

Asian Journal of Human Services

Journal homepage: <https://www.ashs-human.net/international-journal/ajhs/>

Online ISSN: 2188-059X / Print ISSN: 2186-3350

© 2024 Asian Journal of Human Services, All rights reserved.

ORIGINAL ARTICLE

Got Hitched Too Soon; Life Experiences of Women in Early Marriage in India

V B. NAGARAJ¹⁾*, P THEBORAL¹⁾

1) Vellore Institute of Technology, Chennai, India

ABSTRACT

Early marriage is one of the most serious social problems and has significant consequences for women's mental and physical health. Early marriages are often associated with sociocultural circumstances such as illiteracy, poverty, and crime against women in low-income areas. Because of the unsafe and unacceptable environments at home and in society, some girls decide to marry young. In addition to the negative impact on women's well-being, early marriage also hinders their educational and economic opportunities, hindering their ability to acquire essential skills and knowledge for personal and professional growth. It often leads to limited access to education and perpetuates the cycle of poverty and inequality, further exacerbating the challenges faced by women in marginalized communities. Additionally, early marriage often perpetuates harmful gender norms and reinforces patriarchal structures, denying women the autonomy and agency to make decisions about their own lives. The study aimed to explore the causes and consequences of women in early marriage in Chennai, India, who were married below 18.

Keywords: Early marriage, motherhood, health, well-being, consequences

* V B. NAGARAJ, victoryviji@gmail.com

Received: 2024/01/22 ; *Revised:* 2024/07/31 ; *Accepted:* 2024/08/27 ; *Published:* 2024/10/30



This is an Open Access article distributed under the terms of the Creative Commons Attribution NonCommercial-NoDerivs licence (<https://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial reproduction and distribution of the work, in any medium, provided the original work is not altered or transformed in any way, and that the work properly cited.

1. Introduction

Early marriage is any marriage concluded before the age of 18. Compared to almost one in four ten years earlier, one in five young ladies between the ages of 20 and 24 were married when they were still in their early years. However, global advancements have not been equal in many areas, leaving the most vulnerable girls behind. These disparities are particularly pronounced in developing countries, where cultural norms and a lack of access to education perpetuate child marriage, declares UNICEF¹⁾. Although both boys and girls marry early, the number of girls married at a young age outnumbers boys in many countries around the world. 27% of women were married before their 18th birthday in India, according to National Family Health Survey-5²⁾. Nour 2009 says early marriage violates many human rights, including education, freedom from violence, reproductive health rights, access to sexual and reproductive health care, employment, freedom of movement, and the right to consensual marriage³⁾. Nasrullah reported that the implications of early marriage have long-term effects beyond women struggling with the health effects of getting pregnant too young and too often, their lack of education and economic independence, marital rape, and domestic violence⁴⁾.

Abdurahman says, early marriages have been linked with the practice of 'protecting girls.' It is thought to be a means of making sure a daughter is 'protected', or firmly placed under male control, submissive to her in-law, that the children she bears are 'legitimate,' and that intimate bonds between couples do not threaten the stability of the family, thus ensuring a girl is completely wrapped into a 'family life'. Parents might think that having a regular male guardian will make their daughter safer and happier⁵⁾. Another major reason for early marriage is that it reduces the likelihood of having sex before marriage, thus protecting the dignity and honor of the family's image or name in the community.

Indian cultures place a high value on girls remaining virgins before getting married, and this can manifest itself in several practices designed to 'protect' a girl from unsanctioned sexual activity. In many cases, parents withdraw their girls from school as soon as they begin to menstruate, fearing that exposure to male students puts them at risk. All of these practices are meant to safeguard the girl from male attention, but marriage is perceived by concerned parents as the best 'protection' strategy. Suyanto says that, in many cases, girls themselves prefer to marry their partner at an early age for a variety of reasons, including premarital romance and pregnancy, troubled family situations, parents' extramarital affairs, and a lack of interest in education⁶⁾. These factors can significantly impact a girl's prospects, as marrying at a young age often results in limited opportunities for personal and professional growth. Acquiring a life partner is a necessary step towards leading a secure and dignified life. In both situations, whether arranged by parents or by self-choice, "marriage" is viewed as a means to secure women's "safety and security." This perception stems from societal norms and cultural traditions that prioritize the role of women as wives and mothers. Additionally, marriage is often seen as a means to gain social acceptance and validation within their communities. Despite the potential limitations and challenges that may arise from early marriage, many girls believe it offers them a sense of stability and protection in an uncertain world.

