

ORIGINAL
ARTICLE

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Received: 16.07.2019

Acceptance: 10.09.2019

DOI: 10.18521/ktd.605784

Konuralp Medical Journal
e-ISSN1309-3878
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www.konuralptipdergi.duzce.edu.tr

Evaluation of Sociodemographic and Clinical Profiles of Adolescents Under-18 Years of Age Referred by the Judicial Authorities for Marriage License

ABSTRACT

Objective: The aim of this study was to investigate the sociodemographic and clinical characteristics of adolescents referred to a university hospital by the judicial authority for determining whether any mental and physical impediments to marriage exist.

Methods: 70 adolescents who were consulted to child and adolescent psychiatry inquired by the judicial authorities if there was any impediment to marriage were included to study. Psychiatric examination of the adolescents was performed according to DSM 5. Data obtained from the study were examined retrospectively with the method of file scanning system.

Results: Mostly (94.3%) female children with a mean age of 16.05 ± 0.2 years were included in the study. None of the children attended to school during the assessment. Most (89.5%) of the children were living in a family environment with a low socioeconomic level. The most frequently psychiatric diagnoses were; attention-deficit hyperactivity disorder (%4.3, n=3), depressive disorder (%4.3, n=3), mental retardation (%2.8, n=2) and post-traumatic stress disorder (%1.4, n=1). 85.7% of the children decided to marry individuals they got acquainted from their immediate circle or from social media, while marriage of only 14.3% (n=10) of them were previously arranged by their families.

Conclusions: Socio-economic level, family characteristics and attending to school are important predisposing factors for early marriages. It was also considered that marriage at this age means an attempt for gaining an early autonomy. Encouraging to continue formal education for the development of healthy autonomy will be an important factor to prevent early marriages.

Keywords: Child Marriage, Adolescents, Mental Health

Adli Mercilerce Evlilik İzni için Yönlendirilen 18 Yaş Altı Ergenlerin Sosyodemografik ve Klinik Profillerinin Değerlendirilmesi'

ÖZET

Amaç: Bu çalışmanın amacı, bir üniversite hastanesine adli mercilerce ruhsal ve bedensel olarak evlenmeye engel bir durumu olup olmadığının tespiti için yönlendirilen ergenlerin sosyodemografik ve klinik özelliklerini incelemektir.

Gereç ve Yöntem: Çalışmaya çocuk ergen ruh sağlığı birimimize konsülte edilen ve adli mercilerce evlenmeye engel teşkil eden bir durum olup olmadığı sorulan toplam 70 ergen dahil edilmiştir. Ergenlerin DSM 5 tanı sınıflandırmasına göre psikiyatrik muayeneleri yapılmıştır. Çalışmadan elde edilen veriler dosya tarama sistemi yöntemiyle geriye dönük olarak incelenmiştir.

Bulgular: Çalışmaya dahil edilen 70 çocuğun %94.3'ü (n=66) kız olup, çocukların yaş ortalaması 16.05 ± 0.2 olarak saptanmıştır. Çocukların hiçbirinin örgün eğitime devam etmediği belirlenmiştir. Çocukların %89.5'i, çekirdek aile yapısı ve düşük sosyoekonomik düzeye sahip aile ortamında yaşamaktadır. En sık konulan psikiyatrik tanıları sırasıyla; dikkat eksikliği hiperaktivite bozukluğu (%4.3, n=3), depresif bozukluk (%4.3, n=3), zeka geriliği (%2.8, n=2) ve travma sonrası stres bozukluğu (%1.4, n=1) tanıları olmuştur. Çocukların %85.7'si (n=60) evlenmek istedikleri kişilerle yakın çevrelerinden ya da sosyal medya üzerinden kendi tanıştıkları kişiler olduklarını sadece %14.3'ünün (n=10) görücü usulü tanışıp evlenmeye karar verdikleri belirlenmiştir.

Sonuç: Sonuçlarımız sosyoekonomik düzey, aile yapısı ve örgün eğitime devamlılığın erken yaşta evliliklere ilişkin önemli zemin hazırlayıcı etkenler olduğunu göstermektedir. Erken yaşta yapılan evliliklerin aynı zamanda erken bir özerklik kazanım çabası olduğu düşünülebilir. Sağlıklı özerklik gelişimi için örgün eğitimin desteklenmesinin erken evlilikleri engelleme yönünde önemli bir müdahale olacağı düşünülmektedir.

