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# The Impact of COVID-19 on Child Marriage and Female Genital Mutilation in Uganda

## Research Report

February 2022

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## ACRONYMS

<b>COVID-19</b>	Coronavirus disease 2019 (SARS-CoV-2)
<b>FGM</b>	Female genital mutilation
<b>IRB</b>	Institutional review board
<b>NGO</b>	Non-governmental organization
<b>SOP</b>	Standard operating procedures
<b>UDHS</b>	Uganda Demographic and Health Survey
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund



## EXECUTIVE SUMMARY

This report collates the findings of a study on the impact of the coronavirus disease (COVID-19) crisis on child marriage and female genital mutilation (FGM) in Uganda. The study collected evidence and perspectives to understand how the pandemic has impacted the vulnerabilities of adolescent girls and boys to these practices in selected districts and refugee communities.

Uganda confirmed its first case of COVID-19 in March 2020. In response, the Ugandan Government imposed several restrictions to curb the spread of the virus and minimize its impact, including quarantine requirements and lockdowns (encompassing stay-at-home orders, travel and movement restrictions, curfews, closure of schools, etc.). The first nationwide lockdown was instituted between March and May 2020. These restrictions were gradually eased as the number of COVID-19 cases dropped. However, a second nationwide lockdown was imposed between June and July 2021 to stem the second wave of the pandemic. At the time of writing (February 2022), the lockdown had been lifted and all schools been reopened after nearly two years.

### Methods

Qualitative data were collected in three districts (Yumbe, Kapchorwa, and Moroto) across three subregions (West Nile, Sebei/Bugisu and Karamoja). The districts were purposively selected based on a combination of variables: high prevalence rates of child marriage, high and low prevalence rates of FGM, presence of refugees and refugee settlements and pre-COVID-19 school enrolment and drop-out rates for girls and boys aged 14-17 years. In addition, interviews and focus group discussions with urban refugees (mainly South Sudanese and Somalis) and selected stakeholders were also conducted in Kampala.

### Findings

The COVID-19 pandemic and its associated lockdowns and other restrictions have exacerbated existing vulnerabilities and threats to child and family well-being across all study districts.



The economic and social disruptions have been particularly devastating. The majority of the study participants reported heightened levels of poverty, anxiety, service disruptions and an increased risk of violence against women and children. Adults and children in all study sites reported that they struggled to make ends meet during the lockdowns as a result of income loss and that many families went hungry when they failed to put enough food on the table. Individuals and families who appear to be most affected were already extremely vulnerable, such as poorer families living in remote areas and refugee populations.

### *The interplay between COVID-19 and child marriage*

The COVID-19 pandemic has increased the rates of child marriage by increasing the risk factors that drive the practice, particularly levels of poverty and access to education. Huge numbers of children were not engaged in formal education of any kind due to the prolonged school closures, and many felt that they had been out of school for so long that returning to the classroom was impossible. Combined, poverty and being out of school have created additional sources of vulner-



ability that make children - boys and girls - more likely to marry. In the absence of opportunities, marriage creates new identities and offers an alternative path for many girls and boys. Disruption of essential services, including access to health services and sexual and reproductive health information and services, also increased girls' vulnerability to pregnancy, which is known to drive marriage in many instances.

The study also found that the threat of COVID-19 triggered a deep desire to procreate, expressed by several study participants, including girls and boys, so that they could die having had a child. In addition, the COVID-19 crisis accelerated already-existing transformations in marriage practices, most notably the decision of many young people to marry without parental consent as a result of pregnancy and the reduction, negation or postponement of bride wealth payments.

Lastly, married adolescent girls and young women appear to be especially vulnerable to the negative impacts of the pandemic. The emotional load on married girls (and boys and the couple as a whole) is significant at the best of times. Due to the pandemic, with all of its related challenges, these burdens have been exacerbated because girls have been isolated from friends and other sources of support and advice.

### ***Impact of the COVID-19 crisis on female genital mutilation***

The impact of the pandemic on the practice of FGM is multifaceted and not straightforward. Although community members of all ages reported that the practice has decreased in prevalence, government officers and non-governmental organization workers argued that it has increased. Despite these contrasting views, the vast majority of the study participants believe the pandemic had minimal impact because the practice had declined substantially before COVID-19 emerged. Why some communities appear to have kept the practice at bay, while others have not, remains a question that warrants further investigation and understanding.

In the research communities where FGM is known to be practised, there is a significant correlation between child marriage and FGM:

both practices are mutually reinforcing. A girl who is cut is considered to be an adult and ready to be married. A girl who is perceived to be ready for marriage may well undergo FGM because it is considered a requisite to marriage and because a cut girl typically acquires a higher bride price.

## **Implications and recommendations for policy and practice**

The findings of this study have several implications for policy and programming. All are mutually reinforcing and need to be considered and addressed together to have any impact.

**1. Child marriage doesn't just happen to anyone.** Although boys are exposed to early marriage, most child marriages involve girls marrying someone older. This is especially true for girls from low-income families, marginalized groups and remote areas. The COVID-19 crisis has put these vulnerable groups even more at risk. There is a need to invest in profiling vulnerable girls for targeted support to ensure that the most at-risk adolescents can access quality socio-economic and educational services.

**2. The COVID-19 crisis is having a profound impact on the risk factors that drive child marriage and FGM.** The pandemic has exacerbated several risk factors that drive child marriage while creating new threats. Whether during the pandemic or not, a priority must always be tackling underlying structural causes, such as poverty and access to education, and helping to create alternative life options for girls and boys. Adaptation of programmes and innovations may be required to address the drivers to advance progress in reducing child marriage and FGM as the pandemic continues.

**3. Prolonged school closure is the most significant new risk factor for both child marriage and FGM triggered by the pandemic.** By the time schools reopened in January 2022, most girls and boys had been out of school for the best part of two years. It is necessary to identify the children who are most vulnerable to dropping out and have already dropped out and develop actions to ensure their safe return to school, especially for girls and boys in the poorest and remote communities. Examples of such actions include:

- a. Using gender-disaggregated data to monitor the numbers of children affected by the school closures and the number and gender of children who returned when schools reopened.
- b. Supporting a return to school, especially for the most vulnerable girls and boys. This may include the provision of conditional cash transfers or in-kind support for children's schooling. Evidence suggests that conditional cash or in-kind transfers can have as much as a 50 per cent success rate in delaying child marriage by retaining girls in school.
- c. Focusing on back-to-school campaigns and providing remedial 'catch-up learning' programmes for girls and boys who will inevitably be behind with their learning after nearly two years of disruptions.<sup>1</sup>
- d. Supporting adolescent girls and boys who are unable to return to formal education through the provision of vocational skills training, literacy classes and access to employment opportunities, including access to loans for start-up ventures.

**4. Unplanned pregnancy is one of the key drivers of child marriage.** In the pandemic context, the increased risk of marriage due to pregnancy is attributed to the impact of school closure, economic insecurity, service disruptions and limited opportunities to share information at the community level. Equally, emotional aspects such as existential fears and loneliness were said to contribute. Access to quality child- and youth-friendly sexual and reproductive health information and services is essential, including family planning and contraception.

**5. Poverty and economic insecurity remain the primary risk factors for child marriage.** FGM is also motivated in part by economic benefits. The rise in poverty due to the pandemic has increased girls' risk of getting married and being subjected to FGM. It will be important to ensure that efforts aimed at rebuilding the economy and restoring livelihoods in the short and long terms are embedded in all financial support interven-

tions and resource allocations. Recent evidence confirms that expanding comprehensive social protection measures, livelihood support, and poverty alleviation strategies remain crucial to tackling child work and labour, child marriage and FGM and improving the economic and social conditions that make girls more vulnerable. In addition, actors must adopt a resilience-building approach in their programming to ensure that girls and boys and their families can cope with and recover from the adverse effects of the pandemic. This includes promoting a culture of savings and expanding social safety nets to minimize negative coping mechanisms, such as the participation of children in paid and exploitative labour.

**6. The intersection between FGM and child marriage.** FGM can be motivated by poverty, but it is also a social norms issue interlinked with child marriage, especially in remote, hard-to-reach communities. While economics is a factor, FGM is not only - and sometimes not at all - an economic issue in the research communities. In some contexts where FGM and child marriage coexist, FGM can be linked to a girl's marriageability and is sometimes a precursor to marriage. This nexus highlights the need to identify opportunities for leveraging programming to address the two harmful traditional practices in an integrated manner by, for example, focusing on areas that overlap and addressing shared risk factors such as the social norms that underpin both.

**7. The practice of FGM is generally declining, but where it persists, it is done in hiding and without rituals.** This suggests that some interventions, such as sensitization on the legal repercussions of practising FGM, may be driving it underground. More concerted efforts on holistic, integrated and multisector approaches are required to build on the previous gains made, particularly in communities where the pandemic caused a resurgence of the practice. Some promising methods over the past decade include the alternative rites of passage approach, the provision of alternative income sources for cutters,<sup>2</sup> working with positive deviants<sup>3</sup> and supporting communities to transform social norms.

<sup>1</sup> Remedial programmes focus on core skills and aim to close the gap between what the learners already know and what they are expected to know at a given point in time.

<sup>2</sup> Studies show that while the provision of alternative income sources for cutters may stop some practitioners from performing the procedure, it has no effect on the demand. Therefore, this intervention should not be implemented in isolation but as part of a comprehensive and integrated strategy to eliminate FGM.

<sup>3</sup> In the case of FGM, positive deviants would not be uncircumcised women or girls but rather family members who had decided against the procedure, religious leaders who spoke out against the practice, cutters or excisors who stopped performing it or husbands who knowingly married an uncircumcised woman.



**8. The pandemic has brought about a complex array of challenges that have had mental health repercussions for everyone, including children and adolescents.** Increased levels of stress and anxiety due to the pandemic have increased verbal and physical abuse within households. Policymakers and service providers should support the well-being of adults and children who have suffered violence, anxiety and fear during the pandemic. The integration and scaling up of high-quality mental health and psychosocial support programmes must be prioritized across all sectors.

**9. Social norms motivate child marriage but primarily when in conjunction with other risk factors, such as poverty or being out of school.**

Working with parents, peers and adolescents on shifting social norms around child marriage through parenting programmes, sensitization campaigns, and community conversations will have an impact in the long term. So too will pursuing transformational change in social norms by engaging men and boys, parents and community leaders. However, interventions that focus on changing social norms need to happen in tandem with efforts to tackle structural drivers. If such programmes are to make a significant impact on reducing the risks of child marriage and FGM, they must be accompanied by other support and services, including social protection, savings and loans options and access to education for all girls and boys.

**10. The COVID-19 pandemic is accentuating the existing vulnerabilities of refugees in Uganda.** Ordinarily, refugees have greater access to services than the populations residing in the host communities; however, humanitarian agencies working in refugee settlements have experienced disruptions in their service provision and remittances typically received from the diaspora are less forthcoming. Refugees have a different set of challenges than host populations and have even fewer social safety nets in times of crisis. The pandemic and the measures taken to contain the outbreak exacerbated risk factors for violence against refugee women and children and challenges accessing care and support. Interventions should address adolescents' pre-existing risks and vulnerabilities and the emerging risks due to the pandemic-related school closures and loss of income.

**11. Marriage practices and decision-making related to marriage are changing as they become more spontaneous, informal and individualized.** These changes need to be accounted for in terms of service design and delivery, such as being more attuned to puberty as a nexus point in the lives of children and engaging with young people in a participatory, child-centred and inclusive manner about their desires and aspirations, as well as the challenges they face.



# 1. Background to the study

This report presents the findings of a study on the impact of the COVID-19 crisis on harmful practices in Uganda. The study explored the changing and emerging dynamics and the challenges that girls, boys and their families face due to the global pandemic, including in refugee settings, and how these may impact their lives and decisions taken regarding child marriage and female genital mutilation (FGM). Understanding these perceptions and perspectives at the community level is critical to ensuring that future programming and interventions to reduce harmful practices are as relevant and meaningful as possible in a fluid and ever-changing environment.

## 1.1 Child marriage in Uganda

Child marriage remains a major social and public health issue in Uganda, with far-reaching implications for the health, education and development of adolescent girls and boys, their children, their natal families and their communities.<sup>4</sup> While the practice of child marriage has declined over the past two decades, its prevalence remains high (see Figure 1). According to the 2016 Uganda Demographic and Health Survey (UDHS), 34 per cent of women aged 20–24 years were married or in a union before age 18, and 7 per cent were married before the age of 15.<sup>5</sup> There are variations across and within regions in the prevalence of the practice, with the northern region having the highest rates (estimated to be 59 per cent), followed by the western region (58 per cent), the eastern region (52 per cent), the east central region (52 per cent), the West Nile region (50 per cent), the central region (41 per cent), the south western region (37 per cent) and lowest in Kampala (21 per cent).<sup>6</sup>

According to 2016 UDHS

% women aged 20–24 years married or in a union:

 **34%** before age 18    **7%** before the age of 15

Prevalence of child marriage highest in the northern region **59%**

<sup>4</sup> Child marriage (sometimes called 'early marriage') refers to any formal marriage or informal union between a child younger than 18 years and an adult or another child. While child marriage affects boys, it disproportionately affects girls.

