COVID-19 AND CHILD MARRIAGE: A YEAR ON

Governments and communities around the world are still struggling to respond to the COVID-19 pandemic. This brief provides insights, recommendations and resources for responding to the needs of adolescent girls, including those at risk of child marriage, during and after the crisis.

PICTURED: Young participants in Youth Voices against Child Marriage, Jakarta, Indonesia. Photo: *Girls Not Brides*/Graham Crouch

Overview

The Director General of the World Health Organisation declared COVID-19 a global pandemic on 11 March 2020. A year later, governments and communities around the world are still struggling to contain and respond to this challenge, which threatens to undo decades of progress including towards ending child marriage.

In this brief, we use the term "child marriage" to encompass all forms of child, early and forced marriage and unions. Understanding the practice in the context of this broader term ensures that all girls affected by the practice are included, regardless of whether they are in a formal or informal union, and that all aspects of the issue – including culturally specific understandings of childhood and development, and the relationship between age, consent and force – are recognised and expressed.

This brief is intended for development partners, including government and civil society actors. It provides recommendations and resources for responding to the needs of adolescent girls during the COVID-19 crisis and

recovery period, including those at risk of child marriage and those who are already married and in informal unions.

Our member organisations and partners have contributed to this document and provided valuable insight to our learning on the full impact of COVID-19.

Background

The COVID-19 pandemic and related lockdowns have had a devastating effect on families, communities and economies across the world. The virus – and measures to contain its spread – has been devastating for those working in the informal sector who cannot self-isolate, including slum-dwellers and those living in refugee and internally displaced persons (IDPs) camps.

UNICEF projects that an additional 10 million girls will marry as children by 2030 due to COVID-19 restrictions, school closures, increased adolescent pregnancy, disruption to child marriage programming and economic instability.[1] Experience from the Ebola crisis and other acute emergencies shows that girls and women are disproportionately affected, particularly amongst the poorest and most socially marginalised groups.[2] This is also true of the current crisis, which has affected – and continues to affect – many girls, women, boys and men.

Many of the complex factors that drive child marriage in stable environments are exacerbated in emergency settings, as family and community structures break down during crisis and displacement. A pandemic of this nature presents unique challenges that can increase child marriage both in the acute and recovery phases. Challenges include the loss of household income, higher risk of violence in the household, increased rates of adolescent pregnancy, and lack of access to schooling. Plan International research shows that, in crisis settings, girls live in fear of violence and are not only concerned about the constant presence of armed actors, but also about gender-based violence (GBV) within families.

The breakdown of social networks can also heighten families' and communities' desire to control girls' sexuality and promote patriarchal notions of purity. Marriage may be perceived to protect girls and their families from the social stigma that can result from experiencing rape or sexual assault.[3] Parents might marry their daughters out of fear of pre-marital pregnancy or relationships, which can bring shame on the family.[4]

Mitigating the immediate and long-term impacts

Child marriage and the needs of adolescent girls are often overlooked in crisis situations. Through all stages of the COVID-19 crisis, urgent action is needed to prevent and respond to the risks faced by girls and women, including child marriage. The protection of the human rights of all – especially those in situations that make them most vulnerable – must be central to all aspects of the COVID-19 response, from crisis to recovery.

Short-term recommendations

Governments should take steps to mitigate the unintended impacts of public health measures implemented to bring case numbers down, such as lockdowns and quarantine. They should:

- **Implement distance learning** for girls and boys affected by school closures.

- **Adapt the school year** when schools return – eg, shortening summer holidays – to allow pupils to catch up on missed learning.

- **Recognise sexual and reproductive health** (SRH) care as essential, and adapt SRH programming to overcome barriers to access. This includes implementing telemedicine to deliver home-based care, and integrating SRH into other COVID-19 mitigation actions such as immunisation and food delivery programmes.

- **Provide economic relief** for the poorest households who are most affected by stay-at-home orders through one-off or regular cash payments to offset loss of daily earnings.

Longer term recommendations

- **Uphold human rights in times of crisis.** All those involved in the humanitarian response and recovery period should ensure their activities do not lead to – or perpetuate – discrimination, abuse, violence, neglect or exploitation, including child marriage.

- **Governments and those involved in the COVID-19 response must take the needs of adolescent girls into account.** Programming should be comprehensive and cross-sectoral and address both lifesaving, immediate needs and promote long-term resilience, including of adolescent girls. Prevention and protection needs – particularly those rooted in harmful gender norms – should also be prioritised, and the response should be informed by an analysis of gender inequalities and by sex- and age-disaggregated data.

