

Female Knowledge toward Consequences Associated with Teenage Marriage

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Abstract

Background: to assess female knowledge toward consequences associated with teenage marriage. **Design:** A descriptive research design. **Setting:** MCH of Alhamol center affiliated of Ministry of Health, Kafr EL-Sheikh Governorate. **Sample type:** Purposive sample. **Sample size:** 246 females. **Tool of data collection:** Scheduling questionnaire sheet. **Result:** A study revealed that more than 90% of marriage happened for women under 19 years of age. And also, study found that more than two third of studied sample had incorrect knowledge toward teenage marriage. Teenage marriage followed by enormous harmful effect and consequences which constituted 65% on women's health and 63% on neonatal health, 74% social consequences and 46% emotional consequences. A study revealed that, there was a high statistically significant relation between total score of sample's knowledge and their consequences associated with teenage marriage with $p\text{-value} < 0.01$. **Conclusion:** The present study aim was achieved from the present study findings. Also, it answered about research questions that more than two third among rural female had incorrect knowledge toward teenage marriage with its consequences that consist of maternal and neonatal health consequences, social and emotional consequences that due to a significant relation between study sample knowledge and their consequences. **Recommendation:** Design and implement awareness raising program to motivate rural female and families to encourage female education and prevent female illiteracy at Alhamoul MCH center, Kafr EL-Sheikh Governorate.

Keywords: Teenage Marriage, consequences, female knowledge.

Introduction

Teenage is defined as adolescence, which refers to the stage between 13 and 19 years, is a developmental phase characterized by increased sensitivity to social influences and a heightened need for peer interaction. Defining teenage has long been a challenge, as it encompasses both biological growth and significant social role transitions that have evolved over the past century (*Orben et al., 2020*).

The adolescence period is faced some problems that includes teenage marriage, physical, emotional, behavioral changes, substance use and abuse, psychological problems. Teenage marriage is the second problem that faced adolescence period. It's a violation of human rights and children's rights that exposes them to domestic violence, sexual abuse, rape, and deprives them of access to education (*Naghizad et al., 2021*).

Teenage marriage is the union of two people when one or both of the participants are under the age of 18. Teenage marriages are cultural practices that force children into an interpersonal union or relationship with or without their consent. Marriage can have a negative impact on female psychological and physical health, therefore choosing the right marriage time is crucial to achieving goals in terms of fertility health, nutrition for mothers and children, gender equity, livelihoods, and the advancement of education and employment (*Fakhari et al., 2022*).

The teenage marriage harmful effects are increase the unintended pregnancies, which in turn increases the number of abortions, hepatitis infection and other sexually transmitted diseases, immature physiology, low self-esteem, and lack of awareness about related warning signs. Also, the relationship between the two people may become worse as a result of physiological aggressiveness from one of the partners, which undoubtedly has an impact on

the girl first. Obstetric labor and other difficulties are sometimes caused by health issues associated to pregnancy like as fetal low birth weight, and the mother might have associated anemia due to a poorly formed body (*Emeri & Olarenwaju, 2022*).

There are many factors associated with teenage marriage among females, such as socio-cultural, religious, and economic factors. Dropping out of the education system increases the risk of child marriage, as it promotes families to view marriage as the best option for idle girls. Past research demonstrates a strong link between teenage marriage and high school dropout among teenage girls, which is connected to their teenage high school dropout, teenage family formation, role transition, and school risk behavior (*Uddin, 2021*).

Also, economic condition many times, marrying the teenage daughter is used as a means to reduce the economic burden of the family and to improve their economic condition. Social norms and inequitable gender norms play an important role in child marriage, affecting the wellbeing, educational attainment and exposure to harmful practices, such as Female Genital Mutilation (*Sezgin & Punamäki, 2020*).

As the result of the harmful effects associated with teenage marriage so increase female knowledge is important who continue their education using a variety of means, such as providing girls with materials or uniforms and offering financial incentives to parents who keep their daughters in school and single. Young women in rural areas should have access to livelihood options to raise their status within their families and relieve their parents of the responsibility of providing for daughters. Teenage marriage-related sociocultural norms need to be addressed through public discourse, the media, educational institutions, and religious organizations (*Suryandari & Holifah, 2022*).

