Uncovered realities: Exploring experiences of child marriage among children with disabilities

Research Report

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**Center for Development and Justice**

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**Disclaimer**

This study, " Uncovered realities: Exploring experiences of child marriage of children with disabilities", is commissioned by Plan International Norway.  The opinions expressed in the report are those of the researchers and do not necessarily reflect the views of Plan International Norway and its partners/stakeholders.

# Preface

In September 2015, the world rallied behind the Sustainable Development Goals. If we are to achieve these goals by 2030 and the vision to leave no one behind, this is the time to act. No Goal can be fully met without addressing the root causes of the marginalization and exclusion of children. Me must strive to reach the most vulnerable and marginalized children, to ensure inclusive and sustainable development for all.

Across the globe, nearly one billion people live with some form of a disability. Children with disabilities worldwide experience grave violations of their rights. They are at a higher risk of experiencing violence, less likely to attend school and more likely to live in extreme poverty. Girls are disproportionately disadvantaged and discriminated against compared to boys. Every year, 15 million girls are married before the age of 18, and as a result they are deprived of their fundamental right to protection, health, education and security.

Plan International implements programmes worldwide and we continuously strive for a world that advances children’s rights and equality for girls. The vulnerability of children with disabilities in relation to child marriage is a largely neglected issue. Plan International Norway initiated this research to shed light on how children with disabilities are affected by this harmful practice. There is a clear need to establish a knowledge base that informs our work to ensure a more targeted and inclusive programmatic response. An important recommendation from the report is to explore the intersection with caste/ethnicity/age, including different forms of disabilities when looking at how child marriage affects children with disabilities.

This research provides valuable insights into how the practice of child marriage affects children with disabilities. While this is only a small contribution to the research needed within this field, we hope that this research piece will inspire others to continue exploring this area.

Together, we can ensure that no child is left behind.



Kjell Erik Oie,

National Director, Plan International Norway

# Acknowledgements

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# Executive Summary

Children with disabilities are amongst the most marginalized, excluded and vulnerable groups in society. Social stigma and ignorance regarding disability in general makes these children hard to reach. An evaluation by Norwegian Agency for Development Cooperation, (Norad 2011) of Norwegian support to promote the rights of persons with disabilities[[1]](#footnote-2) suggests that unless steps are taken to increase the focus on disability in programmes and policies, this group is likely to suffer continual exclusion.

The vulnerability of children with disability in relation to child, early or forced marriage[[2]](#footnote-3) is a largely neglected issue within the field of child protection. The scarce evidence available on the phenomenon is anecdotal and does not grant an empirical understanding. There is a need for substantial data to offer more evidence based and informed inclusive programming and advocacy to end child marriage. Hence this study was undertaken in Nepal to inform our understanding of children with disabilities and child marriage. According to UNICEF (2016), Nepal is one of the countries in Asia with the highest prevalence of child marriage, where 37 percent of girls in Nepal Marry before age 18 and 10 percent are married by age of 15 in spite of the fact that the minimum age of marriage is 20 years.[[3]](#footnote-4)

The purpose of this study is to explore the possibilities and conditions under which children with disabilities in Nepal are affected by the practice, and whether and how the drivers and consequences of child marriage differentiate from the practice among children without disabilities. The following two research questions were formulated to guide the study.  *What are the factors contributing to child marriage amongst children with disabilities? And what are the impacts of child marriage on children with disabilities?*

The study was undertaken in two phases. First, a literature review was conducted, as well as interviews with experts and activists with significant experiences in the fields of child protection, child marriage, disability and gender. Secondly, in-depth interviews and focus group discussions (FGDs) were conducted. In-depth interview were conducted with 18 primary research participants who had experienced child marriage (12 females, 6 males), to explored their experiences. A total of 16 FGDs were conducted with community groups, local activists, development professionals and members of disability networks and Disabled People’s Organizations. Interview with and 13 adolescents with disabilities were also conducted. The purpose of these discussions was to explore the existing understanding of child marriage, and the potential risks for children with disabilities.

#### Key findings

The study found that activists and development professionals are not familiar or aware of marriage among children with disabilities. Conversely they assert that in addition to a lack of evidence, there is an existing stigma shaped by social beliefs about marriage and disability, whereby people with disabilities in general are less likely to be married – a notion that transcends to children, hence making is less likely for children with disability to be married.

Contrary to the above narratives, the study found that marriage among children with disabilities is an existing practice. Children with disabilities are also likely to be proposed for marriage, often without concerted efforts by the parents, around the same age as other children, in regions and communities where child marriage is a socially accepted and common phenomenon. The «disability» of the child is not necessarily part of the preconditions or enabling factors in prospect for marriage. The same preconditions for child marriage in general also work as the preconditions for marriage among children with disabilities.

While the driving causes of child marriage are similar for children with and without disabilities (e.g. poverty, social norms, gender relations), disability does seem to influence the parent’s or caregivers decisions of marriage. Disability adds an additional layer of vulnerabilities to the practice of child marriage.

* The structural factors that enable discrimination and exclusion from social protection and services create the conditions for marriage of children with disabilities in highly compromised and vulnerable situations. Disability further enhances a girl's likelihood of being forced into marriage, as well as the severity of the impact on her life once married along with other factors including gender, caste, ethnicity and poverty.
* Marriage is seen as a way for girls with disability to get long-term social security and protection from potential sexual violence. In the absence of support mechanisms and alternatives, marriage is seen as a solution to existing problems, an «opportunity» to get away from a difficult to a slightly better situation. This sense of deprivation and desperation to secure the child’s future is likely to push parents to accept marriage proposals with urgency, sooner than later.
* Children with disabilities have limited agency in the overall process of arranged marriages. The agency is even less for girls.
* Parents are the main decision-makers, but heavily influenced by community perceptions of eligibility and conventions of marriage.
* Even in cases of self–initiated marriage, it is not entirely by choice. The vulnerabilities faced as a result of social, economic and cultural context which were compounded due to the disability, pushes the individual into child marriage.
* The emerging themes with regards to impacts of child marriage on children with and without disabilities are strikingly similar. However, the compromised condition under which the marriage takes place for children with disabilities intensifies the consequences and impact of marriage. It does not only affect the overall well–being and quality of life of the child, but also compromises their capacity to cope with and overcome the impact. It thus has a spiralling effect throughout their childhood and beyond also impacting their children.

#### Key recommendations

* Develop and establish an evidence base, to develop and inform inclusive programming aiming to prevent child marriage and respond to violence against children with disabilities.
* More research on the prevalence rate of marriage among children with disabilities as well as further research on specific issues and challenges faced by adolescents and youth with disabilities including vulnerabilities for child marriage is needed.
* Further research to explore how children with disabilities are affected by child marriage across different identity groups in different geographic locations such as intersection with caste/ethnicity/age including different forms of disabilities.
* Build knowledge and capacity of child protection and professionals working on child marriage programming on the rights, vulnerabilities and capacities of children with disabilities

#### Recommendations for further research

This study has demonstrated that marriage among children with disabilities is practiced. This must be acknowledged by the international development community and brought into the current work on policy, advocacy and programming work undertaken on child marriage. There is a need to develop an in-depth understanding of the root causes that produce and sustain various forms of discrimination and exclusion. In addition to immediate preventive measures to stop child marriage, efforts also need to be made towards addressing the sources of discrimination and inequality[[4]](#footnote-5).

# List of Abbreviation

|  |  |
| --- | --- |
| CEDAW | The Convention on the Elimination of all Forms of Discrimination against Women |
| CEFM | Child, early and forced marriage |
| DPOs | Disabled People’s Organisations |
| ECPAT | End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes |
| FGDs | Focus Group Discussions |
| HRW | Human Right Watch |
| ICRW | International Centre for Research on Women |
| MoWCSW | Ministry of Women Children and Social Welfare |
| NFD-N | National Federations of the Disabled-Nepal |
| OHCHR | Office of the high commissioner for Human Rights |
| PFPID | Parents Federation of Persons with Intellectual Disabilities |
| SDGs | Sustainable Development Goals |
| UNCRC | United Nations Convention on Rights of Child |
| UNCRPD | United Nation Convention on Rights of Persons with Disabilities |
| UNFPA | United Nations Population Fund |
| UNICEF | United National Children Fund |
| WHO | World Health Organisations |

# List of tables

|  |  |
| --- | --- |
| Table 1 | Overview of the participants in the three focus group discussions. |
| Table 2 | Overview of primary research participant’s interviewed disaggregated by gender and disability. |
| Table 3 | Age of marriage of research participants |
| Table 4 | Overview of key respondents with disabilities who were married as children. |

Contents

[Executive Summary v](#_Toc484706107)

[List of Abbreviation viii](#_Toc484706108)

[List of tables ix](#_Toc484706109)

[1. Introduction 1](#_Toc484706110)

[1.1 Purpose and objective of the study 3](#_Toc484706111)

[2. Child marriage as a human rights issue 5](#_Toc484706112)

[2.1 Definition of terms 5](#_Toc484706113)

[2.2 Children with disabilities in the field of child marriage 6](#_Toc484706114)

[2.3 Nepal as the context of the study 8](#_Toc484706115)

[3 Methodology 12](#_Toc484706116)

[3.1 Study approach and methods 12](#_Toc484706117)

[3.2 Recruitment of main research participants 14](#_Toc484706118)

[3.3 Sampling 15](#_Toc484706119)

[3.4 Ethical considerations 16](#_Toc484706120)

[3.5 Limitations and scope of the study 17](#_Toc484706121)

[4 Discourses on child marriage and disability in Nepal 18](#_Toc484706122)

[4.1 Discourses from the professional community 18](#_Toc484706123)

[4.2 Discourses from the local communities 19](#_Toc484706124)

[4.3 Discourses from the Disabled People’s Organisations 21](#_Toc484706125)

[4.4 Understanding of marriage among young adolescents with disabilities 22](#_Toc484706126)

[4.5 Concluding discussion 23](#_Toc484706127)

[5 Factors contributing to child marriage among children with disabilities 26](#_Toc484706128)

[5.1 Preconditions and initiation of marriage 26](#_Toc484706129)

[5.2 Conditions and enabling factors in the decision making process of marriage of children with disabilities 30](#_Toc484706130)

[5.3 Concluding discussion 34](#_Toc484706131)

[6 Impact of marriage on children with disabilities 37](#_Toc484706132)

[6.1 Overall well -being and quality of live 37](#_Toc484706133)

[6.2 Life skills and Coping Mechanism 42](#_Toc484706134)

[6.3 Concluding discussions 47](#_Toc484706135)

[7. Conclusions 49](#_Toc484706136)

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# Introduction

Child marriage and its negative effects on girls is an issue that is receiving increased attention globally. Child marriage violates the human rights of children as articulated in the Universal Declaration of Human Rights, the Convention on the Rights of the Child and the Convention on Elimination of all Forms of Discrimination Against Women. Approximately 720 million women alive today have been married as children.[[5]](#footnote-6) Every year 15 million girls are married before the age of 16[[6]](#footnote-7) and 156 million men alive today were married before their 18th birthday.[[7]](#footnote-8) While boys can be subjected to child, early and forced marriage too, the practice affects girls in greater numbers.[[8]](#footnote-9) Girls under 18 are more likely to get married than boys of similar age.[[9]](#footnote-10)

The Sustainable Development Goals (SDGs) commit all countries to put in efforts to end child marriage through appropriate measures and ensure accountability towards citizens and children. Leaving no one and the ambition to tackle marginalisation and meet the needs of all groups is at the heart of this global framework. The outcome document specifies that the goals should be met for all segments of society, with an endeavour to reach those furthest behind first.[[10]](#footnote-11) It consists of 17 goals and 169 targets, where goal 5 outlines the ambition to achieve gender equality and empower all women and girls. Target 5.3 further specifies the aim to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation by 2030.[[11]](#footnote-12)

Exclusion of children and persons with disabilities in the mainstream development narrative, will likely result in «development interventions unintentionally leaving out people with disabilities from their target groups»*.*[[12]](#footnote-13) Inclusion of marginalized and excluded groups such as girls, ethnic, religious minorities and persons with disabilities are being highly prioritized in the development discourse and international commitments, including Agenda 2030. This study is undertaken within this policy context. In order for countries to achieve the global goals set out in Agenda 2030, there is a need to strengthen the evidence base on vulnerable and marginalized children and girls, including children with disabilities.

Children are subjected to many forms of violence, child marriage being one of them. One third of girls in the developing world are married before the age of 18, and one in nine are married before the age of 15.[[13]](#footnote-14) It is estimated that if the present trend continues, around 150 million girls below 18 will become married over the next decade.[[14]](#footnote-15)

The practice of child marriage is complex. Its causes are multiple and highly contextualised across regions and countries.[[15]](#footnote-16) Also, «vulnerable children» is not a homogenous group; various factors shape and determine the degree of vulnerability in the child and the potential impacts of child marriage. Even though not adequately reflected by data, young people with disabilities form a significant proportion of the youth population in society,[[16]](#footnote-17) and child marriage is likely to be an important issue among this group.

Child marriage among children with disability is a relatively unexplored issue and potentially a hidden phenomenon, warranting research on this topic. There is very limited literature on the issue of marriage among persons with disabilities and even less on marriage among children with disabilities. General data on persons with disabilities are limited, and even more so in the case of children.

