

**Ministry of High Education
and Scientific Research
University of Babylon
College of Nursing**



**Impact of Early Marriage on Psychosocial Health
among Female Adolescents**

A Thesis

Submitted to The Council of collage of Nursing, University
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The Degree of Master in Sciences of Nursing

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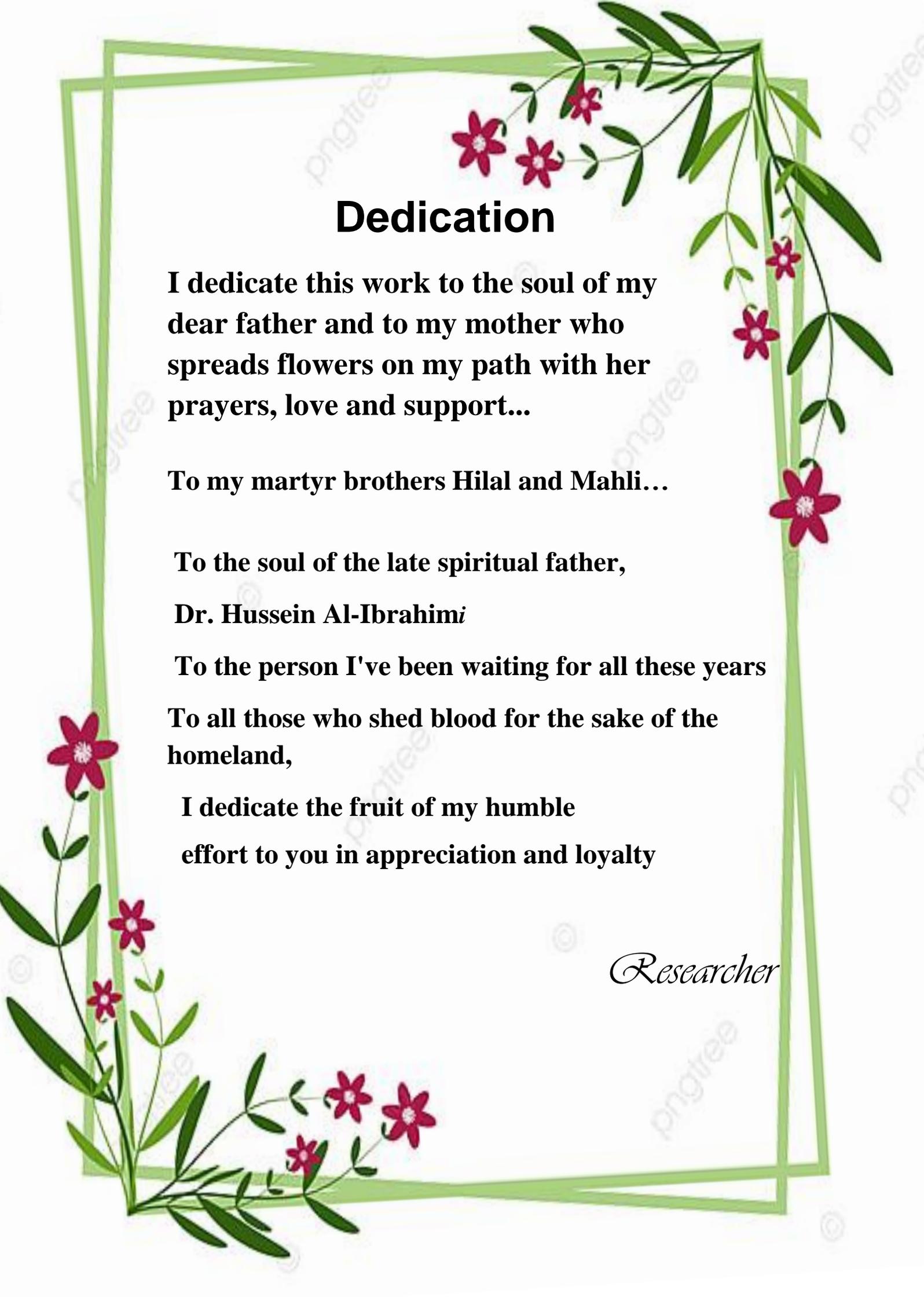
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Dedication

I dedicate this work to the soul of my dear father and to my mother who spreads flowers on my path with her prayers, love and support...

To my martyr brothers Hilal and Mahli...

**To the soul of the late spiritual father,
Dr. Hussein Al-Ibrahimi**

To the person I've been waiting for all these years

To all those who shed blood for the sake of the homeland,

I dedicate the fruit of my humble effort to you in appreciation and loyalty

Researcher

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Abstract

Background: Early marriage increases the chance of developing psychological illnesses in women because it denies them the freedom to voice their thoughts and the protection from negative cultural norms, both of which increase the likelihood of developing long-lasting and recurrent psychiatric issues.

Objective: Here the objectives were to assess the impact of early marriage on the psychosocial health to find out the association between demographic data and psychosocial health.

Method: A descriptive analytical study design was used during the period from November 8th, 2022 to June 10th, 2023. This study was conducted in primary health care centers, hospitals, and schools. The study aims to analyze the cases of underage marriage in the city of Diwaniyah / Al-Budair district and a modified questionnaire analyzed electronically using SPSS 26 and Microsoft Excel (2010).

Results: The results showed that post-traumatic stress disorder was at most (44.5%) were Moderate. The results also showed that depression, anxiety, and psychological stress were levels at most (51.5%) were Moderate. The results also showed the partner violence levels at most (62%) were low. The results also showed that academic performance (44.5) Of the married girls, they are minors

Conclusions: The study showed an increase in the rates of child marriage, as the study revealed the geographical and spatial variation of the phenomenon at the urban and rural levels, as the early marriage in the city was much more than in the countryside. The study also reveals the life

situation of living with the husband's family more than the wife living with her husband.

Recommendations: Tackling the issue of child marriage in the educational curricula by clarifying its implications, there should be continuous awareness of society groups, especially the poor ones to protect them from exploitation they face in marrying their young daughter because of economic conditions, conducting a medical examination for the girl to show her physical ability to marry, as this is one of the conditions for the complete civil marriage bond and physical and mental maturity

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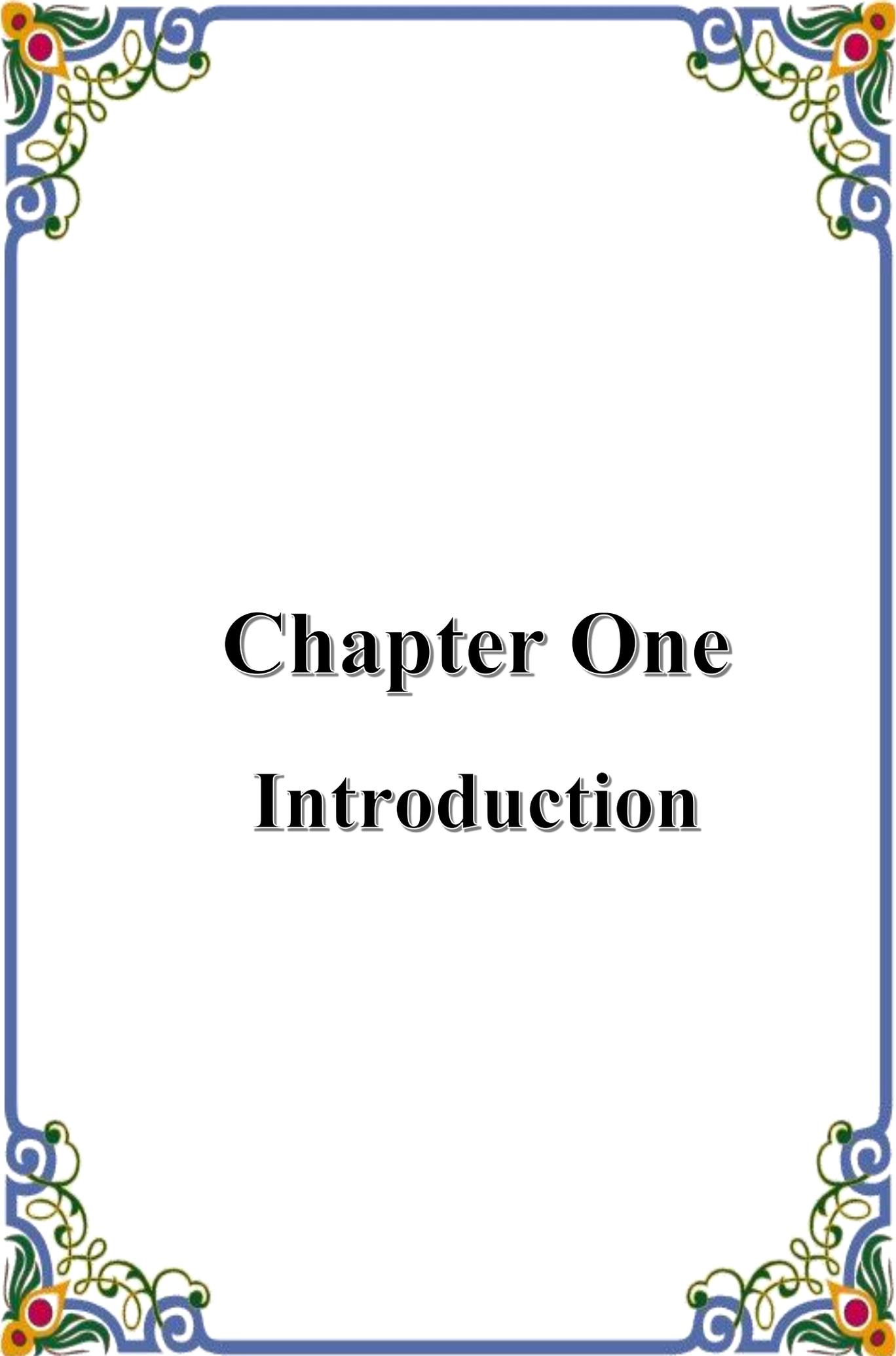
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<i>List of Abbreviations</i>

Item	Meaning
DHS	Demographic and Health Survey
EM	Early marriage
Et al.	Others
EFA	Education for All
F	Frequency
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
H.S.	Highly Significant
IPPF	International Planned Parenthood Federation
ICRW	International Center for Research on Women
IPV	Intimate Partner Violence
Kg	Kilogram
MS	Mean of Score
M ²	Square Meters
N	Total Number of the Sample
N.D	No Date
N.S.	Non-Significant
No.	Number
PTSD	Post-traumatic Stress Disorder
P.	Page
P.	Probability Value
STDs	Sexually Transmitted Disease
SSA	Sub-Saharan Africa
SWA	South West Asia
S	Significant
S.D.	Standard Deviation
SES	Socioeconomic Scale
SPSS-26	Statistical Package of Social Sciences-version 26
UNICEF	United Nations Children's Fund
USA	United States of America
UN	United Nations
UNFPA	United Nations Fund for Population Activities
US	United States

UDHR	Universal Declaration of Human Rights
VVF	Vesical Vaginal Fistula
VSA	Vulnerability Stress Adaptation
WHO	World Health Organization
%	Percentage
\leq	Less than or Equal
\geq	More than or Equal



Chapter One

Introduction

Chapter One

Introduction

1.1. Introduction

Early marriage is a global issue that affects teenage girls and has a variety of negative social and health effects. It also causes inequality and prejudice in women's lives. Early marriage has continued to be an issue in some communities even if the average age of marriage is rising for both sexes. Several girls are negatively impacted by early marriage, which is a global problem and pervasive destructive trend. In many developing countries, nearly one in three females continue to get married as teenagers, according to the United Nations Population Fund (UNPF). The prevalence of early marriage varies between nations and geographical areas. South Asia and Africa had the highest rates, with 44 percent and 39 percent of females getting married before turning 18 years old, respectively (**Abd-El- M, *et al.*, 2019**).

Being married too young, whether to a boy or a girl, is against human rights. The 1948 Universal Declaration of Human Rights (UDHR) and various later declarations of human rights uphold the right to free and informed consent to marriage; nevertheless, this consent cannot be "free and informed" if at least one partner is very young (**Agbaje A,*et al.* ., 2013**).

Girls who are impoverished, have low education levels, and reside in rural areas are more likely to get married young. Girl's rights to health, education, and the chance to develop life skills are violated by child marriage, which also isolates girls from family and friends, impairs their capacity to engage in health promotion activities and seek prompt medical attention, increases their susceptibility to serious health issues that increase their risk of contracting domestic violence, and heightens their risk of developing psychiatric disorders like depression, adjustment disorder, posttraumatic stress disorder, and others (**Abd-El- M, *et al.*, 2019**).

Early sexual activity is encouraged by early marriage, which raises the risk of inadvertent gestations and, as a result, the risks of abortion, HIV infection, and other Sexually Transmitted Disease (STDs). Due to their immature physiology, lack of information, low self-esteem, and unawareness, young women have a higher risk of maternal mortality and morbidity than those who marry after the age of 20 (**Ahmed S, *et al.*, 2013**).

According to the United Nations Children Fund, an early marriage is any union that occurs before the age of 18 (UNICEF). Early adolescence (years 10 to 13), middle adolescence (ages 14 to 16), and a portion of late adolescence can all be classified as parts of this period. Over the world, adolescence is a crucial time for girls. Girls experience physical, psychological, social, sexual, and emotional changes throughout the period of fast growth and development known as adolescence, which renders them unprepared to carry out the responsibilities of marriage and childrearing. Teenagers are not a uniform population, and their demands change depending on their gender, developmental stage, personal circumstances, and socioeconomic environment in which they reside. Future situations are influenced by what happens during adolescence. Many girls in poor countries experience heightened vulnerability to early marriage and sexual activity as soon as puberty begins (**Abd-El- M, *et al.*, 2019**).

The child's guardian parent, therefore the child's consent to marriage is frequently a sign of loyalty and respect for the parents. Parents may think of marrying their children as a way to shield them from the children, but doing so prevents children from having the chance to develop normally and from having the freedom to make their own decisions. The International Humanist and Ethical Union stated in a manner similar that child marriage is a type of child abuse (child abuse). In this instance, child marriage must prevent the fulfillment of the principle of "the best for children," to the degree that this is a breach of the children's human rights, considering the different

repercussions that children experience associated with early marriage as it is in this situation (**Riska M, et al., 2020**).

For girls, families, and the community as a whole, early marriage had negative health, social, economic, and political effects. It places women in early marriage at a higher risk of experiencing domestic violence because it places women under the legal custody of their husbands and places significant restrictions on their freedom and independence. These women also receive less education and have less control over household decisions affecting their health and choices (**Abd-El- M, et al., 2019**).

1-2. Importance of the Study

Before turning 18, women who married young had higher lifetime and yearly rates of psychosocial health issues. In contrast to women who wed later in life. Young married women are also more likely to seek out and use health care compared to women their age. This type of physical, emotive, and social abuse results in greater psychological shocks, such as immobility, confidence loss, and even among girls who were in school, early marriage hindered their education, causing severe depression and having complexes about other girls who had good instructive backgrounds and vocation chances that they missing. Most of the time, these girls' parents, other family members, or local authorities plan their weddings (**Ahmed S, et al., 2013**).

Data from the United Nations Children's Fund (UNICEF) from 2012 shows that early marriage is more common in low-income and lower middle-income countries. In rural South Asia and Sub-Saharan Africa, it's believed that up to 55% of women between the ages of 20 and 24 suffer from this (**Mina S. 2019**).

Child marriage is linked to increased risks of STIs, Human immunodeficiency virus (HIV), cervical cancer, unintended pregnancies, termination of pregnancy, maternal and neonatal mortality, and undernutrition in the progeny. Differences in instructive success based on age at the time of

the first marriage may contribute to this health disadvantage since schools are one of the main venues for health education. No research has yet looked at how child marriage impacts adults' general mental health, despite the fact that it has a severe impact on health. The National Epidemiologic Survey on Alcohol and Related Conditions data was used to determine the pervasiveness of child marriage and its sociodemographic correlates. The incidence of psychiatric conditions linked to child marriage over the course of a lifetime and a year, as well as the lifetime and yearly rates of child-married women seeking mental health treatment, were also looked at (**le Strat Y, et al., 2011**).

It leads to gender-related violence, which is typically characterized as pain and suffering that is sexual, physical, and psychological in nature. Research have shown that early marriage and motherhood are associated with increased rates of adolescent fertility and problems from pregnancy. Frequent pregnancies are prevalent because it is widely believed that a girl's status is determined by the number of male children she bears (**Ahmed S, et al., 2013**).

Perinatal problems include premature birth or low birth weight. A three-continent registry study found that compared to older mothers, 10 to 19-year-old women were more likely to experience little birth weight, preterm delivery, and serious newborn defects. A residents-based register research in the United States of America(USA) found that mothers under the age of 15 had significantly increased incidence of little birth weight, very little birth weight, tininess for gestational age, fetal growing constraint, death of a fetus, and infant death (37 million births) (**sezgln A,et al ., 2019**).

Early marriage causes suffering for girls all over the world; in developing countries, 20–50% of girls marry by the time they are 18 with the ratio being higher in Sub-Saharan Africa and South Asia. Child marriage, which can be legal or unlawful, is a breach of human rights that can have a number of negative consequences, including a lack of access to education, worsened reproductive and psychosocial health, and an increased risk of

intimate partner violence. A well-known example of gender-based violence (GBV) is child marriage, which disproportionately affects girls, especially those living in developing nations. Conflict environments are characterized by a variety of intricate alterations that may raise the possibility of child marriage. After getting married, girls are forced to care for their husbands, the house, and any children they have, even though they are still learning about sex and childbirth and don't completely grasp what it means to be a wife. Early marriage is defined as a union that takes place before or during puberty (**Krafft C, et al., 2022**).

Many factors, including detrimental cultural or religious traditions, societal and economic pressures, and implications for sexual and reproductive health, frequently lead to girls being forced into young marriages. For girls, the effects of early marriages are especially severe. It is forbidden for them to go to school. An Alan Guttmacher Institute study found that early marriage is "universally correlated with poor levels of education. from 60% to 70% of girls are reportedly coerced into early marriages in a number of African and Asian nations, according to UNICEF. Even their most fundamental human rights are not respected. They result in a number of psychological and physical issues that frequently cause divorce or suicide. Unavoidable sexual contact with their husbands might be traumatic for females whose bodies aren't old enough for safe sexual activity. In these kinds of relationships with young girls, sex is typically not based on consent but is instead, regrettably, essentially forced upon the girl will (**Ahmed S, et al., 2013**).

1.3. Statement of the Problem

- Early Marriage's Effect on psychosocial Health.

Early marriage refers to the practice of individuals getting married at a young age, typically before the age of 18. While early marriage is prevalent in many parts of the world, it has been associated with numerous negative consequences, particularly on the psychosocial health of those.

1.4. Hypothesis

- Early marriage of girl's children has significant impact on Psychosocial Health

1.5. Objectives of the study

The objectives of the current study are:

- 1- To assess impact of early marriage on the psychosocial health.
- 2- To find out association between demographic data and psychosocial health.

1.6. Definition of Terms

1.5.1. Early marriage

Theoretical Definition:

Early marriage is when a girl gets married before she is emotionally, physically, and mentally prepared to be a wife and mother. This might occur before the female becomes 18, which could have a significant impact on their academic achievement (Akume G, *et al.*, 2020).

Operational Definition:

Women who married at the age 10-18 years.

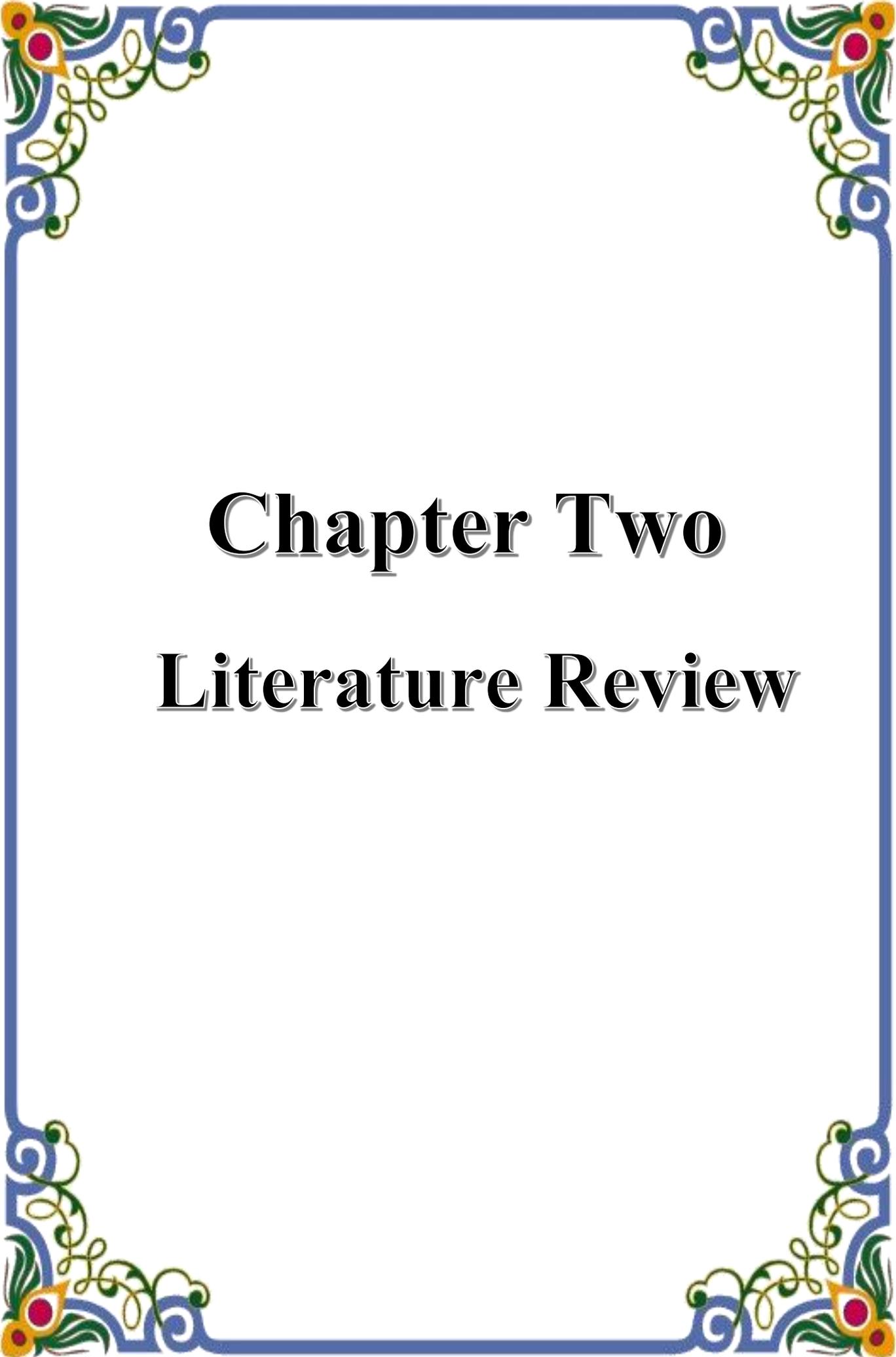
1.5.2. Psychosocial:

Theoretical Definition:

Psychosocial health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development (WHO.2022).

Operational Definition:

Early marriage and impact on psychosocial health (Depression, anxiety, stress) among female Adolescents



Chapter Two

Literature Review

Chapter Two

Literature Review

2-1. Early Marriage

When a girl marries, it is believed that she has become a lady, even if she is only twelve years old. Early marriage, or relationships between children or teenagers before the age of 18, is still rather common despite the general rising in the marriage age. There are many various types and causes of early marriage, but one is very important. Females experience considerable negative physical, mental, psychological, and emotional repercussions from early marriage. It also takes away opportunities for improvement and learning. Thus it is evident that child marriage is most commonly practiced custom in South Asia. Previous data indicate that about 30–70% of married young women in South Asia were married before 18 years of age. In India, the largest and most prosperous country in South Asia, 22·6% were married before age 16 years, and 2·6% were married before age 13 years (**Chowdhury M, et al.2018**).

