

# Children Having Children: Unveiling Child Marriage and Its Impact Among Boys and Girls in Vietnam

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## Abstract

Research on child marriage has predominantly focused on girls, leaving boys' experiences largely understudied. This study aims to address this gap by exploring the experiences of child brides and grooms, emphasizing the distinct disadvantages each gender faces. Specifically, it investigates the following research questions: (i) What health and reproductive outcomes are associated with child brides and grooms? (ii) How does child marriage influence discriminatory attitude and stigma among boys and girls? (iii) How does child marriage impact the subjective well-being of both genders? Logistic regression analyses were performed using data from the Multiple Indicator Cluster Surveys (MICS), a nationally representative survey conducted in Vietnam. The findings revealed significant associations between child marriage and early parenthood for both boys and girls. Child brides were more likely to express negative attitudes toward domestic violence and hold discriminatory views about HIV-positive individuals. Meanwhile, child grooms exhibited a higher likelihood of feeling ashamed of living with HIV-positive individuals. Gender differences also emerged in subjective well-being outcomes. Boys who married early were less likely to perceive their lives improved than those who married later, whereas early-married girls were more likely to have a positive view of their lives. The findings hold significant implications for shaping initiatives to prevent and mitigate child marriage, not only in Vietnam but also throughout the Southeast Asia region.

## Keywords

Child marriage; consequences; early parenthood; genders; Vietnam

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## Introduction

Child marriage, as defined by international agreements and conventions, refers to any marital union, whether legally formalized or based on customary practices, involving individuals under the age of 18 (United Nations Children's Fund & United Nations Population Fund, 2022). Despite global advancements in delaying the age of marriage for both boys and girls, this practice remains widespread, particularly in low- and middle-income countries, where it continues to impact millions of adolescents. Recent estimates from UNICEF (2024) revealed that approximately 115 million boys worldwide have experienced child marriage or early parenthood, accounting for roughly one in 21 young males in these regions. However, this figure is substantially lower than the estimated 650 million child brides globally. These statistics underscore the persistent and disproportionately high burden of child marriage on adolescent populations worldwide.

Over the past decades, significant efforts have been made at national and international levels to address child marriage among girls. Consequently, research has extensively examined the determinants, harmful effects, and potential interventions for this practice (Bao & Cho, 2024; Jejeebhoy et al., 2013; Sekhri & Debnath, 2014). While adolescent girls are disproportionately affected by child marriage, focusing exclusively on their experiences has proven insufficient to address this complex issue comprehensively (United Nations Children's Fund & United Nations Population Fund, 2022). Adolescent boys also face societal pressures to marry early, reinforcing harmful gender stereotypes and limiting opportunities for both genders (Cameron et al., 2023). However, research on boys' experiences with child marriage remains scarce.

Gender disparities in child marriage are pronounced, with girls bearing a significantly higher burden than boys (Koski & Heymann, 2018; Morrow et al., 2023). These disparities arise from the widespread prevalence of child marriage and the severe health risks faced by girls, including complications during pregnancy and childbirth (Trommlerová, 2020; Vikram, 2021). Substantial evidence has established a strong association between early marriage among girls and various adverse health and reproductive outcomes (Godha et al., 2013; Koblinsky et al., 2012; Trommlerová, 2020). Additionally, child brides frequently report lower levels of subjective well-being and diminished quality of life (Kanji et al., 2024; Yendork et al., 2024). Moreover, marrying at a young age has been linked to the perpetuation of harmful stereotypes, discriminatory behaviors, and societal prejudices against these individuals (Ahsan Ullah, 2011; Emirie et al., 2021).

In response, governments and international organizations have launched multiple initiatives to end child marriage. However, these programs have placed excessive emphasis on engaging with young women and girls at risk of becoming brides, resulting in a significant gap in understanding the characteristics of child grooms and the extensive consequences of child marriage on their lives (Cameron et al., 2023; Gastón et al., 2019). The prolonged neglect of boys' experiences has adversely affected not only their health but also the health of their offspring (Cameron et al., 2023; Greene, 2014). Furthermore, this oversight hampers the efforts of national and international organizations to improve adolescent reproductive health through evidence-based policies and strategically designed interventions.

