Review Article (Pages: 19383-19389)

#### Child Marriage: A Medical and International Law Perspective

Amir Hossein Molkizadeh <sup>1</sup>, Amir Hossein Ghazizadeh Hashemi <sup>2</sup>, Mohammad Ali Kiani <sup>3</sup>, 
\* Nafiseh Pourbadakhshan <sup>4</sup>

#### Abstract

The dilemmas of child marriage and children who become parents at a young age are evident to everyone. Due to their destructive effects on both the child and society, they have always been a concern for psychologists, sociologists, lawyers, and members of parliament. The main objective of this research is to examine the phenomenon of child marriage from a medical and international law perspective. In this cross-sectional study, scientific books, materials, and articles published on child marriage and its consequences from a medical and legal perspective were reviewed. By searching reputable national and international websites, all relevant articles (in Persian and English) without time limitation until September 27, 2020, were examined and evaluated. The information, statistics, and articles meeting the inclusion criteria for the study will be presented in a categorized manner from a medical and international law perspective. Factors contributing to this issue include poverty, geographical factors, lack of access to education, gender inequality, conflict, social disasters, lack of access to comprehensive reproductive health services and information, and social norms that reinforce specific gender stereotypes. As long as the underlying factors of child marriage such as poverty, lack of awareness, cultural and ethnic prejudices, and lack of sufficient education for girls exist, this phenomenon will persist despite laws in place prevent it. To end child marriage, challenges such as gender inequality and discrimination, lack of education, and poverty must be addressed. Creating legal frameworks to prohibit child marriage and closing legal loopholes that allow marriage under 18 years old can pave the way for a positive culture in society and protect children's rights.

Key Words: Child marriage, International law, Marriage, Medical complications.

\* Please cite this article as: Molkizadeh A.H, Ghazizadeh Hashemi A.H, Kiani M.A, Pourbadakhshan N. Child Marriage: A Medical and International Law Perspective. J Ped Perspect 2025; 13 (3):19383-19389. **DOI:** 10.22038/jpp.2025.88265.5555

Nafiseh Pourbadakhshan; Clinical Research Development Unit of Akbar Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran. Email: pourbadakhshann@mums.ac.ir

<sup>&</sup>lt;sup>1</sup> Department of Law, M.a.C, Islamic Azad University, Mashhad, Iran.

<sup>&</sup>lt;sup>2</sup> Department of Otolaryngology, Loghman Educational Hospital, School of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

<sup>&</sup>lt;sup>3</sup> Department of Pediatric Gastroenterology, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

<sup>&</sup>lt;sup>4</sup> Clinical Research Development Unit of Akbar Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

<sup>\*</sup>Corresponding Author:

#### 1- INTRODUCTION

Child marriage is recognized as a human rights violation and a major public health concern. The practice is associated with adverse outcomes for children, particularly girls, including increased risks of maternal and infant mortality, mental disorders. and marginalization. Child marriage is defined as the marriage of a child under 18 years of age (1).International legal instruments such as the Convention on the Rights of the Child (CRC) and the Convention on Elimination of All Forms Discrimination **Against** Women explicitly prohibit (CEDAW) child marriage. However, implementation gaps, cultural norms, and socio-economic factors continue to undermine efforts to eliminate the practice (2). This article aims to comprehensive provide a academic analysis of child marriage from medical and international law perspectives, with a focus on the situation in Iran and comparative international contexts.

# 2- Examining Child Marriage from a Medical Viewpoint

According to recent UNICEF data, 650 million women and girls alive today were married before the age of 18. Each year, 12 million girls become child brides, and globally, 21% of women are married before reaching adulthood (3).

# **2-1.** Social Isolation and Mental Health Challenges

Following marriage, young girls are often relocated to their husband's household, sometimes in unfamiliar communities, where they are expected to fulfill the roles of wife, homemaker, and mother. Husbands are typically much older, due to significant dowries, and may have little in common with their young wives. In some regions, polygamy is also practiced. These circumstances can leave girls feeling alienated and emotionally distressed. Many recognize that their well-

being depends on adapting to their new surroundings and demonstrating fertility. As a result, they are deprived of their missing out childhood, friendships, and education (1,4). Research indicates that women who marry as children are more likely to experience physical, sexual, and emotional abuse compared to those who marry as adults. Child marriage is also linked to a greater risk of mental health issues, including suicidal thoughts and behaviors. For instance, a 2008 study in Afghanistan found that nearly one-third of selfimmolation cases among women in three major cities were connected to forced or conflict-ridden marriages during childhood

