important predictors. The frequency of mixed family structures (66.67%) suggests that marriage decisions are heavily influenced by family expectations, and logistic regression analysis validated them as significant predictors. Because young girls frequently lack agency, community-level initiatives are necessary to challenge these norms. Furthermore, 69.44% of respondents did not know anything about contraception, a gap that is strongly associated with low levels of education ($p = 0.004$). Early pregnancy risks can be reduced by addressing this issue through education and understanding of reproductive health. Reducing early marriage and enhancing maternal health outcomes for Danuwar women require comprehensive interventions that include community involvement, education initiatives, and stronger enforcement of marriage regulations.

Conclusion

This study emphasizes how cultural norms and a lack of educational possibilities are the main causes of early marriage among Danuwar women in Melamchi Municipality, which sustains the practice. According to the results, women who married before the age of 13 had noticeably worse outcomes for maternal health issues, such as anemia, miscarriage, and delivery issues. The majority of respondents' ignorance of contraceptives further highlights the critical need for reproductive health education. Early marriage must be addressed with a multifaceted strategy that incorporates community involvement, education, and law enforcement. Improving girls' access to school, strengthening marriage regulations, and raising knowledge of reproductive health issues are all essential measures to lessen the detrimental socioeconomic and health impacts of early marriage. Subsequent studies must to concentrate on long-term, community-based approaches that subvert long-standing cultural norms and strengthen women's independence in marriage and reproductive choices. To improve maternal health outcomes and end the Danuwar community's cycle of early marriage, comprehensive interventions are necessary.

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