

# Health, Psychological, and Socioeconomic Consequences of Child Marriage: A Case Study Analysis

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## Abstract

**Background:** Child marriage remains a significant human rights violation, particularly in low-income and rural communities, with India accounting for one-third of the world's child brides (UNICEF, 2020). Despite the Prohibition of Child Marriage Act (2006), enforcement challenges persist, leading to serious health, psychological, and socio-economic consequences. This study examines the impact of child marriage through case studies from Perambalur District, Tamil Nadu, highlighting the risks of maternal mortality, domestic violence, and mental health distress.

**Methods:** This study adopts a qualitative case study methodology, analyzing three real-life cases of child marriage using in-depth interviews, official government records, and field observations. The selected cases illustrate the consequences of early marriage, including health risks, psychological distress, and legal interventions. A thematic analysis was conducted to identify common patterns and risk factors, such as educational deprivation, economic dependence, and lack of reproductive health access.

**Results:** The findings highlight severe physical and psychological consequences for child brides. Case 1 demonstrates the risk of maternal mortality, as a 26-year-old woman, married at 14, died from postpartum hemorrhage after her sixth pregnancy. Case 2 showcases successful legal intervention, where a 14-year-old girl was rescued from forced marriage due to government action. Case 3 underscores psychological trauma, as a 15-year-old girl, subjected to domestic violence, forced pregnancy, and miscarriage, died by suicide. Across all cases, economic vulnerability, gender norms, and lack of education emerged as persistent factors.

**Conclusion:** Child marriage perpetuates a vicious cycle of poverty, poor health, and gender-based violence. Strengthening legal enforcement, improving maternal healthcare access, integrating mental health support, and expanding education programs are critical to preventing child marriage and safeguarding the rights of young girls. A multi-sectoral approach involving legal, healthcare, and community-led interventions is essential to eradicate this harmful practice.

**Keywords:** Child Marriage, Maternal Mortality, Psychological Trauma, Economic Dependence, Legal Interventions

## Introduction

### Background

Child marriage is a major public health and human rights issue that continues to affect millions of young girls worldwide. Despite efforts to curb this practice, South Asia remains the epicenter, with India accounting for nearly one-third of global child brides (UNICEF, 2020). While the prevalence of child marriage has declined globally, the consequences remain severe, contributing to early pregnancies, high maternal mortality rates, intimate partner violence, and mental health disorders (UNFPA, 2016).

### Socioeconomic and Cultural Determinants

The drivers of child marriage are multifaceted, encompassing economic hardship, gender discrimination, and weak legal enforcement (Srinivasan & Lee, 2004). Poverty-stricken families often perceive early marriage as a means of reducing financial burdens and avoiding dowry costs. Moreover, patriarchal norms reinforce the notion that marriage safeguards a girl's virtue, perpetuating intergenerational cycles of gender inequality and economic dependence (UN Women, 2020).

Education plays a crucial role in delaying marriage, yet school dropout rates among adolescent girls remain high due to financial constraints, lack of secondary education infrastructure, and societal expectations (UNESCO, 2021). Girls who remain in school are six times less likely to marry before 18, highlighting education as a primary intervention strategy (Ministry of Education, 2018).

### Health and Psychological Consequences

Adolescent pregnancy is a significant health risk, with girls under 18 being five times more likely to die from pregnancy-related complications compared to women over 20 (WHO, 2018). Additionally, child brides face higher risks of maternal morbidity, low birth weight infants, and sexually transmitted infections (STIs) due to limited reproductive health knowledge and lack of autonomy in marital relationships (UNFPA, 2016).

Beyond physical health, psychological trauma is prevalent, with child brides experiencing higher rates of depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation (Van Hollen, 2013). Domestic violence is another major consequence, as girls in forced marriages often endure marital rape and emotional abuse, increasing the likelihood of self-harm or suicide (National Crime Records Bureau, 2021).

