

Original Article

# Knowledge on Health Consequences of Early and Late Marriage among Students at Selected College, East Sikkim

Arkierupaia Shadap<sup>1</sup>, Thoibi Devi<sup>2</sup>, Anjana Sharma<sup>3</sup>, Anu Sapkota<sup>4</sup>, Yamuna Sharma<sup>5</sup>, Srijana Basnett<sup>6</sup>, Ashma Sharma<sup>7</sup>, Binita Thapa<sup>8</sup>, Kesang Bhutia<sup>9</sup>, Pema D. Bhutia<sup>10</sup>, Karma Doma Bhutia<sup>11</sup>, Tashi Lamu Bhutia<sup>12</sup>, Passang Kee Bhutia<sup>13</sup>, Sunita Subba<sup>14</sup>, Karishma Rai<sup>15</sup>, Passang Dikki Sherpa<sup>16</sup>

<sup>1</sup>Assistant Professor, <sup>2</sup>Associate Professor, <sup>3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16</sup>. B.Sc Nursing Students, Sikkim Manipal College of Nursing, Sikkim Manipal University.

Corresponding Author: Arkierupaia Shadap, Assistant Professor, Sikkim Manipal College of Nursing, Sikkim Manipal University. Mobile: +91 84361 49397, E-mail: shadaparkierupaia@gmail.com.

Received : 26.10.2017

Review Completed : 28.12.2017

Accepted : 05.01.2018

Keywords : Knowledge, early marriage, late marriage, health consequences,

## Abstract

Marriage is the blending together of two lives, two personalities of the opposite sex for as long as two shall live in this world. It is the building law of God and protects the mankind. But early and late marriage may have an adverse health consequence. A study was conducted to assess the knowledge on health consequences of early and late marriage among students at selected college of Sikkim. Investigators adopted the quantitative approach using the descriptive survey research design through convenient sampling technique. Structured knowledge questionnaire on health consequences of early and late marriage were developed and sent for validation to experts before collecting the data. Result shows that majority 84% and 49% has moderate knowledge, 12% and 47% has poor knowledge and 4% each has good knowledge on health consequences of early and late marriage respectively. The study reveals that there was no significant association of knowledge on health consequences of early and late marriage.

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## Introduction

Marriage is defined as “the blending together of two lives, two personalities of the opposite sex for as long as two shall live in this world. It is the building law of God and protects the mankind. Health consequences are defined as a health which has the opposite effect causing or contributing to ill health.<sup>1</sup>Early marriage by UNICEF is defined by “a formal marriage or union before 18 years of age”. The effect of early marriage may lead to the occurrences of physiological and psychological stress, denial of freedom and personal development, denial of education.<sup>2</sup>Late pregnancy is defined as pregnancy above 35 years of age. Late marriage naturally results late pregnancy. It results in complications which affect the health of mother as well as babies; such as difficulty in conceiving, pre-eclampsia, risk for miscarriages, the chances of fetus having genetic defect

and still births. So women should be aware about ideal time of marriage and pregnancy.<sup>3</sup>

A study at Ludhania shows the effectiveness of health education in improving knowledge of urban mothers about relationship between early and late marriage and pregnancy with increased risk. The researcher concluded that further study needed to be done among large sample.<sup>4</sup>A hospital based cohort study was undertaken on rural hospital in west Bengal by Bharati Banerjee, G.K Pandey, Debashis Dutt, Bhaswati Sengupta, Maitraeyi Mandal, Sila Deb to assess the magnitude of the problem of teenage pregnancy and its complication among teenage mothers between 15-19 years old and control cohort of mother between 20-24 years old. Teenage pregnancy compromised 24.17% of total pregnancies. Study shows that anemia, preterm delivery and low birth weight were

more prevalence among teenager than among women who were 20-24 years old.<sup>5</sup>

The practice of marrying girls at young age is quite common in many part of the world. In developing countries like India, adolescent motherhood is associated with early marriage as a consequence of early initiation of sexual activity. Early marriage often takes place even before the girl has attained puberty. Pregnancy before 18 years leads to many health risks. Teenagers have high rate of mortality in pregnancy or child birth than women aged 20-24 years. Globally, it shows that about 50% of miscarriage occurs for mothers who are over 45 years and rate of caesareans are about 40% high in older mothers compared to younger. Late marriage and low infertility rates tend to be closely linked. World report shows in Myanmar and South Korea having lowest rate of fertility in world because of delayed marriage.<sup>6</sup>

The prevalence rate estimated that, about 67 million women around the world had been married before the age of 18 in 2010.<sup>7</sup> International agreements affirm that students have a right to know about information regarding reproductive health, accurate timing of marriage, and child bearing. Students receive most of this information from peers which often leads to misinformation. So they need structured formal and informal learning packages for better future.<sup>7</sup> From the reviews and present statistics, it has been found that early and late marriage leads to many complications. Therefore the investigators felt that there is a need to conduct a study in order to develop appropriate knowledge on health consequences of early and late marriage among the college students with a view to develop an informational leaflet.

