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Child Marriage: Parents' Lived Experience of Decision-Making Processes and Consequential Health Effects

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Walden University

College of Health Sciences

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Hadiza Yakub

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Walden University

2020

Abstract

Child Marriage: Parents' Lived Experience of Decision-Making Processes and
Consequential Health Effects

by

Hadiza Yakub

MSc Healthcare (University of Wales), 2001

BA Combined Hons (University of Wales), 1999

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Public Health

Walden University

September 2020

Abstract

Child or early marriage is increasingly recognized as a public health concern that poses significant health challenges for a young bride. This qualitative research explored child marriage among Hausa-Fulani ethnolinguistic communities in Northeastern Nigeria. Qualitative interviews were conducted with parents who married off their underage children. The central research questions relied on a theoretical foundation of social values theory and interpretative phenomenological analysis. The study results provide an in-depth understanding of the child marriage phenomenon by exploring parents' lived experiences and the role of a child bride's health in the decision-making process and illustrates how social values and norms drive child marriage in the community. The role of shame and honor are particularly significant, and these feelings drive the practice in these communities. Contrary to the prevailing narrative in the literature, no direct evidence indicated that poverty was a factor in the parental decision-making process. The decision to marry off their children was the purview of male parents in Hausa-Fulani communities, and social values were a key symbol of community identity preserved by common sociocultural practices. The child bride's good health was a necessary condition for the marriage, and minimal considerations were given to the girl's abilities to bear marital responsibility and children. Effective reproductive health education and promotion interventions are required to curb and prevent child marriage.

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Dedication

This dissertation is dedicated to my parents for the sacrifices they made to educate their children, my family for their patience, and the suffering, silent victims of child or early marriage.

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Chapter 1: Introduction to the Study

Child marriage is a global public health problem and a widespread harmful practice that affects enormous numbers of adolescent girls (Chandra-Mouli et al., 2013) with dire consequences, including a high prevalence of maternal and infant morbidity and mortality (Petroni, Das, & Sawyer, 2019; Raj & Boehmer, 2013; Raj, Jackson, & Dunham, 2018; Tenkorang, 2019). Researchers have made substantial efforts to understand child marriage with a focus on curbing and preventing the practice (Bicchieri, Jiang, & Lindemans, 2014; Raj et al., 2018). The widely accepted definition of early or child marriage is a marriage with a girl under the age of 18 years before she is physically, psychologically, and physiologically ready for the responsibilities of marriage and childbearing (Perlman et al., 2016; Walker, 2012). Adedokun, Adeyemi, and Dauda (2016) studied child brides in Northeastern Nigeria, which was the population of interest for this research. They argued child brides are exposed to domestic violence, forced sexual acts, marital violence, and intimate partner violence (IPV). Tenkorang (2019) explained the links between child marriage and IPV and argued that education, self-efficacy, and skills are needed to circumvent patriarchal norms that threaten the security and well-being of young girls.

The practice of child marriage is internationally recognized as pervasive abuse and a violation of child and human rights that significantly compromises maternal and child health (Raj et al., 2018; UNICEF, 2017). Universally, teenage and early adolescence years are a critical age for girls, and what takes place at this stage shapes their future life circumstances. Marriage is central to any discussion concerning the sexual and reproductive health of adolescent girls in many patriarchal societies in Asia,

the Middle East, and Africa (Montezeri et al., 2016). An interplay exists between religion, culture, and gender as they relate to marriage, and the universal valuation of marriage is backed by taboos and religious sanctions against premarital and extramarital sexual relations (Montezeri et al., 2016; Wangila, 2015).

The poorest developing countries in the world have the largest percentages of teenage girls and, for many of them, the mere commencement of puberty marks a time of increased risk and vulnerability to early marriage (Loaiza & Wong, 2012) and entry into sexual life (Santhya & Jejeebhoy, 2015). The United Nations Population Fund estimated that roughly one in three girls is married as a teenager across the developing countries, particularly in Asia and Sub-Saharan Africa (Loaiza & Wong, 2012; Walker, 2017). The extent of early marriage varies among countries and regions, as do the reasons for the continued practice around the world (Bacchieri et al., 2017). Globally, more than 900 countries are affected, with over 125 million child brides (approximately 76% of the female population) in Sub-Saharan Africa alone, and this number is expected to double by 2050 if the practice is not curbed (UNICEF, 2017).

This chapter includes a summary of the global perspectives of child marriage and highlights the Sub-Saharan African region and the population of interest—the Hausa-Fulani ethnic communities in Northeastern Nigeria. I will also present the background and problem statement, research questions, purpose, and significance of the study. I discuss the highlights of the nature of the study and the theoretical framework underpinning the study and discuss the scope and limitations of the investigation. Finally, I present an overview of the remaining chapters in the thesis.

Background

Experts have described child marriage as a persistent health and human rights violation that affects approximately 700 million girls worldwide and translates into an intergenerational health and social crisis (Agege, Nwoso, & Odjimogho, 2018; Raj et al., 2018; UNICEF, 2018). In Nigeria, child marriage is most prevalent in the predominantly Muslim northeastern region, which has been identified as having one of the highest rates in the world: between 36% and 76% of the female population is married before the age of 18 years (Adedokun et al., 2016). The Boko Haram, a militant social group, has ravaged the region, exploiting poverty and campaigns against Western education (Adedokun et al., 2016; Comolli, 2017; Mates, 2017). Researchers contended the phenomenon is deeply entrenched in tradition and concluded reasons for child marriage rely on a mix of cultural, social, economic, and religious factors, with poverty as the core driver in the region. The study by Adedokun et al. (2016) is vital to this research because of the common geographical location with the same population of interest and the associated emphasis on maternal health risks among adolescent girls. Other authors described strategies to end child marriage in the study area and recommended mass and compulsory education of girls concerning options to early marriage and childbearing and increased involvement of parents in curbing the phenomena (Perlman & Adamu, 2017).

The association between child marriage with lower wealth, lower education levels, and higher labor force participation in Nigeria has been described in numerous in-depth studies (Wodon, Onagoruwa, Savadogo, & Yedan, 2017). These associations are, however, only correlations and not necessarily causal effects. Perlman and Adamu (2017) identified customs, gender discrimination, ignorance, peer group influence, and

unexpected pregnancy as contributing factors, but the extent to which these affect different communities is not clear. The various traditional, cultural, religious, and economic factors that influence child marriage practices in the region are complex (Adedokon et al., 2016; Perlman et al., 2017; Walker, 2017). The influence of parents, friends, families, and community leaders are considered the most influential factors in the practice of child marriage in Sub-Saharan Africa. Wodon et al. (2017) argued that it is not simply a matter of belief that there is a right age for marriage, as parents are motivated to marry off their children young to protect them or to escape poverty. It is also essential for parents to protect the sexual virtue of their daughters, especially in a culture that forbids premarital sex (Perlman et al., 2016). These contributions highlighted the role of parents and near relatives in influencing the practice of child marriage and contended that most marriages are prearranged (Association for Reproductive & Family Health [ARFH], 2018; Perlman & Adamu, 2017; Perlman et al., 2016).

Perlman and Adamu (2017) investigated the causes of child marriage in Niger and recommended viable alternatives. The authors identified the population of girls at risk and elicited the aspirations of the girls and their parents, focusing on their perceived desirable alternatives to child marriages. Uyanga (2009) focused on children in Northern Nigeria and addressed how the issue of cultural and religious practices profoundly influence behavior, values, beliefs, attitudes, and personality. Walker (2012) identified Sub-Saharan Africa as having one of the highest rates of child marriage in the world and discussed socioeconomic impacts, including harmful health effects during adolescence. The most prominent health consequences of child marriage include obstetric fistula (OF), vesicovaginal fistula (VVF), and maternal and infant mortality. Experts have also raised

concerns over the health of the unborn child and the risk of domestic violence (Amodu, Salami, & Richter, 2017; Raj et al., 2018). Other adverse factors include socioeconomic effects, such as poverty, social isolation, interruption of education, and limited opportunities for career and vocational advancement (Perlman et al., 2016).

Previous work regarding child marriage in Sub-Saharan Africa, including Nigeria, has been dominated by an exposition of the harmful effects on this practice on the young girls, their family, and society as well as the issues of economic survival, including poverty and inequality. However, the harmful effects extend beyond economics and include physical, psychological, and mental effects on the children (ARFH, 2018; Raj, 2010; Walker, 2012).

Despite the vast research efforts reported in the field, a noticeable gap remains related to the exploration of the parents' lived experience in considering child marriage, particularly concerning the bride's health. I have been unable to identify studies that explore these issues and provide a comprehensive and holistic approach to addressing child marriage practice with a focus on prevention and providing alternatives. Related to this is the lack of emphasis on the decision-making process that involves parents considering the practice of child marriage. Child marriage continues to be widely practiced mostly in patriarchal societies in Africa, Asia, and the Middle East. In these societies, marriages are central to any discussion of the sexual and reproductive health of adolescent girls (United Nations Population Fund, 2017).

Several researchers of empirical and theoretical studies on child marriage have presented theories about the origin and increasing persistence of child marriage; however, this has resulted in too many explanations that lack academic rigor (Bicchieri et al.,

2014). Another gap identified in the literature is the lack of comprehensive studies that track the health of the child brides during the decision-making process and afterward in their marital homes.

In patriarchal societies, such as Northeastern Nigeria and Sub-Saharan Africa, parents are the primary decision-makers and the girls have little or no role in the decision-making processes (Perlman, Adamu, & Wodon, 2017). Several studies on the experience of girls after marriage indicated that a significant proportion stated they were consulted at some point; although, in retrospect, they had little or no say as to when and whom to marry (Oxfam Report, 2017; Perlman et al., 2016; Perlman & Adamu, 2017). McDougal, Jackson, McClendon, Sinha, and Raj (2018) explored the process of child marriage decision-making using qualitative findings from Ethiopia and India. The authors described the extent and number of individuals and social influences involved in marital decision-making. They also argued that understanding the child marriage decision-making process is essential to better equip interventions for preventing and curbing the practice. Child marriage is resisted and shaped in tradition by social norms formed in the realm of religious and traditional customs. Veen, Moorten, Novib, and Durani (2018) discussed the critical role of social norms and traditional customs related to the age of marriage and decision-making processes. The authors emphasized the relevance of social self-reinforcement at the group level, as people want to adhere to a norm if they expect that others will do the same.

The central research objective in this study was to understand the role of health in the parental decision-making process. According to Bicchieri et al. (2014) and Veen et al. (2018), this can be done through the exploration of the social and cultural norms that

perpetuate group behavior (in this case, child marriage practices). Increased understanding of the role of the child bride's health and social and injunctive norms in child marriage practices in these communities would provide useful details required in the design of social and health interventions by policymakers and practitioners. Knowledge of the decision-making process would also provide the necessary background for raising awareness within the community of the harmful effects of child marriage. Moreover, such knowledge could provide avenues for challenging unequal gender norms and supporting social action against child marriage in favor of children's rights in the community. These data could also be used to identify the perceived incentives that may be perpetuating the practice and why the practice makes sense to communities that engage in child marriage. Currently, it is unclear what factors motivate and influence parents to marry off their underage children and to ignore the immense harm child marriage may cause. Further, the role of the bride's health in the decision-making process is unknown. These factors may in part be the reasons why the practice of child marriage continues to be prevalent regardless of the numerous social and health interventions. A major behavioral transformation is required to change the community's attitudes toward child marriage and bring about a positive social change by preventing child marriage.

Problem Statement

Child or early marriage is increasingly recognized as a public health concern in Sub-Saharan Africa, particularly in Northeastern Nigeria, posing significant health challenges that impact the mental, physical, and psychological well-being of adolescent girls (Adedokun et al., 2016; Amodu et al., 2017; Parsons et al., 2015). The offspring of such marriages are equally at an increased risk for premature birth and neonatal or infant

death (Amodu et al., 2017; Raj & Boehmer, 2013). Kidman (2017) suggested that during child marriage, adolescent girls encounter an increased risk of IPV, which can be directly linked to other adverse physical and mental health outcomes. The population of interest in this study, the Hausa-Fulani ethnic communities from Northeastern Nigeria, who are predominantly Muslims, has one of the highest recorded rates of child marriage in the world, with upwards of 76% of girls being married before the age of 18 years (Amodu et al., 2017; ERFH, 2018). Child marriage also disproportionately affects girls and is considered a social and gender inequities issue (Perlman & Adamu, 2017; Perlman et al., 2017). Because of child marriage, the women in the community also suffer from a high prevalence of VVF (Amodu et al., 2017).

Despite the devastatingly harmful effects of child marriage, the practice continues to be supported through tradition, culture, and religion in many parts of the region (Adedokun et al., 2016; Walker, 2017). Child marriage is a significant public health issue that requires an exploration of the lived experiences of the communities that practice it as well as an understanding of why and how parents make decisions to marry off their underage daughters.

In this study, I used phenomenological qualitative research inquiry, namely interpretative phenomenology analysis (IPA), to explore in-depth lived experiences of the parents involved in child marriage to gain a nuanced understanding of the role of the child bride's health in the parental decision-making process leading to the marriage of their minor children. Specifically, I sought to gain details of the negotiation and transactional strategies involved. These details may be useful in the design and

implementation of health interventions, and the relevant data could be used to curb the phenomena through the provision of viable alternatives and policy changes.

Purpose of the Study

My goal for this study was to develop an in-depth understanding of the child marriage phenomenon by exploring the parents' lived experiences and the role of the child bride's health in the parental decision-making process. I focused on the transactional details involved during negotiation as well as the strategies used in the decision-making processes regarding timing and choices of the groom that are known to have significant health implications on these adolescent girls. Uyanga (2009) argued that the parents and the cultural beliefs of their communities profoundly influence their behaviors, values, and attitudes toward child marriage practice. Therefore, it was essential to understand the modes of thinking and decision-making, the role of health, and negotiation processes because they tend to set certain limitations on options and behaviors.

Parents, close family relatives, and the religious community leaders mostly influence the decisions related to child marriage for which the outcome affects the young adolescent girls (Perlman et al., 2017). In this study, I examined the determinants of surrogate decision-making processes and considerations given to the child bride's health by the underage girl's parents. Recent studies showed increasing risk inclinations in surrogate and self–other differences in decision-making processes (Tunney & Ziegler, 2015). Social values theory (SVT) proposes that decision-making for others is based on the social value placed on the action, leading to a norm for how to decide for others (Dore Stone, & Buchanan, 2014). This contrasts with self-decision, which is influenced by several additional factors. Consistent with risk-aversion norms, parents make more risk-

aversion decisions for their adolescent children than for themselves. This concept supports the assertion that subjective risk is attenuated in surrogate decision-making processes, as the level of risk and inconveniences affects self-decision-making more than decisions for one's child and underpins the theoretical background for risk-averse surrogate decision-making (Batteux, Ferguson, & Tunney, 2017; Dore et al., 2014). In this study, I investigated whether the parental decision-making process is conducted in the child's interest by considering the child's health and identifying the risk factors that influence decision-making processes.

Understanding the decision-making process and the knowledge of how and why parents make these decisions is critical to providing a deeper understanding of the reported health implications of child marriage (Parsons et al., 2015; Raj & Boehmer, 2013; Walker, 2012). Such information can be used as vital resources in the design of blueprints necessary for the successful implementation of social and health intervention programs intended at curbing and preventing the harmful practice of child marriage and providing viable alternatives to this community to achieve social change.

Research Questions

I used the following research questions to guide the study, which are consistent with the identified gaps in literature and designed to explore the parents' lived experiences of the role of the bride's health in the broader process of permitting child marriage. My objectives were to achieve a nuanced understanding of the role of the bride's health in parental decision-making in child marriage.

Research Question 1 (RQ1): What are the lived experiences of parents who married off their children who were under 18 years of age?

Research Question 2 (RQ2): What role does a bride's health play in her parents' decision-making for early marriage?

I took a broad-based approach to the theoretical background to integrate the social and cultural norms that underpin the lived experiences, risk-based surrogate decision-making processes, and associated values concerning child marriage. I used the SVT construct to explain the relationship between injunctive norms and perceived social values in determining the decision-making process by others in a self–other relationship (Dore et al., 2014; Stone & Allgaier, 2008). SVT states that the social value placed on risk in the situation is the predominant factor when making decisions for others and the decision-maker does not weigh the pros and cons of that behavior before telling the person what to do (2017). In this study, I explored the significant risk factor in child marriage, namely the health of the child bride as it relates to the parental decision-making process. Other factors relevant to the decision-making process include injunctive norms or behaviors perceived as being approved of by others and descriptive norms understood by observing others in the community. The latter is susceptible to fundamental attribution error or a tendency for individuals to interpret the behavior of others as a character trait rather than a factor influenced by situational variables (Batteux et al., 2017; Dore et al., 2014).

I used SVT to understand the decision-making process and the factors that influence decision-making, such as the social and injunctive norms, to address the central question of the associated health risks involved in child marriage. We can use SVT theory to explain how self/other differences within the domain of risk in decision-making

will occur whenever a social value is placed on risk (Batteux et al., 2017). In other words, risk preferences differ when making surrogate decisions as opposed to personal decisions.

Theoretical and Conceptual Framework

To guide this research, I developed a theoretical and conceptual framework for detailing the theoretical relationship between injunctive norm(s) and the decision-making process associated with child marriage. I used SVT to inform the theoretical framework for parental decision-making regarding the marrying off of their underage children. Parental decision-making can be analogous to everyday decisions made on behalf of others or surrogate decision-making and the risk preferences involved. Tunney and Ziegler (2015) explained the surrogate decision-making process as one that produces an outcome that will affect another person. Individuals often use surrogate decision-making in situations when they are unable to make informed decisions for themselves, as in the case of child marriage. Parental decision-making may not be for the recipient children, as they decide on what they perceive to be an optimal or benevolent decision. Based on this assertion, the parental decision-making process of child marriage can be modeled into four main independent categories: benevolent, egocentric, stimulated, and projected. The outcomes of the decisions are determined by the differences in the intention and ability of the parents to meet the perceived wishes and aspirations of the child, for example, avoiding the risks associated with child marriage, marrying at an older age, and preventing the associated health consequences. This difference suggests surrogate decision-making in child marriage might not be a function of how close parents are to the stated wishes of the surrogate. To illustrate this concept, I have drawn a conceptual model

to qualitatively predict the accuracy of the parental decision-making process of child marriage, which is described in Chapter 2.

I derived the theoretical and conceptual frameworks to guide the research and provide the necessary connection between research parameters and key theoretical concepts. The framework related to the perceived value of child marriage with social norms and described how they influence the parental decision-making mechanism. I then used the framework for this study to guide my exploration of how and why parents decide to marry off their underage female children.

I used SVT as the theoretical background of the research and evaluated parental decision-making in terms of individual preferences for adopting community social norms regardless of the associated health risks of child marriage. The parents believed they needed to follow their group of reference or behavioral rules to conform to a socially acceptable norm (Bicchieri et al., 2014). SVT suggests that decision-making for others is driven by social values leading to an acceptable, or reference group sanctioned, behavior in contrast to personal decisions that are influenced by other determinants (Dore et al., 2014). To comprehensively explore the phenomenon of child marriage and understand the decision-making process, it is necessary researchers investigate why individuals behave the way they (Bicchieri et al., 2014). Furthermore, attention must be given to the elements of sensitivity to social norms as rule behavior, in which individuals prefer to conform or ought to comply within the community as empirical and normative expectations, respectively. Sensitivity to social norms is often due to a lack of autonomy, which is the ability of an individual to make choices for themselves rather than others making choices and decisions on their behalf. Bicchieri et al. (2014) argued that the

importance of social expectations to the existence of norms indicates an interrelation between the risky behavior and beliefs observed in child marriage.

The underlying questions guiding this study were related to how parents make decisions about their underage daughters' marriage and what part the girls' health and well-being play in these decisions. I used SVT to address the question of a girl's role in the practice of child marriage, including reliance on risky surrogate decision-making. The issue can be adequately addressed by examining the personal lived experiences of fathers and mothers whose daughters were married before they were 18 years of age. The practice of child marriage is widespread in the target community and most of the mothers might have been through the experience of child marriage themselves.

I used the theoretical and conceptual frameworks to direct my actions in this research and ground the study firmly in theoretical constructs. I used two frameworks to ensure research findings were meaningful, acceptable to the theoretical constructs in the research field, and generalizable (Dickson, Hussein, & Agyam, 2018). The theoretical framework allowed a critical evaluation of the theories that underpin the research. Similarly, the conceptual framework offered flexibility and a capacity for modification, emphasizing understanding instead of prediction. I used this framework as a tool to provide a qualitative assessment of the parental options and choices concerning child marriage. This aspect of the framework may have practical use in the design of health and social interventions required to curb and prevent child marriages. Figure 1 illustrates the mechanism of decision-making proposed by SVT (Dore et al., 2014): the social values underline the process, or the norm referred to as an injunctive norm and the decision-

making process. I used the surrogate decision-making process for self and others or self–other after Tunney and Ziegler (2015) to explain the parental risk preferences.



Figure 1. Mechanism for decision-making in social values theory.

The other elements of SVT are the perceived social norms and the decision-making processes that combine with the perceived social value to determine parental decision-making. I used SVT combined with a surrogate decision-making model (Tunney & Ziegler, 2015) to further account for the parental decision-making process and the associated risks. I centered my research questions on whether the parental decisions were in the child’s best interest, such as the girl’s health and well-being, under a benevolent perspective. Using this model, I attempted to conceptualize parental decision-making concerning child marriage. For example, would the parents have done the same for themselves if they were the recipients or the ones to be married at this early age? Similarly, I used the projected perspective of the model to simulate what the child would choose given a choice to marry or not or the simulated perspective. The parents may also make a decision that serves their interests irrespective of the wishes of the underage child or egocentric perspectives in the decision-making process. Parental attitudes toward the institution and practice of child marriage are determined by the risk preferences involved (Batteux et al., 2017). Risk preferences are attenuated when parents make surrogate decisions for their children in the practice of child marriage; parents take more risk for

their children than they would take for themselves. Community religious leaders were not incorporated into this research because of the limited scope of the research; however, the important role they play in conducting the marriage rituals was acknowledged. These leaders also served in part as the reference group who might administer sanctions when parents fail to conform to the accepted social norms prevalent in the community.

The central question of the research relied on a theoretical foundation of SVT, IPA, and constructs derived from phenomenological qualitative research inquiry. I developed the framework to ensure the focus of the research primarily centered on the meaning of the lived experiences of the parent participants and the meaning they attach to child marriage. Furthermore, I considered the perceived motivational gains parents might obtain at the expense of inherent risks associated with child marriage and whether they recognized and understood the significance of the associated risks.

Nature of the Study

This research was a qualitative study based on in-depth IPA methodology. IPA is based on three primary theoretical underpinnings and draws from fundamental principles of phenomenology, hermeneutics, and idiography. The primary constructs of IPA relate to the interpretation of reality and the participants' lived experiences (Smith & Osborn, 2015). I aimed to provide an examination of the personal experiences to produce an account of decision-making through lived experiences, understandings, perceptions, and personal views rather than as prescribed by preexisting theoretical preconceptions. IPA is particularly relevant for examining complex phenomena, such as child marriage, for which data is collected in the form of personal accounts in a natural setting and individuals make sense and meaning of their life experiences. I used qualitative content

analysis to provide a subjective interpretation of the content of the participants' interviews through a systematic coding process of sorting and identifying themes or categories that articulate a broad and condensed description of the phenomenon (Elo & Kyngäs, 2016). I employed a decision tree analysis drawn from decision theory in the data analysis. In this study, I assumed that when parents make decisions to marry off their children, multiple choices or actions involving numerous factors for the decision-maker(s) could lead to different outcomes (Dowding & Thompson, 2009).

Limitations

Child marriage is a global phenomenon with wide variations in practice across different regions of the world; therefore, the findings of this study might not be readily transferable and generalizable to other regions. For example, the degree of transferability of the outcome might be affected by the selection of the geographical location of Northeastern Nigeria and the population of interest in the research setting—the Hausa-Fulani ethnic community. Although other ethnic communities and religious groups exist in the area, the Hausa-Fulani comprise the dominant ethnic group in Northern Nigeria and Sub-Saharan Africa.

Other limitations might relate to potential weaknesses in the design of the research. For example, the limited purposive sampling method was focused on a single gender, as girls are disproportionately impacted in this population. Therefore, no parents of boys were recruited for the study. During recruitment, I ensured the sampling method, particularly the inclusion criteria, was appropriate and consistent with IPA methodology requirements.

Researcher bias was another possible limitation of this study. As I was previously a member of this community, I initially planned to research as an insider among the participants. However, after 30 years of absence, I realized I was a complete outsider. Nevertheless, necessary caution was taken to ensure my past experiences did not influence or contribute to research bias, as I initially envisioned. To manage research bias and positionality, I employed IPA methodology and made every effort to maintain objectivity and subjectivity by questioning and comparing the experiences and perspectives and ensuring consistency in interpretation (Greene, 2014). I was conscious and mindful of a positionality effect during data collection and analysis.

Significance

Child marriage is practiced in every region around the world and across cultures, religions, and ethnicities (Girls Not Brides, 2018; UNICEF, 2017). The associated risks of this practice on the well-being and health of child brides are widely acknowledged as a public health problem (Delprato & Akyeampong, 2017). Child marriage is a complex phenomenon driven by culture, social norms, and behavioral determinants that impact the current understanding of the phenomena (Bicchieri et al., 2014). A more profound comprehension of the transactional processes, the role of the child's health, and negotiation strategies in the decision-making process among the participants are relevant for understanding the underlying reasons for the practice.

Indeed, adolescent girls themselves have not yet attained full maturity and are unable to act autonomously to decide on timing and choice of their bridegroom or to understand the immense health implications of early marriage (UNICEF, 2017; Wodon et al., 2017). From a practitioner perspective, a deep understanding of why and how the

participants make decisions on behalf of their daughters is critical to the successful design and implementation of interventions that can potentially result in behavioral changes that could curb the phenomena and make a positive impact on the health of these girls. The findings of this research increase the body of knowledge and could be used to potentially reduce the associated adverse health impacts associated with child marriage. The results have implications for policymakers, planners, and health practitioners who want to develop culturally sensitive programs and interventions for girls, women, and families affected by child marriage (Montazeri, Gharacheh, Mohammadi, Alaghband Rad, & Eftekhar Ardabili, 2016). This study could have a significant positive social impact on the lives of the immediate population of interest by changing cultural behaviors and attitudes toward child marriage. Additional findings from this research may offer a theoretical conceptualization of public health intervention designs for child marriage targeting the mitigating drivers and the adverse health consequences.

An important motivation for conducting this study was the alarming rate of maternal and infant mortality and morbidity in Northeastern Nigeria because of pregnancy-related problems associated with early marriages, as many girls do not receive appropriate medical care during their pregnancies. The majority of these girls (79%–86%) deliver at home with no prenatal care (Amodu et al., 2017; Eruker & Bello, 2007). The need for this research became even more urgent because the population of interest of this study is experiencing conflicts brought upon by the rejection of Western education led by the group Boko Haram, who many in the region support as a viable alternative and a means of social and health mobility (Mates, 2017; The Guardian, 2018).

Summary

In this chapter, I presented an introduction to child marriage as a widespread public health concern on a global scale. This phenomenon poses significant health challenges that affect the mental, physical, and psychological well-being of adolescent girls. My problem statement focused on parental decision-making and the consequential effects on child health in the context of the lived experiences of the population of interest. I also discussed the purpose, significance, and limitations of the studies.

In Chapter 2, I present the literature review, which is an analysis of scholarly articles on child marriage around the globe and Sub-Saharan Africa in particular. Following this, I review literature focusing on the population of interest and their lived experiences. To conclude the chapter, I offer a review of SVT, the underlying theory used to explain the parental decision-making process and determine the outcome of such a decision on the health and well-being of the underage girls involved in child marriages.