Early married females struggle to adjust to marriage because it demands a high level of maturity and a deep sense of responsibility. Marriage is a step towards independence that brings with it a ton of obligations, decision-making, and major commitments. Early marriages are caused by a number of factors, including male dominance, parents' ignorance and lack of awareness, pressure from family and the community, the perception that girls are a burden and that marriage will protect their daughters as well as raise the socioeconomic status of the family (**Ahmed, S.et al. 2013**).

When a girl marries before she is emotionally, physically, and mentally prepared to handle the obligations of marriage and parenthood, this is referred to as an early marriage. This might occur before the female becomes 18, which could have a big impact on their academic achievement (**Akume, G. et al. 2020**).

Early married women may be more likely to endure violence from their husbands or in-laws, while this is not entirely surprising given that adolescent women are more likely to have older spouses and have greater sway over their husbands' and in-laws' decision-making. In addition, some newlyweds who lack experience and have spouses who are older and more educated than they are find it difficult to share their husbands' perspectives. As a result, girls are denied access to their parents' homes when they are not fully capable of meeting all the standards, often on very trivial concerns, and are humiliated and looked down upon by their spouses. The victims may also undergo more severe psychological shock treatments if they are frequently sent back to their parents after being beaten because they feel unstable and have lost their self-respect. Additionally, this is made worse when their parents send them back to their marriages under the guise of upholding their respect for society (**Ahmed, S.*et al.* 2013**).

Early marriages are also a cause for concern due to the potential detrimental consequences on women's physical, mental, and emotional development and wellness. First off, early marriage typically takes place before the body has finished growing and developing, as well as before the first childbirth. Numerous studies have shown that an early delivery may have detrimental health implications on both the mother and the child. Second, marriage frequently poses a barrier to education because it is frequently believed that women will forgo their education in favor of caring for their young families or their new homes. Finally, the relationship between the husband and wife may be impacted by the age of the woman at the time of marriage as well as the age difference between the husband and wife. Particularly women who marry young or very senior men could find it more difficult to express themselves and define their place in the home. (**Jensen R, *et al.*2015**).

Giving birth to a child has an impact on their health because of their underdeveloped bodies (UNICEF 1994). According to UNICEF's 2009 report, "State of the World's Children," maternal deaths associated to pregnancy and delivery—which account for 70,000 deaths globally each year—are the main cause of death for girls between the ages of 15 and 19 worldwide. The newborn of a girl who marries before the age of 18 has a 60% higher chance of dying than the infant of a mother who is older than 19 years. It is more likely that the infant, if it survives, will be physically and psychologically less developed than other kids, have a low birth weight, or both. In Africa, 75% of females who marry before age 17 become mothers, which highlights the seriousness of the issue. These moms are especially vulnerable to anemia because of their underdeveloped bodies; "she still has 4% of her height to gain and her pelvis will only be 82-88% of its fully grown width. In addition to incontinence, vesical and recto-vaginal fistulas, this frequently results in prolonged labor, a stuck baby (Ahmed, S.*et al.* 2013).

Early marriage, which is defined as being married to someone while they are either underage or both, continues to be a serious problem in almost two thirds of the nation's worldwide. Although it is permitted, early marriage is often viewed as a human rights violation, particularly when it affects young girls. Early marriage has persisted in communities because of a lack of social resources, access to education and legal protections, as well as diverse cultural beliefs. The (UNICEF 2005) reported that 650 million women worldwide married young in 2005 (Susilo S, *et al.* 2021).

According to (UNICEF 2014), 140 million girls will have been married before turning 18 between 2011 and 2020, or about 40,000 every day. Marriage of minors is widely acknowledged as a health and a breach of human rights that disproportionately affects females. Early marriages, according to a number of international conventions, not only prevent girls from pursuing educational opportunities, but they also put them at risk for early sexual

encounters and pregnancy, which can lead to health issues like STIs and maternal deaths, as well as malnutrition and child deaths if the couple has any. Child marriages not only put girls in a terrible social and economic situation, but they often lead to psychosocial problems, relational abuse, depression, and suicide. Study found a connection between child marriages and irregular childbearing, the use of contraception, female sterilization, abortion, unintended pregnancies, and insufficient use of maternal health care (**Duran,S. et al.2019**).

Teenage female pregnancies and early marriage appear to be a major social concern not only in Nigeria but in many other countries throughout the world. Teenagers start sexual engagement at a young age and have a high fertility rate, according to studies by Briggs (2009), Gyepi-Garbrah (2011), Onuzulike (2003), and others. Teenage sexual activity in Nigeria is likewise generally on the rise. Unplanned pregnancies, which can result in abortion, childbirth, or even death, are one of the most serious consequences of this increase in teenage sexual activity. It's common to refer to adolescence and the teenage years as one and the same. Secondary sex traits start to appear between the ages of 10 and 19, according to the World Health Organization (WHO). Ages 13 to 19 are considered adolescent, described pregnancy as a circumstance in which a female carries a developing human being in her womb until it is born (**Emeri, B.et al. 2022**).

A number of variables that interact to raise a child's likelihood of getting married young. These factors are assumed to fall into three categories that are generally stable across contexts. Opportunities for women and girls are constrained by three factors: (1) Poverty, which involves child marriage to strengthen social ties for financial gain and access to markets and resources; (2) cultural perceptions of safety and honor, which include the notion that it shields girls from sexual assault, premarital sex, and unintended pregnancy; and (3) unequal gender norms, which involve a tradition of early marriage for

girls and the notion that marriage and family responsibilities are central to women's lives (**krafft C,et al.2022**).

Early marriage promotes early sexual activity, which heightens the risk of unintended pregnancies and, as a result, the risks of abortion, HIV infection, and other STDs. Young women are more likely than women who marry after the age of 20 to experience maternal mortality and morbidity due to their immature physiology, lack of education, low self-esteem, and lack of knowledge. The lady is still in her teen years and the man is older, therefore it is unavoidable that she will be affected first if either partner exhibits physiological aggression. However, either partner may make the couple's relationship worse. Obstetric fistula, labor complications, and other problems can occasionally be brought on by pregnancy-related health problems. In the event that the infants are born alive, they might be underweight, and the mother herself might be prone to anemia. Due to the underdeveloped body and lengthy childbearing years, there are also higher risks for hormonal imbalances, low body weight, starvation, atherosclerosis, miscarriages, and cardiac diseases. Pregnant girls between the ages of 10 and 14 have a five times higher risk of dying compared to other females who are married at a proper age (**Emeri, B.et al. 2022**).

Early marriage is expected by the parents of child brides is expected as a means of securing their daughters' future financial security as well as shielding them from undesirable sexual hazards like HIV/AIDS. However, getting married when will still developing physically and mentally puts the child or adolescent in danger. It not only denies boys and girls the chance to pursue an education, but it also puts their own children's social, emotional, and physical development at danger. Women who marry young are more prone to encounter unintended pregnancies, as well as obstetric issues like stillbirth, eclampsia, and postpartum hemorrhage and mortality associated with pregnancy. Postpartum depression is more common in teen mothers.

Children of adolescent mothers are more likely to experience preterm birth and low birth weight (**Mina, S. 2019**).

When two persons are married when one or both of them are under the age of 18, this is referred to as an early marriage (EM), sometimes known as a child marriage. One of the most significant public health issues, EM is a huge social problem that equally impacts industrialized and developing nations. EM is one of the most significant stressful life events and is a global issue that is connected to a number of social and mental diseases among teenagers, especially in underdeveloped countries. More than 60 million young girls globally are thought to be affected by EM. There were 10 million EM annually, or almost 27,397 each day, or 19 per minute, or almost one girl every three seconds. Sub-Saharan Africa reportedly recorded the highest prevalence of EM, according to the evidence. One in three women in the majority of developing countries experience EM. For EM girls, maternal mortality poses a bigger risk. Obstacles during labor and delivery are one of the leading causes of death in EM girls. Young moms (18 years or younger) also have an increased risk of preterm birth, low birth weight, inadequate nutrition, and other health problems in their unborn children (**Aziz H, et al.2020**).

However, other factors connected to early marriage as well as early marriage itself may also be risk factors for mental health. Economic difficulty, a spouse's lower level of education, or a lack of social support may raise the risk of mental problems. Early marriage is more prevalent among people from lower socioeconomic origins and those with lower levels of education. Parental education may also affect the preferred method of union formation and its timing. People with higher levels of education are more likely than people with lower levels to wait longer to get married or form other types of union. In some immigrant groups, parental impact on mate choice and union type may exist, but it is most pronounced in households with parents who lack

education. A child who has higher educational aspirations will also be more autonomous and marry later in life. Early marriage is associated with lower socioeconomic position, which can contribute to the emergence of mental disorders. This is because early marriage is associated with lower levels of education, poor labor force participation, particularly unemployment, and lower levels of household income. Therefore, it is reasonable to believe that early marriage is less advantageous than on-time marriage because those who enter early marriages are less fortunate (**Hynek, K. et al. 2022**).

Poverty, unintended pregnancies, peer pressure, parental pressure, and developmental stage are among the factors that are frequently cited as causes of early marriage of female children. More specifically, it has a detrimental tendency on girls, who experience emotional and mental pain, intolerance, school abandonment, the disease vesical vaginal fistula (VVF), early widowhood, frustration, and a male-hatred (**Kyari, G. et al. 2014**).

Early sexual activity, which occurs before marriage, raises the possibility of unintended pregnancies and, as a result, raises the incidence of abortions, HIV, and other STDs. Young women are more prone to experience maternal mortality and morbidity than women who marry after the age of 20, due to their immature physiology, lack of education, low self-esteem, and lack of knowledge. Because the female is still in her teenage years and the male is an adult, physiological aggression from either partner may cause the two people's relationship to worsen. In the event that the infants are born alive, they might be underweight, and the mother herself might be prone to anemia. Comparing pregnant females who are married at the proper age to other females, pregnant girls between the ages of 10 and 14 have a five times higher risk of dying. The assertion makes it evident that early marriage jeopardizes women's mental and physical health in addition to taking advantage of them. These ladies might attempt suicide if this is not addressed (**Emeri B, et al.2022**).

Early marriage is not well studied, as seen by the few current literature accessible being mostly created by (or with) global development agencies and foreign charities as it is by definition illegal in the majority of the countries in the world. It is a severe global issue, a breach of multiple international human rights conventions, and has "a propensity to create various issues that globally impact women's rights," according to this literature. Very early marriage is seen as a problem where it is explicitly a forced marriage, but early marriage is seen as a problem where it is not. However, controlling or coercive behaviors are forbidden in personal and familial relationships according to the UN definition of domestic abuse (UN 2000) and the Coercive Control regulations (under the Serious Crime Act 2015). Aspects of early marriage should always be taken into account under the Coercive Control legislation as a pattern of behavior, even though there may not be any overt signs of coercion (**Livesey L.2017**).

According to UNICEF, an early marriage is one that occurs before the age of 18. Parents who marry off their young daughters while they are still children do so in the hopes that it will benefit them financially and serve to "protect" their daughters as well. Boys are likewise impacted by marriage, although girls are far more affected than boys (UNICEF, 2005). Girls are only thought of in terms of societal conventions as wives or mothers, not as children or teenagers. Most states set the legal marriage age at 18 years old. Data from the Demographic and Health Survey (DHS) show that 62% of females marry before turning 20. In nations like the United States, females can get married as young as 14 or 15 with their parents' permission. Looking at the world at large, more than 15 million married girls between the ages of 15 and 19 are struggling with household pressures, sexual activity dangers, and early pregnancies (**Ahmed, S.et al. 2013**).

Because girls who marry as children cannot finish their education, this is regarded as a violation of their rights. Women's reproductive behavior is

significantly influenced by the timing of their first marriage (Singh and Samara, 1996). The main reason for deaths during pregnancy is mortality for females between the ages of 15 and 19 worldwide. They might also contract HIV and experience sexual assault. Poverty-stricken families frequently prefer to have fewer children. They effectively marry their girls off. Some households think that marrying off girls before they reach puberty will bring them favors. Young girls may exhibit less desire in continuing their education, and in certain situations, low-income families cannot afford the costs associated with schooling. Dowry is a further inducement for parents to wed off their daughters when they are younger (**Jisun, T. 2016**).

Child abuse and carelessness have a long history in human society, but it is unclear how widespread they are because they typically go unreported. Sexual abuse is likely the most harmful for kids and their families out of all the carelessness and abuse categories. Whether the kid is aware of what is happening or not, sexual abuse entails compelling or seducing a child or young person to engage in sexual acts, including prostitution. The prevalence of child sexual abuse is rising steadily over the world. Social studies indicate that before the age of 18, 4-9% of men and 12-35% of women are exposed to this kind of abuse. Child marriage is among the most prevalent types of child abuse worldwide (UNICEF, 2005). The term "child marriage" primarily refers to unions between children under the age of 18. These unions are also referred to as "early and forceful marriages" because the bulk of them take place without the child's knowledge or permission. The right to leave one's parents of one's own free will, freedom of expression, education, amusement, playing games, and protection from sexual abuse are among the essential freedoms that are taken away from girls when they are married young. Despite the fact that many nations have laws against child marriage, factors like poverty and the need to strengthen social relationships and beliefs

mean that these laws are insufficient as a preventative strategy (**Soylua N, et al.2014**).

Early marriage is a type of union or marriage in which one or both parties are still in high school or under the age of 18. Therefore, if one or both partners enter the marriage when still under the age of 18 (in their teens), the union is referred to as an early marriage. There are various articles in the Marriage Law, one of which states that marriage is a spiritual and physical a man and woman's relationship when they reside together as husband and wife with the intention of creating a contented and eternal family or home based on faith in the One and Only God. According to Article 2, a marriage is lawful if it is performed in accordance with each religion's or belief's laws and that each marriage is documented in accordance with the relevant laws and regulations (**Dhuha M, et al.2022**).

The term Early marriage (EM) used to describe a marriage or partnership between two people who are either one or both of them under the age of 18. EM has negative side effects on mental health and increases the risk of acquiring depression later (**Aziz H, et al.2020**).

Marriage before the age of 18 is against the law because it stunts girls' development, frequently leads to unplanned pregnancies, isolates women from their communities, and reinforces the gendered structure of poverty. Amber (2012) acknowledged that as minors lack "full maturity and capacity to act," There shouldn't be any marriages before the age of 18. When a girl gets married, according to Amber, she takes on the numerous responsibilities of a wife, daughter-in-law, housekeeper, caregiver, and mother. Early marriage has a significant impact on divorce rates and marital dissatisfaction as a kid loses her fundamental rights to health, education, development, and equality when she is married, this practice is now universally acknowledged as a violation of child rights. Their families pressure girls into marriage while

they are still young in the expectation that it will benefit them financially and socially (Emeri B ,*et al.*2022).

Early marriage is permitted because it upholds religious and cultural traditions, reduces female child promiscuity, allays concerns about marital sexual activity, and protects the value of virginity. They frequently overlook the impact it has on the girl-child as well as the growth of their community, though, due to their ignorance and self-centeredness. The girl child's lack of ability to reject the offer is concerning. Education, a lack of economic empowerment, and a lack of knowledge about reproductive health services, which will enable them to make informed decisions, improve their ability to leverage resources, and participate in local decision-making, are some factors that contribute to the effects of early marriage on girls that have an impact on their wellbeing as well as the wellbeing of society (Kyari, G. *et al.* 2014).

Early marriage, often known as child marriage, is the wedding of a young person (mostly a girl) before the onset of adulthood, according to the 1989 Convention on the Rights of the Child. Not only do many women marry while they are still considered children by law, but these women also frequently wed much older men. Males are typically discouraged from getting married while they are still teenagers; as a result, unlike girls, males rarely get married before they are adults.¹ The vast majority of teenage girls who marry men did not choose them; rather, their parents did. The worldwide problem of child marriage is a significant one. 80.2 million girls in developing countries get married between the ages of 10 and 17 according to a UNFPA research report. After getting married, almost 55% of these girls stopped attending school as a result of doing physical labor-intensive housework for their husbands. The International Center for Research of Women Advocacy Toolkit noted that child marriage (marriages occurring before the age of 18) was prevalent in several nations. Chad is the country with the next-highest rate (71.5%), followed by Niger (76.6%) (Mullick, M. *et al.* 2016).

2-2. History of Early Marriage

Early marriage violates the rights of children and is a form of violence. According to current estimates, there are up to 650 million early marriages worldwide. That is the proportion of young women who got married before turning 18 and the proportion of adult women who were married as kids or teenagers. Compared to the previous UNICEF research from 2014, which estimated that 700 million women were married before the age of 18, this number is declining. In the last ten years, the proportion of young women (20–24 years old) who marry young has decreased from 25% to 21%. Formal and informal marriage before the age of 18 is referred to as child marriage in several nations around the world. But many nations continue to legalize and permit teenagers between the ages of 16 and 18 to be married with parental permission, which raises concerns about the idea of youth and intercultural union. This is a challenge since it will make it difficult to define actual forced marriages and underage weddings (Yulyani L, *et al.* 2019).

Leading international organizations with bases in Europe and the US pushed for the introduction of an 18-year-old marriage minimum by the year 2000, referring to this practice as "early marriage" among both girls and boys. They argued that young people should be shielded from early relationships, which were now known to be harmful, especially for girls. For example, the Forum on Marriage and the Rights of the Child, which created a worldwide network of organizations, emphasized early marriage as a critical advocacy issue and encouraged more attention to this "relatively neglected area." Similar to this, the UNICEF Innocent Center for Research urged UNICEF and other international organizations to focus more on early marriage, its detrimental impacts, and viable remedies. They continued to advocate the idea that marriage should be defined as a union by age 18 under statutory and customary law, preferring the term "early marriage," which they occasionally confused with "child marriage." The International Center for Research on

Women (ICRW) and scholars like Jensen and Thornton describe early marriage as taking place before the age of 18 in conformity with international custom. Their investigations looked at trends in marriage age as well as how it related to many facets of health and happiness, such as pregnancy, HIV/AIDS, education, and sexual and reproductive health. Child marriage" became increasingly popular in the few years that followed (**Efevbera Y, et al.2020**).

Marriage is viewed as a moment to celebrate and a turning point in adulthood. Sadly, early marriage is a habit that does not warrant such joy. Too frequently, when a marital partner is forced upon a kid, their childhood is shortened and their fundamental rights are violated (UNICEF, 2005). Young girls have their childhoods snatched from them and are compelled to fill roles for which they are not mentally or physically prepared. Many people are forced to marry at a certain time or with a certain person. Others are too young to make an informed choice, while some are forced into marriage. They are deprived of the chance to grow personally, as well as their rights to complete reproductive health and welfare, education, and civic involvement, due to premature marriage (**Kyari, G.et al. 2014**).

In order to better understand this notion, UNICEF and its partners opted to measure five indicators after cross-organizational technical meetings in 2003. By 2005, UNICEF had also developed a more thorough definition of child marriage. In the UNICEF report "Early Marriage: A Harmful Traditional Practice," the term "child marriage" was used more frequently. It was stated that "the term "child marriage" will be used to refer to both formal marriages and informal unions in which a girl lives with a partner as if she is married before the age of 18." Others, such as the International Planned Parenthood Federation (IPPF), the Forum, and UNFPA, focused on "child marriage" (also known as "early marriage," while retaining the age restriction owing to a human rights agenda and its health, social, and economic

implications. Others, including these groupings, supported the age requirement despite the fact that there was not yet agreement on the inclusion of informal unions in the definition. In her 2010 study on child marriage and health, Raj appears to be the first author to use the phrase "girl child marriage," despite the fact that the number of articles on "child marriage" has increased over time. In 2019, there were 47 publications in PubMed, a 25% increase over 2018. A few examples of the global momentum that has been developing over the past ten years that is related to this increase in academic research include the founding of the well-known Girls No Brides: The Global Partnership to End Child Marriage, the first UN International Day of the Girl, which included a call against child marriage, and the inclusion of child marriage indicators to track in the 2030 Sustainable Development Goals blueprint (Efevbera Y, *et al.*2020).

2-2-1 A historical and social view of early marriage

They observe women and girls doing domestic work, such as cooking and taking care of children, then extrapolate social traits from these behaviors. They observe adults and boys executing a variety of occupations that are marketable in the waged economy and extrapolate agentic characteristics from these behaviors. In industrialized countries, it is also significant that males prefer to work with things, whilst women prefer to work with people, when it comes to vocational interests. These disparities in interests are reflected in the occupational sex divide, where men typically dominate roles involving making and interacting with things (carpenter, engineer, mechanic), while women typically dominate roles involving service and caring (administrative assistant, nurse, teacher of children). Observations of this aspect of the gendered labor split also affect people's opinions of how male and female attributes differ from one another. Three biosocial systems work together to influence behavior in a way that conforms to gender stereotypes that emerge from the observation of men and women in their various social

roles. The first of these proximal mechanisms is the confirmation of gender roles through conduct, which happens when people behave in ways that are consistent with social standards, whether or whether they are consciously aware of the relationship between their own behavior and those norms. People learn that adhering to gender stereotypes frequently provides social benefits and that acting differently gets better responses. Despite how other people may react, it is easier and more fun to follow gender norms than to reject or oppose them. For example, social norms that encourage men to have wives who are good cooks make them look admirable for making such choices. **(Zentner, M. *et al.*2015)**

Our proposal is unique in that the anticipated convergence should be discernible in three areas where women and males have quite different mate choices: (a) between cultures, (b) across historical periods within the same culture, and (c) among people. Cross-cultural variability refers to differences in how societies divide labor, historical variability refers to temporal changes in this division of labor, and individual variability refers to differences between people in institutionalized gender roles. These factors together reflect the gradual and uneven spread of social change within each society. These types of mate preference variation have received inconsistent and, in the case of historical data, minimal attention, leading to theories with a constrained ability to explain variation in mate preferences. The projections for each of the three domains are described in full below, along with a review and integration of the pertinent works from each study's literature and a description of the various research methodologies employed in each field **(Charles M. 2011).**

2-3 Rules of Early Marriage

Many laws around the world that set minimum marriage ages or require approval from both prospective spouses "typically include exceptions

allowing parents or government officials to consent to a marriage on behalf of the child" (Livesey L.2017) .

The Universal Declaration of Human Rights (UDHR) states that "marriage shall be entered into only with the free and full consent of the intending parties. However, in cases of The child bride is unable to offer "free and full consent" in an early marriage. because she is either too young to understand what is happening or because those who have arranged the marriage have chosen to disregard her opinion. In addition to violating one's rights, this practice robs children of their innocence and replaces it with the endless helplessness, psychological and emotional suffering, physical and sexual abuse, and social and economic issues that a forced, young marriage entails (Roy, I.*et al.*2013).

Parents have a responsibility to keep their children from getting married before they are old enough and to safeguard them from harm. If the laws of the protection of the child are violated, article 77-90 provides criminal sanctions in the form of jail and fines. A person must be 21 years old to get married, and if they are under 21, they must get their parent's consent in line in accordance with Article 6 of the Marriage Act No. 1 of 1974, which states that a person under the age of 21 needs the approval of both parents in order to get married. According to Article 7 of Marriage Law No. 1 of 1974, this is in compliance., which specifies that individuals should not be permitted to marry if they are under the age of 19 for men and 16 for women, even with the consent of both parents. Instead, they must obtain a court order or the approval of other authorities chosen by both parents. Therefore, a marriage between a man and a woman who are both over 21 but who are still under their parents' legal control is considered an underage marriage because all of the actions cannot be justified in law (Riska, M.*et al.* 2020).

Boys and girls reach sexual maturity under Sharia law at ages 15 and 9, respectively. According to Iranian civil law, ladies must be 13 years old to

get married, while boys must be 15 years old. A court may also issue an adult warrant before the age of 13 by asking a few questions (**Matlabi,H.et al.2013**).

2-4 Prevalence of the Early Marriage

The parents of child brides want their daughters to marry young in order to shield them from negative sexual risks like HIV/AIDS and to secure their future financial security. It puts your child or adolescent in danger to get married while you're still growing physically and psychologically. It not only denies boys and girls the chance to pursue an education, but it also puts their own children's social, emotional, and physical development at danger. Women who marry young are more likely to experience unwanted pregnancies and obstetric problems such stillbirth, eclampsia, postpartum hemorrhage, and pregnancy-related death. Among teen mothers, postpartum depression is more prevalent. Adolescent women are more prone to have preterm births and low birth weight babies (**Hong Le, et al.2014**).

