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## **Knowledge of Females Preparatory Students Regarding Early Marriage Health Consequences**

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### **Introduction**

Adolescence is a stage of life marked by unique health and developmental needs. It's also a time to learn new skills, manage emotions and relationships, and create characteristics and capabilities that will help this age to enjoy teenage years and adopt adult roles (1).

Early marriage is a global issue with a variety of health and social implications for girls. It is a major violation of human rights. The factors that exposed a girl at risk for early marriage are poverty, the perception that marriage will provide 'protection', family honor, social norms, customary or religious laws that prevent early marriage's practice, an insufficient legislative structure and the state of a country's civil registration system(2).

Child marriage is a global issue with serious consequences, 34% of girls married by the age of 18 and 11% married before the age of 15 years. This issue causes psychological distress and social consequences of pregnancy in adolescence, particularly for unmarried girls, such as dropping out of school and unable to take advantage of economic opportunities (3). The risk of sexually transmitted diseases increasing among young married girls combined with complications such as fistula during childbirth and even death of the young mother or infant (4).

Moreover, the rate of stillbirths and death in the first week and first month of life among babies born to mothers younger than 20 years are 50% higher than those born to mothers aged 20–29 years. The younger the mother, the higher the risk. The rates of preterm birth,

low birth weight and asphyxia are higher among the children of adolescent girls; all these conditions increase the chance of death or future health problems for those babies (3).

Female perceptions of early marriage are to prevent girls from promiscuity and disease; however, the truth is very different. Sexually transmitted diseases (STDs), especially the human immunodeficiency virus (HIV) and the human papillomavirus (HPV), are more likely to infect married girls than unmarried girls (HPV). The rate of infection among girls aged 15–19 years are 2–8 times more likely than boys in Sub-Saharan Africa. (5).

In Egypt, child marriage is closely associated with deeply rooted cultural traditions. It mostly affects girls living in poorer rural areas and is on the rise in some areas. Early marriage and Female Genital Mutilation have been undergone by 92 percent of Egypt's female population, demonstrating the prevalence of patriarchal stereotypes surrounding women's sexuality. One of the main causes of child marriage is girls' unequal access to education, between the ages of 10 - 29, and 13% of females and 3% of males have never attended school. Cultural standards dictate that girls marry before start puberty, perpetuating the cycle of illiteracy and poverty (6).

Political leaders, planners and community leaders are encouraged to formulate and enforce laws and policies to prohibit the marriage of girls before the age of 18 years; to increase access to

contraceptive information and services, including emergency contraceptives, for adolescents, especially those who are unmarried and those below a certain age; to improve coverage of sexuality education; to punish perpetrators of coerced sexual relations; to enable adolescents to obtain safe abortion care; and to expand the access of all women, including pregnant adolescents, to skilled antenatal, childbirth and postnatal care, including both basic and comprehensive emergency obstetric care(7)..

WHO has published the findings and recommendations of a systematic review on preventing too-early pregnancies and poor reproductive outcomes among adolescents in developing countries. The recommendations relate to (i) reducing marriage before the age of 18 years; (ii) reducing pregnancy before the age of 20 years; (iii) increasing the use of contraception by adolescents at risk of unintended pregnancy; (iv) reducing coerced sex among adolescents; (v) reducing unsafe abortion among adolescents; and (vi) increasing the use of skilled antenatal, childbirth and postnatal care among adolescents. The recommended actions are elaborated below (6). Therefore, Egypt strategy 2030 goal 4 is aiming to reduce child mortality, this goal can be achieved by preventing early pregnancies among adolescence.

Community health Nurses in the school play a vital role in the school system. As a student's health can affect their ability to learn, the school nurse can support the learning process through assessment and management of the student's physical, emotional, and social health needs. They provide preventive care, emergency treatments of minor injuries, make referrals, and are integral members of the healthcare team in chronic illness management. The school nurse develops and implements health plans, maintains a healthy and safe environment for students, and serves as coordinator and interdisciplinary liaison : School nurses possess an essential role in treating and helping children maintain health through health education about preventing early marriage and explain for students the danger consequences of early marriage ( 8 ).

