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Mental assessment of girls consulting for early marriage and identifying risk factors

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ABSTRACT

Objective: *The aim of this study is to analyze socio demographic characteristics and mental disorder diagnoses for girls between 16 and 17 years old who had been referred for a report stating whether any obstacles existed to their marriage.* **Methods:** *Eighty cases between January 1st 2010 and January 1st 2016 seeking a juridical report identifying any condition that might be obstacle to the marriage of girls aged 16 and 17 have been included within the scope of this Sakarya University Child and Adolescent Psychiatry clinic study. The adolescents were examined by 5 different children and adolescent child psychiatrists working in the relevant hospitals for 6 years. The cases were diagnosed in DSM-IV criteria.* **Results:** *In 53.8% (n=43) of the cases no mental disorder was identified. Among the rest, the following was detected 18.8% (n=15) attention deficiency hyperactivity disorder (ADHD), 5% (n=4) conduct disorder, 3.8% (n=3) anxiety disorder, 2.5% (n=2) depressive disorder, 1.3% (n=1) adjustment disorder, 6.2% (n=6) mental retardation and 19.8% (n=16) borderline intelligence.* **Discussion:** *It should be well considered and kept in mind that the girls who have not married also yet to show significant mental disorders. In an attempt to prevent early marriages for girls, close follow-up of children's education and social and mental health must be conducted.* **(Anatolian Journal of Psychiatry 2017; 18(5):460-467)**

Keywords: *child marriage, mental health, risk factor, child and adolescent psychiatry*

Erken yaşta evlilik için başvuran kızların ruhsal değerlendirmesi ve risk etkenlerinin belirlenmesi

ÖZET

Amaç: *Bu çalışmanın amacı, evlenmesine engel bir durum olup olmadığı ile ilgili adli rapor düzenlenmesi istenen 16-18 yaş arası kız çocuklarının sosyo-demografik özelliklerini ve ruhsal bozukluk tanılarını incelemektir.* **Yöntem:** *Çalışmaya 01.01.2010-01.01.2016 tarihleri arasında Sakarya Üniversitesi Çocuk ve Ergen Psikiyatrisi Polikliniği'ne çocukların evlenmeye engel bir durumları olup olmadığının belirlenip adli rapor düzenlenmesi amacıyla gönderilen 16-17 yaşlarındaki 80 olgu alındı. Ergenler 6 yıl süre boyunca ilgili hastanede görev yapan 5 farklı çocuk ve ergen çocuk psikiyatri hekimi tarafından değerlendirilmiştir. Olgulara DSM-IV ölçütlerine göre tanı konuldu.* **Sonuç:** *Olguların %53.8'inde (s=43) herhangi bir ruhsal bozukluk yoktu. Olguların %18.8'inde (n=15) DEHB, %5'inde (n=4) davranım bozukluğu, %3.8'inde (s=3) anksiyete bozukluğu, %2.5'inde (s=2) major depresif bozukluk, %1.3'ünde (s=1) uyum bozukluğu, %6.3'ünde (s=5) zeka geriliği, %20'sinde (s=16) sınırda zeka tanıları saptandı.* **Tartışma:** *Henüz evlenmemiş olan kız çocuklarında dahi görünen yüksek ruhsal bozukluk tanıları dikkate alınmalıdır. Kız çocuklarının erken evliliklerinin engellenmesi amacıyla çocukların eğitim, sosyal ve ruhsal sağlıkları ile ilgili yakından izlenmeleri gerekmektedir.* **(Anadolu Psikiyatri Derg 2017; 18(5):460-467)**

Anahtar sözcükler: *Çocuk evlilikleri, ruh sağlığı, risk etkeni, çocuk ve ergen psikiyatrisi*
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INTRODUCTION

Marriages arranged before 18 have been considered a health-related issue worldwide. Significant physical and mental risks exist for girls in these marriages because they are sexually active and expected to give birth. Although the husband is seen as the protector of and provider of the married girl, early age marriage holds some threats for health and development.[1]