Anahtar Kelimeler: Çocuk Evlilikler, Ergenler, Ruh Sağlığı

INTRODUCTION

Every individual under the age of 18 has been accepted as a child by the International Child Rights Convention (1). Under the age of 18, biological, psychological and sociological maturation is not finalized. The responsibilities of marriage and having children are expected to be undertaken by an adult, so marriages at an early age without being ready to assume these responsibilities are called early marriages or in other words child marriages, and starting from the principle of protecting child's rights, '18 years is defined as 'minimum age of marriage' in line with international agreements (2). Despite international regulations implemented on the protection of the children's health, education, and equality from all kinds of violence and abuse, local regulations or some religious references in different countries face us as important discrepancies that promote underage marriages (3).

In our country, the Turkish Child Protection Law considers every individual under the age of 18 as a child. The Turkish Civil Code stipulates that it is obligatory to complete the age of 17 for marriage in both men and women. But if there are some extraordinary reasons such as pregnancy, the marriage permit may be granted to persons over the age of 16 (4-6).

According to the studies conducted in sub-Saharan Africa and Southeast Asian countries where underage marriages are most prevalent, the rate of marriage before the age of 18 has a downward trend in recent years. It is known that prolonged periods of education, increased migration from rural to urban areas, and movements related to children and women's rights are important factors in this declining trend in the incidence of early marriages (7,8). However, although the age of marriage has been raised, studies have shown that marriages, especially under the age of 15-18 years, are still more prevalent, and could not be underestimated especially among girls (3,7). Turkish Statistical Institute (TSI) compared 2010 and 2018 data in our country, and indicated a decline in the number of marriages in the age group of 16-19. However, the exact figures are not known due to marriages in the rural areas and religious marriages (9).

The most frequently encountered causes of child marriages indicated in the literature, are low education, socioeconomic and cultural levels, the role of the woman in the family, unacceptability of extramarital sexual intercourse, the pressure on the child imposed by the family environment or his/her exposure to violence (10,11). In marriages between 15-18 years of age where rapid growth and development in social and cognitive domains take place, developmental tasks in terms of gaining a healthy autonomy and identity, and social needs of adolescents are disregarded. Adolescents who extemporarily assume parental responsibilities

which should be fulfilled by adult individuals are also deprived of their educational and social rights when compared with their peers (12). Early marriages bring with them many social and psychological risk factors including exposure to the emotional or physical violence of the spouse or spouse's family, problems related to sexual life, difficulties in adapting to the fulfillment of parenthood responsibilities as a result of early and unintended pregnancy, social isolation and the mental problems brought about by estranging themselves from their peer environment and social activities, and lack of educational gains with resultant dependence on the spouse and unemployment increasing the gender inequality which may also affect the next generation (13-15).

The aim of this study was to investigate the sociodemographic and clinical characteristics of adolescents aged 16-18 years who were referred to a child and adolescent psychiatry unit by judicial authorities to determine whether they were ready to marry mentally and physically so as to better understand and take appropriate prevention strategies for early marriages with the aim of contributing to the literature.

MATERIAL AND METHODS

A total of 70 adolescents inquired by judicial authorities for the presence of any impediment to marriage, and consulted to our child adolescent mental health unit from Düzce University Faculty of Medicine Department of Forensic Medicine between March 2016-2019 were included in the study.

Psychiatric examination of the adolescents was performed according to DSM 5 diagnostic classification and WISC-R test was applied. Sociodemographic and clinical informations obtained from the children themselves and their families were recorded in clinical files. The data obtained from the study were retrospectively analyzed by file scanning system. Statistical analyses were made using IBM SPSS statistics software version 22.0. The variables such as age, educational status and family characteristics were expressed as mean \pm standard deviation, percentages and numerical values.

Ethics committee approval was received for the study under the title of Non-Interventional Studies of Düzce University Faculty of Medicine on 15.04.2019 with the protocol number 2019/98.