A working paper by Groce et. al (2014) [[17]](#footnote-18) on forced marriage among persons with intellectual disabilities makes references to studies done in certain South Asian communities. The study indicates that forced marriage took place with the motive of conferring «normalisation» and removing stigmatization, as well as a means of «curing» or reducing disability. The paper concludes that implications of such marriages are severe both for persons with intellectual disabilities themselves, as well as for their partners and their families A UK study exploring[[18]](#footnote-19) forced marriages among people with severe mental illness or intellectual disability included 71 cases with people aged between 18–25 years. The majority of the cases involved South Asian families. The study found that that these marriages were not seen as «forced» but rather as «positive» acts «*protecting their children’s future care or financial requirements, building stronger family ties, upholding long-standing commitments, or protecting or preserving perceived cultural and religious ideals and traditions (often misguided)».* Marriage was often viewed as a «rite of passage» that should be available for all.

Beyond these studies, we found a few national studies that provided some reference to child marriage and disability. A study on domestic violence in Nepal[[19]](#footnote-20) includes a case documenting the experience of a woman with disability who became married at age 17. The report notes that women with disabilities also experience domestic violence. Furthermore it references another study from Nepal[[20]](#footnote-21) which stated that «*women with disabilities in a marital relationship with able-bodied men undergo domestic violence and ultimately desertion by their partners*». It further found that social acceptance and the practice of early marriage (as well as polygamy, social stigmatization of widow, remarriage, and divorce) puts women in a secondary status, as well as subjecting them to domestic violence. Another study[[21]](#footnote-22) on rehabilitation services in Nepal suggests a lower potential of marriage for children with disabilities, particularly girls, due to their functional status. Though the study finds that marital status is not associated with perceived effectiveness of treatment (rehabilitation), it does establish that there is a significant correlation between marriage and both diagnosis and mobility, This indicates that those with certain diagnoses (trauma, post-polio, burns) have a greater chance of marriage, provided that they have high level of mobility.

## 1.1 Purpose and objective of the study

As children are dependent on others, they are easily intimidated, coerced or controlled which limits their capacity to self-determinate. These vulnerabilities are also associated with childhood and increase the risk of child marriage.[[22]](#footnote-23) Research indicates that child marriages are likely to occur largely due to vulnerabilities such as poverty, illiteracy and lack of skills and opportunities. Having a disability further increases the vulnerabilities of children.

This study aims to explore how these vulnerabilities in combination expose children to further vulnerabilities and put them at risk for child marriage.

There are mainly two contradictory perceptions on children with disabilities and the risk of child marriage. One assumption is that the group is at high risk because they may be perceived as a burden by their parents. A marriage is seen as an opportunity to get rid of that burden. Some anecdotal stories support this assumption, and also include the aspect of parents wanting safety for their child and a desire to follow a child´s demand to get married.[[23]](#footnote-24) While the other assumption is that this group is at low risk because they are not perceived as sexually active or capable of having children,[[24]](#footnote-25) an argument, then, is the disability makes them less at risk due to a perceived limitation in their capacity to fulfil family duties. The above two perceptions are largely based on assumptions and speculations and not based on research. It is unclear if there is any relationship (direct or even proxy) between children with disabilities and the possibility of child marriage.

Hence this research aims to explore the possibilities and conditions under which children with disabilities are affected by child marriage focusing on *two research questions.*

1. What are the factors contributing to child marriage amongst children with disabilities?
2. What are the impacts of child marriage on children with disabilities?

# 2. Child marriage as a human rights issue

## Definition of terms

#### Child, early and forced marriage

Child marriage is a violation of children’s human rights. Within this study, child, early and forced marriages are collectively referred to as child marriage*.* Within this term, «child marriage» refers to a legal or customary union where one or both of the partners are below the age of 18.

The Convention on the Rights of Child defines a child as *«every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier».[[25]](#footnote-26)* The United Nations Human Rights Council states early marriage to be *«marriages involving a person aged below 18 in countries where the age of majority is attained earlier or upon marriage».* It further states that *«early marriage can also refer to marriages where both spouses are 18 or older but other factors make them unready to consent to marriage, such as the level of physical, emotion, sexual and psychosocial development, or a lack of information regarding the person's life option».* Similarly, a forced marriage is *«any marriage which occurs without the full and free consent of one or both of the parties and/or where one or both of the parties is/are unable to end or leave the marriage, including as a result of duress or intense social or family pressure».*[[26]](#footnote-27) As a child below the age of 18 is not able to give a valid and informed consent to the union, child and early marriage can also be regarded as forced marriage. The understanding of issues related to underage unions has expanded, and the term «child, early and forced marriage» (CEFM) has been increasingly used. Throughout this report, for brevity in writing, the term «child marriage» will be used to imply all three forms of unions that violate the right of the child.

The harmful effect of child marriage on a child's overall development and wellbeing is well documented. They include sexual abuse, school dropout, early pregnancy, poor sexual and reproductive health, domestic violence and abandonment.[[27]](#footnote-28) Most married girls have early pregnancies due to social pressure as well as a lack of information and access to sexual and reproductive health services and contraception. Young married girls are also prone to domestic slavery, abuse and sexual violence. They are often forced to quit school as they are expected to assume traditional gender roles taking care of household chores as well as child bearing.[[28]](#footnote-29) Children who are forced into arranged child marriages are reported to experience the same harms as children who have married by choice. These harmful effects all constitute violations of children’s rights.

#### Disability

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) includes obligatory provisions to ensure, protect and promote the rights of persons with disabilities on an equal basis with others. The preamble[[29]](#footnote-30) of the UNCRPD document states that *«disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with other».* The UNCRPD Article (1) further states that persons with disabilities include *«those who have long-term physical, mental, intellectual or sensory impairments».*

Hence, vulnerabilities faced by persons with disabilities are not due to deficits in their body (impairment) but are results of social barriers. These vulnerabilities include social exclusion, stigma, discrimination, and perceived limited functionality including reproduction and sexuality which can result in low self-esteem, lack of dignity and experience of self-worth. Other contextual factors that enhance existing or create additional vulnerability may include poverty, social isolation, lack of access to services such as education, health care and support structures and mechanisms including information and hence overall protection.

## 2.2 Children with disabilities in the field of child marriage

The Sustainable Development Goals include the overall vision to «leave no one behind», and make specific mention of the inclusion of persons with disabilities. Further, General comment No. 20 (2016) on the implementation of the rights of the adolescent by Committee on the Rights of the Child makes specific reference to forced marriages among children with disabilities, stating that «*States parties should introduce measures to overcome such barriers, guarantee equal respect for the rights of adolescents with disabilities, promote their full inclusion and facilitate effective transitions from adolescence to adulthood, consistent with article 23 of the Convention and the recommendations in general comment No. 9 (2006) on the rights of children with disabilities»*. Recognizing child marriage as a gross human rights violation, resulting from intersection of age, gender[[30]](#footnote-31) and disabilities, gives the states and the civil society organisations further mandate to prioritize the issue of child marriage among children with disabilities based on many other international commitments. These include The Universal Declaration of Human Rights (especially article 1 and 2 on violence against women), The Child Right Convention (CRC), The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), The Declaration on the Elimination of Violence Against Women and The United National Convention on the Rights of Persons with Disabilities (UNCRPD).

CRC advocates against discrimination on ground of disability (Article 2) and promotes the full enjoyment of life experiences and of exercising independence (Article 23). UNCRPD (Article 7) also ensures full enjoyment of all human rights and fundamental freedoms by children with disabilities on an equal basis with all other children. Furthermore, UNCRPD recognizes that women and girls with disabilities experience multiple kinds of discrimination, and make state parties responsible to ensure that women with disabilities can fully enjoy all human rights and freedoms (Article 6).

Children with disabilities experience discrimination and violations of their rights. Although data is limited, available research suggests that children with disabilities are more likely to experience violence than other children.[[31]](#footnote-32) A study by UNWOMEN (2012) found that girls and women with disabilities are more vulnerable to violence because of their gender.[[32]](#footnote-33) Despite the acknowledgement of these children´s vulnerability to violence and exploitation and hence the need to protect their rights, there is little or no reference to disability within interventions and discourses of child marriage. Whether they are affected by child marriage remains unknown, and if so, we do not know how various factors related to child marriage in general manifest themselves differently in cases of children with disabilities.

## Nepal as the context of the study

Child marriage is a phenomenon that is highly contextual and varied across the world as well as within individual countries. Nepal was selected for the study due to the country´s high prevalence of child marriage. The legal age of marriage is 20 years, but the country is among the top twenty countries in the world with the highest numbers of child marriage, and ranks third among South Asian countries[[33]](#footnote-34).

Nepal features a socially diverse and highly stratified society with more than 125 different castes[[34]](#footnote-35) and ethnic groups[[35]](#footnote-36) following different religious and cultural traditions. [[36]](#footnote-37) Social status and access to productive resources, opportunities and participation in decision-making and governance is based on social category and geographic location.[[37]](#footnote-38) Each caste (or ethnic group) is further divided into sub- categories or sub caste groups with diverse traditions and practices as well as relative status and privileges. Given the diverse socio-cultural context of Nepal, the manifestation and the prevalence of child marriage also varies widely across the country.

According to the 2011 national census, 48.9 percent of the married population got married between the age of 15 and 19.[[38]](#footnote-39) The 2011 Demographic and Health Study (DHS) showed that the median age at first marriage among women age 25-49 was 17.5 years whereas the median age among men was 21.6 years.[[39]](#footnote-40) Child marriage in Nepal has been linked with specific socio-cultural, religious and geographical identity as well as economic status among historically marginalized groups. Isolation and lack of opportunities for specific communities makes it hard for them to end the practice. In Nepal, 83.1 percent of girls belonging to ethnic groups marry before they are 15 years old. Furthermore, 79.6 percent of Muslim girls in Nepal, 69.7 percent of girls living in hilly regions irrespective of religion, and 55.7 percent of girls living in other rural areas, are all married before the age of 15.[[40]](#footnote-41) Girls belonging to highest wealth quintile marry about two years later than those from the other quintiles. In some communities, such as the central Terai region child marriage is a customary practice.[[41]](#footnote-42) [[42]](#footnote-43)

Nepal is a signatory to United Nations Convention on Rights of Children (1990), the Convention on the Elimination of all Forms of Discrimination Against Women (1991) and the Conventions of Rights of Persons with Disabilities (2008), and has several policies and programmes for promoting the rights of persons with disabilities, women and children.

The Constitution of Nepal recognizes the right and dignity of persons with disabilities, women and children. Combating child marriage has been prioritized as a development issue by the Government of Nepal. At the London Girl Summit in 2014, Nepal made a pledge to «strive to» end child marriage by 2020 (extended to 2030 in 2016) with commitment for strengthening and enforcing laws against child marriage and greater investment in anti-child marriage programmes. Under the leadership of the Ministry of Women, Children and Social Welfare (MoWCSW), the national strategy to end child marriage has been developed with the support of UNICEF Nepal and Girls Not Brides Nepal, among others. Development of a national action plan is underway to be finalised by February 2017. Nepal also has developed a National Plan of Action against gender-based violence and National Plan of Action for the Implementation of CEDAW.

Several policies for ensuring rights of persons with disabilities also exist such as Disabled Protection and Welfare Act and policy on inclusive education, community based rehabilitation etc. Central child welfare board with the district outreach through District child welfare board is the child protection mechanism under MoWCSW. Many development agencies are active in the area of women, children and persons with disabilities.

#### Marriage practices in Nepal

Arranged marriages are still prevalent in Nepal, and a marriage is seen as a family and social affair rather than an individual affair. In some communities, it is culturally inappropriate for girls to initiate talks about their own marriage or show preferences for partners. Research by Care (2016) found that the complex marriage process systematically excludes the voice of girls; they are stigmatized by their families and communities if they raise concerns as it is seen as challenging the authority of the male heads.[[43]](#footnote-44) It is common practice for girls to leave their home and resettle in the groom’s home, also implying that the groom and his family henceforth have the responsibility of the girl.

The trend of self-initiated marriages or love marriages is on the increase, but the traditional system remains dominant. Arranged marriages happen within the same caste, class, religious groups whereas self-initiated marriages often take place when the unions are likely not to be sanctioned, in cases of inter-caste, inter-class or inter-religion marriages. However, it also needs to be noted that given the socio-cultural and ethnic diversity in Nepal, this form of arranged marriages is not universally practiced, and within some ethnic groups the choice of partner is entirely left to the individuals.

#### The enablers and impact of child marriage in Nepal

Studies by the International Center for Research on Women (2013) indicates that the enablers of child marriage in Nepal are similar to those identified globally, which include poverty, lack of access to education, child labour, social pressures, lack of access to sexual and reproductive health information and services, dowry, control of girls sexuality and the value placed in girls. [[44]](#footnote-45) However, the factors often attributed as enablers of child marriage in Nepal result from the deeply embedded systems of marginalization, discrimination and exclusion based on class, caste, geography and gender. [[45]](#footnote-46)

The enablers and impact of child marriage may manifest in diverse forms and vary across regions and cultures. In the Terai plains in southern parts of Nepal, child marriage prevails due to customary practices and dowry. In hilly and mountainous regions where labour is hard and human resource is in short supply, child marriage may happen as a solution to cope with the prevailing hardship. Similarly, in poor communities, child marriage may occur for economic reasons and survival. Furthermore, in some communities child marriage may be the norm.[[46]](#footnote-47)

Thus, enablers of child marriage include complex and inter-linked factors; for instance, economic factors do not exist independently of the social, cultural or religious factors. Similarly in remote regions, poverty, isolation and limited access to health services and education also contribute in maintaining conservative gender norms that place less value on girls and help sustain harmful practices such as child marriage.[[47]](#footnote-48)

An increasing number of self-initiated child marriages have been reported in recent years. These marriages are often seen as solutions for individuals trying to avoid forced arranged marriages or other problematic situations. Therefore, the factors that enable child marriage, whether arranged or self-initiated, are results of the same broader socio-cultural context.[[48]](#footnote-49)

As per the National Population Census (2011), the disability prevalence rate in Nepal is 1.94 percent, and the population of children with disabilities (0-14 years) is 0.99 percent.[[49]](#footnote-50) However, Disabled People’s Organisations (DPOs) claim the disability prevalence rate to be 5 percent. These figures could be highly underestimated as they are far below the universal disability prevalence rate of 15 percent.[[50]](#footnote-51) Impairment-specific studies indicate higher prevalence rates, such as 16.6 percent of children aged over five were deaf and 10-12 percent of the population experience some form of mental health difficulty.[[51]](#footnote-52)

Many of the vulnerabilities established as enablers of child marriages are associated with disabilities, such as poverty, lack of access to education, risk of sexual abuse, social exclusion and discrimination. These factors are documented in several Nepal specific studies on child marriage, but none of them have specific references to marriage among children with disabilities.

