

REVIEW ARTICLE

Girls' Decision-Making In Child Marriage Prevention: Scoping Review

Sri Wahyuningsih¹, Sri Widati², Sarva Mangala Praveena³, Kholid Rosyidi Muhammad Nur⁴, Mohammad Wavy Azkiya⁵

¹ Doctoral Program of Public Health, Faculty of Public Health, Universitas Airlangga, 60115 Mulyorejo, Surabaya, Indonesia

² Department of Epidemiology, Biostatistics, Population Studies and Health Promotion, Faculty of Public Health, Universitas Airlangga, 60115 Mulyorejo, Surabaya, Indonesia

³ Department of Environmental and Occupational Health, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400, UPM Serdang, Selangor Darul Ehsan, Malaysia

⁴ Faculty of Nursing, Universitas Jember, 68121 Sumbersari, Jember, Indonesia

⁵ Department of Intensive Care Unit, Rumah Sakit Umum Pusat Fatmawati, 12430 Cilandak, South Jakarta, Indonesia

ABSTRACT

This scoping review explores interventions targeting girls' decision making in child marriage prevention. Utilizing Levac's six-step methodology, the review included studies from the PubMed, MEDLINE-EBSCOhost, Scopus, JSTOR, Google Scholar, and SAGE databases. A total of 34 articles were analyzed, revealing themes around girls' autonomy, cultural and linguistic diversity, and comprehensive prevention approaches. Education has emerged as a crucial factor in enhancing girls' awareness and decision-making capabilities. This review underscores the need for holistic and culturally sensitive interventions, integrating educational and economic support, reducing child marriage rates, and empowering girls to pursue their potential without early marital constraints. These findings emphasize the importance of multifaceted strategies and supportive community frameworks in promoting girls' rights and well-being. *Malaysian Journal of Medicine and Health Sciences* (2025) 21(SUPP7): 272-281. doi:10.47836/mjmhs.21.s7.31

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Corresponding Author:

Sri Wahyuningsih

Email: sri.wahyuningsih-2023@fkm.unair.ac.id

Tel : +6282131986194

INTRODUCTION

Child marriage refers to women and men who marry at the age of less than 18 years, either the age of the woman, the man, or both. Various determinants of marriage can be due to internal or external factors of the individual (1,2). Among them are low education, less exposure to information media, and residence (3,4). Affects related to observed changes in child marriage. Young people are expected to obey their elders and are given domestic roles that limit their decision making regarding marriage (5). The ability to make decisions should also be the autonomy of girls who marry as a form of reproductive health rights. Globally, 76% of first births to mothers under the age of 18 occur through marriage, and there are large regional disparities (6). Child marriage under the legal age often violates human rights. Girls have the right to live, develop, and make their own decisions about the future (7). Girls forced into marriage at an early age are at high risk of experiencing physical health issues, including death during childbirth, physical

and sexual violence, isolation, cervical cancer, and a heightened risk of sexually transmitted diseases (STDs) (8,9). In addition to physical health problems, young brides are highly vulnerable to mental health issues. The most common mental health problems are anxiety and depression, but there is also the possibility of other health concerns, such as phobias, psychological distress, substance abuse, poor well-being, and even personality disorders (10). Moreover, girls face significant limitations in reaching their full potential in education, careers, and social life (11,12).

Child marriage remains a global issue today. UNICEF estimates that in 2023, there were 640 million women worldwide who married in childhood (13). Each year, approximately 12 million girls marry before the age of 18, equivalent to 28 girls every minute (14,15). The high prevalence of child marriage is associated with an increase in health problems among young brides. A study conducted across 34 sub-Saharan African countries found that girls who marry young are at greater risk of experiencing miscarriages (16). Another study in Nigeria and Ethiopia indicated that individuals who marry early tend to have lower psychological well-being (17). This suggests that child marriage tends to have a negative impact on girls.

