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Betrothing of young girls (the child bride/money woman) into marriage in Becheve, Obalinku Local Government Area of Cross River State, Nigeria, an undisclosed danger

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ABSTRACT

Child marriage represents a fundamental violation of human rights, nonetheless, several societies accept and practice this. This practice is life in Becheve, in Obalinku Local Government, Cross River State despite its implications to people involved, their communities and the world at large. It has received less attention from policymakers and health researchers. This study is to assess the betrothing of young girls into marriage in this area. A descriptive cross-sectional study design was adopted among adults using questionnaires. Data was analysed using IBM SPSS version 23.0. Chi square test was used to ascertain the association between socio-demographic characteristics and agreement to betrothed/child marriage at significance level of $p < 0.05$. Binary Logistic Regression was used for predictors for variable with p value of ≤ 0.2 . High proportion of the respondents 222(53.9%) were currently in betrothed/child marriage, 184 (44.7%) had female children and 319(77.4%) have relatives or know anyone in such marriage. Only 82(19.9%) were happy and agree with such marriage. Key perceived reasons for such marriage were poverty 412(100%), tradition 412(100%), lack of education 410(99.5%), gender inequality 404(98.1%) and rural/urban area residence 402(97.6%). Psychological effects include; personality problems 410 (99.5%) and worries 402 (97.6%). Socioeconomic effects include; large family size 410 (99.5%), low education 409 (99.3%) and lack of decision making 408 (99.0%). Medical effects include; malnutrition 410 (99.5%), poor health seeking behavior 408 (99.0%), increased maternal and child mortality 400 (97.1%) and increased risk of STD 396 (96.1%). Identified predictors were age 35 - 50 years (AOR 6.34; 95% CI 3.55 – 75.23), ≥ 51 years (AOR 12.37; 95% CI 8.86 – 138.88), Widowed/Divorced/Separated (AOR 4.06; 95% CI 1.23 – 18.35), Islam religion (AOR 40.36; 95% CI 4.54 – 358.84), secondary education (AOR 0.23; 95% CI 0.15 – 0.45), tertiary education (AOR 0.060; 95% CI 0.014 – 0.495) and farming (AOR 24.12; 95% CI 15.41 – 37.56). This practice is still common in the study area. Lack of education, tradition, religion, lack of family support and insecurity fuel this practice. The consequences are manifold, overlapping and the impact trans-generational. There is need for concerted effort by all to end this menace.

Keywords: Betrothing, early child marriage, Becheve, culture, Nigeria

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INTRODUCTION

Child marriage is a global public health issue that cuts across countries, cultures and religions [1]. It has been throughout history and till date fairly widespread, particularly in developing countries of Africa, Asia, Latin America and Oceania [1, 2]. However, in developed countries such as the United States legal exceptions still allow child marriage in forty six (46) US states [3]. It has been practiced for very long and in a variety of cultural contexts. Child marriage defined as a formal marriage or informal union before age 18. It is a reality for both boys and girls, however, girls are disproportionately the most affected [1, 2]. The right to free and full consent to a marriage is recognized in numerous international conventions and declarations including the Convention on Consent to Marriage and the Convention on the Rights of the Child, with the understanding that consent cannot be “free and full” when one of the parties is not mature enough to make an informed decision about a life partner [4].

Being forced into marriage before one is able to give consent violates the basic human rights of children. In some cultures, a girl child is betrothed to a man at birth. While the child remains in the care of her parents the reality of the ceremony remains valid from infancy through the teens where she eventually joins her husband. Ironically, this practice is still prevalent in some countries around the world under the strict influence of culture. Throughout the world, marriage is regarded as a moment of celebration and milestone in adult life. Sadly, the practice of early marriage gives no such cause for celebration [5]. This imposition of a marriage partner cuts shorts their childhood, puts them in relationship they are not psychologically or physically prepared for and impinges on their fundamental rights [6]. Premature marriage deprives them of the opportunity for personal development as well as their rights to full reproductive health and wellbeing, education as well as participation in civic life [5].