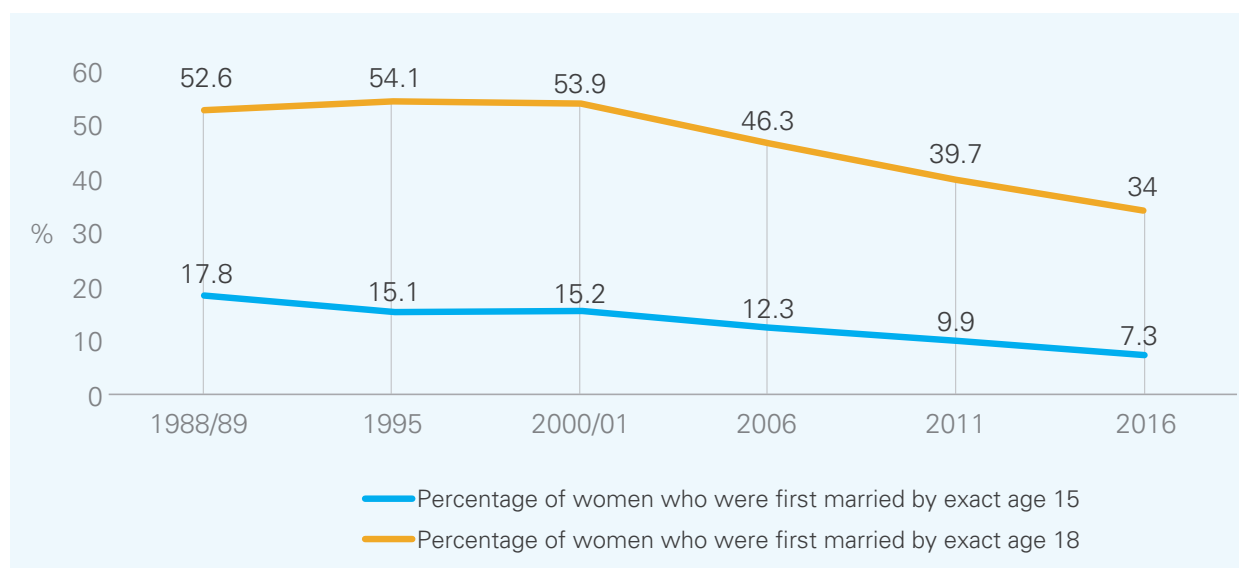
<sup>5</sup> Uganda Bureau of Statistics (UBOS) and ICF International, *Uganda Demographic and Health Survey 2016*, Kampala and Rockville, Maryland, USA, 2018.

<sup>6</sup> Ibid.





**FIGURE 1: PERCENTAGE OF WOMEN AGED 20-24 YEARS WHO WERE MARRIED OR IN A UNION BEFORE AGE 18**



Source: Uganda Demographic and Health Survey 2016.

**Many factors interact to place a child at risk of marriage, including poverty, lack of education and livelihood opportunities, adolescent pregnancy and gendered social norms and expectations.<sup>7</sup>** For example, poverty influences families to consider marriage as a way to secure their daughter's future, reduce the economic burden on their household and, in some cases, raise needed funds (through the payment of bride wealth).<sup>8</sup> Girls may also seek an early marriage to escape the poverty within their family.<sup>9</sup> Poverty has also been linked to transactional sex and early pregnancy.<sup>10</sup> Unplanned pregnancy is a significant driver of child marriage due partly to the stigma surrounding unwed motherhood and the lack of accessible sexual and reproductive health information and services, particularly in rural and remote areas.<sup>11</sup> In addition, little or no schooling strongly correlates with being married at a young age.<sup>12</sup> Conversely, attending school and having higher levels of education protect girls from marrying at a young

age.<sup>13</sup> Previous research shows that girls rarely drop out of school to marry; they are far more likely to marry in childhood if they have already dropped out of school, especially when dropping out is followed by pregnancy.<sup>14</sup>

Uganda hosts more than 1.5 million refugees and asylum seekers,<sup>15</sup> including from countries with comparably high rates of child marriage, such as South Sudan and the Democratic Republic of the Congo. In 2010, South Sudan ranked eighth in the practice of child marriage globally, with 9 per cent of all girls married at the age of 15 and 52 per cent of all girls married before 18 years.<sup>16</sup> In the Democratic Republic of the Congo in 2013, 37 per cent of women aged 20-24 years were married or in a union before age 18 and 10 per cent were married before the age of 15.<sup>17</sup> The high rate of child marriage in both countries is attributed to poverty, armed conflict, adolescent pregnancy and cultural traditions.

7 Government of Uganda and UNICEF, *National Strategy on Ending Child Marriage and Teenage Pregnancy (2014/2015–2019/2020)*, Kampala, 2015, <[www.unicef.org/uganda/NATIONAL\\_STRATEGY\\_ON\\_CHILD\\_MARRIAGEPRINT\\_READY.pdf](http://www.unicef.org/uganda/NATIONAL_STRATEGY_ON_CHILD_MARRIAGEPRINT_READY.pdf)>.

8 Bantebya, G.K., Muhanguzi, F.K., and Watson, C., *Adolescent Girls in the Balance: Changes and continuity in social norms and practices around marriage and education in Uganda*, Overseas Development Institute, London, 2014.

9 <[www.independent.co.uk/news/world/africa/uganda-underage-marriages-sanitary-pads-hygiene-products-menstruation-a8016651.html](http://www.independent.co.uk/news/world/africa/uganda-underage-marriages-sanitary-pads-hygiene-products-menstruation-a8016651.html)>.

10 Bantebya, G., et al., *Sexual Exploitation of Adolescent Girls in Uganda: The drivers, consequences and responses to the sugar daddy phenomenon*, Overseas Development Institute, London, 2014.

11 Crivello, G. and Mann, G., *Young Marriage, Parenthood and Divorce: A Comparative Study in Ethiopia, India, Peru and Zambia*, Oxford, 2020.

12 Uganda Demographic and Health Survey, 2016.

13 Otim, J., 'Early Marriages in Uganda: A Comparative Assessment of Determinants Across Regions', Research Square, <<https://doi.org/10.21203/rs.2.15475/v1>>, 2019.

14 Crivello, G. and Mann, G., *Young Marriage, Parenthood and Divorce: A Comparative Study in Ethiopia, India, Peru and Zambia*, Oxford, 2020.

15 <<https://data2.unhcr.org/en/country/uga>>.

16 Sudan Household Health Survey 2010, <[www.ssnbss.org](http://www.ssnbss.org)>.

17 Girls Not Brides, 'Child Marriage Around the World: Democratic Republic of the Congo', <[www.girlsnotbrides.org/learning-resources/child-marriage-atlas/atlas/democratic-republic-of-the-congo](http://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/atlas/democratic-republic-of-the-congo)>.

## Policy and programmatic response to child marriage in Uganda

There has been an expansion of policies and programmes to reduce child marriage in Uganda over the past 15 years. They include the Uganda Gender Policy (2007), the National Population Policy (2008), the National Adolescent Reproductive Health Policy (2004), the National Policy on Elimination of Gender-Based Violence in Uganda (2016) and the Gender in Education Sector Policy (2009). Uganda is also one of 13 focal countries in Africa participating in the Global Programme to End Child Marriage. The development of these national and international frameworks underlines the need for special programmatic attention to help girls and boys delay marriage and to enforce existing laws against the practice.

The government developed a National Strategy on Ending Child Marriage and Teenage Pregnancy (2014/2015-2019/2020)<sup>18</sup> to provide a holistic and comprehensive framework for tackling both social issues. However, there is significant concern that with the outbreak of the COVID-19 pandemic, progress to date in reducing child marriage could be undermined.

## 1.2 Female genital mutilation in Uganda

**FGM is one of the harmful traditional practices affecting adolescent girls and young women in Uganda<sup>19</sup> and was outlawed under the Prohibition of Female Genital Mutilation Act 2010.<sup>20</sup>** According to the 2016 Uganda Demographic and Health Survey, the national prevalence of FGM among girls and women aged 15-49 is an estimated 0.3 per cent.<sup>21</sup> However, national prevalence rates are not representative of the whole country due to high geographical variation. FGM is mainly practised in the eastern part of the country among the Sabinu living in the districts of Kapchorwa, Bukwo and



Kween in the Elgon subregion; and the Pokot, Kadam and Tepeth communities living in Amudat, Moroto and Nakapiripirit Districts in Karamoja subregion.

According to a survey on FGM conducted in 2017, the average prevalence rate among women aged 15-49 across six districts in Eastern Uganda (Amudat, Bukwo, Kapchorwa, Kween, Moroto and Nakapiripirit Districts) was 26.6 per cent, ranging from 13 per cent in Kapchorwa to 52 per cent in the two sub counties of Moroto (Katiekile and Tapac).<sup>22</sup> **FGM primarily affects girls in their teens<sup>23</sup> from poor households, who have low education levels and reside in rural areas.<sup>24</sup>**

<sup>18</sup> Government of Uganda and UNICEF, *National Strategy on Ending Child Marriage and Teenage Pregnancy (2014/2015–2019/2020)*.

<sup>19</sup> According to the Prohibition of Female Genital Mutilation Act, 2010, female genital mutilation refers to all procedures involving partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons.

<sup>20</sup> The Prohibition of Female Genital Mutilation Act, 2010 outlaws all acts of FGM on oneself and others as well as attempts, procurement and participation. It provides for prison sentences of up to ten years for perpetrators of FGM. If a girl dies as a result of the procedure, those involved can be imprisoned for life. It also provides for special protection of victims as well as girls and women under threat of FGM.

<sup>21</sup> UBOS and ICF International, *Uganda Demographic and Health Survey 2016*.

<sup>22</sup> UNICEF and UBOS, *Female Genital Mutilation/Cutting Survey Report*, Kampala, 2017. <[www.unicef.org/uganda/sites/unicef.org.uganda/files/2019-05/FGM\\_Survey-Report\\_October2017\\_Final.pdf](http://www.unicef.org/uganda/sites/unicef.org.uganda/files/2019-05/FGM_Survey-Report_October2017_Final.pdf)>.

<sup>23</sup> Ibid.

<sup>24</sup> UBOS and ICF International, *Uganda Demographic and Health Survey 2016*.



### 1.3 COVID-19 pandemic and lockdown restrictions

Uganda confirmed its first case of COVID-19 on 21 March 2020. In response, the Government imposed several restrictions to curb the spread of the virus and minimize its impact, including quarantine requirements and lockdowns (encompassing stay-at-home orders, an inter-district travel ban and other movement restrictions, curfews and the closure of schools, marketplaces and places of worship). The first nationwide lockdown was instituted between March and May 2020. Lockdown restrictions were gradually eased as the number of COVID-19 cases dropped. However, a second nationwide lockdown was implemented between June and July 2021 to stem the second wave of the pandemic.

Evidence from previous crises and emerging information from other countries strongly suggest that without targeted interventions, the COVID-19 pandemic and lockdown restrictions could exacerbate children's vulnerability to violence in Uganda, including exposure to sexual exploitation and other harmful practices. Against this background, UNICEF, in collaboration with the United Nations Population Fund (UNFPA) and the Ministry of Gender, Labour and Social Development, initiated an assessment of the impact of the COVID-19 crisis on the incidence of child marriage and FGM. The objective was to collect evidence and understand how the pandemic was impacting the risks and vulnerabilities of girls and boys to these practices in selected districts and refugee communities.

### 1.4 Aims and objectives of the study

This study sought to fill critical knowledge gaps on the impact of the COVID-19 pandemic on harmful practices and collect evidence for strategic programme direction, planning and implementation. The objectives of the assessment looked to:

1. Identify the most prominent risk factors associated with child marriage and FGM in the selected districts and refugee communities during the COVID-19 pandemic, including the lockdown phases.

2. Assess whether and how the COVID-19 pandemic and subsequent lockdowns have affected and continue to affect social norms and practices around child marriage and FGM in selected districts.
3. Identify challenges and gaps in current child marriage and FGM policies and programmes, as well as opportunities for prevention during and after the pandemic.
4. Assess how the COVID-19 pandemic has affected the way community members communicate with each other and access critical information about child marriage and FGM.
5. Assess how the COVID-19 pandemic has affected the way community members communicate with service providers about child marriage and FGM.
6. Identify and assess the creative solutions and coping mechanisms adopted by married children, their families, communities and support systems, especially in relation to objectives 2 and 4.
7. Propose innovative approaches and response plans for addressing the impact of the COVID-19 pandemic on girls and boys at risk of child marriage and FGM in the immediate, medium and long term.



# 2.

## Research methods and procedures

### 2.1 Overview

The intention of this study was not to acquire statistically significant data but rather to obtain in-depth, qualitative information about the impact of the COVID-19 pandemic responses on harmful practices (child marriage and FGM) and the implications for adolescents in Uganda. A predominantly qualitative research approach was used. Data were collected from diverse stakeholders who have insight into child marriage, FGM, and child protection and insights into the pandemic's impact and implications for girls and boys and their families in different settings, including refugee settlements.

### 2.2 Site selection

Data were collected from June to August 2021 in three districts (Kapchorwa, Moroto and Yumbe) within three subregions (Karamoja, Sebei/Bugisu

and West Nile) in Uganda. The districts were purposively selected based on a combination of variables: high prevalence rates of child marriage, high and low prevalence rates of FGM, the presence of refugees and refugee settlements and pre-COVID-19 school enrolment and high drop-out rates for girls and boys aged 14-17 (*see Table 1*). One rural site and one urban site were purposively selected for primary data collection within the three districts. In each of the selected districts, the major town formed an urban site. In addition, in each district, one rural sub county with a known history of child marriage or FGM was chosen in consultation with the district's community-based service department staff.

In addition to these three districts, data were collected in Kampala City (Central Division) through interviews and focus group discussions with urban Somali and South Sudanese refugees and selected stakeholders.