Girls' decision-making regarding the prevention of child marriage is a complex and important issue in social, cultural, and economic contexts. Some factors can influence girls' decision making in this regard. Girls who receive a good education tend to have a broader knowledge of their rights and potential. Education can also raise awareness about the risks of child marriage and provide them with the skills to make better decisions (3). In some societies, child marriage is considered part of a traditional or cultural norm. Pressure from family and society to marry at a young age can make it difficult for girls to oppose or reject such marriages (18). Families living in poverty often see child marriage as a way to reduce their economic burden. Girls may feel compelled to marry to help financially provide for the family (19). Many interventions can be implemented to prepare the foundation needed to support adolescents and to provide tailored and comprehensive sexual and reproductive health services. This gives girls the ability to prevent marriage before the age of 18 years and takes responsibility for their reproductive health (20).

To prevent child marriage, girls need to have sufficient knowledge, access supportive resources and services, and support from families and communities to make better decisions for their future. Efforts to prevent child marriage must also involve education, changing cultural norms, legal protection, and overall empowerment of girls. Girls with limited access to reproductive health information and services may be less aware of the risks associated with child marriage, such as vulnerable health and the risk of pregnancy at a young age (21). Support from families, communities, and non-governmental organizations fighting for women's rights tends to be better able to defend their decision to postpone marriage and pursue education and careers (22).

In previous studies, prevention of child marriage was known to be a determinant of predisposing factors such as age, sex, education, knowledge, and sidedemography. Strengthening factors such as the role of parents and peers, and possible factors such as facilities and infrastructure. No one has linked or analyzed in terms of a woman's decision on the ability to reject marriage. The basis for this rejection can be supported by education, knowledge, support from the surrounding people and the government, and the existence of a supportive environment, including the media. Therefore, this scoping is the basis for providing insight into the decision of girls to reject child marriage so that its occurrence can be prevented.

Scoping reviews help produce a comprehensive mapping of concepts, research topics, and scientific evidence, which cannot be achieved by systematic reviews because they are narrowly focused on. Using the scoping review framework and Featured Reporting Items for Systematic Review and Meta-Analysis Extension (PRISMA) for the Scoping Review guidelines, we will search scientific

research databases with relevant keywords in their titles, specifically for decision-making, prevention, child marriage, title, and child search subjects and keywords on population (girls). This will allow us to narrow its scope, considering that child marriage studies are the primary focus. This study was a scoping review that did not involve patients or the general public.

The primary objective of this scoping review is to map and synthesize the available literature on girls' decision making in child marriage prevention. A secondary goal was to identify gaps in the literature that could form the basis for future research or changes to clinical practice. Identify relevant sources of information and effective methods of education for girls about their rights, the health and social risks of child marriage, and the benefits of delaying marriage. With better knowledge, girls can make more informed decisions about their futures. Increased awareness of parents, families, and the wider community about the negative impacts of child marriage. This can create a more supportive environment for girls to resist early marriages. Provide empirical evidence that policymakers can use to develop or update laws and policies that support the prevention of child marriages.

MATERIAL AND METHODS

This review is based on the best practice guidance by the Joanna Briggs Institute (JBI) Scoping Review Methodology Group, which includes the Participants, Concepts and Context of this review (23).

Search strategy

A scoping review will be conducted in PubMed, MEDLINE-EBSCOhost, Scopus, JSTOR, Google Scholar, and SAGE databases for articles published between 2019 and February 2024. The search was restricted to full-text and English-language articles. Search terms combined keywords and subject headings for girls, decision-making, prevention, and child marriage. The search terms are listed in Table I.

Table I: Medical Subject Keywords and Titles (MeSH)

| Keywords | MeSH |
|-----------------|--|
| Girls | Girls, Girl, Woman, Women’s Groups, Women Groups, Women’s Group |
| Decision making | Shared Decision Making |
| Prevention | Prophylaxis, Preventive therapy, Prevention and control, Preventive measures, Prevention control |
| Child marriage | Child marriage |

Eligibility criteria for considering studies for the review Eligibility criteria to consider studies for review with inclusion criteria: 1) adolescent population (12–20 years), 2) couples at marriage age <20 years, 3) child marriage with women empowerment interventions, 4) any type of intervention motivating women to take responsibility for reproductive health, 5) policy interventions preventing child marriage, and 6)

interventions supporting children's and women's rights. Reference lists of systematic reviews and other literature reviews exploring related topics were reviewed. Contact with the study authors was made to confirm that the study setting met the eligibility criteria, which was not clear.