Maternity nurses play an important role in health prevention and promotion via their work in health education. Nurse educators must instruct teenagers on how to maintain their health through raising female awareness of the risks of teenage marriage, as well as their knowledge and conviction that teenage females should be protected from these risks. The

addition of reproductive health issues in the school curriculum emphasizing on teenage marriage health repercussions and preventative strategies should be useful in raising knowledge toward teenage marriage risks (*Elsayied, 2020*).

Significance of the study

The marriage age under 18 years old whether it is legal or informal is considered a teenage marriage. Teenage marriage is a global challenge in need of greater attention. According to reports by UNICEF 2021, 650 million girls and women alive today were married as children.

In 2020, 12 million girls under the age of 18 were married, making about 21% of all alive females. This equates to around 23 girls getting married as minors every minute (*Moawad et al., 2022*).

According to UNICEF, (2020) Egyptian teenage marriage constituted 17%.

While, *World Health Organization, (2019)* reported that globally 39,000 girls under the age of 18 years are married daily and 14.2 million girls annually.

Additionally, over 60 million girls are married before 18 years old worldwide. Although underage marriages include both boys and girls, most children married under the age of 18 are girls. Moreover, in Sub-Saharan Africa and Bangladesh over 60% of girls are married under the age of 18 (*Saleh et 2020*).

Egypt had a high rate of teenage pregnancy and maternal mortality. Young females in Egypt still face a number of challenges regarding their reproductive health (RH) despite efforts to enhance it. Importance of young women's reproductive choices arises from the concept that early childbearing can impair their health and their productive. The incidence of teenage pregnancy is high in Upper Egypt accounting for about 17% of all pregnancies (*Saleh, 2020*).

However, the region's prevalence estimates mask significant inter-country variation, with teenage marriage reaching a high of 30% in Yemen and a low of 2% in Tunisia according to *UNICEF, (2019)*.

Because of the many harmful effects of teenage marriage, the risk factors and consequences must be studied to prevent them or change them positively.

Aim of the Study

This study aims to assess female knowledge toward consequences associated with teenage marriage.

Research Questions

The current study results answered the following research questions:

1.What's female knowledge toward teenage marriage?

2.What are the consequences associated with teenage marriage?

3.What is the relation between knowledge and consequences associated with teenage marriage?

Operational definition

Teenage: period between 13 and 19 years old.

Subjects and Method

Study design

A descriptive research design was used to conduct the current study.

Study setting

The study was carried out in MCH of Alhamol center, affiliated of Ministry of Health, Kafr EL-Sheikh Governorate.

MCH consists of 3 floors. The first one for Emergency room and outpatient clinics for mother and child, while the second one for immunization. Finally, the third one for the MCH administration.

Sample:

Type: Purposive sample was used to conduct the current study.

Size:

The sample was composed of (246) females at the previous mentioned setting.

According to the total number of females (638) that attended MCH in 2023 and the sample size was calculated according to the equation based on (Kish and Leslie, 1965).

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where: n_0 is the sample size, Z^2 is the abscissa of the normal curve that cuts off an area α at the tails ($1 - \alpha$ equals the desired confidence level, e.g., 95%), e is the desired level of precision, p is the estimated proportion of an attribute that is present in the population, and q is $1 - p$. the value for Z is found in statistical tables which contain the area under the normal curve.

Confidence interval (Z) = $1 - \alpha = 95\%$;
 $Z_{1-\alpha} = Z_{0.95} = 1.96$

Estimated proportion (p) = $80\% = 0.80$

(q) = $1 - 0.80$

Desired level of precision (e) = 0.05

Therefore:

$$n_0 = \frac{1.96^2 (0.80)(1-0.80)}{0.05^2} = 246 \text{ females}$$

Inclusion criteria:

- Females who married at age 13-19 years old.

Tool of data collection

The data in this study was collected by using one tool:

The tool: scheduling questionnaire sheet:

The researcher designed the tool after reviewing the national and international related literature according to the study topic. Tool of data collection was designed and written in simple Arabic language for gathering data. It was included 3 parts:

• **Part I. Female general Characteristics:** consist of characteristics of the females such as; name, age, residence and educational level of father and mother, etc.

• **Part II. Female knowledge toward teenage marriage:** developed by investigator and

composed of 11 questions as; meaning of teenage marriage, legal age for marriage, etc.

