


# Child Marriage: Girls Marrying Too Young is a Human Rights Issue that Demands Global Attention

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## ABSTRACT

All girls have the right to grow up free of gender-related violence and to be able to benefit from being educated. Investing in the education of girls is recognized to be one of the best investments a country can make because of the health, social, and economic benefits that accrue, not just for the educated young woman but for broader society. Problematically, child marriage is still commonplace globally, and in addition to being a human rights issue, girls being made to marry too young robs them of their childhood and also of the ability to benefit fully from their education. The negative effects of marrying too young can impact whole lifetimes; common consequences include pregnancy complications, the risk of spousal violence, and significant mental health issues. UNICEF and the WHO have called for action to reduce child marriage by providing adolescent girls with life skills training, comprehensive sexual health education, and support to stay in school, in addition to working at a community level to change attitudes that potentiate the cultural beliefs that potentiate the custom. As global health advocates, we need to recognize child marriage as a fundamental human rights issue that demands global attention, and look for ways to contribute to the support and empowerment of girls who are at risk.

**Keywords:** *Education; Community engagement; Mental health; Peer support; School-based programs.*

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## 1. Introduction

It is well recognized that one of the best investments in global health is for countries worldwide to promote education for girls and support related measures that empower women (Sippel et al, 2011). In addition to benefits for individual women, girls who complete high school education tend to marry later, have smaller families and look after their children more effectively, and as a sub-set of the population, educated women are known to contribute in many ways that benefit a nation's economy.

In terms of child health, children of educated mothers benefit in multiple ways. They are less likely to die in infancy; more are breastfed and their mothers have greater awareness of common symptoms that are indicative of significant illness, especially those related to gastrointestinal disease, respiratory infections and malaria. This awareness leads to care being sought sooner for sick infants, and educated mothers are more likely to immunize their children. Mothers who complete high school are also more motivated to send their children to school.

Problematically, child marriage deprives girls of their ability to complete their education, as well as robbing them of their childhood and threatening their lives, well-being and futures in multiple ways. Child Marriage is defined by the United Nations Children's Fund (UNICEF) as any formal marriage or informal union between a child under the age of 18 and an adult or another child (UNICEF, 2025); however, in reality, it is most frequently the wedding of a girl to an older man. Similarly, describing the issue more directly as Child, Early, and Forced Marriage and Unions has merit and can be helpful when explaining the need for preventive interventions (Das et al, 2022).

Despite a steady decline over the past decade, it is estimated that worldwide approximately one in five girls are married in childhood, and that about 15 million girls under the age of 18 are still married annually, with 20% of them living in sub-Saharan Africa (Pourtaheri et al, 2016). The latter is an even starker statistic when converted to a daily total; more than 41,000 adolescent girls are married each day. Although child marriage is a particular problem in resource constrained countries, it is also estimated that in high income countries 1% of youth aged 15-19 years are married or in a common law relationship (Zaman & Koski, 2020).

## 2. Child marriage as a human rights issue

Child marriage is recognized to be a major human rights issue, and an important social determinant of health; its reduction is a central aim of the United Nations sustainable development goal number 5 (Macnab and Mukisa, 2017). This is because of the many disadvantages girls face when they marry before they are 18. Girls disadvantaged in this way are less likely to remain in school than their unmarried peers, and more likely to experience domestic violence. They also have worse health and economic outcomes, and these trends persist into the next generation as they affect the wellbeing, morbidity, and social potential of their own children.

Child brides frequently become pregnant while still adolescents; their physical and mental immaturity increase the risks of pregnancy and childbirth (Antarini et al, 2016); adverse reproductive outcomes include stillbirth, miscarriage, unwanted pregnancies, stunting, and abortion; postnatal depression is commonplace; these young mothers commonly feel overwhelmed because they are isolated from the support they are used to from family and peers, and this can negatively impact their mental health (Yaya et al, 2029).

Multiple social factors contribute to child marriage; cultural beliefs and accepted social norms play a major role in the continued acceptance of early marriage. The practice has been found to be most prevalent where poverty impacts girls' lives and among families who lack education and live in rural communities (Petroni et al, 2017). Financial incentives play a major part, as marrying girls reduces the economic burden faced by impoverished households. The need to protect daughters from sexual exploitation, perceived benefit of marriage into a financially more secure family, and belief that girl brides are in fact interested in the relationship are often cited as factors influencing families, but in a recent evaluation among high school students in Uganda the belief stated was that the principal reasons were direct financial benefit and adherence to social customs (Macnab et al, 2024).