**Methods**

A descriptive survey study design was conducted among 100 management students at ICFAI College, Gangtok; East Sikkim. The investigators adopted a convenient sampling technique. After thorough review of literatures and discussion with experts, tool which consists of Section 1: Demographic variables and Section 1A: Structured knowledge questionnaires on health consequences of

early marriage and Section 1B: Structured knowledge questionnaires on health consequences of late marriage were developed and sent for validation to experts. Pretesting and reliability of the tool was done and found to be reliable i.e;  $r = 0.8$ . The data was collected after taking prior administrative permission and consent from the participants. A pilot study was conducted in order to determine the feasibility and practicability of the final study and it was found to be feasible. The data collection for the final study was done during the December'13-January'14. The analysis of the data was done according to the objectives of the study using the descriptive and inferential statistics.

**Findings**

The study findings in table 1, shows that majority 81% belonged to age group of 19-23 years, 46% were male and 54% were female, majority 93% of student were unmarried, majority 48% of the participant were Buddhist, majority 73% were 3<sup>rd</sup> year management students, majority 49% of participants belonged to joint family, majority 47% of participants parents had skilled occupation, 34% of participant's parents had monthly income between Rs.15001-25000, 84% of the participant did not have family history of early marriage, 90% of participants did not have family history of late marriage. Majority 50% of participants had knowledge related to early marriage through family members and relatives, 40% had knowledge related to late marriage through family members and relatives.

Figure 1 shows that majority 84% of students has moderate knowledge, 12% has good knowledge and 4% has poor knowledge on health consequences of early marriage.

Figure 2 shows that majority 49% of students has moderate knowledge, 47% has good knowledge and 4% has poor knowledge on health consequences of late marriage.

The data in the table 2 shows that there is no association between knowledge on health consequences of early marriage with selected demographic variables.

The data in the table 3 shows that there is no association

between knowledge on health consequences of early marriage with selected demographic variables.

Table 1 : Frequency and Percentage distribution of demographic characteristics (N=100)

SL	Demographic variables	Frequency	Percentage (%)
1	<i>Age (in years)</i>		
	19-23	81	81
	24-28	14	14
	29-33	5	5
2	<i>Gender</i>		
	Female	46	54
3	<i>Religion</i>		
	Buddhist	48	48
	Christian	11	11
	Hindu	39	39
4	<i>Marital status</i>		
	Married	7	93
5	<i>Education</i>		
	2 <sup>nd</sup> Year BBA	27	73
6	<i>Type of family</i>		
	Extended	26	26
	Joint	49	49
7	<i>Parent's occupation</i>		
	Government job	33	33
	Private job	10	10
	Skilled	47	47
8	<i>Monthly income of family (in Rs)</i>		
	£ 5001	9	9
	5001- 15000	26	26
	15001-25000	34	34
9	<i>Family history of early marriage</i>		
	No	84	84
10	<i>Source of information related to early marriage and its health consequences (mostly heard)</i>		
	Family members and relative	50	50
	Friends	11	11
	Health workers	12	12
	Newspaper	07	07
	Television	03	03
	Radio	17	17
11	<i>Family history of late marriage</i>		
	No	90	90
	Yes	10	10

SL	Demographic variables	Frequency	Percentage (%)
12	<i>Source of information related to early marriage and its health consequences (mostly heard)</i>		
	Family members and relative	40	40
	Friends	23	23
	Health workers	17	17
	Newspaper	13	13
	Television	01	01
	Radio	06	06

Table 2: Association between knowledge on health consequences of early marriage with the selected demographic variables. (N=100)

Demographic Variables	Knowledge score		Chi-square	df	Table value	Remarks
	<Median	‡Median				
<i>Age (in years)</i>			0.51	2	5.99	NS
19-23	36	45				
24-28	2	2				
29-33	2	3				
<i>Gender</i>			0.01	1	3.89	NS
Male	19	27				
Female	21	33				
<i>Religion</i>			0.07	3	4.82	NS
Buddhist	20	25				
Christian	5	5				
Hinduism	14	20				
Muslim	1	10				
<i>Marital status</i>			0.05	1	3.84	NS
Married	4	3				
Unmarried	36	57				
<i>Education</i>			0.006	1	3.84	NS
2 <sup>nd</sup> Year BBA	11	16				
3 <sup>rd</sup> Year BBA	29	44				
<i>Type of family</i>			0.03	2	5.99	NS
Extended	11	15				
Joint	20	29				
Nuclear	9	16				
<i>Parent's occupation</i>			0.09	3	7.82	NS
Government job	12	21				
Private job	3	7				
Skilled	20	27				
Professional	5	5				
<i>Monthly income of family (in Rs)</i>			0.51	3	7.82	NS
£ 5000	2	7				
5001- 15000	9	17				
15001-25000	18	16				
‡ 25001	11	20				
<i>Family history of early marriage</i>			0.86	1	3.84	NS
No	29	55				
Yes	11	05				
<i>Source of information related to early marriage and its health consequences (mostly heard)</i>			0.02	2	5.99	NS
Family members/Friends	25	36				
Health workers	4	8				
Media	11	16				

p<0.05 (level of significant)