Women who marry young have several disadvantages, including social and familial difficulties, mental and physical health issues, and other complications. Early marriage has been linked to several negative outcomes, including depression; increased risk of sexually transmitted infections; high fertility (three or more births); recurrent pregnancies in less than three months; unwanted pregnancies; and non-use of contraception before the first delivery. Ram reported that the adolescents face many obstacles and problems when they become mothers, both for their own physical and emotional well-being and that of their future offspring⁷⁾. Patra found out that, Mothers with poor health and nutritional status are likely to

have malnourished children, and their children are more likely to die during infancy and develop health-related complications as they grow⁸⁾. Prakash et al. reported that, inadequate reproductive health raises the financial burden on the household for preventive (food and nutrition) and curative (illness control) care, which exacerbates the poverty cycle even more. This is true even though data on women's nutritional status before marriage is typically ignored. Additionally, inadequate reproductive health can also lead to increased maternal and infant mortality rates, further impacting the well-being of the household⁹⁾. Furthermore, the lack of access to proper healthcare and nutrition for mothers can lead to long-term consequences for their children, such as stunted growth and cognitive impairments. These challenges not only affect the immediate family but also have broader societal implications, as malnourished children may struggle to reach their full potential and contribute to the development of their communities.

2. Objectives of the study

- The study aims to examine the factors that contribute to early marriage among women.
- To assess the implications of early marriage on reproductive health.
- To determine how young women who marry young are affected in terms of life satisfaction by their early marriage.

3. Methods and Procedure

The data presented here was gathered using qualitative research methods, which allowed researchers to gather subjective information, notably participant perceptions, to clarify these impressions and obtain an understanding of the challenges that participants experience. Techniques like in-depth interviews, narratives, interaction observation, and case studies were used for this objective. Using qualitative phenomenological inquiry, the focus of the study was the life experiences of women who got married early and attained early motherhood. Since this research aimed to gain insight into how women in early marriage and early motherhood interpret their lived experiences, the phenomenological approach was judged to be the most appropriate research design. The phenomenological approach is data-driven and allows participants to explore and make sense of their own experiences.

3.1. Research Setting and Sampling

The research was carried out in Kuyil Thottam, a lower-class neighbourhood in South Chennai, India, which faces socio-cultural and economic challenges. The research aims to provide insights into the experiences and perspectives of women in early marriage in urban areas. The women in this area are married off young because of security risks both inside and beyond the family, such as parental characteristics and gender-based crime, and they work as domestic workers in the neighbouring regions of Santhome and Mylapore. The diverse demographics of Kuyil Thottam offers a comprehensive understanding of factors influencing early marriage decisions. **Kuyil Thottam was therefore chosen for the study.** Through in-depth interviews and observations, the study aims to understand the complexities surrounding early marriage within a specific community context. The participants were selected by employing purposive and snowball sampling techniques. Women who were married before turning 18 but are currently under 49 were included in the study. Purposive sampling allowed for the selection of participants who met specific criteria, such as being under 49 at the time of the study, being married before the age of 18, having at least one child, currently living with their spouse, and being willing to consider

taking part in the research. While snowball sampling helped identify additional participants through referrals from those already recruited, This method ensured a diverse and comprehensive sample of women with relevant experiences for the study on early marriage. Participants were chosen based on the following criteria: living in Kuyil Thottam. The interview procedure took place from April 2023 through August 2023, or five months. The researchers conducted interviews with a total of 18 participants at a location in Kuyil Thottam that was convenient for them. Participants were drawn in primarily based on their willingness to participate. The rights of the participants were always a priority for the researchers, who made sure they could leave the interview at any time or choose not to answer any questions they felt uncomfortable with. Each interview lasted an hour and a half on average. Interviews were recorded with the participants' prior permission. All recorded interviews were conducted in the local (Tamil) language. After careful analysis of the data, transcription was completed, followed by a careful reading of the text. The final step involved cross-referencing the transcribed text with the original data to ensure accuracy. This process was crucial in maintaining the integrity of the information and ensuring that no errors were present in the transcription. The text was subsequently divided into several sections along with labels and codes. Beginning with 23 codes, only five themes that addressed the main topics of the study persisted. Participants' real names have been changed to pseudonyms to safeguard their privacy.

4. Results

4.1. Socio-demographic details (Table 1)

Table 1 displays the socio-demographic characteristics of the women in early marriage in Kuyil Thottam, Chennai the study encompassed data on the age range, educational background, marital status, number of children, age gap with their partners, kind of marriage, and work status of the eighteen participants. Of the eighteen, participants, 44% were in the 18–25 age group, and 56% were in the 25–35 group. Regarding education, 28% of the population was illiterate, 38% had completed elementary school, and 33% had completed secondary school. 33% married between the ages of 16 and 18, and 67% married between the ages of 13 and 15. 100% of them gave birth to their first child between the ages of 13 and 18. Out of the 18 participants, 11% had one kid, 28% had two, 44% had three, and 17% had more than three children. The age differences of the participants with spouses were: 28% had an age difference below 5 years, 39% had an age difference of 5–10 years, and 33% had an age difference above 10 years. On the other hand, 61% of the participants were in self-choice marriages, while 39% were in traditional marriages. 17% of the respondents are homemakers, while 83% of the respondents work as domestic workers. The data analysis led to the development of five themes that covered the purpose of the study. These themes provided a comprehensive understanding and allowed for a deeper exploration of the data. They were derived from the patterns and trends observed in the data, highlighting key aspects that shaped the study's purpose.

