



## DOES MARRIAGE AFFECT HEALTHY LIFE? : A STUDY FROM RURAL REALITY OF INDIA

### Social Science

Sharanya N

School of behavioral science Kannur University Campus, Mangattuparamba- 670567, Kerala, India

### ABSTRACT

Women with marital life confront hindrances to consumptive wellbeing and social inclinations. Women with early marriage may encounter exceptional difficulties and prizes. When it comes with the phase of teenage level, they will confront many difficulties and obstructions in their social life. It is custom in India especially in rural areas, generally to get girls married off at an early age to avoid burden to the family. This leads to complications in pregnancy and complications to the child which sometimes leads to maternal and child mortality. The study explores the quality of life and mental health of teenage women who are leading marital life. This study was done in the rural areas of Palakkad District, Kerala state, India. The study result shows an association between quality of life and mental health of married teens.

### KEYWORDS

Women; Marriage; Health; India

#### 1. Background

Adolescence is particularly important period representing the change from childhood to adulthood. The period is important as many health behaviors changes and establishes during that period and extends [1] [2]. United Nations (UN) conventions and resolution considers, early stage marriage and forced marriage are the serious violation of human fundamental rights. In South Asia regions, social, cultural and religious factors set parameters around marriage. Generally, marriage is seen as a basic stage in the life-course and there are solid social assents for childbearing outside of marriage [3]. Many studies shows that marriage is a social institution and it can offer healthy and prosperity life in human beings [4]. But the early stage of marriage is considered as, a unhealthy and harmful practice, effects in health and which gradually affects the mental health of partner. Because it denies women's rights to the living standard, sexual and reproductive health and violence free life [5] [1]. But the unhealthy intervention of present social settings makes risky behaviors in the quality life of married teenage girls. This is commonly happening in the rural regions. Social scientists has proved that, the early marriage may prevents women from achieving their rightful education, accessing better jobs and training opportunities, developing social relationships with peers, and participating in civic life [6]. These all factors can determine the quality of life and living standards of individuals in social settings.

Studies showed that the married individuals are having better mental health than those with never married or previously married [7]. One important thing is the marital time is an important factor deciding the mental health of an individual. The depression rates among pregnant teens are higher than other peers. Under age marriage among girls, restrict themselves in achieving basic education and affecting their physical, emotional and personal maturity required for the successful transition to adulthood [8, 9]. Most of the cultural societies do not support the early age marriage due to the associated impacts [10]. Marriage may have different effects on internalizing problems, externalizing problems, and subjective well-being [11].

The aim of this study is to find the relationship between mental health and quality life of women at early stage marriage. In this paper we have used the quantitative research method to find out the association between Mental Health and quality of life of early married women from rural area of Indian context. To analyze the results we have used Mental health inventory and quality of life scale by World health organization (WHO). The paper is organized as follows, Section I deals with background/Introduction of the study, Section II deals with Methods which are adopted, Section III covers Measurements and Results and Section IV deals with Suggestions and Conclusion.

#### 2. Methods

##### 2.1– Sample and data Collection

Sampling is a technique adopted by the researcher in order to select the items for the sample. Sample design was determined before the data collection. For this study the researcher collected data from the respondent. For getting the respondent the researcher used the **accidental sampling method**. The sampling technique used is non –

probability sampling, with is easily available and also convenient. **The tools of data collection** were interview schedule which includes the socio-demographic profile and two scales such as mental health inventory scales and Quality of life scale by WHO. 60 respondents were interviewed.

##### 2.2 - Measurements

The Mental Health Index is a single score representing the average position of a person with regard to all the 38 items designed to test the same. A higher score on the Mental Health Index infers greater physiological well being and relatively less distress. The Raw score is 38-226. The Physiological Distress and Physiological Well-being scales complement the subsequent Physiological Distress and Physiological Well-being standards. Together all 38 items are used as a score with 24 for Distress and 14 for Well- being without any overlap.

**Quality of life scale** is a five point standardized scale by WHO .Which consist of 26 items in which 3 items (3,4and 26) are negative and the remaining 21 items are positive. The questions5, 4, 3,2and 1 are negative questions and questions 1,2,3,4 and 5 are positive questions. The maximum score is 130 and the minimum scores are 26. The respondents were classified as low, medium, good and excellent level of quality of life based on their score. The respondents were classified on mean + or - 0.the classification is as follows:

26 – 52 = Low level of quality of life. 53 -78 = Medium level of quality of life, 79 – 104 = Good level of quality of life, 105-130 = Excellent level of quality of life.

