



Assess Knowledge Related To Early Marriage Among The Women

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ABSTRACT

Background:

Early marriage persists as a critical societal issue in India, despite legislative efforts like The Prohibition of Child Marriage Act of 2006, which legally set the minimum age of marriage at 18 for females and 21 for males. While reported prevalence has seen a decline, India's significant population size means it continues to contribute substantially to the global burden of child marriages. This practice is deeply intertwined with socio-economic factors, rural residence, limited educational opportunities, and poverty, perpetuating cycles of gender inequality and adverse health outcomes for young women and their children.

Objectives:

The primary objective of the specific study outlined in these documents was to assess the existing level of knowledge regarding early marriage among women residing in a selected rural area of Rohtas, Bihar.

Methodology:

This study adopted a quantitative research approach with a descriptive research design, conducted in a rural setting in Rohtas, Bihar. A non-probability purposive sampling technique was used to select a sample of 60 women of varying age groups. Data collection was planned using a structured questionnaire, which included demographic information and knowledge-based questions related to early marriage.

Result:

The result highlights significant findings regarding the prevalence of early marriage (e.g., higher rates in rural areas, among less educated populations), and its severe consequences, including increased risks of adolescent pregnancies, higher maternal and infant mortality, and increased vulnerability to infections like HIV.

Recommendation:

Based on the existing body of knowledge and the identified challenges related to early marriage, the following recommendations are crucial:

Strengthen Education and Awareness Programs: Implement targeted campaigns to raise community awareness about the legal age of marriage, the detrimental health and social consequences of early marriage, and the benefits of girls' education.

Enhance Legal Framework Enforcement: Ensure rigorous enforcement of child marriage prohibition laws and develop mechanisms for identifying and preventing such marriages, while navigating cultural sensitivities.

Improve Access to Health Services: Increase the availability and accessibility of adolescent-friendly health services, including reproductive health counseling, family planning, and comprehensive antenatal and postnatal care for young mothers.

Address Socio-Economic Disparities: Develop and support programs that empower girls and women through educational opportunities, vocational training, and economic independence, thereby reducing their vulnerability to early marriage.

Foster Collaborative Efforts: Encourage multi-sectoral collaboration among healthcare providers, educators, local authorities, and community organizations to create a unified front against child marriage and its associated challenges.

Conclusion:

The findings underscore that early marriage is a persistent problem, particularly in rural and socio-economically disadvantaged populations, leading to significant negative health and developmental outcomes for women and children. Efforts to delay marriage through education, legal enforcement, and socio-economic support are crucial.

