

The Burden of Child Marriage: Health Implications for Girls in Rural PakistanZohaib Newton¹, Nasim Khan Mahsud^{*2}

Original Article

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Abstract

The current research examines the effect of child marriages on the girls' health in rural areas of Faisalabad (Punjab)-Pakistan. The ratio of child marriages is high in Punjab. In Pakistan, 21% of girls marry before the age of 18 and most of them almost 75% gave first birth at the age between 16-17. Child marriages affect both male and females, but it more affects the health of females. Because before the age of 18 years, girls body parts are not being developed and mature to bear sexual pain and ability of the childbearing process. There are many causes of child marriages, such as lack of education, parental illiteracy, lack of parental awareness regarding the negative consequences of child marriages, lack of laws, burden of debts and poverty. The Positivist-quantitative approach was chosen to collect and analyze data, by using interview schedule as tool of data collection. The unit of analysis was female (100) who was married before the age of 18. The identification of respondents was done through social referral methods and snowball sampling methods. The data were analyzed through the Statistical Package for Social Science (SPSS) version 22.0 and MS-EXCEL 365. Both descriptive and inferential statistics were applied as a data analysis technique. The findings of the study showed that all the respondents were married before 18 and they give birth to the first baby at the age of 16-17 years which is considered very dangerous. Majority of the respondents were agreed that child marriage affects the health of girls and there are more chances of maternal deaths at the time of first childbirth. Child marriages effect physically, psychologically, socially, and economically. Moreover, the child marriages lead towards the physical abuse from husband and in-laws. The child marriage can be overcome from the society through Govt level policies, the facility of free education to girls, awareness to parents regarding the negative consequences of child marriages.

Keywords: Child Marriage, Girls, Health, Quantitative Analysis, Faisalabad, Pakistan

Background of the Study

Child marriage is a deeply ingrained socio-cultural practice in Pakistan that disproportionately affects the health and well-being of young girls, particularly in rural areas like of Faisalabad. Research suggests that early marriage leads to severe health risks, including complications during pregnancy, increased maternal and neonatal mortality, and psychological distress (Fikree, Mir, & Haq, 2006). Additionally, child marriage restricts girls' access to education and economic opportunities, further reinforcing the cycle of poverty and gender inequality (Raj, 2010). In Pakistan, the legal framework to prevent child marriage, including the Punjab Marriage Restraint Act (2015) and the Sindh Child Marriage Restraint Act (2016), remains inadequately enforced, contributing to the persistence of the issue (GoP, 2020). Social norms and patriarchal traditions, such as Watta Satta (exchange marriages) and Swara (marriage as conflict resolution), continue to legitimize the practice, leaving young girls vulnerable to exploitation and abuse (Nadia, 2013). While religious justifications for early marriage are often cited, medical research highlights the detrimental effects of early pregnancy on adolescent girls' reproductive health, including higher risks of obstetric fistula, anemia, and malnutrition (Mehra, 2004). Addressing this issue requires a multi-faceted

approach, including stricter law enforcement, community awareness programs, and improved access to education and healthcare for young girls (UNICEF, 2011).

Research Problem

Child marriages or early marriages have abundant social, physical, psychological and health issue for a female child, whose age is below 18 years. Child marriages not only restrict female mobility and social life, but also inversely affect her health conditions, like more chances of death during childbirth, bleeding, reproductive parts damage etc. Many Acts and laws have been passed and approved in Pakistan to restrain the child marriages, but still, the ratio of child marriage is high, where at the implementation stage the laws and Acts are not functional. In Pakistan, child marriages have both effects on male and females, but it has more adverse health effects on the female child. How child marriage affects the health of girls in rural areas of Faisalabad, Punjab is the aim of current study.