- **Invest in girls' education, SRH care and psychosocial support – regardless of marital status - should be scaled up.** Girls should be able to access youth-friendly contraception, abortion and maternal health services and comprehensive sexuality education training, and be supported to return to school.

- **Consult girls and women during the full cycle of preparedness, risk mitigation and response** – from needs assessments to the design of interventions, and the monitoring of effectiveness – including in relation to unintended impacts of physical distancing on girls and women.

- **Donors and government agencies should increase funding for civil society organisations and make it more flexible.** This should be for non-governmental organisations (NGOs) and community-based organisations (CBOs), including women-, girl- and youth-led organisations and networks, and those working on protection, gender/GBV/adolescent girls programming. Organisations working at the community level can respond quickest and most effectively to the needs of the most vulnerable girls and women, particularly during lengthy travel restrictions and when supply chains for essential services are disrupted.

- As countries begin to open up following pandemic restrictions, governments and the global community must **ensure equitable access to COVID-19 vaccinations**, including adolescent girls in rural and remote locations.

PICTURED: A young mother in Uganda. Photo: *Girls Not Brides*

Health and sexual and reproductive health

One year into the crisis, the pandemic has already had a significant impact on SRH and rights.

Disruption to the delivery of and access to SRH care – including to sexually transmitted infection and HIV testing and treatment, contraception and safe abortion care – is having an impact on adolescent girls and women.

Stay-at-home orders have forced clinics to shut and caused disruption to supply chains, limiting the availability of health care. Where health care is available, girls may be unable to physically access it due to restrictions on their mobility. Marie Stopes Reproductive Choices – one of the world's largest SRH care providers, operating in 37 countries – served 1.9 million fewer women in 2020 than originally forecast due to COVID-19 disruptions. They estimate that this alone will lead to 900,000 unintended pregnancies in the countries they work in.[5] Increased adolescent pregnancy among unmarried girls is likely to increase pressure on girls to marry early.

Pregnancy is significantly riskier for girls under the age of 20 and is both a cause and a consequence of child marriage globally. A systematic review of the global evidence carried out in March 2021 found that maternal and foetal outcomes have worsened during the pandemic, with an increase in maternal deaths, stillbirths, ruptured ectopic pregnancies, and maternal depression, with the increase in maternal mortality observed only in lower and middle-income countries. The increase in poor maternal health outcomes has likely been driven by reduced access to health care, including reduced hospital births, increased pregnancy-related anxiety, reduced attendance of routine and emergency maternal health appointments, and reduced availability of skilled maternity staff who may have been redeployed to assist with COVID response and mitigation.[6] Technological solutions in higher income settings have created unequal access to care; where routine ante- and post-natal appointments have been moved online, women without access to the internet or privacy may miss out on appointments. Intimate partner violence, a leading cause of maternal death, has also increased during the pandemic.[7] Provisions for the clinical management of rape and sexual violence are also likely to have been disrupted.

Menstrual hygiene tends to be compromised in situations of self-isolation and reduced access to sexual and reproductive health and rights (SRHR). This is already a reality for women and girls living in poor and marginalised communities, emergency and humanitarian contexts, incarceration facilities, and for those with special needs or disabilities and/or facing other barriers. This situation is heightened when essential supplies – eg, water – run low.

The present crisis is also likely to negatively affect the fragile psychosocial health of girls and married girls because of restricted movement, physical distancing and increased domestic and care responsibilities.

Recommendations

- **Governments should recognise SRHR care as essential in times of crisis and remove barriers to access.** This can be done through, for example, allowing remote access to contraception and abortion services via telemedicine and by allowing pharmacies to provide services. SRH should also be integrated into other essential pandemic response programmes, allowing it to be offered through vaccination clinics and food package disbursal points.

- **Supply chains should prioritise SRH products.** This should include contraception, safe abortion supplies, and menstrual health items, which are central to girls' health and autonomy and critical in addressing child marriage.

- **Adolescent girls should have access to relevant information** about how to prevent and respond to the pandemic in ways they can understand, including in relation to regular handwashing and positive hygiene behaviours, including menstrual hygiene.

- **Maternal health care should be prioritised and maternal healthcare workers – like midwives and obstetricians – should be exempt from redeployment.** Where maternity appointments are moved online, in-person appointments should be offered to girls and women who are unable to attend virtually. Girls and women should be allowed a partner to be present during childbirth.

- **Pregnant girls and women with respiratory illnesses must be treated as a high priority due to their increased risk of adverse outcomes.** Antenatal, neonatal and maternal health units must be segregated from identified COVID-19 wards and cases.

