

Original Article

Socio-demographic factors for early marriage and early pregnancy – A community based study

Rekha Udgiri

Professor, BLDEU Shri.B.M.Patil Medical College. Vijayapura

Corresponding author:

Dr. Rekha Udgiri,

Professor, Dept of Community Medicine,

BLDEU Shri.B.M.Patil Medical College. Vijayapura

Email : drrekhaudgiri@gmail.com

Abstract

Background: Early marriage is one of key factor for dropping out the education and personal development, usually girls discontinue their schooling if a good marriage alliance is made. At the same time adolescent pregnancy remains a major contributing factor for maternal and child mortality.

Objectives : To know the magnitude of early marriage and young pregnancy in the field practice area and to assess the socio-demographic factors of the participants. **Materials and methods:** Present study was community based cross-sectional study, no intervention was done. A total of 128 women were participated in the study. House to house survey was done for period of 6 months in both the rural field practice and urban field practice area. **Results and Conclusion:** The present study observed the significant difference between rural and urban area with response to age at marriage, duration of married life, number of children, knowledge about contraception, reason for early marriage and pregnancy. Traditional practices and family pressure, lack of contraception usage after marriage and after child birth was found to be reason for early marriage and young pregnancy in this region.

Key words; Early marriage, early pregnancy, socio-demographic factors

Introduction

Early marriage resulting in early motherhood means placing both the mother and child at risk. ¹ In India most of the adolescent marriages happen with decision by parents and head of the family, and most of the pregnancies occur in wedlock.

Around 45% of young women in India marry before age of 18years, the major problem in assessing the prevalence of early marriage is that many are unregistered and unofficial are not counted as part of standard data collection system. About 16 million girls of age 15-19

years and 1 million girls under 15 years give birth every year and most of them belongs to low and middle income countries.²

WHO estimated that risk of death following pregnancy is twice as great for women between 15-19 yrs than those between 20-24 yrs. In India incidence of teenage pregnancy varies from 3.2% to 18.6%.³

The deep rooted cultural practices, poor socioeconomic condition, low literacy rate and lack of awareness of family planning method

are some of main contributory factors for adolescent marriage and teenage pregnancies.

Both early marriage and pregnancy are more likely to occur in poor, uneducated and rural communities, it also have negative social and economic effect on girls. Teenage pregnancy is a multi-factorial problem; a holistic approach is required in order to address the adolescent pregnancy.

Objectives

1. To know the magnitude of early marriage and **early** pregnancy in field practice area of Shri.B.M.Patil Medical College, Vijayapura.
2. To assess the socio-demographic factors of the subjects.

Material and methods

Study design: cross-sectional

Study area: Rural and urban field practice area of Shri.B.M.Patil Medical College. Vijayapura, with population of 12,000 and 10.000 respectively.

Study period : March – August, 2016

Study participants: All the girls who were married before 18 yrs of age were included in the study.

Study period: 6 months

Study method: House to house survey was carried out to enroll all adolescent girls who were married before the age of 18 years Duration of the married life was restricted to up to 6 yrs to avoid recall bias.

As Vijayapura is socioeconomically backward district in north Karnataka state, such type study has been not carried out in this area. The Present study highlights the magnitude and socio-demographic factors of early marriage and teenage pregnancies in field practice area of Shri. B.M Patil medical college, Vijayapura

Sample size: All females who were married before the age of 18 yrs, including new and old are included in the study in the rural and urban field practice area of the medical college.

Before the start of study ethical clearance was obtained from institutional ethical committee. After explaining the purpose of the study verbal consent was taken from the participants. The data was collected in predesigned questionnaire by interview technique.

Statistical Analysis : Data were analyzed using SPSS Version 16.0 software. Proportion and chi-square test was applied to know the association between the variables.

Results

A community based cross sectional study was conducted in the RHTC and UHTC in the field practice area of Shri.B.M.Patil medical college. Vijayapura. A total of 128 female

were enrolled in the study, 56% of them were from rural and 44% of them are from urban area.

Table I: Socio – demographic profile of the participants (N=128)

Variables	Frequency		Percentage
Area of residence	Rural	72	56
	Urban	56	44
Age	15-19	23	18
	20-25	105	82
Religion	Hindu	92	72
	Muslim	36	28
Occupation	Housewife	92	72
	Agriculture/business	5	4
	Daily wages	26	20
	Others	5	4
Husband's occupation	Agriculture/business	57	44
	Daily wages	55	43
	Others	16	13
Education	Illiterate	44	34
	Primary	26	20
	High-school	50	39
	PUC/Diploma	08	7
Husband's education	Illiterate	70	55
	Primary	12	9
	High-school	43	34
	PUC/Diplom	03	2
Type of family	Nuclear	62	48
	Joint	34	27
	Three generation	32	25
SES	Class I	13	10
	Class II	13	10
	Class III	46	36
	Class IV	31	24
	Class V	25	20

