Early pregnancy in Nepal: Barriers and facilitator factors for its prevention

Qualitative research in 3 districts in the Terai
This report has been written by Silvia Caro Alejos, Monitoring, Evaluation and Learning Manager from Restless Development Nepal with the support of the consultant Raju Sharma.

Field work has been carried out by Nitu Nepal, Senior Officer from Restless Development Nepal.
“I wanted to study as other and wanted to do something in life but after my married I cannot do any things like others, my all desire and my dream was broken down” (I6:154-156).
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Executive Summary

Early pregnancy violates the rights of the girls, leading to life threatening consequences in terms of sexual and reproductive health and posing a high development cost for communities. Adolescents which account for one-quarter of the total population in Nepal are more vulnerable than those aged 20-24 years to sexual and reproductive health risks through early marriage, risky sexual behavior, unintended pregnancy, and STIs and HIV/AIDS. A sensitive issue as early pregnancy calls for different sets of methodological approaches because of the nature of information required. Matters such as sex and sexuality are dealt in the private domains of community life in Nepal, people do not talk about this issue openly. The current research tries to study the experiences, perception and feeling of adolescents who undergo the experiences of the early pregnancy. The main objective of the research is to develop a more in-depth understanding of unintended early pregnancy.

This study looks into the social representation of pregnancy among adolescents and generates data from the individual discourse related to pregnancy. The participants of this study were adolescent girls aged 18 to 19 years old that were pregnant before the age of 18 years from 3 districts in the far western development regions of Nepal. These districts were Bardia, Parsa and Kailali where Restless Development has been working. Age and ethnicity were considered as relevant categories for the respondents' selection. The ethnic affiliations of the respondents were categorized as Dalits, Janajati and Non-dalits. Equal numbers of respondents from across three categories were selected to have cross representation of the community they come from. Similarly, equal number of adolescent from age groups 10 to 14 or 15 to 18 was included. Open code 3.6 is used to manage qualitative data. Grounded theory is used for data analysis. First, data has been classified using open codification followed by axial codification to identify the sub-categories. Based on the sub-categories, main categories have been identified and the results have been defined.

Adolescents enter into marriage and get pregnant without possessing any knowledge about marriage, pregnancy and information about family planning and contraceptives. The girls are not able to put into practice the knowledge they already possess. A desire to have children, lack of knowledge about preventing pregnancy, strong community expectation to have children right after marriage, and no control over one’s sexuality are the major driving factors for early pregnancy among adolescents. Their knowledge about issues of sexuality comes more from community norms and ones’ own experiences of having undergone pregnancy, than from school text books and health personnel. It is very difficult for both teachers and students to talk openly about sexual and reproductive health concerns. Marriage and pregnancy are occasions of celebration in the community when girls receive greater attention, care and food in the family. The use of family planning devices and contraceptives increases only after the first pregnancy. As the husband and in-laws have more control over a girl’s sexuality, use of contraceptive is not decided by her. The knowledge of husband about contraceptives and ease of communication among couple remains crucial for wife to delay pregnancy. Adolescent girls view issues such as marriage, abortion, and use of contraceptives and other sex
related issues from a moral viewpoint. They derive this knowledge from the existing community norm and then shape their attitude and reproduce such behaviors. This fact contributes to feeling of regret among adolescent girls after marriage when they become aware of the consequences. The deconstruction of pregnancy highlighted the fact that the girl’s husband and in-laws’ decision matter while deciding about the number of pregnancies for majority of the adolescent girls in rural communities in Nepal. The school text books have limited effect in informing girls about reproductive issues as most girls would have experienced pregnancy before they reach the secondary level of education when reproductive issues are taught.

In sum, the community needs to see adolescent girls as much more than just mothers and wives. Addressing educational and cultural barriers that limit girls’ options is a vital longer-term strategy. Coupling this approach with incentives for girls to stay in school, out-of-school counseling sessions and better access to contraceptive information and technologies will enable girls to choose motherhood only if and when they are ready, helping them to live with the dignity to which they, as human beings, are entitled.
Introduction

The potential of young people in development is widely recognized in Nepal and over the world. However, situations such as early pregnancies among adolescent girls could have irreparable consequences on youth development. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty. The Convention on the Rights of the Child (CRC) and the International Conference on Population and Development (ICPD) both make commitments to eliminate harmful traditional practices such as child marriage and child pregnancy. In Nepal, major issues of young people that have received increased attention are related to health, education and development. In particular, knowledge, attitude and perception of young people in matters related to sexual and reproductive health are considered important by young people.

Adolescents account for one-quarter of the total population in Nepal and the national estimations for early pregnancy among 15-19 years stands at a figure of 17% in Nepal. Adolescent population is more vulnerable than those aged 20 to 24 years old to sexual and reproductive health risks through early marriage, risky sexual behavior, unintended pregnancy, STIs and HIV/AIDS. Recent studies point out that adolescent knowledge and awareness on sexual and reproductive health issues have been increased as well as availability of health services across all age groups in Nepal. However, these improvements in knowledge and availability of services have not brought the expected improvements in the behavior of adolescents. For instance, the increase in knowledge about contraceptives has not increased its usage. Therefore, in order to prevent adolescent pregnancies, we must stop blaming girls and start addressing the circumstances that make marriage and motherhood the only options for them. To end adolescent pregnancies, we must take the focus away from girls’ behaviors and look at the underlying causes of adolescent pregnancy instead, including gender inequality, poverty, sexual violence, social pressures, negative attitudes and stereotypes about women and girls and child marriage.

Early marriage is one of the key drivers to early pregnancy. Early marriage, also 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”. In Nepal, almost all of the early pregnancy happens within the spousal union given its

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1 UNFPA, Adolescent pregnancy: a review of the evidence, 2013
2 Association of Youth Organizations Nepal (AYON) 2009. Declarations of the National Youth Assembly
5 Ibid
6 UNFPA, Motherhood in childhood: facing the challenge of adolescent pregnancy, 2014.
7 The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (19930, Newsletter, December 2003.
traditional characteristics. Despite laws stipulating the legal age at marriage which is 18 years both for men and women with the consent of guardians, and 20 years without the consent of guardians, early marriage continues to be the norm in many ethnic groups.

A sensitive issue as early pregnancy, it calls for different sets of methodological approaches because of the nature of information required. Matters such as sex and sexuality are dealt in the private domains of community life in Nepal; people do not talk about this issue openly. The study uses qualitative method to generate an understanding about the phenomenon of early pregnancy. The use of qualitative methods for this research is justified by the need to understand the meaning and nature of the experiences that girls undergo during pregnancy. This methodology allows getting explanations and details about phenomena such as thought processes and emotional responses which are difficult to extract or apprehend by other research methods. The current research tries to study the experiences, perception and feeling of adolescents who undergo the experiences of the early pregnancy. The main objective of the research is to develop a more in-depth understanding of unintended early pregnancy which provides guideline for Restless Development Nepal to plan future interventions to reduce the adolescent pregnancy.

Theoretical framework

Different theoretical frameworks, that have been considered relevant for the purpose of this study, have been taken in account during this research:

i) Social determinants of health as an umbrella that includes the most relevant factors that generate health inequities.

ii) “Ecological” approach to explore the full range of complex drivers of adolescent pregnancy at different levels: individual, family, school/peers and the community level.

iii) The social representation theory to understand the process of construction of the social thoughts with regard the object of study, which is constructed with the influence of the culture, values, knowledge and experiences.

Social dimensions of health were included in the WHO constitution (1948), however, for a long time health was only related to the biomedical model and health technologies. That is why society has expected that only the health sector will take care of the health and illnesses. Fortunately, nowadays based on the evidences that social and economic conditions effects on people’s lives determine their

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9 Nepal Civil Code 1963 (11th Amendment)
10 Ibid
11 Strauss A, Corbin J. Basics of qualitative research: techniques and procedures for developing grounded theory. University of Antioquia; 2002. 374
risk of illness, health has moved to a new model that understands health as a social process. As a result, the WHO Social Determinants of Health Commission developed the following Conceptual framework (Figure 1).

The social determinants of health are the circumstances in which people are born, grow up, live, work and age and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics. This shapes the way society, both at national and local level, organizes its affairs, gives rise to forms of social position and hierarchy, whereby populations are organized according to income, education, occupation, gender, race/ethnicity and other factors. Where people are in the social hierarchy affects the conditions in which they grow, learn, live, work and age, their vulnerability to ill health and the consequences of ill health. Health inequities are avoidable inequalities in health between groups of people within countries and between countries.

Adolescents’ sexual and reproductive health is affected by various factors from different levels. Looking only at the consequences of such social reality is insufficient as consequences are determined by variables acting at different levels. Ecological framework is valuable when approaching

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**Figure 1:** Conceptual framework of the social determinants of health

**Source:** WHO, Commission on social determinants on health: a conceptual framework for action on the social determinants of health, 2007.