The first and second authors filtered the titles and abstracts, followed by a full-text review of the selected articles. After the screening stage, the third and fourth authors discussed the findings. If a disagreement has not been resolved, the third and fourth authors make the final decision.

Data extraction and critical assessment

Data from each included record were extracted and checked by the first and second authors. The information extracted was citations, country of origin, study type/design, population and sample size, research aims/objectives, key findings, and limitations. While critical appraisal is not a requirement of a scoping review, it is performed as a basis to inform future retrieval decisions, which is a secondary concept of interest in this review (24). The critical appraisal used is the JBI critical appraisal tool. For mixed-methods studies, the qualitative and quantitative components were evaluated separately according to the design of each component. Descriptive summaries of the review findings are presented in narrative and tabular formats. A thematic analysis was conducted using the six-phase approach outlined by Braun and Clarke (2006) (25).

Ethical Considerations

Ethical approval was not required for this study. The authors of the articles reviewed in this study obtained consent from their research participants. This review was registered under the Open Science Framework OSF (<https://osf.io/2mtrv>).

RESULTS

The database search identified 645 articles. After removing duplicates, 19 articles were filtered for their titles and abstracts. Of these, 620 were submitted for full-text review. After full-text review, 586 articles were

excluded because they did not meet the inclusion criteria. A total of 34 articles were included in the review. An outline of the study screening and selection process is presented in the PRISMA-ScR flowchart shown in Figure 1 (26).

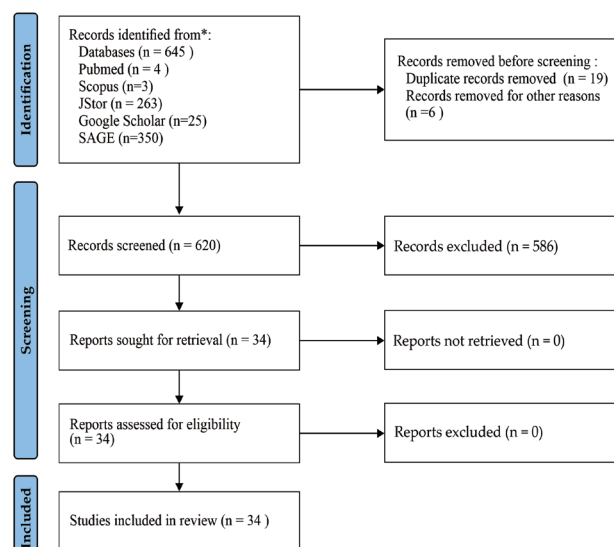


Figure 1: PRISMA Flow

Characteristics of sources of evidence

All 34 articles included in this review were published between 2019 and 2024. The general characteristics and data taken from each article presented that the majority were qualitative studies (n = 22); other studies were quantitative (n = 9) and mixed methods (n = 3). Most of the studies (n = 11) were conducted in Europe, whereas other studies were conducted in the Americas (n = 9), Asia (n = 6), and Africa (n = 8). The findings are shown in Table II. The study participants were girls, adolescents, and women and their partners from diverse cultural and linguistic backgrounds, with problems with child marriage or early marriage and the risks that occur. The global elimination of girl-child marriage at its current pace is expected to last approximately 300 years. Therefore, innovative and effective solutions are indispensable (27,28). Because there is a growing body of research on the role of 'shame' and 'honor' in decision-making regarding child marriage in different parts of the world (29).