An estimated 10 million child marriages occur every year [7]. In spite of the widespread efforts to end child marriage, globally, nearly one in three girls are married before the age of 18, and one in seven married before the age of 15 with some child brides as young as 8 or 9 years [8]. Rates of child marriage vary significantly around the globe. The cultural and socioeconomic factors reinforcing child marriage also vary by region within a country [9]. The highest prevalence rates are in West Africa, followed by South Asia, North Africa/Middle East, and Latin America [10]. Moreover, it is most prevalent in low- and middle-income countries where about one third of the girls are married before age 18 with about 10% them before they attain 15 years of age [1]. On average globally, only 5% of males marry before their 19th birthday while 10 million girls are married every year before they reach the age of 18 [8]. Regionally, 46% of girls under 18 are married in sub-Saharan

Africa, 21% in the Caribbean, and 18% in the Middle East, 33% in South Asia [8]. An estimated 2.2 million women and girls in Europe and Eurasia were married before the age of 18 [11]. The countries with the highest observed rates of child marriages below the age of 18 were Niger, Chad, Mali, Bangladesh, Guinea, the Central African Republic, Mozambique, and Nepal with rates above 50% [12].

Nigeria has the eleventh (11th) highest prevalence of child marriage in the world, and the third highest absolute number of women married or in a union before the age of 18 (3,742,000). About 43% of girls are married before their 18th birthday with 16% before the age of 15 [13]. Also 3% of boys in Nigeria are married before the age of 18. Child marriage is most common in the North West and North East of Nigeria, where 68% and 57% of women aged 20-49 were married before their 18th birthday [8]. The practice is particularly common among Nigeria's poorest, rural households and the Hausa ethnic group [8]. This can partly be attributed to law of the country. Even though, Constitution of the Federal Republic of Nigeria did not establish a minimum age of marriage, the Child Rights Act of 2003 sets the age of marriage at 18 years. However, only 23 of Nigeria's 36 states have taken concrete steps to implement the minimum age of marriage. As a result, in some parts of Nigeria, the minimum age of marriage can be as low as 12 years old [5].

Worthy of note is that the incidence of child marriage has been declining in most parts of the world. UNICEF in 2018 showed that about 21 percent of young women worldwide (aged 20 to 24) were married as children; this is a 25 percent decrease from 10 years previously [14]. Though the practice is globally scowled at, it persists because of numerous factors such as the socio-cultural norms, inter family relationship, political and economic factors. Causes or reasons for child marriages include poverty, cultural traditions, religious and social pressures, social insecurity, fear of the child remaining unmarried into adulthood or sexual relations outside of marriage, ignorance, perceived inability of women to work for money and unemployment [15, 16]. Many marriages are related to poverty for instance poor parents accept the practice as the bride price received from such marriage is used to feed, clothe, educate, and house the rest of the family.

Child marriage is also a problem of gender inequality because it affects females differentially [17]. WHO estimates that the risk of death following pregnancy is twice as great for women between 15 and 19 years and five times higher for girls aged between 10 and 14 years than for those between the ages of 20 and 24 [5]. When a child is married (mostly girls), her rights to education, health, reproductive and sexual are being violated and often, prevents the girls from attaining full potential in life [17]. Again, a married child may be subjected to all sorts of abuses or/and violence, because in such conditions, the child protection is surely uncertain.

In addition, when a child from a poor family is married, the cycle of poverty is propagated. There is limited research on boys in child marriages, but effects on boys include being ill-prepared for certain responsibilities such as providing for the family, early fatherhood, and a lack of access to education and career opportunities [18].

The lives and dignity of female children have been subjected to gross abuse in Becheve, a remote community in Obanliku Local Government Area, Cross River State. This age long traditional practice allows the betrothal of underage girls, including unborn ones, to men who in some cases are old enough to be their grandfathers. The practice popularly known as money woman has not abated in spite of the Child Rights act by the State in 2009. Many innocent girls who are victims of the abusive practice are betrothed to their would-be husbands while they are still in their mother's womb. This often deny them opportunities of attaining their educational, employment prospects and other social deprivations (some treated as slaves by their aged husbands), expose them to health challenges including Vesico Vagina Fiatula (VVF), increased risk of death through child birth as well as sexually transmitted diseases [1, 19]. Most of the victims live unhappy throughout their life.

There are three basic types of marriages in the Becheve community; the free woman marriage, the money woman marriage and the Oliti loan marriage [20].

The free woman marriage

Here a young man approaches a young girl who is of marriage age and the two begin to live as husband and wife without payment of bride price but with the knowledge of parents. Their children belong to the girl's parents. The children may decide to bear the biological father's name but they cannot have custody of them or have his inheritance.

