

RESEARCH PAPER

Influence of child marriage on health status during adulthood

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Abstract: The present study was designed to know the influence of child marriage on health status during adulthood. A total of 106 respondents married at the early age selected from six villages of Dharwad taluk formed the population for the study. Self structured schedules regarding consequences of child marriage (Part A and Part B) were used to interview the respondents. The respondents were selected through snowball sampling method. Local leaders, socially active individuals and Anganawadi teachers were contacted to gather information about families having individuals who married early. It was found that, majority of the respondents faced physical, psychological and sexual problems due to early marriage. As the age at marriage increases workload and responsibilities will not be burden. The analysis showed significant association and positive correlation between age at marriage and psychological and sexual problems faced by the respondents. Age at marriage and menstrual flow were significantly associated and had positive relationship. There was significant association and positive correlation between age at marriage and discomforts during pregnancy. There was no significant association and correlation between age at marriage and anemic (hemoglobin level) during pregnancy. Early age at marriage not only reduces the educational opportunities of girls but also increases the poor health status of women.

Keywords: Anganawadi, Child marriage, Health status, Menstrual problems

Introduction

Marriage is an important institution for the individual and the society at large. For the individual, it is a significant and memorable event in one's life cycle as well as the most important foundation in the family formation process. Most cultures have strong views relating to marriage. Throughout the world, marriage is regarded as a moment of celebration and a milestone in adult life. Sadly, the practice of child marriage gives no such causes for celebration. Young girls are robbed of their youth and required to take on roles for which they are not psychologically or physically prepared for. Child marriage denies children their basic rights to good health, nutrition, education, and freedom from violence, abuse and exploitation. "Child Marriage is a practice that robs millions of girls of their childhood, their rights and their dignity." – Archbishop Desmond Tutu.

Child marriage, also known as early marriage, is defined as any marriage carried out below the age of 18 years, before the girl is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing (Anonymous, 2006). Child marriage contributes to a series of negative consequences both for young girls and the society in which they live. Child brides had little or no access to reproductive health information or services, and thus endure a slew of health problems that further cripple their ability to grow into healthy, productive women. Premature and forced intercourse often results in harm to the body in general, sometimes leading to death, as well as short and long term problems related to early pregnancy and delivery.

Therefore, the present study was conducted with the objective to know the influence of child marriage on health status during adulthood.

Material and methods

A correlation research design was employed to test the relationship between child marriage and health status. The present study was carried out during 2015-16.

Respondents married at the early age selected from villages of Dharwad taluk formed the population for the study. Out of 110 villages in Dharwad taluk, five per cent of the villages, *i.e.* six villages were randomly selected. Selected villages were Tegur, Karadigudda, Kurabagatti, Hebballi, Narendra and Yettingudda. The respondents were selected through snowball sampling method. Local leaders, socially active individuals and Anganawadi teachers were contacted to gather information about families having individuals who married early. A total of 106 respondents were interviewed by using self structured schedules. Self structured interview schedule Part-A was used to collect information on consequences of child marriage regarding physical, psychological and sexual problems with different categories. Self structured interview schedule Part-B was framed to collect information regarding reproductive health. It consists of information regarding age at menarche, menstrual problems, discomforts faced and anemic (hemoglobin level) during pregnancy with different classifications.

Results and discussion

Distribution of respondents on workload and responsibilities after marriage

Association and correlation between age at marriage and workload and responsibilities faced by respondents after marriage is presented in Table 1. Majority of them (96.15 %) married at the age of 13-15 years followed by those who married at less than 12 years and 16-18 years (10.00 %) said that workload and responsibilities were burden after marriage. Majority of the respondents (90.00 %) married at the age of 16-18 years said

Table 1. Association and correlation between age at marriage and workload and responsibilities faced by respondents after marriage N=106

Problems	Age at marriage (years)			Total	Modified χ ² value	r value
	≤12	13-15	16-18			
Workload and responsibilities are burden after marriage						
No	0	1 (3.84)	63 (90.00)	64 (60.38)	82.15**	0.70**
Yes	10 (100.00)	25 (96.15)	7 (10.00)	42 (39.62)		
Total	10 (100.00)	26 (100.00)	70 (100.00)	106 (100.00)		

Figures in the parentheses indicates percentages

** Correlation is significant at 0.01 level

that workload and responsibilities were not burden after marriage. There was a significant association and positive correlation between age at marriage and burden of workload and responsibilities after marriage at one per cent level.