Table II: Decision Support Articles for Girls in Preventing Child Marriage

| Topic article | Author, year | Setting | Study Design |
|---|--|--|--------------|
| Community Support (Government, Family, Peers) <u>7 Studies</u> | Menon and Rangel, 2021 | India | Qualitative |
| | Tanner and Tanner, 2020 | United States of America | Qualitative |
| | Devonish and Priestley, 2019 | Jamaika | Quantitative |
| | Font et al., 2019 | Wisconsin | Quantitative |
| | Merritt, 2020 | New York City | Qualitative |
| | Roets and Clemence, 2021 | Nigeria | Qualitative |
| | Giordano et al., 2020 | Florida | Quantitative |
| Education <u>6 Studies</u> | Amo-Adjei et al., 2023 | Ghana | Qualitative |
| | Ani, Taiwo, and Isiugo-Abanihe, 2019 | Nigeria | Qualitative |
| | Cassanova et al., 2023 | Kolombia | Qualitative |
| | White and Ali-Khan, 2020 | Amerika Serikat. | Qualitative |
| | Bialystok, 2019 | Kanada. | Qualitative |
| | Muthmainnah et al., 2021 | Indonesia | Quantitative |
| Culture and Religion <u>3 Studies</u> | Fuseini, Kalule-Sabiti, and Lwanga, 2019 | Ghana | Qualitative |
| | Neema et al., 2021 | Uganda | Qualitative |
| | Fan and Loria, 2020 | 17 African countries and one Asian country | Quantitative |
| Economics <u>4 Studies</u> | Schaffnit, Urassa, and Lawson, 2019 | Tanzania | Qualitative |
| | Loutet et al., 2022 | Uganda | Mixed-Method |
| | Akanbi et al., 2021 | Nigeria | Quantitative |
| | Ahmed, Haq, and Bartiaux, 2019 | Bangladesh | Mixed-Method |
| Legal Protection <u>1 Studies</u> | Melnikas et al., 2022 | Malawi | Qualitative |
| Media and Healthcare Restrictions <u>7 Studies</u> | Gipson et al., 2020 | Metro Cebu, Filipina | Qualitative |
| | Bhushan et al., 2021 | Malawi | Qualitative |
| | Tiwari et al., 2022 | Nepal | Qualitative |
| | Tanabe et al., 2019 | Myanmar, Thailand | Qualitative |
| | Chernick et al., 2022 | Amerika Serikat | Qualitative |
| | Demeke et al., 2022 | Etiopia | Mixed-Method |
| | Pincock et al., 2023 | Rwanda | Qualitative |
| Women's Empowerment <u>6 studies</u> | Potvin, 2019 | Mozambik | Qualitative |
| | Zhou et al., 2024 | Nigeria | Quantitative |
| | Heinemann, 2019 | Amerika Serikat | Qualitative |
| | Bandiera et al., 2020 | Uganda | Quantitative |
| | Closson et al., 2023 | Colombia | Qualitative |
| | Tesema et al., 2020 | Ethiopia | Quantitative |

Community Support (Government, Family, Peers)

Community support, including that from the government, family, and peers, plays an important role in preventing child marriage by influencing young girls' decisions. Merritt (2020) highlights that family engagement is highly influential, especially when Child protective services (CPS) do not take into account the broader social and cultural context (30). Roets and Clemence (2021) emphasized the important role of community and religious leaders in supporting reproductive health education to delay early marriage (31). Giordano et al. (2020) added that the influence of peers and the social environment is also significant in influencing adolescents' decisions regarding child marriage (32). Tanner and Tanner (2020) found that clear aspirations and support from role models can help adolescent girls make better decisions regarding their future (33). Font et al. (2019) showed that support from foster care programs can reduce the risk of child marriage (34). Devonish and Priestley (2019) found that family beliefs and school support can delay sexual initiation, which is important for the prevention of early marriage (35).

Menon and Rangel (2021) also emphasized community-based approaches for preventing child marriages (36).