# 2-2. Increased Vulnerability to Sexually Transmitted Infections and Cervical Cancer

believe Many parents early marriage protects their daughters from HIV/AIDS, but evidence shows the opposite. Girls who marry before age 20 face a higher risk of HIV infection. In Kenya, married adolescent girls are 50% more likely to contract HIV than their unmarried peers; in Zambia, the risk rises to 59%, and in Uganda, HIV prevalence is 89% among married girls versus 66% among single girls aged 15-19. These infections are often transmitted by older husbands, who may have previous sexual partners or multiple wives. Young brides, pressured to prove fertility, often have unprotected frequent, sex. further increasing their risk. Other sexually transmitted diseases, including herpes simplex virus type 2, gonorrhea, and chlamydia, are also more common in this group, compounding their susceptibility to HIV. Additionally, early marriage raises the likelihood of contracting human papillomavirus, which can lead to cervical cancer (1,2,4).

#### 2-3. Pregnancy-Related Health Risks

Girls who become pregnant in areas where malaria is prevalent are at heightened risk of infection. Of the 10.5 million women and girls affected by malaria, half of the deaths occur during their first pregnancy. Complications such as severe anemia, pulmonary edema, and hypoglycemia are more frequent in this group. Malaria can also increase HIV viral loads and the rate of mother-to-child HIV transmission, making the combination of these diseases especially lethal for young pregnant girls (6).

#### 2-4. Childbirth Complications

Childbirth at a young age carries significant dangers. In countries like Mali, and Ethiopia, a substantial Uganda, proportion of girls give birth before turning 18, compared to much lower rates in Western countries. Girls aged 10-14 are five to seven times more likely to die from pregnancy-related causes than women in their twenties, and those aged 15-19 face double the risk (7). These deaths are often due to eclampsia, postpartum hemorrhage, sepsis, HIV, malaria, and obstructed labor. Girls early adolescence in have underdeveloped pelvises. making childbirth more hazardous and increasing the risk of severe birth injuries (8).

#### 2-5. Health Risks for Infants

Babies born to mothers under 18 are 35% to 55% more likely to be premature or have low birth weight compared to those born to older mothers. The risk of infant mortality is 60% higher for children of adolescent mothers, and even after surviving the first year, these children face a 28% higher risk of dying before age five. These outcomes are linked to poor maternal nutrition, lack of physical and emotional maturity, limited access to health and social services, and increased exposure to infectious diseases. Untreated sexually transmitted infections in young mothers can also cause serious health problems for their newborns, including

premature birth, congenital infections, and blindness. In summary, child marriage has profound and far-reaching health consequences for both girls and their children, affecting their physical, mental, and social well-being (9).

#### 2-6. Intergenerational Effects

The consequences of child marriage extend to the next generation:

- **a. Infant and child mortality:** Children born to adolescent mothers have higher mortality rates.
- **b. Nutritional deficiencies**: Both mothers and their children are at increased risk of malnutrition and stunted growth.
- **c. Perpetuation of poverty:** Limited education and economic opportunities for child brides contribute to intergenerational poverty (1).

### 3. Child Marriage from the Perspective of International Law

Over the past decade, child marriage has become a very hot topic on the human rights agenda. With the increase in marriage age in modern times, child marriage gradually became a "deviant behavior" in the Western world. It was then quickly declared a violation of human rights, promoted by international organizations. UNICEF believes that child marriage cuts short the brief period of childhood. Child marriage often ends childhood in a "sudden", "premature", or "unnatural" way. It is also described as a "difficult transition from childhood to adulthood". Since the Committee on the Rights of the Child considers childhood as one of the stages of the development process, it considers child marriage to result in "the denial of childhood and adulthood, the restriction of personal freedom, and the lack of opportunity for the full development of personality". Child marriage deprives girls of the feeling of childhood and robs them of their childhood (10).

