

ORIGINAL RESEARCH ARTICLE

Exploring the child marriage practices and their impact on women's lives in Pakistan: A qualitative analysis

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Abstract

The study aimed to qualitatively explore the relationship between intimate partner violence and early marriage, focusing on the psychological and physical health issues faced by married women in rural Pakistan. Specifically, it investigated how resilience moderates the effects of early marriage, physical health problems, intimate partner abuse, and psychological issues. Using an intrinsic qualitative approach, the research involved interviews with 20 household heads, 62 husbands, and 40 wives in Sindh province. The findings indicated significant differences related to early marriage, intimate partner abuse, physical health issues, stress, anxiety, and depression. The results align with other South Asian studies, highlighting early marriage as a major risk factor for physical health issues and intimate partner violence. Additionally, the study underscores the widespread nature of violence as a social problem affecting married couples' health in Pakistan. (*Afr J Reprod Health 2024; 28 [9]: 73-84*).

Keywords: Early marriage, psychological health issues, Intimate partner violence; Women's health

Résumé

L'étude visait à explorer qualitativement la relation entre la violence conjugale et le mariage précoce, en se concentrant sur les problèmes de santé psychologique et physique rencontrés par les femmes mariées dans les zones rurales du Pakistan. Plus précisément, elle a étudié comment la résilience atténue les effets du mariage précoce, des problèmes de santé physique, de la violence conjugale et des problèmes psychologiques. Utilisant une approche qualitative intrinsèque, la recherche a impliqué des entretiens avec 20 chefs de famille, 62 maris et 40 épouses dans la province du Sind. Les résultats ont indiqué des différences significatives liées au mariage précoce, à la violence conjugale, aux problèmes de santé physique, au stress, à l'anxiété et à la dépression. Les résultats concordent avec d'autres études sud-asiatiques, soulignant le mariage précoce comme un facteur de risque majeur de problèmes de santé physique et de violence conjugale. En outre, l'étude souligne le caractère répandu de la violence en tant que problème social affectant la santé des couples mariés au Pakistan. (*Afr J Reprod Health 2024; 28 [9]: 73-84*).

Mots-clés: Mariage précoce, problèmes de santé psychologique, violence conjugale ; La santé des femmes

Introduction

Early marriage is a severe violation of human rights and poses significant public health risks. Here, 'child marriage' refers to any marriage involving individuals under 18, the legal definition of a child¹. This practice exposes individuals to various negative outcomes, including under researched aspects like child marriage and sexual violence. Culture, religion, customs, caste, ethnicity, and social norms, often linked to familial and societal

structures, influence marriage practices². In the past decade, a global movement has emerged to end child marriage and empower affected young women and girls³. This effort reflects a growing international commitment to gender equality, particularly in sub-Saharan Africa and South Asia, where approximately 55% and 45% of young girls, respectively, marry before turning 18⁴. Child marriage leads to a range of harmful effects, including poor health, early pregnancy, low educational attainment, limited economic

opportunities, mental immaturity, and increased risks of intimate partner violence and child abuse^{3,5}.

The purpose of this study is to investigate the causes and consequences of early marriage and sexual violence in Pakistan. Globally, 35% of young women were married before age 18 and 12% before age 15 at least once during her lifetime in 2016-17, with the highest prevalence rate found in Sub-Saharan Africa and South Asia⁶. The prevalence of IPV, such as physical violence, sexual violence, stalking and psychological assault, varies from 24% in high-income countries, 25% in the Western Pacific, 38% in the Eastern Mediterranean, and 38% in the in the South-East Asia region¹. An additional 39,000 girls are married before turning 18 every days⁶. The increase of IPV varies across distinct communities worldwide, and many factors influence its prevalence. As our research highlights, hazardous circumstances foster IPV among Pakistani women and other South Asian women. The reasons for the cultural normalisation of such child abuse include the need to protect the family honour, gender inequality, arranged marriages, the women's fear of losing children, abusive partners, gender role expectations, and the idea that a wife is owned by her husband⁷.