# Methodology

## Study approach and methods

Given the limited knowledge on this issue and the associated dynamics, this study has been designed as exploratory research applying a qualitative research methodology. The study was conducted in two phase. Phase one included two components. The first was a desk review of existing literature on the topic of child marriage among children with disabilities, as well as key studies, reports, academic and policy papers on child marriage and disability.

The second part of phase one included study to understand professional understanding, experiences and existing knowledge with regards to children with disability and child marriage It consisted of key informant interviews with experts (professionals) in the area of child protection and/or disability with significant experience working on issues of early and child marriage and disability as well as in the area of gender. Professionals consulted included representatives of DPOs and institutions providing services to persons with disabilities (12), NGOs (11), INGOs and multilateral agencies (12), academic institution/research Centre (2) and Government agencies, concerned with child protection, rights of women and children with disabilities and human right commission (4).

A reference group of experts[[52]](#footnote-53) was also involved to provide expert knowledge and guide the overall research process. These interactions coupled with the literature review provided the necessary background and contextual information to frame the empirical research.

An important output of this phase was an understanding of the existing knowledge and assumptions around the issue of child marriage of children with disabilities among experts as well as in the broader discourses of child marriage and disability.

The second phase constitutes the main part of the study where primary data was gathered by applying three techniques for collection of empirical data.

1. *Focus group discussions* were conducted with three groups to gather contextual information and gain insight into communities’ understanding and community levels norms relating to children with disabilities and child marriage, in areas where the primary research participants resided.

**Table 1: Overview of the participants in the three focus group discussions.**

|  |  |
| --- | --- |
| Group I | Members of local communities, which included a mix of representatives of different community-based organizations such as mothers groups, water/forest user groups, school management committees, citizen forums etc. |
| Group II | Professionals who directly or indirectly work with issues related to child rights and protection and/or disability such as local NGOs, representative of government agencies at local level. |
| Group III | Persons with disabilities -member of the disability network/ disability movement. |

All the participants were identified through the network of the organisation representing the disability movement in Nepal, the National Federation of the Disabled, Nepal (NFDN).

Some of the FGDs with the first group were conducted in the same community to which the key research participants belonged. Where FGDs with the first group were not feasible in the same community (due to sensitivity of the case or other ethical considerations), the FGDs were conducted in a nearby district. FGDs with the other two groups were conducted in other districts (nearby or in the same administrative zones). Two of the FGDs with the third groups (with persons with disabilities) included only women with disabilities (who were from across the country and affiliated with a national DPO). The FGDs locations were selected to cover all the five administrative zones. In total 16 FGDs were conducted. In average 6-10 participants were included in each group.[[53]](#footnote-54) The FDGs were carried out using semi-structured discussion process.

2. In-depth interviews were conducted with primary participants of the study.

The primary research participants were interviewed using free flow story telling techniques where prompting questions were used only to facilitate conversation with the participations (not to guide the discussions) in order to generate narratives of their lived experiences of child marriage. In some of the interviews, a parent or an interpreter was also present to facilitate the communication depending on the need.

Thematic analysis was conducted on these narratives to explore the two key research questions. A total of 18 primary participants (12 female and 6 male)[[54]](#footnote-55) and 13 secondary participants were interviewed (see Annex 1 for information on primary participants’ type of impairment, age, sex and other demography).

The main unit of analysis was the narratives gathered from the primary and secondary respondents. Data from other groups were used to get an understanding of the context of the narratives. All data (interviews, discussions) were audio-recorded with informed consent of the participants (except in one case where the primary participants declined audio-recording). The recordings were transcribed (in local language i.e. Nepali) for the thematic analysis.

## Recruitment of main research participants

The selection criteria of participants included the following:

*The primary research participants* included individuals who had experienced child marriage and had disabilities at the time of the marriage. Two criteria were set for identifying primary research participants:

1. Should have been married before age of 18.[[55]](#footnote-56) They may still be below 18 years or may be an adult now but were minor (below 18years) at the time of the marriage.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of disabilities | Number of research participants(Primary) | | |
| Male | Female | Total |
| Person with Visual impairment (Blind/low vision) | 2 | 3 | 5 |
| Deaf/hard of hearing | - | 2 | 2 |
| Persons with Intellectual disabilities | 3 | 1 | 4 |
| Physical disability (impairment related to hands and legs) | 1 | 6 | 7 |
| Total | **6** | **12** | **18** |

1. Should be persons with disabilities. Impairment must not be acquired after marriage (impairment existing at the time of marriage). The type of impairment to be covered was based on the classification of impairments (7 types) as defined by the Government of Nepal.

**Table 2: Overview of primary research participant’s interviewed disaggregated by gender and disability.**

*Secondary research participants*included parents (guardians, care taker with decision making authority) of the primary research participants. In the social context like Nepal and most likely globally as well where person with disability are concerned, children are not the sole decision makers concerning issues such as marriage, especially in case of socially arranged unions. The secondary research participant also included spouses and elder sister in one case.

Thirdly, interviews with Adolescents: Since the above group of respondent included mostly adults, individual interviews were conducted also with thirteen adolescents (15-18 years) to get perspective of adolescents with disabilities. The interview explored their personal views and understanding of 'marriage'.

## Sampling

This research includes an unknown population, whose existence is unidentified and uncertain. Though the phenomena of child marriage are territorial or community specific, location of married children with disability might not be so. Children with disabilities are usually not visible. Where married children with disabilities are concerned, it is likely that they would be even more carefully hidden. Thus anticipating difficulties in identifying research participants, the strategy to reach out to primary research participants through networks of people in their close proximity was devised.

We adopted a purposive sampling technique where close network of organisations and individuals, primarily representatives of Disabled People Organisations (DPOs), involving persons with disabilities themselves, were mobilized to reach out to the research participants. The process of identification of research participants was led by the National Federation Disabled-Nepal (NFDN) who mobilized their member organisations and other network of DPOs namely Parents Federation of Persons with Intellectual Disabilities (PFPID), Nepal Disabled Women Association (NDWA) and other impairment specific DPOs such as Nepal Association of the Blind, Nepal Association of Deaf and Nepal Stutters association .

The research started with very little knowledge and insight of the issue of child marriage of children with disabilities. The research intended to explore lived experiences of persons with disabilities who had been married as a child, but given the lack of information and knowledge of the issue, there was some degree of uncertainty of finding such participants. Anticipating the challenge in identifying potential research participants, alternative plans were also considered to explore potential proxy participants, adolescents with disability who *may be* vulnerable to get married due to various reasons. The research took an interesting turn when several potential research participants started to get identified through local networks. Given the challenge in the identification process and the uncertainty of finding participants, disability type or gender was not used as an identification criterion in seeking potential participants initially. However, as more potential participants were identified as the research proceeded, efforts were made, to the extent possible, to ensure diversity in terms of gender, and type of disability.

Halfway through the field work, efforts were made to reach out to research participants of specific types of disabilities who were not yet included in the initial list of potential research participants identified. Special request was made to the disability network to help identify participants with intellectual disability, autism, cerebral palsy and multiple disabilities. As request participants with other types of disabilities could not be located, except for participants with intellectual disabilities.

In the initial phases, the aim was to identify 6 -8 cases for the study. Through the network, a total of 30 potential research participants[[56]](#footnote-57) were identified where a significant majority of them happened to be female. The process of identifying potential participants was discontinued once a sizable pool of potential candidates was reached. The selection and inclusion of participants was solely based on referrals made to the study team by disability network members. A methodological limitation of this approach of participant identification is the inaccessibility to those who are not part of the network or in reach of the network.

It is also important to point out that most of the participants interviewed were adults at the time of this study as the marriage had occurred in their past. The ages of the participants range from 18 to 43.[[57]](#footnote-58)

## Ethical considerations

The ethical approval for this study was obtained from the National Health Research Council (NHRC), which is the national agency authorized to provide ethical clearance for social research in Nepal. Ethical clearance was also obtained from research Knowledge Management Unit, International Headquarters of Plan International.

An information sheet that outlined the objective and ethical considerations (informed consent, confidentiality, and voluntary participation, right to refuse, not answer/share or opt out of research) were provided to the participants. Information sheet and consent form were read out to the participations by the researchers and written consent was obtained.

All research team members were oriented by Plan Nepal (and subsequently by team leader) on the Plan International child protection policy and standards and Plan International´s research policy and standards. These documents were also signed by the research team members. The sign language and language translator (used in two instances) were also oriented on the above and the procedure for translation by the researchers. The team involved in data transcription, translation and coding were required to sign the «pledge of confidentiality».

## Limitations and scope of the study

The analysis was focused on if and howdisability works as a factor. This study does not aim to offer a comparative analysis between the child marriage among children with and without disabilities, as the primary unit of analysis is exclusively the lived experiences of children with disabilities. However, based on existing literature, we have tried to draw inferences on how the experiences might differ.

We have not been able to include in-depth analysis across different identity groups (intersection with caste/ethnicity/age/different forms of disabilities). However, gender has been considered as an intersecting category in the analysis.

# Discourses on child marriage and disability in Nepal

This chapter summarizes the key findings based on consultations with disability and child protection experts, as well as the focus group discussions conducted with the local communities and Disabled People’s Organizations in Nepal.

## Discourses from the professional community

The discussions with the professionals aimed to explore how the issue of child marriage emerged in their work. The respondents, who directly or indirectly had been involved in programming or advocacy work related to child marriage, had never come across the issue of child marriage among children with disabilities. When asked about the lack of documented incidences, there were overall two sets of responses; the first acknowledged that there has been no deliberate effort to focus on children with disabilities in programming and advocacy work on child marriage. However, they conceded that it is an issue worth exploring. Some were very candid in their response saying that this is an issue that *«never occurred to them»*.

A majority of the respondents also questioned the likelihood of the existence of the phenomenon, hinting towards the argument that if it did exist, it would have been identified. *«In 20 years of professional (and personal) experience, I have not heard of child marriage of children with disability (professional respondent*)*».* The lack of any evidences in publications, forums, seminars and conferences related to child marriage was emphasized.

We are actively working in the area of child marriage and have a comprehensive system for tracking and documenting the occurrence of child marriage. If we miss from one source, it gets recorded from another. We get regular updates from the field and have maintained a database in the head office. However, incidence of marriage of children with disabilities has never been reported (professional respondent)

Some respondents also questioned the relevance and framing of the inquiry itself, and called for further research on other child protection issues related to children with disabilities such as violence and sexual abuse, suggesting these were issues needing more attention than the current research topic.

Based on the interviews with the professional community, some key assumptions emerged. In general the social stigma surrounding disability seems to influence the understanding and awareness in the professional community. There was a lack of awareness and knowledge of marriage or personal relationships when it came to persons with disabilities in general. *«Social taboos exist when it comes to disabled people getting married...society does not accept such marriage»* (*professional respondent*). The main argument her was when disability prohibits the marriage of persons with disabilities in general, how is it possible for children with disabilities to get married. A common assumption found was that persons with disabilities, and especially women with disabilities, were not capable or eligible to be married, as they were not considered able to fulfil their roles in marriage and sustain the marriage. *«Usually people's mind-set is that disabled people cannot take care of themselves, how can they look after other person or the partner»* (p*rofessional respondent*)*.* Other assumptions were persons with disabilities had other priorities than getting married.

So many parents come to me and I have treated many children. But so far no parents have ever shared the concern about their children's marriage with me. I think parents of children with autism are so much occupied with taking care of their children; they do not have time to think about marriage(Service provider).

In the case of children with disabilities, several of the respondents indicated that priority was given to medical concerns which would delay the age of marriage hence ruling out the possibility of marrying as a child.

## Discourses from the local communities

The focus group discussions with community members, activists and local stakeholders started with reflections about the risks and challenges faced by children with disabilities in general. There was an awareness of the vulnerabilities faced by this group such as the abuse, lack of appropriate/accessible services including healthcare, education, access to law/justice in case of discrimination or abuse and violence; lack of social protection and recognition as rightful citizens.

The topic of child marriage was first brought up in the second part of the discussion, and there was an acknowledgement that the practice of child marriage is not only prevalent but an increasing trend, mostly due to social media and technology facilitating self-initiated marriages among young adolescents. Other contributing factors to child marriage were considered to be economic conditions, dowry practice, lack of access to education and socio-cultural practices and discriminatory beliefs related to gender. When the groups were probed about the prevalence or possibility of marriage of children with disabilities, the general response was that it would not happen, followed by questions such as «*who would want to marry a disabled child*».

