

Early Marriage : Social and Health Consequences

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Abstract

Birth, marriage and death are the key events in every individual life. Marriage has been accepted as a matter of right and choice. But early marriage for boys and girls has serious physical, intellectual, psychological and emotional impacts, cutting of educational opportunity and hampers personal growth. The practice of marrying girls at early age is most common in south Asia and sub-saharan Africa. Unfortunately the date of early marriage in different developing countries is not available. The purpose of this study is to find out the adverse effect of early marriage on social and health problem for adolescent girl residing in sweeper colony under Dhaka city corporation. The study was conducted in gonaktuli sweeper colony Dhaka. Total respondents were 104 sweepers who were selected by purposively. Health and social consequence of early marriage among sweeper revealed from the study. The finding showed, most of the respondents (n-82, 78.8%) had either no formal schooling or were illiterate and 77.9% belonged to Islam and the rest 23 (22.1%) to Hindus religion. The study reveals that about 68.23% suffered from loss of health, anemia and child health also found to be associated with morbidity.

Introduction

Bangladesh is the most densely populated countries with 142 million people in its 1,48,393 sq. km areas. Studies shows that early marriage

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is one of the important demographic determinates of women². One of the major causes of higher population growth is high fertility rate which are affected by age at marriage, first child birth, spacing between child birth(s), infant and child mortality, social and economic condition. However, information on age at first marriage lacks greatly³ in several countries including Bangladesh- which has a long tradition of early & universal marriage for females.⁴ The mean age at marriage in Bangladesh, still remain below the legal minimum age of 18 years. Early marriage leads to long fertility / reproductive life, throwing women into high risks towards contributes both the infant/child and maternal morbidity and mortality rates. Usually women of <18 years old generally give birth to unhealthy or LBW babies and are in question of having little capacity in bearing and rearing their children. Thus, evidences from several studies, world-wide, including few in Bangladesh demonstrated the adverse consequences of early marriage. In spite of the effort both from the GOB's and several NGOs, early marriage still prevails in the country at a much higher rate than in other countries.

In order to reduce (if not possible to stop it at this moment) early marriage in any country, it is mandatory that our communities possess basic education, sufficient information and available approaches to be aware on this issue of reducing early marriage from our societies.

It is important that knowledge of our communities, particularly among less educated, low-socio economic and lower class communities like sweepers, slum dwellers, floating families, etc are properly assessed who are more vulnerable and believe in and practice early marriage most commonly.

2. Methodology

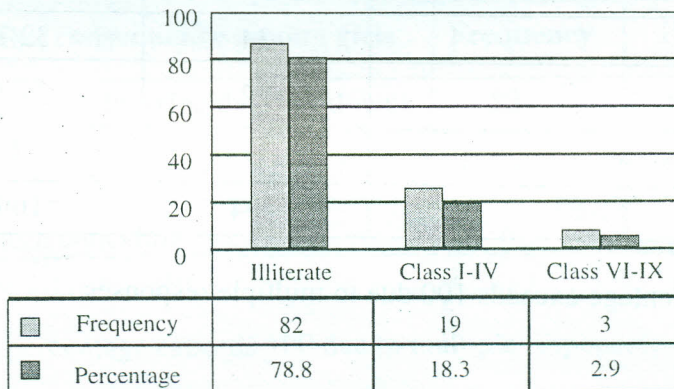
At Hazaribagh, behind the B.D.R. Head quarter and Southern part of the Rayerbazar tanneries of Dhaka, there is a sweeper community known as the Gonoktuli Municipal (sweeper) Colony. Overcrowding is a great problem for them, which causes health, education and

accommodation problems in the sweeper colony. Due to illiteracy, lack of education and overcrowding, early marriage has become dominant in the sweeper community.

Gonaktoli sweeper colony is very big one but my study population is a portion of the colony. These portion contain 145 household of that area is my study population. However, 104 of total 145 households were found to collect information from the parents. All the parents of this portion of colony who are available included in the study purposively. From every household, we took only-one parents (father or mother). A questionnaire was prepared as a tool for this study and was finalized after pre- testing. The questionnaire was prepared according to objective of the study. A self-administered multiple-choice questionnaire was developed. The questionnaire was simple and easy to understand with the Bengali version.

3. Result and Findings

Figure 1: Distribution of respondents by their education al level.



It shows that most of the respondents (n=82, 78.8%) had either no formal schooling or were illiterate.

Table 1: Respondent on the Govt. Recommended Age of Boys for Marrying.

Age of marriage among boys	Frequency	Percentage
Correct	11	10.5
Incorrect	43	41.3
No Response	50	48
Total	105	1000

*Total percentage exceeds 1000 due to multiple responses.

It shows only 11 (10.5%) were correctly answer about age of marriage.

Table 2: Respondent on the Govt. Recommended Age of Girls for Marrying.

<i>Age of marriage among girl</i>	Frequency	Percentage
Correct	34	32.7
Incorrect	22	21.1
No Response	48	46
Total	104	100

*Total percentage exceeds 100 due to multiple responses.

It shows only 34 (32.7%) were correctly answer about age of marriage.

Table 3: Distribution of on Health consequence of Early Marriage Among Girls.

Health consequence among girls	Frequency	Percentage
Loss of health (Health break down)	71	68.23
Anemia	22	21.15
Complicated motherhood	10	9.61
Developed various infectious(utrine) disease	0	0
Uterine Prolapse	0	0

*Total percentage exceeds 100 due to multiple responses.