Most empirical studies in this field have primarily examined countries in sub-Saharan Africa and South Asia, where the proportion of child brides is high (Gastón et al., 2019; Kamal & Ulas, 2021; Malhotra & Elnakib, 2021). Despite the significant rates of child marriage in

Southeast Asia, this region has received comparatively little scholarly attention (Erfina et al., 2019). This research gap is substantial and particularly troubling considering the proportion of child brides recently reported in the region. For instance, the proportion of child brides in Lao PDR is the highest at 33%, followed by Thailand at 20% and Cambodia at 19% (GirlsNotBrides, 2024). Recent data suggest a rising trend in the prevalence of child marriage over time in countries such as the Philippines and Vietnam (Harvey et al., 2022). This pattern is concerning, especially when considering the consequences of child marriage on the overall well-being of child brides and their families. Furthermore, the far-reaching implications underscore the urgency of implementing policy initiatives that mitigate the adverse consequences associated with early unions. As a result, child marriage poses a significant obstacle to gender equality initiatives and sustainable development (Siddiqi & Greene, 2022).

Using representative cross-sectional data from Vietnam, this study seeks to fill this gap by examining the experiences of child brides and grooms and the comparative disadvantages faced by both genders. Specifically, our research explores the following questions: (i) What health and reproductive outcomes are associated with child brides and grooms? (ii) How does child marriage influence discriminatory attitude and stigma among boys and girls? (iii) How does child marriage impact the subjective well-being of both genders?

## Literature review

Marrying at a young age has severely negative impacts on the health and reproductive outcomes of adolescent mothers. Studies consistently demonstrate that early-married girls are significantly more likely to become young mothers, which exposes them to numerous health risks (Raj, 2010). Early pregnancies often lead to adverse health outcomes due to the physical immaturity of young mothers, increasing the likelihood of complications during childbirth. Additionally, girls in early unions are less likely to understand how to prevent the transmission of HIV from mother to child. Research also highlights a heightened risk of contracting sexually transmitted infections among child brides (El Arab & Sagbakken, 2019; Sarfo et al., 2022). This can be attributed to several factors, such as limited use of contraception before their first childbirth, short intervals between pregnancies, and a higher incidence of unintended pregnancies (Godha et al., 2013). The adverse health effects of child marriage extend beyond the young mothers themselves. For example, children born to adolescent mothers experience a markedly higher risk of mortality and are more likely to encounter adverse health outcomes compared to those born to older mothers (Trommlerová, 2020).

Child marriage is widely recognized as a harmful and pervasive form of gender-based violence that disproportionately affects children, particularly girls. It is often deeply entrenched in cultural norms and practices that not only marginalize girls but also perpetuate discriminatory attitudes towards women (Sedziafa & Tenkorang, 2016). These societal gender norms devalue the worth of girls and women and play a significant role in normalizing violence against them, reinforcing harmful patterns of behavior and attitudes that perpetuate inequality (Raj & Boehmer, 2013). Moreover, evidence shows that child marriage can serve as a gateway to other forms of gender-based violence, with long-lasting negative impacts on the child and future generations (El Arab & Sagbakken, 2019; Field & Ambrus, 2008; Jensen & Thornton, 2003). Child brides tend to experience physical abuse from their spouses and perceive their husbands as more authoritarian (Jesmin, 2015; Mikhail, 2002). Unfortunately, girls who defend their husbands' right to use violence or describe their partners as controlling often experience physical violence themselves (Sedziafa & Tenkorang, 2016).

These same entrenched cultural norms and discriminatory attitudes extend beyond domestic violence to perpetuate stigma against people living with HIV. Discriminatory attitudes toward people living with HIV remain a significant barrier to achieving equitable health outcomes and social inclusion (Belle-Isle et al., 2014; Monteiro et al., 2013). Such attitudes often stem from deep-seated misconceptions about HIV transmission, moral judgments, and entrenched cultural stigmas (Khan, 2020). Feelings of shame and discomfort about living with or being associated with HIV-positive individuals are particularly prevalent (Hutchinson & Dhairyawan, 2018). These feelings manifest in social isolation, discrimination in healthcare settings, and even within families, creating significant psychological stress for people living with HIV (Brennan-Ing, 2019).

