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Early Marriage and Maternal Anxiety in Caring for Sick Children in Primary Healthcare Settings



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ABSTRACT

Introduction: Early marriage is often associated with psychological immaturity, which may affect an individual's ability to cope with stressful situations, including caring for a sick child. Limited emotional readiness may increase the risk of anxiety among young couples when facing child health problems.

Objectives: This study aimed to analyze the effect of early marriage age on anxiety levels in caring for sick children.

Methods: This study employed an analytic correlational design with a cross-sectional approach. A total of 140 respondents were included using a total sampling technique. Data were collected using structured questionnaires and analyzed using the Spearman rank correlation test with a significance level of $p < 0.05$.

Results: The findings showed a statistically significant relationship between early marriage age and anxiety levels ($p = 0.001$). The correlation coefficient ($r = -0.531$) indicated a moderate negative relationship, suggesting that younger age at marriage is associated with higher levels of anxiety in caring for sick children.

Conclusions: Early marriage age has a significant influence on anxiety levels in caring for sick children. These findings highlight the importance of psychological readiness and maturity in family life, particularly in managing stress related to child health.



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Introduction

Early marriage remains a significant global public health and social issue, particularly in low- and middle-income countries. It is widely associated with adverse physical, psychological, and social outcomes, especially among women who enter marriage before reaching full emotional and cognitive maturity (Efevbera et al., 2017; Plummer et al., 2017; UNICEF, 2023). Despite ongoing global efforts to reduce its prevalence, early marriage continues to occur due to socioeconomic, cultural, and educational factors, placing young couples at risk of various health and psychosocial challenges (Parsons et al., 2015; Wodon et al., 2018).

From a psychological perspective, early marriage is often linked to emotional instability, limited coping skills, and increased vulnerability to stress. Adolescents who enter marriage at a young age are generally not fully prepared to manage the responsibilities of family life, including parenting and caregiving (John et al., 2019; Raj et al., 2018). This lack of readiness may result in higher levels of anxiety and psychological distress, particularly when facing stressful situations such as caring for a sick child or managing household and marital demands (Efevbera et al., 2017; Yount et al., 2017).

Anxiety is a common psychological response to stress and uncertainty, and it plays a critical role in influencing caregiving behaviors. Parents with high levels of anxiety may experience difficulty in decision-making, emotional regulation, and providing effective care for their children (Dennis et al., 2017; Kingston et al., 2012). In the context of early marriage, these challenges may be amplified due to immature coping mechanisms, constrained access to resources, and limited life experience (Black et al., 2017; Smith et al., 2022).

Several studies have demonstrated a significant relationship between early marriage and poor mental health outcomes. Women who marry early are more likely to experience anxiety, depression, and psychological distress compared to those who marry at a later age (Kidman, 2017; Le Strat et al., 2011; Raj et al., 2018). Furthermore, early marriage has been associated with increased caregiving stress and greater vulnerability

when young parents are required to manage child illness without adequate knowledge, autonomy, or social support (Nasrullah et al., 2014; Paul, 2019; Raj et al., 2019).

In addition, the burden of caring for a sick child can significantly increase parental anxiety, especially among young mothers with limited parenting experience. Research has shown that parental anxiety is closely linked to child health conditions, caregiving demands, and perceived lack of control over the situation (Russell et al., 2020; Smith et al., 2022). This suggests that early marriage may indirectly contribute to higher anxiety levels through increased caregiving stress, reduced decision-making power, and limited access to supportive services (Black et al., 2017; Kingston et al., 2012; Raj et al., 2019).

Socioeconomic and environmental factors also play an important role in shaping the relationship between early marriage and anxiety. Limited access to education, healthcare, and social support systems may exacerbate psychological distress among young couples and constrain their capacity to cope with caregiving demands (Parsons et al., 2015; Wodon et al., 2018). Moreover, cultural expectations and gender norms often place a disproportionate burden on young women, further increasing their vulnerability to anxiety, intimate partner violence, and caregiving strain (Wodon et al., 2017; Yount et al., 2017).