The Importance and Significance of the Study

This research inspects the effects of child marriage on the health both physical and psychological on the girls in rural areas of Faisalabad, Punjab. Child marriages have inverse effects on the health of girls. Many Acts and laws have been passed and made to protect child marriages, but still, the rate is higher in Pakistan as compared to the other countries in South Asia. Child marriages are the complete violation of the human rights of girls. Girls at the early ages face numerous types of violation like from in-laws, husband etc. In Faisalabad, the ratio of child marriages is higher where Govt and other civil society organizations need to implement solid policies to overcome the grave issue. The current study has both practical and theoretical significances, where this research adds in the existing literature which will be helpful for those upcoming researchers who wants to conduct their research on a similar topic. Secondly, this research is helpful for Govt., Non-governmental organizations, stakeholders, and parents of those female children who had married early ages or before 18. Moreover, this research aware parents regarding the negative consequences of child marriages and the social, physical, and emotional wellbeing's of girls after marriages.

Objectives

The study examines the effects of child marriage on the health of girls in the rural areas of Faisalabad, Punjab, Pakistan. The study has following objectives:

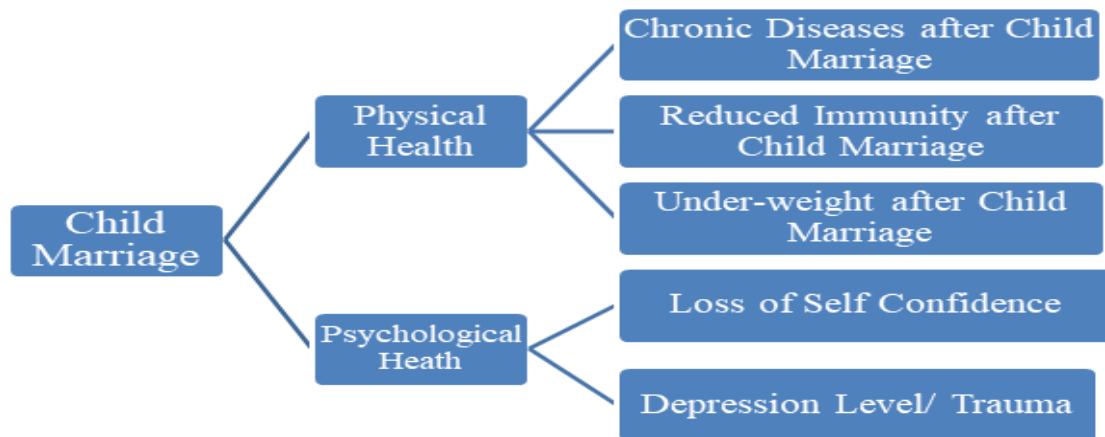
1. To study effect of child marriages on physical and psychological health of female children in rural areas of Faisalabad, Punjab.
2. To analyze the relationship between child marriages and health of girls in rural area of Faisalabad, Punjab.

Research Questions

The present research deals with the following questions:

1. What are the effects of child marriages on the physical and psychological health of girls in rural areas of Faisalabad, Punjab?
2. What is the relationship between child marriages and its impact on the girl's health in rural areas of Faisalabad, Punjab?

Conceptual Framework



Literature Review

Child marriage, defined as the marriage of individuals under the age of 18, is a significant human rights violation with widespread socio-economic and health consequences (UNICEF, 2016). Despite international agreements, child marriage remains prevalent, particularly in developing countries such as Pakistan, where approximately 21% of girls marry before turning 18 (NIPS, 2013). The practice is rooted in poverty, cultural traditions, and a perceived need for social security, yet it places young girls at severe health risks, including early pregnancies, sexually transmitted infections (STIs), and increased maternal mortality (Nour, 2009). Globally, South Asia has the highest incidence of child marriage, with 48% of women aged 15–24 married before 18, followed by 42% in Africa and 29% in Latin America (UN, 2005). This practice disproportionately affects girls, limiting their access to education and economic opportunities while reinforcing cycles of poverty and gender inequality (Raj, 2010). Health consequences are particularly alarming moreover, child brides face heightened risks of domestic violence, social isolation, and mental health disorders, including depression and anxiety (Le, 2011). In Pakistan, rural areas report the highest prevalence of child marriage, often driven by economic constraints and sociocultural norms (Shah et al., 2010). Studies reveal that early marriage correlates with increased cervical cancer rates and psychiatric disorders due to limited autonomy and exposure to forced sexual relations (Nasrullah & Muazzan, 2010). Additionally, adolescent brides in Kenya and Uganda are significantly more likely to contract HIV/AIDS than their unmarried peers, demonstrating the severe public health implications of child marriage (Nour, 2009). Despite legal measures in developed nations, enforcement remains weak in developing regions, necessitating comprehensive interventions. Effective strategies include community education, engagement of religious leaders, and empowerment initiatives providing girls with education and economic opportunities (UNICEF, 2011). Child marriage remains a pressing issue in Pakistan despite legal prohibitions, driven by factors such as family coercion, patriarchal norms, kinship structures, poverty, honour-related morality, and limited female education (Bhanji & Punjani, 2014; Kamal & Hussain, 2013; Raj et al., 2009). Cultural traditions, including caste and cousin marriages, reinforce the practice, as parents prioritize family security over girls' individual rights (Nadia, 2013; Sabbe et al., 2013). Economic hardships further push families to marry off daughters for financial relief, while social stigma regarding a girl's honour accelerates early