Although less frequently discussed in existing literature, recent research has shed light on the subjective well-being of girls in early marriages. Girls who perceive their marriage as premature tend to report predominantly negative emotions, including feelings of isolation, stress, and a loss of personal autonomy (Kanji et al., 2024; Yendork et al., 2024). These negative experiences often stem from the physical, emotional, and social pressures associated with child marriage, such as the early onset of motherhood, limited educational and personal growth opportunities, and societal expectations. In contrast, girls who view their marriage as timely—often shaped by cultural or familial expectations—tend to report more positive emotional experiences, which are generally linked to a sense of fulfillment, improved social status, and the satisfaction of meeting societal and familial roles, particularly in relation to childbearing (Baba et al., 2020). These contrasting emotional experiences underscore the significant impact of child marriage on perceived quality of life, highlighting the importance of understanding the emotional and psychological dimensions of early marriages to effectively address the long-term consequences on young brides.

While the consequences of child marriage among girls are well-documented, adolescent boys who get married early also face significant challenges. Like girls, these boys encounter the pressures of early fatherhood and household responsibilities (Gatrell et al., 2022; Hunersen et al., 2021). However, many lack the resources, knowledge, and psychosocial support to navigate these roles effectively (Misunas et al., 2019). This situation parallels that of adolescent girls who marry early, as both face significant barriers to education, economic participation, and overall well-being due to the burdens of early childbearing and domestic responsibilities. Both immediately and in the long term, adolescent males may experience reproductive health consequences similar to those faced by females who marry during childhood (United Nations Children's Fund & United Nations Population Fund, 2022). Understanding these gendered experiences is critical for developing inclusive strategies that address the needs of all young individuals, promoting gender equality, and supporting healthier outcomes for both boys and girls (Greene, 2014). As such, attention must also be given to the experiences of child grooms to better understand the broader gendered pressures they face and to design more comprehensive interventions that can support both boys and girls (Emirie et al., 2021).

## Methodology

### Data source

This study utilized data from the Multiple Indicator Cluster Surveys (MICS) conducted in Vietnam between 2020 and 2021 (Round 6). The MICS, a nationally representative

survey, was supported by the General Statistics Office of Vietnam (GSO) and the United Nations International Children's Emergency Fund (UNICEF). Since its inception in the mid-1990s, MICS has evolved into the most comprehensive and reliable source of statistically rigorous, internationally comparable data on the well-being of children and women worldwide (MICS data portal). The collaborative efforts of these institutions have ensured the reliability and credibility of the data, offering a detailed and accurate representation of the child marriage landscape in Vietnam.

The MICS administered questionnaires to individuals aged between 15 and 49, encompassing both boys and girls, to gather data on various topics, including education, maternal and child health, fertility, contraception, attitudes, and marriage and unions (General Statistics Office & UNICEF, 2021). The sixth round of the MICS in Vietnam included responses from 13,359 households, involving 4,923 men and 10,770 women (General Statistics Office & UNICEF, 2021). The survey's methodology was carefully designed to ensure national representativeness by employing a multi-level sampling method with stratified clustering. This rigorous approach facilitated a diverse range of demographic and geographic characteristics across Vietnam.

## Measurement and variables

### Independent variables

The primary independent variable in this study was the age at first union or marriage. Child marriage was categorized as occurring if girls were married or entered a union before the age of 18 or if boys were married or entered a union before the age of 20. This definition is consistent with the provisions of the 2014 Law on Marriage and Family, which stipulates the legal minimum marriage age in Vietnam as 18 for females and 20 for males.

### Dependent variables

The current study examined the association between child marriage and three categories of dependent variables: (1) Health and reproductive outcomes, (2) Discriminatory attitude and stigma, and (3) Subjective well-being. These variables were derived from data available in Round 6 of the MICS.