### **Significance of the study:**

Child marriage has a negative impact on girls and obstructs progress toward growth and public health objectives. The fact that child marriage is one of the specific priorities for achieving goal number five of the UN Sustainable Development Goals: gender equality and the empowerment of all women and girls, emphasizes the importance of the danger it poses to global development (9).

### **Aim of the study:**

The aim of this study is to assess Knowledge of Females Preparatory Students Regarding Early Marriage Health Consequences through

- 1- Assessing females' knowledge regarding early marriage.

- 2- Assessing females' perception of adverse bio-psycho-social health consequences of early marriage and its' preventive procedures

### **Research questions:**

1. What is the female student's knowledge regarding early marriage?
2. What is the female student's perception of adverse bio-psycho-social health consequences of early marriage and its' preventive procedures?

### **Research Design: -**

This study is a cross sectional study to assess female knowledge toward early marriage health consequences

### **Setting: -**

The study was conducted at Kafre El sheikh city;. The study was conducted in two preparatory schools representing in a rural area (kafre El sheik city)namely (El Hamrawy female preparatory school & El Shaheed Mohamed Qasim combined school).This setting was chosen for its high density with a total number of 764 students and serving large number of villages.

### **Sampling:**

**Sampling technique:** A purposive sample was used in the study.

The total number of female students in two preparatory schools in the third level was 174 female students (108 student in El Hamrawy female preparatory school & 66 female students in El Shaheed Mohamed Qasim combined school), excluded from them 20 female students were married and 17 female students were in pilot study. so, the total sample size was 137 female students enrolled in the selected schools considering appropriate zone representation with the following inclusive criteria unmarried female Students, third level in selected schools and accepts to participate in the study.

### **Technical design: - Tools for data collection:**

One tool was developed and used by the researcher based on recent related literature and experts, opinion it includes three parts:-

**Part One:** A-socio-demographic characteristics, such as, age, family size, educational level of father and mother, occupation of father and mother, having siblings, number of sisters, number of brothers, birth order, monthly income according to achieving their needs and crowding index.

**Part two:** Assessing student's knowledge. It covered knowledge about early marriage.

### **Scoring system:**

**A. knowledge regarding early marriage:** It was composed of 8 items as; meaning of early marriage, suitable age for marriage and first pregnancy, suitable period between pregnancy and other pregnancy, reasons, advantage and disadvantage for of early marriage and presence of a law prohibiting early marriage. Satisfactory answer scored one and each unsatisfactory answer scored zero, a total of 50% and above was considered satisfactory and less than 50% were considered unsatisfactory.

**Part three: Assessing student's perception regarding the following:**

**A:** Early marriage such as support early marriage, the right of parents to marry me against me , support the development of a

law prohibiting the early marriage , freedom to choose early marriage, the rural girl marries at an early age , feel pressure to marry at an early age , early marriage changes the girl for the better, early marriage affects education, early marriage affects the health , customs, traditions and religion are factors leading to early marriage , The economic situation of the family, early marriage of sickness and death of mothers, early marriage leads to the spread of domestic violence and early marriage hinders progress and development.

**B-** Adverse bio- psycho-social health consequences of early marriage include:

(1) Physical health consequences of early marriage such as infant mortality, maternal mortality, physical problems , disturbed menstrual, obstetric problems, children problems

(2) Psychological health consequences of early marriage such as psychological pressure, tension and anxiety

(3) Social health consequences of early marriage such as family violence, school termination, social isolation, marital problems, increase poverty , polygamy ,increase divorce, difficulty in managing issues, inability to rear children and No consequences.

(C) Preventive measures of early marriage such as law enforcement, parent education, girls' education, improving the status of economic adolescents, increase the awareness of the community and ensure the participation of girls.

#### Scoring system for perception

The rating scale was consisted of three points scale, it has a score ranging from zero to two distributed as the following: Agree =2, Sometimes = 1, Disagree= 0, the scale included 39 statements as the highest score is two then the total scale scored 78 points. The final score of student's responses was either 60% and above representing positive perception or less than 60% denoting negative perception.

