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Factors Affecting Nursing Students' Attitudes Toward Child Brides

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Abstract

Background: Child marriage is influenced by various factors, such as sociocultural norms and gender inequality. While this phenomenon affects both genders, it is particularly problematic for girls in traditional societies.

Aim: This study investigated the factors influencing nursing students' attitudes toward child brides.

Methods: This descriptive and correlational study was conducted between March and April 2023. The sample consisted of 257 nursing students from a public university in Ankara, Türkiye. Data were collected online using Google Forms. The instruments used included a personal information form, the Attitudes Toward Girl Child Marriages Scale (ATGCMS), and the Gender Role Attitudes Scale (GRAS). Data were analyzed using the Mann-Whitney U test, Kruskal-Wallis test, and Spearman's correlation coefficients.

Results: The nursing students had a mean age of 20.77 ± 1.42 years. Most participants were women (87.5%). More than half of the nursing students resided in cities or large cities (53.7%). The median ATGCMS score was 14.00 (range: 12-52), and the median GRAS score was 57.00 (range: 31-75). A moderate negative correlation was found between GRAS and ATGCMS scores (P = -0.410, P < 0.001). Additionally, there was a weak correlation between GRAS scores and the number of siblings (P = -0.198, P = 0.001).

Conclusion: Nursing students demonstrated a low mean ATGCMS score, indicating that they disapprove of child marriages. Most nursing students displayed egalitarian attitudes toward gender. Furthermore, nursing students with more egalitarian gender attitudes were less likely to approve of child marriages. Gender equality was identified as the most important predictor of attitudes toward child marriage.

Keywords: Child brides, child marriages, gender, nursing students

Introduction

Marriages that occur before individuals are biologically and psychosocially prepared to shoulder the responsibilities of marriage and childbearing are referred to as "early marriages," "forced marriages," or "child marriages." A girl who marries at an early age is referred to as a "child bride."[1,2] The marriage of girls before the age of 18[3] is recognized as a significant social problem in Türkiye.[4] Preventing child marriages in patriarchal societies is challenging because these societies often approve of them.[5-7]

Globally, one in five girls marries before the age of 18, while one in twenty girls marries before the age of 15.[8,9] Over 700 million women were married before reaching the age of 18.[10] In Türkiye, 15% of women aged 20-24 and 20.9% of women aged 25-49 were married before the age of 18. Of these women, 4% were married before the age of 15.[11] The prevalence of child marriage in Türkiye is reported at 24.2% for women and 4.4% for men.[12] Child marriage is an important problem in Türkiye but is also present in many parts of the world, in both underdeveloped and developed countries.[8,9] While the prevalence of early marriage in Türkiye varies based on sociocultural factors, Central Anatolia and Eastern Anatolia are identified as regions where child brides are more common.[13] Mothers who marry early typically exhibit lower levels of knowledge and education and face more inadequate economic conditions than those who do not marry early.[14] Insufficient economic conditions not only impede girls' right to education but also place additional responsibilities on them, such as family, household, and childcare duties.[10,13] Child brides are also deprived of healthcare services due to difficulties in expressing themselves, limited access to education, and challenges in communication.[4,15] Child brides, who have not yet completed their physical and psychosocial development,[4,13] are vulnerable to sexually

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transmitted infections, unwanted pregnancies, risky pregnancies, and postpartum complications.[4,10,12] They cannot benefit from safe maternity services, which puts them at risk for various health issues. Adolescent pregnancies are associated with an increased risk of morbidity and mortality.[4,8] Child brides are at a higher risk of experiencing poverty, abuse, and violence.[1,4,10] Violence, in particular, is a major problem for women and girls.[4,16]

Child marriages are particularly prevalent in male-dominated patriarchal societies due to the gender roles attributed to women. In these societies, motherhood is highly valued as traditional gender roles and gender inequality are often promoted. Child marriage exacerbates gender inequality, restricting women's life choices and fostering dependency on others.[4,17] In societies characterized by gender inequality, the practice of girls marrying at an early age is often considered normal or socially acceptable. The normalization of child marriages perpetuates attitudes and behaviors that contribute to inequality for women and girls.[18] As part of the Sustainable Development Goals, efforts have been made to prevent child marriages, enhance reproductive health services, ensure girls' access to quality education, and achieve gender equality by 2030.[19]