In developing nations, early marriage is a significant problem. Estimates show that one in three females in underdeveloped nations marry before turning 18 [USAID, 2012]. Although many women still get married before turning 18 in Sub-Saharan Africa and South Asia, this tradition is typically declining globally. Ethiopia has one of the highest rates of early marriage in the world, the Central Statistical Agency (Ethiopia) reports, with one in two girls getting married before the age of 18 and one in five girls getting married before the age of 15 in rural areas. According to a report from one region of the nation, girls marry at the youngest age possible—46% by age 15 and almost all by age 18—in the nation [Central Statistical Agency(Ethiopia), 2006]. Girls frequently don't participate in the full spectrum of developmental activities, such as schooling, skill development, sports, and friendships, because marriage is on the horizon for them at this point in their lives. Young women who get married young typically have a

very disadvantageous marriage. Given their low education, knowledge, and skills, they typically begin marriage ill-prepared to manage adult marital duties [UNICEF, 2011]. [Significant age gaps between a husband and wife can affect decisions regarding family planning, having children, and using maternal and child health care (Kaso M, *et al.*2018).

When compared to other females who get married at the right age, pregnant girls between the ages of 10 and 14 have a five-fold increased risk of dying (Ahmed, S.*et al.* 2013).

Regional and Country Estimates of marriage

Each regional prevalence is calculated as a population-weighted average of the national values. Regional estimates are available according to the regional classification used for UNICEF reporting, as presented in this brief, as well as the regional classification used for Sustainable Development Agenda (SDG) reporting, which is used for calculation of the global figures.

(Table 2-1) Summary of Data Availability and Population Coverage

SDG Region	Number of countries with data	Percentage of population represented
Southern Asia	7 of 9	99%
South-Eastern Asia	8 of 11	94%
Sub-Saharan Africa	41 of 48	93%
Northern Africa	4 of 6	82%
Western Asia	8 of 18	70%
Central Asia	4 of 5	52%
Latin America and the Caribbean	22 of 37	52%

Oceania ,excluding Australia and New Zealand	4 of 15	52%
Europe	7 of 44	11%
Eastern Asia	1 of 5	10%
Australia and New Zealand	0 of 2	<1%
Northern America	0 of 2	%
UNICEF Region		
Sub-Saharan Africa	42 of 49	93%
Eastern and Southern Africa	19 of 25	87%
West and Central Africa	23 of 24	100%
Middle East and North Africa	9 of 19	73%
South Asia	6 of 8	99%
East Asia and Pacific	13 of 33	33%
Latin America and Caribbean	22 of 37	52%
Europe and Central Asia	14 of 54	27%
Eastern Europe and Central Asia	14 of 21	54%
Western Europe	0 of 33	0%
North America	0 of 2	63%
World	106 of 202	63%

(Kaso M, *et al.*2018).

2-5 Factors Affecting to Early Marriage

Early marriage is one of the most significant issues that exist in civilizations today. An early union is one in which one or both partners are under the age of 18. In areas with high rates of birth and mortality as well as poverty, early marriages are more common. Early marriage is seen to be more prevalent in regions with greater violence and lesser levels of development. The majority of the time, these weddings are forced since the parties involved did not give their consent. In addition, because early marriage affects education, girls and women suffer further capability losses due to lack of employment possibilities, poverty, ignorance of reproductive health issues, and difficulty to access individual rights (**Acharya, A.2015**).

Early marriage is not exclusively a result of sociocultural factors. Early marriage is a societal issue that has many contributing variables, many of which are interconnected and reinforce one another, particularly those that are related to health issues, one of which is religion or religious beliefs. Religious or philosophical convictions frequently influence or reinforce early marital decisions. The influence of religion on marriage decisions is related. Participants in his study expressed a view that marriage should adhere to the Prophet Muhammad's Sunnah and that, in accordance with Islamic religious principles, when a person marries, they perfect half of their faith. "Allah does not impose upon any soul a duty but to the extent of its ability," is what the Koran (2: 286) is quoted as saying. According to this survey, families urged their children to get married, but females were too young and lacked the necessary information and abilities to make their own decisions. Therefore, early marriage is frequently justified by religion (**Yulyani, L. et al. 2019**).

Teenagers who marry young are typically the result of two influences, both internal to the child and external to the child. First, the son's cause. the effects of education. The education of youngsters is highly important. If a child skips school when it is no longer optional, they labor to pass the time.

The child feels pretty capable of supporting himself at this point and is quite autonomous. The same holds true if the kid who quit school is jobless. They end up wasting their free time by engaging in useless activities. One of them is involved in an extramarital pregnancy if the connection with the other sex spirals out of control. Second, a biological connection has been formed via many elements. In a number of situations, a marriage proposal is made because the children have a biological connection to each other like a husband and wife (**Dhuha M, et al.2022**).

Early marriage has a variety of negative effects on girls beyond education. Young brides have a higher risk of sexual abuse, psychological distress (such as low self-esteem and despair), as well as HIV and STD infection. Young married women start having kids shortly after they tie the knot, which raises their health risks due to low birth weight, a higher chance of infant mortality, pregnancy issues, and death during delivery. Young married girls are routinely mistreated, but more crucially, they are not allowed to receive a basic education (**Delprato, M .et al.2015**).

One can associate early marriage with a number of social, physical, and health problems, including anemia, osteoporosis, divorce, sadness, anxiety, and cervical cancer [4–9]. Women who marry before becoming 18 have a higher risk of being physically and sexually abused than those who married after turning 18. Early pregnancy raises the likelihood of disease and death for both moms and babies (**Hamed A, et al.2018**).

The most significant stresses that have a detrimental impact on marital pleasure are marital conflicts. According to the vulnerability stress adaptation (VSA) model, a couple's marriage quality results are predicted by life stressors that are stressful occurrences. Any scenario or event that has the potential to cause people to experience strong emotional reactions, both good and bad, is referred to be a stressful event. According to studies, the many adjustment issues that couples face enhance the strain and stress that the

spouses experience in their marriage, which lowers marital satisfaction and increases the likelihood that couples will divorce (Ngesan, N. *et al.* 2021).

According to UNICEF (2014), a child marriage is any formal or unofficial union in which one or both parties are under the age of 18. Gender inequality is severely manifested by child marriage. We distinguish early child marriage (marriage by age 15) from child marriage in this study because it may have more serious health implications. The structural theories propose that women who marry early and have a number of interrelated risk factors may be more susceptible to mental illness. In addition to being more likely to originate from less affluent families, have less chances because they reside in rural areas to enroll in school and enter the workforce, girls who marry young are also more likely to do so. Due to this, individuals are more likely to become financially dependent on their spouse and have less negotiating power while still married (John, N. *et al.* 2022).

Early marriage is a sign of early sexual engagement, which raises the likelihood of unintended pregnancies and, in turn, makes abortions more common as well as HIV and other STDs. Young women are more prone than those who marry after the age of 20 to experience maternal mortality and morbidity due to their immature physiology, lack of education, low self-esteem, and lack of knowledge. The relationship between the two persons could suffer from physiological aggression from either spouse, with the female suffering first because she is still in her teen years while the man is an adult. Obstetric labor, obstetric fistula, and other difficulties are often caused by health issues associated to pregnancy. Due to the mother's underdeveloped physique and the lengthier duration of her pregnancy, there are also higher chances of miscarriages, heart diseases, low body weight, starvation, atherosclerosis, and hormonal imbalances. Compared to other females who are married at a suitable age, girls aged 10 to 14 have a five-fold higher risk of dying during pregnancy (Emeri, B. *et al.* 2022).

Physiological aggressiveness from either partner might make the couple's relationship worse, and since the woman is still in her teen years and the man is older, it will undoubtedly affect her first. Such violent behavior may leave the victim with extreme stress, depression, mood swings, worry, and a lack of confidence. Obstetric fistula, labor complications, and other problems can occasionally be brought on by pregnancy-related health problems. Low body weight, poor nutrition, an increased risk of atherosclerosis, and hormone abnormalities all contribute to poor physical development, which increases the likelihood of miscarriage, low birth weight, and anemia in the newborns who do survive (**Ahmed, S.*et al.* 2013**).

2-6 Impact of Early Marriage

2-6-1 Post-traumatic Stress Disorder from Early Marriage

Post-traumatic stress disorder, sometimes known as PTSD, can arise after suffering a severe and severely stressful situation (such as physical and/or sexual abuse, a violent conflict, or the death of a relative). A real threat to their life arises for PTSD patients. After giving birth, 3.6% to 6.3% of women experience PTSD. PTSD and PTSS were both prevalent in mothers at rates of 4.7% and 12.3%, respectively. 1.2% for PTSD and 1.3% for PTSS were lower rates among fathers. Additionally, 30% of women regularly perceive their labor as a threat or trauma in the first few weeks following giving birth. After depression and nicotine dependency, PTSD after childbirth is regarded as the third most prevalent psychiatric condition in expectant mothers. Although occasionally they do not meet all the particular requirements for a formal diagnosis of postpartum PTSD, 10% of women exhibit symptoms of PTSD. Women are frequently left out of or significantly underrepresented in clinical studies, despite the fact that this condition is very common (**Khsim I,*et al.*2022**).

The risk that children may have PTSD is significantly influenced by their exposure to various forms of violence. According to estimates, the co-

occurrence rate of domestic violence and child abuse is roughly 40% in clinical samples that have been referred for one of these issues but only 6% in community samples that have not been referred. Domestic violence and child injuries sometimes occur together accidentally rather than on purpose, such when young children cling to a parent out of fear or when teenagers try to step in and break up their parents' fights. Another often-overlooked potential cause or aggravating component of child trauma is emotional abuse, which co-occurs with many exposures to violence and may have negative effects. Assessments for exposure to various forms of violence and other traumatic events should be regular practice because children typically join the health or mental health care systems as a result of exposure to one particular type of violence (**Margolin ,G,et al.2010**).

In light of all of these studies, it appears likely that parenting behavior as well as worse marital and parental satisfaction are directly correlated with PTSD. Even though the link between parenting and marital satisfaction may be bidirectional, it is assumed that a weaker relationship between spouses mediates the link between psychopathology and parenting. The majority of earlier studies on how families functioned looked at how parenting was affected by marital adjustment. The sole study that examined this with PTSD patients did not, however, come to the same conclusion. Depression must be taken into account because psychopathology in general (as opposed to PTSD specifically) is linked to deteriorating marital and parental adjustment. About 50% of PTSD patients also have major depressive disorder, and depression in particular is likely to have an impact on how content a person is with their social contacts. As far as we are aware, no study has looked at how depression and PTSD affect family dynamics (**Hershkowitz M, et al.2017**).

Young married females are more likely to experience psychological problems because they lack the opportunity to speak up for themselves and are denied other essential rights like the right to self-expression. Compared to

women who married as adults, women who married as children (before the age of 18) had higher lifetime and yearly rates of psychiatric disorders. When compared to adult women, young brides are less likely to have access to medical facilities. It produces psychological problems like low self-concept and self-esteem by causing physical, social, and emotional trauma. Early marriage also disrupts these girls' education, which makes them feel inferior to females with higher qualifications and causes them to suffer from severe depression (Goel S, *et al.*2022).

2-6-2 Depression, Anxiety and Stress of Early Marriag:

Depression has been linked to AP parenting from the very beginning, and a 17-year follow-up revealed a marked rise in the severity of severe depression among AP mothers. The early marriage age, which commonly occurs right after menarche, is generally acknowledged to be associated with the worst mental health problems in EM (UNPF 2013). There is proof that child brides around the world commit suicide and self-harm (Sezgin A. *et al.*2019).

Depending on when a person gets married, marriage may or may not be good for their mental health. According to data, women who marry young (before the age of 18 and 26 is described as) report greater partner violence and higher levels of depressive symptoms than those who marry older. Additionally, people who marry younger report more distress than people who marry older, but the disparities differences between the groups are mostly explained by the decision to marry younger, more troubled people (Hynek, K. *et al.* 2022).

In addition to exploiting women's physical health, early marriage also has a negative impact on their mental health. These ladies might attempt suicide if this is not addressed. Young teens find marriage exciting because they associate it with despite their devotion and consideration, they are not conscious of their obligations that accompany it; usually, girls are left to deal

with demanding job schedules and subpar family treatment. For a girl's safety or for other financial reasons, early marriage is not advised because adolescence is a period for education, growth, self-grooming, and learning from a range of life experiences (**Emeri, B. et al. 2022**).

Gloomy moods, losing interest or happiness, guilt or thoughts of low self-worth, erratic eating or sleeping patterns, exhaustion, and difficulty concentrating are all traits of depressive diseases.¹ According to the most recent statistics, 322 million individuals (4.4%) globally experience depression.² Adolescence and the early years of adulthood are critical stages for both boys and girls around the world. The annual prevalence of major depressive disorder was predicted to be 8.3–12.4% in people between the ages of 18 and 33, and it was estimated to be 4%–5% in middle to late adolescence.^{3,4} In adolescence and early adulthood, depression—the second- to third-most frequent cause of death in this age range—is a significant risk factor for suicide. According to studies, more than half of youth suicides occur while suffering from a depressive condition (**Whitton SW, et al .2014**).

Depression is a significant mental illness with a high frequency that affects adolescents and young adults. It is linked to early marriage, substance misuse, unpleasant life experiences, and behavioral risk factors. 75% of psychological problems in youth and early adulthood are first-time attacks, according to population-based studies. NLEs are increasing in prevalence across the globe and have been associated with both sexes' depressed symptoms getting worse and the beginning of serious depressive symptoms.^{11–13} Because of the numerous traumatic life events that occur during this stage of life, as well as the NLEs that result from exposure to new environments and conditions during their developmental period (EM), low experience and high sensitivity to life's problems, academic prospects, and their particular higher education program of Study, friendship, and support are essential. Although there is strong evidence that marital conflict is one of

the major risk factors for depression, there are many other factors that may also play a role. There is a strong correlation between marital stress and depression, both at the diagnostic and subclinical levels of depressive symptoms, according to a wide body of literature. Marital disagreement also acts as a potential predictor of depression onset and triples the risk of a severe depressive episode in the following year. In order to do this, we assessed relationship confidence using longitudinal data from immediately before marriage to a year later. We hypothesize that relationship confidence is a direct mediator of changes in depression symptoms and a direct association between bad marital interaction and changes in depressed symptoms (**Buzi RS, et al .2015**).

An important portion of the global illness burden is anticipated to be accounted for by anxiety and depressive disorders by 2020, moving up from their current position as the second most common cause of disability. According to a WHO report, especially among women, depression and anxiety could overtake other illnesses as the most prevalent in the globe by the end of the century. Every year, an estimated 73 million adult women experience a significant depressive episode (**Bansal B, et al .2015**).

early girls who get married Due to obligations like those related to family, home, and children, disagreements with the spouse and his family, a lack of social support, and financial worries, girls who marry young in our culture are more prone to experience severe depression and adjustment disorder. In our culture, likelihoods are higher The two mental diseases with the highest prevalence among young married children (46%) were major depressive disorder and adjustment disorder (**Aslan B,2019**).

Everyone is impacted by early marriage. Depression, anxiety, dependence, social exclusion, low levels of education and employment, marital rape, and domestic violence are frequently observed in females. Additionally, they are vulnerable to STDs and unintended pregnancies.

Females have also been noted to experience child pressure. They are anticipated to become parents. As a result, both mental and reproductive health are seriously jeopardized. In their marital house, they have very little assistance, and if something happens, their own home will not accept them. Poor education has also been linked to difficulties in managing houses on one's own. It also restricts prospects for higher study and employment. Economic pressure brought on by early fatherhood also causes stress, anxiety, and despair. Due to societal pressure, men are socially conditioned to be the head of the household, which has an impact on their relationships. Their dependence on substances like alcohol and narcotics grows as a result of their inability to communicate their emotions, which causes both their physical and mental health to suffer (Goel S, *et al.*2022).

2-6-3 Domestic Violence in Early Marriage

The World Health Organization [WHO] describes intimate partner violence (IPV) as "acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors" that occur in close relationships. Intimate partner violence (IPV), which infringes on human rights, has catastrophic repercussions on women, including unplanned pregnancies, deteriorated physical and reproductive health, higher risk of illness, sexually transmitted infections, and mental health problems (Hong Le, *et al.*2014).

It has been shown that domestic and partner violence worsens women's physical health and raises their likelihood of developing physiological risk factors, such as high cardiovascular and stress reactivity. Additionally, it has been demonstrated to worsen women's mental health issues, including despair and even suicide. In comparison to women who have not experienced partner violence, women who have are twice as likely to have an abortion and 16% more likely to give birth to infants with low birth weight. an higher risk of future violence in transito was also shown to be associated

with depression, according to a prospective population-based study conducted in South Africa. There aren't enough studies on how partner violence affects women with AP histories' propensity for mental illness. Adolescent mothers of African American descent were more likely to have severe depression if they had relationship violence, familial conflict, or a lack of social support. **(Sezgin A. et al.2019).**

Additionally, early marriage is linked to a number of psychiatric problems. Young marriage separates youngsters from their classmates because of the responsibilities they have to their families, homes, and kids. All of these responsibilities result in several psychological problems. Early marriage puts girls more vulnerable to issues like early pregnancies and domestic violence and inhibits a youngster from making important life decisions like who she will marry and when she will have children. Losing control of their future and being forced into adult tasks before they are emotionally and physically ready can be painful events for youngsters between the ages of 10 and 18. The loss of adolescence, forced sexual activity, ignorance of one's own personal development, and lack of independence can all lead to a variety of psychological problems. Early independence and a high level of responsibility can cause a person to feel less confident, which can worsen their mental health and eventually cause depression **(Aslan B,2019).**

According to studies, women with EM and AP are particularly susceptible to intimate partner and domestic violence in low- and middle-income countries. An epidemiological study of 1671 Ethiopian women found that early marriages—those entered into before the age of 16—were more likely than later unions to feature partner violence, sexual coercion, and communication problems. In this study, we look at how partner violence impacts women's physical and mental health as well as how it mediates and modifies the relationship between EM and AP. Around a third of women

experience physical, psychological, and sexual antagonism from their partners, according to estimates (**Sezgin A. et al.2019**).

Early divorce and domestic violence in girls can both be caused by early marriage. Adolescent girls cannot make decisions or adopt attitudes in marriage, which causes the husband to exert more control. In terms of psychology, young married women are more likely to struggle with anxiety, depression, or even suicidal thoughts. Early marriage and lack of control over one's own life have a negative effect on the psychological (**Marsha I, et al.2018**).

Nature vs. nurture is a notion used in psychology. Heredity is determined by nature, and a child's surroundings is determined by nurture. Both factors are essential for developing a child's healthy personality. Albert Bandura claims that modeling is crucial in developing the personality a child will have. Children learn through mimicking their parents or other members of their family without any vocal supervision, a process known as modeling. The Bobo Doll Experiment is a significant illustration of how the environment affects a child's ability to learn. Therefore, if parents continue to argue with their partners in front of their kids, it will negatively impact the personalities of the kids. According to a study, children who have observed domestic violence are more likely to become violent in their subsequent relationships. Additionally, it has been noted that the divorce rate for those who marry before age 20 is 80% (**Goel S, et al.2022**).

Numerous psychological issues are linked to the sexual, psychological, and physical abuse that occurs during marriage. According to the study Combination of physical and sexual attack generate most destructive effect on women, women who experienced both physical and sexual abuse had more psychosomatic and depressive symptoms than women who did not. In a national study, it was found that 6.5% of women with anxiety disorders and 73.9% of women who had experienced physical violence had anxiety

disorders. Of the women who had applied to the psychiatry outpatient clinic, 62% had experienced violence at least once in their marriage. Early marriage raises the possibility of experiencing domestic abuse, which can lead to a variety of psychiatric issues as an adult (Aslan B,2019).

2-6-4 Academic Performance in Early Marriage

In the past 10 years, girls and young women have had unequal access to educational opportunities, particularly those who come from the poorest backgrounds. By the deadline of 2015, only 70% and 56% of countries are expected to have achieved the Education for All (EFA) aim of gender parity at the primary and lower secondary levels, respectively (UNESCO, 2014). Sub-Saharan Africa (SSA) and South West Asia (SWA) have the largest gender inequalities in access and poorer secondary completion rates. Two of the countries in SWA and 60% of the countries with the worst gender imbalance in secondary education are in SSA (Delprato ,M. *et al.*2015).

2-6-5 Physical Problems:

Due to ignorance, a sizable majority of births take place outside of medical facilities, at homes. Early married females frequently have sex-related illnesses, discomfort, and injuries in this region. Children born to undergoing girls who experienced childhood hardship are feeble and undeveloped. Girls under the age of 18 have developing bodies, which increases the chance of difficulties after childbirth. The uterus's underdevelopment makes it impossible for it to fully protect the fetus and give the ammonic fluid it needs for survival and growth. Similarly, the kid may die during delivery due to the crucial dilations (lack of flexibility in the cervix). Teenagers who are pregnant are also less likely to obtain early and sufficient prenatal care. Consequently, mother and infant mortality rates will rise. Pregnancy-related complications are the greatest cause of death for females between the ages of 15 and 19 worldwide. Early childbearing women are also more likely to develop a pattern of having several pregnancies quickly apart,

which is harmful to both the health of the mother and her offspring. Additionally, it implies that they will generally have more children, which will increase maternal and infant mortality (**Manamaya, M. 2022**).

2.7. Previous Studies

1-Hong Le M, et al. (2014) performed a study "**Early Marriage and Intimate Partner Violence Among Adolescents and Young Adults in Viet Nam**". Contradictory findings have arisen from research on the relationship between early marriage and intimate partner violence (IPV) in low-income countries. This study set out to examine the frequency of early marriage and its connections to IPV among adolescents and young adults in Vietnam. Data from the national Survey Assessment of Vietnamese Youth-Round II (SAVY-II) survey, which was conducted in 2009–2010 and assessed a representative cohort of people aged 14–25 who were recruited through a methodical house survey, were the subject of secondary analysis. Prevalence was calculated using descriptive statistics. Multiple logistic regressions were utilized to evaluate the association between early marriage and IPV while taking into consideration potential risk variables. Of the 10,044 individuals, 1,701 had ever been married and were taken into consideration for the study. Before the age of 18, women were more likely than men to get married young and experience verbal, physical, or sexual IPV. More frequently than women, young married males reported encountering controlling behaviors in their relationships. Early marriage, illiteracy, and exposure to sexual abuse were connected to IPV experience among young females but not among.

2. Mullick M, et al. (2016) performed a study "**Marriage and other psychological stressor in the causation of psychiatric disorder**" This study compared married (cases; n=80) and unmarried (controls; n=80) girls under the age of 18 with one or more psychiatric disorders in terms of the specific psychiatric diagnosis, frequency and types of stressors, and the degree of awareness of marriage regulations. The psychiatric disorders were recognized

in accordance with Axis One of the ICD-10 Clinical Diagnosis of Multi-axial Classification of Children and Adolescent Psychiatric Disorder. The cornerstone for the consideration of psychosocial pressures was axis five of this classification. The most common condition was major depressive disorder (n=47), which was followed by a dissociative (conversion) condition (n=24). Obsessive compulsive disorder (n=17) and generalized anxiety disorder (n=31) were the two conditions with the highest prevalence among the controls. ($p>0.001$) The difference was extremely significant. Comparing the cases to the controls, the cases reported a significant oversupply of psychosocial stressors previous to the onset of the psychiatric disorder. Stressors were connected to every case. 77 of the 80 control patients had stresses, in comparison. In 78 of the cases, marriage itself was a source of stress. Along with this, marital conflict, dropping out of school, and issues with in-laws were other extremely prevalent stressors. The most often reported stressor among the controls was an increase in academic burden, followed by poor academic performance and conflict with peers. It's interesting to note that 52.5% of the cases and 32.5% of the controls both knew the legal minimum age for marriage. It was notable that the majority of the girls did not continue their education after getting married ($p>0.001$). In conclusion, marriage and other psychosocial stressors are causally related to conversion and depressive illnesses.