Within society as a whole, drivers of child marriage that add to the impact of poverty and limited parental education include low investment in the education of girls, outdated social norms and stereotyped gender roles, tacit approval of trans-generational sexual relations, and a lack of employment opportunities for girls. Despite intervention programs and policies introduced in many countries, early marriage continues, and is now regarded as a human rights issue that warrants urgent global attention.

### 3. Measures to address child marriage

Measures to address the blight of child marriage require an understanding of the predominant factors that enable it in a specific society; because while sharing some common precursors, the root causes of early marriage do differ between cultures and from country to country. Importantly, child marriage should be regarded as a form of gender-related abuse of girls; certainly the high school pupils we worked with in Uganda regarded it in this way.

Change obviously needs to be part of the local political agenda. However, motivation to change the laws related to marriage show marked variation globally. Also, in sub-Saharan Africa for example, while 37 out of 41 countries have enacted legislation to make 18 years of age the minimum age for marriage, in many this is countered by the provision that marriage below that age is still permitted with parental consent; and others allow marriage irrespective of age if a girl becomes pregnant (Maswika et al, 2015).

Internationally there are calls for action and suggested strategies. UNICEF in collaboration with the United Nations Population Fund (UNFPA) initiated 'The Global Program to End Child Marriage' in 2016. The aim was to empower young girls who were either at risk of child marriage or already married. As with many of the most effective programs, the foundation of this program was 3 core components that aimed to provide life skills training, comprehensive sexual health education, and support to stay in school. The program was started in 12 countries known to have a high prevalence of early marriage (Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia) (UNICEF, 2024).

The central aims were to promote the rights of adolescent girls to avoid marriage and pregnancy, and enable them to achieve their aspirations through education and alternative pathways. Support was given to advise and enable households on how to demonstrate positive attitudes, and empower girls to direct their own futures; the services that allow them to do so were strengthened: in particular, sexual and reproductive health and social protection programs. The conditions that underlie child marriage and allow the practice to persist were addressed, and advocacy initiated for laws and policies that protect girls' rights.

The Program has achieved significant results through interdisciplinary collaboration from multiple agencies, including those responsible for education, child protection, social protection, gender, and health. Capacity building within Government and non-government organizations is combined with community engagement (UNICEF, 2024). It is estimated that since 2016 over 354 million people, including girls, boys, men, women and community leaders have been successfully engaged in dialogue and promotion campaigns to support adolescent girls directly and related mechanisms to end child marriage (UNICEF, 2025). Positive outcomes have included:

- Girls in Nepal reporting greater self-efficacy after life skills training, including the ability to speak out on their own behalf in ways that allow them to negotiate to delay marriage.
- Changing community attitudes in Sierra Leone following community-based dialogue to promote gender equity, educate boys on the harm of negative (toxic) masculinity, and engage with religious leaders to achieve consensus on the need to end child marriage; the majority of respondents now agree child marriage should be discontinued and state that they wish to live in a community where girls do not have to marry before they are 18 years old.
- Groups of local women in Ethiopia have been educated and supported on how to drive change and challenge harmful gender norms in their communities.
- In Zambia, community welfare committees were established and the members trained on case management to provide adolescents with child protection, health, education and related social services.

#### **4. Future directions**

UNICEF, the WHO and the World Bank have also called for innovative programs to raise awareness about the social, educational, health and economic burden that results from child marriage, and promote their view that this practice is part of the spectrum of sexual and gender-related violence against girls and young women. There are also focused calls to understand more about the casual factors underlying the specific mental health conditions linked to child marriage (Burgess et al, 2022); these authors have suggested community-oriented interventions that combine psychological, social and structural support that may aid in the promotion of mental health and wellbeing in the context of early marriage. Experience in several countries has found social, educational and economic benefits accrue from programs which focus on life skills training for adolescents (Rasmussen et al, 2021) and promote community engagement (Jha et al, 2022).

What can we do as global health providers to raise awareness about the negative impact of child marriage, and provide support to girls at risk of this practice? The answer is that in all our dealings in the community, and specifically when we work with young people, this needs to be a topic which we look for avenues to explore. Within the broader community child marriage should be raised as a social issue of immediate importance which places the human rights of girls at risk (Irwin, 2022).

#### **5. School-based programs**

Where we are working in the context of education, we should look for opportunities to promote awareness by creating opportunities for there to be dialogue within the school environment. Sessions which allow inclusion of the topic of gender-related behaviors which are antisocial or abusive include, citizenship, life skills training, relationships and sexual health. Speak with schools to ask if you can offer to lead a discussion in one of these sessions related to child marriage. Research based on the WHO Health Promoting School model indicates that knowledge and skills learned in a school setting can translate into effective behaviors (Macnab et al, 2013). Discussion that allows dialogue is more effective than didactic fact sharing as it enables pupils to share what they know, but also allows them to add from their life experience and include fears, anxieties and ways they see to counter the problem (Macnab et al, 2014).