marriages (Subramanian, 2008; Schelur, 2006). Child marriage severely impacts girls' health, education, and social mobility, often leading to early pregnancies and increased mortality risks (UNICEF, 2011; Nour, 2006). To address this issue, comprehensive policy measures such as stricter law enforcement, improved education, women's empowerment, and awareness programs are necessary (Mehra & Agrawal, 2004; Machel & Pires, 2013). International efforts, particularly UN initiatives, emphasize the role of education and economic incentives in delaying marriage, highlighting the need for legal, social, and economic interventions to improve girls' welfare and future opportunities (Eruikar & Muthengi, 2009; ICRW, 2007).

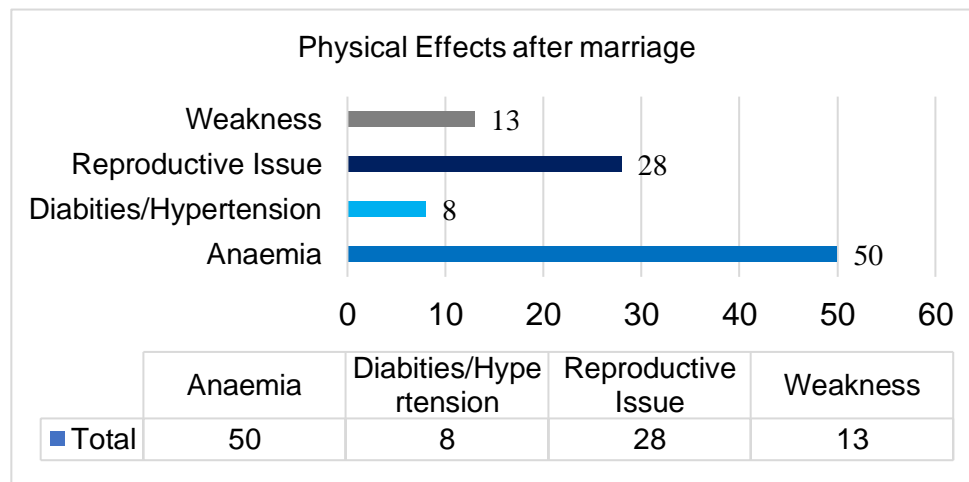
Methodology

In the present research, the quantitative method was used. The interview schedule method was used to assess the quantitative results. For the present research, the target population was limited to the women who were married before the age of 18 years and currently living with her husband and residence of rural areas of Faisalabad Punjab. The inclusive standards of the research were those women who were married before the age of 18 years. Women were interviewed face to face and with prior permission from their respected husband's. The researchers have assured the respondents regarding the confidentiality of the data, especially personal information, where the present data will only be use for academic purpose. The total sample was limited to one hundred (100) female respondents age ranging from 18 years to 40 years who have married before 18 years. The identification of respondents was through both social referral methods and snowball sampling technique. The basic criteria were limited to those women who have married before the age of 18 years and residence of the rural areas of Faisalabad. For the current research study, both MS-EXCEL and the Statistical Package for Social Sciences (SPSS) version 21.0 were used to analyze the collected data in a systematic manner. For the study, both descriptive (graphic) and inferential (correlation among variables) statistics were used for data analysis.

