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CASAMENTO PRECOCE E FORÇADO: EXPERIÊNCIAS DE MULHERES MIGRANTES E SEU IMPACTO MULTIDIMENSIONAL

EARLY AND FORCED MARRIAGE: THE EXPERIENCES OF MIGRANT WOMEN AND THEIR MULTIDIMENSIONAL IMPACT

MATRIMONIO PRECOZ Y FORZADO: EXPERIENCIAS DE MUJERES MIGRANTES Y SU IMPACTO MULTIDIMENSIONAL

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RESUMO

Introdução: O casamento precoce e forçado (CPF) continua a ser uma prática tradicional nefasta que viola gravemente os direitos humanos de meninas e mulheres, perpetuando a desigualdade de género, a exclusão social e riscos sérios para a saúde física, mental e reprodutiva.
Objetivo: Compreender as experiências vividas por mulheres migrantes oriundas de países onde o CPF é prevalente, evidenciando o impacto multidimensional desta prática.
Métodos: Estudo qualitativo de natureza fenomenológica, sustentado na perspetiva de Max van Manen. Integrado no projeto europeu *Intercultural Approach to Prevent Harmful Practices (IAPHP)*, com aprovação ética, incluiu entrevistas fenomenológicas a sete mulheres migrantes provenientes de contextos culturais onde o CPF persiste.
Resultados: Da análise emergiram três grandes temas: (i) dinâmicas culturais e sociais que sustentam o CPF; (ii) consequências físicas, psicológicas e sociais para as mulheres, incluindo gravidezes precoces e isolamento; e (iii) estratégias de resistência, proteção e procura de apoio. As participantes relataram coerção familiar, normalização da desigualdade de género e ausência de alternativas educativas ou económicas, expressando simultaneamente sentimentos de perda, sofrimento e subjugação.
Conclusão: O CPF constitui uma violação estrutural dos direitos humanos que compromete a autonomia feminina e perpetua ciclos de pobreza e vulnerabilidade. Este estudo reforça a necessidade de preparar os profissionais de saúde — em particular os enfermeiros — para intervenções culturalmente competentes, bem como de implementar políticas públicas eficazes que promovam educação, empoderamento feminino e proteção de meninas em risco.

Palavras-chave: casamento precoce; casamento forçado; direitos humanos; saúde da mulher; migração

ABSTRACT

Introduction: Early and forced marriage (EFM) remains a harmful traditional practice that severely violates the human rights of girls and women, perpetuating gender inequality, social exclusion, and serious risks to physical, mental, and reproductive health.
Objective: To understand the lived experiences of migrant women from countries where EFM is prevalent, highlighting the multidimensional impact of this practice.
Methods: A qualitative phenomenological study, grounded in Max van Manen's perspective. Conducted within the European project *Intercultural Approach to Prevent Harmful Practices (IAPHP)*, with ethical approval, the study involved phenomenological interviews with seven migrant women from cultural contexts where EFM persists.
Results: Three core themes emerged: (i) cultural and social dynamics sustaining EFM; (ii) physical, psychological, and social consequences, including early pregnancies and isolation; and (iii) strategies of resistance, protection, and search for support. Participants reported family coercion, normalization of gender inequality, and lack of educational or economic alternatives, while expressing feelings of loss, suffering, and subjugation.
Conclusion: EFM constitutes a structural violation of human rights that undermines women's autonomy and perpetuates cycles of poverty and vulnerability. This study reinforces the need to prepare healthcare professionals—particularly nurses—for culturally competent interventions, as well as to implement effective public policies that promote education, female empowerment, and the protection of girls at risk.