This study aims to gather qualitative data on how to decrease early marriage practice and intimate partner abuse, and physical health issues development and generate an in-depth description of early marriage as a crime against humanity. Therefore, this study conducted an in-depth investigation of early marriage and intimate partner abuses in the rural communities of Pakistan. Violence is a cross-cultural public health issues associated with socioeconomic ratio limitations. The violence characterised by power control within a marriage relationship over time. We see violent behaviour transitioning to forced control, probable abuse, and emotional abuse. In many situations, the girl's parents believe that their child's best choice is to marry at an immature age. They accept that marriage will save and shelter their daughter from sexual and physical violation. That thinking is misleading. Early marriages put immature women or girls in physical danger, health peril and a dangerous intimate relationship. It is known that the issue of early marriage has been increasing in recent years, accompanied by increasing violence which

affects South Asian girls. While the evidence linking intimate partner abuse and psychological problems to early marriage is substantial, most peer-reviewed studies rely on national-level household surveys from South Asia, with significant variation in findings and methodologies. Research from Pakistan, India, Nepal, Afghanistan, and Bangladesh consistently shows that women who marry as children are more likely to experience psychological, emotional, sexual, and physical violence due to intimate partner violence (IPV). Notably, only one study has reported a significant correlation between psychological stress and child marriage⁸. Pakistani marriage has significantly influenced anthropological theory, highlighting its procedural nature. British social anthropologists describe Pakistani marriage not as a static event but as a developmental process. This perspective emphasizes how marriage and kinship shape and construct the economic, social, political, and legal contexts⁹. This study addresses a longstanding issue in Pakistani research: the human rights violation of early marriage, including its links to intimate partner abuse and psychological problems. Evidence suggests that adult marriages (those occurring after age 18) are more common in Pakistan than child marriages (those occurring before age 18). Nonetheless, married women in Pakistan frequently experience sexual, physical, emotional, and psychological violence. Among ever-married women, 22% experience intimate partner abuse, with 39% of separated, widowed, or divorced women affected. Sexual violence rates are about 5% for ever-married women and 14% for those who are separated, widowed, or divorced. Most of this evidence comes from South Asia, where early marriage is prevalent. The cultural practices and rituals surrounding early marriages in Pakistan closely tie the challenges in defining violence related to early marriage.

This research examines how early marriage affects gender relations within households and influences women's responses to intimate partner abuse and psychological issues in Pakistan. It examines the cultural and kinship dynamics associated with early marriage, as well as how these factors shape women's experiences of abuse, physical health problems, and psychological distress. We conducted comprehensive interviews

with 122 participants, comprising household heads, husbands, and wives aged 15–49, in rural, low-income communities in Pakistan. The study found that early marriage significantly increases the likelihood of intimate partner abuse, including sexual, physical, and emotional violence, particularly among married women in Pakistan. This study aims to address gaps in research by analyzing the relationships between early marriage and various forms of violence experienced by married women—sexual, physical, emotional, and psychological. It also explores how intimate partner violence impacts lifetime emotional and physical health issues among ever-married women. The findings shed light on the link between early marriage and violence in Pakistani marriages.

Methods

Sampling strategy

This study employed a qualitative and phenomenological research design to explore the relationship between early marriage, intimate partner abuse, and psychological problems in Pakistan. We chose this approach to gain a detailed and subjective understanding of these issues. Information was gathered from married women who experienced early marriages¹⁰. Using a qualitative, descriptive research design, participants were selected through purposive sampling, focusing on those who reported experiencing or perpetrating abusive behaviors over the past year.¹¹ Data were collected from six villages and two districts with high instances of intimate partner abuse and psychological problems. A stratified, multistage sampling method ensured a representative sample from various provincial areas. One-third of the family responses reported early marriage and intimate partner violence. Interviews were conducted face-to-face by trained interviewers with women or their family heads, focusing on early marriage and violence prevalence (physical and emotional).

In the first stage, a random sample of married women, household heads, and community stakeholders was selected from six villages across two districts in Sindh, Pakistan, due to their vulnerability to early marriage and intimate partner

violence (IPV). The first author conducted brief fieldwork in these districts, consulting the Women's Development Department (WDD) and a non-governmental organization (NGO) focused on gender-based violence (GBV). Respondents were briefed on the research purposes, and local coordinators from the Women's Development and Social Welfare Department were contacted to obtain village details and the latest data on violence and early marriage. GBV response services are managed by government departments at the district and taluka levels. Local permission to conduct research was obtained from extended family heads in the districts. The study targeted respondents interested in discussing early marriage and IPV. Key informants helped identify these extended family heads within the villages.