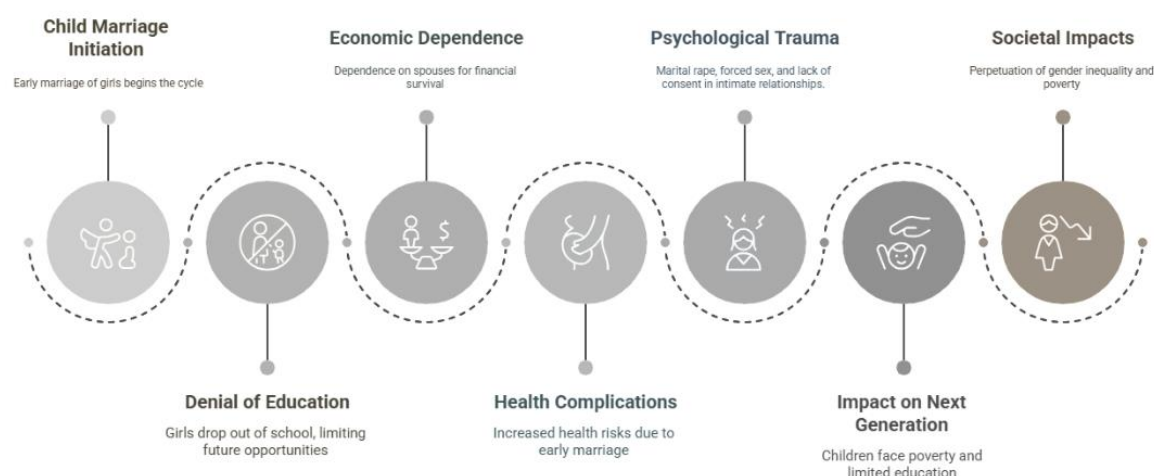


Figure SEQ Figure \\* ARABIC 1 The Vicious Cycle of Child Marriage: Multigenerational *Consequences*

## Study Objective

This study aims to analyze the real-life impact of child marriage through three case studies from Perambalur District, Tamil Nadu, illustrating the socioeconomic, psychological, and health consequences. By documenting these cases, this study contributes to evidence-based policy discussions, advocating for effective legal enforcement and community-driven interventions.

## Methods

### Study Design

This study adopts a qualitative case study methodology, focusing on three real-life cases of child marriage from Perambalur District, Tamil Nadu. These cases were selected to illustrate the diverse consequences of child marriage, including maternal mortality, psychological distress, and the impact of legal interventions.

### Data Collection

Data was collected from multiple sources to ensure validity, including first-hand interviews with survivors (where available) and affected families; official government records such as Revenue Divisional Officer (RDO) reports, police inquest records (under CrPC Section 174), and Child Welfare Committee case files; observations from healthcare workers, legal officers, and social welfare organizations; and informal discussions with community members, including village elders and NGOs working on child protection.

## **Case Selection Criteria**

The three cases were selected based on severity of outcomes, including maternal mortality, suicide, or legal intervention; variability in intervention, covering one prevented marriage and two that proceeded; and diversity of impacts, illustrating health risks, economic dependence, and psychological trauma.

## **Data Analysis**

A thematic analysis was conducted to identify health outcomes, including maternal mortality, reproductive health issues, and mental health disorders; socioeconomic consequences such as poverty, lack of education, and financial dependence; and the effectiveness of legal interventions and policies.

## **Ethical Considerations**

Informed consent was obtained from the families of deceased and rescued individuals. Pseudonyms were used to ensure privacy and confidentiality. Findings were cross-verified using triangulation methods involving government reports and field data.

## **Case Study 1:**

### **Maternal Mortality and Socioeconomic Consequences of Child Marriage**

#### **Patient Information**

Mrs. A (pseudonym) was married at the age of 14 and died at 26. She had six children—three boys and three girls. She dropped out of school at the age of 10 and worked as a daily wage laborer in a stone quarry. Her socioeconomic status was characterized by low income and a migratory lifestyle.

