

A Descriptive Study to Assess the Knowledge Regarding Consequences of Early and Late Marriage Among Higher Secondary Students of M.R.D. Government Higher Senior Secondary School, Dhamtari, Chhattisgarh

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Abstract: **Aim:** The aim of the study is to assess the knowledge regarding consequences of early and late marriage among higher secondary students of M.R.D. Govt. Higher Senior Secondary School Dhamtari (C.G.) **Objective:** Objective of the study is to assess knowledge regarding consequences of early and late marriage among higher secondary students. To find out the association between knowledge score regarding consequences of early and late marriage among higher secondary students with their socio demographic variables. **Research Methodology:** The study was conducted for 60 higher secondary students of M.R.D. Govt. Higher Senior Secondary School Dhamtari (C.G.). A descriptive quantitative research approach is used with non-experimental research design, sample selection was done by non-probability convenient sampling technique method, the knowledge was assessed by administering self-structure questionnaire. The accessible population consists of the total number of people who meet the designated set of criteria, 60 students of class 12th M.R.D. Govt. Higher Senior Secondary School Dhamtari are the sample. The reliability of the tool was determined by using split-half method & reliability was found to be $r = 0.92$. **Result:** result of the study reveals that in Area wise analysis Area-1 self-structure questionnaire related to knowledge regarding health and marriage is analysed offer the respectively. In test mean 4.65, mean percentage 46.5% and standard deviations is 1.30. In Area-2 self-structure questionnaire related to general knowledge regarding consequences of early and late marriage is analysis after the test respectively. In test mean 7.01, mean percentage, standard deviations 1.78. So, the difference in mean percentage is 53.9 %. In Area-3: self-structured questionnaire related to knowledge regarding prevention from consequences of early and late marriage is analysis the test respectively. In test mean 4.55, mean percentage 65% and standard deviations 1.23. In overall analysis of mean, mean percentage and standard deviations on attitude regarding consequences of early and late marriage reveals that 1(1%) students are having poor scoring criteria, 92 (92%) students are having average scoring criteria and 7 (7%) students are having good scoring criteria.

Keywords: Early marriage, late marriage, consequences.

1. Introduction

Marriage is one of the most significant social and legal institutions in human history. The definition of marriage depends entirely on which lens you are looking through. Because it is a cornerstone of society, it carries three distinct "official" definitions: Legal, Sociological, and Religious. In a court of law, marriage is a civil contract between two people that creates a legal kinship. This contract grants the couple a specific set of rights and obligations that the state recognizes. Sociologists define marriage as a social institution or a culturally recognized union. It is the primary building block of a "family unit." For many faith traditions, marriage is a covenant—a spiritual bond witnessed by a higher power, rather than just a contract witnessed by the state.

The timing of marriage is a significant life transition that carries a ripple effect through a person's physical health, psychological well-being, and socioeconomic status. While "early" and "late" are often defined by cultural norms, researchers generally view early marriage as occurring in the teens or very early 20s, and late marriage as occurring in the mid-30s or beyond.

Early marriage (<18-20 years) is strongly linked to adverse health, psychological, and social outcomes, including higher risks of maternal mortality, intimate partner violence, and interrupted education. Knowledge assessment reveals that while many understand the risks of early marriage, awareness of the specific complications of late marriage (often >35), such as infertility and high-risk pregnancies, is often less established.

Early marriage often occurs before individuals have reached full emotional or financial maturity. Getting married young is strongly correlated with lower educational attainment. The immediate pressure to provide for a family often leads to "occupational trapping" in low-skill jobs. For young women, early pregnancy can lead to complications, as the body may not

be fully developed for childbirth. There is often a "stunted" period of self-discovery. Individuals may find that their identities change significantly in their 20s, leading to high rates of marital dissatisfaction or divorce later on. Young couples are more likely to rely on parental support, which can create power imbalances and boundary issues within the extended family. Early marriage increases High risk of maternal mortality, complications during childbirth (e.g., fistula), HIV/AIDS, and malnutrition for both mother and child. Early marriage increased rates of depression, anxiety, suicidal ideation, and low self-esteem due to early responsibilities, isolation, and intimate partner violence. Early marriage drops out of school, loss of educational opportunities, economic dependence, and perpetuation of poverty cycles. Early marriage causes a violation of rights, restricting the girl's growth, autonomy, and future potential.

Delaying marriage allows for personal growth but introduces a different set of logistical and biological challenges. Late-married couples often enter the union with established careers, higher savings, and better financial literacy. This usually results in a lower "financial stress" index. Those who marry and have children later in life may find themselves caring for young children and aging parents simultaneously, leading to significant emotional and financial "squeeze." Fertility declines with age. For couples wanting biological children, late marriage may necessitate expensive and stressful medical interventions like IVF. By the mid-30s, individuals are often "set in their ways." Merging two independent lives, habits, and bank accounts can be more difficult than it is for younger, more "malleable" couples.

DR. Maruti (2022) conducted a study impact of knowledge on health consequences of early and late marriage among students at Karnataka. Result of the study reveal that majority 84% and 49% of the college students have moderate knowledge on health consequences of early and late marriage respectively. Adolescents and college students are the future of the society and it is important for them to be aware about the health consequences of early and late marriage. So, as health care professional we play an important role in disseminating information on health consequences of early and late marriage so as to improve the health and decrease the morbidity and mortality rate

Students and young adults frequently rely on peers for information, leading to misconceptions about reproductive health and the ideal timing of marriage. Studies suggest a significant need for structured, formal education regarding the comprehensive health consequences of both early and late marriage to inform better decision-making. In many regions, the understanding of consequences is still emerging, often hindered by traditional practices and limited awareness of the long-term impact.

