ROLE OF MARRIAGE AND OTHER PSYCHOLOGICAL STRESSORS IN THE CAUSATION OF PSYCHIATRIC DISORDER AMONG GIRLS AGE BELOW 18 YEARS IN BANGLADESH

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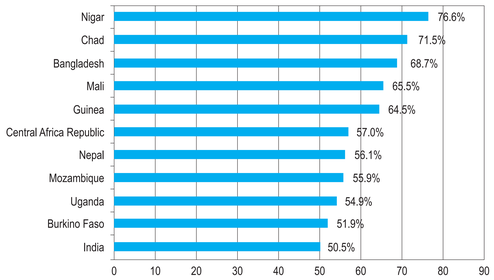
Abstract:

Objectives: To compare the specific psychiatric diagnosis, frequency and types of stressors, and the level of awareness about marriage law between married and unmarried girls with psychiatric disorders below the age of 18 years. **Methods:** A purposive sampling of 80 married girl patients (cases) was matched with an equal number of unmarried girls (control) ages under 18 years who attended for psychiatric consultation in a child and adolescent consultation centre in Dhaka, Bangladesh. All the cases and controls had one or more psychiatric diagnoses. They were diagnosed by the researcher according to Axis One of ICD-10 clinical diagnoses of multiaxial classification of childhood and adolescent psychiatric disorder. Psychosocial stressors were considered on the basis of Axis Five of this classification. **Results:** major depressive disorder is the most common diagnosis (n=47, 58.7%) and next is conversion disorder (n=24, 30.0%). Among the control Generalized anxiety disorder (n=31, 38.7%) and next is obsessive compulsive disorder (n=17, 21.28%). The difference shows a very highly significant p value (0.000).The cases reported significant excess of stressors than the controls to the onset of psychiatric disorder. All the cases had stressors. In contrast, 77 out of 80 control patients had stressors. Marriage itself played stressor in the 75 cases. Other than this, marital discord was the highest followed by drop out from study and trouble with in-laws. Among the controls, the highest reported stressor was increased academic workload and next was poor academic performance and discord with peers. Interestingly, 52.5% of the cases were having knowledge about the law on age of marriage and that was 32.5% among the controls. It is significant that most of the girls breached their continuity of education after marriage (p=0.000). **Conclusions:** This study points to that psychosocial stressors including marriage have a causal relationship with psychiatric disorders especially with depression and conversion disorder. Whether marriage before 18 years of age precipitates the psychiatric disorder or not must depend on other factors which require further exploration. Though knowing the current law of marriage most of the guardian dominated by socio-cultural 'convention'. Conducting broad based community survey on mental health problems among married and unmarried girls only can confirm the findings.

Background:

Child marriage is a burning problem throughout the globe. A research report of UNFPA, it was found that in the developing countries, about 80.2 million girls marry at the age between 10-17 years. They suffer from mental, physical problems including damaging of sexual life. The dropout rate from school among them is increasingly higher and the opportunity of social communication is decreasing for them. About 55% of these girls dropped out from school after their marriage due to engaging with physical labor in household work in husband house. The International Center for Research of Women Advocacy Toolkit reported highest rate of child marriage in many countries' that is presented in the Figure 1.

Figure1: The countries with the highest rates of child marriage (before 18 Years)



Bangladesh is the third among the higher incidence of child marriage countries of the World. Marriage of women under the age of 18 years is a criminal offence and punishable under the law. Unfortunately, this law is not considerably plasticized and implemented in Bangladesh. In a recent report of the Government of Bangladesh, it has been revealed that more than 40% girl child in Bangladesh got married before completing 18 years In a survey of the Ministry of Child and Women Affairs, Government of Bangladesh in 2007, it has been reported that 33% girl got married before the age of 15 years and 74% got married before 18% years. Rural Urban distribution of this child marriage is 48.4% and 65.4%. The incidence is more than this in the non-governmental survey. This tendency is not decreasing despite of providing free education for girls up to the secondary education and stipends for them form the Government. The tendency of conception is more among the married women with younger age. About 27% of the married women between the age group of 15-19 years become mother. Girl mother is more in rural area than urban area. Underage marriage of women are one of the main reasons for the failure of population control program.A research report of UNFPA, it was found that in the Developing countries, about 80.2 million girls marry at the age between 10-17 years. They suffer from mental, physical problems including damaging of sexual life. The dropout rate from school among them is increasingly higher and the opportunity of social communication is decreasing for them. About 55% of these girls dropped out from school after their marriage due to engaging with physical labour in household work in husband house. In this survey, social insecurity, parents believe of increasing dowry with the increasing the ages of girls are the main cause of underage girl marriage and tendency of conception and child birth. In a recent survey done by National Institute for Population Research and Training (NIPORT) revealed that 66% of Bangladeshi girl got married before age of 18 years[3]. Studies have demonstrated that girls who marry as adolescents attain lower schooling levels, have lower social status in their husband's families, report less reproductive control, and suffer higher rates of maternal mortality and domestic violence.[3] Another study revealed that conjugal stressors including marriage precipitated depression in Bangladeshi women.[4]

No study on role of child marriage in the causation of psychiatric disorder has yet been reported in Bangladesh. In the present study it is hypothesized that marriage itself a stressor which is a one major cause for develop the psychiatric disorder among the girls age below 18 years.