Where health promotion involves adolescents, the sharing of peer-to-peer life experience is potentially effective as we know that pupils in this age demographic tend to be most likely to learn from listening to their peers. So, if we can identify anyone in the community who has been impacted by child marriage, trying to engage that individual and bring them back to talk in a school setting about their experiences will likely aid the introduction of discussion on this topic. Although there are many examples in the literature of a positive impact following the involvement of peers in cases of health-related adversity (Gasa et al, 2025), there is no strong evidence that adolescents' behaviors change or coping and resilience increases after peer-to-peer dialogue. But this is an approach which pupils tend to like, preferring hearing 'first hand' experiences from their peers to being 'lectured' by adults about how they should behave.

#### **6. Community-based action**

Unfortunately, school-based education on the topic of early marriage will not reach many of those at greatest risk, as girls who are not in regular education are known to be an especially vulnerable segment of the adolescent population. For this reason community-based action is also important. The best way to conduct any kind of health promotion in the community is to do so in a sensitive and respectful manner, acknowledging that opinions will differ, but aiming to involve community leaders who understand both the challenges of child marriage and the need to change societal attitudes. Again, examples of life experience shared by members of the community can be constructive. Suggestions should be sought on how best to help young girls and effective ways to intervene effectively where child marriage is proposed.

If we need to use more conventional means of promoting awareness about child marriage, by using written materials for example, this needs to be done using wording and a context which the target audience can relate to and identify with. As with other health promotion, this means that the style, language and messaging should be worked on collaboratively with motivated adolescents or young adults to ensure the relevance of the content for the target audience and that the messaging has meaning and resonates with the youth targeted.

General measures of benefit within society include continued efforts to promote education for girls, and importantly in the context of child marriage, helping girls to understand the value of their educational opportunities and the importance of completing basic high school education, and how early marriage can negatively impact their future opportunities, health and wellbeing. Every young girl should know the benefits of staying in school, see early marriage as a potential detractor to their educational opportunities, and be educated in how to argue against allowing themselves to be coerced into child marriage.

## **7. Innovative strategies from other campaigns**

If funding is available, looking to more substantial interventions makes sense. The campaigns to counter genital mutilation of girls have examples of innovative strategies that are effective to prevent or respond to what is regarded as another form of gender-related violence, although communities that practice it often regard it as a core component of their culture (Berg and Denison, 2012; Maatanda et al, 2023). Female genital mutilation, like child marriage, is a human rights issue where celebrities and other individuals with influence have been engaged to speak out constructively on the issue. The public stance of celebrities on issues of importance are known to strongly influence youth, so another avenue to raise awareness would be to produce a music video focused on child marriage, make it available through free streaming platforms, and lead discussion through comments posted on social media.

An example of this form of health promotion is the music video produced to raise awareness about sexual and gender-related violence amongst girls in Uganda. This was very successful in this regard, and had child marriage as a central issue, as this was identified by the girls involved as a major cause of their anxiety over gender-related issues. The project was developed in response to the calls from the WHO for innovative ways to promote dialogue among the public and provide girls with emotional and practical support and access to help-line services (Macnab et al, 2024). The music video was a collaborative venture where the 'messages' were based on content provided by girls in high school, the professional production had volunteer celebrity recording artists as the 'messengers,' and the design employed the principles of 'Education Entertainment,' a validated form of health promotion which combines the impact of music and power of social media (Macnab & Mukisa, 2019).

A key lesson learned from this project was that the mental health impact caused by anxiety related to child marriage is considerable among girls; fear of losing the ability to complete their education is in the forefront of anxiety-related issues they report, and suicidal ideation which is a recognized consequence of many other forms of sexual and gender-related violence is sadly becoming an increasing concern in this context (Noble et al, 2019). This is because without treatment, anxiety can lead to more serious chronic illnesses in later life, including depression and substance abuse, worsen the severity of other physical illnesses, and in severe cases prompt suicide. (Casey and Meyer, 2024).

## **8. Conclusion**

UNICEF and the WHO have called for action to reduce child marriage by providing adolescent girls with life skills training, comprehensive sexual health education, and support to stay in school, in addition to working at a community level to change attitudes that potentiate the cultural beliefs that potentiate the custom. As global health advocates, we need to recognize child marriage as a fundamental human rights issue that demands global attention, and look for ways to contribute to the support and empowerment of girls who are at risk.

## Conflict of interest

The author has no conflict of interest to declare.

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