The COVID-19 pandemic may cause 13 million additional child marriages by 2030, and West and Central Africa will be severely affected unless multi-sectoral, comprehensive efforts to end child marriage are accelerated in the region. This joint brief outlines the impacts of the pandemic on child marriage, and provides recommendations and an urgent call for action for governments, regional bodies and humanitarian actors to ensure that girls and young women's rights are upheld during and after the COVID-19 crisis response.
The impact of the COVID-19 pandemic risks undoing decades of progress for girls’ rights and gender equality. When cases of COVID-19 started emerging in West and Central African (WACA) countries in late February, governments responded rapidly by closing borders, restricting internal travel, initiating curfews, and closing schools and market places.

Prior to the crisis, UNICEF suggested that if efforts to end child marriage were not accelerated, WACA risked becoming the region with the highest numbers of child brides by 2050. The impacts of COVID-19 related restrictions – including disruptions to child marriage programming and wide-reaching economic crises and associated stresses on families – will further weaken planned efforts to end child marriage.

As a result of COVID-19, girls and young women – in all their diversity, including married girls – in WACA face huge disruptions in their access to food, livelihoods, education and healthcare, including sexual and reproductive health (SRH) information and services. Child marriage is deeply rooted in gender inequalities and discriminatory social norms. The underlying drivers of child marriage in the WACA region – including family poverty, barriers for girls staying in or returning to school, the taboo around female sexuality linked to the perceived ‘shame’ of a pregnancy out of wedlock, and limited SRH services and information for girls and young women – are heightened during crisis. Girls living in crisis settings, including this pandemic, are at greater risk of being married under the age of 18 and of being subjected to other forms of exploitation, gender-based violence and harmful practices rooted in gender inequality.

6 out of 10 of the countries with the highest prevalence of child marriage in the world are in West and Central Africa.
Evidence shows that child marriage negatively impacts girls’ education and future earnings prospects, and that for girls who are out of school there is a greater risk of being married. Soon after COVID-19 entered WACA, all 24 countries in the region closed schools, affecting an estimated 128 million children. Some countries are beginning to reopen schools, yet most are limited to school examination years, and many plans to achieve this before the end-of-year holidays have not been realised. Meanwhile, we know that girls are less likely to return to school after a period of absence due to domestic and care responsibilities falling on female family members, and preference for boys returning to school when families are struggling with school fees. Research in Niger has found that girls are more likely to be married if they are already not attending school.

Furthermore, married girls face specific barriers to accessing and returning to school because of expectations on wives to stay at home and have children. School policies and stigma may also exclude married girls from returning to school and completing their education.

The closure of schools as a mitigation measure in response to COVID-19 further deprives girls and young women of a protective environment. The pandemic has put girls in the region at greater risk of sexual violence and sexual exploitation. According to UNICEF, school closures in Sierra Leone during the 2014-16 Ebola outbreak contributed to a doubling of cases of adolescent pregnancy to some 14,000. The closure of schools disrupts access to SRH information and services for girls and young people. Furthermore, discriminatory laws and policies in some countries, in addition to social norms, exclude pregnant girls and/or young mothers from returning to school and completing their education. Following school closures during Ebola, pregnant adolescent girls faced specific stigma and discrimination in returning to school.

Distance learning programmes are currently in place in multiple countries but not many children and fewer girls than boys have access to digital or radio devices to access online content, and girls have less time to engage in self-study due to household responsibilities that fall on them. Even where girls can access distance learning, Comprehensive Sexuality Education (CSE) is commonly missing from distance education packages and during the current COVID-19 crisis girls are missing out on informal spaces to discuss menstruation and sexual and reproductive health and rights (SRHR).