Chapter 2: Literature Review

Child marriage is recognized as an international human and child rights issue. Child marriage is a discriminatory practice that hinders the development of hundreds of millions of young and adolescent girls around the world (Raj et al., 2018). Child marriage is defined as a formal or informal customary union involving a child below the age of 18 years and is an ancient and worldwide custom that affects millions of people (Arthur et al., 2018). Significant public health concerns are associated with child marriage in Northeastern Nigeria, particularly OF and VVF, premature birth, postpartum depression, mental health problems, and maternal and infant mortality (Amodu et al., 2017; ARFH, 2018).

Child marriage remains a widely accepted practice across several countries, regardless of differences in cultures and religious beliefs (Chandra-Mouli et al., 2013). The practice is still widespread and most prevalent in developing countries. The poorest developing countries, such as Northeastern Nigeria, have some of the highest child marriage rates. Northeastern Nigeria, specifically, appears resistant to changes to curb child marriage driven by social norms, culture, and religious beliefs (Adedokun et al., 2016). Child marriage is prevalent among the poor and underprivileged who have fewer resources and opportunities to invest in alternative options for girls (Parsons et al., 2015; Perlman et al., 2017).

Prior research stressed the harmful consequences of child marriage as well as the immediate reasons for the continued practice in various regions and communities around the world (Raj et al., 2018). However, what is missing in extant literature is an in-depth understanding of parental decision-making despite the risk of exposure to the harmful

consequences of the practice of child marriage (McDougal et al., 2018; Veen et al., 2018).

The purpose of this study was to explore and achieve a nuanced understanding of child marriage practice by focusing on the understanding of the transactional and negotiation processes involved in parental decision-making. Parental decision-making and how it impacts the health of these minors is significant and requires a study characterized and devoted to understanding the transactions and negotiations involved in child marriage (Veen et al., 2018).

I completed a literature review that includes the international and regional perspectives. I deemed this strategy necessary to provide an understanding of the background because of the wide variation of this practice around the world. In the following sections, I present the theoretical foundation that guided the research effort, including a rationale for choosing the relevant theories. Next, I offer a description of the theoretical framework that formed the backbone of the research, articulating how these theories benefited the research effort. Last, I use a qualitative model based on SVT and its application using a surrogate decision-making model involving self–other risk preferences in a risk-averse situation to explain and predict the parental decision-making outcome in child marriage.

Literature Search Strategy

The literature search review strategy that I used situates the research conducted within the context of prior work on child marriage, which I used to develop the research questions for this study. The topic of study, child marriage and parental decision-making, spans multiple disciplines and databases. The databases I accessed for this review

included ProQuest, EBSCOhost, PsycINFO, CINAHL, Medline, PsycARTICLES, UNICEF, WHO, UN Data, SAGE Journals, and psychology databases combined search. Other sources included Open Library, Social Science Research Council library, Google Scholar, government and nongovernmental pages, and Walden University library and research resources. Keywords and phrases were *child marriage, early marriage, forced marriage, gender inequality, intimate partner violence, social norms, injunctive norms, decision, surrogate decision-making, social values theory, qualitative research, phenomenology, and interpretive phenomenology analysis.*

In this dissertation, I present a critical evaluation of the relevant literature to identify what is already known and highlight gaps in this knowledge while providing a framework within which to present and analyze the findings. By conducting the literature review, I established a rationale for why the research subject and questions were significant in furthering the understanding of child marriage. Next, I outline a literature synthesis of the population of interest to provide a theoretical background that demonstrates the relevance of the research and why the research questions are worth asking as well as what the answers might likely contribute to the literature in the field.

Theoretical Foundation

This qualitative inquiry was informed by the theoretical underpinnings of IPA with the object of studying the lived experiences of child marriage participants. I used SVT and surrogate decision-making processes or decisions made on behalf of other people in a risky situation (Tunney & Ziegler, 2015) to guide the research. Surrogate decision-making commonly arises in everyday life when vital decisions are made on behalf of other people; for example, when parents make decisions for their children or

spouses make decisions for their partners. Most of these decisions are relatively trivial; however, in other contexts, such as child marriage or end-of-life care, these surrogate decisions can be profound and potentially life-changing. My objective for this study was to answer the question of how parents decide to marry off their children at a young age considering the risks involved with child marriage and the consequential health effects (Adedokin et al., 2016; Petroni et al., 2019; Tenkorang, 2019; Walker, 2012).

Phenomenological Approach

I followed phenomenological qualitative research inquiry to explore the ontological, epistemological, and methodological stance of this research study. Phenomenology emerged from a 20th-century philosophical movement based on the work of philosopher Edmund Husserl and became a widely used qualitative research tool to describe human experiences. First described by Edmund Husserl, and later by Martin Heidegger, phenomenology is used to study the human world and experience the realities of how things are perceived and appear in consciousness (Tuffour, 2017). A phenomenological research approach ensures biases and preconceived assumptions about human experiences are avoided in the study of human practices. This characteristic allows the researcher to delve into the perceptions, perspectives, understandings, and feelings of those people who have experienced or lived the phenomenon (Centre for Innovation and Research in Teaching, 2018). These reasons make phenomenology the best method for a research study on child marriage, owing to the sensitivity and private nature of the practice. Based on this, I further determined phenomenological qualitative research inquiry based on the IPA approach to be the best fit for this study.

Phenomenology has evolved into two broad categories (descriptive and interpretative, or

hermeneutic), which I summarize below. Other phenomenological approaches include lifeworld, first-person account, reflexive, relational, and interpretative methods (Pietkiewicz & Smith, 2014). Various qualitative research inquiries use different research approaches ranging from pure descriptive to interpretative phenomenology.

Descriptive Phenomenology

Descriptive phenomenology focuses on the essence or structure of experiences in the way it occurs in an individual's consciousness, anchored rigorously by data without the influence of interpretation of how the subjects make sense of their lived experiences, based on a hermeneutic approach (Alase, 2017). Husserl's phenomenology involved an investigation of the lived experiences, or knowledge of humans' experiences through the process of *bracketing off* to prevent bias (Smith, Flowers, & Larkin, 2009). Researchers stay periconceptually neutral by bracketing all their previous experiences and knowledge about the phenomenon being investigated. Participants in their conscious state are the singular source of the phenomenon as a subject itself. The researcher adopts a phenomenological attitude and puts aside any knowledge, experiences, or presuppositions. The descriptive phenomenological approach is suffused with philosophical, theoretical literary, and interpretative lenses as explorative tools—the consequences of being a presentation of human experiences are grounded in unrestricted imagination and metaphorical sensibility (Alase, 2017).

Interpretative Phenomenological Analysis (IPA)

IPA is used to explore how participants make sense of their personal and social world and rely on the meanings particular experiences have for the participants. The approach is phenomenological in that it involves the researcher's detailed examination of

the participant's lifeworld; through this approach, the researcher explores personal experience concerned with an individual's perception and provides an account rather than an objective description of the phenomenon (Smith, Jarman, & Osborn 1999; Smith & Osborn, 2015). Focusing on humans' experiences rather than on what they consciously know, the meanings of the phenomena rely on the understanding and experiences, or interpretive knowledge. The approach has increasingly become a dominant qualitative research methodology in many disciplines, including public health (Charlick, Pincombe, McKellar, & Fielder, 2016; Tuffour, 2017). IPA is often described as an analytical process regarding the dual hermeneutics or the reciprocal relationship between the participants who interpret their world and the researcher who attempts to decode the meaning of their world (Smith & Osborn, 2015).

Rationale for the Choice of Interpretative Phenomenological Analysis (IPA) as a Qualitative Research Inquiry Tool

I used IPA for this study because of its emphasis on the convergence and divergence of experiences. Researchers often use IPA to examine details and achieve nuanced analysis of the lived experiences of a small number of study subjects (Tuffour, 2017). Consistent with phenomenological research tradition, I explored the lived experiences of child marriage practice based upon the accounts of actual participants who provided an in-depth sense of the practice in their natural setting. The IPA approach was best suited for such a study and I used it to obtain a deeper understanding and perspective into the participants' circumstances. Furthermore, I used IPA to facilitate my contribution to the development of new ideas and theories that could trigger changes in policies and responses to the practice in a universal manner. By choosing IPA methodology, I ensured

the participants' voices were heard, which was beneficial in two ways. First, the outcome of the study may prompt action, or at least challenge preconceived notions and complacency. Second, the interpretative nature of the inquiry makes phenomenological reduction a vital component to the research to reduce biases, assumptions, and preconceived ideas about child marriage.

I selected IPA because of its inherent advantages of being participant-oriented and having exploratory, investigative, and interpretative capabilities. I used this approach to understand the private deliberations of the participants or interviewees and how they make sense of their lived experiences without distortion (Alase, 2017). The topic of child marriage is sensitive and personal; therefore, investigating the topic requires a rapport between the researcher and the interviewees. Building this rapport between the researcher and the participants was critical to the success of the study. In this regard, Pietkiewitz and Smith (2014) identified IPA as the approach of choice in studying the lived practices. As such, it made sense to use it in the exploration of child marriage in the context of the participant's perspectives. IPA is helpful for the systematic exploration of personal experience and draws upon the fundamentals of phenomenology, hermeneutics, and ideography (Tomkins, 2017). Drawing upon the fundamental principles of phenomenology, hermeneutics, and ideography, IPA can be used to explore and investigate how individuals make sense of their experiences. In summary, IPA is a combination of ideas from phenomenology and hermeneutics that focus on the voices of participants and their interpretation of their role in the phenomenon under study.

Idiography is the third theoretical pillar of IPA and refers to the examination of individual perspectives to obtain an in-depth analysis of the participants in their uniquely

independent context (Pietkiewicz & Smith, 2014). The primary objective of the idiographic method is an exploration of the case study of the research before generalization. In general, IPA studies do not limit the number of participants and rely on the nuanced analysis of a single-case study, the richness and contents of the individual cases, a researcher's ability to compare single cases, and the applicable pragmatic restrictions defined in the study (Alase, 2017). According to Creswell (2013), the participants' lived experiences are the basis of these qualitative approaches and the research analysis.

Social Values Theory (SVT)

I used SVT as the theoretical backbone of this research to probe parental decision-making processes that underlie the transactional processes involved in child marriages. My goal was to determine how parents make decisions for their underage children. SVT states that decision-making for others, or surrogate decisions, relies on the perceived social value of the action. The decision made for others is driven by the dominant social norms, whereas self-decisions are governed by several additional factors (Dore et al., 2014). The fundamental question was whether parents, as decision-makers, weigh the pros and cons of the outcome before making such decisions, for example, the parental decision to marry off their underage children irrespective of the risks and health consequences. Parents tend to follow prevailing societal norms to make a socially acceptable decision on behalf of their minor children; this is in contrast to deciding for themselves, for which parents would consider other factors, including the value placed on the risk associated with any decision (Stone, Choi, Bruine de Bruin, & Mandel, 2013).

The application of SVT was appropriate for this study due to the ambiguous nature of the decision-making process on behalf of others. For example, the requirement to understand parental decision-making has significant implications in the health and well-being of their minor children based on the risks associated with child marriage. From a public health perspective, understanding the parental decision is necessary and would give greater insight and help in the design and implementation of social interventions that could prevent the practice. In the literature, parental decision-making has been highlighted as a critical component in the provision of palliative and end-of-life care (Carroll, Mollen, Aldridge, Hexem, & Feudtner, 2012; Ullrich & Morrison, 2013), vaccinations (Glanz et al., 2013), and child marriage (McDougal et al., 2018). In the same context, Dorel et al. (2014) argued that factors influencing parental decision-making have not been well characterized. These factors have significant public health implications for the health and well-being of these children. Despite the importance of such a decision, there is little or no research that addresses parental decision-making for child marriage (Dore et al., 2014).

Through this project, I aimed to understand parental decision-making as it relates to child marriage. I used SVT as the binding theory to explain the immediate question of whether decisions people make for others are different from those they make for themselves. I considered the parental decision-making process because adolescent girls do not have a voice or right of choice to determine their aspirations and goals in life. Specifically, I attempted to understand the transaction and negotiation processes of decision-making, including the driving factors, the relationship between these factors, and how they influence parental decision-making. I felt it was important to determine

what role, if any, the health of these girls plays in the final decisions and how informed parents are concerning the long-term health and well-being of their daughters. Therefore, I sought to understand how parents make decisions to marry off their underage children regardless of the risk. Gaining insight into the decision processes by which parents make surrogate decisions on behalf of their underage children could help to understand the determinants that influence this critical decision. Such knowledge could ultimately be used to promote methods that enhance the health and well-being of these children.

SVT raises the critical question of whether decisions parents make for other people are different from decisions they would make for themselves. This is referred to as surrogate decision-making processes. The theory proposes that such decision processes would be based on the social value of an action driven by the norm in contrast to self-decisions. Stone and Allgaier (2008) founded the theory, which was built on prior research contributions by Kray and Gonzalez (1999). The authors revealed how individuals focus on the dominant aspect when making decisions for others. SVT proposes that this dominant aspect is the social value of the situation or the acceptable behavior within one's social group (Dore et al., 2014).

We can use SVT to explain that people's decision-making for others is determined to a large extent by what is valued in society. The theory uniquely predicts that social influence plays a more significant role in decisions for others than for oneself. The critical assumption is that societal norms influence decisions for others more than self-decisions primarily because of other nonvalued factors, such as the amount of inconvenience in the decision situation (Dore et al., 2014). Most importantly, we can use SVT to explain the robust domain differences in the extent to which self–other

differences arise in decisions relating to risk. Several studies revealed that in relational situations, individuals tend to make riskier decisions for others than for themselves, especially when they are of relatively low impact (Polman, 2012; Wray & Stone, 2005). Other studies have documented few or no self–other differences in decisions about risk-taking in monetary scenarios. For example, Stone et al. (2013) found that in physical safety scenarios—in which risk aversion is valued—people make more risk-averse decisions for friends than for themselves. Furthermore, they found that these differences in decision-making hold even though people accurately predict what their friends would decide for themselves. Dore et al. (2014) reviewed and discussed the extensive literature on self–other differences in decision-making and highlighted that people make choices consistent with what is socially valued and accepted.

The decision-making process was particularly relevant to the subject of this investigation, parental decision-making, and the risks associated with child marriage. The decision-making process is consistent with the constructs of SVT and risk aversion is valued when child marriage is involved: parents are more risk-averse when making decisions for their underage children than for themselves (Ubel et al., 2011). SVT states that different factors influence the decisions one makes for others. The primary purpose of social norms is to guide the decision-making for others, and other factors that have no influence would have less effect on any decisions made for others. Parental decision-making is influenced by what others think and value (Bacchieri et al., 2014). Most of the prior research about parental decision-making was performed to understand decision-making processes in a specific content area. Within SVT, the influence of the perceived value and social norms in the form of an injunctive norm on the decision-making process

is related to a reduced impact on other nonsocial factors that might dilute the influence of the social norms (Stone et al., 2013).

Parental Decision-Making Processes in Child Marriage

Parental decision-making is central to the practice of child marriage. Numerous factors that involve immediate family, friends, and communities collectively influence the processes leading to this decision (Bicchieri, 2006). To gain a deeper understanding of the practice of child marriage, we must study the driving factors and how they influence the parental decision process. The transactional and negotiation processes in child marriage involve various functions and consist of six significant steps: initiation, engagement, negotiation, contractual settlement and publicity, delivery, and validation and verification (Bello & Erulkar, 2007; Perlman et al., 2017; Veen et al., 2018).

Initiation Process

The initiation of a child marriage is commonly communal through contacts with extended family members and close friends. Finding, investigating, and verifying the suitor is the first critical stage in child marriage. For example, for the population of interest studied in this project, parents within Hausa-Fulani ethnic communities consider family respectability, religious beliefs, and what sources of income or employable skills the suitor has to feed, clothe, and support his wife and children. Generally, the father decides if the daughter is ready for marriage after consulting the mother (Perlman et al., 2016). In a typical patriarchal family, the fathers are instrumental in making the formal arrangements, with mothers, grandmothers, and the prospective husbands involved and owing to various functions (Perlman et al., 2016).

Engagement Process

The engagement process follows the completion of choice, vetting, and confirmation of the suitor. The suitor's extended family members meet the girl's family, typically the girl's elder or younger brother who finalizes the arrangement. In rare cases, it may be possible that the groom has not yet seen or even talked to the bride.

Negotiations Process

During this step, decisions made include the determination of the bridewealth or dowry. The bride must be paid before the wedding date is set. This transaction is done according to Islamic rites following the teachings of the Quran. In Hausa-Fulani culture, the representative of the groom will explicitly issue guarantees to the bride's family that the groom will meet the required obligation to feed, clothe, house, sexually satisfy, and provide essential support for the girl in the presence of a witness. If there are other additional guarantees required, for example, requests for the girl to attend Islamic or Western schools after the marriage is settled and announced, then those are also considered.

Contractual Settlement and Publicity

This is the most critical transaction and involves following Islamic teachings and the practice of the Prophet Muhammad (SAW); this refers to the formal negotiation and contract settlements that occur before the formal wedding day and when the wedding is finalized and publicized. The announcement of the wedding date to families, friends, and well-wishers in the community is part of this process. Everyone, from the extended families of both the groom and bride to community members, is invited to witness the contract settlement. This final settlement is conducted during an open discussion in the

presence of religious leaders or imams who remind the representative of the groom and bride of the religious obligations from the Muslim holy book, the Quran and Hadeeth, and the practices of the Prophet Muhammad (SAW). This stage is concluded with a pronouncement declaring the bride and the groom as a husband and wife with the attendees bearing witness to the declaration.

Delivery Process

The delivery stage occurs on the evening of the day of the contract settlement. Extended family members accompany the bride to the groom's house where his extended family members receive the bride through an elaborate ritual ceremony.

Validation and Verification Process

In the final step, the groom is expected to validate that the bride is chaste after the first night; verification comes in the form of the groom's delivery of evidence, such as bloodstained bedsheets, to the mother of the girl. The groom also delivers gifts in the form of clothes, money, kola nuts, and sweets to celebrate the chastity of the bride. Family and friends accompany the groom and report to the bride's family with a gift confirming and validating the chastity of the girl. This validation is perceived as an honor to the bride's family.

On rare occasions, the marriage could be nullified and rendered void, to be followed with a quick divorce, if it emerges that the marriage cannot be consummated or if the girl is unchaste. In this case, the marriage contract is immediately revoked and the bridewealth returned to the groom's family resulting in harassment and shame on the girl's family. The girl is returned to her family with all the undesirable shame and stigma of having premarital sex, which is unacceptable. Verifying a bride's virginity, which

represents her family's honor, is woven into wedding ceremonies across West Africa (Guilbert, 2017; Perlman & Adamu, 2017; Veen et al., 2018). The bloodstained white sheets seen the morning after marriage are celebrated as a sign of pride for the bride and her family and as an extension of purity on the part of the bridegroom's family. In this case, if the bride cannot prove she was a virgin, she loses part of her dowry, disgraces her relatives, and the marriage is voided (Guilbert, 2017).

These transactional steps show the young brides' low level of participation in the decision-making process. The accepted social norms are that the girl's education or subsequent participation in gainful employment is not a priority, as the girl is destined to get married and be a loyal wife and a mother (Bicchieri et al., 2014; Perlman et al., 2017). The process from top to bottom does not include issues regarding the health and well-being of the girl beyond feeding and clothing. The question of health consequences from the marriage is not a subject for consideration during this process. The absence of primary reproductive health consideration is significant considering the age and lack of maturity of the girls. For example, these girls are seen as mature enough to engage in sexual relations when they are not yet ready to physically, physiologically, and mentally engage in sexual behavior, pregnancy, childbearing, or marital responsibilities.

Social Norms Around Child Marriage

An in-depth understanding of social norms and perceived value of child marriage in the target community is necessary for determining how the parental decision is reached. Child marriage is a highly valued tradition and has a special significance with origins in the community's cultural heritage as passed down through generations. The acceptable marital age of a girl in the community ranges but is generally accepted as less

than 15 years of age. In practice, the girl is determined ready for marriage at the onset of puberty, which can be between 10 and 12 years of age (Perlman & Adamu, 2017). In a few very specific cases, premarital engagements are reached at a much earlier age. It is permissible for parents to give the hand of their daughter in marriage even when she is not fully grown, albeit such marriages are typically not consummated and the girl remains at home with her parents until she reaches the onset of puberty. Child marriage is used to prevent girls from having sexual relations and possible pregnancies before marriage in an effort to preserve family honor. Girls who refuse marriage are thought of as promiscuous (Veen et al., 2018). Protecting the girl and her family's identity and morality before she engages in immoral behavior is important in the community. It is perceived that child marriage is most beneficial to the girl and is needed to ensure her safety in the community. Child marriage practices are rooted in tradition and virtually everyone in the community would go through the practice as handed from fathers and ancestors. Community members perpetuate and defend the practice of child marriage through tradition, culture, religion, or superstition (Watson, 2014).

In the Hausa-Fulani ethnic communities, traditions and culture form the basis of strong social norms that are not to be questioned or compromised. The practice of child marriage in the community is not perceived or identified as a form of violence against girls in contrast to the views held by national and international human rights treaties and agreements for which Nigeria is a signatory (African Union, 2005; Perlman et al., 2017). Child marriage is an important traditional practice that has withstood time and history and is treasured in these male-dominated communities as a tradition and a belief passed down through successive generations. Over time, there has not been a significant shift in

the tradition and practice of child marriage. As a tradition, the institution of marriage is highly valued for ensuring instrumental family cohesion, building extensive relationships in the community, and promoting bonding and continuity. Members of the communities and their families hold on to these local traditions to uphold their image and protect their place and that of their families in the community. The tradition of child marriage is maintained because culture demands it and refusing to follow the traditional norms may bring about sanctions and be perceived as the spoiling of a culture.

Injunctive social norms underpin child marriage practice in the community; these norms serve as rules of behavior that people in the communities adhere to because they believe they are expected to and that others do so as well. Alexander-Scott, Bell, and Holden (2016) and Haylock (2016) discussed social norms as a rule of behavior that people in a group adhere to because they believe the majority in the group act according to the rule and that most other people in the group believe they ought to behave accordingly. The majority group, reference group, or reference persons are terms used to refer to people whose opinions matter for a person and influence their attitudes, beliefs, and behavior (Alexander-Scott et al., 2016). In Northeastern Nigeria, these are close and extended family relations and community and religious leaders. These groups intend for their rules of behavior to be protective, and families that comply with these injunctive social norms can gain status by being seen as respectable, admirable, and honorable. The accepted perception is that a woman's role is predetermined and relegated to the household to serve her family: the social norm is to get married and be a good wife and mother. Four injunctive social norms perpetuate child marriage practice in the community: a respectable woman marries early, a respectable woman is submissive to

male authority, a suitable woman is not promiscuous, and a woman is worth more as a wife than as a daughter (Veen et al., 2018). Individuals within the community perceive these norms to be approved by the community, and anyone who transgresses these injunctive norms will be subjected to sanctions by their reference group, including the use of violence (Alexander-Scott et al., 2016). Four main consequences (peer pressure, sanctions, exclusion, and force) vary among communities and are described below (Veen et al., 2018).

Peer Pressure

Peer pressure comes mainly from family and extended families who pressure the girls into early marriage. Peer pressure that results from breaking injunctive norms based on tradition or cultural practice can be significantly severe. In response, girls may run away or be moved to other cities by supportive parents to evade the practice.

Sanctions

Condemnation is the most common sanction affecting the girl and her mother: the girl is seen as indecent and promiscuous and the mother is seen as promiscuous, stubborn, and evil. For child marriage, people will condemn the girl first, which later may also damage a family's honor. The girl will be demoralized, insulted, rejected, and laughed at by her peers and the broader community if her rejection becomes known.

Exclusion

Exclusion of girls and mothers refusing to participate in the act of child marriage results from the condemnation by community members. The community then isolates girls who break such important social norms—their peers will refuse to associate with them and others will ignore them.

Use of Force

Force is rarely used in the community as a girl does not act contrary to parental decisions. However, isolated cases have been reported in Nigeria of killings or suicides over refusing early marriage (Morineke, 2010). Occasionally, individuals can opt to internalize potential social sanctions, which affect their self-esteem and feelings of acceptability in the community. Everyone in the community seeks to maintain the proper name of their family by being well-mannered and securing a good marriage before getting too old. The status and honor of the family are at stake, and it would be inconceivable for parents to have a girl stay unmarried up to 15 to 16 years of age.

The situation for boys is different, whereas the girls are groomed and destined for marriage and motherhood from an early age, boys mature when they are able to support their families. The social norm specifies that it is a mistake to marry off boys at a young age, as they need to be mature enough to support a household.

Injunctive social norms and the corresponding rules of behavior are not static: over time they are negotiated continuously within the families, communities, and towns. Families influence social norms on traditional practices, such as child marriage and female genital mutilation, with friends, community traditions, and religious leaders as active players. Social norms can either facilitate or prevent individual changes in attitude and behavior and might result in positive social change. However, changes in individual attitudes and behaviors can impact social norms. The change in social norms can also affect and influence family decision-making positively or negatively. This is a socially conservative and religious way of thinking, for which traditional practices are sustained over time with minimal or no shift, even as several cases of rebellion on these beliefs

arise. Contemporary views are perceived as a misunderstanding and or misrepresentation of the cultural beliefs in the community. Child marriage remains prevalent, driven by sociocultural and economic forces that influence the norms and practices of parents and children.

In this parochial society, other associated factors, such as gender roles, relations, and expectations, within marriage remain rigid and are prescribed by discriminatory norms guiding behaviors and deep-seated notions of honor and shame, both of which contribute to a *stickiness* in social norms around gender and ideals of masculinity and femininity (Watson, 2014). In this community, the role of the mother is to educate her daughter by teaching the accepted values and reinforcing social norms, including applicable sanctions. The mother is expected to serve as a loyal wife and support her husband as the head of the household, backing any decisions reached regarding the marriage of their underage daughter.

Social Norms and the Decision-Making Process

SVT postulates that norms play an essential role in decision-making processes. Dore et al.'s (2014) analysis of the parental decision-making process suggested two distinct mechanisms by which norms could influence decision-making for self and others. The authors examined the process by which parents' decisions were influenced by a decision-making norm and how this norm differed for self-decisions versus decisions for one's child. They showed that stronger risk aversion in decisions for one's child rather than for oneself could be explained by the influence of a stronger relationship between the norm and decision when deciding for one's child over oneself.

Norms play a stronger role in decisions, making the process for one's child more significant when looking at the effects of inconvenience and risk in decisions for oneself. According to SVT, norms have a smaller effect on self-decisions and other factors can play a role independently without impacting the decision (Dore et al., 2014). The analysis implies that parents make more risk-averse decisions for their adolescent children than they would for themselves and that their self-decisions were influenced to a greater extent by the level of inconvenience and risk in the decision situations were commensurate with the decisions made for their children (Dore et al., 2014). These effects occurred in part due to a stronger norm to make risk-averse decisions for one's child than for oneself and a stronger relationship between the decision norm and the resultant decision when deciding for one's child versus for oneself.

Figure 2 shows two potential mechanisms by which norms could work when making decisions for the self and decisions for others. It depicts that there could be a stronger norm when the decision is made for the child than for the self (link A). Alternatively, regardless of the level of strength of the norm for the two decisions, a stronger relationship could exist between the norm and the resulting decision in the child condition than in the self condition (link B; Dore et al., 2014). Furthermore, the evidence could support the existence of both links A and B; perhaps the norm is stronger for the child than for the self, and the relationship between the norm and the decision is stronger for the child than for the self. The same explanation would hold for the interaction between a decision target and the factors of inconvenience and risk. These results are consistent with SVT, which indicates that decisions for others will be based predominantly on the socially valued factors (Stone et al., 2013).

