



Married Life and Health among Youth in India: Evidences from Youth in India Situation and Need

Shubhranshu Kumar Upadhyay

International Institute for Population Sciences, Mumbai-400088 India
subhu.geo@gmail.com

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Abstract

In general, married people are healthier than those who are not married across a wide array of health outcomes. In India, adolescent girls account for a little more than one fifth of the population; however, 31 percent of the girls got married at a very young. Thus, health is a function of not only medical care but also of economic and cultural factors. The young girls have to fulfill the responsibilities of multiple roles and in this process; they ignore their own health and nourishment. This paper examines prevalence of general health problems like high fever, skin problem, asthma problem and, genital infection among married men and women. Youth in India study, a sub nationally representative survey, help us to explore this dimension minutely. We have also examined extent of mental ill health using indicators of General Health Questionnaire (GHQ) and perception about happy married life among men and women. Prevalence of morbidity was generally more for women than men in all states. Fever was reported by 35 percent of married women in southern states, while significantly higher proportion women suffered from genital infection northern states. The mean mental ill health score was less than three (12 represent maximum score) for all states. Higher wealth quintile, better education, relatively higher age at marriage, spousal interaction before marriage, love marriage, better inter-spousal communication and nonviolence in marital life were major determinant of a happy married life.

Keywords: Mental Health, Marriage, Happy married life, Fever, Genital Infection.

Introduction

In general, married people are healthier than those who are not married across a wide array of health outcomes¹. Although the association between marriage and health is well established, the fact that married people generally have better health does not imply that marriage causes these better outcomes. Instead, healthier may be more likely than those who are less healthy to get and stay married, because they may be considered as more desirable marriage partners in terms of their various attributes (such as physical attractiveness, earning potentials, mental wellbeing, degree of self-sufficiency, and likely longevity). Social scientist describes this pattern of married people being more likely to marry as the “selection” of healthy people in to marriage. If the only reason for the correlation between marriage and health is the selection of healthier people in to marriage, then the marriage is not leading to better health. Instead, the observed health differences between married and unmarried people are the result of healthier people being more likely to marry. Marriage may also provide an emotional fulfilling, intimate relationship, satisfying the need for social connection, which could have implication for both physical and mental health². Most researchers conclude that the association between marriage and health represent a combination of selection and protection³. In India, adolescent girls account for a little more than one fifth of the population; however, 31 percent of the girls got married at a very young. Thus, health is a

function of not only medical care but also of economic and cultural factors. The young girls have to fulfill the responsibilities of multiple roles and in this process; they ignore their own health and nourishment.

The association between marriage and health is well established. There is substantial amount of research suggest that marriage has a wide range of benefits, including improvements in individual's economic wellbeing and mental and physical health as well as wellbeing of their children^{4,5}. The existence of an association between marriage and health does not necessarily imply that marriage cause better outcomes, however. In particular, people who marry may already be healthier than those who do not, and this may be the reason for the better health for married adult.

Many studied have reported that married people and people with children are happier than singles; especially divorced, separated and widowed person are significantly less happy and satisfied with their life⁶. In many studies it has been revealed that love is in an important predictor of happiness, satisfaction, and positive emotion^{7,8}. Lucas argue that it is very difficult to conceptualized and measure the happiness, because of its subjectivity. In recent studies subjective well-being emerged as most popular concept to understand happiness, it consist two components: life satisfaction and emotion. Personality characteristics and differences with regard to personality characteristics have

generally found to be important factors in forming and maintaining an intimate relationship.

In view of the foregoing discussion, this paper is an endeavor to have microscopic look at the married life and health among youth in India and its different dimensions i.e. General health problems in last three months, mental health and perceived happiness in married life among married male and women.