A multidisciplinary approach should be adopted to strengthen reproductive health in general and specifically prevent child marriage within the framework of Sustainable Development Goals. Healthcare professionals have a responsibility to raise public awareness about child marriages and the associated risks to reproductive and sexual health. They also play a crucial role in promoting gender equality awareness among girls at risk and their families. Healthcare professionals need to receive training to develop the awareness necessary to promote health in the context of child marriages and related pregnancies.[15] Nurses, in particular, are responsible for protecting and strengthening women's health. Healthcare professionals, especially nurses, frequently interact with the community. Nurses bear the responsibility of safeguarding and enhancing women's health by providing tailored healthcare services for the various life stages of women.[20] In this context, undergraduate nursing students should acquire the knowledge and skills needed to raise public awareness and promote women's health. However, nursing students experience sociocultural interaction. Turkish society is patriarchal, which also influences nursing students.

The attitudes and behaviors of nursing students are shaped by the culture in which they live. In this context, undergraduate nursing education is essential for raising students' awareness and helping them develop sensitivity toward child marriage. Undergraduate education equips nursing students with the tools to develop solutions to this issue. As a result, positive changes in the attitudes and behaviors of nursing students can be observed during their undergraduate education. Nursing students can play an active role in health services by raising public awareness. They are also responsible for providing health education, counseling, and care to vulnerable groups.

This study investigated the factors influencing nursing students' attitudes toward child brides. It also examined gender inequality within a patriarchal social structure. In this respect, the findings of this study will make an important contribution to the literature.

Research Questions

1. What sociodemographic and familial factors affect nursing students' attitudes toward child brides?
2. What sociodemographic and familial factors affect nursing students' attitudes toward gender roles?
3. Is there a relationship between gender roles and attitudes toward child brides?

Materials and Methods

Research Design

This was a descriptive and correlational study.

Sample and Setting

The study population consisted of 714 nursing students from the Nursing Department of the Faculty of Health Sciences at a public university in Ankara during the spring semester of the 2022-2023 academic year. The students were in their first (27.5%; n=196), second (25.1%; n=179), third (20.8%; n=149), or fourth year (26.6%; n=190). The sample size was calculated using the formula for a known population (SourceForge, Philippe Glaziou, 2003–2005; http://sampsize.sourceforge.net/iface/index.html#prev). The results indicated that a sample of 251 would be sufficient to detect significant differences (precision: 5%; prevalence: 50%; level: 95%). The target sample was selected using stratified sampling based on grade level.[21] The results indicated that the sample should include 69 first-year, 63 second-year, 55 third-year, and 68 fourth-year students. The final sample comprised 257 nursing students (71 first-year, 63 second-year, 55 third-year, and 68 fourth-year students). The study included nursing students who participated voluntarily.

Data Collection Tools

The data were collected using a personal information form, the Attitudes Toward Girl Child Marriages Scale (ATGCMS), and the Gender Role Attitudes Scale (GRAS).

Personal Information Form

The personal information form was developed by the researchers[2,3,15,17,18,22] and included 18 closed-ended items on sociodemographic and familial characteristics (e.g., age, parents' education, employment status, family type, number of siblings, and city of residence).

Attitudes Toward Girl Child Marriages Scale

The Attitudes Toward Girl Child Marriages Scale (ATGCMS) was developed by Kaynak-Malatyalı et al[18] The instrument consists of 12 items rated on a six-point Likert-type scale (1=strongly disagree, 6=strongly agree). The total score ranges from 12 to 72, with higher scores indicating greater approval of child brides by the respondent. The scale has a Cronbach's alpha score of 0.91,[18] which was 0.87 in the present study.