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14 http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf

15 http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

16 http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/
early pregnancy, facilitating its conceptualization as a multi-layered phenomenon: National laws may prevent or not a girl from accessing contraception or information; community norms and attitudes may block her access to sexual and reproductive health services or condone violence against her if she manages to access services anyway; family members may force her into marriage where she has little or no power to say “no” to having children. Schools may not offer sexuality education, so she must rely on information (often inaccurate) from peers about sexuality, pregnancy and contraception. Her partner may refuse to use a condom or may forbid her from using contraception of any sort\textsuperscript{17}. (Figure 2)

\textbf{Figure 2:} “Ecological” approach to adolescent pregnancy

\textbf{Source: own elaboration}

Cultural norms and values is a key health determinant that influence the “vision of the world” or common sense that people or groups use to take action or have a position towards different social objects such as the early pregnancy. Social representations theory is a “theory of social knowledge” specifically concerned with how individuals, groups and communities collectively make sense of socially relevant or problematic issues, ideas, and practices.\textsuperscript{18} Social representation is constructed based on the experiences, communications (conversations or mass media) and it leads the conducts and social interactions while creating a circular system when practices and representation are affecting each other\textsuperscript{19}. The sources of these information can be scientific as well as random from perception, experiences, religious dogma inherited by tradition or ideological contexts. It first helps in establishing an order that allows individuals to orient themselves in their material and social world.

\textsuperscript{17} UNFPA, State of the world population 2013. Motherhood in childhood: facing the challenge of adolescent pregnancy. 2013.
\textsuperscript{19} Abric J.-C. Pratiques sociales, représentations sociales, In J.C. Abric, Pratiques sociales et représentations, Paris: PUF, 217-238. 1994
This establishment of order might be codified in religious expressions, communal morality and socially desirable behavior. The social representations enable communication system among the community following the order to keep the tradition and therefore the order lively. These communication systems, meanings and symbols help in making sense of the activities which might be very ambiguous to ‘outsiders’ who do not follow the social order. Serge Moscovici defines the social representations as value systems, ideas, images, practices that help understand the world for easy communication and can be analyzed in three dimensions: organization of the body of knowledge relative to a social phenomenon (what do you know), organization of these bodies of knowledge into hierarchies or field of representation (what do you believe) and lastly, favorable and unfavorable attitude relative to the object of study (what do you do).

The sexual and reproductive behavior of adolescents is also determined by their conception of the reality regarding delivery and child birth, knowledge and experiences of other mothers. This study looks into adolescent pregnancy as a body of social knowledge which is socially produced and shaped by the members of the same social group. Daily reality and knowledge about adolescents pregnancy is conceptualized and interpreted by the members of the group who wield differing social power and knowledge or ‘sense-making’ of events is done based on these interpretations. This interpretations and meanings which are repeated get codified as cultural norms at the community level and as habits at the personal level.

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**Figure 3**: Social representation theory framework

**Source**: Own elaboration

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Serge Moscovici who established this field of inquiry, demonstrated the role of social representations in establishing a consensual reality which provides guidance to communication and behavior. Social representation explains how knowledge, perception and social experiences find their expressions in the behavior of group members which are socially produced and exert strong pressures for individual members of the social group. This study looks into social representation of pregnancy among adolescents and generates data from the individual discourse related to pregnancy (Moscovici1961).

**Context analysis**

Adolescent pregnancy globally and in South Asia

Child marriage is one of the key drivers of early pregnancy. The practice of child marriage is gross violation of the human rights of children. Child marriage poses serious challenge to realizing the spirit of the United Nations Universal Declaration of Human Rights (UNDHR). The UNDHR recognizes the right to free and full consent to a marriage with the recognition that consent cannot be “free and full” when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of All Forms of Discrimination Against Women (1979) states that the betrothal and marriage of a child shall have no legal effect and all necessary action, including legislation, shall be taken to specify a minimum age for marriage. The Committee on the Elimination of Discrimination against Women recommends this age to be 18. Based on the Convention on the Rights of the Child (1989), child marriage refers to marriage in which one party is under the age of 18 years. National and international communities are increasingly recognizing child marriage as a serious challenge, both as a violation of children’s human rights and as a barrier to key development outcome. The Convention on the Rights of the Child does not specifically address early marriage but it provides a number of norms and protective measures for children which provide an enabling framework for tackling child marriage. They include the following: nondiscrimination (article 2), best interest of the child (article 3), right to life (article 6), right to be registered after birth (article 7), right of the child not to be separated from parents against his/her own will (article 9), right to express his/her views (article 12), right to health and to be protected from harmful practices (article 24), right to education, (articles 28 and 29), right to freedom from abuse and exploitation (articles 19, 34, 35, 36 and 39).

Globally 15 million adolescent girls between 15 and 19 years of age give birth, representing up to one-seventh of all births and 289,000 women die due to pregnancy and child birth related complications each year. Given the high adolescent pregnancy rate of 22% in South Asia, the number of adolescent pregnancy and the related risks will undermine the development achievements.

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22 UNFPA, Motherhood in childhood: facing the challenge of adolescent pregnancy, 2013
24 UNICEF ROSA Early Marriage in South Asia A Discussion Paper UNICEF ROSA Online Available at www.unicef.org/rosa/earlymarriage(lastversion).doc
of decades. South Asian countries have high rates of teenage pregnancies, since early marriage is common and there is social expectation to have children soon after marriage. The percentage of women whose current age were 20-24 years who had given live birth before reaching 18 years of age was 18% in 2011 for South Asia. Almost 4% of these women gave birth before they reached the age of 15 years. India is the largest contributor to the number of adolescent girl pregnancy in South Asia because of its sheer size. Of the total pregnancies in India, 16% are teenage pregnancy in a year. In Bangladesh also, the figures of adolescent child bearing is astonishing. In Bangladesh 40% of women whose current age was 20-24 years of age had given live birth before they reached age of 18 years in 2010. South Asia also has high percentage of adolescents with unmet need for family planning which is 25% of the total adolescent population who are married. Despite a shift towards later marriages in all countries of South Asia, a majority of girls still marry before age 18. It is estimated that 70,000 female teenagers die each year because they are pregnant before they are physically mature for a successful motherhood. Girls are affected more by early marriage and pregnancy than boys. In South Asia 25 percent of female adolescents are already married versus 5 percent of male adolescents as of 2010 which means while 5 adolescent girls aged 15-18 years are married in comparison only 1 adolescent boys of the same age group is married. Above discussions affirm that adolescent pregnancy is first and foremost a threat to girls and a breach of their fundamental human rights to education, health, life opportunities, and, indeed, to life itself.

Early Pregnancy in Nepal: National Scenario

Nepal is a low human development country positioned at 145 out of 187 countries. Regarding the Gender Inequality Index (GII) that reflects gender-based inequalities in three dimensions (reproductive health, empowerment and economic activity), Nepal is ranking at 98 out of 149 countries in the 2013 index. Reproductive health is measured by maternal mortality and adolescent birth rates, and the adolescent birth rate is 73.7 births per 1000 live births.

While the average age for marriage is increasing for adolescent boys and girls, the age at first sexual encounter is decreasing from 1996 through 2011 and the number of young people having multiple partners has increased. Among female adolescents and youth in Nepal, sexual intercourse takes place almost universally within spousal union. In 2011 only 1 percent of never-married female adolescents and youth aged 15-24 had ever had sexual intercourse. In contrast, the proportion of

29 Adolescent pregnancies: Focus on contraceptive use among young in India, DNA, July 2013 Online available at www.populationfirst.org/PDF/Teen_pregnancies_and_abortions_pdf
30 Ibid
31 Ibid
33 Ibid
never-married male adolescents and youth aged 15-24 who had ever had sexual intercourse was 22 percent in 2011, an increase from 17 percent in 2006. Besides, in 2011 one-fourth of unmarried male adolescents and youth reported that they did not use a condom during their most recent act of sexual intercourse. In Nepal, youth adolescents’ knowledge about family planning is high. The major known contraceptive methods are condoms (>90%), pills and injectable (around 75%). However, there is a gap between the level of knowledge about reproductive issues and the practice. The increase in knowledge about family planning devices among young population has not been substantiated by consequent increase in the applicability of such knowledge. While culture, traditions and social norms dictate much of the behavior of Nepal’s young population, there are many issues working at various levels to result in gap between knowledge and application of knowledge. Among currently married women age 15-19, current use of modern contraceptives increased from 4 percent in 1996 to 14 percent in 2011. Among currently married women age 20-24, modern contraceptive use doubled between 1996 and 2006 (from 14 percent to 28 percent) but then fell to 24 percent in 2011. The achievements in the heath related indicators in Nepal are tarnished by less progress in the sexual and reproductive health related indicators of adolescents in Nepal. Almost one-quarter of women who were aged 25-49 in 2011 had given birth by age 18, and nearly one-half by age 20. To add to this, unmet need for family planning has been estimated to be highest (42 percent) for married girls aged 15-19, followed by 37 percent among married women age 20-24. For women aged 25-49 the median age at first marriage was 17.5 years, and for men age 25-49 it was 21.6 years. Age at first marriage is an especially important variable shaping the fertility scenario in Nepal where very few births take place outside of marriage and marital dissolution is insignificant.

