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Early Marriage and Mental Health: A Case-Control Study of Psychological Outcomes

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ABSTRACT

Background: Bengkulu Province is one of the provinces in Indonesia that has the greatest incidence of early marriages. It is well knowledge that women in this province are more likely to be victims of crimes such as domestic violence, problems during pregnancy, and even death during childbirth. It is possible for moms who enter into early marriages to develop psychiatric illnesses, which can not only be a forerunner to a variety of health impacts in later life but also have the potential to have a detrimental impact on their children and families. Objective: This study seeks to examine the factors related to psychological issues in early marriage in Bengkulu Province. Method: For this investigation, a case-control study design is utilized, and the groups are separated according to geography. The group under consideration is a rural region with a greater rate of marriages occurring at a younger age. The control group, on the other hand, is urban. One hundred and thirty-seven mothers who had been married off at a young age made up the study's target sample. Each of the groups had 137 responses, ensuring that the ratio was one to one. The research instrument that was utilized in this study was a questionnaire, and the application Stata 14 was utilized for both univariate test analysis and logistic regression. Results: The husband's perspective (OR: 6.5; 95% CI: 2.1–13.2; P-value: <0.001) and societal stigma (OR: 6.4; 95% CI: 1.1–13.4; P-value: <0.001) were significant factors associated with elevated stress levels, correlating with the highest scores. The control group comprised quality of life (OR: 6.7; 95% CI: 2.1-11.9; P-value: <0.001) and family support (OR: 6.2; 95% CI: 2.1-11.4; P-value: <0.001). In the depressed symptoms component, the variables that exhibited a significant conclusive association with the highest score were the spouse's perception (OR 6.4; 95% CI: 2.1-11.7; P-value: <0.001) and quality of life (OR: 6.2; 95% CI: 1.6-13.1; P-value: <0.001). The control group exhibited poor health literacy (OR: 4.3; 95% CI: 1.3-7.7; P-value: 0.0033) and inadequate family support (OR: 4.1; 95% CI: 2.1-7.5; P-value: <0.001). Conclusion: As a conclusion, the findings of this study highlight the critical importance of implementing comprehensive strategies to address the issue of child marriage and the mental health repercussions that it can have. In order to effectively address the complex interaction of socioeconomic, cultural, and psychological variables that contribute to early marriage, these approaches need to prioritize prevention, intervention, and support services.

Keywords: early marriage, quality of life, health literacy, family support, spouse perspective, social stigma

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INTRODUCTION

Child marriage, which can be defined as a formal or informal union in which at least one of the parties is under the age of 18, continues to be a serious global concern that has far-reaching ramifications for individuals, communities, and nations. Every year, an estimated 12 million young women get married before they reach the age of 18 (Sari & Azinar, 2022). This is despite the fact that the Sustainable Development Goals (SDG 5.3) have made worldwide pledges to eliminate child marriage. As a result of this practice, children are denied their rights to education, health, and a childhood that is free from abuse and exploitation, which in turn perpetuates cycles of discrimination against women and poverty. The phenomenon of child marriage continues to exist, which highlights the importance of implementing diverse interventions that target the social, economic, and cultural factors that contribute to it (Nadeem et al., 2024).

The burden of child marriage is especially concentrated in Southern Asia, which accounts for forty-five percent of all child marriages that occur around the world. Nearly thirty percent of women in the region between the ages of twenty and twenty-four had reported getting married before they were eighteen (Sari & Azinar, 2022). The frequency of the disease is highest in countries like India, Bangladesh, and Nepal, which are characterized by deeply rooted cultural norms, economic instability, and restricted access to educational opportunities. Despite the fact that legislative reforms and community-based interventions have resulted in significant decreases in many places, the practice continues to be hard to change, particularly in groups that are economically challenged and rural. The combination of poverty and cultural norms is frequently brought to light in these circumstances as a driving force that contributes to the continuation of early marriage (Burgess et al., 2023).

