

## COVID-19 and Young Girls Vulnerability to Child Marriage and Teenage Pregnancy in Afghanistan

### 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. Girls and young women face underlying gender and age-related barriers and discrimination to accessing essential services, information, support, safety, and ensuring their rights are protected. The COVID-19 crisis will exacerbate these existing

vulnerabilities with negative immediate and long-term impact on girls.

A pandemic of this nature also presents unique challenges that can increase child marriage both in the acute and recovery phases. And because poverty is a known driver of child marriage – with families more likely to marry off daughters in times of economic stress to alleviate the perceived burden of caring for them – the anticipated economic fallout of the pandemic is expected to result in millions more early marriages.

In Afghanistan, the issue of child marriage is widespread, with harmful practices such as *baad* and *badal* reinforcing the practice and increasing vulnerability and experience of Gender Based Violence (GBV). According to the Afghanistan Living condition Survey (ALCS) 2016-17, 4.2 percent of women in the age group 20-24 years were married before age 15 and 28.3 were married before age 18. The ALCS further states that child marriage is more prevalent in rural areas than in urban areas. While 18.4 percent of all women aged 20-24 are married before age 18 in urban areas, 31.9 are married in rural areas.

### Key issues

- Lack of adequate sexual and reproductive health services for adolescent girls, including management of gender-based violence, can lead to a range of adverse outcomes including trauma, sexually transmitted infections, obstetric fistula, unintended pregnancies and maternal and neonatal deaths.
- Shrinking peer support networks of adolescent girls, increases their social isolation and vulnerability, and reduces their freedom of movement, access to sources of information, and to means of communication.
- Loss of family care due to COVID-19 quarantine, hospitalization or death of a caregiver, requiring adolescents to live with another family can increase risk of abuse of children, especially adolescent girls.
- Rising economic uncertainty and diminishing livelihoods at household level increases the incidence of child marriage: For girls living in poverty, the breakdown of basic services in many communities may also lead to heightened pressure to marry off their daughters.
- School closures make young girls more vulnerable to abuse, child marriage and pregnancy. For millions of young girls, schools are a safe space where the watchful eyes of teachers and other adults identify signs of abuse and intervene in the lives of vulnerable girls.



## Strategies to mitigate risks of child marriage

COVID-19 in itself does not cause increase in child marriage. Child marriages in crises are driven by existing gender inequalities and harmful gender norms that are exacerbated in times of crisis by economic shocks, and increased stress. These challenges can be mitigated by a range of interventions. 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.



## Programming interventions

### Health

- Adolescents at the centre of COVID-19 response: Interventions must include adolescent girl programming and safe spaces. Address gender, age and geographical-based barriers to accessing health services, including adolescent friendly sexual and reproductive health information and services through static and mobile team services.
- Supply chains should prioritise adolescent sexual and reproductive health (ASRH) products: This should include contraception, and menstrual health items, which are central to girls' health and autonomy which is a key requirement in addressing child marriage.
- Provision of integrated ASRH information and services: This is an essential service package and should continue in the face of a public health emergency to prevent excess morbidity, mortality and psychological stress among the population, especially adolescent girls.

### Community mobilization and awareness

- *Messaging:* 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.
- *Offsite Learning:* Where physical distancing policies are in place, consider adapting life skills and girls' empowerment programmes through distance learning, using radio or online platforms, where feasible.
- *Innovative Information:* Develop new ways of providing information and support to adolescents that is appealing to them, such as helplines, Rapid-pro and U-report, which are already launched in Afghanistan.

- Broaden the use of mass media, community radio and digital media to provide children, including adolescents, and their communities with access to information and communication tools.
- Create online opportunities for engagement using social media and mobile platform for children, including adolescents, to share their experiences and concerns, communicate with their peers and access sources of support.
- Partner with local women's organizations, to provide continued services for girls at risk.
- Establish safe, trusted and confidential channels for children, including adolescent girls, to report violence, exploitation and abuse, with clear referral pathways.
- Ensure Children with no parental care such as unaccompanied and separated minors (UAMs) are provided with safe, secure care.
- Support meaningful engagement of women and girls at the community level, including their networks and organizations, to ensure efforts and response are not further discriminating and excluding those most at risk.

### Policy-level interventions

- Ensure that at national and sub-national levels, pandemic preparedness and response plans are grounded in children's rights and gender analysis and addresses the increased risks of Gender based Violence for adolescent girls.
- Ensure that the COVID-19 pandemic response does not undermine efforts to end harmful practices.
- Ensure the Government and partners consider the direct and indirect age, sex, gender and ethnic diversity effects of the COVID-19 when conducting analysis of the impact of the outbreak to inform interventions.