Participant selection

We primarily collected data through in-depth and semi-structured interviews with household heads (n = 20), husbands (n = 62), and wives (n = 40)." The first author conducted meetings in each community with knowledgeable local leaders aged 45–55 who provided authentic information about the community. We asked participants in these discussions to identify household heads, irrespective of caste, gender, or age. We used this validated information to create a demographically representative sample from six villages in Tando Muhammad Khan, Sindh, Pakistan. Using snowball sampling, we recruited the initial participants through the first author's social networks. Also, use this method to identify other victims of early marriage, intimate partner abuse, and psychological problems within the community. The focus was on household and family heads due to their primary decision-making responsibilities within their extended families, particularly regarding their children and financial matters. Individual interviews included 25 males, 47 females, 11 mothers, and 17 fathers, encompassing 22 heads of families and community members, totaling 122 respondents aged 15 to 49 years. These respondents, from six selected villages in the two districts of Sindh, represented a mixture of ethnicities, religions, geographical areas, and village sizes. They were regional villagers with

comprehensive knowledge of their extended families and general awareness of other residents. Both male and female heads of extended families participated, as both genders play a significant role in making marriage decisions for their girls. The social-ecological framework underscores the prevalence of early marriage in Pakistan and its impact on young women's health, education, and experiences of violence, emphasizing the importance of this context in prevention strategies. During the interviews, data on each aspect of the thematic analysis, interpretation, and meaning were critically examined and summarized, supported by relevant quotes. Table 1 presents interview quotes based on respondents' number, gender, education, religion, socioeconomic status, ethnicity, and the nature of risk behaviors, including types of violence.

Methodological rationale

We surveyed both male and female household heads, as they are responsible for making marriage decisions for the young girls in their families. Qualitative research employs an interpretive, naturalistic approach, avoiding predefined assumptions or theories. The data consist of phenomenological descriptions of respondents' marital relationships and sexual lives, intentionally avoiding normative or psychological interpretations. This approach is particularly relevant for assessing factors contributing to psychological and sexual responsiveness in married women. The collaborative research method used allowed those directly affected by the study to influence problem definition, research methods, data collection, analysis, and the interpretation of survey results. By allowing subjects to define terms such as child marriage, intimate partner violence, and marital satisfaction, the findings are more likely to reflect their reality and the meanings they ascribe to these concepts, rather than perspectives imposed by researchers through literature and tacit knowledge.

Validity and reliability study

The researcher made multiple efforts to assess the reliability and validity of the qualitative survey

form. In accordance with Johnson and Christensen's guidelines, the researcher conducted a literature review and conducted pilot interviews to establish the internal validity of the research¹². We asked exploratory questions about early marriage practices, intimate partner abuse, physical health, and psychological issues during these pilots. Feedback and data from these interviews informed the final interview forms. An expert panel of researchers with experience in qualitative methods reviewed 13 key questions to evaluate their relevance to early marriage practices. The experts assessed the clarity, potential ambiguity, and accuracy of the questions in reflecting the experiences of women who have faced early marriage, intimate partner abuse, physical health problems, and psychological issues. The experts deemed the interview questions valid with 100% inter-rater agreement. We then used these questions in semi-structured interviews with victims of intimate partner abuse and other related issues who had experienced early marriages¹³.

Ethical considerations

The School of Anthropology Institutional Review Board at Anhui University in China granted ethical approval for this study. We obtained both verbal and written consent. To ensure confidentiality, all personal information, such as names, addresses, and pictures, was kept private. Conversations were noted in writing and audio recorded, but names and addresses were excluded from the recordings. Participants were informed about the academic nature and purpose of the study. Parental consent was obtained for respondents under 18 years old.

Data collection and analysis

We conducted open-ended responses to stay close to the participants' words. In the first level of coding, key concepts and categories were identified. At the second level (axial coding), these concepts and categories were organized and grouped. Conducting the research on-site was challenging due to safety concerns for victims of early marriage, intimate partner abuse, and related health and psychological issues. Therefore, the lead author recruited local key informants, both female and male, to assist in data collection and analysis¹⁴.

The investigator transcribed the lead author's community observation notes and interviews. Qualitative content analysis techniques were employed. We conducted two types of interviews: in-depth interviews and questionnaires, both written in Urdu or Sindhi. Same-sex interviewers were used to minimize discomfort during the sessions. Research assistants were trained in village and community access techniques. A short questionnaire was administered to heads of extended families, focusing on sociodemographic traits, marriage-related issues, and occurrences of child marriage and sexual violence. The interview guide, initially in English, was translated into Urdu and Sindhi by leading experts to ensure data validity and reliability. In the exploratory study, our data analysis focused on qualitative interview recordings. Local experts transcribed and translated interviews conducted in Urdu and Sindhi into English. After explaining the study's purpose, some married women participants, initially hesitant to have their interviews digitally recorded, became comfortable. Daily review sessions during data collection helped identify emerging themes, ensure completeness, and address any inconsistencies. Transcripts were analyzed using a comprehensive theme matrix, which helped identify common patterns and trends.

