Effectiveness of Structured Teaching Program on Knowledge Regarding Health Consequences of Early Marriage and Late Marriage

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ABSTRACT

Background: Marriage is the blending together of two lives, two personalities of the opposite sex for as long as two shall live in the world. Age of marriage can affect the health outcomes of the individuals (especially over women).

Objective: To evaluate the effectiveness of structured teaching program on knowledge regarding health consequences of early as well as late marriage among students of Vishwadarsan School of Nursing, Ankola.

Materials and Methods: An evaluative approach with quasi-experimental (Pre-test Post-test) design was adopted for the study. Thirty samples were selected through the Simple Random sampling technique. A structured knowledge questionnaire with 30 items was developed to assess the knowledge of students regarding health consequences of early marriage and late marriage.

Results: The study finding revealed that the structured teaching program was effective in improving the knowledge of the students regarding health consequences of early marriage and late marriage. There is significant difference between pre-test and post-test knowledge scores (t' value = 7.8, p< 0.05). The mean pre-test score was 14.13 and mean post-test score was 18.19.

Conclusion: The researcher suggested to conduct similar studies with BCC (Behaviour Change Communication) among different age group of females (eg: adolescents, adult women, working women and mothers) and in various setting (e.g.: rural and urban area) to impart knowledge regarding health consequences of early marriage and late marriage.

Key words: Health consequences, early marriage, late marriage.

INTRODUCTION

Marriage is one of the important social institutions, which creates a strong bond and ties among families. Marriage is a socially approved way of establishing a family of procreation. Age of women at marriage has an impact both the physical and psychological health. [1]

Child marriage is defined as marriage before the age of 18. Child marriage is a global issue. According to United Nations Population Fund (UNFPA) estimation, between 2011 and 2020, more than 140 million girls will become child brides. If current levels of child marriages hold, 14.2 million girls annually or 39000 daily will marry too young. Furthermore of the 140 million girls who will marry before they are 18, 50 million will be under the age of 15. Almost half of girls in South Asia marry before the age of 18. One of the five girls is married before the age of 15. In terms of absolute numbers, because of the size of its population, India has the most child marriages and 47% of all marriages, the bride is a child.

Child marriage is appalling violation human rights and robs girls of their education, health and long-term prospects. Girls married young are more vulnerable to intimate partner violence, HIV infection and sexual abuse than those who marry later. The leading causes of death in young women aged15-19 are complications of pregnancy and childbirth. Still births and newborn deaths are 50% higher among mothers under 20 than in women who get pregnant in their 20's. [2]

A late marriage or delayed marriage is the marriage happens usually after the age of 30 or 35. Late marriage also is an

emerging trend in the global level. Age is an important criterion for women, especially for conception. Delayed age greatly affects the fertility of a woman, reducing the possibility of conception. According to the study of Advanced Fertility Center, Chicago, 1 in every 4 women is infertile by the age of 35. Based on the study, the rate of pregnancy declines gradually in the 30's and is more substantial during the late 30's and 40's. Very few women stay fertile at the age of 45. Problems of late marriage are mostly related to pregnancy and delivery. The major psychological consequence of late marriage is stress related to infertility and fertility treatments. The major health consequences are diabetes, hypertension, malpresentation, pre-mature labour, abortion, pre-eclampsia, failing lactation and infertility. [3]

MATERIALS AND METHODS

An evaluative approach was used to conduct the study. The research design adopted for this study was quasi-experimental, Pre-test Post-test design. The study population included the students studying in Vishwadarsan School of Nursing, Ankola. The students were selected from the age group of 17-21 years and who were able to read and write English. The students who were absent at the time of study and not willing to participate in study were excluded. Thirty students were selected as study sample by simple random sampling technique.

A structured questionnaire was prepared to collect data from the study population. The structured questionnaire included two sections. Section –A consisted of 7 items which was intended to collect socio-demographic data that comprises of age, religion, year of study of course, education of father, and education of mother, annual family income and marital status. Section – B contained 30 items to assess the knowledge of students regarding health consequences of early marriage and late marriage. The reliability and validity of

the tool was established before data collection. Structured teaching program was given after assessing the level of knowledge. Post-test was conducted on 7th day of pre-test. Data collected from the samples were analyzed by descriptive and inferential statistics.