- **Distance education interventions delivered during the closure of schools should prioritise comprehensive sexuality education for girls and boys as part of the curriculum.**

Education

According to UNESCO, 180 countries had implemented nationwide school and university closures by the end of March 2020. This affected over 87% of world's student population. A study on the impact of COVID-19 on the lives of young people in Africa and Asia confirmed the greater risk of sexual exploitation, abuse and child marriage when schools are closed in development or humanitarian settings. It reports that increases in child marriage during the pandemic is highest among girls no longer in school.[8]

School closures will also have long-term impacts on girls' futures – particularly for those from the most marginalised families – if they are unable to return after prolonged absence. Education may become unaffordable due to economic distress because girls have married or become pregnant.

In many countries, households do not have access to the internet or television. This must be taken into account when developing distance learning approaches. Girls are often required to look after younger siblings, which may also impact their ability to continue studies through online schooling, where this is available.

Recommendations

- **Governments should support continued learning** by investing in inclusive gender-responsive distance education methods, such as radio broadcasts.

- **Put in place safeguarding measures to prevent online harassment**, bullying and other types of cyber violence on online platforms.

- **Continue community sensitisation as part of distance learning** to ensure that parents, leaders and other community members are aware of the importance of girls' education.

- **Ensure adolescent girls (and boys) have continued access to comprehensive sexual education (CSE), SRHR information and referrals** to services as part of distance learning while schools are closed.

- **Provide training for education and other support workers** to ensure they have the knowledge and skills needed to recognise and prevent violence against girls and the risk of child marriage, through safe referral practices and protection services.

- **When schools reopen, support pregnant girls, married girls and young mothers to return to education.** This might involve flexible learning, catch-up courses and accelerated learning opportunities. It may also involve checking school enrolment lists to identify and follow up with those girls who have not returned to school.

- **As far as possible, consult girls and young women throughout the response.**

- **Involve girls in shaping decisions about their education.**

Gender-based violence and protection of children

Before COVID-19, one in three women worldwide experienced physical and/or sexual violence by an intimate partner or other perpetrator in their lifetime.[9] Violence against women tends to increase during every type of emergency, including epidemics. Girls and women who are displaced, refugees or living in conflict-affected areas as well as girls living with disability, of non-binary sexual orientation, or from a caste or ethnic group considered lower-ranking are at increased risk of GBV because of systematic discrimination and denial of their rights.

There is evidence that some of the measures to prevent the spread of COVID-19 – including staying at home and physical distancing – whilst essential from a public health perspective, have led to an increase in sexual abuse and GBV.[10] Stay-at-home orders and quarantine measures have increased exposure of women and girls to sexual, physical, psychological and emotional violence from family members and intimate partners. United Nations Population Fund estimates that, globally, every three months of lockdown contributes an additional 15 million cases of GBV.[11]

Girls and women living in coercive and abusive relationships where the balance of power is significantly skewed to the husband or partner – which is often the case for married girls – have been further disempowered by COVID-19 restrictions and are less able to access services,

PICTURED: Adolescent girls at school in Rajasthan, India. Photo: *Girls Not Brides*/James Rodríguez

care and advice. Leaving an abusive relationship can be virtually impossible in lockdown.

Life-saving care and support to those who have experienced GBV – such as rape, mental health and psychosocial support – have been disrupted during pandemic responses as human and financial resources for essential services for survivors of GBV have been redirected to emergency health service provision. Access to community-based networks and justice have also been compromised. Safe spaces and shelters may be unavailable.

Pandemics such as this can increase the risk of sexual exploitation of children and child marriage. Extended crises and the social isolation of children can drive the practice of child sexual abuse further underground. School closures also place girls at greater risk of GBV – including sex for humanitarian assistance, commercial sexual exploitation, trafficking for sexual exploitation of children, and forced and child marriage. Cut off from their peer or support networks due to restrictions on movement and school closures, there are reports of adolescents who identify as queer being forced to marry or undergo other forms of conversion measures arranged by parents.[12]

At the same time, lack of access to child protection services and information places children at greater risk of experiencing and remaining trapped in exploitative situations that can have long-term physical and emotional consequences. The risk of online child sexual exploitation should also be considered, as more children access and spend time on the internet. The children in situations that make them most vulnerable – including those living on the streets and those already living in abusive households – require particular attention.

Recommendations

- **Consider how case management systems can be adapted to identify and respond to girls at risk.** Where GBV and child protection structures are disrupted, governments and service providers must identify new referral pathways for girls and women at risk of violence.