The main reasons behind the unlikelihood of child/early marriage of children with disabilities were similar to those shared by the professional group. Marriage was perceived as unlikely for adult persons with disabilities, and hence highly unlikely for children with disabilities. *«Those who are disabled, they are not married even after crossing their marriageable age. So, there is no question of disabled children being married».* There was also the assumption that parents have other priorities related to the daily struggles of attending to the disabled child's and having them married would be the last thing they would think about. *«In the process of treatment one after another, the age of child marriage is gone. Treatment remains the top priority – not marriage».*

Generally with the disabled people, everything starts late in life...This is because most of the early childhood will pass away for medical treatment and it takes long time even to come out from their homes. In such situations, instead of early marriage there is high possibility of delay in marriage (FGD participant).

In further discussion on why adult persons with disabilities face challenges for marriage, the reasoning included factors mostly related to their functional capacity and the limitations on their ability to fulfil obligations in a marriage. For women these were domestic chores, care-taking/nurturing roles, whereas men have economic responsibilities and need the ability to take care of their partner. Physical appearance (body shape and disfigurements) was also seen as a challenge, and more so for women – as stated by one community member: «*The wife is regarded as ornament and always should look attractive».*

The feasibility of marriage for persons with disabilities was linked to the perceived severity of the bodily impairment, the bodily appearance and functional ability and the limitations on their ability to fulfil the obligations in a marriage. Such obligations included taking care of domestic chores, care-taking and nurturing roles including taking care of children in case of women, whereas with men the economic and productive role and the ability to take care of their partner were emphasized. In addition to the ability (or the lack of) to fulfil these gender specific roles in a union, physical appearance (body shape and disfigurements) was also seen as a key factor making it challenging for persons with disabilities to get married.

Participants shared the opinion that women with disabilities were less likely to get married. Furthermore, it was perceived that men with disabilities are more likely to get married if they have a high socioeconomic status or potential in terms of academic achievements and livelihood. However, they would have limitations in terms of choice of spouse, meaning having to «settle» for a wife of lower socioeconomic status or a wife with a disability.

While marriages of persons with disabilities were presented as rare, they were also described as «social anomalies». The participants emphasized the lack of acceptance of such a marriage as a reason for its unsustainability. Often in rural contexts, where communities are relatively small and closely knit, opinions and attitudes appeared to have a huge impact.

Discussions with the community workers and activists, also placed emphasis on the high degree of physical and sexual abuse faced by children with disabilities, especially young girls. This was seen as another deterrent for marriage. As noted by one of the respondents: «*When men in the community could get what they want forcefully, why would they want to commit to marrying a girl with disability*». Several participants noted that parents of girls with intellectual disabilities provide birth control shots to the girls as soon as they reach puberty to prevent pregnancy.

## Discourses from the Disabled People’s Organisations

The discussion with representatives from the disability movement, including persons with disabilities, members of disabled people's organisations and parents of children with disabilities, explored the scope of and issue of child marriage among children with disabilities. During the discussions, some of the participants made some references of isolated cases of child marriage, but referring them as ‘rare exceptions’ and emphasized that the marriage of children with disabilities is not a highly prevalent issue.

Instead, attention was drawn to the fact that it is highly challenging for persons with disabilities in general, especially for women. Reasons included prevailing practices and attitudes towards persons with disabilities, similar to those shared by the professional and community discussion groups. «*As one of the criteria for selecting partner is body perfection regardless of sex, if he or she has some kind of functional limitation, they are not regarded as potential candidate for marriage»* (Disability movement representative). Furthermore, participants stated that the individual needs and the agency of the person with disability are largely ignored in families. Instead they are treated as a «liability » or «burden ». Even in instances where the marriage of a person with disability becomes possible, it often takes place to ensure care and protection of the disabled person.

Still, participants confirmed that some persons with disabilities get married. The opportunity for marriage is greater for men than women, as family and relatives play an active role in finding a potential partner for the son (especially if the person is the sole heir to the family property). Gender discrimination, stigma surrounding disabilities and limited access to public spaces make women less likely to find a partner. One parent stated: *«If anyone talks about marriage they are not taken seriously, or called spoiled»*. It was also mentioned that there is a general perception that a person with disability is only eligible for another person with similar or same severity of impairment.

A few of the respondents (mostly women) mentioned that while marriage of children with disabilities is rare, the risk cannot be completely ignored. Their understanding of the potential risk faced by young girls with a disability was based upon their own personal experiences and cases they had seen in their communities.

I was in class nine and had four elder brothers and sisters of marriage age. Yet, proposals came to me twice. When I was in class nine there was a boy willing to marry me if my parents gave him some land. I refused. When I was in class another proposal came involving a man with a severe disability, bedridden and in search of a caretaker… he was rich and had lots of lands. My parents tried to convince me of this marriage but I refused, and argued with my parents. Since I kept refusing, they stopped talking about my marriage, and I was saved from child marriage» (woman with a disabilities, disability rights activist).

## Understanding of marriage among young adolescents with disabilities

Interviews were conducted with 13 adolescents with disabilities (7 female and 6 male) to explore their perspectives and understanding of the concept of marriage. All of the participants were familiar with the social practice of marriage, either through social interactions such as attending weddings. Some had been teased by members outside the family telling them to get married, while others had been informed by their parents.

Most of the adolescents had the understanding that marriage is a common social practice, but had mixed responses when asked about their prospects of marriage. Two participants maintained that they have not given it much thought; five participants did see themselves getting married, while six of them did not express interest in marriage. Among the three female participants who shared their reservations on getting married, one said she wanted to live alone or with friends in future. Another female participant said she was in a relationship that had been kept a secret. Although her boyfriend wanted to get married, she was afraid that she would not be able to fulfil her duties and social responsibilities at her husband’s house, mainly in relation to the mother-in-law’s expectations. She also said marriage would prevent her from taking care of her ageing parents. The girl feared the possibility of being abused in a marriage after being subjected to lewd gestures by an elderly man in the neighbourhood, and then being alerted about abuse by her mother.

The participants who anticipated marriage shared their insights about marital relationships based on observations of married couples. One of the adolescent girls shared she would get married if she could find a good person, without defining «good». Another female participant was interested to get married only after she would find a job. Both of them had made reference to babies being born after marriage. One of the adolescent boys said he would marry once he was independent and only when assured that his partner would not interfere in his responsibility to take care of his ageing parents.

Another adolescent boy had a clear picture of whom he would like to marry, a understanding formed after witnessing his parents struggle to find a willing match for his visually challenged older brother. He also stated that that society sheds negativity on the marriage of individuals like him, even more so if they are to marry «able» persons. *«Society thinks that normal people should marry normal people. If they marry the disabled people it will be hard for them, so this is the difference between the people with disabilities and normal people* *».* Therefore, he said that he would like to marry «*someone who could understand me, someone who would believe me instead of others».*

While, it is not possible to make broad generalisations based on the experiences and perspectives shared by these few adolescents, they provide important insights in relation to vulnerabilities of child marriage. Adolescents with disabilities form their own opinions, thoughts and interest on marriage through the process of socialization. At the individual level, the choice or desire to get married (or not get married) is shaped by different life circumstances and experiences from a much earlier age as exemplified in the voices of the young participants above. Professionals and community members did not acknowledge this individual «choice» or possibility of «personal desire» in their discussions. A few female participants with disabilities asserted how the individual desires and choices are silenced or ignored when it comes to making decisions about such an important life event.

## Concluding discussion

The above discussion shows that the issue of child marriage among children with disabilities has eluded the professionals, experts and activist who are involved in advocating for the rights of children, persons with disabilities and women.

Some of the assumptions related to child marriage among children with disabilities need to be revisited and unpacked here. Firstly, the lack of evidence does not establish the absence of the phenomenon. The understanding of any social phenomenon relies on how it is framed and approached in an inquiry and the challenge of how we go beyond what seems «evident» and what can be measured.

The process of identification of research participants itself sheds some lights on the prevalence of the marriage of children with disabilities. The second phase of this research actually started with only one identified case, but once the researcher was in the field, interacting with the members of the local disability networks, several other cases started being identified. Some of the participants identified were active members of the disability movement and some had been directly or indirectly involved in the activities organised by the disability network and/or were part of the activist network. Local community members who helped in identifying and reaching out to the participants[[58]](#footnote-59) revealed that they did not really have to search, hard to find cases as they shared *«They are people who were already in our network and we guessed they might have married early. Once we confirmed their age of marriage and their interest to participate, we referred them to you*…*we did not look beyond whom we already knew. I think if we really searched we will be able to find more cases for you*»*.* In spite of the popular discourse that marriage of children with disabilities is an unlikely phenomenon, several cases were identified. Though this study cannot conclusively affirm the *degree of prevalence* of child marriage among children with disability, the cases identified does give evidence to affirm that one cannot rule out the possibility of it.

The lack of critical questioning of incidences of marriages among children with disabilities might be due to several reasons, one being that activists and network members often perceive any identified incidences as 'anomalies' or rare exceptions. It is also likely that given the assumed challenges of persons with disabilities getting married, if a young person gets an opportunity, it is rather seen as an opportunity to gain acceptance in society than violation of human rights.

The various interviews and focus group discussions gave particular insights into the understanding of «marriage» as a social practice, and how it framed assumptions on the possibility and associated risk of child marriage among children with disabilities. What was made evident from the discussions was the understanding of marriage as a social phenomenon constituted by society to regulate and promote social and gender norms and values and also the associated strict binary gendered roles and norms built into the construction of marriage. Hence, the legitimacy of a man or woman to enter into a union sanctioned by the family and society is contingent upon the society (family)’s understanding of the individual's «capacity» to fulfil their gendered roles.

While the choice and desire to get married might be a personal affair to some extent, these choices and desires are influenced by the social norms in the communities. In Nepal, individuals getting married have limited agency. The possibility of marriage is influenced by caste, gender, ethnicity, age, bodily appearance and perceived disability. Through this rationale, it was assumed that persons with disabilities generally are perceived to be ineligible for marriage, and by the same logic, children with disabilities are also unlikely to get married.

What needs to be noted is that the assumption regarding unlikelihood of child marriage of children with disabilities is based upon the medical model of disability, which understands disability in relation to the individual's bodily impairment and how society sees such individuals as 'unfit' or 'unsuitable' for socially approved marriage because of the limitations (perceived) they would face in fulfilling the required roles with a marriage contract. However, the social perspective of disability as promoted in the UNCRPD, *o*pens up possibility of seeing disability as a ‘social construction’ that is highly contextual. This means two different individuals with similar bodily impairments but in very different social contexts might experience disability very differently. What this also implies is that a person's 'disability' might be constructed and perceived differently in the context of being solicited for marriage. Hence the argument is, if both ‘marriage’ and ‘disability’ aresocial constructions, then one could argue theoretically, that it is possible for a child with impairment to get married. It is possible that a bodily impairment is not perceived as a 'disability' in conditions where the person's ability to fulfil the desired gendered roles is perceived not to be compromised due to bodily impairment. If poverty and gender discrimination towards the girl child (seeing her as a liability) make parents marry her early, wouldn’t the parents of girl child with disability make a similar decision if the opportunity arose? These speculations are further explored in the next chapter.

# Factors contributing to child marriage among children with disabilities

Having identified cases which establishes that marriage of children with disabilities exists phenomenon; this chapter explores the lived experiences of children with disabilities to understand the factors that are likely to enable marriage among children with disabilities. The perspectives of their parents and guardians have also been analysed to understand the different factors that have contributed to their child marriage.

In order to develop an understanding of the enabling factors of child marriage among children with disabilities, the analysis focused on the decision-making process of the marriage – emerging from the narratives of the lived experiences. The analysis investigated the following aspects:

1. The preconditions and initiation of the marriage process: When, for whom and how did the marriage proposals come?
2. The deciding agents and factors pushing the decision: What led to the acceptance of the marriage proposals, and who had a say?

While deconstructing the decision-making process, an overarching perspective to the analysis will be: To what extent did gender and disability affect the decision-making process?

## Preconditions and initiation of marriage

The earliest age of marriage among the respondents was 13 years, whereas the majority (13 of 18 participants) were married in the age 15-17 years. This is consistent with the overall child marriage trends in Nepal, where the highest percentage (41 percent) of child marriages occurs in the age span 15 to 18 years.[[59]](#footnote-60)

Half of the research participants (7 girls and 2 boys) belonged to ethnic/caste groups reported to have high prevalence of child marriage. A report published by Care suggests that child marriage practice in Nepal appears to be concentrated specifically within particular caste groups – Dalits and other excluded castes – who are economically marginalized by their caste identities*.*[[60]](#footnote-61)It has also been established that child marriage far greater affects girls than boys in Nepal, which was also evident from the cases identified and included in the study (12 out of 18 participants were female). It is also perhaps worth sharing that it was easier to receive referrals of female participants while we had to ask the network members to specifically locate male participants.[[61]](#footnote-62)

**Table 3: Age of marriage of research participants**

|  |  |  |  |
| --- | --- | --- | --- |
| Age at the time of marriage | Female | Male | Total |
| 13 | 2 | - | 2 |
| 14 | 1 | 1 | 2 |
| 15 | 6 | 1 | 7 |
| 16 | 1 | - | 1 |
| 17 | 2 | 3 | 5 |
| 18 | - | 1 | 1 |
| Total | 12 | 6 | 18 |

In 10 out of 18 cases the proposal came through relatives or community members. There were five cases where the participants had initiated the marriage themselves. These marriages did not occur purely out of love; there were other factors that instigated the process – the community/family directly or indirectly played a role in creating the circumstances for self-initiation of marriage. There were also two cases of community-mediated forced marriages following rape, one involving a girl (17 years) who is not acknowledged as a wife by the perpetrator, but is accepted by the perpetrator’s family and continues to live with the family as the «daughter-in-law» while in the other, the victim (16 year old) was married off to another man-45 year old widower, but is now separated.