The money woman marriage

In this, the marriage is usually an infant of one day to six years old of age. The would-be husband engages the girls and visits her family until he has gotten enough money to pay for the full bride price. The baseline financial requirement to begin marriage negotiations is from one hundred to three hundred thousand naira. Each time the suitor visits, he goes along with gifts to the little girl's family including money. Sometimes, domestic animals like chicken, goats, sheep, pigs are presented to the girl's family as a means to indicate intention to marry their infant child. Later, a date is fixed for the traditional marriage ceremony, the moment both families ascertain the right amount for bride price. Here the marriage is conducted by the elders and chief priests of "Ekumbo god". After the traditional rites, the bride price is paid to the girl's father and the girl is in turn handed over to the man's "free woman" who is the senior wife to nurture. Most times, by the time the girl is sexually active; the man would have been between seventy to eighty years of age and may be sexually weak to perform his

conjugal responsibility. At this point, he can permit her (the new bride/money wife) to go outside the matrimonial home to meet with young men within her sexual capacity. In the course of this, the girl (money wife) procreates, these children are automatically the old man's children not the hired bull. These children have full right to possess the old man's properties. The actual implication of this practice is that money woman is not highly regarded as a man's possession in Becheve culture [20].

The Oliti marriage

This is otherwise known as loan woman. This marriage could be consummated when a father or mother of a young girl borrows money to meet their family needs and cannot repay his debtor with the proposal to take his daughter as wife for himself (the lender) or his son. The debt now stands as a deposit payment of the bride price on the daughter pending the final arrangements for the marriage [20].

This research assesses the betrothing of young girls (the child bride/money woman) into marriage in Becheve, Obalinku LGA of Cross River State. The Researchers' motivation is driven by the heart wreaking shared experiences of many wounded young ladies in such relationship.

MATERIALS AND METHOD

Study setting and design

The study was at Becheve, a council/ward in Obanliku Local Government Area (LGA) of Cross River State. The LGA has both an inter-State and international boundary. It is bounded in the North by Kwanda LGA of Benue State, in the East by the Republic of Cameroon, the west by Obudu LGA and in the South by Boki LGA both in same Cross River State. The LGA has four basic languages Bendi, Obanliku, Utanga and Becheve. For administrative convenience, the LGA is divided into Ten (10) council wards including Becheve. The LGA has a rich cultural heritage with each village having a unique cultural dancing troupe and festivals. There are tourist attractions like; Obudu Cattle Ranch, Forest Reserves, Pottery Works, Numerous waterfalls, Rocks and Hotels. They are predominantly farmers and produce a host of cash crops including Cocoa, Oil Palm, Banana/Plantation etc. Solid Minerals in the area are; clay for pottery, stones suitable for the manufacture of camera lenses, rock for construction, graphite for lead pencil production as well as Zinc and Glass.

A descriptive cross-sectional design was adopted to investigate the perceived reasons, causes and consequences on the betrothing of young girls (the child bride) by their parents into marriage in Becheve, Obalinku LGA of Cross River State.

Study population.

The study was among married adults (males and females) aged 18yrs and above and had lived for at least 10yrs in Becheve, Obalinku LGA of Cross River State. All adults aged 18 who are indigenous or non-indigenous but have lived for 10 years and above in the community that gave consent were studied. However, those not psychologically or emotionally stable were excluded from the study.

Sample size estimation

The minimum sample size was determined using the formula for descriptive study [21]

$$n = \frac{z^2 pq}{d^2}$$

Where p was taken as 50% as no similar previous study, Z was at 95 confidence level taken as 1.98, q was 1- p and error margin (d) was 0.05. A total of 385 participants were gotten, however, 412 adults were studied and reported on.

Sampling technique

A cluster sampling technique was used. The town (Becheve) was purposely chosen because that is where the practice is common in the LGA. There are 5 villages in the Becheve. About 85 adults who gave consent were selected consecutively from each village for the study to ensure good spread and participation. Those who failed to complete the study were replaced by others from same village.

Data collection

Semi-structured, interviewer administered questionnaire arranged in five sections A, B, C, D and E were used. Section A was on the demographic data of the respondents; section B assessed accessing marital status and practice of betrothed to child marriage; section C assessed perception on betrothed/early child marriage; section D was on the perceived reasons for betrothed/early child marriage; while section E was on the perceived psychological, socioeconomic and health effects on betrothed/early child marriage.

Data was collected by researcher and four research assistants (RAs) who were undergraduates of higher institution. The RAs were trained on the tool for a day. Pre testing of the tools was done in a nearby community not selected for the study. These is to ensure face and content validity of the research instrument (questionnaire). Corrections and necessary adjustment were made by the researcher after the pretest. After validation of the questionnaire, it was administered to the study population.