Objectives:

- To delineate and compare the specific psychiatric diagnosis between married girl patients and unmarried girl patients
- To see the frequency and types of stressors between married girl patients and unmarried girl patients
- To see and compare the socioeconomic characteristics tools among between married girl patients and unmarried girl patients

Methods:

It is across sectional descriptive case-control study. A purposive sampling of 80 married girls (cases) was matched with an equal number of unmarried girls (control) ages under 18 years from a child and adolescent consultation center in Dhaka, city, Bangladesh. The sample characteristics of the cases and controls were as follows. For the cases, the age ranged between 10-18 years with the mean of 16.9(SD1.96) years. For the controls, age ranged between 10-18 years with the mean of 15.6(SD1.97) years. Regarding the occupation 98.8% respondents are students among the control group but only 36.3% are students among the case. It is significant that most of the girls breached their continuity of education after marriage (p=0.000).The definition of income group was operationalized for the study following the concept of household income provided by the Bangladesh Bureau of Statistics.[5] A monthly income of US$ 140, between US$ 140-280, and over US$ 280 were considered low, middle and high income group1.For the cases minimum family income was US$ 33.3 and maximum was 285.7(Mean 337.19, SD 45.7). For the controls, minimum family income was US$ 47.6 and maximum was 258.1(Mean 391.1, SD 44.3). Therefore, it can be said that the case and control group were fairly matched. The cases were diagnosed by the researcher on the basis of ICD-10 clinical diagnoses of multiaxial classification of childhood and adolescent psychiatric disorder. Only Axis One of this classification was considered which comprises clinical psychiatric syndromes. Comorbitidity in Axis One was considered and recorded. Psychosocial stressors were considered on the basis of Axis Five of this classification that contents associated abnormal psychosocial situation. This axis provides a means of categorizing those aspects of child's psychosocial situation that are significantly abnormal in the context of the child's level of development, past experiences and prevailing sociocultural circumstances. The assessment was carried out on the basis of the guidelines for the categories. Data analysis was performed by statistical package for social science (SPSS), version-17. Pearson's Chi square test was used to find out the significance. Regarding the chi square test, p value < 0.05 taken as significant.Individual variables were married and unmarried.

Results:

Table 2 shows the Specific Psychiatric diagnosis among Cases and Control. Within the cases the major depressive disorder is the most common diagnosis (n=47, 58.7%) and next is conversion disorder (n=24, 30.0%). Among the control Generalized anxiety disorder (n=31, 38.7%) and next is obsessive compulsive disorder (n=17, 21.28%). The difference shows a very highly significant p value (0.000).

Table 2: Specific psychiatric diagnosis among cases & controls

Psychiatric Morbidity	Case		Control		X^2 Significance
	N=80	%	N=80	%	
Major depressive disorder (MDD)	47	58.7	05	6.2	p<0.000*
Bipolar mood disorder (Mania)	04	5.0	00	0.0	
Bipolar depression	02	2.5	06	7.5	
Adjustment disorder	03	3.7	01	1.2	
Post traumatic stress disorder (PTSD)	04	5.0	02	2.5	
Conversion disorder	24	30.0	07	8.7	
Obsessive compulsive disorder (OCD)	03	3.7	17	21.2	
Panic disorder	03	3.7	06	7.5	
Somatoform pain disorder	01	1.2	05	6.2	
Generalized anxiety disorder (GAD)	03	3.7	31	38.7	
Somatoform disorder undifferentiated	11	13.7	06	7.5	
Specific phobia	01	1.2	07	8.7	
Social phobia	00	0.0	07	8.7	
Conduct disorder	01	1.2	00	0.0	
Oppositional defiant disorder	00	0.0	08	10.0	
Substance dependency	01	1.2	00	0.0	
Dysthymia	00	0.0	01	1.2	
ADHD	00	0.0	03	3.7	
Agoraphobia with panic disorder	00	0.0	03	3.7	
Tic disorder	00	0.0	01	1.2	
Others	05	6.2	09	11.2	

*more than one diagnosis in axis one among some subjects, (32 cases & 36 controls)

Table 3 and 4 show knowledge of girls and parents on existing law of marriage. overall, more than half of the participants in this study did not know the law of the age of marriage. Those who knew the rules the early marriage of the cases were happened.

