Original Research Article

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20205717

Impact of child marriage on nutritional status of women from suburban and urban areas of West Bengal

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Received: 14 October 2020 Revised: 08 December 2020 Accepted: 14 December 2020

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ABSTRACT

Background: Child marriage is a substantial barrier to social and economic development of a country and a primary concern for women's health. In West Bengal, the practice of early marriage is still running especially in Muslim community. The present study was aimed to find out the impact of child marriage on nutritional status of mother in terms of RMI

Methods: 117 Muslim women from both North and South 24 Parganas districts of West Bengal were studied. All of them were from economically lower middle class group. Height, weight, age, age at marriage, age at 1st child birth, number of children, family income and other information were recorded.

Results: During the study, the average age of 117 Muslim women was 28.4±3.7 years with a range of 21-41. Average age was 18.0±1.9 years when the Muslim women got married. 83.6% women who got married in childhood were in underweight category of which 15.8% were in severe thinness category. But 86.9% women who got married after 18 year were in normal weight category. Only 5.3% women of this group were in underweight category.

Conclusions: Thinness of the mother was might be due to marriage before 18 year. Thus from the above study it could be concluded that child marriage had a negative impact on mother's nutritional status in terms of BMI.

Keywords: BMI, Child marriage, Muslim women, Nutritional status

INTRODUCTION

Child marriage- defined by UNICEF as marriage before 18 years of age- is a reality for more than 60 million women worldwide. Child marriage has become a substantial barrier to social and economic development of India, and a primary concern for women's health. In India different studies revealed that 44.5% of women aged in between 20 to 24 year got married before 18 years, 22.6% were before 16 years, and 2.6% got married before age 13.1-4 Studies also revealed that most of the child marriage was significantly associated with non contraceptive conjugation till first childbirth, high fertility (three or

more births), repeat childbirth in less than 24 months, multiple unwanted pregnancies and abortion.¹

Though the child marriage issue drew the attention of Bengali social reformers in 19th century, but the practice is still running silently in West Bengal especially in Bengali Muslim community. In West Bengal though the number of child marriages are reducing due to education and counselling by different social organizations but the practice is still prevalent in poor and lower middle class families especially in Muslim communities in urban, suburban and rural areas. In recent time reports from different sources along with census show that there has been a rise in incidences of early marriage in West

Bengal which was 37.2% of total marriage in between 1996 to 2001, 53.3% in the year 2005-06 according to NFHS.⁵ In the year 2007-08, it was 54.7% according to the reports of District Level Household and Facility Survey-3 2008 and UNICEF 2009.⁷ But the number reduced to 40.7% in the year 2015-16.⁸

Child marriage causes physical, psychological and intellectual impact on the child bride. It has an adverse effect on girl's health along with increased risk of sexually transmitted diseases, cervical cancer, diabetics, heart disease. 1,7,9-13 These adverse effects in turn have an impact on the nutritional status. Most of the previous studies on child bride across the world were focused on social problems. 14-19 And very few works had been done on nutritional status of child bride who gave birth to a child in early age.4 In India Goli et al worked on Child bride in Andhrapradesh and Bihar.4 No work had been found on Bengali Muslim women in West Bengal. Some works had been done on Bengali Muslim women for their nutritional status irrespective of marriage age but works were not available on nutritional status. 20-22 Thus, the present study was aimed to find out the impact of child marriage on nutritional status of Bengali Muslim child bride.

METHODS

Study area and subjects

Married Muslim women from urban settlement of North 24 Paragana (Kamarhati) and suburban and rural settlement of South 24 Paragana (Minakha and Basanti villages) of West Bengal, India were studied. The study participants consist of the married women who fall roughly between the age group of 20 to 45 to satisfy the objective of the study. 117 married women were studied from different families with similar economic status but with different professions like cooking at home, household works, cultivation and fishing.

Study design

It was a cross-sectional and observational study. The subjects were selected as and when available. Participants having any physical deformity or recent illness or pregnant were excluded from the study. The sample size was calculated by the technique x/n^{th} , where n is the sample size and x is the population size (child bride population size of selected areas). Every x/n^{th} individual was selected for the study.

Research ethics

As the study deals with human participants, the research proposal was submitted for ethical clearance to the respective Governmental authority and consent were collected from the participant and their families prior to the actual commencement of the study.

