## Research Paper

## **Medical Science**



# Level of Knowledge on Effects of **Consanguineous Marriage Among Adult** Women.

Ms.G.Nithya	G.Nithya  B.Sc(N) IV Year, Chettinad College of Nursing, Rajiv Gandhi Sala Kelambakkam, Kancheepuram District, Tamilnadu, India.	
Ms.P.Kavitha	B.Sc(N) IV Year, Chettinad College of Nursing, Rajiv Gandhi Salai, Kelambakkam, Kancheepuram District, Tamilnadu, India.	
Mrs.D.Geetha	Nursing Tutor, Chettinad College of Nursing, Rajiv Gandhi Salai, Kelambakkam, Kancheepuram District, Tamilnadu, India.	

A descriptive study to assess the level of knowledge on effects of consanguineous marriage among the adult women in selected village. The objectives are to assess the level of knowledge of on effects of consanguineous marriage among the adult women, to find out the association between the level of knowledge on effects of consanguineous marriage and the selected demographic characteristics of adult women. The sampling technique is convenient sampling technique with the sample of 30 adult women and questionnaires were formulated, structured questionnaires were used to assess the knowledge. The variables were assessing the level of knowledge of adult women on effects of consanguineous marriage. Hypotheses were formulated. The level of significance selected was p<0.05. An extensive review of literature and guidance by experts formed the foundation to the development of structured questionnaires. The investigator used demographic variable proforma, structured questionnaires to collect data. The data collection tools were validated and reliability was established. The data collection for the main study was done. The collected data was tabulated and analyzed. Descriptive and inferential statistics were used. The mean value is 12.3 and the standard deviation is 2.34. The study show that 26.67% of the adult women having adequate knowledge, 50% of the adult women are having moderate knowledge and 23.33% of the adult women are having inadequate knowledge. So this study shows that the people who were living in north Mahabalipuram needs adequate knowledge regarding effects of consanguineous marriage and its prevention.

### **KEYWORDS**

Knowledge, effects of consanguineous marriage, adult women.

#### INTRODUCTION:

The word consanguineous is derived from Latin word where "con" means shared and "sanguine" means blood. Such marriages are preferred because of various reasons like fear of marrying with stranger, increasing family bonding, restricting wealth in family alone etc. If one looks at consanguinity in India, 14% of marriages in India are consanguineous with maximum of 46% of marriages in South India being consanguineous. In societies where marriage is nearly universal and the fertility process is almost entirely through marital union, the factors associated with the occurrence of marriage and through it the reproduction and rearing of children, need to be continuously assessed. Marriage in Indian society is a religious duty. Consanguineous marriage is more common in India, especially in rural area where individuals prefer to marry within their clan.

Consanguineous unions range from cousin-cousin to more distant relatedness. Children of such a marriage are greater risk of being homozygous for a harmful gene and consanguinity who suffer autosomal recessive genetic disorders. While assessing the consequence of consanguineous against non consanguineous marriages in health and disease, several scientific studies have shown that consanguinity leads to death of infants before, during or immediately after birth, increased incidence of birth defects, genetic disease including blinding disorders, blood cancer breathing problems for children at birth increased susceptibility to disease etc. There are certain misconceptions regarding marriage amongst blood relatives, marriages between social relatives like wife's brother can get married, where there is no role for blood relationship.. It is clear that the social benefits derived from such marriages are of paramount importance to consanguineous couples; however, the availability of preventive measures should be emphasized. India needs to take a big leap in this direction with consanguineous marriages being more prevalent.

### **MATERIALS AND METHODS**

RESEARCH APPROACH: Quantitative descriptive research approach

**RESEARCH DESIGN**: Non experimental descriptive design

RESEARCH SETTING: North Mahabalipuram village, Thirukazhungkundram Block, Kancheepuram district.

POPULATION: Adult women at North Mahabalipuram, Kancheepuram district.

**SAMPLE**: Adult women who are at of 20-40 years of age.

**SAMPLE SIZE:** The sample size 30.

**SAMPLING TECHNIQUE**: Non-probability, convenient sampling technique.

## **SAMPLING CRITERIA:**

Inclusion Criteria

- ❖ Women age group from 20 to 40 years of age
- Who are willing to participate in the study
- Who are available at the time of data collection
- Who are able to read Tamil/English.

