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Health and well-being of adolescent mothers and mortality status of infants in India: Mapping the socio-economic correlates

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Abstract---Marriage is the socially sanctioned union involving two or more individuals for procreation. The State has been particularly interested in the age of marriage of girls. In the Vedic period, girls were married at 16 years or above. Age of marriage or the nuptial age has always remained a contentious issue in India. The age at marriage which was pegged at 14 and 18 years for females and males respectively (Child Marriage Restraint Act 1929), has been continually revised and increased over time. The age of marriage for females has been increased from 14 to 15 (1949 Amendment) and then 18 years (1978 Amendment) to delay the incidence of early marriage. The Prohibition of Child Marriage (Amendment) Bill 2021 proposes increasing the age of marriage for females from 18 to 21 years to bring about gender equality in marriageable age for men and women, lower the incidence of teenage pregnancy, infant and maternal mortality rate, and to improve nutritional levels and sex ratio (The Prohibition of Child Marriage (Amendment) Bill 2021). The health and well-being of adolescent mothers are further exacerbated by the contradictions in the interplay of laws. Child sexuality, child marriage, and teenage pregnancy have slipped through the net of the legal framework,

thereby pushing adolescent mothers to fringes where they are uncared for. This mesh of legislative framework exposes adolescent mothers to unsafe reproductive choices- be it abortion, delivery of child, antenatal or postnatal care. In this paper an attempt has been made to study the: Relation between child marriage and early age mortality such as IMR and NMR across the Indian States. Impact of literacy, educational levels, and poverty on the incidence of child marriage, teenage pregnancy, and early mortality status across Indian states.

Keywords---child marriage, adolescent health, mortality status of children, health care.

I. Introduction

Marriage is the socially sanctioned union involving two or more individuals for the purpose of procreation. This universal institution is in existence since time immemorial, though its forms have varied. In the vedic period, girls were married at 16 years or above. The dharmasutras and smritis in the post vedic period prescribed getting married before attaining puberty latest at the age of 8 years and the maximum age limit was set at 12 years (Kapadia, 1966; Rao et al, 1986; Audinarayana et al, 1989). The scriptures like *Manusamhita* advocated a man of 30 years marrying a girl of 12 and a man aged 24 to a girl of 8. In *Mahabharata*, it was stated that the ages of husband and wife should be 30 and 10 or 21 and seven respectively (Kapadia, 1966). The practice of pre-pubescent marriage amongst hindus became widespread with the invasion of muslim rulers (Altekar, 1956).

The Modern India is still plagued with the vice of child marriage, where 23.3 % of girls get married before the age of 18 years (International Institute for Population Sciences (IIPS), 2019). This figure is even more dismal in the States of West Bengal, Tripura and Bihar, where almost 40% of the girls get married before attaining majority (International Institute for Population Sciences (IIPS), 2019; International Institute for Population Studies (IIPS), 2019). Early marriage in the present times can be attributed to a complex web of multiple factors intertwined with and class and gender divide, such as social and economic exclusions in the form of poverty, landlessness, unemployment, illiteracy, lack of awareness, large family size, prevalence of patriarchal values and institutions, subordination as well as under-valuation of the role of girl child within and outside family, eve-teasing and harassment of girls, lower age of marriage for boys due to child labour and escalating dowry demand (B. Ghosh, 2011; Lal B. Suresh, 2015; P. Paul, 2019, 2020a)

Early marriage is believed to minimize the fear of elopement and the risk of improper sexual activity, 'protecting and preserving' the honour, virginity and chastity of the girls and provide social security to a girl (Agarwala, 1957; Anagol-McGinn et al., 2020; B. Ghosh, 2011; Kidman, 2017; Krishnan, 2018; Lal, 2015; K. K. Singh et al., 2016).

However, early marriage of girls is a gordian knot and has deep and pervasive socio-economical ramifications on health and well-being of adolescent mothers such as- teenage pregnancy (6.8%), maternal mortality rate, infant mortality rate, poor nutritional levels, educational levels and lower female labour force participation rate. (Dodoo et al 2008; Gage 1998; Singh 1998).