The study also includes cases of marriage by deception, three cases where the impairment of the boy (intellectual disability) was not disclosed to the girl or their guardian, and one case where a girl was deceived by a friend to elope with him, using a training session as a pretext. Common in all cases was the acceptance of the union in the broader community and the existence of a «social contract» with involved parties (or the families) fulfilling the marriage obligations. There was a formal recognition, either by the parties involved or by the family by accepting the unions though no celebration (social functions) was held in most cases. Even the self-initiated marriages included in this study were the ones eventually accepted by the couples' families, after a period of resistance.[[62]](#footnote-63)

**Table 4: Overview of key respondents with disabilities who were married as children.**

|  |  |
| --- | --- |
| Nature of marriages in the study: | |
| Arranged marriage with disclosure of disability | 7 |
| Arranged marriage without disclosure of disability | 3 |
| Self-initiated | 5 |
| Community mediated forced settlement (following rape) | 2 |
| Forced marriage by deception (forced to elope) | 1 |
| Total cases | 18 |

Contradicting the earlier assumptions that the community at large holds the belief that persons with disabilities cannot or should not get married, most of cases of marriages of the children with disabilities in this study were socially arranged on the community’s initiation. The proposals were brought to the parents or guardians by close relatives who also played an active role in convincing the parents for marriage. Apart from cases involving intellectual disability, most of the parents reportedly had no intentions of marrying off their child in the first place, and contemplated about marriage only after the proposal came. Some thought marriage was not a possibility for their children with disabilities while others feared mistreatment of their children without the protection from the family, and believed their child would be better off unmarried.

Even in cases of self-initiated marriage, the community and family members were found to have indirectly influenced the process.

The community kept telling me you are disabled, you will not be able to do anything, why are you pursuing education, you will not find a job, so instead why do not you find yourself someone and settle down? So I started looking for a marriage partner. I must have tried to convince around 9-10 girls, all declined. Finally this one agreed (Key research participant, blind male married at age 17 by self–initiation).

Given the fact that proposals were offered to parents without solicitation at a particular time (when girls are usually approached for marriage in communities where child marriages are practiced) and actively facilitated by the community members or close relatives, we argue that the bodily impairment as such was not the key factor in creating the condition for marriage (proposal offered), but more of a factor taken into consideration in the overall evaluation of the compatibility with the prospective partner (which is further discussed in the next section under conditions of marriage of children with disabilities). This indicates that *children with disabilities are also likely to be proposed for marriage often without concerted efforts by the parents, around the same age like any other child.* Without over-simplifying the distinctive contextual differences in the cases, we claim that the broader socio-cultural context that govern the lives of children with disabilities produce and maintain the preconditions for marriage in the same way they do for other children. Either socially arranged, self-initiated or forced marriages – the circumstantial factors, which results from the same broader social structure, as in case of other children, also leads to marriage of children with disabilities.

My sister in law kept taunting me, she hid away food when something good was cooked during festival and verbally abused me. I thought I would never get married, that my life would be like this only. I even attempted to commit suicide twice, but unfortunately I lived. Then one of the local villagers who often used to visit our place brought the proposal of marriage. I was not willing but he had seen my situation and he convinced me that no one would scold me at his home. So I thought, I will go marry, even if I have to stay hungry or stay naked, I would have a home of my own. So I left home without telling anyone. The day I ran away from home I met a relative on the way. I told her I was going away but that she should not tell my family as they would stop me. They would not let me marry for fear that the community will accuse them of not being able to take care of a disabled sister (girl with a physical disability who married at the age of 14 to a 45 year old man).

Given the intersection of multiple structures of caste, ethnicity, gender and poverty along with disability, it is difficult to isolate the direct attribution of disability to such a complex phenomenon as child marriage. Both gender and disability are here understood as relational constructs. How they manifest are shaped by the particular context and in relation to other contextual factors. However, disability adds vulnerabilities and provides conditions of marriage of children with disabilities in a highly compromised situation, which is discussed in the section below.

## 5.2 Conditions and enabling factors in the decision making process of marriage of children with disabilities

We claimed earlier that it was not feasible to conclude whether disability was an exclusive and direct attribution for the proposal and initiation of marriage. However, disability does appear to have a role in defining the conditionality of marriage (nature of proposal) and the decision making process that leads to marriage of children with disabilities.

#### ***Enabling factors for marriage entitlement***

The proposals brought for children with disabilities were often not the kind parents «ideally» would consider. However, they were accepted in consideration of the child’s disability, as a parent shares «*the proposal was brought saying we have found an equal match*». This notion of ‘equality’ included compromised conditions. When asked about the husband's age at the time of marriage, participants replied: «*oh he should be my father’s age*…». While the mother of a participant shared «*my intended son-in-law was about my age*». One participant was 14 years old when she got married to a man over 45 years old. In two of the cases the age difference was 15-20 years, 21-29 years in two cases and more than 30 years in two cases. Only in marriages self-initiated by boys or arranged by parents, the union were of similar age. In eight out of the 10 community arranged marriages, the unions included marriages between people and children with disabilities (four cases included same type of impairment, and 3 cases where female participates were matched with persons with more comparatively severe form of impairments).

The proposal offered mirrors the community construct of marriage and disability – influenced by the discriminatory perspective towards persons with disabilities. It reflects the communities’ idea of eligibility and compatibility, and the norms for appropriate unions of who can marry whom. This view was shared by a parent of a girl with intellectual disability: «*When there is a need for a bride for old, widowed men or someone looking for a second wife then they start asking around are not there any dumb, disfigured or untouchable caste girls*».

Evident from the above accounts are the multiple forms of discrimination Marginalized individuals are 'lumped' into one category and perceived as 'less worth'. Given the discriminatory attitude, girls, marginalized groups or social minorities and a girl with disabilities are seen as a greater burden and liability than a boy with a disability. In terms of marriage, the 'transactional value' on a girl with disabilities will be relatively low, which increases the risks of them marrying into highly unfavourable living environments. The ideals of living a married life and pressure from the community and extended family often force parents to decide under compromised circumstances. This implies that gender influences the decision of child marriage.

A marriage proposal for a girl with a disability seem to come when a perspective groom had limited possibilities of finding the socially 'ideal bride', such as a widower, someone with severe disabilities in need of a caretaker, a considerably older man, or for the purpose of bearing a child etc. In such conditions, the groom would be keen to compromise. Hence, the disability would be a conditional factor as long as the perceived disability does not limit the girl's capacity to fulfil the intended purpose of the marriage. This means the girl can have bodily impairments but still be able to fulfil gendered roles of household chores, caretaking, nurturing, bearing children etc. The society is willing to ignore the disability in spite of their prejudiced views on one hand while on the other the same disability is used as a «compromising factor» to settle an unfair bargain. To put it crudely, girls with disabilities might be seen as 'damaged goods' not generally fit for marriage transactions, but «considered in lieu» of the compromise to be made.

Once the prospect for marriage is initiated by relatives and extended family members, it appears that the 'disability' of the child did contribute as a factor in the decision making process. In most of the cases, a family would accept the first proposal. However, there were cases where other proposals, seemingly 'better' in terms of the assessment of the partner, were rejected based on the assessment of the overall enabling environment within the family and the assumed capacity of the girl to fulfil the marriage expectations in such environments . Parents would consider proposals in terms of the potential of the girl to fulfil the gendered role in marriage while assessing her prospects of enjoying the protection of marriage entitlements in-spite of the disability. Such conditionality were seized as an opportunity and hastily accepted because of fear that the conditions might not prevail in future. Parents were convinced by arguments such as «*the boy is alone, so he does not have social obligation*» or «*do not have to cope with mother-in-law*» or «*do not have to deal with any social/family obligations*» or cases where the boy could be brought to live with the girl’s parents.

My husband was orphan and lived a nomadic life. My father brought him home and convinced me to marry him saying he could live with us. I was not willing but my sister-in-law convinced me saying that I did not need to go far. We will keep you with us. If you marry else where you will have a difficult life- you would have to bring firewood, bring fodder. But with this man you will live with us, we will take care of everything. We will raise your children. Marriage is only for the sake of a relationship. (Girl with visual impairment married to 35 year old man with disability at age 13)

Enabling condition for the girls to fulfil the marriage obligations override the considerations for individual interest or couple’s compatibility or equity, so compromised relationships are accepted. A girl who was asked about her interest in one particular proposal chose to go visit and assess the boy's family but never cared to meet the boy himself.

#### Marriage as social security and protection

The decision to grab the availability “opportunity” for marriage is ultimately guided by parent’s interest to protect their child and give them a secure future through the institution of marriage. This perspective also applies to marriages amongst children without disabilities. According to report by ECPAT International (2015) parents who marry their children before they reach legal age are typically motivated by predetermined social and gender norms, low value attached to daughters, poverty or humanitarian crises. Confronted with social pressure and family hardship, they may seek in marriage a form of protection to shield their children from destitution, household food insecurity and, ultimately, sexual harassment.[[63]](#footnote-64)

Parents might be prepared to take good care of their daughters, give them equal property entitlements but deep down they had the fear that the siblings or family members would not take proper care of the child; «*Until we are here, it is okay, we will take care, but what after we are gone?*...*My sons may treat my daughter well, but I am not sure about my daughter in law - after all she is an outsider*». These thoughts have been shaped by their own experiences and observations regarding how an unmarried daughters and persons with disabilities are treated in the society.

Parents seek security in the form of marriage – the girl will get some entitlement as a family member, including entitlements of her husband’s property and the family will have the obligation of taking care of her. This security is expected to be provided by the husband's family and hence the capability of the partner is not deemed important. A mother, who married her daughter off to a 45 year-old man with intellectual disabilities, explained «*the family is well off, and the would-be father-in-law vouched to take care of my daughter».* The need of protection makes parents even justify inequality in the relationship, as stated by the mother of a 15 year old girl, with intellectual disability, married to a 35 year old man: «*Young men are more aggressive [hinting towards sexually] and would have abused my daughter, old man are more compassionate, will love my daughter, will take good care of my daughter. Younger man would have left my daughter and looked for another wife*».

Besides immediate family, the prospect of children could also be considered security. As one mother explained «*we had seen in our neighbourhood that a disabled girl had given birth to her children, they were normal and they are taking care of the mother now. We also hoped the same for our daughter*». When asked about future plans for their children, some parents mentioned economic security such as assets (land, monitory deposit), but the majority mentioned children: «*We* *will help raise the children, educate them and they will take care of their mother*». A mother who married off her 15 year old daughter with intellectual disabilities to 32 year old man – fully aware of his disinterest in the marriage explained her actions.

My son-in-law was very open and said he was doing this for this parents and their desire for grandchildren. I thought even if the son-in-law will not take care of my daughter, once she had a child, I will bring her back, set up a small shop for her and help her run it. With this much she can live her life. Once her children grows up they will come looking for her, they will then say my father left my mother because she was disabled and take care of her. Now my daughter has two sons. I have decided to take the full responsibility of educating the elder son. The investment I should have done on my daughter’s education, I will do on him, and in future he will take care of my daughter.

The participants also had expectations from their children. One participant characterized her «beautiful children» as assets. Similar reflections were shared by another participant with visual impairment, who is now separated from her husband. *«My daughter is my everything, who would have thought I would have someone to take care of me. She takes me everywhere. She is concerned about me, says I should not go anywhere alone. If I am away she comes looking for me».*

#### ***Sexual violence as an enabling factor of marriage among children with disabilities***

A contributing factor to child marriage is the idea of controlling or protecting a girl's sexuality. In these cases, fear of sexual violence was a common factor. The issue was also raised during the FGDs where the participants stated that the issue was more severe among young girls with intellectual disabilities and girls were often given birth control. According to Human Rights Watch (2010), children with disabilities are 4 to 5 times more likely to experience violence and sexual abuse than other children.[[64]](#footnote-65) This rationale of protection against sexual violence was found to be used to convince girls with disabilities to marry.

My family was talking about my marriage. I was not so keen at the beginning. Then my father referred to a case of his friend’s daughter with intellectual disability who got pregnant several times. When she was asked who fathered the child she kept pointing to her own father and brother. My father asked me “do you want the same thing happening to you”. Then I thought I might also face the same. So I agreed to get married (Girl with visual impairment married to 35 year old man with disability at age 13).

The two cases of socially mediated and forced settlement in marriage following rape are also examples of sexual violence enabling child marriages. Such incidences are not only unrecognized as child marriage, but the multiple violations of rights of the children are also ignored. Lack of access to legal services and impunity against sexual violence has been identified as one of the major vulnerabilities and challenge of women with disabilities in Nepal by the participants of FGDs. With the deeply ingrained culture of impunity around sexual violence against women and girls in general in Nepal, the communities rely on such socially mediated 'solutions'.

In the overall process of arranging marriage unions, the individuals, particularly girls do not have much say, in either defining the purpose of marriage or acceptance of marriage decisions. Marriages were conducted with involvement of the family, both sides being aware of the minority status of either one (or both). The primary decision makers were the family but influenced by the social demands and upon being convinced by the relatives/community members. Almost all of the cases of the socially arranged marriages involving female participants, the participants had no say in the decision making process. The overall purpose behind the decision for marriage was related to consideration of long-term protection and security of the girl. In cases of self-initiated marriage involving male participants, the marriage decisions were primarily guided by personal needs, such as assistance for mobility, desire for having a family or need of companionship.