**The Validity:** It was tested by a jury that involves five experts in the

field of community health nursing department , faculty of nursing, Ain Shmes University

**The reliability** was done by Cronbach's Alpha coefficient test which revealed that each of the three tools consisted of relatively homogenous items as indicated by the moderate to high reliability of tool.

**Pilot Study:** It was conducted on 17 students were chosen purposively to test the content. The aim of the pilot study was to evaluate clarity, visibility, applicability, as well as the time required to fulfill the developed tools. According to the obtained results, modifications such as omission, addition and rewording were done. The number of the pilot study was excluded from the study sample.

#### Statistical data analysis:

Collected data were coded, organized, categorized, and tabulated using personal computer. The suitable statistical tests used to present the obtained data and to test the significance of the results.

Statistical package for social science (SPSS) for windows version 20 was used. Descriptive as well as inferential statistics were used to answer research question. Statistical significance was considered at p-value <0.05.

#### Protection of ethical and human rights:

An official permission including the title and aim of the study, the protocol and the tool accredit from the faculty of nursing Ain Shams University were submitted from the dean of faculty of nursing Ain Shams University and forwarded to the Center for packing and statistics, then forwarded to the Directorate of Education in Kafre El Sheikh, then forwarded to East Educational Administration in Kafr El Sheikh to get an approval for data collection to conduct the study that forwarded to the director of schools where the study was conducted.

**Field Work:** After obtaining a permit the researcher started to explain the aim and purpose of the study in the two preparatory schools , 2 days per week /( Monday and Sunday) , (Tuesday and Wednesday) two days for each school from 9 am to 2pm for data collection.

- After the students had been fully informed and consented for participation in the research, the researcher started to collect data through self-administered questionnaire which consumed 30 minutes.
- Data collection was carried out in the period from October 2016 to May 2017

#### Results:

**Table (1):** Distribution of Female Adolescents according to Socio Demographic Characteristics (N=137).

Items	NO	%
<b>Age</b>		
14-years	50	36.5
15- years	80	58.4
16 years	7	5.1
Mean±SD =14.7 ±.566		
<b>Having Siblings</b>		
Yes	131	95.6
No	6	4.4
<b>Number of sisters</b>		
0	8	6.1
1	20	15.3
2	47	35.9
≥3	56	42.7
<b>Number of brothers</b>		
0	20	15.2
1	32	24.5
2	30	22.9
≥3	49	37.4
<b>Ranking among Siblings(Birth Order)</b>		
1 <sup>st</sup>	44	32.1
2 <sup>nd</sup>	37	27.0
3 <sup>rd</sup>	41	29.9
4 <sup>th</sup>	15	11.0

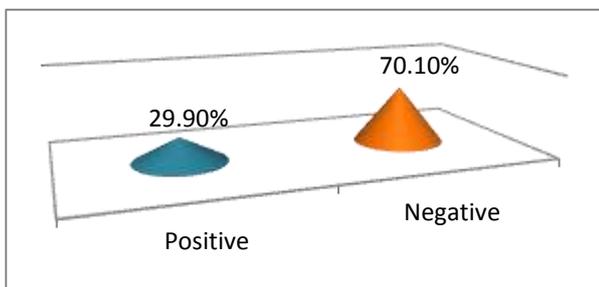
**Table (2):** Distribution of Female Adolescents' Parents according to their Socio Demographic Characteristics (N=137).