Table 1. Socio-demographic characteristics of the studied participants

Pseudonym	Age	Education	Employment	Age at marriage	No. of children	Age difference with spouse	Type of marriage
Amali	27	Primary	Domestic help	14	3	5-10 years	Self-choice
Asha	45	Primary	Domestic help	13	4	Above 10 years	Traditional
Bindu	23	Primary	Domestic help	15	2	5 – 10 years	Self-choice
Devi	46	Secondary	Homemaker	15	3	5 – 10 years	Self-choice
Jenifer	27	Secondary	Domestic help	16	2	Below 5 years	Self-choice
Sathya	21	Secondary	Domestic help	16	1	Below 5 years	Self-choice
Sri	34	Secondary	Homemaker	15	3	5 – 10 years	Self-choice
Shreya	37	Secondary	Domestic help	15	3	5 – 10 years	Self-choice
Diana	34	Secondary	Domestic help	14	3	Above 10 years	Traditional
Indhu	26	Secondary	Domestic help	15	2	5 – 10 years	Self-choice
Mathi	32	Primary	Tailor	14	3	5 - 10 years	Traditional
Anita	29	Secondary	Domestic help	17	2	Below 5 years	Self-choice
Agalya	26	Primary	Domestic help	15	2	5 - 10 years	Traditional
Divya	24	Secondary	Tailor	16	1	Below 5 years	Traditional
Vidya	48	Primary	Domestic help	15	4	Above 10 years	Self-choice
Banu	23	Secondary	Homemaker	16	2	Below 5 years	Self-choice
Farzana	31	Secondary	Domestic help	15	3	5 - 10 years	Traditional

Socio-demographic details (Table 1)

4.2. Drives of early marriage (Figure 1)

Crime in locality, pre-marital romance and pregnancy, and poverty Drivers of early marriage may include factors such as parental traits, locality, lack of education, gender disparity, social norms, and social expectations of marriage. The respondents in the study who chose to get married by self-choice had a range of reasons for doing so, which were different from those who married in traditional or planned weddings. However, marriage is considered a mechanism to live a safe and dignified life in both kinds of marriages. According to the respondents who had a traditional marriage, Crime in the locality has made their parents get daughters married off at an early age to protect them from various harm and to safeguard their chastity. Gender-specific crime has a significant positive association with the probability of marriage of young women. Harassment, threats and physical attacks on young girls are likely to cause substantial damage to a woman's modesty. Similarly, the probability of early marriage significantly increases with the increase in gender-specific crime in the locality.

'Because young girls were harassed by the local boys and men, my parents always had wanted me to get married early. Married women are respected and are not assaulted sexually or physically. Marriage is the most used medium by families in my region to settle off a woman in a safe place.'

'A boy threatened me to love him. He threatened to throw acid in my face if I denied it. When I told this to my parents, my marriage was arranged according to their plan. My parents prioritized my safety over my education, even though they still wanted me to finish school. I lost both my adolescence and my schooling as a result of some guy's illegal behaviour.'

Male children are viewed as future assets and the family's financial cornerstone, while female children are treated as

persons to be given in marriage after a certain age. Women who married young also reported that their families typically discriminate between boys and girls (males and females) when it comes to investing in education. Their schooling does not receive priority as a Drive of early marriage Transition from adolescence to motherhood Domestic violence and abuse Knowledge of the fertile period, use of contraceptives, and termination of pregnancies. Health and overall satisfaction with life result. Because there is a bias in the amount of money spent on educating female children in the family, early marriage is the only other convenient option. Second, the respondent and their husband often have an age difference of 7-9 years in arranged marriages because their age significantly reduced the cost of marriage.

'My parents have four female children, including me and we belong to the poor category. I was 13 years old when my parents and relatives arranged my marriage. Since I'm so young and my husband is nine years older than me. My husband's side of the family covered the majority of the wedding costs.'

Premarital sexual activity is openly discussed but described by respondents as "normal" and "everywhere" in self-chosen marriages. Early marriage has been encouraged by the idea that romance and sex are something to be experienced when somebody is very young. The study's 64% of participants said they had premarital sex between the ages of 13 and 18, which led them to get married while still in their teens. For sixteen percent of the study participants, teenage pregnancy is a major contributing factor to their early marriage. The respondents claimed that a number of events, including their parents' adulterous affair, compelled them to pick a life partner and get married young in order to end their connection, as a result, they eloped with the person of their choice.

'My father's behaviour towards us was not right. He had affairs with many women but he used to abuse us with foul language in front of our neighbors. Myself and my sister have always been thinking of getting out of that house. When I fell in love with my boyfriend who was also aware of my condition at home. We eloped and got married. Just to the severe ties of my father, I got married early.'