Methodology

In this paper general health problems in last three months among youth were captured under following domains: Fever, skin infection, asthma and Genital infections. While to assess the mental health disorders among married youth following questions were used under GHQ-12 (general health questionnaire-12): In the past one month prior the survey if the respondent has ever experienced any of the following: Able to concentrate on work, lost sleep over worry, played a useful role, able to make decision, felt constantly under strain, could overcome difficulties, able to enjoy day to day activities, to face problems, being unhappy or depressed, lost confidence, thought of himself/herself worthless person, being reasonably happy in all things. A question is also being put to understand the perceived happiness in married life. Again a summative scale is constructed to measure the extent of mental ill health among married men and women. Multiple linear regression is used to identify the predictors of mental ill health while binary logistic is used for happy married life.

Description of variables: Dependent variables. Mental ill health and Perception about married life.

Independent variables: Considered in different multivariate analysis are.

Demographic variables: Age of youth, type of family, age at marriage and marriage duration.

Social variables: Place of residence, educational status, child parent's interaction, religion, and caste, experience of violence in child hood, witness of parental violence; alcoholism and drug use, communication on household matters, fertility behavior and mobility.

Economic variables: Wealth index, current work status.

Analytical approach: Mental health status scale: In order to assess Mental Health Status Scale following questions were used under GHQ-12 (general health questionnaire-12): In the past one month prior the survey if the respondent has ever experienced any of the following: those response recode in 1 its shows the mental ill health and 0 shows the good sign of mental health i. Able to concentrate on work, (1=No, 0=Yes), ii. Lost sleep over worry, (0=No, 1=Yes), iii. Played a useful role, (0=Yes, 1=No), iv. Able to make decision, (0=Yes, 1=No), v.

Felt constantly under strain, (0=No, 1=Yes), vi. Could overcome difficulties, (0=Yes, 1=No), vii. Able to enjoy day to day activities, (0=Yes, 1=No), viii. To face problems, (1=No, 0=Yes), ix. Being unhappy or depressed, (0=No, 1=Yes), x. Lost confidence, (0=No, 1=Yes), xi. Thought of himself/herself worthless person, (0=No, 1=Yes), xii. Being reasonably happy in all things. (0=Yes, 1=No).

In order construct Mental Health Status scale all the variables are added. The score of the scale ranges from 0-12 where value closer to 0 indicates better mental health status and value closer to 12 poor mental healths.

Results and Discussion

Prevalence of physical health problems among married men and women: In this study symptom of genital infection includes genital ulcer, genital itching, swelling in groin, discharge, burning during urination.

Figure-1 shows prevalence of general and sexual health problem among married men and women during last three months in prior to the survey in all six states. Married women exhibit higher prevalence of general and sexual health problem as compared to married men. Prevalence of high fever among married women is highest in the state of Maharashtra (35%) while lowest in Jharkhand (29%). Among married men the prevalence is highest in Bihar (24%) and lowest in Rajasthan (16%). Men-women differential in prevalence of high fever is greater in the state of Tamil Nadu and minimal in Bihar. Like high fever both married men in Bihar and married women in Rajasthan exhibit higher prevalence of skin problem. In Bihar 4.2 percent married men followed by 3.9 percent married men in Jharkhand and 3.8 percent married women in Rajasthan followed by 3 percent women in Jharkhand experienced skin problem. Both married men and women in Bihar had highest prevalence of asthma problem (2.5% married men 3.4% married women) followed by Jharkhand (2.4% married men and 3.3% married women) respectively. The table also depicts the large differentials in the prevalence of genital infection between married men and women across all six states. For instance, prevalence of genital infection is lowest among married men of Andhra Pradesh while highest in Jharkhand. Such prevalence is lowest among married women of Andhra Pradesh while highest in Bihar. Men-women differential in genital infection is greater across all the states (Figure-1). The differential is highest in the state of Tamil Nadu while lowest in Jharkhand.

