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Research Article

# Perceived Benefits and Harms of Child Marriage among Hausa Communities in Southwestern Nigeria: Views through the Lens of the Theoretical Domains Framework

\*Omobowale O.<sup>1</sup> and Olaniyan H.<sup>2</sup>

<sup>1</sup>Rehabilitative and Social Medicine Unit, Department of Community Medicine, College of Medicine, University of Ibadan, Nigeria

<sup>2</sup>Institute of Child Health, College of Medicine, University of Ibadan, Nigeria

## Abstract

Child marriage is a pervasive global health challenge driven by predominant beliefs and sociocultural norms. This study explored perceived benefits and harms of child marriage among Hausa communities in Ibadan, Nigeria, using the Theoretical Domains Framework (TDF). Through qualitative interviews (5 Focus Group Discussions and 5 Key Informant Interviews) with 42 purposively selected key stakeholders (community leaders, religious leaders, women leaders, married girls <18, and adult men/women participants), we identified influences across ten TDF domains. Data was analysed using Atlas TI to inductively select codes and themes. Perceived benefits included early family completion, religious fulfilment, and prestige, while harms include health complications, mental health issues, and social stigma. The theoretical domains influencing these perceptions include beliefs about consequences, social influences, environmental context, and social/professional identity. Parents were identified as primary decision-makers, influenced by cultural and socioeconomic factors to act within these domains. To address child marriage among affected communities in Nigeria, targeted interventions across various levels of the theoretical domain framework are needed to shift perceptions and support for child marriage among key stakeholders. Interventions should target social, cultural, and parental decision-making influences to reduce child marriage prevalence.

**Key Words:** Sexual and Reproductive Health, Perception, Child Marriage, Theoretical Domains Framework.

## INTRODUCTION

Child marriage remains a pervasive global challenge, particularly affecting girls in low- and middle-income countries, with over 650 million women and girls married before age 18 (UNICEF, 2018). Although child marriage occurs among boys in some contexts, the prevalence is higher among girls (Nour, 2006; Petroni *et al.*, 2017), and it is a form of gender based violence, perpetuating gender inequalities worldwide (Fan & Koski, 2022; Omobowale *et al.*, 2023). West and Central Africa report the highest prevalence, with 12% of girls married before 15 and 37% before 18 (UNICEF, 2022). Nigeria leads the region with approximately 23 million child brides (UNICEF, 2022), showing marked regional disparities—39% in Southwestern regions versus 67.6% in Northern regions (NBS & UNICEF, 2017) where it is most prevalent among the Hausa-Fulani ethnic group, which is mostly Muslims (Adedokun *et al.*, 2016; Perlman *et al.*, 2016; Yakub, 2020). Various predominant beliefs and sociocultural norms contribute to child marriage among local communities, and this study examines these factors across multiple levels of the Theoretical Domain Framework.

Despite global intervention efforts, progress remains stagnant, with Nigeria showing only a 1% decline over three decades (Mobolaji *et al.*, 2020). This persistence stems from complex intersections of cultural, religious, and socioeconomic factors (Isiugo-Abanihe *et al.*, 2022) and it calls for an urgent need to

intensify efforts towards implementing evidence-based interventions. Legal frameworks often contain loopholes allowing underage marriage with parental consent (Efevbera & Bhabha, 2020; Maswikwa *et al.*, 2015; Nour, 2006; Yaya *et al.*, 2019). Parents and authority figures, as primary decision-makers, often justify the practice through perceived financial, social, and religious benefits (Perlman *et al.*, 2016; Yakub, 2020). Some of their reasons include financial gains, protection of family honour, and prevention of premarital relationships (Brammah, 2014; Nour, 2006).

The consequences of child marriage are severe and far-reaching. Child brides face increased risks of pregnancy complications, obstetric fistulas, mental health issues, and intimate partner violence (Burgess *et al.*, 2023; Fan & Koski, 2022; Nour, 2009). Their education is often truncated, limiting economic opportunities and perpetuating poverty cycles. (Yoosefi Lebni *et al.*, 2023). Power imbalances in these marriages, typically involving older men, further compromise girls' autonomy and decision-making capacity (de Groot *et al.*, 2018). The World Health Organisation has identified a critical gap in the lack of research on the perceived benefits and effects of child marriage (Svanemyr *et al.*, 2015). It is important to address the perceptions of benefits, harms, and beliefs regarding child marriage to influence attitudes towards the practice. This study used the Theoretical Domains Framework (TDF), a comprehensive approach synthesising 33 behaviour theories across 14 domains (Phillips *et al.*, 2015).