Despite the growing body of evidence, research examining the relationship between early marriage and anxiety in the specific context of child caregiving remains limited. Most studies focus on general mental health outcomes, intimate partner violence, or reproductive health, without specifically addressing the psychological challenges associated with caring for sick children (Kidman, 2017; Raj et al., 2018). This gap highlights the need for further investigation into how early marriage influences anxiety in caregiving situations, particularly in settings where early marriage remains prevalent and health and social support systems are constrained (UNFPA, 2021; UNICEF, 2023).

Understanding this relationship is essential for developing targeted interventions to support young families. Identifying the impact of early marriage on anxiety levels can inform

healthcare providers, policymakers, and community programs in designing strategies to improve mental health, strengthen caregiving capacity, and mitigate the long-term consequences of early marriage for both parents and children (Black et al., 2017; Efevbera et al., 2017; Plummer et al., 2017). Therefore, this study aimed to analyze the effect of early marriage age on anxiety levels in caring for sick children.

Methods

This study employed a quantitative analytic correlational design with a cross-sectional approach to examine the relationship between early marriage age and anxiety levels in caring for sick children. This design enables the simultaneous measurement of independent and dependent variables at a single point in time, allowing for the identification of associations between variables.

The study population consisted of individuals who entered marriage at an early age. A total sampling technique was applied to include all eligible participants who met the inclusion criteria. The final sample comprised 140 respondents. Inclusion criteria included individuals who married at a young age, had experience caring for a sick child, were physically and mentally capable of participating, and provided informed consent. Participants who did not meet these criteria or had incomplete data were excluded from the study.

The independent variable in this study was early marriage age, defined as marriage occurring before the age of full psychological maturity. This variable was categorized into three age groups: 15–16 years, 16–17 years, and 18–20 years. The dependent variable was anxiety level in caring for sick children, defined as a psychological response characterized by feelings of worry, tension, and fear when managing a child's illness.

Data were collected using structured questionnaires administered to respondents. The questionnaire for early marriage age consisted of items assessing knowledge and characteristics related to early marriage. Anxiety levels were measured using a structured instrument categorized into four levels: no anxiety, mild anxiety, moderate

anxiety, and severe anxiety. Responses were measured using an ordinal scale.

Prior to data collection, the research instrument underwent validity and reliability testing. Validity was assessed using Pearson product-moment correlation, where all items met the required validity threshold. Reliability testing was conducted using Cronbach's alpha, indicating acceptable internal consistency for the instruments used.

Data collection was conducted by distributing questionnaires to eligible respondents after obtaining informed consent. Participants were informed about the purpose of the study, and confidentiality was ensured. Completed questionnaires were reviewed for completeness before data analysis.

Data analysis was performed using Statistical Product and Service Solutions (SPSS). Descriptive statistics were used to summarize respondent characteristics and variable distributions. Inferential analysis was conducted using the Spearman rank correlation test to examine the relationship between early marriage age and anxiety levels, as both variables were measured on an ordinal scale. A significance level of $p < 0.05$ was used to determine statistical significance. The strength and direction of the relationship were interpreted based on the correlation coefficient.

This study adhered to ethical principles in research involving human participants. Informed consent was obtained from all respondents prior to participation. Participant anonymity was maintained by using coded identifiers, and all information was treated as confidential. Respondents were informed of their right to withdraw from the study at any time without any consequences.

Results

A total of 140 respondents were included in this study. The distribution of respondents based on age at marriage showed that the majority were married at the age of 12–15 years (55.0%), followed by those aged 16–17 years (32.5%), and 18–20 years (12.5%). These findings indicate that early marriage predominantly occurred at a very young age within the study population.