TABLE 1: STUDY SITES AND JUSTIFICATION

Subregion	Districts	Justification	Sites
Karamoja	Moroto	<ul style="list-style-type: none"><li>• Moroto has some of the highest prevalence rates of FGM (especially cross-border FGM, which appears to have increased during the pandemic) as well as child marriage.</li><li>• Moroto is one of six focal districts for UNICEF and the Government of Uganda for FGM and child marriage interventions.</li><li>• Child marriage regional prevalence: 53 per cent</li></ul>	<p><b>Rural:</b> Tapac Sub County</p> <p><b>Urban site:</b> Moroto Town</p>



Subregion	Districts	Justification	Sites
Sebei/ Bugisu	Kapchorwa	<ul style="list-style-type: none"> <li>High prevalence of both child marriage and FGM in three districts in Sebei/ Bugisu. <ul style="list-style-type: none"> <li>FGM prevalence: Kween (21 per cent), Bukwo (27.7 per cent), Kapchorwa (12.9 per cent)</li> </ul> </li> <li>Kapchorwa was selected to capture the variance between the higher rates of FGM in Moroto and the slightly lower rates of FGM in Kapchorwa.</li> <li>Child marriage regional prevalence: 45 per cent</li> </ul>	<p><b>Rural:</b> Kaptanya Sub County</p> <p><b>Urban site:</b> Kapchorwa Central Division</p>
West Nile	<b>Refugee hosting:</b> Yumbe	<ul style="list-style-type: none"> <li>High rates of child marriage in West Nile and refugee-hosting in each district.</li> <li>Yumbe is situated near South Sudan and has the largest number of refugees (n=232,697), followed by Adjumani (n=215,560).</li> <li>Child marriage regional prevalence: 46 per cent</li> </ul>	<p><b>Refugee settlement:</b> Bidi-Bidi, South Sudanese refugees</p> <p><b>Urban site:</b> Yumbe Town Council</p>

## 2.3 Participant selection

Data were collected from the following study participants to gain different perspectives of the pandemic's impact on the practice of child marriage and FGM: (i) adolescent girls aged 14-17 years (married and unmarried, in school and out of school prior to the outbreak of COVID-19); (ii) adolescent boys aged 14-17 years;<sup>25</sup> (iii) young men and women aged 18-24 years; (iv) parents and guardians of adolescent girls and boys; (v) district-level front-line staff across different sectors,<sup>26</sup> national and international non-governmental and civil society organization staff, religious and traditional cultural leaders and cutters.

The sample selection was largely purposive; with the help of local community leaders and civil society organizations in each district, potential participants were identified and approached to join the study. The inclusion and exclusion criteria are explained in Appendix A.

## 2.4 Data collection

Primary data were collected through qualitative interviews and focus group discussions with different participants at the national and district

levels. Table 2 summarizes the research method, participant categories and sample size. In each group discussion, the average number of persons ranged from four to eight participants.

Data collection commenced in June 2021 in Kapchorwa and Moroto Districts and was completed before the second lockdown. Research was then halted because of the lockdown and resumed in the remaining two sites, Kampala and Yumbe District, in August 2021.

### Data collection procedures

Data were collected sequentially across districts by a Ugandan team of three trained female qualitative researchers and one male lead researcher using tailored interview and group discussion guides. The guides were developed in English and translated into Ngakarimajong, Kupsabiny and Lugbara, commonly used languages in the selected locations. The guides were pre-tested in Kampala before data collection, and minor changes were made to improve the clarity and meaning of the questions.

A minimum of two researchers were involved in the data collection at all sites: an interviewer and a note-taker. Interviews lasted approximately one

<sup>25</sup> Girls were the primary focus of this study, which is why more disaggregated focus group discussions were conducted with girls compared with boys to document their specific experiences according to different circumstances.

<sup>26</sup> These included district probation and social welfare officers, sub county community development officers, district health officers, district education officers and police officers (Family and Child Protection Unit).

hour, and group discussions lasted 90 minutes. The interviews and group discussions were audio-recorded using digital recorders, with the interviewers asking for individual consent to record. In the instances in which consent for audio recording was not given, field notes were

taken, which were expanded shortly after the interviews.

COVID-19 precautions were maintained at all times, including social distancing, handwashing and wearing masks correctly.

**TABLE 2: DATA COLLECTION METHODS AND SAMPLE SIZE**

Method	Participant type	Region	Category	Number			
				Total	Urban	Rural	Refugee settlement
Focus group discussion	Adolescent girls	West Nile	Girls 14-17, in school	2	1		1
			Girls 14-17, out of school	2	1		1
		Karamoja	Girls 14-17, in school	2	1	1	
			Girls 14-17, out of school	2	1	1	
		Sebei	Girls 14-17, in school	2	1	1	
			Girls 14-17, out of school	2	1	1	
		Kampala	Girls 14-17, in school	1			1
			Girls 14-17, out of school	1			1
	Adolescent boys	West Nile	Boys 14-17	2	1		1
		Karamoja	Boys 14-17	2	1	1	
		Sebei	Boys 14-17	2	1	1	
		Kampala	Boys 14-17	1			1
	Fathers and guardians of girls or boys aged 14-17	West Nile	Parent or guardian	2	1		1
		Karamoja	Parent or guardian	2	1	1	
		Sebei	Parent or guardian	2	1	1	
	Mothers and guardians of girls or boys aged 14-17	West Nile	Parent or guardian	2	1		1
		Karamoja	Parent or guardian	2	1	1	
		Sebei	Parent or guardian	2	1	1	
		Kampala	Parent or guardian	1			1
	Women aged 18-24 who married before they were 18	West Nile	Adult female	2	1		1
		Karamoja	Adult female	2	1	1	
		Sebei	Adult female	2	1	1	
		Kampala	Adult female	1			1
	Men aged 18-24 who married before they were 18	West Nile	Adult male	2	1		1
		Karamoja	Adult male	2	1	1	
		Sebei	Adult male	2	1	1	
		Kampala	Adult male	1			1
Semi-structured interview	Selected stakeholders	West Nile		7			
		Karamoja		7			
		Sebei		9			
	Adolescent girls aged 14-17	Karamoja	Cut	2	1	1	
		Sebei	Cut	2	1	1	
		Kampala	Cut	2			2



Method	Participant type	Region	Category	Number			
				Total	Urban	Rural	Refugee settlement
	Adolescent girls aged 14-17	West Nile	Married or in union before COVID-19	2	1		1
			Married or in union before COVID-19	2	1		1
		Karamoja	Married or in union before COVID-19	2	1	1	
			Married or in union before COVID-19	2	1	1	
		Sebei	Married or in union before COVID-19	2	1	1	
			Married or in union before COVID-19	2	1	1	
		Kampala	Married or in union before COVID-19	1			1
			Married or in union before COVID-19	1			1
	Men aged 18-24, married before they were 18	West Nile	Men 18-24	2	1		1
		Karamoja	Men 18-24	3	2	1	
		Sebei	Men 18-24	2	1	1	
		Kampala	Men 18-24	1			1
	Women aged 18-24, married before they were 18	West Nile	Women 18-24	2	1		1
		Karamoja	Women 18-24	2	1	1	
		Sebei	Women 18-24	2	1	1	
		Kampala	Women 18-24	2			2
Total study participants		West Nile		127			
		Karamoja		130			
		Sebei		131			
		Kampala		37			
		Overall		425			

## 2.5 Data management and analysis

All interview and group discussion recordings were simultaneously transcribed and translated into English and expanded with field notes, where necessary. Data were analysed using a grounded theory approach. This method relied on the systematic, inductive and comparative review and analysis of data, the coding of emerging themes and ideas and the eventual categorization and differentiation of findings and their underlying concepts. First, the study team verified the interview and group discussion transcripts before importing them into the qualitative analysis software Dedoose. Next, they developed a draft code structure based on themes emerging from the initial review of the transcripts. Once the team

members verified the code structure, they coded all transcripts and then used thematic analysis techniques to review the coded data and create sub-codes where necessary. Finally, the team summarized responses to each theme or code and pulled out quotations from participants to illustrate significant findings. This included highlighting 'outlier' responses and experiences, such that the summary write-up captured the range of responses.

The process of identifying sub-themes within each code and examining the evidence supporting the themes and sub-themes allowed the team to highlight concepts and relationships between



themes and sub-themes. In some cases, the team quantified the instances of participants' mention of issues and created infographics to help with the analysis. The unit of analysis in these instances was the number of mentions of a topic or category across the group discussions or interviews, which helped identify issues that were of particular importance or significance to different respondent groups.

## 2.6 Ethical considerations

The study protocol, instruments and procedures were approved by the Mildmay Uganda Ethics Review Committee (see Appendix B). All research activities adhered strictly to the United Nations Evaluation Group ethical guidelines, UNICEF's revised Evaluation Policy, UNICEF Procedures for Ethical Standards in Research, Evaluation and Data Collection and UNICEF's Evaluation Reporting Standards.

Before each interview, the prospective participant received information about the study, including its purpose, what participation entailed, its completely voluntary nature, how data would be handled, the steps undertaken to ensure privacy and confidentiality and their rights as research subjects. All participants signed a consent form to verify their understanding and agreement to participate in the study before being interviewed. A written informed consent form was obtained from each participant aged 18 years or older. Written consent was obtained from adolescent girls and boys aged 14-17 years, along with their parents' or guardians' consent. Married adolescent girls were considered emancipated and able to consent for themselves. The team made

sure the study participants understood that their responses would be used for research purposes only and would be made public without compromising their confidentiality and anonymity.

## 2.7 Limitations and challenges

There were challenges and limitations in the study design and implementation.

- Generalizability. Data were collected in four of the 134 districts in Uganda. The study was designed to obtain in-depth, qualitative information about the impact of the COVID-19 pandemic on harmful practices. The sample was designed to provide a snapshot of the situation in selected districts across Uganda, and therefore the findings are not generalizable to the larger population.
- Social desirability bias. There is a possibility that participants gave answers they thought the interviewer or facilitator of the group discussion wanted to hear. To mitigate this, prospective participants received information about the study, including its purpose and information about possible risks and benefits. In addition, the team sought to ensure that all interview questions were thoroughly tested and that participants understood that their responses were anonymous.
- Data collection delays. Field data collection was interrupted due to the delay in receiving local institutional review board (IRB) approval for the study and the 42-day second nationwide lockdown to curb the surge in COVID-19 cases, which ended on 3 August 2021. This necessitated adjusting the fieldwork timeline.



# 3.

## Findings

The findings of this study highlight how the COVID-19 pandemic and lockdown restrictions to curb the spread of the coronavirus have exacerbated existing vulnerabilities and threats to child and family well-being. The economic and social disruptions caused by the pandemic have been particularly devastating. Individuals and families who appear to be most affected are those who were already highly vulnerable. For instance, many refugees and asylum seekers were living precarious lives before the pandemic; COVID-19 has augmented their vulnerability, as discussed further on.

This section explores the different ways in which the COVID-19 pandemic has impacted who, when and where and how child marriage and FGM have occurred in the context of the pandemic. From programming and analytical points of view, child marriage and FGM are presented separately in the findings. The interrelation between the two practices in the individual lives of girls, boys and their families is discussed and considered in the conclusions.

### 3.1 Changing dynamics of child marriage in the research sites

This section draws on the primary data collected in the three districts (Kapchorwa, Moroto and Yumbe) where the study took place and in Kampala. It emphasizes the changing dynamics of child marriage, which have been underway for at least the past decade but have accelerated or intensified since the onset of the COVID-19 pandemic in Uganda. It presents the views and experiences of children, families, service providers and others and relates these insights to other research and documentation from Uganda and the region.

#### *Past marriage patterns*

Discussions with groups of mothers and fathers in Kapchorwa, Moroto and Yumbe Districts revealed that marriage forms and practices are changing, with more fluid and individual arrangements emerging.<sup>27</sup> Historically, marriages were formally negotiated between fathers and male

relatives of the prospective bride and groom. Either a boy or man would officially ask for a girl's or woman's hand in marriage at her parents' home, or the male head of household identified a suitable marriage partner for his sons and daughters. Marriage arrangements were recognized and blessed by family members, clansmen and community members ahead of the couple living together. An agreed bride price was paid to the bride's father upon marriage. Bearing children was considered one of the most critical roles for married women, and doing so outside of wedlock was considered unacceptable.

Girls and boys married when their families deemed them to be ready. There were clear developmental markers of readiness, including physical changes and the acquisition of particular social and personal competencies involving emotional maturity and the ability to be responsible for oneself and one's family. Marriages were carefully

<sup>27</sup> Mothers and fathers in the research sites described their experiences of marriage growing up, approximately 20-30 years ago. The contributions of participants at the community level provide insight into life a generation ago versus during the pandemic, as opposed to immediately before and during the pandemic.

considered and planned by the families and clan members, who were expected to contribute food and money for the ceremony. Daughters and sons were given advice and support from their parents and older, same-sex relatives. Typically, girls were advised by their mothers on expectations and their role as wives, including issues related to sex and intimacy, managing the house, and caring for children. Boys were typically advised by their fathers on how to manage the finances in their home, the need to have sources of livelihood to support their family, and how to be the man in the home and expand the clan through childbirth. They were often given some land on which to build a house and cultivate crops.

### *Changes that are underway*

The study participants in Kapchorwa, Moroto and Yumbe Districts described the increasing individualization of marriage and bride price over the past two decades. Increasingly, girls and boys are deciding to marry without the kind of formal agreement and involvement of parents and family members typical in the past. Informal marriages or cohabitation arrangements contracted by young people have become commonplace. Some studies have highlighted this change, noting that adolescents may initiate a union themselves if they view marriage as a way to gain independence, escape a difficult home situation or achieve the social status of adulthood in a context in which they have limited status and opportunity.<sup>28</sup> This implies more individual choice of a partner than in the past when arranged marriages were the norm. On the other hand, cohabitation offers limited stability or protection for adolescent girls.<sup>29</sup> Under these circumstances, the preparation, guidance and support from parents, extended family and community members are less accessible.

While marriage with bride wealth payment is still considered the ideal union, a formally-negotiated bride price has become increasingly rare, replaced by elopement or marriage resulting from pregnancy.<sup>30</sup> In instances where the bride price is paid, grooms have begun making payments



directly to the bride's father to reduce the burden of the negotiation process. Typically, the process is cumbersome and time-consuming, involving a sizeable group of members from the bride's and groom's immediate and extended families. Negotiating the bride price directly with the father-in-law is also considered way to reduce the amount.