\*Author for Correspondence: Tel: +2348023416855

E-mail: ocomobowale@com.ui.edu.ng

While the TDF has been successfully applied in various behavioural health contexts, (Atkins *et al.*, 2017; Balogun & Omotade, 2022; Cane *et al.*, 2012) its' application to child marriage research is novel. Given the limited literature on child marriage in low- and middle-income countries (Kehinde *et al.*, 2023), this study explores the perceived benefits and harms of child marriage among Hausa communities in Nigeria, aiming to inform prevention and response efforts toward achieving the UN Sustainable Development Goal of eliminating child marriage by 2030. This study specifically answers the following questions:

1. What perceived benefits and harms of child marriage are described by members of Hausa communities in Ibadan?
2. Which social actors influence decision-making around child marriage?
3. Which TDF domains best explain the persistence of child marriage and highlight modifiable drivers?.

## **MATERIALS AND METHODS**

**Study design:** As part of a larger controlled pre-post intervention study on ENding Child mArriage in Nigeria through community-led media SEries, (ENCASE project), focus group discussions and key informant interviews were conducted with 42 purposively selected Hausa stakeholders in Sabo and Bodija communities in Ibadan, Nigeria. This qualitative study was conducted between November and December 2022 to explore the perceived benefits and harms of child marriage with the aim of identifying areas for targeted interventions to curb child marriage among affected individuals. A local Advisory Committee consisting key stakeholders and community leaders was formed at the beginning of the project and met quarterly to co-develop the study guide and provide insights into the community structure. Using a hybrid approach, we conducted inductive thematic analysis followed by mapping to TDF domains, to ensure both participant perspectives and theoretical rigour were represented

**Setting and sampling:** The Hausa ethnic group is one of the major ethnic groups in Nigeria. They are highly migratory and often live together in communities across the country where they reside and work. This study was conducted in the Sabo and Bodija Communities, two of the largest Hausa communities in Ibadan, Nigeria. These communities were purposively selected because the Hausa-Fulani ethnic group has the highest rate of child marriage in Nigeria (Mobolaji *et al.*, 2020), and we sought to understand the perceived benefits and harms that drive this practice among them

**Participants selection:** Participant recruitment utilized purposive sampling technique through trained data collectors in collaboration with community leaders. To mitigate gatekeeper bias, recruitment combined community leader assistance with private invitations to ensure participation of women, younger participants, and child brides not nominated by leaders. Details of our community entry process are published elsewhere (Omobowale *et al.*, 2024). All participants were Hausa Muslims, and the primary language of the community was Hausa. The inclusion criteria include being Hausa, residing in the community at the time of the study, giving consent to participate in the study, and being able to schedule an appropriate time for the interview. The

exclusion criteria included anyone under 10 or non-Hausa-speaking community members.

Five FGDs (one per target group) were conducted with 7–9 participants each, and 5 KIIs were conducted by the research team until saturation (when repetition of opinions were being observed) was reached during data collection and confirmed after no new codes emerged in the data analysis. The participants for the key informant interviews included community leaders, a religious leader, a woman leader, and a child bride. Additionally, focus group discussions were conducted with five different groups, including younger women (<45 years of age), older women (>45 years of age), younger men (<45 years of age), older men (>45 years of age), and married girls under the age of 18. Focus group discussions were stratified by age and gender to facilitate open dialogue and active participation. Key informants (n=5) were selected based on their community roles, communicability, impartiality, and willingness to participate. Interview scheduling was coordinated via follow-up calls, with sessions conducted at agreed-upon times and venues until data saturation was achieved.

**Data Collection:** Focus group discussions were conducted in a designated private space within the communities, at the local primary health care facility, with access restricted to data collectors and participants to ensure confidentiality. The FGDs and KIIs were conducted by one facilitator and one note-taker of the same gender as the participants in most cases. The note-takers were responsible for comprehensive documentation of verbal and nonverbal communication and for collecting sociodemographic data from the participants. The facilitators obtained consent from the participants and moderated the discussions.

**Research team and reflexivity:** Interviewers fluent in Hausa and English, and not related to the participants (4 females and 4 males), were all trained in qualitative research methods. Researchers were external to the community but culturally sensitive; reflexive memos were maintained. Key informant interviews were held in private settings within participants' homes. All interviews were conducted in Hausa by fluent data collectors and digitally recorded only after participant consent was obtained. A Hausa-speaking note-taker documented observations and key points during each session, which typically lasted 45-60 minutes. All interviews and FGDs were audio-recorded, transcribed verbatim in Hausa by the data collectors, and then translated into English before analysis began. A quality check was conducted to ensure the accuracy of the transcription.