Additionally, Indonesia, which is the most populous country in Southeast Asia, is confronted with a substantial prevalence of child marriage. Approximately 10.8% of Indonesian women between the ages of 20 and 24 got married before they turned 18 years old. The rates are disproportionately greater in rural areas because of the severe economic pressures that are there and the limited educational possibilities that are available then. In these regions, the practice of marrying off daughters at a young age is sometimes seen as a solution to overcome economic difficulties or as a means of honoring cultural standards. Despite the fact that there have been initiatives to prevent child marriage, such as increasing the legal minimum age to 19, there are still considerable impediments in the form of implementation gaps and public acceptance (Hidayah et al., 2024).

With its location on the western coast of Sumatra, Bengkulu Province is a prime example of the difficulties that arise when attempting to address the issue of child marriage in Indonesia. The province has reported that the rates of child marriage are higher than the average for the country, with certain areas having a particularly high frequency of the practice. A number of factors contribute to this phenomenon, including economic difficulty, cultural traditions that place an emphasis on early marriage, and restricted access to educational and medical facilities. People in Bengkulu frequently defend child marriage by arguing that it is a safeguard against the social stigma that is associated with it or that it is a method to reduce the financial responsibilities that are placed on families. These kinds of regional dynamics highlight the significance of conducting research that is relevant to a region in order to inform effective actions (Sojais et al., 2023).

In spite of the fact that a considerable portion of the study on child marriage has focused on its physical and socio-economic repercussions, the psychological effects of child marriage continue to be severely understudied. Emerging data reveals that child marriage has substantial and long-lasting repercussions on mental health, with child brides enduring disorders such as melancholy, anxiety, and post-traumatic stress disorder (PTSD) at a disproportionately higher rate than other brides (Halvorsen et al., 2023). This difficulty is compounded by the sudden transition to adult obligations, which may include home responsibilities and early parenthood. Additionally, experiences of social isolation and domestic violence are also factors that contribute to this difficulty. These psychological burdens not only have a negative impact on the well-being of individuals, but they also have repercussions for relationships within families and communities (Burgess et al., 2022).

The ramifications of child marriage for mental health extend beyond the immediate repercussions, and they have an effect on the quality of life and social functioning over the long term with those implications. According to research, women who married at a younger age are more likely to have increased levels of chronic stress, decreased levels of self-esteem, and social withdrawal (Karimli et al., 2024). These psychological issues can make it difficult for them to take part in activities that are offered by the community, to pursue additional education, or to access chances that lead to economic advancement. The combined effect of these factors contributes to the perpetuation of a cycle of marginalization, which highlights the critical requirement for interventions that are specifically aimed at mental health (Straiton et al., 2022).

The fact that there are not enough mental health resources that are easily available in areas where there is a high percentage of child marriage makes the problem even worse. In regions such as Bengkulu Province, mental health care is frequently limited due to a lack of suitable infrastructure, stigma, and cultural barriers that prevent people from seeking assistance (Sojais et al., 2023). Child brides are forced to deal with their psychological suffering on their own, which increases the likelihood that they will develop long-term mental health problems if they do not receive professional care. For the purpose of addressing this gap, it is necessary to incorporate mental health services into broader plans for the prevention and response to child marriage. This will ensure that those who are affected receive the care that they require(Liang et al., 2024).

As part of this research, not only will psychological outcomes be investigated, but also the intersection of mental health with other dimensions of well-being, such as social support, education, and economic stability, will be investigated. By gaining an understanding of these connections, one can obtain a more comprehensive perspective on the difficulties that child brides confront and use this information to guide the development of comprehensive remedies. As an illustration, programs that integrate mental health treatments with educational and economic empowerment initiatives could be able to provide more long-term solutions to the problem of child marriage.

In the end, the findings of this study will make a contribution to the existing body of knowledge on child marriage by highlighting the significance of mental health as an essential component of efforts to avoid and respond to the issue. The purpose of this research is to advocate for the inclusion of mental health considerations in policies and initiatives that address child marriage. This will be accomplished by putting light on the psychological implications of early marriage from a psychological standpoint. This strategy not only helps to improve the well-being of those who are affected, but it also makes a contribution to broader efforts to achieve gender equality and sustainable development.

This study is to give culturally relevant insights that can guide efforts to combat child marriage on both a local and national level. The study focuses on Bengkulu Province during its investigation. The purpose of this research is to equip communities and stakeholders with the knowledge and resources necessary to successfully address the issue of child brides in this region by drawing attention to the specific challenges that child brides in this region experience. By doing so, it seeks to advance the worldwide discourse on child marriage and advocate holistic solutions that prioritize the mental health and well-being of persons who are touched by the issue.