Keywords: early marriage; forced marriage; human rights; women's health; migration

RESUMEN

Introducción: El matrimonio precoz y forzado (MPF) sigue siendo una práctica tradicional nociva que vulnera gravemente los derechos humanos de niñas y mujeres, perpetuando la desigualdad de género, la exclusión social y riesgos serios para la salud física, mental y reproductiva.
Objetivo: Comprender las experiencias vividas por mujeres migrantes provenientes de países donde el MPF es prevalente, poniendo de relieve el impacto multidimensional de esta práctica.
Métodos: Estudio cualitativo de naturaleza fenomenológica, sustentado en la perspectiva de Max van Manen. Integrado en el proyecto europeo *Intercultural Approach to Prevent Harmful Practices (IAPHP)*, con aprobación ética, incluyó entrevistas fenomenológicas a siete mujeres migrantes de contextos culturales donde el MPF persiste.
Resultados: Del análisis surgieron tres grandes temas: (i) dinámicas culturales y sociales que sostienen el MPF; (ii) consecuencias físicas, psicológicas y sociales para las mujeres, incluidas embarazos precoces y aislamiento; y (iii) estrategias de resistencia, protección y búsqueda de apoyo. Las participantes relataron coerción familiar, normalización de la desigualdad de género y ausencia de alternativas educativas o económicas, expresando al mismo tiempo sentimientos de pérdida, sufrimiento y subordinación.
Conclusión: El MPF constituye una violación estructural de los derechos humanos que limita la autonomía femenina y perpetúa ciclos de pobreza y vulnerabilidad. Este estudio refuerza la necesidad de preparar a los profesionales de la salud —en particular a los enfermeros— para intervenciones culturalmente competentes, así como de implementar políticas públicas eficaces que promuevan la educación, el empoderamiento femenino y la protección de niñas en riesgo.

Palabras clave: matrimonio precoz; matrimonio forzado; derechos humanos; salud de la mujer; migración

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INTRODUCTION

Early and forced marriage (EFM), female genital mutilation (FGM), and so-called honor crimes (HC) are recognized as harmful traditional practices (HTPs) and constitute severe violations of human rights. These practices have profound physical, psychological, and social impacts on girls and women, perpetuating cycles of inequality, violence, and exclusion. Despite international commitments to their eradication, they remain prevalent in many contexts, often legitimized by sociocultural and religious norms that reinforce patriarchal structures and restrict female self-determination (CIG, 2024; UNICEF, 2023a; WHO, 2024).

Global statistics highlight the persistence of this phenomenon. Recent estimates show that 19% of young women aged 20–24 years worldwide were married before the age of 18, and 4.5% of men in the same age group also entered marriage during childhood, reflecting both gendered and systemic dimensions of this practice (CIG, 2024; Pourtaheri et al., 2023). This reality translates into millions of women deprived of basic rights, exposed to early pregnancies, school dropout, social exclusion, and gender-based violence. Furthermore, UNICEF (2023a) reports that more than 650 million women worldwide were married before the age of 18, demonstrating the scale of the problem and its intergenerational implications.

Addressing EFM and other HTPs requires not only effective public policies and protective legislation but also long-term educational strategies, community engagement, and women's empowerment. In this regard, governmental and civil society actors have reinforced that these practices cannot be justified under the guise of culture or religion. The *Government of Canada* (2024) underscores that child, early, and forced marriage constitutes a violation of human rights, gender equality, and the rights of the child, emphasizing state responsibility to prevent and respond to such abuses. Similarly, the *Canadian Council of Muslim Women* (n.d.) clarifies that forced marriage is distinct from arranged marriage, firmly rejecting its misattribution to faith traditions and calling for stronger community-based interventions that respect women's autonomy and dignity.

Equally essential is the training of health professionals to deliver culturally competent care, particularly in the context of migration, where traditional practices may persist despite relocation to societies with strong legal and health protection frameworks (CCMW, n.d.; Government of Canada, 2024; Sampaio, 2023). Nurses and other frontline professionals are uniquely positioned to identify risks, provide safe care, and advocate for women's rights.

This study, developed within the European project *Intercultural Approach to Prevent Harmful Practices (IAPHP)*, adopted a qualitative phenomenological approach following Max van Manen's framework (van Manen, 2016). The aim was to explore the lived experiences of migrant women originating from countries where HTPs—particularly EFM—remain prevalent. Through in-depth interviews, the research accessed participants' perspectives on the sociocultural dynamics sustaining these practices, their multidimensional impacts, and the strategies of resistance and resilience adopted by women in such contexts.