RESULTS

Sixty-six female (94.3%), and four (5.7%) male adolescents were included in the study. The mean age of the adolescents was 16.05 ± 0.2 years. Fifty-seven (81.4%) adolescents were living together with their parents and a very important part of this group (89.5%, $n = 51$) was living in a nuclear family. It was determined that 84.3% ($n =$

59) of the mothers and 17.1% (n = 12) of the fathers of the children were unemployed. Besides, 75.8% (n = 53) of the families had ≥ 3 children and 30.2% (n = 16) of them had ≥ 5 children. All families in

the study had lower socioeconomic status of and 70% (n = 49) of them resided in rural areas. Information on the family characteristics of the adolescents in the study is shown in Table 1.

Table 1. Sociodemographic characteristics of the adolescents aged under 18 evaluated for marriage license

		n (%)
Age (mean\pmSD)		16.05 \pm 0.2
Gender	female	66 (94.3)
	male	4 (5.7)
Number of siblings med.		5
Family structure		
	Nuclear family	51 (73)
	Large family	6 (9)
	Broken family	12 (17)
	Institutional child	1 (1)
Maternal Education		
	Illiterate	15 (21)
	Literate	25 (36)
	Primary school	23 (33)
	Secondary school	7 (10)
Mother's employment status		
	Unemployed	59 (84.3)
	Worker	11 (15.7)
Father's education		
	Illiterate	8 (11)
	Literate	10 (14)
	Primary school	35 (50)
	Secondary school	17 (25)
Father's employment status		
	Unemployed	12 (17)
	Farmer	6 (8)
	Worker	46 (66)
	Free lance	4 (6)
	Deceased	2 (3)
Socioeconomic level (SEL) of the family		Low SEL
		70 (100)
Medical history of the family		
	Maternal psychiatric disorders	3(4.3)
	Maternal chronic disease	7(10)
	Paternal psychiatric disorders	1 (1.4)
	Paternal chronic disease	4 (5.7)

None of the adolescents evaluated as for marriage license were continuing their formal education during the evaluation process, and only 6 (8.6%) of them continued to attend open high school. Also 97.1% (n = 68) of the group discontinued their education with their own free will at the beginning or during high school, regardless of their decision to marry because they did not want to go to school due to school failure or unwillingness. However only two youngsters (2.9%) dropped out of school after their marriage

decision. Most (82.9%, n = 58) of adolescents stated that they did not also want to continue their formal education after marriage and only 12 (17.1%) of them wanted to continue their non-formal education.

85.7% (n = 60) of the children had not received any diagnosis of a psychiatric disorder based on the psychiatric assesment. The most frequently established psychiatric diagnoses were attention deficit hyperactivity disorder (ADHD), depressive disorder, and post-traumatic stress

disorder. Information about the psychiatric diagnoses of adolescents included in the study are shown in Table 2.

Table 2. Psychiatric diagnoses received by adolescents

Psychiatric diagnoses	N (%)
Attention deficit hyperactivity disorder (ADHD)	3 (4.3)
Depressive disorder	3 (4.3)
Post-traumatic stress disorder	1 (1.4)
Mental retardation	2 (2.8)

It was determined that 85.7% (n = 60) of the children wanted to get married with people whom they got acquainted with through their peer or school environment or through social media. Only 14.3% (n = 10) of them reported arranged marriages. While 31.4% (n = 22) of the children eloped to persuade their families for marriage consent, 54.3% (n = 38) of them had sexual

intercourse with their partners they wanted to marry with. Still 31.4% (n = 22) of them were pregnant during the forensic evaluation process. All children interviewed related to the assessment of marriage license stated that they knew why they were sent by the court. They also indicated that they wanted to get married with the people in line with their ‘‘own wishes’’. They also indicated that they had a positive perception about marriage, and could fulfill the responsibilities of a marriage.

However, 5.7% (n = 4) of children evaluated for marriage license had previously been sexually abused by others and had undergone a forensic procedure. In terms of sociodemographic and clinical variables, there was only a significant relationship between having sexual intercourse and elope (p = 0.04) (Table 3).