We informed the heads of households and families about the study's purpose, assuring them that their responses and personal information would remain confidential. During the interviews, we sought permission to record the sessions, and many respondents consented after we emphasized the academic goals of our research. Respondents were given the option to refuse answering specific questions about their extended households, such as age, income sources, and monthly family income. However, most were willing to share this information. A semi-structured, in-depth interview was conducted following guidelines pre-tested in similar settings. The interview aimed to gather information from eligible respondents about incidents in early marriage, various forms of violence, perceived causes, reactions, effects on marriage, intimate partner abuse, physical and psychological health problems, and help-seeking behaviors. Depending on the participant's preference, informal and formal conversations took

place in one or two sessions. Each participant provided written informed consent to participate. The interviews, lasting approximately 30 to 60 minutes, were conducted in the respondents' native language and were audio-recorded. All procedures were approved by the Institutional Review Board at Anhui University.

In-depth interviews were conducted with household heads and ever-married women who had experienced intimate partner abuse, physical health problems, and psychological issues. Women were eligible to participate if they met the following criteria: (a) They had entered an early marriage, whether still married to their abusive husband, separated, or divorced, and had experienced intimate partner violence (IPV) within the context of a legitimate marriage. (b) They were at least 18 years old and had experienced sexual or physical violence from a family member or community member. (c) They had a daughter who married before the age of 18. Both male and female heads of families were included in the recruitment for the in-depth interviews. The interview sites were carefully selected to ensure the security and privacy of all participants.

Results

Table 1 presents the descriptive statistics for the study variables and provides sociodemographic background information on the respondents. Most of respondents were female (76%), with males accounting for 23% in the Tando Muhammad Khan region. From the six surveyed villages, 59% of married women were between the ages of 15-24, 29% between 25-34, and 12% between 35-50. The age at first sex was reported as less than 15 years by 23% of respondents, 15-17 years by 38%, and 18 years or older by 37%. Regarding their relationship status, 90% indicated they were currently married. Most of respondents (77%) reported living in rural areas during childhood, while 22% lived in urban areas. Nearly all respondents (96%) identified as Muslim. Marital duration varied, with 22% married for less than 1 year, 59% for 2-3 years, 12% for 5-10 years, and 5% for more than 10 years. Educational levels varied: 22% had no education, 37% had primary education, 29% had secondary education, and less than 9% had higher education

Table 1: Socio-demographic characteristic of respondents (N = 122)

Socio-demographic characteristic	Early Marriage, Sexual, Physical and Emotional Variables	
	Intimate partner violence	
	Frequency (n)	Percentage
Gender (%)		
Male	29	23.7
Female	93	76.2
Current age of women		
15-24	72	59.0
25-34	36	29.5
35-49	14	11.4
Age at first sex		
Less than 15 years	29	23.7
15-17 years	47	38.5
18 years or above	46	37.7
Relationship to current partner		
Married	111	90.9
Unmarried	11	9.0
Childhood residence		
Urban	28	22.9
Rural	94	77.0
Religions		
Muslims	118	96.7
Non-Muslims	03	2.4
Others	01	0.8
Marital duration		
Less than 1 year	28	22.9
2-3 years	72	59.0
5-10 years	15	12.2
More than 10 years	07	5.7
Educational status		
No education	28	22.9
Primary education	46	37.7
Secondary education	36	29.5
Higher education	12	9.8
Generate income by yourself		
Yes	72	59.0
No	50	40.9
Partner (Age)		
15-30	94	77.0
35 and above	28	22.9
Monthly income		
< = 10,000	78	63.9
10500-20000	25	20.4
20500-25000	12	9.8
>30000	07	5.7
Occupation		
Governmental employee	25	20.4
Unemployed	12	9.8
Private business or Merchant	47	38.5
Farmer	31	25.4
Other (driver, daily labourer, pensioner, religious leader)	07	5.7

Source: Field survey 2023.

such as intermediate or bachelor's degrees. A significant portion of females (59%) worked from home, generating income. Most married couples were aged 15-30 (77%), with monthly partner income at or below 10,000 (63%) or between 15,000-20,000 (20%). In terms of their partner's occupation, 38% were involved in private business or merchant activities, and there was a notable presence of high unemployment.

