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Consequences of Child Marriage on Maternal and Neonatal Health

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Abstract: ***The present study was designed to know the consequences of child marriage on maternal and neonatal health carried out during 2015-16. A total of 106 respondents married at the early age selected from six villages of Dharwad taluk of Karnataka state formed the population for the study. Self structured schedule regarding consequences of child marriage was used to interview the respondents. The respondents were selected through snowball sampling method. It was found that, there was significant association and positive correlation between age at marriage and discomforts during pregnancy, anemic (hemoglobin level) during pregnancy, type and place of delivery and newborn birth weight. By encouraging delayed marriages, delayed child bearing and wider spacing between births, communities and families can contribute to a healthier population.***

Keywords: Child marriage, Pregnancy discomforts, Maternal and neonatal health,

1. Introduction

Child marriage denies children their basic rights to good health, nutrition, education, and freedom from violence, abuse and exploitation. For girls child marriage is the beginning of frequent and unprotected sexual activity which has serious health consequences. It exposes them to early motherhood, reproductive tract infections and sexually transmitted diseases, including HIV/AIDS. It also means frequent pregnancies and abortions. Marriage at a very young age has serious health consequences for both child brides and their children.

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" (UNIFPA, 2006).

2. Objective

To know the consequences of child marriage on maternal and neonatal health.

3. Methodology

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 namely Tegur, Karadigudda, Kurabagatti, Hebballi, Narendra and Yettingudda were randomly selected. 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. Out of 106 respondents, 7 did not have pregnancy issues.

Self structured interview schedule was administered to collect information regarding reproductive health which consists of information on type of delivery, place of delivery, discomforts faced during pregnancy and newborn birth weight.

A correlation research design was employed to test the relationship between child marriage and health status.

4. Results and Discussion

Results on association between age at marriage and discomforts during pregnancy is presented in Table 1. 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. Sharma et al. (2003) conducted the study 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 respectively, however the difference was not statistically significant.

Association between age at marriage and anemic (hemoglobin level) during pregnancy is shown in Table 2. 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. These results are in line with the findings of the study conducted by Seneesh and Shah (2015) who reported that severe anemia (11.40 %) was more common in teenage mothers as compared to their counterparts.

Association and correlation between age at marriage and type of delivery of respondents is depicted in Table 3. Most of the respondents (72.72 %) married at 16-18 years had normal delivery followed by 13-15 years (53.84 %) and less than 12 years (14.28 %). Eighty six per cent of the respondents married at the age of less than 12 years had caesarian delivery followed by those who married at 13-15 years (34.61 %) and 16-18 years (24.24 %). Around 12 per cent of the respondents married at 13-15 years had forceps delivery followed by 16-18 years (3.03 %) and none of the respondents married at the age of less than 12 years had forceps delivery. There was significant association and positive correlation between age at marriage and type of delivery. The study results are in accordance with findings of the study conducted by Iyer (2013) who reported that majority (68.50 %) of the girl child brides said that they had normal deliveries as against 31.50 per cent who underwent caesarian section.

Association and correlation between age at marriage and place of delivery of respondents is presented in Table 4. Sixty five per cent of the respondents married at the age of 16-18 years delivered at hospital followed by those who married at less than 12 years (57.14 %) and 13-15 years (53.84 %). Most of the respondents (46.15 %) married at 13-15 years delivered at home followed by those who married at less than 12 years (42.85 %) and 16-18 years (34.84 %). There was significant association between age at marriage and place of delivery at one per cent level. The study results are in line with the findings of the study conducted by Usmani et al. (2011) who reported that non-institutional delivery was still found high as 39 per cent respondents revealed that they delivered baby at their home.

Association and correlation between age at marriage and assistance of delivery at home of respondents is depicted in Table 5. Among the respondents married at the age of 16-18 years, sixty five per cent of their deliveries at home were assisted by nurses followed by 13-15 years (58.33 %) and less than 12 years (33.33 %). Respondents married at the age of less than 12 years sixty seven per cent of their deliveries at home were assisted by midwives followed by 13-15 years (41.67 %) and 16-18 years (34.78 %). There was no significant association between age at marriage and assistance of delivery at home. Similar results are highlighted from the findings of the study conducted by Usmani et al. (2011) who mentioned about assistance received during delivery among child brides and reported that about 36 per cent deliveries were assisted by untrained Dai followed by trained Dai (19.00 %), doctors (17.00 %) and midwives (14.00 %).

Association and correlation between age at marriage and newborn weight of respondents is shown in Table 6. Seventy one per cent of the respondents married at the age of less than 12 years had low birth weight (LBW) babies followed by those who married at 13-15 years (57.69 %) and 16-18 years (8.57 %). Majority of the respondents (64.28 %) married at 16-18 years had normal weight babies followed by 13-15 years (23.07 %) and less than 12 years (16.66 %). Around 21 per cent of the respondents married at 16-18 years had heavy weight babies followed by 13-15 years (19.23 %) and less than 12 years (16.66 %). There was significant association between age at marriage and newborn weight. Results of the present study are in line with the findings of the study conducted by Seneesh and Shah (2015) who reported that low birth weight was more prevalent in case of teenage mothers (77.20 %) compared to adult mothers (22.80 %), which was statistically significant. Similar results are also observed from the study conducted by Sharma et al. (2003) who reveled that low birth weight was more in case of adolescent pregnancies (57.10 %) than adult pregnancies but the difference was not statistically significant.