#### **Clinical and Family History**

Mrs. A was married to her maternal uncle at the age of 14, with her first pregnancy occurring just a year later, resulting in a home delivery without medical support. Over the next 11 years, she had five additional pregnancies, none of which involved antenatal care. Her husband's alcoholism contributed significantly to economic hardship and persistent domestic abuse. The family's migratory lifestyle further compounded their difficulties by limiting access to healthcare facilities, ultimately resulting in chronic malnutrition affecting both Mrs. A and her children.

#### **Presenting Condition and Medical History**

Mrs. A's sixth pregnancy was considered grand multiparity, a condition associated with increased obstetric risks. She suffered from severe anemia resulting from repeated pregnancies and chronic malnutrition. Despite multiple pregnancies, she never received medical follow-ups due to economic constraints that restricted her access to healthcare. Additionally, her husband and family denied her access to contraceptives. Her demanding role as a

laborer and primary caregiver led to chronic exhaustion and further exacerbated her malnourishment, significantly compromising her health.

**Table 1: Timeline of Events**

Age	Event
10 years	Dropped out of school due to poverty
14 years	Forced into marriage with her maternal uncle
15 years	First pregnancy
16 - 24 years	Five additional pregnancies
26 years	Sixth pregnancy, severe anemia, postpartum hemorrhage, maternal death

### **Medical Intervention and Maternal Death**

During her sixth pregnancy, Mrs. A continued working as a daily laborer in a stone quarry, carrying heavy loads despite medical risks. She ignored advice from local health workers and refused hospitalization.

Mrs. A delivered her sixth child at home without any medical supervision, resulting in postpartum hemorrhage (PPH) exacerbated by her severe anemia and chronic malnutrition. She died within hours due to excessive bleeding and the lack of emergency medical intervention. Her death had profound consequences on her family, particularly her children. Her eldest daughter, aged 12, was forced to drop out of school to assume caregiving responsibilities for her younger siblings. The family plunged into severe economic distress, significantly increasing their vulnerability and placing them at greater risk of perpetuating the cycle of poverty, school dropout, juvenile caregiving, and child labor.

### **Root Causes of the Case**

Mrs. A faced multiple interconnected challenges that severely impacted her life and health. Her reproductive health was compromised by early marriage and repeated pregnancies, without any discussions on family planning or access to contraception. Her situation was worsened by illiteracy and limited awareness about reproductive health, which increased her vulnerability. Economically and socially disadvantaged, she was compelled to undertake labor-intensive work even during pregnancy due to extreme poverty. Her husband's alcoholism further deepened the family's financial insecurity and subjected her to domestic violence, while a lack of family support heightened her psychological distress. Tragically, without family assistance or community support, her circumstances deteriorated further.

**Table 2: Findings and Key Lessons**

Key Findings	Implications
Child marriage led to early pregnancies	Increased risk of maternal mortality and health complications
Economic dependence on husband	Limited healthcare access and domestic violence vulnerability
High fertility due to lack of contraception	Nutritional deficiencies and anemia in mother and children
No medical intervention during pregnancies	Postpartum hemorrhage and preventable maternal death
Intergenerational impact on children	Increased risk of child labor, malnutrition, and child marriage

**Case Study 2:**

**Title: Preventing Child Marriage Through Government Intervention**

**Patient Information**

Girl X (pseudonym) is a 14-year-old girl who dropped out of school after completing the fifth grade. She lives in rural Perambalur with her widowed mother, who works as a temple priestess. The family belongs to a low-income group, relying primarily on agricultural labor and temple-related activities for their livelihood.

**Presenting Situation and Background**

Girl X lived in extreme poverty in a remote village, where her widowed mother struggled to support the family. Driven by financial hardship, her mother arranged her marriage to a 32-year-old man as his second wife. The groom was already married once, and the arrangement placed Girl X at risk, given her young age. Despite dropping out of school at an early age, Girl X resisted this decision. Although lacking formal education, she understood the implications and opposed the marriage through silent protest. However, her vulnerability was exacerbated by the absence of adequate support systems, limiting her ability to seek external assistance.