Determinants of mental ill health: Table-2 shows effect of selected background characteristics on mental ill health among married men and married women. Result of multiple linear regression shows that mental ill health is positively associated with increased age among married men ($p < 0.05$) but not with married women. It is apparent from the table that both men ($p < 0.01$) and women ($p < 0.01$) from rural areas has significant positive association with mental ill health. Wealth are

significantly and negatively associated with mental ill health mainly for men. Those men and women who have spousal communication over household matters, on fertility behavior, and mobility related matters are significantly and negatively associated with mental ill health. However women who had experienced violence in childhood days are significantly and positively associated ($p < 0.01$) in this regards but those men and women who witnessed violence in their household are

significantly and negatively associated. Mental ill health is positively associated for non-working women ($p < 0.01$). Those men who ever perpetrated physical and sexual violence and women who ever experienced physical and sexual violence are significantly and positively associated with mental ill health. Similarly gender biasness have significant positive association for both men ($p < 0.05$) and women ($p < 0.01$) with mental ill health.

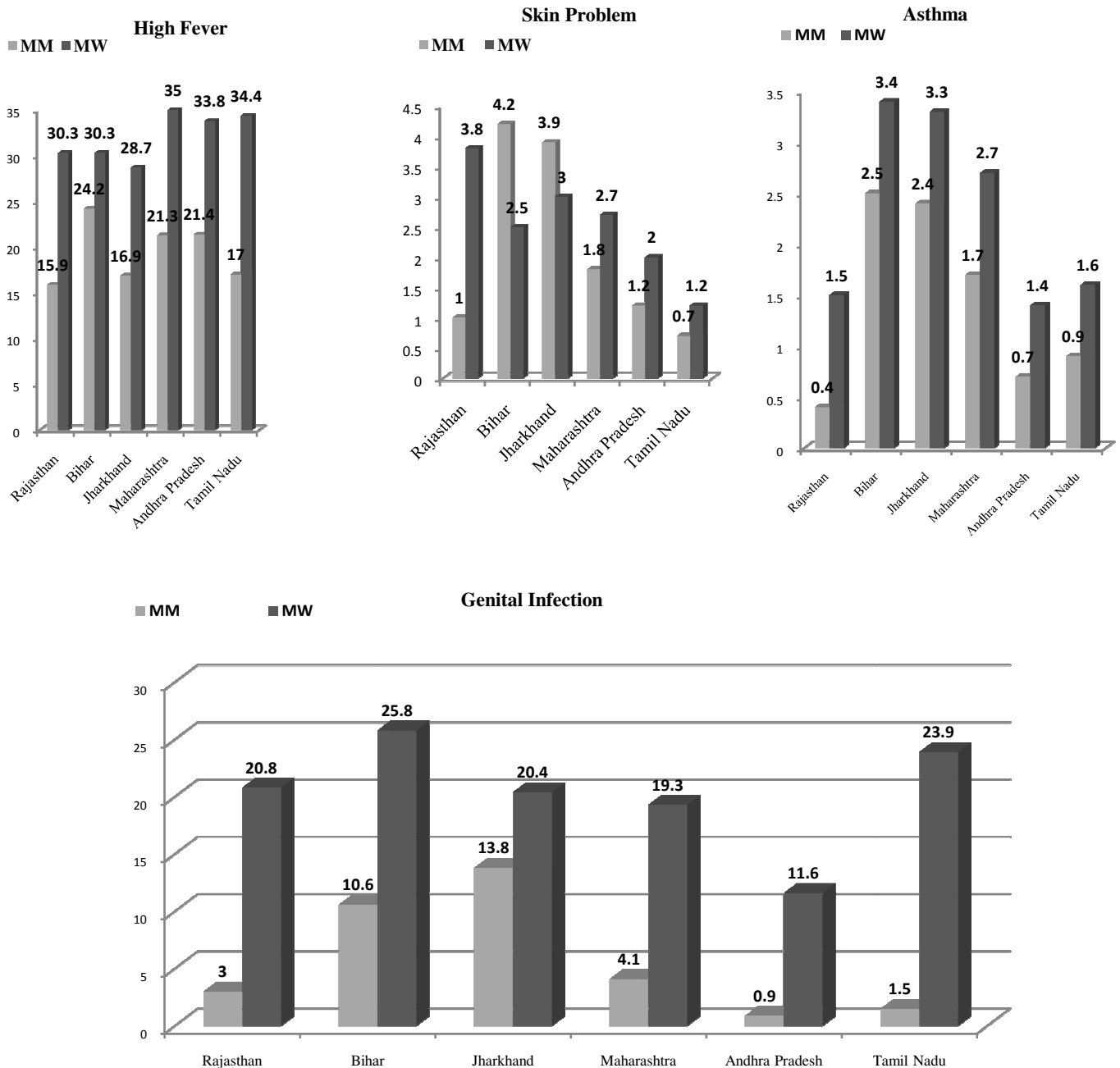


Figure-1
 Prevalence of physical health problem among married men and women

Table-2
Predictors of mental ill health: Result of multiple linear Regressions

| Background Characteristics | MM (15-29) | MW (15-24) | Have communication | -0.041 | -0.105*** |
|---|------------|------------|--|----------|-----------|
| | B-Value | B-Value | | | |
| Age in completed Years © | 0.016** | 0.009 | Experience of violence in childhood | | |
| Youth Level of Education © | -0.003 | -0.004 | No ® | | |
| Place of Residence | | | yes | 0.054 | 0.13*** |
| Urban ® | | | Witnessed violence in house hold | | |
| Rural | 0.265*** | 0.188*** | No ® | | |
| Wealth quintile | | | yes | -0.097** | -0.213*** |