One of the respondents said *'A man had been torturing me with his love proposal, and he is an alcohol addict. But I preferred someone else, which angered my family because I had a relationship at such a young age. So we both ran away and got married, and I feel like I got away from the guy's tortured love proposal and my family's disapproval. However, my family is now speaking to me, and relations between us are good.'*

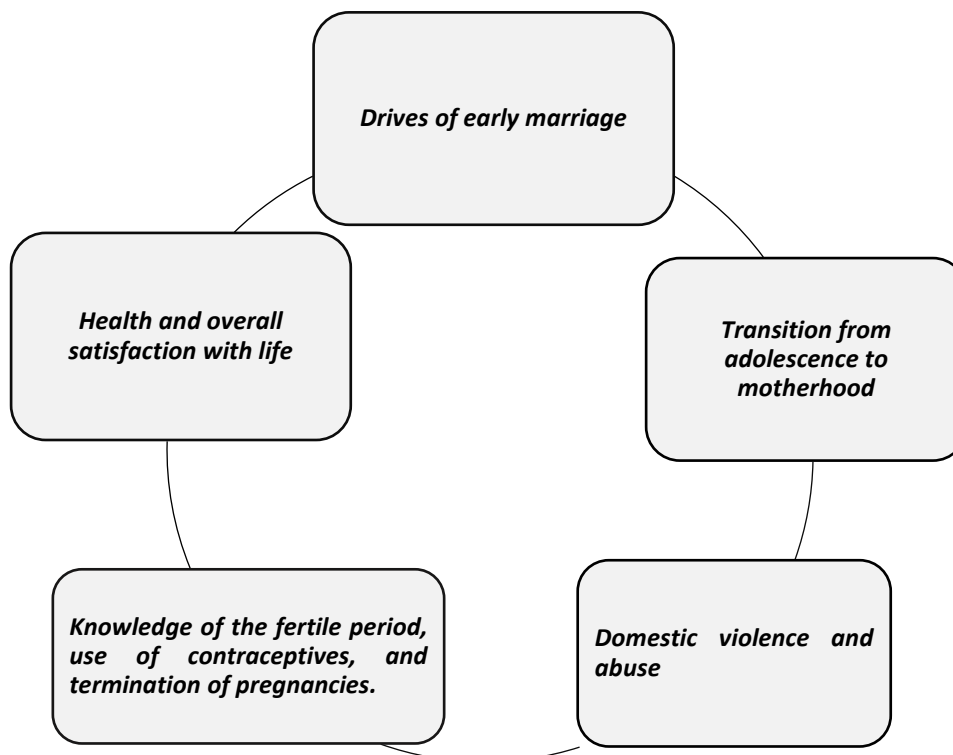


Figure 1. Emerged themes of the study

4.3. Transition from adolescence to motherhood

The transition to motherhood is an important event in a woman's life. All women involved in the study experienced increased vulnerability and faced enormous challenges as they became mothers. Most teenage girls were not yet ready to become mothers and therefore faced many difficulties. Respondents who experienced motherhood as teenagers reported feeling a greater burden of responsibility as they transitioned to motherhood. Most mothers believe that one of the main problems is increased responsibilities, including multiple tasks, lack of time and energy, and limited spending on leisure activities. After giving birth, the woman was faced with a long list of responsibilities and a significant increase in stress. This left them physically and mentally exhausted and in need of the help and care of others. Given the numerous maternal responsibilities, all respondents reported feeling stressed, trapped and unable to realize their ambitions.

'I regret getting married so early and becoming a mother so quickly. No one warned me about the consequences of early motherhood. When I was young, I only thought about romantic relationships and never about the practical problems of life that would arise when I became a mother. Even though motherhood may make you feel less self-centered and humane, you will not be happy. Ultimately, it changed my life forever, leaving me stagnant and clipping my wings.'

In response to the query, "How would you describe the shift from adolescence to motherhood at an early age?" all the respondents reported that the transition to motherhood is associated with emotional and mental suffering, including fears and worries, regret and remorse, feelings of guilt and humiliation, depression, and marital breakdown. The fears and anxieties mainly stemmed from the inability to carry out the responsibilities of raising children. They were particularly

concerned about difficulties in labour and birth, which were due to poor physical development. The emotional and physical changes have led to conflict and strained relationships with partners and family members. Negative feelings after becoming a mother were expressed in feelings of loss and regret about past lives and perceived future possibilities. Young women regret the loss of adolescence and the opportunity to continue their education. Mothers felt anxious because they felt unprepared for pregnancy. These feelings were very intense for mothers who had experienced an unwanted pregnancy and were struggling to take on the responsibilities of motherhood.

'It's not easy having a child. It is very difficult; it is better to go to school first and then find a job. Once the baby is born it is very difficult, there is nothing you can do, especially if you have no one to help you.'

