



Risk of Early Marriage in Adolescence and Hypertension and Hyperglycaemia in Adulthood: Evidence from India

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Abstract

Puberty, the transition to adulthood, is an important period for physical and mental development. Obstacles during this time. Marriage can have a variety of short-term and long-term health consequences. This study aims to assess different risks of two common chronic diseases-hypertension and hypertension-adult women (20-49 years) married at various stages of puberty (10-19 years) was evaluated in comparison with married women. When I was young (20-24 years old). Using India's latest national representative data, the odds for her two chronic illnesses in an early-married (10-14 years old), middle-aged (15-17 years old), and late-married (18-17 years old) woman individually I evaluated it (19 years old) Youth.

Keyword: Cognitive; Hypertension; Chronic illness

Introduction

Adolescence (10-19 years) is an important period for physical and psychological development that lays the foundation for good health. During this transition, individuals experience many changes, including physical, social, emotional, cognitive, and sexual development. Environmental effects and stress during this sensitive period have lasting effects in adolescence and can lead to health problems in later years [1]. However, little is known about the significant difference in the risk of adverse health effects from exposure to adverse health effects at various stages of puberty. Puberty can be divided into early (10-14 years), middle (15-17 years), and late (18-19 years) puberty, each characterized by unique physical and psychological development markers. Each stage may include a variety of experiences that are unique to the trajectory of one's emotional and social development. Marriage in early and middle adolescence (that is, under the age of 18) is defined as child marriage. Children's brides, in particular, are disproportionately vulnerable to the collapse of their families and couples and suffer from physical, emotional, sexual abuse and violence. It is also associated with emotional distress and depression. In addition, child marriage forces girls to take on adult roles such as sexual activity and childbirth before they become adults. Studies have shown that previous sexual experience (under 16 years of age) is associated with exposure to early childhood sexual and physical abuse [2,3].

Worldwide, 650 million women and girls who are currently alive have been married as children. In developing countries, about 40% of girls are married before they reach adulthood (18 years), and about 12% of these girls are married in early adolescence (under 15 years)[4,5]. Children's brides are affected by many socio-economic differences and various forms of physical and psychological abuse that can directly and indirectly affect their health in later years. However, apart from the reproductive consequences, the long-term health of a child's bride is an area that is often overlooked and has not received much attention in the literature. To date, only three studies have begun investigating the risk of hypertension and other chronic illnesses in later brides. However, as far as we know, no studies have examined the difference in risk of such consequences in adult women in relation to different marriage ages based on the stage of puberty.

Materials and Method

Data

We used wave data from the National Federation of State High

School of India (NFHS-5) from 2019 to 2021. NFHS-5 is a nationally representative survey that provides a variety of socio-demographic and health indicators for women aged 15-49 years with a response rate of 97%. Our analysis included data on 466,693 married women aged 20-49 years who reported effective systolic and diastolic blood pressure, as well as random blood pressure measurements. Participation in NFHS-5 was voluntary and informed consent was obtained from respondents prior to each interview. The research protocol has been reviewed and approved by the Institutional Review Board of the International Institute for Population Science and the ICF [6].

Statistical analysis

Individual logistic regressions were estimated to obtain the probabilities of hypertension and hyperglycaemia. The dependent variable in each case was a dichotomous variable indicating whether the respondent had high blood pressure and blood glucose levels. Our main explanatory variable was a set of binary variables that reflected the age of marriage. Early adolescence (10-14 years old), middle adolescence (15-17 years old), late adolescence (18-19 years old). We compared the odds supporting chronic conditions studied for different adolescent ages with the odds in the reference category – Adolescent Marriage (20-24 years) [7,8].

Discussion

This study evaluated how exposure to stressors at different stages of adolescence was associated with different health outcomes in women. Taking into account early marriage as a stressor, we investigated whether women who got married at different stages of adolescence had a different risk of developing hypertension or hyperglycaemia in later years. The risk of hypertension and hyperglycaemia was significantly higher in women married in early adolescence (10-14 years) and in mid-adolescence (15-17 years) than in women married in late adolescence

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(18-19 years). I found out and adolescents (20-24 years) [9]. Our results also suggest that the earlier a girl gets married, the higher the risk of developing high blood pressure and blood sugar in later years. Hypertension and hyperglycaemia are significant risk factors for cardiovascular disease and are the leading cause of premature death worldwide.

Other potential mediators may include age differences between spouses, violence of intimate partners, and oppressed institutions of the child's bride in making decisions about health care and fertility management. I have Marriage in children has been found to be associated with high fertility, repeated childbirth, and multiple unwanted pregnancies. A girl who married as a child had little control over her spouse's choices, and marriage to an older man was found to be associated with reduced contraceptive use in women.

Conclusion

The results of this study show that delaying marriage in adolescence can improve women's long-term health. However, the deep-seated cultural considerations surrounding child marriage have made this practice more widespread in recent decades. We call for policies to outlaw child marriage and provide child brides with the medical services they need to reduce the high risk of disproportionately high risk of chronic illness in adulthood.

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