Early marriage as mentioned above is another of the key drivers of early pregnancy along with the lack of practicing safe sex. The Eleventh Amendment to the Nepalese Country Code states that individuals can marry at age 18 with parental consent and at age 20 without consent, however, early age at marriage is still culturally acceptable in Nepalese culture. It is also taken as a license or social expectation for a woman to enter into reproductive life and to become pregnant immediately after marriage. Early marriage and early childbearing continue to be the norm in Nepal and although there have been some improvements still early marriage figures are alarming. The proportion of currently married women aged 15-24 decreased from 62 percent to 51 percent in the last 15 years. Similar decrease is observed in currently married girls aged 15-19 years from 43 percent to 29 percent.

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37 Ibid
39 Ibid
41 Ibid
percent within the same period. Furthermore, the proportion of male adolescents and youth who are currently married has decreased from 32 percent in 2001 to 23 percent in 2011.\textsuperscript{43}

Child marriage is most prevalent among non-literate, Janajati and Dalit castes of Nepal (especially among the women in these groups).\textsuperscript{44} 46% of these children are married formally or in informal union before they are 18.\textsuperscript{45} Adolescent childbirth is still common, although decreasing. Child marriage is heavily concentrated in Terai region of Nepal bordering India although the practice is common in Hill ethnic groups as well.\textsuperscript{46}

Girls and women’s level of education is found to have a strong influence on the odds of adolescent childbirth. Women who have completed their School Leaving Certificate (SLC) are 90 percent less likely to bear child before they reach 20 years of age as compared to women with no education.\textsuperscript{47} \textsuperscript{48}

Although access to education has increased significantly over the years, still a large majority of children who start primary education do not complete it, and there is a significant gap between educational attainment of boys and girls. Enrollment rates for girls are considerably lower than those for boys in Nepal. The Nepal Adolescent and Youth Survey (NAYS) 2010/11 revealed that almost 42 percent of young women aged 10–24 were illiterate while the same figure for young men of the same age bracket is 27 percent. Of the literate females aged 15-19 years, only 37.11 percent have completed education up to primary level. This figure is important because there is no provision of teaching about sexual and reproductive health subjects in the national curricula at the primary level. The national curricula include topics such as human body, organs system, functions of organs, menstruation and sexual issues only from grade 6 onwards. Such high number of females aged 15–19 years does not get to learn about reproductive health issues from school curricula. Among students who study secondary level, majority have already gone through the puberty and are not getting the education prior to them facing the problems. Besides, the education that they receive is just biological. It focuses on the anatomy of reproductive parts and the process of reproduction while completely ignoring the issues of sexuality, gender identity, contraception use or methods of family planning. Besides the teachers are more likely to skip the chapter on SRHR altogether than addressing the real issue.\textsuperscript{49}

The Government of Nepal has identified adolescents and youth as a vulnerable and under-served population group requiring specific services and information to address their concerns, problems, and needs. Various government departments and line ministries together with multilateral, bilateral,

\begin{itemize}
\item \textsuperscript{44} Ibid
\item \textsuperscript{46} Society for Local Integrated Development Nepal 2012 Child Marriage in Nepal Research Report Plan Nepal, Save the children, World Vision International Kathmandu
\item \textsuperscript{49} Pokharel S et.al 2006 School-based sex education in Western Nepal: uncomfortable for both teachers and students, Reproductive Health Matters. 14(28):156-61
\end{itemize}
government and non-government assistance agencies have collaboratively identified key strategies and approaches to reach young people with appropriate sexual and reproductive health information and services. National policies and strategies such as the National Health Policy (1991), the National Reproductive Health Strategy (1995), the Adolescent Health and Development Strategy (2000) and the Nepal Health Sector Program II (NHSP II, 2010-2014) outline broad strategies for reproductive health in Nepal to address early pregnancy. The NHSP II calls for establishing adolescent-friendly services through 1,000 health facilities by 2015. The National Adolescent Health and Development Strategy and the Young People Development Programme have envisaged adolescent and young people as a key target group for integrated sexual and reproductive health services, with interventions planned to increase knowledge on sexual and reproductive health issues and availability of services. The National Adolescent Sexual and Reproductive Health Program addresses key issues related to adolescents and youth at the national level and seeks to integrate concerns regarding adolescents and youth into several other programs that provide specific services, including safe motherhood, family planning, HIV/AIDS, and STI programs. Furthermore, additional policies for research, information, education, and communication (IEC), safe motherhood, and adolescent reproductive health have been developed, and have operational guidelines for reproductive health care at all levels.

These efforts along with increased attention to management and training at the district level and below have helped to improve the quality and efficiency of health services, including reproductive health services. Better linkages with the community are being built to increase use of reproductive health services through primary health care outreach and a nationwide network of trained female community health volunteers. However, Nepal’s health indicators remain among the lowest in Asia. A large proportion of the population lives in hard-to-reach areas, where limited communication and transportation infrastructure make delivery of information and services very difficult. Other reasons for low demand and low utilization of services include low levels of public awareness and inadequate supplies, equipment, and staffing.

### Methodology

The participants of this study were adolescent girls aged 18 to 19 years old that were pregnant before the age of 18 years old from 3 districts in the far western development regions of Nepal. These districts were Bardia, Parsa and Kailali where Restless Development has been working. The selections of the participants were purposively selected due to the difficulties to reach the study population.
population. The girls were identified with the support of local staff from partner NGOs and invited to participate in the study. Six respondents were selected from each of the three districts. Age and ethnicity were considered as relevant categories for the respondents' selection. The ethnic affiliations of the respondents were categorized as Dalits, Janajati (ethnic groups) and Non-dalits which included so called higher castes and non Janajati as well. Equal numbers of respondents from across three categories were selected to have gross representation of the community they come from. Similarly, equal number of adolescent from age groups 10 to 14 or 15 to 18 was included.

The purpose of this study is to explore the social representation of early pregnancy by adolescent girls in selected communities in Nepal. Due to the nature of the information required, qualitative methodology is the most appropriate in order to be able to explore in depth the experiences and perceptions of a sensitive topic following a rigorous methodology. The interviews were held in places where the girls felt comfortable and safe.

Eighteen interviews were held from October to November 2014. The following table shows the respondent's main characteristics. Open ended questionnaire with different thematic areas such as pregnancy, abortion, marriage or family planning and its related questions was used to conduct the interviews.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Current Age</th>
<th>Age at Marriage</th>
<th>Age at first pregnancy</th>
<th>Ethnic Group</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1</td>
<td>18</td>
<td>16</td>
<td>17</td>
<td>Janajati</td>
<td>Parsa</td>
</tr>
<tr>
<td>I2</td>
<td>18</td>
<td>17</td>
<td>17</td>
<td>Non Dalit</td>
<td>Parsa</td>
</tr>
<tr>
<td>I3</td>
<td>18</td>
<td>11</td>
<td>12</td>
<td>Dalit</td>
<td>Parsa</td>
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<tr>
<td>I4</td>
<td>19</td>
<td>13</td>
<td>15</td>
<td>Dalit</td>
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<tr>
<td>I5</td>
<td>19</td>
<td>16</td>
<td>17</td>
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<td>Parsa</td>
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<tr>
<td>I6</td>
<td>18</td>
<td>16</td>
<td>18</td>
<td>Non Dalit</td>
<td>Parsa</td>
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<tr>
<td>I7</td>
<td>18</td>
<td>13</td>
<td>14</td>
<td>Janajati</td>
<td>Bardiya</td>
</tr>
<tr>
<td>I8</td>
<td>18</td>
<td>13</td>
<td>14</td>
<td>Non Dalit</td>
<td>Bardiya</td>
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<td>I9</td>
<td>18</td>
<td>13</td>
<td>13</td>
<td>Dalit</td>
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<td>18</td>
<td>14</td>
<td>15</td>
<td>Janajati</td>
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<td>14</td>
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<td>Kailali</td>
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<td>Dalit</td>
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<td>18</td>
<td>16</td>
<td>16</td>
<td>Janajati</td>
<td>Kailali</td>
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<td>18</td>
<td>15</td>
<td>16</td>
<td>Non Dalit</td>
<td>Kailali</td>
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<tr>
<td>I18</td>
<td>18</td>
<td>16</td>
<td>16</td>
<td>Dalit</td>
<td>Kailali</td>
</tr>
</tbody>
</table>

53 Dalit is a designation for a group of people traditionally regarded as untouchables in the Hindu caste system who speak variety of languages and follow diverse religion
54 The word Janajati or Jati refers to the group of people outside of caste system
Despite the fact that adolescents were pregnant when they were children, due to ethical reasons, children were not to be interviewed. This is one of the limitations of the study since it could be a memory bias. In order to reduce this potential bias, one of the selection criteria was to include only adolescents from 18 to 19 years old, to reduce the loss of memory. Another limitation of the research is that the results may not apply to cases of adolescent pregnancy in urban areas and in communities where respondents have higher level of education.

Objectives of the research and confidentiality policy were explained to the interviewees before starting the interview. After that, interviewees were requested to give their personal information and state that they freely consent to participate in the research and consent to voice recording the interview.