**Table 3: Timeline of Events**

<b>Date/Stage</b>	<b>Event</b>
<b>Early Childhood</b>	Attended school until fifth grade, dropped out due to family circumstances
<b>14 years old</b>	Widowed mother arranged marriage to 32-year-old man
<b>Pre-Marriage Phase</b>	Girl resisted; mother insisted on marriage for financial security
<b>Government Intervention</b>	Child contacted authorities; Revenue Divisional Officer stopped the marriage Girl was placed under Child Welfare Committee protection and re-enrolled in education
<b>Post-Rescue</b>	

### **Government Intervention and Investigation**

Upon receiving an anonymous tip, local government officials swiftly intervened to prevent the illegal marriage. They conducted a rapid field investigation, arriving at the location to find Girl X dressed in a saree, though wedding rituals had not yet begun. Despite her mother falsely claiming the girl was 18, officials quickly confirmed her actual age through verification. The girl was immediately rescued and presented before the Child Welfare Committee (CWC). Her mother was counseled about the legal implications of child marriage and placed under monitoring. Following the intervention, Girl X expressed relief, stating, *“I knew you would come for my rescue, akka. If you had not come, I would have committed suicide”*. The girl received psychological support, and her emotional wellbeing improved significantly after the intervention.

### **Root Causes of the Case**

Economic vulnerability played a significant role in Girl X's situation, as her widowed mother viewed marriage as a financial safeguard. The groom's promise of economic stability made the proposal appealing, overshadowing the evident risks. Social and cultural factors also influenced the mother's decision; in rural settings, single mothers often experience heightened insecurity regarding their daughters' futures. Alarming, even knowledge of the groom's previous wife's suicide did not deter her, highlighting the extent of economic desperation and limited awareness. However, timely intervention by local authorities successfully prevented the marriage.



**Table 4: Findings and Key Lessons**

Key Findings	Implications
Single mother felt threatened raising a <b>dropout girl</b>	Highlighting social vulnerability and financial insecurity
Groom had <b>history of domestic issues</b>	Lack of proper vetting in rural marriages
Girl was <b>aware of legal rights</b>	Legal education is crucial for youth empowerment
Authorities <b>acted swiftly</b>	Government intervention can effectively prevent child marriages
<b>Village vigilance committees</b> played a role	Community awareness is essential for prevention

**Case Study 3:**

**The Psychological and Socioeconomic Consequences of Child Marriage: A Case Study of Suicide Due to Marital Abuse in Perambalur, Tamil Nadu**

**Patient Information**

Girl Y (Pseudonym) was married at the age of 14 and died at 15. She had been forced to drop out of school before reaching secondary education. Raised by her father and elder sister following her mother's death, she was pressured by her family into marrying her 25-year-old maternal uncle. Coming from a low-income background, she faced multiple socioeconomic disadvantages, further limiting her choices and opportunities.

**Presenting Situation and Background**

- Girl Y belonged to a socially and economically vulnerable family residing in a remote village. After the death of her mother, her father arranged a consanguineous marriage to her maternal uncle. Following a miscarriage soon after marriage, Girl Y faced relentless emotional and physical abuse from her in-laws, who blamed her for the pregnancy loss. Despite experiencing severe psychological distress, she was compelled to immediately resume household chores, worsening her mental health. This hostile environment led her into depression and suicidal ideation. Ultimately, after a dispute with her mother-in-law, she tragically took her own life. Her death highlighted the devastating consequences of child marriage, compounded by severe psychological distress, limited social support, and economic hardships.

**Table 5: Timeline of Events**

<b>Age</b>	<b>Event</b>
<b>Childhood</b>	Lived with father and elder sister after mother's death
<b>14 years</b>	Forced into marriage with maternal uncle
<b>15 years</b>	Became pregnant but suffered miscarriage at 2 months
<b>Post-Abortion Period</b>	Experienced severe emotional distress, physical abuse from in-laws
<b>Suicide Incident</b>	Self-immolated after a domestic dispute, leading to immediate death
<b>Legal Action</b>	Neighbors alerted police, initiating CrPC Section 174 investigation

### **Investigation and Legal Findings**

Following a suspicious death report, an inquest conducted by the Revenue Divisional Officer (RDO) revealed that Girl Y's marriage had been coerced under parental and societal pressures. The investigation also uncovered severe emotional abuse and depression triggered by a miscarriage, compounded by ongoing physical violence from her in-laws. The abuse significantly intensified after her miscarriage, contributing to her deteriorating mental health. This tragic case highlighted systemic issues, prompting strengthened efforts by local authorities. Consequently, enforcement measures improved, leading to the successful prevention of approximately 400 child marriages between 2011 and 2014.