Examining global percentage distribution of early marriages, it can be observed that the rates are low in developed countries while in underdeveloped and developing countries the rates are high. For example, the rate is 0.6% in Canada, 3.9% in the United States, 1.7% in England, 1.2% in Germany, and 0.7% in Japan; while the rate is 12.4% in Argentina, 53.7% in Afghanistan, 61.9% in Niger, and 12.0% in Azerbaijan.[2] United Nations estimates that about 70 million women between 20 and 24 years old married before they were 18. In the forthcoming decade, if the trend does not change over 140 million girls will be married before their eighteenth birthdays. USAID reports that over 40% did marry before they turned 18.[3] There is an enormous amount of literature studying many aspects of early marriage. Much of the literature shows that it is a sexually based norm dictated by expected behavior for females and men's superior status.[4] Governments declare that it is illegal to marry before 18; nevertheless, the troublesome situation continues to exist. Since cultural norms lead the violations of these laws, they are not effecttive. Traditional and religious rules commonly held in some countries recognize marriages before 18 facilitating the existence of this practice.[5]

According to Article 124 of the Turkish Civil Code (22 Nov 2001): "In emergency cases and with a valid reason men and women reaching age 16 can get married." In other words, although the individuals who are 16 are considered children until they turn 18, with the consent of the laws they are allowed by the courts to get married. Again in Turkey, for those families suffering from economic problems, the marriage of girls can relieve the family burden, and if a bride token is asked, then it can even contribute to the family budget. Education is not just a human right, but also a tool through which women gain strength. Lack of education correlates with underage marriage both in terms of reasons and results. Evidence obtained from Bangladesh and sub-Saharan Africa show than less than 5% of the women married before age 18 received educa-

tion. Research also stresses that education is a protective shield against early marriage.[6] Early marriage leads women to having a position subordinate to their husbands because of the age difference between them and this potentially leads to women being physically abused. Additionally, although social consequences differ between married and unmarried youths, young mothers are highly likely to have a miscarriage and have a greater morbidity risk compared with older age groups.[7] Today adolescence pregnancies are one of the more significant health problems in both developed and developing countries and they negatively influence both maternal and infant health. Counted among high-risk pregnancies, adolescence pregnancies can cause significant social and health outcomes for the mother and the child.[8] Sakarya University's Children and Adolescent Psychiatric Clinic conducted this research to examine demographic, social, and economic factors and mental disorders related to early marriage.

METHODS

Eighty-one cases between January 1st 2010 and January 1st 2016 seeking a juridical report identifying any condition that might be obstacle to the marriage of girls aged 16 and 17 have been included within the scope of this Sakarya University Child and Adolescent Psychiatry Polyclinic study. The case files, social study reports, and regulated juridical reports were inspected retrospectively. The cases were diagnosed by clinical consulting for a juridical report based on DSM-IV. In the clinical assessment, the treatment of the cases diagnosed with mental disorder were regulated and monitored, while the rest were still being followed up.

In addition to the defining statistics, the rate of the independent groups was decided by chi square test. In the study, a 95% ($p<0.05$) significance level was adopted. The Sakarya University Ethics Council has confirmed the research.

Statistical analysis

For the study analysis, the SPSS for Windows 22.0 package program was used. The variances that are constantly rated have been provided with cross-section, median, standard deviation, max-min, and range values. For the continuous variable in the variances displaying normal distribution a comparison between two groups was done using a t test independent from parametric tests. For the comparison of the two groups of variances not displaying normal distri-

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bution, Mann-Whitney U test was used. For the comparison of the variances having categorical value with the groups, Pearson Chi-square and Fisher's chi-square test have been used. In the study a 95% (p<0.05) significance level was adopted. Analysis was done through statistical programs (IBM SPSS Statistics, Version23.0. Armonk, NY: IBM Corp).

FINDINGS

The sociodemographic characteristics of the cases are presented in Table 1. As can also be seen from the Table 1, 87.5% (n=70) of the cases were found to have quit school, 22.2% (n=17) were pregnant during the assessment, one had a child, 27.1% (n=19) had a religious marriage, 48.7% had sexual relationship with the person they were to marry. Sociodemographic information related to the families of the cases is presented in Table 2. From this it can be observed that 15.0% (n=12) of the parents were divorced and 87.5% (n=70) of the mothers were unemployed and 7.5% (n=7) of the fathers were unemployed (Table 2).