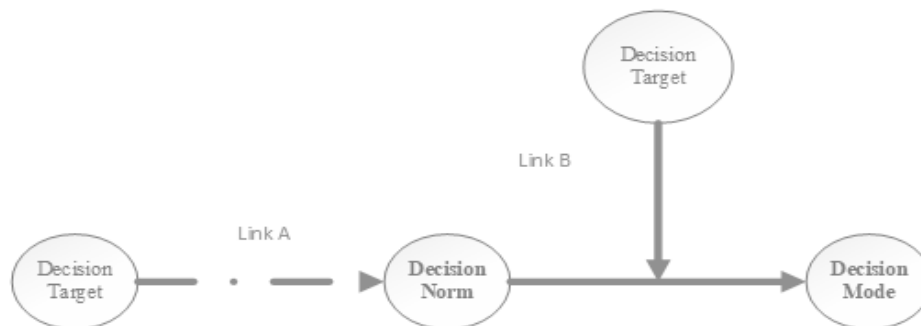


Figure 2. Two potential mechanisms by which norms can work in decision-making for self and others (Dore et al., 2014).

SVT further postulates that the self-decision-making process is based on additional nonvalued factors, such as the level of inconvenience that would be unexpected to influence the decision norm (Stone & Allgaier, 2008). Furthermore, additional nonvalued factors could have a more significant impact on self-decisions than on decisions for one's child. The strong link between the norm and resulting decision for one's child rather than for oneself suggests that parents' decisions for adolescent children are influenced more by the norm than are their decisions for themselves. Self-decisions are influenced more by other supplementary nonvalued factors, providing support for a basic tenet of SVT. Decisions for others are based more on perceptions of social norms than are self-decisions and parental decision-making for adolescent children entails greater responsibility on the part of the decision-maker.

Theoretical and Conceptual Framework

In the previous section, I described the perceived value and norms around child marriage and the relationship with parental decision-making in the target community.

Next, I present a theoretical and conceptual framework detailing the theoretical relationship between injunctive norm(s) and the decision-making process associated with child marriage. I used SVT to underpin the theoretical framework for parental decision-making regarding marrying their children at an early age. First, I used SVT to explain the immediate question of whether decisions people make for other people are different from the decisions they would make for themselves in cases involving risk aversion, such as those involved with child marriage. Further, I explored why parental decision-making relies on the dominant factors when making marital decisions underscoring the significance of the perceived value of child marriage in the community. These factors are interrelated with injunctive norms that are socially sanctioned by society and consistent with established explanations for the causes of child marriage.

The perceived value of the child marriage is significant in the community and is backed by tradition and cultural beliefs as being pivotal to the existence of the extended family; it is an instrument used in creating relationships and promoting family bonding within the community. Child marriage is an acceptable institution and practiced through generations in the target community. The parents' choice to marry off their underage children is not entirely self-regarding as perceived by outsiders, even as most literature reviews on the subjected have pointed out that the adolescences girls are voiceless and have no autonomy (McDougal et al., 2018; Perlman et al., 2017; Veen et al., 2018). From the parents' perspectives, they want to have what is best for their children, including getting good husbands and being good wives and mothers.

Bicchieri (2006) defined social norms in the context of social expectations of child marriage as a collective practice sustained by empirical and normative expectations.

The author further explained that not all social expectations matter for social norms. For example, parental decisions to marry off underage children are conditional on their expectations about what others do and think. In this regard, parents do not care about what people do or think in other villages or other countries, as they are only concerned and influenced by what particular people think as part of their reference group. The reference group in a town or village might consist of other parents, elders, and community leaders. Although not everyone in the reference group may condone and accept child marriage practice as a behavior, the practice is driven by conformity sanctioned by the majority in the reference group and as the rule to behave in a certain way (Bicchieri et al., 2014). An illustration of the social norm concept is shown in Figure 3.

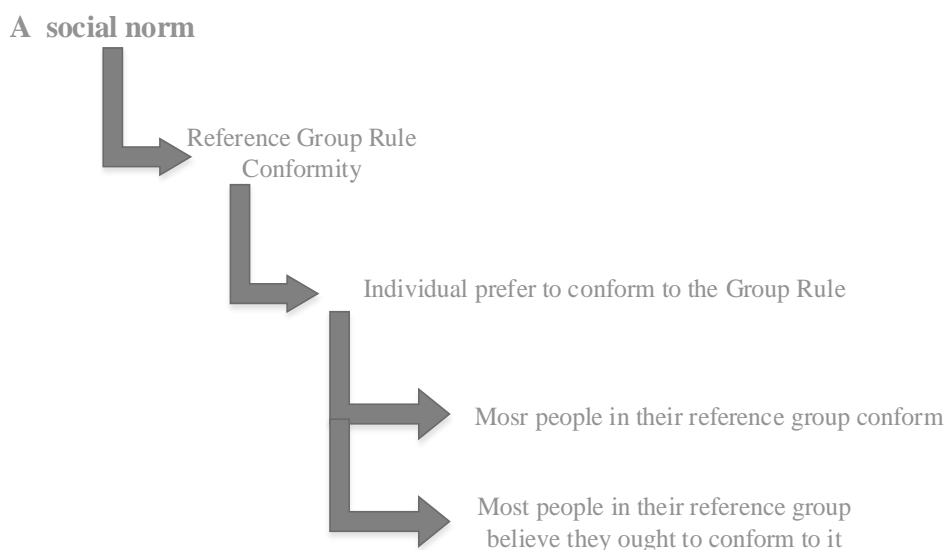


Figure 3. Illustration of the concept of a social norm (Bicchieri, 2006).

SVT accentuates the importance of social value in the form of social expectations to the existence of norms, which indicates that behaviors as cultural beliefs are

interrelated. Social norms and beliefs define what kind of behavior is acceptable and what is not in a society or a group (Bicchieri, 2006). Social expectations prescribed by families, friends, and the community generally influence parental decision-making (Bicchieri, 2006; Bicchieri et al., 2014). Similarly, McDougal et al. (2018) explained many individuals and social influences are involved in the marital decision-making process. Child marriage behavior includes a combination of several individual behaviors that need full comprehension to appreciate why parents make such suboptimal decisions. Notably, parents may be ignorant of or underestimate the risks and the harm child marriage might cause.

To understand and appreciate parental decisions to marry off their underage children, one needs to know what the parents are doing and thinking and what factors are influencing such behaviors. Figure 4 shows that this practice is sustained by many individuals (actors) and different things (behaviors) that influence child marriage, for example, family, friends, the community, community and traditional leaders who pressure parents directly or indirectly. Community leaders, community members, family friends, and other parents constitute the reference groups in the community. The reference group exerts pressure; for example, extended family members might initiate or arrange the marriage by selecting potential suitors. Other pressures might be in the form of gossip and direct influences within the community. The primary influence arises when parents intend a forceful arranged marriage in which the girl must obey the parental arrangements between the groom's and the bride's parents within the community.

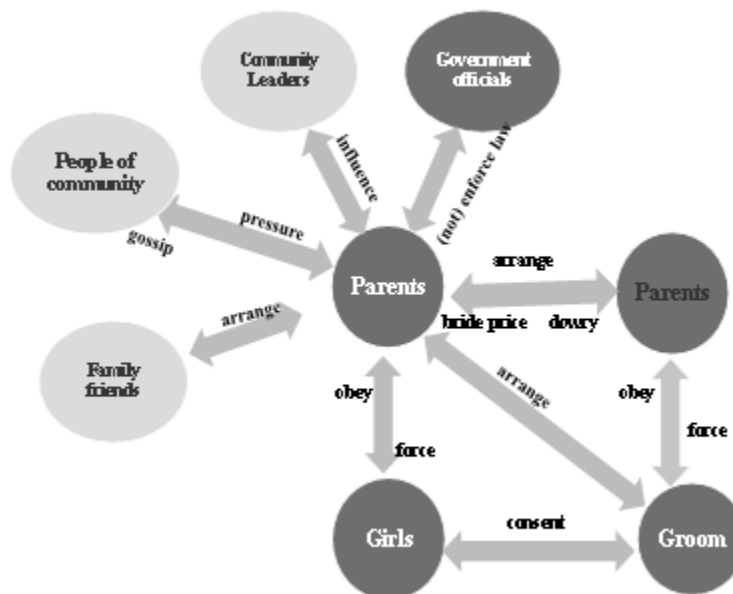


Figure 4. Different people (actors) doing different things (behaviors) that have an impact on child marriage (the practice). The actors in red constitute the reference group of the parents (Bicchieri et al., 2014).

The straightforward case is the 'Romeo and Juliet' scenario with consensual approval between the girl and the groom. However, it appears that different factors could have a different impact on the practice of child marriage (Bicchieri et al., 2014). The social norms caused by individuals drive these factors; family and community interactions are responsible for sustaining the practice of child marriage in the community (Bicchieri et al., 2014).

Parental decision-making for marrying off underage children can be analogous with other everyday decisions made on behalf of others or surrogate decision-making. Tunney and Ziegler (2015) explained the outcome of the surrogate decision-making process is one that would impact another person. Surrogate decision-making is often used for people who are unable to make informed decisions for themselves, as in the case of

child marriage. Based on this assertion, parental decisions to marry off their underage children can be modeled into four main categories based on intent: benevolent, egocentric, simulated, and projected. The outcomes of the decisions are determined by the differences in the intention and ability of the parents to meet the perceived wishes and aspirations of the child. Examples of wishes and aspirations of girls may include avoiding the risks associated with child marriage, marrying at an older age, and preventing the associated health consequences. Based on the contributions from Tunney and Ziegler (2015), I created a model (Figure 4) to predict the parental decision-making process qualitatively.

Benevolent

Parental decision-making can be selfless or other-regarding. This type of decision results in one based on what the parents think is best for the child irrespective of the aspirations, goals, or desires of the child. The focus here is on *what the parent should do*. The judgment is based on an appraisal of the utility of the outcomes based on the situation; since the decision is not intended to match the child's wishes and desires, any match is incidental as not preplanned. In this regard, the benevolent decision reached can be an error regarding intent but not the outcome; for example, parental decisions can coincidentally align with the child or become flawed in both intent and outcome when the option is chosen in contrast the child's best interests.

Egocentric

Others can perceive parents as selfish and egocentric when they fail to meet the child's expected aspirations and goals of well-being. The focus here is on *what is wanted by the parent*. The decision to marry off the child would maximize parents' wishes and

desires as entirely self-regarding, rather than the child's perceived aspirational goals. Decisions occur because the decision-maker, the parent, is inherently selfish and unable to see other perspectives or is ill-informed about the numerous risks and health consequences associated with child marriage. This type of decision happens when, for example, a parent decides to marry off a minor to overcome socioeconomic problems, such as poverty, or to achieve honor in the community or material gains.

Simulated

Parents can attempt to model the goals and aspirations desired by the child, or what is best for the child, by targeting the decision outcomes to match that of the child. The focus here is on *what would the child do?* Such decision-making is based on a normative model, which is an others-regarding decision-making option, making the parental preferences align with that of the child. Communities can use simulated surrogate decision-making to modify and change prevailing norms to help prevent and curb child marriage, thereby achieving the desired positive social change in society of marrying at an older age.

Projected

The projected parental decision is based on what the parents would do or prefer if they were in the child's position. The focus here is on *what would the parent do?* Although the surrogate's intentions might be good concerning the normative expectation, their judgment is based on their utility functions or goals. The decision-maker, or the parent, is assuming similarity with the recipient's (child) utility function or goals. The decision-maker is cognitively capable of a first-order simulation of what they would prefer in a hypothetical scenario but fails to construct a second-order simulation of what

another person might do. As is the case with simulation, the accuracy of the projected surrogate decision is the extent to which it matches that of the recipient.

Figure 5 shows the schematic representation of the SVT conceptual framework. SVT forms the primary construct on the perceived social norm and suggests that parental decision-making relies on the social norm, in this case, conformity with the reference group behavior rules or belief in acting according to what the reference group accepts as a norm. Bacchieri et al. (2014) argued the sensitivity of parents to the reference group, determined by the lack of agency or individual autonomy for parents, ensures group rule and fear of community sanctions.

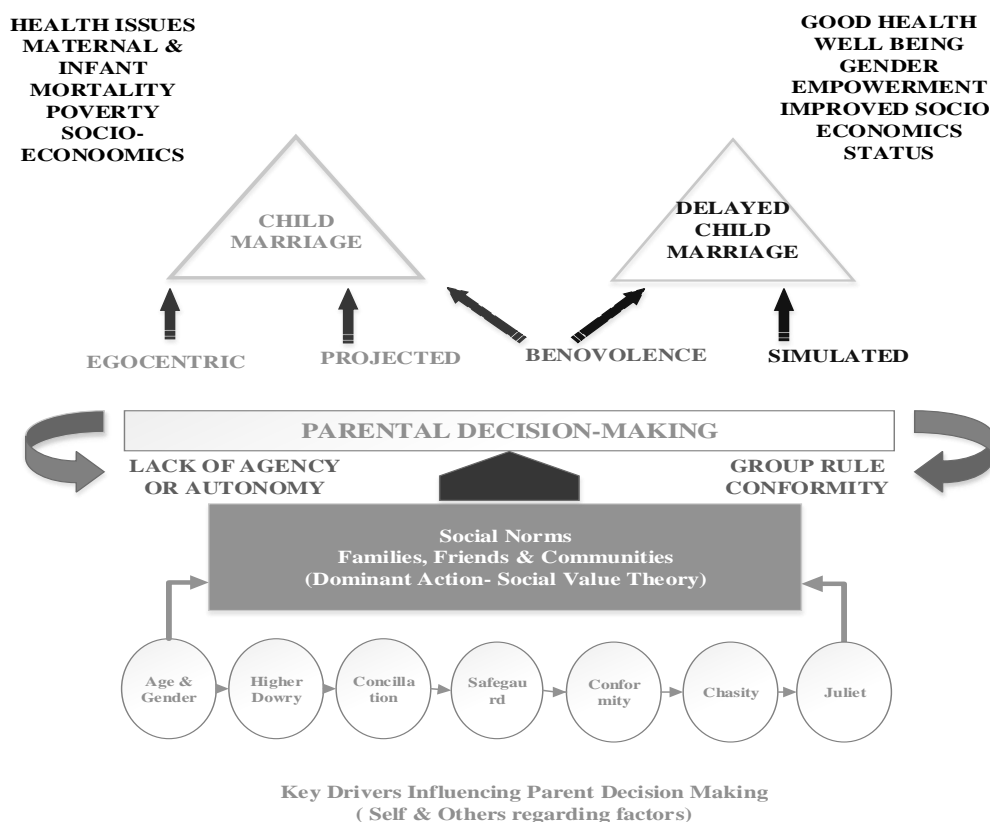


Figure 5. A conceptual framework for the parental decision-making process for child marriage indicating associations between the elements.

The egocentric or projected decision will almost certainly lead to child marriage, unlike the simulated decision, which favors the goals and aspirations of the child bride. The benevolent decision-making option can go either way, resulting in child marriage or accidentally aligning with the perceived goals and aspirations of the girl. This is accidental or coincidental, as it is not intended to meet the desires of the young girl.

Figure 5 shows how families, friends, and the community can influence the injunctive norm, which is driven by various determinants or causes of child marriage—age, gender, dowry, conciliation, safeguard, conformity, chastity, and Juliet (Bicchieri et al., 2014; Perlman & Adamu, 2017; Walker, 2017). In the injunctive norm, governance by the reference group through group rule conformity and a lack of agency or autonomy on the part of the parents help to influence parental decision-making. The model predicts child marriage relies on egocentric, projected, or benevolent behaviors of the parents and is only delayed in the case of simulated behaviors. The resulting harmful effects of child marriage and potential benefits are listed in Figure 5.

Current State of Child Marriage

The continued practice of child marriage highlights a significant disconnect between communities practicing child marriage, international and national agencies, and human rights organizations. These organizations are vigorously campaigning and using social and health interventions to curb and prevent child marriage to affect positive social changes in the communities. A lack of success in curbing the widespread child marriage practice could indicate the ineffectiveness of international treaties and national and local laws enacted to deter and prevent the practice. This may be related to the lack of a thorough understanding of child marriage practices and how they are perceived in the

communities in which they are practiced. Notably, the identified causes of child marriage in the literature are not backed by stringent theoretical rigor (Bicchieri et al., 2014). Child marriage literature has provided several explanations of child marriage with inadequate clarification on how the identified determinants of child marriage fit together. For example, researchers have referred to child marriage as a practice, culture, institution, convention, social norm, or religious moral imperative without being supported by theory. This is further complicated by the use of several instruments for monitoring and evaluation that lacked rigorous theoretical backing (Bicchieri et al., 2014).

I developed a conceptual framework to qualitatively explain and predict the accuracy of parental decision-making in child marriage, which was theoretically grounded on the postulates of SVT and the associated surrogate decision-making processes as it relates to parents and their children in the relational situation. We can use SVT to explain how the dominant norms sanction and drive a parent's decision-making regarding marrying off their underage children. We can also use the conceptual framework to predict the outcome of the parental decision in child marriage practice, which relies on the accepted social norms within the society.

Several researchers have highlighted the influence of social norms driven by tradition, cultural heritage, and poverty in perpetuating child marriage practices among other causes. For any strategy to succeed in curbing and preventing the practice, policymakers must consider the needs and aspirations of the community and understand the roles of culture, social norms, and behaviors and how they impact the practice. Most interventions were rendered ineffective because of limited understanding of these factors

and instead continued to rely mostly on socioeconomic factors, poverty, and gender inequality (Perlman & Adamu, 2017; Person et al., 2017; Walker, 2017).

A Global Perspective of Child Marriage

Worldwide, the practice of child marriage affects an estimated 900 million individuals every year, 720 million of which are girls, resulting in adverse health and social effects that affect this generation of girls and their children (Raj et al., 2018). Statistical data from UNICEF (2017) revealed that if current trends continue, over 140 million adolescent girls will be married as children in the next decade, equalling nearly 40,000 child marriages per day. Chandra-Mouli et al. (2013) identified early marriage as a global problem with respect to culture and geographical locations. This widespread harmful practice affects many young girls with dire consequences that include increased rates of maternal and infant morbidity and mortality.

The literature on child marriage is noticeably substantial with contributions on determinants, social and economic consequences, gender equity, health, and human rights. It is universally accepted that child marriage is an intricate and complex phenomenon preserved by social norms. The combination of poverty, gender inequality, illiteracy, and cultural beliefs mean young girls do not have a chance to fulfill their potential in life. Most recently, experts have highlighted the serious human rights and public health issues related to the practice of child marriage. A synthesis of the literature points to a variety of reasons and causes that explain the continued prevalence of child marriage, regardless of the intense campaigns against the practice. Heightened global opposition to child marriage practice has increased, arising from concerns expressed in various conventions, agreements, and treaties. The impact of these campaigns on curbing

and preventing the practice is not apparent in the absence of a reliable statistic that can show a real and measurable decline in the practice of child marriage across the different regions in the world.

A majority of researchers agree on the significant common causes of child marriage across regions, such as faith, cultural traditions, laws that allow child marriages, poverty, socioeconomic reasons, religious beliefs, and social and cultural norms (Bicchieri et al., 2014). Other important causes include cultural traditions, gender inequity, customs, fear of remaining unmarried, illiteracy, and perceived inability of women to work for money (Parsons et al., 2015). Raj (2010) summarized the primary causes of child marriage as poverty, cultural desires to preserve sexual purity for marriage or chastity, religion, social norms, beliefs, and external social conflict. Other causes of child marriage include a lack of access to education, homelessness, gender inequality, and dire poverty (Perlman & Adamu, 2017).

Pearson et al. (2015) presented an extensive literature review on the economic impact of child marriage and suggested that social and cultural norms, including those related to faith and the appropriate age for marriage, may influence the practice. Uyanga (2009) argued that the cultural beliefs of the parent and their communities profoundly influence behaviors, values, attitudes, and personality toward child marriage. This work further reinforced the requirement to have a nuanced understanding of these factors that may influence parental decision-making and the potential health effects of child marriage.

Research findings in Sub-Saharan Africa reflect what is happening elsewhere in the world. For example, Walker's (2012) findings from Sub-Saharan Africa suggest that several factors interact to keep a female child at risk of early or child marriage, including

religious, historical, cultural, economic, and sociological factors. Raj et al. (2018) and Montazeri et al. (2016) provided a similar explanation for Asia and Iran in the Middle East. In Sub-Saharan Africa, child marriage is an essential and useful mechanism for transferring a father's patriarchal rights over his daughter to an, often time, older male in the community. These practices reinforce the family's relationships, enhance social status, and consolidate economic connectedness. The authors further explained how religious injunctions and cultural norms, beliefs, and practices are used to justify the preference for early marriage by both fathers and mothers in these contexts. Bicchieri et al. (2014) argued that child marriage in one region at one specific time might have multiple explanations because many factors can influence and affect the practice.

Perlman et al. (2016) discussed and documented pathways to decision-making through three interrelated dimensions: resources, choice, and achievement by expanding education and delaying marriage. These considerations may not appeal to the communities practicing child marriage because they do not address some of the perceived gains related to social norms and cultural beliefs in the community. For any intervention to succeed, alternatives to child marriage must be provided that adequately address the wishes and aspirations of the community, including social norms that are backed by culture and tradition.

Evidence from the literature indicates the decision to marry off these girls is communal and mainly driven by parental decisions and factors that influence parental choice, which do not serve the long-term interests of the girls (Perlman et al., 2016). Despite the vast research efforts reported in the field, few studies have elicited the aspirations and perceptions of these adolescent girls. Limited or no desirable alternatives

to child marriage have been offered and little effort has been made to gain an in-depth understanding of the practice from the perspective of the participants (Perlman et al., 2016). Raj et al. (2018) argued that the necessary initiatives to tackle this global health concern must be multidimensional and incorporate strategies, laws, governments, and evidence-based prevention interventions. Little discussion exists concerning girls' options to make choices for themselves in terms of who and when to marry or determine their own life goals and aspirations (Perlman & Adamu, 2017). These adolescent girls often experience overlapping vulnerabilities—they are young, often poor, and undereducated. These girls are very vulnerable and voiceless; they have little or no input in the parental decision taken to determine their well-being. Bacchieri et al. (2014) argued these adolescent girls are immature and unable to give their well-reasoned consent to the marriage, even as the practice takes away their childhood, chance of an education, well-being, and better health.

The consensus among experts is that although child marriage is generally not forced on girls, it impedes their personal development and makes learning and practicing a profession challenging (Bicchieri et al., 2014). On the issue of decision-making involving these adolescent girls, Klugman et al. (2014), for example, argued that a girl has voice and agency when she can make decisions about her life and aspirations and can act on those decisions without fear of retribution or violence. The practice of child marriage keeps girls dependent and under the control of the husband and his family, which limits or denies opportunities for girls to pursue their plans and aspirations. McDougal et al. (2018) explained how risks and vulnerabilities to child marriage are

promoted by social and gender norms that encourage high fertility and result in unequal access to female health, education, and employment.

From a public health perspective, child marriage is a significant issue. The psychosocial and emotional requirements of marriage are often beyond the reach of child brides, who are mostly unprepared for their roles in complex family settings. Child marriage can have a considerably negative impact on the health of young girls, and these harmful effects are well documented (Raj & Boehmer, 2013; Raj et al., 2018; Walker, 2015). Young brides are most often exposed to several types of abuse, such as domestic violence, marital rape by the husband, and psychological trauma. Furthermore, parents-in-law are known to subject these girls to domestic slavery and countless forms of child abuse (Raj et al., 2018). For example, Yann (2017) described the association of child marriage with mental health in the United States and indicated that this practice increases the risk of lifetime psychiatric disorders in children. Evidence linking child marriage with divorce, abandonment, separation, widowhood, and denial of property rights abound in contemporary literature (Adedokun et al., 2016). Notably, forms of IPV, such as acid attacks, honor killings, and female genital mutilation/cutting, are context-specific and influenced by local sociocultural customs, practices, and beliefs that disproportionately affect women in the Global South (Kidman, 2017; Lumen Learning, 2018; Raman et al., 2017). Wodon et al. (2017) examined the psychosocial and emotional effects of child abuse in Ethiopia and identified this as a widespread public health issue, especially concerning the severity of child sexual abuse in child marriages. The authors recommended that a concerted effort be made to protect children from rape, prostitution, and mental health issues. These harmful effects pose a significant concern for women's

health and the health of the children born to these adolescent mothers and are increasingly becoming a major global public health concern (Perlman et al., 2016).

Child Marriage in Sub-Saharan Africa

In Sub-Saharan Africa, the statistics on the proportion of adolescent girls affected by child marriage is fluid, ranging from 28% to 76%, with countries such as Cote d'Ivoire, Togo, Senegal, Benin, and Southern Nigeria in the low to medium categories and Niger, Northern Nigeria, Chad, Mali, and Burkina Faso in the higher range (Adedokun et al., 2016; Delprato & Akyeampong, 2017). Walker (2012) explored the global occurrences of child marriage in different regions and identified Sub-Saharan Africa as having the highest rates in the world. Efevbera, Bhabha, Farmer, and Fink, (2017) presented a quantitative study to explain the mechanism through which a girl's marriage affects the health and well-being of children in Sub-Saharan Africa. The authors analyzed data from 16 national and subnational cross-sectional surveys across Sub-Saharan Africa conducted between 2010 and 2014 by UNICEF's Multiple Indicator Clusters Surveys program. A framework for hypothesizing the relationship between child marriage, child development, and health was developed showing intergenerational consequences (Delprato & Akyeampong, 2017; Efevbera et al., 2017). This study is significant, as it is one of the few quantitative studies in the targeted area of research.

Child Marriage in Nigeria and Northeastern Nigeria

Nigeria has some of the highest rates and numbers of child marriage in the world (Brown, 2013). Child marriage is deeply entrenched in custom and tradition, social norms, and religion. In Northern Nigeria, the practice cuts across ethnic and religious groups and is estimated to be over 76%, a rate significantly higher than in other regions.

For example, the southern parts of Nigeria have a child marriage rate of 10%. Poverty is a significant driver of child marriage and has been identified as an important factor along with several other contributions (Perlman et al., 2016). Monetary gains for parents who affiance their daughters, sometimes as early as 9 years of age or at menarche, to much older men is the most common excuse (Adedokun et al., 2016). Nationwide, the practice is most prevalent among the predominantly Muslim Hausa-Fulani of the northwest and northeast regions. Specifically, 48% of girls within the population of interest of this study are married by age 15 years and up to 78% are married before the age of 18 years (Adedokun et al., 2016). In other parts of the country, however, the practice has declined considerably and is restricted to a few communities.

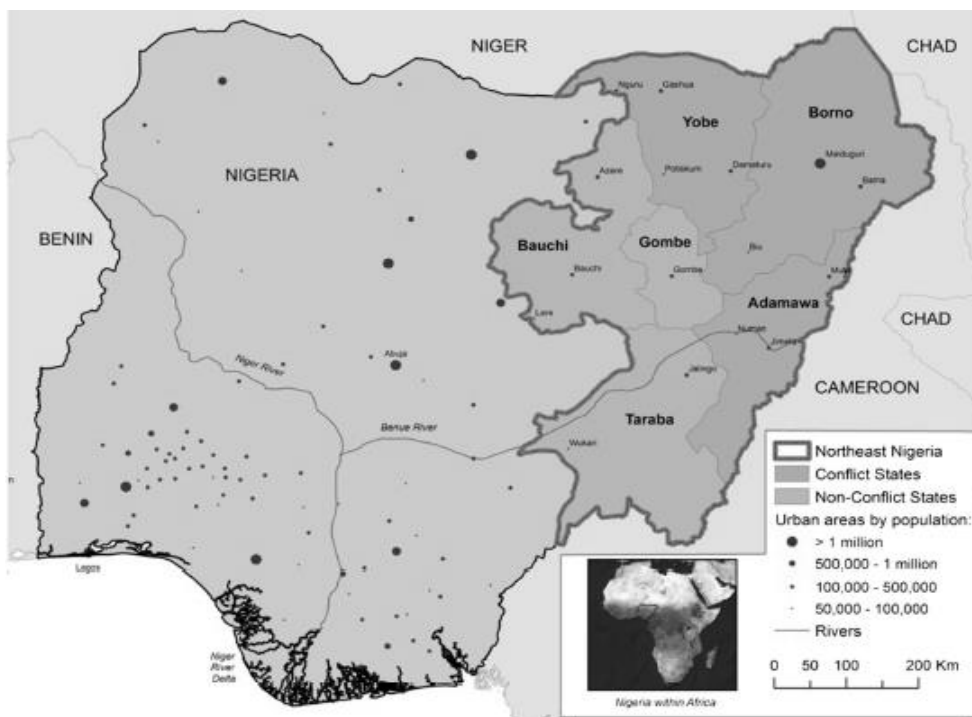


Figure 6. Map of Nigeria showing the study area as a region of conflict.