It shows health consequence of early marriage among girls.

Table 4: Distribution of Respondents on Health Consequence of Early Marriage Among Boys.

Health consequence among girls	Frequency	Percentage
Loss of health (Health break down)	82	78
Loss of health (Health break down)	25	24
Disturb education	6	5.76

*Total percentage exceeds 100 due to multiple responses.

It shows health consequence of early marriage among boys.

Table 5: Distribution of Respondents on Health Consequence of Early Marriage Among Child.

Health consequence among children	Frequency	Percentage
Low birth weight baby	41	39.42
Newborn easily suffering from disease	61	58.65
Growth impairment of child	3	2.88
IMR	3	2.88

*Total percentage exceeds 100 due to multiple responses.

It shows health consequence of early marriage among children.

Health Consequences :

The risks of early pregnancy and childbirth are well documented: increased risk of dying, increased risk of premature labour, complications during delivery, low birth-weight, and a higher chance that the newborn will not survive.

Pregnancy-related deaths are the leading cause of mortality for 15-19 year-old girls worldwide. Mothers in the age group face a 20 to 200 per cent greater chance of dying in pregnancy than women aged 20 to 24. Those under age 15 are five times as likely to die as women in their twenties. The main causes are haemorrhage, sepsis, pre-eclampsia/eclampsia and obstructed labour. Unsafe abortion is the other major risk for teenage women.

Physical immaturity is the key risk for the under 15s. High rates of Vesico-Vaginal Fistula (VVF) are clearly identified with marriage and childbearing in the 10-15 year-old age group; in one study in Niger, 88 percent of women with fistula were in this age group at marriage.

Mother whose pelvis and birth canal are not fully developed often endure very prolonged labour. The same problem may also occur in relation to the rectum, with leakage of faeces (recto-vaginal fistulas, or RVF).

The health problems linked to early marriage not only affect the pregnant mother and the foetus, but also continue after childbirth. Evidence shows that infant mortality among the children of very young mothers is higher-sometimes two times higher-than among those of older peers.

Early marriage has a serious adverse effect on health. Women aged 15-19 doubles the risk of death due pregnancy related causes compared to women at the married age of twenties (population reference Bureau, 2000) Hospital Based studies from Nepal has shown teenage pregnancy induced hypertension and anemia⁵.

Several studies have documented poorer outcomes for children born to adolescent mothers compared to older mothers. The Nepal Family Health Survey 1996 (NFHS) found that neonatal mortality among children of adolescent mothers was 73% higher than children of older mothers, and 25% higher than children of mothers aged 30-39. Studies have also found a 25%-66% higher incidence of low birth weight among children of adolescent mothers (Dali et al., 1989; Adhikari and Amatya, 1996. One hospital-based study found a perinatal mortality rate that was twice as

high among children of adolescent mothers compared to children whose mothers were older than age 19 (40.5) versus 18 per 1000 births) (Adhikari and Amatya, 1996). Evidence suggests that children of older adolescents (aged 17-19) fare better than those born to younger adolescents (aged 16 or younger), when outcomes such as low birth weight and pre-term birth are compared (Dali & Pradhan, 1992)⁵.

Social Consequence

Early marriage can be a violation of children's basic right to a childhood to an education to good health and to make decisions about their own lives.¹ The most common result of the early marriage is the withdrawal of girl from formal education. Many husbands of the developing countries expect that their wives should not attend formal education. But allow attending in religious, household and child care duties. As such early married women are unable to go against their husband wish and many family refuse to invest their limited income for female education. Evidence shows that less educated mother cannot provide good education for their children. Their daughters especially are likely to drop out, married at younger age and begin the cycle again. Hence, Early marriage is a significant barrier for proper education, which increases the poverty cycle for the country. For young women just beginning their married lives, the risks of early child bearing, low education, lower income, more divorce or separation, live in poverty, extra to other social consequences.¹⁻⁶

There are more other problems associated with early marriage having negative impact on the society, as a whole.⁷ In India Pakistan it showed that girls who marry before the age of 18 years have more children and also suffer from various maternal and gynecological problems.⁸ Early marriage also significantly contributes to higher marital dissolution, too.^{9,10} In Indonesia marital dissolution/divorce rates decreased gradually due to increasing trend in age at first marriage. Early marriage is one of the major constraints of our economic development. Because the government can not provide basic need like food, shelter, education, medical facilities etc due to limited resources. The surplus number of population bring social disorder, economic burden for which the overall development of the country seriously hampers. The rate of population growth can be minimized by reducing early marriage which will definitely create positive impact on our social and economic development.

Conclusion :

It is very essential to create awareness among the people by informing and educating them regarding the adverse effects of early marriage. This study is of immense need in communities like ours, which is one of the poorest and overpopulated countries in the world. The study provide some useful information on the issue of early marriage among one of the vulnerable new policies and adopting well designed sustainable development programs towards up-rooting or at least reducing the prevailing trend of early marriage, Moreover, this study highlighted certain positive steps for country's economic and social benifit, particulary through creating posotive attitudes of the study population towards enhancing per income generation programs and thus creating employment oportunity and overall development, which will ultimately reduce the health hazradş and help in curtail down the child/maternal morbidity and morality rates in our country particularly in such early-marriage vulnerable communities.

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