Characteristics	NO	%
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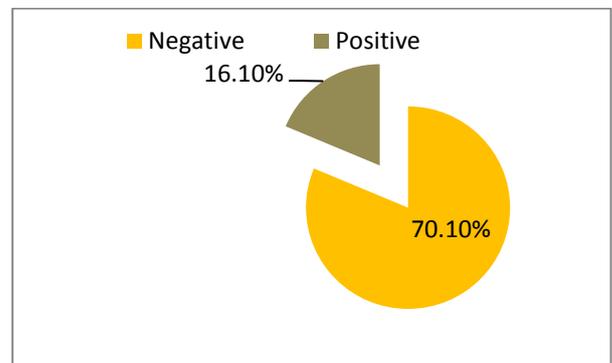
<b>Mother Education</b>		
Can't read and write	48	35
Can read and write	74	54
Secondary education or equivalent	12	8.8
University education	3	2.2
<b>Mother Working</b>		
Don't work	80	58.4
Work	57	41.6
<b>Type of mother working(N=57)</b>		
Professional	8	14.0
Employee	5	8.8
Worker	7	12.3
Farmer	25	43.9
Trader	12	21.0
<b>Father education</b>		
Can't read and write	29	21.2
Can read and write	55	40.2
Secondary education or equivalent	51	37.2
University education	2	1.4
<b>Father Working</b>		
Professional	34	24.8
Employee	15	10.9
Worker	19	13.9
Farmer	47	34.3
Trader	22	16.1
<b>Family Monthly Income</b>		
Enough & more	23	16.8
Just enough	77	56.2
Not Enough	37	27
<b>Crowding Index</b>		
Not crowded (<3)	23	16.8
Over Crowded (>3)	114	83.2

**Table (3):** Distribution of Female Adolescents According to their satisfactory Knowledge about early marriage (N=137).

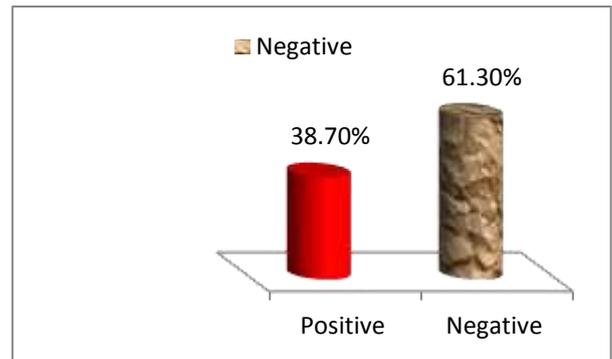
Early Marriage	satisfactory	
	No	%
Meaning of early marriage	44	32.1
Appropriate age for marriage	40	29.2
Appropriate age for first pregnancy	29	21.2
Appropriate period between pregnancy and other	13	9.5
Reason for early marriage	39	28.5
Advantages for early marriage	76	55.5
Disadvantages for early marriage	44	32.1
There is a law prohibiting the early marriage	19	13.9
Total	16	11.7



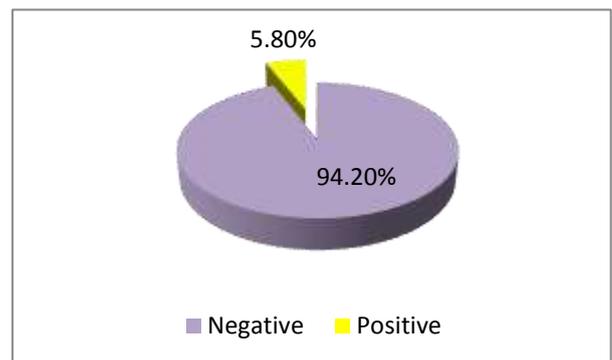
**Figure (1):** reveals that 29.9% of student's had positive perception toward early marriage.



**Figure (2):** illustrated that student's perception regarding adverse health consequences of early marriage were 16.1% of students had positive perception



**Figure (3):** reveals 38.7% had positive perception about preventive measures of early marriage



**Figure (4):** Shows that 5.8% of the study sample had positive perception toward total score level of early marriage health consequences and its preventive measures

**Table (4):** Demonstrates that there was a highly statistically significant difference between knowledge and perception of female students.

**Table3. Association between students' knowledge & perception (N=137).**

Knowledge	Perception				Chi square test	
	Negative		Positive		X <sup>2</sup>	P
	N	%	N	%		
Unsatisfactory	21	58.3	10	9.9	35.559	<0.001 HS
Satisfactory	15	41.7	91	90.1		

**Table (1):** Shows that the students in the age of 15 years representing 58.4% with a mean  $\pm$  SD age  $14.7 \pm .566$  years, 95.6% of them having siblings, 42.7% of studied sample have more than three sisters while 37.4% of them have more than three brothers. Regarding to birth order the same table reported that 32.1% were the first.