'My life was doomed when I became a mother and there is no turning back. When you become a mother, you have your children dependent on you for everything and you become dependent on others and this condition continues forever. You cannot be a good role model for your children, especially if you get married soon.'

One of the main concerns raised by respondents was inefficiency. They depend on others because they lack the knowledge and skills necessary to become pregnant and give birth for the first time. Many respondents reported that they lacked the necessary skills to care for babies because they were still developing as individuals during pregnancy. They needed help in the face of new roles, increased responsibilities, health problems, rising prices and a lack of skills. Without adequate help, they had great difficulty adjusting to motherhood. Most respondents said that their husbands' lack of help with child-related tasks was a bitter experience and caused them problems in childcare and education and child-related costs.

'Marrying early is a mistake, and that too, against my parents' advice, is a serious mistake for a girl to make. I realized that during labour I had no one to help me with the newborn. I lacked knowledge about the challenges of pregnancy, birth and the postpartum period.'

All respondents reported to have received unpleasant treatment from the hospital staff because they were conceived at a younger age than the legal marriage age. The respondents expressed that they felt discriminated against and judged by the hospital staff due to their circumstances of being conceived at a younger age. This mistreatment further exacerbated their feelings of discomfort and unease during their time at the hospital.

'More than the doctors, I was scolded by the nurse and helping staff in the wardroom. It was very difficult to hear someone scolding you when you were about to deliver a baby in the labour room.'

'To avail myself of antenatal care, I increased my age and gave the wrong record. However, the staff at the government hospital found out, and they used to be harsh to me. This added so much worry and tension to me during my pregnancy, whenever I went for checkups. The constant scolding and harsh treatment from the hospital staff made an already stressful situation even more challenging.'

4.4. Domestic violence and abuse

Age differences between spouses are a characteristic feature of early marriages. Women who marry young are also illiterate, drop out of school and adhere to patriarchal gender norms. This creates power imbalances in relationships and the partner is excluded and robbed of their autonomy. Additionally, early marriage often results in limited access to education and economic independence, continuing a cycle of poverty and gender inequality that leads to domestic violence and abuse. The respondents to this study had experienced various forms of domestic violence, such as verbal, physical, and sexual, by their partners. Irrespective of their choice of marriage (Arranged or self-choice marriage), all the participants stated that they are subject to domestic violence and spousal abuse.

'It is quite common for men in this locality to abuse women verbally. My husband abuses me in front of my kids. Initially, I was very offended as ours was a love marriage. Compared to women who are physically abused, my status is better than other women in this area.'

'Ours was a love and elope marriage. I came out of my house to marry my husband at the age of 14. But he is having an affair with another girl. Still, he forces me to have sex. I feel like I'm betrayed but we have a physical relationship otherwise it will lead to physical injury.'

'To escape a love proposal from an alcoholic addict I got married to the love of my life. But things changed very quickly. Love and all won't last long in reality. My husband abuses me verbally and physically. Nothing can be done now as I wrote my fate.'

In this study, 46 per cent of respondents said they had encountered verbal abuse, and 58 per cent said they had experienced both physical and verbal abuse in their marriage. Sexual abuse refers to behaviour meant to control, influence, or manipulate your partner sexually. This type of abuse can either involve coercing your spouse into having sex with you or employing manipulation to induce them to do so. Respondents were also asked about forced sexual initiation within marriage and their recent experiences of forced sex, that is, in the 12 months preceding the interview. A substantial proportion (16% of young women) reported forced sexual initiation within marriage. Forced sexual initiation within marriage is a distressing form of abuse that violates a person's autonomy and consent. It is important to recognise that this type of abuse can have long-lasting emotional and psychological effects on the victims, impacting their overall well-being and relationship dynamics.

4.5 Knowledge of the fertile period, use of contraceptives, and termination of pregnancies.

The study found that among the respondents, proximity pregnancies and abortions were caused by a lack of knowledge about the fertile period, health precautions during the post-abortion period, husbands' careless attitude toward their wives' health, and a refusal to use any form of contraception. The study also discovered that the high rate of close-proximity pregnancies and abortions was partly caused by men's carefree attitude toward having sexual tendencies and their restrained access to contraceptive options. Furthermore, the respondents' decisions about contraception were found to be influenced by cultural norms and societal pressures related to family planning decisions. 61 per cent of the respondents had aborted their second child as they got conceived quickly after the first child. The decision to terminate the pregnancy was taken by women, and 46 per cent reported that it was taken by both husband and wife, and 21 per cent reported that the husbands

wanted them to terminate the pregnancy. 74 per cent of the terminations of pregnancies were done at the professional level. Few respondents want to disclose the process of termination. It is to be noted that the use of contraception is poor, as the respondents reported that their partner did not want to use it.

'I missed my periods for almost 10 months after my first baby. Since I missed my periods, I thought I wouldn't be able to conceive until my periods returned. But I was conceived with my second baby. Due to our financial situation and also to have a space between the first and second child, we aborted the baby.'