Keywords: Early Marriage, women, knowledge

INTRODUCTION

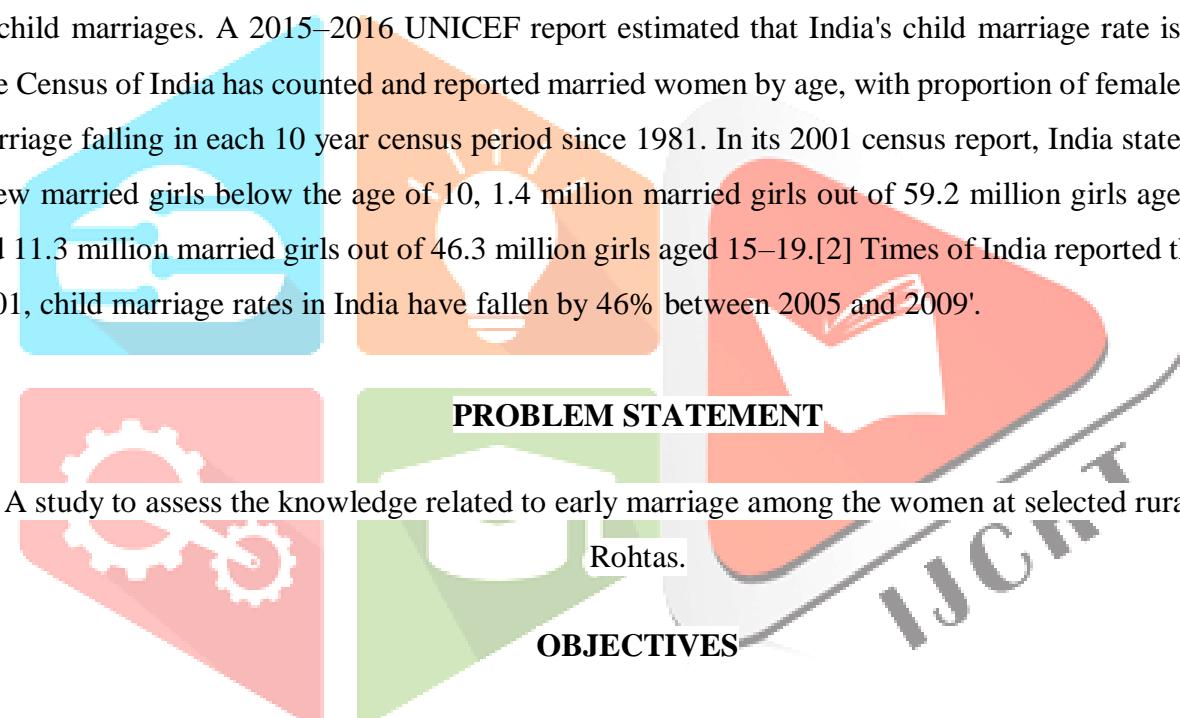
Child marriage is a complex subject under Indian law. It was defined by The Child Marriage Restraint Act in 1929,[8] which set the minimum age of marriage for females to be 14 and males 18. The law was opposed by Muslims and subsequently superseded for Muslims of British India by the Muslim Personal Law (Shariat) Application Act of 1937,[4] which implied no minimum limit and allowed parental or guardian consent in case of Muslim marriages.

The 1929 law for non-Muslims was amended twice after India gained independence in 1947. In 1949, the minimum age for girls was increased to 15, and in 1978 the minimum age was increased for both genders: to 18 for females and 21 for males.[5][9] The applicability and permissibility of child marriage among Muslims under the 1937 Act, under India's Constitution adopted in 1950, remains a controversial subject, with a series of Supreme Court cases and rulings.[4]

The definition of child marriage was last updated by India with its The Prohibition of Child Marriage Act of 2006, which applies to all Indians except the state of Jammu and Kashmir and the renoucants of the union territory of Puducherry. For Muslims of India, child marriage definition and regulations based on Sharia and Nikah has been claimed by some as a personal law subject but has been ruled by various courts that it applies to Muslims also.[4][6] For all others, The Prohibition of Child Marriage Act of 2006 defines "child marriage" means a marriage, or a marriage about to be solemnized, to which either of the contracting parties is a child; and child for purposes of marriage is defined based on gender of the person – if a male, it is 21 years of age, and if a female, 18 years of age.

Child marriage in India in Indian law is a marriage in which both the bride (who can only be female) and the groom (only male) are less than 21 years of age. Most child marriages involve girls younger than 21, many of whom are from poor families.

Child marriages are prevalent in India. Estimates vary widely between sources as to the extent and scale of child marriages. A 2015–2016 UNICEF report estimated that India's child marriage rate is 27%. [1] The Census of India has counted and reported married women by age, with proportion of females in child marriage falling in each 10 year census period since 1981. In its 2001 census report, India stated at least a few married girls below the age of 10, 1.4 million married girls out of 59.2 million girls aged 10–14, and 11.3 million married girls out of 46.3 million girls aged 15–19. [2] Times of India reported that 'since 2001, child marriage rates in India have fallen by 46% between 2005 and 2009'.



To assess the existing level of knowledge regarding early marriage among the women at selected rural area.

To associate to existing level of knowledge regarding early marriage among the women at selected rural area.

MATERIALS AND METHODS

Material and Methods:

Research approaches

The research approaches was quantitative research approach.

Research design-

Research design is typical descriptive research design.

Research setting –

The study was conducted at selected rural area of Rohtas.

Sample technique -

Non-Probability purposive sampling technique

Target population-

The sample consist of all women age group in selected rural area of Rohtas, Bihar who fulfils the inclusion criteria.

Sample size-

Number of sample size is 60.

Inclusion criteria-

Women of all age group.