The results are in line with the study conducted by Maharjan *et al.* (2012) who revealed that majority of the respondents experienced an increase in workload and responsibility after their marriage. Similar results are highlighted from the findings of the study conducted by Ababa (2006) as nearly three-fourths of the early-married women did not enjoy their married life because they were given responsibility beyond their capacity. About 43 percent also cited that they had to perform heavy domestic work, which they could not cope. Many girls forced into marriage at an early age were obliged to shoulder responsibilities of managing married life that they sometimes find difficult to cope.

Distribution of respondents on psychological and sexual problems faced after marriage

Association and correlation between age at marriage and psychological and sexual problems faced by respondents after marriage is given in Table 2. Most of respondents (88.46 %) married at the age of 13-15 years followed by those who married at less than 12 years (70.00 %) and 16-18 years (2.85 %) faced psychological problems after marriage. Majority of the

respondents (97.14 %) married at the age of 16-18 years did not face any psychological problems. The analysis showed significant association and positive correlation between age at marriage and psychological problems faced by the respondents at one per cent level.

Psychological problems faced by the respondents

Regarding types psychological problems faced, majority of the respondents (71.42 %) married at the age less than 12 years followed by 13-15 years of age group (17.39 %) suffered from stress and none of the respondent married at the age of 16-18 years did not face the problem. Most of the respondents married at the age of 13-15 years followed by half of respondents married at the age of 16-18 years and 14.28 per cent those who married at less than 12 years suffered from frustration and anxiety. There was a significant association and positive correlation between age at marriage and types of psychological problems faced after marriage at one per cent level.

Sexual problems faced by the respondents

With regard to sexual problems faced, most of the respondents (30.76 %) married at the age of 13-15 years who faced lack of sexual desire followed by those who married at the age of 16-18 years and less than 12 years (10.00 %). Half of the respondents married at the age of less than 12 years followed by those married at 13-15 years and 16-18 years experienced painful intercourse.

Table 2. Association and correlation between age at marriage and psychological and sexual problems faced by respondents after marriage

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Problems	Age at marriage (years)			Total	Modified χ^2 value	r value
	≤12	13-15	16-18			
Psychological problems faced						
No	3 (30.00)	3 (11.53)	68 (97.14)	74 (69.81)	78.26**	0.74**
Yes	7 (70.00)	23 (88.46)	2 (2.85)	32 (30.19)		
Total	10 (100.00)	26 (100.00)	70 (100.00)	106 (100.00)		
Types of psychological problems faced (n=32)						
Stress	5 (71.42)	4 (17.39)	0	9 (28.12)	9.97**	0.25**
Frustration	1 (14.28)	10 (43.47)	1 (50)	12 (37.5)		
Anxiety	1 (14.28)	9 (39.13)	1 (50)	11 (34.37)		
Total	7 (100.00)	13 (100.00)	2 (100.00)	32 (100.00)		
Sexual problems						
Lack of sexual desire	1 (10.00)	8 (30.76)	7 (10.00)	16 (15.09)	14.56**	0.24*
Painful intercourse	5 (50.00)	5 (19.23)	10 (14.28)	20 (18.86)		
No problems	2 (20.00)	3 (11.53)	15 (21.42)	20 (18.86)		
No response	2 (20.00)	10 (36.46)	48 (68.57)	50 (47.16)		
Total	10 (100.00)	26 (100.00)	70 (100.00)	106 (100.00)		

Figures in the parentheses indicates percentages

** Correlation is significant at 0.01 level

* Correlation is significant at 0.05 level

Influence of child marriage on health,

Twenty one per cent of the respondents married at the age of 16-18 years did not face problem followed by those married at less than 12 years (20.00 %) and 13-15 years (11.53 %). There was a significant association and positive correlation between age at marriage and sexual problems faced after marriage. The results are in accordance with the findings of the study by Maharjan *et al.* (2012), wherein, their results revealed that majority of the respondents (82 %) suffered from psychological problem but respondents were unable to express about psychological problems as they were unaware about the psychological problems. Women reported sexual problems, including lack of sexual desire (50 %) and painful intercourse (41 %).