| First ® | | | Type of Marriage | | |
| Second | 0.028 | -0.024 | Arrange ® | | |
| Third | -0.264*** | -0.086 | Love | 0.084 | 0.01 |
| Fourth | -0.316*** | -0.102* | Work Status | | |
| Fifth | -0.368*** | 0.041 | Working ® | | |
| Communication with spouse on house hold matters | | | Non-Working | - | 0.073** |
| No communication ® | | | Physical violence ever perpetrated by husband/experienced By women | | |
| Have communication | -0.183*** | -0.238*** | No ® | | |
| Communication on fertility Behavior | | | Yes | 0.183*** | 0.437*** |
| No communication ® | | | sexual violence ever perpetrated by husband/experienced By women | | |
| Have communication | -0.008 | -0.437*** | No ® | | |
| Communication on mobility related matters | | | Yes | 0.343*** | 0.162*** |
| No communication ® | | | Gender attitude © | 0.039** | 0.071*** |

Note: MM-Married men; MW-Married women; (R): Reference category; (C): Continuous variable Mental ill health score range from 0-12, 0- having no mental problem. ***p<0.01; **p<0.05; *p<0.1

Mean mental score: Table-3 shows the mean score of mental ill health, score ranges from (0-12) higher the score it means more mental ill health. Mean mental score is less than 3 across all the states. Differences in rural- urban are narrow among married men and women but those who are residing in rural areas are having higher mean score as compare to urban. As compare in wealth, better economic condition clearly shows the lower mean value. Similarly those who had better communication with their spouse are having low mean value. Experiencing violence in childhood day, perpetration and

experience of violence in marital life for both men and women are positively associated with mental ill health while witnessing violence in childhood days is other way round. Those women who had love marriage are having lower mean as compare to arrange. Working men and non-working women are having higher mean score.

Determinants of perceived happiness in married life: Table-4 presents results of binary logistic regression analysis for happy married life among men and women. Three separate models are used.