Table 3: Knowledge of girls on existing law of marriage

Knowledge level	Case		Control		Total	
	N=80	%	N=80	%	N=160	%
Yes	42	52.5	26	32.5	68	42.5
No	9	11.2	25	31.2	34	21.2
No response	29	36.2	29	36.2	58	36.2

Table 4: Knowledge of parents on existing law of marriage

Knowledge level	Case		Control		Total	
	N=80	%	N=80	%	N=160	%
Yes	67	83.7	58	72.5	125	78.1
No	8	10.0	16	20.0	24	15
No response	5	6.2	6	7.5	11	6.9

Only 52.5% of the cases are having knowledge about the law of marriage and 32.5% of the control having the knowledge about this law. The guardians from both group having the knowledge about the law of marriage. But though knowing the current law of marriage most of the guardian dominated by socio-cultural 'convention'.

The cases reported significant excess of stressors than the control to the onset of psychiatric disorder. All the cases have stressors and in control 77 respondents out of 80 have stressors. The number of stressors varied from 2 to 7 among the cases, Among the cases 16.3% have < 2 stressors, 70.0% have 3-4 stressors, 12.5% have 5-6 stressors and 1.3% has> 7 stressors. Among the control group 82.5% have< 2 stressors, 16.3% have 3-4 stressors, 1.3 have 5-6 stressors and none have > 7 stressors. Marriage itself played stressors in 73 cases. Individual other stressors were analyzed among the cases and controls. It reveals that among the cases marital discord was the highest stressor reported by the respondents and next is academic stress and discord with in-laws. Among the controls, the highest reported stressor was increased academic workload and next was other types (bulling, eve teasing, etc.).Further, individual stressors collapsed into groups by types of stressors that are presented in Table 5.

Table 5: Stressors grouped by types

Type	Case	Control	Stress include type	X^2 Significance
Conjugal	73	--	Marriage Discord Sexual difficulties Forceful marriage	p<0.05
Family	49	16	Discord with in laws Death of a close family members Discord between her family and in laws family Change in family responsibilities	
Financial	9	--	Dowry	
Living Circumstances	14	--	Husband lives abroad	
Other Interpersonal	7	17	Discord with parents or peers Break up with boy friends	
Academic/Occupational	38	65	Lack of school attendance Academic stress (Increased academic pressure, poor academic performance, dropout from study, harsh schooling)	
Legal	8	--	Victim of domestic violence	
Other Stressors	27	32	Sexual harrassement, bulling, illness	

It reveals that among the cases marital discord is the highest reported stressor reported by the respondents and next is dropout from study and discord with in-laws. Among the controls the highest reported stressors is increased academic workload and next are poor academic performance and discord with peers. Only 52.5% of the cases are having knowledge about the law of marriage and 32.5% of the control having the knowledge about this law.

Conclusions:

The results of this study point to that psychosocial stressors including marriage have a definite causal relationship with psychiatric disorder especially with depression and conversion disorder. Whether marriage before 18 years of age precipitates the psychiatric disorder or not must depend on other factors which require further exploration. Breach of education after marriage is one of the obstacles for women empowerment. Though knowing the current law of marriage most of the guardian dominated by socio-cultural 'convention'. Increase general awareness and education towards the girls in Bangladesh developing the orthopsychiatry and public psychiatry as a basic wing of Psychiatric services, providing community mental health services, and training on mental health for religious leaders and marriage registrars. Conducting a community based survey among married and unmarried girls less than 18 years is necessary to know the magnitude of the problem.

References:

1. Too Young to Wed: Education & Action Towards Ending Child Marriage 2006. International Center for Research of Women Advocacy Tool kit, Credit: UNFPA, http://www.americansforunfpa.org/netcommunity/page.aspx?pid=245(accessed October,2011).
2. National Institute for Population Research and Training (NIPORT), Bangladesh Demography and Health Survey 2009, NIPORT, Dhaka.
3. Consequences of early marriage on female schooling in rural Bangladesh: Health and Science Bulletin (English) 5(4) 2007 ICDDR,B Periodicals, Dhaka.
4. Mullick MSI, Karim ME. Psychosocial stressors in depression. Bangladesh J Medicine 1994;5: 49-54.
5. Bangldesh Bureau of Statistics. Statistical Yearbook of Bangladesh 2009. Dhaka: Bangladesh Bureau of Statistics, 2009.678p.