Education

Comprehensive sexual education (CSE) is critical in helping young girls make decisions related to preventing child marriages. Ani, Taiwo, and Isiugo-Abanihe (2019) highlight that CSE that includes life skills can reduce vulnerability to early marriage and sexual violence (37). Bialystok (2019) showed that a curriculum that integrates autonomy and reproductive rights helps adolescent girls reject child marriage independently (38). Muthmainnah et al. (2021) found that better reproductive health knowledge in public schools strengthens decision-making regarding early marriage (39). Cassanova et al. (2023) emphasized the importance of a rights-based approach in CSE to empower young girls to understand and fight their rights (40). White and Ali-Khan (2020) emphasize that comprehensive, critical literacy-based sexuality education in the context of formal education is critical in supporting young girls' decision-making regarding child marriage prevention.

(41). Amo-Adjei et al. (2023) support the importance of comprehensive sexual education that not only informs, but also empowers adolescent girls to make informed decisions regarding child marriage, with support from communities and systems that understand their needs (42).

Culture and Religion

Culture and religion strongly influence young girls' decision-making regarding child marriage prevention. Neema et al. (2021) revealed that in Lira, Uganda, a dowry system that considers girls as economic assets encourages the practice of child marriage (43). Fuseini, Kalule-Sabiti, and Lwanga (2019) emphasize that patriarchal norms in Ghana, supported by cultural and religious traditions, limit women's autonomy in resisting early marriage (44). Fan and Loria (2020) showed that a legal context that protects women from violence can strengthen their ability to resist child marriage, although traditional norms remain a challenge (45).

Economic

Economic factors strongly influence young girls' decisions regarding child marriage prevention, particularly in vulnerable communities. Schaffnit, Urassa, and Lawson (2019) showed that in rural Tanzania, early marriage is often used as an economic strategy through dowry (46). Loutet et al. (2022) found that in Ugandan refugee camps, extreme poverty forced families to marry off their daughters to ease the economic burden (47). In Bangladesh, Ahmed, Haq, and Bartiaux (2019) revealed that natural disasters exacerbate poverty and encourage early marriage as an economic solution (48). Akanbi et al. (2021) highlighted that in Nigeria, poverty and lack of access to education increase the risk of early marriage as an economic response (49).

Legal Protection

Melnikas et al. (2022) show that in Malawi, minimum age of marriage laws are often ignored in rural areas, where social norms are more dominant (50). A similar finding is highlighted by Onyeka (2021) regarding Nigerian law. Although there is legislation concerning child rights that prohibits early marriage, a constitutional provision considers women of any age who are married to have attained adulthood, reinforced by prevailing customary law. This situation has led to the continued practice of child marriage (51). Addressing overlapping legal provisions and strengthening public education to change norms that support child marriage are strongly emphasised.

Media and Healthcare Restrictions

Restricted access to health services and media strongly influences young girls' decisions regarding child marriage prevention. Tiwari et al. (2022) showed that, in rural Nepal, long distances to health facilities and social norms that limit reproductive health discussions hinder adolescent girls' access to essential services (52). Tanabe

et al. (2019) highlighted that in eastern Myanmar, gender-based violence and limited access to health services increase the risk of early marriage (53). Pincock et al. (2023) and Demeke et al. (2022) noted that social stigma in Rwanda and Ethiopia worsens adolescent girls' access to reproductive health services, which is important for preventing early marriages (54,55). Chernick et al. (2022) and Bhushan et al. (2021) revealed that limited access to health and social stigma in Malawi as well as the influence of social media influenced adolescent sexual behavior, increasing the risk of pregnancy and early marriage (56,57). In the Philippines, Gipson et al. (2020) showed that conservative social norms and limited health services exacerbate the risk of child marriage (58).