#### (1) Health and reproductive outcomes

- Early parenthood: A binary variable indicating whether a boy fathered a child before age 20 or a girl gave birth before age 18.
- Offspring mortality: A binary variable reflecting whether an infant or child born to a boy or girl had died.
- Knowledge of mother-to-child transmission of HIV: A binary variable denoting whether individuals accurately identified all three modes of mother-to-child HIV transmission – during pregnancy, childbirth, and breastfeeding.

#### (2) Discriminatory attitude and stigma

- Attitude towards domestic violence: A binary variable assessing whether individuals consider domestic violence acceptable.

- Discriminatory attitude towards people living with HIV: A binary variable evaluating the presence of discriminatory attitude towards individuals living with HIV.
- Feeling shamed of living with HIV-positive people: A binary variable indicating whether individuals feel ashamed or embarrassed when living with HIV-positive individuals.

(3) Subjective well-being

- Perception of a better life: An ordinal variable reflecting individuals' perceptions of their future prospects, classified as "better," "unchanged," or "worse."

### Statistical analysis

This study initially utilized chi-squared tests to explore the relationships between age at first union/marriage and all relevant outcome variables. Following this, the effects of child marriage on both boys and girls were assessed using a series of logistic regression analyses, with and without controlling for sociodemographic factors. These control variables included education levels, wealth index quintiles, living areas, ethnicity, and regions.

The equation used to represent traditional logistic regression with a binary response is:

$$P(y = 1) = \frac{1}{1 + e^{-\theta\beta}}$$

We obtain regression coefficients by maximizing the log-likelihood function:

$$l_{\theta}(y|X) = \sum_i -\log(1 + e^{-X_i\theta}) + \sum_{y_i=0} -X_i\theta$$

In which X represents the vector of features or variables, while  $\theta$  refers to the column vector of the regression coefficients.

To assess the association between child marriage and subjective well-being, we employed an ordinal logistic regression model. This approach was chosen due to the ordinal nature of the subjective well-being variable, which reflects ordered categories.

## Findings

### Descriptive statistics

For descriptive purposes, Table 1 provides a statistical overview of the sample characteristics. In examining the effects of child marriage, the key independent variable in this study is the age at first marriage or union. The data indicate that 14.05% of boys experienced early marriage, while 17.40% of girls entered into marriage before the age of 18. Among boys, approximately 41% had completed upper secondary education or higher, 62.94% identified as Kinh or Hoa, and 69.44% resided in rural areas. In comparison, approximately 42% of girls had completed upper secondary education or higher, 64.29% identified as Kinh or Hoa, and 68.27% resided in rural areas.

**Table 1:** Descriptive Statistics

Variable	Category	Boy		Girl	
		Frequency	%	Frequency	%
<b>Independent Variable</b>					
Age at First Marriage/Union	Child	763	14.05	1,965	17.40
	Adult	2,811	51.78	7,303	64.66
<b>Control Variable</b>					
Education Level	No Education or Pre-education	322	5.93	1,234	10.93
	Primary	729	13.43	1,592	14.10
	Lower Secondary	1,619	29.82	3,181	28.17
	Upper Secondary	1,256	23.14	2,461	21.79
	Vocational High School	194	3.57	354	3.13
	University/College/Higher	803	14.79	1,947	17.24
Wealth Index Quintiles	Poorest	1,862	34.30	3,707	32.82
	Poor	834	15.36	1,911	16.92
	Middle	756	13.93	1,726	15.28
	Rich	745	13.72	1,671	14.80
	Richest	726	13.37	1,755	15.54
Living Area	Urban	1,653	30.45	3,573	31.64
	Rural	3,770	69.44	7,710	68.27
Ethnicity	Kinh and Hoa	3,417	62.94	7,261	64.29
	Tay, Thai, Muong, and Nung	492	9.06	995	8.81
	Khmer	341	6.28	717	6.35
	Hmong	572	10.54	1,173	10.39
	Others	607	11.18	1,148	10.16
Region	Red River Delta	922	16.98	2,064	18.28
	Northern Midlands and Mountain	1,181	21.75	2,431	21.52
	North Central and Central Coastal	671	12.36	1,426	12.63
	Central Highlands	682	12.56	1,334	11.81
	South East	1,146	21.11	2,300	20.36
	Mekong River Delta	821	15.12	1,728	15.30