Gender Role Attitudes Scale

The Gender Role Attitudes Scale (GRAS) was developed by García-Cueto et al[23] and adapted to Turkish by Bakioğlu and Türküm.[24] The instrument consists of 15 items rated on a five-point Likert-type scale (1=strongly disagree, 5=strongly agree). Thirteen items are reverse-scored. The total score ranges from 15 to 75, with higher scores indicating more positive attitudes toward gender equality by the respondent. The original scale has a Cronbach's alpha score of 0.99.[23] The Turkish version has a Cronbach's alpha score of 0.88,[24] which was 0.84 in the present study.

Data Collection

The study was conducted between March 26 and April 17, 2023. Data were collected online via Google Forms outside of class hours. The survey link was shared by the class leader in the WhatsApp groups of each grade level. The first page of the survey provided students with information about the research purpose and procedure. Informed consent was obtained from all participating nursing students. Completing the data collection tools took each participant 5-8 minutes. The instructor did not teach any undergraduate courses at the time of data collection. It was clearly communicated to all nursing students that participation or non-participation would not affect their course grades. Therefore, there was no conflict of interest between the instructor and the nursing students.

Ethical and Legal Considerations

The study was approved by the ethics committee of Ankara Yıldırım Beyazıt University (Approval Number: 02-59, Date: 15.02.2023). Permission was obtained from the Nursing Department of the Faculty of Health Sciences at Ankara Yıldırım Beyazıt University (Approval Number: 182390, Date: 26.03.2023). The researchers ensured the confidentiality and anonymity of the nursing students participating in the surveys. All students were informed that participation was voluntary. Informed consent was obtained from all nursing students through an online connection. Each participant clicked the option "I agree to participate in the study" before completing the data collection tools. This study was conducted in accordance with the principles of the Declaration of Helsinki. The researchers contacted the developers of the scales and obtained their authorization. Additionally, the researchers declare that no artificial intelligence support technologies were used in the production of this article.

Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (IBM SPSS Statistics Version 21.0, Corp. Released 2012, Armonk, NY) at a significance level of 0.05. Normality was assessed using the Shapiro-Wilk test (skewness - kurtosis). The results indicated that the data were not normally distributed, so nonparametric tests were employed for analysis. Numerical variables (number, percentage, mean ± standard deviation, median [min-max]/mean rank) were used for analysis. The data were analyzed using the Mann-Whitney U test and the Kruskal-Wallis test. The Dunn-Bonferroni test was applied for post-hoc comparisons. Spearman's correlation coefficients were calculated to determine the relationship between the number of siblings and scale scores. Reliability was evaluated using Cronbach's alpha scores.

Results

The nursing students had a mean age of 20.77 ± 1.42 years (min = 18; max = 26). Most of the nursing students were women (87.5%). More than a quarter of the nursing students were first-year students (27.6%). Over half of the nursing students had lived in cities or big cities until the age of 12 (53.7%). More than a quarter of the nursing students resided in first-tier settlements based on the level of development (30.4%). More than a quarter of the nursing students lived in Central Anatolia (34.6%). Most nursing students reported having neutral incomes (income = expense) (74.03%) (Table 1). The majority of the nursing students came from nuclear families (85.2%). More than half

Table 1. Distribution of Sociodemographic Characteristics (n = 257)

Characteristics	MD (min-max)	M ± SD
Age, Years	21.00 (18-26)	20.77 ± 1.42
Gender	n	%
Female	225	87.5
Male	32	12.5
Grade Level (Year)		
First	71	27.6
Second	63	24.5
Third	55	21.4
Fourth	68	26.5
Type of Settlement Lived in Until Age 12		
City/Big City	138	53.7
District	64	24.9
Village/Borough/Town	49	19.1
Abroad	6	2.3
Developmental Level of Settlement Type Lived in Until Age 12		
First Tier	78	30.4
Second Tier	21	8.2
Third Tier	42	16.3
Fourth Tier	28	10.9
Fifth Tier	40	15.6
Sixth Tier	42	16.3
Abroad	6	2.3
Geographical Region Lived in Until Age 12		
Mediterranean	44	17.1
Eastern Anatolia	24	9.3
Aegean	12	4.7
Southeastern Anatolia	33	12.8
Central Anatolia	89	34.6
Black Sea	34	13.2
Marmara	15	5.8
Abroad	6	2.3
Income Status		
Positive	28	10.9
Neutral	191	74.3
Negative	38	14.8