Variables

Anthropometric measurements like height and weight were taken by internationally accredited Anthropometrist (ISAK) according to the method recommended by International Society for the Advancement of Kinanthropometry (ISAK).²³ Chronological ages in year were recorded from the participants' legal ID cards, birth certificate and health cards.

Body mass index

Body mass index (BMI) was calculated using the equation where BMI = Weight (kg) / Height (m)². Category of Nutritional status was determined using WHO guideline based on BMI (Table 1).²⁴

Table 1: Classification of adult BMI.

	Classification	BMI (kg/m²)				
	Underweight	<18.5				
Underweight	Severe thinness	<16.00				
range	Moderate thinness	16.00-16.99				
	Mild thinness	17.00-18.49				
Normal range		18.5-24.99				
	Overweight	>25.00				
Oi-ah4	Pre-obese	25.00-29.99				
Overweight range	Obese	>30				
	Obese class I	30-34.99				
	Obese class II	35-37.99				

Socio-economic status

Education, occupation, family income, age at marriage, age at 1st childbirth etc. were collected by questioner. Updated Kuppuswamy scale 25 was used for determining socio-economic status.^{26,27}

Statistical analysis

Necessary statistical analysis was done using MS Excel.

RESULTS

During the study, the average age of 117 Muslim women was 28.4±3.7 years with a range of 21-41. Average age was 18.0±1.9 years when the Muslim women got married. 83.6% women who got married in childhood were in underweight category of which 15.8% were in severe thinness category. But 86.9% women who got married after 18 year were in normal weight category. When age at marriage was correlated with BMI, a moderate positive significant co-relationship of 0.52 (p<0.05) was observed in the present study. But a very poor negative correlation (r=-0.25) was observed between the number of child-birth by the child bride after marriage and BMI. Similarly, a positive weak relationship was observed when the age at first child birth was correlated with BMI (r =0.48).

Table 2: Average age, average age at marriage, number of children, height, weight and BMI of 117 Bengali Muslim women.

N=117	Age (yr)	Age at marriage (yr)	Age at 1 st child birth (yr)	Number of child	Height (cm)	Weight (kg)	BMI kg/m²
Mean	28.4	18.0	19.6	3	152.1	43.7	18.8
SD	3.7	1.9	2.1	1	6.1	6.9	3.1
Min	21	15	16	1	138.1	30	14.2
Max	41	26	27	6	168.0	77	32.7

SD=Standard Deviation, Min= Minimum value, Max=Maximum value

Table 3: Age at First child birth among 117 Bengali Muslim women

Age at 1st child birth (years)	16	17	18	19	20	21	22	23	24	27
Number of women	1	10	41	17	6	21	12	5	2	2
% of women	0.9	8.5	35.1	14.5	5.1	17.9	10.3	4.3	1.7	1.7

Table 4: Nutritional status of 117 Bengali Muslim women at different marriage age.

	Nutritional status based on BMI									
Age at marriage (years)	rs) n	Unde	Underweight		Normal weight		Pre-obese		Obese class I	
		n	Percent	n	Percent	n	Percent	n	Percent	
Over 18	38	2	5.3	33	86.8	1	2.6	2	5.3	
18 or below 18	79	66	83.6	13	16.4	0	0	0	0	
All ages	117	68	58.1	46	39.3	1	0.9	2	1.7	

DISCUSSION

Child marriage is a common practice in Muslim communities especially in poor families in urban, suburban and rural areas of Bengal where children married off before 18 year prior to attaining physical maturity.² In the present study, 117 Muslim women were studied from urban, suburban and rural areas of West Bengal who belongs to either upper lower or lower Socioeconomic class. The educational levels of all studied Muslim women were either uneducated or primary school level. Average age of the Muslim women of the present study was 28.4±37 with a range between 21 and 41 year. Average age at marriage was 18±1.9 years where the lowest age was 15 year and highest age 26 year (Table 2). 67.5% studied Muslim women were child when they got married and rest got married after 18 years. 17.9% girls got married at 18 year of age, 31.6% girls got married at 17 year of age, 17.1% girls got married at 16 year of age and only one child got married at 15 years of age. Thus, 67.5% of the studied Muslim women were child when they got married and rest 32.5% was adult when they got married. 67.5% is very close to 65.3% women form all religion married before 18 year in West Bengal in the year 2005-2006.²⁸ Average age of mother at first child birth was 19.6±2.1 years but 35% of surveyed women gave birth 1st child at 18 and 9.4% women gave birth before 18 year. 19.6 % women gave birth in between 19 and 20 year whereas 35.9% women gave birth in between 21 and 27 year. Hence 44.4% women gave birth when they were child and 19.6% women when they just reached the adulthood (Table 2-4). Very similar value was observed by Goli et al where 42.7% women gave 1st birth at when age was below 18 years.⁴