## Analysis of association

This study initially utilized chi-squared tests to explore the relationships between age at first union/marriage and all relevant outcome variables (see Tables 2 and 3). The results indicate significant statistical associations between child marriage and all outcome variables. Notably, the analysis revealed a particularly high chi-squared value for the relationship between early parenthood and child marriage. This suggests that individuals who marry at an early age are more likely to become young parents.

**Table 2:** Association between Age at First Union/Marriage and Outcome Variables Among Boys

	Categories	Child	Adult	Chi-square	<i>p</i> value
<b>Health and Reproductive Outcome</b>					
Early Parenthood	Yes	257	32	793.647	.000
	No	349	1,989		
Offspring Mortality	Yes	85	109	61.661	.000
	No	678	2,702		
Knowledge of Mother-to-Child Transmission of HIV	Yes	224	814	16.968	.000
	No	303	1,646		
<b>Discriminatory Attitude and Stigma</b>					
Attitude towards Domestic Violence	Yes	102	288	5.988	.014
	No	661	2,521		
Discriminatory Attitude towards People Living with HIV	Yes	322	1,134	43.819	.000
	No	201	1,350		
Feeling Ashamed of Living with HIV-Positive People	Yes	259	670	92.299	.000
	No	265	1,734		
<b>Subjective Well-being</b>					
Perception of a Better Life	Better	465	2,208	103.387	.000
	Unchanged	286	560		
	Worse	7	31		

**Table 3:** Association between Age at First Union/Marriage and Outcome Variables Among Girls

	Category	Child	Adult	Chi-square	<i>p</i> value
<b>Health and Reproductive Outcome</b>					
Early Parenthood	Yes	558	16	2,100	.000
	No	1,253	6,639		
Offspring Mortality	Yes	194	312	94.719	.000
	No	1,683	6,675		
Knowledge of Mother-to-Child Transmission of HIV	Yes	461	2,291	20.089	.000
	No	494	3,360		
<b>Discriminatory Attitude and Stigma</b>					
Attitude towards Domestic Violence	Yes	457	965	122.404	.000
	No	1,415	6,010		
Discriminatory Attitude towards People Living with HIV	Yes	616	2,719	80.243	.000
	No	360	2,993		
Feeling Ashamed of Living with HIV-Positive People	Yes	277	1,133	33.630	.000
	No	660	4,257		
<b>Subjective Well-being</b>					
Perception of a Better Life	Better	1,134	4,724	31.056	.000
	Unchanged	652	1,991		
	Worse	48	170		

### Association between child marriage and health and reproductive outcomes

Table 4 summarizes the association between child marriage and health- and reproductive-related outcomes. It presents the odds ratios, including both unadjusted and adjusted values and their respective 95% confidence intervals (CI). The simple logistic regression analysis revealed a significant association between childhood marriage and the likelihood of early parenthood, regardless of gender. Additionally, child marriage is linked to a higher



probability of offspring mortality and limited knowledge of HIV transmission from mother to child. The association between child marriage and early parenthood remained significant after adjusting for sociodemographic covariates. Among boys, the odds of experiencing early fatherhood were notably higher among those who married early, with a nearly 22-fold increase compared to those who married later (AOR 21.966, 95% CI [14.552, 33.157]). Similarly, girls who married early exhibited a staggering 110-fold higher likelihood of early motherhood than those who married later (AOR 110.221, 95% CI [65.824, 184.563]).

Despite these strong associations with early parenthood, the analysis found no statistically significant difference in offspring mortality between those who married early and those who married as adults. Additionally, no clear link was identified between child marriage and awareness of mother-to-child HIV transmission, regardless of gender. These findings suggest that while child marriage is often linked to adverse outcomes, its direct impact on offspring mortality and knowledge of HIV transmission from mother to child may not be as pronounced as previously assumed.