Table 1. Distribution of Early Marriage Age

Age at Marriage	n (%)
12-15 years	77 (55.0)
16-17 years	46 (32.9)
18-20 years	17 (12.1)
Total	140 (100)

In terms of gender, most respondents were female (65.0%), while males accounted for 35.0%. Regarding the duration of marriage, the majority of respondents had been married for 1-5 years (70.0%), while the remaining participants had been married for 5-6 years (30.0%). Educational background showed that most respondents had a primary school level of education (62.5%), followed by junior high school (25.0%) and senior high school (12.5%). In addition, the majority of families were engaged in informal occupations, including labor work, farming, and small-scale trading.

Table 2. Distribution of Anxiety Levels

Anxiety Level	n (%)
No anxiety	21 (15.0)
Mild	35 (25.0)
Moderate	46 (32.9)
Severe	38 (27.1)
Total	140 (100)

The distribution of anxiety levels indicated that a considerable proportion of respondents experienced moderate to high levels of anxiety when caring for sick children. Specifically, 15.0% of respondents reported no anxiety, 25.0% experienced mild anxiety, 32.5% experienced moderate anxiety, and 27.5% experienced severe anxiety. These results suggest that anxiety is a common psychological response among individuals who entered marriage at an early age.

Table 3. Cross-tabulation of Early Marriage Age and Anxiety Levels

Age at Marriage	No Anxiety	Mild	Moderate	Severe	Total
12-15 years	4	11	31	31	77
16-17 years	10	18	12	6	46
18-20 years	7	6	3	1	17
Total	21	35	46	38	140

The cross-tabulation analysis demonstrated a clear pattern in which younger age at marriage was associated with higher levels of anxiety. Respondents who married at the age of 12-15 years showed a higher proportion of moderate and severe anxiety compared to those who married at older ages. In contrast, respondents who married at the age of 18-20 years were more likely to report lower levels of anxiety.

Inferential analysis using the Spearman rank correlation test showed a statistically significant relationship between early marriage age and anxiety levels ($p = 0.001$). The correlation coefficient ($r = -0.531$) indicated a moderate negative correlation, suggesting that the younger the age at marriage, the higher the level of anxiety experienced in caring for sick children.

Discussion

The findings of this study demonstrated a significant relationship between early marriage age and anxiety levels in caring for sick children, with a moderate negative correlation indicating that younger age at marriage is associated with higher levels of anxiety. This result suggests that psychological maturity plays an essential role in determining an individual's ability to cope with caregiving stress. Individuals who marry at a younger age may lack the emotional readiness and coping capacity required to manage stressful situations, particularly when dealing with child illness.

These findings are consistent with previous research indicating that early marriage is strongly associated with adverse mental health outcomes. Studies have shown that individuals who enter marriage at a young age are more likely to experience psychological distress, including anxiety and emotional instability (John et al., 2019; Le Strat et al., 2011). This may be attributed to the limited development of cognitive and emotional regulation skills at younger ages, which are crucial for managing stress and caregiving responsibilities.

From a developmental perspective, early marriage can disrupt normal psychosocial development and reduce opportunities for education and skill acquisition. Evidence suggests that early marriage is associated with lower educational attainment and reduced access to resources, which in turn increases vulnerability to stress and mental health problems (Parsons et al., 2015; Wodon et al., 2017). This condition may further exacerbate anxiety when young parents are required to

care for sick children without adequate knowledge or support.

The results of this study also align with findings that caregiving for a sick child is a significant source of psychological stress, particularly among parents with limited experience. Caregiver burden has been shown to increase levels of anxiety, especially when individuals feel unprepared or lack confidence in managing their child's health condition (Russell et al., 2020; Smith et al., 2022). In the context of early marriage, this burden is likely to be greater due to the combined challenges of young age, limited experience, and restricted access to healthcare information.