The early pregnancy adversely affects their physical, mental, sexual and reproductive health (Agarwala, 1957; Anderson et al., 2009; Bhan, 2019; International Center for Research on Women, 2006; Jha, 2016; Panyang et al., 2018; Patra, 2016; P. Paul, 2018; V. K. Paul et al., 2011; Raj et al., 2009; Tiruneh et al., 2021). This cohort of females face the double whammy of malnutrition, anaemia owing to the rapid physiological changes and the burden of pregnancy (Bellizzi et al., 2021; Bhargava et al., 2020; Gupta & Dhariwal, 2019; Kamble et al., 2021; Morsy & Alhady, 2014; Siva et al., 2016; Srivastava et al., 2016; Upadhye & Upadhye, 2017; Upadrasta et al., 2019). Child marriage also provides a breeding ground for intimate partner violence (Anagol-McGinn et al., 2020; Kidman, 2017; Valan & Srinivasan, 2021; Speizer, 2011). High drop-out rate from the schools, low female labour force participation rate in this age group manifests how child marriage clips the wings of the adolescent girls, deflecting their social, educational and economic empowerment (Dhamija & Roychowdhury, 2020; Jejeebhoy, 1998; P. Paul, 2019). It also curtails the sexual and reproductive autonomy of child brides, wherein the right to choose the timing, number and spacing of birth is completely taken away from them (Barman et al., 2020; Castilla, 2018; Framework, n.d.; Mathew, 2019).

The ilk of social reformers such as Raja Ram Mohan Roy, Vidyasagar have vehemently campaigned for the abolition of various social evils, including child marriage, plaguing the erstwhile Indian society (Baugh, 2021; Mukherjee, 2006). The advancement of society in terms of knowledge and consequent empowerment and the State intervention in all aspects of human life including marriage, has curbed the practice of child marriage to some extent. In India, marriages were solely governed by personal laws for a very long time. These personal laws have been codified post the colonial conquest (Kishwar, 1994; Agnes, 2016; Wood, 1929). Codification and subsequent amendments to bring the law in consonance with the constitutional and humanistic ideals manifest the interference of State in the private realm of individuals (Banningan et al., 2014; Menski, 2016; Newbigin, 2009).

The Age of marriage or the nuptial age has always remained a contentious issue in India. The State's keen interest in regulating the age of marriage of girls was first manifested in the passage of Sharda Act (Child Marriage Restraint Act 1929). Owing to this Act, the mean age of marriage rose from 1891 to 1921 for both the sexes but the period 1921-31 showed a sharp decline in the mean age of marriage. The Sharda Act, which is the first attempt by the State to control child marriage has been alleged to be beneficial in the long run in bringing down child marriage (Agarwala, 1957; Audinarayana & Thenmozhi, 1992).

The age of marriage of girl purports to determine the fertility rate consequently the overall growth of population, health and mortality status of infants, children and mother. (Acharya, 2010; Audinarayana & Thenmozhi, 1992; Bhan, 2019;

Chari et al., 2017; Nguyen et al., 2019; Patra, 2016; P. Paul, 2018; Raj et al., 2009; Santhya et al., 2018; K. K. Singh et al., 2016; Talwar, 1967). The primary objective of legislations raising the age of marriage was to bring down fertility rate, control birth as India was facing population explosion. (Audinarayana & Thenmozhi, 1992; Basavarajappa & Belvalgidad, 1967).

The age at marriage which was pegged at 14 and 18 years for females and males respectively (Child Marriage Restraint Act 1929), has been continually revised and increased over the period of time (Bhadra, 2000; Desai & Andrist, 2010). The age of marriage for females has been increased from 14 to 15 (1949 Amendment) and then 18 years (1978 Amendment) to delay the incidence of early marriage.

The Prohibition of Child Marriage (Amendment) Bill 2021 proposes increasing the age of marriage for female from 18 to 21 years to bring about gender equality in marriageable age for men and women, lower the incidence of teenage pregnancy, infant and maternal mortality rate and to improve nutritional levels and sex ratio (The Prohibition of Child Marriage (Amendment) Bill 2021, 2021).