The health consequences of child marriage are enormous, with northern regions experiencing significantly more cases of VVF, OF, and high infant and maternal

mortality than the southern regions (Amodu et al., 2017). The northern regions of Nigeria also record lower rates of assisted births, antenatal care, and contraceptive use than other regions of the country, resulting in high incidences of birth complications in general (Amodu et al., 2017). Evidence from the literature point to child marriage being a fundamental reason and cause of OF in young women in Northern Nigeria (Adedokun et al., 2016; Amodu et al., 2017). Childbirth that occurs before pelvic growth is complete leads to traumatic outcomes, including vaginal injuries, postpartum hemorrhage, and stillbirths (Erulkar & Bello, 2007).

A considerable public health concern exists, particularly in Northeastern Nigeria, because of high rates of OF, maternal and infant mortality, and other pregnancy-related issues nearing endemic proportions (Adedokun et al., 2016; Amodu et al., 2017). Evidence from several studies highlighted the region, along with Sub-Saharan Africa (particularly Nigeria), has one of the highest rates of maternal death, OF, and other complications (Erulkar & Bello, 2007). The authors argued that the phenomenon is deeply entrenched in tradition and concluded that reasons for child marriage rely on a mix of cultural, social, economic, and religious factors with poverty as the core driver of decisions associated with the practice of child marriage.

The Hausa-Fulani Ethnolinguual Community

The Hausa-Fulani ethnolinguual tribe predominates in the northern region of Nigeria and neighboring South Niger. They constitute the largest ethnic group in Africa and the largest in Sub-Saharan Africa (Amodu et al., 2017; Erulkar & Bello, 2007). It is a Muslim-dominated region with a long-standing tradition of centralized kingship, patriarchal order, and the gendered division of labor (Erulkar & Bello, 2007). Hausa-

Fulani social life is organized around the family unit, which is traditionally housed within an enclosed mud-brick compound and shared home system. Childbirth takes place in the home, and in the event of complications, women and girls may not seek services outside of the home unless with the permission of their husbands or elderly matriarchs (Amodu et al., 2017). The causes of child marriage in Hausa-Fulani are consistent with those identified elsewhere around the world, including the prevention of premarital sex, poverty, arranged extended family, and business relations. For example, girls are often married to family friends and business partners and it is considered shameful for the father if his daughter is not married chaste (Perlman et al., 2016). These decisions are usually aimed at reinforcing family or business linkages, which in turn foster/enhance political, economic, and social alliances.

Amodu et al. (2017) linked OF with sociocultural practices in Hausa-Fulani, as the community has one of the highest rates of OF in Sub-Saharan Africa. Although OF is one of the most severe health consequences of child marriage in the Hausa-Fulani ethnolinguistic community in Northern Nigeria, child marriage has other implications, including early childbearing, unskilled birth attendance, and female circumcision. These practices have remained intact to this day, unaffected by the United Nations Convention on the Rights of the Child in 1989 (UNCRC, 2014). The Hausa-Fulani traditions constrain the decision-making power of girls and women; they serve only to support the male parents, who are the household leaders and breadwinners making family decisions.

The Nigerian government's enactment of the Child Rights Act of 2003 has been ineffective, as the law is not enforceable (Brammah, 2014), and child marriage continues to be widely practiced in all parts of the country (ARFH, 2018). Consider first, Section 23

of the Constitution of the Federal Republic of Nigeria that states, “a person under the age of 18 years is incapable of a valid marriage.” A plausible interpretation of this is that all child marriages are null and void. However, within the same document, Section, 29(4b) technically approves of child marriage by stating, “This is by its provision that any woman who is married shall be deemed to be of full age.” The language of these two sections is not reconcilable, whereas the United Nations Children’s Fund (UNICEF, 2017), of which Nigeria is a signatory, states, “Marriage before the age of 18 is a fundamental violation of human rights.”

The Impact of Boko Haram

Boko Haram, a militarized social group, inhabits some areas in the northern states of Nigeria, specifically Yobe, Kano, Bauchi, Borno, and Kaduna. Boko Haram has roots in the religious landscape of Northern Nigeria and intellectual currents connecting Northern Nigeria to the Middle East (Thurston, 2016). Boko Haram's ideology is often described as comprising two stances: opposition to democracy and rejection of Western-style education. Boko Haram is a Hausa language nickname given by outsiders, meaning, "Islam forbids Western education." The organization has been ruthless in campaigning against Western education in the region, causing significant displacement of people and the emergence of refugee camps across the region (Mates, 2017; The Guardian, 2018).

Boko Haram has had a significant impact in some communities where they discourage parents from sending their children to school and force school-age children into early marriage. In 2014, Boko Haram abducted 200 schoolgirls from a boarding school in the town of Chibok. Most of these girls were reportedly used as sex slaves, raped, and forced into marriages and childbearing; several were reportedly killed and

never returned to their families. Their communities often ostracized the girls who succeeded in escaping or were rescued. A similar event occurred when 110 students were kidnapped from the college in Dapchi, raped, and forced into marriage. A few of the girls were released when the government paid a ransom, but at least one of the girls was killed. The Boko Haram group has killed over 15,000 people in Nigeria and the surrounding countries of Niger, Chad, and Cameroon and abducted over 1,000 school-aged children since 2013 (Thurston, 2016; UNICEF, 2013). Boko Haram has been responsible for the displacement of over 2 million people from their homes—more than half being children—with 80% residing in poor host communities with inadequate food, housing, and essential health resources (Awosusi, 2017).

Summary

In this chapter, I presented a review of the literature on the topic of child marriage with a summary of global, national, and target community perspectives due to regional variations of the practice. I provided a detailed discussion of the theoretical background that underpinned the research data methodology and theory. I also presented key theoretical concepts and interrelated factors responsible for sustaining the practice of child marriage in the target community. Further, I detailed a conceptual framework that qualitatively predicts the potential outcomes of parental decision-making in child marriage and the associated harmful consequences of the practice. Last, I highlighted research gaps identified in the literature. In Chapter 3, I present the methodological research design, data collection, and analysis I used to address these knowledge gaps.

Chapter 3: Research Methods

The purpose of this study was to develop an in-depth understanding of the child marriage phenomenon by exploring the lived experiences of parents considering the role of the child bride's health in the parental decision-making process. In Chapter 3, I will describe the qualitative methodology used to explore the lived experiences of parents who have married off their underage daughters in Northeastern Nigeria. I also present the research design and rationale for the choice of research questions and the methodology I employed to gain insight into the child bride's health paired with the parental decision-making process. Last, I describe phenomenological qualitative inquiry using IPA and address research trustworthiness, validity, reliability, and ethical considerations.

Research Design and Rationale

I designed and framed the research questions to be broadly consistent with my chosen research methodology and theoretical framework detailed in the last chapter. Consistent with qualitative research tradition, the research questions capture the essence of what the investigation attempts to uncover through the ontological, epistemological, and methodological stance of the research study. Trede and Higgs (2009) suggested that research questions embed the values and direction of a research inquiry and provide necessary guidance. In this research, I used the research questions to define, influence, and determine the type of information and knowledge being generated. My primary research goal was to gain an in-depth understanding of the parental decision-making process regarding the choice to marry off their minor daughters.

In this study, I used phenomenological qualitative research paradigms, based on the IPA approach, to explore and make sense of the parents' experiences within the social

reality of the population of interest. Proponents of qualitative inquiry recommend researchers include one or two central research questions backed by five to seven subquestions in a study (Creswell, 2014). The purpose of the subquestions was to augment the central question and narrow the focus of the study but leave the questioning process open. The use of open-ended questions was important to probe and gain an in-depth knowledge of the phenomenon under investigation.

Research Questions

I designed the following research questions to guide the study and ensure the research primarily focused on the meaning of the parents' lived experiences and the role of the bride's health in the studies of the child or early marriage:

RQ1: What are the lived experiences of parents who married off their children who were under 18 years of age?

RQ2: What role does a bride's health play in her parents' decision-making for early marriage?

Qualitative phenomenology relies methodologically on the theoretical foundation of IPA and its constructs. In this study, my goal was to focus on the critical reasoning behind the parental decision-making process. I used the construct of SVT as the backbone of the investigation to understand the parental decision-making processes that underlie the transactional proceedings involved in child marriage. My choice of IPA, a contemporary qualitative methodology, was appropriate for various reasons, including the intimate nature of the subject matter, child marriage, and the decision-making process, which in itself was a very personal and sensitive individual issue.

The IPA approach involves interpretation of the narratives and is firmly connected to hermeneutics in recognition of the investigator's centrality for analysis and research (Brocki & Wearden, 2006). The approach follows the premise that it is impracticable to gain access to the exact personal world of another, either entirely or directly; rather, the objective is to obtain a description that gets as close to the respondent's view as possible (Larkin, Watts, & Clifton, 2006). Idiography is a concern for individuality and reflects a commitment to a rigorous finely textured analysis of contingent, unique, and often subjective phenomena (Moses & Knutsen, 2012). IPA is idiographic in that it emphasizes detailed and in-depth examinations of how individual persons in their unique contexts make sense of a given phenomenon. Through this approach, researchers seek to learn from each participant's story, and attain through in-depth, individualized analysis, a more informative understanding of participants' thoughts, beliefs, and behaviors. Each case in the research investigation was central to IPA research and I sought to understand as much as possible about each case before progressing to the next (Cassidy, Reynolds, Naylor, & De Souza, 2011). Even during subsequent cross-case analysis, researchers using IPA remain faithful to the individual, illustrating both the living world of respondents who have recounted their experiences and elucidating how they align with more general themes (Smith & Eatough, 2006). By capturing the transactional details involved during negotiations and the implementation of child marriage practices, as well as the determining and influencing factors, I provided greater insight into the enactment. The strategies I used in the decision-making processes regarding timing and contract negotiations were also critical to understanding the practice. Knowledge of choices and how they were conceptualized provided significant

insight into the phenomenon and its associated potential health outcomes. I combined IPA and SVT to provide an effective instrument to explore, explain, and predict the parental decision-making process.

Role of the Researcher

As the researcher, I disclosed upfront that I was a member of the community being studied and have an insider understanding of the phenomenon under study. However, I did not have a personal relationship with the participants beyond sharing common ethnicity and origination from the same geopolitical area in Northeastern Nigeria. In phenomenological research inquiry, the role and responsibility of the researcher take the form of investigating and interpreting the impact of the research subject matter on the lived experiences of the research participants. Creswell (2012) argued that the sole purpose of a proposal is to enable the researcher to review all aspects of the research and anticipate problems. For example, Wu and Wu (2011) argued that qualitative researchers focus on context analysis and strive to explore the causes of phenomena and highlight the explanations of what happened. A qualitative research instrument is developed to achieve an in-depth and nuanced understanding of the phenomena, for which specific knowledge of the relationship between the issue and chosen methodology is used (Flick, 2010). In this regard, IPA is unique and well suited to study, interpret, and make sense of the participants' lived experiences.

The role of an IPA researcher is to investigate by exploring the potential opportunities this approach affords. Evidence from the literature showed that IPA has been useful for studying people's experiences to reveal poorly understood happenings and what lies hidden in them. The methodology is challenged by the epistemological and

mythological tenets of the descriptive and interpretative approaches, which are vitally important in gaining a deeper understanding of the poorly understood child marriage practice investigated in this study. Through this research, I aimed to provide a vehicle to share the lived experience of a parent's participation in the practice of child marriage. The parental decision-making process is crucial to the practice of child marriage, and I used IPA to understand the practice without fear of distortion of presentation and interpretation and to capture the essence of a genuine research investigation. While doing so, I made a conscious effort to bracket myself away from the issue I was investigating. I also avoided influencing the underlying dynamics of the lived experience of the participants. My effort to bracket myself from the issue being investigated included setting aside personal judgments, biases, and preconceived ideas about the phenomena (Moustakas, 1994). The research tradition underlying IPA is that of interpretative, interpersonal, and interactive involvement with the participants. By using IPA, I ensured the collection of rich and productive data to provide a full picture of the phenomena being investigated.

Research Methodology

Interpretative Phenomenological Analysis (IPA)

I used the IPA approach in this qualitative research study to reiterate the primary objective and essence of exploring the lived experiences of the research participants. Using this method allowed participants to narrate the research findings through their lived experiences. IPA emphasizes the pure description and interpretation of people's experiences and encourages the formation of bonding relationships with the participants to develop confidence and trust. These requirements are beyond the realms of traditional

qualitative research methodology and infuse an in-depth exploratory attribute required in research studies. The researcher should apply interpersonal and subjectivity skills to their exploratory processes and ensure the best opportunities for private deliberation and conversation on the lived experiences of research participants. Such consideration was important for this study given the parental decision-making process can be emotional and personal and requires the utmost sensitivity during exploration.

Using IPA means a researcher adopts a qualitative protocol that includes the collection of procedures sequenced by first locating a population of interest, the research setting, and opportunities to access participants who can be called on to volunteer. Creswell (2013) described the procedure as most useful in the determination of purposeful sampling and selection of sites. The sampling method I used in this qualitative research effort for the identification and selection of information-rich investigations focused on individuals and groups who were exceptionally knowledgeable or experienced with the phenomenon. It was necessary for volunteers to communicate experiences in a very articulate, reflective, and expressive manner, which in turn determined the sampling method, site, and population of interest I chose for this study.

Population in the Study Area

The research setting was among the patriarchal societies of Hausa-Fulani ethnic communities in Northeastern Nigeria. Most of the population of interest includes individuals with low incomes, education, and health literacy and who are completely dependent on subsistence farming and cattle rearing. The Hausa-Fulani people represent the largest ethnic community in Sub-Saharan Africa (Walker, 2012), and with a child marriage rate of up to 76%, the communities have one of the highest child marriage rates

in the world (UNICEF, 2017, 2019). Early marriage is a feature of girls' adolescent life in this region and a pivotal experience for them in terms of their well-being. The primary criteria I used for selecting these sites was finding a rural area with a high prevalence of early marriage. I based this determination on the literature review on the incidence of early marriage in Northeastern Nigeria (Adedokun et al., 2016; UNICEF, 2019; Walker, 2012). The chosen sites were culturally homogeneous communities located between 300 and 500 kilometers apart.

Creswell (2012) stated that it is essential the selected participant or site best supports the central phenomenon in a qualitative research investigation. No specific recommendations or rules regarding the number of participants used in IPA have been documented. Instead, decisions are based on (a) the depth of analysis of individual case study, (b) the richness of the individual cases, (c) whether the researcher intends to compare or contrast single instances, and (d) the pragmatic restrictions one is working under (Igor & Smith, 2014). When developing the methodology, I focused on obtaining a deeper and more in-depth, rather than breadth, view of the issue under study.

Sampling and Participant Selection

I used purposive sampling to recruit study participants. My sample included male or female parents identified from the designated study locations. Based upon my research plan, I generated a purposive sample that captured the life experiences of parents from Yola, Bauchi, and Maiduguri in Northeastern Nigeria. I recruited a sample of 15 to 21 parents who married off their daughters as minors during the past 5 years (i.e., 2014 to 2019) from the chosen locations. During recruitment, I focused on parents from the bride's side in the identified sites. I prescreened selected participants and gave preference

to parents whose daughters experienced a significant health effect, such as OF, mental, physiological, or other health issues or IPV, resulting from child marriage practices. This requirement ensured the inclusiveness of different categories of participants in the research, consistent with the research goals of exploring the consequential health effects.

The selection criteria relied on the fulfillment of the homogeneity condition demanded by the IPA methodology. According to Patton (2016), researchers who systematically conduct recruitment using a purposive selection technique can avoid socioeconomic disparities among the participants. Researchers use purposive sampling to achieve a reasonably homogeneous sample and guarantee that the study is relevant and holds personal significance (Noon, 2017). Based on this method, I selected participants who offered insight into a specific experience; in this case, parents who married off their underage daughters before the age of 18 years.

Inclusion criteria. The inclusion criteria consisted of parents who have married off young daughters 18 years or younger within the last 5 years. All participants were required to be from the Hausa-Fulani ethnolinguistic group residing in Northeastern Nigeria, and I gave preference to parents whose daughters experienced a significant health effect associated with early marriage.

Recruitment process. I conducted recruitment in person by approaching unknown participants in a public setting in a strategically selected location in a variety of areas in each city. I handed out flyers and displayed posters on public notice boards. I also placed a mobile recruitment booth in public areas, such as on city buses, in taxis, and on park benches where potential participants might linger. I advertised recruitment for the study on local radio stations and in relevant newspapers and magazines. The flyers and

posters encouraged interested individuals to contact me via phone, text message, or email. Other prospective participants completed individual contact cards that I used to contact them. This method gave participants the opportunity to review the research details without being pressured to participate, which minimizes the perception that individuals need to make an immediate or on-the-spot decision. Public settings free of situational or circumstantial influences or intimidations allowed me to target the population of interest to the research. I took considerable care when contacting potential participants to protect them from feeling pressured to participate in the research study. Such face-to-face recruitment described here, often referred to as on-street recruitment, makes the research more visible to members of the public and the research more accessible to people who may not be sure they fit the criteria (McCormack, Adams, & Anderson, 2013).

I hand-delivered consent forms to selected parents who volunteered to participate in the study. I selected and prescreened these individuals based on the defined inclusion criteria stated above and contacted them to arrange a face-to-face, in-depth interview. It was important I give these individuals adequate time to review the consent form that described the research details, length of the interview, and audio recording permission. Therefore, I ensured participants had 5 days to review the benefits and risks involved before deciding to proceed with the interview. I provided individuals who consented to the interview with a printed, signed copy of the informed consent to keep and I encouraged them to review the consent form and ask any questions before the interview. I assigned pseudonyms or numbers all participants to ensure their identities and interview data were kept private and confidential. I informed parents that participation in the

research study was voluntary and they could withdraw at any time during the study without consequence.

Sampling approach. Two approaches to sampling are commonly associated with IPA exploration and development seeking in-depth descriptions involving a single-case sample or shared themes for up to 10 samples. The first approach is the ideographic case-study approach and is best suited for smaller sample sizes with very few respondents, which researchers use to write up a single case. The second approach involves exploring themes shared between several cases and subsequently exploring patterns and relationships within and between conceptual groups (Fade, 2017; Smith, Jarman, & Osborn, 1999). I adopted the latter approach in this research, as according to Fade (2017), it is appropriate when a theoretical explanation outcome is expected, as intended in this study, as opposed to an in-depth description. I drew additional motivation for this research project from the identification of a gap in the substantial amount of research on child marriage that offers several theoretical descriptions of the phenomenon without the desired rigor (Bicchieri et al., 2014).

The sampling size of this research is consistent with traditional phenomenological studies that have an average sample size of between 1 and 25 individuals (Brocki & Wearden, 2006; Coyle, 2014). As an idiographic approach, the norm in IPA is for researchers to use a smaller sample size because more extensive data sets may result in the loss of subtle inflections of the meaning of the phenomenon and the onset of data saturation (Brocki & Wearden, 2006).

Data saturation. Data saturation is used in qualitative research to determine sample size and a stopping point for data collection. The process involved reviewing the

research questions and sample size based on IPA methodology as well as the theoretical framework considering the data saturation requirement. Researchers conducting qualitative studies should continuously review their research scope to ensure consistency and coherence in the research objectives (Saunders et al., 2017). Data collection and analysis end when an equilibrium is reached, as failure to reach saturation may compromise the quality of the research conducted. Purposive sample sizes are used as a gold standard based on IPA methodology (Igor & Smith, 2014). I continuously and actively reviewed my process of interview data collection and analysis against the goals of my research to gauge data saturation.

One of the fundamental principles of IPA is related to exploring divergence and convergences within the smaller sample applied in this research. It is essential that I continuously gauge the understanding of the perception of all participants to ensure similar experiences are acquired in the process of marrying off their underage daughters. Noon (2017) contended that the specificity of the sample is dependent upon the phenomena being studied. For example, the researcher may develop a predefined sampling plan that only holds relevance to a specific phenomenon within a group of people. This restriction defines the boundaries of the research and the phenomena under investigation and thus the researcher can draw the sample from a population with similar demographics or socioeconomic standings (Smith & Osborn, 2015).

My driving effort for this study was to involve participants who have decided to marry off their children at an early age. I prescreened the interview participants, as discussed earlier, to ensure the in-depth and rich responses required of IPA research criteria. Through this research, I aimed to generate sufficient data for a

thorough investigation, bearing in mind the potential problems that would accompany data overload and research saturation, as discussed in the previous section. I built an individual case around each participant for comparison consistent with the fundamental principles of the IPA approach.

Instrumentation

Using the IPA approach, I elicited rich, detailed, and first-hand accounts of the phenomena investigated. My data collection included face-to-face, in-depth interviews using semistructured, open-ended questions that allowed me to have prolonged engagements in a real-time dialogue with the participants. Following Igor and Smith's (2014) recommendations, I ensured my interview plan allocated enough time and flexibility for follow-up questions. Overall, I adopted traditional phenomenological qualitative inquiry techniques complemented by other data collection procedures, such as diaries and reflection journals.

Questionnaire instrument to answer research questions. I designed the interview instrument to be consistent with the research questions that explored child marriage practice, the parental decision-making process, and whether consideration was given to health consequences (Appendix A). I structured and defined the interview outline based on IPA, and achieved a nuanced understanding of child marriage practice. I developed the questions to address elements and the mechanism of the decision-making process derived from SVT. Further, I assessed the dominant action of child marriage practice as the social value of the situation to determine the degree to which the parents' perceptions were influenced by their evaluation of social groups, such as their peers or/and the community.

I considered conformity to the rule of behavior within the reference group during the interviews. I planned with an open mind to appreciate the understanding of why parents marry off their children at a young age and conform to the prevailing thinking in the community. Such conformance could be one of several factors that drove and influenced parental decisions to marry off their underage children. Furthermore, the parent's assessment of any risks associated with child marriage was explored and a nuanced understanding of the phenomena achieved.

Data Collection

Pilot Study

I conducted a pilot study for the research study, which helped me to determine if the research protocol was adequate and the research questionnaire did not require further clarification. According to Chenail (2011), a researcher can use a pilot study to prevent potential researcher bias. For the pilot study, I recruited participants among family and friends from Hausa-Fulani ethnolinguistic groups residing in the Houston, Texas area. The participants completed a small-scale trial run of the study to ensure the questionnaire generated adequate responses consistent with research questions. Researchers can use pilot testing to improve preassessment research integrity, address ethical considerations, provide the opportunity to reformulate questions, and test research questionnaire implementation on a small scale when using semistructured interviews (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). I did not include these data as part of the main study in line with Walden University Institutional Review Board (IRB) guidelines.

Data Collection Process

According to the IPA approach, researchers should facilitate interaction and encourage the participants to tell their own stories in their words during data collection. IPA is a participant-oriented research approach that requires researchers create a relationship with the participants in the study through interpersonal and interactive dialogue to enable smooth informational gathering and more straightforward analysis. Smith et al. (2009) stated that interviewing calls for an engaged conversation in which the initial research questions are modified in light of participants' responses. Generally, interviews are structured to allow the investigator to explore new areas that may arise and often last between 1 and 1.5 hours.

Interview Plan

I developed interview skills, empathy, and active listening skills and built trust, confidence, and rapport with the participants. I selected a tranquil and comfortable environment in which only the participant and myself were present to prevent unexpected interruptions and ensure confidentiality. I considered the most appropriate environment given the sensitivity of the subject matter and I made an effort to eliminate any potential contamination, such as the presence of other individuals. I produced an interview schedule containing open-ended, nondirective questions before the interview. Due to the sensitivity of the topic, I engaged in a warm-up discussion with each participant to reduce interview tension and increase their comfort in discussing sensitive personal issues in a natural flow of conversation. Consistent with the objectives of the research questions, I concentrated on exploring sensory and mental perceptions of the phenomena, including thoughts and memories of the marriage transactions. I offered participants incentives in

the form of 1 kilo of sugar, flour, and soap to compensate them for their time and thank them for their participation.

Interview Process

The interview was a one-on-one, face-to-face meeting involving a direct verbal conversation that positively conveyed the aims and objectives of the research. My flexibility in the selection of interview locations ensured comfort, privacy, and confidentiality for the participants. According to Creswell (2013), a face-to-face interview is the most reliable format for uncovering participants' beliefs, expressions, perceptions, and attitudes. I individually interviewed parents who married off their daughters before the age of 18 years. Many of the parents in the population of interest have been exposed to health effects, such as OF and VVF, resulting from child marriage. It was essential I capture and understand the attitude behind the decision-making process involved in the practice of child marriage. I used semistructured, open-ended questions as well as follow-up questions and requests for additional clarification to avoid misrepresentation and misinterpretation. I generated an interview protocol as a guide that supported the process. I protected participants' identities and I informed them of their right to withdraw from the study at any time without consequence.

I used the interview questions to gain an in-depth understanding of the experience of child marriage participants. Further, I purposely targeted parents whose daughters experienced health consequences from the practice (Rubin & Rubin, 2012). The exploratory questions were open-ended, using an unthreatening strategy, as described by Corbin and Strauss (2015). The interview information was personal and confidential and, therefore, privacy was of utmost importance. Following IPA, I worked to develop a bond

of trust between myself and the participant so they would have the confidence to share their own experience, as recommended by Ward, Gott, and Hoarre (2015). Face-to-face interviews were a confidential way for me to gain sensitive personal information from the participants. Through the process, I evaluated the participants directly using their voice without possible interference from facial expressions or gestures that may be interpreted as critical or contradictory (Ward, Gott, & Hoare, 2015). Table 1 shows the interview protocol.

Table 1

Interview Protocol

| Attributes | Description |
|-----------------|--|
| Purpose | Explore parental lived experiences and the role of the bride's health in the decision process of parents who marry off their children at an early age. |
| Interview type | Warm-up discussions, open-ended, structured, semistructured questions with follow-up questions. |
| Duration | Up to 90 minutes. |
| Explain consent | Provide the consent form, explain participation is voluntary and they have the right to opt-out at any time during the interview, obtain permission to audio record the interview. |

Procedures prior to the interview. I summarize the procedures I used for interviewing below.

Step 1: Introduced and explained the purpose and benefits of the research.

Step 2: Engaged the participant with warm-up questions.

Step 3: Explained the details of the interview.

Step 4: Explained an audio recorder would be used to record the dialogue.

Step 5: Informed the participant the interview would last approximately 90 minutes.

Step 6: Disclosed that the interviewee will not be identified by name in any reports using information obtained from this interview and that confidentiality will remain secure.

Step 7: Obtained a signed consent from all respondents before beginning the interview.

Instruments used during the interview. I used the following instruments to facilitate data collection.

Audio recorder: I used an audio recorder to record the interviews; specifically, I used a digital tape recorder and laptop for their ease of use and quality of recordings. Given the data format, I easily uploaded, emailed, and stored the audio in a retrievable storage facility. Processing, security, and managing of the data and information collected were of the utmost importance during analysis. I also protected the privacy of the participants.

Computer: I used a laptop computer to synchronize and back up audio interview recordings and facilitate data processing, such as transcription. I also used the laptop to retrieve data during analysis. The computer had adequate security with a user login and sign-on password with two authentications for access to information and data security.