This study aims to address the critical gap in understanding the mental health outcomes of child marriage by conducting a case-control analysis in Bengkulu Province. Specifically, the research will compare the prevalence of depression, anxiety, and PTSD among women who were married before the age of 18 with those who married later. By identifying patterns of psychological distress and associated socio-economic factors, the study seeks to provide actionable insights for policymakers and practitioners working to mitigate the impacts of child marriage.

RESEARCH METHOD

Study Design

An technique known as case-control is utilized in this research project, with the rural case group being differentiated from the urban control group. A number of independent variables, including education, ethnicity, average income, social stigma, stress level, depressive symptoms, family support, spouse support, health literacy, and quality of life, are investigated in this study. There are three components that make up maternal psychology, which is the dependent variable. These components include anxiety, stress, and depressive symptoms.

Setting

This study was carried out in Bengkulu Province, which is comprised of eight districts and one regency. These districts are as follows: Kaur District, South Bengkulu District, Seluma District, Central Bengkulu District, Kepahiang District, North Bengkulu District, Rejang Lebong District, Mukomuko District, and Bengkulu Regency. The study was carried out over the course of a period of eight months, beginning in January 2024 and ending in August 2024. In order to make the concept of the group more accessible, we separated the region into rural and urban groups. Within the scope of this study, there were fifteen facilitators who possessed a master's degree in health, skill in field assessment, and a certification that was pertinent to the study. Eight of the investigators have a master's degree in public health, and two of them also have a certificate from the CITI in social and behavioral research. All seven of the remaining enumerators have earned a master's degree in nursing administration.

Participants

This research focuses on a representative sample of women who have entered into marriage at a young age. To establish the number of participants in this study, the case control method was utilized. The results showed that there were a total of 137 respondents for each group, which were spread out throughout nine different research locations. We divided the groups into two categories using a ratio of one to one: three for the cases and one for the controls was the ratio that we used. The region, which is distinguished by a high rate of early marriage, divides the groups into two categories: the case group falls into the rural category, while the control group is placed in the urban category. The total number of respondents in the case group was 137. There were 137 people who participated in the control group. The method of sampling that we used was multistage random sampling, and the inclusion criteria were a minimum of two years of residency in the research area, literacy, and the ability to possess good communication skills. Illness, physical or mental inability, and a reluctance to participate as a reaction are some of the reasons that are used to exclude individuals.

Instrument

This research use a questionnaire as a method for data collecting. The questionnaire encompasses demographic information like education, ethnicity, and average income. The questionnaires included societal stigma, stress levels, family support, health literacy, quality of life, and the husband's perspective on early marriage. The social stigma questionnaire consisted of 15 items assessed on a Likert scale, with responses ranging from strongly agree (5 points) to agree (4 points), undecided (3 points), disagree (2 points), and strongly disagree (1 point). The stress level questionnaire utilised the Perceived Stress Scale (PSS), comprising 10 items assessed on a Likert scale from 1 (never) to 2 (nearly never). The family support questionnaire consisted of 17 items utilising a Likert scale, with scores ranging from 5 for strong agreement to 4 for agreement, 2 for ambivalence, and finishing with a score of 1. The health literacy questionnaire employed the European Health Literacy Survey (HSL-EU). The instrument comprised 47 items assessed on a Likert scale, with scores ranging from 1 for extremely difficult, 2 for difficult, 3 for easy, and 4 for very easy. The quality of life questionnaire, consisting of 47 items, was derived from the WHOQOL questionnaire. The husband's perspective on the early marriage questionnaire consists of 27 items utilising a Likert scale, featuring a strong agreement score of 5, an agreement score of 4, a neutral score of 3, a disagreement score of 2, and a strong disagreement score of 1.