Similar findings were reported in from the study conducted by Ababa (2006) who highlighted that most of the respondents mentioned problems related to sexual organs, probably due to physical immaturity. To a lesser extent, early-married women developed tension and frustration as a result of the marriage, and a few were reportedly victims of assault. Ahmed *et al.* (2014) who highlighted that females married at the age of 18 or below were exposed to psychological diseases as they were deprived of the freedom to speak or share.

Influence of age at marriage on menstrual problems

Association between age at marriage and menstrual problems among respondents is presented in Table 3. Most of the respondents (80.00 %) who married at less than 12 years had low menstrual flow followed by those who married at the age of 13-15 years (19.23 %) and none of them married at 16-18 years had low menstrual flow. Among respondents married at the age of less than 12 years, half of them had normal menstrual flow followed by those who married at 16-18 years (42.85 %) and 13-15 years (26.92 %). Respondents married at the age of 16-18 years, 57 per cent of them had high menstrual flow followed by those who married at the age of 13-15 years (53.84 %) and less than 12 years (20.00 %). Age at marriage and menstrual flow were significantly associated and had positive relationship. The results are in line with the findings of the study conducted by Ahmed *et al.* (2015) who reported that nearly one-tenth of women had married before 18 years of age and the prevalence of all menstrual disorders was 20.30 % and

most common disorder was excessive pain and about one fifth reported irregularity of menstrual cycles. Other menstrual disorders were excessive bleeding (7.1 %) and early menses (2.8 %).

With regard to menstruation related problems, respondents (80.00 %) married at the age of 16-18 years did not face any problems. Among the respondents married at the age of 13-15 years, 8 per cent of them had problem of white discharge. Around 30 per cent of the respondents married at less than 12 years and 13-15 years had irregular menstruation. Respondents married at the age of less than 12 years, 10 per cent of them reported that, they had undergone problem of removal of uterus. There was no significant association was found but correlation showed positive and significant relationship between age at marriage and menstruation related problems. The results are in line with the study conducted by Maharjan *et al.* (2012) who reported that, females who had married early said that most of them experienced pain in the lower abdomen, foul smelling vaginal discharge and irregular menstruation. Around 10 % of them said that they bleed from vagina during intercourse and suffered from prolapsed uterus

Influence of age at marriage on discomforts and anemic (hemoglobin level) during pregnancy

Association and correlation between age at marriage of respondents and discomforts and anemic (hemoglobin level) during pregnancy is given in Table 4. Regarding discomforts during pregnancy, respondents who married at less than 12 years, majority (71.42 %) of them suffered with discomforts during pregnancy followed by those married at 13-15 years (57.69 %) and 16-18 years (50.00 %). Half of the respondents married at the age of 16-18 years not had discomforts during pregnancy followed by 13-15 years (42.30 %) and less than 12 years (28.57 %). There was significant association and positive correlation between age at marriage and problems during pregnancy. Study carried out on Pregnancy in adolescents: A community based study to know the maternal risks and fetal outcome of pregnancy in adolescents in a community set up, Delhi. Edema was reported at least once during pregnancy by 25 and 16 percent of adolescent and adult respondents

Table 3. Association between age at marriage and menstrual problems among respondents N=106