We urge the African Union, ECOWAS, ECCAS and their Member States to:

- Guarantee continued learning during COVID-19 for girls and boys, and take additional steps to ensure that girls are able to effectively access distance and online learning opportunities.
- Ensure that vital sexual and reproductive health information is included and accessible in distance learning packages and on other digital and media platforms in all settings.
- Develop comprehensive post-COVID-19 plans for reopening schools that encourage girls and young women to re-enrol by eliminating discriminatory laws, policies and stigma that prevent girls’ education, removing or at least reducing school fees and indirect costs and providing support through flexible, accelerated and catch-up learning opportunities. Child- and youth-responsive safe spaces should be made available, especially in fragile and humanitarian settings.

In Edo and Oyo state, we have had reported cases of young girls being gang-raped and killed in religious buildings. We have also had instances of homes been invaded, and young girls being raped – all causing a higher risk of unwanted pregnancies.

End Child Marriage Coalition Nigeria
SRHR-focused responses need to be at the centre of approaches to end child marriage. There is growing evidence showing that child marriage is both a cause and a consequence of adolescent pregnancy and is rooted in harmful gender norms and expectations around female sexuality and the perceived shame of a girl of becoming pregnant outside of marriage. Female genital mutilation/cutting (FGM/C) also stems from a similar desire to control female sexuality, and is sometimes a precursor to child marriage. New cases of FGM/C during COVID-19 have already been documented in several African countries and UNFPA has predicted an additional 2 million cases of FGM/C due to COVID-19 than would otherwise have occurred over the next decade.

Before the pandemic there were structures [and] programmes that made it possible to halve end child marriages, genital mutilation and many forms of gender-based violence. This pandemic risks causing very serious delays in these structures and this will result in the multiplication of cases of violence, in addition to child marriage.

Adolescent girl, Plan International Girls Out Loud programme, Senegal

During COVID-19, girls and young women face increased barriers to accessing SRH information and services. Married girls have very little negotiating power in relationships where there is a large age gap and often already struggle to access SRH services. These are critical services that need to be available to married girls, especially at this time of heightened intimate partner violence, and GBV more generally.

Pregnant adolescent girls are particularly at risk if they cannot access critical maternal health information and services. Pregnancy is the leading cause of death for girls aged 15 to 19 and the risk to girls increases significantly in times of crisis. Younger girls are particularly at risk from complications related to pregnancy and childbirth. They are also less likely to access essential SRH services due to their limited negotiating power and judgmental attitudes of service providers. In Sierra Leone, adolescent pregnancy increased by an estimated 65% in regions most affected by Ebola.

As a result of COVID-19, some governments in the region are diverting healthcare facilities to manage the pandemic. Services and healthcare access is further limited by the closure of clinics, disruption in supply chains for contraceptives and restrictions on movement. Younger pregnant girls are at greatest risk because of their age and reduced negotiating power to access and use maternal and other SRH services. Fear of contracting COVID-19 is also dissuading many girls and women from attending ante-natal and post-natal appointments. During the 2014-16 Ebola outbreak, maternal mortality increased by an estimated 75% as resources were diverted to the outbreak response while the number of women giving birth in hospitals and health clinics dropped by approximately 30%.

According to the UNFPA projections from May 2020, some 47 million women globally may be unable to use modern contraceptives if the lockdown goes on for six months, which could result in up to 7 million unintended pregnancies, putting thousands of young lives at risk. Research from Ebola-impacted countries demonstrates a particular link between the closure of schools and the disruption of SRHR information for girls and young people. The risk is that adolescent pregnancy leads to child marriage in many WACA contexts due to stigma associated with pregnancy out of wedlock.

I gave birth to my baby at a time when there is partial lockdown and no inter-district movement. We find it difficult to get food, medicines and other necessities both for me and my baby.

Adolescent Mother, Sierra Leone
We urge the African Union, ECOWAS, ECCAS and their Member States to:

› Maintain provision of essential GBV, SRHR and psychosocial information and services for all girls and boys and young people, with a focus on the most disadvantaged during COVID-19.