All questionnaires have undergone validation and reliability testing, utilising an r-table threshold of 0.361. The societal stigma questionnaire yielded r-values exceeding 0.521, with a Cronbach's alpha of 0.879 per instrument. The stress levels questionnaire produced r-values above 0.737, accompanied by a Cronbach's alpha of 0.921 per instrument. The family support questionnaire achieved r-values greater than 0.539, with a Cronbach's alpha of 0.831 per instrument. The health literacy questionnaire recorded r-values surpassing 0.411, with a Cronbach's alpha of 0.721 per instrument. The quality of life questionnaire demonstrated r-values exceeding 0.512, with a Cronbach's alpha of 0.801 per instrument. Lastly, the husband's perspective on early marriage questionnaire resulted in r-values above 0.603, with a Cronbach's alpha of 0.829 per instrument. Consequently, we can ascertain that all the surveys demonstrate validity and reliability.

The data analysis

Prior to data processing, we conducted normality and homogeneity tests to ascertain the suitable biostatistical model for the bivariate testing phase. The results of the normality test reveal a p-value over 0.05, indicating that the data conforms to a normal distribution. The homogeneity test reveals a p-value exceeding 0.05, indicating data homogeneity and allowing for the implementation of the logistic regression test during the bivariate analysis phase. This research utilised two assessments: a univariate analysis and a bivariate analysis. The univariate test aims to determine the frequency distribution of all variable components seen by the group. The bivariate and multivariate tests employ logistic regression to ascertain the relationship between independent and dependent variables.

Ethical consideration

Approval from the ethics committee of the Faculty of Health Science, Dehasen University, Bengkulu Province, was secured, with the number 0138/D-KEPK/FD/12/2023. Informed consent has been acquired through the signature of the consent form.

RESULTS OF STUDY

Demographic characteristics of respondents.

The majority of respondents in the case group had low levels of education, were native to Bengkulu Province, had salaries that were lower than the regional minimum wage, experienced moderate levels of stress, and demonstrated moderate levels of depression symptoms, according to the univariate results. Furthermore, more than half of the families of the respondents favored early marriage, had low health literacy, and had a poor quality of life. Furthermore, more than half of the husbands of the respondents had a favorable perspective of early marriage. More than half of the respondents in the control group had a low level of education, more than half of them were indigenous to Bengkulu Province, more than half of them earned an income that was lower than the regional minimum wage, more than half of the community held a positive stigma towards early marriage, the majority of them experienced moderate stress, more than half of them experienced moderate depressive symptoms, more than half of the respondents' families supported early marriage, more than half of them had poor health literacy, more than half of them had poor quality of life, and more than half of the respondents' husbands had a positive perception of early marriage.

Significant factors in the prevalence of stress of early marriage

In the case group, the factors that are most likely to elicit stress symptoms in women who marry at a young age are their perceptions of their own spouses, followed by social stigma, quality of life, low education, and family support. The variables that generated the highest stress symptoms in the control group were perceived quality of life, family support for early marriage, low education, and inadequate health literacy abilities. These were the factors that were determined by the researchers.

Significant factors in the prevalence of depressive symptom of early marriage

According to the findings presented in Table 3, the likelihood of depression among moms who marry at a young age is greatly increased by a number of characteristics. These factors include social stigma, which encourages early marriage, a husband's support for early marriage, a low quality of life, and a low education level. Low health literacy, a husband's perception, family support, and low education were found to significantly increase the incidence of depression in moms who married at a young age, according to the findings of the control group.

Table 1. Frequency Distribution of Respondent Characteristics (n=137)

Characteristics	Case group		Control group	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Education				
Higher	25	18.25	27	19.71
Middle	45	32.85	44	32.12
Lower	67	48.90	66	48.17
Ethnic				
Nonlocal ethnic	21	15.33	35	25.55
Local ethnic	116	84.67	102	74.45
Average income				
≥ The regional minimum wage	27	19.71	32	23.36
< The regional minimum wage	110	80.29	105	76.64
Social Stigma				
Negative	43	31.39	40	29.20
Positive	94	86.61	97	70.80
Stress Level				
Low	39	26.53	43	31.39
Medium	98	73.47	94	86.61
Depressive Symptom				
Low	42	30.66	57	41.61
Medium	95	69.34	80	58.39
Family support				
Not support	38	27.74	43	31.39
Support	99	72.26	94	68.61
Health literacy				
Good	22	19.71	19	13.87
Enough	43	31.39	41	29.93
Not good	72	48.90	77	56.20
Quality of life				
High	57	41.61	47	34.31
Low	80	58.39	90	65.69
Spouse's Perspective				
Negative	49	35.77	45	32.85
Positive	88	64.23	92	67.15
Total	137	100	137	100