5. Conclusion

Early marriage is declining but the number of girls married below the age of 18 is still large. A number of health outcomes are associated with early marriage. There should a strong political will and commitment to reduce the negative impact of early marriage. Awareness creation campaign should be the first strategy to reduce early marriage. Making girl children aware about their rights and the negative consequences of early marriage is equally important. Education is a weapon for fighting against any forms of societal problems.

Table 1: Association between age at marriage and discomforts faced during pregnancy, N=99

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)		

Figures in the parentheses indicate percentages
** Correlation is significant at the 0.01 level.
* Correlation is significant at the 0.05 level.

Table 2: Association between age at marriage and anemic (hemoglobin level) during pregnancy, N=99

Pregnancy aspects	Age at marriage (years)			Total	Modified χ^2 value	r value
	≤12	13-15	16-18			
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 indicate percentages
** Correlation is significant at the 0.01 level.
* Correlation is significant at the 0.05 level.

Table 3: Association between age at marriage and delivery aspects of respondents, N=99

Delivery aspects	Age at marriage (years)			Total	Modified χ^2 value	r value
	≤12	13-15	16-18			
Type of delivery						
Normal	1(14.28)	14(53.84)	48(72.73)	63(63.64)	20.79**	0.25*
Caesarian	6(85.71)	9(34.61)	16(24.24)	31(31.31)		
Forceps	0	3(11.53)	2(3.03)	5(5.05)		
Total	7(100.00)	26(100.00)	66(100.00)	99(100.00)		

Figures in the parentheses indicate percentages
** Correlation is significant at the 0.01 level.
* Correlation is significant at the 0.05 level.

Table 4: Association between age at marriage and delivery aspects of respondents, N=99

Delivery aspects	Age at marriage (years)			Total	Modified χ^2 value	r value
	≤12	13-15	16-18			
Place of delivery						
Home	3(42.85)	12(46.15)	23(34.84)	38(38.39)	17.58**	0.27**
Hospital	4(57.14)	14(53.84)	43(65.15)	61(61.61)		
Total	**7(100.00)**	**26(100.00)**	**66(100.00)**	**99(100.00)**		

Figures in the parentheses indicate percentages
** Correlation is significant at the 0.01 level.

Table 5: Association between age at marriage and delivery aspects of respondents, N=99

Delivery aspects	Age at marriage (years)			Total	Modified χ^2 value	r value
	≤12	13-15	16-18			
Delivery at home was assisted by (n=38)						
Nurse	1(33.33)	7(58.33)	15(65.22)	23(60.53)	4.24NS	0.28*
Midwives	2(66.67)	5(41.67)	8(34.78)	15(39.47)		
Total	**3(100.00)**	**12(100.00)**	**9(100.00)**	**38(100.00)**		

Figures in the parentheses indicate percentages
* Correlation is significant at the 0.05 level.
NS- Not significant

Table 6: Association between age at marriage and delivery aspects of Ss respondents, N=99

Delivery aspects	Age at marriage (years)			Total	Modified χ^2 value	r value
	≤12	13-15	16-18			
Newborn weight (kg)						
Low (≤2.5)	5(71.42)	15(57.69)	6(8.57)	26(24.52)	19.41**	0.22*
Normal (2.5-3.5)	1(16.66)	6(23.07)	45(64.28)	52(49.05)		
Heavy (≥3.6)	1(16.66)	5(19.23)	15(21.42)	21(19.81)		
Total	**7(100.00)**	**26(100.00)**	**66(100.00)**	**99(100.00)**		

Figures in the parentheses indicate percentages
** Correlation is significant at the 0.01 level.
* Correlation is significant at the 0.05 level.

References

[1] Iyer, S. R., Koteshwar Rao, M., Prakasini, V. and Jayalaxmi, K., 2013, A study report on causes and consequences of child marriages in Krishna district, Andhra Pradesh, India-a cross sectional study. Vasavya mahilamandal, Vijayawada, Andhra Pradesh, India, 1-28.
[2] Seneesh, K. V. and Shah, M., 2015, Feto-maternal outcome in teenage pregnancy- a comparative case control study. *J. Psychology and Child Health*, 2(2): 1-5.
[3] Sharma, A. K., Chhabra, P., Gupta, P., Aggarwal, Q. P. and Lyngdoh, T., 2003, Pregnancy in adolescents: a community based study. *Indian J. Prev Sco Med.*, 34(1&2): 1-9.
[4] Usmani, S., Farouqui, N., Sheel, R., Gupta, R., Kuswaha, A., Singh, S., Sahabuddin, R., Yadav, S. and Pandey, A., 2011 Child marriage in India: a study of situation, causes and enforcement of prohibition of child marriage act. Report from Planning Commossion, Govt of India, New Delhi, 1-238.
[5] UNIFPA, 2006, Ending child marriage, A guide for global policy action. International Planned Parenthood Federation and the Forum on Marriage and the Rights of Women and Girls. U.K.