› Recognise, prioritise and fully fund SRHR services as essential and life-saving, especially in times of crisis, and remove any barriers to ensure that youth- and gender-responsive SRH services remain accessible to adolescents, including those who are already married or who have experienced child marriage, including in humanitarian settings. Alternative channels for the delivery of SRH commodities to girls should be considered.

› Assess, monitor and respond to the risks of child marriage and FGM/C risks, and make prevention measures available for at-risk girls and young women. Continue to fund and operate inclusive and child- and youth-friendly reporting and information-sharing mechanisms (in all national/local languages), ensuring that they address child marriage.

› Adopt and invest in inclusive community-led social norm approaches to challenge harmful practices like child marriage and FGM/C.
Families experiencing household poverty may resort to child marriage as a survival strategy

Government responses and restrictions on movement and gatherings across the region have resulted in the reduction of economic activities and contributed to a massive economic shock for households. In a region where women are mostly engaged in the informal sector, restrictions on movement and closure of market spaces impact family incomes and, with no or little social protection, are driving more families into poverty.

In WACA, the economic crisis is exacerbating issues around household food security, which is already weakened by recurring droughts in West African Sahel, economic uncertainty in Sierra Leone and insecurity in the central Sahel, Lake Chad Basin, Central African Republic and parts of Cameroon. The heightened food security, worsening livelihood situations and increased costs of basic necessities and foods is pushing more families into poverty. This in turn drives negative coping mechanisms including child marriage and the sexual exploitation of children – particularly girls – for food and goods. In northern Cameroon marriage is also used as a way to recover family debts. Research into adolescent girls in crisis in both the Lake Chad Basin and the Sahel region indicates that child marriage occurs out of a perceived need to protect girls from external violence or (the perceived shame of) non-marital sex, as well as due to economic pressure if parents cannot afford to look after their daughters. There is a significant risk of COVID-19 creating the same contributing factors.

We urge the African Union, ECOWAS, ECCAS and their Member States to:

- Provide and expand gender-responsive social protection systems to ensure that disadvantaged and impoverished families and individuals do not resort to negative coping strategies that put girls and young women at risk of child marriage or other harmful practices. These systems should be extended to humanitarian settings.
- Provide economic empowerment and life skills programmes as alternatives to child marriage.
Fragility and humanitarian crises are increasing in the WACA region. Protracted emergencies and armed conflict across the Sahel, Lake Chad Basin, North Cameroon and the Central African Republic mean that more than 12 million children are in need of humanitarian assistance. Girls and boys living in such fragile settings are already suffering from the direct and indirect consequences of long-term violence, displacement and lack of access to essential services. In such crisis settings, poverty, insecurity, and lack of access to services already underpin an increased risk to child marriage. Furthermore, during crises, the rights of girls and young women tend not to be prioritised in the response and commitment plans of governments, humanitarian actors, and donors.

In fragile contexts, families may be forced to consider child marriage as a strategy to cope with economic hardship and to “protect” girls from violence and the increased risk of pre-marital pregnancy. In Chad, child marriage is the most commonly reported form of violence among refugee girls from Central African Republic. When protection concerns are combined with economic shocks during times of crisis, parents often choose to marry their daughters to reduce the number of children in their care and benefit from the short-term gains. In northern Cameroon and Nigeria, families who face extreme poverty in internally displaced populations and refugee camps often marry off their girls because of a perceived lack of alternatives and the breakdown of social networks.

Since November 2019, life has been a nightmare in the crisis-affected North West Region in Cameroon. Corona has come to worsen it all. I am afraid to go out because of the COVID-19 pandemic. Practicing social distancing is very difficult and if the military sees you without a facemask, you will pay a fine. My sources of income have dried up and now I completely depend on my husband for survival.