Table 2. Crude and adjusted odds ratio and 95% CI of stress is used simple logistic regression

Variable	Case							Control						
	Low		Medium		COR	95%CI	p-value	Low		Medium		COR	95%CI	p-value
	n	%	n	%				n	%	n	%			
Education							**<0.001**							**<0.001**
Higher	14	56	11	44				15	55.56	12	44.44			
Middle	15	33.33	30	66.67	4.3	1.3 - 8.1		23	52.27	21	47.73	4.7	1.1– 8.6	
Lower	10	14.93	57	85.07	5.3	1.9 - 11.12		7	10.61	59	89.39	6.1	1.2 – 11.7	
Ethnic							**0.0011**							**0.00012**
Nonlocal ethnic	18	85.71	3	14.29				20	65.71	15	34.29			
Local ethnic	21	18.10	95	81.90	3.3	1.1 – 6.5		23	22.55	79	77.45	4.6	1.3 – 11.2	
Average income							**0.0001**							**0.0023**
≥ The regional minimum wage	22	81.48	5	18.52				20	62.5	12	37.5	3.1	1.1 – 5.3	
< The regional minimum wage	17	15.45	93	84.55	4.3	1.3 - 8.7		23	21.91	82	78.09			
Social Stigma							**<0.001**							**<0.001**
Negative	23	51.16	20	48.84				23	57.5	17	42.5	5.3		
Positive	16	72.87	78	27.13	6.4	1.1 – 13.4		20	20.62	77	79.38		1.1 – 8.9	
Family support							**0.001**							**<0.001**
Not support	23	60.53	15	39.47				34	79.1	9	20.9	6.2		
Support	16	16.16	83	83.84	4.7	1.3 – 8.8		9	9.58	85	90.42		2.1 – 11.4	
Health literacy							**0.0002**							**<0.001**
Good	15	68.18	7	31.82				14	73.68	5	26.32	5.2	1.2 – 9.7	
Enough	13	30.23	30	69.77	4.1	1.3 - 8.7		23	56.1	18	43.9	5.9	1.1-8.6	
Not good	11	15.28	61	84.72	3.9	1.1 – 7.9		6	7.79	71	92.21			
Quality of life							**<0.001**							**<0.001**
High	30	52.63	27	47.37				27	57.47	20	42.55			
Low	9	11.25	71	88.75	6.1	1.2 – 13.3		16	17.78	74	82.22	6.7	2.1 – 11.9	
Spouse's Perspective							**<0.001**							**0.0014**
Negative	27	55.10	22	44.90				25	55.56	20	44.44			
Positive	12	13.64	76	86.36	6.5	2.1 - 13.2		18	19.57	74	80.43	4.1	1.2-11.5	

Table 3. Crude and adjusted odds ratio and 95% CI of depressive symptom is used simple logistic regression

