

Prevention of Early Marriage Health Consequences Among Female Adolescent in a Rural Area

Thesis

*Submitted in Partial Fulfillment of the Requirement
of the Doctorate Degree*

*In
Nursing Science
Community Health Nursing*

By

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List of Abbreviations

AIDS	: Acquired Immunodeficiency Syndrome
CAPMAS	: The Central Agency for Public Mobilization and Statistics
CDPH	: California Department of Public Health
DHS	: Demographic and Health Survey
EMOHP	: Egyptian Ministry of Health and Population
FSH	: Follicle-Stimulating Hormone
GnRH	: Gonadotropin Releasing Hormone
HCG	: Human Chorionic Gonadotropin
HIV	: Human Immunodeficiency Virus
HS	: Highly Significant
ICPD	: International Conference on Population and Development
KAP	: Knowledge, Attitude and practice
LH	: Luteinizing Hormone
S	: Significant
SMART	: Specific, Measurable, Achievable, Reasonably, Timely
STIs	: Sexually Transmitted Infections
UNFPA	: United Nation Population Fund Agency
UNICEF	: United Nations Children's Fund
WHO	: World Health Organization

Prevention of Early Marriage Health Consequences Among Female Adolescent in a Rural Area

By

Amany Lotfy

Abstract

Early marriage is a worldwide problem associated with a range of health and social consequences for girls so prevention of early marriage health consequences can improve the maternal health and decrease the morbidity and mortality rate. **Research Design:** a quasi experimental design was used. **The aim** of this study was to evaluate the effect of the prevention program of early marriage health Consequences among female adolescent in a rural area. **Setting** This study was conducted at Kafre El sheik city in two preparatory schools. **Sampling:** a purposive sample composed of 137 female student were at three grades of the selected schools. **Tools;** one tool was used for data collection, a Self-Administered Questionnaire including four parts; **part one:** socio demographic characteristics of students and their parents, **Part two:** female adolescent's knowledge related to prevention of early marriage health consequences program . **Part three:** perception of female adolescent toward adverse bio-psycho-social health consequences of early marriage its' preventive procedures **Part four:** a health practices assessment to assess female adolescent ' practices related to personal hygiene ,nutrition and physical exercises during Menstruation . **Results:** the current study revealed that 92% of female adolescents reported unsatisfactory knowledge related to preprogram of early marriage health consequences while post program implementation 77.4% reported satisfactory knowledge. (5.8%) of female students reported positive perception toward adverse bio-psycho-social health consequences of early marriage its' preventive procedures pre program implementation, developed to 73.7% after implementation, also (8%) reported healthy practices related to personal hygiene, nutrition and physical exercise during menstruation pre program ,changed to (69.3%) reported healthy practices pattern with a highly statistically significant difference between knowledge, perception and health practices pre and post program implementation. **Conclusion:** Health prevention program reported remarkable improvement in female adolescents' knowledge, perception and health practices toward early marriage health consequences. **Recommendations:** The study recommended that applying health education programs among students in different educational settings focusing on early marriage health consequences with implementation of practical training courses .

Key words: Early marriage health consequences, Female Adolescent Primary Prevention Program, rural Area



Introduction



Introduction

Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles (*Wodon, et al., 2017*).

Early marriage is a worldwide associated problem with a range of health and social consequences for girls. It is a fundamental violation of human rights. Many factors interact to place a girl at risk of early marriage, include poverty, the perception that marriage will provide ‘protection’, family honour, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country’s civil registration system(*Uncief , 2017*).

Child marriage often compromises a girl’s development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of domestic violence. Child marriage also affects boys, but to a lesser degree than girls (*Bayisenge, 2015*).

The consequences of early marriage can include: dropping out of school; health risks that result from early sexual activity and pregnancy, including sexually transmitted diseases and maternal mortality; being prevented from taking advantage of economic opportunities; and if they have children, child malnutrition and mortality(*Hotchkiss et al. ,2016*). There is also concern that child marriage deprives girls of their basic human rights and puts them at risk for harmful practices and disadvantage, including exploitation, intimate partner violence, and abuse. Given these concerns, there is increased interest in efforts to empower children and adolescent girls in low- and middle-income countries in order to protect their human rights and the overall wellbeing of women and children (*Bosnjak & Acton ,2013*).

Globally 34% of girls, are married by the age of 18 years and 11% marry before the age of 15 years. Child marriage is a global challenge with a severe impact. The severity is such that it causes psychological trauma and increased risk for sexually-transmitted diseases among young married girls with complications like fistula during childbirth and even death of the young mother or her baby (*Sabbe ,etal.2013*). Child marriage does not only deprive girls of their childhood and educational opportunities, but also makes

them vulnerable to the brutal cycle of domestic violence, sexual abuse and poverty (*Machel , etal.2013*) .

According to the national census released by **the Central Agency for Public Mobilization and Statistics (CAPMAS),2017**: the total number of women over the age of 18 who can legally get married has reached 27.7 million, with 23 million women married, which includes 119,000 girls who have married before reaching the age of 18. Meanwhile, 18,000 women got married before the age of 16, representing 15% of girls who married before the legal age of marriage of 18.

According to a **UNICEF** report based on data collected between 1995 and 2013, early marriage is most prevalent in South Asia and Africa. The proportion of all women (ages of 15 to 24) who were married before the age of 18 was 48% in South Asia, 42% in Africa and 29% in Latin America and the Caribbean. Countries with rates above 60% include Niger, Chad, Mali, Bangladesh, Guinea, and Burkina Faso. Ethiopia had the 12th highest rate of early marriage; 49% of all young women (ages 20 to 24) were married before the age of 18(*UNICEF, 2015*).

Prevention of early marriage health consequences can improve the health of a mother and her child. For one, the