## Concluding discussion

This study found that marriage among children with disabilities is an existing practice. Children with disabilities are also likely to be proposed for marriage often without concerted efforts by the parents, around the same age as other children, in regions and communities where child marriage is a socially accepted and common phenomenon. The «disability» of the child is not necessary part of the preconditions or enabling factors in prospect for marriage. The same conditions that push for early marriages in general seem to apply for children with disabilities. Arguably, factors such as poverty, gender, exclusion from education, caste and disability all contribute to the extent that the complex intersections of them produce the conditions for marriage among children with disabilities.

Though disability in itself is not a necessary precondition in prospect of marriage, disability further adds vulnerabilities thatprovide conditions of marriage of children in compromised situations. These conditions include the sense of deprivation of an essential necessity (marriage) due to lack of entitlement to a social status (being married) commonly enjoyed by the «non-disabled». The social marginalization and exclusion experienced by children with disabilities and their families also create this sense of deprivation and desperation, hence parents' urgency to accept proposals, and self-initiated child marriages. It is experienced as a choice between securing the future of the child versus protecting its childhood. So when the circumstances are already challenging, the choice to marry takes place with hopes of a better and less challenging future. The choice is therefore made when the opportunity presents itself, as it may not come later. This is why age is not a major consideration in the decision-making. ‘Marriage’ is chosen to compensate for vulnerabilities that exist due to disability but in the transaction of marriage disability’ instead becomes the compromising factor for acceptance of unfavourable conditions of marriage.

Hence, disability provides an additional structural disadvantage that forces families and girls to compromise. Along with gender, caste, ethnicity and poverty, disability further enhances a girl's vulnerability for child marriage as well as subsequent severity of the impact on the lives once the marriage has taken.

In short:

* The decision-making process was heavily influenced by community perceptions of «eligibility» and conventions of marriage. The very people who brought in the proposals from the community seemed to play the main role. The male participants appeared to have some degree of agency in influencing the decision while the female participants had no say at all.
* «Disability» as a social construct worked as a key factor in the decision-making process, and there were gendered differences. The degree of compromise made in lieu of the disability was greater for girls than boys, placing girls in more vulnerable conditions after the «marriage».
* Social constructs of «disability» and «gender» shaped perceptions of «eligibility» and «compatibility» for marriage, and girls often got the worst end of the bargain in the decision-making process.
* Gendered differences were found in the underlying purpose of marriage; male participants had greater influence in defining the purpose of marriage, whereas the female participants had no say.
* Social protection and privilege of marriage was seen as a way for girls to get long-term social security and protection for potential sexual violence.

# Impact of marriage on children with disabilities

Research by the Center for Reproductive Rights (2013) indicates that child marriage violates several rights and trigger continuums of violence throughout the child’s life, endangering their survival and well-being.[[65]](#footnote-66) It has physical, intellectual, psychological and emotional impact on children, especially girls. Specific impacts include abuse, violence, isolation, deprivation of education, employment, and more severe health consequences linked to sexual and reproductive health.[[66]](#footnote-67)

Though the emerging themes with regards to impacts are strikingly similar between children with and without disabilities, the dynamics within are complex. Disability deepens the intensity and the complexities related to the practice of child marriage. The stories shared by the participants indicate that the consequences of child marriage not only have serious implication on the overall well–being and quality of life of the children, but also compromise their capacity to cope with, dampen (neutralize) and overcome the impact of child marriage.

## Overall well -being and quality of live

As discussed previously, marriage decisions are made in consideration of the child’s ‘best interest’, for their own protection and security. However, the consequences of the decisions do not favour the child. The marriage does not necessarily ensure a positive change in their life. The experience of child marriage, the struggles of relocating, adjusting to unfamiliar environment and coping to overcome the challenges, portrays a difficult transition from childhood (adolescent) to adulthood.

#### Gendered expectations – physical hardship and emotional stress

Parents try to avoid the burden of the gendered expectations in their child's marriage. However, girls end up ultimately taking on the obligation and burden of a wife – daily household responsibilities and household labour. The girls fulfil their expected gendered role, yet they are perceived to fall short of the expectations because of their disabilities. This perceived shortfall has been a source of harassment and abuse.

My mother –in-law was very strict. I fear her even today. She used to get angry if I did not do my share of work... At my parent's home I just had to cook meals. My mother didn’t make me do anything except cooking. Here I had to do everything (research participant, girl with physical disabilities married at age 15 year).

The negotiations and the compromises made do not necessarily work to the advantage of the children:

I kept refusing, saying that my daughter is disabled. But the boy’s father kept coming back. He said they did not expect any work, they only wanted children. He even promised that he would install a tap in the kitchen so that my daughter need not go out to fetch water. But they did not make any arrangement of that sort. The mother-in-law was mean. She made my daughter do all the work. Here I did not let my daughter do any work. But at her husband’s home she had to harvest rice, carry loads of rice and collect grass. When she came home, her hands used to be sore. She did everything in her house yet her mother in law was not happy with her. The terrains are much easier here, but there its hilly mountains, needs uphill climbing to search for fodder. There will be limits to what she can do, but the mother-in-law does not understand and there are quarrels in the family. She kept coming back because she was taunted by her mother-in-law. But her father- in- law took her back, assuring that they will keep their promise and change their way. But things never changed. Once my son-in-law even left the house and lived separately with my daughter for few months. It was financially difficult for them. Then the father came and convinced them to go back. It is a social shame if the son lives separately. My son- in- law says «my wife is good, but my mother is difficult». Now my daughter is back with me (Mother of key participant with physical disabilities who was married at age 13).

The daughter adds:

Mother-in-law taunted me. My father- in- law treated me well, but she could not stand me. She said do not eat here, do not sleep here, and do not live here. The last time I went to visit her she did not acknowledge me at all. She just ignored me. She did not offer any food or talked to me. When I came back, she did not once ask me to stay.

Another participant had a similar story to share:

I agreed to marry as my sister in law said they would take care of everything. After marriage we continued to live with my parents and brother- and sister-in-law. Everything was taken care of by my family. When we were together I did not have to worry about anything. When I got pregnant, had a stillbirth and lost my first child, my father thought this was because I had not changed my clan. Even after marriage I was still with my parents, and had the child in my parent’s home. So after that my father arranged for us to move out. We started living in a room in cow shed. We then had to manage everything on our own, including finances. My husband earned little from occasional labour work. I had to do everything – cook, clean. Life became difficult (girl with physical disabilities, married at age 13).

The expected gendered role of women included child bearing. This is noted as another source of stress and hardship. *«I could not bear children for 3-4 years and neighbours (relatives) harassed me saying I could not bear child because I was disabled* *»* (girl with physical disabilities, married at age 14).

Where girls face abuse due to household related gendered role, the boys also face immense pressure to financially support the family as a male participants shares «*I was already dependent on my family. Then the burden of my wife was added. Besides food and clothes which the family will provide, wife will have other needs such as cosmetics».* In absence of other source of income, the disability allowance provided by the government, though a merger amount[[67]](#footnote-68), is reported to have been of great support.

#### Extreme poverty

Participants reported conditions of extreme poverty, like food inadequacy and inability to access health services.[[68]](#footnote-69) Poverty (coupled with disability) resulted in mockery and abuse, separation between spouse and from children and economic exploitation of children.

The marriage was arranged by my sister-in-law. She said the boy had low vision and was poor, but educated, well-mannered and could take care of me. My parents kept on crying [even many years later], thinking about the poverty in the family I was married into, and the hardship that I was likely to face. Rather than the disability of my husband, the poverty worried them more as they thought I would suffer. My father-in-law and his four sons were blind or had low vision. The only sighted son was my age. Before my marriage, I did not know my father-in-law had a low vision… So it was my mother-in-law and old aunt- in- law that had to provide for the family. The source of livelihood was only agriculture and there were days where we did not eat. My husband was struggling to find job. He was never at home, wandered for days in search of work. The neighbors felt pity for me and even encouraged me to leave. They said I was pretty and my disability was negligible, and that I could find someone else. During my pregnancy we could not afford medical care and nutritious food. During the entire pregnancy period I did not even take a single iron pill or visited the health post (girl with physical disabilities, married at the age of 15, to 21 year old man with visual impairment)*.*

The husband further adds:

It was not easy for me to find a job because of my disability. I travelled from one end of the country to another during my youth days, trying to see if I could find any opportunity for employment. I used to travel by local bus, showing my disability card for free rides. Finally I was able to get a scholarship to continue my studies. I also got a hostel. All the time when I struggled, my wife stayed home and took care of the kids and home. When I was able to arrange scholarships for my children I brought them to stay with me in Kathmandu. You can imagine how we survived. I got a monthly stipend of NRs. 1500 (approx. 15 USD). We paid NRs 1100 rent and with the remaining NRs. 400, we managed the entire month expenses for a family of four. The disability allowance and the travel allowance I got for attending the programs for persons with disabilities were helpful. I was able to find a permanent teachers job in my own village. I really had to struggle so much for this government job. Now I live in the village with my family, while my wife stays here in Kathmandu for the children’s education. During holidays I go to Kathmandu to be with my family. Still, it's financially challenging to manage expenses at two places.

#### Sexual and reproductive and maternal health

Among the 12 female research participants, 10 cases of early pregnancies were reported (2 rape case), including a miscarriage and stillbirths in four cases. Multiple miscarriages after domestic violence and forced abortion were reported by one participant. Girls have reported lack of proper care and or medication during pregnancy, and prolonged illness following pregnancy (and miscarriage). One participant who is presently five months pregnant said she had only had one health check, and had no plans of having another one – or take vitamin/iron supplements.

Our daughter told us later by signalling how her sister-in-law beat her in the stomach, and a dead baby came out. She also says in another instance she was taken to a clinic and forced to drink something to abort the baby. We were never informed of her pregnancy, so we do not know for sure if the incidences are true (mother of a deaf girl who married to a 45 year-old man with intellectual disabilities when she was 15 years old).

In almost all cases the girls reported sexual initiation immediately after getting married, in one case during the period right after childbirth (case of forced marriage following rape). They reported their unpreparedness for a sexual relationship: «*I did not know what makes husband and wife. When my husband came to touch me I kicked him. Then he convinced me that this is the way one becomes husband and wife».*

#### ***Isolation, abandonment and separation***

As inclusive education or trainings were not available in the villages, students had to temporarily relocate. One male participant is currently in Kathmandu to receive training, and in another case the husband of one participant is completing his degree in a nearby city. In another case of separation for the purpose of education the couple in question united after the husband completed his degree and got a job locally.

The liberty to continue education in a different place and explore employment opportunities outside the community was only available to men. Women had to care for parents and attend to household chores. Most cases that include spouses with disabilities, have longer periods of separation as persons with disabilities face serious barriers settling down, accessing education and employment opportunities.[[69]](#footnote-70)

In five out of eight cases where the couples are still together, the relationship status is unclear. In three cases the marriages are considered 'good' according to society´s standards, but the wives of persons with intellectual disabilities (in all three cases) do not agree. A female participant with intellectual disabilities married a man whose intent with marriage was children and not companionship, yet complains about the lack of support from his wife. Another female participant, forcefully married to her rapist, had the following statement: «*He does not care for me. I hear that he has girlfriend, they study together in school and they are planning to marry soon*». Her father–in –law shares *«what does that matter, whether he has accepted her as his wife or not. He eats what she serves. Even pays attention to the baby, at time hold and play with it. But he does not care for her*». She also said that given the choice she would live with her parents, but would stay with her husband if he cared for her.

The main reason for permanent separation was found to be domestic violence (because of her disability), whereas in case of abandonment it was unfulfilled expectation of the spouse. Unfulfilled expectations lead to strained personal relationships, verbal abuse and in some cases separation. Disabilities and inability to fulfil gendered roles in the marriage contract was cited as the reasons for such separations.

A female participant with visual impairment was abandoned by her husband (also with visual impairment) after he told her she could not fulfil his need and they could not continue a life together. Another female participant was forced to marry an older man after her parents failed to marry her off to her rapist. Her husband left her claiming she was not able to do enough household work. She explains: «*he used to treat me very well. He took good care of me and my child after delivery. Someone must have said something to him*». In one case separation followed incidents of domestic violence, the sister-in-law being the perpetrator.

## Life skills and Coping Mechanism

#### Preparedness to deal with challenges

Because of their age and development stage, children – including those with disabilities – are yet to develop the necessary skills and competencies of adulthood to deal with the demands of the marriage contract. For children with disabilities, especially girls, marginalization and exclusion are likely to create further challenges. They face barriers when working to acquire the necessary competencies which prepare one for the challenges of adulthood, such as education and various other life skills.

Adolescent girls with disabilities enter marriage relationships without any expectations or preparedness for the challenges of adulthood. They do not understand what the marriage contract actually entails. The family is likely to treat them as adults and will expect them to act as such, such as forcing them to do household work, a burden even for adults. Children are unable to fully comprehend the social complexities of a relationship. Furthermore, they lack the skills and the confidence to effectively communicate, negotiate their positions and nurture their relationships. In two of our examined cases, the girls shared their hesitance to talk to their in-laws.

#### Compromised Agency: Voices and Choices

A girl's agency that is largely ignored and compromised during the decision that leads to child marriage of children with disabilities continues to get compromised after marriage as well. This not only creates a challenging situation (or intensifies the existing situation) for them but also affects their ability to cope with the existing situation and overcome it.