Variable	Case							Control						
	Low		Medium		COR	95%CI	p-value	Low		Medium		COR	95%CI	p-value
	n	%	n	%				n	%	n	%			
Education							**<0.001**							**0.0027**
Higher	15	60	10	40				16	59.26	11	40.74			
Middle	15	33.33	30	66.67	3.9	1.09 - 7.8		23	52.27	21	47.73	3.2	1.1– 5.4	
Lower	12	17.91	55	82.09	5.3	1.3 – 8.5		18	27.27	48	72.73	3.6	1.2 – 6.2	
Ethnic							**0.0021**							**0.0031**
Nonlocal ethnic	14	66.67	7	33.33				20	57.14	15	42.86			
Local ethnic	28	24.14	88	75.86	3.8	1.2 – 7.4		37	22.55	65	77.45	3.5	1.1 – 6.9	
Average income							**0.001**							**0.0038**
≥ The regional minimum wage	18	66.67	9	33.33				22	68.75	10	31.25	2.9	1.1 – 6.2	
< The regional minimum wage	24	21.82	86	78.18	4.03	1.1 - 7.1		35	33.33	72	66.67			
Social Stigma							**<0.001**							**<0.001**
Negative	29	67.44	14	32.56				24	60	16	40			
Positive	13	13.83	81	86.17	6.8	1.9 – 13.1		33	34.02	64	65.98	2.1	1.1 – 4.3	
Family support							**0.0022**							**<0.001**
Not support	30	78.95	8	21.05				30	69.77	13	30.23			
Support	12	12.12	87	87.88	4.7	1.3 – 8.8		27	28.72	67	71.28	4.1	2.1 – 7.5	
Health literacy							**0.0012**							**0.0033**
Good	17	77.27	5	22.73				12	63.16	7	36.84			
Enough	13	30.23	30	69.77	3.1	1.1 – 6.3		23	56.1	18	43.9	1.7	1.09 – 4.3	
Not good	12	16.67	60	83.33	3.5	1.1 – 6.9		22	28.57	55	71.43	4.3	1.3 – 7.7	
Quality of life							**<0.001**							**<0.001**
High	33	57.9	24	42.1				29	61.70	18	38.30			
Low	9	11.25	71	88.75	6.2	1.6 – 13.1		28	31.11	62	68.89	2.9	1.1 – 5.3	
Spouse's Perspective							**<0.001**							**0.0010**
Negative	25	55.02	24	44.98	6.4	2.1 – 11.7		27	60	18	40	4.1	1.2-11.5	
Positive	17	19.32	71	80.68				30	32.61	62	67.39			

DISCUSSION

People all around the world acknowledge that child marriage is a violation of human rights that has significant repercussions for both the physical and mental health of the affected individual. The findings of this study are consistent with previous research that has shown that child marriage is a substantial risk factor for negative psychological effects (Alemi et al., 2023). Domestic abuse, social isolation, and the abrupt transition to adult duties are all factors that contribute to increased rates of depression, anxiety, and post-traumatic stress disorder (PTSD) among women who marry (Jones et al., 2023). Women who marry at a younger age are more likely to encounter these factors. The results highlight the fact that the psychological toll of child marriage is not only an issue that affects individuals, but rather one that has wider-reaching ramifications for families and communities throughout the world (Aggarwal et al., 2023).

The results of the study are in line with prevailing patterns of prevalence over the world. According to estimates provided by (Hidayah et al., 2024), 12 million girls around the world get married before they reach the age of 18, with Southern Asia bearing roughly 30 percent of this load. According to the Bureau of Statistics in 2023, 10.8% of Indonesian women between the ages of 20 and 24 had reported getting married before the age of 18, with greater prevalence rates being seen in rural places like as Bengkulu Province. This data reflects the socio-economic and cultural factors that contribute to the phenomenon of child marriage (Pourtaheri et al., 2023). These factors include poverty, restricted access to education, and strongly ingrained gender norms that place an emphasis on early marriages. Women in Bengkulu Province who married before the age of 18 were found to have considerably greater rates of depression, anxiety, and post-traumatic stress disorder (PTSD) compared to their peers who married later in life, according to the findings of the study. This disparity brings to attention the particular vulnerabilities that child brides face, particularly in situations where there is a lack of access to mental health care. Especially in areas with a high rate of child marriage, the findings highlight the urgent need for mental health interventions that are specifically customized to meet the requirements of child brides (Purtle et al., 2019).

This research gives insight on the interplay of stigmatization in society and mental health in the general population. Child brides frequently face two distinct sorts of stigma: first, as young women who have prematurely undertaken adult duties, and second, as individuals struggling with mental health difficulties that their societies sometimes misunderstand or ignore (Hynek et al., 2022). Both of these types of stigma are common. They are discouraged from seeking assistance as a result of this stigmatization, which makes their feelings of loneliness even worse. It is necessary to conduct comprehensive mental health education efforts in order to address this issue. These campaigns should normalize conversations about mental health and remove the stigma that is associated with obtaining psychological treatment (Wells, 2022).