In the recent times, teenage pregnancy, apart from yielding high fertility, is also seen as the cause of high maternal and infant mortality. (Jha, 2016; P. Paul, 2020b, 2020a; Ramalingam et al., 2017; Wen, 2012). Poor health and nutritional status of children born out of adolescent mothers perpetuates the Intergenerational cycle of malnutrition (Chari et al., 2017; P. Ghosh et al., 2020; Nguyen et al., 2019). It can push the mother in a perpetual state of anaemia which can further affect the health of the foetus. Anaemia is a condition in which the number of red blood cells or the haemoglobin concentration within them is lower than normal. It impairs health and well-being in general and particularly in women, owing to the physiological functions such as menstruation and child bearing. It adversely affects the maternal and neonatal outcomes. Women in the reproductive age group of 15-19 years are most vulnerable to anaemia (P. Ghosh et al., 2020; Panyang et al., 2018; Srivastava et al., 2016; Tiruneh et al., 2021). According to NFHS-5 report, 57.2% non-pregnant women and 52.2% pregnant women in the 15-49 years age bracket, were found to be anaemic. While the incidence of anaemia was even higher for the women in the age bracket 15-19 years at 59.1% (International Institute for Population Sciences (IIPS), 2019; International Institute for Population Studies (IIPS), 2019).

Adolescent girls who get married before 18 years, are already undergoing rapid physiological changes and have a high unmet need of nutrition, face the double burden during pregnancy. This takes a toll on their health for the lifetime and also the health of the child borne by them. (Bhan, 2019; Dyalchand et al., 2020; Framework, n.d.; Patra, 2016; P. Paul, 2018; Rao et al., 2010). They are at higher risk of miscarriage, maternal mortality and give birth to stillborn and underweight babies. (Ministry of Health and Family Welfare, 2006)

An unplanned adolescent pregnancy can have serious physical, psychological, and social consequences, especially in the youngest adolescent. Adolescents have not finished growing and their reserves are very low. Fetal growth and lactation increase the nutritional needs of the adolescent. Adolescent pregnancy-related risks carry over to the mother and the newborn. Adolescent growth in girls less than 16 years who have a child nearly stops, even if nutrition is good. Maternal

mortality among adolescents is higher than it is among women aged 20-30. Maternal morbidity is also higher in girls aged 15-19. The main pregnancy complications are severe anemia, renal complications, eclampsia, pre-eclampsia, and labor complications (e.g., vesico-vaginal or recto-vaginal fistulas). They are most common in the youngest adolescents. Poor quality of prenatal care contributes greatly to poor pregnancy outcomes. Prematurity and low birth weight are also more common among adolescents than other age groups. The perinatal mortality rate of infants born to adolescent mothers is also greater: 104-120% greater in Sao Paulo, Brazil and 73% greater in India. The psychological and social consequences of adolescent pregnancy depend on the acceptance of the family and of society.

The health and well-being of adolescent mothers is further exacerbated by the contradictions in the legislative framework. Child sexuality, child marriage and the teenage pregnancy has slipped through the net of legal framework, thereby pushing the adolescent mothers to fringes where they are uncared for. The Indian Penal Code 1860 and the Protection of Children from Sexual Offences Act 2012 criminalises any sexual activity involving a minor girl, irrespective of their consent. This has the effect of putting the husband of the minor behind bars and further stigmatizing her position. The Medical termination of pregnancy Act 1971 mandates the guardian's consent to initiate the termination procedure in cases of pregnancy of minor girl while the POCSO Act imposes the duty on medical practitioner to mandatorily report such instances as 'sexual offence' (Raj et al., 2009). This mesh of legislative framework exposes adolescent mothers to unsafe reproductive choices- be it abortion, delivery of child, antenatal or postnatal care (Gautam et al, 2021). The Sustainable Development Goal 3.7 i.e universal access to sexual and reproductive health care services is a distant dream for adolescent girls in India.

Child Marriage has an unfavourable cascading effect on the overall health and well-being of adolescent girls. It results in de-schooling, lack of access to education, employment opportunities, health care, low self-esteem and confidence, dependency and therefore higher probability of acceptance of violence (International Institute for Population Sciences (IIPS), 2019; International Institute for Population Studies (IIPS), 2019). In this paper an attempt has been made to study the:

- Relation between child marriage and early age mortality such as IMR and NMR across Indian States.
- Impact of literacy, educational levels and poverty on the incidence of child marriage, teenage pregnancy and early mortality status across Indian states.