In self-initiated marriages of boys, the boys at least had some idea of what they wanted out of marriage and had the liberty to work out their way out of the situation. The marriages itself had worked for their benefit, as a support mechanism, where they could go continue studies, or look for employment while the wives shouldered the household responsibilities. Where as in cases of girl, they suddenly find themselves in a situations where they face more severe challenges than before and are not in a position to do any-thing about it due to lack of voice as well as the necessary skills, resources and the support mechanisms. This is largely because of being girls (and the gendered experience) but also compounded because of being ‘disabled’ which has left them isolated in childhood, excluded from process and mechanism that prepares a person for adulthood (such as schooling, social network etc.) and also the discrimination, harassment and continued subjugation that shapes their identity as a «person with disabilities» and their sense of rights and entitlement. So instead of the confidence to stand up for themselves, they accept the situation as their fate.

#### Education and life skills

Lack of access to education or other learning opportunities further compromises the girl’s capacity to cope with the present situation. Later, it will also impact their future opportunities in life, as well as their opportunities to empower themselves to overcome difficult situations. Most of the girls who enter child marriages have never been to school, or have dropped out early. However, there were also two cases where the girls discontinued their education following marriage. Where boys will have the opportunity to continue education after marriage, girls were found to be trapped with household responsibilities. Even in the single case, where the girl had the opportunity to continue her education, she dropped out after failing to complete tenth grade. Household and child rearing responsibilities have been identified as key reasons for discontinuing education.

I actually married her with the intention to let her continue her studies, I even tried to convenience my family; my father was positive. But in a joint family there are problems, I could not convince all, some one or the other objected so I had to drop the idea. My elder sister-in-law does household work, so does my mother, so it is difficult to convince them to send one daughter- in-law to study when the other one is working at home (Blind husband of a girl with low vision, married when he was 22 years old and she was 17 years old).

#### Livelihood

A stable livelihood and assets are important parts of an individual’s capacity to cope and to build a better future. In most cases, participants in this study – especially girls’ ­– have never had access to education or learned vocational/entrepreneurial skills. They are not part of the productive job/labour market. If the husband and primary breadwinner is young and also disabled, the situation becomes harder. In most of the cases, the girl was found to be reliant on her husband, his family, or their children. Only in one case was the research participant involved in enterprise, working in a grocery shop supported by a local disability network. In another case, the girl previously worked as a domestic and agricultural helper, whereas she is now supported by her children.

Being in situations of «dependence», children with disabilities are more vulnerable, and they are seen as an imposed liability. The research participants regret missing education. A lack of education can naturally lead to economic hardships and difficulties earning a livelihood, problems that are indeed on the girls' minds.

Because of perceptions of persons with disabilities, their capabilities are ignored: Thus, their agency and their freedom of choice are denied. A father-in-law, who accepted a physically disabled girl as his son's bride following rape, said: «W*hat to do when your son has done a mistake? We have to accept her, accept the baby, we have to feed her, give her clothes. In the future we have to educate the child. She can do nothing. Only when we get her water and firewood, she is able to cook some food»*. The daughter-in-law attended school before her marriage, and she has aspirations of owning a small cosmetics shop when her child is older. The in-laws, however, do not trust her capability. When asked about the girl's future, they revealed that they prioritize the education of the grandchild but have no plans for the girl. When asked if they think the girl can earn a living on her own, they said: «S*he cannot, she does not have any idea about business or money transactions. She does not know accounts»*.

Another participant has a desire to join a tailoring course, and sees this as an opportunity to earn a livelihood and achieve economic independence. The course is being offered by an international development agency, and she has received offers several times, even before marriage. She says: «W*hen I asked my in-laws' permission for the training, they said do not ask us, ask your husband. So when I called my husband working in India, he forbade it*». Later, the husband stated: «*I called the lady who approached my wife about the training, but I did not feel right. She has to go to the city for it. It will be difficult for her. Why does she need to go*». The husband has also forbidden her from joining the local saving and credit group «*I fought with him and went to the group meeting once, even though he did not approve. But after the first meeting he did not allow me to attend others».* These community saving and credit groups are important instruments for women’s access to credit where other formal institutions are not available. Small credits are women’s lifelines for enterprise or livelihood, or just to remedy sudden financial crises such as medical needs.

#### Assets and resources

Three cases exemplify the lack of property entitlement and resources for married girls; one participant with visual impairment got support from her community after being physically abused by her in-laws and left by her husband, and managed to get a home for herself and her daughter. However, she had no rights over the property as it has not been legally transferred. In a different case, a girl had no rights to the home provided for her and her husband by her father. She states that she believes her brothers eventually will give her entitlement now that her parents are dead. Another example is this statement from a mother whose deaf daughter was force to leave her husband following physical abuse: «*They are not legally divorced. Her father in law is also dead. I do not think they will give her any share of her husband’s property*».

#### Children’s circle of support: Social network

Support from companions, friends and family as well as external social networks are important to one’s coping mechanism. Discussing isolation and separation, married children with disabilities who relocate are less likely than other children to have strong networks of support. This situation compromises the children’s resilience to cope with immediate challenges and adversely affects their well-being in the long run. It also affects their future prospect for independence and empowerment.

Immediate family is the core of a child’s protection, following the external social network and access to social institutions and protection mechanisms. Ironically, the decision to marry off children with disabilities is based on concerns for the child’s safety and security. In one case, the young female participant was harassed by her mother-in-law (when in fact the union was agreed in hopes that the girl would be safer within the family circle. Another female participant was physically abused by her sister-in-law, which lead to separation from her husband. This marriage was arranged by her cousin, within her own family, with assurance of safety for the girl.

A strained relationship with spouse or in-laws, coupled with other situational challenges and a lack of support, creates a new set of challenges. In some marriages – mostly self-initiated – girls will get some support from their husbands, as stated by husband of one participant: «*If there is a situation, I will manage it for her».* He further explains that he interferes if his mother expects too much household work from his wife. He could not, however, convince his parents to let her continue her education, explaining that he was financially dependent on them. This proved a special case, as the other girls did not have a high level of support from their husbands.

Although some girls get financial support from their families, such support is limited and often sporadic. In extreme cases, some girls have returned to their parents after separating from their husbands, but typically their families seem to lose the sense of responsibility once they are married. One parent explains: «*They accepted the union knowing everything about my daughter’s condition. Yet they complain. They keep saying things and I only listen. What can I say? When my product is damaged, I have to listen*».

A person´s social network is an essential asset in Nepal. The community fills in the gaps where mechanisms for social protection and safety are missing. Girls with disabilities have few to rely on apart from their immediate family. When they marry and relocate, their friends are left behind, and household chores and children leave no time to make new ones. Even participants in their mid-twenties and early thirties report having a limited number of friends, as they engage in few activities outside of their home.

I used to live with my husband, as he did not have any family members. However, his relatives who lived nearby kept harassing me, encouraging me to leave. Sometimes they said I should leave because there was nothing to eat in the house, and sometimes they said I could not bear any children. I could not conceive for many years and they kept harassing me. I was not scared of them, and I fought back fiercely. My sister-in-law even said that she had an illicit (physical) relationship with my husband before the marriage and therefore I should not answer her back (girl with a physical disability, married at 14 to a 45 year- old man).

The research participants reported very limited access to local forums and networks (like mother groups, local user committees), which are primarily for «adults». Participants who were part of the disability network developed those linkages later than other people. This resonates with an FGD participant´s view of adolescents – those with disabilities in particular: «*They are young; they do not have the understanding. Therefore they are not included in the social processes»*. Research indicates that persons with disabilities generally have less-developed social networks.[[70]](#footnote-71) They face barriers or have reduced capacity to become part of naturally occurring networks in the community, which are the basis for generating social capital.[[71]](#footnote-72)

In effect, these children´s external network and social capital are left seriously compromised, and it takes time to build a network of support:

My husband left to go back to his hostel. I was very young and did not know anyone here. I did not even understand their language as I was from different caste group. All the children used to go to school and the elders used to go to the field to work. I was home alone all day. There were drunken men around, so I used to be very scared. I used to hurry to finish the household work and lock myself in my room. When it was time for the family to return, I used to go to the kitchen to prepare snacks. My brother-in-law used to say that I cheated on household work that I rested all day in room. I had to face the wrath of my in-laws. I was young and did not know how to deal with others, how to behave with my mother-in-law, what to say to her. Whenever my husband came home we used to have quarrels. I used to say that if he did not like me then why did he bring me here? He used to say he could not spend his life with me. My in-laws frequently beat me saying nothing with me matches with them; my culture does not match, my language does not match – so I should go back.

In early days I did not know anyone in the village. I was scared of talking to people. I did not have friends or acquaintances. I used to give small local children some money to guide me to the water source that was a little further from my house. The first five years I spent inside the house only. Only after five years I slowly started talking to people and making acquaintances. I also met the local mobilizer from the disability network. She is the only friend I have besides local acquaintances (blind girl who was forced to elope with a 17 year-old blind boy at the age of 15).

Children with disabilities also have limited access to forums and networks for children/adolescent/youth, primarily because they are out of school, are unaware or lack access. Two of the adolescents interviewed said that they knew child clubs existed, but that they never joined. Children with disabilities/persons with disabilities are largely excluded from other development programmes and mechanisms in the community.[[72]](#footnote-73)

Both disability and marriage define the social standing of women. One respondent explains: «*They disrespect us because I am a disabled and also because my husband do not have property»*. Ignoring the socioeconomic welfare of the children, as sometimes happens when compromises are made, has an impact on the coping capacity of the girls. Marrying into a poor family will create vulnerabilities, but adding a disability will further harm the social status. They are not treated as legitimate members of society, and not credible for privileges such as community group loans as a wife of a person with intellectual disabilities shared «the local cooperative did not trust me even for a loan of Rs. 5000 (US$ 50), when in fact I was earning myself working as a volunteer in a local school*».*

## Concluding discussions

The impact of child marriage on children with disabilities indicates that it seriously threatens their overall well-being and dignity. Child marriage triggers a continuum of violence throughout the individual's life, beyond childhood, even compromising the rights and dignity of their children. It violates the rights enshrined by different conventions – as a child, as a person with a disability, as a girl and most importantly as a human being. The social construct of «marriage» built around the gendered expectations and the social identity of a person with «disability» continue to its affects, enabling not only the occurrence of child marriage but also deepening its impact. Decisions on marriage made in highly compromised situations because of the disability, creates further vulnerabilities for children with disabilities, as does their limited access to valuable life skills, support structures and protection mechanisms.

Decisions made about marriage with disregard to the girls' agency disempower girls. It impacts the girls' capacity to cope with the emerging situations, overcome challenges and build a better life with dignity in the future. What further adds to this concern is the fact that neither the children with disabilities themselves, nor their immediate family or the community see it as a problem. Marriage is rather seen as a solution to existing problem or a passage out of undesirable situations.

For these children, who are yet to acquire the skills to manage the complexities of adulthood, they also face challenges in coping with the issues at hand. This coping capacity is further compromised for girls and even more for children with disabilities; as a child with a disability one does not have the same access and opportunities as others. Children with disabilities do not have a platform to gain necessary insights and skills, as they are protected within families, do not attend or drop out of school, are isolated, have limited mobility and access to social processes, platforms and institutions.

Like in the case of decision-making, the consequencesof marriage are also complex. Each consequence is a result of multiple of factors and layers of vulnerabilities. And the impact of well-being is impacted by home environment which in turn is intensified by separation, poverty and actions of close family members. A strained relationship with in-laws or spouse, other hardships and situational challenges coupled with the lack of emotional and physical support creates a new set of challenges for coping and adjusting to the new environment. One vulnerability and consequence leads to another, creating a spiral of negative impact.

# 7. Conclusions

This research was conducted in order to explore the impact of child marriage on children with disabilities. The study was guided by two broad objectives – understanding the factors that potentially enable the marriage, and understanding the impact of the marriage on the child.

The study found that child marriage among children with disabilities is happening. Children with disabilities are also likely to be proposed for marriage often without concerted efforts by the parents, around the same age as other children, in regions and communities where child marriage is a socially accepted and common phenomenon. The «disability» of the child is not a necessary part of the preconditions or enabling factors in prospect for marriage. The same preconditions for child marriage in general also work as the preconditions for child marriage among children with disabilities.

However, disability adds an additional layer of vulnerabilities and complexities to the practice of child marriage. The structural factors that enable discrimination and exclusion from social protection and services create the conditions for marriage of children with disabilities in highly compromised and vulnerable situations.Also, there are gendered differences in the decision-making process rendering girls more vulnerable than boys. Hence, the intersection of gender and disability influences the decision-making process that enables marriage:

* The decision-making process is mediated by community members; parents are the main decision-makers, but heavily influenced by community perceptions of «eligibility» and conventions of marriage.
* In the absence of social protection mechanisms for people with disabilities, having a partner and family through marriage is regarded as means of ensuring long-term security – including protection from potential sexual violence.
* Children with disabilities have limited agency in the overall process of arranged marriages. The agency is even less (almost none) for girls. The degree of compromise made in lieu of the disability is greater for girls than boys, placing girls in more vulnerable conditions after the «marriage».
* In cases of self–initiated marriage, the vulnerabilities faced as a result of social, economic and cultural context were compounded due to the disability, pushing the individual into child marriage not entirely by choice. In absence of support mechanisms and alternatives, marriage is seen as a solution to existing problems or as a way out of undesirable situations, an opportunity to get away from a difficult to a slightly better situation, or for future security.

The acceptance of compromised conditions of marriage intensifies the consequences and impact of child marriage for children with disabilities.