MD: Median; Min: Minimum; Max: Maximum; M: Mean; SD: Standard Deviation.

indicated that their parents had arranged marriages (57.2%). Most nursing students noted that their parents were alive and together (90.3%). Almost half of the nursing students had siblings (49.8%). Less than half of the nursing students had mothers with primary school degrees (44.7%). Most nursing students reported that their mothers were housewives (80.2%). More than a quarter of the nursing students had fathers with primary school degrees (32.7%). More than a quarter stated that their fathers were private sector employees (27.6%) (Table 2).

Nursing students had a median ATGCMS score of 14.00 (range: 12-52). They had a median GRAS score of 57.00 (range: 31-75). Sociodemographic, familial, and parental characteristics did not affect their median ATGCMS score ($p > 0.05$). However, female nursing students [59.00 (range: 40-75)/138.79] had a significantly higher median GRAS score than their male counterparts [48.00 (range: 31-64)/60.14] ($P < 0.001$). Nursing students who lived in cities or big cities until the age of 12 [59.00 (range: 41-75)/135.39] had a significantly higher median GRAS score than those who lived in villages, boroughs, or towns until the age of 12 [55.00 (range: 35-71)/97.82] ($P = 0.008$). Nursing students living in first- and second-tier settlements [59.0 (range: 41-75)/137.10] had a significantly higher median GRAS score than those living in fifth- and sixth-tier settlements [55.00 (range: 31-75)/107.48] ($P = 0.017$). Other sociodemographic, familial, and parental characteristics did not affect their median GRAS score ($p > 0.05$) (Tables 3 and 4).

There was a moderate negative correlation between GRAS and ATGCMS scores ($P = -0.410$, $P < 0.001$) (Figure 1). There was a weak correlation between GRAS scores and the number of siblings ($P = -0.198$, $P = 0.001$) (Figure 1). There was no correlation between ATGCMS scores and the number of siblings ($P = 0.097$, $P = 0.121$) (not shown in Figure 1).

Discussion

Child marriage is a violation of human rights as it deprives girls of their fundamental rights, including access to education and healthcare services.[1,4,8,10] Both national and international initiatives are actively being pursued to prevent child marriages.[4,19] To effectively prevent child marriages and achieve sustainable change, it is imperative to approach the issue from a multidimensional perspective.[25] Healthcare professionals play a pivotal role as key stakeholders in the multidimensional strategy to prevent child marriages. Therefore, they must develop awareness regarding child marriages and related reproductive and sexual health issues during their undergraduate years. In this study, the nursing students had a low mean ATGCMS score and an above-average GRAS score. Sociodemographic, familial, and parental characteristics did not significantly impact nursing students' ATGCMS scores. However, the negative correlation between ATGCMS and GRAS scores indicated that nursing students with more egalitarian attitudes toward gender were less likely to approve of child brides. The results showed that nursing students' perceptions of gender roles influenced their attitudes toward child brides. In this context, our findings are particularly significant, especially in terms of nursing students' attitudes toward gender.

Nursing students had a lower median ATGCMS score compared to those reported in earlier studies,[7,26,27] suggesting that they held more negative attitudes toward child brides. Coşkun and Duman[26] recruited participants aged 18-60 from Malatya, Türkiye, to investigate

Table 2. Distribution of Familial Characteristics (n = 257)