From a psychiatric assessment, diagnoses for mental disorders are presented in Table 3. Of the cases, 53.8% (n=43) did not have any mental disorder. Of the rest, 18.8% (n=15) had attention-deficit/hyperactivity disorder (ADHD), 5%

Table 1. Sociodemographic characteristics of the cases

Sociodemographic characteristics	n	%
Leaving education		
Yes	71	92.2
No	6	7.8
Having an organic disease		
Yes	9	11.5
No	69	88.5
Pregnancy and having kids		
No pregnancy or kids	60	76.9
Pregnancy yes	17	21.8
Having kids yes	1	1.3
Religious marriage		
Yes	19	27.1
No	51	72.9
Sexual relationship		
Yes	39	48.1
No	42	51.9
Running with the person getting married		
Yes	29	37.7
No	48	62.3

Table 2. Sociodemographic characteristics of families

Sociodemographic characteristics	n	%
Family condition		
Parents living together	52	69.3
Divorced	12	16.0
One or both of parents passed away	11	14.7
Education level of mother		
Illiterate	16	20.8
Primary school graduate	58	75.3
Secondary school graduate	3	3.9
Education level of father		
Illiterate	9	11.8
Not went to school but literate	1	1.3
Primary school graduate	57	75.0
Secondary school graduate	7	9.2
High school graduate	2	2.6
Mental disorder for mother		
Yes	0	0
No	81	100.0
Mental disorder for father		
Yes	1	1.4
No	73	98.6
Working status of mother		
Not working	69	87.3
Working	7	8.9
Passed away	3	3.8
Working status of father		
Unemployed	6	7.7
Working	58	74.4
Retired	5	6.4
Passed away	9	11.5
Relationship between parents		
Yes	3	3.8
No	77	96.3
Mothers' mean age	44.46± 7.58	
Fathers' mean age	50.60± 6.90	
Number of kids	3.81±1.71	

Table 3. Mental diagnoses and intelligence level of the cases

	n	%
No mental diagnose	43	53.1
Major depressive disorder	2	2.5
DEHB	15	18.6
Conduct disorder	4	4.9
Anxiety disorder	3	3.7
Adjustment disorder	1	1.2
Mental retardation	5	6.2
Liminal intelligence level	16	19.8
Intelligence score (Ort.±SS)	83.61±16.79	

(n=4) had conduct disorder, 3.8% (n=3) had anxiety disorder, 1.3% (n=1) had adjustment

Table 4. Comparison of the cases confirmed to get married and not in terms of sociodemographic characteristics

Sociodemographic characteristics	Those given report confirming to be married (n=25)		Those given report confirming not to be arried (n=55)		χ^2	p
	n	%	n	%		
Leaving education						
Yes	19	86.4	51	94.4	1.40	0.348
No	3	13.6	3	5.6		
Having an organic disease						
Yes	1	4.2	8	15.1	1.91	0.259
No	23	95.8	45	84.9		
Pregnancy and having kids						
Yes	19	86.4	40	72.7	1.63	0.202
No	3	13.6	15	7.3		
Religious marriage						
Yes	4	20.0	15	30.0	0.72	0.395
No	16	80.0	35	70.0		
Sexual relationship						
Yes	10	40.0	29	52.7	1.11	0.291
No	15	80.0	26	47.3		
Running with the person whom they are getting married						
Yes	10	43.5	19	35.2	0.47	0.492
No	13	56.5	35	64.8		
Being together with both parents						
Yes	13	61.9	39	73.6	0.98	0.322
No	8	38.1	14	26.4		
Education level of mother						
No education	5	20.8	19	79.2	0.001	>0.05
Having education	11	21.2	41	78.8		
Education level of father						
No education	3	13.6	7	13.2	0.002	>0.05
Having education	19	86.4	46	86.8		
Working status or of mother or if passed away						
Not working or passed away	19	79.2	49	96.1	5.52	0.031
Working	5	20.8	2	3.9		
Working status or of father or if passed away						
Not working or passed away	3	13.6	4	7.7	0.64	0.418
Working or retired	19	86.4	48	92.3		
Mothers' mean age	43.63±7.29		45.27±6.83		-0.88	0.383
Fathers' mean age	49.53±6.76		51.19±6.84		-0.82	0.415
Number of kids	4.22±2.10		3.66±1.52		1.30	0.261

disorder, 6.3% (n=6) had mental retardation, and 20% (n=16) had a borderline intelligence level. The average intelligence score of the cases was 83.6±16.79 (Table 3).

After the assessment, for 31.2% (n=25) of the cases, a report was provided confirming their ability to marry and for 68.8% (n=55) of the cases a report was provided not confirming their ability to marry. In one case, the assessment process had not yet been completed. A sociodemographic comparison of the cases in terms of who received a confirmatory or rejection report is shown in Table 4. Between two groups, only the mother's condition was been found to differ: for those who were given are port not confirming marriage the mother had either died or was not working (χ^2=5.52, p=0.031).