### **Root Causes of the Case**

The root causes of this case include the absence of maternal support, prompting the father to arrange his daughter's early marriage, compounded by a consanguineous marriage that intensified existing power imbalances. Limited education and financial insecurity further heightened her vulnerability. Following her miscarriage, she experienced emotional and physical abuse from her in-laws, while being forced into domestic labor despite severe psychological trauma. The absence of psychological support and the continuation of abusive conditions intensified her mental distress, ultimately leading her to self-immolation as an act of desperation.

**Table 6: Findings and Key Lessons**

Key Findings	Implications
Single parenting forced <b>early marriage</b>	Highlights economic and social vulnerability
<b>Marriage to maternal uncle</b>	Increased control and power imbalance
Forced to drop out of school	Limited autonomy, economic dependence
<b>Teen pregnancy and miscarriage</b>	Increased emotional distress and social stigma
<b>Lack of post-abortion support</b>	Psychological distress leading to suicide
<b>No social or legal support system for mental health</b>	Need for psychological intervention in child marriage cases

**Discussion**

The findings from the three case studies reaffirm the multifaceted impact of child marriage, consistent with global research indicating that early marriage is a determinant of poor health, economic vulnerability, and gender-based violence (UNICEF, 2020; UNFPA, 2016). Case Study 1 illustrates the link between child marriage and high maternal mortality, aligning with evidence that adolescent pregnancies significantly increase the risk of obstetric complications, anemia, and postpartum hemorrhage (WHO, 2018). The lack of access to prenatal care and institutional delivery in the case further highlights the barriers to reproductive healthcare for young brides, a challenge frequently reported in South Asian contexts where child brides are less likely to seek medical help due to financial dependence and social restrictions (Van Hollen, 2013). Furthermore, the intergenerational effect of child marriage is evident, as the victim’s children faced educational deprivation and economic hardship, increasing their vulnerability to similar cycles of early marriage and poverty (Sen, 2012).

The second case highlights the critical role of legal enforcement and government interventions in preventing child marriage. While research suggests that legal frameworks such as the Prohibition of Child Marriage Act (2006) have contributed to a decline in child marriages, gaps in enforcement persist, particularly in rural and economically marginalized communities (National Commission for Protection of Child Rights, 2022). In this case, timely intervention successfully prevented the marriage, underscoring the importance of local vigilance committees and community awareness programs in early detection and prevention (UN Women, 2020). However, studies indicate that many cases remain undocumented due to familial coercion and falsification of age records (Kotiswaran, 2011), highlighting the need for systematic birth registration and stricter monitoring of marriage registrations to ensure compliance with legal age requirements.

The third case brings attention to the psychological toll of child marriage, reinforcing existing literature on intimate partner violence, social isolation, and mental health deterioration among young brides (UNFPA, 2016). The victim’s suicide is indicative of the severe emotional distress experienced by child brides, exacerbated by

reproductive health complications and domestic abuse (National Crime Records Bureau, 2021). Prior research has shown that child marriage significantly increases the risk of depression, post-traumatic stress disorder (PTSD), and suicidal ideation, particularly when combined with forced pregnancy and loss of autonomy (Van Hollen, 2013). The findings suggest an urgent need for integrated mental health support systems, crisis intervention services, and accessible safe shelters for child brides experiencing marital distress and violence.