Characteristics	n	%
Family Type		
Nuclear	219	85.2
Extended	38	14.8
How Did Your Parents Get Married?		
By meeting and getting along	70	27.2
Meeting and getting along on arranged dates	147	57.2
An arranged marriage without knowing each other	40	15.6
Status of Parents		
Alive/Together	232	90.3
Alive/Separated-Divorced	13	5.1
Deceased	12	4.7
Mother's Education Level		
Illiterate/Literate	33	12.8
Primary School	115	44.7
Middle School	48	18.7
High School	45	17.5
University/Postgraduate'	16	6.2
Father's Education Level		
Literate	8	3.1
Primary School	84	32.7
Middle School	57	22.2
High School	64	24.9
University/Postgraduate'	44	17.2
Mother's Employment Status'		
Housewife	206	80.2
Retired	4	1.6
Public Sector Employee	10	3.9
Private Sector Employee	33	12.8
Self-Employed	2	0.8
Deceased	2	0.8
Father's Employment Status		
Retired	65	25.3
Public Sector Employee	41	16.0
Private Sector Employee	71	27.6
Self-Employed	51	19.8
Unemployed	19	7.4
Deceased	10	3.9

(*Continued*)

Table 2. Distribution of Familial Characteristics (n = 257) (*Continued*)

Characteristics	n	%
Siblings[§]		
Sister(s)	60	23.3
Brother(s)	66	25.7
Brother(s) and Sister(s)	128	49.8
Number of Siblings	**MD (min-max):** 3.00 (0-23)	**M ± SD:** 3.62 ± 2.39

MD: Median; Min: Minimum; Max: Maximum; M: Mean; SD: Standard Deviation. [†]The number of parents with postgraduate education is 5 (n_{mother} = 2, n_{father} = 3). [§]Three students do not have siblings. [‡]Seven mothers are illiterate

attitudes toward child brides and found that respondents aged 19-29 objected to child marriages more than those aged 30-39. However, Aygin et al[27] reported that nursing students had a total ATGCMS score of 23 ± 11.12, indicating that they had negative attitudes toward child marriages and viewed child brides unfavorably. Kohno et al[7] developed a child marriage attitude scale for Malaysian adolescents and found that adolescents had moderate scale scores. Additionally, in terms of GRAS scores, nursing students demonstrated egalitarian attitudes toward gender. Karakoç et al[28] reported that midwifery students had GRAS scores similar to those of our nursing students. Moreover, researchers have utilized different measurement tools to assess the attitudes of health students toward gender.[29-34] Research indicates that nursing and midwifery students possess average or above-average gender attitudes and perceptions.[32-34]

Table 3. Distribution of Scale Scores by Sociodemographic Characteristics (n = 257)

	ATGCMS			GRAS		
Characteristics	MD (min-max)	M ± SD		MD (min-max)	M ± SD	
Total Scale Scores	14.00 (12-52)	17.06 ± 7.03		57.00 (31-75)	57.31 ± 8.77	
Gender	MD (min-max)/MR	Test[*]	p	MD (min-max)/MR	Test[*]	p
Female	14.00 (12-52)/128.76	-0.142	0.887	59.00 (40-75)/138.79	-5.604	0.000[*]
Male	14.50 (12-34)/130.70			48.00 (31-64)/60.14		
Grade Level (Year)						
First	14.00 (12-43)/124.22	0.645	0.886	55.00 (40-74)/116.42	3.496	0.321
Second	14.00 (12-37)/127.37			57.00 (31-75)/128.71		
Third	15.00 (12-52)/132.35			57.00 (43-75)/132.80		
Fourth	15.00 (12-43)/132.79			59.00 (43-75)/139.33		
Type of Settlement Lived in Until Age 12[†]						
City/Big City	14.00 (12-52)/125.18	4.425	0.109	59.00 (41-75)/135.39[a]	9.727	0.008[**]
District	14.00 (12-40)/114.82			57.50 (31-75)/127.34[ab]		
Village/Borough/Town	16.00 (12-43)/142.91			55.00 (35-71)/97.82[b]		
Developmental Level of Settlement Type Lived in Until Age 12[†]						
First/Second Tier	14.00 (12-52)/127.29	0.471	0.790	59.00 (41-75)/137.10[a]	8.138	0.017[**]
Third/Fourth Tier	14.00 (12-37)/121.16			58.50 (35-75)/131.99[ab]		
Fifth/Sixth Tier	14.50 (12-40)/128.58			55.00 (31-75)/107.48[b]		
Geographical Region Lived in Until Age 12[†]						
Mediterranean	15.50 (12-40)/135.67	7.345	0.119	56.50 (43-75)/122.16	4.031	0.402
Eastern and Southeastern Anatolia	13.00 (12-40)/112.45			57.00 (31-75)/123.33		
Aegean and Marmara	12.00 (12-30)/102.93			60.00 (45-75)/151.67		
Central Anatolia	15.00 (12-52)/134.36			58.00 (35-74)/121.01		
Black Sea	15.00 (12-33)/132.65			57.00 (42-75)/128.13		
Income Status						
Positive	13.00 (12-40)/119.18	3.989	0.136	53.00 (31-73)/112.55	1.594	0.451
Neutral	15.00 (12-52)/134.14			58.00 (33-75)/130.51		
Negative	12.50 (12-34)/110.38			55.00 (41-75)/133.55		