Table-3
Mean mental Score

| Background Characteristics | MM | MW | | |
|---|------|------|--|-----------|
| | | | Have communication | 1.90 1.93 |
| Age of respondent | | | Communication on mobility related matters | |
| 15-19 | 1.96 | 2.05 | No communication | 2.00 2.12 |
| 20-24 | 1.89 | 1.98 | Have communication | 1.85 1.84 |
| 25-29 | 1.93 | - | Experience of violence in childhood | |
| Education | | | No | 1.85 1.95 |
| No education | 2.19 | 2.14 | Yes | 2.00 2.23 |
| 1-7 years | 1.92 | 2.06 | Witnessed violence in household | |
| 8-11 years | 1.89 | 1.86 | No | 2.07 2.30 |
| 12 and above | 1.66 | 1.64 | Yes | 1.83 1.89 |
| Place of residence | | | Type of Marriage | |
| Urban | 1.58 | 1.76 | Arrange | 1.92 2.01 |
| Rural | 2.03 | 2.08 | Love | 1.93 1.88 |
| Wealth quintile | | | Work Status | |
| First | 2.28 | 2.18 | Working | 2.39 1.91 |
| Second | 2.16 | 2.12 | Non-Working | 1.91 2.14 |
| Third | 1.86 | 1.99 | Physical violence ever perpetrated by husband | |
| Fourth | 1.74 | 1.85 | No | 1.86 1.86 |
| Fifth | 1.59 | 1.85 | Yes | 2.16 2.43 |
| Communication with spouse on household matters | | | Sexual violence | |
| No communication | 2.08 | 2.31 | No | 1.86 1.91 |
| Have communication | 1.90 | 1.97 | Yes | 2.29 2.21 |
| Communication on fertility Behavior | | | Gender biasness | |
| No communication | 1.99 | 2.39 | No biasness | 1.76 1.90 |
| | | | Have biasness | 1.93 2.01 |

Table-4
Odds ratio from Logistic regression on predictors of happy married life

| Variables | Model 1 ⁽¹⁾ | | Model 1 ⁽²⁾ | | Model 1 ⁽³⁾ | |
|-------------------------------|------------------------|-------------|------------------------|-------------|------------------------|-------------|
| | Odds Ratio | CI | Odds Ratio | CI | Odds Ratio | CI |
| Family type | | | | | | |
| Nuclear ® | | | | | | |
| Non-Nuclear | 0.90*** | (0.83-0.97) | 0.87** | (0.77-0.98) | 0.94 | (0.84-1.04) |
| Caste | | | | | | |
| General ® | | | | | | |
| Schedule Caste | 1.02 | (0.90-1.13) | 0.93 | (0.76-1.11) | 1.14 | (0.93-1.38) |
| Schedule Tribe/ VJNT | 1.05 | (0.90-1.21) | 1.05 | (0.91-1.19) | 0.83** | (0.73-0.94) |
| Other Backward Classes | 0.92* | (0.84-1.00) | 0.99 | (0.83-1.18) | 1.04 | (0.89-1.20) |
| Religion | | | | | | |
| Hindu ® | | | | | | |
| Muslim | 1.04 | (0.92-1.17) | 1.00 | (0.83-1.19) | 1.09 | (0.93-1.28) |
| Christian | 0.77** | (0.62-0.95) | 0.87 | (0.60-1.26) | 0.73** | (0.56-0.95) |
| Others | 1.21* | (0.99-1.48) | 1.13 | (0.81-1.57) | 1.32** | (1.02-1.69) |
| Place of Residence | | | | | | |
| Urban ® | | | | | | |
| Rural | 1.00 | (0.91-1.08) | 0.94 | (0.82-1.07) | 0.94 | (0.83-1.04) |
| Youth Level of Education © | 1.03*** | (1.01-1.03) | 1.01 | (0.99-1.02) | 1.05*** | (1.03-1.06) |
| Age in completed Years © | 0.96*** | (0.95-0.98) | 0.96*** | (0.94-0.98) | 0.97** | (0.95-0.99) |
| Age at Marriage for MM | | | | | | |
| <22 Years ® | - | - | | | - | - |
| 22- and above | - | - | 0.82 | (0.72-0.92) | - | - |
| Age at Marriage for MW | | | | | | |
| <18 Years ® | - | - | - | - | | |
| 19- and above | - | - | - | - | 1.06** | (0.94-1.19) |
| Age at marriage© | 1.08*** | (1.06-1.09) | | | | |
| Wealth Index | | | | | | |