Data Management

Questionnaires were collated and double entry done for accuracy purposes. Data was entered using Microsoft Excel. The data was stored in the computer under password. Data cleaning was done whereby missing values, extreme values and inconsistencies were identified and corrected. The data was then exported to SPSS software version 23.0 for analysis. Data were

summarized using frequency and percentages and presented in tables. Pearson's chi-square test was used to find association between characteristics of respondents and opinion on betrothing of young girls at significant value of $p < 0.05$. Variables with p value of 0.2 and below were further subjected to multivariate analysis using Binary logistic regression.

Ethical Consideration

Ethical clearance was obtained from the ethical committee of the University of Nigeria Teaching Hospital (UNTH) before the commencement of this study. Written informed consent was obtained from all those who were interviewed after the purpose of this study was explained to the participants. Confidentiality was assured to the participants and measures put in place to make sure that throughout the course of this study, specific information that may lead to identification of participants were avoided. Participants were given the freedom to withdraw from the study at any time for any reason.

RESULTS AND DISCUSSION

Table 1 shows the socio-demographic characteristics of respondents. Majority of the respondents were aged 18-34 years 174(42.2%) followed by 51 and above 145(35.2%). Females were 224(54.4%) and males 188(45.6%). About 140(34.0%) were single, 182(44.29%) married and 90(21.8%) either divorced, widow or separated. Major occupation was Farming 138(33.5%) followed by Student/unemployed/housewife (26.0%). Higher proportion earn < 10,000 naira 133(32.3%) then 10,000 to 19,999 naira 116(28.2%). They are predominantly Christians 208(50.5%).

Table 1: Socio-demographic Characteristics of Respondents (n = 412)

	Frequency	Percent (%)
Characteristics		
Age(years)		
18-34	174	42.2
35-50	93	12.6
≥ 51	145	35.2
Gender		
Male	188	45.6
Female	224	54.4
Marital status		
Married living with spouse	322	78.2
Widowed/Divorced/Separated	90	21.8
Level of education		
Primary and below	182	44.2
Secondary	157	38.1
Tertiary	73	17.7
Occupation		
Student/unemployed/housewife	107	26.0
Civil/public servant	46	11.2
Trader	47	11.4
Farmer	138	33.5

Others	74	18.0
Religion		
Christianity	208	50.5
Islam	82	19.9
African traditional religion	122	29.6
Level of income		
<10000	133	32.3
10000-19999	116	28.2
20000-29999	96	23.3
30000 and above	67	16.3

Table 2 shows status, perception and perceived reasons for betrothed/child marriage. It shows that most of the respondents 222 (53.9%) were currently involved in betrothed/ child marriage, 184 (44.7%) had female children in betrothed marriage/child marriage. 319(77.4%) have relatives or know anyone else who was betrothed or in child marriage. However, only 82(19.9%) would have preferred a betrothed/child marriage. It also shows that only 82(19.9%) were happy and agree with betrothed/child marriage. About 365(88.6%) accepted that ideas on betrothed/child marriage changed over time. Also, 244(59.2) agree that knowledge on legal age for marriage, 402(97.6%) rural/urban area residence and 338(82.0%) lack of family support influences betrothed/child marriage. Reported perceived reasons/factors associated with betrothed/early child marriage were poverty 412(100%), tradition 412(100%), lack of education 410(99.5%), gender inequality 404(98.1%), rural/urban area residence 402(97.6%), lack of family support 338 (82.0%) and Limited or no access to health information 322(78.2%).

Table 2: Status, perception and perceived reasons for betrothed/child marriage (n = 412)

	Yes n(%)	No n(%)
Marital status/betrothing status/practice of betrothing		
Currently involved in betrothed marriage/child marriage	222(53.9)	190(46.1)
Have any female child or children betrothed before marriage	184(44.7)	224(54.4)
Have any relative or know anyone else who was betrothed or in child marriage	319(77.4)	93(22.6)
Would you have preferred a betrothed/child marriage	82(19.9)	330(80.1)
Perception on betrothed/child marriage		
Happy with betrothed/child marriage	82(19.9)	330(80.1)
Agree with betrothed/child marriage	82(19.9)	330(80.1)
Ideas on betrothed/child marriage changed over time	365(88.6)	47(11.4)
Knowledge on legal age for marriage affects betrothed/child marriage	244(59.2)	168(40.8)
Rural/urban area residence influences betrothed/child marriage	402(97.6)	10(2.4)
Lack of family support is a factor in betrothed/child marriage	338(82.0)	74(18.0)
Perceived reasons/factors for betrothed/child marriage		
Poverty	412(100)	0(0.0)