By bringing forward these narratives, the article seeks to contribute to scientific reflection and policy development, strengthening health practices that promote gender equality, safeguard human rights, and ensure culturally sensitive care. In doing so, it highlights the urgency of integrating health, education, and social protection systems in the global fight against harmful practices affecting women and girls.

1. EARLY AND FORCED MARRIAGE

Early and forced marriage (EFM) is widely recognized as a harmful traditional practice (HTP) that compromises the autonomy, rights, and health of girls and women. It is defined as a union in which at least one of the spouses is under the age of 18 or in which free and informed consent is absent (CIG, 2024; Canadian Council of Muslim Women [CCMW], n.d.; Government of Canada, 2024). Although frequently legitimized by cultural or religious narratives as mechanisms of "protection" or social stability, EFM is considered a form of structural violence against women and a violation of children's rights (UNICEF, 2023a; Pourtaheri et al., 2023). Globally, more than 650 million women and girls are estimated to have married before the age of 18, with prevalence rates particularly high in Sub-Saharan Africa, South Asia, and the Middle East (UNICEF, 2023a; Nhampoca & Maritz, 2024). Child marriage persists as a global concern, affecting nearly one in five girls who are married before reaching adulthood. (UNICEF, 2023b). Even in migratory contexts within Europe, these practices may persist, sustained by transnational community ties and cultural continuity (Sampaio, 2023). The persistence of EFM illustrates its multidimensional roots, encompassing poverty, gender inequality, restricted access to education, and deeply embedded patriarchal norms (Burgess et al., 2022; Aggarwal et al., 2023). In addition, armed conflicts, climate-related crises, and the long-term repercussions of the COVID-19 pandemic continue to hinder global efforts to eradicate child marriage, representing a substantial obstacle to achieving the United Nations Sustainable Development Goal of ending this human rights violation by 2030 (UNICEF, 2023b).

1.1 Cultural and social factors

The perpetuation of EFM is deeply anchored in patriarchal sociocultural norms that equate a woman's value with virginity, submissiveness, and reproductive capacity (Nhampoca & Maritz, 2024; Burgess et al., 2022). Family honour, preservation of tradition, consolidation of alliances, and economic survival are recurrently cited motives (CIG, 2024; CCMW, n.d.).

Cultural factors: In many societies, the onset of puberty signals "readiness" for marriage, transforming a child into a potential wife and mother. Practices such as levirate marriage (where a widow is compelled to marry a deceased husband's relative) reflect the persistence of customary laws and cultural continuity (CIG, 2024; Sampaio, 2023). In some cases, marriages are arranged at birth, and refusal is seen as dishonour.

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Economic factors: EFM is often linked to poverty. Girls may be treated as objects of exchange, with marriage reducing the financial burden on the family or providing immediate economic benefit through dowry or bridewealth arrangements (Pourtaheri et al., 2023; Nhampoca & Maritz, 2024). In extreme cases, marriages are used to settle debts or strengthen political and social alliances.

Religious and symbolic dimensions: While no major religion prescribes child or forced marriage, community leaders may use distorted interpretations of sacred texts to legitimize the practice (CCMW, n.d.; CIG, 2024). The *Government of Canada* (2024) stresses that these practices are incompatible with human rights and gender equality, highlighting the need to challenge misconceptions that associate EFM with faith traditions.

Social control: EFM also functions as a mechanism to control female sexuality, ensuring that girls do not engage in premarital relationships considered dishonourable to the family (Aggarwal et al., 2023; Burgess et al., 2022). Coercion often operates through subtle forms such as family pressure, emotional blackmail, and threats, which may be more pervasive than direct physical force (CIG, 2024).
The intersection of these determinants demonstrates that EFM is not an isolated act, but rather a socially regulated strategy that ensures the reproduction of patriarchal order and the control of women's bodies.

1.2 Multidimensional consequences

The consequences of EFM are extensive, interdependent, and lifelong, affecting girls' physical health, psychological well-being, social participation, and spiritual autonomy.