'My husband doesn't like to use contraceptives even after I have asked him to use it several times. I have had three abortions to date and three living children. I am afraid to use contraception like copper-T as I have been warned by my peer about its side effects.'

'Both myself and my husband decided to abort the baby due to our financial status. As we already have the desired number of children, we would not want another baby.'

'Abortions have deteriorated my health but I don't talk about it to anyone as it is quite a common condition here. Women keep carrying on their regular duties with multiple pregnancies and complications. It won't make me any special if I complain about my health'

4.6 Health and overall satisfaction with life

All of the study's participants were pregnant with their first child in their teens and had their first child on average when they were 15 years old. Numerous health problems have been connected to early motherhood. 16 per cent of the respondents reported having a loss of pregnancy (first baby). 43 per cent of the respondents reported that they opted for the termination of pregnancies in the first five years of their marriage. Stillbirths were reported by two respondents. Overall, about 45.6 per cent of women with abortion histories used abortion as a means of birth spacing, as they were not ready for a child at that time. Another 26.3 per cent of them had undergone abortions to limit family size as they did not need any more children. Stillbirth or child loss were experienced for the first baby only. These issues may be related to pregnancy, childbirth, breastfeeding, or the postpartum period. The testimonials from participants indicate that some women experienced gestational hypertension, anaemia, haemorrhage, eating disorders, and hyperemesis gravidarum throughout their pregnancies. A cesarean birth due to problems, a difficult birth, disruption of the regular childbirth process, and the physiological repercussions of hard labour were experienced by most of the participants. The study found that early marriage greatly impeded women's hopes and dreams, making childrearing and raising children their entire existence. Pregnancy and becoming a mother provide challenges for women in their early marriages. Their physical health has declined as a result of several pregnancies and abortions, but many individuals fail to address their mental health. Many respondents expressed feeling trapped in their roles as mothers, unable to pursue their own personal and professional goals. Furthermore, the lack of support systems and resources for mental health issues further exacerbates the challenges faced by these women in early marriages.

'I wish that I can go back in life and continue my education and live my adolescence again. Marrying

early is never the right choice as it changes every single thing in life and suffocates you. There is always regretful thinking that is running in the back of my mind for the bad choices I made in my life during my youthful days. However, nothing can be done now. I need to protect my children from the mistakes I made.'

All of the employed participants in this study work as domestic servants, such as cooks, top workers, and babysitters, and they all stated that their early marriage had left them frustrated with their lives. The aim and meaning of life, as well as how much one should strive for or deserve, are determined by the social circumstances they expressed.

'I have always wanted to become a teacher. If only I had been born in a normal place, I think I would have achieved my dreams. Women like me are made to prefer marriage for our survival purposes. In such a condition, how can one think of getting educated or to lead a decent lifestyle?'

'If only safety was provided for women, I would have not married early in life. However, I will make sure that my children are not married early like me. Education is critical to make a woman stand for herself.'

These participants expressed a strong desire for better opportunities and the chance to pursue their dreams and ambitions. They believed that breaking free from societal expectations would lead to a greater sense of fulfilment and satisfaction in their lives. Many believed that getting married young was a hasty decision that left them ignorant and imprisoned them to live in poverty for the rest of their lives. They emphasized the value of education and thought that learning during their teenage years would have provided them with the knowledge and abilities to change their situation. Furthermore, they expressed a collective determination to break the cycle of poverty and create a brighter future for themselves and their families by educating their daughters and not marrying their daughters early. They understood that education would provide their daughters with opportunities for better jobs and financial stability. Additionally, they recognised that by delaying marriage, their daughters would have more time to focus on their education and personal growth, ultimately leading to a more prosperous and fulfilling life.

'I had three children before I turned 35 and now, they are all grownups and working. From this angle, I will say that I am happy for my children to be settled when I am in good shape. However, my husband is having an affair with another woman, this makes me sad as to what is the meaning of love. I don't know if I am happy or unhappy.'

'I would never advise my daughter to marry early. I always tell my daughter that even if she is loving anyone it is important to prioritize your education and career before settling down in marriage. I very often tell her not to become like me(mother).'

'By waiting until you have established yourself professionally, you will have a stronger foundation for a successful and fulfilling marriage. Remember, marriage is a lifelong commitment, and it's crucial to be prepared both emotionally and financially before taking that step. Hence, I will not give my daughter in an early marriage how much the guy may be rich.'