A comparison of the mental disorders and intelligence level of the cases confirmed to marry or to not marry is shown in Table 5. As can be seen from the Table 5, a significant difference between the two groups in terms of these factors has not been identified (p>0.05).

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Table 5. Comparison of the cases confirmed and not confirmed to get married in terms of mental disorder and intelligence level

Mental disorder and intelligence level	Those given report confirming to be married (n=25)		Those given report confirming not to be married (n=55)		χ^2	p
	n	%	n	%		
At least one mental disorder						
Yes	8	32.0	28	51.9	2.71	0.099
No	17	68.0	26	48.1		
Major depressive disorder						
Yes	1	4.0	1	1.9	0.32	0.536
No	24	96.0	53	98.1		
Attention deficit disorder with hyperactivity						
Yes	3	12.0	11	20.4	0.82	0.530
No	22	88.0	43	79.6		
Conduct disorder						
Yes	1	4.0	3	5.6	0.09	>0.05
No	24	96.0	51	94.4		
Anxiety disorder level						
Yes	1	4.0	2	3.7	0.0	>0.05
No	24	96.0	52	96.3		
Adjustment disorder						
Yes	0	0.0	1	1.9	0.47	>0.05
No	25	100.0	53	98.1		
Mental retardation						
Yes	2	8.0	3	5.6	0.17	0.649
No	23	92.0	51	94.4		
Liminal intelligence level						
Yes	2	8.0	14	25.9	3.40	0.065
No	23	80.0	40	74.1		
	Median (min-max)		Median (min-max)		U	p
Intelligence score	90 (64-98)		86 (64-108)		366	0.137

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DISCUSSION

In this study the sociodemographic characteristics of the 80 girls sent for a juridical report confirming whether they had a mental problem that would be an obstacle to marriage and their mental disorder diagnoses and juridical reports have been assessed. Today, early marriage is a common social problem that many countries have reached agreement on. Any social problem is a process that threatens some individuals and social values. Social problems may create disadvantageous situations for people residing in the community. Dagne has studied the reasons for early marriage in north Ethiopia within a sociocultural context and found that the reasons pushing girls into early marriage via traditional adoptions include securing daughters' future before the parents grew old and ill; strengthening relationships; raising the family's status; preventing labeling such as 'cheap', 'free', and 'unwanted' that females may be exposed to if they are still single in adulthood; and protecting girls' virginity.[9] Another reason for early marriage is to whitewash pregnancies resulting from adolescents' risky sexual behaviors through the couples' immediate marriage.

However, among the various reasons for early marriage, it is reported that the most notable are socioeconomic.[10] It has been shown that marriageable age rises when wealth levels increase. It has been found that females at the highest wealth level get married three years later than females at the lowest wealth level, and the rate of early marriage increases when the educational level of parents and children goes down.[11] In our study, 87.5% (n=70) of the mothers were unemployed and 7.5% (n=6) of the fathers were unemployed. Accordingly the educational level of the parents is low, especially as most of the mothers have never undergone training and are illiterate. Based on the data, when measures related to early marriages are taken, those fami-

lies whose socioeconomic levels are low should be focused on; the reasons why they cannot afford to sustain their children's education should be determined and educational planning relevant to these cases should be done to help prevent early marriage. Another drawback of early marriage is that girls who lack knowledge about methods of contraception have a high risk of unplanned pregnancy. Unplanned pregnancies are frequently experienced in early marriages.[12] Among our sample, 22.2% of the girls (n=17) were pregnant and one girl had an infant. Unplanned pregnancies may cause an individual who is still a child to have to take on the responsibilities of being a mother and its related problems. Though a universal consensus on the definition of adolescent motherhood does not yet exist, pregnancies in those aged 18 and under are considered adolescent pregnancies.[13] Child and adolescent pregnancies are injurious to bodily health.[14]

Pregnancy, parenting, and intense interpersonal relations area short but critical developmental period for young mothers. Adolescent mothers face many new challenges including identity development, establishment of warm relationship.[15] Early marriages influence young females more, additionally, they have a high risk of illness and morbidity. Teenage mothers have a 35-55% greater risk of giving birth prematurely. For their newborns, morbidity is 73% higher.[16] Female education is a multiplier for significant economic progress; educated females enter the job market and have much more income, less children, and provide more care and education for their children.[17]