- **Give particular attention to the provision of child protection and GBV services for the adolescent girls**

in situations that make them the most vulnerable, including IDPs and those living in refugee camps, girls and women living with disability or who have gender non-conforming identities. Conduct gender and risk analyses of response efforts and give high priority to meaningful consultation at all stages of response efforts using existing guidance[13] with girls and women. Support grassroots women's organisations that have context-specific expertise and deep understanding of girls' and women's specific risks and needs.[14]

- **Where physical distancing policies are in place, consider adapting life skills and girl empowerment programmes** through distance learning, using radio or online platforms.

- **Where online platforms are used, consider safeguarding measures against online harassment**, bullying and other types of cyber violence.[15]

- **Increase the provision of virtual and telephone-based hotlines providing psychosocial support for women and girls affected by the outbreak who have also experienced GBV.** Using mobile applications to communicate relevant messages can help girls and women report GBV and child marriage, and identify girls and women at risk.

- **Integrate GBV risk mitigation into COVID-19 response measures** to reduce exposure to GBV and ensure that humanitarian response actions and services themselves do not cause harm or increase risk of violence. Refer to the guidance on GBV risk mitigation available in the humanitarian sphere through the Inter-Agency Standing Committee GBV guidelines.[16]

Economic impacts

Estimates by the International Labour Organization show that some 195 million jobs could be lost globally due to the pandemic.[17] Most of these jobs will be lost in sectors where women workers predominate. UN Women estimates the pandemic will push 47 million more women and girls into extreme poverty.[18] COVID-19 is having a significant impact on economies at the national, community and household levels. In the longer term, women may be disproportionately affected by cuts to social services including health, water and sanitation, and social care.

Evidence from humanitarian contexts shows that low-income families who lose livelihoods are often more likely to marry their daughters to alleviate economic hardship. Evidence from a multi-country study in Africa and Asia on the pandemic's impact on the lives of young people shows families turn to child marriage as a coping strategy to reduce the number of mouths to feed and – in contexts where a bride price is paid – as a way of generating extra income, food or gifts. Other negative coping mechanisms include survival sex and child labour.[19]

Loss of household income due to the crisis means that even when schools reopen, girls may not return to classrooms because their families cannot pay the fees. This increases their risk of marrying before 18 and compromises their future financial independence.

In Bangladesh, it is estimated that the number of people living in poverty will double from 32 to 64 million people, accounting for 40.9% of the country's population. Already, 58.6% of girls in Bangladesh marry before they are 18,[20] with 44% of those married before 18 being from the richest quintile and 78.6% from the poorest quintile. Increases in poverty levels will impact the number of girls forced to marry or choosing marriage because they have no alternative.

The economic crisis impacts the public spending available for health, education and social protection at a time when demand for these services is highest. Keeping girls in school reduces child marriage. SRH services that are free, accessible and stigma-free increase the probability that girls can make informed and safe choices about their own bodies leading to fewer unplanned pregnancies, which are a major pathway to child marriage and school drop out. Despite this, even before COVID-19, research carried out in 2018 showed an average of 10 times more public money was spent on servicing national debt obligations than on health in 46 low-income countries.[21] In Bangladesh, the national COVID-19 emergency response package has been financed entirely by cuts in other areas of the public budget. In addition, for each US dollar paid to creditors as debt service, Bangladesh can only afford to invest $0.41 on public education and health care.[22]

Recommendations

- **Provide national, gender-responsive social protection interventions such as basic income grants and cash transfers** to reduce the risk of adolescent girls marrying as an economic coping strategy.[23]

- **Ensure economic empowerment and livelihoods strategies include women and adolescent girls** and take into account women's unpaid care responsibilities.

- **Ensure health services are free at the point of care** to ensure access by the girls and women in situations that make them the most vulnerable.

- **Invest in education, family planning, fair and equal wages and social transfers.**

PICTURED: Girls take part in Rise Up's "Let Girls Lead" programme in Chimaltenango, Guatemala. Photo: *Girls Not Brides*/James Rodríguez/Arete

Impact on political and civil rights

In addition to the social and economic impacts highlighted above, governments' responses to the COVID-19 crisis could also increase human rights abuses. This includes state violence and the ability of CSOs to operate and ensure accountability from state actors.

The COVID-19 pandemic and physical distancing measures may also have an impact on civil registration systems – including marriage and birth registration – which may drive child marriages underground and disrupt data collection on the incidence of new child marriages.

Recommendations

- **Ensure that public health responses to reduce the spread of COVID-19** – such as lockdowns and quarantines – **follow human rights standards** and are proportionate to the evaluated risk.

- **Ensure that public health physical distancing restrictions are not used as a tool to curb civil society**'s ability to provide community support, nor to limit the accountability of the government to its people.

- **Ensure protection mechanisms for women's rights defenders and CSOs** during lockdowns to prevent human rights abuses.

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