Body mass index (BMI) is a measure for indicating nutritional status of an adult.²⁴ In the present study average BMI for the whole studied population was 18.8±3.1 kg/m² with a range of 14.2-31.7 kg/m² (Table 1). Average BMI of Muslim women married in childhood in present study came down to 17.6±2 kg/m² with a range of 14.2-24 kg/m² whereas that of women married after 18 year of age was 20.2±1.6 kg/m² in average with a range between 17.3-32.7 kg/m². So women married at or below 18 year of age were underweight category in average whereas women married in adulthood were normal weight category in average.

83.5% of total women who married in childhood were underweight with mild, moderate and severe thinness and only 16.5% were in normal weight category. A large number of women who married in childhood were in underweight category with severer thinness (19%) and 5.1% with moderate thinness category. Rest was in mild thinness category. On the other hand, 86.9% of women who married at the age over 18, were normal weight category, 5.3% were in obese category and 2.6% in preobese category. Only 5.3% women were in underweight category (Table 4). When the present study was compared with whole Indian scenario in 2005-2006, 35.4% Indian women who married before 18 year were underweight category and 53.5% in normal weight category. Similarly

when the present study was compared with the women married before 18 year in Andhra Pradesh and Bihar provinces, 30.78% were in underweight category in Andhra Pradesh and 43.09% were underweight in Bihar, which were less than the present study in both provinces. The population of the previous studies was a mixed population of all religion. When age at marriage was correlated with BMI, a moderate positive significant corelationship of 0.52 (p<0.05) was observed in the present study. But a very poor negative correlation (r=0.25) was observed between the number of child-birth by the child bride after marriage and BMI. Similarly a positive weak relationship was observed when the age at first child birth was correlated with BMI (r=0.48).

Most of the previous studies were from mixed population of different religion, but the present study was limited to Muslim community of West Bengal only. The limitation was also extended to normal population; where pregnant and physically challenged participants were deliberately excluded to satisfy the aim of the study.

CONCLUSION

Child marriage has a negative impact on younger brides' health. This might be due to early pregnancy which results various medical issues to the mother. It causes various health problems which directly or indirectly affect the nutritional status of the married women which is reflected in low BMI in most cases. In the present study, a positive relationship (r=0.52) was observed in between age at marriage and corresponding BMI; which indicated that age at marriage of the Muslim women of the present study had a negative impact on nutritional status. Younger bride had the chance of more negative impact on health than adult bride. Thus from the present study, it could be concluded that most of the Muslim women who married before 18 year were underweight and child marriage caused malnutrition to the mother.

ACKNOWLEDGEMENTS

The authors express their gratitude to the concerned administrative authority of the North and South 24 PGS of West Bengal, who gave permission to conduct this study in specific Muslim areas. Both the authors would like to convey their deepest regards to those who participated voluntary and helped us to carry out this project successfully.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

Institutional Ethics Committee

REFERENCES

 Raj A, Saggurti N, Balaiah D, Silverman JG. Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young