3. Hamed, A. et al. (2018) performed a study "Prevalence, Health and Social Hazards, And Attitude Toward Early Marriage in Ever-Married Women, Sohag, Upper Egypt. performed a study" Background: Early marriage is associated with many social, physical, and health problems and it is common in many developing countries including Egypt. Many factors affect the decision of the timing of marriage. In this study, we aim to estimate the prevalence, social and health hazards and to identify the attitudes and factors that affect attitudes toward early marriage. Materials and

methods: This cross-sectional study was done in Sohag, Upper Egypt. Random samples of ever-married women aged 20-60 years were taken from six districts. A questionnaire was designed to collect the data. Results: The prevalence of early marriage is about 60%. The associated self-reported health and social hazards included: anemia (18%), hemorrhage (27.5%), uterine prolapse (37%), preterm (36%), low birth weight (31%), delayed immunization of infants (94%), separation from the husband (17%), and discontinuation of education (23%). About 42% of the studied population supported early marriage. Reasons for supporting include: to prevent premarital promiscuity (35%) and difficulty to get married later (28%). Reasons for not supporting include: being harmful to mothers (26%), difficulty in childcare, and discontinuation of education (18% each). Final models of factors significantly affecting women's attitudes indicated that the factors for not supporting early marriage were: attaining higher education and believing that early marriage is due to ignorance, is more common among relatives, and causes health or social problems. Conclusion: Early marriage is still very common in Sohag. Including the hazards of early marriage in the curriculum of preparatory and secondary schools as well as encouraging girls to complete their education up to the university stage will help in decreasing this problem.

4 . Akume G, et al. (2020) performed a study "**Early Marriage and Girl Child's Psycho-Academic Performance in Secondary Schools**". This study looked at how early marriage affected how well girls performed academically and psychologically in secondary schools in the Benue State local governments of Mauri and Gwer-East. To direct the study, two research questions and two research hypotheses were developed. The study used a descriptive survey research design. 6,037 female students from 28 governments and grant-aided secondary schools in the Mauri and Gwer-East Local Government Area of Benue State make up the study's population. 403

married girls out of 6,037 pupils made up the sample size. The sample method employed was a multi-stage sampling method. The Early Marriage and Psycho-academic Performance Questionnaire (EMPPQ), which was designed by the researcher, is the instrument for data collection. Twenty students who weren't a part of the study's population were used to test the questionnaire. Using Cronbach alpha, the instrument's dependability was evaluated. A value of 0.94 was obtained. To address the research issues, descriptive statistics of mean and standard deviation were used. For decision-making, a cut-off value of 2.50 was employed. The theories were put to the test using chi-square. Based on the results, it was determined that early marriage significantly affects girl students' self-perception and attendance in secondary schools in Benue State's Makurdi and Gwer-East Local Government Areas. It was advised, among other things, that academic performance and mental health be improved in school settings with support strategies like educational guidance, counseling, and psychotherapy or other psycho-educational programs like teaching life skills which will enhance self-concept and class attendance of the girl child.

5. Riska M, et al. (2020) performed a study "**The Effect of Early Marriage in The Fulfilment of Women Rights**" It is only normal for two men of the same sex to be drawn to one another and want to live together. Marriage is a fantastic institution for creating a family relationship between two people of the opposing sex. However, marriage should only take place in line with the law and the current state of affairs. Ancient people typically got married when they were still very young, for a variety of reasons. One of these elements is the community's atmosphere, which makes it necessary for the majority of its young people to get married quickly. Early marriage is still common in several places today. There are still a lot of young people getting married young. The issues with this research are the key elements that can promote early marriage and how early marriage affects the social environment in Kedungrejo Village,

Grobogan District, Purwodadi Regency. In order to understand the effects of early marriage, the goal of this study is to describe the elements that influence marriage. Data from early marriage and the parents of the perpetrators were used in this study's qualitative case study strategy and methodology. In addition to conducting interviews with people that are connected to the case, data collection methods include observation. district where the majority of them continue to get married young. This is a result of a number of driving forces, including parental and educational variables, which contribute to the occurrence of early marriage. Therefore, early marriage has both beneficial and bad effects as a result of these driving variables.

6- Efevbera, Y. et al. (2020) performed a study "**Defining and deconstructing girl child marriage and applications to global public health**" An estimated 650 million girls and women alive today married before their 18th birthday. Referred to as girl child marriage, the formal or informal union of the girl-child before age 18, the practice is increasingly recognized as a key roadblock to global health, development, and gender equality. Although more research than ever has focused on girl child marriage, an important gap remains in deconstructing the construct. Through an extensive review of primary and secondary sources, including legal documents, peer-reviewed articles, books, and grey literature across disciplines, we explore what the term "girl child marriage" means and why it more accurately captures current global efforts than other terms like early, teenage, or adolescent marriage. To do this, we dive into different framings on marriage, children, and gender. We find that there has been historical change in the understanding of girl child marriage in published literature since the late 1800s, and that it is a political, sociocultural, and value-laden term that serves a purpose in different contexts at different moments in time. The lack of harmonized terminology, particularly in the global public health, prevents alignment amongst different stakeholders in understanding what the problem

is in order to determine how to measure it and create solutions on how to address it. Our intent is to encourage more intentional use of language in global public health research. 7. **Sezgin A, et al. (2020)** performed a study "**Impacts of early marriage and adolescent pregnancy on mental and somatic health**" Researchers agree that teenage pregnancy (AP) and early marriage (EM) can seriously harm women's financial status, educational chances, physical, mental, and reproductive health. However, less is understood about the elements that could direct or moderate these linkages. This study examined the effects of EM and AP on the self-reported mental and physical health of a multicultural group of women who lived in Eastern Anatolia, Turkey. The second task involved determining whether and how relationship violence might mediate and/or moderate between EM and AP and mental health problems. The study's 1569 participants, who ranged in age from 16 to 72, supplied data on their demographics, first pregnancy, and first marriage age. They talked about their mental health with the General Health Questionnaire (GHQ-28: symptoms of depression, anxiety, social dysfunction, and somatization). They also talked about the signs and symptoms of post-traumatic stress disorder (PTSD; DSM-5). The women's reports of somatic diseases were categorized using the WHO-ICD-10. According to the most recent Conflict Tactics Scale, Short Form, partner violence was represented. Women who gave birth between the ages of 13 and 19 had higher levels of anxiety and somatization symptoms than those who waited until they were older, and those who married before the age of 25 had higher levels of depressive symptoms. Both AP and EM were more likely to experience somatic illnesses. In this study, partner violence acted as a moderator, and AP in women who had experienced sexual coercion in their marriages was associated with particularly high levels of depressive and anxious symptoms. A non-significant mediation study revealed that partner violence was not responsible for the severe impacts of the AP and EM on

women's mental health. On the other hand, AP and EM were linked to higher rates of relationship violence. Both AP and EM were linked to physical conditions, like cardiovascular problems, and adolescent pregnancy poses a serious risk to one's mental health. The risk of AP for mental health was increased in relationships where women were subjected to sexual coercion. Our main goal is to eradicate these patriarchal traditions.

8- Azizi H, et al. (2020) performed a study "Determinants of Early Marriage and Its impact on Depression" Background: A connection between two persons who are either underage or both at the time of the marriage is referred to as an early marriage (EM). EM has a substantial detrimental effect on mental health and increases the risk of developing depression in the future. Iran has a lack of knowledge surrounding EM variables and married people's propensity for depression. Methods: In Malekan County, a community-based descriptive-analytic study of married people in general was carried out. A stratified random sample was taken. Qualified interviewers used the Beck depression inventory scale II and in-person interviews. Multiple logistic regression was used to calculate the relationship between EM and predictor factors and generate adjusted odds ratios with a 95% confidence interval. Results: A total of 402 married people took part in the study. In 87 of the cases, EM was discovered to be common (21.64%). 80% of the 87 participants in the EM were female. The percentage of EM and non-EM respondents who said they had depressive symptoms was nearly 60% and 46.4%, respectively. AOR=1.60; 95% CI: 1.2-2.72) concluded that EM was linked to a greater incidence of depression. AOR=5.53; 95% CI: 2.14 - 17.22), the educational level of the participants (AOR=4.27; 95% CI: 1.28 - 14.35), the participant's gender (AOR=2.43; 95% CI: 1.32 -4.46), and family income (AOR=2.74; 95% CI: 1.00 - 7.84) were also significant predictors of EM. The amount of education of married persons and their parents is a significant predictor of EM. Additionally, EM influences

future depressed symptoms. A broad strategy including cross-sectoral partnerships, expanding health literacy, and efficient training programs is essential to reduce.

9- Ngesana, N. *et al.* (2021) performed a study " The Effect of Early Marriage and Marital Stress Among University Students in Usim Practice ".

This study aims to identify the effect of early marriage with marital stress among university students in USIM. Objectives of this study were to determine the effect of early marriage with marital stress among students in USIM, to investigate how the marriage couple students cope with the stress and, to determine the relationship between stress and marriage satisfaction. This research used Stress Scale (PSS) to measure the level of stress and Marital Satisfaction Scale (MSS) to measure marriage satisfaction. An interview also being used in this study in order to determine effect of early marriage with marital stress among students in USIM. The data were obtained, analysed using Statistical Package for the Social Sciences (SPSS) Statistics Version 25.0 software that involved descriptive statistics analysis, Pallant scale, and Pearson correlation coefficient. The findings of the study indicate that the stress and marriage satisfaction of the respondents are at a moderate level, besides, these two variables have a very strong significance correlation within positive direction ($r = 0.61$, $p < 0.01$). Interview result demonstrated that the effects of early marriage put stress on the marriage relationship and coupled with other factors such as family member intervention, financial problems, and commitment of study.

10- Susilo, S, et al. (2021) performed a study " Investigation of Early Marriage: A Phenomenology Study in The Society of Bawean Island, Indonesia. Journal of Population and Social Studies " The research aimed to interpret the perceptions of early marriage, the union of two people in which one or both are under 18 years of age, through a phenomenological

approach. The analysis was performed using observation techniques along with participation in in-depth interviews supported with an inductive approach of documentation analysis. The results showed that the society in Bawean Island, Indonesia, perceived the need for early marriage of 15-16 years old girls as matchmaking, avoidance of the social sanction of fornication and out-of-wedlock pregnancy, and as an economical solution for parents to shift responsibility. The results further showed that matchmaking and the avoidance of fornication are significant motivators for early marriage. Also, it was found that early marriages caused adverse effects on the wife, husband, and children. The effects are related to cases of pregnancy complication for the wife and psychological stress for the husband. The effect on children born of the early marriage is mainly neonatal infant mortality. The solutions offered to support the population development target and decrease early marriage numbers are to improve access to health facilities and information for women, and overcome cultural and social norms by discussing the impacts of early marriage with social and religious figures and stakeholders. The research can be used by the National Population and Family Planning Board (Indonesia) to decrease the number of early marriages in society.

11- • Khsim I, et al. (2022) performed a study " Risk Factors for Post-Traumatic Stress Disorder after Childbirth: A Systematic Review "

Background: Post-traumatic stress disorder (PTSD) after birth has generated a growing interest in recent years. Although some risk factors associated with PTSD have been studied, information is still scarce to date on risk factors associated with PTSD. This systematic review aims to identify risk factors associated with the diagnosis of PTSD after childbirth. Methods: We searched on PubMed, Web of Science and SCOPUS databases, from inception to May 2022. Quality assessment of the articles was performed using the Newcastle-Ottawa Quality Assessment ("NOQAS") scale. This systematic review was performed according to the PRISMA guidelines. Inclusion criteria were

women with age ≥ 18 years; articles in English or Spanish; articles focused on physical, social, psychological, medical-obstetric, and environmental risk factors. Results: A total of $n = 17,675$ women were included among the studies in this systematic review. The main risk factors associated with PTSD after birth were obstetric interventions and obstetric violence such as emergency caesarean section or a non-compliant birth plan, a previous mental illness, having suffered from of a traumatic event or depression and/or anxiety, and having poor social support throughout pregnancy and/or during birth.

Conclusions: Obstetric interventions, obstetric violence, experiencing a traumatic event or depression and/or anxiety, and a previous mental illness are factors associated with the diagnosis of PTSD after birth. Protective factors are multiparity, adherence to the mother's birth plan and skin-to-skin contact.

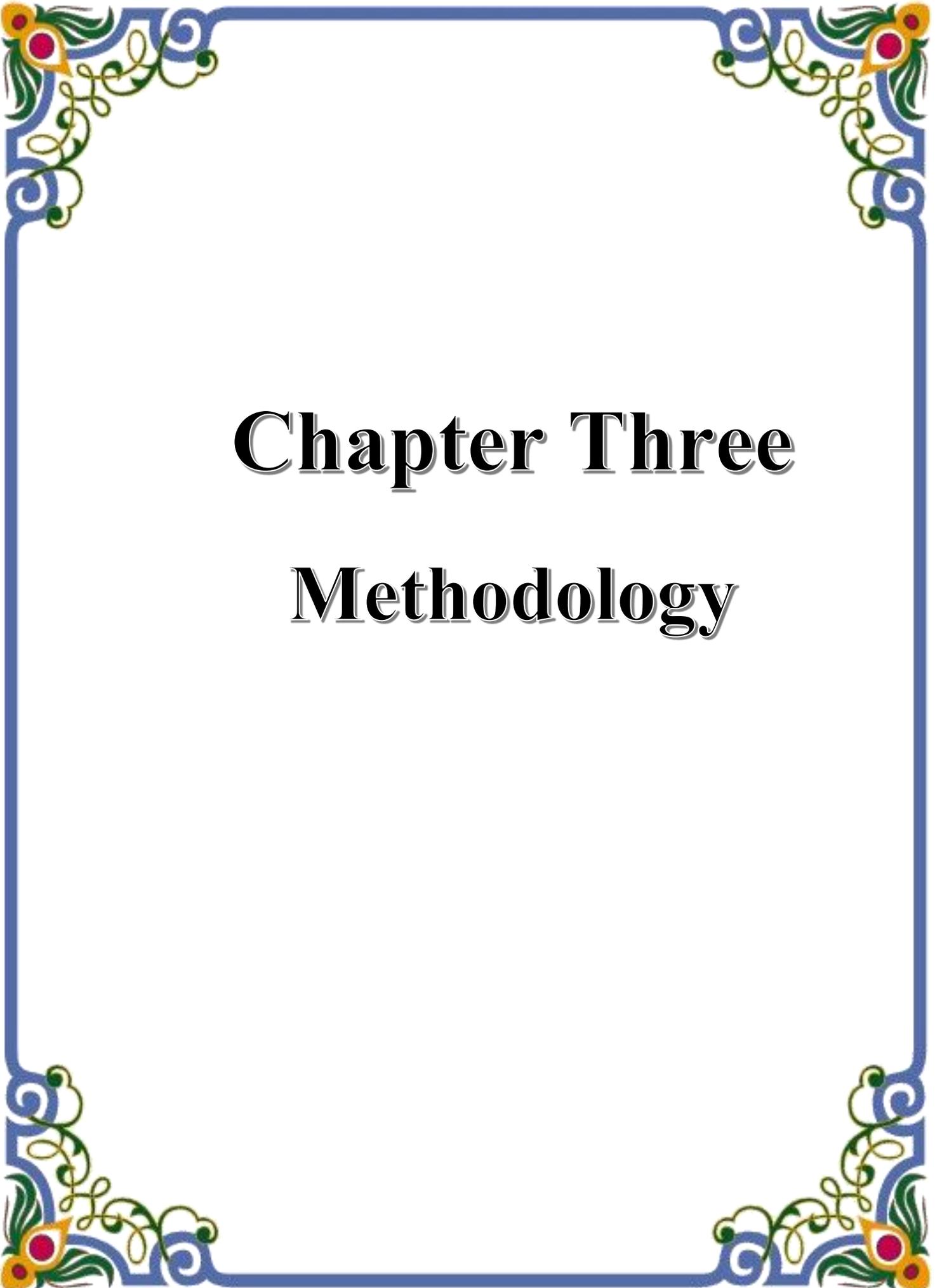
1 2. Emeri B, et al. (2022) performed a study "**Effect of Teenage Pregnancy and Early Marriage on Psychosocial Well-Being of Pregnant**". In the study, pregnant teenagers in Lagos State's Alimosho Local Government Area were assessed for their psychosocial well-being in relation to teenage pregnancy and early marriage. Four established hypotheses served as the study's direction. The study utilized a descriptive research design. Through the use of the purposive sampling technique, 150 participants—teenagers who were pregnant—were chosen as the study's sample size. Data were gathered using a self-made survey called the "Impact of Teenage Pregnancy and Early Marriage on the Psychosocial Well-being of Pregnant Teenagers Questionnaire (ITPEMPWPTQ)". According to the study's findings, adolescent pregnancies significantly affect pregnant teenagers' emotional stability, social interactions, stigma associated with becoming pregnant as a teenager, and levels of sadness and trauma. These youngsters' emotional stability is significantly impacted by early marriage as well. It was suggested

that the government and other parties interested in women's affairs and development endeavor to create advantageous sociopolitical and economic settings in order to reduce teenage pregnancy and early marriage. Additionally, the stereotype that says women belong in the kitchen should be abandoned. Since the society as a whole suffers as well as the girl child, it is imperative that all hands be on deck to limit, if not entirely eradicate, adolescent pregnancy and early marriage.

13. John N, et al. (2022) performed a study " Do Gender-Based Pathways Influence Mental Health? Examining the Linkages Between Early Child Marriage, Intimate Partner Violence, and Psychological Well-being between Young" The understanding of gendered pathways that impact mental health, particularly the long-term cumulative impacts of gender-based inequality, does not receive enough attention. Early child marriage (marriage before the age of 15) may increase exposure to risk factors for gender-based mental illness, providing an opportunity to understand the intricate gendered pathways that continue to have an effect on mental health. Using nationally representative cross-sectional data from Ethiopia, we examined whether intimate partner violence among young women mediators the relationship between early child marriage and psychological well-being. Three distinct multivariate regression models were used to evaluate these associations. According to our findings, the relationship between early child marriage and psychological well-being is influenced by the higher levels of violence experienced by women in early child marriages compared to their peers who married later. Longitudinal data investments are necessary to properly unravel the relationships between early child marriage, intimate partner violence, and psychological well-being.

14- • Manamaya, M. (2022) performed a study " Impact of Early Marriage: Knowledge and Health Practice " This paper based on "Impacts of Early Marriage: knowledge and health Practice" is representative of the

Nepalese community. The aim of the paper is to find out the impact of teenage marriage: knowledge and health practice. It was an analytical as well as descriptive research design and used in primary and secondary data. It is based on the snowball sampling method. A total of 156 married women who had married between 15-19 years aged and had at least one child during the time of the survey and a structured questionnaire was used throughout the data collection. Poor economic condition is not enough for the fulfilment of basic needs and other activities. Most of the mothers didn't Anti a natal check during their pregnancy. Most of the babies were delivered at home with the assistance of their family members, sudheni and elder women of the community. In complicated cases, most of them consult with Dhami, Jhakri. Postnatal care was also poor in the area. Some complications were also occurring in the study area, e.g. anaemia, bleeding, weakness etc. Children suffered from low birth, weight and diseases. There was a greater son preference. Early marriage, early pregnancy, multiple pregnancies, low birth space, and complications during and after pregnancy were the most prevailing problems. After considering all of the findings the study indicates that early marriage practice in this area was highly influenced by lack of education, low socioeconomic status, traditional beliefs, no knowledge about early marriage and legal age at marriage and awareness about health education.



Chapter Three

Methodology

Chapter Three

Methodology

3.1. Introduction

This chapter presents the methods used in the present study; such as study design, administrative agreement, and approval, study preparation and sample, instrument, as well as data collection methods, pilot study, and data analysis.

3.2. Design of the Study

Descriptive analytic study was accomplished at schools and primary health care center and hospitals. The study aims to analyze cases of marriage of minors in the city of Diwaniyah / Al-Budair district and to reveal some facts The period was from November 8th, 2022 to June 10th, 2023 according to the following:

1. Recognizing the size of the phenomenon of marriage of minors in the city of Al-Diwaniyah / Al-Budair district.
2. Disclosure of the demographic, characteristics of underage marriage women in a city Diwaniyah / Al-Budair district.
3. Identifying the key factors that most significantly contributed to the issue of underage marriage in the study community.
4. Knowing the effects of this phenomenon and its different effects on married women in the study community.

3.3. Administrative Agreements

Formal administrative agreements were obtained before data collection, and are required to conduct the study, presented in: Appendix (A) as follows:

1. The initial approval was obtained from the University of Babylon / College of Nursing / Higher Education Committee after submitting the protocol.
2. Ethical clearance for the research was obtained from the University of Babylon's College of Nursing Ethical Committee, as documented in Appendix.(A)
3. Approval was obtained from the Training and Development Center in the Diwaniyah Health Department.(B)
4. Consent of the participants had been collected to start the interview.

3.4. Ethical Considerations

Ethical considerations are necessary to protect the rights of persons with regard to the confidentiality of the data collected and to promote the professional study conducted; The following ethical issues are applied depending on:

- 1-Voluntary agreement of the participants.
- 2 - Respect the privacy of the participants
- 3- Formulating questions that are accessible and understandable
- 4- All women who participated in the study have the right to apologize for continuing their participation if they feel upset or uncomfortable.

3.5. Setting of the Study

The current study was conducted in Al-Diwaniyah Governorate in primary health care centers in Afak General Sector, Afak General Hospital and government schools

Table3-1. Distribution of primary health care centers in Afak general sector

"Primary Health Care Sectors"	"Primary Health Care Sectors"	The number of participants from the health center	percentage
Afak sector	The first health center in Al-Budair	54	27%
	The second health center in Al-Budair	36	18%
	Afak General Hospital	23	11.5%

Table3-2. Distribution of schools in the education of Afak district

Name School	Early marriage	Percentage
Khadija Preparatory School for females	7	3.5%
Al-Huda Preparatory School for females	10	5%

Ola Al-Majed Preparatory School for females	5	2.5%
Al-Safwa Secondary School for females	7	3.5%
Al-Noureen Secondary School for females	6	3%
Al-Jad Al-Mashreq Secondary School for females	7	3.5%
Al-Saqqa Secondary School for females	8	4%
Silver High School for females	6	3%
Justice High School mixed	6	3%
El Mouradia High School	8	4%
Medium Al Wadaq for females	2	1%
Medium Ruqyah for females	4	2%
Medium Paradise of peace for females	6	3%
Basra for girls full moon for females	3	1.5%
Basra for females	2	1%

3.6. Sample of the study

This study conducted in the Governorate of Diwaniyah / Al-Budair district by a "non probability" (purposive) sampling in Afak General Hospital, as well as the primary health centers of the Afak sector, the first and second health centers in Al-Budair, as well as the middle and preparatory governmental schools for girls affiliated to Afak Education. (200) samples were collected to conduct the research.

3.6.1. Inclusion Criteria

1. The woman who married early at the age of 10-18 years
2. Women who expressed their desire to participate in the study.

3.6.2. Exclusion criteria

1. Exclusion of the participants in pilot study
2. Exclude divorced women

3.7. Instrument of the Study

A large number of relevant literature was extensively reviewed in search of a valid instrument for approval and suitable for the current study, which ended with the adoption and modification of a data collection tool by the researcher and includes five parts as shown in

Part I: Socio-demographic Data of Women

It includes two sections, **Section A:** Socio and demographic information about the underage girl, and consists of 17 items, including: (age of the girl, age at marriage, residence, residence with the husband, education, monthly income, occupation, do you have children, was marriage forced? or is it optional? Is your husband already married? Have you been subjected to violence by your partner? Do you suffer from health problems? Are the people

around you supportive of you? Did your husband force you to leave? Do you smoke? Do you drink alcohol? Do you use drugs? **Section B:** About the husband and consists of 8 items including: (husband's age, educational level, profession, does the partner smoke, does he drink alcohol, does he use drugs, does he suffer from psychological problems, does he suffer from health problems).