**Interview guide and procedures:** The interview guide was co-developed and reviewed with key stakeholders through the Local Advisory Committee to ensure cultural sensitivity. Guides covered domains of benefits/harms, social influences, and decision-making processes. Guides were piloted, back-translated, and then quality-checked to ensure consistency. We have included the guide as a Supplementary Material. Transcripts were translated into English and verified by a second bilingual researcher; discrepancies were resolved in consensus meetings. Selected quotes were cross-checked against Hausa originals for accuracy, and results were discussed at the Local Advisory Committee Meetings for feedback.

**Data Analysis:** Digitally recorded interviews were transcribed verbatim in Hausa by the same data collectors who conducted the interviews and subsequently translated into English. The data analysis began with familiarisation with the transcripts, which were coded inductively by four independent coders. Afterwards, a codebook was developed and revised based on group discussions among the team. The codes were then grouped into themes, and memos were reviewed to include the different points raised. After the coding, the themes were mapped to different TDF domains and refined to select supporting quotes for each domain. Participants' accounts were first analysed inductively, allowing themes to emerge from the data without being constrained by the TDF. The TDF was then applied in a second analytic phase to organise, interpret, and explain these themes in relation to behavioural determinants of child marriage.

The analysis team, comprising four (4) qualitative research experts, used Atlas TI software to manage and code the data. A systematic thematic analysis was conducted using the codebook developed from emergent themes in the transcripts. In addition, the extracted codes and code groups were shared among all members of the research team to ensure a collaborative approach to the analysis process. Regular meetings were held with the data analysis and research team to address any challenges encountered, discuss emerging themes from the data, and merge the codes. This collaboration allowed for diverse perspectives and insights to be considered during the analysis phase.

Team consensus on coding decisions was achieved through regular meetings and reflective discussions to ensure interpretative rigour. The team created memos and revised the codebook to make decisions. We conducted inductive thematic analysis followed by mapping to TDF domains, a hybrid approach, to ensure both participant perspectives and theoretical rigour were represented.

**Ethical considerations:** This study received ethical approval from the University of Ibadan/ University College Hospital Institutional Review Board and the McGill Faculty of Medicine and Health Sciences Research Ethics Board. Informed consent was obtained from all participants before the interviews commenced, and permission to record the interviews was obtained from each participant. Privacy and anonymity were upheld during and after the interviews. The participants experienced no harm from their participation in the interviews, and a moderate honorarium was provided to all.

Participants <18 years provided assent; parental/guardian consent was waived for married girls under 18. Safeguarding measures included: private data collection, referral pathways for support, and careful handling of sensitive discussions. FGD confidentiality ground rules were explained to participants; anonymity limitations were clarified.

**The Theoretical Domain Framework:** All 14 TDF domains were considered during analysis. Evidence was identified for ten domains, while four domains (Skills, Goals, Behaviour Regulation, and Memory, Attention, and Decision Processes at the individual level) were not substantively represented in participants' accounts and are therefore marked as not

applicable (N/A). The absence of data in these domains reflects the nature of community-level narratives, which focused primarily on social norms, beliefs, intentions, and contextual drivers of child marriage, rather than on individual skill acquisition, goal-setting, or self-regulatory strategies. Reporting domains with no data enhances analytic transparency and demonstrates that their absence reflects empirical findings rather than analytic omission.

Themes were categorised using the Theoretical Domains Framework (TDF) into relevant domains, including knowledge, beliefs about consequences, social and professional roles and identity, beliefs about capabilities, optimism, reinforcement, and emotion. Quote attribution to specific domains was determined through team consensus to ensure analytical consistency and theoretical alignment. Across both key informant interviews and focus group discussions, participants consistently endorsed early marriage as religiously sanctioned, honour preserving, and protective against premarital pregnancy, while consistently recognising birth complications, fistula, and divorce as harms. Points of divergence were narrower: religious leaders framed benefits primarily through doctrinal language, whereas child brides and younger women more often voiced embodied accounts of suffering and regret, and a small number of child brides offered counter narratives in which their own early marriages had not produced the harms widely anticipated in the community.

**RESULTS**

**Participant Sociodemographic Characteristics:** Overall, 42 participants were interviewed, consisting of 24 females and 18 males. All participants were Hausa Muslims from the northern part of Nigeria; they varied in age, level of education, background, and gender. Only one participant had been married for less than a year, and the educational levels ranged from no formal to tertiary education. (Table 1).