In the past, payment of the bride price was considered a critical element of the marriage process because of the financial or material exchange between the two families. It cemented ties between them and 'legitimized' children, providing stability and harmony within the wider community. Without these formalized networks of support and assistance, a man and woman would not be considered married and, therefore, could not be accorded the respect and status afforded to married men and women in their community. Bride price thus symbolized the validation and recognition of customary marriage in the eyes of the community. Female participants in Kapchorwa District explained that in the past if the bride wealth had not been exchanged, the couple would have been considered friends rather than married, even if they had lived together for 20 years. Additionally, if the wife died, she would

<sup>28</sup> Bantebya, Muhanguzi, and Watson, *Adolescent Girls in the Balance*; Crivello and Mann, *Young Marriage, Parenthood and Divorce*; Pontalti, K., 'Changing Marriage Patterns: "Getting married isn't for everyone"' in *Coming of Age and Changing Institutional Pathways Across Generations in Rwanda*, PhD Thesis, University of Oxford, 2017, pp. 295-339.

<sup>29</sup> Ibid.

<sup>30</sup> Stoebebenau, K., A. Warner, J.D. Edmeades, and M. Sexton, *Girls Are Like Leaves on the Wind: How gender expectations impact girls' education - A closer look from West Nile, Uganda*, International Center for Research on Women, Washington, D.C., 2015.



be taken to her family to be buried at her parents' home; burial at her husband's home could not occur unless the man had settled the bride price.

Modernization and urbanization since the 1960s have resulted in the commercialization and monetization of the bride price and, with it, the commodification of girls and women. Cash is increasingly paid in lieu of animals and material goods. Several factors, such as the groom's wealth and status and the bride's level of education, determine how much a groom pays as bride price. In the face of financial insecurity, parents may increasingly see the bride price as a quick fix for their household and therefore choose to marry off their daughter.

**"The need for bride price by parents is a very common mentality here in Tumboboi. I know of a girl whose parents accepted that she get married at 17 because they wanted to use bride price to meet the daily needs of the family."**

**- Girl aged 14-17, out of school, Kapchorwa District, rural setting.**

In the face of growing adversity, the bride price is either postponed or not paid at all, resulting in these unions not being recognized. This means families and communities do not support young couples in the traditional way. This situation can increase girls' and boys' vulnerability and isolation.

Study participants described how valuing this exchange still affects contemporary perceptions of young couples:

**"Depending on how the girl got married, like if it is a formal marriage where the bride price was paid, she gains respect from the community, even in her own family. But if she marries just like that without any bride price, she will be undermined by the community members because she is considered cheap."**

**- Woman aged 18-24 married before she was 18, Moroto District, urban setting.**

Study participants in Kapchorwa, Moroto and Yumbe Districts, including refugee participants, noted that in the years leading up to the COVID-19 pandemic, it was increasingly common for young couples to cohabit rather than have a formal marriage. This change in the way marital unions were established reflects the growing phenomenon of pregnancy outside of marriage, which often leads girls and boys and young women and men to make hasty decisions or be forced by parents to live together without any preparation or the blessing and support of family members. Mothers and fathers in the study sites explained that parents increasingly recognize the importance of individual young people being involved in decisions about when and whom to marry and that marrying for love is important. However, they presented situations that indicated that many of today's unions are not carefully considered choices based on love. Instead, they appeared to have arisen from pregnancies that had resulted from casual sex or sex with boys or men in exchange for basic needs.

**"There's no form of preparation because nowadays girls and boys just fornicate, and when they get pregnant, they start staying together without any preparations."**

**- Woman aged 18-24 who married before she was 18, Moroto District, urban setting.**



“Today’s marriage style is having sex with a girl - she sleeps over and becomes a wife. Today’s marriages have not much meaning. It is simply for the enjoyment of sex. In the past, parents were involved right from the start. The girl was brought to the boy’s parent’s home first to be assessed, and her character vetted.”

- *Father in Yumbe District, urban setting.*

“Marriages of nowadays are like for free. A girl and a boy meet and begin staying together without even introducing each other to the boy’s parents. These days the boys do not pay any bride price to the girls’ parents. They just move in and start having children. Yet, during our time, even before having any child, a man would first come home, meet with your parents after [your] accepting to marry him. They would discuss when he will be bringing cattle to marry you, and you had to wait until the cattle were paid, then start having children.”

- *Mother in Moroto District, urban setting.*

Reactions from the participants across the study sites indicated that family and community members are concerned and unhappy with these increasingly casual and informal unions. Since they happen out of necessity to legitimize a preg-

nancy or fulfil responsibilities, young couples are insufficiently prepared for married life under these circumstances.

Consequently, many such relationships end in separation or divorce, which brings about another set of problems, such as single parenthood, dependency on grandparents for material support, reduced opportunities and increased isolation.

“As a mother, I can wake up one day and find my daughter-in-law in my compound without being informed. My son can bring a girl home for marriage without prior preparation. He does not have household items of his own, he still uses my property. Later, you realize that he has left this girl behind and gone back to his old habits of drinking and drug use ... Today’s marriages are burdening and unplanned.”

- *Mother in Yumbe District, urban setting.*

“During our time, once you married, you would stay in your marriage no matter what you were facing. You had to persevere until you solved the problem. There was no divorcing. Our parents used to advise us and counsel us before marriage, so when you got into marriage, you were ready to face the challenges.”

- *Mother in Moroto District, urban setting.*



Among the Somali and South Sudanese refugees in Kampala, marriage patterns do not appear to have changed in the same way they had in the host communities. The refugee participants described the father as the sole decision-maker for the daughter's marriage, arranging when and to whom the girl is married. Study participants indicated that girls get married later among the Somali refugees but still tend to marry young, sometimes shortly after their menstrual cycle starts, to eliminate any risk of falling pregnant out of wedlock, which is considered 'haram' (a sin) and is highly frowned upon. Movements of unmarried adolescent girls are tightly controlled for the same reason. Boys are expected to marry once they are financially able to support what is likely to be a polygamous family so they tend to marry in their early 20s. The perception among refugees residing in Kampala is that cohabitation seldom occurs because the Islamic faith, to which many of the refugees ascribe, forbids it.

**"In our culture, when a man and woman are living together or cohabiting before any dowry payment, this is not marriage. The father and mother have to be there. The man brings animals (camels) and pays the girl's family. Cohabiting is not allowed in our religion, but it sometimes happens. It is 'haram', and those who commit this sin will be punished."**

**- Somali refugee mother in Kampala.**

The findings suggest that the COVID-19 crisis has not brought new changes to the marriage patterns but has accelerated already-occurring transformations in relationships and marital practices. Sections 3.3.1 and 3.3.2 highlight that large numbers of girls in Kapchorwa, Moroto and Yumbe Districts became pregnant due to the COVID-19-related restrictions, increasing the number of young girls and boys making decisions to marry with or without parental consent and exposing them to several challenges and vulnerabilities. The COVID-19 crisis has ultimately increased the rate of child marriage or unions that are not supported because they are not taking place in a socially acceptable way and thus lack the normal social support networks.

## **3.2 Changing dynamics of female genital mutilation in the research sites**

This section draws from the primary data taken in Kampala and the two FGM-practising districts (Moroto and Kapchorwa) where the study took place. It emphasizes participants' perspectives and experiences concerning the changing dynamics of FGM over the past two decades leading up to the pandemic. It highlights the drivers and challenges associated with the practice, and reports from Uganda and the region are referenced for comparative purposes.

In the past, as the study participants in Kapchorwa and Moroto Districts explained, girls at around the age of 15 were cut, usually after the harvesting of sorghum and wheat. This timing was preferred because it ensured that food and drink were plentiful for a cutting ceremony and that the arduous harvesting work was over. Cutting typically took place in alternate years and was accompanied by celebrations, the preparations for which involved collecting or buying maize, millet, matooke and rice or posho; brewing alcohol; and the slaughtering of animals on the day of the feast. In the days leading up to the event, the girl would cover her head and body with a lesu (wrapper cloth) and use a whistle to invite relatives and friends to the celebration and witness the cutting. During this process, the girl would dance. The night before the cutting, traditional rituals were performed at ancestral sites, usually by the riverside, where evil spirits would be beaten. The cutting itself was carried out in public so everyone could witness it. If the girl could endure the pain, she would be considered strong and mature and earn respect in the community.

In Kapchorwa and Moroto, the study participants, in particular the female participants in rural areas, reported that rates of FGM had considerably reduced before the pandemic began and that the practice had started to change, owing to the enforcement of the Prohibition of Female Genital Mutilation Act, 2010 and increased access to information about the harmful effects. This decline echoes the Uganda Demographic and Health Survey 2016 data, which showed a



marked decrease in prevalence from previous surveys. South Sudanese and Somali refugees in Kampala also indicated that their daughters living in Uganda are not being cut for the same reason. They also said that circumcision in their home countries is still the norm, typically occurring when a girl is younger than five years old.

In predominantly rural pockets, such as Tapac in Moroto District and Kaptanya Sub County in Kapchorwa District, where the practice has persisted, albeit at reduced rates, study participants said that genital cutting still takes place but is increasingly in secret. Girls travel alone or in small groups to be cut in remote or secluded areas; some were said to enter Kenya to evade the Ugandan authorities. Other studies have also revealed these clandestine movements.<sup>31</sup>

**“The passing of the 2010 anti-FGM Act made most people fear to get involved in the practice because they feared either being arrested or paying fines. And that is the exact reason why some girls and mutilators resorted to doing it in the hideouts.”**

**- Girl aged 14-17, in school, Kapchorwa District, urban setting.**

In the settings where FGM has persisted, the public rituals and ceremonies associated with cutting were said to have largely ceased before the pandemic to avoid drawing the attention of the police.<sup>32</sup>

Study participants in Kapchorwa and Moroto Districts and Kampala asserted that the primary motivations for those who continue to practise FGM are social acceptance and a perception that it is a requisite for marriage. These drivers do not appear to have changed significantly over the years.<sup>33</sup> Adult women stated that those who



continue to practise FGM consider it a necessary rite of passage to adulthood because a cut woman epitomizes the maturity and strength so highly valued in women and which, by association, attracts a higher bride price.<sup>34</sup> Refugee participants in Kampala also asserted that FGM is a necessary precondition to marriage in their home countries. FGM also underpins cultural ideals of femininity and modesty because it makes a woman ‘clean’ in the eyes of others, curbs her sexual desires and encourages marital fidelity.<sup>35</sup> Other research suggests that, as a harmful gendered practice, FGM is an expression of power and control over girls’ and women’s bodies and their sexuality.<sup>36</sup> For adolescent girls and young women with limited skills, competencies and assets, marriage is often a matter of economic security and social inclusion. As

31 United Nations Population Fund (UNFPA), *Beyond the Crossing: Female genital mutilation across borders, Ethiopia, Kenya, Somalia, Tanzania and Uganda*, New York, 2019; UNICEF Kenya and the Anti-FGM Board of Kenya, *Baseline Study Report: Female genital mutilation/ cutting and child marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya*, Nairobi, 2017.

32 UNICEF and UBOS, *Female Genital Mutilation/Cutting Survey Report*.

33 Uganda Women’s Network (UWONET), *Research on the Social Norms that Perpetrate Female Genital Mutilation (FGM/C) and Its Implications on Women and Girls in Uganda: A case study of Amudat District*, Kampala, 2017.

34 Ibid.

35 Ibid.

36 Most of this research draws on the social theory of gender-hegemonic masculinity which posits that masculinity and patriarchal power are central to the dominance of men over women. See for example: Connell R. *Gender and Power: Society, the Person and Sexual Politics*. Palo Alto: University of California Press, 1987, and Connell R. W., Messerschmidt J. Hegemonic Masculinity: Rethinking the Concept. *Gender & Society*. 2005;19(6):829–859.

a result, FGM is usually performed to enhance a girl's marriageability. Although parents may be aware of the risks involved with FGM, they will have their daughters undergo the practice because the gains (economic security and social inclusion) outweigh the losses (potential health consequences).

Study participants in Kapchorwa and Moroto, where cutting continues to take place around pubescence, also indicated that decision-making related to who gets cut and when has been shifting in recent years, with an increasing number of girls making the decision to get cut without consulting or informing their parents. These decisions were reported to result from peer pressure and the desire to obtain the material and monetary gifts given to girls after their cuts have healed, such as jewellery and clothes.

The risks associated with FGM and documented in the literature<sup>37</sup> were well known among all study participant groups. The male and female participants who claimed that cutting has stopped tended to attribute this change to an increased awareness of the immediate and long-term health implications, including severe pain, excessive bleeding, infections, shock and death, as well as complications in childbirth. They also indicated that girls who were in school were less likely to be cut because educated girls were more likely to consider the practice primitive and outdated.

**“FGM is associated with so many risks, ranging from [excessive] bleeding, having a permanent scar, lacking sexual appetite and difficulty in delivery, among others, thus forcing some communities to abandon the act of FGM.”**

**- Girl aged 14-17, in school, Kapchorwa District, urban setting.**

### **3.3 The impact of the COVID-19 crisis**

This section explores the impact of the pandemic on the lives of adolescent girls and boys and their families in the research communities. It outlines

the specific challenges that the lockdowns and other restrictive measures have had and examines the interplay between the pandemic and harmful practices, particularly child marriage and FGM. Individual, family and community-level coping mechanisms in response to the challenges faced during the lockdowns are described, as are their impacts on the incidence of child marriage and FGM. The section highlights any regional variations as well as differences and similarities across age, gender and refugee settings. It also draws on literature from Uganda and the region for comparative purposes, as relevant.

#### **Testimony from a 17-year-old girl who married during the pandemic,**

**Kapchorwa District, rural setting**

“There was hunger. We finished all the little food we had at home. And there was also a lot of fear; like if I needed to go out to buy food or anything at the centre, I could fear because I thought maybe I could meet a person infected with corona and maybe I could come back and infect my family members. They had said that corona was already in Kapchorwa, then transport movements like cars and boda-bodas were stopped. So, we had to walk every distance we wanted to go. This was very tiresome, and time was also restricted. By 7 in the evening, if you are not at your home, you stayed where you were because if they caught you moving, they could arrest you. So, it was useless to walk to distant places to look for food, yet our markets were dry. Most foods were not there like tomatoes and onions were not accessible. It was better to just stay at home and avoid being arrested. Food prices went high; even salt was very expensive, yet there were no jobs that we normally do to earn money. All families here were struggling a lot, not only us. For those who had many children, when schools were closed, they were all at home and feeding all the children became hard. Actually, corona came to bring poverty and to kill people.”