**Table (2):** Illustrates that 54% of mothers can read and write while 41.6% of them were working. According to type of mothers' work this table recorded 43.9% were farmer. Regarding fathers' education 40.2% can read and write and 34.3% of them were farmer, 56.2% had just enough monthly income as stated by study students and 83.2% of study students were overcrowded.

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### Discussion:

Early marriage is a critical social, health, and development issue in the Arab region. The practice violates girls' human rights and takes a toll on families and societies and perpetuates a generational cycle of poverty, low education, and early childbearing and poor health. The prevalence of early marriage practice was higher among the rural community than in the urban. Unfortunately, Egypt "the most populous Arab country" is home to the largest number of child brides in the Arab region. In Egypt, despite the legislative amendments, 23% of girls were married before the age of 18 (10).

As regard socio demographic of female adolescents. The study sample in the age of 15 years representing more than half with a mean age  $14.7 \pm .566$  years, the majority of the study sample having siblings, more than one third of studied students have one sister while less than half of them have one brother. Regarding to birth order one third of them were the first (Table 1). More than one third of mothers can't read and write & less than half of them were working mothers as farmer. Regarding fathers' education more than one third had secondary education and less than half of them are farmer. half of them had just enough monthly income as stated by study sample. The majority of the studied sample was overcrowded (Table 2).

These findings in the same line with the study about Coverage and Effects of Child Marriage Prevention Activities in Amhara Region, Ethiopia by (11) whose finding is 66.5% among rural residents which is lower than the findings of Ethiopia country wide finding which is 82%. Among girls married before age 15, (63%) had parents with no education. These results are similar to study done in Khartoum in Elttondoub area about assessment knowledge, attitude and practice of early marriage in Elttondoub area by (12) who found that the mean age of child marriage is 14 years. Mean age at first child birth is 15 years. Also, this comes in agreement with a study done in Turkey for mental assessment of girls consulting for early marriage and identifying risk factors (13) who found in the studied sample that their age ranged between 16-17 years old. One third of mothers can't read and write and the majority of them weren't working while the majority of fathers had primary education and working.

The study students were females because they considered the future mothers so that giving them appropriate knowledge and

practices can help them in health preservation as well as giving birth and upbringing a healthy child.

As regard female adolescent's knowledge about early marriage, A few of the study students had satisfactory knowledge about early marriage (Table 3). This result agreed with a study done in Ethiopia about assess Perceptions and Practices of Early marriage of female child from 2009 to 2013 in Sinane district Northwest Ethiopia by (14) who found that around two thirds of study participants didn't know the right response. The researcher view that female adolescence, parents and school teachers in rural areas need awareness and health education related to early marriage & health consequences. Also, This result can be explained with what reported by (12) who stated that more than half of students were unaware of appropriate age for marriage and the Majority were unaware of disadvantages of child marriage.

The present study illustrated that more than one quarter of student's had a positive perception toward early marriage (Figure 1). The previous results complies with the study of (12) who found that the majority of study sample are against the early marriage because they believes that this kind of marriage doesn't promise a healthy happy life because of its burden upon the young couple from the various responsibilities that they will have, the health of the mother and the child that is conceived from such marriage and finally the increased divorce rates upon the early married couples who are so young to deal with the conflicts and difficulties that they may face, also, this study opposite to what was in a study for Assessment of knowledge and attitude of school girls regarding early marriage and early pregnancy by (14) who found that more than half of students had favorable attitude regarding early marriage.

