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COVID-19 AND CHILD, EARLY AND FORCED MARRIAGE: AN AGENDA FOR ACTION

Governments and communities around the world are 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.

Overview



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

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

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 early marriage and those who are already married and in informal unions.

Our member organisations and partners have contributed to this document. Their feedback will be included in future versions as we learn how the pandemic is progressing, and its impact on child marriage in different contexts.

Background

The COVID-19 pandemic is already having a devastating effect on families, communities and economies, and we are still to see the full impact on the poorest countries and those with fragile health, social welfare, communications and governance systems. The virus, and government measures to contain its spread, will be most devastating for those working in the informal sector who cannot isolate themselves, including slum-dwellers and those living in refugee and internally displaced persons (IDPs) camps.

Whilst it is too early to tell how COVID-19 is affecting the incidence of child marriage, experience from the Ebola crisis and other acute emergencies strongly suggests that girls and women will be disproportionately affected, particularly amongst the poorest and socially marginalised groups.¹ Many girls, women, boys and men will be affected by the crisis. This brief focuses on how adolescent girls, particularly those at risk of marriage or already married girls will be affected in the short- and longer-term.

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 will also present 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 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

¹ Menéndez, C. Et al. 'Ebola crisis the unequal impact on women and children's health,' 2015, *The Lancet*, Volume 3, Issue 3, p.130.

constant presence of armed men, but also about gender-based violence (GBV) within families.²

The breakdown of social networks can also heighten families' and communities' desire to control girls' sexuality and protect their "honour." Marriage is often seen to protect girls and their families from the social stigma that can result from surviving rape or sexual assault.³ These risks can be greater in camps where girls are exposed to a different environment than their previous community. Parents might marry their daughters out of fear of pre-marital pregnancy or relationships, which can bring shame on the family.⁴

Mitigating immediate and long-term impacts

As set out in *Girls Not Brides'* thematic brief on child marriage in humanitarian settings,⁵ child marriage and the needs of adolescent girls are often overlooked in crisis situations. Experience from other emergency contexts highlights the need for urgent action both to prevent and respond to the vulnerabilities faced by girls and women, including risks from child, early and forced marriage.

Recommendations

- **Human rights should be upheld in times of crisis.** All those involved in the humanitarian response and recovery period should ensure their activities do not lead to – or perpetuate – further discrimination, abuse, violence, neglect or exploitation, including the practice of early and forced marriage.
- **Governments and those involved in humanitarian response must take into account the needs of adolescent girls during humanitarian efforts.** Programming should be comprehensive and cross-sectoral, and address both life-saving, 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 in the first wave of response.
- **Interventions must include adolescent girl programming and safe spaces.** All girls under 18 must be granted access to education, psychosocial support, sexual and reproductive health (SRH) services regardless of their marital status. These should include contraception, abortion and maternal health services, and life skills training.
- **Social, cultural and gender norms, roles and relations influence women's and men's vulnerability to infection, exposure and treatment.** COVID-19 responses must therefore be informed by strong analysis of gender inequalities and informed by sex- and age-disaggregated data, as far as possible.

² Plan International, [Adolescent girls in Crisis: Experiences of risk and resilience across three humanitarian settings](#), 2020.

³ Save the Children, [Too Young to Wed: The growing problem of child marriage among Syrian girls in Jordan](#), 2014.

⁴ Women's Refugee Commission, [A Girl No More: The Changing Norms of Child marriage in Conflict](#), 2016.

⁵ *Girls Not Brides*, [Child marriage in humanitarian settings](#), 2018.

- **Women and girls should be consulted during the full cycle of the 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.

Health and sexual and reproductive health



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

Whilst mortality rates from COVID-19 are higher in men in some contexts, the present crisis will likely have significant health impacts on girls and women beyond the immediate effects of the virus. As girls and women are disproportionately responsible for family care, they are at higher risk of infection and need of psychosocial support.⁶

Disruption in access to sexual and reproductive health services – including to sexually transmitted infection (STI), HIV, contraception and safe abortion services – during the acute phase of the crisis will have severe consequences for adolescent girls and women. Where services are available, girls may be unable to physically access them due to restrictions on their mobility. Lack of access to contraception and safe abortion services is likely to increase the number of unwanted and unintended pregnancies for married and unmarried girls, which in turn could increase pressure on girls to marry early.