Exploring the relationship between intimate partner abuses and psychological problems

Intimate partner abuse, physical health problems, and psychological issues are significant health concerns resulting from psychological, physical, or sexual harm inflicted by a current or former partner. According to the CDC's National Intimate Partner and Sexual Violence Survey, nearly 1 in 5 adult women and 1 in 7 men have experienced severe physical violence from an intimate partner¹⁵. Our research contributes to the growing body of work on the negative effects of early marriage and intimate partner abuse, particularly concerning physical health and psychological issues. This sub-theme highlights community leaders' perspectives on early marriage and violence against women, especially intimate partner abuse. We conducted qualitative interviews with individuals who had experienced child marriage and intimate partner abuse, uncovering instances of sexual, emotional, and physical violence within these marriages. This section provides a qualitative analysis of sexual, physical, and emotional IPV. Women described restrictions on social interactions, name-calling, false accusations of adultery and witchcraft, and infidelity. Some endured knife threats, neglect, physical torture, family harassment, extramarital affairs, and abandonment of parental responsibilities. Physical and sexual violence included slapping, pushing, head-butting, and having objects thrown at them, with some women suffering frequent beatings from husbands and other family members. This data underscores the need to consider child marriage as a form of violence against women and girls in low-income communities in Pakistan. One married woman recounted her experiences with sexual violence and her ongoing fears.

When I was married at the age of 16, my husband often insulted me. In front of our family, he would say things like, 'Look at her face and huge mouth... ugly face and physical weakness...' He always called me an 'enchantress' in a derogatory way and frequently beat me over trivial matters. I'm a married woman, 23 years old, from rural Sindh.

The nature and severity of violence, particularly sexual and emotional, varied among families and young brides during early marriage. Married women in Tando Muhammad Khan generally experienced more verbal, physical, and economic violence compared to those who married young. However, child brides often faced extreme verbal and emotional abuse from their husbands. When we questioned the heads of extended families about their decision to marry off their daughters before the age of 18, some of their responses were as follows:

"I made the biggest mistake of my life. My daughter was probably 15 when I decided to marry her off due to poverty. I did so without any dowry. Later, I learned about the frequent beatings she endured from her husband's family. They made her do all the household chores and imposed numerous restrictions on her, keeping her socially isolated," reported a 54-year-old IPV victim from rural Sindh. "Oh, my daughter. My family is large, and we struggle to manage daily expenses because I don't have a government job; I am a farmer. My 15-year-old daughter decided to marry a close relative. We considered early marriage to reduce family consumption, as poverty plagues us daily. Marrying off our girls means fewer mouths to feed and clothe, so we do it without dowry," explained a 45-year-old man from rural Sindh.

"In our village, early marriage is a common practice. Large families face numerous challenges due to poverty and lack of education. The lockdown worsened this situation, leaving many jobless and increasing the risk of poverty. We decided to marry off our daughters young to alleviate the burden of maintaining our family, especially given our low income and the challenge of managing dowry expenses," shared a 55-year-old mother from rural Sindh.

Most married women tolerated their husbands' adulterous relationships because these men provided financial support for the entire family. Three women—one a parent and the other two married child brides—recounted frequent experiences of physical and intimate violence, including social restrictions, stalking, and serial beatings.

"I experienced fear during my early years." My family arranged my marriage to my first cousin when I was 15. My husband regularly subjected me to obscenities, and if I spoke out, he would beat me. He showed no respect for women. I often confided in my parents about the physical violence, but they advised me to be patient, suggesting that he might change after having three or four children. I made compromises, but his behavior remained unchanged. Finally, I sought my parents' help again, and they told me to wait until the children reached 15, hoping his behavior would improve. However, there seems to be no way to influence his behavior," recounted a 24-year-old married woman from rural Sindh.

For the past three years, my husband has conditioned me to accept regular beatings. He often announces, "Today, I've decided to beat you again." At the age of 15, I tied the knot with him, and a year ago, he inflicted such severe beatings on me that my teeth fractured, leaving me with persistent jaw pain. Despite having two children, he continues to abuse me, causing them to cry excessively. Now, I've taken refuge at my parents' home, escaping his threats, but poverty still haunts me," said a 20-year-old married woman from rural Sindh.