<sup>37</sup> See [www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-fgm](http://www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-fgm).

The COVID-19 crisis posed an existential threat to people of all ages in all research sites. The study participants described the pandemic as a threat to their own physical survival and their way of life. Many revealed how they were gripped with fear when they first heard about COVID-19 in March 2020. Understanding that a disease was killing hundreds of thousands of people in western countries, where health care systems are robust, resulted in feelings of despair and anxiety as they grappled with what it could do in their own country, where health care systems are more fragile, over-stretched and underfunded. They feared for their own lives and their families and loved ones.

This threat triggered a deep desire to procreate, expressed by several study participants, including girls and boys, so that they could die having had a child. In all the districts, pressure to conceive was characterized as immense. Participants explained that having biological children guarantees an heir and is key to preserving the family lineage. It expands the clan and ensures that an individual's fundamental role and identity as a parent is secured.

**“COVID-19 has brought the fear of death in us. If you die without a child, people will wonder how you have no child. For this reason, boys got married so that they can have children to leave behind in case they die from the virus.”**

**- Boy aged 14-17, Yumbe District, urban setting.**

**“Before corona, girls and boys could date for long, like even one year. But when corona came, it was like people were in a hurry. They could just meet and start planning to get married because they feared that corona would kill them before they have their children.”**

**- Girl aged 14-17, in school, Moroto District, rural setting**

COVID-19 is also believed to challenge a way of life that hitherto had been taken for granted. When the virus hit the world and mitigation measures were put in place in Uganda, people's

livelihoods and identities changed overnight. The routine they thought they could count on was taken away from everyone of all ages: simple things like going to work, to school, to the market, to church and socializing with peers were no longer possible.

School closures have had perhaps the single-most immediate tangible impact on children's lives; from one day to the next, they ceased being able to attend school as usual. Their daily routine changed and hence their identity, not just as children but as children who attend school. With schools closed for two whole years, the repercussions were immense. Girls and boys who were in school before the outbreak of COVID-19 described being robbed of their education when their school closed. They saw limited opportunities for re-enrolling in school because families had become further impoverished, among a multitude of other reasons. With this realization, their aspirations for a different future had vanished, leaving them despondent. Inevitably, many are attempting to construct new identities and futures for themselves through marriage and work opportunities.

**“Most of the girls who were to join university got so disappointed and have resorted to marriage because they don't know if schools will fully open again. I have my little sister who was to start school, and every day she cries and asks for school.”**

**- Girl aged 14-17, in school, Kapchorwa District, rural setting.**

**“Boys feel so bad about all this because nobody wanted to end up like this. All children felt things would go back to normal when the lockdown was lifted. However, the lockdown had far-reaching effects, and they couldn't go back to school. This was especially bad for the big boys who felt they were close to achieving their educational goals and then must just drop out suddenly.”**

**- Boy aged 14-17, Moroto District, urban setting.**



For many boys and girls, both in and out of school before the pandemic, their lives appear to have changed irreversibly because previous roles and opportunities seem impossible to achieve. COVID-19 has made them more vulnerable to taking on adult roles that they may not have felt ready or mature enough to handle, such as becoming parents, spouses or household heads.

These threats to a way of life or a hoped-for future life may not be new to every Ugandan adolescent or family, especially those in refugee settlements whose experiences with conflict and disease have led them to understand the random and sometimes unpredictable nature of life. Nevertheless, COVID-19 has meant that these existential threats are now being experienced more broadly across the entire population.

The virus itself became a real health threat in mid-2021 when the number of people getting infected, sick and dying soared. However, only in Kapchorwa District and Kampala did the study participants mention that people dying in large numbers directly resulted from COVID-19. In Moroto and Yumbe Districts, none of the participants mentioned people dying of COVID-19 but rather from the effects of lockdowns, such as children dying of hunger or people dying because they could not access health facilities or obtain medicine to treat other illnesses.

Although the impacts of the COVID-19 pandemic have mainly been detrimental, study participants also indicated some 'silver linings' to the lockdowns that have so far resulted. These include better hygiene due to regular announcements regarding the importance of handwashing to avoid contracting the virus and increased distribution and access to handwashing facilities, including soap. Frequent handwashing has reduced the likelihood of people contracting other illnesses, such as diarrhoea and cholera. In addition, men and women indicated that the curfews meant that men were no longer coming home late, having spent the evening interacting with other men watching football and getting drunk. In general, restrictions meant that fathers were at home more, which in some instances enabled them to help out more at home and interact more often with their children. Other participants noted that the lockdowns led to families spending more time

together, listening and talking to one another. Mothers, in particular, stated that it provided them with more time to advise their children.

### 3.3.1 Impact of lockdown measures on adolescent girls and boys

#### *Household economies*

Government measures to contain the spread of the virus, such as the curfew and closure of public spaces, have had a particularly devastating impact on men's and women's ability to earn a living, especially for people whose livelihoods are based around informal economic activities. With the closure of markets and business

#### Testimony from a 23-year-old woman who married before the COVID-19 pandemic, Moroto District, urban setting

"I was full time at home - there was no way of going to look for something to eat. The children could cry of hunger, yet there was nothing to eat because all the food that I had stocked before the lockdown was finished. And their father was locked down in his home village in Teso, and his phone was always off. So, I had no way of reaching him. It was a very hard time for me and my children. Most of the time, I could call my brother and my friend for help and ask if they had something they could bring for me. And if they never had, we just slept hungry. Even here, the people who were doing business could not accept to give anything on credit because they saw that I, who had no clear source of income, could not afford to pay back. Also, this issue of social distancing and the fear of getting corona had people closed in their homes, and you could hardly see your friends. This disease separated people because even when you meet, you do not greet and even when you want to enter someone's home, they look at you like you have come to infect them with the virus. Nobody would talk to you in a welcoming way like the way they used to before corona."



places, limited means of public transport and a shortage of food and non-food items, prices for basic necessities soared. The study participants in Kapchorwa District noted that people living in towns relocated their families to rural areas where the cost of living was lower, and they could cultivate crops on which to survive. Given that the informal economy alone employs 84.9 per cent of the population,<sup>38</sup> the restrictions caused many to lose their source of income. Those in this situation have been pushed into extreme financial insecurity, and pre-existing levels of hardship have been exacerbated, directly contributing to more early marriages. Study participants across all sites reported that people had become jobless; there was no work because of the restrictions, and many businesses collapsed. Those who depended on selling items in the market as their source of income have suffered greatly. According to Uganda Bureau of Statistics 2021 data, 64 per cent of men and women felt that the pandemic posed a substantial threat to their household finances.<sup>39</sup>

**“When you go to town to make money, you can hardly make anything in a day. When you return home, and your wife asks what you have brought her, if you are not strong-hearted, you may break down.”**

**- Man aged 18-24 who married before he was 18, Yumbe District, rural setting.**

**“I have a brother who had a business of [selling] clothes in Kapchorwa market. When COVID-19 came, the market was closed. And because this man depended on this as his only source of income, his family suffered. He could no longer support the family in terms of buying basic needs. When schools opened [for exams only], his son who was a candidate could not sit for his final examination because his father could not afford to pay his school fees.”**

**- Father, Kapchorwa District, urban setting.**

These heightened levels of insecurity have led to severe shortages of food, and an inability to pay for basic needs, including soap, sanitary pads, potable water and clothes, and have forced people of all ages, including girls and boys, to seek alternative sources of income as a means of survival, such as selling items door to door and farming, to help their families.

**“Currently, I have no coping mechanism other than growing my crops that have provided food to my family. We have not received support from anywhere or anyone.”**

**- Man aged 18-24 who married before he was 18, Yumbe District, rural setting.**

38 UBOS, *National Labour Force Survey 2016/17*, Kampala, 2018, <[www.ubos.org/wp-content/uploads/publications/10\\_2018Report\\_national\\_labour\\_force\\_survey\\_2016\\_17.pdf](http://www.ubos.org/wp-content/uploads/publications/10_2018Report_national_labour_force_survey_2016_17.pdf)>.

39 UBOS, UNFPA and UN Women, *Rapid Gender Assessment Uganda*, Kampala, 2021.



Several recent studies indicate that a reduction in household income has meant that an increasing number of children have had to resort to petty and odd jobs to obtain an income that allows them to contribute to their household needs.<sup>40</sup> Yet, this strategy has not been enough for many families: participants across all sites reported increasing levels of hunger and having to reduce the number of daily meals from three to one or two. A Uganda Bureau of Statistics 2021 report suggested that up to 50 per cent of survey respondents had instances in which they had experienced challenges in accessing food due to the COVID-19 restrictions or fear of contracting the disease.<sup>41</sup> In a report of one of its recent studies, the AfriChild Centre noted that nearly 30 per cent of interviewees cited a reduction in daily meals, affecting children in urban areas more than those in rural areas. The report explained that, on average, 'about one in every ten children (13.8 per cent) ate only one meal a day while almost a quarter of all the children who participated in the study went to bed hungry at least once a week prior to the survey. Those who went to bed hungry cited limited food availability (65.5 per cent).'<sup>42</sup>

**"Poverty is too much in this community today. We are not able to feed children like we used to. There are children I used to keep in my home, but I had to send them back to their homes because I see that I cannot manage to feed all of them now."**

**- Woman aged 18-24 who married before she was 18, Kapchorwa District, rural setting.**

**"There was a lot of suffering. We had no money to buy all we needed. We had to reduce the meals we could eat in a day from three to one meal, and in the morning, we only cooked porridge for the children. For us, we wait for supper in the evening because there was no money to buy enough food, and the small jobs that I could do were stopped. So, mostly basic needs became hard to get."**

**- Man, 20 years old, who married before he was 18, Moroto District, urban setting.**

**"Poverty is hitting us seriously. Before COVID-19, we were poor, but with the coming of this disease, the poverty levels increased to an extent that we are forced to reduce the number of meals so that we save for the next day. This has affected the children mostly because they cannot endure hunger - children like eating over and over again. The other day I saw my girl had lost too much weight, and she is not looking healthy at all."**

**- Mother in Kapchorwa District, rural setting.**

Pandemic-induced poverty and school closures have forced many families to send adolescent boys and girls to work outside the home, exposing them to a greater risk of exploitative and hazardous forms of work. A 2021 Human Rights Watch and Initiative for Social and Economic Rights report highlighted how several children in Uganda have had no choice but to work to help their family survive as a result of the pandemic and its associated lockdowns after parents and family members lost jobs and income. The report indicates that nearly half of the Ugandan children interviewed worked at least ten hours a day; some even worked seven days a week.<sup>43</sup>

<sup>40</sup> Bakrania, S. and R. Subrahmanian, *Impacts of Pandemics and Epidemics on Child Protection: Lessons learned from a rapid review in the context of COVID-19*, Office of Research - Innocenti, Florence, Italy, 2020; AfriChild Centre, *The Effect of Covid-19 on the Wellbeing of Children in Uganda*, 2021, Kampala, 2021.

<sup>41</sup> UBOS, UNFPA and UN Women, *Rapid Gender Assessment Uganda*.

<sup>42</sup> AfriChild Centre, *The Effect of Covid-19 on the Wellbeing of Children in Uganda*, 2021.

<sup>43</sup> Human Rights Watch, Friends of the Nation and ISER, *I Must Work to Eat: COVID-19, Poverty and Child Labour in Ghana, Nepal and Uganda*, Human Rights Watch, New York, 2021.



According to the findings in this study, girls who seek work outside the home are exposed to a greater risk of sexual violence. Unintended pregnancy resulting from sexual violence can lead parents to marry girls off.

The study participants explained that few families had any savings or reserves to fall back on when forced to stay home, and those that did run out quickly because the restrictions lasted for so long; in fact, many Ugandans were already struggling before the crisis. Analysis conducted by Financial Sector Deepening Uganda to assess the resilience of households before the COVID-19 crisis found that three out of four Ugandans did not have enough money to pay for living expenses.<sup>44</sup> In the absence of an income and no savings to count on, multiple other coping or survival strategies have been sought by communities in Kapchorwa, Moroto and Yumbe Districts, many of which have been negative and have increased girls' and boys' vulnerabilities. These include:

- **Girls seeking relationships with men.** Study participants in the three districts, including refugees, highlighted how a large number of girls sought long-term relationships and marriages with men who were better able to cater for their needs than their parents could. Girls in these situations relied on boyfriends and partners to provide them with essential items, such as food, soap and sanitary pads. Many of these relationships had resulted in unwanted pregnancies. This scenario had often occurred among refugee girls in Kampala because falling pregnant out of wedlock is taboo. The study participants described how shameful it is for girls and boys, indicating that they would be disowned by their families and chastised by community members.

**“To tell you more about the illegal pregnancies, most girls fear so much they can even commit suicide and die because they fear judgment.”**

*- South Sudanese refugee woman, Kampala.*

**“There is no way a Muslim girl can get pregnant when she is not married. By that fact, she is bound to commit suicide or get stoned to death.”**

*- Somali refugee girl aged 14-17, in school, Kampala.*

- **Girls engaging in transactional sex.** Rising economic uncertainty and diminishing livelihoods at the household level have forced many girls in Kapchorwa, Moroto and Yumbe Districts, including refugee girls, into transactional sex with men in exchange for financial or in-kind support, such as transportation, food or clothing. This means of accessing needed resources has exposed girls to increased risks of pregnancy and sexually transmitted diseases. A 2020 report by Innocenti on the impacts of pandemics and epidemics noted that ‘transactional sex was sometimes used as a strategy by girls to earn additional money or access services and resources, thus exposing themselves to a higher risk of becoming pregnant’.<sup>45</sup> The findings from this study suggest that boys likely will also engage in transactional sex with older women in some instances, although it is far more common among girls.