The system was also equipped with antivirus, phishing, and malware protection. I used Microsoft Excel and Office for data collection and analysis.

Data Analysis Plan

Following the IPA approach, I encouraged the participants to describe their lived experiences through narration during the research study. The data analysis involved a seven-step process, which I used to analyze and make educated conclusions. The IPA approach is based on a combination of empathy and questioning during an investigation (Smith et al., 2009). Empathy was an essential requirement, as I researched from an insider perspective and attempted to interpret the views alongside the participants with common shared experiences. My insider perspective was based on four generations of parents and grandparents who experienced child marriage. My goal was to attempt to understand what the experience was for someone from inside and who could provide an accurate description and interpretation of the practice true to the tradition of qualitative phenomenology. Through the process, I understood, analyzed, described by illuminating the practice, and made sense of the phenomena without distortion, after which I imparted the knowledge to the world through a reliable interpretation. I ensured a commitment to open-mindedness, as based on the traditions of phenomenology, the researcher must bracket and avoid any preconceptions during data collection and analysis (Alase, 2017).

I used a hermeneutic circle to develop a practical strategy for the research. Using a hermeneutic circle helps the researcher view the dynamic relationship between the part and the whole of the process, digging into the data through iterative circles. Through IPA, the participants interactively make sense of the practice and the researcher integrates and interprets the data before imparting the knowledge. The analysis involves going through

different levels of interpretation of participants' inputs coded from sentences to words to achieve a more in-depth understanding as the analysis progresses. Each analysis becomes more interpretative but must necessarily be based on the iterative reading of the text, which is produced from the participants' narratives.

The analysis process commenced with reading and immersing myself in the data before making notations of the semantic contents to enable the development of emergent themes from the notes. Including the fourth step allowed me to search and connect abstracting and integrating themes before moving to the next step. During step five, I bracketed the previous themes and kept an open mind to analyze each case adequately. Step six involved my searching and recognition of patterns, deepening the analysis utilizing metaphors and temporal referents, and incorporating well-grounded theories to use as lenses for the analysis, a process outlined by Charlick et al. (2016). I followed these six steps to analyze personal accounts of the parents discussing generic experiential themes paired with my interpretation to give the desired expression of double hermeneutics. Thus, the main advantages of IPA draw upon phenomenology, hermeneutics, and idiography, as discussed in Chapter 2.

Evidence of Trustworthiness

IPA is a participant-oriented research methodology and follows the phenomenological qualitative research traditions that describe I should be in constant self-reflection and achieve an accurate understanding of the participants to make sense of the meaning of the practice of child marriage. I maintained a reflection journal throughout data collection and the entire research project to reflect on my perceptions, as suggested by Leung (2015). Based on the IPA approach, the researcher gives an account

of the study to ensure the authenticity and credibility of the narrative inquiry and to avoid distortion (Alase, 2017).

According to Golafshani (2003) and Jarekkriukow (2018), researchers should address validity for research bias by making a personal and dedicated honest attempt to bracket any influence or assumption that will distort the outcome, thereby avoiding reactivity associated with the research. I purposely chose the data collection location and conducted face-to-face interviews to ensure honest responses. I used follow-up questions and additional probing during the meeting to check for the reliability of individual inputs after comparison with other participants. My rapport with the parents in the community ensured the credibility and reliability of the responses. According to Jarekkriukow (2018), member checking can be used to examine trustworthiness to ensure reliability in qualitative research. As the communities are close-knit and everyone knows each other, I could have used a member-checking process to promote credibility (if an apparent discrepancy was encountered), dependability, and conformability in this work. I maintained a full audit trail of the research materials by keeping records of the raw interview and audio recordings, research diary, and coding records. I also remained in contact with my research advisor to request expert input during data collection.

Ethical Considerations

IPA researchers are concerned with significant existential issues, and it is paramount they monitor participant interviews to ensure that participants are not affected negatively. Participants may avoid talking about very personal problems and feel awkward or ashamed when they get emotional (Igor & Smith, 2014). During this research, I was committed to adhering to the Ethical Principles and Guidelines for the

Protection of Human Subjects of Research, following Walden University's IRB Research Policy and Standards. I obtained IRB approval for all research materials before data collection started. When conducting research, it is necessary the researcher protect the rights and privacy of the participants. For this study, I gave each participant a copy of the informed consent form and adequate time to review it and provide consent. The consent form included a review of the aims and objectives of the research, privacy and data security measures, the concept of voluntary participation, risks and benefits to participation, duration and recording of the interview, the right to refuse to answer or skip any questions without consequences, and information regarding whom to follow up with should they have complaints or require further information on the study. All participants signed the consent form immediately before the interview and I provided them with a signed hard copy for their records. I verbally informed research participants they could withdraw at any time during the interview process, and I conducted all interviews in private locations that ensured privacy, silence, comfort, and confidentiality. For confidentiality, I kept all raw data in secure storage accessible only to myself. Last, I will destroy all audio recordings of in-depth interviews after the study is finalized.

Summary

In this chapter, I described the design of the research methodology, instrumentation, data collection process, and procedures for the data analysis. I also presented evidence concerning the trustworthiness, validity, reliability, and quality of the research project. Last, I highlighted the ethical considerations and research limitations that constrained the project. In Chapter 4, I present the results of the parent interviews according to emerging themes.

Chapter 4: Results

In this study, I conducted an exploration of parents' lived experiences, decision-making processes, and consequential health effects concerning child brides. I combined an IPA approach with in-depth, semistructured, open-ended interview questions to explore the lived experiences. I framed the research questionnaire broadly and openly to explore the parental lived experiences to study the child marriage phenomenon and the effects on the child bride's health. I financed the project on my own.

Chapter 4 begins with the presentation of the pilot study, which I used to evaluate the adequacy of the research protocol and ensure the questionnaire was fit for qualitative exploration. The research questions I used to guide the study were:

RQ1: What are the lived experiences of parents who married off their children who were under 18 years of age?

RQ2: What role does a bride's health play in her parents' decision-making for early marriage?

I designed the first research question to explore the lived experiences of the participants and the second to evaluate the health effects of child marriage in the community. My focus was on determining what role, if any, the bride's health plays in parental decision-making on early marriage. I chose the research instruments based on the central research questions to explore the meaning of the parental lived experiences and the role of the bride's health in the study of child or early marriage.

For reasons of confidentiality, relevance, and sensitivity of the subject matter, I did not include specific demographics and individual characteristics of the population in the scope of the current study. I present the general research setting, sampling technique,

and data collection and analysis methods in this chapter. I extracted recurring themes from the transcribed data after coding and categorization to answer the research questions. Last, I present a review of the strategies I used to provide evidence of the research trustworthiness, after which I offer a summary of the chapter.

Pilot Studies

I provided informed consent forms to two purposely selected volunteers from the Hausa-Fulani community living in Sugarland City, southwest Houston, Texas, who were recruited through an advertisement on WhatsApp social media by a flyer I posted in the Hausa-Fulani community. Two volunteers responded and agreed to participate. The first volunteer was a male parent who came to the United States from Adamawa in Northeastern Nigeria and who married off his 17-year-old daughter as soon as she finished high school. The bridegroom was a distant cousin who was attending school in Brooklyn, New York. The second volunteer was a female parent who had been homeschooling her 16-year-old daughter and had decided to marry her off to a relation of her late husband in Kano town, Northern Nigeria.

The participants consented to the audio recording of their interviews and individually agreed on the interview venues. I conducted the interviews in the public library for the first participant and at home for the second participant. It was necessary for me to create a rapport with the interviewees; therefore, I made three visits that lasted several hours to each after they agreed to volunteer and participate. Through these engagements, I created mutual trust with the participants and increased the confidence, credibility, and reliability of the pilot study. The volunteers seemed at ease and comfortable and stated they understood the research objective of exploring their lived

experiences. The participants stated they understood the benefit of the research and appeared relaxed and comfortable before the interviews commenced. I thanked the participants, who accepted a token reward for volunteering of \$10 each to their favorite charities, namely the Leukemia & Lymphoma Society and the Salvation Army.

The participants were very open, unhindered, and at times emotional in narrating their lived experiences of marrying off their underage daughters at ages 14 and 17 years. The time I allotted for the interviews was satisfactory. My strategy to ask short, focused, open-ended, semistructured questions was successful. I exhibited open-mindedness and transparency, fully aware and conscious of the sensitivity of the subject that could potentially become emotional. I bracketed myself by excluding all preconceptions on the topic and allowing the participants to express their experiences and claims on their terms.

I used the pilot study to evaluate the reliability and validity of the interview questionnaire and assess whether the interview questions were aligned with the research questions or in need of revisions. I maintained a research journal and data logs throughout the exercise. The interview outcomes indicated adequate ease of questionnaire comprehension, with no changes required to the instrumentation or data analysis strategies. I learned from the pilot study and prepared myself for the actual interviews being even more sensitive and potentially emotional.

Research Setting

The research setting covered three culturally homogeneous communities located 300 to 500 kilometers apart in Northeastern Nigeria: Yola, Bauchi, and Maiduguri. The population consists of the Hausa-Fulani ethnolinguistic group, who are predominantly Muslims and characteristically patriarchal and who live independently on subsistence

farming and cattle rearing. Hausa-Fulani people have low incomes, education, and health literacy levels. The geographical area has been under siege by the militarized group Boko Haram, known for campaigning against Western-style education in the region.

I used purposive sampling to select male and female parents who had married off their children under the age of 18 years during the last 5 years. Interested parents were screened to ensure the selection criteria were met. I designed the research to be gender-neutral, and I did not collect specific demographic data such as age, gender, income, and family size because they were not relevant to the scope of the study. Additional reasons for not collecting specific demographics included acknowledgment of the sensitivity of the subject matter and increased confidentiality and protection of the participants. I determined only the general characteristics of the population to be relevant to the study.

Data Collection

I collected data between February and April 2020. Some community-related issues unexpectedly delayed the start of the process by 1 week until February 20, 2020. After I handed several flyers and posters to potential volunteers, the community leaders' representative in Yola requested the research be paused pending approval from community leaders. I attended several consultations that occurred among the community leaders. The leaders wanted more details regarding the impact the research might have on the community before approval. Other minor disruptions occurred at various times during the recruitment, such as someone wanting further explanation on the purpose, risks, and benefits of the research due to a mistrust of the research effort as well as skepticism of my intention, perception, and motives. I did not anticipate these interruptions; in retrospect, some awareness campaigns in the community would have benefited the

research effort. I did not encounter this problem in Maiduguri, likely due to its broader diversity compared with Bauchi and Yola. I distributed flyers and posters in strategic public locations in all three towns. I used face-to-face canvassing techniques in public areas in all the towns. I obtained permission from community leaders in Bauchi and Maiduguri, and I purposely avoided the disruptions happening in Yola.

My recruitment effort changed and became easier when I decided to embark on a media campaign through the local radio station. The recruitment campaign was going too slow, and I had to conduct it in all three towns. Although I outlined this strategy in the original recruitment plan, I had not immediately used it at the commencement of recruitment. The local radio station charged me NGN 400 (equivalent to 10 USD) for advertisement over several days. The radio ads were successful, and an unexpected surge of volunteers wanted to join the research effort after the radio advertisement was aired in the target areas. I approached potential participants directly and gave them informative flyers and informed consent forms with details to contact me if they agreed to participate. I lost count of the number of flyers handed to potential participants. I lost several flyers and posters due to windstorms and heavy rainfall in Bauchi and Maiduguri and one pack was also stolen in the city garage in Bauchi town.

With this indication of interest, I engaged with volunteers and provided the details of the study, including the benefits and risks. Participant responses determined their eligibility based on the set criteria and inclusion requirements. If the volunteer was interested, I reviewed the informed consent form with them and advised them to go home to consider participation and respond after 3–5 days should they decide to volunteer for the study. Of the 52 volunteers, 32 expressed interest via text messages and 20 via cell

phone. I made specific efforts to establish rapport with the volunteers by discussing the research details, encouraging them to ask questions freely, and ensuring they understood the objective of the research and were comfortable participating in the study.

I provided hard copies of signed informed consent forms to each of the participants before the interviews. The interview proceeded based on the questionnaire presented in Appendix A with additional explanations offered for clarity to enable participants to share details of their lived experiences. In the next step, I introduced the participants to the warm-up questions. The process of answering the warm-up questions and discussing the responses with participants reinforced our rapport and helped the process by setting expectations. This was followed by the interview process, which occurred at a mutually agreed-upon time and location. All participants chose to be interviewed in their residences. An empty room or guest room was chosen for privacy, except for three interviews in Yola that took place in the entrance halls of the houses. All the interviewees appeared relaxed, comfortable, and excited to contribute to the study.

I prescreened 52 volunteers, and selected and determined 26 participants to be eligible based on the defined selection criteria. I purposely selected 21 main interviewees, along with five backup participants, consistent with the defined sampling plan. However, I could only interview 18 participants, as two participants (RP5 and RP17) dropped out for personal reasons, three others (RP7, RP12, and RP14) could not be interviewed because of time constraints due to the COVID-19 emergency evacuation, and I had no time to approach the backup participants.

Table 2

Summary of Participants Based on Location

| Participants | Bauchi | Maiduguri | Yola |
|--|------------------------------|----------------------------|--|
| Number of participants at the start of the study | 7 | 7 | 7 |
| Pseudonyms of interviewed participants | RP1, RP2, RP3, RP4, RP5, RP6 | RP8, RP9, RP10, RP11, RP13 | RP15, RP16, RP17, RP18, RP19, RP20, RP21 |
| Pseudonyms of participants who dropped out of the study | RP5 | 0 | RP17 |
| *Pseudonyms of participants who could not be interviewed | RP7 | RP12, RP14 | 0 |

*These participants could not be interviewed because of the COVID-19 emergency. Alternative methods approved by Walden University could not be used because of poor internet services in Northeastern Nigeria.

Two unusual incidences occurred during the data collection. Two participants, RP6 and RP11, unexpectedly decided that someone else in the family should participate in the interview on their behalf because the interview was becoming emotionally charged. In each case, I suggested calling off the interview, but the participants subsequently insisted on continuing the interview process. I reminded them again they could discontinue the interview at any time without consequence. The second incidence involved participant RP2; he was extremely emotional and wanted me to verify his responses by talking to his daughter who was sick with VVF and urination problems. After discussing this at length with the participant, I explained I could not include his

daughter based on the approved IRB guidelines. I offered to discontinue the interview process, but he insisted he would rather have the interview completed.

On completion of the interviews, I thanked participants for sharing their experiences and gave them the agreed-upon gift. I conducted all interviews in the Hausa language and recorded them using a portable tape recorder.

The advent of COVID-19 led to emergency health evacuation alerts from the U.S. State Department in Abuja. Nigeria's travel restriction issued on March 19, 2020 meant I did not have enough time to complete the interview process because we had to immediately return to the United States. My attempts to follow up with the three remaining participants via Skype per the revised Walden University IRB guidelines for the study were unsuccessful because of poor internet connection.

Data Analysis

My data analysis began with qualitative phenomenological reduction, data immersion, and setting aside any preconceived notions and research biases to focus on the participants' lived experience interview data. For example, from my review of the literature, I was aware of the current understanding of child marriage around the world and the ongoing efforts to prevent the practice in parallel with its entrenchment as a deeply rooted social institution in communities. I made a conscious effort to not influence the narration from the participants during the data collection or set aside their experiences. My primary goal of the data analysis was to answer the research questions by organizing, reducing, and interpreting the information collected from the participants' interviews. My objective was to explore and understand the meaning of parental lived experiences of the child marriage phenomenon and the consideration given to the bride's

health. During the analysis, I converted lengthy and complicated participant responses to the interview questions into meaningful statements. I further broke down, condensed, and managed these statements into an acceptable format in the form of keywords or phrases repeated or expressed by the participants.

In the first step of the analysis, I actively listened and relistened to the audio data and transcribed it into English while maintaining the data integrity and context of the participant's responses. The process entailed countless hours listening to each of the 18 interviews to make sense of the participants' thoughts and viewpoints. I repeated this process meticulously until I achieved a thorough understanding of every transcript. I also ensured that each participant's input was captured verbatim and written accurately. This was by far the most time-consuming step. By following the process many times, I was able to recollect moments of the interviews vividly, remembering some of the expressions and emotions shown by the participants. I transcribed the interviews one at a time in the same format until completion.

In the second step, I used the qualitative text analysis software package QDA Miner version 5 and Microsoft Excel 2016 edition to repeatedly scan and sort each of the transcripts by indexing the words and repeated expressions. I then used the research questions to group these words and expressions. I adopted a systematic iterative method to inductively code the transcripts using target words and expressions drawn from the interview transcripts. A plot of the identified code frequencies is shown in Figure 7.

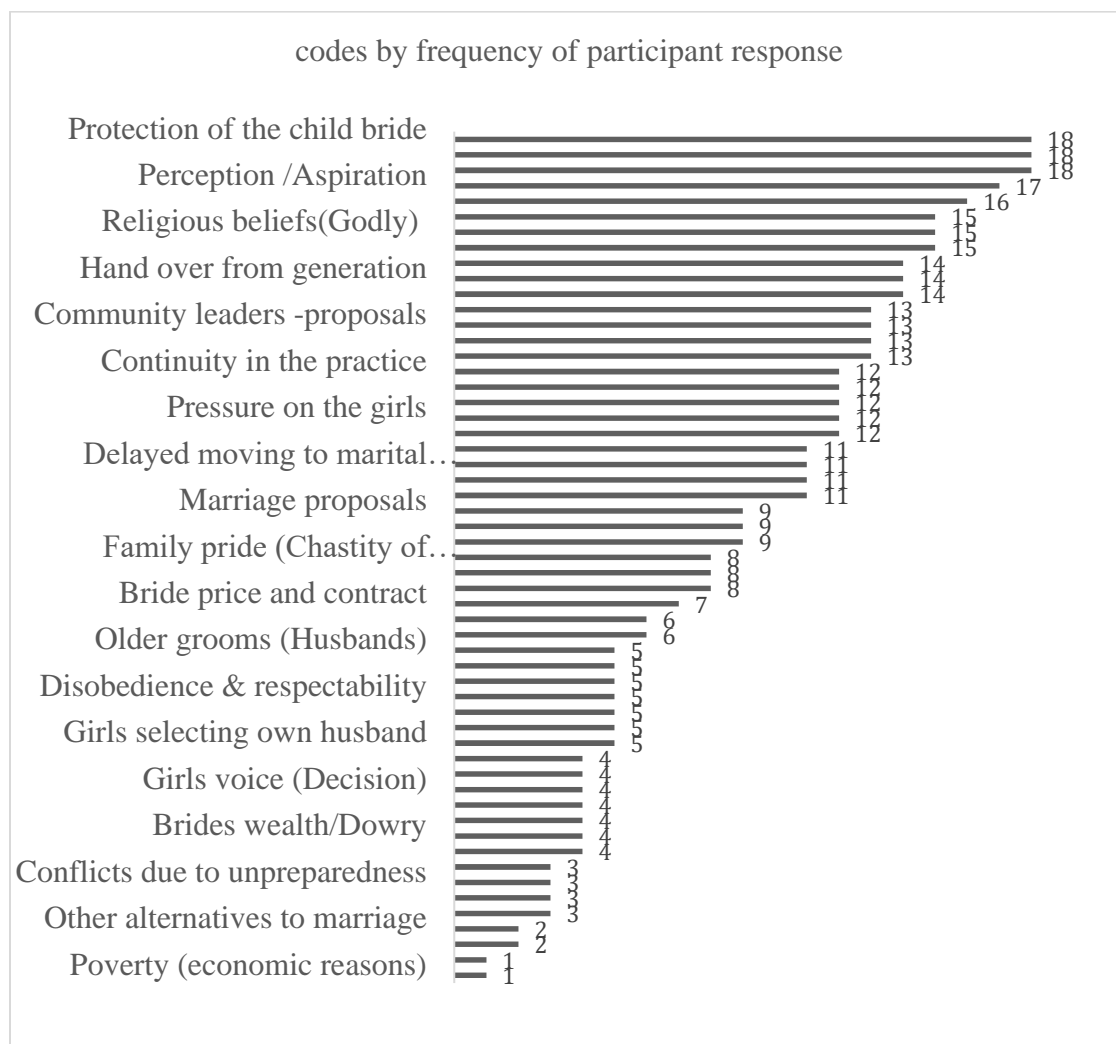


Figure 7. A plot of codes by frequency of participant responses.

The third step involved grouping the codes into relevant categories. I then grouped the categories according to pattern similarity into a new thematic focus. I iteratively refined the coded categories by grouping them into similar patterns until themes began to emerge that directly related to the research questions. I then combined these themes to form the six-theme focus, however, only Thematic Focus 6, bride health, was related solely to RQ2. During the thematic analysis step, I traced significant statements made by the participants in the transcripts. I extracted relevant statements to

expose direct accounts of their lived experiences, and I analyzed their meanings into themes to address the research questions. I captured direct quotes from the participants to ensure an accurate presentation of the views expressed. The thematic focuses, codes, and RQs are shown in Table 3.

Table 3
The Thematic Focuses, Codes, and Research Questions (RQ) Derived from the Data

| Thematic focus | Codes | Research questions |
|--------------------------|---|--------------------|
| Social values | Early marriage values | RQ1 & RQ2 |
| | Honor and shame | RQ1 |
| | Purity and chastity | RQ2 |
| | Bearing children | RQ1 & RQ2 |
| | Behavioral expectations | RQ1 & RQ2 |
| | Marriage preparations | RQ1 |
| | Family and friends | RQ1 |
| | Readiness for marital responsibilities | RQ1 & RQ2 |
| Social norms | Marriage age | RQ1 & RQ2 |
| | Dowry—bridewealth | RQ1 |
| | Negotiations and transaction | RQ1 |
| | Marriage contract | RQ1 |
| | Wedding ceremony | RQ1 |
| | Arranged marriage | RQ1 & RQ2 |
| Parental decision-making | Parental decision-making | RQ1 |
| | Guardian of the marriage or <i>wali</i> | RQ1 |
| | Love arranged marriage | RQ1 |
| | Forced marriage (no consent) | RQ1 |

(table continues)

| Thematic focus | Codes | Research questions |
|----------------------------|--|--------------------|
| Sanctions | Community leaders | RQ1 |
| | Refusing an early marriage | RQ1 |
| | Social consequences for late marriage for the girl | RQ1 |
| | Social consequences for late marriage for the family | RQ1 |
| | Sanctions for premarital sex | RQ1 & RQ2 |
| Perception and aspirations | Girl's voice | RQ1 & RQ2 |
| | Alternative options to early marriage | RQ1 & RQ2 |
| | Social consequences for late marriage for the family | RQ1 & RQ2 |
| | Love marriage | RQ1 |
| | | RQ2 |
| Bride health | Obstetric fistula, vesicovaginal fistula | RQ2 |
| | Infant and maternal mortality | RQ2 |
| | | RQ2 |
| | Mental illness, intimate partner violence | RQ2 |
| | Rejection due to ill-health | RQ2 |
| | Marital responsibilities | RQ2 |

Analysis Results

I present the results by thematic focus citing participants' responses and providing explanations to describe the context of the inputs relative to the research questions. I drew the personal narratives from responses to the questionnaire and distilled them from the identified codes to develop thematic categories. I conducted all interviews in the Hausa language and translated them using a web-based Google Hausa language translator application. Through my analysis, I identified six themes that described the participants' lived experiences of early marriage decision-making and the role of the bride's health in this process.

Thematic Focus 1: Social Values

Perceived early marriage values. The thematic focus on social values appeared consistently in every participant's response. Every participant described a set of perceived social values attributable to early child marriage practice. For example, when asked questions regarding the exact age they married off their daughter and their personal views on the appropriateness of the marital age, 13 participants directly related early marriage to specific individual and community values derived from their traditional and cultural beliefs. Two participants' perceptions extended beyond individual and community in associating these with belief systems as part of the tradition. Participant RP3 eloquently stated:

My daughters were married on the same day. The younger one was 12 years of age; her sister was married at 14 years. These days, the girls grow up more quickly and mature faster. They all started their menses in their marital homes, so it is the right age as defined by our beliefs and traditions. This is the right time, as

girls should not start menstruation while still at her parent's home. We decided to combine the ceremonies; it was a blessing for everyone and the community.

The trigger for marriage is the perception of maturity that comes with a girl's menstrual period.

In a similar tone, participant RP9 from Maiduguri town articulated his view:

I married off my daughter at 12 years. We pushed the marriage to have her conduct her fasting in the month of Ramadan at her husband's house. She was very lucky: her husband and her in-laws wanted the marriage done even earlier, as this is our values set by our guardians for the benefit and betterment of morality in our community. Early marriage takes away all evil of society. This is who we are. I remember it was all right. We had the best harvest that year in almost 3 years and everything was right. The ceremony went very well.

This respondent signified a social value was key to the community's identity and the practice of child marriage was a representation of who they are as a community. Another participant from Bauchi town, RP4, curiously connected readiness for marriage with the commencement of menstruation as the right age, citing fertility for bearing children.

The onset of menses is the right age for marriage and it is critical for all girls to get married. This is the most important sign of maturity and fertility for us. The age is immaterial. Some girls start at 12; others go up to 15 or 16 years of age. This is the right fertile age for bringing offspring. This is who we are and what makes us.

Looking at the responses in the code frequency plot illustrated in Figure 7, the perceived value of marriage had the highest frequency, implying the community attached significance to child marriage.

Shame and honor. I heard a resounding response from all participants regarding the protection and perceived aspiration of child brides by the parents. They associated shame and honor with protection and the perceived well-being and aspiration of these girls. Participants from the three towns emotionally connected the perceived values derived from early marriage to honor, chastity, and protection offered to the adolescent girls from the evils of society. The participants' responses to the questions on shame and honor were mixed: a few were more enthusiastic, whereas others were dampened because of specific incidents. The question was poignant as it touched on some of the underlying reasons why parents married off their underage children. For example, RP21 stated:

We married our daughter at age 12 years to protect her honor and the long-established respectability and pride of our family without which there will be only shame that comes with promiscuity and prostitution leading to increased chances of unwanted pregnancy. That is unacceptable and will bring disrepute and shame to my household.... This is every parent's God-given responsibility to look after his daughter and marry off his daughter at the appropriate age, as everyone is concerned about the shame that needed to be avoided, else the penalties transcend generations, damaging the long-established reputation, dignity, and respectability of the entire family.

In a similar tone, respondent RP20 explicitly accounted:

So for reasons of decency, honor, and pride, we protected our daughters so that they do not bring shame or *kunya*; remember *kunya* is not only drawn from our cultural values but equally emphasized in our deen (belief system) to be unacceptable and not tolerated by demanding that they get married at maturity.

A follow-up comment from participant RP6 came when he explained the pain of the rejection of his daughter due to urination problems caused by OF or a fistula:

In this community, the shame that comes with divorce and abandonment or rejection of one's daughter brings about undeserved shame and stigmatization that remained with us for a very long memory; it is almost as if the entire family is bewitched or even banished.

Shame brings a loss of pride and dignity and disrespect to a family for many reasons, including ill-health, such as OF, and mental illness as a consequence of child marriage. The family may be stigmatized for life to the extent that other potential suitors might refuse to seek marriage with the daughter and thus the family is always concerned about the reoccurrence of these incidents. Parents protect their daughters and avoid shame by having them marry at an early age. In related responses, participants RP18 and R19 stated the following:

Our culture and religion demand chastity as a prerequisite for marriage: it ensures purity of faith; it is a girl's pride to be a virgin. This is also pride and our responsibility. This is what a girl takes to her marital home. God Almighty dictates these values. (RP18)

In our culture, a girl's chastity had to be proven on her first day at the husband's home. It was an honor for the mother for her upkeep. The gifts from her husband

and his family say it all. She makes us proud. We thank God, as this is who we are and what makes us. (RP19)

When asked to clarify, the participants dwelled on the increased potential for promiscuity, premarital sex, and unwanted pregnancies as girls get older and the shame it may bring to a family. The participants invariably linked the girl's chastity to a godly doctrine. RP19 told a story articulately, which was unsolicited in the interview: a girl in the neighborhood could not get a husband. After her father had a stroke, she ended up becoming a street hawker selling things in the street and later a sex worker. She was finally exiled from the town.