**Table 4:** Association between Child Marriage and Health and Reproductive Outcomes Among Boys and Girls

	Simple Logistic Regression			Multiple Logistic Regression		
	UOR	SE	95% CI	AOR	SE	95% CI
<b>For Boys</b>						
Early Parenthood	45.771*** (19.48)	8.982	31.157, 67.240	21.966*** (14.71)	4.615	14.552, 33.157
Offspring Mortality	3.108*** (7.51)	0.469	2.312, 4.178	1.069 (0.37)	0.191	0.753, 1.517
Knowledge of Mother-to-Child Transmission of HIV	1.495*** (4.10)	0.146	1.234, 1.811	1.191 (1.50)	0.139	0.948, 1.496
<b>For Girls</b>						
Early Parenthood	184.785*** (20.43)	47.198	112.008, 304.847	110.221*** (17.88)	28.990	65.824, 184.563
Offspring Mortality	2.466*** (9.46)	0.235	2.045, 2.973	1.034 (0.31)	0.112	0.836, 1.279
Knowledge of Mother-to-Child Transmission of HIV	1.369*** (4.47)	0.096	1.193, 1.571	1.118 (1.45)	0.086	0.962, 1.299

Note: *t*-statistics in parentheses, \*  $p < .1$ , \*\*  $p < .05$ , \*\*\*  $p < .01$

### Association between child marriage and discriminatory attitude and stigma among boys and girls

Table 5 provides a summary of the relationship between child marriage and discriminatory attitude and stigma. The results from simple logistic regression analysis demonstrate a significant association between getting married early and attitudes toward domestic violence. After controlling sociodemographic characteristics, child marriage remained strongly correlated with discriminatory attitudes towards domestic violence among girls. Specifically, girls who married at an early age exhibited a 27.6% higher likelihood of holding discriminatory beliefs about domestic violence compared to those who married later (AOR 1.276, 95% CI [1.106, 1.471]). For boys, getting married early was slightly associated with discriminatory attitudes towards domestic violence.

In the unadjusted models, a notable relationship was observed between individuals, both boys and girls, who married during childhood and discriminatory attitude towards people

living with HIV, as well as the stigma associated with cohabiting with HIV-positive individuals. After accounting for sociodemographic characteristics, the results indicated that child brides were more likely to hold discriminatory views towards people with HIV (AOR 1.233, 95% CI [1.075, 1.438]). This suggests that the likelihood of possessing discriminatory attitudes towards individuals living with HIV was 23% greater among those married before the age of 18 compared to their counterparts who married at later ages. Furthermore, child grooms had an increased likelihood of feeling ashamed when living with individuals with HIV compared to those who married as adults (AOR 1.418, 95% CI [1.131, 1.777]).

These findings highlight not only the immediate effects of child marriage on young individuals but also suggest that getting married early may foster long-term social implications, such as reinforcing harmful gender norms and perpetuating stigma against vulnerable populations, including those living with HIV.

**Table 5:** Associations between Child Marriage and Discriminatory Attitude and Stigma Among Boys and Girls

	Simple Logistic Regression			Multiple Logistic Regression		
	UOR	SE	95% CI	AOR	SE	95% CI
<b>For Boys</b>						
Attitude towards Domestic Violence	1.351** (2.44)	0.166	1.061, 1.720	1.294* (1.81)	0.184	0.980, 1.710
Discriminatory Attitude towards People Living with HIV	1.907*** (6.55)	0.188	1.572, 2.313	1.086 (0.71)	0.126	0.866, 1.362
Feeling Ashamed of Living with HIV-Positive People	2.529*** (9.42)	0.249	2.085, 3.068	1.418*** (3.03)	0.163	1.131, 1.777
<b>For Girls</b>						
Attitude towards Domestic Violence	2.011*** (10.92)	0.129	1.7714, 2.280	1.276*** (3.38)	0.093	1.106, 1.471
Discriminatory Attitude towards People Living with HIV	1.884*** (8.86)	0.135	1.637, 2.167	1.233*** (2.67)	0.097	1.075, 1.438
Feeling Ashamed of Living with HIV-Positive People	1.577*** (5.76)	0.125	1.351, 1.841	0.946 (-0.63)	0.084	0.794, 1.126