**“Many girls resorted to prostitution and sleeping with men for money and support because life has been hard during COVID-19.”**

*- Refugee girl aged 14-17, in school, Yumbe District.*

**“A lot of girls were exposed to the risk of getting HIV because they had started selling their bodies to older men to get money for basic needs and the other things they desired. Others got unwanted pregnancies, which have left them carrying children whose paternity they are not very sure of because they were sleeping around with several men.”**

*- Girl aged 17 who is married, Moroto District, urban setting.*

<sup>44</sup> Financial Sector Deepening Uganda, *Assessing the Economic Resilience of Ugandan Households Before COVID – Part I of Series*, Kampala, 2021.

<sup>45</sup> Bakrania, S., et al., *Impacts of Pandemics and Epidemics on Child Protection: Lessons learned from a rapid review in the context of COVID-19*, United Nations Children's Fund, Innocenti, July 2020

- **Girls getting married in exchange for the bride price.** The economic fallout occasioned by the COVID-19 pandemic has led some families to pressure or force their daughters to marry to reduce their household expenses and receive financial input via the bride price. Some girls in the study indicated that they had opted for marriage to lessen their parents' financial burden. A 2021 UNICEF report on the pandemic's threat to girls noted: 'It is well known, for example, that economic insecurity can lead to child marriage as a way to relieve financial pressure on a family. This is consistent with the notion of child marriage as a coping mechanism in times of economic fragility and uncertainty, including conflicts, food crises and disasters.'<sup>46</sup> The 2020 Innocenti report also cited child marriage as a coping strategy associated with school closure and financial insecurity.<sup>47</sup> Faced with alternatives, many girls in the study sites would have married later.

**"Some parents married off their daughters to be given bride price. When COVID-19 started, poverty was too much, and therefore survival was difficult. The only solution was to marry off the girls while others decided to do small businesses instead."**

**- Father, Kapchorwa District, rural setting.**

**"The pressure from parents who want bride price makes them send their daughters into early marriage. This is very common here in Tumboboi. This happened to my friend in February (2021) - her family went into a crisis of poverty; they had no food completely. Her father organized with a certain rich man from Bukwo District, and she was married off."**

**- Girl aged 14-17, out of school, Kapchorwa District, rural setting.**

- **Stealing.** Participants across the study indicated that crime rates had risen, primarily due to boys and young men, and to a lesser extent, girls stealing and looting because poverty at home was so high.

**"Many of the young people in marriage like us are stealing to make sure there is survival at home. COVID-19 came with a lot of scarcity of money and food. In this town, some people were badly hit by COVID-19 and are busy looting and breaking into people's houses to steal money and any other thing that can make life continue."**

**- Man aged 18-24 who married before he was 18, Kapchorwa District, urban setting.**

These coping strategies cannot be considered in isolation. The pandemic has made people desperate and has pushed families to the brink. Communities as a whole have faced an unprecedented, complex situation, combined with already-compromised educational and economic opportunities pre-COVID-19. As a result, choices are being made by boys, girls, mothers and fathers under hugely constrained circumstances.

### **School closures**

Schools were closed for extended periods as of March 2020 across the country, and many children could not access alternative distance learning opportunities.<sup>48</sup> According to AfriChild Centre, 44.5 per cent of children in Uganda did not have access to any form of alternative learning, such as virtual lessons and printed government self-study materials.<sup>49</sup> A handful of adolescent girls and boys in Kapchorwa and Yumbe Districts mentioned the availability of distance learning through television, radio and the internet but clarified that the majority of children could not access these channels even before the pandemic, especially in rural areas

<sup>46</sup> UNICEF, *COVID-19: A threat to progress against child marriage*, New York, 2021.

<sup>47</sup> Ibid.

<sup>48</sup> In October 2020, Uganda re-opened candidate classes (Primary 7, Senior 4 and Senior 6), seven months after the Government closed all schools, colleges and universities due to the pandemic. Other classes and universities were gradually re-opened between April and May 2021. However, to curb the second wave of the pandemic, all schools and universities were closed again on 7 June 2021 through the end of the year. All schools, colleges and universities then reopened in January 2022.

<sup>49</sup> AfriChild Centre of Excellence for the Study of the African Child, Makerere University, *The Effect of Covid-19 on the Wellbeing of Children in Uganda*, AFRICCHILD, Kampala, 2021.

and among poorer families because they may not have owned such devices or have had access to the internet. Only 43 per cent of the population had access to electricity in 2018.<sup>50</sup> Even for those who have access to such mediums, the cost of data is prohibitive to many, and the radio signal and internet connectivity are often limited. Only the relatively wealthy parents have been able to consider involving teachers in home-schooling. Additionally, most parents in the research communities could not prioritize alternative schooling options while struggling to provide food for the family.

Apart from the obvious disruptions to learning, the study participants in all three districts overwhelmingly stated that school closures had led to an abundance of unstructured time, which in turn had led to loneliness, boredom and idleness. As a result, a large number of adolescent girls and boys, with burgeoning sexual desires and a hunger for touch amid huge uncertainty and social separateness, had engaged in sexual relations with peers. This behaviour, coupled with limited knowledge or access to sexual and reproductive health services, has meant an inevitable increase in teenage pregnancy, which has increased the number of girls getting married. This finding also emerged in a global UNICEF assessment of the threat of COVID-19 on progress made against child marriage.<sup>51</sup>

**“Many girls visited their boyfriend’s home and engaged in sexual relationships. There was fear that their parents would punish them. Due to school closure, there was idleness and financial stress. Girls slept with men for money because their parents could not fully support them.”**

**- Refugee girl aged 17 years who was married before COVID-19, Yumbe District.**

The school closures also led to children and parents seeking other life choices for girls and boys in the absence of school and the uncertainty of school re-opening. An overwhelming majority of the participants in the research sites thought it unlikely that many girls and boys would return to school when schools reopened. At the time of the data collection in Kapchorwa and Moroto in May and early June 2021, schools had re-opened for a short period for final exam candidate classes of Primary 7, Senior 4, Senior 6, finalists in tertiary colleges and finalists in universities. However, many children, especially girls, had not returned. Study participants cited a myriad of often inter-connected reasons for why the prospects of returning to school post-COVID-19 were so bleak for so many, as below.

**1. Families have become increasingly impoverished in urban and rural settings alike and are likely unable to afford to send their children back to school.** Families lack money and basic school needs. Many adolescent girls and boys reported that their only hope of being able to continue with their studies is if they have a sponsor. Some refugees in Kampala noted that they depend on remittances from family members abroad to help pay for their school fees. Since the onset of COVID-19, remittances stopped because relatives elsewhere had reduced incomes or lost their jobs. Lack of money to pay for school fees was cited as the main driver for why girls, in particular, were not in school before COVID-19. This challenge has been significantly heightened as a result of the COVID-19-related restrictions.

**2. Working and earning a living, however meagre, has led many boys and girls to question the value of returning to school.** In the face of increasing hardship, boys and girls have sought livelihood opportunities to support themselves and their families.

**3. Girls stated that in the absence of school, they opted to get married.** The evidence is clear from this study and others<sup>52</sup> that being out of school is a major driver of child marriage.<sup>53</sup> Fami-

50 Human Rights Watch, Friends of the Nation and ISER, *I Must Work to Eat: COVID-19, Poverty, and Child Labor in Ghana, Nepal, and Uganda*, May 2021, <[www.hrw.org/report/2021/05/26/i-must-work-eat/covid-19-poverty-and-child-labor-ghana-nepal-and-uganda](http://www.hrw.org/report/2021/05/26/i-must-work-eat/covid-19-poverty-and-child-labor-ghana-nepal-and-uganda)>.

51 United Nations Children’s Fund, *COVID-19: A threat to progress against child marriage*, UNICEF, New York, 2021.

52 Crivello, G. and G. Mann, *Young Marriage, Parenthood and Divorce: A Comparative Study in Ethiopia, India, Peru and Zambia*, Research Report, Oxford, 2020; UBOS and ICF International, *Uganda Demographic and Health Survey 2016*; UNICEF, *COVID-19: A threat to progress against child marriage*.

53 The study found that being able to remain in school was one of the top reasons for why girls marry later. The main obstacles cited for why children were not in school



lies and individuals tend to make decisions about a girl's education and marriage in parallel. Thus, in Uganda, by taking away school as an option over an extended period, marriage became the only viable remaining option, especially for girls. Once married, the opportunities for returning to school are minimal. This study's findings are consistent with findings from an Inter-Agency Rapid Gender Analysis in which informants highlighted a strong correlation between the closure of schools and the increase in teenage pregnancies (21 per cent of respondents) and child marriage (18 per cent of respondents).<sup>54</sup>

**4. Girls who are pregnant are unlikely to return to school** because they have new roles and responsibilities as a parent to care for their child, and because the re-entry guidelines for girls who have given birth are problematic and not adequately enforced.<sup>55</sup> Study participants indicated that schools offer no support for girls who have given birth and that girls are likely to feel ashamed before of their classmates about their circumstances because of the stigma attached to premarital pregnancy.

**5. Schools had been closed for so long that many families had lost confidence in them ever re-opening.** Adolescent boys and girls felt disincentivized because of concerns of further disruptions and closures and because they had spent too much time out of school already and wondered if they could ever catch up.<sup>56</sup>

"School drop-outs are at the peak today. I was a secondary school teacher when candidate classes opened (for exams) - we realized that we had lost almost 50 per cent of our Senior 4 students. They dropped out when schools were closed. Some of them are married, and others are at home because they do not have school fees."

- *Mother, Kapchorwa District, rural setting.*



"Corona brought the closure of schools. Our children were sent back [home], and up to now, they are still at home because of corona. Even when they opened the schools, some of our children could not go back to school because we never had [money for] school fees because there was no money because whatever money we got was used [for food]. And even the small business of making mandazi I was doing was not moving well. My husband's workplace was closed because of corona, and they reduced the staff. Our children at home were idle. My two daughters have been impregnated and have left home, yet they were in Senior 2, and this has stressed me."

- *Mother, Moroto District, urban setting.*

prior to COVID-19 were: lack of money to cover school fees and necessary items needed for school (in instances where household income is constrained, boys' education is often prioritized over girls' schooling because it is believed that girls will marry and become someone else's responsibility), girls becoming pregnant and lack of physical access to school.

<sup>54</sup> UNHCR, Inter-agency Report, *Refugee Women and Girls in Uganda Disproportionately Affected by COVID-19*, Kampala, 2020.

<sup>55</sup> The re-entry guidelines are included in the Revised-Guidelines-Prevention-Management -Teenage-Pregnancy-School-Settings-Uganda-2020-eng.pdf (ungei.org) The guidelines for management of school re-entry for adolescent mothers appear new to many and its operationalization requires some concerted effort towards ensuring that the girls receive adequate support within schools and have a strong social support network at home.

<sup>56</sup> This sentiment was expressed more frequently in Yumbe District, after the second lockdown had just been lifted.

“COVID-19 led to the closure of schools, and students have been home for more than a year. Therefore, most of them got engaged in different businesses during the lockdown and have made a lot of money. So, they see no need of waiting to return to school in case schools open and (have) decided to marry.”

**- Man aged 18-24 who married before he was 18, Kapchorwa District, urban setting.**

In addition, the school closures impacted social support networks that are inherent in the day-to-day interactions of friends and peers at school. Children and young people explained that they felt isolated because of the temporary school closures. Participants highlighted that the school closures meant fewer opportunities to socialize in person with their peers to share information and life experiences and that they missed their friends and classmates.

### **Heightened levels of stress and anxiety**

Children and adolescents have had to cope with significant anxiety, stress and disruptions in their daily lives due to the pandemic response efforts, including school closures, lack of social gatherings, increased social isolation and increased tensions and violence at the household level. This study further suggests that, as families were confined and girls and boys spent more time at home without the interruption of school and other normal daily activities, some were more vulnerable to violence and abuse. The AfriChild Centre reported in 2021 that physical, sexual and emotional violence against children had increased during the pandemic-related restrictions in Uganda.<sup>57</sup> The Uganda Bureau of Statistics' 2021 Violence Against Children Survey found that 71 per cent of children aged 10–14 years had experienced physical violence (73 per cent of girls, 68 per cent of boys), and 6 per cent had experienced sexual violence (7 per cent of girls, 4 per cent of boys) in the 12 months before the survey.<sup>58</sup>

Heightened levels of conflict and abuse at home between adults and against children resulted from a toxic amalgam of many interlinked pressures on and anxieties of parents and caregivers that played out differently in different contexts as a result of the COVID-19 restrictions. The study participants indicated that these pressures include insufficient income, inability to feed the family, anxiety about contracting COVID-19, hopelessness about missed schooling opportunities, anxiety about the future, inability to interact freely with family, friends and colleagues, inability to fulfil expected roles, and disconnection from support networks and services.

“Stress has been there, but the very heavy one was during the lockdown when I could look at my wife and children lacking basic needs and me, as their father, I had my hands tied because I could not do anything for them. I was overthinking every day about the welfare of my family, and I never knew when corona would end or at least when we could get out of the lockdown and start working again.”

**- Man, aged 20, who married before he was 18, Moroto District, urban setting.**

Inevitably, these stressors increased the levels of domestic violence and family disputes and still pose a severe challenge to children and adults' mental health and well-being in the short term and the coming months and years.

Adolescent girls and young married women in all three districts described stressful and challenging situations at home as a significant driver of child marriage.<sup>59</sup> Several girls were reported as having decided to leave the parental home and set up their own household with their partners to escape their parents' arguing and fighting, getting drunk and not being able to provide for them.

<sup>57</sup> AfriChild Centre, *The Effect of Covid-19 on the Wellbeing of Children in Uganda*, 2021.

<sup>58</sup> Uganda Bureau of Statistics, *Uganda Violence Against Children 2020*, UBOS, Kampala, 2021.

<sup>59</sup> See <[www.independent.co.uk/news/world/africa/uganda-underage-marriages-sanitary-pads-hygiene-products-menstruation-a8016651.html](https://www.independent.co.uk/news/world/africa/uganda-underage-marriages-sanitary-pads-hygiene-products-menstruation-a8016651.html)>.