Physical consequences: Girls forced into early marriage face premature pregnancies and childbirth, which increase risks of maternal and neonatal mortality. Obstetric complications such as obstructed labour and fistulas are more common among adolescents, whose bodies are not yet prepared for reproduction (Aggarwal et al., 2023; Abd-El-Kareem Hegazy & Nasr-El-Deen Elsadek, 2019). The World Health Organization highlights that pregnancy-related complications remain the leading cause of death among girls aged 15–19 (WHO, 2024).

Psychological and emotional consequences: EFM is strongly associated with depression, anxiety, post-traumatic stress disorder, low self-esteem, and self-harming behaviours (Burgess et al., 2022; Sajid et al., 2024). Participants in this study described feelings of "emotional fragility," "loss of freedom," and "a life without love." Some testimonies highlighted suicide attempts as a response to despair and loss of control over one's future.

Social and educational impact: EFM often results in school dropout, cutting short girls' educational trajectories and reducing future opportunities for employment and independence (Nhampoca & Maritz, 2024; CIG, 2024). This perpetuates cycles of economic dependency and gender inequality. In addition, girls may face social isolation from peers and communities, particularly when marriages are arranged with much older men (Sampaio, 2023).

Cultural and spiritual dimensions: While presented by some families as "protective" or honourable, EFM deepens the cycle of female subjugation. Girls lose the right to self-determination and autonomy, and cultural myths often silence their suffering (CCMW, n.d.; CIG, 2024).
In synthesis, the multidimensional consequences of EFM expose its status as a structural violation of human rights, whose impact extends beyond the individual to entire families and communities.

1.3 Ethical and legal perspectives

Early and forced marriage (EFM) constitutes a serious violation of human rights, widely recognized by international instruments. The *Universal Declaration of Human Rights* (United Nations, 1948) enshrines the right to life, liberty, and dignity, while the *Convention on the Elimination of All Forms of Discrimination against Women* (United Nations, 1979) obliges States to eliminate harmful traditional practices, including EFM, ensuring women's right to freely choose a spouse. The *Convention on the Rights of the Child* (United Nations, 1989) reinforces the prohibition of marriage before the age of 18, except for specific legal exceptions, highlighting the best interests of the child. At the European level, the *Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)* (Council of Europe, 2011) frames EFM as a form of gender-based violence, requiring integrated measures of prevention, protection, and accountability.
In Portugal, with the approval of the *Lei n.º 39/2025, de 1 de abril*, article 1 (Assembleia da República, 2025b) explicitly prohibits the marriage of minors under 18 years of age, thereby eliminating previous exceptions that allowed marriage at 16 with judicial and parental authorization. This reform aligns national law with international human rights commitments, including Sustainable Development Goal 5.3, which calls for the elimination of child, early, and forced marriage (United Nations, 2015; CIG, 2024).
Beyond the legal sphere, these frameworks have direct implications for health services and nursing practice. The *Government of Canada* (2024) emphasizes that states hold a duty of care not only to prohibit but also to prevent and respond to EFM, requiring coordination across health, justice, and education sectors. Health professionals, particularly nurses, are central to the early detection of risk situations, referral to protection networks, and advocacy for the human rights of girls and women affected (CCMW, n.d.; Sampaio, 2023). Thus, integrating an ethical and legal perspective into care is not only a normative obligation but also an essential condition for promoting health, equity, and human dignity.

1.4 Nursing Intervention in Prevention and Health Education

The literature demonstrates that harmful traditional practices such as EFM cannot be eradicated solely through legislative or policy measures. Sustainable change requires consistent investment in prevention, community awareness, and empowerment

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strategies, where healthcare professionals—particularly nurses—play a pivotal role. Owing to their holistic and person-centred approach, nurses are uniquely positioned to intervene across multiple levels: from promoting literacy in sexual and reproductive health to providing psychosocial support and referral to protection networks (CCMW, n.d.; CIG, 2024).