Individual respondent’s identity will be not displayed in the report. On top of that, field investigators were pledged not to discuss the individual cases outside with anyone once they finish the interview. The entire study team (including managers to investigators) signed the pledge sheet ensuring data confidentiality and non-disclosure of individual respondent’s identity.

Data analysis has been carried out by two researches. Open code 3.6 has been used to manage qualitative data. Grounded theory has been used for data analysis. First, data has been classified using open codification followed by axial codification to identify the sub-categories. Based on the sub-categories, main categories have been identified and the results have been defined. In the following table, main categories and categories of the research are reflected.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub categories</th>
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<tbody>
<tr>
<td><strong>Social Representation of Early Pregnancy</strong></td>
<td></td>
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<tr>
<td>Knowledge and perception</td>
<td>Pregnancy</td>
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<td></td>
<td>Abortion</td>
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<td></td>
<td>Marriage</td>
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<td></td>
<td>Contraceptive and Family Planning</td>
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<td>Source of Information about pregnancy and family planning</td>
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<td>Personal and Social experiences</td>
<td>Process of and reasons for early marriage</td>
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<td></td>
<td>Decision to get Pregnant</td>
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<td></td>
<td>Experiences of pregnancy</td>
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<td>Consequences of early marriage and pregnancy</td>
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<td>Suggestion to other Adolescents</td>
<td><strong>Health System</strong></td>
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<td>Availability</td>
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<td>Quality of the services</td>
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In order to ensure the scientific rigor, quality control of transcriptions was done through a new hearing to correct errors. Besides, the two researches have carried out an independent analysis of the data, which has facilitated the identification of discrepancies during the codification.

Results

The results are presented following the categories identified in the table above (table 2). First, it will present the categories identified under social representation of early pregnancy and afterwards health system categories.

General characteristics of the respondents

The respondents experienced marriage at an age as early as 11. Almost half of all respondents entered into marriage before they crossed the age of 13 years. All of the adolescent girls had entered into marriage before the minimum age limit set by the Civil Code of Nepal 1864, Eleventh Amendment. Except for one, every respondent had been pregnant within the first year of marriage. It is striking to note that the biggest difference between the age at marriage and age at first pregnancy is 2 years for these girls. Half of the respondents were attending secondary level of education while they got married. Only one respondent was continuing education after marriage and reached under graduate level of studies and one did not attend school. Another half of the respondents had not fully completed their primary level when they entered into marriage. In almost all cases, marriage and/or pregnancy resulted into abandoning of school/study.

Social representation of the early pregnancy

This study looks into adolescent pregnancy as a body of social knowledge which is socially produced and shaped by the members of the same social group. Daily reality and knowledge about adolescents’ pregnancy is conceptualized and interpreted by the members of the group who wield differing social power and knowledge or ‘sense-making’ of events is done based on these interpretations. This interpretations and meanings which are repeated get codified as cultural norms at the community level and as habits at the personal level. This research tries to deconstruct these interpretations, meanings and belief system of girls in their community about pregnancy to reflect upon factors which help creation of knowledge about early pregnancy, creating an order of this body of knowledge and favorable and unfavorable attitude towards early pregnancy. The factors which are found to have shaped an adolescent girl perception of early pregnancy can be delineated into her knowledge, perceptions and personal and social experiences. These categories have been broken down into sub categories identifying specific knowledge, perceptions and experiences in issues
related to early marriage, abortion, and process of pregnancy, decision to get pregnant, contraceptives and family planning.

1.1 Knowledge and perception

The main question that we are trying to answer is what the girls knew, know or think objectively about some sexual and reproductive health issues. In order to do that, we have explored the following areas: pregnancy, family planning and contraceptive, marriage, abortion and sources of information. As mentioned above, half of the respondents were attending secondary level of education while they got married. Only one respondent was continuing education after marriage and reached under graduate level of studies and one did not attend school. Another half of the respondents had not fully completed their primary level when they entered into marriage.

1.1.1 Pregnancy

For all of the girls the pregnancy was unintended. They enter into the institution of marriage without having any awareness about marriage and knowledge about the ways to prevent pregnancy. As per the respondents’ statements, the knowledge about pregnancy increased once adolescent girls got pregnant much like knowledge about family planning. Irrespective of the age of girls, very few of them said that they had some knowledge about pregnancy and its prevention before they got pregnant.

“...at that time...the child is born was also not very known to me... I was very young then... I did not understand anything then...” (I13:96-98)

“...at that age did you know about how the children are born? No... I did not know anything then (smiles)” (I7:92-93)

“Oh after that you came to know...Means before you didn't know about how to get pregnant?? No... Now you are aware about this thing?? Yes I came to know now...” (I6:63-66).

“...did you plan and have your child or it happened unknowingly? It happened unknowingly... We planned to not have kid... but it happened all of a sudden...” (I18: 70-73).

The knowledge of adolescent girls about pregnancy is the result of their own personal experience of being pregnant and not from school text books, parents’ education or awareness raising activities.

“What did you think about? Did you know what marriage was? No... I did not know exactly what marriage was... I was a girl and... Reading, talking, smiling and doing some household works... only that I used to think... but what to do... Because I was forced to I had to get married... then I came to know all.” (I18: 706-710)

“How did you get married?? What was the situation back then? What did you think then when you got married? ... Umm....try and think about back then...umm... I was small back then...
and…I did not know what results to what… what you should do and not… and… on top of that I eloped with him…” (I8:359-363)

1.1.2 Abortion

Most of the respondents have only little knowledge about abortion.

Did you know from anywhere besides your husband? …others…no…that…I did not know anything as such…I used to be shy…did not go anywhere… I used to go to school and come back straight… and did not even study much…so there wasn’t a way for me to know it…” (I11: 128-130)

“Do you know about abortion? I do not know…like killing the fetus…if we do not want a child or our health is in a critical condition and we do not want a child but a child is conceived then we can expel the fetus. Do you know that? I do not know…” (I10:285-291)

The girls perceived that abortion is immoral and preventable. Furthermore, as per their statements abortion it is equated with killing a child by the community. This thought is rooted in the belief that children are gift of Gods and acting against the will of God is not good.

“…because abortion is like being a murderer…like killing a small child and abortion are alike…that is why it is considered like being a murderer” (I12:326-329).

“If you listen to the society people then they say that children are god’s gift…” (I8:294-295)

“It is also a soul… it’s also a soul and… now… either you have to think about it before right…” (I11: 449-450).

Furthermore, most of them have the perception that abortion is bad for women’s health.

“..Why do you think it’s (abortion) bad? Mm… for us women, abortion is very bad.. It affects our body badly and…abortion. If you have enough children why to get pregnant again and abort the child? Your body gets weak… it’s very hard for them… they have to go through so much pain and suffering and all the bleeding… there are other problems and sometimes it even takes lives so if possible don’t give birth to more than one or two children and so there won’t be issues of abortion at all” (I13:556-563).

An underlying factor is also the perception among adolescent girls that abortion cannot be in a health center secretly, in a community where the health centers are very close to the village. They perceive that all people in the community would know any cases of abortion and given the perception about abortion in the community, adolescent girls and their families would not go for abortion.

“In Hospital also we cannot go for abortion?? No… N: Why?? A: Because here community people will knew about it.. Wouldn’t it be done secretly?? No…” (I3:512-517).
Their knowledge about the legal issues related to abortion was very less, in fact one the girls stated that abortion is punished by the law.

“Mm... and... this... if anyone does abort the child... then in legal (yawns...) what has law said about it... what do you think? Does the law accept it? That I don't know...: sometimes I used to hear of it... like they would punish you... the ones who abort are punished by law... I heard that... but now... now... don't know...” (I15:542-549)

Despite the fact of having a negative perception about abortion, few of them opined that health consequences should be a major factor while determining if abortion should be allowed.

“If someone is not healthy... ah... and doesn’t want the child at all then as per the suggestion of the doctor, abortion can be done... and what they say should be done according to that abortion can be done or else I don’t feel abortion is a good thing” (I13:570-572).

1.1.3 Marriage

According to the respondents’ perception, early marriage is beneficial for their families. They will have to pay less for their dowry, as the amount of dowry increases with the age of girls and age, education and job of the boys.

“...they demand more than two lakhs for SLC passed boy as a dowry and more for the higher educated boy, so how can a girl’s family fulfill the demand and provide more education to the girl...that’s why I want to suggest to marry earlier..” (I2:206-211).

Some of the respondents stated that getting married was an opportunity to become free from existing problems in the family or to have access to better opportunities such as continuing studying.