Exclusion criteria-

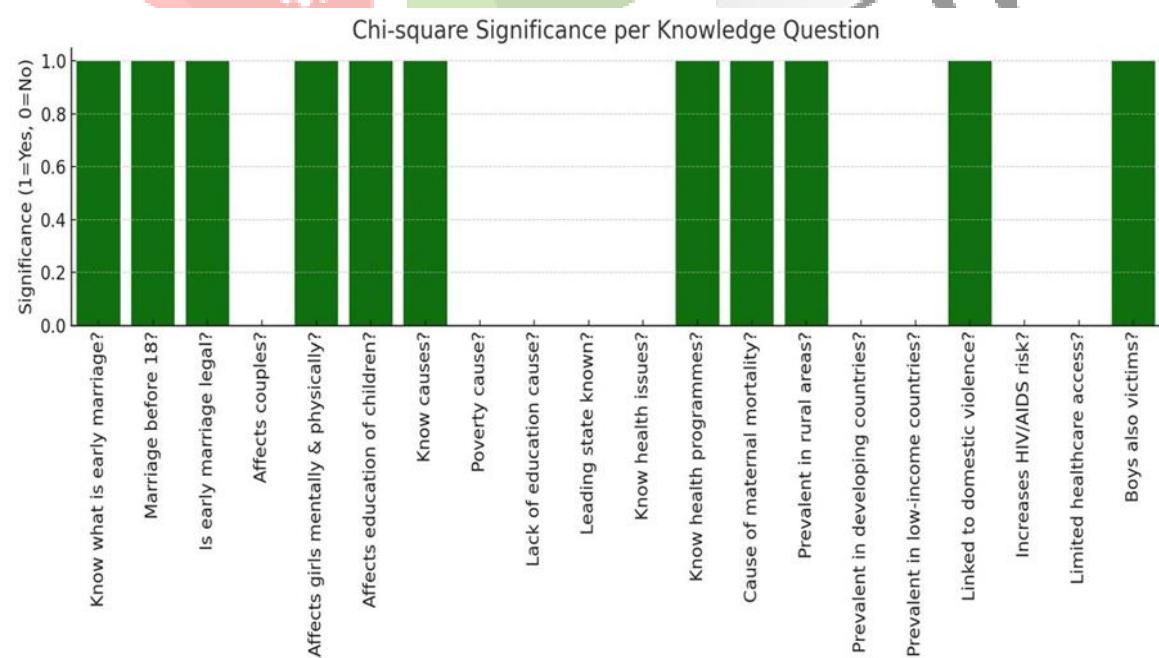
Women who are not willing to participate in the study.

Households without women with single parent (Father) are not including in the study.

MAJOR FINDINGS OF THE STUDY

The Chi-square test identified several statistically significant associations ($p < 0.05$): awareness of health programs, maternal mortality, legal status, and violence connection. These findings emphasize the role of education and socio-demographics in shaping public knowledge. Questions such as the link to HIV/AIDS or state-wise prevalence of early marriage were not statistically associated, possibly due to limited exposure or awareness of macro-level data among rural populations.

Chi-square Test Results on Knowledge vs Demographic Variables



IMPLICATION FOR PRACTICE

The findings emphasize the need for:

1. Legal Literacy Campaigns: Focused interventions to educate both men and women on the legal age of marriage and consequences of violations.
2. Gender-Sensitive Awareness: Expanding programs to highlight that early marriage affects both girls and boys, fostering more inclusive community responsibility.
3. Health and Social Impact Education: Bridging the gap between knowledge of health programs and awareness of early marriage's long-term health and socio-economic consequences.
4. Targeted Interventions: Addressing lower knowledge among specific demographics, especially those with minimal education or belonging to nuclear families.

CONCLUSION

The reviewed literature consistently highlights early marriage as a significant and widespread issue, particularly in South Asian countries like India, Bangladesh, and Nepal. It is strongly correlated with lower educational attainment, rural residence, poverty, and adverse health outcomes for adolescent girls and their children. The legal frameworks in India have attempted to address this, but challenges persist due to socio-cultural factors and enforcement gaps. Delaying marriage through educational initiatives, legal reform, and socio-economic support is crucial for improving health and developmental outcomes for women and children.

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