Table 3: Association between knowledge on health consequences of late marriage with the selected demographic variables. (N=100)

Demographic Variables	Knowledge score		Chi-square	df	Table value	Remarks
	<Median	≥Median				
<b>Age (in years)</b>						
19-23	37	44	0.06	2	5.99	NS
24-28	8	6				
29-33	2	3				
<b>Gender</b>						
Male	21	25	0.015	1	3.84	NS
Female	26	28				
<b>Religion</b>						
Buddhist	22	26	0.015	3	7.82	NS
Christian	5	6				
Hinduism	19	20				
Muslim	1	1				
<b>Marital status</b>						
Married	3	7	0.003	1	3.84	NS
Unmarried	44	49				
<b>Education</b>						
2 <sup>nd</sup> Year BBA	12	15	0.019	1	3.84	NS
3 <sup>rd</sup> Year BBA	35	38				
<b>Type of family</b>						
Extended	13	13	0.24	2	5.99	NS
Joint	25	24				
Nuclear	9	16				
<b>Parent's occupation</b>						
Government job	14	19	0.75	3	7.82	NS
Private job	5	5				
Skilled	20	27				
Professional	5	5				
<b>Monthly income of family (in Rs)</b>						
£ 5000	3	6	0.17	3	7.82	NS
5001- 15000	13	13				
15001-25000	3	6				
‡ 25001	13	18				
<b>Family history of late marriage</b>						
No	39	51	0.84	1	3.84	NS
Yes	08	02				
<b>Source of information related to late marriage and its health consequences (mostly heard)</b>						
Family members/Friends	35	28	1.16	2	5.99	NS
Health workers	8	9				
Media	416					

p<0.05 (level of significant)

Figure 1 : Cone diagram of knowledge score on health consequences of early marriage (N=100)

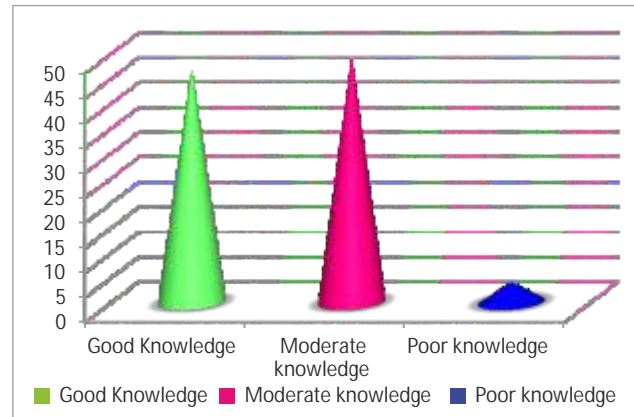
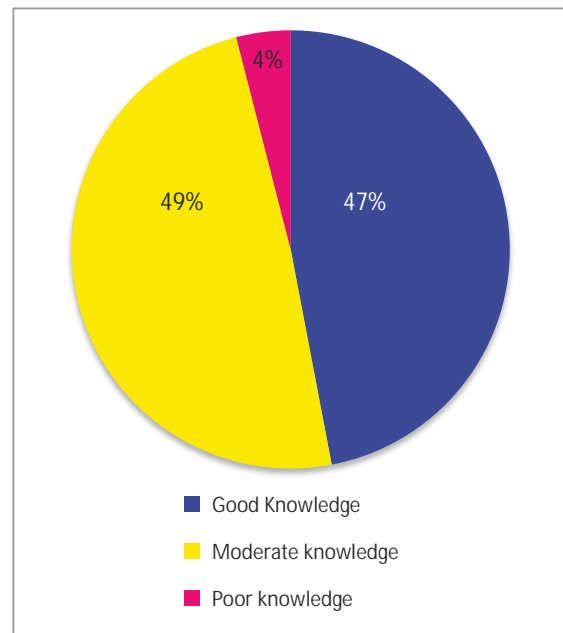


Figure 2 : Pie diagram of knowledge score on health consequences of late marriage (N=100)



Discussion

The present study shows that majority 47% has poor knowledge on health consequences of late marriage, which was supported by a study conducted on delayed child bearing and its complication in United Kingdom where majority 40% has poor knowledge.

Conclusion

The present study reveals, majority 84% and 49% of the college students have moderate knowledge on health consequences of early and late marriage respectively. Adolescents and college students are the future of the society and it is important for them to be aware about the

health consequences of early and late marriage. So, as health care professional we play an important role in disseminating information on health consequences of early and late marriage so as to improve the health and decrease the morbidity and mortality rate.

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#### Acknowledgement

The authors would like to thank the Principal, Sikkim Manipal College of Nursing and the participants for their contribution and cooperation, without which the study would not have been completed.