“So they said if you want to study they get you to school... it’s a good family and... at my home I had many siblings... and it will be hard... they had a small family and also get you studied... and...In my home they said I have to get married someday so I said its ok and I agreed” (I11:514-518)

“...I was small at that time...I did not know right miss...what came in my mind was...I was studying and then my husband’s family came and my father’s state was like that...he could not afford to send me to school...what came in my mind was...they also said something like that they will educate me.”(I9:574-579)

Girls perceived that they cannot say no to a marriage proposal although they did not want to do it. It is understood as an occasion for respecting the wishes of the family members and parents. Surprisingly, some of them stated not feeling pressurized to get married although they did not agree with the decision.
“Did anyone pressurize you for your marriage?? No...My mother told me that if you respect me then get married otherwise don’t get... In our society people talk about a respect... They think that if daughter will say no then they are not respecting... same as her mother told her if you respect me then get married otherwise don’t get married... and then she told that your choice whatever you do I am ready.” (I4:430-437)

“...Ah so... because of society’s pressure... and if anyone else came to ask for your hand... would you get married or not? Mm... Ahhh... what we used to think was... whoever our parents decided to give us right” (I14:420-424)

“What did your parents say to convince you? My parents now...their stubbornness... they did...like its good... you have to... they said. Did you agree or not? My parents said you are a daughter you have to get married somewhere someday... and so it happened. Oh...even after your parents explaining you too...you were not wanting to get married...” (I18:735-741)

In contrast, in other cases girls stated to have felt the pressure of their family.

“How did you get married?? Can you tell that how did you take that decision? I wasn’t ready for married but to whom I shall speak, nobody listened to me and I have to agree with them and their decision.” (I6:197-201)

“I did not want to, but my father and mother gave me away and I said its okay. You said it is okay and got married. My father and mother gave me away. The happiness of parents is in their children. Did you or not want to get married from deep down your heart? I did not want to.” (I12:345-349)

Adolescent girls understand that the practice of early marriage gets support from the community as well.

“Did anyone else pressurize you to get married as your parents pressurized you?? Suppose in the community, there might come different marriage proposal...as your parents pressurize you did anyone from the community pressurize you?? From my neighbor.....They told me to get married” (I5:305-312)

“Did anyone in the family or from outside of the family pressurize for you for the marriage?? Yes...From community and from my father... My uncle and aunt...they told that she is now young and needs to get married” (I3:272-280)

1.1.4 Contraceptives and Family Planning

Very few adolescent girls had any knowledge about contraceptives and family planning devices before the first child. Of the adolescent girls who participated in the research, only five out of eighteen knew about contraceptives and family planning before getting pregnant for the first time (table 3). Knowledge about family planning and contraception for adolescent girls is more available after their
marriage or more specifically after their first pregnancy, than before marriage and is not concerned with their age.

“Really you imagine it yourself and say, for you at that time, do you know that you could be pregnant again, if you don’t have wished... You can be pregnant again, this sort of thing, did you know? I didn't know like that about it before” (I9:59-63).

Girls from lower grades did not receive sexual and reproductive health education in the school. Besides, girls who had attended secondary education did not know about contraceptive and family planning. Furthermore, they felt it difficult to talk about contraceptive and family planning with teachers.

“Why? Were these things taught in school (grade 7 student)? Yes they were... in health topics... what did you study there? Not much...” (I14:62-70).

“...and in class 5 they did not have health and all? No... You did not ask to teachers and others? in the small class it was hard to ask mm.. And they did not teach too...” (I8:56-60)

Girls perceived that they have to get pregnant just after getting married to meet the expectations of the community and the family. Therefore, the usage of family planning is not justified for them and then there is not any unmet need because they do not perceive this as a need.

“What is the thinking of your community regarding having a child?? They demand after a month of a marriage ....child.... They need a child...It is not possible within a month but should start the process of getting a baby” (I5:314-319).

“..So in villages... probably it’s better if you have it early....around 1 year... 6 months...in 3/4 months... if you get pregnant...then to hear that they feel happy... the old traditional people” (I11:601-605).

There is substantial increment in the knowledge and the usage of family planning devices after the first child is born (table 3). Pills and vaccination, both methods that can be used in private, are the most frequently mentioned but not the only ones.

“What contraceptives are you using? You are taking pills Yes I am taking pills, Gulab Tablet” (I9:410-414).

“What did you know about this and what are you using?? I am using vaccination and I know about the oral contraceptives pills” (I5:82-92).

“...right now the easiest family planning method is condoms” (I8:135-140).
Table 3: Comparison of responses about Knowledge about Family Planning before first child and use of family planning devices after child birth

<table>
<thead>
<tr>
<th>Interview number</th>
<th>Knowledge about FP before 1st child</th>
<th>FP devices use after child birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I2</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>I3</td>
<td>No</td>
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<td>I4</td>
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<td>I11</td>
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<td>I12</td>
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<td>I13</td>
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<td>I14</td>
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<td>I17</td>
<td>Yes</td>
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<td>I18</td>
<td>Yes</td>
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</table>

The knowledge of the husband about contraceptives remains crucial for the girls to delay the pregnancy. In some cases, girls get to talk to husband about the contraceptives and family planning but as per their statements, the decision to use these devices rests in the discretion of husband and in some cases other family members and then only with the adolescent girls.

“...mm...what does your husband say...like he...what does he think about using the contraceptives? Mm...yes like when you talk about contraceptives...what does he say? Mm...He says... the one that is most effective and less harmful we need to use that” (I8:142-148)

“Her husband talks about this with her....what does he say?? What does he say?? He told me that he doesn't need more kids...Oh he told you that he doesn't need kid and suggest
using vaccination?? Yes... He told that he doesn't need kids and suggest her to use vaccination…” (I4:213-221)

“Now are you using any types of temporary contraceptives??? No. He scolds me and beats me if I talk of using some temporary contraceptives…. and many times he scolds me that’s why I left talking about it” (I2:183-189)

1.1.5 Sources of Information

Girls receive information from various sources both formal and informal. Based on availability and accessibility, the most frequent sources of information were radio, television and neighbors.

“From where did you get such information??? From television and radio...Oh you watch television and radio...What kind of programme does you listen from television and radio???Advertisement from radio and television I used to listen...at the evening” (I3:106-115)

“Besides hospital is there any other place?? Like right now there is TV, radio, newspapers. Yes from TV also I came to know of few things... and few from newspapers too…” (I13:129-132)

Even in radio, the content of the program and the time of broadcast affect the knowledge of girls. An adolescent girl is less likely to listen to the information through radio about sexual and reproductive health issues in presence of her in-laws or others.

“… and that....from that.....did you know about it (contraceptives) through those mediums? No… it was awkward to watch it on television when your mom and dad were around. We couldn't watch... there were younger and elder brothers at home.”(I17:159-166).

Although the information is circulated through media, language barrier creates difficulty for understanding the key messages of the programs which give information about sexual and reproductive health. The reason behind is that in Nepal in certain areas nepali citizens speak local languages and they do not properly understand nepali language.

“Does not she listen from television and radio??? No.... From any newspaper?? How can she get form television and radio because they broadcast it on Nepali?? Ask with her she might know that....Did you get any information from television and radio?? No... They broadcast on Nepali language then how can we understand?? She listens to the radio but cannot understand that because of Nepali language....” (I4:121-133)

Furthermore, other sources of information who could provide information, explanations about such events and much needed secrecy of the information is sister –in-laws, husband, mother-in-laws and even health assistants and social workers.
“There is not anyone that understanding. There is one bigger sister in law. She used to advise me not to do like this (about pregnancy) (coughs) she used to give me advice but it happened anyway” (I12:204-207).

“As you told me that you did not know about how to prevent a pregnancy when you were pregnant...Do you know now?? Yes I know now.... How did you know that?? From the health assistant of PSI. PSI is related to family planning...and I came to know from the health assistant of PSI” (I3:66-74)

“Where else do you go... where and who do you go to ask about this? These days...mm... There are not anything else...social worker but if there is a problem I go to social worker...mm...Do they come to your houses? They are there in the village...if there is any problem as such then we go to hospital or else here in village itself we take advice...”(I8:77-86)

Newspapers are not a popular source of information in some of the villages due to the limited accessibility.

“... Do you know how to read newspapers? No... We don't have newspapers in villages” (I7:119-120).

1.2 Personal and Social experiences

The personal and social experiences are the second element that constitutes the social constructions of the early pregnancy. In this chapter, we will explore how the girls took the decision of getting married, getting pregnant, how did they feel, how they feel being mothers and how the marriage and pregnancy affected their lives. Besides, we will explore what kind of support the girls have to delay pregnancies.

1.2.1 Process and reasons to get early marriage

Some girls even do not know that they were getting married.

“..No I was not aware about this (marriage)... everyone was buying new clothes and they were decorating home and buying jewelries; also I was also feeling very joyful... that this is all for the wedding....then I think that it's good that I am getting new clothes hehehe... everyone told me that by buying new clothes you will get married...” (I3:246; 248-257).

Getting married was not a choice for some of the respondents; it was an obligation, since some of them have no other option. In some cases, as per the girls’ statements, girls feel they have taken the decision, when truly they are forced to accept the marriage since they cannot reject when an elder person is suggesting for her to get married. That means, that interestingly, for some of these girls, getting early marriage, if this is the desire of the family even against their will, has been normalized, and therefore they do not feel being pressurized by the family. “Good” daughters respect their elders.
“Did anyone pressurize you for your marriage?? No...My mother told me that If you respect me then get married otherwise don’t get...In our society people talk about a respect... They think that if daughter will say no then they are not respecting... same as her mother told her if you respect me then get married otherwise don’t get married... and then she told that your choice whatever you do I am ready” (I4:430-437).