Child marriage under 18 years old is recognized in international human rights agreements as a universally harmful and discriminatory practice. International governmental stakeholders, academics, and lawyers from various countries have been called upon create to frameworks that prohibit child marriage and close legal loopholes that allow marriage under 18 years old. The disproportionate rate of marriage among girls compared to boys is recognized by the international community as reflecting gender discrimination. Furthermore, due to the harmful and vulnerable consequences marriage of child in reducing independence, safety, access to education, health status, and long-term negative impacts on girls' independence and the health and well-being of their children, this practice is considered to represent gender inequalities. The United Nations and other international agencies have declared that child marriage violates human rights and child rights. The Universal Declaration of Human Rights states that individuals should enter into marriage with full consent and should be of full age. In 1979, the Convention on the Elimination of All Forms of Discrimination against Women stated that child marriage is illegal. In 1989, the Convention on the Rights of the Child defined children as individuals under 18 years old. Many countries have passed laws to change the legal age of marriage to 18, but the enforcement of these laws and laws requiring marriage registration is weak (11).

In some countries, although the legal age of marriage is 18, 65% of girls in Mali, 57% in Mozambique, and 50% in India marry before the age of 18. In some areas of Ethiopia, although the legal age of marriage is 15, 50% of young girls are

married. Furthermore, in some areas, arranged marriage occurs at birth (12).

In 2014, the Committee on the Rights of the Child and the Convention on the **Forms** Elimination of All of Discrimination against Women published a joint general comment that seemingly attempts to create space for exceptional cases "as a matter of respect for the evolving capacities of the child and for the autonomy in decision-making that affects him or her." It approves the marriage of a mature and capable child under 18, with or without parental consent, in exceptional circumstances, provided two conditions are met: (1) the child is at least 16 years old, and (2) decisions in this regard are based on judgment defined by law and based on evidence of maturity, without reference to culture and tradition (10).

## 3-1. Strategies for Education and Empowerment

**a. Universal access to education:** Every child deserves the chance to learn and grow in a safe environment. When children stay in school, they gain knowledge, confidence, and the ability to make informed choices about their lives (13).

# b. Community awareness programs: Changing deeply rooted traditions takes time and understanding. By organizing community discussions, workshops, and campaigns, we can openly talk about the dangers of child marriage. These programs help families and community leaders understand how early marriage can harm a child's health, education, and happiness. When people see the risks and hear real stories, they are more likely to support positive change and protect their children's rights (14,15).

**c.** Economic support for families: Many families feel pressured to marry off their daughters early due to financial hardship.

By offering support-like scholarships, cash incentives, or job training for parents, we can ease these pressures. Social protection programs help families meet their basic needs without resorting to child marriage. When families are financially secure, they are more likely to keep their children in school and allow them to grow up before making life changing decisions (14,16).

#### d.Healthcare Interventions:

-Adolescent health services: Imagine a young girl who's been forced into marriage before she's ready. She may not know how her body works or how to protect herself from pregnancy or disease. By creating youth-friendly health clinics and safe spaces, we can give adolescents access to information about their bodies, relationships, and reproductive health in a way that respects their age and needs. These services help girls understand their choices, protect themselves from harm, and take charge of their own well-being. Resource center for girls in places like Bangladesh provide life skills, sexual and reproductive health education, and a supportive community, helping 25,000 girls so far (17).

- Mental health support: Child marriage can be deeply traumatic, leaving girls feeling isolated, anxious, or depressed. Offering counseling and psychosocial support gives these girls someone to talk to, a counselor who listens and helps them process their experiences. Support groups and mental health services can help child brides and those at risk find hope, rebuild their confidence, and heal emotionally. This support is crucial for their recovery and for helping them imagine a future beyond early marriage (17).

#### **3-2.Ongoing Challenges**

**-United States:** Despite progress at the federal level, many states in the U.S. still allow children under 18 to marry to

parental consent or if judge approves it. This means that in 37 states, minors sometimes as young as 13, can legally be married, often to much older adults. These legal loopholes put vulnerable children at risk of abuse, interrupt their education, and trap them in difficult situations with little ability to leave. While some states have banned child marriage entirely, others struggle with outdated laws and cultural acceptance that make change slow and uneven. The recent Child Marriage Prevention Act of 2024 aims to close these gaps, but enforcement and awareness remain challenges (18).

-Middle East and North Africa: In many countries across the Middle East and North Africa, laws have been updated to raise the minimum marriage age or restrict child marriage. However, these legal reforms often face strong resistance from communities where early marriage is a long-standing tradition. Cultural beliefs and social pressures can undermine the impact of new laws, and enforcement is frequently weak or inconsistent. This means many girls still face early marriage despite official bans, highlighting the need education, community for ongoing dialogue, and support to shift attitudes alongside legal change (19,20).