Findings and Discussion

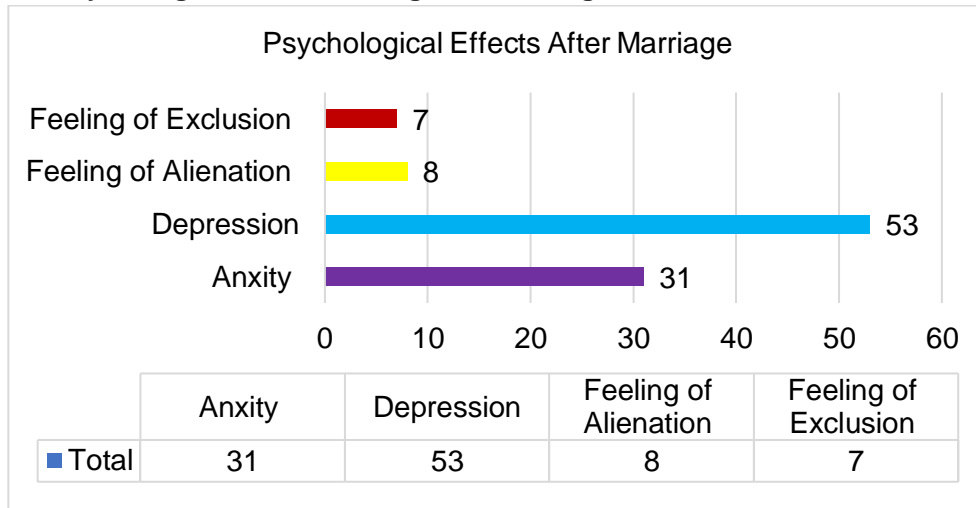
The following part of the article reveals study major findings and their interpretation.

Figure 1. Physical Effects Facing after Marriage



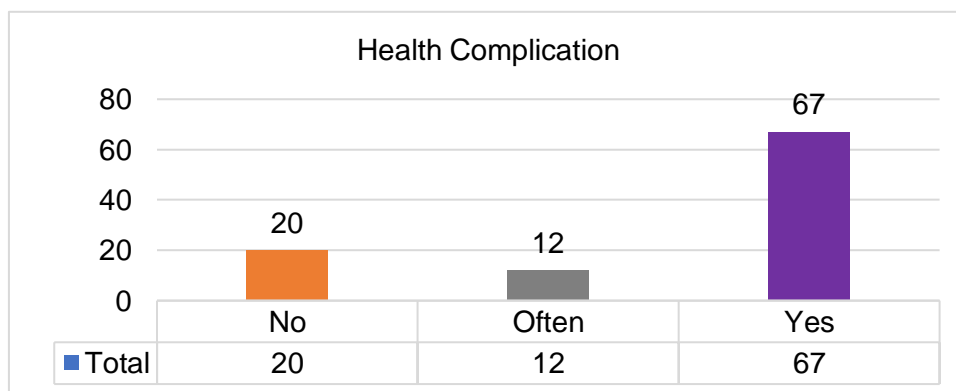
The figure No. 1 showed the physical effects of the marriages, where 13 respondents were feeling weakness, 28 respondents have reproductive issues, 8 respondents have diabetes/hypertension, and 50 respondents have Anaemia. This showed that early marriages have negative consequences on sexual and reproductive health of girls. Many studies have shown that child marriages have worsening effects on the health of girls, as girl child are not able to bear sexual activities and childbearing position, which is greater risk and threat to the physical health of girls.