2. Methodology

The study was conducted for 60 higher secondary students of M.R.D. Govt. Higher Senior Secondary School Dhamtari (C.G.). A descriptive quantitative research approach is used with non-experimental research design, sample selection was

done by non-probability convenient sampling technique method, the knowledge was assess by administering self-structure questionnaire. The accessible population consists of the total number of people who meet the designated set of criteria, 60 students of class 12th M.R.D. Govt. Higher Senior Secondary School Dhamtari are the sample. The reliability of the tool was determined by using split-half method & reliability was found to be $r=0.9$.

3. Results

The finding of socio demographic variable describes in term of frequency & percentage distribution. Highest percentage 41 (68%) students belong to 17 or above years of age group, 36 (60%) students were female, majority 29 (48%) were Christian, 37 (62%) students were belongs to nuclear family, majority 17 (28%) of their father educational status were secondary & higher secondary education, majority 21 (35%) of their mother educational status were secondary & higher secondary education, 21 (35%) father's occupation were belong to private job or govt. Job, mother's occupation 24 (40%) were home maker, majority 24 (40%) of their family income were belong to 10,000-15,000, highest percentage 38 (63%) were having previous knowledge regarding the topic, majority 40 (67%) sample were having previous knowledge from the teacher or health professionals.

In Area wise analysis Area-1 self structure questionnaire related to knowledge regarding health and marriage is analysed offer the respectively. In test mean 4.65, mean percentage 46.5% and standard deviations is 1.30. In Area-2 self structure questionnaire related to general knowledge regarding consequences of early and late marriage is analysis after the test respectively. In test mean-7.01, mean percentage, standard deviations 1.78. So, the difference in mean percentage is 53.9 % In Area-3: self-structured questionnaire related to knowledge regarding prevention from consequences of early and late marriage is analysis the test respectively. In test mean 4.55, mean percentage 65% and standard deviations 1.23. In overall analysis of mean, mean percentage and standard deviations on attitude regarding consequences of early and late marriage reveals that 1(1%) students are having poor scoring criteria, 92 (92%) students are having average scoring criteria and 7 (7%) students are having good scoring criteria.

Chi square analysis was done to find out association between attitude scores regarding consequences of early and late marriage with their selected socio demographic. No significant association was found in age, religion, family type, educational status of father, educational status of mother, occupation of father, occupation of mother, monthly family income, previous knowledge, hence H1 is rejected, & significant association was found in gender & source of knowledge, hence hypothesis H1 is acceptance.

4. Conclusion

Assessing the knowledge of higher secondary students regarding the consequences of early and late marriage requires a structured approach that combines quantitative data (what

they know) with qualitative insights (what they believe). Since students in this age group (16–18 years) are at a critical developmental stage, the assessment should focus on three specific domains: Biological/Health, Socio-Economic, and Psychological.

5. Implication

- 1) Nurses must educate students on the physiological risks of early pregnancy, such as Pregnancy-Induced Hypertension (PIH) and Obstetric Fistula, which occur more frequently when the pelvic bone is not fully developed.
- 2) Nurses play a role in "pre-conception counseling," explaining the biological realities of declining ovarian reserve and the increased need for screenings like Amniocentesis or Nuchal Translucency for older expectant mothers.
- 3) Nurses can identify students at risk of forced early marriage and provide referrals to social services or legal aid.
- 4) Nurses recognize that early marriage often leads to social isolation and higher rates of postpartum depression due to a lack of emotional maturity and peer support.
- 5) By educating students to delay marriage, nurses indirectly lower the rates of Low Birth Weight (LBW) and preterm births, which are common in adolescent pregnancies.
- 6) Nurses who assess student knowledge are essentially

building "Health Literacy." A student who understands the consequences of marriage timing is more likely to engage in Family Planning and seek early Antenatal Care (ANC) later in life.

References

- [1] R. B. Sah, L. Subedi, U. Shah, and N. Jha, "Factors affecting early age marriage in Morang District, Nepal," *Sch. J. Appl. Med. Sci. (SJAMS)*, vol. 2, no. 4C, pp. 1320–1324, 2014.
- [2] S. Jain and K. Kurz, *New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs*. Washington, DC, USA: International Center for Research on Women (ICRW), 2007.
- [3] S. Thapa, "Girl child marriage in Nepal: Its prevalence and correlates," *Contrib. Nepal. Stud.*, vol. 23, no. 2, pp. 361–375, Jul. 1996.
- [4] Save the Children, World Vision International Nepal, and Plan International, *Child Marriage in Nepal: Research Report*. Kathmandu, Nepal, 2012.
- [5] Human Rights Watch, *Child Marriage in Nepal – Our Time to Sing and Play*. New York, NY, USA: Human Rights Watch, 2016. [Online]. Available: <https://www.hrw.org/report/2016/09/09/our-time-sing-and-play/child-marriage-nepal>
- [6] Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc., *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: MOHP, New ERA, and ICF International, 2012.
- [7] Human Rights Watch, "Our time to sing and play – Child marriage in Nepal," Sept. 8, 2016. [Online]. Available: <https://www.hrw.org/report/2016/09/09/our-time-sing-and-play/child-marriage-nepal>
- [8] R. B. Sah et al., "Factors affecting early age marriage in Dhankuta Municipality, Nepal," *Nepal J. Med. Sci.*, vol. 3, no. 1, pp. 26–30, 2014.
- [9] World News, "Child marriage in Nepal: Its consequences and the need for change," Oct. 5, 2017.