Part II: This part deals with Post-traumatic stress disorder aspect and composed of (9) item.

Part III: This part deals with Depression, anxiety and stress aspect and composed of (21) item.

Part IIII: This part deals with Partner violence aspect and composed of (10) item.

Part IV: This part deals with Academic performance aspect and composed of (6) item.

3.8. Rating and scoring

This questionnaire contains 4 scales (Posttraumatic stress disorder 9 items, Depression, anxiety and stress 21 items, Partner violence 10 items and Academic performance 6 items) that measure the psychosocial health for early marriage women These item are rated according to three level Likert scale (always, sometimes, never) and scored (1,2,3) the higher score or mean indicated to more complains.

3.9. Validity of the Questionnaire

The questionnaire validated through exposure of the tool to (15) Panel of Experts, from different fields, with no less than (10) years of experience in investigating the specificity, validity and adequacy of the questionnaire to assess the concept of interest, all of its recommendations have been

considered. A preliminary print of the questionnaire was developed and sent to those (15) experts. these 15 experts from different specialties related to the field of the study. they were:

[5] Expert from Nursing Faculty/ University of Babylon.

[2] Expert from medicine Faculty/ University of Babylon.

[1] Expert from Nursing Faculty /University of Al-Qadisiyah.

[4] Expert from Nursing Faculty/ University of Kufa.

[3] Expert from expert of Psychology / University of Al-Qadisiyah.

3.10. Pilot Study

A non-probability (purposive) sample of (20) underage girls was selected from Afak Hospital, the First and Second Health Center in Al-Budair, and government schools in Afak Education, who agreed to participate in this study, and it was conducted in the period from (February 12th - 15th, 2023). This preliminary study was conducted to identify the stability, credibility, clarity and efficiency of the study tool. Its aim was to estimate the typical time required to collect data for each subject, which would have taken place during the interview phase, and to identify any potential problems that might arise.

3.11. Reliability of the Questionnaire

Data were collected from twenty early married women. The reliability coefficient was used to calculate the agreement between the items of the questionnaire using the reliability test as a statistical analysis tool. Cronbach's alpha and the result of an internal consistency method. as shown below:

Table.3-3. Alpha Cronbach of Study Instrument Items:

No. of items	Alpha Cronbach	Acceptable Value	Assessment
Post-traumatic stress disorder Items=(9)	0.81	0.70	pass
Depression, anxiety and stress Items= (21)	0.91	0.70	Pass
Partner violence Items=(10)	0.92	0.70	Pass
Academic performance Items=(6)	0.70	0.70	Pass

3.12. Data Collection Methods

After completing the required approvals and pilot study, the data was gathered by using a questionnaire and interviews with participants. The researcher explained the aim of the study after introducing himself to every participating (the woman who married early) to obtain her agreement. The questionnaire fills out with an answer of the participating (the woman who married early). Each woman was interviewed on an individual basis. Approximately every interview took (20 to 25) minutes.

3.13. Statistics Analysis

The researcher were used program of statistics package for social sciences (SPSS) V. 26 software to manage and analyze the study data. Both descriptive and inferential analysis for the date of samples. In the analysis of the data of the presed study were used to investigate as following:

3.13.1. Descriptive Data Analysis

- a- Frequency and Percentage.
- b- Mean of score and standard deviation

3.13.2. Inferential Data Analysis

These were used to decide whether to accept or reject the following statistical hypotheses:

A- The Pearson test, the independent t-test from two samples, and analysis of variance are used to examine the differences and associations between the variables.

B- Also, if data are not normal, their nonparametric equations are used: Spearman correlation test, Mann-Whitney test and Kruskal.

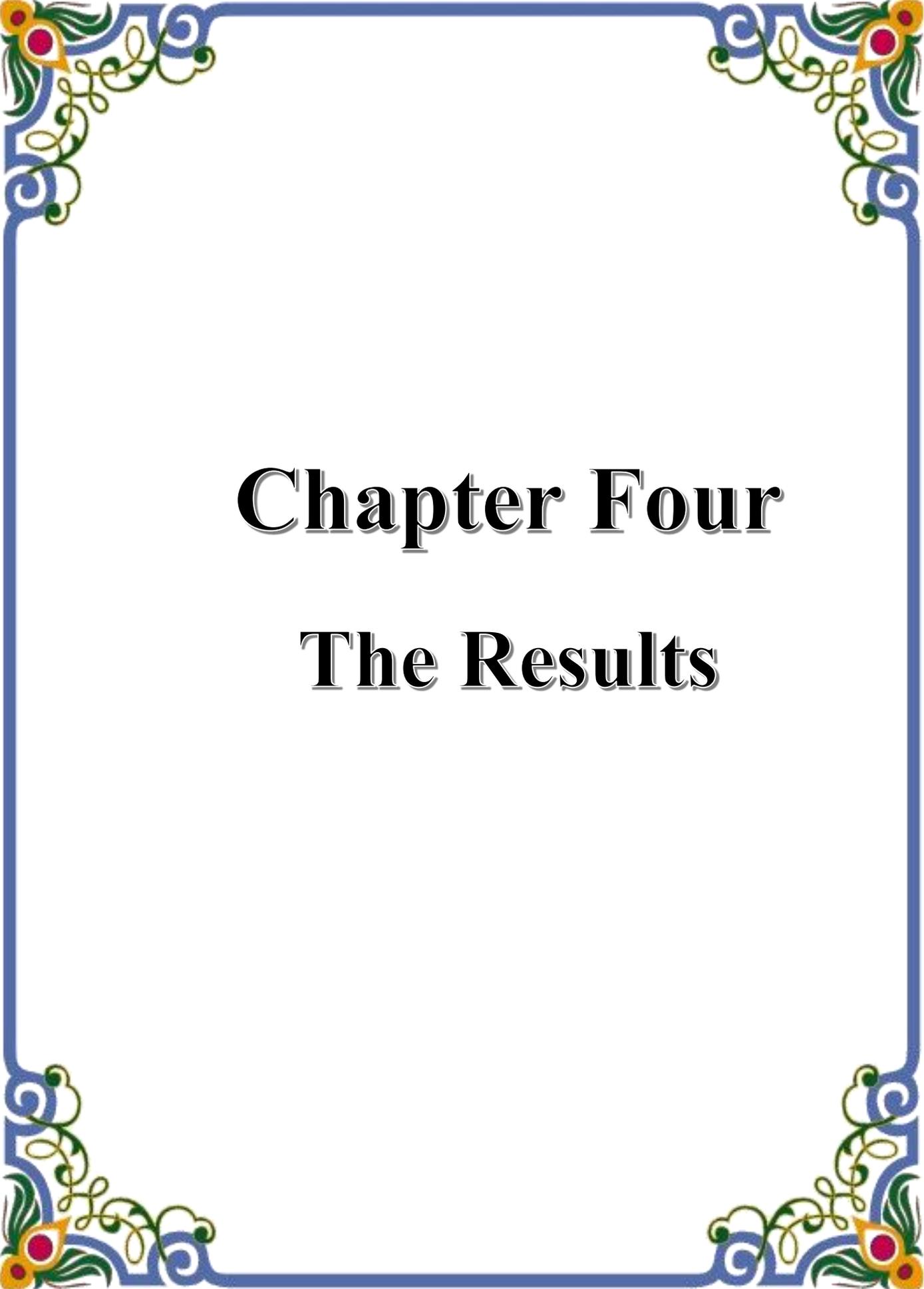
C- For the comparative significant (C.S.) abbreviations that were utilized:

- Non-significant at Probability value more than 0.05
- Significant at Probability value equal or less than 0.05
- Highly significant at Probability value equal or less than 0.01

3.14. Limitations of the study

Over the duration of the research period, the scholar encountered a variety of difficulties, including:

1. Difficulty in locating elementary schools due to their distance from one another and the absence of reliable locating information
2. There aren't enough local references, especially in Iraq, for the topic of the present study.
3. Because of social customs and security concerns, some middle and middle school principals refused the researcher's assistance
4. Low arrival of early married women to hospitals and primary health centers
5. Many married minors refused to participate in the study



Chapter Four

The Results

Chapter Four

Results of the Study

This section shows the current study's findings in tables and how they relate to the goals of the study as displayed in the tables:

Table 4-1: Demographic characteristic of wives

Wife information	Subgroup	f.	%
Age	11-17 Years	38	19.0
	18-24 Years	102	51.0
	25-31 Years	60	30.0
	Total	200	100.0
Min- Max 11- 31 Mean \pm SD 24.87 \pm 2.045			
Age at marriage	11-14 Years	46	23.0
	15-18 Years	154	77.0
	Total	200	100.0
Residence	Rural	61	30.5
	Urban	139	69.5
	Total	200	100.0
Housing	With the husband only	60	30.0
	With the husband's family	140	70.0
	Total	200	100.0
Educational level	Intermediary	107	53.5
	Secondary	87	43.5
	Institute	1	.5
	College	5	2.5
	Total	200	100.0
Monthly Income	Sufficient	81	40.5
	Barely Sufficient	73	36.5
	Not Sufficient	46	23.0
	Total	200	100.0
Occupation	Housewife	107	53.5
	Student	69	34.5
	Employer	24	12.0
	Total	200	100.0
Do you have children	Yes	152	76.0
	No	48	24.0
	Total	200	100.0
marriage type	Compulsory	56	28.0
	Optional	144	72.0
	Total	200	100.0
husband previously married	Yes	20	10.0
	No	180	90.0
	Total	200	100.0

Have you been abused by your partner	Yes	84	42.0
	No	116	58.0
	Total	200	100.0
Do you suffer from health problems	Menstrual irregularities	42	21.0
	Uterine disorder	31	15.5
	Anemia	58	29.0
	A Blood Pressure Disorder	24	12.0
	Osteoporosis	23	11.5
	Difficulty giving birth	22	11.0
	Total	200	100.0
Are the people around you supportive of you in everything you do in your married life?	Yes	112	56.0
	No	88	44.0
	Total	200	100.0
Did your husband force you to leave	The study	103	51.5
	Free business	97	48.5
	Total	200	100.0
Do you smoke	Yes	3	1.5
	No	197	98.5
	Total	200	100.0
Do you drink alcohol	Yes	0	0
	No	200	100.0
	Total	200	100.0
Do you use drugs abuse	Yes	0	0
	No	200	100.0
	Total	200	100.0

f= frequencies, %=Percentages

In table 1 the results showed the age for 200 participants at (51%) were from 18 to 24 years and age at marriage at (77%) from 15 to 18 years. Regarding the residency, the (69.5%) of the participants from urban area and the (70%) were living with the husband's family. According to the educational level the (53.5%) from the study samples with Intermediary certificate and the (40.5%) with sufficient monthly income. The results also shown the occupation at (53.5%) were housewife with children (76%) and Optional marriage (72%) and without husband previously married (90%) with people supportive in the married life (56%). The results also showed the (58%) not had violence by partner and the of the participants (29%) suffer from anemia health problems and without drinking or drugs abuse and just 3% were smoking.

Table 4-2: Demographic characteristic of husbands

Husband Information's	Subgroup	f.	%
Age	18-23 Years	49	24.5
	24-30 Years	91	45.5
	31-38 Years	60	30.0
	Total	200	100.0
Educational Level	Not Read And Write	12	6.0
	Primary	67	33.5
	Intermediary	63	31.5
	Secondary	19	9.5
	Diploma	7	3.5
	Bachelor's	32	16.0
	Total	200	100.0
Occupation	Earnar	130	65.0
	Student	8	4.0
	Employee	62	31.0
	Total	200	100.0
Does the partner smoke	Yes	98	49.0
	No	102	51.0
	Total	200	100.0
Does the partner drink alcohol?	Yes	6	3.0
	No	194	97.0
	Total	200	100.0
Does The partner use drugs?	Yes	1	.5
	No	199	99.5
	Total	200	100.0
Does the husband suffer from health problems	Yes	29	14.5
	No	171	85.5
	Total	200	100.0
Does the husband suffer from psychological problems	Yes	46	23.0
	No	154	77.0
	Total	200	100.0

f= frequencies, %=Percentages

In table 2 the results showed the age for 200 husbands at (45.5%) were from 24 to 30 years. According to the educational level the (33.5%) from the study samples with primary school certificate. The results also shown the occupation at (65%) were earner. The results also showed the less of the husbands (14.5%) suffer from health problems and (23%) suffer from psychological problems with drinking alcohol 3%, drugs abuse 0.5 % and 49% were smoking.

Table 4-3: Assessment of posttraumatic stress disorder:

Item		f.	%	Mean	SD	Eva.
1.Having “flashbacks,” that is, you suddenly acted or felt as if the stressful marriage experience was happening again.	Nev.	69	34.5	1.87	.734	M
	Som.	89	44.5			
	Alw.	42	21.0			
2. Feeling very emotionally upset when something reminds you of the experience of marriage.	Nev.	67	33.5	1.86	.716	M
	Som.	94	47.0			
	Alw.	39	19.5			
3- You try to avoid thoughts, feelings, or physical sensations that remind you of the experience of marriage.	Nev.	77	38.5	1.92	.825	M
	Som.	63	31.5			
	Alw.	60	30.0			
4- Thinking stressfully because you did something wrong or didn't do everything possible to prevent you from getting married.	Nev.	86	43.0	1.80	.789	M
	Som.	68	34.0			
	Alw.	46	23.0			
5. Having a very negative emotional state (for example, you experienced a lot of fear, anger, guilt, shame, or terror) after the experience of marriage.	Nev.	77	38.5	1.85	.771	M
	Som.	77	38.5			
	Alw.	46	23.0			
6- Loss of interest in activities that you used to enjoy before you went through the marriage experience.	Nev.	57	28.5	2.06	.793	M
	Som.	74	37.0			
	Alw.	69	34.5			
7- To be on high alert, or on high alert, when hearing about marriage.	Nev.	103	51.5	1.65	.749	L
	Som.	64	32.0			
	Alw.	33	16.5			
8- Feeling easily confused or startled when seeing or hearing the noise of a wedding party.	Nev.	117	58.5	1.57	.741	L
	Som.	53	26.5			
	Alw.	30	15.0			
9. You get so agitated or angry that you yell at others, fight or destroy things when you hear about marriage.	Nev.	114	57.0	1.65	.814	L
	Som.	43	21.5			
	Alw.	43	21.5			
Overall				1.80	.464	M

"Mean for total score, Standard Deviation for total score, frequencies, Percentages, Level of evaluation [Low= 1-1.66, Moderate= 1.67- 2.32, High= 2.33-3] Higher mean representing more complaints"

The results in table 3 showed the posttraumatic stress disorder were Moderate with mean 1.80 (Min- Max 1-3). And the high percentage in item number 6 with mean 2.06 while the less percentage in item 8 with mean 1.57.

Table 4-4: *Distribution the posttraumatic stress disorder levels:*

	Range	f.	%	Mean	SD
Low	9- 15	88	44.0		
Moderate	16- 21	89	44.5		
High	22- 27	23	11.5		
Total	9- 27	200	100.0	16.21	4.179

"Mean for total score, Standard Deviation for total score, frequencies, Percentages"

The results in table 4 showed distribution the posttraumatic stress disorder levels at most (44.5%) were Moderate with mean 16.21 (Min- Max 9- 27).

Table 4-5: *Assessment of the depression, anxiety and stress:*

Item		f.	%	Mean	SD	Eva.
1 I find it hard to relax and rest.	Nev.	40	20.0	2.13	.715	M
	Som.	95	47.5			
	Alw.	65	32.5			
2- I feel dry in my mouth.	Nev.	80	40.0	1.80	.750	M
	Som.	80	40.0			
	Alw.	40	20.0			
3 I didn't seem to be able to experience positive emotions at all.	Nev.	88	44.0	1.75	.750	M
	Som.	75	37.5			
	Alw.	37	18.5			
4- I feel difficulty in breathing (intensity of rapid breathing, panting without physical effort, for example).	Nev.	84	42.0	1.79	.763	M
	Som.	75	37.5			
	Alw.	41	20.5			
5 I find it difficult to take initiative in doing things.	Nev.	60	30.0	1.93	.722	M
	Som.	95	47.5			
	Alw.	45	22.5			
6- I tend to have an excessively strong reaction to circumstances and events.	Nev.	54	27.0	2.08	.783	M
	Som.	77	38.5			
	Alw.	69	34.5			
7- I feel a shiver (with the hands, for example).	Nev.	62	31.0	1.99	.780	M
	Som.	79	39.5			
	Alw.	59	29.5			
8 - I feel like I'm consuming too much of my ability to handle nervous tension.	Nev.	43	21.5	2.17	.758	M
	Som.	80	40.0			
	Alw.	77	38.5			
9- I am afraid of situations in which I may lose control of my temper and cause myself embarrassment.	Nev.	51	25.5	2.11	.782	M
	Som.	76	38.0			
	Alw.	73	36.5			
10 I feel like I have nothing to look forward to.	Nev.	81	40.5	1.81	.766	M
	Som.	76	38.0			
	Alw.	43	21.5			
11 - I feel restless and upset.	Nev.	63	31.5	1.90	.723	M

	Som.	94	47.0			
	Alw.	43	21.5			
12 - I find it difficult to calm down after being disturbed by something.	Nev.	50	25.0	2.06	.745	M
	Som.	89	44.5			
	Alw.	61	30.5			
13- I feel sad and distressed.	Nev.	42	21.0	2.07	.698	M
	Som.	102	51.0			
	Alw.	56	28.0			
14 I can't stand anything that will stand between me and what I want to do.	Nev.	62	31.0	1.96	.759	M
	Som.	85	42.5			
	Alw.	53	26.5			
15 I feel like I'm about to fall into a state of sudden terror for no reason.	Nev.	102	51.0	1.74	.830	M
	Som.	49	24.5			
	Alw.	49	24.5			
16. I lose enthusiasm for anything.	Nev.	54	27.0	1.99	.726	M
	Som.	95	47.5			
	Alw.	51	25.5			
17 I feel of little value as a person.	Nev.	113	56.5	1.61	.769	L
	Som.	52	26.0			
	Alw.	35	17.5			
18 - I feel like I tend to get angry quickly.	Nev.	43	21.5	2.17	.758	M
	Som.	80	40.0			
	Alw.	77	38.5			
19- I feel my heart beating without physical exertion (an increase in the heart rate, or an absence of a heartbeat, for example).	Nev.	83	41.5	1.85	.809	M
	Som.	65	32.5			
	Alw.	52	26.0			
20 - I feel fear without any convincing reason.	Nev.	64	32.0	1.95	.765	M
	Som.	83	41.5			
	Alw.	53	26.5			
21 - I feel that life has no meaning.	Nev.	75	37.5	1.88	.787	M
	Som.	74	37.0			
	Alw.	51	25.5			
Overall				1.94	.454	M

"Mean for total score, Standard Deviation for total score, frequencies, Percentages,

Level of evaluation [Low= 1-1.66, Moderate= 1.67- 2.32, High= 2.33-3] Higher mean representing more complaints"

The results of this table shows the depression, anxiety and stress were Moderate with mean 1.94 (Min- Max 1-3).

Table 4-6: Evaluation of the depression, anxiety and stress levels:

	Range	f.	%	Mean	SD
Low	21-35	61	30.5		
Moderate	36-49	103	51.5		
High	50-63	36	18.0		
Total	21-63	200	100.0	40.68	9.528

"Mean for total score, Standard Deviation for total score, frequencies, Percentages"

The results in table 6 showed distribution of the depression, anxiety and stress levels at most (51.5%) were Moderate with mean 40.68 (Min- Max 21-63).

Table 4-7: Assessment of the partner violence:

Item		f.	%	Mean	SD	Eva.
1. Have you been punched, kicked or beaten by your partner?	Nev.	113	56.5	1.55	.693	L
	Som.	64	32.0			
	Alw.	23	11.5			
2. Did you get a sprain, bruise, small cut or pain during a fight with your partner?	Nev.	120	60.0	1.51	.680	L
	Som.	59	29.5			
	Alw.	21	10.5			
3. Did your partner insult or yell at you?	Nev.	83	41.5	1.82	.788	M
	Som.	70	35.0			
	Alw.	47	23.5			
4. Is your partner disrespectful of your feelings on a particular issue that you do not agree with?	Nev.	80	40.0	1.86	.802	M
	Som.	68	34.0			
	Alw.	52	26.0			
5. Has your partner pushed or slapped you?	Nev.	103	51.5	1.62	.707	L
	Som.	71	35.5			
	Alw.	26	13.0			
6. Does your partner destroy something that belongs to you?	Nev.	115	57.5	1.56	.720	L
	Som.	58	29.0			
	Alw.	27	13.5			
7. Your partner threatens you with a life-threatening instrument?	Nev.	164	82.0	1.26	.595	L
	Som.	20	10.0			
	Alw.	16	8.0			
8. Your partner hits you so hard that you scream so hard?	Nev.	134	67.0	1.44	.685	L
	Som.	44	22.0			
	Alw.	22	11.0			
9. Your partner throws harmful things at you and causes physical harm	Nev.	150	75.0	1.34	.628	L
	Som.	33	16.5			
	Alw.	17	8.5			
10. Your partner disrespects you in front of people	Nev.	119	59.5	1.55	.735	L
	Som.	52	26.0			
	Alw.	29	14.5			
Overall				1.55	.544	L

"Mean for total score, Standard Deviation for total score, frequencies,
Percentages,

Level of evaluation [Low= 1-1.66, Moderate= 1.67- 2.32, High= 2.33-3]

Higher mean representing more complaints"

The results in table 7 showed the assessment of the partner violence level were low with mean 1.55 (Min- Max 1-3).

Table 4-8: Evaluation of the partner violence levels:

	Range	f.	%	Mean	SD
Low	10-16	124	62.0		
Moderate	17-23	57	28.5		
High	24-30	19	9.5		
Total	10-30	124	62.0	15.50	5.437

"Mean for total score, Standard Deviation for total score, frequencies,
Percentages"

The results in table 8 showed the partner violence levels at most (62%) were low with mean 15.50 (Min- Max 10-30).

Table 4-9: Assessment of the academic performance:

Item		f.	%	Mean	SD	Eva.
1. K. is absent from lessons due to fatigue resulting from housework, which affects K's concept academic	Nev.	73	36.5	1.79	.686	M
	Som.	97	48.5			
	Alw.	30	15.0			
2. Failing to do school assignments due to being tired from housework	Nev.	76	38.0	1.82	.742	M
	Som.	84	42.0			
	Alw.	40	20.0			
3. You do not participate in the class because you are tired from working at home	Nev.	82	41.0	1.84	.794	M
	Som.	69	34.5			
	Alw.	49	24.5			
4. I do not study well because of the pressure of the partner in work that does not concern me	Nev.	111	55.5	1.62	.761	L
	Som.	55	27.5			
	Alw.	34	17.0			
5. I was absent from the study due to (illness, pregnancy,.....)	Nev.	66	33.0	2.01	.818	M
	Som.	67	33.5			
	Alw.	67	33.5			
6. I miss lessons because juggling home and school work is stressful	Nev.	69	34.5	1.91	.767	M
	Som.	81	40.5			
	Alw.	50	25.0			
Overall				1.83	.607	M

"Mean for total score, Standard Deviation for total score, frequencies,
Percentages,

Level of evaluation [Low= 1-1.66, Moderate= 1.67- 2.32, High= 2.33-3]
Higher mean representing more complaints"

The results in table 9 showed assessment of the the problems in the academic performance were Moderate with mean 1.83 (Min- Max 1-3).

Table 4-10: *Evaluation of the academic performance levels:*

	Range	f.	%	Mean	SD
Low	6-10	89	44.5		
Moderate	11-14	72	36.0		
High	15-18	39	19.5		
Total	6-18	200	100.0	10.97	3.640

"Mean for total score, Standard Deviation for total score, frequencies, Percentages"

The results in table 10 showed distribution the problems in the academic performance levels at most (44.5%) were low with mean 10.97 (Min- Max 6-18).