**Table 1:**  
**Participant Sociodemographic Characteristics**

Characteristics	Female (N=24)	Males (N=18)
<b>Marital status</b>		
Married	24	14
Not married	None	4
<b>Age at marriage</b>		
Below age 18	10	None
Age 18 to 29	14	9
Age 30 and above	None	9
<b>Level of education</b>		
Islamic (no formal)	4	8
Primary	11	1
Secondary	9	7
Tertiary	None	2

**Knowledge and Beliefs About Consequences of Child Marriage:** A recurring tension ran through participant accounts. The same respondents who named clear harms, especially obstetric complications, fistula, and marital instability, also endorsed early marriage when it was framed in religious, honour related, or economic terms. Knowledge of harm did not translate into rejection of the practice because

other TDF domains, particularly beliefs about consequences, reinforcement, and social influences, supplied competing reasons to continue it. The findings are therefore presented below not as an inventory of isolated domains, but as a set of connected accounts through which participants reconciled awareness of harm with continued support for the practice.

**Knowledge:** The knowledge domain includes responses to questions that assess existing knowledge of the harms and consequences of child marriage. Participants acknowledged the harms associated with child marriage, such as physical and emotional difficulties, mental health issues, and birth complications. Some participants were aware that girls might not be physically, emotionally, and mentally ready for marriage and its responsibilities. A few participants stated that individuals below 18, both boys and girls, had immature brains that were not equipped to handle the challenges and responsibilities of marriage.

**Beliefs about consequences:** The beliefs about consequences include perceived harms, such as anxiety, mental health issues,

birth complications, fistulas, divorce, abandonment, and stigma. Many of the participants expressed these concerns about the consequences of child marriage. The majority of the participants mentioned urinary incontinence (leakage of urine) as a common problem experienced by young girls who married early and gave birth. Many respondents mentioned specific complications that young girls experienced during childbirth, the need for a caesarean section and the risk of maternal mortality associated with these complications. Additionally, some participants suggested that as these girls progressed in education, interacted with different people, and gained more life experience, they realised their husbands were not the partners they had hoped for. This could lead to problems within the marriage and potentially result in divorce; one of the participants mentioned that this may lead to marital conflicts in the house. A few of the participants stated that young divorcees might face social stigma, be labelled as "second-hand," and encounter difficulties in finding new partners due to societal perceptions. These reports are highlighted in Table 2.

**Table 2:**

Knowledge and Beliefs About Consequences of Child Marriage

Domains	Perceived Benefits/Harms	Sample Quotations
Knowledge	Immaturity (PH)	"... the brain of a child less than 18 years cannot handle the rigors of marriage, both the husband and the wife will be fighting and coming to report to both the parents of the husband and that of the wife, so there is no peace of mind at any time, so for this reason, early marriage is not good at all" (FGD, Younger Woman).
Beliefs about consequences	Birth complication (PH)	"Girls face a lot of problems, especially during childbirth. Some girls, their body organs are not strong enough to carry a baby in their womb, that's why many girls have to undergo an operation during childbirth" (FGD, Older Man)
	Fistulas (PH)	"You can give a girl out in marriage, and before the year ends, you hear that she has delivered, then she's pregnant again; these are the things that cause leakage of urine, and then she begins to look somehow" (FGD, Younger Woman)
	Divorce (PH)	"Most of the marriages done for girls below the age of 18 when they are now 19 years or more mature, she will now realise this is not the kind of man she wants to marry, then problems will now start in the house" (KII, Religious Leader).
	Early family completion (PB)	"There are benefits of early marriage because, by the time you reach 40 years, you already have a child of 22 years or older that can help you with some work at home or at your business (FGD, Older Man)
	Lack of care (PH)	"The second disadvantage is that the house she is married into might not be okay, so she is not getting proper and enough care, especially during pregnancy. The nutritious meals she is supposed to take during pregnancy might not be available, the medications that she is supposed to take might not be available and provided, and the baby in her womb will also not get enough nutrients to grow, so she is unhappy in the marriage, and you know when someone is unhappy in a marriage, it can cause other bigger problems" (FGD, Younger Woman)

\*Theoretical Domains Framework, PB Perceived Benefit, PH Perceived Harm

**Social Roles, Beliefs, and Reinforcement Influencing Child Marriage**

**Social/Professional Role and Identity:** Social and professional roles and identities also influence decision-making and contribute to the perceived benefits and harms of child marriage among the participants. As a religious and cultural community, older family members, particularly parents, were identified as key decision-makers regarding child marriage and their decisions are based on various factors.

**Beliefs about capabilities:** Some participants believed child marriage could lead to positive personal development, improved behaviour, and a sense of responsibility. They also listed other factors, such as bringing prestige and honour to the families.