“In most cases, the father and the mother are fighting. I know of a relative of mine who is always fighting with his wife because of poverty. COVID-19 started, and this man lost his job. Currently, he has no source of income, and he is not able to sustain the family. But the wife does not understand the situation. Children have been affected psychologically because they witness their parents fight every day. Their 16-year-old daughter decided to go for marriage.”

- District health officer, Kapchorwa District.

Some study participants in Kampala and Kapchorwa Districts also indicated that police brutality in enforcing the COVID-19 lockdown measures had created heightened levels of fear and anxiety, a finding that was echoed in a 2021 Uganda Bureau of Statistics assessment.<sup>60</sup> They explained that people could be beaten and arrested for breaking curfew and other COVID-19-related restrictions.

Participants in all sites indicated that there had been little government or non-governmental organization (NGO) support available to help individuals cope with ongoing anxiety and heightened stress levels. They noted that the stress and boredom of staying at home had led to alcohol and drug abuse, particularly among parents and adolescent boys and girls, which had fuelled violence and abuse within the home. Several participants, especially among government agencies and NGOs, signalled that there is a need for formal guidance and counselling to be provided at the community level to help individuals deal with the stresses of the COVID-19 pandemic and the impact it has had on mental health.

Children and adolescents who have concerns or are suffering from anxiety were described as turning to family members, mainly parents or spouses, and friends for guidance and advice.

Depending on the issue, these children and young people might be guided by religious leaders, too, or community leaders would be called upon to mediate a situation between two families.

“During lockdown and up to today, many people have decided to drink too much alcohol because alcohol here is very cheap. They drink to kill the stress that COVID-19 has brought. Both young people and the elders are the ones drinking, using the little money that they have.”

- Man aged 18-24 who married before he was 18, Kapchorwa District, urban setting.

## Access to services and community support networks

### Government and NGO services

Lockdown measures, such as the stay-at-home orders, curfews and closure of public spaces, significantly impacted people's access to prevention, protection and care services, leaving girls and boys vulnerable, especially in hard-to-reach areas. For example, participants reported that gender-based violence support services, such as shelters, psychosocial counselling and legal aid, had become unavailable or inaccessible during the pandemic, making it difficult for women and girls to report or escape violent situations. Women and girls with disabilities were even less able to escape and seek redress for violence due to a combination of the COVID-19 restrictions and intersectional discrimination, stigma and stereotypes related to their gender and disability, social isolation and other unique accessibility barriers.<sup>61</sup>

Access to services was further limited because NGOs had to scale down their activities in response to lockdown measures and had restricted access to communities, which negatively impacted the consistent support that was needed. Recent evidence on the impact of COVID-19 in the region also highlights that access to services, including health, water and food, has been difficult throughout the pandemic.<sup>62</sup>

<sup>60</sup> Uganda Bureau of Statistics, UNFPA and UN Women, *Rapid Gender Assessment Uganda*, Kampala, 2020

<sup>61</sup> UNFPA and Women Enabled International, *The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights*, New York, 2021, <[www.unfpa.org/featured-publication/impact-covid-19-women-and-girls-disabilities](http://www.unfpa.org/featured-publication/impact-covid-19-women-and-girls-disabilities)>.

<sup>62</sup> UBOS, UNFPA and UN Women, *Rapid Gender Assessment Uganda*, 2021



The findings of this research study indicate that health services remained more available than other services in the study sites. However, the study participants stated that access (long distances), costs, lack of transport, the need to wear masks and not always having them, fear of contracting COVID-19 and not always finding health workers on-site rendered these services less accessible and less efficient than they were before the pandemic. The urban refugees in Kampala and the refugees in Yumbe District indicated that queues to access health services were long and that the language barrier presented challenges. Disruptions also meant that it was hard for them to obtain identification cards, which are needed to access services. Without this documentation, health care costs become prohibitive.

Refugees often have greater access to services than populations residing in host communities but humanitarian agencies working in refugee settlements experienced disruptions in service provision, and remittances typically received from the diaspora reduced. The pandemic and the measures taken to contain and mitigate the COVID-19 outbreak have exacerbated the risk factors for violence against refugee women and children, as well as challenges in accessing care and support.<sup>63</sup> Particularly, an increase in the rate of child marriage was reported in the Bidi-Bidi refugee settlement after the onset of the pandemic.

Many participants in all study sites asserted that the redirection of government and NGO resources to tackling the spread of COVID-19 had come at the expense of responding to other health or child protection issues. Likewise, child marriage and FGM became secondary priorities in the face of preventing people from becoming sick in large numbers and dying of COVID-19. Ensuring that people had access to water and soap for handwashing and masks was essential, as were the attempts to tackle rising poverty and the chronic lack of basic needs.

However, it appears that the support offered by the government, humanitarian agencies or NGOs

to alleviate the immediate effects of the pandemic's restrictions, was insufficient. A handful of the study participants in Kapchorwa District stated that the government supplied some basic food and non-food items, such as posho flour, beans, sugar and soap. In Moroto District, people relied on Missionaries of Charity Sisters, a faith-based organization dedicated to helping the poor. The refugee study participants in Yumbe District noted that the World Food Programme, the United Nations High Commission for Refugees (UNHCR) and NGOs such as World Vision provided soap and basic food items, such as maize flour and beans. However, several participants indicated that these provisions were disrupted and inadequate. In Kampala, Somali and South Sudanese refugees stated that they are heavily reliant on hand-outs and that they had received ad hoc relief from UNHCR and NGOs, such as cash, food and soap. They also noted that the support had become inadequate as a result of funding cuts and a reduction or closure of some services during the lockdown.<sup>64</sup>

**“COVID has reduced the full-service delivery that is required for both the survivors (of FGM) and those who are at risk of being cut because the information flow is poor. It is not the way it used to be. Reporting has gone down because one is not allowed to go anywhere without a mask. So, you realize even the survivors do not come for the services that they need.”**

**- Police officer, Moroto District.**

The lockdowns and other social distancing measures created or exacerbated barriers to accessing sexual and reproductive health information and services, including contraception. Many of these barriers affected all women and girls but were even more difficult for women and girls with disabilities due to the pre-existing obstacles to sexual and reproductive health services.<sup>65</sup> The

<sup>63</sup> Girls and boys, already suffering from the direct and indirect consequences of long-term violence, displacement and lack of access to essential services, have been greatly affected.

<sup>64</sup> Many NGOs had their funding cut during the pandemic, and this reduced the amount of support extended to the communities. Also, the pandemic hit at a time when the World Food Programme had announced a 30 per cent reduction to the food rations it distributes to refugees due to funding shortfalls.

<sup>65</sup> UNFPA, *The Impact of COVID-19 on Women and Girls with Disabilities*, New York, 2021, <[www.unfpa.org/featured-publication/impact-covid-19-women-and-girls](http://www.unfpa.org/featured-publication/impact-covid-19-women-and-girls)>

service disruptions have contributed to a rise in teenage pregnancies and increased pressure to marry. Similar findings were documented by UNICEF and Innocenti, noting that disrupted reproductive health services directly impacted teenage pregnancy and subsequent marriage.<sup>66</sup>

Community members' access to information provided by the Government and NGOs on health issues and protection issues, including child marriage and FGM, had also been curtailed with the closure of schools and facilities. School-based interventions, such as mentorship programmes and girls' clubs, delivery of life-skills education or comprehensive sexuality education, and guidance and counselling offered in school settings were disrupted by the closures. Community engagement initiatives that require face-to-face interactions, such as community dialogues led by community leaders, were also adversely impacted due to the social distancing measures and movement restrictions. Similarly, NGO sensitization campaigns were severely hampered due to the COVID-19 restrictions.

Efforts have been made to continue and increase messaging through radio and television. However, study participants argued that it has been ineffective, especially for targeting boys and girls, because they do not own radios. Those who do have access are busy during the day when the messages are broadcast. The signal is often poor, and information is frequently broadcast in English, which many people do not understand, especially refugees in Kampala and both refugees and host communities in Yumbe District.

**“There are community *barazas*<sup>67</sup> that have always been organized to disseminate information to the community, which they then disseminate to themselves, but all these approaches were hindered due to COVID-19. That alone deprived the community from getting information. During COVID-19 alone, the messages that were disseminated to the**

**people start with COVID-19 and end with it, they do not go further. They are about what you should do to prevent it. They do not go further to disseminate messages on the effects of COVID-19.”**

**- Community development officer, Yumbe District, urban setting.**

**“Because of COVID-19, community awareness has broken down. The partners who were engaged in sensitizing the communities on the consequences of violence in families and against children no longer do so. Their offices are closed.”**

**- Police officer, Moroto District, urban setting.**

Participants indicated that police services were not affected by the COVID-19 restrictions and that people could access them if they needed them. However, a police officer in Moroto stressed that reporting had gone down because of the lockdowns and that only severe instances might be reported and that even then, such cases would tend to come to the police's attention late.

### **Community and social support networks**

Ordinarily, community members are heavily reliant on informal networks of friends and family for information, support, guidance and advice. The restrictions on movement were reported to have prevented people from socializing and interacting in their everyday daily lives and thus took away a vital support system for boys and girls, preventing them from being able to visit one another to seek friendship, guidance and help when needed. The ban on social gatherings and events within the communities, such as sporting events, dances and video halls, further prevented young people and adults from meeting and sharing everyday life stories.

Community leaders, including religious leaders, have essential roles in sharing information and

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disabilities>.

66 UNICEF, *COVID-19: A threat to progress against child marriage*; Bakrania, and Subrahmanian, *Impacts of Pandemics and Epidemics on Child Protection*; UNICEF and UNFPA, *Child Marriage in COVID-19 Contexts: Disruptions, alternative approaches and building programme reliance*, New York, undated.

67 *Barazas* are community-based information forums for monitoring performance of programmes that are implemented by the government in the local governments. The programme creates a platform for citizens to participate in the development cycle through monitoring the use of public resources in the delivery of services at the local government level. See <<http://opm.go.ug/Baraza-program>>.

mediating issues when they arise. These individuals are often responsible for organizing community meetings and dialogues to discuss and address specific issues during social and religious gatherings and communal events. However, with restrictions on movement and bans on social gatherings in place, these also ceased.

**“When corona came, the full moon traditional dances stopped because the government had stopped (us from) socializing. These dances gathered all girls and boys in the village every evening. When corona came, most people were locked wherever they were. Our friends who stay far from here could not come. We stopped meeting and visiting each other because nobody wanted to welcome anybody in their homes due to the fear of getting corona.”**

**- Girl aged 14-17, in school, Moroto District, rural setting.**

**“When COVID-19 was not here, we used to gather with our friends and discuss issues concerning ourselves, share experiences and help each other in terms of advice. Right now, this is not possible because of COVID-19 SOPs.”**

**- Boy aged 14-17, Kapchorwa District, rural setting.**

Some participants indicated that the pandemic has weakened community cohesion and unity and that relationships between family members and neighbours have become more strained. Typically, in the past, people would rely on family and neighbours to share what little they had and discuss the challenges they were facing. Rising household poverty and fear of contracting COVID-19 made people more wary of one another and less inclined to share.

### 3.3.2 Impact of the COVID-19 crisis on child marriage

This section examines more closely how the challenges described in the previous section impacted the incidence of child marriage. It looks at the impact on the prevalence and offers reasons for any changes noted, according to the study participants.

The drivers of child marriage are well documented and include poverty, lack of education and livelihood opportunities, adolescent pregnancy and gendered social norms and expectations.<sup>68</sup> For example, norms around the appropriate age of

#### Testimony from a boy aged 17 who married before COVID-19, Moroto District, urban settingg

“Very many girls got married because of the high need for money. Men come and buy wine for the girls and take them out, and this all is because of hunger since the parents are not able to provide all the meals for their children. When corona came, many workplaces were closed. So, when a girl gets a man who buys for her chips to eat and then later asks her for sex, she accepts because that man has become like her rescuer. In those kinds of relationships, girls have got pregnant and also infected with sexually transmitted diseases. When she gets pregnant, most of them are denied by these men. So, they are left to sort out alone. And I blame corona for all this because if it had not come, the parents of these girls would be working and earning money to care for their children, and their children also would be at school learning. Because schools were closed, children have become idle at home without anything to do. With the hunger that had resulted, girls could just accept to be used for money to be able to dress well and have drinks and food just to keep pushing with days. The lives of many girls have now gone into a big mess because of these things. And as a result, they get married, pregnant, and some are now sick.”

<sup>68</sup> Government of Uganda and UNICEF, *National Strategy on Ending Child Marriage and Teenage Pregnancy (2014/2015–2019/2020)*.



marriage for girls and related issues pertaining to adolescent sexuality and pregnancy continue to drive girls toward marriage indirectly.<sup>69</sup> The findings in the previous section indicate that the pandemic has exacerbated many of these pre-existing drivers immeasurably, most notably the heightened levels of poverty, reduced access to livelihood opportunities and education and restricted access to services, particularly sexual and reproductive health services.

Crucially, apart from the refugees in Kampala, the exacerbation of all these drivers has led to a significant increase in teenage pregnancies. Economic instability and the school closures increased girls' sexual encounters in several ways, often with limited and interrupted access to sexual and reproductive health services and contraception. This finding is echoed in recent research conducted by the Forum for African Women Educationalists – Uganda Chapter, which found significant increases in teenage pregnancy rates associated with the lockdown periods.<sup>70</sup> They reported that between March 2020 and June 2021, there was a 22.5 per cent increase in pregnancy across the country, from 80,653 to 98,810 among girls aged 10–24 making their first antenatal care visit.

**"If you went to the health facility in the (Mother and Child Health) Department, they will give you records of those that have reported for antenatal care services. You will realize that there are very many girls [aged] 15 to 17 years who have reported during COVID-19."**

**- Community development officer, Yumbe District.**

There is a direct correlation between pregnancy and marriage in these settings. Regardless of the age and circumstances, the expectation in the communities is that a pregnant girl must marry the boy who impregnated her. Social norms and practices surrounding the importance of conceiving within the sanctity of marriage have not changed. Study participants confirmed that the social stigma of being pregnant out of



wedlock is immense, while a pregnancy within the realm of marriage is held in high regard. Therefore, all concerned, but especially parents, push for a pregnant girl to marry to uphold social norms and expectations, even when the pregnancy is unplanned and unwanted.