MD: Median; Min: Minimum; Max: Maximum; M: Mean; SD: Standard Deviation; MR: Mean Rank; ATGCMS: Attitudes Toward Girl Child Marriages Scale; GRAS: Gender Role Attitudes Scale. [*]Mann-Whitney U test was used for paired groups, and the Kruskal-Wallis test was used for groups of more than three. a-b: Groups with the same letter for each measurement do not differ (Dunn-Bonferroni Test).[†] Those who lived abroad until the age of 12 are not included in the analysis. *P < 0.001; **P < 0.05.

Table 4. Distribution of Scale Scores by Familial Characteristics (n=257)

	Attitudes Toward Girl Child Marriages Scale			Gender Role Attitudes Scale		
Characteristics	MD (min-max)/MR	Test*	p	MD (min-max)/MR	Test*	p
Family Type						
Nuclear	14.00 (12-52)/126.04	1.572	0.116	58.00 (33-75)/131.72	-1.409	0.159
Extended	15.00 (12-43)/146.05			54.00 (31-75)/113.33		
How Did Your Parents Get Married?						
By meeting and getting along	13.00 (12-43)/119.96	1.615	0.446	60.50 (40-75)/143.69	4.122	0.127
Meeting and getting along on arranged dates	15.00 (12-52)/133.32			57.00 (31-75)/125.21		
An arranged marriage without knowing each other	14.00 (12-43)/128.94			55.50 (41-75)/117.24		
Status of Parents						
Alive/Together	14.00 (12-43)/125.59	5.494	0.064	57.00 (31-75)/129.41	0.495	0.781
Alive/Separated-Divorced	16.00 (12-52)/154.27			59.00 (44-73)/134.54		
Deceased	20.00 (12-27)/167.54			56.00 (42-65)/115.17		
Mother's Education Level						
Middle School and Lower	15.00 (12-52)/132.64	-1.443	0.149	57.00 (33-75)/127.16	0.712	0.477
High School and Higher	13.00 (12-43)/117.31			59.00 (31-73)/134.91		
Father's Education Level						
Middle School and Lower	14.00 (12-43)/126.71	0.595	0.552	57.00 (33-75)/129.30	-0.077	0.939
High School and Higher	14.00 (12-52)/132.16			57.00 (31-75)/128.58		
Mother's Employment Status*						
Housewife	14.00 (12-43)/127.53	0.681	0.711	56.00 (31-75)/124.53	2.384	0.304
Retired/Public Sector Employee/Self-Employed	16.00 (12-43)/141.72			59.50 (40-73)/144.06		
Private Sector Employee	14.00 (12-52)/124.26			61.00 (41-73)/141.86		
Father's Employment Status*						
Retired	14.00 (12-43)/125.65	1.093	0.895	58.00 (40-75)/129.02	2.094	0.719
Public Sector Employee	13.00 (12-40)/118.06			59.00 (44-75)/127.78		
Private Sector Employee	14.00 (12-52)/128.45			56.00 (31-74)/121.30		
Self-Employed	14.00 (12-35)/118.35			58.00 (35-75)/125.85		
Unemployed	15.00 (12-34)/129.71			55.00 (41-69)/103.79		
Siblings§						
Sister(s)	13.00 (12-43)/124.78	0.702	0.704	59.00 (43-75)/144.63	5.893	0.053
Brother(s)	14.00 (12-52)/122.85			57.00 (41-74)/131.53		
Brother(s) and Sister(s)	15.00 (12-43)/131.18			56.00 (31-75)/117.39		

MD: Median; Min: Minimum; Max: Maximum; MR: Mean Rank. *Mann-Whitney U test was used for paired groups, and the Kruskal-Wallis test was used for groups of more than three. *Students whose parents are deceased are not included in the analysis. §Those without siblings (n=3) are not included in the analysis.