**Table 3:**

Social Roles, Beliefs, and Reinforcement Influencing Child Marriage

**Optimism:** A few participants shared personal experiences where early marriage did not result in problems, contributing to their belief in the benefits of child marriage.

**Reinforcement:** Child marriage was perceived as bringing honor and prestige to the family, reinforcing the practice. Another advantage highlighted is that if the husband provides care and support to the bride regardless of age, it contributes to a sense of fortune and security for the young bride. A few participants also stated that getting married can help a girl understand her worth or the value of her religion, contributing to personal growth and self-awareness, as described in Table 2.

Domains	Specific Benefits/Harms	Sample Quotations
Social/Professional Role and Identity Parents/older family members as key decision makers Beliefs about capabilities	Honor/prestige (PB)	"Some parents may not be willing to marry their daughter when she's below 18, but if someone from a wealthy or royal family shows interest in her, they (her parents) will do all they can to get her married as soon as they can to gain honour or worldly things out of the marriage" (FGD, Older Man)
	Responsibility (PB)  Independence (PB)	Yes, there are benefits; you can see a girl who is old enough to take responsibility but who is misbehaving and not taking responsibility when she is supposed to, but as a result of getting married, God will help her, and she will begin to take responsibility" (FGD, Younger Woman)  ....Because we believe that marriage can make people independent and also make them responsible in life" (KII, Community Leader).
Optimism	Wellness (PB)	But in this community, I have not seen anyone that got married early and had problems, even in our family, I think it is just me and my younger sister that got married before the age of 18, and we are doing well " (KII, Child Bride) "....., if a girl is not well cared for in their parents' homes or does not even have anyone to care for them, they might just have a husband that cares and protects them. So even if the girl is not interested because there is now someone that cares about her, she will become interested because she knows she will get care from her husband" (KII, Child Bride)
Reinforcement	Religion (PB)	The benefit is that she is married. In Islam, we say that marriage is Sunnah; it is a form of worship. She has performed her own part of the worship." (KII, Religious Leader)
	Stigma (PH)	"...if she comes back to her friends who are not yet married, they will say she is a divorcee among single ladies, and it will affect her (KII, Religious Leader)

\*Theoretical Domains Framework, PB Perceived Benefit, PH Perceived Harm

**Table 4:**  
Intentions, Contextual, and Emotional Factors

Domains	Specific Benefits/Harms	Illustrative Quotations
Intentions	Protection from media influence (PB)	"Children, especially girls, watching different kinds of things on televisions and phones, which can lead them to start having sexual atrocities and in the end, lead to unwanted pregnancy, so as a parent, this will force you to marry her off" (FGD, Older Man)
	Religion (PB)	"...even if the girl doesn't want to marry, our religion and culture allows a parent to marry off his daughter as a child, once she has started menstruation..." (FGD, older woman )
Environmental Context and Resources	Education (PB)	".....Marrying early for a girl is better than going to school, now that they have gone to school and are back, there is no husband; the other problem in most Hausa homes is that it is rare for a girl who goes to school, finishes university, and over 25 years to be a first wife, she will always end up being the second or third wife, or remain single." (KII, Religious Leader)
	Financial gains (PB)	"Some parents may not be willing to marry their daughter when she's below 18, but if someone from a wealthy or royal family shows interest in her, they (her parents) will do all they can to get her married as soon as they can in order to gain honor or worldly things out of the marriage" (FGD, Older Man)
Social Influences	Religion (PB)	"It has benefits because wherever marriage occurs, surely blessings are attached to it, and another thing is that Islam encourages it. Therefore, you have to support it to fulfil the teaching of your religion." (FGD, Older Man) ".... In Islam we say that marriage is Sunnah; it is a form of worship. She has performed her own part of the worship. She is already married regardless of the age; it has a role in Islam, and it is a form of worship..." (KII, Religious Leader)
	Sex myths (PH)	"...they think that if they marry a girl because they hear that sex is sweeter when you marry a girl from 16 to 17 years, but the learned know that sex is not the only thing needed to keep a marriage, so ignorance has really allowed young girls and boys to marry long before they are matured enough to realise who they are... (KII, Religious Leader)
Emotions	Sadness (PH) Loneliness (PH)	"...but the one who is not taken care of will get worse because from morning to night she is sad and always crying" (FGD, Younger Woman)

\*Theoretical Domains Framework, PB Perceived Benefit, PH Perceived Harm

**Intentions, Contextual, and Emotional Factors** Other domains, such as intentions, environmental contexts and resources, social influences and emotions, were also highlighted in the participants responses.  
**Intentions:** Cultural and religious factors such as the fulfilment of obligation and prevention of promiscuity

influenced parents' intentions to marry off their daughters early. The intention to marry off children is influenced by underlying factors such as perceived media influence on the girl child, leading to promiscuity and non-fulfilment of religious obligations.