Beyond clinical care, nurses act as strategic agents of cultural change, capable of leading culturally sensitive educational programs and creating safe spaces for sharing experiences, thereby reducing stigma and deconstructing beliefs that underpin discriminatory practices (Sampaio, 2023; Burgess et al., 2022). The integration of innovative pedagogical tools and participatory methodologies can empower not only women and girls at risk but also entire communities, fostering co-responsibility and driving social transformation (Nhampoca & Maritz, 2024). In Portugal, within the professional context, the notification and referral of harmful traditional practices are also carried out by specialist nurses in maternal and obstetric health, through the national health information system *SClinico*. These professionals are likewise involved in preventive care related to harmful traditional practices (Coutinho, Costa & Parreira, 2024), thus contributing to their eradication. This is a shared responsibility that requires the involvement of multiple multidisciplinary teams and society as a whole (Coutinho, Magalhães et al., 2024).

2. METHODS

2.1 Study design and participants

This study adopted a qualitative phenomenological design, drawing on Max van Manen's hermeneutic phenomenology. Seven migrant women from countries where early and forced marriage (EFM) is prevalent were purposively recruited. Inclusion criteria comprised: being 18 years or older, having direct experience with harmful traditional practices (HTPs) or being at risk of exposure, and willingness to participate voluntarily. Diversity in age, country of origin, and length of residence in Portugal was considered to enrich the data. The participants were between 21 and 54 years of age. All of them originated from contexts where Harmful Traditional Practices are present: four were from Guinea-Bissau, two from Angola, and one from Cape Verde. Within their communities, all participants had close contact with harmful traditional practices (female genital mutilation, early and forced marriage, or honour-related crimes), and two had personally experienced early forced marriage.

2.2 Ethical procedures

The study complied with ethical principles outlined in the Declaration of Helsinki and followed the recommendations for research with vulnerable populations. Ethical approval was obtained from the *Ethical Board* of the European project *Intercultural Approach to Prevent Harmful Practices (IAPHP)*. All participants were informed about the objectives, voluntary nature of participation, and their right to withdraw at any time without consequences.

Written informed consent was obtained, including specific authorization for audio recording. To ensure confidentiality, transcripts were anonymized, pseudonyms were assigned, and identifying details were removed. Given the sensitive nature of the topic, interviews were conducted in private and safe settings, and referral pathways for psychosocial or health support were available in case participants experienced distress.

All digital audio recordings were stored in password-protected, encrypted devices accessible only to the principal investigator. Transcripts were anonymized and stored separately from consent forms. Audio files will be permanently deleted after completion of the analysis, while anonymized transcripts will be retained for five years for audit purposes in line with EU ethical guidelines, after which they will be permanently destroyed.

2.3 Data collection

Data were collected in August 2023 through **semi-structured phenomenological interviews**, guided by an interview protocol approved by the Ethical Board. The guide included:

- *Introduction* – presentation of the study, objectives, and consent process;
- *Development* – section A: knowledge, perceptions, and personal experiences regarding EFM and other HTPs; section B: sociodemographic data; **Central questions:** *Tell me about your experience with harmful traditional practices. What did that experience mean to you?*
- *Closure* – open-ended question for additional remarks, followed by acknowledgment.

All interviews were audio-recorded, transcribed verbatim, and analysed anonymously.

The interviews lasted between 71 and 135 minutes. The same senior researcher, a specialist nurse in maternal and obstetric health, between July and August 2023, carried out all of them. The interviews took place in a Local Support Centre for Migrant Integration, in a private room prepared for this purpose, and proceeded without interruptions. Notably, almost all participants expressed gratitude for the IAPHP study and for the fact that someone was showing genuine interest in an issue so deeply rooted within their communities.

2.4 Data analysis

Interview transcripts were analysed using van Manen's hermeneutic phenomenological approach, which combines description, reflection, and interpretation to illuminate the lived experience of participants (van Manen, 2016). The analytic process involved iterative reading, identification of meaning units, thematic coding, and clustering into core themes.