I grouped shame and honor with chastity in the analysis under the protection of a child bride in the frequency plot shown in Figure 7. This theme had the highest number of occurrences in the data, which highlighted the importance the community attached to the perceived protection of a child bride through early marriage.

Behavioral expectations. Child bride conformity came up numerous times among the participants as a highly desired behavior expected in marriage. All participants emphasized behavioral conformity and respect as essential values expected of these girls. Participant RP18 passionately explained the relevance of behavioral expectation when asked the question during the interview:

My daughter is timid and docile, grown and trained to be respectable, to honor, and be submissive; this is from our divine command. Let me tell it to you, if anyone is to be asked to worship another, it's for the girl to worship her husband. This is what we know from our culture.

The participant continued to emphasize the perceived value and relevance of respect and best behaviors of these girls to the practice of early marriage in the community.

A girl's behavior is what makes her respectable to her husband; society does not tolerate outspoken women. She listens to her husband and follows his opinion and judgment, it is respect, and that is how she saw her mother behave. This is who we are and what makes us a community.

From the code frequency data, the expectations for child brides to behave and be submissive to their husbands ranked high and I grouped them within the desired social value thematic focus in the analysis.

Wedding preparations and the influence of friends and family. All 18 of the participants described social values associated with wedding preparations and the special place of marriage in the community. This is part of the marriage preparation as parents collect material properties and monies over time as the children are growing up to give the children financial independence in their marital homes. Participant RP20 vividly expressed this point:

I started collating items and materials to prepare and be ready for my daughter's marriage very early. I am sending her to her husband's home with everything my mother gave me and everything I have ever had in this world, and anything short will be shame, and we fear gossip. We do not want to be seen as incapable and want our daughter to go with some wealth.

Seven participants mentioned nother element of social values: the role of family and friends financially or materially supporting early marriage. Other participants also indicated that family and friends are essential as they contribute to the marriage

preparations in a multitude of ways, such as being involved in the marital transaction or inviting people to witness the formal wedding ceremony. As participant RP16 from Yola town described:

There has never been as much crowd in this town as we have seen. She was blessed. We did not even have enough space to accommodate our relations. We thank God, everyone stayed after the Friday prayer. It was joyous for all families and friends. Her uncle slaughtered a goat and distributed food.

The social values theme continued to emerge directly or indirectly as a primary reason for marrying off the children. Most participants echoed a common expression with some coincidence as if it were representing a common identity: “This is who we are and what makes us.” The consistency among all the participants I interviewed on the importance of social values underpinning child marriage is undisputable in the communities. Many participants mentioned the respect and dignity of the child bride and her family as most desirable, and parents’ desires to protect these values were imperative.

Thematic Focus 2: Social Norms

I methodologically broke down the participants' responses associated with social norms without diminishing or misrepresenting their core meanings.

Marriage age. All 18 participants stated 11 to 15 years was the appropriate marital age according to community social norms, consistent with their traditions passed unchanged through generations. All participants agreed that social expectations and norms in marital age were dictated by the community. In these cases, no specific age was set, rather the onset of menstruation was seen as the most appropriate time. All

participants directly or indirectly mentioned their fear of older daughters not having a husband. RP11 mentioned:

In our culture and belief of marriage, girls are married just before they start menses; this can be either 11 or 12 years of age or sometimes even up to 15 years old. My daughter was due for marriage at age 12, she was ready to marry.

The commonly observed ritual of marrying off daughters at the onset of their menstrual period as an accepted practice that has remained strong throughout the community and over time.

Dowry or bridewealth and marriage transactions. The payment of a dowry or bridewealth was another norm emphasized during the interviews; participants highlighted the criticality of dowry payment as a prerequisite for the marriage, which upholds the marriage contract. Participant RP17 described this requirement:

Dowry payment is compulsory, without which there is no marriage. The husband could not assume full rights until it has been paid. In my daughter's case, the groom's family made the payment in cash and seven cows. This is sanctioned by our religion; these are wealth given in full to the bride.

For this thematic focus, I linked dowry payment with that of marital negotiation and transaction. Participant RP1 demonstrated this significance by stating:

There were very extended negotiations in my daughter's marriage. There were issues with the dowry amount of marriage, selection, and agreement of the marriage representatives, the dates of the marriage, including the bride delivery location; the house was too small, there was simply no space.

Participant RP1 described situations in which marriage plans were delayed or canceled and a new suitor found because the dowry was either too low or unpaid, including cases when parents argued their daughters were devalued by low bridewealth. Cases were reported of a husband being indebted to the cost of the bridewealth or the girl's parents significantly reduced the cost and accepted compensation in other ways or forms. Not all participants linked the amount of dowry to the perceived value of their children, and a few stated it was a token, even though it is mandated by a godly command.

Wedding ceremony. A related social norm is the formal marriage contract and wedding ceremony. All participants conveyed the importance of these events and how they are used to ensure the marriage is witnessed and provide a guarantee to both the child bride and groom. Participants RP6 and RP13 thoroughly described the significance of the wedding ceremony in the practice of child marriage:

My daughter's wedding ceremony or *Fatiha* was her greatest day. The girl, her mother, and everyone in the family and community looked forward to witnessing the occasion, it marked her transition to womanhood, leading her taking role as a wife and a mother. It's truly a very happy occasion witnessed in jubilations. (RP6)

This day is witnessed by family, friends, and well-wishers in the community.

Everything has to be right on this day, and families coming from as far as Maradi and Marwa [neighboring towns in Niger and Cameroon, respectively] participated and made contributions financially and materially, and made it the most memorable day in our lives. It was a day I will be forever grateful to God almighty. (RP13)

The wedding ceremony is celebrated by both the bride's and groom's families. It is a day that parents show wealth and pride in their community by inviting as many people as possible from far and near, paying for an abundance of food and drink, and folk dancing. I summarize other responses linked to this theme with exploratory notes in Table 4.

Forced and arranged marriages. The concept of forced marriage is alien and unknown within this community, as all marriages are prearranged among families and friends. For example, participant RP18 stated that his 15-year-old daughter did not want to marry his friend's son and he attributed her resistance to Satanic influence on a godly act of worship:

I wanted my daughter to marry my friend's son. My daughter objected. She does not know what is best for her and her life. The marriage went ahead anyway. I had an agreement with my friend that his son and my daughter are both ripe for marriage and it's what is best for them. She was initially influenced by Satan and we are praying that they overcome their differences and settle, as marriage is an act of worship that God prescribed.... This is expected.

Table 4 shows the codes, RQs, and quotes for the thematic focus of social norms. I used the table to organize and summarize the analysis I conducted to simplify and transform the data. I included accompanying exploration comments to provide a contextual explanation of the participants' verbatim quotes. The essence of the table is to summarize material that may appear in more than one theme. Themes explored social norms related to marital age and arranged marriage (RQ1) and consideration of the child bride's health related to the appropriateness of marital age or arranged marriage with or without the girl's approval (RQ2). In summary, I deduced that social expectations and

norms handed down between generations are essential determinants of child marriage practice in the community. Although I found no evidence of a definitive marital age in the community, participants often used onset of menstruation as an indicator of readiness for the child marriage practice.

Table 4

Codes, Research Questions (RQ), and Quotes for the Thematic Focus 'Social Values'

| Categorized codes | RQ | Significant statements shared by the participants | Exploratory comments |
|------------------------------|-----------|---|--|
| Marriage age | RQ1 & RQ2 | In our culture and belief of marriage, girls are married just before they start menses, this can be either 11 or 12 years of age or sometimes even up to 15 years old. My daughter was due for marriage at age 12, she was ready to marry. | The commonly observed ritual of marrying off daughters at the onset of their menstrual period. |
| Dowry-bridewealth | RQ1 | Dowry payment is compulsory, without which there is no marriage. The husband could not assume full rights until it has been paid. In my daughter's case, the groom's family made the payment in cash and seven cows. This is sanctioned by our religion; these are wealth given in full to the bride. | Importance of the dowry or bridewealth in the institution of marriage in the community. |
| Negotiations and transaction | RQ1 | There were very extended negotiations in my daughter's marriage. There were issues with the dowry amount of marriage, selection, and agreement of the marriage representatives, the dates of the marriage, including the bride delivery location; the house was too small, there was simply no space. | Recognition of the transactional part of the marriage contract. |
| Marriage contract | RQ1 | In our culture, the marriage contract is witnessed, its formal and verbal proclamation is made under oath and is administered by a religious community leader. The bridegroom's representative and parent's made a request and indicated our daughter join their son, and my daughter's representative, her senior uncle, accepted on behalf of our family. The Imam recited some portion of the Quran and teaching of the Prophet, alerted the witnesses, and declared my daughter married according to Islamic teachings by a public announcement with hundreds of invitees from both the bride's and groom's families and friends. | Detailing the practice includes public declaration and witness underpinned by religious beliefs. |

(table continues)

| Categorized codes | RQ | Significant statements shared by the participants | Exploratory comments |
|-------------------|-----------|---|--|
| Wedding ceremony | RQ1 | The ceremony started 3 days before the formal wedding contract or <i>Fatiha</i> when the bride is delivered to her husband's house. The first day was the application of henna to be delivered by the groom's family. This is a ritual indicating that she is now formally engaged and cannot leave home. The next day, the bride was bathed by her family in the presence of the groom's family and a <i>walima</i> or dinner was held to honor the bride, friends, and extended families to ready the marriage contract sign-off. | Describing the practice of wedding ceremony, a necessary ritual followed marking the importance of the institution of marriage. |
| | | There has never been as much crowd in this town as we have seen. She was blessed. We did not even have enough space to accommodate our relations. We thank God, everyone stayed after the Friday prayer. It was joyous for all families and friends. Her uncle slaughtered a goat and distributed food. | |
| Arranged marriage | RQ1 & RQ2 | At times what happens is that the man wants to marry a girl who doesn't want him. But, if the man's family finds an agreement with the girl's family, they force the girl to marry him. | The indication that the marriages may not be with the girl's consent, as parental decision override a girl's resistance to her parents' choice of a husband. |

Thematic Focus 3: Parental Decision-Making Process

The thematic focus on parental decision-making is relevant to both RQ1 and RQ2.

At least 17 participants mentioned the bride's father made the final decision to marry off their daughter. For example, participant RP20 indicated:

My husband decided after consultation with his extended family relatives. Her most senior uncle had the final say. He was assigned as the *wali* or bride representative and he was elected to present her during the wedding to the groom's family and serve as the negotiator in all issues related to the marriage.

Six participants described a significant influence on the father from an extended member of the family. For example, participant RP17 stated:

Her senior uncle planned to marry off his daughter, and he decided to have them married altogether. Both of us [father and mother] could not refuse, as she is equally his daughter. We only pray and wish her well in her matrimonial home, even as we did not think she was ready or matured enough to bear marital responsibilities.

From the narration given by participant RP1, the community religious leaders exerted pressure to have his daughter married to a particular suitor:

She attends the local religious school. When the teacher [Imam or religious leader] who talked to me several times urging to have her married, that she is ripe and ready, we could not resist. He also wanted to be the *wali*—the marriage guardian—and recommended the suitor. We discussed and accepted. She is very nice, and very liked in the community and will make her husband proud with many children, God willing.

The marriage guardian or *wali*. The subject of a *wali* or marriage guardian came up only twice in the interviews. The participants stated these individuals were very important and instrumental to the marriage decision. *Walis* are unpaid but exert significant influence and power in the marital transactions by advising and influencing parental decision-making in the event of more than one suitor.

Participant RQ15, a widowed mother, was crying and emotionally charged when the question of paternal responsibilities in the marriage came up during the interview. I wanted to stop, but I continued the interview at her insistence, as she stated she was

determined to detail her experience. The participant was emotional and explained how she wished her husband were alive to make the final marriage decision and offer his daughter's hand in marriage to the suitor. All participants were unanimous in highlighting paternal responsibility in the final marital decision. The girl's father has the sole responsibility to offer his daughter to her suitors; this practice is given significant consideration during the marriage. For instance, one parent described how he had traveled a long distance from a neighboring country to perform this parental obligation.

Poverty as a driving factor for child marriage. I asked all participants about the single most important factor driving their decision to marry off their children at an early age. Although I particularly attempted to explore and evaluate parental decision-making in connection to poverty, none of the participants indicated poverty was a determining factor. For example, participant RP3 stated:

My decision to marry off my daughter earlier can be due to everything except for poverty; we are a very contented community, and both very rich and very poor marry off their children at the right ages, as dictated by our custom and religious beliefs... We rely on God to provide to any living soul.

Participant RP11 elaborated:

We make decisions to protect our daughters from the evils of society; this is our traditional belief; it never changed. This is what our parents and grandparents did; it is never about poverty, feeding, and sheltering; it is never an issue in any house in this community. It is about who we are... it is important they get husbands when they are young, otherwise it will be difficult to marry them off or find husbands at an older age.

In summary, parents' efforts to protect their daughters as defined by custom and religious beliefs exemplified the thematic focus on the decision-making process for these communities. I found no indication of the importance of poverty in the decision-making process. The data also showed male parents' dominance in the decision-making, albeit significantly influenced by families, friends, and the community.

Thematic Focus 4: Sanctions

This thematic focus indicated that all participants, regardless of their town, held community leaders in the highest esteem:

Our Imam, the religious community leader, administered my daughter's marriage. He did it as well for her mother. He knew us all and has been our fatherly figure around here. He would normally determine for us when it is appropriate to marry at the right time, as sanctioned by our deen religion.

The link between marriage beliefs and religion was evident in multiple areas. Community religious leaders, being the marriage registrar or sometimes serving as the marriage guardian or *wali*, influenced the marital decision in such a way that parents would not resist for fear of undefined sanctions or gossip in the community. Participant RP20 summed up another associated sanction mentioned seven times during the interviews:

In this community, a girl must be married at the right age, otherwise she would not get a husband and will end up becoming a street hawker. She will be perceived as not respectable or decent and a hypocrite. Gossip and rumors will spread that she might want to be a prostitute; her family will be perceived as noncommitted with our religious beliefs.

To be perceived as uncommitted to a religious belief is a serious issue in the community. This nominally means being unable to hold a position of trust or leadership in the community, and individuals cannot be selected to represent the community or even lead a congregational prayer. Participant RP4 explained:

God forbid that a girl who fails to get married at an early age is not honorable and respectable: she is perceived as a disobedient girl. It is possible she may not get a husband in the future; her parents will lose respect in the community and will forever be shamed. It's not a good thing.

Participant RP14 told the story of a father who refused to marry his daughter after several suitors approached him:

It is dishonorable. Any parent who fails to marry his daughter at an early age risks destroying the girl, his family, and the community, as this is evil. The community will fault him and sanction him accordingly. He loses respectability, as it is against our values, against who we are and what makes us people in this town.

Eleven participants expressed religious-related disapproval of seeing unmarried couples together. Participant RP9 emphatically described the situation when asked for clarification:

If a girl has a premarital relationship and sex before her wedding, it is not acceptable, it is a shame and humiliation to the girl's family. Our religious belief sanctions this behavior seriously and requires that the girl be punished with her offender, and they should not be married to pure and chaste persons except others who have indulged in similar premarital affairs. This is one of several reasons

why we marry our daughters early before understanding sexuality, as the influence of Satan cannot be contained.

Most participants unequivocally claimed religious teachings and values emphasized the importance of virginity, forbiddance of premarital sex, and encouragement of marriage at an early age. Not following these standards of behavior was akin to disobedience to God and nonconformity to decency. Participants RP1 and RP2 mentioned that delayed marriage beyond what is perceived as the right marital age results in sanctions in the form of stigmatization of the family, who may be boycotted and have other suitors refuse to seek marriage in that family.

We do not allow our daughters to grow older for fear they may be lured to premarital sex and pregnancy. This would be most shameful, is unacceptable, and brings shame and dishonor... There will be a lot of gossip and rumors and sanctions, she may never have a husband. Even her children will not be marriable. Such people normally self-exile themselves.

The thematic focus on sanctions was driven in part by social values and norms, and individuals described how they sustain compliance with child marriage practice. These informal sanctions serve as significant social capital in a community, as they are critical to the enforcement of implicit agreements and social norms. Therefore, reserchers must further investigate the role of sanctions and how they could be used to curb child marriage practice.

Thematic Focus 5: Perception and Aspiration

Most of the participants had strong opinions regarding questions about child brides and the perceived aspirations of their daughters. The participants all stated their

daughters aspired to be good wives and mothers and bear offspring for their husbands. Notably, asking the participants about immediate alternatives, such as skill acquisition and schooling, did not change their answers. Participant RP1 stated:

My daughter is very skillful; we got her to weave, sew, and make men's hand-knit caps before her marriage. She is taking these skills to help her provide some income in her husband's home. If she is truly in need of additional help beyond basic necessities; the husband is well off, very rich. This is all God's blessing.

Participant RP9 gave a startling revelation when asked the question of his daughter choosing a husband:

We weren't even ready, and she came to ask her stepmother if a suitor can come and ask for her hand in marriage. Her mind was set and we accepted and agreed with her wish; it's the right thing. As a father, all I have to say is that this is her choice and we have to pray for her and wish her well.

Participant RP10 responded to the same question with a different perspective:

My daughter would not talk to people she does not know: our culture and belief stress that a girl should not be left alone to talk to any stranger without her parents, even our religion demands that she seeks her husband's permission before talking to a stranger. Therefore, I cannot entertain my daughter choosing a husband... What does she know at this stage? That's why we marry them early, to avoid such encounters.

Five participants discussed making preparations and readying their children for marriage by providing wealth and materials to settle them into their husbands' homes.

Four others referred to skill teaching and acquisition during early childhood before

marital age. These practices were to ensure economic independence while at the husbands' homes. Participant RP17 explained:

Parents who allow their children to go to school for a long time without marriage might be denying them husbands. In this community, no one wants *yar boko* or a schooled girl for a wife. Don't you see? Many doctors [referring to nurses and midwives] who schooled and schooled are unable to find a husband and get married. It will be impossible for them to get decent husbands.

Overall, participants seemed to be content with their daughters living a life of dependence in their husbands' homes. Most participants seemed to indicate that it was the husband's God-given responsibility to feed, clothe, and provide shelter to his wife, and issues of aspiration did not seem to be significant.

Thematic Focus 6: Bride's Health

All the participants mentioned directly or indirectly that the bridegroom would not marry their underage daughter if she were unhealthy or sick with any illness. Parents determined the child bride's health by her general well-being before the marriage, and no doctor performed a formal medical examination as part of the marriage process. I divided this section into five subsections highlighting the consequential effects of child marriage in the population of interest. I determined the categories according to the illnesses mentioned in the narratives of the participants. Notably, few have medical records to show how the illnesses were diagnosed.

Obstetric fistula and vesicovaginal fistula. Participant RP15 indicated that his daughter was perfectly healthy before marriage but afterward, she became sick with

mental illness and was thought to have been infected by jinns or witchcraft. The participant expressed the situation passionately:

She was a very healthy girl and never been ill. All it takes is 3 months to get sick and she's been ill. Thank God she is getting better. My daughter will never go back, never—God forbid and protect her from these evils.

From the narration given by RP15, it appeared initially that his daughter was suffering from malaria, which he acknowledged and ignored because it was widespread and easily cured. However, the participant was saddened when he later came to know that it was a psychological or mental illness caused by a lack of care and physical and mental abuse in the form of IPV. The parents-in-law explained to him that his daughter misunderstood others and repeatedly complained about the other the older wives treating her badly. She quarreled with her husband for not helping her in this fight and repeatedly blaming her. She was isolated and ignored. The indication was that the marriage caused her mental illness, even if the parent did not explicitly concede to this fact. The child bride was returned to her parents, and the father vowed not to return her to the husband. Participant RP5 described a similar situation in which a bride was returned by her husband due to health complications:

My daughter has urination problems [OF], the husband distanced himself and returned her back to us, he says it is the influence of witchcraft after failing to get treatment. The doctor [nurse's medical record] said she wasn't matured enough for childbearing. It's very hard for us as there are no medicines in the hospital; she is sick, and we were planning to send her to her uncle in Kano after selling this year's bean harvest.

As the participant explained what his family was going through, he could hardly conceal his anger toward his daughter's husband for abandoning her and returning her home after she sustained injuries during childbirth. Due to her injuries, she has been rejected by her husband and his family who associated the health problem with witchcraft.

Health issues related to urination are prevalent among child brides and lead to rejection and social stigmatization in the community. Community members believe urination problems, similar to psychological or mental health illnesses, linked to child marriage are caused by either jinns or witchcraft. Participants mentioned witchcraft and jinns repeatedly in the interviews because the former is an essential source of traditional medicine that predates modern medicine in the community. Many unexplained illnesses are attributed to jinns, particularly those involving mental health illness in the community. Both RP5 and RP18 were visibly emotionally charged and expressed negative feelings regarding the rejection of their daughters due to ill-health, recounting that the girls were healthy before the marriage. These feelings were aggravated because of the association with social stigmatization that comes with mental health illness and conditions such as urination problems.

Maternal and infant mortality. A grieving participant (RP18) recounted what happened to his family in a very emotional tone, sometimes breaking into tears during the interview. I tried to suspend the interview, but he insisted on finishing.

My daughter lost her son during delivery, she was hurt; it was an act of God, she wasn't strong, she wasn't well, and she was not eating well during the pregnancy. She has been working very hard in her parents-in-law's home, and it's a large house, we are praying for her to get well.

Further exploration indicated that the girl was 12 years old and was too young for marital responsibilities and childbearing; the parents-in-law were making her perform household duties. The young girl was unwell and lost the baby after a difficult pregnancy, but luckily she survived. For RP10, the situation was tragic and unbearable as he conceded to losing his only daughter and grandchild:

She lost the baby, and we lost her. This is a tragedy, an act of God. This was her fate. Everyone liked her; her husband has been in shock and wasn't talking. He and his father did everything; she had the best nurses and midwives around in the city hospital.

The participant narrated how the husband was visibly in a continued state of shock and disbelief that such a tragedy happened to his family. The father credited the husband and his family with doing everything possible, including going to the best community hospital to help the child bride. The girl was unable to carry through with the pregnancy and childbearing and the baby died during delivery. The young girl died due to injuries sustained during birth. The parents attributed the health problem leading to both infant and maternal mortalities as a fate destined to happen and as an act of God. The parent could not link his loss to the critical health issues attributable to child marriage.

HIV/AIDS. The community has numerous individuals infected with HIV/AIDS as well as orphans and widows that have lost family members over the years. Participant RP10 was crying and could not hide her tears as she explained the death of her daughter and her husband:

The husband died; she followed him and died. He infected all his three wives with a mysterious illness [HIV/AIDS]. They never recovered, they could not afford

medicines [crying]... all we could do is to bury our child and leave the judgment to God. We have her son, a good boy.

The mysterious illness referred to above by the participant is HIV/AIDS, which has devastated the community. The indication was that most of the affected persons never recovered, and the drugs were not affordable. The parent expressed a feeling of betrayal that the husband might have been aware that he was diseased when he married her daughter. Unfortunately, the disease did not spare her daughter nor the other wives; luckily, they are able to raise their orphaned grandson.

Only four participants (RP5, RP15, RP18, and RP10) had daughters currently dealing with specific health issues or daughters who had confronted health issues in the past. For instance, participant RP10 had lost both a daughter and a grandson during delivery after a very difficult pregnancy. She said that the midwife indicated that her daughter's waist was too narrow—in other words, unmatured and not ready for pregnancy—and attributed the girl's death to her destiny and a godly act. She was the only participant to come close to directly relating health issues to underage marriages.

Participant RP5, who was currently caring for a daughter who had been rejected because of urination problems due to VVF, had many emotional things to say about the rejection by the bridegroom's family. However, most participants did not explicitly make the connection between marital age, immaturity, and readiness for marriage. None of the 15 participants acknowledged that the girls were either too young or underage.

In summary, for the theme of the child bride's health, I found no indication that specific considerations were given to the underage girls. Although it is also clear that only healthy girls can be married in the community, underage girls are not ready to bear the

responsibilities of marriage and childbearing. None of the participants acknowledged the health consequences associated with marrying off their young daughters.

Table 5

Codes, Research Questions (RQ), and Quotes for the Thematic Focus 'Bride's Health'

| Categorized codes | Research question | Significant statements shared by the participants | Exploratory comments |
|-------------------------------|-------------------|--|--|
| Obstetric fistula | RQ2 | My daughter has urination problems [OF], the husband distanced himself and returned her back to us, he says it is the influence of witchcraft after failing to get treatment, the doctor [nurse's medical record] said she wasn't matured enough for childbearing. It's very hard for us as there no medicines in the hospital, she is sick, and we were planning to send her to her uncle in Kano after selling this year's bean harvest. | Consequential health effects of underage marriage, the girl sustaining Vt, unable to hold urine, facing rejection, and associating health problems with witchcraft. |
| Maternal and infant mortality | RQ2 | My daughter lost her son during delivery, she was hurt; it was an act of God, she wasn't strong, she wasn't well, and she was not eating well during the pregnancy. She has been working very hard in her parents-in-law's home, and it's a large house, we are praying for her to get well. | The girl is too young for marital responsibilities and childbearing, parents-in-law make her perform household duties. Unwell, she lost the baby after a difficult pregnancy. |
| | RQ2 | She lost the baby, and we lost her. This is a tragedy, an act of God. This was her fate. Everyone liked her; her husband has been in shock and wasn't talking. He and his father did everything; she had the best nurses and midwives around in the city hospital. | The girl is unable to carry through the pregnancy and childbearing; the baby died during delivery and she died due to injuries sustained during birth. Her parents attribute this outcome to her fate and an act of God. |

(table continues)

| Categorized codes | Research question | Significant statements shared by the participants | Exploratory comments |
|------------------------------|-------------------|---|---|
| HIV/AIDS | RQ2 | The husband died; she followed him and died. He infected all his three wives with a mysterious illness [HIV/AIDS]. They never recovered, they could not afford medicines [crying]... all we could do is to bury our child and leave the judgment to God. We have her son, a good boy. | The parents forced their underage daughter to marry a diseased older man with HIV/AIDS. She died along with other wives from the polygamous marriage. |
| Mental health, psychological | RQ2 | She was a very healthy girl and never been ill. All it takes is 3 months to get sick and she's been ill. Thank God she is getting better. My daughter will never go back, never—God forbid and protect her from these evils. | The girl is suffering from malaria, which led to mental illness caused by physical and mental abuse, lack of care, and intimate partner violence. |
| Marital responsibility | RQ2 | Thank God. My daughter is overworked and never respected, there is so much witchcraft, so much harm is done to her. The Imam says jinns infected her. She was chained in the hospital for months. She is better now, quite; thank God, she will soon be herself. The husband and his parents couldn't care less, there are even rumors of dowry return when they didn't spend a penny on her medicines. It's a shame. | The girl is suffering from mental illness caused by physical and mental abuse from her husband and parents-in-law, isolation, and rejection. |

Evidence of Trustworthiness

In this section, I describe the strategies I used to ensure the trustworthiness of the research. I implemented specific research activities to ensure quality, including credibility, validity or confirmability, and dependability. Consistent with qualitative research convention, a researcher uses a phenomenological analytical approach, such as IPA, to investigate and interpret the lived experience of research participants. Based on IPA methodology, the researcher advances and applies interpersonal and subjectivity skills to their exploratory research processes.

Throughout the study, I was mindful of the quality of the research and the requirement for credibility. IPA methodology, being participant-oriented and an interpretive research tool, means the researcher remains in a state of constant self-reflection. I bracketed myself from personal biases before the study began and maintained a record of notes during data collection and analysis.