#### 4- CONCLUSION

Today, we know well that the knowledge and understanding of all adults are not superior to the knowledge and understanding of all adolescents, and this is where the discussion of recognizing the rights of adolescents has become one of the serious demands of social and intellectual movements of the 21st century. By promoting culture and creating an environment in this regard, the existing conditions and culture can be changed. In the current era, we need progressive laws that must be institutionalized in society through cultural promotion. Social harms and social problems do not only have a

legal aspect, and a large part of them have a cultural and social aspect. The most important and best solution is to increase public awareness and promote culture about the rights of children and women, change people's attitudes towards early marriage, and utilize the capacity of targeted campaigns and use mass media and education.

#### **5- REFERENCES**

- 1. Nour NM. Child marriage: a silent health and human rights issue. Reviews in obstetrics and gynecology. 2009;2(1):51.
- 2. Nour NM. Health consequences of child marriage in Africa. Emerging infectious diseases. 2006 Nov;12(11):1644.
- 3. https://www.unicef.org/stories/child-marriage-around-world, 2010.
- 4. Irani M, Roudsari RL. Reproductive and Sexual Health Consequences of Child Marriage: A Review of literature. Journal of Midwifery & Reproductive Health. 2019 Jan 1;7(1).
- 5. Arthur M, Earle A, Raub A, Vincent I, Atabay E, Latz I, et al. Child marriage laws around the world: Minimum marriage age, legal exceptions, and gender disparities. Journal of women, politics & policy. 2018 Jan 2;39(1):51-74.
- 6. World Health Organization. Malaria and HIV interactions and their implications for public health policy. InMalaria and HIV interactions and their implications for public health policy 2005.
- 7. Ascher-Walsh CJ, Capes TL, Lo Y, Idrissa A, Wilkinson J, Echols K, Crawford B, et al. Sling procedures after repair of obstetric vesicovaginal fistula in Niamey, Niger. International urogynecology journal. 2010 Nov;21:1385-90.
- 8. Unicef, UNICEF. We the Children: End-Decade Review of the Follow-Up to the World Summit for Children. New York: UNICEF. 2001.

- 9. Bott S, Jejeebhoy S, Shah I, Puri C, editors. Towards adulthood: exploring the sexual and reproductive health of adolescents in South Asia. Geneva: World Health Organization; 2003 Jan 1.
- 10. Horii H. A blind spot in international human rights framework: a space between tradition and modernity within the child marriage discourse. The International Journal of Human Rights. 2020 Sep 13:24(8):1057-79.
- 11. Paul P. Effects of education and poverty on the prevalence of girl child marriage in India: A district—level analysis. Children and Youth Services Review. 2019 May 1;100:16-21.
- 12. Malhotra A, Elnakib S. 20 years of the evidence base on what works to prevent child marriage: A systematic review. Journal of Adolescent Health. 2021 May 1;68(5):847-62.
- 13. Gage AJ. Child marriage prevention in Amhara region, Ethiopia: association of communication exposure and social influence with parents/guardians' knowledge and attitudes. Social Science & Medicine. 2013 Nov 1;97:124-33.
- 14. Bhan N, Gautsch L, McDougal L, Lapsansky C, Obregon R, Raj A. Effects of parent–child relationships on child marriage of girls in Ethiopia, India, Peru, and Vietnam: Evidence from a prospective cohort. Journal of Adolescent Health. 2019 Oct 1;65(4):498-506.
- 15. Rasmussen B, Maharaj N, Sheehan P, Friedman HS. Evaluating the employment benefits of education and targeted interventions to reduce child marriage. Journal of Adolescent Health. 2019 Jul 1;65(1):S16-24.
- 16. Sheehan P, Shi H. Employment and productivity benefits of enhanced educational outcomes: A preliminary modelling approach. Journal of Adolescent Health. 2019 Jul 1;65(1):S44-51.

- 17. 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 Dec;15:1-2.
- 18. Raj A. When the mother is a child: the impact of child marriage on the health and human rights of girls. Archives of disease in childhood. 2010 Nov 1;95(11):931-5.
- 19. Santhya KG. Early marriage and reproductive sexual and health vulnerabilities young women: synthesis of recent evidence from developing countries. Current opinion in obstetrics and gynecology. 2011 Oct 1;23(5):334-9.
- 20. Nguyen MC, Wodon Q. Global and regional trends in child marriage. The Review of Faith & International Affairs. 2015 Jul 3;13(3):6-11.