

CHILD MARRIAGE IN PAKISTAN AND ITS IMPACT ON GIRLS' HEALTH AND EDUCATION A NARRATIVE LITERATURE REVIEW

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Abstract

Although years of legal and programming efforts have passed, child marriage (civil marriage and/or any type of informal union between two individuals, one of whom is a female who is under 18 years of age) is still a social and public health problem in Pakistan. The method of the article is a narrative literature review, which is based on the data from nationally representative, peer-reviewed articles, research institutes, and United Nations agencies related to Pakistan and South Asia. There is consistent evidence that early marriage and adolescent pregnancy are linked to increased maternal health risks, school dropout, and increased psychological distress; and that poverty, low level of parental education, and restrictive gender norms are the main factors associated with early marriage. These differences are appreciable in different geographic regions and between people in rural and urban areas, and are more likely to be observed among children from lower-income and less-educated families. Conclusions: Child marriage can only be tackled together in the education, health and legal sectors, with the participation of the community and strict monitoring and enforcement of minimum age laws in all provinces of Pakistan.

1. Introduction

1.1 Background of Underage Marriages

On an international scale, child marriage is characterised as the marriage of a woman or man under the age of 18. The definition, which was adopted by UNICEF and other UN institutions, does not distinguish between registered unions, religious or customary unions, and is based on the fact that the practice overwhelmingly affects girls, not boys. Child early and forced marriage is considered an infringement of minor rights since children might not be able to pursue an education, have choices in their lives, and girls are denied the opportunity to develop physically and psychologically to cope with sexual relations and childbearing.

1.2 Marriage of minors in Pakistan

Underage marriage is a significant problem in Pakistan. The rates are quite stunning, with the recent nationally representative estimates (cited by UNICEF) showing that 18% of Pakistani girls are married before they reach 18, a significant drop from 41% in the early 1990s, and which is affecting millions of girls in Pakistan (UNICEF, n.d.). The prevalence rate is also very different from region to region, with the highest prevalence rate in the former Federally Administered

Tribal Areas, followed by Khyber Pakhtunkhwa, and then Sindh and Balochistan (UNICEF, n.d.).

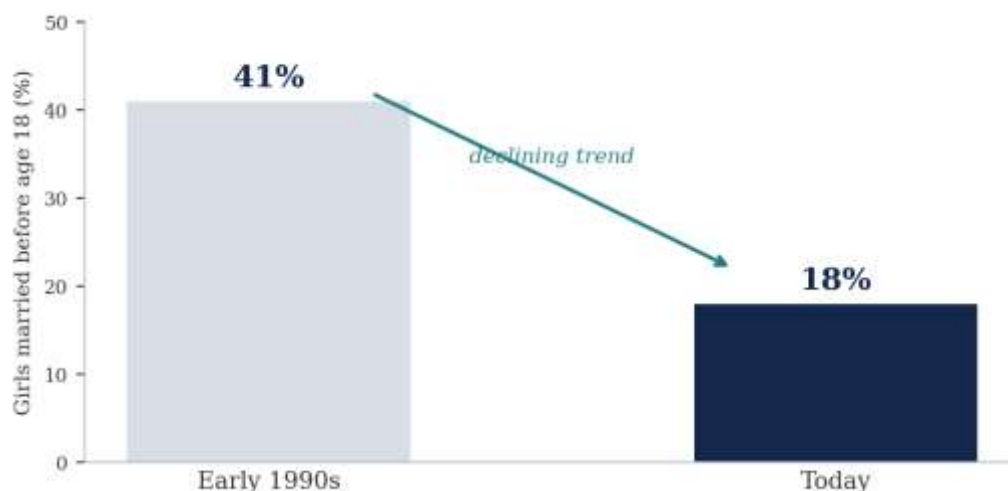


Figure 1. Today, the national prevalence of marriage for girls before age 18 is around 18%, and is still affecting millions of girls, compared to approximately 41% in the early 1990s (UNICEF, n.d.).