Gender roles and sociocultural norms in patriarchal societies lead to the acceptance of child marriage. Therefore, it is important to evaluate child marriages from a gender perception and sociocultural perspective. In our study, nursing students with egalitarian attitudes toward gender perception were less likely to approve of child marriages. Child marriages are sustained by interrelated and reinforcing factors such as poverty, low education, inadequate legislation, gender-based violence, abuse, cultural practices, migration, and gender inequality in the context of traditions and customs.[1,4-7,16,35] Gender is one of the main determinants of gender equality or

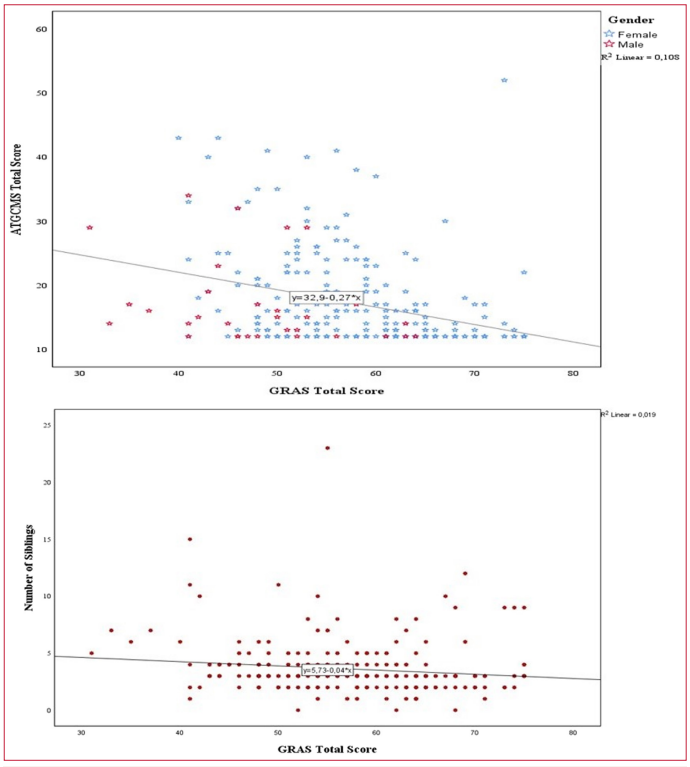

Figure 1. Correlations (n = 257).
ATGCMS: Attitudes Toward Girl Child Marriages Scale; GRAS: Gender Role Attitudes Scale.

inequality. People who marry during adolescence are often unaware of the risks associated with child marriage. Additionally, adolescents who see friends or relatives marrying at an early age perceive child marriage as normal.[7] Naghizadeh et al[35] reported that most Iranian adolescent women (85.4%) opposed marriage before the age of 18. They found that the greater access girls have to education and the more intellectually mature they become, the less likely they are to marry before the age of 18. They also noted that child marriages are often driven by factors such as uneducated parents, family issues and conflicts, and dissatisfaction with daily life, particularly in rural areas.[35] Abdurahman et al[5] conducted a study in Ethiopia and reported two significant findings. First, rural and low-educated parents are more likely to uphold social norms that promote child marriages. Second, two out of five parents consider marrying their daughters under the age of 18, even though they are aware of the legal minimum age for marriage and the negative health consequences and legal repercussions of child marriage.[5] Wibowo et al[6] conducted a study in Indonesia, one of the countries with high rates of child marriage. They found that parents and their adolescent children have similar attitudes toward child marriage.[5] Dominant social norms shape how parents and adolescents perceive child marriage. Therefore, strategies designed to prevent child marriage must address these social norms.[5,6] In this context, the findings emphasize that child marriage is a critical issue requiring evaluation from a sociocultural perspective. These findings highlight the prevalence of gender inequality and discrimination against girls. Nursing education should emphasize the significant role of sociocultural structures in the social acceptance of child marriage.