Table 4-11: *Overall evaluation at psychosocial health:*

	Mean	SD	Eva.
Posttraumatic stress disorder	1.80	.464	M
Depression, anxiety and stress	1.94	.454	M
Partner violence	1.55	.544	L
Academic performance	1.83	.607	M
Overall psychosocial health	1.78	.405	M

"Mean for total score, Standard Deviation for total score, frequencies, Percentages,

Level of evaluation [Low= 1-1.66, Moderate= 1.67- 2.32, High= 2.33-3] Higher mean representing more complaints"

The results in table 11 showed the assessment of the psychosocial health were Moderate with mean 1.78 (Min- Max 1-3).

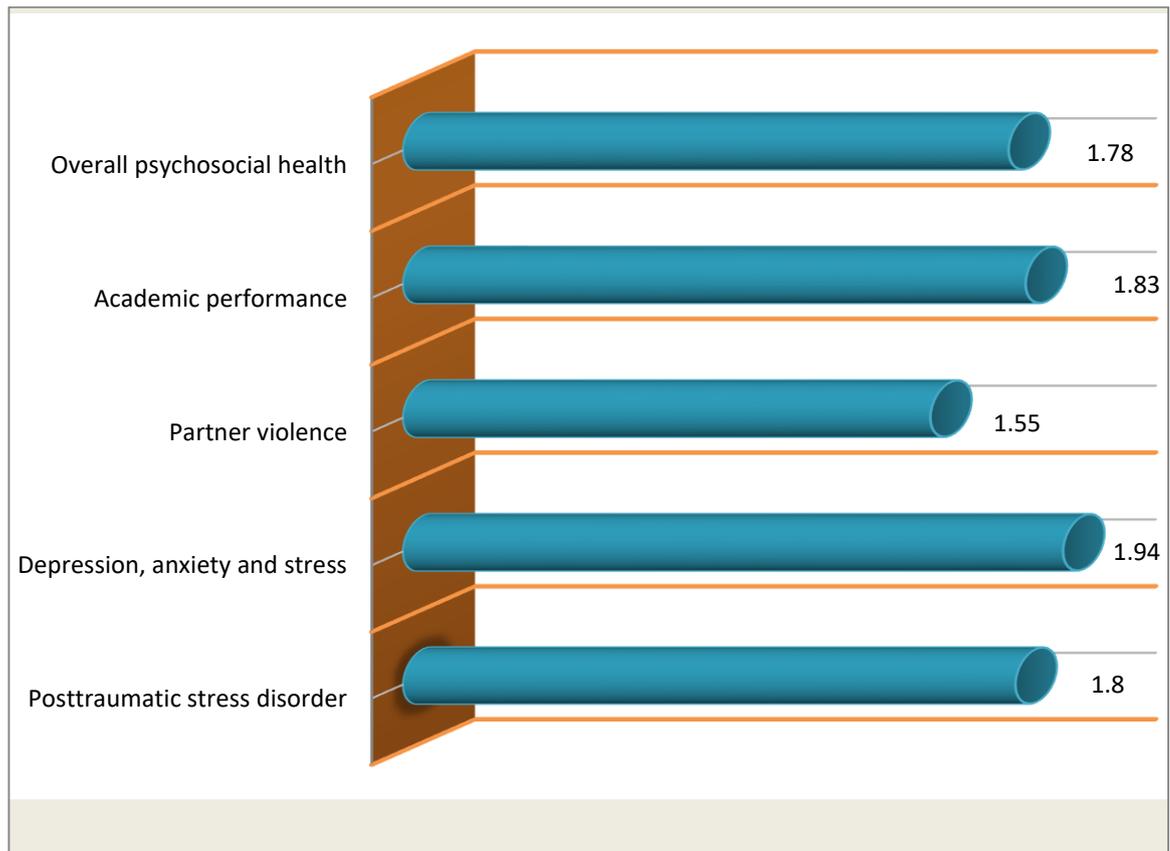


Figure (4-1): Assessment of the psychosocial health.

Table 4-12: Evaluation of the psychosocial health level levels:

	Range	f.	%	Mean	SD
Low	46-76	73	36.5		
Moderate	77-107	104	52.0		
High	108-138	23	11.5		
Overall	46-138	200	100.0	83.35	18.525

"Mean for total score, Standard Deviation for total score, frequencies, Percentages"

The results in table 12 showed distribution the the problems in the psychosocial health levels at most (52%) were Moderate with mean 83.35 (Min- Max 46-138).

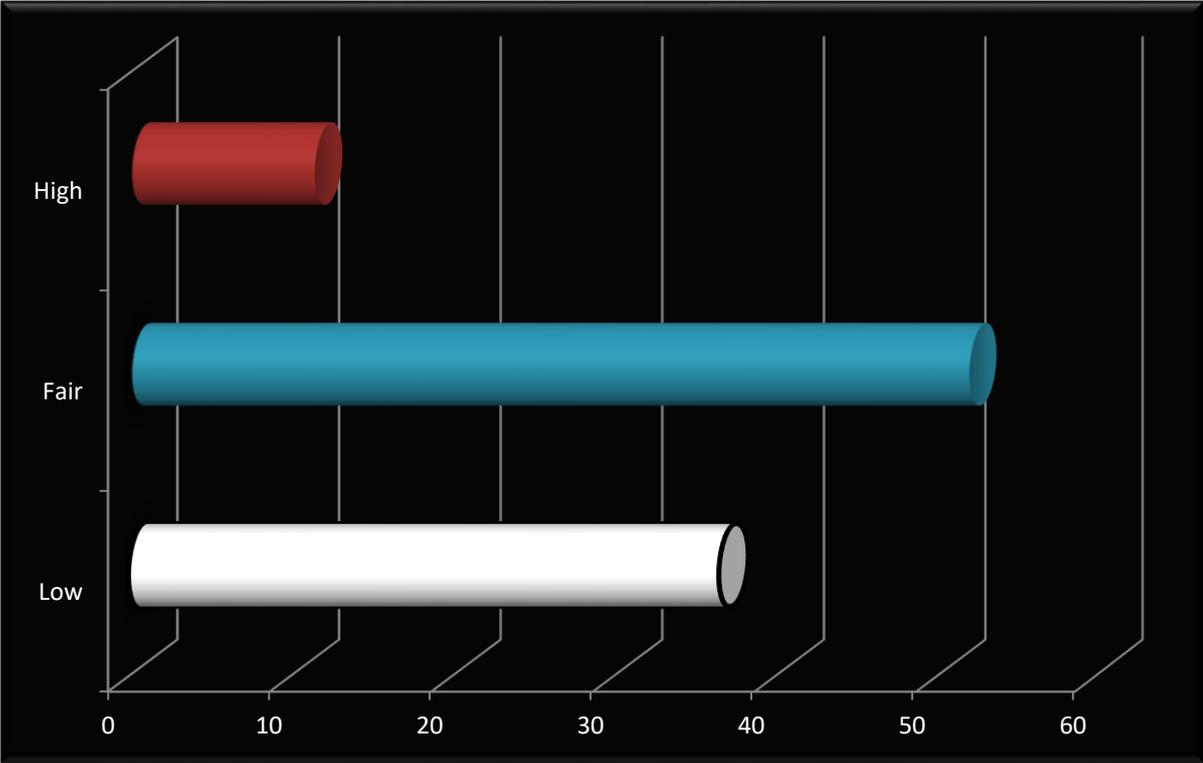


Figure (4-2): Evaluation of the psychosocial health levels.

Table 4-13: *The Association between demographic data of the participants and psychosocial health*

Wife information	Subgroup	M	SD	Analysis	P. value
Age	11-17 Years	1.80	.407	Cc= - .001-	.990
	18-24 Years	1.79	.426		
	25-31 Years	1.75	.372		
	Total	1.78	.405		
Age at marriage	11-14 Years	1.84	.414	t=1.208	.228
	15-18 Years	1.76	.402		
	Total	1.78	.405		
Residence	Rural	1.88	.418	t=2.396	.018
	Urban	1.73	.392		
	Total	1.78	.405		
Housing	With the husband only	1.75	.372	t=-.600-	.549
	With the husband's family	1.79	.419		
	Total	1.78	.405		
Educational level	Intermediary	1.83	.429	F=1.737	.048
	Secondary	1.73	.376		
	Institute	1.79	.		
	College	1.54	.213		
	Total	1.78	.405		
Monthly Income	Sufficient	1.67	.377	F=9.643	.000
	Barely Sufficient	1.78	.334		
	Not Sufficient	1.98	.478		
	Total	1.78	.405		
Occupation	Housewife	1.86	.431	F=4.740	.010
	Student	1.69	.366		
	Employer	1.67	.321		
	Total	1.78	.405		
Do you have children	Yes	1.78	.400	t=.391	.696
	No	1.76	.423		
	Total	1.78	.405		
Marriage type	Compulsory	2.08	.374	t=7.321	.000
	Optional	1.66	.355		
	Total	1.78	.405		
Husband previously married	Yes	1.71	.323	t=-.751-	.454
	No	1.79	.413		
	Total	1.78	.405		
Have you been abused by your partner	Yes	2.04	.339	t=9.300	.000
	No	1.59	.340		
	Total	1.78	.405		
Do you suffer from health problems	Menstrual irregularities	1.90	.390	F=1.387	.231
	Uterine disorder	1.68	.367		

	Anemia	1.73	.405		
	Blood Pressure	1.82	.440		
	Osteoporosis	1.81	.445		
	Difficulty giving birth	1.76	.385		
	Total	1.78	.405		
Are the people around you supportive of you in everything you do in your married life?	Yes	1.62	.351	t=-6.733-	.000
	No	1.98	.385		
	Total	1.78	.405		
Did your husband force you to leave	The study	1.86	.431	t=2.847	.005
	Free business	1.70	.360		
	Total	1.78	.405		
Do you smoke	Yes	1.76	.638	t=-.061-	.951
	No	1.78	.403		
	Total	1.78	.405		

probability value; Non-Significant at $P > 0.05$; Significant at $P < 0.05$; Highly Important at $P < 0.01$

In table 13 the results showed there were highly significant statistical differences between psychosocial health with their monthly income, marriage type, had abused from the partner and people supportive in the married life at $p < 0.01$. The results also showed there were significant statistical differences between psychosocial health with their residence, educational level, occupation and husband force you to leave at $p < 0.05$.

Table 4-14: Association between demographic of data (husbands) and psychosocial health

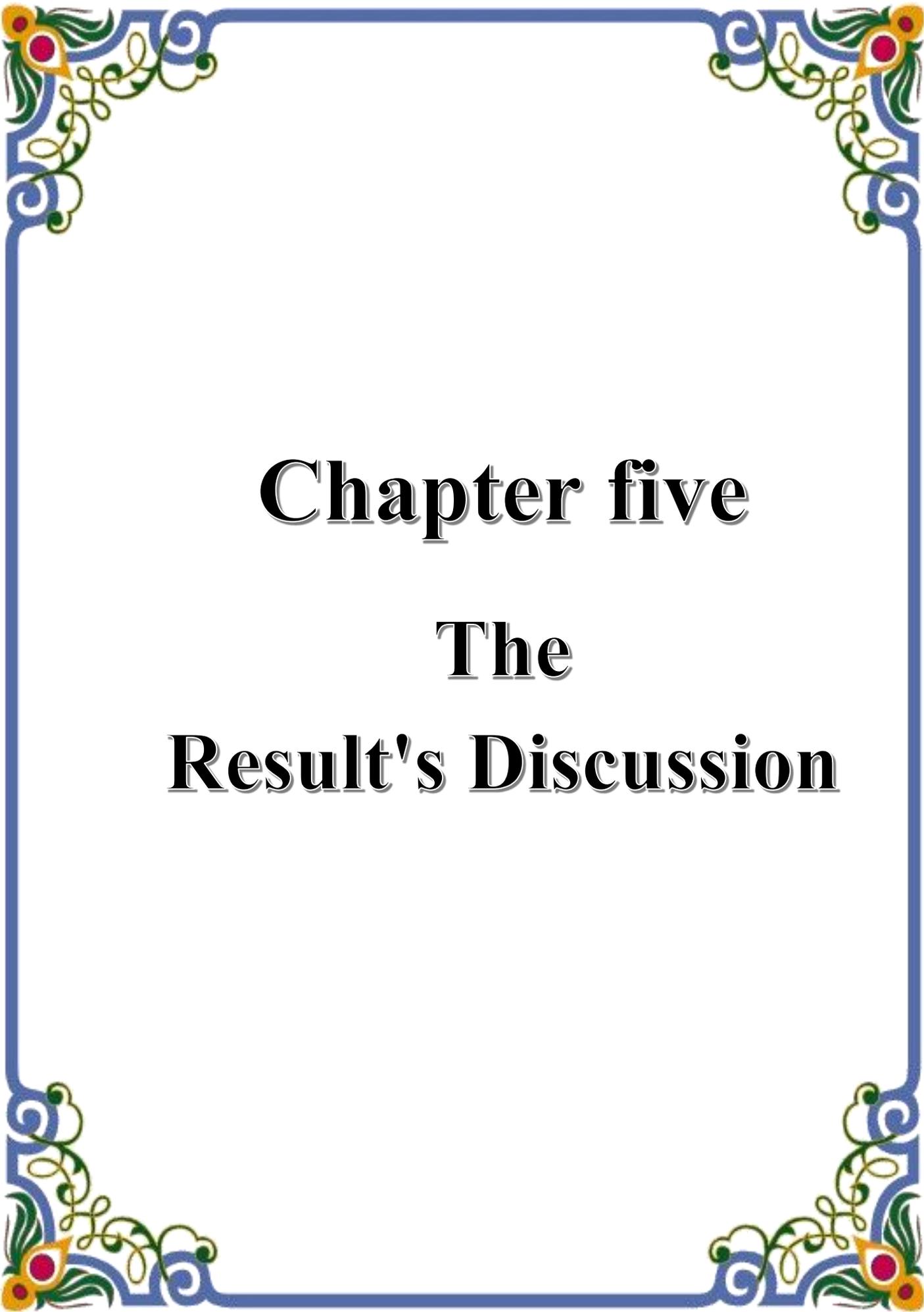
Husband Information's	Subgroup	M	SD	F	P. value
Age	18-23 Years	1.65	.374	3.717	.026
	24-30 Years	1.84	.416		
	31-38 Years	1.78	.395		
	Total	1.78	.405		
Educational Level	Not Read And Write	1.93	.502	.937	.458
	Primary	1.82	.391		
	Intermediary	1.76	.396		
	Secondary	1.66	.404		
	Diploma	1.70	.358		
	Bachelor's	1.75	.426		
	Total	1.78	.405		

Occupation	Earner	1.80	.404	.786	.457
	Student	1.74	.575		
	Employee	1.73	.384		
	Total	1.78	.405		
Does the partner smoke	Yes	1.81	.385	t=1.004	.317
	No	1.75	.424		
	Total	1.78	.405		
Does the partner drink alcohol?	Yes	2.01	.458	t=1.434	.043
	No	1.77	.402		
	Total	1.78	.405		
Does the husband suffer from health problems	Yes	1.95	.458	t=2.559	.011
	No	1.75	.389		
	Total	1.78	.405		
Does the husband suffer from psychological problems	Yes	1.83	.389	t=.999	.319
	No	1.76	.410		
	Total	1.78	.405		

probability value; Non-Significant at $P > 0.05$; Significant at $P < 0.05$; Highly Significant

at $P < 0.01$

In table 14 the results showed there were significant statistical differences between psychosocial health with their age, alcohol drink and suffer from health problems at $p < 0.05$.



Chapter five

The

Result's Discussion

Chapter Five

Discussion

5.1. Introduction

This chapter deals with the details of the study discussion and interpretation which is reasonably derived from the results of the study with supporting evidence as available in literatures and related studies.

5.1. Demographic Characteristics of the Study

A. Age

Table (4-1) Age According to the results of this study showed that the halfe percentage of business participants in this study ranged between (18-24) years less than quarter of sample age years . The result study is not consistent with the study (**kasu M., et al. 2018**) which found that the highest percentage of this study was in the age group (36-49) years, where its percentage was (27.0).

Additionally, this results in early school graduation and disastrous early pregnancy, negatively altering the life of the female in many different ways. Male dominance, parents' ignorance, and social pressures are only a few of the many variables that influence early marriage. Because they are denied the right to communicate or contribute, women are more susceptible to psychiatric illnesses (**Ahmed S, et al. 2013**).

B. Age at Marriage

According to the age at marriage, the current study revealed that there is a high prevalence of early marriage, which was within the age group (15-18), where the percentage was (77.0) of the participants in the study, and that the age group (11-14) was the percentage (23.0), as the number varies

between urban and rural residents. The outcomes of this study are in agreement with those of the research done by (kaso M., et al. 2018).

Because of the customs and traditions in some societies, as well as because of the economic and living conditions, and that she is young in age and unaware of her decisions and does not have complete knowledge about marriage, which makes her subject to early marriage decisions.

C. Residence

In terms of housing, both rural and urban regions were included in the study, and it was discovered that the proportion is higher in urban than in rural areas. The percentage of early marriage in urban areas is (69.5) and the percentage of rural areas was found (30.5). These findings of the study have been found to be consistent. Through a study (kaso M., et al. 2018), where it was found that early marriage in urban areas is higher than in rural areas, where the percentage was (79.2), it was also found that the results of study do not apply to the study found (Hamid A. et al. 2018), The prevalence of early marriage is higher in rural areas than in urban areas, where the percentage was (50.85).

Early marriage for girls in the city is a common phenomenon at the present time due to social changes, which is considered one of the factors that contributed to the increase in the rate of early marriage for girls in the city, as girls seek to marry at an early age for social and cultural reasons as well as urbanization and culture because the city is considered a center of urbanization And culture, and this makes girls look for marriage at an early age because it is considered an indicator of maturity and urbanization, as well as because of the social pressures that girls in the city face great social pressure to marry at an early age, as they are encouraged to marry through the family and society.

D. Housing

In terms of housing, the results of our study found that the wife lives with the husband's family higher than she lives with the husband, as the percentage of living with the husband's family was (70.0), while the percentage of living with the husband was (30.0).

Some married women live in the city with their husband's family because of financial conditions, the husband and wife may not be able to live on their own, Therefore, living with the husband's family is an economic solution, as well as traditions and culture. Some traditions and cultures in some Arab societies are among the reasons that make a married woman live with her husband's family, as this is common in some societies. At the same time, social support can be living with the husband's family. Useful for a married woman in terms of obtaining social and family support, especially if she is a newly married woman and some wives have the desire to provide for the preservation of traditions. Living with the husband's family can be a way to preserve family traditions and customs, and this can be important for some families and a good relationship with the husband's family.

E. Educational level

The educational level of the women participating in our study, it was found that the largest sample had an average level of education, as their percentage was (53.5).

The married girl is in the intermediate school stage, due to the pressures of the family, as well as the husband, the responsibilities of the children, pregnancy, or the diseases she is going through. Being young in age, she cannot bear the pressures of work, which causes her diseases, so she is unable to reconcile between study and family responsibilities, so she has finished her studies in intermediate stage.

f. Monthly Income

As for the family's monthly income in this study, it was found that the highest percentage of the sample's monthly income was sufficient for the family, as it was (40.5), while the percentage of the family's monthly income was barely sufficient, as it amounted to (36.5). And that the monthly income of the family is insufficient, the rate was (23.0).

The result of this study do not agree with the result of a study conducted in Egypt. Early marriage and the associated health consequences among Female Children where the results indicated that the monthly income is not sufficient for the family, and the percentage was (76.0) (**Abd-El- M, et al., 2019**).

This is because, after marriage, the responsibilities are greater for the family, which makes the family's financial expenditure in abundance, and the fact that the wife is young in age, so she is exposed to many diseases, and this increases the financial expenditure of the family and when children are born, the financial effort increases, which leads to the family being unable to spend due to the poor financial condition.

Even if the majority of the population was reasonably well off in terms of money, early marriage among females was one of the key reasons for this. Those families that enjoy stable financial conditions want to select their wife from an affluent background. Girls from poor backgrounds who want to date wealthy boys would want to do so (**Matlabi H, et al. 2013**).

G. Occupation

It is the main occupation of mothers who married at a young age, which was found in the study, was a housewife, as the percentage of it was (53.5), and the profession of married mothers was also found as students, as the percentage of it was (34.5) as well. The profession of married mothers was

found to be employed, with a percentage of (12.0). This study agrees with a (Mullik M., *et al* ,2016) study conducted in Bangladesh about marriage and other psychological stressors in the causes of mental disorder, where the percentage was (63.7).

The wife is a housewife, because the requirements of marital and family life require a great effort from the wife, and thus the wife is unable to control all the requirements of daily life. Thus, the study needs full time and an increase in the daily effort in order to gain success in the study, so the wife resorts to leaving the study. Because she is unable to harmonize between studies and the requirements of her husband, family and home.

It is clear that a girl who marries young loses her entitlement to an education, and that she is unable to work or express her desire to do so. According to the research, having a young child or being married have an adverse influence on finding a job (**Duran, S., *et al.* 2019**).

H. Do you have children

In terms of the presence of children for married women in this study, it was found in that early married women have children, as the percentage of results was (76.0), while married women who do not have children, the percentage of results for them was (24.0).

A married woman who got married at a young age may have a strong desire to have children and start a family, and a young married woman may have a desire to start a family and family stability in general. Since early marriage occurs most of the time in traditional societies, starting a family is an important goal for many wives.

I. Marriage type

As for marriage, it is compulsory or optional. shows whether marriage is optional or compulsory. The study showed that marriage was optional, with a percentage of (72.0), while some women married compulsorily, where the percentage was (28.0).

Because of the customs and traditions in some societies that encourage marriage at an early age, as well as the economic situation and receive great encouragement from the family for marriage, the girl is subjected to early marriage, which negatively affects her future life.

J. Husband previously married

On the one hand, the husband is previously married or not in this study, it was found that the husband had not been married previously, as the percentage of her marriage was (90.0), but the husband was previously married, as the percentage of her marriage was (10.0).

The husband is not previously married for various reasons, such as not being ready for marriage in a previous period, not finding a suitable partner, or looking forward to completing the future of his life, so the husband is not married.

k. Have you been abused by your partner

In terms of the wife's exposure to abuse by the partner in this study, it is shown where the wife is not subjected to abuse by the husband, as the percentage was (58.0), but the wife was subjected to abuse by the partner, as the percentage was (42.0).

Teenage females who get married are less respected in society and more likely to face domestic abuse. They frequently aren't allowed to pursue

chances in school, work, or entrepreneurship. Last but not least, the child bride will experience societal injustice (**Susilo, S., et al.2021**).

L. Do you suffer from health problems

As for the wife suffering from health problems, in this study it was found that early married women suffer from health problems, the most important and most prominent of which is anemia, where the percentage reached (0.29) and that she suffers from other diseases, as the percentage of these diseases is (Menstrual irregularities.21.0, Uterine disorder.15.5 , A Blood Pressure Disorder.12.0, Osteoporosis.11.5 , Difficulty giving birth .11.0) As the results of our current study do not agree with a study conducted in Egypt: prevalence, health and social risk and attitudes towards early marriage among married women (**Hamed A, et al., 2018**).

An early marriage suffers from many health problems, including anemia. This is because of early pregnancy. If pregnancy occurs at an early age, the body is not yet fully developed and does not have the ability to withstand the physical and psychological stress that occurs during pregnancy. This may lead to deficiencies in iron, vitamins and other nutrients that affect blood health. At the same time, the pressures of marital life, the early married woman suffers from the pressures of marital life and excessive responsibility, which leads to her exposure to extreme stress and fatigue, and this negatively affects her general health and the health of her blood. As well as the lack of health care, the married woman may have an early marriage with a lack of awareness of the importance of health care, which leads to the failure to carry out the necessary medical examinations that help in the early detection of any health problems.

Pregnant women are more prone to have problems, delivery issues, and maternal mortality, which raises the risk of neonatal death, preterm or underweight newborns, and negative health outcomes (Ahmed S, et al. 2013).

M. Are the people around you supportive of you in everything you do in your married life

As for the support of the people around the wife, it was found in our study that the people around early married women support her, as the percentage of them was (56.0) and that the percentage of people who do not support the wife is (44.0).

