



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2018; 4(4): 249-251
www.allresearchjournal.com
Received: 13-02-2018
Accepted: 14-03-2018

E Rajeswari

M. Phil Scholar, P.G &
Research Department of Social
Work, Shrimati Indira Gandhi
College, Tiruchirappalli, Tamil
Nadu, India

Dr. K Kavitha Maheswari

Assistant Professor, P.G &
Research Department of Social
Work, Shrimati Indira Gandhi
College, Tiruchirappalli, Tamil
Nadu, India

Mental health among early married women

E Rajeswari and Dr. K Kavitha Maheswari

Abstract

The aim of this study is to assess the mental health status among married adolescent girls. Through this study the research made an attempt to know the descriptive information on mental health status among adolescent girls, hence descriptive research design was adopted for this study. The universe of the present study are the adolescent girls those who were married before the age of 18 years in the Kurumbalur village, Perambalur district. The researcher used convenient sampling method to select 40 respondents from the universe. It is revealed from the study that majority of the respondents have medium level of overall mental health, more than one third of the respondents have low level of overall mental health and remaining 2.5% of the respondents have high level of mental health. So it is concluded that very low percent of the respondents have high level of mental health and the remaining have comparatively low mental health status.

Keywords: early marriage, girls, mental health

Introduction

Early marriage takes place before the attainment of legal age to undergo marriage. Throughout the world number of girls are suffering as a result of early marriage, approximately 20-50% of girls are married by the age of 18 in developing countries (Somerset, 2000; UNICEF, 2012 & Singh, 1996) [6, 5] and the ratio is higher in Sub Saharan Africa and South Asia (Singh, 1996 & UNICEF, 2012) [5, 6] usually such girls are forced to marry with the man that are quit elder then them. After being married they have to look after their husbands the house and the children they give birth although they do not have the complete knowledge of being a wife and even don't have sufficient information about sex and childbirth (Somerset, 2000). Early marriage is the marriage done before or during adolescence (Somerset, 2000 & UNICEF 2012) [6].

Studies in India and Africa have shown that child marriage is known to be associated with high risks of HIV transmission, unwanted pregnancies and infant mortality, the impact of child marriage on mental health had given less and even no importance." The authors concluded that more mental health support is needed for women who married early (Bridget M. Kuehn, 2011) [2].

(Le Strat Y *et al.*, 2011) [1] conducted a study on child marriage in the United States and its associate with mental health in women. The study revealed the prevalence of child marriage among women was 8.9%. Demographic factors associated with child marriage were black and American Indian/Alaska Native ethnicities, age at interview of >45 years, low educational level, low income, and living in the South and rural areas of the United States. The overall lifetime and 12-month rates of psychiatric disorders were higher for women who married as children, compared with women who married as adults. In addition, women who married as children were more likely to seek and access health services, compared with women who married in adulthood. More than half (53%) of the women who married before the age of 18 years reported having had a mental disorder such as depression compared with 49% of the women who married later. Former child brides also were substantially more likely to have a current mental health disorder (about 36% vs nearly 28%) such as specific phobias. Nicotine dependence was also associated with child marriage. Mental health effects persisted even when the scientists adjusted for sociodemographic variables and the number of children a woman had. Additionally, former young brides were more likely to seek mental health care.

Correspondence

Dr. K Kavitha Maheswari

Assistant Professor, P.G &
Research Department of Social
Work, Shrimati Indira Gandhi
College, Tiruchirappalli, Tamil
Nadu, India

(Tania Fitzgeorge-Balfour, 2017) [3] conducted a new study of four South Asian countries reveals complex associations between early marriage and women's education, health and nutrition that go beyond the impacts of early childbearing. These health implications-which include higher risk of domestic violence and poor mental health-may also affect the next generation of children. Furthermore, increased education has had some, but not enough, success in delaying girls' marriage. The study, published in open-access journal *Frontiers in Public Health*, provides evidence showing why early marriage should be considered a major public health issue.

Sadaf Ahmed, 2013 [4] stated that lower awareness of health knowledge, physical growth and development, women bearing children at early ages face higher risk of maternal health problems, disability and death, reinforces risking problems for their newborns as a result, early marriages are always being a very big issue in developing countries specially in primitive uncivilized districts of Asia including India, Pakistan and Bangladesh etc. Moreover it's a controversial fact that in civilized society, evidences of getting married in early ages are greatly increased because of our religious beliefs, norms and social impacts. Due to early marriages young girls don't have the ability to deal with responsibilities, early pregnancy and pregnancy-related mortality and morbidity, causing major physiological and psychological health issues in adolescent girls, resulting in losing relationship confidence and ability to maintain a healthy relationship. Purpose of the study was to evaluate the aspects of psychological disturbances occurring in married young girls along with depression rate and educational withdrawal, with comparison of unmarried young girls of the same age specifically there is a strong correlation between a woman's age at marriage and the education that she receives. Uniformly across the countries, early marriage is associated with lower educational attainment. Observational study was conducted through multi logistic structured questionnaire and girls in b/w age of 13 to 35 were included. On the basis of above study it is concluded that early marriage, multiple responsibilities and early pregnancies are risk factors of depression and it is further evaluated that married girls are at higher level when compared with unmarried.

Materials and Methods

Aim

The aim of this study is to assess the mental health status

among married adolescent girls.

Research design

Through this study the research made an attempt to know the descriptive information on mental health status among adolescent girls, hence descriptive research design was adopted for this study.

Universe and sampling

The universe of the present study are the adolescent girls those who were married before the age of 18 years in the Kurumbalur village, Perambalur district. The researcher used convenient sampling method to select 40 respondents from the universe.