II. Legislative Framework

The Child Marriage Restraint Act 1929 (Sarda) provided the minimum age of marriage for girls and boys long before the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1964) directed the state parties to specify a minimum age of marriage and that no marriage shall be legally entered into before this age (Convention on Consent To Marriage, Minimum Age for Marriage and Resgistration of Marriages, 1964).

The age of marriage for girls has been raised multiple times since 1929 and brought to coincide with the age of majority, as per Indian Majority Act 1875, i.e. 18 years. The Child Marriage Restraint Act 1929 was applicable to all communities irrespective of their religion. The age of Marriage is also governed by the personal laws of various faiths in India. Marriage between Hindus is dealt by the Hindu Marriage Act 1955, on the similar line there is a Christian marriage Act 1872, Parsi Marriage and Divorce Act 1936 while nikah in Muslims is governed by the sharia law.

After independence, the Hindu Marriage Act raised the age of girls to 15, that of boys to 18. This Act is applicable not only to Hindus but to Sikhs, Buddhas, Jains and other sects, like Lingayats, etc which comprise 90 percent of the population. All the personal laws and secular legislations like Child Marriage Restraint Act 1929 which was later replaced by Prohibition of Child Marriage Act 1978 are in compliance with the Article 16 of Convention on the Elimination of All Forms of Discrimination against Women (1979) (CEDAW) which declares that marriage of a child shall have no legal effect, minimum age shall be fixed by legislation and compulsory registration should be done. (Convention on the Elimination of All Forms of Discrimination against Women, 1979). The Prohibition of Child Marriage (Amendment) Bill 2021 proposes increasing the age of marriage for female from 18 to 21 years.

III. Research Methods

The data sources used are NFHS-5 and Handbook of Statistics on Indian states 2020-21 published by RBI (for per capita net state domestic product). The indicators selected to understand the relation between health and well-being of adolescent mothers, mortality status of children and the socio-economic correlates are as follows:

Health and Well being of Adolescent Mothers	Mortality Status of Infants	Socio-economic correlates
• Women age 20-24 years who got married before 18 years of age • Women age 15-19 years who were already mothers or pregnant at the time of the survey • Adolescent fertility rate • All women age 15-19 years who are anaemic	• Infant Mortality Rate • Neonatal Mortality Rate • Under 5 Mortality Rate	• Sex Ratio • Women Literacy Rate • Female population above the age of 6 years who ever attended school • Women who have 10 or more years of schooling • Economic status- per capita net state domestic product

Figure 1: Indicators Selected

To understand the status of adolescent mothers across all Indian States, the indicators selected from NFHS 5 are: Women age 20-24 years who got married before 18 years of age (child marriage), Women age 15-19 years who were already

mothers or pregnant at the time of the survey, Adolescent fertility rate and the number of women who are anaemic in the age group 15-19 years (nutritional status). It has been contended by various studies that anemia in mothers has a trickle-down effect, resulting in low birth weight babies who grow up to be malnourished anemic child and then adolescent thus perpetuating the intergenerational cycle of malnutrition and deprivation (P. Ghosh et al., 2020; Ministry of Health and Family Welfare Government of India, 2018).

The socio-economic correlates studied are- sex ratio, Women literacy rate, female population above the age of 6 years who ever attended school, women who have 10 or more years of schooling and economic status of states measured by per capita net state domestic product. Per capita net state domestic product has been taken as a measure of income/poverty of a state. These correlates are said to have a profound bearing on child marriage(Brahmapurkar, 2017; Kumar, 2020; Lal, 2015; Modak, 2019; P. Paul, 2019, 2020a; R. Singh, 2020). However, the relation between these socio-economic correlates on the health and well-being of adolescent mothers and the health of infant needs to be studied.

IV. Findings

Fertility rate is not just influenced by the age at marriage but also by the socio-economic factors. Poor and illiterate people tend to marry at a younger age than the rich and educated. Similarly those engaged in agricultural and allied activities tend to marry early than those engaged in industrial/service sector (Talwar, 1967).

Correlation between the indicators selected was done.