1.3 Why Child Marriage Remains a Concern

Child marriage is a major concern in Pakistan, though its prevalence has been on a downward trend for a very long time. Though the situation of child marriage has been improving for some time now, it is still a big issue in Pakistan due to various interconnected reasons. Socially, girls' choice of marriage partners may be determined by their parents or extended families; and marriage is part of the girl's extended family, meaning that cousin and exchange marriages can influence girls' agency as well (Agha & Rind, 2025). Sometimes, early marriage is seen in the culture as protecting family honour and/or meeting the inter-generational responsibilities of one family towards another (Population Council & UNFPA, 2021). From an economic point of view, poverty can also drive early marriage as girls are considered grown when they marry, taking the responsibility for their care to another home (Ahmad et al., 2019). Early marriage is related to access and impacts on secondary school enrollment, creating a vicious circle which is harmful to girls' education (Raj et al., 2014). Legal reform, therefore, has not proved to be an adequate remedy to stop the practice.

1.4 Research Gap

Although survey data is relatively good in understanding prevalence and correlates of child marriage in Pakistan, there are some gaps. Analysis on the psychological effects of child marriage in Pakistan is relatively new and mostly concentrated in Sindh and Khyber Pakhtunkhwa province. Also, there is a thin linkage between health and education outcomes in Pakistan in the context of a specific health education programme. This article is a synthesis of evidence from all these areas and is specific in identifying areas where there is strong, associative, and emerging evidence.

1.5 Objectives of the Article

- To provide information on facts and background about Child Marriage in Pakistan.
- To assess information about the mental and psychological health of child wives.
- To explore the correlation between child weddings and school enrolment/education dropout among girls.

- To look at the social and economic consequences of child marriage in the longer term for girls, families and communities.

2. Literature Review

2.1 Prevalence and Trends of Child Marriage in Pakistan

There has been a decreasing trend in the prevalence of child marriage since 1993. The proportion of girls entering marriage before turning 18 has decreased from 41% to 18%, based on the latest nationally representative estimate (UNICEF, n.d.). This improvement will come on a very high baseline in Pakistan due to the country's large population and also distributed unequally across the different provinces. The results of the surveys showed that approximately 1 in 5 women in the province were married before 18 years of age (Population Council & UNFPA, 2021), that results in decrease to the passage of the Child Marriage Restraint Act in 2013 in Sindh.

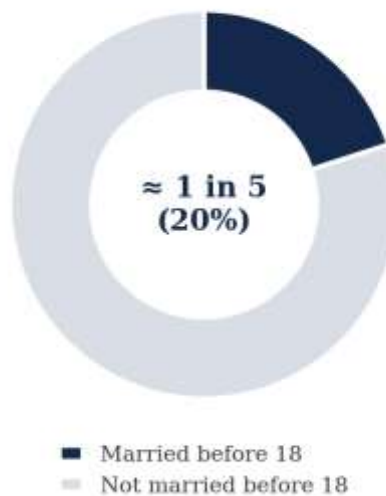


Figure 2. The statistics for Sindh reported by the survey show that approximately 1 in 5 of the female population between 20-24 was married before 18, which helped in formulating the Sindh Child Marriage Restraint Act, 2013 (Population Council & UNFPA, 2021).

2.2 Socioeconomic and Cultural Factors

According to Ahmad et al. (2019), the economic burden on the family to pay for children's education decreases during the economic crisis in families with poor economic status, and girls of poor economic status families are more likely to be at risk of marriage. It is also supported by the kinship relations of cousin marriage and exchange marriage, which reconfirms or resolves the relationship between two families (Agha & Rind, 2025). This is mainly because of the uneducated women and the lack of perception towards sex in terms of homemaking but not school in the rural areas (Raj et al., 2014).

2.3 Impact on Girls' Physical and Reproductive Health

The impact on girls' body and reproductive health is later discussed. The physical and reproductive health of girls is discussed below. Poor reproductive health outcomes have been reported with child marriage, and the majority of the literature reports are observational studies. The national survey results indicated that girls who entered into marriage at a young age were more likely to give birth to children with a birth rate higher than their age at marriage after controlling for socioeconomic factors (Nasrullah et al., 2014). Further, qualitative data analysis from the rural areas of Sindh also revealed that adolescent girls enter into marriage before

reaching adulthood and begin to bear children within the first year or two of marriage, and often, they do not know the physical requirements of pregnancy or information regarding pregnancy and childbirth (Agha & Rind, 2025). The evidence of the association of adolescent maternal death with adolescent pregnancy is mixed, and although the association of young age with low birth weight and preterm birth is more consistent, no specific mortality differential is found in South Asia (Fan & Koski, 2022).