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Rigor and trustworthiness were ensured by applying Lincoln and Guba's (1985) classic criteria of credibility, transferability, dependability, and confirmability, complemented by more recent discussions on qualitative rigor that emphasize reflexivity and transparency (Nowell et al., 2017). NVivo 12 software supported data management and organization (QSR, 2018).

3. RESULTS

3.1 Effects reported by participants

Participants reported multiple negative outcomes associated with EFM. These ranged from emotional fragility, loss of freedom, and early maturity to more severe outcomes such as social isolation, economic dependence, and suicidal behaviour. The testimonies highlight that forced marriage is perceived as a life without love, a stolen adolescence, and a trajectory marked by trauma.

Participants identified severe and multidimensional consequences of early and forced marriage, coded across 64 meaning units. The most recurrent were attempts to escape (n=18), living in a loveless marriage (n=9), emotional fragility (n=6), a sense of imprisoned life (n=6), and being forced to mature prematurely (n=6). Less frequent but highly significant outcomes included suicide (n=3) and the perception of lifelong trauma (n=2). These findings highlight not only psychosocial suffering but also existential consequences that persist throughout the life course (Table 1).

Table 1 – Effects of Early and Forced Marriage

Category	n	Ur
Effects of early and forced marriage	7	64
Attempted escape	4	18
Marriage without love	6	9
Emotional fragility	4	6
Life in captivity	2	6
Forced early maturity	3	6
Harsh life	4	4
Early divorce	2	4
Suicide attempt	1	3
Economic dependence on husband	2	3
Lifelong trauma	2	2
Physical illnesses	1	2
Need to fake behaviours	1	1

Illustrative quotes included:

"After refusing marriage, the family no longer wants her… if she runs away, she is no longer accepted back."

"Marriage must be based on love. In this kind, there is none."

"The forced marriage ruins that child's life."

3.2 Motives behind early and forced marriages

Economic benefits, protection of family honor, and prevention of premarital pregnancies were the most cited motives. Some participants explained that parents perceived these marriages as the best option for their daughters, or even to settle debts.

A total of 58 meaning units referred to the drivers of EFM. The most cited were economic benefits for parents (n=18), avoiding pregnancies outside marriage (n=12), and pregnancy prior to marriage (n=9). Other motives included the belief that marriage was "the best option for the daughter" (n=7), levirate marriage (widow remarriage with a relative, n=5), defense of family honor (n=3), or arranged promises at birth. These factors reflect how patriarchal structures, economic vulnerability, and sociocultural norms intersect sustaining the practice (Table 2).

Table 2 – Motives for early and forced marriage

Category	n	Ur
Motives for EFM	7	58
Economic benefit for parents	5	18
Prevent premarital pregnancy	4	12
Pregnancy before marriage	4	9
Believing it is best for daughter	4	7
Levirate marriage (relative of deceased husband)	2	5
Avoid resistance after gaining knowledge	1	3
Restore family honor	2	3
Marriage proposal by man	1	1

Illustrative quotes included:

"Some families do this [marry off the girl early] because they have a debt."

"Early marriage is done to benefit the parents."

"It is a shame if a girl gets pregnant before marriage, that is why families force early marriage."

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3.3 Age at which EFM occurs

All participants confirmed that EFM mainly affects girls under 18, often soon after menarche. Some reported arrangements at birth and marriages involving men old enough to be the girl's father.

The practice overwhelmingly affected minors (12–17 years old), with some cases reported as early as before the age of 12 or immediately after menarche. Participants also reported arranged marriages at birth and unions with men much older, accentuating power asymmetry. While some families described ages considered "more appropriate" (15–17), these still fall within adolescence, reinforcing cycles of premature maturation (Table 3).

Table 3 – Ages at which EFM occurs

Category	n	Ur
Ages at which EFM occurs	7	48
General ages for marriage	7	16
Girls under 18	5	9
Girls over 18	3	3
At time of "readiness" (puberty)	2	2
Immediately after menarche	1	2
Unions between girls and older men	7	28
Between 15–17 years	4	9
Between 12–14 years	3	4
Before age 12	2	3
Arranged at birth	1	2
Both spouses minors	2	4

Illustrative quotes included:
"The chosen man may be the girl's father's age."
"In some cultures, by 15 a girl is already married and pregnant."