To deliver transferable and verifiable findings with quality data collection procedures, I designed the research using three homogenous locations for the setting and data collection. I used these locations to ensure confirmability through triangulation. Further, I used electronic voice data recording to ensure the dependability of the research process.

I conveyed the essence of the lived experience of the participants, ensuring the sensitivity of the participant verbatim and the context. Examples include providing background and a description of how the experience happened during the exploration. Creswell (2013) referred to this requirement as a “structural description,” so that the

researcher can reflect “on the setting and context in which the phenomenon was experienced.” Through my commitment to thoroughness and consistency by ensuring clarification where appropriate during the interviews, I ensured the validity of the responses. I maintained rigor in the interview process to ensure coherence and transparency, attention, and reflection on perceptions. I maintained a reflective manner throughout the study and avoided interjecting personal experiences into the lived experience narratives of the participants.

I carefully transcribed each interview transcript to hard copy and I analyzed them using a qualitative software data minder (QD Miner version 5). I used color coding and categorization to transition from coding to emerging themes and thematic analysis. To ensure the credibility and trustworthiness of the analysis, researchers must display the data in such a way that it is sufficiently focused to permit viewing of the full data from the same location, arranged systematically to answer the research questions (Miles, Huberman, & Saldana, 2013).

Overall, I captured an accurate understanding of the participants’ responses to understand the meaning of the practice of child marriage. I maintained a reflective journal throughout the data collection and the entire research project to reflect my perceptions. I provided a full account of the study to ensure the authenticity and credibility of the narrative inquiry and avoid distortion.

I addressed research validity by avoiding bias through a personal and dedicated honest attempt to bracket any influence or assumption that could distort the outcome and

by avoiding reactivity that may be associated with the research. Through the pilot study, I achieved dependability by studying two parents who married off their children underage.

I purposely selected the data collection location, and I included additional probing or clarification during the interviews to check the reliability of individual inputs after comparison with other participants and locations. I used three research locations to ensure confirmability through triangulation and research bracketing to ensure a reduction of research bias in the study; therefore, I increased credibility and dependability and ensured the research results were authentic and accurate as a prerequisite for quality.

Summary

In this chapter, I provided an account of the pilot study, research setting, data collection, study findings, and analysis. The results of this study contain information about lived experiences and the consideration given to the bride's health in child marriage. I purposely designed the research with built-in rigor to ensure a thorough exploration of the lived experiences of the participants. I used direct face-to-face recruitment and gathered data using open, semistructured interviews and seeking additional clarification from participants when appropriate. I analyzed the data using the qualitative software QDA Miner version 5 and Microsoft Excel 2016 edition.

I followed established qualitative research methods of analysis following IPA techniques. Following my data analysis, I reduced the final data into six themes consisting of 33 major categories, 22 subcategories, and 44 codes that emerged from the data. I conducted a detailed exploration of parents' lived experiences and decision-

making processes and the consequential health effects on child brides. Last, I described a summary of strategies implemented to ensure the trustworthiness of the research.

In the next chapter, I discuss the research findings and provide interpretations and recommendations. I also present potential implications for positive social change and provide a conclusion to the study.

Chapter 5: Discussion, Recommendations, and Conclusion

My goal for this research was to develop an in-depth understanding of the child marriage phenomenon by exploring the lived experiences of parents through the understanding of the role of a child bride's health in the parental decision-making process with an end goal of preventing the practice. This was a qualitative study based on in-depth IPA methodology. The central research questions relied on a theoretical foundation of SVT and IPA with constructs derived from phenomenological qualitative research inquiry. Through an examination of personal narratives, I produced an account of decision-making through lived experiences, understandings, perceptions, and views in participants' terms rather than ones prescribed by preexisting theoretical preconceptions.

Findings indicated social values and norms drawn from preserved traditional, customary, and religious belief systems that defied change with modernity over time drove child marriage in the community. Shame and honor were significant drivers of the parent's desire to protect their children from social ills. Notably, poverty was not raised as a determining factor for child marriage during the interviews. Further, participants noted the final decision in a child marriage belongs to the girl's father, though family, friends, and the community highly influenced the decision-making process. The child bride's health is a primary determinant of the child marriage before the marriage contract, but subsequent health effects are perceived and prescribed as acts of destiny and fate ascribed to God. The variance in responses suggests no tradition that specifies that a girl should be married at a particular age, rather the onset of menstruation was the primary determinant among the participants.

In this chapter, I summarize the research findings and offers a discussion of the interpretation and implications of the data. In the second part of the chapter, I provide recommendations for public health practice and positive social change, followed by a conclusion of the study.

Interpretation

I used qualitative research data analysis to reduce the final research findings into six thematic focuses, consisting of 33 major categories, 22 subcategories, and 44 codes that emerged from the data. The six thematic focuses were (a) social values, (b) social norms, (c) parental decision-making, (d) sanctions, (e) perceptions and aspirations, and (f) the child bride's health. The central question I asked in the research project was, What are the lived experiences of parents who married off their children who were under 18 years of age? The secondary question explored was, What role does a bride's health play in her parent's decision-making for early marriage? My objective was to achieve a nuanced understanding of the role of a child bride's health in parental decision-making on child marriage. I developed these questions based on the gaps in the literature to explore the parents' lived experiences and the role of the bride's health in the broader process of permitting child marriage.

Thematic Focus 1: Social Values

The convergence of participants' responses to social values signified their importance as essential factors in the practice of child marriage. In this section, I detail the research findings related to social values and identify specific values that contribute to or confirm findings in the existing body of knowledge within child marriage literature.

The role of shame and honor. The results of this study indicate that Hausa-Fulani parents marry off their underage daughters as insurance against the shame and lack of respect that comes with premarital sex and illegal pregnancy. The role of shame and honor is substantial and underpins the Hausa-Fulani communities' reasons for practicing child marriage with the objectives of preventing promiscuity, prostitution, and increased chances of unwanted pregnancies. The community insists on doing everything possible to avoid shame and sustain the family's honor and respectability and the associated pride. The findings from this research highlighted specific social values driving child marriage practice in Hausa-Fulani communities. Similar to findings from Perlman et al. (2016) and Adetokunbo et al. (2016), participants indicated shame comes with social stigmatization and a loss of respectability, pride, and honor, all of which are deemed valuable and profoundly cherished by Hausa-Fulani ethnolinguistic communities.

Social value of marriage. The shared perception of social values in Hausa-Fulani communities centered around early marriages being most beneficial to the child, parents, and community. This perspective is an extension of knowledge on the topic of child marriage, as parents never perceived children as beneficiaries within the practice. This finding validated the theoretical and conceptual model, which showed parents might marry off their underage children for unselfish and benevolent reasons that align with the goals and aspirations of the children. This finding contrasts with Nour (2009) and Adedokun et al. (2016), who found outsiders view parents as selfish and egocentric when failing to meet the child's expected aspirations and goals of well-being. Further, my

findings stress the significance of social values derived from child marriage, confirming the work of Bicchieri et al. (2014) and Cislighi, Mackie, Nkwi, and Shakya (2019).

Resistance to change. The narratives suggested social values are significant contributors driving the practice of child marriage, albeit reinforced by cultural and religious factors that make the community resistant to change. In this context, the findings from this research exposed the interrelation between social values and expectations, cultural and religious beliefs, and the need for a greater understanding of underage marriages. The outcomes of this study are also consistent with the explanations presented by Adedokun et al. (2016), who studied an overlapping geographical region and argued that cultural and religious factors sustained child marriage in the community. Similarly, Walker (2015) observed that child marriages are most prevalent in regions where culture, religion, and tradition exert significant influence over communities. Indeed, several participants in this study made references to culture and tradition and how the institution of child marriage is handed down through generations. This finding confirms Bicchieri et al.'s (2014) general framework of how social values explain child marriage.

Aspirations of the child bride. Members of Hausa-Fulani communities condition adolescent girls to aspire to be mothers and bear children, conforming to the long-established social expectations. Parents raised these youngsters with behavior expectations to be loyal wives and mothers and supportive of parents-in-law in domestic household work. Consequently, child brides from these communities lack aspirations, self-determination, and economic independence. These findings confirm the work of

Perlman et al. (2017) based upon a much broader population covering the Sub-Saharan Africa region that emphasized the significance of marriage and childbearing as the only means for adolescent girls to gain status within their household and community.

Alignment with social values theory (SVT). The practice of child marriage in Hausa-Fulani communities relies on the significance of social expectations to sustain the phenomenon over time. This outcome validates the accepted theoretical perspectives in the literature and aligns with the theoretical interpretation of SVT (Dore et al., 2014) that decision-making for others is based on the social value of the action—in this case, the practice of child marriage. The findings of this study also indicated social values are the primary drivers of child marriage practice, consistent with the conceptual and theoretical framework drawn in Chapter 3.

Members of Hausa-Fulani communities give the social values of child marriage significant consideration, and this trend is consistent with studies from other regions globally (see Cislighi et al., 2019; Montazeri et al., 2016). For example, Montazeri et al. (2016) explained that the social value of marriage is central to sexual and reproductive health in Iran and Arab countries, which share common religious values with the population of interest studied in this work. We can make a similar comparative analysis for the Indian subcontinent. For example, the International Center for Research on Women (2013) argued the traditional causes of child marriage in India, Nepal, and Bangladesh are rooted in social values and norms backed by various normative and structural factors, such as tradition, familial and economic situations, and the opportunities available to women. Bhat, Sen, and Pradhan (2005) presented a comparable

argument by describing the social values of patriarchy, sexuality and virginity, dowry, and hierarchical caste, among other social factors.

Cultural values and identity. A notable revelation I made in this study was how participants emphasized the role of individuals and the community in preserving the perceived social values as an institution for the survival of communities, passing it down through generations unchanged. All participants seemed to uphold these perceptions as they repeatedly verbalized phrases similar to “these are who we are and what makes us,” implying the perceived social values are analogous to a social identity that defines the community over time. We can interpret these social value factors as the single identity and cohesive force that holds the community together and deters outside influences on the behavior of sustaining child marriage in the region.

Findings from this study showed that the family structure in the Hausa-Fulani ethnolinguistic cultural designation through prearranged marriages among extended families preserves the practice of early marriage. This study draws a parallel with Walker (2015) and Perlman and Adamu (2017), who argued that individuals often use religion and traditional factors to insulate and sanction child marriage practices in Sub-Saharan Africa. Moreover, these social values remain unchanged over time, having been handed from generation to generation, confirming the work by Adedokun et al. (2016) and ARFH (2018) in the region and country of interest, respectively. Individuals draw social value factors from tradition, culture, and the prevailing religious beliefs in the community. Interestingly, this indication is similar to studies by Chow and Vivalt (2019)

who explained the problem of resistance to change in Ethiopia in the context of a social intervention program designed to eliminate child marriage practice.

Other social values. Participants also reported conforming to social values produced desirable benefits in the communities, including marital age, family respect and dignity, chastity, expected behaviors, adequate preparation, and bearing offspring for the husband. These findings are consistent with previous literature that suggested a mixture of cultural, social, economic, and religious factors are the primary drivers of child marriage (e.g., Bhat et al., 2005; Bicchieri et al., 2014; International Center for Research on Women, 2013; Perlman et al., 2017). For example, Montazerri et al. (2016) discussed determinants of early marriage from the perspective of married girls in an Iranian setting and confirmed that social, emotional, and sexual needs, family structure, and low autonomy are essential factors in decision-making and drive child marriages. However, as shown by Chow and Vivalt (2019) in Ethiopia, attitudes toward child marriage have been changing, and regional differences may be present.

Overall, I posit that some of the generalizations found in the literature might be due to these variations, and that critical appraisal and theoretical rigor are required for a greater understanding of the role of social values in child marriage.

Thematic Focus 2: Social Norms

Participants' narratives highlighted that social norms are deeply rooted in guiding the practice of child marriage in Hausa-Fulani communities, confirming the findings reported by Perlman (2017). These norms are long-standing and particularly crucial

because social life within Hausa-Fulani communities is organized around the family unit in a communal home system.

Significance of social norms. The data also showed that social norms concerning the appropriate age of marriage, amount of a dowry or bridewealth, and acceptance of arranged marriages are deeply rooted in the community. In a comparative analysis for the same geographical setting, Amodu et al. (2017) argued that Hausa-Fulani communities have preserved ethnolinguistic social norms and are resisting modernity. Studies on the influence of social norms on child marriage have been reported for different regions worldwide and consistently affirm how social norms are applied to sustain the practice of child marriage in many societies, analogous to the observation made in this study (Bankar et al., 2018; Cislighi & Bhattacharjee, 2017; Delprato, Akyeampong, Sabates, & Hernandez-Fernandez, 2015).

The consistency of the participants' responses from three locations described in this study reaffirmed Hausa-Fulani communities are exceptionally homogeneous, deeply religious, and conservative. Similarly, in many African societies, members draw social values and norms from traditional and religious beliefs. Moreover, community religious leaders guard, preserve, and sustain these norms in patriarchal societies.

Dowry or bridewealth. Responses obtained from participants in this study indicated that the marriage is invalidated without any ambiguities and the bridegroom is denied access to the child bride if the negotiated dowry or bridewealth is not settled by the wedding day when the marriage contract is verbally transacted. The payment is a social norm that symbolizes the worth of the child bride as an instrument of

legitimization of the marriage, and the husband can only attain sexual, economic, or marital responsibilities once the payment is settled. A similar practice exists in different forms worldwide, particularly in many traditional African societies, the Middle East, and Asia (Tikkanen, 2020). In Ethiopia, another traditional African society, Chow and Vivalt (2019) emphasized that changing social norms could be difficult or impossible to achieve given the nature and practice of child marriage.

Forced and arranged marriages. This study revealed that in Hausa-Fulani ethnolinguistic culture, arranged marriage is not perceived as forced marriage; the same is true for many Asian and Middle Eastern societies, such as Iran, Syria, India, and Bangladesh (Jones, 2010; Jones & Yeung, 2014; Mohan, 2018). This is also the commonly accepted perception among many communities in Nigeria. For example, in Southeastern Nigeria, although Iboland parents will insist that sons and daughters are married to individuals the parents have chosen, the parents do not associate this with forced marriage (Immigration and Refugee Board of Canada, 2020). Similarly, Mehndiratta, Paul, and Mehndiratta (2007) and Mohan (2018) highlighted that arranged marriages are not necessarily being forced in Asia and the Middle East, which is in contrast to what Western civilization perceives.

Conformity of the child brides. According to the parents interviewed for this study, the accepted social norm in the communities is for adolescent girls to be timid and docile; parents raise and train their daughters to be respectable, honorable, and submissive to their parents and husbands. Girls rarely question these rules and they perceive such standards as commands aimed at achieving stability in marriages. This

bears similarities to marriage in South Asia, where arranged marriages have proved reliable and durable over time (Jones, 2010; Jones & Yeung, 2014).

Purity and chastity. The parents identified chastity as an essential social norm associated with child marriage, and the community goes as far as rewarding parents who confirm their daughter's virginity. The community places value on the purity of the child bride that translates to the offspring of the husband. Such findings confirm that Hausa-Fulani communities are not dissimilar to many traditional African societies, what has been established in the literature concerning child marriage, and global perspectives on child marriage (Council on Foreign Relations [CFR], 2020; Perlman & Adamu, 2017; Vergroesen, 2018).

Hausa-Fulani communities have social expectations of having chaste daughters before marriage. This confirms the assertion by Bicchieri et al. (2014) who explained in broad terms that several factors, including traditional and customary social norms, such as chastity norms, perpetuate child marriage. This general framework of a social values explanation for child marriage described that such behavior is resistant to change as child marriage is a practice taught by custom and sustained by moral preferences, such as religious and traditional beliefs. According to Bicchieri et al. (2014), these individual normative beliefs make the practice a moral rule. For example, parents have a normative expectation (a social norm) from their community for daughters to be chaste. In this context, we can consider the phenomenon of child marriage a homogenous collective practice with individuals making decisions about what is in their best interests or convenient to them, depending on the location. This social norm fits a consistent pattern

observed in traditional societies around the world where parents are concerned about the chastity of their daughters before marriage. The CFR (2020) asserted that many cultures in developing countries emphasize that girls are closely tied to their family's honor and that parents marry off their underage daughters to ensure that they marry as virgins and to prevent premarital sex and births, echoing the discoveries of this study.

Results from this study confirmed the social norm of celebrating and rewarding the virginity of the child bride as a point of individual and family pride in Hausa-Fulani communities. Physical evidence of the child bride losing her virginity on her first night in the husband's house is collected and displayed for family and friends, for which the bridegroom's family pays a handsome reward to both the child bride and her family. This revelation is similar to many other African, Sub-Asian, and Middle East cultures (Bhat et al., 2005; Callaghan, Alexander, & Fellin, 2016; George, 2008; Ghanin, 2015; Nour, 2009; Reminick, 1976). For example, in Ethiopia, communities hold a symbolic ceremonial defloration to celebrate chaste girls (Mehari, 2016; Reminick, 1976; Vergroesen, 2018).

Marriage age. Data from participants' responses in this study suggested no rule regarding at what age a girl should be married existed, and many defined maturity to be the onset of menstruation. Based on this social norm, parents, particularly mothers, observe their daughter's readiness for marriage at the onset of menstruation

A child attracting unnecessary attention in the community could have friends, family, and the community influencing the father's decision. One participant described this situation, confirming what has been established in child marriage literature. Perlman

and Adamu (2017) discussed that a child attracting unnecessary attention in the community is a motivation for early marriage.

Parents rarely question the marriage age norm, which is connected to the social norm, regarding the bride girl's chastity. The religious system, which aggressively discourages premarital sex, has formed the basis for this norm. Parents strictly observe this norm and it is reflected in their perceived role in ensuring that girls are married early for fear that girls who look to marry later may have difficulty finding a husband in the community. Early marriage ensures their daughters' virginity and, therefore, they see child marriage as a protective instrument to stop premarital sex, pregnancies, and sexually transmitted diseases (Nour, 2009). In India, for example, virginity is significant and forms an essential belief for contemporary Hindu marriage, and virginity is a central notion in Indian kinship (Arrago-Boruah, 2008).

Similarly, McDougal et al. (2018) stressed that marital decision-makers underscored the social norms that sustain child marriage practices and explained the use of indicators of readiness for marriage based more on puberty signs. Cislighi et al. (2019) made a similar observation in Musgum and Mbororo communities in neighboring Cameroon. These explanations concur with my observation of the use of the commencement of a child's menstrual period to signify readiness for marriage and childbearing in this study.

Marital transactions and negotiations. An exposition of marital transaction negotiations and associated wedding ceremonies in the practice of child marriage I describe in this study are not unique to the Hausa-Fulani communities; they are social

norms accepted and practiced in many areas of the world and discussed in child marriage literature. This confirms what the child marriage literature has previously established. For example, Fincham and Beach (2010) described the importance of understanding marital transactions and their positive impacts on marriage strength. The difference observed in child marriage is that these negotiations and ceremonies are only a source of pride to both the bride's and bridegroom's families, not the child bride. Hausa-Fulani culture promotes wedding ceremonies that follow the formal contract of child marriage. Several of the respondents looked forward to this day from the time of childbirth. The wedding ceremonies provide an opportunity for the parents to display wealth, respectability, and power in the community, with the child bride having little or no influence on these norms.

Theoretical validation of social norms. I used the theoretical and conceptual model drawn from SVT and presented in Chapter 3 to support my analysis of child marriage as a social norm. The model relies on social values and norms to predict parental motives in the decision-making process to marry off their underage daughters. The model illustrates that when parental decisions are egocentric or projected, they are likely to lead to child marriage. In contrast, the simulated decision-making process favors the goals and aspirations of the child bride. The benevolence decision-making option can go either way, resulting in child marriage or a decision that might align with the girl's perceived goals and aspirations. Such alignment is accidental or coincidental, as parents do not intend for it to meet the desires of the young girl. This proposition suggests the

need for further research on social norms to ensure an in-depth understanding of how deeply held beliefs, attitudes, and norms can justify and sustain child marriage.

Understanding the role of social norms in sustaining the practice of child marriage might constitute the missing link in curbing and preventing the phenomenon. A future examination of how social norms sustain child marriage and health-related practices would be useful in the design and implementation of social reproductive health promotion interventions.

In summary, the commonalities I highlighted above that stemmed from social norms across many traditional African societies, the Middle East, and Asia provide an opportunity for health practitioners, policymakers, and decision-makers to design similar health and social interventions to prevent child marriage practice in these patriarchal societies. Steinhaus, Hinson, Rizzo, and Gregowski (2019) presented another perspective concerning social norms: They reported that child marriage might not be a social norm among Phalombe and Thyolo tribes in Malawi. This is due to the weak evidence of normative expectations even though individuals indirectly perpetuate them through other norms associated with the sexuality of adolescent girls in the society.

Thematic Focus 3: Parental Decision-Making

In this section, I present an interpretation of the results drawn from the participants' responses regarding the decision-making process for child marriage in Hausa-Fulani communities and compare it with the existing knowledge in the child marriage literature.

Decision-making process. By exploring the parental lived experiences of Hausa-Fulani communities on the decision-making process in the practice of child marriage, I gained greater insight and contributed previously unavailable knowledge on the subject. The results indicate fathers made the final decision to marry off their underage daughters, although family, friends, and the community often influenced this decision. In this study, 80% of participants mentioned the male parent made the final decision to marry off an underage child. For the remaining 20%, the parents decided to delegate the authority to the community religious leaders or elders. For example, in one case of a missing male parent, the female parent nominated the eldest uncle to make the final early marriage decision. Many parents believe this role to be a godly command, and there are no exceptions to this rule; in the absence of male parents, a senior uncle or male family member will make the final decisions.

These findings are a relevant addition to the literature, as researchers have not described the phenomenon of child marriage with sufficient clarity in Hausa-Fulani communities. In this study, I further clarified the paternal parent's responsibility for choosing the suitor and managing marriage transactions, including deciding on marriage timing. This confirms the findings of Perlman et al. (2017), who studied child marriage among the Hausa residing in the wider geographical region of Northern Nigeria and the Republic of Niger.

Identifying the principal actors in child marriage is a relevant contribution and one that enables policymakers and practitioners to target the design and implementation of health and social interventions required to prevent the practice. The study results align

with prior work concerning the importance of social influences on the decision-making process. For example, McDougal et al. (2018) reported on the decision-making process for child marriage based on qualitative findings from Ethiopia and India, which resemble how members within Hausa-Fulani communities emphasize social influences in the decision-making process.

Patriarchy and the role of religion. The Hausa-Fulani socioethnolinguistic community is patriarchal, and most of the participants adhere to religious teachings, even though the culture predates the introduction of Islam to the community (Perlman et al., 2017). The religious teachings rank a husband above his spouse as decreed by godly commandment and task the father of a child bride with vetting and confirming the bridegroom's background before the commencement of the marriage negotiations and transactions. This finding is consistent with the observations by the CFR (2020) and Bhat et al. (2005), which indicate that in most patriarchal African, Asian, and Middle East societies, parents and elders have dominant roles in selecting husbands for their children and child brides are integrated into their new families as domestic helpers. Policymakers must consider the social influences exerted by the parents' families, friends, and communities as essential factors in the design and implementation of any successful health and social intervention aimed at curbing and preventing child marriage.

The study revealed that Hausa-Fulani communities are similar to other traditional Islamic African societies: they adhere to the conservative interpretation of Sharia teaching that permits child marriage, and they follow the Quran, which specifies that girls can be married upon maturity (defined as puberty). The notion of maturity is fast-

changing, and there is a raging debate within Islamic communities about what age constitutes puberty. Most Islamic scholars have reached a consensus that the age of maturity is 18 years of age (CFR, 2020; Vogelstein, 2013). Furthermore, Islamic scholars argued that Islam teachings from the Quran insist that people should choose marriage partners freely and that this is a decision children are incapable of making (CFR, 2020; Walker, 2015). Orthodox Christian communities also support child marriage, albeit the Orthodox church opposes the practice; for example, reports indicate members of the Amhara region in Ethiopia practice child marriage (CFR, 2020; Vergroesen, 2018).

The role of poverty. I did not find direct evidence to support the argument that poverty influences the practice of child marriage; however, I must note this study was based upon a small sample. Parents explained that in the studied communities, child marriage practices cut across affluent and low-income families alike and social norms informed by traditional customs and religious beliefs drive the phenomenon. The research findings indicated that most of the parents were content and comfortable in feeding, clothing, and sheltering their children and they perceived this as a godly responsibility. Therefore, participants rarely discussed poverty as a factor in child marriage decisions in the study community. Notably, I designed the research to include both low-income and affluent participants from the communities. Parents spoke of the necessity of protecting their children from society's evils and difficulties in getting a husband for older girls having higher significance than any adverse effects. In contrast to this study, other researchers have reported the importance of poverty as a factor and driver of parental decision-making in marrying off underage children (Adedokun et al., 2016; Bhat et al.,

2005; Raj & Bhoehmer, 2013; Walker, 2012). Although poverty can be rationally understood and accepted as an essential driver of child marriage in communities where the population is predominantly poor with low socioeconomic and literacy statuses, I did not observe this relation in this study.

The CFR (2020) and Perlman et al. (2017) argued that child brides have no network they can use to support themselves financially, thereby they live in perpetual poverty and low social status, making them vulnerable to the intergenerational cycle of poverty. This suggests researchers should study and address the poverty cycle, as most child brides enter marriage without skills, knowledge, or employment and are forced to rely on their husbands for their basic needs.

A growing body of research has linked child marriage with poverty, as child marriage occurs most commonly among girls who are the most deprived, least educated, and living in rural areas (Nour, 2009; Perlman & Adamu, 2017; Walker, 2012). Child marriage traps girls and families into a cycle of poverty, as they are unable to secure an education or alternative options for economic prosperity. Recent global trend statistics from UNICEF (2018) showed child brides have the lowest level of education.

Thematic Focus 4: Sanctions

The thematic focus on sanctions is interrelated with social expectations derived from social values and norms. When a father decides to marry off his underage daughter, he pays considerable attention to community religious leaders, influential friends, and extended family members who exert pressure to ensure conformance to such expectations. Moreover, these individuals and groups might sanction parents for failure to

conform to community rules and social expectations. Parents avoid shame at all costs as they dearly cherish sustaining family honor and pride. This explanation is analogous to the observations made by Bicchieri et al. (2014), who defined influence-exerting reference groups as including other parents, elders, and community leaders. This finding is also consistent with widely reported discussions on social norms and the associated unwritten rules of acceptable behavior in a group that practices child marriage (Cislaghi & Bhattacharjee, 2017; UNICEF, 2014).

In this research, I exposed informal sanctions associated with social behaviors that do not conform to the child marriage practice norms in the Hausa-Fulani communities. Fenn, Edmeades, Lantos, and Onovo (2015) explored the norms surrounding early marriage and girls' education and noted that community sanctions could include social, economic, legal, and mixed consequences. The informal sanctions I observed in this study have far-reaching consequences for individuals and families who deviate from social expectations. Consistent with prior work, I identified a conflict between religious injunctions and the customary practices that drive child marriage through the actions of the community religious leaders who serve as guardians of traditions and culture by exerting social pressures (Loaiza & Wong, 2012; Perlman & Adamu, 2017). Perlman and Adamu (2017) argued high moral standards expected of every Muslim and how community integrity is given the highest priority over individual rights drives such sanctions. Similar studies in other geographical settings suggested community members use factors such as social norms and unwritten group rules of behavior to sustain child marriage practices (Shakya, Christakis, & Fowler, 2014).

In a recent study on social norms and child marriage in Cameroon, Cislighi et al. (2019) revealed that families could be sanctioned through community shaming and humiliation if their daughters were to have premarital sex and pregnancies. These are informal sanctions, similar to the stigma and stiff social sanctions against childbearing outside matrimonial homes I described in this study.