**Environmental Context and Resources:** Socioeconomic factors, such as financial benefits or connections with wealthy or influential families, influence the decision to marry-off daughters early. Also, there is a perceived shortage of marriageable men after prolonged years of education for the girl child, thereby influencing decisions to marry girls early.

**Social Influences:** Social influences include myths regarding sex with young girls and beliefs about early completion of the family unit, leading to increased support for the families in the future.

**Emotions:** The emotions domain was highlighted in the participants' responses. Participants mentioned that child marriage without proper support and care could lead to heightened emotional distress and mental health issues for the child brides. Some of the participants mentioned that marrying before the age of 18 is problematic because the girl's body and mind may not have fully matured enough to handle the responsibilities and challenges of marriage, which can lead to physical and emotional difficulties. They stated that there would be unhappiness and dissatisfaction within the marital relationship, which affects their mental health, and participants also reported that there would be constant sadness and frequent crying in the case of child marriage without proper support and care.

#### **Synthesis Across Domains**

Reading across the ten domains, three interpretive patterns emerged. First, harm awareness and practice support existed side by side. Participants who spoke fluently about fistula, caesarean delivery, maternal mortality, and emotional distress often endorsed early marriage in the next breath, framing it as religiously required or socially necessary. This suggests that the knowledge and beliefs about consequences domains are not sufficient on their own to shift the practice, because reinforcement, social influences, and identity related considerations supply offsetting reasons to proceed. Second, parents, and especially fathers, were described by participants across all groups as the decision makers, but their decisions were presented as responsive rather than autonomous. Parents were described as acting under pressure from religious teaching, community expectation, fear of premarital pregnancy, and economic constraint. In TDF terms, the social and professional role and identity domain operated not as a site of individual agency but as a conduit through which social influences, environmental context, and reinforcement were enacted. Third, optimism and personal testimony functioned as a counterweight to the broader discourse of harm. A small number of child brides and older participants recounted early marriages that had gone well and used these accounts to question the idea that early marriage is inevitably damaging. These accounts did not dominate but were repeatedly offered to justify continued support for the practice, suggesting that interventions relying on harm messaging alone may be absorbed into this more accommodating narrative. Taken together, the findings indicate that modifiable entry points are less likely to be found in the knowledge domain, where participants were already well informed, and more likely to lie in reinforcement, social influences, and environmental context and resources, where religious framing, community expectation, and economic incentive intersect.

#### **DISCUSSION**

Child marriage is a complex issue influenced by cultural, societal, and individual factors. This study examined the perceived benefits and harms of child marriage, as expressed by participants from Hausa communities in Ibadan, Nigeria, through the theoretical domains framework (TDF). The perceived benefits of child marriage, as identified by the respondents, are deeply rooted in cultural and societal beliefs. They include early completion of the family unit, improved sense of responsibility, prevention of disgrace, bringing honour to the child and family, increased chances of getting married in the face of a shortage of marriageable men, and perceived wellness or prestige. This aligns with reports from other studies within and outside Nigeria on the perception of child marriage (Brammah, 2014; Perlman *et al.*, 2016; Nour, 2006; Yakub, 2020).

The perceived harms associated with child marriage mentioned by the participants include anxiety and mental health issues, pregnancy and birth complications, divorce, separation, abandonment, and consequent stigma. These perspectives are similar among the participants, and the findings align with the harms reported in similar studies (Burgess *et al.*, 2022; Fan & Koski, 2022; John *et al.*, 2019; Nour, 2006). These factors are spread across the different domains of the theoretical domains framework. By incorporating the theoretical domains framework (TDF) lens, this study provides a holistic understanding of how various perceptions of the benefits of child marriage reinforce this practice.

In this study, older members of the family, particularly parents, are key decision-makers regarding the issue of child marriage. Although some of them were aware of the harms associated with child marriage, many of the participants still believed that there were benefits, and these perceptions often influenced their attitudes toward child marriage and the intention to postpone their children's marriage or agree to such marriages. These findings are corroborated by reports from (Abdurahman *et al.*, 2022; Yakub, 2020) on decision-making regarding child marriage among parents from Northern Nigeria and Ethiopia, respectively. These sociocultural beliefs, coupled with the socioeconomic factors in the family, contribute to the views about child marriage and contribute to the decisions of families to marry off their daughters before the age of eighteen.