	Women age 20-24 years married before age 18 years (%)	Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	Adolescent fertility rate for women age 15-19 years	Infant Mortality Rate	Neo-natal Mortality	All Women age 15-19 years who are anemic	Sex Ratio of the total population	Sex Ratio at Birth for the children born in last five years	female population age 6 years and above who ever attended school	Women who are literate	Women with 10 or more years of schooling
Women age 20-24 years married before age 18 years (%)	1										
Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	0.842934097	1									
Adolescent fertility rate for women age 15-19 years	0.937155506	0.948166813	1								
Infant Mortality Rate	0.53944646	0.365253375	0.478749705	1							
Neo-natal Mortality	0.510830047	0.323851687	0.443569027	0.977596894	1						
All Women age 15-19 years who are anemic	0.366287274	0.223732336	0.276784106	0.310344134	0.298495193	1					
Sex Ratio of the total population	-0.004326217	0.192068828	0.144826435	-0.178153175	-0.135036339	-0.339709227	1				
Sex Ratio at Birth for the children born in last five years	-0.113501808	0.090258642	-0.038162159	-0.043600377	-0.104693788	0.096535057	0.297721439	1			
female population age 6 years and above who ever attended school	-0.502054686	-0.175929608	-0.357996625	-0.651239555	-0.646186071	-0.636052107	0.169014534	0.069965107	1		
Women who are literate	-0.628787541	-0.284209347	-0.456732971	-0.668498348	-0.662847691	-0.568804427	0.168771782	0.141205267	0.933839366	1	
Women with 10 or more years of schooling	-0.784874067	-0.613720969	-0.695717806	-0.743421366	-0.662140239	-0.450624327	0.192549009	-0.103290878	0.623116312	0.722399781	1

Figure 2: Correlation Matrix

Relation between child marriage, teenage pregnancy, adolescent fertility rate and Women literacy rate, female age 6 years and above who ever attended school, women with 10 or more years of schooling

The highly positive correlation between child marriage and teenage pregnancy and adolescent fertility affirms that the health and well-being of adolescents can be safeguarded by firstly preventing child marriage. States- Bihar, Assam, West Bengal and Tripura which have high incidences of child marriage also have high prevalence of teenage pregnancy and adolescent fertility rate.

The negative correlation between child marriage and literacy or educational levels; Adolescent pregnancy and women with 10 or more years of schooling; Adolescent fertility rate and women with 10 or more years of schooling indicates that with the increase in literacy level, the incidence of child marriage comes down. States which fare well in literacy and educational standards- Delhi, Kerala, Goa, Himachal Pradesh, Mizoram, Nagaland, Sikkim, Tamil Nadu have relatively less incidence of child marriage, teenage pregnancy and adolescent fertility rate therefore proving the already established fact that education does have a bearing on child marriage (Bhadra, 2000; P. Paul, 2019, 2020a). Alternatively, several studies have indicated that child marriage can be a cause of lower schooling attainment and dropping out of girls (Field et al, 2008; Lloyd et al, 2008; Sekine et al, 2017), thus suggesting a bi-directional relationship between education and child marriage.

Tripura and West Bengal inspite of having good women literacy rate and number of females aged 6 years above who ever attended school, has high incidence of child marriage and consequent teenage pregnancy and adolescent fertility rate. The reason behind high prevalence of child marriage is inexplicable and needs further research interventions, but the high prevalence of teenage pregnancy and adolescent fertility rate can be linked to the less number of women who have undergone schooling for 10 or more years. In States where more women are schooled for 10 years or more, the child marriage, adolescent pregnancy as well as the fertility rate is low. It can be concluded that education of females has a direct bearing on child marriage and that prolonging the duration of schooling will help curb teenage pregnancy, consequently safeguarding the health and well-being of adolescent girls.

Relation between IMR/NMR and Women Literacy Rate and women with 10 or more years of schooling

The negative correlation establishes that the States where women are literate or have 10 or more years of schooling have low incidence of infant mortality rate (IMR) and neo-natal mortality rate (NMR). This is in consonance with several studies that have established that educated women take informed reproductive and healthcare decisions resulting in better infant care (Batool et al., 2020; Saurabhet et al, 2013; Kateja, 2007; Cleland, 1988). Therefore, adolescents who undertake childbearing and rearing are mostly under-educated with less number of years of schooling and lack of access to information and healthcare services, which not only adversely affects their health but also the health of infant. This

has been substantiated by the positive correlation between child marriage and IMR (0.5394) and NMR (0.5109).