"I blame myself when I plan to leave the house to visit my parents. As soon as I step outside, he often follows me, finding reasons to beat me and monitoring my movements. He frequently calls my family to inquire about where I've been. Last year, his behavior worsened. He questioned why I visited relatives and why I used the main gate, making numerous derogatory remarks about my character," shared a 21-year-old married woman from rural Sindh.

Early marriage in Pakistan is closely associated with rural living, low education levels, poverty, religion, women's job status, and dowry, especially

in vulnerable areas. Child marriage is more common among the poorest communities. The findings indicate that this practice persists in Pakistan due to factors such as illiteracy, poverty, and gender inequality. Additionally, the study highlights that child marriage contributes to rising sexual violence, low educational attainment, economic disadvantage, and limited decision-making opportunities for girls in Pakistan.

Understanding the causes of early marriage and psychological and physical health problems

Child marriage remains a persistent issue for many young girls in Pakistan, driven by various factors. Despite Pakistan's adoption of international human rights conventions and national policies to protect its citizens, child marriage—an infringement on girls' human rights—continues. Extensive research suggests that poverty, socio-economic factors like low education and illiteracy, and cultural factors such as religion, social norms, and traditions perpetuate this practice. Women's perceptions of cultural and early marriage rites often lay the groundwork for violence and tension. A woman from Tando Muhammad Khan village noted that girls subjected to physical brutality lacked a haven. Some vulnerable married women shared their experiences:

"I agreed to the wedding ceremony of my 16-year-old girl—many parents in rural areas marry off their daughters at an early age due to poverty and lack of money. I have witnessed several cases of early marriage, where the girl is 14-15 years, and my father made me get married to an unknown person just for the sake of money (50,000 or 10,000 rupees)" (27-year-old married woman rural Sindh).

"Even in the arranged marriage events, violence happens to women. My parents told me, "We are the heads of the family, and we have decided on your marriage." It was to a person I didn't know. He was a boy who knew my nature. He wanted to marry me, but it's hard for him to say. My parents... at that time, I had no right to tell them anything, and mentally I'm not prepared for marriage to an unknown person like an arranged marriage. After

the marriage, there is a lack of understanding and love in our relationship. Many obstacles like conflicts and occurred in our unhappy married life. He uses abusive language, fighting all the time, just for the sake of few rupees” (25-year-old married woman, rural Sindh).

Our qualitative findings indicate that child marriage effectively ends a girl's childhood, disrupts her education, increases her risk of violence, and exposes her to early, frequent, and high-risk pregnancies. Families may often fail to recognize intimate partner violence (IPV) promptly, as women and girls tend to blame themselves rather than their husbands due to perceived cultural norms. This is common in vulnerable communities, though some girls do seek legal recourse. Child marriage hinders a girl's development, leading to early pregnancy, social isolation, and increased vulnerability to violence and life-threatening illnesses. Several married women shared their experiences of early marriage and various forms of violence.

“My husband doesn't treat my parents with the same respect as other men who have financially supported their wives' families. His behavior often worsens, making it difficult for me. Parents in our caste often encourage their daughters to marry young for financial benefits from the man's family, a practice associated with poverty and intimate partner violence (IPV),” stated a 27-year-old married woman from rural Sindh.

At 16, I spoke with my 14-year-old sister. When our mother joined us, she questioned my sister about her refusal to marry our cousin. My mother said, ‘This is our final decision; if you disagree, we will force you. We know what's best for your future as head of the family.’ A 24-year-old married woman from rural Sindh shared, “My sister married at 14 and suffered afterward due to my father's financial gain from my cousin's parents.”

“Our community frequently forces young girls into marriage. Most parents agree to marry off their daughters early because they see them as burdens. Here, parents arrange marriages without consulting the daughters. When I married at 15, I was deeply depressed, but parental pressure forced me to accept the proposal. If I had refused, the boy's family would have harassed us, as they had decided

when I was born that I should marry him. The boy's family frequently used abusive language and threatened to pay a large sum of money if we didn't agree. My parents were deeply conflicted, suffering as they saw me endure verbal, emotional, and controlling abuse from my husband,” recounted a 23-year-old married woman from rural Sindh.