Menstrual problems	Age at marriage (years)			Total	Modified χ ² value	r value
	≤12	13-15	16-18			
<u>Menstrual flow</u>						
Low	3 (30.00)	5 (19.23)	0	8 (7.54)	24.11**	0.42**
Normal	5 (50.00)	7 (26.92)	30 (42.85)	42 (39.62)		
Heavy	2 (20.00)	14 (53.84)	40 (57.14)	56 (52.83)		
Total	10 (100.00)	26 (100.00)	70 (100.00)	106 (100.00)		
<u>Menstruation related problems</u>						
No problems	6 (60.00)	15 (57.69)	56 (80.00)	77 (72.64)	9.53 ^{NS}	-0.25**
White discharge	0	2 (7.69)	5 (7.14)	7 (6.60)		
Irregular menstruation	3 (30.00)	8 (30.76)	8 (11.42)	19 (17.92)		
Uterus removed	1 (10.00)	1 (3.84)	1 (1.42)	3 (2.83)		
Total	10 (100.00)	26 (100.00)	70 (100.00)	106 (100.00)		

Figures in the parentheses indicate percentages

** Correlation is significant at 0.01 level.

Table 4. Association and correlation between age at marriage of respondents and discomforts faced and anemic (hemoglobin level) during pregnancy

Pregnancy aspects	Age at marriage (years)			Total	Modified χ^2 value	r value
	≤12	13-15	16-18			
Discomforts faced during pregnancy						
Yes	5 (71.42)	15 (57.69)	33 (50.00)	53 (53.53)	7.42*	0.27**
No	2 (28.57)	11 (23.91)	33 (50.00)	46 (46.46)		
Total	7 (100.00)	26 (100.00)	66 (100.00)	99 (100.00)		
Anemic (hemoglobin level) during pregnancy (g/dl)						
Moderate (7.0–9.9)	6 (60.00)	12 (46.15)	9 (13.64)	27 (27.27)	11.08**	0.20*
Mild (10.0–11.9)	0	5 (19.23)	21 (31.82)	26 (26.26)		
Not anemic(>12.0)	1 (10.00)	9 (34.61)	36 (78.26)	46 (46.46)		
Total	7 (100.00)	26 (100.00)	66 (100.00)	99 (100.00)		

Figures in the parentheses indicates percentages

** Correlation is significant at the 0.01 level

* Correlation is significant at the 0.05 level

respectively, however the difference was not statistically significant. (Sharma *et al.*, 2003)

With respect to anemic (hemoglobin level) during pregnancy, majority of the respondents (78.26 %) married at 16-18 years were not anemic followed by 13-15 years (34.61%) and less than 12 years (14.28 %). Majority of the respondents (85.71 %) married at less than 12 years were moderate anemic followed by 13-15 years (46.15 %) and 16-18 years (13.64 %). There was significant association and positive correlation between age at marriage and anemic (hemoglobin level) during pregnancy. The results are in accordance with the study conducted by Seneesh and Shah (2015) on “Feto - Maternal outcome in teenage pregnancy - a comparative case control study”. The overall incidence of complications was 30%. Statistically significant occurrence ($P<0.05$) of preterm births (17.1 %), and severe anaemia (11.4 %) amongst the mothers was noted. Ravi Prakash *et al.* (2011) while conducting a study on Early marriage, poor reproductive health status of mother and child well-being in India reported that women who married early were more likely to report pregnancy complications (55.60 %), unwanted or mistimed pregnancies (22.10 %) and underweight. They were more likely to suffer from any form of iron-deficiency anaemia (56.00 %).

Conclusion

The study highlights the need to focus on delaying the age of marriage in developing countries like India, as early age at marriage not only reduces the educational opportunities and economic freedom of girls but also increases the poor health status of women. High significant association was found between age at marriage and workload and responsibilities after the marriage. Nearly half of the respondents said that workload and responsibilities after marriage were found to be burden for them.

Due to early marriage most of respondents faced psychological problems. Among them, many were suffered with frustration followed by anxiety and stress. High significant association was found between age at marriage and psychological problems. With regard to sexual problems, half of the respondents did not respond due to hesitation and lack of knowledge that problem was due to the early marriage. Only few respondents expressed that lack of sexual desire and painful intercourse as their sexual problems. There is a great need for public health and family planning organizations to create greater awareness of the adverse consequences of early marriage through parental arrangements, for the physical, mental and emotional wellbeing of young women.

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