“My family forced me to get married and I said them that at the age of seventeen how can I get married and my friends, who were continuing their study they also suggested me to not get married but my family member forced me to get married and they said that you cannot take this decision.” (I2:126-130)

“Who pressurized you?? My Aunt...My mother and father.... what did they say?? Now you are ready to get married and you need to get married....what did you say at that time?? Nothing...why didn’t you say anything?? If no one values my saying then it’s worthless to talk...you didn’t talk and didn’t you make argument?? No... Didn’t you make argument that I don’t want to do it.... No... Why?? Can’t you talk with your mother and father?? NO I cannot... Why?? Are you scared of your mother and father? Yes” (I6:215-253)

In one of the cases the parents resorted to beating the child for opposing marriage after which the girls had no option but to get married.

“(while opposing decision to marry)... They will.... Beat..... I am scared that they will beat me...(If I opposed marriage)” (I6:237-238).

Marriage was the expected goal for many of the respondents by their families. Therefore, social pressure, the protection of the family prestige and gender discrimination are other driving factors for early marriage. One of the girls stated, that she was forced to get married to end with the community gossip that could have put in risk the “destiny” of the girl.

“…so he used to visit me once in a while. And the villagers used to gossip that I was in a relationship with him, they even said I had aborted his child. My current mother in law also came to our home and blamed me that I was after her son because he had a good job and she also accused me of abortion. So my parents thought of marrying me to someone else and people used to come see me to marry me....my husband...I didn’t know he used to like me, I had never thought of it…so, when he knew that there were people coming to see me to marry me, he used to threaten them and scare them away, even beat them” (I17:568-578).

“My family members got angry... they were angry about whatever happened... a lot happened... lot... in society too... they saw me in wrong way... and so it was too much... and what could I do... So I got married... even without wanting to. Did you elope with him? Yes... I eloped with him...ah ok... so you did not want to get married back then? No I did not want to” (I14:379-387)
In addition, for some girls marriage was also a way to escape from poverty, possibilities of continuing education and to fulfill an expectation of a better life by getting rid of present difficult situation.

“What did you think and get married? How did you make the decision to get married? I will not lie to you okay miss... the condition of my family was like that. my father used to drink alcohol. I used to study in 8...9 class... then father used to drink and the situation of home was very poor.” (I9:570-579)

“So they said if you want to study they get you to school... it’s a good family and... at my home I had many siblings... and it will be hard... they had a small family and also get you studied... and... in my home they said I have to get married someday so I said its ok and I agreed” (I11:514-518)

1.2.2 Decision to get pregnant

The decision on when to get pregnant is heavily influenced by the social norms. As per the girls’ information, girls are expected to get pregnant immediately after their marriage. If they do not get pregnant within a certain period (around 1 to 2 years) after marriage, they are considered barren and a sin.

“...how long after marriage do they expect the people to have their child? They... ah... after 1 year or one and half years. If it is over 1 year or 1 and half years then what do they say? They say may be she will not have any child... maybe she is barren... they say that” (I18:805-806).

“I don’t know.....the educated people say it’s not yet time and those who have traditional thoughts like our in-laws, they think it’s good. They think it’s better to bear a child at an early age and grow along” (I17:653-654).

“... Year... don’t talk about year within one or two months if they delay... they start talking why she is not getting pregnant, whether she will ever get pregnant in future or not?? It will create a problem” (I2:155-156).

“They demand after a month of a marriage .... child.... It is not possible within a month but should start the process of getting a baby... our community people used to say all those things... (I5:318-323).

As per girls’ statement, the decision of getting pregnant does not rely on the girls’ decision. Husband or family in law pressure plays an important role for taking this decision.

“(expectation of children)... from family too and my husband too said we have a son now one daughter too we need... and from family too they said we have a grandson now we need a granddaughter too...” (I8:508-510).

“I cannot tell them... (About delaying pregnancy)... Because they (mother-in-laws) will kick me out from the house...” (I5:352-359).
“Family…now… there are uncles…in laws like the younger in laws… they all say how can one be enough. No they say but my husband doesn’t think that… he says…one is enough…he says that” (I18:554-558).

“…. If you don’t need baby then can you tell them that you don’t need a baby?? No, I cannot tell that… you don’t, why you don’t?? Our community is like that, and we will not tell anything because afraid to get punished (Beat)” (I6:270-275)

On top of that, the husband retains the control about the use of family planning devices and this leads to reduced ability of adolescent girls to decide upon themselves about family planning, gap between children, and pregnancy.

“His (husband) thinking… its good I must say… He says we should have small family… will do well… family shouldn’t be sad…” (I11:209-211).

“If there are understanding people….couple… its (decision about family planning is) by mutual discussion, otherwise males don’t usually agree… Yes, they think they need to have the child.” (I17:238-239).

Based on the pressure to get pregnant just after the marriage, the use of family planning methods is not socially supported or accepted and therefore none of the girls used family planning methods before the first pregnancy. In contrast, fifteen out of eighteen girls have been using contraceptive devices after they have had experienced pregnancy.

“The society does not accept…our society doesn’t approve of that at all. Many volunteers go to different villages to create awareness about the use of contraceptives, provide knowledge…but they abuse and chase them away instead. They scold, they say “don’t teach such nonsense to our daughters in law. We still want more granddaughters. We don’t approve of it…uh and …uh…..don’t spoil our women. The injection….” what do you call it, the one you put in your arms? (I17:459-467)

“They told that if we kill the child by different methods then it is sin and those people will go to the hell…” (I3:129-130).

Another barrier identified for the proper access to family planning information is the fact that it is considered a sensitive topic so even information cannot be shared with friends. Besides, it is considered wrong to talk about contraceptives and family planning with the elder and younger alike.

“No... I feel shy (to talk about contraceptive with mothers in law)... We should not talk about it. Mm… in our society it’s wrong to talk about all this with the elders…no not even with sisters… … We have to keep our things to ourselves” (I7:544-553).

“Did you talk about these things with your friends? No …only from what the teachers taught you…you understood…” (I16:101-105)
“Can you openly talk to your husband about family planning or not? No not that openly. Why? What is there? Is there anything?? Are you scared or shy or why? Just like that...what does he say when you tell him? That we don't do it now...not use any contraceptives...he says that” (I15:277-279)

While there were some girls for whom it was difficult to talk about family planning and contraceptive with their husbands, for others it was easy. This depended upon the role of husband and ease of communication. In cases where husband felt the need to have stopped/delay pregnancy, contraceptives were used and in cases where husband and family were not positive about contraceptive, the communication was difficult.

“We don't talk... He (husband) does not talk...” (I10:134-138).

“Do you ever talk about family planning with your husband?...No, I do not know. We don't talk you never talk about such things...has he ever talked about this thing?...no...he does not talk. What he thinks also you do not know...I do not know...you have a daughter now...has he ever talked about having or not having another boy or girl?. No” (I10:130-144)

Despite these bad experiences of early marriage, pregnancy and their effects, some of the respondents are still positive about them. One of the respondents after having shared her painful experiences of early marriage was quick to point out that more sons will increase household income and her social prestige will rise after she gives birth to a male child. This is a good example about how rooted the social norm is.

“because sons earn a lot of money...the money that they will give after earning for a lot will be sufficient for the house” (I10:246-249).

“Because here people used to say that more sons means more stick...” (I15:384-385).

1.2.3 Experiences during the pregnancy

In all the cases, the pregnancy was unintended in the sense that there was no planning or collective decision making between the girls and their husbands.

“I felt like I should not have got pregnant at that age. But it had already happened...I did not know whether to keep it or throw it away. It had already happened so I had to keep it even if I liked it or not” (I12:150-153).

“Did you wish to have the kid or it came without you knowing .Without knowing it. Without knowing? Yes. Oh...you did not know? Not that much... like... I was thinking of having after getting to a proper age but I did not know I got pregnant and... you are not supposed to abort in such a young age” (I11:40-48)
“Let’s remember those times ok? When you... (Clears throat)...When you first conceived a child, did you really want to bear a child or you were unaware...No. I bore it unwillingly.”

(I17:42-45)

Some adolescent girls stated feeling scared during the first pregnancy as they see their belly gets increased, their body size increases and mentally they are stressed.

“.... at that time (of pregnancy) now...in a way I was scared too... like what would happen...how would it happen? How does it happen? I did not know much too... was small too... before I was much stressed about what I will do... how I will give birth and all...”

(I11:239-253).

“I was a bit happy... but it was not all happiness. I was kind of scared too...I was scared about how will I give birth to the child? How does it happen? What happens?? Is it going to be too hard or easy was not known so... that’s why I was scared on my first delivery” (I13:319-322).

In contrast, others had a feeling of happiness that comes from greater attention received by the girls from the in-laws and community. They are provided with food, care and support and love.

“....I conceived inadvertently but when it was time for the delivery, I was glad when I thought I was becoming a mother....the responsibilities were about to increase...” (I17:272-275).

“...everyone was happy that’s why I was also happy... think that everyone was happy then why should I be [sad], that’s why I was feeling happy...” (I3:191-194).