STATISTICAL METHODS

The reliability and validity of the tool was established before data collection. The demographic data collected were analyzed and categorized in to groups according to the frequency and percentage. Frequency and percentage of pre-test and post-test knowledge score were found. Analysis and interpretation of pre-test and post-test level of knowledge score were done by calculating mean, median, standard deviation and standard error of difference. Effectiveness of structured teaching program on knowledge regarding health consequences of early and late marriage was found out by paired t' test at 0.05 level of significance. Chi-square test was established at 0.05 level of significance to find out association between socio-demographic variables of students and pre-test knowledge score on health consequences of early and late marriage.

RESULTS

The study was conducted for a week in March (18th March to 25th March). Thirty students (n=30) took part in the study.

Demographic data
The data regarding socio-demographic variables of students were collected by the questionnaire, analyzed and categorized in groups according to frequency and percentage. The data is presented in table 1.

Level of knowledge
The findings of the study revealed that the mean post-test knowledge score (18.19) was apparently higher than the mean pre-test knowledge score (14.13). The data presented in figure 1.

TABLE 1: Frequency and percentage distribution of students according to their demographic variables.

| SL. NO:	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE(%)
1	**AGE(YEARS)**		
	a)Below 18 years	1	3.33
	b)19 years	4	13.33
	c)20 years	16	53.33
	d)Above 20 years	9	30
2	**RELIGION**		
	a)Hindu	25	83.33
	b)Christian	2	6.66
	c)Muslim	1	3.33
	d)Others	2	6.66
3	**YEAR OF STUDY/COURSE**		
	a)GNM 1st year	0	0
	b) GNM 2nd year	0	0
	c) GNM 3rd year	28	93.33
	d)Internship	2	6.66
4	**EDUCATION OF FATHER**		
	a)Illiterate	2	6.66
	b)Primary school	18	60
	c)Secondary school	6	20
	d)College and above	4	13.33
5	**EDUCATION OF MOTHER**		
	a)Illiterate	7	23.33
	b)Primary school	15	50
	c)Secondary school	5	16.66
	d)College and above	3	10
6	**ANNUAL FAMILY INCOME**		
	A)Below 10000	17	56.66
	b)1000-25000	11	36.66
	25000-50000	0	0
	d)Above 50000	2	6.66
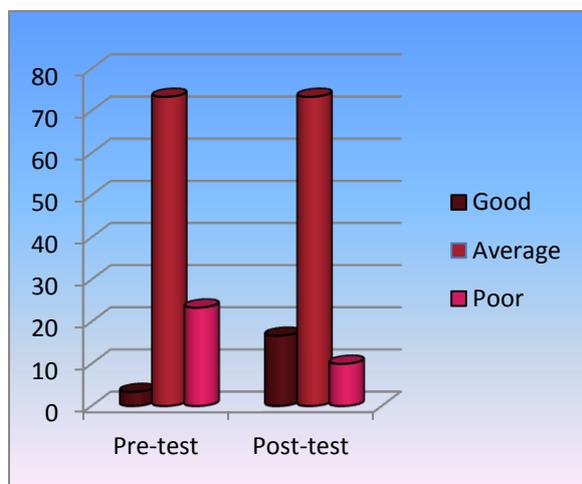
FIGURE 1: Cylindrical graph showing the frequency and percentage distribution of pre- test and post- test knowledge scores of students.

Effectiveness of teaching programme

Paired t' test established at 0.05 level of significance denotes effectiveness of structured teaching program on knowledge regarding health consequences of early and late marriage. The statistical analysis demonstrated that an increase in knowledge level of students was significant with calculated t' value of 7.783, which was greater than tabulated t' value, 2.09.

Association with demographic variables

Chi-squre test established at 0.05 level of significance denotes association between the knowledge and selected demographic variables. The pre-test knowledge scores were independent of all the demographic variables (age, religion, year of study, education of father and annual income) except the education of the mother (chi-square calculated value- 24.5, tabled value – 7.81).