Young Woman, Northern Cameroon
Girls Not Brides and Plan International urgently call for:

- The African Union to conduct a West and Central Africa regional consultation in coordination with ECOWAS and in collaboration with other Regional Economic Communities (RECs), civil society organizations – including youth-led organizations – to ensure that the second phase of the AU Campaign on Ending Child Marriage considers the regional context and that an implementation plan is defined in line with the ECOWAS Roadmap on Prevention and Response to Child Marriage.

- ECOWAS and its Member States to continue prioritising the implementation and funding of the ECOWAS Roadmap on Prevention and Response to Child Marriage and their Strategic Framework for Strengthening National Child Protection Systems. ECOWAS should also follow the recommendations of their Political Declaration and common position on child marriage in order to end harmful practices such as child marriage and FGM/C and to prevent and respond to violence, abuse and exploitation of children in West Africa, especially in fragile and humanitarian settings.

- ECCAS to launch a consultation on protecting girls from harmful practices – in particular child marriage – and adopting a long-term Action Plan to end child marriage in Central Africa, with a focus on humanitarian settings.

- Regional and national authorities in West and Central Africa to continue investing in and prioritising efforts to ensure girls and young women – especially from the most disadvantaged groups – are protected against child marriage and FGM/C within COVID-19 response plans. This must include continued support for girls who are already married, and the adaptation of interventions to minimise the impact of disruption to programmes and services, with particular attention to existing and protracted crises. Programming should be gender transformative and multi-sectoral, and ensure that families can meet their basic needs without turning to child marriage as a coping strategy. Programming should address harmful gender norms, and girls’ agency and social status.
REFERENCES


3 Throughout this policy brief we use the term Child Marriage. In other documents the term 'Child, Early and Forced Marriage' (CEFM) is used. Child, Early and Forced Marriage refers to a formal marriage or informal union in which at least one of the parties is a child (i.e. under 18 years of age) and where full consent is therefore lacking.


5 School closures have mostly been country wide, but there are localised targeted closures in Benin and Cote D’Ivoire. Some schools have begun to partially open in May and early June, mainly targeting examination year groups. Regional Inter-Sector Coordination Group (R-ISCG) (April 2020), https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/RISCG-CovidHumImpacts-WCA-20200428.pdf


11 UNFPA (May 2020)

12 WHO, https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy


15 UNFPA (May 2020)


About *Girls Not Brides*

As a Global Partnership, *Girls Not Brides* member organisations bring child marriage to global attention, build an understanding of what it will take to end child marriage and call for the laws, policies and programmes that will make a difference in the lives of millions of girls.

Informed by the insights of *Girls Not Brides* member organisations and other experts on child marriage, the Theory of Change articulates what an effective response to child marriage entails. It outlines the range of approaches needed, demonstrates how they intersect, and aims to provide a basis to identify common indicators that could be used by diverse practitioners to monitor progress.

Child Marriage programming at Plan International

Plan International takes a multi-sector and gender-transformative approach to identify and address the root causes or ‘drivers’ of child marriage. Plan International supports evidence-based interventions and recognises local contextualisation as key. We work with multiple community members, including leaders, men and boys to model positive gender norms. We support children and young people, as well as parents, community leaders and governments to identify, understand and collectively work to end child marriage. Plan International Niger’s Weyborey Ma Farhan (Women and Girls Thrive) is a multi-sector programme with interventions on gender equitable education to keep girls in quality education, vocational and economic empowerment alternatives for young women and men, as well as strengthening community child protection mechanisms and the commitment from national policy makers to support budgetary and policy commitments to end child marriage.

We ensure that children – particularly girls and young people – are involved in and feel empowered to claim their rights. The Young Leaders against Child Marriage project promotes the role of youth activists from Mali, Senegal and Guinea as leaders in challenging child marriage. The project works with a group of young women and young men activists to develop their advocacy skills and peer-networks to conduct targeted advocacy. These young activists have engaged decision-makers at multiple levels – including community and religious leaders, school authorities and regional decision-makers – to end child marriage.