The negative correlation between anemic status of adolescent girls and the literacy rate/women with 10 or more years of schooling, implying that educated females or daughters of educated females who are aware about nutritional needs are less likely to be anaemic, as has been previously confirmed in various studies (Bhan, 2019; P. Ghosh et al., 2020; Kaur et al., 2006; Morsy & Alhady, 2014; Nguyen et al., 2019; Patra, 2016; Rao et al., 2010; Rose-clark et al., 2019; Rose-Clarke et al., 2019; Siva et al., 2016).

	Per capita Net state Domestic product
Per capita Net state Domestic product	1
Infant Mortality Rate	-0.57226279
Neo-natal Mortality	-0.53093831
Women age 20-24 years married before age 18 years (%)	-0.4731753
Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	-0.41403008
Adolescent fertility rate for women age 15-19 years	-0.4845084
All Women age 15-19 years who are anaemic	-0.24430363

Figure 3: Correlation Matrix

It has been established from previous studies that economic status of households has a negative relation with the incidence of child marriage (P. Paul, 2019, 2020a). The same holds true for the States of India- the incidence of child marriage is higher in states which have low per capita net state domestic product, such as Bihar, West Bengal, Jharkhand, Assam, while it is lower in rich states like Goa, Kerala, Sikkim, Uttarakhand and UT of Chandigarh. This negative relation is also evident between the teenage pregnancy and adolescent fertility rate.

Infant Mortality Rate (IMR) is a measure of population health and one of the important development indicators, others being education, income, inequality, gender, etc. Income has a negative correlation with IMR and NMR according to NFHS-5 data. Higher income at state-level correlates closely with better health of infant/child in India. Poor states such as Bihar, Uttar Pradesh, Chattisgarh, MP record the highest IMR and NMR. Various other studies have observed that income

is an important determinant of child survival; income inequality adversely affects IMR and NMR (Pabayo et al, 2019; O' Hare et al, 2013; Baird et al, 2011; Tacke et al, 2011).

V. Conclusion and Suggestion

The World Programme of Action for Youth to the year 2000 and beyond, an International strategy by United Nations has prioritised the health of adolescents. Its proposal for action includes provision for basic health services, development of health education, promotion of health services, including sexual and reproductive health and development of relevant education programmes in those field(United Nations, 1995).

In India, there are varied policy measures devised to target the reproductive and sexual health of adolescents such as *Rashtriya Kishor SwasthyaKaryakram* (RKSK), Kishori Shakti Yojana, Scheme for Adolescent girls (SABLA), however none of them have made the desired impact (Barua et al., 2020; Kansara et al., 2018; Ministry of Health and Family Welfare, 2020; Wadhwa et al., 2018), because they have failed to go into the root of the matter.

Health and well-being of adolescent mothers and the mortality status of infants is driven by various socio-economic correlates such as literacy rate, school enrolment, education attainment of women and income. Child marriage and its outcome i.e teenage pregnancy is one of the key causes of the poor health status of adolescent girls. Child marriage has been practiced in India (23.3% girls married before 18 years) inspite of the existing legal framework. Regulating and increasing the age of marriage of girls will apparently lower the school drop-out rate, the incidence of teenage pregnancy, IMR, NMR and improve the nutritional level but at the cost of putting the underaged married girls in peril due to voidable nature of child marriage. Poverty and not merely early marriage responsible for MMR (Mishra et al., 2021).

Earlier the child marriage law was enacted with the objective to reduce fertility rate and hence the population, but the recent bill proposes raising the age of marriage to reduce teenage pregnancy, maternal, infant mortality rates in order to improve the nutritional status of young age mothers. From the above analysis, it is quite evident that child marriage, teenage pregnancy and adolescent fertility rate is influenced by the above socio-economic factors apart from the law prohibiting child marriage. Thus, it is questionable if the law raising the age of marriage to will be effective in addressing the aforesaid issues.

The health and well-being of adolescent girls can be best promoted by prolonging their school education and providing them with economic opportunities so that they can flourish and be independent. Securing financial independence of girls and their families will go a long way in curbing child marriage. The ineffectiveness of the Child marriage law in curbing child marriage lies in its toothlessness for not making it void, therefore the change has to ultimately come from within-changing the mindset and creating awareness in the society is the long-term solution in preventing child marriage.

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