Figure 2. Psychological Effects Facing After Marriage

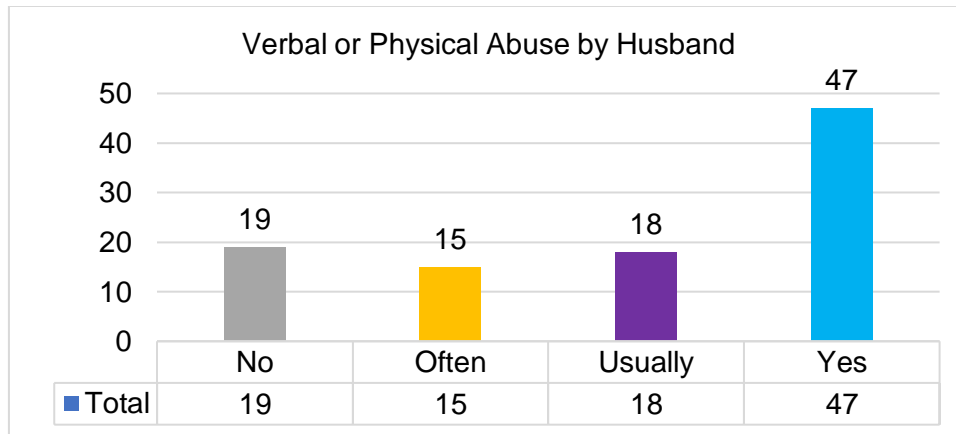


The figure No. 2 showed the psychological effects of child marriages on the girls. Where the results showed that, 7 respondents were feeling of exclusion, 8 respondents were feeling alienation, 53 respondents were under depression and 31 respondents were feeling anxiety. The conclusions of the figure showed that majority of respondents were under depression. Child marriages have both physical and psychological effects on the girl's health.

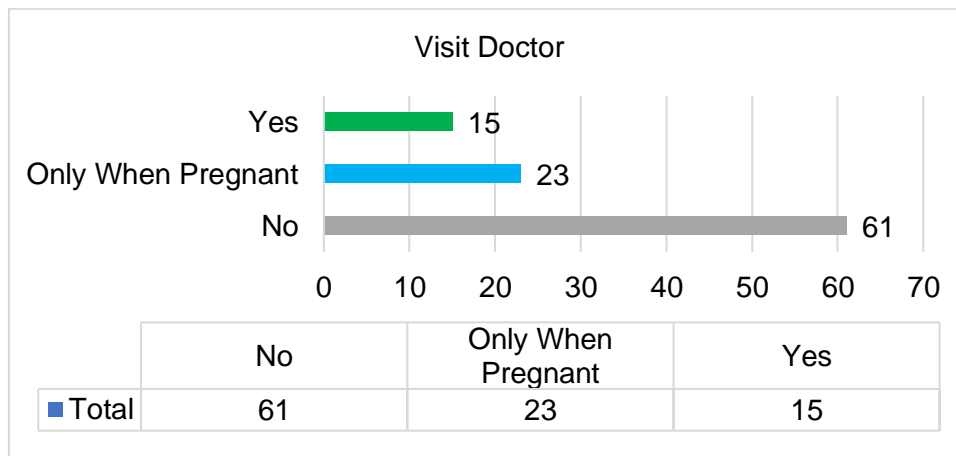
Figure 3. Facing Health Complications



The figure No. 3 showed the facing of health complication by girls who have early married. The results showed that, only 20 respondents were not facing health complications, 12 respondents were often facing health complications, and 67 respondents were facing health complication all the time.

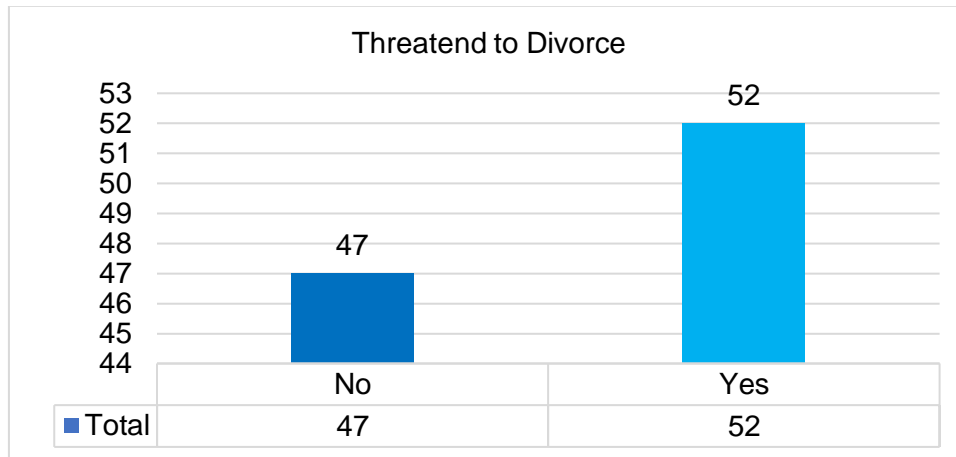
Figure 4. Verbally or Physically Abused by Husband