They experienced the pressure to have a son. According to the respondents sons are always preferred than daughters because son stay at their home, earn a living, continue the lineage and fetch lot of dowry.

“That they only want son and don’t want daughter they think that daughters are sin to the society, the family and husband doesn’t love that girl and they shout at that girl. If anyone gave birth to daughter” (I2:151-153).

“...scold me a lot for this that’s why it’s better to have son... If I will get three sons then I will get more dowry and three daughters-in-law that’s why...” (I2:217-220).

“What if you had a daughter? If I had a daughter then now... Everyone thinks... There has to be one son... So...now...there has to be a son...and for the sake of society too may be I would need to have a son” (I18:838-841)

1.2.4 Consequences of early marriage and pregnancy

Along the conversation, the girls stated some of the negative consequences in their life as a result of the early marriage such as imposition of more duties, restraining social and cultural life or loss of the
childhood. Furthermore, some of the adolescents stated that they did not feel well with the new situation.

“...there is too much of suffering...you cannot go to places you want to...you have to work a lot...you have to look after your in laws, your husband. You don’t get anything that you want. That’s why I don’t feel good” (I7:562-574).

“...after marriage...I had to do much more work after marriage...” (I10:225).

“If you get married at small age the family does not care if you are small...you will have to give birth to a child and become a mother. If you don’t give birth till one year...they start saying bad things about you. They don’t treat you as a child. That is why I don’t like it. You have to go through a lot of hardships...that is why I don’t like it” (I12:483-488).

Other negative consequence highlighted by most of the adolescents was the fact that they have to abandon the school.

“..My study was... it was stopped from the day I got married...” (I7:301).

“...before my...thinking was... even after marriage. I wanted to study and do some work...but now it’s about looking after house... I have to look after the child...cook food...have to get food at shop too...cleaning the house...wiping and all...it’s all that...” (I18:466-471).

“... (if young girls) they get married at an early age, so that they wouldn’t do and would study more and...would do something.. Stand on their feet...” (I18:241-242).

Most girls regret their decision to marriage. They became aware of all the lost opportunities that they may have had if they have studied instead of getting marriage. As one of the adolescents girls said, their dream was broken down.

“I wanted to study as others and wanted to do something in life but after my marriage I cannot do any things like others, all my desire and my dream was broken down” (I6:154-156).

“Yes. There is regret now. If I had gotten married after being an adult...if my husband was able then I would not have such problem now...I feel that way...” (I10:330-336)

“There is nothing more important thing than being educated in this society and I could not do that...so I regret that but... other facilities...and my husband loves me a lot...he loves me very much so, I only regret about not completing my studies...else everything is good” (I13:639-643).

“Yes...my friends were studying...like...they were studying...only few of them got married. or else everyone else were studying. And now...they aren’t there...my friends have job now...and when I see them I feel bad...I feel like if I could have studied then I could have worked too...” (I8:442-447).
Regarding the early pregnancy, most of the negative consequences of the early marriage are happening if it did not happen before, or are exacerbated. On top of that, some of the girls mentioned the health consequences.

“I was at an early age, it was very difficult while giving birth...I was admitted for a whole month in hospital...even after delivery there was blood loss and other complications. I still had loss of appetite so there was no milk to feed my child and had to feed her buffalo's milk. I was already feeding her with that within nine-days of delivery. May be because I was at an early age, there were a lot of difficulties.” (I17:371-378)

“I got trouble. In early age I gave birth to a baby. I couldn't eat wear and sit properly, Couldn’t study as I wished miss. And now I really regret a lot. What shall I do regretting, it cannot be fulfilled.” (I9:953-954)

Although none of the girls openly expressed that they regret about the pregnancy, most of them would have prefer to delay the first pregnancy and regret not having return back.

“No... We told them (family) later...they knew after we told them after the child was not aborted and we had to tell them” (I14:227-228).

1.4 Suggestions to other adolescents

The girls were asked about their suggestions to other adolescents in the community to prevent early pregnancy. Based on their personal experiences, these girls provided suggestions about abortion, marriage, family planning, contraception and pregnancy. A universal suggestion provided by the respondents was to delay marriage in the first instance.

“…so like you, who get married at early age... what would you advice them? ….: mm... Not to get married to have children at young age I would say not to get married... …giving birth... also not to give birth because it is too hard to give birth. It's very hard so it is better not to get married” (I7:577-585).

“If you are to give suggestion to the ones who get married early... what would that be? Not to get married so soon... and if you do then not to give birth” (I16: 579-582)

Another most common suggestion was to delay pregnancy after getting married.

“…mm...I... I would say that... even if you get married at early age... there are lots of ways... and there are many radio, tv, and different programs in villages too.. So don't give birth at early age... that...” (I8:606-609).

“What do you suggest? What to say, marry at early age, don’t give birth to the baby in early age. Health will be hampered” (I9:882-884)
Other respondents also advised to use family planning devices to delay or prevent unwanted pregnancy.

“...regarding unwanted pregnancy?? Ah... there are many contraceptives... many methods can be taken if they don't want to get pregnant...so they can use any contraceptive methods if they don't want to get pregnant then... mm... That's all... if they don't want to get pregnant... they can use any contraceptive methods and prevent pregnancy... I feel so” (I13:812-822)

“I will suggest them that not to have a baby then use contraceptives” (I4:617-633).

Some girls also identified the need to increase availability of information about family planning and contraceptives to the community.

“...to make these ignorant women know about it what can be done? If we meet them, we can advise them, suggest them not to do so. We have already suffered but you do not have to. This advice should be given” (I12:100-102).

Based on the results discussed above, following important responses have been tabulated. These responses have been categorized according to whether they act as barriers to prevent pregnancy or they could act as facilitating factors to prevent pregnancy.

**Table 4:** Barriers and Facilitating factors for preventing pregnancy

<table>
<thead>
<tr>
<th>Barriers to prevent pregnancy</th>
<th>Facilitating factors to prevent pregnancy</th>
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</thead>
<tbody>
<tr>
<td>Low level of knowledge about how to prevent pregnancy.</td>
<td>Delaying early marriage by increasing the awareness of girls, parents and community members about its negative consequences.</td>
</tr>
<tr>
<td>Low level of knowledge and social acceptability of abortion.</td>
<td>Delaying early pregnancy by increasing the awareness of girls, husband, sisters-in-law, mothers-in-law and community awareness about its potential risks.</td>
</tr>
<tr>
<td>Low level of knowledge about family planning.</td>
<td>Increase the knowledge and availability of girls and boys about family planning methods and abortion.</td>
</tr>
<tr>
<td>The social practice of early marriage promoted by: The expectations of girls of having better life</td>
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</tbody>
</table>

There is a felt need to provide more information to the community people and to other adolescents not only about sexual health issues but also about various health related services in the community.

“...regarding unwanted pregnancy?? Ah... there are many contraceptives... many methods can be taken if they don't want to get pregnant...so they can use any contraceptive methods if they don't want to get pregnant then... mm... That's all... if they don't want to get pregnant... they can use any contraceptive methods and prevent pregnancy... I feel so” (I13:812-822)
### After Marriage

- The social (family and community) support for early marriage
- The practice of dowry.
- Girls’ marriage is not girls’ decision and girls can not reject it. It a question of family honor.
- Normalization of early marriage by girls.
- The social pressure/social norm to get pregnant within one year of marriage.
- Low level of confidentiality to practice safe abortion.
- Family planning is a sensitive topic that cannot be discussed openly within the community, school or family.
- Sanctions on the use of contraceptives before 1st child
- Lack of awareness information in local languages.

### 2. Health System

The research also inquired about the access to the health services. In order to do that the availability of services (including human resources and supplies), accessibility (including distance, affordability, cost of opportunity), acceptability (services respect the cultural norms, confidentiality) and quality of the services was explored along the interviews.

**2.1 Availability**

The access to the health services was also limited by non-availability of enough office personnel at Government health centers. Instead, in some cases these government personnel encourage girls to visit their private clinic and charge money.

“It’s not good...because they don’t give good treatment...Because they suggest us to visit to their clinic. You don’t you visit there?? No... Why?? Because my mother-in-law tells that we don't have enough money... Oh...ok...And do they provide you the information about contraceptives and family planning?? No... They inform you at their clinic?? Yes...They will inform us by getting money” (I5: 508-527).

“here the building of health post is big but the doctors are new here and they aren’t in time and same as nurse are also not on time....but here is only available field staff...and they don't check-up properly... even though they don't check blood pressure during the pregnancy and I feel shy too.” (I3:448-453).
“You said they give out the facilities regarding family planning and all... and... if you had to evaluate the facilities then what do you think how is their services and facilities? I think it needs to be improved...U think it needs improvement? Yes...why do you think so? Only one social worker... cannot manage to educate the people of whole village...” (I13:791-802)

Furthermore, girls encountered difficulties in accessing information.

“…mm. there are programs... and in health posts most of the information come... but they don't say anything” (I18:876-877)

2.2 Accessibility

Some girls felt some difficulties in accessing health services and accessing counseling services because of time constraints and distance. In some cases, girls reached hospitals at the time when the hospital closes.