Tradition	412(100)	0(0.0)
Gender inequality	404(98.1)	8(1.9)
Insecurity	316(76.7)	96(23.3)
Limited or no access to health information	322(78.2)	88(21.4)
Lack of education	410(99.5)	2(0.5)
Residence (Rural/urban area)	402(97.6)	10(2.4)
Lack of family support	338(82.0)	74(18.0)

Table 3 shows the perceived (psychological, socio economic and medical) effects of betrothed/child marriage. Psychological effects include; personality problems 410 (99.5%), worries 402 (97.6%), post-traumatic stress disorder (PTSD) e.g. nightmares 338 (82.0%), phobias especially for men 328 (79.6%) anxiety 322 (78.2%) and emotional scar e.g. mood swing 321 (77.9%). Socioeconomic effects include; large family size 410 (99.5%), lack of educational attainment 409 (99.3%), lack of decision making 408 (99.0%), influence on occupation 411 (96.8%), limited socialization/emancipation 399 (96.8%) and violence tendency 334 (81.1%).

Table 3: Perceived effects of betrothed/child marriage (N = 412)

Perceived Effects	Agree n(%)	Disagree n(%)
Psychological Effects		
Emotional scar e.g. mood swing	321(77.9)	91(22.1)
Phobias especially for men	328(79.6)	84(20.4)
Anxiety	322(78.2)	88(21.4)
Personality problems	410(99.5)	2(0.5)
Worries	402(97.6)	10(2.4)
Post-traumatic stress disorder (PTSD) e.g. nightmares	338(82.0)	74(18.0)
Socio-economic effects		
Violence tendency	334(81.1)	78(18.9)
Lack of educational attainment	409(99.3)	3(0.7)
Lack of decision making	408(99.0)	4(1.0)
Influence on occupation	411(96.8)	1(0.2)
Large family size	410(99.5)	2(0.5)
Limited socialization/emancipation	399(96.8)	13(3.2)
Medical effects		
Obstetric fistula	394(95.6)	18(4.4)
Increased risk of STD	396(96.1)	16(3.9)
Increased maternal and child mortality	400(97.1)	12(2.9)
Chances of Still birth	394(95.6)	18(4.4)
Poor health seeking behavior	408(99.0)	4(1.0)
Malnutrition	410(99.5)	2(0.5)

Table 4: Socio-demographic factors influencing agreement to betrothed/child marriage (N = 412)

Variable	Agreed to betrothed/child marriage		χ^2 (p value)	AOR(95% CI)
	Yes n(%)	No n(%)		
Age				
18-34	6(3.4)	168(96.6)	94.113(0.000)	1
35-50	10(4.2)	83(95.8)		6.34(3.55-75.23)
≥ 51	66(45.5)	79(54.5)		12.37(8.86138.88)
Gender				
Male	64(34.0)	124(66.0)	43.366(0.000)	1
Female	18(8.0)	206(92.0)		3.00(0.97-9.30)
Marital status				
Married living with spouse	36(19.8)	286(80.2)	44.208(0.000)	1
Widowed/Divorced/Separated	46(51.1)	44(48.9)		4.06(1.23-18.35)
Religion				
Christianity	16(7.7)	192(92.3)	74.238(0.000)	1
Islam	10(12.2)	72(87.8)		40.36(4.54358.84)
African traditional religion	56(45.9)	66(54.1)		33.48(33.33-37.10)
Level of education				
Primary and below	60(33.0)	122(67.0)	41.102(0.000)	1
Secondary	8(5.1)	149(94.9)		0.23(0.15-0.45)
Tertiary	14(19.2)	59(80.8)		0.06(0.02-0.50)
Occupation				
Student/unemployed/housewife	2(1.9)	105(98.1)	67.513(0.000)	1
Civil/Public servant	20(43.5)	26(56.5)		6.18(0.80-47.83)
Trader	4(8.5)	43(91.5)		5.28(0.52-58.30)
Farmer	48(34.8)	90(65.2)		24.12(15..4137.56)
Others	10(13.5)	64(86.5)		9.47(0.80-14.85)
Income				
<10000	4(3.0)	129(97.0)	104.517(0.000)	1
10000-19999	15(12.9)	101(87.1)		0.50(0.06-3.96)
20000-29999	21(21.9)	75(78.1)		3.85(0.59-25.05)
30,000 and above	42(62.7)	25(37.3)		0.49(0.09-2.74)

Medical effects include; malnutrition 410 (99.5%), poor health seeking behavior 408 (99.0%), increased maternal and child mortality 400 (97.1%), increased risk of STD 396 (96.1%), chances of Still birth 398 (96.6%) and Obstetric fistula 394 (95.6%).