Support and assistance from those around the married woman in the event of early marriage can be the result of many factors, and this support can help make this step easier for the married woman and make her feel confident in her decision.

N. Did your husband force you to leave

Our study also showed that marriage forced the wife to leave school after marriage, as the percentage reached (51.5).

A married woman in the event of early marriage suffers greatly due to dropping out of school, because she may lack the education and skills necessary to achieve professional and financial success in the future. Early marriage may have occurred due to the lack of other options for the married woman, such as poverty or social pressures, and this leads to dropping out of school and focusing on marital life. Difficulty in managing her marital and family life.

It is clear that a girl who marries young loses her entitlement to an education, and that she is unable to work or express her desire to do so.

According to the research, having a young child or being married have an adverse influence on finding a job

O. smoking, alcohol and drug

With regard to smoking, alcohol abuse and drug abuse in this study, it was found in the study that she does not smoke by (98.5), and our study also showed that she does not drink. alcohol by (100), and it was also found that she does not use drugs by (100). These result of the study agree with the result of study conducted at Tabriz University of Medical Sciences on Elements of Early Marriage and its Impact on Depression: A Population-Based Study (**Aziz H. et al. 2020**).

All married women in the event of early marriage do not smoke, do not drink alcohol, and also do not use drugs, as this depends on the culture, religion, customs and traditions in the society in which the married woman lives. However, early marriage can have a role in preventing a married woman from smoking, consuming alcohol, or taking drugs.

4-2. Distribution of the husband information's

A. Age

As for the distribution of the husband's information in this study in Table (4-2), the ages of the married ranged between (24-30), where the percentage was (45.5), while the age group (18-23) the percentage was (24.5), and the age group (31-38), her percentage was (30.0).

In this age period, the man has passed the stage of searching for the right partner and has found the right person for him, which makes him feel emotionally stable and secure. In this same period, the man may have obtained a good job and be able to bear the financial responsibilities of marriage and founding a family.

B. Educational level

In terms of the educational level, the study showed that most of the participants in the study had a primary education level, where the percentage was (33.5), while the percentage of other levels was (Not Read and Write. 6.0, Intermediary. 31.5, Secondary.9.5, Diploma. 3.5, Bachelor's .16.0).

The man has an elementary level of education, and they tend towards marriage, because of the pressures of daily life and difficult living pressures, so the person resorts to dropping out of school.

C. Occupation

As for the profession, our study revealed that married couples do not have a work profession in which they work, as the percentage was (65.0), and the percentage of students among them was small, as the percentage was (4.0), while the percentage of employees among them was (31.0).

The husband is an earner who does not have a job opportunity or a specific job, because of leaving school, and he does not have any educational certificate in order to obtain a job through it .

D. Does the partner smoke

Our study showed that it was found that the married ones had the highest percentage of non-smokers, as the percentage reached (51.0), while the percentage of those who smoke was (49.0).

Smoking is considered a bad habit, and smoking can lead to many chronic diseases such as cancer, cardiovascular diseases, and the respiratory system, and this may lead to a deterioration in the husband's general health and thus affect marital life. And the smell of smoking can be unpleasant to the other partner, and this can affect the quality of marital life. It also affects

the health of children and increases the risk of respiratory infections, allergies and other health problems .

E. Does the partner drink alcohol

Our study also showed that the highest percentage of participants did not drink alcohol, as the percentage was (97.0), while the percentage of those who drank alcohol was (3.0).

It could be that the husband follows a religion that prohibits the consumption of alcohol, such as Islam, so he does not drink alcohol. Likewise, for the sake of health, the husband may have decided not to consume alcohol for health reasons, as alcohol consumption negatively affects health and increases the risk of developing heart and liver diseases and malignant tumors.

f. Does The partner use drugs

Our study also showed that the participants did not use drugs, as the percentage was (99.5), while the percentage of those who used drugs was (0.5).

He wants to pay attention to mental health. The husband believes that drug use negatively affects mental health and social relationships, and therefore wants to avoid it. Respect for others The husband wishes not to disturb others with the effects of drug use as well he wants to respect the laws The husband wants to comply with the laws that prohibit drug use in some public places, and thus refrain from using it .

H. Does the husband suffer from health problems

The largest percentage of the participants do not suffer from health problems, as the percentage was (85.5).

When the husband does not take drugs, does not take alcohol, does not smoke, and maintains his health by eating healthy food, doing daily exercises and taking vitamins, this may help him maintain his health and avoid some health problems .

1. Does the husband suffer from psychological problems

The largest percentage of the participants do not suffer from psychological problems, as the percentage was (77.0).

The husband does not suffer from psychological problems through self-care, healthy nutrition, good sleep, exercise, maintaining healthy social relations, and dealing with challenges and pressures in a positive way. Through this, the husband can maintain his mental health .

4-3. Assessment of posttraumatic stress disorder

The results of our study showed in Table (4-3) the effect of early marriage on PTSD was moderate with an average of 1.80 and the highest percentage with an average of 2.06 while the lowest percentage with an average of 1.57.

Early marriage affects the life of the wife, which causes her trouble because of the great effort or responsibility, or the husband's treatment of cruelty, or forcing the wife to do something or leave something, which causes her trouble, and also perhaps the treatment of the husband's family is different from the treatment of the family, which causes trouble for the girl.

4-4. Distribution the posttraumatic stress disorder levels

The results in Table (4-4) showed that the effect of early marriage on post-traumatic stress disorder was moderate, with a rate of (44.5). While the lowest effect of early marriage on PTSD was (44.0), the remaining was (11.5), which represents the highest effect of early marriage on PTSD.

The results of our study are consistent with the study conducted by (Wondie Y, et al., 2011) Early Marriage and Rape, Child Prostitution, and Related factors.

Determining the psychological and social impact, where the percentage the effect of early marriage on post-traumatic stress disorder (47.0).

Early marriage is one of the main causes of psychological disorders and post-traumatic stress disorder. Early marriage can affect individuals in different ways and can lead to serious psychological disorders in the future.

Among the negative effects of early marriage is the lack of psychological and emotional readiness to deal with marital and family responsibilities. This can lead to an increased level of stress, anxiety and stress, thus increasing the possibility of developing PTSD .

4-5. Assessment of the depression, anxiety and stress

The results of our study showed in Table (4-5) the effect of early marriage on depression, anxiety and tension was moderate with an average of 1.94.

Adolescent females faced a significant chance of developing anxiety, depression, or suicidal thoughts at a young age, in part due to the lack of status, power, support, and control over their own life that they experienced (Susilo, S., et al.2021).

4-6. Evaluation of the depression, anxiety and stress levels

The results in Table (4-6) showed that the effect of early marriage on the levels of depression, anxiety and tension was moderate, with a rate of (51.5). While early marriage had the least effect on levels of depression, anxiety, and stress (30.5), the remaining percentage was (18.0), which

represents the highest effect of early marriage on levels of depression, anxiety, and stress.

Where the results of our current study agree with the results of the study conducted at the University of Lagos, the impact of teenage pregnancy and early marriage on the psychological and social well-being of pregnant teenage girls: the social effects, where the ratio was (48.39). (**Emeri B et al. 2022**).

While the results of our current study do not agree with the results of a study conducted in Iran the elements of early marriage and its impact on depression, where the result was (60.0) (**Azizi H. et al. 2020**).

Women who marry at an early age feel pressured and tense because of taking on marital and family responsibilities at an early age. They can also feel anxious because of the inability to achieve their personal and professional goals due to marital obligations, when they get married at an early age, they feel depressed because of the inability to adapt to marital and family challenges, and they may feel disappointed and frustrated if they cannot achieve their expectations .

Adolescent females were more likely to have anxiety, sadness, or suicide thoughts when they were younger, in part because they lacked status, power, support, and control over their own lives (**Susilo, S.,et al. 2021**).

4-7. Assessment of the partner violence

The results of our study presented in Table (4-7) showed that the evaluation of the impact of early marriage on the level of partner violence was low, with an average of 1.55.

Teenage females who get married are less respected in society and more likely to face domestic abuse. They frequently aren't allowed to pursue

chances in school, work, or entrepreneurship. Last but not least, the child bride will experience societal injustice (**Susilo, S.,et al. 2021**).

The majority of the time, parents, other family members, or local authorities arrange these girls' weddings. Earlyly married women may also be more likely to encounter violence from their husbands or in-laws, however this is not entirely unexpected given that teenage women are more likely to have older spouses and have greater influence over their husbands' and in-laws' decision-making (**Ahmed S, et al. 2013**).

4-8. Evaluation of the partner violence levels

The results showed in Table (4-8) that the effect of early marriage on the levels of partner violence was low, with a rate of (62.0). While the average effect of early marriage on levels of partner violence was (28.5), the remaining percentage was (9.5), which represents the highest effect of early marriage on levels of partner violence.

The results of our current study do not agree with the study conducted by (**Adhikari R.2018**). Child marriage and physical violence: result from nationally representative study in Nepal where the percentage effect of marriage on partner violence was (34.0)

There may be a connection between EM and psychological well-being thanks to a number of processes. Evidence shows that, compared to girls who marry at the right age or as adults, EM often exposes girls to increased risk of intimate partner abuse, less communication with the husband or spouse, lack of information about regulating fecundity, poor decision-making authority, and limited access to resources (**Azizi H, et al.2020**).

4-9. Assessment of the academic performance:

The results of our community study showed in Table (4-9) that the evaluation of the impact of early marriage on academic performance problems was moderate with an average of 1.83.

The current survey reveals that girls' school dropout was most frequently cited as being caused by marriage. Overall, once females finish the fifth or sixth grade, the chance of school abandonment due to marriage increases. Girls are more likely to drop out during the seventh and eighth grades than during the ninth and tenth. The data also shows that married girls in Nepal between the ages of 15 and 17 are 10 times more likely to drop out of school than their unmarried counterparts (**Sekine, K., et al. 2014**).

Early marriage is one of the factors affecting the academic performance of women. When they marry at an early age, they may face difficulties reconciling marital, family and educational responsibilities.

A woman who gets married at an early age may find it difficult to manage her time between studies and married life, and this could lead to a decline in academic performance and lack of required academic achievement.

4-10. Evaluation of the academic performance levels

The result in Table (4-10) showed that the effect of early marriage on problems in academic performance levels was low, with a rate of (44.5). While the average effect of early marriage on problems in academic performance levels was (36.5), the remaining percentage was (19.5), which represents the highest effect of early marriage on problems in academic performance levels.

The results of our current study are consistent with those of a study conducted in Nepal (**Hodgkin M, et al. 2017**) Effect of child marriage on

girls' school dropout in Nepal, where the percentage of the impact of early marriage on levels of academic performance was (42.8).

Early marriage greatly affects the underage wife in terms of the educational level, as she is unable to reconcile the family's efforts, requirements, study requirements and preparations, as well as pregnancy and children negatively affect her being young in age, which leads to dropping out of school .

4-11. Overall evaluation at psychosocial health

The results showed in Table (4-11) that the evaluation of the influence of early marriage on the psychological state and social health was moderate with an average of 1.78 where were the results Posttraumatic stress disorder.1.80, Depression, anxiety and stress. 1.94, Partner violence. 1.55, Academic performance. 1.83).

The results also showed that early marriage has an impact on underage women, which causes disturbances for underage girls, because they are unable to manage household matters and family responsibilities. It also affects her psychological state because of the great effort, thinking and ill-treatment, which causes her anxiety and depression. Also, when the partner treats her badly, this is reflected on her. Her psychological condition affects her a lot because her age is young and does not match the amount of violence by the partner, as well as the requirements of the partner. At the same time, early marriage directly affects her level of education. She is unable to reconcile between the needs of the home and family and the requirements of the husband, children and studies, which causes her to drop out of school.

4-12. Evaluation of the psychosocial health level levels

The results in Table (4-12) showed that the impact of early marriage on problems in the levels of psychological and social health was moderate, with a percentage of (52.5). While the impact of early marriage on problems in the levels of psychological and social health was low (36.5), the remaining percentage was (11.5), which represents the highest percentage of the impact of early marriage on problems in the levels of psychological and social health.

The results of our study showed that early marriage has a significant impact on underage women, due to the great effort at home, marital responsibilities, and the requirements of the husband, as well as the responsibility of children and others.

4-13. The association between demographic data of the participants and psychosocial health

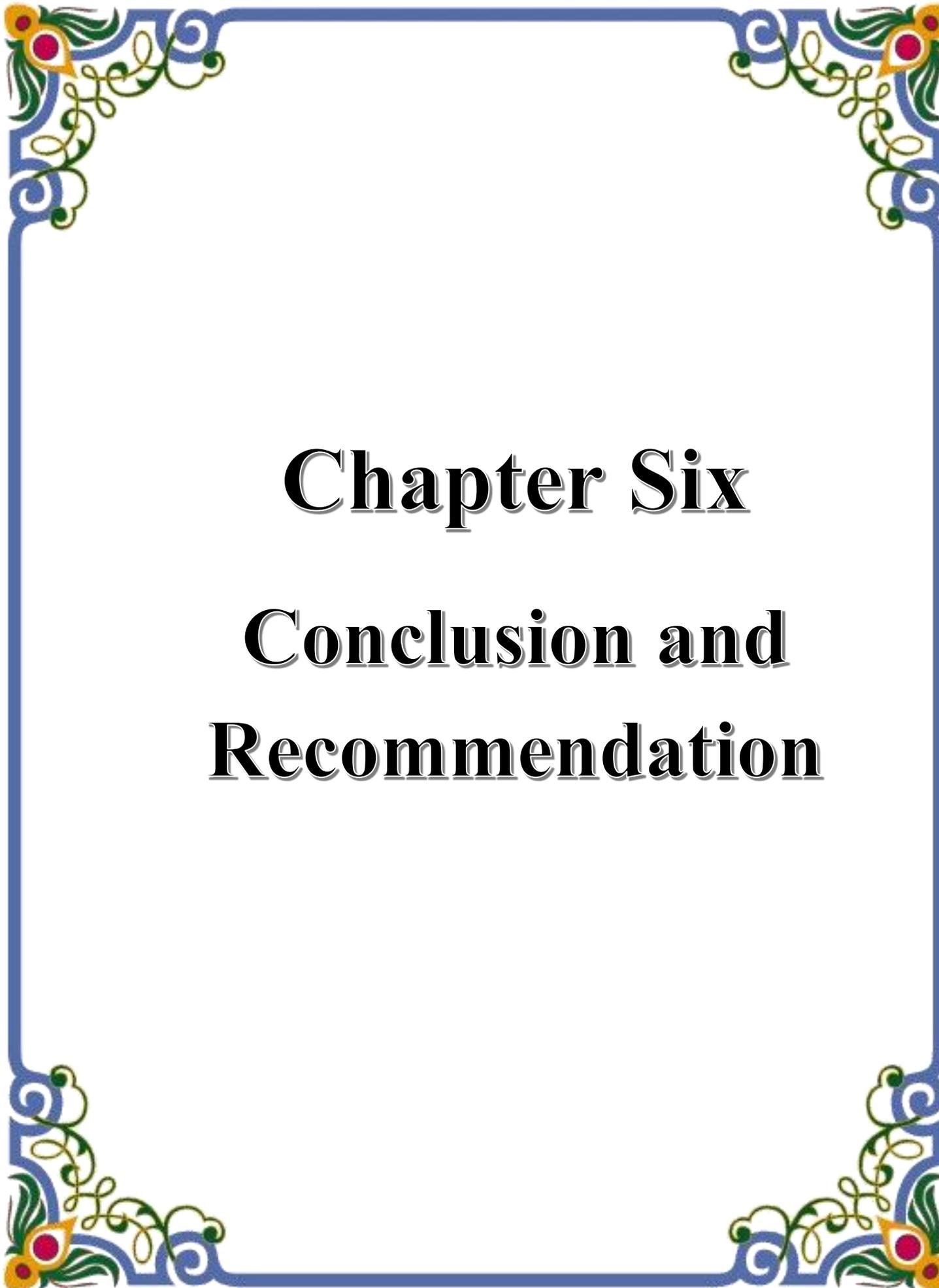
With regard to the relationship between the demographic data of the participants and the psychological and social health in Table (4-13), The results revealed that there were highly statistically significant differences between psychological and social health in their monthly income (0.000), type of marriage (0.000), partner abuse (0.000), and supportive persons in marital life (0.000), at $p < 0.01$. The results also showed that there were statistically significant differences between mental and social health, in terms of residence (0.018), educational level (0.048), occupation (0.010), and forcing your husband to leave (0.005), at <0.05 . Through the results of our study, it became clear that there is an effect between the psychological and social health with their monthly income, the type of marriage and the mistreatment of the partner. The lack of monthly income reflects negatively on the state of health, as well as if the marriage is compulsory, then it increases the stress

and psychological effort of the wife and affects the marital life, as well as when she is mistreated by The partner and failure to provide the requirements and needs of the wife will certainly negatively affect marital life.

4-14. Association between demographic of data (husbands) and psychosocial health

With regard to the relationship between the demographics of (couples) and mental and social health data in Table (4-14), the outcomes showed that there is statistically significant difference among mental, social health with age, as it reached (0.026), drank alcohol (0.043), and suffers from alcoholism (0.043). Health problems (0.011), at $p < 0.05$.

When the husband is older than the wife and she is underage, then there is little understanding between them because the husband's requirements are great and the wife is unable to meet his requirements, which causes problems between them, while this negatively affects their lives, as well as when the husband drinks alcohol or suffers from health problems, it also negatively affects their marital life Increases stress, mental disorders and anxiety .



Chapter Six

**Conclusion and
Recommendation**

Chapter Six

Conclusions and Recommendations

6-1. Conclusions

The following conclusions are made according to the results of the study and include:

The study touched on many demographic, social and economic characteristics of importance direct effects of increasing the number of underage marriages

- 1- The study revealed the geographical and spatial variation of the phenomenon at the urban and rural levels, as the rate of underage marriage in the city was more than two-thirds in the countryside.
- 2- More than three-quarters of underage married women live with their husband's family upon marriage.
- 3- As for the educational level of underage girls, it was more than half in the intermediate stage.
- 4- More than half of the girls married at an early age were housewives.
- 5- The study also showed the type of marriage in relation to early marriage, which was more than two-thirds with her consent.
- 6- The study showed more than half of those around her support her.
- 7- The study also showed that more than a quarter of the participants in early marriage suffer from health problems, and most of them suffer from anemia.

8- The results showed that there are significant statistical differences between mental and social health with their monthly income, type of marriage, and supportive people in life.

9- The results showed that there are significant statistical differences between mental and social health with their residence, educational level, occupation, and the husband forcing you to leave.

6.2. Recommendations

There are several forces and factors that contributed to the increase in the phenomenon of child marriage in various aspects. It is one of the phenomena with demographic aspects that affect the future of women and children in the long run perspective and far, so we recommend:

1-Organizing awareness and educational seminars and campaigns sponsored by the relevant institutions, explaining the effects of marriage Underage girls and the risk and resulting negative effects, especially with regard to pregnancy and childbearing at a young age.

2- Activating the role of women's organizations and civil society organizations through setting up educational programmers to develop the capabilities of women on the professional and social level and encourage them to continue their education to enjoy a civilized living environment.

3- Introducing the issue of child marriage within the educational curricula by clarifying its implications.

4- Focusing on the priority of girls' education and emphasizing the importance of completing it because it will limit and reduce the rate of underage marriage in society.

5-Continuous awareness of society groups, especially the poor groups, to protect them from exploitation they are exposed to it when they marry off their young daughter as a result of their economic conditions.

6-Conducting a medical examination for the girl to show her physical ability to marry, as this is one of Abram's conditions the full civil marriage contract, physical and mental maturity.

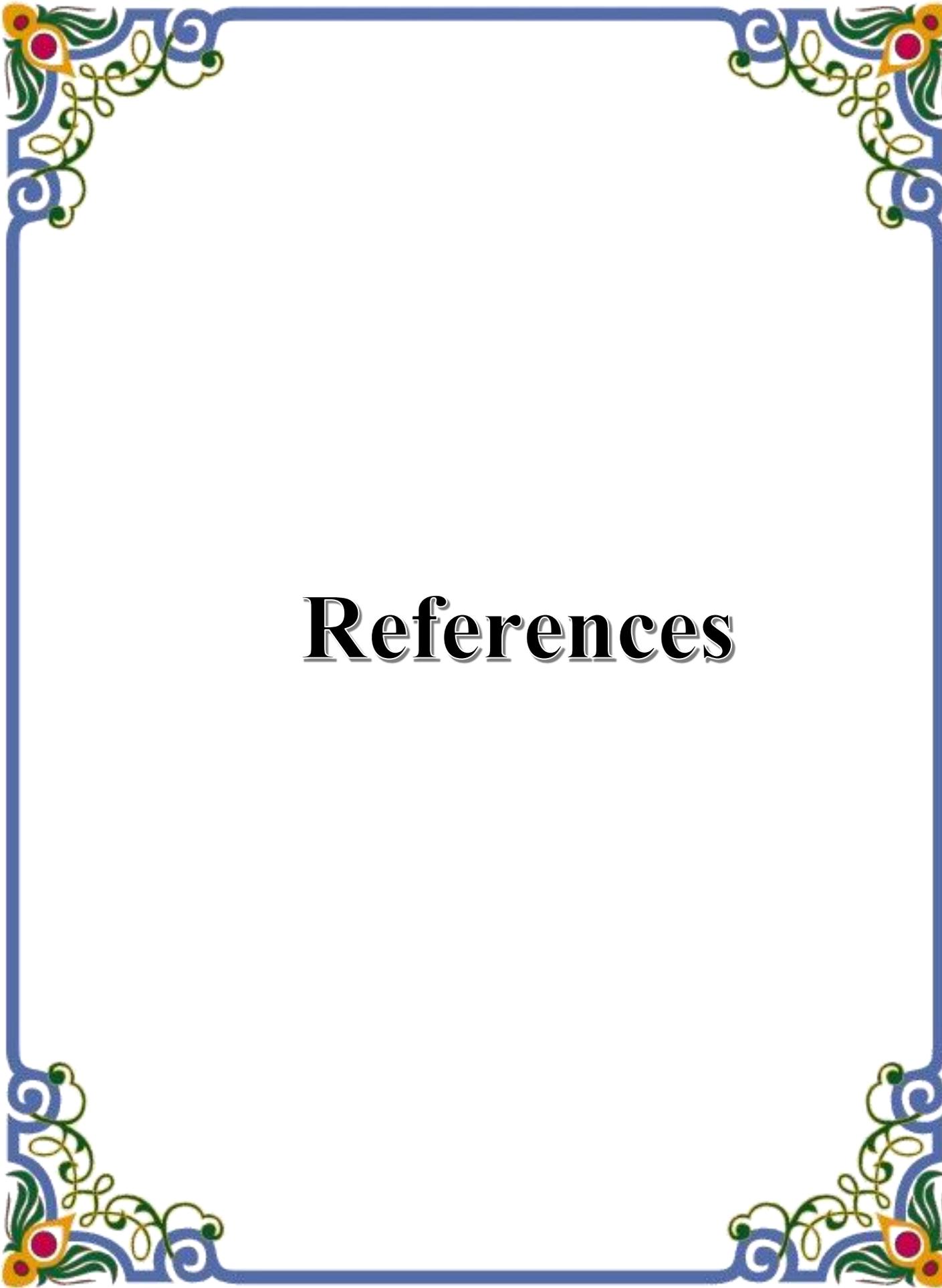
7-The need to present the phenomenon of underage marriage as a social problem facing society, through: media (visual, audio and print) to diagnose the causes and effects of this phenomenon.

8-Emphasize the role of public opinion to find all ways to address this phenomenon and make efforts to consolidate it women's rights and attention to all issues related to them.

9- Educating parents with a low level of education about the danger of early marriage of minors on the girl's mental and physical health. As well as directing the family that the girl has the right to education and that she is not deprived because of early marriage. The guardian must differentiate between the physical and mental maturity of the girl and her ability to assume the responsibilities of the marital home.

10- Eliminating the manifestations of domestic violence to which women are exposed by the family or in the home, whether verbal, psychological or physical. And punishing parents who force their daughters to marry against their will. As well as punishing those in charge of the marriage of minors outside the scope of the court, and not allowing them to marry marriages that take place at the hands of clergy at the request of their guardians.