Table 3. Other factors evaluated during judicial reporting of adolescents aged under 18 evaluated for marriage license

	N (%)
Age difference between partners (mean)	5.1±3.1
Way of acquaintance	
Peer/school environment	23 (33)
Inner circle	22 (31)
Social media	15(22)
Arranged marriage	10 (14)
Fledding home	
yes	22(31)
no	48(69)
Engaging in a sexual intercourse	
yes	38 (54)
no	32 (46)
Pregnancy	
yes	22 (31)
no	48 (69)
History of sexual abuse	
yes	4 (6)
no	66 (94)

DISCUSSION

Almost all of the adolescents in our study are female who are living in a low socio-economic family environment, left their formal education during high school and decided to marry with people from their peer or school environment.

According to UNICEF (2014) global data; in the whole world 720 million women got married under 18 years of age and approximately one third of this group (250 million) got married before the age of 15 (16). This gender inequality among child marriages is not limited to countries where marriages under 18 are highly prevalent, also in some Eastern European countries where rates of early marriages are quite low, child marriages are more frequent among girls (15%) relative to boys

(2%) (3). Factors leading to gender inequality include social traditions that have led to differences between both genders regarding social acceptability of sexual experience, the desire to protect the virginity, earlier physical maturity of girls relative to boys which in some societies is considered to be a sufficient justification for early marriage (17).

A significant proportion of the children in our study came from large families with lower socioeconomic level and living in rural areas, The studies have indicated that the lower socioeconomic and income level of the family are important predisposing factors leading to child marriage (3). International studies and studies conducted in our country; have shown that early marriage is more

frequent in rural areas and underdeveloped regions and drew attention to its relationship with welfare levels of these countries (18-20).

Another risk factor for early marriages in the literature is lower levels of parental education (20). In our study, it was found that the majority of the parents consisted of people who were just literate or attended primary school and worked in low-status jobs. Parents' education levels and socioeconomic status which are shaping their perspectives of education and parenting behaviors are important factors in encouraging their children to continue their education (21). On the other hand, the cultural normalization of the early marriages in the rural areas and gaining a social status by getting married at an early age are predisposing and sometimes encouraging factors for early marriages (17).

All of the children in our study consist of young people who dropped out of school at the beginning or during high school education due to personal reasons like school failure or lose motivation. Only two adolescents indicated their decisions to marry as their justifications for dropping out school. Studies indicate that child marriages are seen at lower rates in people with higher education level (22). According to the results of Family Structure Research conducted in 2006 by the Turkey Prime Ministry, General Directorate of Family and Social Researches; there is a significant relationship between the level of education and the age at first marriage. Forty percent of those who have never attended formal education were married under the age of 18, and only 6 per one thousand individuals who had received university and postgraduate education got married under the age of 18 (23). In a study conducted in our country in 2013, it was found that children who were married under 18 years of age had not largely received education or left school without finishing primary school (24). All of the children in our study had completed their primary education, and dropped out of school during high school. We thought that this difference may be related to the necessity of continuing formal education in our country until high school and also regional and cultural differences. In another recent study conducted in our country, it was determined that all but one of the children evaluated regarding marriage did not attend school (25). The children in our study left school before decision of getting married and did not attend formal education; in other words an adolescent is deprived of social opportunities and peer relations expectedly experienced during formal education. A recent study has shown that school failure is an important predictor of early marriages and pregnancy in addition to dropping out of school (26). In a recent international study investigating the motivations associated with early marriages, the fact that attending school is perceived by the immediate environment as a barrier to marriage, but the school failure or dropping out of school is a

factor found to be related to the perception that especially girls are suitable for marriage for her 'reproductivity' independent of her age (17).

Schooling is an important factor in the formation of identity and identity experiments during adolescence. Therefore lack of formal education should be considered as an important risk factor that pushes these children to undertake different identity experiments outside the school and forces them to assume their adult identity through marriage long before they become productive (27).

Majority of children in our study reported that they met their partners among their peers or in their close circle while some of them indicated that they met and started to date with their partners through social media. In interviews with parents, although parents found their children's attempt to marry as an early decision they have given their consent to marriage, because their children resisted in their marriage decision or they were concerned about their children's eloping from home. Adolescents who chose their marriage partner without family's decision and consent, reported that they had to persuade their family about their marriage decision and some of them stated that they fled home because they couldn't persuade their families, and subsequently their families gave their consent and they applied to the court for marriage license.