As regard to student's perception toward regarding adverse health consequences of early marriage (Figure 11) the present study revealed that the minority of students had positive perception. The previous results complies with the study in Pakistan about Knowledge and attitude towards child marriage practice among women married as children-a qualitative study in urban of slums of Lahore (15) who found that the majority of the participants were unaware of the negative health outcomes of child marriages. However, over a quarter of participants believed that negative outcomes of child marriages were not only confined to medical grounds but that they affected the social relations negatively. These participants reported a number of health problems, which included frequent pains, disturbed menstrual cycle, abortion, difficulty in child birth and physical weakness. The women narrated that they suffer from more health problems than those in their social circle who were married after the age of twenty. Despite these health problems, the participants were unaware of the negative health outcomes of child marriages and whether these health problems might be due to their early marriages. The participants felt that they were not mature enough to handle delicate matters of child health and child bearing. The women also felt guilty

that they were not capable of handling the customary obligations of married life within families and faced social stigma.

In this respect, Also concluded in his study which aimed to evaluate the aspects of psychological disturbances occurring in married young girls along with depression rate and educational withdrawal, with comparison of unmarried young girls of the same age (16) that, early marriage, multiple responsibilities and early pregnancies are risk factors of higher depression rate among half of his studied early married females. Also, the researcher added that with marriage stresses and pressures increased and early married girls are more prone to marriage problems as their

individuality has been interrupted. There should be health awareness programs conducted for the girls as well as their parent to overcome the problems caused due to early marriages and to improve their quality of lives.

This goes with the result about Knowledge and attitude towards child marriage practice among women married as children-a qualitative study in urban slums of Lahore, Pakistan , (17), who reported in his qualitative study that most early married females were uneducated, poor and were working as housemaids. The majority participants were unaware of the negative health outcomes of child marriages. Strong influence of culture and community perceptions, varying interpretation of religion, and protecting family honor are some of the reasons that were narrated by the participants.

From my point of view, early marriages violate many human rights; including education, freedom from violence, reproductive rights, and access to reproductive and sexual health care, employment, freedom of movement, and the right to consensual marriage. Many girls under the age of eighteen are not emotionally ready for the challenges of marriage so they are facing many difficulties to manage marriage problems, a husband and a family effectively. Again, this adds pressure on the girl and can cause long term emotional damage.

According to the students perception about preventive measures of early marriage the present study showed that in **figure(3)**, more than one third of the study sample had positive perception.

This findings agree with the study about Causes and Health Consequence of Early Marriage as Perceived by Egyptian Females in Rural and Urban Areas done by (18) who found that more than one third of the participants had positive perception toward procedures to prevent early marriage .

As regard total perception of female adolescents. The minority of students had positive perception toward total perception of early marriage with health consequences and its preventive measures (**Figure (4)**). This study in the same line with study about knowledge, attitude and practices (KAP) towards child marriage among married women residing in Nandyal done by (19) who found that the majority had positive attitude toward child marriage health consequences and minority had negative attitude toward child marriage.

Related to association between study variables there was a highly statistically significant differences between female students' knowledge and perception (**Table4**). This is in accordance with (14) who stated that there was a statistically significant differences between knowledge and attitude; our study demonstrates that females were more oriented and more knowledgeable with important health issues. This was reflected on their better perception.

#### Conclusion

***On the light of the results and answers on research question the study was concluded that:***

The study sample age ranged between 14-16 years, with mean age (14.7± .566 years). There was a highly statistically significant difference related to female students' knowledge, perception and health practices related to early marriage health consequences.

The majority of students had unsatisfactory knowledge about early marriage. Regarding total perception toward early marriage health consequences and its preventive measures; the

minority of students had positive perception .There was a highly statistically significant difference between knowledge and perception of female students.

***The findings of this study highlight the following recommendations:***

1. Increase awareness of adolescents toward early marriage health consequences through:
  - a. Conduct regular health education program by the nursing personnel in the community areas to help reproductive age women to prevent early marriage by reducing the mortality and morbidity due to early pregnancy.
  - b. School nurse can increase awareness of female students regarding early marriage, early pregnancy and to enhance their knowledge and perception to prevent adolescent girls against early marriage and early pregnancy.
  - c. Mass media plays an important role in spreading awareness regarding early marriage and early pregnancy so that they can prevent themselves to get into that threat.