3.4 Early pregnancy and its consequences

Adolescent pregnancy emerged as both a cause and consequence of EFM. Participants described lack of communication with parents, coercion into marriage, abandonment by partners, and loss of adolescence as major outcomes.

Adolescent pregnancy was reported between 12 and 17 years old, mostly resulting from coerced or arranged unions. Consequences included loss of communication with parents, being forced to marry, abandonment by the partner, community stigma, and even child relinquishment. These narratives expose how early pregnancy reinforces coercion, deprives adolescents of autonomy, and perpetuates cycles of vulnerability (Table 4).

Table 4 – Consequences of Adolescent Pregnancy in the Context of EFM

Category	n	Ur
Consequences of adolescent pregnancy	4	21
Lack of communication with parents	2	5
Forced to marry	2	4
Abandonment by partner	1	2
Punishment by parents	1	2
Community respect diminished	1	2
Difficulty in partner assuming child	2	2
Baby given away	1	1
Adolescence deprived by pregnancy	1	1
Conflict with in-laws	1	1

Illustrative quotes included:
"Some families force the boy to marry the girl once she becomes pregnant."
"Seeing 12-year-old girls already with children is very common."
"At 15, it is already too early to be pregnant."

4. DISCUSSION

This study provides an in-depth exploration of migrant women's experiences of early and forced marriage (EFM), highlighting the intersection between cultural traditions, structural inequalities, and individual suffering. The findings corroborate global evidence that EFM remains a pervasive practice rooted in patriarchal norms, gender discrimination, and economic vulnerability, with far-reaching implications for women's health, dignity, and autonomy.

Coercion, silence, and power asymmetries

Participants' narratives revealed that EFM is sustained by explicit coercion and implicit social pressures. Testimonies of marriages arranged at birth or enforced soon after menarche illustrate how girls are denied the right to self-determination and are instead

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treated as objects within familial transactions. These findings align with UNICEF (2023a) and CIG (2024), which report that lack of consent and power asymmetry are defining features of child marriage. The fact that many unions involve men significantly older than the girls further exposes the imbalance of maturity and agency, reinforcing their vulnerability to abuse and exploitation (CCMW, n.d.).

Rationales for perpetuation: Honor, economy, and control

The motives reported by participants—economic benefits for families, fear of premarital pregnancy, and protection of family honor—mirror what is widely documented in the literature (Pourtaheri et al., 2023; Nhampoca & Maritz, 2024). Their characterization of these marriages as a "business" underscores the commodification of women's bodies and the instrumentalization of their reproductive roles. These accounts illustrate how cultural justifications of EFM mask deeper structural inequalities, where girls are used as economic and symbolic assets in patriarchal systems (Burgess et al., 2022). The CCMW (n.d.) further highlights that forced marriage cannot be justified by religious tradition, stressing the importance of distinguishing between cultural practices and faith, thereby challenging narratives that legitimize oppression under the guise of religion.

Multidimensional consequences across the life course

The consequences of EFM described by the participants are consistent with, yet add nuance to, existing literature. At the physical level, adolescent pregnancies—reported between ages 12 and 17—bring high risks of obstetric complications and maternal mortality, echoing WHO (2024) findings. At the psychological level, reports of emotional fragility, trauma, and suicidal ideation reflect the profound mental health toll of these coercive unions (Burgess et al., 2022; Sajid et al., 2024). At the social level, early school dropout and economic dependence perpetuate cycles of exclusion and gender inequality (Nhampoca & Maritz, 2024; CIG, 2024). Collectively, these outcomes demonstrate how EFM undermines not only individual trajectories but also intergenerational development, reinforcing poverty and inequality within communities.