● **Part three:** Consequences *associated with teenage marriage*: It contained 3 sub-items as: physical effects (composed of 7 questions), emotional effects (composed of 3 questions), and social effects (composed of 4 questions).

Scoring system for female knowledge and consequences associated with teenage marriage: The scores range between 1, 2 degree was assigned to each answer representing incorrect, and correct respectively. These scores were summed and converted into a percent score. The total score less than 60% was considered as incorrect level while score of 60% and more was considered as correct level.

Preparatory phase

This phase was included reviewing of literature related to teenage marriage, and its consequences. This served to develop the study tools for data collection. During this phase, the researcher also was visited the selected place to be acquainted with the females and the study settings. The tool was under supervisors' guidance and experts' opinions were considered. Then the tool was present to experts for reviewing and validating.

Validity

Tools for data collection was reviewed by jury of 3 specialized professors in Maternity & Neonatal health nursing field to test its contents for validity and according to their comments, modification was considered by adding new questions and removing others.

Reliability

Testing reliability of proposed tools was done by Cronbach's alpha test through SPSS computer package. It was 0.742 for "Structured Interviewing Questionnaire Sheet", which indicates the tool was reliable to detect the objectives of the study.

Ethical considerations

The research approval was obtained from Scientific Research Ethical committee in Faculty of Nursing at Ain Shams University before

starting the study and after finishing it. **Ethical code: 25.01.488**

● All tools of data collection not touch culture, tradition and religious factor.

● The study doesn't cause any harmful effects on participating females.

● The aim of the study was explained to each female before applying the tools to gain confidence and trust.

● Written consent was obtained from each female prior to participation in the study.

● Data was confidential and using coding system for it.

● All tools of data collection were burned after statistical analysis to promote confidentiality of the study.

● Each female has right to withdraw from the study at any phase.

Administrative design

Approval was obtained through an issued letter from the Dean of Faculty of Nursing, Ain Shams University to obtain permission from the director of Alhamol MCH, Kafr Elsheikh, Egypt, to collect the data of the study.

Pilot Study

A pilot study was conduct for 10% from total number of samples (246) equal 24.6 for testing clarity and applicability of the tools based on the results modifications was done. Pilot sample was excluded from the current study subjects.

Fieldwork

The investigator was explained the aim of the study and the components of the tools to the females, to obtain their confidence, trust and to obtain written consent to participate in the study and questionnaire were distributed to them. Then, the completed tools were collected and checked for completeness. The researcher was visited the previously mention study setting from 6, Dec, 2023 to 30, May, 2024 from 10 am till 2 pm and interviewed 5 females who married at age 13:19 years old. Duration of interview was 25 minutes. Each female was interviewed in a separate private

room with good light, ventilation and comfortable chair for utilizing interviewing questionnaire. This repeated daily until the sample size reached the predetermined size.

Statistical analysis

Data was entered and analyzed by using SPSS (Statistical Package for Social Science) statistical package version 22. Graphics were done using Excel program. Quantitative data were presented by mean (\bar{X}) and standard deviation (SD). Qualitative data were presented in the form of frequency distribution tables, number and percentage. It was analyzed by chi-square (χ^2) test. Level of significance was set as P value <0.05 for all significant tests.

Results

Results was tabulated and presented in figures, graphs and tables and analyzed by using appropriate statistical tests of data description according to the aim of the study.

Table (1) reveals that 88.2%, 66.3%, 65.9%, and 52.8% respectively, of the studied sample had previous anemia, abortion, preterm birth, and unwanted pregnancy. While, 63% of them had not experienced bleeding or preeclampsia before. According to neonatal health consequences, 89.8% of the studied sample didn't have previous birth defect. While, 60.6% of them had previous premature baby.

Table (2) reveals that 74% of the studied samples have social consequences associated with teenage marriage. Also, 69.1% and 68.3% respectively, exposed to marital violence and problems with the husband's family. While, 68.3% and 52.8% of them don't suffer from husband addiction or social isolation.

Table (3) reveals that 61% of the studied sample had the right to choose their husbands. 81.7% and 63% respectively, of them had previous circumcision during their childhood and suffered from low self-esteem during their marriage. While, 83.3%, 87.8% respectively, were not exposed to the problems of first wedding day and were not exposed to premarital examination. Also, 65.4% didn't suffer from inability to respond emotionally to their husbands.