#### References:

1. Wodon, Q., C. Male, A. Nayihouba, A. Onagoruwa, A. Savadogo, A. Yedan, J. Edmeades, A. Kes, N. John, L. Murithi, M. Steinhaus and S. Petroni (2017). Economic Impacts of Child Marriage: Global Synthesis Report, Washington, DC: The World Bank and International Center for Research on Women 1818 H Street NW, Washington, DC 20433, USA; fax: 202-522-2625; e-mail: pubrights@worldbank.org .
2. United nations children's fund (2017): World health Organization Available at : <https://data.unicef.org/topic/child-protection/child-marriage>.
3. Hotchkiss et al. BMC(2016): Risk factors associated with the practice of child marriage among Roma girls in Serbia International Health and Human Rights 16:6 DOI 10.1186/s12914-016-0081-3
4. Sabbe A, Oulami H, Zekraoui W, Hikmat H, Temmerman M, et al. (2013):Determinants of child and forced marriage in Morocco: stakeholder perspectives on health, policies and human rights. BMC Int Health Hum Rights 13: 43.
5. Nnadi, I. (2014): Early marriage: A gender-based violence and a violation of women's human rights in Nigeria. Journal of Politics and Law, 7(3), 38 .
6. UNICEF (2015) : The national strategy to end child marriage and teenage pregnancy 2014/2015 – 2019/2020. a society free from child
7. WHO (2011): Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Geneva, World Health Organization, 2011
8. Temel AB, Yildirim JG, Kalkim A, Muslu L, Yildirim N.(2017): Parents' and teachers' expectations of school nurse roles: A scale development study. Int J Nurs Sci. 2017; 4: 303-310
9. Parsons, Jennifer. et al. (2015):. "Economic impacts of child marriage: A review of the literature," The Review of Faith & International Affairs 13(3): 12–22 .

10. United Nations Human Rights Council, (2014): panel discussion on preventing and eliminating child, early and forced marriage
11. Gage, A. J. (2014): Association of child marriage with suicidal thoughts and attempts among adolescent girls in Ethiopia. *Journal of Adolescent Health*.
12. Babiker,A.(2016): knowledge , attitude and practice of early marriage in Elttoudoub area , Aljazeera state 2016 University of Khartoum author for this publication  
at:<https://www.researchgate.net/publication/311873830>.
13. Nasiroglu.s, & Semerci.B,(2017): Mental assessment of girls consulting for early marriage and identifying risk factors. *Anatolian Journal of Psychiatry*; doi: 10.5455/apd.258477, Sakarya, Turkey.
14. Vandana V, Simarjeet K, Manisha S(2017): Assessment of knowledge and attitude of school girls regarding early marriage and early pregnancy. *Int J Health Sci Res.*; 7(4):297-302.
15. Nasiroglu.s, & Semerci.B,(2017): Mental assessment of girls consulting for early marriage and identifying risk factors. *Anatolian Journal of Psychiatry*; doi: 10.5455/apd.258477, Sakarya, Turkey
16. Sadaf A,Saima K, Malka A,& Shamooun N, ,(2013),:Psychological impact evaluation of early marriages, Advance Educational Institute & Research Centre, International journal of endorsing health science research, Volume 1 Issue 2.
17. Machel G, Pires E, Carlsson G (2013): The world we want: an end to child marriage. *Lancet* 382: 1005-1006.
18. El-Sayed, E.(2015): Causes and Health Consequence of Early Marriage as Perceived by Egyptian Females in Rural and Urban Areas: a Comparative Study .*IOSR Journal of Nursing and Health Science (IOSR-JNHS)* e- ISSN: 2320-1959.p-ISSN: 2320-1940 Volume 4, Issue 6 Ver. II (Nov. - Dec. 2015), PP 54-63 [www.iosrjournals.org](http://www.iosrjournals.org)
19. Sumalatha .B, Mushtaq M.A., Fatima. A, Ebenezer. I,Surendra B.,(2016):Knowledge Attitude and Practices (KAP) towards child marriage among married women residing in Nandyal - A Qualitative study *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*.e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 15, Issue 9 Ver. XIII, PP 48-51 [www.iosrjournals.org](http://www.iosrjournals.org).

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