Across all cases, economic dependence and educational deprivation emerged as central factors perpetuating the cycle of child marriage, consistent with previous studies that identify limited economic agency as a key driver of gender-based oppression (Srinivasan & Lee, 2004). Without access to education, girls remain financially reliant on their spouses, limiting their ability to escape abusive relationships or advocate for their reproductive rights (UNESCO, 2021). The findings from this study emphasize the need for a multi-sectoral approach, including policy reform, community engagement, and accessible reproductive healthcare, to effectively break the cycle of child marriage. Strengthening school retention programs, enforcing legal protections, and providing financial incentives for families to delay marriage can contribute to long-term systemic change in high-prevalence regions like Perambalur.

### Implications of the Study

The findings from this study underscore the urgent need for targeted interventions to mitigate the health, psychological, and socio-economic consequences of child marriage. The case studies demonstrate that child marriage is not an isolated event but a systemic issue, requiring a multi-sectoral approach to disrupt the cycle of early marriage, maternal mortality, and economic deprivation.

### Policy Implications

- **Strengthened Legal Enforcement:** Despite the Prohibition of Child Marriage Act (2006), effective enforcement remains challenging due to difficulties in tracking and identifying cases, particularly in rural areas. Strengthening age verification mechanisms for marriage registration and improving legal accountability for violators can enhance compliance.
- **Integration of Child Protection Systems:** Government intervention was effective in preventing child marriage in one case study. Integrating village vigilance committees and community-led reporting mechanisms can facilitate early detection and intervention.
- **Linking Birth and Pregnancy Registrations:** Integrating the mother's birth registration with her pregnancy records can prevent age falsification, a common practice in child marriages.

### Health and Social Implications

- **Improving Maternal and Reproductive Health Services:** The high maternal mortality risk in Case Study 1 aligns with global research on the dangers of adolescent pregnancy. Expanding antenatal care, institutional deliveries, and access to contraception can reduce pregnancy-related deaths among child brides.

- **Mental Health and Crisis Intervention:** Case Study 3 highlights the severe psychological distress faced by child brides, often leading to depression, PTSD, and suicide. Integrating mental health counseling, crisis support services, and domestic violence shelters into child protection policies can provide life-saving interventions.
- **Education and Economic Empowerment:** The educational deprivation observed in all three cases reinforces the need for compulsory secondary education for girls. Implementing conditional cash transfers and skill development programs for adolescent girls can delay marriage and promote financial independence.

### **Community-Level Implications**

- **Strengthening Community Awareness:** Many child marriages occur due to deep-rooted cultural norms and economic pressures. Conducting community awareness programs on the legal and health consequences of child marriage can shift social attitudes and reduce parental willingness to marry off daughters early.
- **Engaging Local Governance Structures:** Panchayats, self-help groups, and grassroots organizations play a crucial role in identifying at-risk girls and ensuring their continued education and safety. Encouraging collaboration between government agencies and community stakeholders can create a more sustainable, locally-driven response.

### **Limitations of the Study**

1. **Small Sample Size and Geographic Scope:** The study focuses on three case reports from Perambalur District, Tamil Nadu, which may limit the generalizability of the findings to other regions with different socio-cultural and economic contexts. A larger dataset covering multiple districts or states could provide a more comprehensive analysis of child marriage trends and interventions.
2. **Reliance on Qualitative Data:** While the case study approach provides in-depth insights, the study lacks quantitative data on prevalence rates, health outcomes, and intervention success rates. Integrating statistical analysis and comparative data from broader surveys or national databases would strengthen the study's policy implications and evidence-based recommendations.

### **Conclusion**

The study highlights that child marriage is a complex issue that requires simultaneous interventions in legal, health, education, and community sectors. Addressing the root causes—poverty, gender discrimination, and lack of education—can help dismantle the vicious cycle of child marriage. A combination of legal enforcement, maternal healthcare improvements, mental health support, and community engagement is essential to ensure long-term social change and protect vulnerable girls from the harmful effects of early marriage.

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## Care listed Journal Suggestions:

1. Asian Journal of Social Science
2. Contributions to Indian Sociology
3. Indian Journal of Gender Studies
4. Asian Journal of Women's Studies