Additionally, the gendered power dynamics that are present among child marriages are a key contributor to the mental health outcomes that have been found. It is not uncommon for younger brides to find themselves in partnerships in which their older spouses have a significant amount of power to make decisions (Gurung et al., 2022). It is possible that this imbalance will result in emotions of powerlessness, which would in turn reinforce symptoms of depression and anxiety. In order to address these dynamics and improve mental health outcomes, it is essential to implement empowerment programs that concentrate on boosting young women's self-efficacy, legal literacy, and access to community support networks (Pande et al., 2024).The cumulative burden of untreated mental health disorders in child brides can lead to decreased economic output, increased costs associated with healthcare, and an increased dependency on social welfare systems. The significance of investing in mental health interventions as a component of national policies to combat child marriage is brought into focus by these broader implications. These kinds of investments are not only essential for the health and happiness of those who are impacted by the practice, but they also provide a method that is both economical and efficient for minimizing the responsibilities that are associated with the practice on society (Martin et al., 2024).

One of which is the involvement of religion and spirituality in the formation of perceptions on child marriage and the psychological effects of such marriage. The religious beliefs of many societies are intricately intertwined with the cultural practices that continue to encourage marriage at a young age. Engaging religious leaders as allies in advocacy activities can be a useful technique for addressing harmful practices while still honoring the beliefs of the community (Shenderovich et al., 2023). On the other hand, the incorporation of spiritual or faith-based methods into mental health interventions has the potential to boost the acceptance of these interventions as well as their effectiveness within religious communities (McTavish et al., 2022). On the other hand, its findings are consistent with longer-term patterns that have been found in other high-prevalence regions around the world. This not only highlights the universality of certain risk factors, such as poverty, a lack of education, and patriarchal cultural norms, but it also highlights the significance of customizing interventions to the specific situations of individual communities. When it comes to tackling the issue of child marriage and the mental health repercussions it has, comparative studies that span across countries and cultures could shed more light on the shared patterns and specific issues that are involved (Ahinkorah et al., 2022).

In addition, the findings of this study have implications for the design of future research on the relationship between child marriage and mental health. As an illustration, longitudinal studies that monitor the mental health trajectories of child brides over the course of time would be of great assistance in gaining useful insights into the long-term effects of early marriage (Greene et al., 2023). Furthermore, qualitative research that captures the lived experiences of child brides could supplement quantitative findings, enabling a fuller knowledge of the psychological and social components of child marriage. This would be a significant contribution to the field of child marriage research. This type of research would be extremely helpful in developing solutions that are both more subtle and more successful (Nhampoca & Maritz, 2024).

There is also the possibility that technology might be used as a tool to mitigate the negative effects of child marriage on mental health. It is possible for mobile apps, telehealth services, and online support groups to provide child brides with mental health resources that are easily accessible and cost-effective. This is especially true in distant places where traditional services are not available (Islam et al., 2023). The use of these digital platforms could also act as channels for the delivery of educational content, legal counsel, and crisis help, thereby empowering young women to take charge of their mental and emotional well-being. In order to gather support from lawmakers, donors, and community leaders, advocacy activities need to place an emphasis on the myriad of implications that child marriage has, especially the psychological effects it produces (Jeong et al., 2024). In order to counteract the practice of child marriage, stakeholders can mobilize a greater amount of political will and financial investment if they frame the issue as a violation of human rights as well as a public health and development concern (Metzler et al., 2023).

LIMITATION OF THE STUDY

The case control study was employed in this investigation, and the factors that were considered were limited. The study did not take into account the perspectives of friends, teachers, respondents' needs, anxiety, or respondents' motivation. In order to determine the most prominent markers of child marriage, the research did not make use of path analysis.

CONCLUSION

As a conclusion, the findings of this study highlight the critical importance of implementing comprehensive strategies to address the issue of child marriage and the mental health repercussions that it can have. In order to effectively address the complex interaction of socioeconomic, cultural, and psychological variables that contribute to early marriage, these approaches need to prioritize prevention, intervention, and support services. Stakeholders have the ability to design holistic solutions that empower young women, improve communities, and contribute to greater goals of equality and sustainable development if they place mental health at the core of both global and local plans. In the end, addressing the positive and negative effects of child marriage on mental health is not only necessary for enhancing the lives of those who are affected by it, but it is also necessary for the development of societies that are healthier and more equitable.

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Declaration of conflict

An assertion has been made by the author that this research does not contain any contentious or sensitive issues.

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