Note: *t*-statistics in parentheses, \*  $p < .1$ , \*\*  $p < .05$ , \*\*\*  $p < .01$

### Associations between child marriage and subjective well-being among boys and girls

Table 6 summarizes the association between child marriage and subjective well-being. Among boys who married early, the odds of perceiving a better life compared to the combined perception of a worse or unchanged life were 0.755 times lower than those who married later. Similarly, the odds of perceiving a better or unchanged life versus a worse life were 0.755 times lower for child grooms. In contrast, for girls who married early, the odds of perceiving a better life compared to the combined perception of a worse or unchanged life were 1.184 times higher than those who married later. Similarly, the odds of perceiving a better or unchanged life versus a worse life were 1.184 times higher for child brides. These contrasting patterns between boys and girls highlight the gendered nature of child marriage and its varied impact on subjective well-being. For boys, child marriage may bring additional burdens and responsibilities that affect their mental and emotional health, while for girls, societal norms may lead to a more favorable outlook on life, even if their well-being is not necessarily

improved. This underscores the necessity for more targeted interventions that consider the unique challenges encountered by each gender.

**Table 6:** Associations between Child Marriage and Subjective Well-being Among Boys and Girls

	Simple Logistic Regression			Multiple Logistic Regression		
	UOR	SE	95% CI	AOR	SE	95% CI
<b>For Boys</b>						
Perception of a Better Life	0.433*** (-9.58)	0.038	0.365, 0.514	0.755*** (-2.66)	0.080	0.614, 0.929
<b>For Girls</b>						
Perception of a Better Life	0.749*** (-5.35)	0.041	0.673, 0.832	1.184*** (2.71)	0.074	1.048, 1.337

Note: *t*-statistics in parentheses, \*  $p < .1$ , \*\*  $p < .05$ , \*\*\*  $p < .01$

## Discussion

This current study explores how getting married early affects the lives of boys and girls in Vietnam. While extensive research examined the consequences of girl child marriage in South Asia (Godha et al., 2013; Trommlerová, 2020) or sub-Saharan African regions (Delprato et al., 2017), this is the first study to explore these relationships among boys and girls in Vietnam. Our findings show that both child brides and grooms are considerably more likely to become young parents. This aligns with prior research demonstrating the long-term negative consequences of child marriage among girls (Kamal & Ulas 2021; Onagoruwa & Wodon 2018). However, it is essential to acknowledge that when boys assume the role of fathers at a young age, they are placed under substantial responsibilities as it is associated with diverse consequences, such as adverse mental health, limited access to financial resources, and restricted employment opportunities (Johansen et al., 2020). One of the most crucial aspects of any government policy aiming to decrease child marriages and pregnancy is ensuring that both boys and girls have equal access to comprehensive information and family planning services.

Our research highlights a significant association between child marriage and attitudes toward domestic violence, particularly among girls. Girls who marry early are significantly associated with holding negative attitudes toward domestic violence compared to those who marry at older ages. This finding complements existing studies indicating that child marriage can act as a precursor to other forms of gender-based violence, which may have long-lasting negative impacts on the child and future generations (El Arab & Sagbakken, 2019; Field & Ambrus, 2008). Child brides are more likely to experience physical abuse from their spouses and perceive their husbands as more authoritarian (Jesmin, 2015). Furthermore, the study also identifies gendered differences in stigma associated with living alongside HIV-positive individuals. Child brides are more likely to hold discriminatory attitudes toward people living with HIV. Meanwhile, child grooms are more likely to report feeling ashamed of having a family member living with HIV.