5. Discussion

The study finds that age at first marriage significantly affected empowerment at the household level in terms of childbearing, contraceptive use, and decision-making power. Women who married at a younger age were more likely to have higher fertility rates and less or no control over their reproductive. The study clearly showed that women were married early either by their parents or by self-choice in search of a safe life. The locality they stayed in has a very influence on the preference for early marriage in both forms of marriage. However, in many cases, early marriage does not guarantee a good life as women in early marriage are exposed to another acceptable form of crime within their marriage ties called 'Domestic violence'. Early marriage as a crime perpetuates another crime. On the other hand, early marriage seriously impacts reproductive health which encompasses the physical and mental health of the participants in this study. Women who married early were more likely to have impaired reproductive health due to multiple pregnancies, infant loss, and effects on the health of their children. Analyses clearly show that early married women are characterized by lower levels of education, poorer socioeconomic status and limited exposure to the media. These factors limit women's autonomy in decision-making and participation in family life, affecting their health at all levels. Study participants had higher fertility, shorter birth intervals, and more unplanned pregnancies, miscarriages, and stillbirths, which increased the risk of pregnancy complications and reproductive health risks. Impaired health increases the financial burden on families and the risk of poverty. Additionally, the cost of medical treatments and medications can quickly deplete a family's savings, pushing them closer to poverty.

6. Conclusions and Recommendations

The Indian government enacted a law in 1954 that prohibited parents from getting their daughters married before they turned eighteen. It is estimated that at least 1.5 million girls under the age of 18 are married in India today. As a result, a large proportion of women marry before reaching legal marriage age, indicating that the effective implementation of marriage age laws in some Indian states is still far from satisfactory. A combination of social and family conditions leads parents and young women to prefer early marriage for their daughters, both within traditional marriage and voluntary marriage. In both cases, "security" is the main reason for early marriage. In reality, marrying a girl affects the health of young married women and their children. Since early marriage limits women's educational opportunities and denies them access to work, the results also have implications for poverty reduction efforts. Early pregnancies and marriages result in poor reproductive health in women, which negatively impacts children's health and places a burden on the family budget and children perform poorly in school, further limiting their ability to engage in income-generating activities. Adolescent moms' reproductive health problems need to be given more attention since this might aid India in achieving the Millennium Development Goals. Girls are offered financial incentives in several Indian states, including Andhra Pradesh, Haryana, Karnataka, Madhya Pradesh, Punjab, Rajasthan, and Tamil Nadu, to delay marriage until they turn eighteen. These monetary rewards have shown to be successful in lowering child marriage and increasing female education. By implementing such policies and effectively monitoring them, women can become more empowered and secure their right to education and a better future. Additionally, educating families about the importance of delaying marriage and providing income-generating opportunities can help families understand the long-term benefits of allowing girls to reach adulthood before marriage. It's also important to educate parents about the negative effects of child marriage. In Indian society, parents play a very important role in choosing a partner and setting the wedding date. The direct and indirect consequences (lower

education levels, fewer employment opportunities, increased pregnancy-related stress, poor maternal health, experience of infant loss, poor nutritional status of mothers and children) should be made aware to the parents to make rational decisions about their daughters' marriage at legal age. On the other hand, toxic masculinity leads to violence and harassment towards women. From a policy perspective, law enforcement organizations ought to make a concerted effort to implement a law that penalizes offenders who commit crimes against women based on their gender. This will reduce the number of crimes committed against women, promote their integration into society, and enable them to take advantage of more comprehensive female education programs, improved employment prospects, and sources of income. This may help in postponing marriage until the women concerned are older. This will result in economic freedom for girls and also increase the poor health status of women and their children.

The study's key findings show that women who marry young have a higher risk of experiencing domestic abuse and a lower likelihood of finishing their education. Furthermore, early marriage frequently results in greater rates of difficulty in child birth and fewer options for women to pursue socioeconomic stability. Early marriage causes many challenges for women since it interrupts their physical development, which negatively impacts their mental health from an early age. Protecting the rights and well-being of young women requires policies and initiatives to address these challenges. These findings highlight the urgent need for policies and programs aimed at preventing early marriage and supporting the well-being of young women. Access to services and education that enable young women to make knowledgeable decisions about their reproductive health and future should be prioritized.

7. Limitations and Future Research Directions

This study, while providing valuable insights into the life experiences of women in early marriages in Chennai, India, acknowledges certain limitations that must be considered when interpreting the findings. Studies on women who marry young remain essential to comprehending and resolving the complex issues they encounter. Future studies should concentrate on comprehensive strategies that consider early marriage's long-term effects on women's health, education, economic empowerment, and social well-being in addition to its immediate effects. To ensure that interventions and policies are not only evidence-based but also culturally sensitive and empowering, participatory research methodologies will give priority to the voices and experiences of women themselves.

8. Declaration of Interest

The authors report there are no competing interests to declare.