Table 4 shows Socio-demographic factors influencing agreement to betrothed/child marriage. There were significant association of age ($\chi^2 = 94.113$, $p < 0.000$), Gender ($\chi^2 = 43.366$, $p < 0.000$), Marital status ($\chi^2 = 89.775$, $p < 0.000$), Religion ($\chi^2 = 74.238$, $p < 0.000$), level of education ($\chi^2 = 41.102$, $p < 0.000$), Occupation ($\chi^2 = 67.513$, $p < 0.000$). and income ($\chi^2 = 5.930$, $p < 0.115$) with agreement to betrothed/child marriage.

Those aged 35 - 50 years were about 6.3 times (AOR 6.34; 95% CI 3.55 – 75.23) likely, those 51 and above years about 12.4 times (AOR 12.37; 95% CI 8.86 – 138.88) likely to agree to betrothed/child marriage than those aged 18 to 34 years. Widowed/Divorced/Separated were about 4.1 times (AOR 4.06; 95% CI 1.23 – 18.35) likely to agree to betrothed/child marriage than those married and staying with spouse. Those that belong to Islam religion were about 40.4 times (AOR 40.36; 95% CI 4.54 – 358.84) likely and those that engage in African traditional religion about 33.5 times (AOR 33.48; 95% CI 3.33 – 337.10) likely to agree to betrothed/child marriage than Christians. Those that had secondary education were about 0.20 times (AOR 0.23; 95% CI 0.15 – 0.45) likely and those that had tertiary education about 0.06 times (AOR 0.060; 95% CI 0.014 – 0.495) likely to agree to betrothed/child marriage than those that had primary education and below. Farmers were about 24.0 times (AOR 24.12; 95% CI 15.41 – 37.56) likely to agree to betrothed/child marriage than students/unemployed/housewife.

DISCUSSION

The prevalence of betrothing/early child marriage was found to be 53.9%, far above that found in both South East (10%) [22] and Cross River state (38.6%) [23] as well as the National rate (43%) [24]. Nevertheless, the prevalence is lower than what is obtainable in the North West region of Nigeria (88%) [22]. This finding is high and implies that females in this area are not free to choose their life partner which can put them into emotional bondage and consequently influence their entire life as they will hardly be happy as long as they are with the betrothed partner.

This study further substantiates negative perceptions surrounding betrothing/early marriage as almost all respondents (80%) disagreed that people are ever happy with such marriages. This is not a surprising since all the participants agreed that there are ideas and conditions that promote betrothed/child marriage in the community or the study population. Despondently, there was a poor understanding among parents on the concepts of early marriage. A sizeable proportion (about 40.8%) did not know the acceptable legal age for a normal marriage as well as its implications. This resonates the findings of a study on parental perception of girl-child early marriage amongst the Urhobos in the Central District of Delta State, where 60% were yet to acknowledge gender discrimination in the underlying practice of early marriage and 77% admitted that ignorance on age and implications as factors [25]. This knowledge gap needs to be bridged bearing in mind the consequences of early marriage which includes obstructed labour which ultimately may end with vesico-vaginal fistula and effects on the pelvic anatomy like dislocation. These resultant conditions are difficult to manage and if not well managed keeps the person in pain or shame perpetually.

The most important propellers for early/betrothed marriage were found to be poverty and tradition of which all agreed to both. These reasons were also indicated as fosters of early marriage in a study carried out in Delta State [25]. These findings also correlate those of South Asian study on causes and consequences of child marriage, which documented poverty as a foster of early marriage. Conformity with tradition is one of the major reasons why young girls are married off early or forced into unacceptable marriage relationships. Many Nigerian communities especially villages where civilization has not cast shadow on certain antiquated traditions like betrothing/early marriage, the populaces still hold in esteem their traditions irrespective of the conspicuous perils of the practice. Also poor financial situations of some families make parents undertake this to see to their daughter's financial security and furthermore reduce the economic burden of the daughter on the family. Generally, dowry is a necessity in Nigeria for every marriage ceremony/rite and are paid to the bride's family. Hence the parents may consider it advantageous to betroth their child to the man they consider of a higher financial status in the community. This culture should be condemned in totality as those financial reliefs are temporal and do not solve palpable solution in most instances. However, it puts the betrothed child into perpetual poverty as she always remembers the incident with sadness which if not controlled affects every of her activity, reduces her productivity, impinges on upkeep of her children and leaves her emotionally sick. Additionally, lack of education and residence in rural area were found to advance early marriage in the community. Educational attainment was a predictor in this study with those that had Secondary and tertiary education less likely than primary education. This is expected considering the fact that for a girl child in Nigeria not embarking on with formal education, marriage is the only thing wished and preached to her. To make the matter worse, the moment the child refuses she is on her own as everyone including relatives, friends, as well as church members will be against her. This is partly due to the fact that they share similar mentality based on culture and belief with the commonest impression of "if she is not married out she will get spoiled" implying that she may start dating around. Also their parents and relations start citing their peers that accepted the practice. They will never consider ordeal of persons who were given out before them even though those ones may not complain for others to learn or appreciate. With this poor education, their future generation may still not be educated as they may not see the need. This continues to recycle uneducated, poor, negative culture minded individuals in the community. A study also reported that less educated, disadvantaged households or those who do not read newspaper or magazine, listen to the radio or watch television were married before the legal age of 18 years and most-at risk or vulnerable to the practice [26]. Lack of educational attainment reported is in line with study