Table (4) reveals that, there is a high statistically significant relation between total score of sample's knowledge and consequences associated with teenage marriage with p-value <0.01 .

Figure (1) reveals that 69% of the studied sample have incorrect answer of knowledge about early marriage. while 31% of them have correct answer.

Figure (2) reveals that 52% of the studied sample suffer from consequences associated with teenage marriage. While 48% of them don't suffer from it.

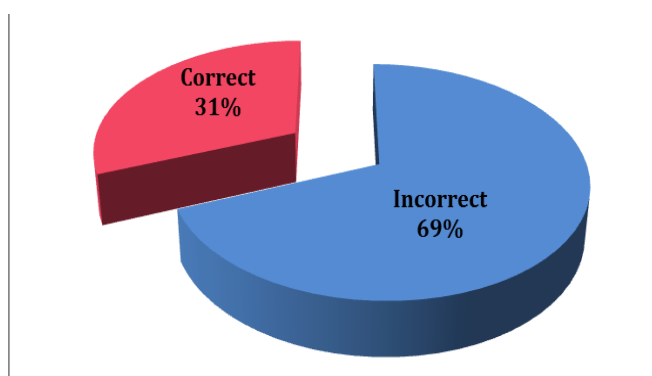


Figure (1): Percentage Distribution among total sample's according to correct and incorrect knowledge score toward teenage marriage (n=246).

Part III. Consequences associated with teenage marriage**Table (1):** Distribution among studied sample regarding health consequences associated with teenage marriage (n=246).

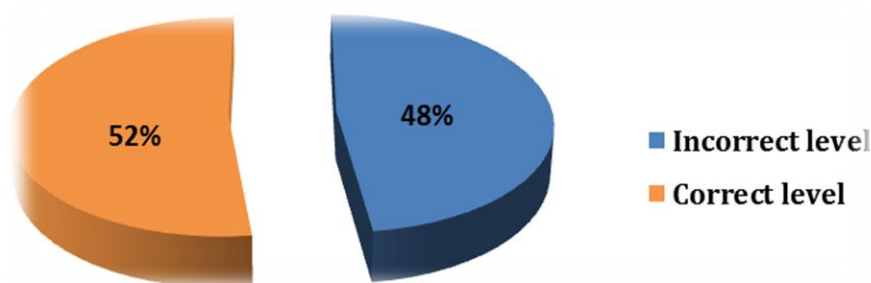
Health consequences	Yes		No	
	No	%	No	%
Maternal health consequences				
Previous abortion	163	66.3	83	33.7
Previous unwanted pregnancy	130	52.8	116	47.2
Previous early contraction and preterm birth	162	65.9	84	34.1
Previous anemia	217	88.2	29	11.8
Previous bleeding or preeclampsia	91	37	155	63
Neonatal health consequences				
Previous premature baby	149	60.6	97	39.4
Previous birth defect	25	10.2	221	89.8

Table (2): Distribution among studied sample regarding social consequences associated with teenage marriage (n=246).

Social consequences	Yes		No	
	No	%	No	%
Social consequences related teenage marriage	182	74	64	26
Marital violence	170	69.1	76	30.9
Problems with the husband's family	168	68.3	78	31.7
Husband addiction	78	31.7	168	68.3
Social isolation	116	47.2	130	52.8

Table (3): Distribution among studied sample regarding emotional consequences associated with teenage marriage (n=246).

Emotional consequences	Yes		No	
	No	%	No	%
Right to choose their husband	150	61	96	39
Previous circumcision	201	81.7	45	18.3
Problems of first wedding day	41	16.7	205	83.3
Had Premarital examination	30	12.2	216	87.8
Exposed to low self-esteem	155	63	91	37
Lack of emotional response to the husband	85	34.6	161	65.4

**Figure (2):** Percentage Distribution among studied sample regarding total consequences score level related teenage marriage (n=246). Related to research question No. 2**Table (4):** Relation between total sample's knowledge toward teenage marriage and their consequences Related to research question No. 3

Items	Total consequences		
	χ^2	p-value	Sig.
Total knowledge	9.49	0.002	HS**

Hint: HS = high significant S = significant NS = no significant

* p-value < 0.05 = significant difference * * p-value < 0.001 = high significant difference
p-value > 0.05 = no significant difference

Discussion

The aim of present study was assessed female knowledge toward consequences associated with teenage marriage. This was achieved through the present study research questions.