## Education interventions

- Community mobilization and awareness on importance of girls' education - encourage the community and families through radio messages/drama/TV spots to support their adolescent girls to continue with distance learning during COVID 19.
- Cross sectoral integrated messages of education, health, nutrition and WASH to be designed to support adolescent girls to be delivered through different community existing platforms such as School Management Shuras (SMS), Community Health Workers (CHWs), Multi-purpose adolescent groups (MAGs,) Youth Networks and women CSOs.

## Livelihood/ Social protection intervention

- Address economic shocks, which may push families toward negative coping mechanisms like child marriage, including through supporting innovative and Afghanistan appropriate social protection mechanisms, such as cash-based programming, where appropriate, and gender sensitive provision of food and other supplies to ease economic stress.



## Case Study

At the tender age of 16, Shafiqa was informed by her father that a decision had been made to have her marry a local boy in their community.

Shafiqa's case is not unique; in this remote village, the community follows traditional practices and beliefs, including early marriage, where young people have limited, if any, voice and support with making decisions that impact their future. Sukhtaqi village is where 1,480 adults and children spend most of their days working hard in the fields, tending to their livestock, harvest, and homes. This village, like many others outside Bamyan Center, faces growing migration of families to the provincial center and capital, in order to gain employment and education.

"I was sad and disappointed with the decision that my father had made to allow me marry this community boy, while I wanted to chase my dream, to be educated," Shafiqa said.

She however escaped early marriage by a whisker. She learnt about a Multi-purpose Adolescent Group (MAG) implemented by UNICEF/IKEA Foundation-funded Improving Adolescent's Lives in Afghanistan (IALA) program from peer to peer sessions which other MAG members were conducting in her community on issues affecting young people including early marriage. She immediately joined the group and started participating in MAG activities.

Shafiqa, now 18, is a member of the Sukhtaqi Village MAG and works on empowering other girls in the small, rural community in Yakawlang 2 District, Bamyan Province.

"I was fortunate to discover MAG. Due to the sessions on self-confidence I attended through MAG, I decided to talk to my father about my wanting to wait until I finish my studies before I could think of marriage," she said, adding: "as a result of the discussions, my father agreed to postpone the marriage ceremony to after I am of legal age."

As a MAG member, Shafiqa learned various life skills, including effective communication, decision-making, conflict resolution, negotiation, problem solving, coping with stress, emotional intelligence, women's and children's rights, setting goals, sexual and reproductive health, harmful impact of early marriage, and how to be a change agent.

Shafiqa feels very happy now that her father changed his decision, listened to her, and involved her in decision-making. She is thankful to AKF Afghanistan, UNICEF, and IKEA Foundation for providing such an opportunity in her community that is changing young people's lives every day for the better.

*-Under the "Improving Adolescents Lives in Afghanistan" (IALA) project funded by IKEA Foundation through UNICEF, MAGs have been established for adolescents, both in school and out of school, 50/50 boys and girls. MAG members learn and mentor other adolescents on life skills, and encourage their peer to express themselves through creative, productive, and safe mediums like painting, and sports. MAGs also conduct awareness raising campaigns on the impact of harmful traditional practices, like early marriage, children's rights, women's right, health and hygiene. MAG is used as a platform that provide opportunities for adolescents to enhance their resilience and nurture their ability to act as agents of change in their communities and for future generations.*

## Resources

-Girls not bride (2020) COVID-19 and ADOLESCENT GIRLS: [https://n2r4h9b5.stackpathcdn.com/wp-content/uploads/2020/04/GNBUSA-COVID-19-Policy-Brief\\_Final.pdf](https://n2r4h9b5.stackpathcdn.com/wp-content/uploads/2020/04/GNBUSA-COVID-19-Policy-Brief_Final.pdf)

-UNFPA (2020) technical brief: Covid 19 Gender lens: promoting sexual and reproductive health and rights and gender Equality [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_A\\_Gender\\_Lens\\_Guidance\\_Note.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf)

-UNICEF (2020) technical Guide on Covid and harmful practices <https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf>

-The World Bank (2020) Gender Dimension of Covid 19: Policy brief: <http://documents.worldbank.org/curated/en/618731587147227244/pdf/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf>

## For further information, please contact:

✓ **Veronica Kamanga Njiko**  
Gender Programme Specialist  
[vnjiko@unicef.org](mailto:vnjiko@unicef.org)  
UNICEF

✓ **Sulaf Mustafa**  
Gender Specialist  
[smustafa@unfpa.org](mailto:smustafa@unfpa.org)  
UNFPA