| Variables | Model 1 ⁽¹⁾ | | Model 1 ⁽²⁾ | | Model 1 ⁽³⁾ | |
|---|------------------------|-------------|------------------------|-------------|------------------------|-------------|
| | Odds Ratio | CI | Odds Ratio | CI | Odds Ratio | CI |
| First ® | | | | | | |
| Second | 1.03 | (0.92-1.16) | 1.07 | (0.90-1.26) | 1.04 | (0.89-1.22) |
| Third | 1.03 | (0.91-1.15) | 0.99 | (0.83-1.17) | 1.08 | (0.92-1.26) |
| Fourth | 1.34*** | (1.18-1.51) | 1.36*** | (1.13-1.63) | 1.39*** | (1.18-1.63) |
| Fifth | 1.64*** | (1.42-1.87) | 2.20*** | (1.76-2.73) | 1.50*** | (1.24-1.79) |
| Child Parents Interaction on personal problems | | | | | | |
| Interaction with Others ® | | | | | | |
| Mother or Father only | 0.97 | (0.90-1.03) | 0.93 | (0.83-1.02) | 1.01 | (0.91-1.00) |
| Communication with spouse on house hold matters | | | | | | |
| No ® | | | | | | |
| some what | 1.28*** | (1.11-1.46) | 1.57*** | (1.29-1.90) | 1.05 | (0.87-1.27) |
| very much | 1.35*** | (1.19-1.52) | 1.67*** | (1.39-1.99) | 1.03 | (0.87-1.22) |
| Communication on fertility Behavior | | | | | | |
| No ® | | | | | | |
| some what | 1.12 | (1.00-1.24) | 1.14* | (0.99-1.32) | 1.15** | (0.98-1.33) |
| very much | 1.09** | (0.97-1.21) | 1.29*** | (1.09-1.51) | 1.04 | (0.88-1.20) |
| Communication on mobility related matters | | | | | | |
| No ® | | | | | | |
| some what | 0.64*** | (0.58-0.70) | 1.52*** | (1.34-1.72) | 1.30*** | (1.16-1.45) |
| very much | 0.91* | (0.82-1.00) | 1.62*** | (1.41-1.84) | 1.55*** | (1.37-1.74) |
| Payment of dowry | | | | | | |
| Payment ® | | | | | | |
| No Payment | 0.93* | (0.85-1.01) | 0.88** | (0.78-0.99) | 0.95 | (0.84-1.07) |
| Interaction with spouse before marriage | | | | | | |
| No ® | | | | | | |
| Yes | 1.15** | (1.07-1.25) | 1.26*** | (1.12-1.42) | 1.15*** | (1.04-1.27) |

| Variables | Model 1 ⁽¹⁾ | | Model 1 ⁽²⁾ | | Model 1 ⁽³⁾ | |
|--|------------------------|-------------|------------------------|-------------|------------------------|-------------|
| | Odds Ratio | CI | Odds Ratio | CI | Odds Ratio | CI |
| Physical violence ever Done by husband experience by women | | | | | | |
| No [®] | | | | | | |
| Yes | 0.63*** | (0.57-0.68) | 0.76*** | (0.67-0.86) | 0.48*** | (0.43-0.54) |
| Sexual violence ever done by husband experience by women | | | | | | |
| No [®] | | | | | | |
| Yes | 0.67*** | (0.61-0.72) | 0.90 | (0.77-1.03) | 0.60*** | (0.53-0.65) |
| Type of Marriage | | | | | | |
| Arrange [®] | | | | | | |
| Love | 2.10*** | (1.79-2.45) | 2.24*** | (1.70-2.94) | 2.23*** | (1.83-2.71) |
| Gender Attitude [©] | 0.93*** | (0.90-0.94) | 0.88*** | (0.84-0.94) | 0.93*** | (0.89-0.96) |
| Constant | 0.67 | | 6.13 | | 2.03 | |
| R ² | 0.13 | | 0.11 | | 0.15 | |
| N | 21361 | | 7812 | | 13549 | |

Combined, (2) Married Men, (3) Married Women; ^(C) Continuous variables; ^(R) Reference Categories.; Covariate Controlled: Dependant Variable: Perception about married life: 0 Otherwise 1 Very happy ; Level of significance: ***p<0.01; **p<0.05; *p<0.1; CI-Confidence Intervals.