DISCUSSION

The finding of the study indicates that most of the participants 53.33% (16) were 20 years old. Majority of participants 88.33% (25) were Hindus and 93.33% (28) were studying in 3rd year GNM. The education of father and mother of maximum students 60% (18) and 50% (15) respectively was primary school. Annual income of most of them 56.66% (17) was below 10000/- rupees.

The findings of the study revealed that the mean post-test knowledge score (18.19) was apparently higher than the mean pre-test knowledge score (14.13). The study

showed that there is significant difference between the pre-test and post-test knowledge scores. (t=7.783, p< 0.05).

The pre-test knowledge scores were independent of all the demographic variables except the education of the mother (chi-square calculated value- 24.5, tabled value – 7.81).

The present study is supported by a study conducted in Udupi Taluk, Karnataka, to determine the effectiveness of an educational intervention program on knowledge of reproductive health among adolescent girls. This educational intervention study was carried out over a period of one year. A total of 791 rural girls in the age group 16-19 years were selected through simple random sampling technique. Awareness levels of adolescent girls were evaluated after the intervention. A significant increase in overall knowledge after the intervention (from 14.4 to 68%, P <0.01) was observed regarding contraception. Knowledge regarding ovulation, first sign of pregnancy and fertilization improved by 37.2% (95% CI = (35.2, 39.2), P <0.001). Knowledge regarding the importance of diet during pregnancy improved from 66 to 95% following the intervention. The study showed that an educational intervention program can improve knowledge levels of adolescent girls regarding reproductive health. [4]

Another study was conducted to evaluate the effectiveness of premarital education on the girls' awareness about reproductive health. Through consecutive sampling method 152 women were selected for the study from Garmsar city, Iran in 2012. Data were collected by using a structured questionnaire which contained 2 sections (demographic characteristics and reproductive health). Knowledge levels of women were evaluated in two stages of pre and post test. Research finding revealed that the average of girls' age was 22.41± 3.22 and 55.3% of them, had college education and maximum of them 53.9% were housewives. The mean pre-test knowledge score regarding reproductive health was 12.81±33.3 and that increased to 17.81±. 2.587after the education program and this difference was statistically significant (p= 0.000). The findings of this study showed that premarital counseling programs effected on the girls' awareness about reproductive health. [5]

The study is supported by another quasi-experimental study conducted to evaluate the effectiveness of school-based reproductive health education for adolescent girls. The study samples were selected from two vocational girl's high schools. The experimental group consisted of 97 students and control group consisted of 92 students. Reproductive health education was given to students in the experimental group for 10 weeks, whereas the control group was not subjected to any educational program. Knowledge levels of students were evaluated in two stages of pre and post test. Baseline knowledge score of students in experimental and control group were similar and low (p >0.05). The study findings showed that knowledge level of students in the experimental group increased significantly after the education program. Post-test knowledge scores (75.03 +/- 13.82) of the students in the experimental group were higher than those of the control group (36.65 +/- 14.17). The results showed school-based reproductive health education is needed to promote knowledge in reproductive health among teenagers. [6]

This study was limited to small group of study population (n=30) and age group of study population was 18-21 years.

CONCLUSION

The study revealed that the structured teaching program was effective in improving the level of knowledge of the students regarding health consequences of early and late marriage. The study suggests to conduct similar studies with BCC (Behaviour Change Communication) among different age group of females (eg: adolescents, adult women, working women and mothers) and in various setting (eg:

rural and urban area) to impart knowledge regarding health consequences of early marriage and late marriage. Government policy should be strictly followed for prohibition of child marriages and compulsory education for the girl child. Programs including free education for girls, health programs and camps for adolescents and young adult women to improve knowledge regarding problems of child marriage etc launched by the government may be made use of to fullest. Wide spread awareness be accorded for programs supporting woman carrier development. Programs should be conducted to improve knowledge of working women regarding the maternity benefits and leave to reduce delayed marriage and pregnancy. For a healthy mother may foster a healthy child, which form the country's future.

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