##### 2.3. Data Analysis

Data was analyzed by simple percentage, ANOVA test and correlation.

#### 3. Results and Discussion

##### 3.1 Respondent's level of Mental health

Sl no	Level of Mental Health	Frequency	Percentage
1	High (171- 228)	29	48
2	Medium (126- 170)	16	27
3	Low (38- 125)	15	25
	<b>Total</b>	<b>60</b>	<b>100</b>

The study results shows, that 48% of the respondents belong to high level of mental health. 27% of the respondents belong to moderate level of mental health and 25% of the respondents belong to low level of mental health.

##### 3.2 Level of Quality of life of respondents

Sl no	Level of quality of life	Frequency	Percentage
1	96 – 130 (High)	33	55
2	61 – 95 (Medium)	16	27
3	26 – 60 (Low)	11	23
	<b>Total</b>	<b>60</b>	<b>100</b>

As per the study 55% of the respondents belong to high level of quality of life, 27% of the respondents belong to middle level of quality of life.

23% of the respondents belong to low level of quality of life.

### 3.3 Correlation between Quality of life and Mental health

		Quality of life	Mental health
Quality of Life	Correlation	1.000	0.944
	Sig. (2 Tailed)	-	0
	N	60	60
Mental Health	Correlation	0.944	1.000
	Sig. (2 Tailed)	0	-
	N	60	60

\*\* Significant correlation at 0.01 levels.

A wide sequence of study displays that, a Positive Correlation between the Quality of Life and the Mental Health of the Respondent.

### 4. Suggestions and Conclusion

To prohibit early marriage, the action has to be should start from grass root level of so social platform. i.e., from family to society .Government and official authorities initiates the necessary steps in advance and strict action or models against early marriage. Through proper sex-education programmes, family education and community based programmes can improves their life standard in social settings. These types of social approaches can able to manage the problems of early age married women in society.

### Conclusion

There was a significant relationship between Mental and Quality of life, and this has to be appeared differ by gender age. The results of this study would make help to develop appropriate changes in policy redesigns of quality of life individual in society.

### Acknowledgements

Thanks to Mr. Manoj Mathew, PhD Scholar, Dept. of Social Work of Amrita Vishwa Vidyapeetham (University), Coimbatore, India. Without his support and guidance this study wouldn't have been possible.

### Reference:

1. Alemu T, Fantahun M. Sexual and reproductive health status and related problems of young people with disabilities in selected associations of people with disability, Addis Ababa, Ethiopia. *Ethiop. Med. J.* (2011); 49(2):97-108.
2. Manoj, M.P. & Suja, M.K. Sexuality and reproductive health in young people with disability: A systematic review of issues and challenges. *Sex. Disabil.* (2017) 35: 507. <https://doi.org/10.1007/s11195-017-9505-9>.
3. Caldwell J, Reddy P, Caldwell P. The causes of marriage change in South India. *Popul Stud* (1983) 37(3):343–61. doi:10.2307/2174503
4. Kashyap R, Esteve A, García- Román J. Potential (Mis) match? Marriage markets amidst socio demographic change in India, 2005–2050. *Demography* (2015) 52(1):183–208. doi:10.1007/s13524-014-0366-x.
5. UN General Assembly. Universal Declaration of Human Rights. 217 A (III) New York, USA: UN General Assembly (1948).
6. Marphatia AA, Ambale GS and Reid AM (2017) Women's Marriage Age Matters for Public Health: A Review of the Broader Health and Social Implications in South Asia. *Front. Public Health* 5:269. doi: 10.3389/fpubh.2017.00269.
7. Gove, Walter R.; Style, Carolyn Briggs; Hughes, Michael. The Effect of Marriage on the Well-Being of Adults. *Journal of Family Issues*. 1990; 11:4–35.
8. UN General Assembly. Convention on the Rights of the Child. New York, USA: UN General Assembly (1989).
9. Lloyd C, editor. *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. Washington, DC, USA: National Academy of Sciences (2005).721 p.
10. Williams, Kristi; Umberson, Debra. Marital Status, Marital Transitions, and Health: A Gendered Life Course Perspective. *Journal of Health and Social Behavior*.2004; 45:81–98. [PubMed: 15179909].
11. Jeremy E. Uecker "Marriage and Mental health among young adults" *J Health Soc Behav*. 2012 March; 53(1): 67–83. doi:10.1177/0022146511419206.