Tools of data collection

The tools of data collection consisted of two parts. The first part included self prepared questionnaire regarding the respondents' socio-demographic data and the standardized tool on mental health developed by Dr. Jagadish. R and Dr. A.K. Srinivasa.

Findings and Discussion

Findings on socio-demographic conditions

Nearly one third of the respondents belong to the age of 16 years. Exactly half of the respondents studies up to primary level. A vast majority of the respondents are hindus. 65% of the respondents are belonged to scheduled caste community and the same percent of the respondents were from nuclear family.

Three fourth of the respondents underwent love cum arranged marriage. All the respondents have children. 90% of the respondents lived in rural areas before and after marriage. Three fourth of the respondents monthly family income ranged between Rs. 5000- Rs. 10,000/-. Nearly half of the respondents underwent child marriage due to their single parenthood of their parents. All the respondents were school dropouts and exactly half of them have interest in studies.

37.5% of the respondents' spouses' age ranged between 20-25 years. Almost all of the respondents engaged in private employment. 72.5% of the respondents age difference with their spouses was between 5-10 years. 55% of the respondents spouses have the habits of smoking and consuming alcohol.

Table 1: Distribution of the respondents by their mental health

S. No.	Mental health	No. of respondents	Percentage
1	Positive self evaluation		
	High	8	20
	Medium	15	37.5
	Low	17	42.5
2	Perception of reality		
	High	5	12.5
	Medium	22	55
	Low	13	32.5
3	Integrated personality		
	High	10	25
	Medium	23	57.5
	Low	7	17.5
4	Autonomy		
	High	15	37.5
	Medium	17	42.5
	Low	8	20

5	Group oriented attitude		
	High	1	2.5
	Medium	11	27.5
	Low	28	70
6	Environmental mastery		
	High	6	15
	Medium	19	47.5
	Low	15	37.5
7	Overall mental health		
	High	1	2.5
	Medium	25	62.5
	Low	14	35

The first Part of the above table reveals that nearly half of the respondents have low level of positive self evaluation, more than one third of the respondents have medium level of positive self evaluation and nearly one fourth of the respondents have high level of positive self evaluation. Hence a little more than 2/5th of the respondents have low positive self evaluation.

The second part of the table reveals that more than half of the respondents have medium level of perception of reality, one third of the respondents have low level of perception of reality and 12.5% of them have high level of perception of reality. It is revealed that very low percent of the respondents have high level of percept of reality may be due to their tender age leading to the growing maturity level.

The third part of the above table explains that more than half of the respondents have medium level of integrated personality, exactly one fourth of the respondents have high level of integrated personality and 17.5% of the respondents have low level of integrated personality.

The fourth part of the table describes that nearly half of the respondent have medium level of autonomy, more than one-third of the respondents have high level of autonomy and nearly one fourth of the respondents have low level of autonomy. It is inferred from this data that though the respondents are physically and chronological age wise are in their process of psychological maturity yet they were able enjoy autonomy in their marital life as well as in their families.

The fifth part of the above table shows the level of group oriented attitude of the respondents and it is understood from the above table that a vast majority of the respondents have low level of group oriented attitude, more than one fourth of the respondents have medium level of group oriented attitude and only 2.5% of the respondents have high level of group oriented attitude. The respondents were of the opinion that it is difficult for their age to think for their entire family and they expressed that their feelings and interests revolve around themselves and their spouses only. They also said that thinking for their family upset and disturb their happiness. The acceptance from their family about their decisions and suggestions are also not in an encouraging manner.

The sixth part of the table explains that nearly half of the respondents have medium level of environmental mastery, more than one third of the respondents have low level of environmental mastery and 15 percent of the respondents have high level of environmental mastery. Hence environmental mastery needs improvement. From the study it was revealed that the respondents especially from joint family found it difficult to get cooperation and support when it comes to joint responsibilities, commitments and decisions.

The last part of the above table indicated the overall mental

health status of the respondents and it is shown in this table that majority of the respondents have medium level of overall mental health, more than one third of the respondents have low level of overall mental health and remaining 2.5% of the respondents have high level of mental health. So it is concluded that very low percent of the respondents have high level of mental health and the remaining have comparatively low mental health status.

Conclusion

The study assessed the mental health status of the respondents and the findings of the study revealed that the mental health status among early married girls are at low level and hence the menace of early marriage and child marriage have to be stopped. The children have to cherish their childhood and adolescence. Proper awareness should be created to eradicate this problem. The children and adolescents should not be burdened with too much of responsibilities and complicated family commitments. It will affect them both physically and mentally. Finally results in disturbed state of mind and lack of joy. They must be matured enough to shoulder the responsibilities. Hence parents' role is very important in shaping the physically and mentally healthy future of their children.

References

1. Le Strat Y, Dubertret C, Le Foll B. Child marriage in the United States and its association with mental health in women. *Pediatrics*. 2011; 128(3):524-30. doi: 10.1542/peds.2011-0961. Epub 2011 Aug 28.
2. Bridget Kuehn M. Early Marriage Has Lasting Consequences on Women's Mental Health, 2011. <https://newsatjama.jama.com/2011/08/29/early-marriage-has-lasting-consequences-on-women%E2%80%99s-mental-health/>
3. Tania Fitzgeorge-Balfour. Multiple health implications of women's early marriage go beyond early childbearing, Posted on December 27, in *Featured News, Health*, 2017.
4. Sadaf Ahmed, Saima Khan, Malka Alia, Shamooun Noushad. Psychological impact evaluation of early marriages, *Advance Educational Institute & Research Centre-2013 International journal of endorsing health science research*. 2013; 1(2):84. www.aeirc-edu.com.
5. Singh S, Samara R. Early marriage among women in developing countries. *International family planning perspectives*, 1996, 148-175.
6. UNICEF. Child protection from violence, exploitation and abuse, 2012.