2.4 Impact on Mental and Psychological Health

There is an increasing but limited literature on the psychological impacts of child marriage. Global evidence provided by a narrative review was consistently associated with poor mental health outcomes, such as anxiety, depressive symptoms, and post-traumatic stress disorder (PTSD), among children who became mothers, and most of the underlying studies were cross-sectional, which did not allow for inferences of cause or causality (Burgess et al., 2022). The psychological suffering as a result of pressure on women to conceive right after marriage and fear of husband remarrying if women do not conceive in time are also highlighted from the Pakistani context in the qualitative studies (Agha & Rind, 2025). The results are not representative of the nation; they are based on relationships found in community samples.

2.5 Impact on Girls' Education

This relationship is bi-directional; that is, child marriage and school dropout are interrelated. After marriage, there is indication that in Pakistan, the daughter-in-law is likely to give up formal education; the burden of domestic responsibilities, socio-cultural norms and traditions of in-laws, and the burden of pregnancy and childbirth are likely to prevent her from re-entering formal education (UNICEF, n.d.).

2.6 The effects at the intergenerational and community-level.

Child marriage also has multifaceted impacts on the children's families and future generations: child marriage is linked with girls' absence from school and early childbearing, which contributes to a further generation of girls being out of school. In Pakistan, women with less education invest less in the health and education of their children, and consanguineous weddings are associated with increased deaths among children younger than five years and morbidity rates (Agha & Rind, 2025). A rise in child marriage at the community level is linked to less education for women and women's employment, and can create a vicious circle that means that girls and women in future generations are more likely to have child marriages (Ahmad et al., 2019).

3. Methodology

This article is a narrative review based on literature without any review protocol, screening procedure of a database, or checklist of quality assessment of primary data collection. Targeted searches included in peer-reviewed journals as well as in publicly available reports of organizations with a specific mandate were conducted using specific terms concerning child marriage, marriages involving individuals below the legal age, and unions during adolescence, particularly in relation to healthcare, educational attainment, and psychological well-being in Pakistan. The analyses of the nationally representative surveys were given priority, while empirical studies conducted in Pakistan (with peer review) and evidence reviews that were focused on South Asia were considered. Because this is a narrative review, it does not aim to provide an exhaustive account; the sources were selected and organized by the authors based on their assessment of the available literature.

4. The results of the investigation/review of the existing literature

4.1 Health Consequences

Overall, the evidence examined in this review indicates that marriage during childhood in Pakistan is linked to numerous negative health consequences, with particularly significant effects on reproductive well-being. Other measures of childhood physical outcomes (such as long-term chronic disease risk) in Pakistan-based research have a much lower density of the strongest and most consistent evidence for early and close childbearing.

4.2 Reproductive and Maternal Health

Girls who enter marriage before reaching adulthood are more likely to experience increased fertility rates in Pakistan as compared to marriage at older age and are at higher risk of having short birth intervals and pregnancy loss, as indicated by the nationally representative data (Nasrullah et al., 2014). Qualitative evidence from Sindh suggests that over 90% of adolescent girls are married, start childbearing within the first year or two of marriage, and sometimes, due to lack of awareness of the health risks related to pregnancy and childbearing, the families push for girls to become pregnant as soon as they are married (Agha & Rind, 2025). Information was captured from the Pakistan Demographic and Health Survey (PDHS) from the last 30 years and used for trend analysis, in which it was found that although the percentages of teenage pregnancy have been reduced year by year, it is still a continuous public health problem in Pakistan where early marriage is directly linked to the problem (Ali et al., 2022).

4.3 Mental and Psychological Well-being

The teacher's job is to help their students' mental and psychological health. Child brides who are also at risk of early or forced marriage due to pregnancy are at greater risk of depression, anxiety, and psychological distress, as are girls who have less autonomy at home (Burgess et al., 2022). Qualitative studies in Pakistan reveal that fear, isolation, and hopelessness are experienced by the brides who do not hear any signs of pregnancy, while a lack of preparation for the emotional burden of early motherhood is noticed in young brides (Agha & Rind, 2025). The evidence base utilised is based on small-sample, qualitative studies, which are recommended to provide a representative prevalence picture rather than the actual prevalence picture of vulnerabilities across the nation.

4.4 Educational Consequences

Child marriage is one of the most compelling associations in the literature with decreased education. Child marriage rate was also found to be significantly high among girls with no education and significantly low among secondary level educated girls in Pakistan and was found to be highly correlated with low maternal education in the cross-national analysis of Pakistan and other countries (Raj et al., 2014). Following marriage, girls are expected to primarily be concerned with household chores, and their husbands' in-laws or family take them out of school.