18% of the subject belongs to age group <19 yrs and maximum number were Hindus by religion (72%). About 20% of participants were working as daily wages. Regarding education 34% of them were illiterate and maximum number of participants were living

in a joint family. 36% of them belonged to middle class family, majority of the respondents were married when they are 18 yrs of age(68%).mean age at marriage was 17.4years (SD= 0.93)(Table 1 & 2)

Table 2. Distribution of Study subjects on according to marriage, pregnancy, childbirth and contraception

Age at marriage	15 16 17 18	05 25 11 87	4 20 9 68
Duration of married life	01 02 03 04 05 06	7 21 8 81 08 03	5 16 6 63 6 2
Parity	primi multi	116 12	91 9
Consanguinity	Yes No	15 113	12 88
Knowledge about contraception	Yes No	17 111	13 87
Contraception after marriage	None Calendar method Condom OC pills	119 04 05 0	93 3 4 0
Contraception after childbirth	None Calendar method Condom OC pills IUCD's	126 0 0 0 2	98 0 0 0 2
Reason for early marriage* (multiple answeres)	Consanguineous Traditional practice Not able to pay for education Other siblings to be married Family pressure	15 64 23 28 10	12 50 18 22 8
Reason for early childbirth	Family pressure Tradition practice	29 99	23 77

The mean duration of married life was 3.55(SD=1.08). Majority of them were having one child (91%). History of

consanguineous marriage was found in 12% of the participants.

Table 3: Responses of participants with different variables in relation to rural and urban area (N=128)

Variables		Rural		Urban		Total		Chi square test
		No.	%	No.	%	No.	%	
Age at marriage(yrs)	15	4	6	1	2	05	4	P=0.004*
	16	12	17	13	23	25	20	
	17	11	15	0	0	11	8	
	18	45	62	42	75	87	68	
	Total	72	100	56	100	128	100	
Duration of married life	01	0	0	7	12	7	5	P=0.025*
	02	16	22	5	9	21	16	
	03	5	7	3	5	8	6	
	04	45	62	36	64	81	63	
	05	4	5	4	7	08	6	
	06	2	3	1	2	03	2	
	Total	72	100	56	100	128	100	
Number of pregnancies	01	61	85	55	98	116	91	0.009*
	02	11	15	1	2	12	9	
	Total	72	100	56	100	128	100	
Consanguinity	Yes	7	8	8	14	15	12	0.426
	No	65	90	48	86	113	88	
	Total	72	100	56	100	128	100	
Knowledge about contraception	Yes	13	18	4	7	17	13	0.057*
	No	59	82	52	93	111	87	
	Total	72	100	56	100	128	100	
Contraception after marriage	None	64	89	55	98	119	93	0.127
	Calendar method	4	5	0	0	04)	3	
	Condom	4	5	1	2	05	4	
	OC pills	0	0	0	0	0	0	
	Total	72	100	56	100	128	100	
Contraception after childbirth	None	70	97	56	100	126	98	.314
	Calendar method	0	0	0	0	0	0	
	Condom	0	0	0	0	0	0	
	OC pills	2	3	0	0	2	2	
	IUCD's	0	0	0	0			
	Total	72		56		128	100	
Reason for early marriage* (multiple answers)	Consanguineous	7	10	8	14	15	12	0.006*
	Traditional practice	34	47	30	53	64	50	
	Not able to pay for education	11	15	12	21	23	18	
	Other siblings to be married	21	29	7	12	28	22	
	Others	9	12	1	2	10	8	
	Total	72	100	56	100	128	100	
Reason for early childbirth	Family pressure	19	26	10	18	29	23	0.292
	Tradition	53	74	46	82	99	77	
	Total	72	100	56	100	128	100	

87% of subjects had knowledge about contraceptive, majority of them had received information from neighbors (86%) followed

by health care workers(8%). After marriage, majority of them had not used any of the family planning method (93%). After child

birth also many of them were not using family planning method. Only 2% of them have opted for IUCD.

Almost 50% of the respondents said, cultural practices was the main reason for early marriage followed by other sibling to be married (22%), not able to pay for education(18%) and consanguineous marriage (12%) respectively in the study. Maximum number of the participants said traditional practice was the main reason for early childbirth (77%) followed by family pressure. (Table-2)

We observed that maximum numbers of subjects were married when they were at 18 years old. Significant difference was found between age of the respondents and age at marriage at $P=0.001$

Present study highlights rural and urban difference with relation to age at marriage ($p=0.004$), duration of married life ($p=0.025$),

Discussion

In this study we explore socio-demographic factors responsible for early marriage and young pregnancy in field practice area of Shri.B.M.Patil Medical College.

In our study, mean age at marriage was 17.4, similar finding was observed by Dutta. *et al*⁴.statistical significant association was found between age of the respondents and age at marriage. This clearly highlights that as though legal age of marriage is at 18 yrs, but strict implementation of law was not followed by the community.