### **Exclusion Criteria**

- Who are not willing to participate in the study
- Who were above 40 years of age
- Who were below 20 years of age

#### **DEVELOPMENT OF STUDY INSTRUMENTS**

As the study aimed at evaluating the existing level of knowl-

edge on effects of consanguineous marriage among adult women who are at the age group of 20-40 years, respectively the researcher constructed demographic variable Proforma & structured questionnaire.

# DESCRIPTION OF THE TOOL PART 1

Consist of demographic variables such as age, religion, education, occupation, income, marital status, previous knowledge on effects of consanguineous marriage through formal programmes.

#### PART 2

Structured Questionnaire used to assess the knowledge. The tool consists of 20 questions related to effects of consanguineous marriage.

#### **METHOD OF SCORING**

Each correct answer carries "1" mark and wrong answer carries "0" mark. The maximum score is 20 and minimum score is 0. The level of knowledge on effects of consanguineous marriage is interpreted as

LEVEL OFKNOWLEDGE	SCORE	PERCENTAGE
Inadequate knowledge	0-10	0-50%
Moderate knowledge	11-15	51-75%
Adequate knowledge	16-20	76-100%

#### RESULTS AND DISCUSSION:

The collected data were entered in data sheet and analysed using descriptive and inferential statistics. The study reveals that the study group of 33.3% is under 20-24 and 25-29 years of age, 17% of the adult women are under 30-35 and 35-39 years of age. Shows that maximum of adult women were between 20-24 and 25-29 years and it was (33.3%). 6.66% of the adult women are having no formal education, 20% are having primary level of education, 43.33% are having higher secondary level of education, 30% are of the adult having completed their degree. Majority of adult women were having higher secondary level of education 13 (43.33%). 63.33% of the adult women are house wife, 6.66% of the adult women are daily wages, 30%

of the adult women are daily wages, 30% of the adult women are working in private sector. Majority of the occupation for adult women were house wife and it is 19 (63.33%). 13.33% of the adult women were having the income from rupees 1596-4726, 30% of the adult women were having the income from rupees 4727-7877, 30% of the adult women were having the income from rupees 7878-11816, 30% of the adult women are having the income above rupees 11816. Majority of adult income is between rupees 1596-4726 and 4727-7877 which was (30%) each. 90% of the adult women is married and 10% of the adult women are unmarried. Majority of adult women were married which was 90%. 70% of the adult women are Hindu, 20% of the adult women Christian, 10% of the adult women Muslim. Majority of the adult women were Hindu (70%).

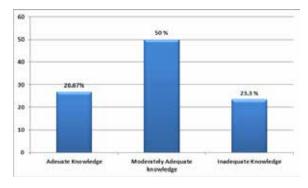


Figure 1: shows the knowledge level of adult women on effects of consanguineous marriage.

The association between demographic variables in related with the knowledge aspects of adult women with aspects of knowledge on effects of consanguineous marriage revealed that there is no significant association; with this regard the hypothesis Ho was accepted.

#### **CONCLUSION:**

Around the India consanguineous marriages have been practiced by many societies from time immemorial. It is widely practiced in some parts of India. One in two rural marriages in Karnataka, Tamil Nadu and Andhra Pradesh are consanguineous. Congenital heart diseases are the commonest single group of congenital abnormalities with a prevalence ranging from 1.0 to 50.89 per 1000 live births in the world population including India, where as Mysore has a prevalence of11.08/1000 live births. One of the risk factor for the occurrence of congenital heart disease is parental consanguinity. The finding of the present study reveals that 26.67% of the adult women are having adequate knowledge, 50% of the adult women moderate knowledge and 23.33% of the adult women were having inadequate knowledge. The demographic variables show that there is no significant association. It reveals that the people who were living in north Mahabalipuram needs adequate knowledge regarding effects of consanguineous marriage and its prevention.

#### **REFERENCES**

1. Bittles AH, "consanguinity and its relevance to clinical genetics". Clinical genetics 2001, 60, 89 – 98. | 2. Clinical outcomes of consanguineous marriages in turkey, Turkish "journals of paediatrics" 2001 october – December; vol 43(4): pg 277 – 9, | 3. DR.Rajesh kumar, "Indian journal of community medicine official publication of Indian association of preventive and social medicine", vol 31, no 2, april – may 2006, pg 92. | 4. De noon," us ranks in lowest third for infant mortality – a health information website for patients, 2008." | 5. The consanguinity and congenital abmormalities" saggard. M, vekfedd Jacobsen, jornal of ugassir jaeger 2003 april 28; vol 165 (18): pg 1851 – 5.