in Pakistan which found that most of the girls drop out of school after child marriages and this make them lose their dreams of academic attainment ²⁷.

Interestingly, over ninety percent did not perceive gender inequality as a fostering reason for early marriage, this could be explained by the participants' poor knowledge of their violation of girl-child right to education and legal age for a marriage. Lack of family support, limited or no access to health information and insecurity were found to be promoters of early marriage among the population studied. All these, especially strong and healthy family support and healthcare support comes when the financial strength of a family is appreciable, unfortunately, majority of the respondents lived below ten thousand naira per month. This may also explain the reason for poverty being a major propeller of early marriage in the population. Eventually, this poses a great healthcare challenge within the study population which needs to be addressed especially lack of proper healthcare information. The inability to access healthcare and health information by the girl-child is detrimental as that is adolescent stage which happens to be a key stage in a girl's life that demands proper healthcare information and specialized care.

It is not uncommon to many that early marriage poses a cascade of problems to the girl-child. In line with this, current study found psychological, socioeconomic and mental consequences encountered by the survivors of such marriages studied. There were high effects for each of them. These findings echoes those of a previous study on impacts of early marriage and adolescent pregnancy on mental and somatic health which found psychological abuse and depression as a major resultant of child marriage.²⁷ It is also in agreement with the findings of a Pakistan study on psychological impact evaluation of early marriages which also mentioned psychological abuse/depression as a main consequence of child marriage²⁷. The psychological patterns may be as a result of the huge age gap between husband and wife, creating a large difference in mutual understanding which may resulting to the girls feeling rejected, isolated, and depressed. This can equally lead to physical abuse because they will hardly have ideas to share or discuss let alone reaching a compromise and this is bound to bring undue friction.

Medical effects of child marriage are real and virulent to females who are survivors of those type of marriages. Malnutrition stands as the most critical effect and this is because in early marriage, the girl is still undergoing major physiological, sexual/reproductive and emotional development which demand a great amount of nutritional resources which are not met. The situation is compounded by the fact that most of such homes already have many mouths to feed. Malnutrition in form of hidden hunger (micronutrient deficiency) is a major indicator of pregnancy outcomes like maternal mortality and still birth and both are found to be prevalent

in the studied population. This may be understood in the sense that early pregnancy and its consequent factors suppresses the girls' immune system. Furthermore, obstetric fistula and increased risk of STD were also prevalent effects of early/child marriage found in the population. This correlates the findings of earlier study in the Eastern part of Nigeria where a victim stated clearly that her husband abandoned her as soon as he got to the Vesico vagina fistula (VVF) centre and required to pay six thousand (6,000) naira (approximately \$42) for surgery as a result of the damage she sustained during a stillbirth at 19 years [27]. The VVF sufferer is often abandoned by her husband, and friends or family, because of the offensive smell that she emits. This disorder is because these girls below too young and have small pelvises which is not matured enough for childbearing. So, morbidity and mortality rate are seen higher due to the young mothers' poor nutrition, physical and emotional immaturity, and lack of access to social and reproductive services.

Fistula leaves its victims with urine or fecal incontinence that causes lifelong complications with infection and pain [22]. Unless surgically repaired, obstetric fistulas can cause years of permanent disability, shame to mothers, and can result in being shunned by the community [22]. Child marriage also threatens the lives of offspring. Mothers under the age of 18 years have 35 to 55% increased risk of delivering pre-term or having a low birth weight baby than a mother who is 19 years old. In addition, infant mortality rates are 60% higher when the mother is under 18 years old. Infants born to child mothers tend to have weaker immune systems and face a heightened risk of malnutrition [24]. Early marriage is also associated with poor sexual and reproductive health. Child brides are often unable to negotiate safe sex with their husband, making them more susceptible to sexually transmitted infections, including HIV, and putting them at higher risk for early pregnancy [25, 27].