Recent studies performed in societies where early marriages are prevalent, have shown that the appropriate time for the marriage decision and the partner to be married have been selected based on the individual's, rather than the family's decision in recent years (28). From this point of view this trend change may help to prevent marriages in patriarchal family systems that are arranged by families but after all changing parenting trends with decreasing parental authority on adolescence autonomy, parents may not interfere strongly with their children's choice including about their marriage or their future spouses that comprise a controversy between the rising age of first marriage in all over the world, and the age of marriage taken down by the individual-directed decision (17). However, recent studies have shown that the supportive attitude of parents to postpone marriage after the legal period and to promote healthy autonomy for identity achievement is one of the best predictor factor to prevent early marriage in adolescents (29,30). When the results of our study were evaluated, it was determined that the families of our study participants had not any direct supportive attitudes towards deferring their children's decision to marry at an early age or their attempts proved to be ineffective. Besides, parents favoured early marriage by accelerating legal procedures by giving their consents so as to preclude social stigmatization.

In our study, six children received psychiatric diagnoses. It was remarkable that children who did not receive any diagnosis, some of those who had previously exposed to sexual abuse and known to have psychiatric symptoms before did not state psychiatric complaints during their clinical assessment for the marriage consent. In the studies conducted in different regions of Turkey, although the rates of receiving psychiatric diagnoses in cases younger than 18 years of age applied for marriage license demonstrated variations, they were still higher than those seen in general population (25). Soyly and Ayaz (2013) performed a study on individuals married at an age of under 15, and those applied for forensic evaluation before 18 years of age, and determined that more than half of the cases had at least one psychiatric diagnosis after their marriage and the most frequently established diagnoses were major depressive disorder, posttraumatic stress disorder and adjustment disorders. It was determined that these children who received psychiatric diagnoses did not want to marry, but they were forced to marry or forced to be married with unrecognized persons. Besides they lived with the families of their spouses, and were exposed to violence by their spouses (24). When differences in outcomes of psychiatric diagnoses in our study were critically evaluated, it was found that the children who applied to our department, wanted to marry with their 'own-will', so they were striving to 'show themselves well' to 'make an impression of being accepted as a healthy adult' and 'having personal achievements sufficient to be accepted as an adult' so they may not have given any symptoms.

Conclusion and Recommendations: Our study results support the studies cited in the literature in that the socioeconomic level of welfare, parenting characteristics and continuity of formal education are important predisposing factors favouring early marriages. The transition from

childhood and adolescence to adulthood is not realized in an instant when the age of 18 is completed, but it is a long process that lasts until the mid-20s. The developmental tasks; gaining a healthy autonomy and identity formation during adolescence, are closely related to the socioeconomic conditions and opportunities provided by the country and the society.

In this respect, the results of our study have shown that the adolescents who applied to us for early marriage have not yet been able to achieve their personal or social identity gains. Besides these, youngsters have an early tendency to gain an adult identity which they are not sufficiently prepared for assuming the responsibilities of marriage, and being a spouse or a parent.

Recent studies performed in countries where early marriages are prevalent, have shown that the marital process, mediates the transition to adult roles, and efforts striving to gain a kind of autonomy, a social status and identity prevalent within that society (17). From this point of view, it is not appropriate to evaluate the marriages under the age of 18 in terms of sexual abuse only. It can be overlooked that marriages among adolescents in the 15-18 age group seems to experience marriage as a means of gaining an autonomy and adult identity.

Therefore, while studying cultural or familial risk factors in early marriages, it is necessary to plan appropriate interventions for adolescents, related to gain self-efficacy, healthy autonomy and identity and also support educational life by ensuring continuity to school, which is an important factor in achieving these developmental gains.

Acknowledgements: Thanks to Dr. Sümeyra Elif KAPLAN for helping us in archive scanning and collecting clinical data of the patients.

Conflict of interest: The authors declare that there are not conflicts of interest.

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