The first research question was; what was the female knowledge toward consequences associated with teenage marriage?

This was answered from the present study findings because the present study findings revealed that the majority among the studied sample had incorrect knowledge toward teenage marriage and legal Egyptian age of marriage. This was agreed with *Ferdous & Zeba, (2019)*, who found that more than half among the studied sample had poor knowledge about early marriage.

This agreed also with *Naghizadeh et al. (2021)* who found that the girls who disagreed with child marriage were more knowledgeable than the girls who agreed with child marriage.

While these findings disagreed with Rosydh., et al 2019 who found that most women had good knowledge about the impact of early marriage on pregnancy. It was concluded that women's knowledge of early marriage and pregnancy was good, although there was a small number that is moderate and poor.

The differences in the knowledge score between the present study and other studies may be attributed to the difference in traditional and cultural societies

Concerning the second research question which was; what were female consequences associated with teenage marriage?

The majority among the present study findings reported the following consequences. The main maternal health consequences were previous anemia, previous unwanted pregnancy, abortion and preterm birth. While neonatal health

consequences were premature baby and few of them had congenital anomaly. Concerning social consequences, the present study revealed that there was as marital violence which constituted more than two third among the studied sample also more than two third had problems with husband's family, while more than one third reported social isolation. It was surprising that more than two third among the studied sample reported that FGM was the main emotional consequences associated with low self-esteem, although most among studied sample had right to choose their husband.

This was agreed with *Kabir et al. (2019)* who found that the majority among the studied sample was teenagers. The researcher found that still birth, miscarriage and pregnancy termination were significantly associated with early marriage. The same author additionally concluded that early marriage often followed by enormous harmful effect on women's health as they were not ready physically and psychologically, which increases the risk for different sexually transmitted diseases, obstetric fistulas, pre-term deliveries, miscarriage accompanied by mental depression, physical abuse, lack of social coherence and social isolation and so on.

Furthermore, the third research question was; what was the relation between female knowledge and their consequences associated with teenage marriage?

The present study had illustrated that there was a significant relation between the present studied sample knowledge and their consequences associated with teenage marriage. This agreed with *Sumanti et al. (2018)* who found that there were significant correlations between knowledge of marriageable age, education of child marriage and consequences.

It was evident from the present study findings that female illiteracy and poverty were the main consequences that leading to unhealthy female behavior like teenage marriage and

inherited traditional as female circumcision with its consequences on rural female reproductive health as anemia, bleeding and unwanted pregnancy, also can effect on neonatal health as preterm birth and low birth weight. The majority among rural female with teenage marriage suffered from social isolation, low self-esteem beside disturbed wife/ husband an intimate relationship, also increase violence.

The previous mention findings pointed our attention toward the important of awareness raising program must be implemented as counseling to prevent unhealthy behavior among rural female regarding their reproductive right to minimize teenage marriage with its risks on maternal and neonatal health as well as correcting their unhealthy behavior related to female FGM and violence to motivate them to prevent rural female illiteracy.

President Egyptian Sisi stressed the importance of prevent teenage marriage, so awareness raising program all over all Egyptian community 2023-2024 consequently the female legal age of marriage be more than 19 years old. It will correct and prevent unhealthy behavior like FGM and teenage marriage, while promote healthy behavior, improving female reproductive health, decreasing maternal and neonatal mortality and morbidity and prevent risk factors and consequences associated with teenage marriage.

Conclusion

The present study aim was achieved from the present study findings. Also, the majority among rural female had incorrect knowledge associated with teenage marriage with its consequences that consist of maternal and neonatal health consequences, social consequences and emotional consequences that due to a significant relation between study sample knowledge and their consequences.

Recommendation

Design and implement counseling program to correct female knowledge toward teenage marriage through counseling session at Alhamoul MCH center, Kafr El-Sheikh governorate.

Farther research; Integrate woman reproductive rights into the undergraduate and postgraduate nursing curriculums.

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