While several studies have documented the association between child marriage and negative beliefs, behaviors, and prejudices directed toward affected individuals or groups (Ahsan Ullah, 2011; Emirie et al., 2021), the findings of this study raise significant concerns and have

implications for public health and social programs. Discriminatory attitudes represent a profound violation of human rights, undermining the dignity and respect of individuals irrespective of their health status (Rubenstein et al., 2016). Discrimination leads to the stigmatization and isolation of affected individuals, jeopardizing their mental well-being and social integration (Ahsan Ullah, 2011; Mo & Ng, 2017).

Societal stigmas can significantly exacerbate adverse health outcomes and reinforce cycles of violence and discrimination (Mumin et al., 2018). For example, individuals who hold negative attitudes toward those living with HIV are less likely to seek or provide support, thereby heightening health risks for both HIV-positive individuals and the broader community. This shame and stigma contribute to poorer mental health, increased isolation, and diminished access to essential health services, further complicating efforts to address domestic violence and HIV-related health issues. Tackling these stigmatizing attitudes is essential for developing comprehensive health and social programs that foster acceptance and support for all individuals, irrespective of their health status.

The study also examines how child marriage influences individuals' perceptions of future well-being. Notable gender disparities were observed. Child grooms were significantly less likely to perceive any improvement in their lives following marriage. In contrast, child brides were more prone to perceive their lives as enhanced after marriage. In broader societal terms, the consequences of divergent perceptions of a better life based on marriage and age extend beyond individual experiences, shaping and perpetuating systemic gender inequalities. When boys perceive their lives as less improved, it often reflects deeply ingrained societal expectations regarding masculinity and success (Gonalons-Pons & Gangl, 2021; Roy & Allen, 2022). Traditional norms dictate that boys should be providers and breadwinners; if they feel unable to meet these expectations, it can lead to feelings of inadequacy and failure (Hoang & Yeoh, 2011). This perpetuates the gendered division of labor, wherein boys are expected to prioritize career and financial stability over emotional fulfillment and personal growth, while girls are confined to domestic roles and caregiving responsibilities (Moreno-Colom, 2017; Schouten, 2019).

## Conclusion

This study highlights the critical importance of examining child marriage through a gender-sensitive lens, acknowledging the distinct experiences and consequences faced by both boys and girls. While existing interventions often focus on the challenges encountered by girls, neglecting the experiences of boys in policy and intervention agendas can hinder comprehensive approaches toward achieving social justice and gender equality. Therefore, it is imperative to consider the needs and experiences of both genders in efforts to combat child marriage and promote equitable outcomes for all. Our analysis sheds light on the unique vulnerabilities of boys involved in early marriages, filling a significant gap in the literature and emphasizing the need for further research to protect boys at risk.

Simultaneously, the findings emphasize the importance of implementing comprehensive approaches considering the distinct needs and experiences of child grooms and brides. Crafting comprehensive policies that account for these variations can lead to more effective and targeted interventions, fostering an environment that safeguards the well-being and rights of all children and aligns with the broader goal of creating a society where every child, regardless of gender, can flourish free from the adverse effects of child marriage. By

challenging societal norms, reducing stigma, and ensuring equitable opportunities for personal and social development, these initiatives can break cycles of inequality and contribute to a more inclusive society. Ultimately, such efforts align with the broader goal of creating a world where every child, regardless of gender, can thrive free from the adverse effects of child marriage.

## Limitations and future research

The study faced a limitation in that certain variables were available only for girls and not for boys, necessitating their exclusion from the analysis. This exclusion was essential to uphold the integrity and comparability of the analysis, ensuring that the findings accurately reflect the available data without introducing gender-based biases. Additionally, establishing causal relationships among variables is challenging due to the cross-sectional nature of quantitative data. Furthermore, the reliance on secondary data limited the exploration of other determinants and consequences of child marriage.

Future research should prioritize exploring additional factors influencing child marriage, particularly among boys, and examining its consequences. This will provide policymakers with a more comprehensive understanding, enabling them to develop more effective intervention policies. Finally, researchers should utilize in-depth interviews and qualitative research to understand the reasons behind discriminatory attitude and stigma. Such research can provide valuable insights into the root causes of stigma, informing the development of targeted interventions to reduce discrimination and enhance support for vulnerable groups.

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