Furthermore, beliefs held about the perceived benefits of child marriage are similar across all groups of participants interviewed. Some participants believed that child marriage contributes to the early completion of the family unit and that the children will provide support and assistance for the parents well into when they become older and contribute to household chores when they are younger. This is consistent with reports that people sometimes view early childbirth as an advantage (Efevbera & Farmer, 2021). Even though this was portrayed as a perceived benefit by some of the participants, early childbirth puts child brides at risk of birth complications and adverse health outcomes (Adedokun *et al.*, 2016; Fan & Koski, 2022; Yaya *et al.*, 2019). It is essential to examine and address these perceived benefits and consider the potential harms associated with child marriage to plan and implement effective programs to reduce the prevalence of child marriage.

Consistent with findings from other studies, our findings highlight the perception that child marriage may contribute to an increased sense of responsibility and reduced promiscuity (Adedokun *et al.*, 2016; Kohno *et al.*, 2020; Mourtada *et al.*,

2017; Yakub, 2020). Child marriage was believed to lead to improved behavior and an increased sense of responsibility among the children. In some cases, parents get their children married to positively change their attitudes and make them mature quickly. This perception was particularly relevant to girls seen as “misbehaving or stubborn.” Furthermore, child marriage was said to prevent disgrace and bring honor to such children and family members and prevent them from engaging in behaviors that could lead to dishonor, particularly promiscuity and waywardness among girls. This is similar to the reports from (Chowdhury, 2004; Kohno *et al.*, 2020; Nour, 2006), where parents believe that child marriage protects girls from promiscuity, and they quickly marry off their daughters at the first opportunity due to the fear of pregnancy outside wedlock. Among the majority of the participants and as reported by many other studies, child marriage is believed to be a practice that preserves the family’s honor to avoid the shame of having an unmarried daughter engaging in premarital sex or getting pregnant out of wedlock. Child marriage was also viewed as a form of worship and a way to fulfill religious responsibilities, particularly in Islamic teachings. This is similar to reports from (Kohno *et al.*, 2020; Mobolaji *et al.*, 2020; Montazeri *et al.*, 2016) that religious beliefs influence a family’s preference for early marriage for their daughters. It is important to emphasize that physical, emotional, and psychological maturity are necessary to handle the challenges of marriage, and getting children married to make them responsible or improve their behavior may be counterproductive as they may be unable to handle the rigors of marriage.

In addition, the perceived shortage of marriageable men, financial rewards from child marriage, and financial stability for girls coming from economically disadvantaged homes to escape poverty were stated as perceived benefits of child marriage. In some families, parents were motivated to marry off their daughters at a young age if it brought them financial benefits or connections with wealthy or influential families. This is in line with reports from (Abera *et al.*, 2020; Montazeri *et al.*, 2016; Yakub, 2020) that social and socioeconomic factors contribute to the practice of child marriage. There was also a sense of perceived wellness and prestige among some of the participants. Some participants shared personal experiences where an early marriage did not result in problems, and they mentioned their successful marriages that began at a young age and perceived that they were “well off.” This aligns with reports from (Efevbera & Farmer, 2021; Wibowo *et al.*, 2021), where being well-off was seen as a perceived benefit of child marriage.

Our study also illustrates a range of harms associated with child marriage, as reported by the participants. There are significant risks and challenges associated with child marriage, especially for young girls who may not be physically, emotionally, and mentally ready for marriage and its responsibilities. Child marriage is associated with adverse health outcomes as physical immaturity for childbearing, combined with a lack of access to services, places girls at a heightened risk of maternal morbidity and mortality (Fan & Koski, 2022; Kohno *et al.*, 2020; Nour, 2006). Participants stated that lack of proper care and support, particularly during pregnancy, could have negative effects on both the girl’s well-being and that of her unborn child, including birth complications and Fistula. This is similar to reports (Nour, 2009) that girls ages 10–15 years are especially vulnerable because their pelvic bones are not ready for childbearing and delivery. These fistulas are said to have far-reaching

consequences leading to social isolation and discrimination in some cases.

As documented by other studies (Fan & Koski, 2022; Malhotra & Elnakib, 2021; Nour, 2006; Raj *et al.*, 2010), child marriage has a significant impact on the health, education, and social well-being of children and it is important to critically examine these potential harms, as it may violate their rights and limit their opportunities for education and personal development. According to our results, although not all the participants are aware of the harms associated with child marriage, some of the participants mentioned that, particularly during pregnancy, this may result in birth complications and early childbirth, which puts the health of the child brides at risk and may result in adverse health outcomes such as birth complications, fistulas, or even death.