Our attitudes and behaviors are influenced by sociocultural parameters and gender norms, such as traditional gender roles assigned to men and women. Most of these attitudes and behaviors are formed during childhood. According to developmental psychology, the period between the ages of 0-12 is when identity development is largely completed. Therefore, characteristics established in childhood impact later life stages.[36] Nursing students who lived in cities or big cities until the age of 12 had a significantly higher median GRAS score compared to those who lived in villages, boroughs, or towns until the age of 12. Nursing students residing in first- and second-tier settlements had a significantly higher median GRAS score than those in fifth- and sixth-tier settlements. Additionally, male nursing students exhibited less egalitarian attitudes toward gender compared to female nursing students.

Nursing students with more siblings showed less egalitarian attitudes toward gender compared to those with fewer siblings. Özpulat and Bahar Özvarış[32] argue that students' perceptions of gender vary based on the region in which they reside. Öngen and Aytaç[37] emphasize that students living in rural areas have lower perceptions of egalitarian gender. Factors such as having siblings, living in urban centers, and sharing household chores influence children's perceptions of gender.[38,39] On the other hand, Zeybek and Kurşun[31] reported that medical students with more siblings had more traditional gender views. Research also shows that gender is an important factor influencing nursing students' perceptions of egalitarian gender practices.[32,34] Our male nursing students had lower perceptions of egalitarian gender compared to their female counterparts for several reasons. First, Turkish society is patriarchal. Second, the social structure reinforces masculinity. Third, women are affected by gender inequality. These results align with our findings. Conversely, nursing students had similar ATGCMS scores across different sociodemographic and family structure characteristics.

Addressing child marriage requires a multidimensional and multidisciplinary approach that spans education, health, economy, as well as social and legal aspects. Tackling this complex issue demands comprehensive strategies that consider various interconnected factors and involve collaboration among different sectors and stakeholders. Therefore, a gender-equitable solution must be found to reduce child marriage.[4] A multidisciplinary approach is absolutely necessary to solve this problem. The adoption of egalitarian gender attitudes by healthcare professionals during their undergraduate education is recognized as one of the crucial approaches to raising awareness. Instilling these attitudes early in their professional development equips healthcare professionals to contribute effectively to promoting gender equality and addressing related issues, such as child marriage, in their practice.

Limitations of the Study

This study has three limitations. First, the results are sample-specific as the data were obtained from nursing students at one university. Therefore, the findings cannot be generalized to all nursing students. Second, since the research was conducted after the earthquake on February 6, 2023, it transitioned from face-to-face to online due to remote learning. Conducting research on an online platform may have influenced students' motivation to participate in the study. Third, the study experienced limited participation from male students, indicating a relatively small number of male nursing students in the

research. This gender imbalance could affect the generalizability of the findings.

Conclusion

Nursing students do not approve of child brides and child marriages. However, gender equality is the most important predictor of perceptions related to child brides. Gender perception is also influenced by factors such as environment, number of siblings, and gender. The family structures of nursing students vary socioculturally. For these reasons, nursing students should be aware of the impact of child marriage and gender inequality on reproductive health. Additionally, undergraduate nursing curricula should emphasize gender equality.

Combating child marriage requires a multidisciplinary team approach, and nurses are an integral part of this team. In this context, nursing students should be aware of sociocultural problems affecting women's health and be able to anticipate the causes and consequences of child marriage. As future health professionals, nursing students should recognize that child marriage is still a significant problem and that nurses play an important role in addressing this issue.

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Informed Consent: Approval was obtained from the nursing students participating in the study via online connection. Each participant clicked the option "I agree to participate in the study" and then filled out the data collection tools.

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