Early pregnancy presents a higher risk of complications and maternal and infant morbidity and mortality, and is endemic in child marriage. Ensuring the health and safety of young mothers and their children will become increasingly difficult during this time. The pandemic is likely to have a negative impact on maternal health services as healthcare gets diverted to the COVID-19 response. Many women may also be prevented or afraid to seek post- and antenatal care. Provisions for the clinical management of rape and sexual violence are also likely to be disrupted.

Menstrual hygiene tends to be compromised in situations of self-isolation and reduced access to sexual and reproductive

⁶ CARE, [COVID-19's gender implications examined in policy brief from CARE](#), 2020.

health and rights (SRHR) services. 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 – including water – run low.

The present crisis is also likely to negatively affect the fragile psychosocial health of girls and child brides (see below), by restricting movement, physical distancing, and increased domestic care burdens.

Recommendations

- **Governments should recognise SRHR services 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.
- **Supply chains should prioritise SRH products.** This should include contraception, safe abortion and menstrual health items, which are central to girls' health and autonomy, and a key strategy 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.
- **Pregnant women and girls 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 boys and girls as part of the curriculum.

Education



Adolescent girls at school in Rajasthan, India
Photo: Allison Joyce/*Girls Not Brides*

According to UNESCO, 180 countries had implemented nationwide school and university closures by the end of March 2020. This affects over 87% of world's student population. If schools are closed, girls in development or humanitarian settings may be at increased risk of sexual exploitation, abuse and child marriage.

According to [UNICEF](#), school closures during the 2014-16 Ebola outbreak in West Africa contributed to spikes in child labour, neglect, sexual abuse and teenage pregnancies. In Sierra Leone, cases of teenage pregnancy more than doubled to 14,000 during the outbreak. There was also a "sharp increase" in teenage pregnancies and early marriages in some affected areas, due to girls' increased school dropout rates.⁷ School closures will also have long-term impacts on girls' futures – particularly for poorer and more remote families – if they are unable to return after prolonged absence, as education may become unaffordable due to economic distress or due to girls being married or becoming pregnant.

In many countries, households do not have access to 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 on 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.
- **Safeguarding measures should be in place to prevent online harassment**, bullying and other types of cyber violence on online platforms.
- **Community sensitisation should continue as part of distance learning** to ensure that parents, leaders and other community members are aware of the importance of girls' education.
- **Adolescent girls (and boys) should continue to have access to comprehensive sexual education (CSE)**, SRHR information and referrals to services as part of distance learning while schools are closed.
- **Education and other support workers should receive training** to ensure that 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, pregnant girls, married girls and young mothers should be fully supported 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.

⁷ Fraser, E., "[Impact of COVID-19 Pandemic on Violence against Women and Girls](#)," 2020, *DFID*.

- As far as possible, girls and young women should be consulted throughout the response.
- Girls should be involved in shaping decisions about their education.

Gender-based violence and protection of children



"Let Girls Lead" participants in Chimaltenango, Guatemala
Photo: James Rodriguez/*Girls Not Brides*

Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner or other perpetrator in their lifetime. Violence against women tends to increase during every type of emergency, including epidemics. Women and girls who are displaced, refugees and those living in conflict-affected areas are particularly vulnerable.

There is already growing 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, can place girls and women at greater risk of sexual abuse and GBV. This can be from family members and intimate partners, and includes sexual, physical, psychological and emotional violence. France's interior minister says that reports of domestic violence across the country have jumped by more than 30% since the country went into lockdown on 17 March 2020.⁸ Domestic violence is also increasing due to lockdowns in Asia.⁹

Perpetrators may use restrictions brought in to manage COVID-19 to exercise power and control over their partners to further reduce access to services. Life-saving care and support to GBV survivors – such as rape, mental health and psychosocial support – are likely to be disrupted during pandemic responses, along with other community structure and justice services. Safe spaces and shelters may be unavailable.