According to the results, some of the participants stated that marrying before the age of eighteen was problematic because girls may not be mentally mature enough to handle the responsibilities and challenges of marriage. This lack of maturity could lead to physical and emotional difficulties and mental health issues, divorce, separation, abandonment, and stigma. Some of the participants gave personal accounts of experiences relating to child marriage and the mental health and well-being of individuals who marry at a young age, and they stated that child marriage without proper support and care is associated with heightened emotional distress and mental health issues. This is in line with other studies that have explored the psychological and mental health impacts of child marriage (Aggarwal *et al.*, 2023; Burgess *et al.*, 2022; John *et al.*, 2019). Given the dire consequences and harmful risks associated with child marriage regarding mental health, it is important to put measures in place to prevent children from getting married under the age of 18 to prevent these negative outcomes.

Findings from this study also show that child brides often lack decision-making power and authority in their homes, which may adversely affect their health and well-being. This corroborates the findings of (McCleary-Sills *et al.*, 2015) that child marriage limits girls’ agency which in turn affects their empowerment, and the findings of (Klugman *et al.*, 2014), which state that lack of education is both a risk factor and a consequence of child marriage.

Another significant harm discussed was the issue of divorce, separation, and abandonment. Respondents expressed concerns about the emotional maturity of young girls in handling the challenges and responsibilities of marriage, which could increase the likelihood of divorce. Instances of mistreatment and physical abuse by husbands towards child brides were mentioned, indicating the potential for emotional distress and harm. This is in line with reports from (Efevbera & Farmer, 2021) where child brides sometimes experience violence from their spouses. As girls progressed in education and gained more life experiences, they sometimes realised that their husbands were not the desired partners they had hoped and this may also lead to a divorce. This is in line with reports that child marriage is a determinant of the stability of marriages, as women who married as children are more likely to report divorce than others (Anyama & Mohammed, 2018; Islam, 2022).

#### Strengths and Limitations

This study has several strengths. To our knowledge, it is among the first to apply the Theoretical Domains Framework to community perceptions of child marriage, offering a structured way to organise behavioural and social influences that are often reported as a loose list of reasons. The study

drew on five focus group discussions and five key informant interviews across diverse stakeholder groups, including community leaders, religious leaders, women leaders, married girls under 18, and older and younger men and women, allowing for triangulation of perspectives. Data collection was conducted in Hausa by trained interviewers fluent in the language, with transcripts translated, cross checked, and discussed in consensus meetings, which supported interpretive accuracy. A Local Advisory Committee reviewed the interview guide and study findings, which strengthened cultural relevance and reduced the risk of misinterpretation. The use of an inductive analytic phase before mapping to TDF domains reduced the risk that the framework would constrain participant meanings.

Several limitations should be noted. The study was conducted in two Hausa communities in Ibadan, a largely Yoruba city in southwestern Nigeria, and participants were all Hausa Muslims. Findings therefore reflect the views of migrant Hausa communities in a southwestern urban setting and should not be generalised to Hausa populations in northern Nigeria or to other ethnic or religious groups, where dynamics may differ. Recruitment was purposive and relied in part on community leaders, which may have introduced selection bias despite our efforts to include participants nominated privately. Social desirability bias is also possible, particularly on a sensitive topic where religious and communal norms are strong, and participants may have moderated views critical of the practice. Four of the 14 TDF domains, namely skills, goals, behaviour regulation, and memory, attention, and decision processes, were not substantively represented in the data, which may reflect either the community level framing of the discussions or a limitation of the interview guide in eliciting individual level cognitive and regulatory accounts. Finally, as a qualitative study of perceptions, our findings describe how participants talk about child marriage rather than establishing which influences actually drive the behaviour, and should be interpreted accordingly.

### Conclusion

This qualitative study contributes to an under-researched area by exploring community perceptions of the benefits and harms of child marriage within Hausa communities in Ibadan, Nigeria. Applying the Theoretical Domains Framework provides a structured way to describe the behavioural, social, and contextual influences that participants associated with child marriage in these communities, while recognising that perceptions reported here reflect the views of a purposively selected group in two settings and are not intended to establish causal drivers.

Participants pointed to parental beliefs, social and religious norms, and perceived economic security as salient considerations in how families think about daughters' marriages, alongside clear recognition of health, emotional, and social harms. These findings suggest that interventions in similar settings may benefit from engaging parents, religious and community leaders, and women's groups together, and from addressing the economic concerns that participants raised. Further mixed methods and longitudinal work will be needed to test whether shifts in these perceptions translate into changes in practice.

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