“No. there is in public hospitals but sometimes I reach late... (For medicine)” (I9:854-855)

2.3 Acceptability

There emerged issues of frequent turn-over of staff that increases difficulties for girls as it becomes difficult to talk to new persons about sexual and reproductive issues.

“here the building of health post is big but the doctors are new here and they aren't in time and same as nurse are also not in a time....but here is only available field staff...and they don't check-up properly... even though they don't check blood pressure during the pregnancy and I feel shy too...”.(I3:448-453).

2.4 Quality of the service

Overall, the quality of services was considered as poor and unsatisfactory by girls although for some of them the service was good.

“Are you satisfied with the services they provide? No...I’m not satisfied. Why so? They... like...They do not give the information in an open and understanding way...They don’t? Mm... Like... We also cannot say things in front of them too...We also cannot say it too...” (I8:575-582).

“There are social health workers...do they come in your area? They do not come. They do not come...they do not say anything? I do not know anything. Where they are...what they are...there is no relation. I don’t know anything.”(I10:86-91)

“From them to other hospitals... where you get your health services...yes. How are their services? The facilities that they give? Social health workers after we go there... they give it properly... but who knows what's in their heart to know how they are giving it... for us it’s good that they give” (I18:889-896)
Discussion

The qualitative research on adolescent girls yielded critical information to better understand the reasons behind adolescent pregnancy, barriers and facilitator factors.

It is convincingly established through this research that adolescents enter into marriage and get pregnant for the first time possessing little or no knowledge about marriage, pregnancy and information about family planning and contraceptives or abortion. Furthermore, in case of having any knowledge girls were not able to put it into practice. Their knowledge about issues of sexuality comes more from community norms, social experiences than from school text books and health personnel. The adolescent girls are less likely to receive correct information from text books and teachers at school because most of these adolescents leave their study after getting married and their education attainment before they get married is below secondary level. In school curricula, there are subjects about body organs, family planning, contraceptives and menstruation but these are only taught at the secondary level of education. This finding is supported by a research report titled “child marriage in Nepal”. Besides, as pointed in a research done in western regions in Nepal, it is very difficult for both teachers and students to talk openly about sexual and reproductive health concerns. As mentioned above, girls receive information from in-laws and community people and not from formal sources like TV, radio, newspapers or school. This information shapes the perceptions of adolescents. With informal sources of information, it is difficult to comprehend the correctness of the information that they are been given. In fact, most girls in the research pointed out that abortion is not legal, bad for girls’ health and immoral.

Early marriage is another key facilitator factor for early pregnancy. As appointed by other research, marriage is taken as a social expectation for a girl to enter into reproductive life and to become pregnant immediately after marriage. The reasons for early marriage could be as varied as poverty, high rates of dowry, a lack of school or career expectation and perceiving little or no opportunities for success beyond their reproductive role. A cross country research in Nepal, India and Bangladesh finds that the primary role for women and girls is seen as that of wife and mother. Similar findings have been reported by Marshall and Jones (2012) when they concluded that throughout much of sub-Saharan Africa and South Asia, motherhood is often simply seen as what girls are “for”; their social value is firmly rooted in their capacity for reproduction. Other research conducted in Nepal and

57 Pokharel S et.al 2006 School-based sex education in Western Nepal: uncomfortable for both teachers and students, Reproductive Health Matters. 14(28):156-61
60 International Center for research on Women 2013. Asia Child Marriage Initiative: Summary of research from Bangladesh, India and Nepal
61 Marshall E and Jones N. 2012 Charting the future: Empowering girls to prevent early pregnancy. Overseas Development Institute UK
Vietnam on subject of masculinity and gender concludes that sex preference has caused low status of women and girl child is often neglected in the family.\textsuperscript{62} Coupled with this fact, there is lack of information to adolescents about the consequences of marriage.

Girls think that early marriage is justified and therefore “normal” to reduce dowry, to have possibilities of a better life, opportunities to settle early and fulfill expectations of parents to play with grandchildren. Besides as mentioned by other authors,\textsuperscript{63} girls do not reject early marriage to not stain family prestige and avoid gossip at community level.

As mentioned above, there is a direct relation between early marriage and early pregnancy. In the research, every respondent got pregnant within a year or two after the marriage. With pregnancy, health complications arise and could be fatal in some cases. Pregnancy is the number one cause for deaths among adolescents aged 15-19 years in Nepal and world over.\textsuperscript{64} There are positive and negative incentives attached to issue of pregnancy. Like marriage, pregnancy is also a social event which is celebrated in the family. The respondents in the research have pointed out that they received increased care and affection from in-laws after hearing the news about pregnancy. A girl who gets pregnant within months of marriage is given good food and support while a girl who does not get pregnant within a year of marriage is considered a sin by the community. This encourages girls to prove their fertility after marriage as soon as possible. In fact, the use of contraceptives before the first pregnancy is socially rejected. As pointed by other research, despite having knowledge, girls are forced to get pregnant just to prove their fertility.\textsuperscript{65}

Issues about sexual and reproductive health fall in the private domain of social life in majority of the communities in Nepal. These issues are not discussed in public domain or with elders. Furthermore, the use of family planning devices and contraceptives increased only after the first pregnancy. None of the respondents used any form of contraceptives before they become pregnant for the first time. Surprisingly, husband and mothers-in-law also agreed to use the family planning devices after the first pregnancy. This points out that the timing is also important. As husband and in-laws have more control over a girl’s sexuality, use of contraceptive is not decided by her. It rests on the decision of the husband and in-laws. The knowledge of husband about contraceptives remains crucial for wife to delay pregnancy. Adolescent girls get to talk to husband about the contraceptives and family planning but the decision to use these devices rests at the discretion of husband and in some cases other family members and then only with the adolescent girls. As mentioned in previous research, while it is the girls who face the most devastating effect of early pregnancy, they are not the decision makers in the process.\textsuperscript{66} This further proves the point that increases in knowledge about contraceptives has not


\textsuperscript{63} Birech J. 2013 Child Health: A cultural Health Phenomenon International Journal on Humanities and Social Science. Vol 3. No.17 University of Nairobi

\textsuperscript{64} Ibid

\textsuperscript{65} Early Marriage: A Harmful Traditional Practice, UNICEF, 2005.

increased its usage before the first pregnancy.\textsuperscript{67} Finally, according to the research findings, after the first child, girls used vaccination and pills as contraceptive as these devices can be used at private.

Overall, girls interviewed regret their decision about marriage and pregnancy. They are knowledgeable of the lost opportunities as a consequence of their early marriage and early pregnancy. Similar finding has been reported by Spear and Lock (2003) while analyzing major themes in the qualitative researches on adolescent pregnancy in African and American contexts.\textsuperscript{68} According to the research, there is increased work load for adolescents after marriage which limits their freedom to move and to study.

The social representation of early pregnancy is so constructed that adolescent girls and their family don’t realize that girls become the most disadvantaged in the community. In the same line that the research “Child marriage in Nepal”, girls have no power to decide upon themselves in events such as marriage, pregnancy and abortion and males in Nepali society are empowered and can make their own decisions regarding marriage. This shows that early marriage and early pregnancy is clearly linked to gender inequality practices.

\section*{Recommendations}

The most important factor to scale up the reduction of the early pregnancy is delaying the early marriage. As mentioned before, in almost all cases child marriage leads to early pregnancy and more importantly unintended pregnancy. Major recommendations that can be given based on the results of this research are as follows:

- Increase the in and out of school girls’ knowledge about the consequences of early marriage and empower them girls to actively control their sexuality. Besides, it is needed to increase their knowledge and skills on livelihood options beyond their reproductive role socially established. For that, \textit{enhancing education and employment opportunities for girls will improve their worth beyond ‘wives’ and ‘mothers’}. 

- However, as mentioned in the research, early marriage and early pregnancy is a socially approved and socially celebrated event and girls have little power to take their own decisions with regards to marriage. Consequently, empowering the girls and increasing their knowledge alone will not have the expected effect if their parents and parents-in-law’s awareness about early marriage negative consequences and positive opportunities is not increased. Therefore, \textit{massive educational programs targeting boys and their parents about dowry and child}

\textsuperscript{67} Ibid
marriage is needed. Furthermore, widespread and continuous dialogues with the community members, elders and traditional leaders is paramount.

- Besides, targeting girls, boys and the community, it is necessary to target the local government to ensure the application of the law currently in force and its support. For that, advocacy with the government in pushing dowry and child marriage away is needed with positive reinforcement to delay age of marriage for girls. Furthermore, government programs in television, radio and print media need to scream out loud the ills of dowry, child marriage and early pregnancy.

- In cases where early marriage cannot be prevented, married couples must be encouraged to take temporary measures to delay pregnancy and girls’ education should be promoted. However, promotion of family planning will not have the expected result if parents, parents in-law and community members awareness about the consequences of early pregnancy is not increased since girls are forced by the family and community to proof their fertility within the first year of marriage. Therefore, massive educational programs targeting boys and their parents about the consequences of early pregnancy is needed.

- Finally, NGOs like Restless Development can use popular role models to spread this message.