Pandemics such as this can increase the risk of sexual exploitation of children and child, early and forced 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 – as perpetrators take advantage of fragile contexts.

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 most vulnerable children 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 most vulnerable** adolescent girls, including IDPs and those living in refugee camps.
- **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** (see [JRC article](#))
- **There needs to be increased provision of virtual and telephone-based hotlines providing psychosocial support** for women and girls affected by the outbreak who are also GBV survivors. Using mobile applications to communicate relevant messages can help girls and women report GBV and child marriage, and identify girls and women at risk.

⁸ Euronews, [Domestic violence cases jump 30% during lockdown in France](#), 2020.

⁹ Owen, L., "[Coronavirus: Five ways virus upheaval is hitting women in Asia](#)," 2020, *BBC News*.

Economic impacts

COVID-19 is already having a significant impact on economies at the national, community and household level. Those working in the informal economy with limited savings are most likely to be hit by the economic shocks. 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 poor families who lose livelihoods are often more likely to marry their daughters to alleviate economic hardship. This is seen as a coping strategy to reduce the number of mouths to feed and, in contexts where bride price is paid, as a way of generating extra income. Other negative coping mechanisms include survival sex and child labour.¹⁰

Recommendations

- **Provide national, gender-responsive social protection interventions** such as basic income grants and cash transfers to reduce the risk of adolescent girls being married off as an economic coping strategy.
- **Ensure economic empowerment and livelihoods strategies include women and adolescent girls**, and take into account women's unpaid care burden.
- **Ensure health services are free at the point of care** to ensure access by the most vulnerable girls and women.

Key resources

In addition to the resources referenced above, the following resources may be useful to those who want to learn more about COVID-19 and child, early and forced marriage

- CARE, [Gender implications of COVID-19 outbreaks in development and humanitarian settings](#), 2020. Executive summary available [here](#).
- End Violence Against Children Coalition, [Protecting children during the COVID-19 outbreak](#), 2020.
- Fraser, E., [Impact of COVID-19 Pandemic on Violence against Women and Girls](#), 2020, VAWG Helpdesk Research Report, No. 284.
- GBV AoR and Gender in Humanitarian Action, [The COVID-19 outbreak and gender: Key advocacy points from Asia and the Pacific](#). Also available in [Arabic](#), in [Spanish](#).
- GBV Responders' Network, [Guidelines for Mobile and Remote Gender-Based Violence \(GBV\) Service Delivery](#), 2020.
- ICRC, [COVID-19: Inclusive programming during the time of coronavirus](#), 2020.
- IPPF, [COVID-19: A message from IPPF's Director General](#), 2020.
- Menéndez, C. Et al. 'Ebola crisis the unequal impact on women and children's health,' 2015, *The Lancet*, Volume 3, Issue 3, p.130.
- Reidy E., "How the coronavirus outbreak could hit refugees and migrants," 2020, *The New Humanitarian*.
- The Alliance for Child Protection in Humanitarian Action, [Technical Note: Protection of Children during the Coronavirus Pandemic, VI, 2019](#).
- UNESCO, [COVID-19 school closures around the world will hit girls hardest](#), 2020.
- UNFPA, [COVID-19: A Gender Lens. Protecting sexual and reproductive health and rights, and promoting gender equality](#), 2020.
- UNICEF, [Briefing Note: Strategy for Integrating a Gendered Response in Haiti's Cholera Epidemic](#), 2010.
- Wenham, C., Smith, J. and Morgan, R., 'COVID-19: The Gendered Impacts of the Outbreak, 2020, *The Lancet*, Volume 395, Issue 10227, pp.846-848.
- Yaker, R. and Erskine, D., 'Research Query: GBV Case Management and the COVID-19 Pandemic, *GBV AoR Helpdesk*, 2020.

Impact on political and civil rights

In addition to the social and economic impacts highlighted above, there is growing concern around how 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 combat 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 government to its people.
- **Ensure protection mechanisms for women's rights defenders** and CSOs during lockdowns to prevent human rights abuses.