Model-1 shows combined results for both men and women and model-2 and model-3 shows the separate results for men and women respectively. Result from Model 1 shows that respondents living in non-nuclear family are 10 percent less likely to report happy married life than those living in nuclear family. There is a positive association between the level of youth education and happy married life. With the increase in the level of youth education there is three percent more likelihood of reporting happy married life. Age of the respondents is showing inverse relationship with the happy married life but age at marriage is showing positive association. With the increase in the age there is four percent less likelihood of reporting happy married life and with the increase in the age at marriage there is eight percent more likelihood of happy married life. The respondents belonging to higher wealth quintile are 34 percent and 64 percent more likely to report happy married life than their counterparts belonging to lower wealth quintile. Respondents who communicate with their spouse on household matters and fertility behavior are significantly more likely to have a happy married life than those who have no communication with their spouse. It is not true with regard to the communication on mobility related matters. The respondents are 36 percent less likely to report happy married life than those who have no spousal communication on such matters. Those having interaction with spouse before marriage are more likely

to perceive their married life is happy. Respondents who have ever perpetrated (by husband) or experienced (by wife) physical and sexual violence are 37 percent and 33 percent respectively less likely to report happy married life than those who have never perpetrated or experience violence. Respondents who have love marriage are 2.10 times more likely to report happy married life than those who have arranged marriage. There is a positive association between gender egalitarianisms and happy married life. As there is an increase in the gender biasness in terms of education, decision making, autonomy, there is seven percent less likelihood of reporting happy married life.

Summary: This study shows that prevalence of morbidity is more for a female of the male in all states. Fever is reported by 35 percent of women youth in southern states while proportion women suffering from genital infection is more in northern states. Prevalence of physical morbidities like fever and genital infection is more among married women. Reproductive tract infections are being increasingly recognized as a serious global health problem with impact on individual women and men, their families and communities. They can have severe consequences, including infertility, ectopic pregnancy; chronic pelvic pain and miscarriage. Figure-1 shows general and sexual health problem among married men and women. In this study symptom of genital infection includes genital ulcer, genital itching, swelling

in groin, discharge, burning during urination. Finding shows that states wise differences is narrow. Young women in Bihar and Tamil Nadu are more likely to report than other states. The mean mental ill health score is less than three (12 represent maximum score) for all states. The result from multiple linear regression shows that increasing age and those having gender biases, living in rural areas are having the positive association with mental ill health. A common portrayal is that a person with some sort of mental illness is more likely to indulge in violent activity, here results show that men and women who have perpetrated and experience domestic violence, are positively associated with mental ill health. In the case of married women, experiencing personal violence in childhood days are also positively associate with that. While the working status of women, better economic condition and having good inter-spousal communication are negatively associated with mental ill health. While better inter-spousal communication, more wealth, and education, higher age at marriage, nonviolence in marital life, love marriage and interaction with spouse before marriage emerges as a major determinant of a happy married life.

Conclusion

Though, the evidence is sparse in India that, whether the young married couples has healthy married life or not after marriage. This study, taken self-reported happiness among married youth i.e. how you perceived your marital life. Result portrays that those living in the non-nuclear family are less likely to report satisfaction/ happiness; the age of respondent; gender biases and violence in marital life lessen the pleasure in their marital life. There is ample literature available, which established a casual link between marriages and health in a various setting in the world. So, while dealing such issue, one need to be understood that there are so many compounding factors which leads to problems and solutions in wedlock. Adolescent girls account for a little more than one-fifth of the population; however, 31 percent of the girls got married at a very young age. Early marriage poses a barrier to education and occupation. Now a day's violence in marital life either sexual or physical pose

challenges, cutting across all societies. Thus, health is a function of not only medical care but also of economic and cultural factors.

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