References

- 1) UNICEF. Is an End to Child Marriage within Reach? (2023). <https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/>
- 2) Government of India. National Family Health Survey (NFHS-5). Ministry of Health & Family Welfare, Government of India, 2021.
- 3) Nour NM. Child marriage: a silent health and human rights issue. *Rev Obstet Gynecol*. 2009, 2(1), 51-56.
- 4) Nasrullah M, Zakar R & Zakar MZ. Child Marriage and Its Associations With Controlling Behaviors and Spousal Violence Against Adolescent and Young Women in Pakistan. *Journal of Adolescent Health*. 2014, 55(6), 804-809. DOI: 10.1016/j.jadohealth.2014.06.013
- 5) Abdurahman D, Assefa N & Berhane Y. Parents' intention toward early marriage of their adolescent girls in eastern Ethiopia: A community-based cross-sectional study from a social norms perspective. *Front Glob Womens Health*. 2022. DOI: 10.3389/fgwh.2022.911648
- 6) Suyanto B, Sugihartati R, Hidayat MA, Egalita N & Mas'udah S. The causes and impacts of early marriage: the ordeal of girls in East Java, Indonesia. *Sociologia, Problemas e Práticas*. 2023, (101), 71-94. DOI: 10.7458/SPP202310126851
- 7) Pathak KB & Ram F. Adolescent Motherhood: Problems and Consequences. *The Journal of Family Welfare*, 1993, 39(1), 17-23.
- 8) Patra S. Motherhood in childhood: addressing reproductive health hazards among adolescent married women in India. *Reprod Health*. 2016, 13(1), 52. DOI: 10.1186/s12978-016-0171-7
- 9) Prakash R, Singh A, Pathak PK & Parasuraman S. Early marriage, poor reproductive health status of mother and child well-being in India. *J Fam Plann Reprod Health Care*. 2011, 37(3), 136-145. DOI: 10.1136/jfprhc-2011-0080
- 10) Kidman R. Child marriage and intimate partner violence: a comparative study of 34 countries. *Int J Epidemiol*. 2017, 46(2), 662-675. DOI: 10.1093/ije/dyw225
- 11) Santhya KG, Haberland N, Ram F, Sinha RK & Mohanty SK. Consent and Coercion: Examining Unwanted Sex among Married Young Women in India. *International Family Planning Perspectives*. 2007, 33(3), 124-132.
- 12) Erulkar A. Early marriage, marital relations and intimate partner violence in Ethiopia. *Int Perspect Sex Reprod Health*. 2013, 39(1), 6-13. DOI: 10.1363/3900613
- 13) UNICEF. Ending Child Marriage: Progress and prospects (2014). <https://data.unicef.org/resources/ending-child-marriage-progress-and-prospects/>
- 14) Office of the Secretary-General's Envoy on Youth. Child Marriages: 39,000 Every Day – More than 140 million girls will marry between 2011 and 2020. (2013). <https://www.un.org/youthenvoy/2013/09/child-marriages-39000-every-day-more-than-140-million-girls-will-marry-between-2011-and-2020/>
- 15) Beattie TS, Bhattacharjee P, Isac S, Davey C, Javalkar P, Nair S, et al. Supporting adolescent girls to stay in school, reduce child marriage and reduce entry into sex work as HIV risk prevention in north Karnataka, India: protocol for a cluster randomised controlled trial. *BMC Public Health*. 2015, 15, 292. DOI: 10.1186/s12889-015-1623-7
- 16) UNICEF. Convention on the Rights of the Child (1989). <https://www.unicef.org/child-rights-convention>

- 17) Raj A, Saggurti N, Winter M, Labonte A, Decker MR, Balaiah D, et al. The effect of maternal child marriage on morbidity and mortality of children under 5 in India: cross sectional study of a nationally representative sample. *BMJ*, 2010, 340, b4258. DOI: 10.1136/bmj.b4258
- 18) Santhya KG. Early marriage and sexual and reproductive health vulnerabilities of young women: a synthesis of recent evidence from developing countries. *Curr Opin Obstet Gynecol*. 2011, 23(5), 334-339. DOI: 10.1097/GCO.0b013e32834a93d2
- 19) Yoosefi Lebni J, Solhi M, Ebadi Fard Azar F, Khalajabadi Farahani F & Irandoost SF. Exploring the Consequences of Early Marriage: A Conventional Content Analysis. *Inquiry*, 2023, 60:469580231159963. DOI: 10.1177/00469580231159963
- 20) Campbell JC & Soeken KL. Forced Sex and Intimate Partner Violence. *Violence Against Women*. 1999, 5(9), 1017-1035. DOI: 10.1177/1077801299005009003
- 21) Elnakib S, Elsallab M, Wanis MA, Elshiwiy S, Krishnapalan NP & Naja NA. Understanding the impacts of child marriage on the health and well-being of adolescent girls and young women residing in urban areas in Egypt. *Reproductive Health*. 2022, 19(1), 1-14. DOI: 10.1186/s12978-021-01315-4
- 22) Santhya KG, Ram U, Acharya R, Jejeebhoy SJ, Ram F & Singh A. Associations between early marriage and young women's marital and reproductive health outcomes: evidence from India. *Int Perspect Sex Reprod Health*. 2010, 36(3), 132-139 DOI: 10.1363/ipsrh.36.132.10