* It not only has serious implication on the overall well–being and quality of life of children with disabilities but also compromise their capacity to cope with and overcome the impact.
* It creates spiralling effects throughout the life of the child, surpassing childhood and impacting their entire life and beyond

The study further found that the experts, representatives of the disability movement and community at large do not view child marriage among children with disabilities as a likely phenomenon. This assumption is shaped by social beliefs around marriage and disability with the underlying notion that when people with disabilities in general are unlikely to get married, it is highly unlikely that children with disabilities will get married at all. There is a lack of awareness of this issue in the professional community, primarily due to lack of evidence and hence the assumption that the practice is very unlikely to exist among children with disabilities. The few cases that were identified, mostly by representatives of the disability movement, were referred to as anomalies and uncommon occurrences.

The assumption uncovers two important aspects:

* First is the prevalent reductionist perspective of the phenomenon of child marriage in general, with an over-simplification of the complex structural and socioeconomic factors that enable child marriage practices in Nepal. For instance, if poverty and discrimination against the girl child makes parents arrange a child marriage, a counter-argument could be that parents of a girl with a disability would do the same.
* Secondly, despite the human rights-based social model of disability adopted in the UNCRPD, the assumptions shared by many of the expert participants adhere to the medical model of disability – linking the disability to the bodily impairment rather than consider it a production of social structures. Hence, the prejudiced view regarding the abilities of persons with disabilities and the assumption of unlikelihood of marriage.

Implication of the findings and recommendations:

* Based on this study, it can be established that marriage among children with disabilities is likely to exist in contexts where child marriage is practiced. Thus there is a need to develop an in-depth understanding of the structural root causes that produce and sustain various forms of discrimination and exclusion, and create the very conditions that enable this violation of rights. In addition to immediate preventive measures to stop child marriage, efforts also need to be made towards addressing the sources of discrimination and inequality (such as gender based discrimination and/or caste based discrimination) towards transformative conditions that are less conducive to allow child marriage in the first place.
* Child marriage is a dynamic, complex and highly contextual phenomenon manifesting in varying forms and impacts shaped by localized norms and discourses. This understanding has implications for how child marriage affects children with disabilities in different contexts, which has not been addressed in this study.
* Reflecting the general trend of the increasing age at the time of child marriage, as such the participants of this study were in their adolescence phase (between 14 – 18 years of age) at the time of their marriage. The children with disabilities belonging to adolescent groups above the age of 15 may have needs, issues and vulnerabilities that are specific to their developmental phase in life as well as specific to their conditions of disability, gender and social contexts. In order to be more inclusive, approaches designed to address child marriage need to consider the diverse experiences and conditions of children including the specific conditions of children with disabilities.

Areas for further research:

* More research on the prevalence rate of marriage among children with disabilities as well as further research on specific issues and challenges faced by adolescents and youth with disabilities including vulnerabilities for child marriage.
* Explore linkages of marriage among children with disabilities with issues of concern including sexual and reproductive health, education, domestic abuse, sexual abuse/intimate partner violence, livelihood etc.
* Explore how children with disabilities are affected by child marriage across different identity groups in different geographic locations such as intersection with caste/ethnicity/age including different forms of disabilities.
* Further research on how the notion of childhood, marriage, disabilities and related constructs (such as marriageable age) varies, and how it influences the dynamics of child marriage.
* Impact of child marriage on spouses, especially in cases where the spouse is also a minor and in cases where the union has been arranged with deception (and forced settlements) and intergenerational impact: How are children born from child marriages impacted?

#### Researchers’ reflections on emerging issues not covered in this research

New emerging trends in the practice of child marriage have been documented, such as self-initiated marriages. Other forms of unions (such as live-in relationships without formal/legal marriage) are not included in this study. The dynamics of child marriage is likely to differentiate depending on to type; i.e. traditionally arranged marriage, self-initiated/love marriage and unions not sanctioned by society (such as same sex relationships, or informal relationships that are not perceived as «marriage» by society). The concept of marriage itself needs closer examination and unpacking.

Furthermore, the notion of «child» and «childhood» needs to be explored and brought into the discourse of child marriage. The universal perspective of childhood is based on developmental psychology which views growth from childhood to adulthood as transition from simple-minded irrational beings into complex-thinking rationally behaving agents.[[73]](#footnote-74) The developmental perspective of childhood fails to take into account different social and cultural contexts and their impact on the growth of the child, viewing growth or adulthood purely as a state of mind. Therefore, to understand child marriage as a social phenomenon, the social construct of «childhood» must be taken into consideration.[[74]](#footnote-75)

The issue of sexual violence (such as marital rape) was not raised in any of the interviews. However, the lack of evidence in the narratives cannot rule out incidents of sexual violence in marriages among children with disabilities. Due to ethical considerations, the methodology of the study focused on narratives emerging spontaneously as part of a natural conversation (story-telling), without probing by the interviewer. We do, however, strongly feel that the issue of sexual violence in relation to marriage of children with disabilities needs further exploration.

Given the complexities and multi-layered nature of the phenomenon of child marriage among children with disabilities, the issue needs a deeper examination with cross-sectoral analysis, across the other priorities that are linked to women, children and children with disabilities (such as sexual and reproductive rights, education, livelihood, domestic violence etc.).

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| **Annex 1: Information on research participants** | | | | | | | | |
| **SN** | **Participant Code** | **Age of marriage** | **Sex** | **Current age** | **Marginalized**  **Group (Caste/ethnicity)** | **Type of disability** | **Type of disability of Spouse** | **Spouse’s age at marriage** |
| 1 | Primary 1 | 14 | F | 39 | Yes: Tharu/Janajati | Physical | Non disabled | 45 |
| 2 | Primary 2 | 17 | M | 23 | Yes: Chaudari/Janajati | Blind | Blind | 19 |
| 3 | Primary 3 | 17 | F | 18 | Yes: Chaudari | Blind (low vision) | Blind | 22 |
| 4 | Primary 4 | 13 | F | 32 | Yes: Gandarva/Dalit | Blind | Intellectual Disable (ID) | 34-35 |
| 5 | Primary 5 | 13 | F | 31 | Yes: Pariyar/Dalit | Physical | ID | 32 |
| 6 | Primary 6 | 15 | F | 29 | Yes: Subba/Janajati | Blind | Blind | 17 |
| 7 | Primary 7 | 17 | M | 43 | Yes: Subba/Janajati | Blind | Non Disabled | 17 |
| 8 | Primary 8 | 16 | F | 21 | Yes: Lepchan/Janajati | Physical | Non disabled (rape) | 45 |
| 9 | Primary 9 | 15 | F | 27 | No: Budathoki/ Chhetri | Deaf | ID | 45 |
| 10 | Primary 10 | 15 | F | 40 | No: Gyawali/Brahmin | Physical | Low vision | 21 |
| 11 | Primary 11 | 15 | M | 30 | No: Banjara/Janajati | Physical | Forced/Disability status not disclosed | 15 |
| 12 | Primary 12 | 18 | M | 35 | No: Adhikari/Brahmin | ID | Forced/Disability status not disclosed | 18 |
| 13 | Primary 13 | 15 | F | 31 | No: Sapkota/Brahmin | Deaf | Deaf | 25 |
| 14 | Primary 14 | 14 (first marriage) | M | 26 | No: Ghimire/Brahmin | ID | (ID/disability status non disclosed); 3rd marriage (1st ID; consent; 2 non disabled) | 14 |
| 15 | Primary 15 | 15 | F | 18 | Yes:.Dalit | Physical | Non Disabled (arranged; preference /selected by boy) | 17 |
| 16 | Primary 16 | 17 | F | 18 | No: Kayat | Physical | Non Disabled (rape case) | 18 |
| 17 | Primary 17 | 17 | M | 40 | No: Ghimire/Brahmin | Physical | Non disabled | 16 |
| 18 | Primary 18 | 15 | F | 21 | No: /Brahmin | ID | non disabled | 32 |

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2. Child marriage refers to a legal or customary union where one or both of the partners are below the age of 18. To refer to underage unions «child, early and forced marriage» (CEFM) has been increasingly used. In this report term «child marriage» imply all three forms of unions (CEFM) [↑](#footnote-ref-3)
3. UNICEF (2016), The State of the World’s Children Report [↑](#footnote-ref-4)
4. For a complete list of recommended areas for future research, consult chapter 7. [↑](#footnote-ref-5)
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6. Girls not Brides UK, quotes in World Vision, Ending Child Marriage by 2030: Trac king Progress and Identifying Gaps, Policy Paper July 2016. [↑](#footnote-ref-7)
7. UNICEF (2014) ‘Ending Child Marriage. Progress and prospects’, p.1. [↑](#footnote-ref-8)
8. UNFPA (2012) ‘Marrying too young’, p.11. and UNICEF (2005) ‘Early marriage: A harmful traditional practice’, p. 1. [↑](#footnote-ref-9)
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15. Nirantar Trust/American Jewish World Service (2015), *Early and child marriage in India: a landscape analysis* [↑](#footnote-ref-16)
16. Unicef (2013) Children and Young People with Disabilities Fact Sheet [↑](#footnote-ref-17)
17. Nora Groce. N, Gazizova.D and Hassiotis. A (2014) *Forced Marriage among Persons with Intellectual Disabilities*. Discussion Paper Working Paper 27. Leonard Cheshire Disability and Inclusive Development Centre [↑](#footnote-ref-18)
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19. Women’s Rehabilitation Center ( WOREC ) (2014), *Domestic Violence Survivors in Nepal and Sustainable Livelihood Options (DOVA Report)*. [↑](#footnote-ref-20)
20. Nepal Disabled Women Association (2007*). A Study on status of social inclusion, livelihood and violence against disabled women of Nepal.* [↑](#footnote-ref-21)
21. Boyce. W, Malakar. S, Millman. R & Bhattarai, K. (1999) Physically disabled children in Nepal: A follow up study  [Asia Pacific Disability Rehabilitation Journal. 10 (1)](http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0300/z13jo0301.html)  [↑](#footnote-ref-22)
22. UNFPA( n.d) Child marriage in Eastern Europe and Central Asia: regional overview [↑](#footnote-ref-23)
23. Parents of Children with Intellectual Disabilities have reported that their children often expresses desired to get married, mostly after seeing other married people or when they find someone they like (Personal conversation, 2015,2016). [↑](#footnote-ref-24)
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    Oxford: Oxfam [↑](#footnote-ref-28)
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33. UNICEF (2016), The State of the World’s Children Report. [↑](#footnote-ref-34)
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38. National Population Census (2011), Central Bureau of Statistics, Government of Nepal [↑](#footnote-ref-39)
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44. ICRW, 2013, ‘Asia Child Marriage Initiative: Summary of Research in Bangladesh, India and Nepal’, International Center for Research on Women, (ICRW) 2013. [↑](#footnote-ref-45)
45. ibid [↑](#footnote-ref-46)
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53. A total of 137 participants participated in the FGDs. [↑](#footnote-ref-54)
54. Research covered participants in 7 districts of Nepal [↑](#footnote-ref-55)
55. Even though the legal age of marriage for both sexes in Nepal is 20 years, the research has taken 18 years as the reference point, as this study refers to the definition of child marriage as defined in Convention on the Rights of Child and United Nations Human Rights Council. [↑](#footnote-ref-56)
56. In addition to these, there were about other 10 cases informally referred to the team during FGDs but these cases could not be located. [↑](#footnote-ref-57)
57. Some of the research participants are in their mid/late 30s and early 40s. There are also participants who are in their early 20s (3 participants) and late 20s (3 participants), and three of the participants are still minor (18 years). Since there was not any significant observations with regards to their present age and the overall finding of the research, any references of the present age of the research participants have not been made in the in the analysis of the research findings. [↑](#footnote-ref-58)
58. The individuals who helped to identify research participants and reach out to them were members of the local disability network (and in one case a field worker/social mobilizer involved in an international agency’s development programme for women with disabilities). The national federation of the DPOs (NFD-N) and its member organizations (DPOs) have field outreach offices at local (community) level as well as local affiliated members (persons with disabilities) and activist. [↑](#footnote-ref-59)
59. Care International (2016), The cultural context of child marriage in Nepal and Bangladesh: Findings from /Care's tipping point project community participatory analysis, Geneva. [↑](#footnote-ref-60)
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61. We did not receive any cases from certain regions and communities where the child marriage rates are reported to be the highest in the country, such as the Dalits in Terai plains and in Muslim communities(Human Rights Watch (2016), *Our time to sing and play: Child marriage in Nepal*)

    The selection and inclusion of participants was solely based on referrals made to the study team by disability network members. A methodological limitation of this approach of participant identification is the inaccessibility to those who are not part of the network or in reach of the network. [↑](#footnote-ref-62)
62. We could not include cases which were not socially sanctioned as such cases were unreachable (for example reference were made of couples who had left their villages after not having their marriages accepted but the researchers could not locate them). [↑](#footnote-ref-63)
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64. Human Rights Watch (2010) *Human rights for women and children with disabilities*, accessed on 25 December 2016 https://www.hrw.org/sites/default/files/related\_material/0912\_disabilities\_brochure\_0.pdf [↑](#footnote-ref-65)
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67. NRsr. 600-2000 (Approximately US$ 6 -20) per month, depending upon severity of impairment [↑](#footnote-ref-68)
68. In this case the lack of access to heath care service is due to lack of resources. But in general

    Research indicates that women with disabilities are discriminated (including verbally abused) in heath care facilities and there are lack of disable-friendly service at the delivery room [Women’s Rehabilitation Center (2013), Domestic Violence Survivors in Nepal and Sustainable Livelihood Options.] [↑](#footnote-ref-69)
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