The present study also observed the significant difference between rural and urban area with response to age at marriage, duration of married life, number of children, knowledge about contraception, reason for early marriage and pregnancy. This reflects that urban area was more prone for early marriage and young pregnancy. This could be due to low literacy level and lack of Knowledge about contraception might be the reason in the present study. Other report also found similar finding, where in child marriage is more prevalent in urban area compare to rural area.⁵

number of children's ($p=0.0009$), knowledge about contraception ($p=0.057$), reasons for early marriage($P=0.006$) (Table-3).

Statistical significant was observed between duration of married life and number of pregnancies ($P= 0.001$). Significant association was present between number of pregnancies and practice of contraception after childbirth ($P=0.008$)

No significant association was found between religions with regards to age at marriage, duration of married life, number of children's, history consanguinity marriage, knowledge of family planning method, reasons for early marriage and pregnancy. Similarly no association was observed with related to educational status, socio-economic status and type of family respectively.

No association was found between duration of married life and use of contraception after marriage and after child birth.

Our study observed that all marriages were occurred with wedlock by family and social decision. A study done by Nandi *et al*⁶ also found the similar finding.

Statistical difference association was observed between duration of married life and number of pregnancies. Similarly association was observed between number of pregnancies and contraception usage. This might be due to the fact that majority of them had one child and their age belong to 18yrs .this indicate that desired number of children is more in the present study.

50% and 77% of them said traditional practice was main reason for early marriage and early pregnancy respectively .other studies conducted in rural area of Belgaum⁷ showed 68.8% and 32.65% tradition practice for early marriage and early pregnancy. Similarly study conducted in Bangalore⁸ also observed traditional practice was common reason for it. This highlights that traditional practices are deep rooted in both southern and northern part of Karnataka.

Majority of them (93%) were not using any kind of contraceptive after marriage and after child birth also, this clearly indicates that after marriage they should have children than only she is considered as complete women in the society, the other reason might be husband and family decision in deciding the desired number of children.

With regard to educational status, socio-economic status, type of family with respect to age at marriage, duration of married life, number of children, no association was found. The reason could be our population belongs to rural and urban slum population.

Conclusion and recommendations

Present study observed that early marriage and early pregnancy was found more in urban area. It also highlights low literacy level in this region. Traditional practices and family pressure, lack of contraception usage after marriage and after child birth was found to be reason for early marriage and young pregnancy in this region. Based on the finding of the study we recommend

1. Strengthen the Inter-sectoral coordination with education and social programmes
2. Strict way to implement the law enforcement
3. Health education to family members and community regarding hazards of adolescent marriage and pregnancy.
4. Motivation and counseling regarding use of contraception.

Acknowledgement: I thank Dr. Vidya Patil post graduate student for helping

in data collection and I sincerely thank Dr. Vijaya Sorganvi for helping statistical analysis.

Conflict of interest: NIL

References

1. UNICEF/DWCD. Handbook on the prohibition of child marriage act. Ministry of women and child development and UNICEF, New Delhi, 2006; 2- [internet]. Available at: www.unicef.org/india_child_marriage_handbook.pdf [Accessed on 16.06.2017]
2. WHO. Adolescent pregnancy: Issues in adolescent health and development. World Health Organization. Geneva, 2004; 4-10 [Internet]. Available at: www.who.int/maternal_child_adolescent/documents [Accessed on 15.06.2017]
3. WHO. Early marriage, adolescent and young pregnancies- report by the secretarial sixty fifth world health assembly. Geneva. World Health Organization. 2012; 1-3. Available at:

www.who.int/gb/ebwha/pdf_files [Accessed on 21.03.2017]

4. Dutta I, JHA N. Dutta DK. Teenage pregnancy- A socio-demographic study at Rural Medical College Hospital in Southern India. Asian Journal of Medical Sciences, 2014; 5:29-33. Available at: <http://www.nepjol.info/index.php/AJMS/article/view/9970> [Accessed on 20.06.2017]
5. Child marriage is on the rise in urban India and not in rural India Available at: <https://m.yourstory.com/2017/06/child-marriage-rural-urban-india> Accessed on 18.06.2017]
6. Nandi JK, Burma SK, Das D, Saha DP, Pal S. Socio-cultural Factors Influencing Teenage

Pregnancy In rural West Bengal, India. J Pharm Biomed Sci 2014;04(08):670-673.

7. Doddihal CR. Katti SM ,Mallapur MD. Teenage Pregnancy Outcomes in a rural area of South India: A prospective study. International Journal of Medicine and Public Health 2015;5(3):222-224.

8. Parasuramalu BG, Shakila N, Masthi RNR. A study on Teenage pregnancy Mothers Attending Primary Health Centre of Kempegowda Institute of Medical sciences, Bangalore. Indian J Pub Health 2010; 54(4):205-208.