Women's Empowerment

Women's empowerment is crucial for the prevention of child marriage, especially through the development of life skills, access to information, and control over reproductive decisions. Tesema et al. (2020) emphasized that life skills reduce the risk of risky sexual behavior and early marriage (59). Potvin (2019) criticizes empowerment campaigns that only control reproductive decisions, emphasizing the importance of true autonomy for young girls (60). Heinemann (2019) points out that the women's rights movement strengthened their ability to make reproductive decisions, which is important in resisting early marriage (61). Closson et al. (2023) highlighted that gender equality in relationships strengthens young women's autonomy to resist child marriage (62). Bandiera et al. (2020) showed that vocational and social skills training in Uganda significantly reduced early marriage through economic independence (63).

DISCUSSION

Many girls marry as children, negatively impacting their health, education, and development (64). Given the large number of girls at risk of child marriage globally, the challenge of eliminating this practice is daunting (65). In the context of research that discusses the dynamics of women's autonomy in decision-making both within the household and related to responsibility for reproductive health, especially in the introduction and prevention of child marriage with various risks and impacts in terms of education, women's empowerment, legal protection, economy, culture, religion, community support, and health services, including providing comprehensive sexual education to girls and adolescents, can help them understand the importance of delaying marriage until a later age (66).

Decisions made by girls or adolescents have a significant impact on preventing child marriages. The influence of girls' or adolescents' decisions in preventing child marriage can be viewed from the perspective of education, and the decision of girls or adolescents to

continue their education can be an important factor in preventing child marriage. Girls tend to have better knowledge and skills to make better decisions about marriage (52). Girls' decisions to access information and reproductive health services can help them understand the risks of child marriage and ways to prevent it (39,58). Improved sexual education can also provide information on women's rights and strategies to cope with the pressures of early marriage (63). By controlling reproductive health-related decisions, women can better care for their reproductive health. They can make decisions that support their reproductive health, such as the use of appropriate contraception, access to antenatal services, and postpartum care. Women's autonomy in reproductive health decision-making is an important factor in achieving optimal reproductive health and improving their overall well-being (44). Decisions on women's autonomy towards their reproductive health can have a significant impact on women's access, quality, and empowerment in the context of reproductive health. Empowering women with autonomy in decision-making related to reproductive health is also a form of empowerment (45). Programmes that economically empower girls or young people can also help them achieve financial independence, reducing reliance on marriage as an economic solution. Skill training, access to employment, and support for education can help prevent marriage (31).

Accessibility of reproductive health services, women who have autonomy in decision-making related to reproductive health tend to be better able to access reproductive health services that suit their needs. They can choose the type of service they want and feel more empowered to decide the best treatment for their reproductive health (60). Women with autonomy in decision making tend to be more sensitive to the quality of their reproductive health services. They may be better able to evaluate the service and provide constructive feedback to improve its quality (67).

In the community context, encompassing family, peers, and government, early marriage has a significant influence. Community-level pressure is strongly affected by prevailing social norms that encourage the early marriage of girls to safeguard family honour and avoid social stigma (68,69). Families, particularly fathers, play a crucial role in deciding their daughters' futures (70). Moreover, peers and community leaders, including religious figures, often reinforce pressure on young girls to marry early (71). Increasing public awareness of the negative consequences of early marriage and advocating for policy changes that protect girls from such practices are essential steps in preventing early marriage (32,34,62). Additionally, the influence of media is vital in broadening the dissemination of information related to early marriage (72).

The legal aspect should play a crucial role in preventing

early marriage. Regulations establishing minimum marriage age have been implemented in various countries; however, they are often disregarded within communities (50). Other findings reveal that conflicting regulations still allow marriage without age restrictions (51). The government's involvement is crucial in improving legal instruments focused on gender equality, and effective law enforcement can serve as an essential tool in reducing early marriage practices (73).

CONCLUSION

Taking into account the influence of girls' or adolescents' decisions and integrated prevention efforts, it can be expected that the rate of child marriage can be reduced, and girls can have the opportunity to grow and develop optimally without being burdened by premature marriage. Thus, a holistic and diverse approach as well as a deep understanding of the factors influencing women's autonomy decisions, adolescence, and child marriage prevention efforts can help formulate policies and interventions that are more effective in supporting young women's well-being and rights.

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