Experiences of marriage and family therapists working with intimate partner violence

Our study examined early marriage and family therapists' experiences working with violent married couples. Early marriage is a complex issue rooted in gender inequality and the belief that girls and women are inferior to boys and men. Poverty, lack of education, harmful social norms, and insecurity exacerbate the problem. The driving forces of early marriage vary across communities, regions, and countries. Early marriage, intimate partner abuse, and physical health issues represent human rights violations with significant consequences for women's health. Multiple interacting factors within the social ecology contribute to the link between early marriage and intimate partner violence (IPV)¹⁶. Most respondents agreed that women suffer from early marriage, intimate partner abuse, and psychological issues caused by their husbands. IPV emerged as a prevalent issue in early marriages, driven by patriarchal norms that restrict women's freedom, social interactions, and movements. Our sample revealed instances of boyfriends slapping their girlfriends due to suspicion and jealousy. Early and arranged marriages were common across all sites and ethnicities, leading us to interview household heads, husbands, and married women who experienced IPV. Some women shared their experiences:

“When my daughter was born in the Sindhi community, she was considered a blessing. We don't have a custom of giving a large dowry. When she turned 17, my husband decided to marry her off. Her in-law had a government job, but after six months, her marriage deteriorated. Her husband was an addict and beat her every night. She never told me about his behavior, but she looked weak and often suffered from depression and anxiety. When drunk, he would hit her, bringing stigma and shame

upon us. "My daughter, now a 41-year-old mother, divorced him last year," a mother from rural Sindh revealed.

"I was 15 years old when I tied the knot and continued my education." My husband had a typical yet incomprehensible mindset, believing that beating his wife brought him honor. He damaged my genitals, and I felt insecure because he pressured me to bear a son to continue his lineage. I fell into depression, constantly worried about how to bear a son. Despite my patience and prayers, his abusive language and behavior caused me immense pain. He and his family often said, 'You are not a woman; you have a medical problem,'" recounted a 24-year-old woman from rural Sindh.

"Over the past five years, I was enrolled in school, but my parents decided to marry me off to close relatives, ending my education. Even though my in-laws supported my further education, I lost interest after marriage due to the hectic home schedule. I soon became pregnant and spent my days doing household chores with my mother-in-law. I rarely have time to focus on my education and sometimes assist my husband in our agriculture business, leading to extremely busy days," shared another woman from rural Sindh.

Psychological problems and intimate partner violence consequence of early marriage

Intimate partner violence (IPV) is a global issue, with victims often suffering long-term physical and mental health disorders. Research on early marriage and IPV typically focuses on adult females experiencing violence, using qualitative methods to understand the characteristics and impact of campaigns targeting these women. West (2013) found that abused women often view early marriage and IPV campaigns as emotionally harmful, inaccurate, and misleading, especially when they depict severe and graphic violence¹⁷. Magaraggia and Cherubini (2017) noted that graphic depictions of physical aggression have become so common that they may inadvertently obscure other forms of violence, such as mental, emotional, and psychological abuse¹⁸. In terms of socialization, individuals establish extended kinship or family ties through marriage or descent, with relatives playing a key role in tradition-based responsibilities¹⁹. In

Pakistan, 'kinship marriages' occur within extended families, ensuring that property, shops, houses, and wealth remain within the family. This kinship also includes responsibilities for unmarried family members. In rural Pakistan, kinship child marriages are a common cultural practice. Despite the country's diverse linguistic and ethnic groups, most people follow patrilineal or matrilineal lines, with only a small fraction recognizing bilateral kinship¹⁸. The current study highlights the risks women face from early marriage, intimate partner abuse, and psychological issues. Previous research suggests that cultural marital customs, leading to early marriage, can escalate into intimate partner violence (IPV). These practices are most prevalent in low-income Pakistani communities, where male dominance in domestic matters results in early marriage and IPV²⁰. Our qualitative findings shed light on the complex environment and kinship norms surrounding these issues. One family head mentioned that kinship child marriage is a traditional socio-cultural factor, like poverty. Some women shared their experiences:

"I married my first cousin within the family. In our caste, it's customary to arrange marriages at birth. When I was fifteen, the male members of my family decided I had to marry my first cousin, and as an obedient daughter, I had to accept their choice. We cannot defy our traditions," says a 22-year-old married woman from rural Sindh.

"When I was born, my father engaged me to my first cousin, who is nine years older than me. Family issues forced my parents to call off the engagement when I was twelve. Two years later, my father and brother decided I had to marry someone from another caste, but they didn't tell me anything about him. I had many questions about my future husband, but our tradition did not allow me to go against my family's decision. After marriage, I faced various challenges, including verbal abuse, stigma, health problems, and the loss of my education," shares a 25-year-old married woman from rural Sindh.