The figure No. 4 showed the verbal or physical abuse faced by married girls by their husband. The results showed that, 19 respondents were not facing physical abuse, 15 respondents were often abused by their male counterpart, 18 respondents were facing usually, and 47 respondents were always facing the physical or verbal abuse from her husband. Those societies where practices of child marriages are higher domestic abuse against females frequently occurred.

Figure 1. Visit Doctor Regarding Health Issues

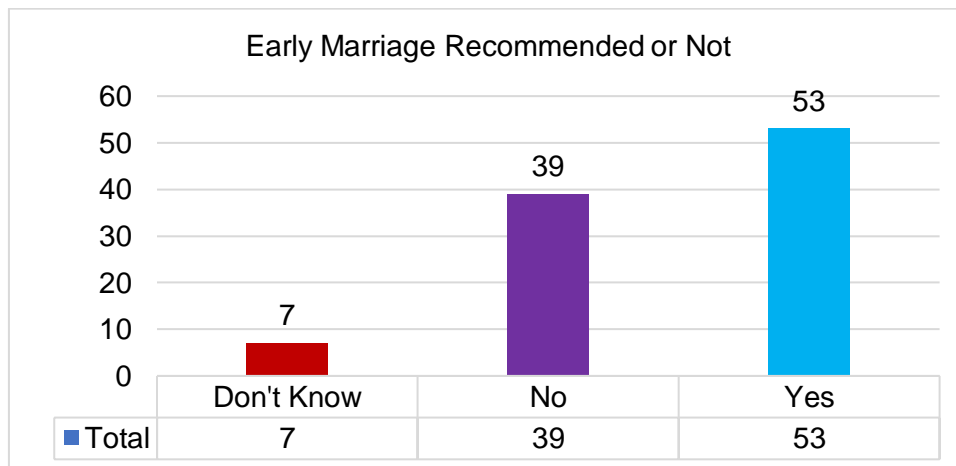
The figure No. 5 showed the respondents intensity to visit to doctors regarding the follow-up of their health. The results showed that 15 respondents were visiting doctor, 23 respondents only visit doctor when they get pregnant, and 61 respondents were not visiting to doctor regarding their health. The conclusion of the results showed that, majority of women are not visiting doctors about their sexual, mental and reproductive health.

Figure 6. Husband Threatened to give Divorce



The figure No. 6 showed respondent's response regarding warnings by husband for divorce. The results showed that 47 respondents were not facing the threat of divorce, and 52 respondents were facing the threat of divorce. The conclusion of the table showed that, majority of women are facing the threat of divorce by her husband. As above discussed, that majority of women were under the depression due to psychological burden. The threat of divorce is also psychological pressure on the health of women.

Figure 7. Early Marriage for Girls Recommended or Not



The figure No. 7 showed the women perception towards child/early marriage. The results showed the 7 respondents, they were not clear child marriage is good or not, 39 respondents were noting favour of child or early marriage, and 53 respondents were stated that they suggest the early marriages. Many women in rural areas are think that early marriages are important for girls, because marriages are protection and safety of women or secure their life.