Intersection with migration and transcultural dynamics

An important contribution of this study is its focus on migrant women, revealing how harmful traditional practices are transplanted into new sociocultural environments. Even in host countries with strong protective legal frameworks, the persistence of EFM demonstrates the resilience of cultural norms and the challenges of transcultural integration (Sampaio, 2023; CCMW, n.d.). The *Government of Canada* (2024) emphasizes that states must actively prevent and respond to EFM, recognizing it as a violation of women's and children's rights and an obstacle to gender equality. For health systems, this underscores the necessity of culturally competent interventions, balancing respect for diversity with the non-negotiable defence of human rights.

Implications for nursing and health systems

The findings highlight the crucial role of nurses and other frontline professionals in prevention, detection, and support. Nurses' proximity, trustworthiness, and holistic perspective enable them to identify early risk signs, provide safe spaces for disclosure, and act as advocates for women and girls. As recommended by WHO (2024) and reinforced by CIG (2024), effective interventions require not only clinical care but also health education, community engagement, and policy advocacy. Integrating culturally sensitive health promotion, empowering families, and fostering community dialogues are essential to dismantle the cultural myths that sustain EFM (Burgess et al., 2022; Nhampoca & Maritz, 2024).

Towards sustainable eradication

The persistence of EFM, even within migrant communities, confirms that legal prohibition alone is insufficient. Eradication requires a multisectoral approach that combines law enforcement with community-based education, empowerment of women and girls, and active involvement of men and community leaders (CIG, 2024; UNICEF, 2023). The *Government of Canada* (2024) highlights that addressing EFM is inseparable from advancing human rights and sustainable development. This study reinforces the understanding of EFM as not merely a cultural practice but a systemic violation of human rights. Nurses and health professionals, therefore, carry an ethical responsibility to challenge harmful traditions, promote gender equality, and contribute to building safer, healthier futures for all girls and women.

Limitations

Although all participants came from contexts where harmful traditional practices persist, not all had personally experienced early and forced marriage; some may have been exposed to the phenomenon only within their family or community. Nevertheless, the data gathered provides meaningful insights into these practices and offers valuable guidance for culturally sensitive interventions.

CONCLUSION

This study brings forward the voices of migrant women whose lives have been marked by early and forced marriage, showing how this practice continues to cause profound harm that extends far beyond the individual. Their stories reveal not only health challenges but also deep wounds to dignity, freedom, and the right to choose one's own path.

In practice, health professionals—and especially nurses—are invited to stand close to these women with openness and cultural sensitivity. Beyond clinical care, they can offer listening, recognition, and safe spaces where painful experiences may be shared

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without fear. Early attention to signs of risk, together with pathways to psychosocial and community support, can transform care into an act of protection and advocacy.

At the level of policy, laws are important, but they are not enough. Real change requires long-term investment in education, empowerment, and community engagement, so that myths that sustain harmful practices may be replaced by stories of equality and respect. Collaboration across health, education, and social sectors is essential to create environments where girls are protected and supported to grow freely.

The eradication of early and forced marriage will only be possible through a shared global commitment rooted in equity, compassion, and justice. By empowering women and engaging families and communities, societies can open doors to a future where every girl has the right to dream, to choose, and to live her life with dignity and autonomy.

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AUTHORS' CONTRIBUTION

Conceptualization, E.C., C.A.C., A.P.N., A.B.A. and C.M.; data curation, E.M., J.C., M.G. and M.A.; formal analysis, E.C., J.C., M.G. and M.A.; funding acquisition, E.C., C.A.C., A.B.A. and C.M.; investigation, E.C., A.P.N., A.B.A. and C.M.; methodology, E.C. and C.M.; project administration, E.C.; resources, E.C., S.B., F.J., C.Q. and C.M.; software, E.C., F.J., C.Q., J.C., M.G. and M.A.; supervision, E.C., C.M.; validation, E.C. and C.M.; visualization, E.C., F.J., C.Q., C.M., J.C., M.G. and M.A.; writing-original draft, E.C., J.C., M.G., M.A., C.A.C., A.P.N. and A.B.A.; writing- review & editing, E.C., S.B., C.A.C., F.J., C.Q. and C.M.

CONFLICT OF INTERESTS

The authors declare no conflict of interests.

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