11-Providing legal protection for minor girls and activate laws protecting the rights of women and children it is guaranteed by the constitution, charters, treaties and international commitments approved by the Iraqi constitution with education girls and provide them with health and social care.



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Appendices

Appendices

Ministry of Higher Education
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جمهورية العراق
العلم العالي والبحث العلمي

جامعة بابل
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م/ تسهيل مهمة

تحية طبية :
يطيب لنا حسن التواصل معكم ورجى تفضلكم بتسهيل مهمة طالب الماجستير (حميد
بريد كايم) لغرض جمع عينة دراسة الماجستير والخاصة بالبحث الموسوم:
تأثير الزواج المبكر على الصحة النفسية والاجتماعية

Impact of Early Marriage on Psychosocial Health

مع الاحترام ...

المرفقات //
• بروتوكول.
• استبانة.

ا.د. نهاد محمد قاسم
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٣/٢/٥

صورة عنه الى //
• مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
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قرار لجنة البحوث



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Iraqi Ministry of Health
تأسست 1920

استمارة رقم ٢٠٢٣ / ٠١
رقم القرار: ٢٠
تاريخ القرار: ٢٠٢٣ / ٣ / ١



دائرة صحة الديوانية
قسم التدريب والتنمية البشرية
الصادرة
العدد /
التاريخ

قرار لجنة اخلاقيات البحث العلمي

درست لجنة البحوث في دائرة صحة الديوانية مشروع البحث المقدم من قبل السيدة الباحثة (حميد بريد كايم) طالب الماجستير في جامعة بابل / كلية التمريض ، لغرض اجراء اكمال الجانب العملي في البحث ، علماً ان عنوان البحث.

Impact of Early Marriage on Psychosocial Health.

والمقدم من قبل الباحث الى قسم التدريب والتنمية البشرية /شعبة ادارة المعرفة والبحوث / لجنة البحوث في دائرة صحة الديوانية بكتاب جامعة بابل / كلية التمريض المرقم ٤٨٢ في ٢٠٢٣/٣/١ قررت اللجنة :-

قبول مشروع البحث اعلاه كونه مستوفياً للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع لدينا من تنفيذه .

تعديلات وملاحظات لجنة البحوث / لا يوجد

البحث مستوفي الشروط العلمية ومطابق لأخلاقيات البحث العلمي ولا مانع لدينا من إجراء البحث في (مستشفى عفك العام ،قطاع عفك).

رئيس لجنة البحوث

الطبيب الاختصاص د. يحيى فالح محمد

٢٠٢٢ / ٣ / ١

الطبيب الاختصاص
يحيى فالح محمد
مدير مركز تشخيص وتصوير الأشعة والمخاضات

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قرار لجنة اخلاقيات البحث العلمي

درست لجنة البحوث في دائرة صحة الديوانية مشروع البحث المقدم من قبل السيد الباحث (حميد بريد كايم) طالب الماجستير في جامعة بابل / كلية التمريض، لغرض اجراء اكمال الجانب العملي في البحث ، علماً ان عنوان البحث.

Impact of Early Marriage on Psychosocial Heath

والمقدم من قبل الباحث الى قسم التدريب والتنمية البشرية /شعبة ادارة المعرفة والبحوث / لجنة البحوث في دائرة صحة الديوانية بكتاب جامعة بابل / كلية التمريض المرقم ٤٨٢ في ٢٠٢٣/٢/٥ قررت اللجنة :-

قبول مشروع البحث اعلاه كونه مستوفياً للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع لدينا من تنفيذه .

-تعديلات وملاحظات لجنة البحوث / لا يوجد

البحث مستوفي الشروط العلمية ومطابق لأخلاقيات البحث العلمي ولا مانع لدينا من اجراء البحث في (مستشفى عفك العام ،قطاع عفك) .

رئيس اللجنة
الطبيب الاختصاص
يحيى فالح محمد
الطبيب الاختصاص
مطوية من قبل فريق تدريب وتطوير المهارات

مستشفى المدينة المنورة
د. علي عبد الأمير حواد
عضو
الاستاذ الدكتور
علي عبد الامير الخزاعي

عضو
الصيدلاني الاختصاص
مهند محمد فرمان

إدارة دائرة صحة الديوانية
قسم التدريب والتنمية البشرية
مسؤول شعبة البحوث

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جمهورية العراق
محافظة الديوانية
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قسم التدريب والتنمية البشرية
عدد / ٥٥
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وزارة الصحة العراقية
مركز التدريب والتطوير
Iraqi Ministry of Health
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الى / مستشفى عفك العام
قطاع عفك العام

م / تسهيل مهمة بحثية
نصديكم أطيب التحيات...
كتاب جامعة بابل / كلية التمريض المرقم ٤٨٢ في ٢٠٢٢/٢/٥ ، المتضمن تسهيل مهمة طالبة
الماجستير (حميد بريد كايم) ، لغرض جمع العينة البحثية في مستشفاكم ببحثها الموسوم:-
Impact of Early Marriage on Psychosocial Health .
لامانع لدينا من اجراء بحثها على ان لا تتحمل مؤسستكم اي تبعات مالية او قانونية
من جراء البحث
مع الاحترام
المرفقات / كتاب جامعة بابل / كلية التمريض المرقم ٤٨٢ في ٢٠٢٢/٢/٥
استمارة المعلومات البحثية + اقرار بحث

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قسم التدريب والتنمية البشرية / شعبة ادارة المعرفة والبحوث

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دائرة صحة الديوانية
قطاع الرعاية الصحية الأولية في عفك
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إلى م / ص البدير الاول
م / ص البدير الثاني

م/تسهيل مهمة بحثية

اشاره الى كتاب دائرة صحة الديوانية/ قسم التدريب والتنمية البشرية المرقم ٩٥
في ٢٠٢٣/٣/١ لا مانع لدينا من تسهيل مهمة الطالب الماجستير (حميد بريد
كايم) لغرض جمع العينة البحثية في مراكزكم .

٠٠٠ مع الاحترام ٠٠٠

الطبيب الاخصائي
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مدير القطاع
١٥

دائرة صحة الديوانية
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University of Babylon
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جامعة بابل
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Issue No:
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Approval Letter

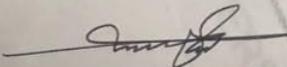
To,
حميد بريد كايم

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled "**Impact of Early Marriage on Psychosocial Health**"

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision.
The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.


Prof. Dr. Shatha Saadi Mohammed
Chair Committee
College of Nursing
Research Ethical Committee
30 / 1 /2023

UNIVERSITY OF BABYLON
COLLEGE OF NURSING
RESEARCH ETHICAL COMMITTEE
30 / 1 / 2023

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حضرة الدكتوراة.....المحترمة

نظرا للمكانة العلمية المرموقة لديكم يرجى التفضل بالمساهمة في تقييم الاستبانة المستخدمة في الرسالة
الموسومة

تأثير الزواج المبكر على الصحة النفسية والاجتماعية

Impact of Early Marriage on Psychosocial Health in Al-Diwaniyah City

Objectives of the study

- 1- to assess impact of early marriage on the psychosocial health.
- 2- to find out association between demographic data and psychosocial health.

ولكم فائق الشكر والاحترام.

اسم الخبير:

اللقب العلمي:

عدد سنوات الخبرة:

مكان العمل:

التاريخ:

التوقيع:

الباحث

طالب الماجستير

حميد بريد كايم

كلية التمريض – جامعة بابل

فرع تمريض صحة والمجتمع

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(Impact of Early Marriage on Psychosocial Health)

Dear Respected Wife:

We put in your hands the questionnaire form dedicated to the completion of our tagged study (the impact of early marriage on psychosocial health).

Your participation in this study is of great value, so please choose the answer that determines how you really feel, bearing in mind that there is no right or wrong answer, but your answers are considered correct - only - as long as they express your true feelings about what the phrase implies. Do not put more than one tick in front of one phrase, making sure not to leave any phrase unanswered, knowing that the questionnaire is without a name, and we will deal with your answer with complete privacy and confidentiality, and the questionnaire will be used for the purpose of scientific research only.

(Please check that you have answered all the questions)

with great thanks and appreciation for your cooperation and support to the researcher.....

- Number: _____
- 1- Age: _____.
- 2- Age at marriage: _____.
- 3- Residence: Rural _____ Urban ____.
- 4- Housing: with the husband only ____ with the husband's family _____.
- 5- Educational level: _____.
- 6- Monthly Income: Sufficient __ Barely Sufficient____ Not sufficient _____.
- 7- Occupation: _____.
- 8- Do you have children? Yes____ No____.
- 9- marriage type: compulsory____ optional _____.
- 10- husband previously married? Yes____ No____.

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- 11- Have you been abused by your partner? Yes____ No____.
- 12- Do you suffer from health problems:
- Menstrual irregularities? Yes____ No____.
- Uterine disorder? Yes____ No____.
- Anemia? Yes____ No____.
- A Blood Pressure Disorder? Yes____ No____.
- Osteoporosis? Yes____ No____.
- Difficulty giving birth? Yes____ No____.
- 13- Are the people around you supportive of you in everything you do in your married life? Yes____ No____.
- 14- Did the husband force you to leave: Studying____ Free business____
- 15- Do you smoke? Yes____ No____.
- 16- Do you drink alcohol? Yes____ No____.
- 17- Do you use drugs abuse? Yes____ No____.
- husband information's:
- 1-Age____.
- 2-Educational level _____.
- 3-Occupation_____.
- 4- Does the partner smoke? Yes____ No____.
- 5- Does the partner drink alcohol? Yes____ No____.
- 6- Does The partner use drugs? Yes____ No____.
- 7- Does the husband suffer from health problems? Yes____ No____.
- 8- Does the husband suffer from psychological problems? Yes____ No____.

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➤ PTSD scale:

Paragraphs	Never	Sometimes	Always
1. Having “flashbacks,” that is, you suddenly acted or felt as if the stressful marriage experience was happening again.			
2. Feeling very emotionally upset when something reminds you of the experience of marriage.			
3. You try to avoid thoughts, feelings, or physical sensations that remind you of the experience of marriage.			
4. 4- Thinking stressfully because you did something wrong or didn't do everything possible to prevent you from getting married.			
5. Having a very negative emotional state (for example, you experienced a lot of fear, anger, guilt, shame, or terror) after the experience of marriage.			
6. Loss of interest in the activities you used to enjoy before you went through the marriage experience.			
7. To be on high alert, or on high alert, when hearing about marriage.			
8. Feeling easily confused or startled when seeing or hearing the noise of a wedding party.			
9. You get so agitated or angry that you yell at others, fight or destroy things when you hear about marriage.			

➤ Depression, anxiety and stress scale

Paragraphs	Never	Sometimes	Always
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1- I find it hard to relax and rest.			
2- I feel dry in my mouth.			
3- I didn't seem to be able to experience positive emotions at all.			
4- I feel difficulty in breathing (intensity of rapid breathing, gasping without physical effort, for example).			
5- I find it difficult to take initiative in doing things.			
6- I tend to have an excessively strong reaction to circumstances and events.			
7- I feel a shiver (with my hands, for example).			
8- I feel like I'm consuming too much of my ability to handle nervous tension.			
9- I am afraid of situations in which I may lose control of my temper and cause myself embarrassment.			
10- I feel like I have nothing to look forward to.			
11- I feel restless and upset.			
12- I find it difficult to calm down after being disturbed by something.			
13- I feel sad and distressed.			
14- I can't stand anything that will stand between me and what I want to do.			
15- I feel like I'm about to fall into a state of sudden terror for no reason.			

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16- I lose enthusiasm for anything.			
17- I feel of little value as a person.			
18- I feel like I tend to get angry quickly.			
19- I Feel my heart beating without physical exertion (an increase in heart rate, or an absence of a heartbeat, for example).			
20- I feel fear without any convincing reason.			
21- I feel that life has no meaning.			

➤ **Partner violence scale:**

Paragraphs	Never	Sometimes	Always
1. Have you been punched, kicked or hit by your partner?			
2. Did you get a sprain, bruise, small cut or pain while fighting with your partner?			
3. Did your partner insult or yell at you?			
4. Is your partner disrespectful of your feelings on a particular issue that you do not agree with?			
5. Has your partner pushed or slapped you?			
6. Does your partner destroy something of yours?			
7. Your partner threatens you with a life-threatening instrument?			
8. Your partner hits you so hard that you scream so hard?			

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9. Your partner throws harmful things at you and causes physical harm			
10. your partner disrespect you in front of people?			

➤ Academic performance measure:

Paragraphs	Never	Sometimes	Always
1. You miss lessons due to fatigue caused by housework, which affects your academic concept			
2. Failing to do school assignments due to being tired from housework			
3. You don't participate in class because you're tired from working at home			
4. I don't study well because of partner pressure in business that doesn't belong to me			
5. I was absent from school due to (illness, pregnancy,.....)			
6. I miss lessons because juggling school work is stressful			

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استبانة



بسم الله الرحمن الرحيم
وزارة التعليم العالي والبحث العلمي
جامعة بابل/ كلية التمريض



(تأثير الزواج المبكر على الصحة النفسية والاجتماعية)

الزوجة المحترمة:

نضع بين يديك استمارة الاستبيان المخصصة لإنجاز دراستنا الموسومة (تأثير الزواج المبكر على الصحة النفسية الاجتماعية).

إن مشاركتك في هذه الدراسة ذات قيمة كبيرة، فالرجاء اختيار الإجابة التي تحدد ما تشعرين به بالفعل، علماً أنه لا توجد إجابة صحيحة وأخرى خاطئة، وإنما اجاباتك تعد صحيحة فقط - طالما تعبر عن حقيقة شعورك تجاه ما تحمله العبارة. لاتضع أكثر من علامة أمام عبارة واحدة مع التأكد من عدم ترك أي عبارة بدون إجابة، علماً ان الاستبانة بدون اسم وسوف نتعامل مع أجابتك بخصوصية وسرية تامة وتستعمل الاستبانة لغرض البحث العلمي فقط.

(يرجى التحقق من أنك أجبت على كافة الأسئلة)

..... مع فائق الشكر والامتنان لتعاونك وإسنادك للباحث.....

الباحث

حميد بريد كايم

كلية التمريض/ جامعة بابل

2022-2023 ميلادي

1444 هجري

➤ رقم الاستمارة: _____

➤ معلومات الزوجة:

1. العمر: _____.
2. العمر عند الزواج: _____.
3. السكن: ريف _____ حضر _____.
4. السكن: مع الزوج فقط _____ مع عائلة الزوج _____.
5. المستوى التعليمي: _____.
6. الدخل الشهري: كافي _____ بالكاد يكفي _____ لا يكفي _____.
7. المهنة: _____.
8. هل لديك اطفال: نعم _____ كلا _____.
9. هل كان الزواج اجباري ام اختياري: _____؟
10. هل زوجك متزوج مسبقاً: نعم _____ كلا _____؟
11. هل تعرضت للتعنيف من قبل الشريك: نعم _____ كلا _____؟
12. هل تعانيين من مشاكل صحية:
 - اضطراب في الدورة الشهرية: نعم _____ كلا _____.
 - اضطراب في الرحم: نعم _____ كلا _____.
 - فقر دم: نعم _____ كلا _____.
 - اضطراب في ضغط الدم: نعم _____ كلا _____.
 - هشاشة العظام: نعم _____ كلا _____.
 - تعسر الولادة: نعم _____ كلا _____.
13. هل الناس من حولك داعمين لك في كل ما تفعله في حياتك الزوجية؟ نعم _____ كلا _____.
14. هل اجبرك الزوج على ترك:
 - الدراسة
 - اعمال حرة
15. هل تدخنين: نعم _____ كلا _____.

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16. هل تشربين الكحول: نعم ___ كلا ___ .
17. هل تتعاطين المخدرات: نعم ___ كلا ___ .

➤ معلومات الزوج:

1. عمر الزوج: ___ .
2. المستوى التعليمي للزوج: ___ .
3. ما هو عمله: ___ ؟
4. هل الشريك مدخن نعم ___ كلا ___ ؟
5. هل الشريك يتناول الكحول نعم ___ كلا ___ ؟
6. هل الشريك يتعاطى المخدرات نعم ___ كلا ___ ؟
7. هل الزوج يعاني من مشاكل نفسية: نعم ___ كلا ___ ؟
8. هل يعاني الزوج من مشاكل صحية: نعم ___ كلا ___ ؟

مقياس اضطراب ما بعد الصدمة:

1\ ابدأ	2\ احياناً	3\ دائماً	العبارات
			1- وجود "ذكريات الماضي" ، أي أنك تصرفت فجأة أو شعرت كما لو أن تجربة الزواج المرهقة كانت تحدث مرة أخرى.
			2- الشعور بالضيق عاطفياً للغاية عندما يذكر شيء ما بتجربة الزواج.
			3- تحاولين تجنب الأفكار أو المشاعر أو الأحاسيس الجسدية التي تذكر بتجربة الزواج.
			4- التفكير بشكل مرهق لأنك أنت ارتكبت شيئاً خاطئاً أو لم تفعل كل ما هو ممكن لمنعك الزواج .
			5- وجود حالة عاطفية سلبية للغاية (على سبيل المثال ، كنت تعانين الكثير من الخوف أو الغضب أو الذنب أو الخجل أو الرعب) بعد تجربة الزواج.
			6- فقدان الاهتمام بالأنشطة التي كنت تستمتعين بها قبل أن تمر بتجربة الزواج.
			7- أن تكوني في حالة تأهب قصوى ، أو على أهبة الاستعداد ، عند سماعك عن الزواج.
			8- الشعور بالارتباك أو الذهول بسهولة عند رؤيتك أو سماعك ضوضاء حفلة اعراس .

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			9- أنت شديدة الانفعال أو الغضب لدرجة أنك تصرخين على الآخرين أو تشتبكين أو تدمرين الأشياء عند سماعك عن الزواج.
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مقياس الاكتئاب والقلق والضغط النفسي

ابداً\1	أحياناً\2	دائماً\3	العبارات
			1- اجد صعوبة في الاسترخاء والراحة.
			2- اشعر بجفاف في فمي.
			3- لم يبدو لي أن بإمكانني الإحساس بمشاعر إيجابية على الإطلاق.
			4- اشعر بصعوبة في التنفس (شدة التنفس السريع، اللهثان بدون القيام بمجهود جسدي مثلاً).
			5- اجد صعوبة في أخذ المبادرة بعمل الأشياء.
			6- أميل إلى ردة فعل قوية مفرطة للظروف والأحداث.
			7- اشعر برجفة (باليدين مثلاً).
			8- اشعر بأنني أستهلك الكثير من قدرتي على تحمل التوتر العصبي.
			9- اخاف من مواقف قد أفقد فيها السيطرة على أعصابي واسبب إحراجاً لنفسي.
			10- اشعر بأن ليس لدي أي شيء أتطلع إليه.
			11- اشعر بأنني مضطرب ومنزعج.
			12- اجد صعوبة في استعادة هدوئي بعد انزعاجي من شيء ما.
			13- اشعر بالحزن والغم.
			14- لا أستطع تحمل أي شيء يحول بيني وبين ما أريد في القيام به.
			15- اشعر بأنني على وشك الوقوع في حالة من الرعب المفاجئ بدون سبب.
			16- أفقد الشعور بالحماس لأي شيء.
			17- اشعر بأن قيمتي قليلة كشخص.
			18- اشعر بأنني أميل إلى الغضب بسرعة.
			19- اشعر بضربات قلبي بدون مجهود جسدي (زيادة في معدل الدقات، أو غياب دقة قلب، مثلاً).
			20- اشعر بالخوف بدون أي سبب مقنع.
			21- اشعر بأن الحياة ليس لها معنى.

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مقياس عنف الشريك:

1\ ابدأ	2\ احيانا	3\ دائما	العبارات
			1. تعرضت للكم أو الركل أو الضرب من قبل شريك حياتك؟
			2. أصبت بالتواء أو كدمة أو جرح صغير أو ألم أثناء القتال مع شريكك؟
			3. قام شريكك بالسب أو الإهانة والصراخ عليك؟
			4. أبدى شريكك عدم احترامه لمشاعرك تجاه قضية معينة لا توافقين عليها؟
			5. قام شريك حياتك بدفعك أو صفعك؟
			6. أتلف شريك حياتك شيئا يخصك؟
			7. شريك حياتك يهددك بأداة مهددة للحياة؟
			8. شريك حياتك يضربك بشدة لدرجة أنك تصرخين بشدة؟
			9. شريك حياتك يلقي عليك اشياء مؤذية وتسبب الأذى الجسدي
			10. شريك حياتك يقلل من احترامك امام الناس

مقياس الاداء الدراسي:

1\ ابدأ	2\ احيانا	3\ دائما	العبارات
			1. تغيبك عن دروس بسبب التعب الناتج عن الأعمال المنزلية مما يؤثر على مفهومي الأكاديمي
			2. الفشل في القيام بالمهام الدراسية بسبب التعب من العمل المنزلي
			3. لا تشاركين في الصف الدراسي بسبب التعب من العمل في المنزل
			4. لا ادرس جيدا بسبب ضغط الشريك في اعمال لا تخصني
			5. اتغيب عن الدراسة بسبب (المرض, الحمل,.....)
			6. اتغيب عن الدروس لأن الجمع بين الأعمال المدرسية والمنزل أمر مرهق

المستخلص

الزواج المبكر هو قضية عالمية تؤثر على الفتيات المراهقات ولها مجموعة متنوعة من الآثار الاجتماعية والصحية. كما أنه يسبب عدم المساواة والتحيز في حياة المرأة.

الاهداف:

هنا كانت الأهداف هي تقييم تأثير الزواج المبكر على الصحة العقلية لمعرفة العلاقة بين البيانات الديموغرافية والصحة العقلية.

أسلوب:

تم استخدام تصميم دراسة وصفية تحليلية خلال الفترة من 8 سبتمبر 2022 إلى 10 يونيو 2023. أجريت هذه الدراسة في مراكز الرعاية الصحية الأولية والمستشفيات والمدارس. هدفت الدراسة الى تحليل حالات زواج القاصرات في مدينة الديوانية / قضاء البدير واستبيان معدل تم تحليله الكترونيا باستخدام SPSS 26 ومايكروسوفت اكسل (2010).

النتائج:

أظهرت النتائج أن هناك زيادة في معدل زواج الأطفال وكشفت عن اختلاف مكاني وجغرافي على المستويين الريفي والحضري. كان الزواج المبكر في المدينة أكثر منه في المناطق الريفية والعيش مع أسرة الزوج أكثر من العيش في حياة الزوجة والزوج.

الاستنتاجات:

وأظهرت الدراسة زيادة في معدلات زواج الأطفال، حيث كشفت الدراسة عن التباين الجغرافي والمكاني للظاهرة على المستويين الحضري والريفي، حيث كان الزواج المبكر في المدينة أكثر بكثير منه في الريف. كما تكشف الدراسة عن الوضع الحياتي للعيش مع أسرة الزوج أكثر من حياة الزوجة التي تعيش مع زوجها.

التوصيات:

- 1- معالجة قضية زواج الأطفال في المناهج التعليمية من خلال توضيح الآثار المترتبة عليها.
- 2- يجب أن يكون هناك وعي مستمر لفئات المجتمع وخاصة الفقراء منهم لحمايتهم من الاستغلال الذي يتعرضون له في تزويج بناتهم الصغيرة بسبب الظروف الاقتصادية.
- 3- إجراء الكشف الطبي للفتاة لإظهار قدرتها الجسدية على الزواج فهذا من شروط رابطة الزواج المدني الكاملة والنضج الجسمي والعقلي



وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التمريض

تأثير الزواج المبكر على الصحة النفسية والاجتماعية بين المراهقات الاناث

رسالة مقدمة إلى
مجلس كلية التمريض / جامعة بابل
كجزء من متطلبات نيل درجة الماجستير في علوم التمريض

من قبل
حميد بريد كايم معيدي الرفيعي

إشراف
أ. د. قحطان هادي حسين الجبوري
م. د. علي احمد كاظم طاهر