- women in India: A cross-sectional, observational study. Lancet. 2009;373:1883-9.
- 2. Ghosh B, Kar AM. Child marriage in rural West Bengal: status and challenges. Indian J Dev Res Soc Action. 2010;6(1-2):1-23.
- Ghosh B. Early marriage of girls in contemporary Bengal: a field view. Soc Change. 2011;41(1):41-61
- 4. Goli S, Rammohan A, Singh D. The effect of early marriages and early childbearing on women's nutritional status in India. Mat Child Health J. 2017:19:2.
- NFHS-3. National Family Health Survey (NHFS-3), 2005-06, Vol I, International Institute for Population Sciences, Deonar, Mumbai, India. September 2007. Available from: https://dhsprogram.com/pubs/pdf/frind3/frind3-vol1andvol2.pdf. Accessed on 12 September 2020.
- Ministry of Health and Family Welfare, Government of India. (2012-13). Results of District Level Household Survey - IV 2012-13 (DLHS - IV). Available from: http://rchiips.org/DLHS-4.html. Accessed on 12 September 2020.
- 7. UNICEF. State consultation on child marriage in West Bengal- Background Notes. UNICEF 2009. Kolkata. Available from: https://www.unicef.org/publications/index_53754.ht ml. Accessed on 12 September 2020.
- NFHS-4. National Family Health Survey (NHFS-4), 2015-16, International Institute for Population Sciences, Deonar, Mumbai, India. September 2017. Available from: http://rchiips.org/nfhs/nfhs-4Reports/India.pdf. Accessed on 12 September 2020.
- 9. Jensen R, Thornton R. Early female marriage in the developing world. Gender Develop. 2003;11(2):9-19.
- 10. Mathur S, Greene M, Malhotra A. Too young to wed: the lives, rights and health of young married girls. Washington: International Center for Research on Women; 2003:1-19.
- 11. Nour NM. Health consequences of child marriage in Africa. Emerg Infect Dis. 2006;12(11):1644-9.
- 12. Parsons J, Edmeades J, Kes A, Petroni S, Sexton M, Wodon Q. Economic impacts of child marriage: a review of the literature. Rev Faith Int Affairs. 2015;13(3):12-22.
- 13. Parab P, Bose R. An Analysis of the incidence of child brides in India: a district level study. 2017. Available from: https://www.researchgate.net/publication/313240470_An_Analysis_of_the_Incidence_of_Child_Brides_in_India_A_District_Level_Study. Accessed on 12 September 2020.
- 14. Choi NG, Ha JH. Relationship between spouse/partner support and depressive symptoms in older adults: gender difference. Aging Ment Health. 2011;15(3):307-17.
- 15. Cox CM, Hindin MJ, Otupiri E, Larsen-Reindorf R. Understanding couples' relationship quality and

- contraceptive use in Kumasi, Ghana. Int Perspect Sex Reprod Health. 2013;39(4):185-94.
- Conroy AA, Mcgrath N, Van Rooyen H, Hosegood V, Johnson MO, Fritz K, et al. Power and the association with relationship quality in South African couples: implications for HIV/AIDS Interventions. Soc Sci Med. 2016;153:1-11.
- 17. John NA, Edmeades J, Murithi L, Iman Barre I. Child marriage and relationship quality in Ethiopia. Cult Health Sex. 2019;21(8):853-66.
- 18. Paul PP, Chouhan P, Zaveri A. Impact of child marriage on nutritional status and anaemia of children under 5 years of age: empirical evidence from India. Public Health. 2019;177:95-101.
- 19. Yaya S, Odusina EK, Bishwajit G. Prevalence of child marriage and its impact on fertility outcomes in 34 sub-Saharan African countries. BMC Int Health Hum Rights. 2019;19(1):33.
- 20. Hasan M, Sutradhar I, Shahabuddin A. Double burden of malnutrition among Bangladeshi women: a literature review. Cureus. 2017;9(12):e1986.
- 21. Khan MM, Kraemer A. Factors associated with being underweight, overweight and obese among ever-married non-pregnant urban women in Bangladesh. Singapore Med J. 2009;50(8):804-13.
- 22. Khan NC, Tue HH, Mai le B, Vinh le G, Khoi HH. Secular trends in growth and nutritional status of Vietnamese adults in rural Red River Delta after 30 years (1976–2006). Asia Pac J Clin Nutr. 2010;19(3):412-6.

- 23. ISAK manual 2019. International Standards for Anthropometric Assessment, ISAK manual International Society for the Advancement of Kinanthropometry, Catholic University San Antonio of Murcia, Murcia, Spain.
- 24. Body mass index- BMI. World Health Organization. 2019. Available from: http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi. Accessed on 12 September 2020.
- 25. Kuppuswamy B. Manual of socioeconomic status (urban), Manasayan: Delhi; 1981.
- Mishra D, Singh HP. Kuppuswamy's socioeconomic status scale- a revision. Indian J Pediatr. 2003;70(3):273-4.
- 27. Bisai S, Dutt S. Kuppuswamy's socio-economic status scale- updating for 1999 to 2018, Int J Sci Res. 2018;7(10):1032-4.
- 28. Child marriage around the world. ICRW: International Centre for Research on Women, 2020. Available from: https://www.icrw.org/childmarriage-facts-and-figures/. Accessed on 12 September 2020.

Cite this article as: Das T, Adhikari A. Impact of child marriage on nutritional status of women from suburban and urban areas of West Bengal. Int J Community Med Public Health 2021;8:329-33.