The Inferential Analysis (Correlation):

Following is the inferential (correlation among variables) statistics that were used for data analysis:

Table-1: Correlations

		Marriage Age	Psychological Effects	Physical Effects
Marriage Age	Pearson Correlation	1	.081	-.226*
	Sig. (2-tailed)		.421	.024
	N	100	100	100
Psychological Effects	Pearson Correlation	.081	1	.049
	Sig. (2-tailed)	.421		.628
	N	100	100	100
Physical Effects	Pearson Correlation	-.226*	.049	1
	Sig. (2-tailed)	.024	.628	
	N	100	100	100

*. Correlation is significant at the 0.05 level (2-tailed).

The table-1 presents the Pearson correlation coefficients between marriage age, psychological effects, and physical effects, based on a sample of 100 participants. Pearson correlation measures the strength and direction of the relationship between two variables, with significance values (p-values) indicating statistical reliability.

Marriage Age and Psychological Effects

The Pearson correlation coefficient between marriage age and psychological effects is 0.081, indicating a weak positive relationship. However, the p-value (.421) is greater than 0.05, meaning the relationship is not statistically significant. This suggests that marriage age does not have a strong or consistent impact on psychological well-being in this dataset.

Marriage Age and Physical Effects

The correlation between marriage age and physical effects is -0.226, indicating a weak negative relationship. This means that as the age of marriage increases, the severity of physical effects decreases. The p-value (.024) is less than 0.05, indicating that this relationship is statistically significant. This suggests that earlier marriages are associated with more severe physical health issues, likely due to early pregnancies, malnutrition, or inadequate healthcare access.

Psychological and Physical Effects

The correlation between psychological and physical effects is 0.049, suggesting a very weak positive relationship. The p-value (.628) is much greater than 0.05, indicating that the relationship is not statistically significant. This means that psychological and physical effects do not necessarily influence each other in this dataset.

Discussion

The findings indicate that early marriage is significantly associated with negative physical effects but does not show a strong connection with psychological effects. The lack of significant correlation between marriage age and psychological effects suggests that mental well-being

may be influenced by additional factors such as social support, economic conditions, or individual coping mechanisms. However, the significant negative correlation between marriage age and physical effects highlights the health risks of early marriages, which align with existing research linking child marriage to higher maternal mortality, complications in childbirth, and other health risks (Raj et al., 2009; Nour, 2006). Moreover, the absence of a strong correlation between psychological and physical effects suggests that physical health issues resulting from early marriage do not necessarily translate into significant psychological distress within this dataset. This may indicate resilience among individuals or cultural normalization of early marriage, which could buffer psychological impacts. However, further qualitative research is needed to explore these dynamics in depth. These findings emphasize the need for policies discouraging early marriage, particularly due to its detrimental effects on physical health. Programs promoting women's education, reproductive health awareness, and access to healthcare can be crucial in mitigating these risks. Future research should explore additional factors affecting psychological outcomes, such as societal support, education levels, and family dynamics.

Conclusion and Recommendations

Despite Pakistan a signatory of UN to eliminate child marriages, still millions of children are married before the age of 18 years. The state of child marriage is higher in developing countries of South Asia, where Pakistan is also a leading country. Child marriage negatively affects the social, physical, and psychological health of girls. There are higher chances of death of a girl at the time of first birth because before the age of 18 years girls' body or sexual parts not completely mature and under-developed and no not ready for childbirth. Major causes of child marriages are lack of education, lack of parental awareness regarding the negative consequences of child marriages. Child marriage can be curb through Govt level policies, Ngo's initiatives and with the support of other stakeholders. Female education and parental awareness about the negative consequences of child marriages can help to overcome child marriages from the Pakistani society. Based on current research the following recommendations have been led down to overcome child marriages:

1. Access to free girls' education at doorsteps
2. Compulsion of free education till matric.
3. Parental awareness regarding the negative consequences of child marriages
4. Punishment to the parents who marry their female child before the age of 18.
5. Awareness regarding the negative consequences of child marriages, through media, especially social media and print media which will be helpful to overcome the issues of child marriages.
6. Ngo's having to play their role to address the issue of Children and work on the factors that can contribute to reduce child marriages.
7. Government should take serious actions in letter and spirit towards the offenders who are involved in the facilitation of Child Marriages in Pakistan.

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