Conversely, early marriage shortens the length of girl's education. It is reported that most of the children who get married early drop out of school, leaving their education half finished.[18] Taking into account the fact that most victims of early marriage are girls, it can be asserted that early marriage shortens girl's education. In support of this assertion, it is reported that 693 children did not attend school due to marriage or engagement in Turkey in 2009, and of those 675 were girls and only 18 were boys.[14] A major portion of the cases 92.2% (n=71) in our study had dropped out of school. Attempts to equalizing the educative conditions for females has faced problems. This is a projection of the sexist distinction between males and females, leading to the abandonment of females' educational opportunities. This goes for early marriages, as well. Families decide their daughters' marriages based on social norms, financial limitations, and

economical situations. Changing the aforementioned norms seems to be the only chance to end early marriages and sex differences in education.[19]

One of the factors that may affect individual adjustment during puberty is risky behavior. Risky behaviors make adolescents feel good in the short-term, yet in the long term these behaviors affect both physical health and well-being and can hinder adolescent development. In the literature behaviors related drug and alcohol use, early sexual intercourse, and eloping or skipping class are described risky behaviors, and the incidence of risky behaviors has been found to increase during puberty.[20] Individuals who drop out and get married at an early age by eloping compose group of adolescents having risky behaviors, and it has been found that most of these individuals are female adolescents.[21] In our society, it is known that early marriage is conventionally supported, and these kind of early marriages generally take place with social agreement.[22] Therefore, early marriage may not be perceived as traumatic in some cases.

Eloping is defined as leaving home to marry without family consent and knowledge. It has been found that socioeconomic factors are crucial in escape behavior. Although eloping is observed in many cultures, it can be expected that it may differ from country to country and culture to culture in the reasons for it and the experiences of the process of eloping.[23] In our study, 36.2% (n=29) of the cases voluntarily ran off with the person they wanted to marry. Understanding all the pre-experiences and post-experiences of girl adolescents who elope and marry at early age is crucial. It is obvious that the girl adolescents in this situation need psychological support to cope with their personal and social problems. The decisions presented in marriage reports differ among clinics. Thus, it is crucial that marriage for those less than 18 years of age reflect among clinics.

To solve the problem of child marriage, apart from obtaining a consensus by child and adolescent psychiatrist in our country, a dialogue should be developed with forensic science experts. Of our sample evaluations, 31.2% of the cases (n=25) were approved to marry and 68.8% (n=55) were not. We see that decisions made for marriage reports in our country differ between clinics and adolescent psychiatric departments. We therefore believe that it is important to reflect the common opinion of marriage reports under the age of 18. In order to find out and solve the

problem of childhood marriage, it is necessary to establish a common language with the forensic medicine specialists as well as the consensus of child psychiatric specialists in our country. According to field research in Turkey in 2012 by TSI (Turkish Statistical Institute), the rate of girls who got married while in the 16 to 17 age range was officially 6.7% and the number was 40.428.[2] Child neglect and child abuse are significant issues in the field of adolescent psychiatry. Among issues related to child neglect and child abuse in world, early marriage and adolescent brides is a priority problem area. The socioeconomic structures and development levels of countries have special influential on the scope of this problem.[24]

LIMITATIONS

Because our study was done through retrospective file examination and did not utilize scales, have a control group, or carry out the mental evaluations for the judicial process our study has some limitations, such as not including the cases that got married outright and having a low number of sample cases. Nevertheless, the research sample is thought to contribute to the literature seeking to create a consensus on child marriage among psychiatric care personnel.

CONCLUSION

Factors such as a lack of education, poverty, social norms, and morals are among the reasons triggering child marriage. Early marriage is a vexed social issue that has social, legal, physical and emotional dimensions and is commonly encountered in Turkey and all over the world. It is known that the cases sent for forensic evaluation are a small portion of early marriages. It is observed that those who get married at an early age are at risk in terms of mental disorders as well as physical and obstetrical problems. It is necessary to take social, educational, and legal measures to prevent early marriage. Parents should be trained in family and child rearing, and these trainings should be systematized and institutionalized across the country. Most of all, the educational level of girls should be increased. Because of the many negative consequences that we can consider and add here, it is important for young people to see whether or not they have juridical report identifying any condition that might be obstacle to the marriage of girls, It is important to report that young people under the age of 18 can not marry regardless of mental health or responsiveness.

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