4.5 Social and Economic Consequences

Early marriage hinders girls' ability to get skill and to work formally when they are older, thereby reducing the household's income and perpetuating intergenerational poverty (Ahmad et al., 2019). These effects are to be interpreted in the context of certain communities in Pakistan and are not intended to represent the overall effects.

5. Discussion

The findings from all the evidence reviewed indicate that underage weddings in Pakistan are not only a consequence of a single cause, but rather a result of a combination of poverty, restrictive gender norms, limited infrastructure to educate females, and the gender-based arrangement of

marriage decision-making in the hands of parents and older family members. Therefore, this is not necessarily likely to have a significant impact on the end of early marriage, as there is also a risk of capacity constraints in implementation, and of economic pressures or social factors that may lead to early marriage being the norm for some families, despite being illegal. (Population Council & UNFPA, 2021) The health and education impacts seem to be interwoven and not separate. Only interventions that are targeted to health or health and education will therefore not be likely to fully break the cycle. The literature reviewed also illustrates the marked similarities and differences between rural and urban, and inter-provincial differences. The prevalence and psychological distress of traditional marriage appear to be relatively increased in backwood areas, and in some of the provinces where the level of poverty is high, girls' secondary schools are also less available, and the traditional marriage system of kinship is strong (UNICEF, n.d.; Agha & Rind, 2025). A general picture of national-level statistics may somewhat minimise the problem in individual districts. Multiple independent studies have shown these links between child marriage and poor reproductive health, psychopathology and education; the relationship may exist and is not an artefact of chance. While the majority of studies are observational studies, the vast majority of the studies in the literature that discuss the outcomes above do not specifically attribute all of them to child marriage—poverty and low levels of parental education may also be present before marriage, and may thus affect outcomes independently from child marriage. Child marriage is therefore considered as one among several 'intersection points' in a wider system of disadvantage rather than as a driver of poor outcomes for girls.

6. Role of Education and Healthcare

One of the most often mentioned protective factors against child marriage is the absence of being out of school, and girls' education could also be a risk factor in the future because it could postpone marriage and increase girls' negotiating power within the family (Raj et al., 2014). Where secondary school education has been included in comparative studies across South Asia, the rate of secondary school attendance has been associated with lower rates of early marriage; this suggests that investments in secondary school education that is safe and accessible could have a significant influence on the rate of early marriage in the long run.

Appropriate reproductive health education, when provided within local culture, can empower married adolescent girls to know more about pregnancy, antenatal care and contraceptive options, which is a gap in knowledge among adolescent married girls in rural areas of Sindh (Agha & Rind, 2025). Access to adolescent-friendly healthcare services, such as antenatal care and mental health care close to rural communities, can also help to minimise risk. Key actors who can contribute to ending the EWM cycle include the community, family, health workers and teachers (Agha & Rind, 2025; Population Council & UNFPA, 2021).

Table 1. A list of key drivers of child marriage compiled in the course of the review and of protective responses to child marriage that were discussed in the literature.

Driver	How it operates	Raised awareness of protective response in the review
Poverty / economic hardship	When girls get married, they are responsible for someone else's care needs and the family is less able to afford their daughter's education (Ahmad et al., 2019); marriage costs add to the family burden of care	Specific and tailored economic assistance for vulnerable families and conditional incentives (school fees waived or paid, stipends paid, etc) for school retention.

Driver	How it operates	Raised awareness of protective response in the review
	(James, 2020).	
Low female education	Child marriage rates are related to low maternal education levels (Raj et al., 2014), and being out of school is also a risk factor.	Provision of safe and affordable secondary education: There is a correlation between female secondary education and a decrease in early marriage.
Restrictive gender norms	Homemaking norms over schooling and the norms of family honour help the practice continue, particularly in the rural areas.	Raising awareness among community and religious leaders regarding the social and health consequences associated with child marriage.
Kinship marriage arrangements	Parents and elders might decide on cousin and exchange marriages, which can impact a girl's agency (Agha & Rind, 2025).	Adolescent health and reproductive health education and adolescent-friendly health services, with synergy between schools, health services and civil society.