"I got married within my family when I was 15 years old." After that, my husband began hitting me because of family issues. My life is filled with stress; I'm too young to handle it. He severely beat me last year, injuring my leg and rendering me unable to

move. I don't feel positive about my life; I always suffer," says a 22-year-old married woman from rural Sindh."

In summary, all participants came from families with child marriage experiences, often involving kinship. In village life, various forms of violence occur daily, alongside the prevalence of early marriage and intimate partner violence (IPV). Early marriage is a harmful practice that exacerbates intimate partner abuse and psychological issues for young girls and women, particularly in rural areas. Misunderstandings persist about the many forms of violence women face, including child marriage and IPV. Globally, an estimated 650 million women and girls married before the age of 18. Child marriage often leads to early pregnancy, disrupts education, and limits girls' opportunities, while also significantly increasing their risk of experiencing violence. It's crucial to recognize the full spectrum of violence: not just intimate partner abuse but also violence through forced child marriage and sexual, emotional, and child abuse by family members. These practices have devastating consequences, with 200 million women and girls already suffering from this cruelty.

Conclusion

This study examines married women's understanding and awareness of intimate partner abuse, physical health problems, and psychological issues—often stemming from the patriarchal kinship system in Pakistani culture. By analyzing the causes and consequences of early marriage in Pakistan, the study highlights that child marriage remains prevalent for various reasons, adversely affecting the living conditions of girls. The institution of marriage continues to be a significant reference point for many. Our qualitative analysis reveals that poverty and the economic burden of daughters, particularly in low-income communities, drive the practice of early marriage. This paper contributes to the ongoing debate on child marriage in Pakistan, emphasizing the inadequacy of broad, categorical statements about marriage patterns. Variations exist according to region, social class, socioeconomic status, family background, and upbringing. To uncover solutions and address

recurring issues, we must focus on the processes that have shaped these patterns. This study has significant limitations, primarily due to its small sample size, with data collected from only two villages in low-income Pakistani communities. These villages have high rates of early marriage, intimate partner violence, and psychological issues, which influenced our conclusions about the severe impacts of early marriage on IPV. Future studies should include more diverse villages to capture a broader range of early marriage and IPV practices.

Future research should consider methods that gather perspectives on early marriage, not just child marriage, and intimate partner violence (IPV). This could provide deeper insights into the links between early marriage and IPV, including sexual violence against women and girls. This study's focus on how parents and extended family heads make decisions about their daughters' marriages to protect them from IPV is a key contribution. The key informants and participants may have different experiences than other women who have undergone child marriages. We hope that these findings and recommendations will inform strategies to prevent child marriage and various forms of violence. The study's findings have significant implications for practice and policy in preventing IPV against married women in Pakistan. It shows that poverty, gender inequality, illiteracy, bride wealth, and religious and socio-cultural norms are at the root of child marriage in the country. In both kinship and non-kinship child marriages, women experience different forms of IPV. This suggests that policymakers can target family groups affected by child marriage, developing specific interventions and strengthening existing laws to address all forms of IPV in rural Pakistani communities.

Early marriage, intimate partner violence (IPV), and psychological issues negatively impact the lives of women and men worldwide, yet research has often overlooked female victimization and the development of targeted interventions. This study reveals that a significant proportion of rural female adolescents experience IPV. Despite its limitations, the study provides valuable insights into the relationship between early marriage and the multifaceted factors contributing to IPV in Pakistan. While various forms of child marriage and IPV occur in rural contexts, verbal IPV is the

most common. The study aimed to understand the association between early marriage, IPV, and psychological issues among rural women in Pakistan, as well as whether significant socioeconomic and cultural factors have changed over time. Using qualitative analysis, we examined trends in child marriage and violence against married women in Pakistan. Our findings highlight the strong relationship between child marriage and various forms of violence. The study explored violence against women across different age groups, poverty levels, socioeconomic status, geographical contexts, autonomy, educational levels, caste, religion, culture, and ethnic backgrounds. It reveals that many young women enter child marriages due to severe poverty. Socioeconomic, sociocultural, and geographical factors linked to IPV in Pakistan underscore the persistence of child marriage. Developing awareness programs in rural communities offers an opportunity to reduce child marriage and violence among young women. Empowering adolescents and youth to shape their own futures by changing community norms related to gender, adolescent sexuality, early marriage, and childbearing is crucial.

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