Community religious leaders, extended families, and friends serve as pressure points monitoring and ensuring conformance to social values and norms in Hausa-Fulani communities. The community monitors individuals and groups to ensure compliance, and failure to adhere to these social norms might result in sanctions. Such sanctions can be in the form of gossip, rumors, isolation, boycotts, and even refusal to allow an individual to participate in community activities. These behaviors are similar to what has been reported in Ethiopia in studies concerning female genital mutilation: social disapproval is manifested by sanctions including ridicule, shame, stigma, and exclusion (UNICEF, 2013; Wilson, 2013). Mehari (2016) contended an associated social obligation to conform to the practice exists along with the belief that failure to conform could result in sanctions in the form of stigmatization, social exclusion, criticism, ridicule, and stigma or the inability of parents to find suitable marriage partners for their daughters.

Hausa-Fulani ethnolinguistic communities resemble the Musgum and Mbororo communities in Cameroon concerning the application of social sanctions, including some linguistic traits. These communities have a social obligation to conform to the child marriage practice and a widespread belief that if they do not, they are likely to pay a price that could include shaming, social exclusion, criticism, ridicule, stigma or the inability to

find their daughters suitable marriage partners (Cislaghi et al., 2019). In these communities, personal esteem and uprightness are significant to the survival of the community. Individual sanctions are readily justifiable and cannot be questioned because the social norms are backed by traditional religious beliefs with an ample number of enforcers in the community (Perlman & Adamu, 2017). This pattern of behaviors resembles the behaviors observed in many traditional communities (Cislaghi & Bhattacharjee, 2017; Cislaghi et al., 2019).

Thematic Focus 5: Perceptions and Aspirations

In this study, I noted that in Hausa-Fulani communities child brides are expected to assume marital responsibilities that include childbearing, managing domestic work, and taking care of parents-in-law, even at an early age. These are the prescribed traditional roles of adolescent girls in the communities studied, and they confine these girls to being wives and mothers, limiting their goals and aspirations. Parents do not prioritize girls' education, where available, because it calls for delaying child marriage and contravenes the expected social values and norms in the community. Parental aspirations of the underage girls in the studied Hausa-Fulani communities are similar to many other traditional societies, confirming what has been long established in child marriage literature (CFR, 2020; McDougal et al., 2018; Raj, 2010; UNICEF, 2015; Vergroesen, 2018).

Expanding education can be a viable option for delaying child marriage that could provide paths to improved health and well-being of these adolescent girls. Through this research, I demonstrated that decision-making in child marriage and childbearing is tied

to societal norms; any successful intervention to expand educational opportunities would require a collaborative strategy that includes members of the community. For example, Perlman et al. (2017) described providing pathways to choices by delaying marriage through education in a purposely designed intervention that offered viable alternatives to child marriage. The authors argued that the world of rural Hausa girls is built around marriage as they aspire to be a devoted wife and mother, which is consistent with my findings in this work.

I did not recruit child brides for this study, but parents' narrations showed that these girls have little or no voice for their aspirations and they are expected to be timid, not outspoken, and conform to the set behavioral expectations. Except for one participant whose daughter introduced a suitor, all parents determined husbands for their children. McDougal et al. (2018) suggested that investigating child brides' voices and choices in early marriage is vital to understanding the decision-making process and pathways, arguing on the presumption that girls have little or no voice for their aspirations, especially when most of the interventions designed to solve the problems are targeted toward parents.

The issue of girls' voices and choices has been increasingly discussed in the literature in the context of gender empowerment (see, e.g., Hanmer & Klugman, 2016; Warner, Stoebenau, & Glinski, 2014). From these researcher perspectives, including child brides' voices, choices, and agency are desirable in the decision-making process and for preventing child marriage; however, it can also be contentious and may have unintended consequences considering the mistrust of Western influence, particularly the

educational system in Hausa-Fulani communities. Furthermore, the Boko Haram group is determined and continues to fight against the introduction of a Western-style educational system in the communities covering the population of interest.

Thematic Focus 6: Child Bride's Health

The findings concerning the theme of the child bride's health, a central focus of this research effort, revealed the unanimity of the participants' view that the health and well-being of their children as a prerequisite for marriage is important. The health consequences and the rejection of the young adolescent girls who became sick after their marriage exposed in this study are unimaginable. The results from this study reaffirm that the practice of child marriage has detrimental effects on the health of these children and highlights an urgency to curb and prevent child marriage practices.

In this study, I revealed that a child bride's health is given significant consideration before the marriage contract is drawn. Participants overwhelmingly narrated that the bridegroom and his family would never consider their daughter if she were unhealthy or sick with any illness. However, they gave little or no considerations to the consequential health effects after the marriage, which are characterized by neglect, abuse, and rejection of child brides due to ill-health. For example, one of the participants explained how his healthy daughter was returned to him sick with mental illness and told she was infected by jinns or a curse from one of the competing wives in a polygamous relationship.

During the interviews, I found that only 27% of the parents mentioned health-related issues after the marriage and only 25% considered health issues as a direct

consequence of child marriage. I was surprised participants chose not to associate common health issues with underage marriage but to attribute all of their children's health consequences to fate and destiny related to God's acts.

Prevailing health issues in Hausa-Fulani communities, such as VVF and OF, I observed in this research are commonly associated with young girls being forced into reproductive processes before their bodies are ready or fully matured. Consistent with prior research efforts, 2 of the 18 participants reported other common health problems, such as infant and maternal mortality. Adedokun et al. (2016) and Amodu et al. (2017) have recently documented a high prevalence of both OF and infant mortality in Hausa communities in Northern Nigeria.

Evidence from participant narration also confirmed what has been highlighted in the literature: Child brides are physically, psychologically, and physiologically unable to perform marital responsibilities and reproductive functions at their young age, and in the attempt, become vulnerable to several adverse health consequences, such as high rates of maternal and infant mortality and morbidity, postpartum depression, and STDs (Raj, 2010; Raj et al., 2018; Raj et al., 2010; Walker, 2012). Through this study, I confirmed the widely reported and accepted view in the literature that child brides are expected to take on marital responsibilities after marriage, including childbearing, which exposes them to complications in pregnancy and childbirth, and household work (Adedokun et al., 2016; Amodu et al., 2017; Raj et al., 2018; Vergroesen, 2018). Responsibilities for childbearing and household work, including looking after parents-in-law, makes them

essentially child mothers, a function that they are incapable of performing at this young age.

Furthermore, I reported on several of these health issues affecting child brides and exposed the lack of attention given to the suffering of children who are the victims of child marriages. The findings showed that husbands rejected child brides who were married in good health but subsequently affected by illnesses caused by marriage and childbirth. For example, one participant described mental health changes in young women after they were married at a young age. The husbands rejected the child brides and they were sent back to their parents. Not only were the brides rejected, but they also faced stigmatization in their communities due to their mental ill-health. This might be attributable to a lack of awareness and health illiteracy, as most of the population is uneducated in the Western educational system.

The findings of this study suggest increased attention be given to the suffering of victims of child marriage exposed to negative health consequences. For example, I revealed community-wide rejection of child brides who suffered urination problems related to severe OF. Medical professionals attribute the problem to the girl not being physically ready for pregnancy and childbearing.

Other documented health consequences include the trauma of isolation from parents and the physical and psychological IPV issues faced by child brides at the onset of the marriage. One participant explicitly described how the bridegroom's parents subjected his young daughter to housework and physical and psychological abuse that may have resulted in mental illness. Wondie, Zemene, Tafesse, Reschke, and Schröder

(2011) documented the effects of childhood sexual abuse in early marriage in Ethiopian society. These findings are consistent with recent reports in the literature on the high incidence of mental illness and IPV in patriarchal communities (Adedokun et al., 2016; UNICEF, 2015; Walker, 2012).

One participant in the current study described how his young daughter's husband infected her and the husband's other wives along with their children with HIV/AIDS; the participant's daughter died, along with the other wives, within a few months of marriage. The literature widely documents incidents of this nature (e.g., Raj, 2010; Raj & Boehmer, 2013) and confirms that child marriage presents increased risks of HIV, early pregnancy, depression, and school drop-out (McDougal et al., 2018; Raj, 2010; Walker, 2017).

Adverse health outcomes can be eliminated by curbing and preventing child marriage through delayed marriage and childbirth, education, and awareness. The resulting dividends will come in the form of the improved health and well-being of these adolescent girls. Similarly, postponing marriage can reduce the risk of contracting STDs, such as HIV (UNICEF, 2013). The Hausa-Fulani communities and similar traditional societies around the world would benefit from such social and health interventions if engaged through inclusive community-based collaborative projects.

Notably, most of the major health problems associated with child marriage in the literature also manifested in the limited sample of this research effort, including death due to HIV infections, mental ill-health, OF and VVF, and infant and maternal morbidity and mortality. These trends are widely reported in the literature and have been the driving motivation to organize efforts to curb and prevent child marriage practices around the

world (Chandra-Mouli et al., 2013; Raj, 2010; Raj & Boehmer, 2013; Raj et al., 2010; Santhya, 2011).

Health issues caused by child marriage are widespread in regions around the world where the practice continues unabated. For example, UNICEF (2015), Raj (2010), and Nour (2009) have documented several other significant adverse health effects of child marriage and childbearing, such as more than a 50% increase in infant mortality when mothers are under the age of 20 years and increased risks of prematurity, stillbirth, low birth weight, and childhood malnutrition.

Limitations

Child marriage is widely practiced across broad geographical regions, affecting the health and human rights of children (Girls Not Brides, 2019; Raj et al., 2018; UNICEF, 2018). Research on child marriage must have global perspectives in application because of its global ramifications. Limitations of this research include confining recruitment to three towns in a specific geographic region of Northeastern Nigeria and a relatively small population of interest and sample size. Other limitations faced during the research included difficulty obtaining permission or acceptability from community leaders and having COVID-19 affect data collection because of travel restrictions in Nigeria and having to return to the United States. Nevertheless, the findings may apply to other Hausa-Fulani ethnolinguistic communities in the region and Sub-Saharan Africa. Furthermore, the findings are consistent with prior knowledge reported in the literature, highlighting the relevancy to other regions around the world. Generalizability of the findings may be possible due to similarities with other regions where child marriage is

practiced—mostly parochial male-dominated societies, influenced by social norms, traditional cultural and religious beliefs, and poverty that are common within the Hausa-Fulani ethnolinguistic groups studied.

My use of purposive sampling and the well-defined inclusion criteria recommended by IPA in the research design did not influence the research findings as I initially thought. The research findings aligned with the most recent contributions in the literature on the impact of social values and norms and the consequential health effects of child marriage.

I implemented designed strategies thoroughly to ensure validity, credibility, and quality and to enhance dependability and trustworthiness. I successfully bracketed and maintained an active, reflective journal, thus containing potential effects of research bias in the findings. Moreover, I was particularly mindful of the positionality effect during data collection and analysis; in other words, I was careful to ensure my origination from the population of interest did not impact the research findings. I strictly maintained research objectivity and subjectivity during the interview process. The participants' narrated experiences and perspectives were reliable and consistently reechoed. I reviewed the raw interviews and transcribed data for consistency with data analysis and interpretation.

Recommendations

Through this study, I highlighted the need for an expanded research initiative focusing on the health effects of child marriage with increased sample sizes and broader geographical coverage. Such effort is needed to understand better the core drivers of child

marriage at the community level and develop appropriate interventions aimed at ending or changing behaviors and attitudes related to child marriage practice.

It is clear from this study that the social norms and values within Hausa-Fulani communities are limiting girls' voices and their opportunities to challenge decisions concerning their aspirations, such as delaying marriage to attend school or the acquisition of skills to improve their social and economic well-being. Further, I recommend the exploration of ways to engage parents in an inclusive community collaborative project. Policymakers could integrate such a project with complementary education and skills training in such a way that it can be presented as a viable option to early marriage. Further, they could combine this strategy with informational campaigns highlighting the apparent negative health consequences of child marriage to change attitudes and behaviors. It is expected that such a focus would provide a path to curbing and preventing child marriage and potentially improving the health, well-being, and economic empowerment among these adolescent girls.

The situation in Hausa-Fulani communities in Northeastern Nigeria is compounded by the limited educational opportunities and the lack of any economic path to serve as a viable alternative to child marriage and regional conflicts. The accepted view in the literature is that most communities practicing child marriage are impoverished and marry off underage girls as a way to improve their economic position; thus, the availability of schooling would only add to the families' financial burden (CFR, 2020). I believe that adequate education and awareness campaigns in the communities of

Hausa-Fulani will more than pay for any investment and the parents are capable of paying such educational costs in the realization of the potential benefits.

Policymakers and public practitioners must pay considerable attention to the plight of the silent victims of child marriage in the communities to overcome the prevailing health effects in the communities. Based on the results of this study, I offer the following recommendations with the objective of ending child marriage:

1. The current situation in Hausa-Fulani communities demands urgent attention that can be remedied by a purposely designed, inclusive, and collaborative community-based approach to reproductive health promotion intervention to bring an end to the practice. The communities' attitudes and behaviors require modification through informal campaigns highlighting the negative health consequences of child marriage while providing secondary paths to accommodate the communities' concerns on protecting their children from social ills attributable to promiscuity, premarital sex, and unwarranted pregnancies.
2. Policymakers and practitioners need to take cognizance of the role of pride and shame as a social value in the communities' desire to protect their children from social and health risks associated with premarital and transactional sex and childbearing.
3. In this study, I highlighted the incidence of psychological effects, mental illness, and health issues among participants' children attributable to physical and mental abuse and IPV in the communities. These issues call for more research to acquire greater insight and determine lasting remedies as a precursor to ending the

practice of child marriage. A practical approach would be to provide access to reproductive healthcare services currently lacking in these communities.

4. During the interviews, I exposed participants' reluctance to link various health issues with child marriage. Such denial may be the result of ignorance and health illiteracies that could be improved through a public health education and promotion campaign to create awareness of the harmful effects of child marriage. This might eventually lead to curbing and preventing the practice in the communities.
5. The research findings highlighted parental efforts in providing traditional training and skills acquisition as a path to economic independence in the children's marital homes as part of the marriage preparations. Further research is required to develop initiatives and create interventions to provide educational opportunities, improve literacy, and provide alternatives that support the aspirations of these adolescent girls.
6. To overcome some of the highlighted limitations in this study, the substance of this research needs further investigation. In particular, experts must understand the highlighted elements of social values, such as shame and the perceived benefits of the phenomenon of child marriage, in these communities to design interventions that could bring an end to the practice.
7. In this study, I have shown that fathers primarily made the decision to marry off a young adolescent girl, which local religious community leaders and *walis* or the marriage guardians also supported. Therefore, efforts to curb and prevent the

practice of child marriage in the communities should be targeted to these individuals.

In summary, the situation in Hausa-Fulani communities demands an urgent intervention to create awareness of the consequential health effects of child marriage. A program of reproductive health education and promotion interventions grounded within the understanding of communities' social values and norms would be effective in inducing the desired changes in behavior and attitude and would be vital instrument curbing and preventing child marriage.

Although the international focus on curbing and preventing child marriage through social and public health interventions is commendable, additional efforts need to be targeted at the parents (the primary decision-makers) and the child brides themselves, who are the silent victims and are currently suffering from health consequences associated with child marriage. Notably, child marriage in Hausa-Fulani communities is deeply rooted in culture and tradition and, therefore, a successful intervention must be inclusive of the community and recognize the perceived benefits of child marriage to create alternative paths. I suggest a community-based collaborative project approach would be indispensable in bringing about the desired cultural, behavioral, and attitude change toward providing health benefits.

Implications for Positive Social Change

This research project originated from my passion to institute positive social change in the population of interest. My parents and generations of grandparents are products of child marriage, and I come from the population of interest area. Child

marriage is deeply rooted and institutionalized in tradition and culture in the community (Adedokun et al., 2016; Perlman et al., 2017; Walker, 2012), and I initiated this research to qualitatively explore in-depth the lived experiences of the active participants and the health effects on the child brides, who are the silent victims. My primary objectives were to bring about positive social change that would curb and eventually end the practice of underage marriage in the region and elsewhere in the world. The health consequences I revealed in this study and validated with prior research need to be prevented through behavioral and attitudinal changes in the community using public health education awareness campaigns.

The research findings provide answers regarding the lived experiences of participants in child marriage practice and consideration of the child bride's health, significantly contributing to further understanding of the phenomenon. Core drivers of child marriage I identified in this study include social values and norms that are deeply rooted in traditional culture and religious beliefs as well as the desire to have an alternative to the practice.

The design and implementation of social interventions by policymakers, decision-makers, and nongovernmental organizations must consider these factors to bring about a significant positive social impact in the lives of the immediate population of interest. These changes can be achieved by changing cultural behaviors and attitudes toward child marriage in the community. The process will require a focus on community intervention through public health education to raise health literacy levels and awareness of the health effects of child marriage. In this research, I revealed the community-wide refusal to

recognize the current health issues affecting child brides as a direct consequence of child marriage, as underage girls are not sufficiently matured and ready for marital responsibilities and childbearing.

A purposeful community health education campaign project would be a catalyst for the desired positive social change to reduce the alarming rates of maternal and infant mortality and morbidity in Northeastern Nigeria. Another finding regarding viable alternative options to child marriage is that the government, international organizations, and nongovernmental organizations can target girls by designing interventions to increase school enrollment and retention programs. This can be achieved through education to change centuries-old traditional and religious beliefs. Parents and community religious leaders need to be mobilized and involved in community-type collaborative public health education and awareness programs. These efforts will bring the desired social change in the population and ultimately curb child marriage and reduce the consequent adverse health effects among adolescent girls.

I used the findings from this research to offer a theoretical conceptualization of public health intervention theories, linking designs for child marriage interventions that target the mitigating drivers and adverse health consequences. The theoretical rigor I achieved from employing SVT and decision-making theory and defining the motivating factors related to child marriage will contribute to the public health knowledge base.

Conclusion

In this study, I reported on a qualitative research exploration of child marriage among Hausa-Fulani ethnolinguistic communities in Northeastern Nigeria. Hausa-Fulani

people are a profoundly socially conservative and patriarchal society. Child marriage poses significant health challenges that affect the mental, physical, and psychological well-being of adolescent girls. Child or underage marriage has long been known to truncate girls' childhoods, end their education, and affect their health and the health of their offspring. These girls are not ready to take on marriage and childbearing responsibilities. The health consequences cause the prevailing high rates of infant and maternal mortality, OF, and psychological and mental illness in the population of interest.

I used IPA, as a qualitative phenomenological tool, to study lived experiences, focusing on parental decision-making and the consequential effects on child health. I combined SVT and surrogate decision-making theories to form the theoretical basis of the qualitative research inquiry. These theories can be used to adequately explain the parental decision-making process and determine the outcomes of such decisions on the health and well-being of the underage girls involved in child marriages. Moreover, I developed a model based on the theoretical and conceptual framework that I used to qualitatively explain and predict the potential outcomes of parental decision-making in child marriage and the associated harmful consequences of the practice.

I used the parental lived experiences data to gain insight into the core driving factors that sustain the practice of child marriage through social value expectations and social norms handed down through generations. Social values emerged as key factors in determining the communities' identities bounded by common sociocultural practices. The the community religious leaders, who serve as guardians of the customary traditions, sustain and preserve these factors in the community.

Parents indicated the health of the child bride was a necessary condition for the marriage, and the marriage would not proceed if the child bride was sick or affected by ill-health. However, such consideration ends at the time of marriage. Parents gave no considerations to whether the girl was mature enough to bear marital responsibility and childbearing. The limited data obtained in this study indicated that these child brides are silent victims with increased risks of OF, VVF, maternal and infant mortality and morbidity, HIV, miscarriage, isolation, physical abuse, and depression resulting in psychological and mental health issues. In this study, I revealed how the community was unable to relate or immediately connect the prevailing health consequences to underage marriage but rather attributed health issues to witchcraft and jinns or fate and destiny from godly causes due to low health literacy and awareness.

The well-being and future of these girls are determined at birth to consist of marriage and bearing offspring for their husbands. The girls have no voice in the marriage decision and negotiation; they are expected to conform and be passive and obedient to parents and husbands. Their only perceived aspiration is to be mothers and bear children; they lack the opportunity for education or for improving their social or economic well-being.

The decision to marry off these children is the preserve of male parents in Hausa-Fulani communities, and this finding is consistent with what has been observed in male-dominated patriarchal societies. The fathers may be influenced by extended family members, friends, and sometimes the community religious leaders. The marriage transaction involves negotiations regarding the dowry or bridewealth, a requirement for

the marriage. The virginity or chastity of the child bride is associated with family esteem, pride, and respect and is highly regarded in the community. Premarital sex and pregnancy can bring stigma, shame, and lost reputation that might result in punitive sanctions.

I found no direct evidence to suggest that Hausa-Fulani communities were marrying their underage girls for reasons related to poverty, although the population is predominantly low income and dependent on subsistence living. As poor communities, they fit into the generalized presumption widely reported in the literature of the dependence of child marriage on poverty. As this has been considered an essential factor in previous research, I accounted for income disparities in this research by recruiting participants from a sample of both relatively low- and high-income volunteers in the community.

Traditional social values and norms backed by customary religious beliefs were notable pillars of the practice of child marriage in the community. The community sustains the practice of child marriage through sanctions that could result in stigma, isolation, and boycotts. Public health officials can use campaign projects to educate the community, create awareness, and expose the link with the prevailing health consequences of infant and maternal mortality and morbidity, OF, VVF, and mental and psychological illness among child brides. Such education can bring about behavioral, attitudinal, and positive social changes in the community.

The lack of a viable alternative contributed to reinforcing and sustaining the practice of child marriage in the community. Public health officials can use specific social intervention programs involving community participation to bring about the

desired behavioral and attitudinal changes through effective education and awareness to curb or prevent child marriage for lasting benefits to the community.

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Appendix A: Interview Guide (Questionnaire)

Participating parents who married off their daughters under age 18 years within the last 5 years.

Step 1: Obtain consent from all respondents before beginning the interview.

Step 2: Interview the parents who consented to the marriage of their children at an early age (under 18 years old).

Interview Data

Date of the interview _____ Start time _____ End time _____

Pseudonym: _____

Prelude

The thematic focus of the in-depth interview is on exploring the lived experiences of parents in marrying their underage daughter, the decision-making process, and the role of the bride's health. It is intended that parent and religious leader participants respond with their own words.

Main Research Questions

RQ1: What are the lived experiences of parents who married off their children who were under 18 years of age?

RQ2: What role does a bride's health play in her parents' decision-making for early marriage?

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| PART 1: Parents' Lived Experiences of Early Marriage |
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First, thank you for volunteering to participate in this research. I would like to talk with you about your personal lived experience marrying your daughter under 18 years of age, how you came to the decision, and what considerations you may have given regarding the bride girl's health.

Warm-Up Questions

Parents

- (a) Please tell me a little about your married life in this community?
- (b) Do you think your experience within your married household is common?
- (c) What would you say about the prevailing health issues in young brides in this community?

Interview Questions

1. What do you think about the age at which your daughter was married? What is your view and What does it mean to have your daughter married at this age and why?
2. At what age do you think girls should get married? And why?
3. Do you think there are benefits/disadvantages to marriage before 18 years of age?
4. Can you tell me any social, economic, or health benefits of delaying marriage and first birth?
5. What do you think are the benefits/disadvantages of delaying marriage and first birth? (In terms of health, social, economic, and education aspects.)
6. What sorts of norms and practices are there in this community around early

marriage and have they shifted over time? If so, how and why?

7. What preparations (economic, guidance, skills training, etc.) were entailed in the marriage transaction? What did you think about this?
8. Did the preparation go as expected? How is this similar or different to your day?
6. What are the incentives for parents to marry their girls at an early or later age? Why are the incentives for girls to marry at an early or later age?
7. Is the bride price given at marriage in this community? Why/why not? What does it consist of? How do you feel about it? What if it is not given?
8. What are some of the disadvantages (practical/economic and social) of marrying at an early age? Remaining single? • For you as a parent; for your daughter girls; or other family members (e.g., brothers, sisters, uncles, aunts, cousins)? [Some themes being explored include the values of virginity vs. experience; marrying for love vs. marrying for money, etc.; children or marriage.]
9. What are your experiences in these issues?
10. How was the marriage proposal made, and by whom?
11. Why did this individual propose?
12. Was the marriage proposal presented to you directly or did you hear about it through somebody else?
13. What was the age of the person who proposed marriage to your daughter?
14. How was your daughter's husband selected, and what criteria led to the

acceptance of the choice?

15. Did you and your child agree on this? Why/why not?
16. Did you and your spouse agree? Why/why not?
17. Do girls get to choose their husbands? Why/why not?
18. Are there particular groups of girls who have greater agency/flexibility in the process?
19. Has this been changing over time? Why?
20. What happens if girls don't follow arranged marriages?
21. What are your expectations of your daughter?
22. What are girls expected to do and how are they expected to behave?
23. What are her alternative options?
24. Do girls feel under pressure to live up to those expectations? If yes, where do you think the pressure comes from?
25. What were your feelings about that? Are you satisfied with the marriage?
26. Do you have any regrets marrying your daughter at this age?
27. What are your personal experiences of marriage at an early age?
28. Did you go through a similar process? Marrying at an early age.
29. What is was the differences and why?
30. If you must go through the marriage process, would you do it all over again?

Decision-making

31. How did you come to the decision to marry off your daughter?
32. What are the transaction processes?

33. Did you consult anyone—spouse, family friend, imams?
34. Who has the greatest influence on your decision-making process and why?
35. What motivates this decision-making process?
36. What happens if a girl gets married or cohabits early without informing her family?
37. What factors did you consider before making the decision? Why are they important?
38. What are some values/customs/attitudes that promote/discourage girls' marriage at a certain age? [To be separate during questioning.] Have these changed over time? Why and in what ways?
39. What other options do you have besides marrying her off under 18 years old? If she wasn't married what would she have been doing?
40. What do you think about girls' education? Do you think girls should go to school like boys do?
41. Who made the final decision on your marriage?
42. Please briefly tell me the chain of events that eventually led to the decision. Was there agreement among all family members? How easy or difficult were these decisions?
43. Who was most influential in the decision and why?

Sanction and values

44. What are the consequences economically, socially, and legally of child marriage?

45. If a girl's parents want her to get married early and she refuses, what happens?
46. What happens to you and your family in the community if you do not want to marry your daughter?
47. What happens if your daughter expresses dislike about your proposed husband for her?
48. How do you react? What do you do next?
49. Where do the values come from (e.g., religious leaders; better-off families; based on own experience)?
50. Who advocates/articulates/gives voice to this ideal?
51. Can you tell me about the community support you received regarding the decision to marry your daughter? For example, how supportive other families were, law enforcement bodies, government, health service workers?

PART 2: Parents' Lived Experience of the Role of Bride Girl's Health

Next, I would like to talk with you about the causes and consequences of early marriage, particularly the role of the bride's health during and after the marriage.

52. What role do the bride's health and well-being play in the decision-making process?
53. What is the state of health and well-being for the bride during the marriage and afterward in her husband's house? Who follows up on this? When and how do they do so?
54. What are the key roles and responsibilities of girls and the people in the family?

At what age you think girls should have their first baby? Can you tell me what you know about first births?

55. How did you determine your daughter's readiness in being able to handle marriage and childbearing responsibilities?
56. What are the values of being a girl/wife in the community? What types of things are girls told they shouldn't do? Do you think they are capable of taking on marital responsibilities and that of childbearing?
57. How do you react to/ behave toward other families/parents who can't attain these values (tolerate, look down on them, shun them, etc.)? What happens if you can't attain this?
58. What are their positive/negative expectations from marriage [including probes around children, family honor, economic security, emotional well-being, fear of gender-based violence, concerns about care work burden, etc.]?
59. Do girls feel under pressure to live up to those expectations? If yes, where do you think the pressure comes from? What were your feelings about that?
60. How does the marriage affect the bride's health afterward? Is there something you would like to add?