Furthermore, early marriage has been linked to broader social and health risks that may indirectly contribute to increased anxiety. Studies have shown that child marriage is associated with higher risks of intimate partner violence, poor maternal health, and negative child health outcomes (Kidman, 2017; Nasrullah et al., 2014). These factors may create an environment of chronic stress, which can intensify anxiety levels when additional stressors, such as child illness, are present.

Global evidence also emphasizes that early marriage remains a critical public health issue that affects both women and children. Reports from international organizations highlight that early marriage limits life opportunities and increases vulnerability to psychological distress (UNFPA, 2021; UNICEF, 2023). This supports the findings of the present study, which demonstrate that early marriage is not only a social issue but also a determinant of mental health outcomes.

In addition, emotional and psychological distress during caregiving has been associated with negative outcomes for both parents and children. Parental anxiety can affect caregiving quality, decision-making, and parent-child interactions, potentially impacting child recovery and overall well-being (Black et al., 2017; Dennis et al., 2017). This indicates that addressing parental anxiety is essential for improving child health outcomes.

Despite these findings, this study has several limitations. The cross-sectional design does not allow for causal inference, and the reliance on self-reported data may introduce bias. Additionally, other factors such as socioeconomic status, social support, and

parenting experience were not fully explored. Future research is recommended to use longitudinal designs and include broader variables to better understand the mechanisms underlying the relationship between early marriage and anxiety.

Overall, this study reinforces the importance of delaying marriage to an appropriate age and strengthening psychological readiness before entering family life. The findings highlight the need for interventions aimed at improving mental health support and caregiving capacity among young parents, particularly those who experience early marriage.

Implication and limitation

The findings of this study have important implications for maternal and child health, particularly in highlighting early marriage as a significant risk factor for increased anxiety in caregiving situations. The results suggest that psychological readiness and maturity are crucial components in managing stress when caring for sick children. These findings support the need for early interventions, including premarital education, mental health support, and parenting preparation programs to strengthen coping capacity among young couples.

However, several limitations should be acknowledged. First, the cross-sectional design limits the ability to establish causal relationships between early marriage and anxiety levels. Second, the use of self-reported questionnaires may introduce response bias and subjectivity. Third, this study did not comprehensively assess other influencing factors such as social support, economic status, and parenting experience, which may also contribute to anxiety levels. Future studies are recommended to employ longitudinal designs and include broader variables to better understand the causal mechanisms.

Relevance for Practice

This study provides practical insights for healthcare professionals, particularly nurses, midwives, and primary care providers, in addressing the mental health needs of young parents. The findings emphasize the importance of identifying individuals at risk of anxiety, especially those who enter marriage at a younger age, and providing appropriate psychological support.

In practice, healthcare providers should integrate mental health screening, counseling, and education into routine maternal and child health services. Increasing awareness about the risks of early marriage and enhancing parenting skills may help reduce anxiety and improve caregiving quality. Collaboration between healthcare systems, educators, and community programs is essential to support young families and promote optimal child health outcomes.

Conclusion

This study found a significant relationship between early marriage age and anxiety levels in caring for sick children, with younger age at marriage associated with higher levels of anxiety. These findings highlight the importance of psychological maturity and preparedness in managing caregiving responsibilities. Early marriage may increase vulnerability to stress due to limited emotional readiness and coping capacity. Therefore, delaying marriage to a more mature age and strengthening psychological and parenting readiness are essential to reduce anxiety and improve the quality of child care.

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Author Contribution

Kiki Rokhmawati Azizah contributed to the study conceptualization, data collection, data analysis, and manuscript drafting. Ahmad Kholid Fauzi contributed to the study design, data interpretation, and critical revision of the manuscript. Tasrip contributed to data validation, manuscript review, and final approval of the manuscript. All authors approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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Declaration of Conflicting Interest

The authors declare no conflict of interest.

Declaration of Use of AI in Scientific Writing

The authors declare that generative AI and AI-assisted technologies were used to support language editing and grammatical refinement of the manuscript.

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