7. Recommendations

- Ensure greater secondary school access for girls, particularly in rural areas, via safe and affordable schools, and provide incentives for secondary school attendance through conditional school education and improved retention incentives (such as fee waivers and stipends).
- Increase adolescent-friendly health services both in rural and underserved areas, including antenatal, family planning, and mental health services.
- Incorporate age-appropriate reproductive health & awareness information into school curricula and community outreach to raise awareness among girls and families.
- Provide targeted economic aid and support to economically disadvantaged families; poverty is an ever-present issue that is linked to the issue of early marriage.
- Involve the community and religious leaders in awareness-building activities on the social and health impact of child marriage.
- Ensure consistent implementation of minimum age marriage laws, while making use of operating birth and marriage registration systems, in all provinces.
- Facilitate increased collaboration among schools, health care providers, civil society and local government to identify girls who face a risk of early marriage and to provide support.

8. Limitations

This article is limited to literature-based research. The studies reviewed are quite diverse in their design and methodology, and many of them combine small qualitative studies from selected districts and larger studies representative of the nation, making it challenging to draw parallels between the studies. However, in the past few years, data on long-term impacts of mental health are not as comprehensive as those for reproductive health and education in Pakistan. Studies conducted in one province (such as KP and Sindh) may not be representative of the other

provinces as they might have different social and cultural backgrounds. Finally, since most of the studies underlying this review are observational in nature, this review cannot demonstrate causation for the reported association between child marriage and the outcomes studied; only the associations reported in the literature.

9. Conclusion

Though child marriages have been in a downward trend in the country for many years, child marriage is still a major issue in Pakistan. The literature reviewed in this article suggests that early marriage has a close relationship with detrimental reproductive health outcomes, such as early and close spacing of childbirth; further, there is emerging evidence of increased psychological distress among girls affected by early marriage. This is a social and intergenerational disadvantage that impacts affected girls, their children, and their communities, further deepened by economic opportunity (fewer school years) and health and educational outcomes. However, child marriage is not a single factor or one intervention in Pakistan, and to make a difference, it will require a coordinated effort that not only involves education, health care, and the community, but also a concerted effort by the legal system in all provinces.

10. References

1. Agha, N., & Rind, R. D. (2025). How adolescent motherhood is perceived and influenced by sociocultural factors: A sociological qualitative study of Sindh province, Pakistan. *PLOS ONE*, 20(3), e0319064. <https://doi.org/10.1371/journal.pone.0319064>
2. Ahmad, A. A., Jamil, S., Rizvi, S. Z. A., & Gwadabe, N. M. (2019). Child marriage, a culturally accepted privilege of orthodoxies: The case of Pakistan. *International Journal of Academic Research in Business and Social Sciences*, 8(12). <https://doi.org/10.6007/ijarbss/v8-i12/5255>
3. Ali, A., Khaliq, A., Lokeesan, L., Meherali, S., & Lassi, Z. S. (2022). Prevalence and predictors of teenage pregnancy in Pakistan: A trend analysis from Pakistan Demographic and Health Survey datasets from 1990 to 2018. *International Health*, 14(2), 176–182. <https://doi.org/10.1093/inthealth/ihab025>
4. Burgess, R. A., Jeffery, M., Odero, S. A., Rose-Clarke, K., & Devakumar, D. (2022). Overlooked and unaddressed: A narrative review of mental health consequences of child marriages. *PLOS Global Public Health*, 2(1), e0000131. <https://doi.org/10.1371/journal.pgph.0000131>
5. Dawn. (2023, March 6). Federal Shariat Court upholds Sindh law on minimum age for marriage. <https://www.dawn.com/news/1740845>
6. Fan, S., & Koski, A. (2022). The health consequences of child marriage: A systematic review of the evidence. *BMC Public Health*, 22, 309. <https://doi.org/10.1186/s12889-022-12707-x>
7. Javed, R., & Mughal, M. (2021). Girls not brides: Evolution of child marriage in Pakistan. *Journal of Public Affairs*, 21(3), e2582. <https://doi.org/10.1002/pa.2582>
8. Nasrullah, M., Muazzam, S., Bhutta, Z. A., & Raj, A. (2014). Girl child marriage and its effect on fertility in Pakistan: Findings from Pakistan Demographic and Health Survey, 2006–2007. *Maternal and Child Health Journal*, 18(3), 534–543. <https://doi.org/10.1007/s10995-013-1269-y>
9. National Institute of Population Studies (NIPS) [Pakistan], & ICF. (2019). Pakistan Demographic and Health Survey 2017-18. NIPS and ICF.
10. Population Council, & UNFPA Pakistan. (2021). Child marriage in Sindh: A political economy analysis. UNFPA Pakistan. <https://www.unfpa.org/publications/child-marriage-sindh>