Increased risk for sexually transmitted diseases (STD) has been reported also by a South Asian research as a major effect of child marriage [28]. In most cases HIV is the STD contacted by the victim of child marriage. Moreover, this result also supports the report of an Ethiopian study which stated that the prevalence of HIV infections among women is highest from ages 15 to 24 [29]. While the child bride came into the marriage as a virgin (unexposed to sex) without good knowledge of healthcare/reproductive health, the older husband may have had one or two wives already, many previous sexual relations and a high possibility of harbouring STDs in his body. These STDs are easily transmitted to the girl who innocently is performing her marital obligations as expected. This is compounded by female anatomy which is receptive in nature.

Other identified predictors include; advancing age (age 40 - 50 years, 51 and above years), marital status (Widowed/Divorced/Separated), religion (Islam, African traditional religion),

(secondary, tertiary) and occupation (farmers). Similarly, about half of sub-Saharan African women aged 20–24 years of religious beliefs were married before the legal age of 18 years and most-at risk or vulnerable to the practice [30]. The median age at marriage is lowest among girls in North West and North East regions, at 15.8 and 16.8 years respectively. Rural girls were more likely to marry early compared with urban girls. For example, in the North West, 29 percent of urban girls married by age 15 compared with 65 percent of their rural counterparts who are married at the same age. The timing of marriage among girls in the southern regions is later [31].

Religion being a force fostering early marriage may be the reason members of Islamic religion aside African traditional religion practitioners was more associated with early marriage since it advocates the menace of early marriage/betrothing compared to Christians. In northern states, predominantly Muslim, over 50% of the girls marry before the age of 15 [32].

Also, Farmers were more receptive of the idea of betrothing/child marriage. This may be due to need extra hands in their work as their farming is not mechanized. Also they are of low socio-economic and educational level. On the other hand, those that earn averagely and above accepted early marriage though no statistically significant difference with their counterparts. However previous study documented that girls from the poorest 20 per cent of households are twice as likely to marry before age 18 as girls from households in the richest quintile [33].

While prevalence of child marriage across Africa is slowly declining, progress has not been equitable: Since 1990, prevalence has been halved among the richest, but remains unchanged among the poorest [34]. Higher prevalence of child marriage in Africa is found in rural areas and among the poorest segment of the population: Girls in rural areas are twice as likely to marry in childhood as girls from urban areas.

Child brides often experience overlapping vulnerabilities—they are young, often poor, and undereducated. This affects the resources and assets they can bring into their marital household, thus reducing their decision-making ability. Child marriage places a girl under the control of her husband and often in-laws, limiting her ability to voice her opinions and pursuit of her own plans and aspirations.

Limitation of Study

Some participants declined from the study for the fear of being exposed since they were guilty of money marriage, hence may have withdrawn some vital information. Also there was unofficial information that some of them were arrested in the past for such practice which compounded the fear.

CONCLUSION

The practice of betrothing/early marriage is still very much common in the study area. The major propellers of this practice were poverty, lack of education, tradition, lack of family support and insecurity. Identified predictors of agree to bethrothing include; age, religion, education and farming. The consequences of betrothing/early marriage were manifold, overlapping and cascading, ranging from socioeconomic, medical/health-wise and psychological. This practice is beyond the choice of the girl-child and the impact trans-generational. There is need for the government, community, individual level and public health experts to be actively involved in tackling this menace through public health strategies like social mobilization, community and group discussions on dangers of betrothing as well as punishing offenders.

DECLARATIONS

Abbreviations

LGA - Local Government Area

RA - Research assistants

STD - Sexually Transmitted Diseases

UNTH - University of Nigeria Teaching Hospital

VVF - Vesico Vagina Fistula

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Authors' contributions

Conception and Design: OFI, AEC. Data collection: OFI, AUE. Data interpretation and analysis: AEC. Manuscript drafting: OFI, AUE. Manuscript revision: AEC. Approval of the final version of the manuscript: OFI, AEC, AUE

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Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Ethics approval and consent to participate

Ethical clearance was obtained from the ethical committee of the University of Nigeria Teaching Hospital (UNTH) before the commencement of this study. This was in accordance with the Declaration of Helsinki. Written informed consent was obtained from all those who were interview after the purpose of this study was explained to the participants. Confidentiality was assured to the participants and measures put in place to make sure that

throughout the course of this study, specific information that may lead to identification of participants were avoided. Participants were given the freedom to withdraw from the study at any time for any reason.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interest

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