**"The lockdown led to the closure of schools, which made us very idle, and we ended up playing around with boys or men who were deceiving us with gifts and money. And in the end, many of us got trapped and ended up getting pregnant, forcing many of us to get married. I have a friend whose parents found her having sex with a neighbour's son a month ago, and they disowned her immediately for being a disgrace to the family. And as we speak right now, they are married."**

**- Girl aged 17 who married during the pandemic, Kapchorwa District, rural setting.**

<sup>69</sup> Bantebya, Muhanguzi, and Watson, *Adolescent Girls in the Balance*.

<sup>70</sup> Forum for African Women Educationalists – Uganda, *Research Findings on the Situation of, and Impact of Covid-19 on School Going Girls and Young Women in Uganda*, FAWE, Kampala, 2021, <[https://inee.org/sites/default/files/resources/COVID%2019%20Impact%20Study%20on%20Girls%20and%20Women\\_April%202021.pdf](https://inee.org/sites/default/files/resources/COVID%2019%20Impact%20Study%20on%20Girls%20and%20Women_April%202021.pdf)>

**“When the boy impregnates a girl, in most cases, he is forced to marry her.”**

**- Refugee man aged 18-24 who married before he was 18, Yumbe District.**

As a result of the large numbers of teenage pregnancies, it is not surprising that study participants of all age groups in the three districts unanimously confirmed an alarming rise in numbers of girls and boys ending up in formal or informal unions.

**“COVID-19 has influenced early marriages. Young girls and boys are engaging in sexual activities due to the closure of schools. Children are idle, and some of them kill their boredom by having sex, which has resulted in early pregnancies and finally has led to marriage.”**

**- Girl aged 14-17, in school, Kapchorwa District, urban setting.**

**“There has been an alarming increase in child marriages and early pregnancies. Yumbe District has the most alarming number. I do not know where the person got the number from, but it was announced on the radio that an estimated 7,000 girls in West Nile had got pregnant and married during this period.”**

**- Probation and social welfare officer, Yumbe District.**

Instances of marriage occurring in the absence of pregnancy result from school closures and increased poverty. Study participants reported girls opting for marriage in the absence of school and parents left with no alternative but to seek the bride price to cover household expenses. Girls married during the closure ongoing at the time of the study had limited chances of ever returning to their studies when schools reopened.

Only in Kampala did refugee participants express that child marriage has not been enhanced by the pandemic. They indicated that girls were resorting to marriage only when hopes of continuing their schooling or aspirations of going to America or Europe had been thwarted. They otherwise argued that there had not been an increase in the number of girls getting married. If anything, the number of child marriages has declined because girls were kept at home and were not allowed out during the lockdown and school closures. Refugee boys and young men in Kampala have not been getting married either because they cannot afford the bride price and have had no financial stability and therefore cannot proceed with any marriage plans.

**“You might want to get married, but you may not be in a position to invite your friends to the marriage ceremony. So, you have to wait until when COVID ends. There are restrictions imposed on making such arrangements. Because of COVID, boys don’t have jobs. How can they marry, and how will they take care of the women without money?”**

**- Somali refugee boy aged 14-17, Kampala District.**

### **Challenges in marriage**

Previous research suggests that girls who got married before age 18 face a host of negative outcomes, including poorer health, teenage pregnancy and complications during childbirth, poorer households, reduced lifetime earnings, and lower school completion rates than their peers who remain in school and unmarried in school childhood.<sup>71</sup> They are also more likely to be mistreated or abused by their husbands, unable to handle household chores and more likely to support negative emotional or psychological impacts.<sup>72</sup>

The emotional load on married girls and boys and the couple as a whole are significant at the best of times. These challenges have been

71 Malé, C., and Q. Wodon, Basic Profile of Child Marriage in Uganda, Child Marriage Series, Education Global Practice, 2016 <<https://openknowledge.worldbank.org/bitstream/handle/10986/24763/Basic0profile00d0marriage0in0Uganda.pdf?sequence=1&isAllowed=y>>; Rutaremwa, G., ‘Factors Associated with Adolescent Pregnancy and Fertility in Uganda: Analysis of the 2011 Demographic and Health Survey data’, *Social Sciences*, vol. 2, no. 1, 2013, pp. 7-13.

72 UBOS and ICF International, *Uganda Demographic and Health Survey 2016*; Government of Uganda and UNICEF, *National Strategy on Ending Child Marriage and Teenage Pregnancy (2014/2015-2019/2020)*.



exacerbated throughout the pandemic because girls have been isolated from friends and other sources of support and advice and ostracized because of pregnancy out of wedlock. Some study participants noted that life was particularly difficult for married girls across all settings during the lockdown periods because of household poverty, ensuing arguments and violence and an inability to seek support from their mothers or other family members.

**“When I had just married, there was a lot of joy because my husband was working and had a lot of money, and my baby gives me happiness. But sometimes I get so annoyed, especially if I lack money to take care of him. Currently, there is no happiness at all. Poverty has taken all the joy and happiness.”**

**- Girl married during the pandemic, Kapchorwa District, rural setting.**

### **3.3.3 Impact of the COVID-19 crisis on female genital mutilation**

This section discusses how the challenges described in section 3.3.1 have specifically impacted FGM, examining whether prevalence rates have been affected and the reasons why.

The study findings reveal mixed perspectives regarding the impact of the COVID-19 pandemic on FGM in the Kapchorwa and Moroto Districts. According to a majority of the participants in these two districts, COVID-19 has not had a

significant impact on FGM prevalence rates because the practice had already stopped or been considerably reduced before the onset of the pandemic as a result of law enforcement initiatives and sensitization campaigns.

**“I do not think COVID-19 has had any impact. As I have told you, the district has done a lot in the area of FGM in Tepeth County and most especially in Tapac Sub County, where the practice was rampant. I do not think COVID-19 has had any co-relation with FGM because the communities there are trying to stop the practice. And if there are any people still doing the practice, I think it is 1 per cent or 0 point something per cent. We also have learned that the few, that small percentage I am talking about, do not do it here in Uganda. They cross to Kenya and do it and come back without anybody knowing. But the government knows, and if it were not for the pandemic, there would have been a lot of tracking on the border.”**

**- District education officer, Moroto District.**

Some participants, mainly female participants in the rural areas of Kapchorwa District, reported that the pandemic had led to decrease in FGM prevalence rates due to the restrictions on





movements, including the cross-border movement between Uganda and Kenya, bans on social gatherings, the enforcement of other lockdown measures and fears of contracting COVID-19, both on the part of the cutter and the families. Poverty was also cited as an issue because families could neither afford to pay the cutter nor buy the necessary gifts for the girls, as well as food and drinks for ceremony guests. Those study participants indicated that this may be a temporary cessation and that numbers would rise once restrictions were eased.

Only a handful of study participants, primarily government and NGO representatives, asserted that there had been an increase in FGM, mainly in some of the rural communities where COVID-19 guidelines and directives have not been much adhered to. These participants suggested that in the absence of schools being open, children and families were resorting to marriage as the next best option. In those communities practising FGM, the increase in marriages has required cutting girls in preparation for marriage, resulting in more girls being cut. In addition, the disruptions in schooling meant that young girls were available to be cut, with the time away from school providing an opportunity for extended recovery time. Economic hardship was also described as driving increased rates of FGM because a circumcised girl obtains a higher bride price. Others indicated that cutters worked in secret because they needed the money. An increase in FGM rates in Karamoja and Sebei subregions was recently reported in the media.<sup>73</sup>

Government and NGO participants further described how the lockdowns provided an opportunity to carry out the practice discreetly because the measures for monitoring and reporting suspected cases of FGM for girls at risk came under considerable strain due to the restrictions. Organizations working to end FGM have had restricted access to communities, and programmes and interventions in place before COVID-19 have not resumed fully since the last lockdown was lifted.

Regardless, study participants reported that those who have continued to practise FGM invariably have done so clandestinely in bushes and caves

without the performance of any rituals, even as they had started doing before COVID-19.

**“When you go to such a community, which is even hard to reach, by the way, life is almost as usual. So FGM is still practised because the enforcement personnel are not able to reach there, and the radio station signals are not able to reach there to give information. That means the cutters are busy doing their work. And as you know, during the lockdown, most NGO partners were restricted from moving ... Yet, these partners have been helping us to fight FGM in those communities. The district task force has had several meetings, and we relaxed the restriction on NGO partners’ movement, and now they have started their movements to the communities. And they have gone back to support the fight of FGM.”**

**- District health officer, Moroto District.**

### 3.4 External interventions

This section highlights the government and NGO interventions in the research sites that participant groups said were in place before the pandemic to support people in general and to deter child marriage and FGM in particular. This is not a comprehensive mapping of services in the communities where this research was undertaken, however. To the extent possible, it examines some of the perceived challenges of these programmes and services and gaps in service delivery.

#### ***Support and services for girls and boys who are married or at risk of marriage***

Services are available across the three districts to support married children and those at risk of child marriage. These services are provided by government departments at the district level, with

<sup>73</sup> See, for example, South Africa News, ‘Uganda: Closure of Schools Exposes More Girls to FGM, Says Govt’, 2021, <<https://allafrica.com/stories/202109240268.html>>.

support from civil society organizations or directly by civil society groups working at the community level. For example, participants across the study sites cited existing (prior to the pandemic) interventions to combat child marriage that range from community awareness-raising and livelihood support for vulnerable girls to the provision of sexual and reproductive health information and services from government and private health facilities.

“Information is communicated through the media, through community dialogue meetings and communicated through community sensitization. It is communicated through school outreach and family outreach. This is done by government structures like the police, who educate the people about their rights and also tell them about the consequences of breaking the laws that are in place. The health teams, which sensitize the people on healthy living and inform them about the services that are available for them in the health facilities and other private organizations like UNFPA and International Rescue Committee, who are their implementing partners... these provide support for the girl child, such as providing sanitary materials, including pads. They also support the abused girls, and they move to communities to sensitize girls and women on their rights. And it is the same with UN Women, with their implementing partners, like the (International Federation of Women Lawyers) and MIFUMI [a women’s rights agency operating at the grassroots level], though MIFUMI closed offices because of COVID and the same with FIDA (International Federation of Women Lawyers).”

- *Police officer, Moroto District.*



Participants also cited some NGO programmes that provide educational support, vocational and life skills training and material support to vulnerable girls, including those withdrawn from or who escape marriages. In Yumbe District, for example, CARE International supports girls in school through the provision of basic needs, such as sanitary pads.

“Children are provided with psychological and social support and guidance. They also link them to vocational skills training, like now we have Naoi Polytechnic Institute. So, they learn, receive training in tailoring, salon, catering and bricklaying. Then also civil society organizations support the girls on how to make sanitary pads with the local materials available, and others give them direct support, especially those in groups to sustain their ventures.”

- *Police officer, Moroto District.*

Some interventions focused on changing social norms related to child marriage were also reported. The Community Development Office in Yumbe District has set up male action groups at the parish level to change norms around child

marriage and other forms of violence against women and children.

Protection and social services for affected girls and families are available across the research communities. Community structures, such as para-social workers and refugee welfare committees, have been trained in some communities to identify and refer cases of child marriage to the statutory duty bearers, such as the police and the probation and social welfare office. The police investigate all reported cases of child marriage and work with other justice, law and order sector actors to ensure that perpetrators are prosecuted. In Moroto District, there is also a gender-based violence shelter for protection, counselling and treatment for gender-based violence survivors, including adolescent girls and young women who escape child marriage. There is no shelter in Kapchorwa or Yumbe Districts.

**“Mostly the government structures, such as health centres, the parish chiefs, the community development officer, the police and the religious leaders, help [married children] to get justice and provide guidance and counselling for them, treating the victims and sheltering them.”**

**- Police officer, Moroto District.**

### **Support and services for girls who have been cut or who are at the risk of female genital mutilation**

In both Kapchorwa and Moroto Districts, various services are provided at the district level to girls who have been cut and those at risk of being cut. Information, education and communication campaigns and cultural norm change activities are carried out in different communities with support from NGOs. For example, according to police officers interviewed in both districts, information regarding FGM is communicated by different stakeholders, such as health workers, community development officers, the police, NGO workers, parish chiefs and religious leaders. These groups and individuals use a range of media, including radio and television, community dialogue, community sensitization and school and family outreach initiatives. People are told about their

rights, the dangers of FGM and about the consequences of breaking the law, especially since the Prohibition of Female Genital Mutilation Act, 2010, was introduced. In addition, there have been some disparate efforts to engage cultural and traditional leaders to shift norms around FGM.

**“Basically, the services that are being given are psychosocial support services. Some small support is given to the girls in terms of counselling and guidance, and clothes and providing them with information on the dangers of FGM. The district authorities and UNICEF give this support. Girls also used to get information on FGM from school, but right now, schools are closed. Others come here at the probation and social welfare offices. The anti-FGM law is also there that says if anyone is found cutting, she will be arrested. Therefore, some people are following it, but others do not care about this law, and they cut in secret places.”**

**- Probation and social welfare officer, Moroto District.**

Vulnerable and low-income families also receive support through government programmes, such as Youth Livelihood Funds, the Uganda Women Entrepreneurship Programme and the Northern Uganda Social Action Fund. These community-based initiatives include village savings groups, where individuals can take a loan to start an income-generating activity. These programmes are extended to vulnerable groups, including girls who have been cut or are at risk of being cut. Through these programmes, efforts have also been made to provide alternative sources of income to traditional cutters, such as cow rearing or money to start up a business, and thus abandon cutting.

In addition to government programmes, the study participants also cited NGOs, such as Compassion International, that provide educational support for girls at risk of being cut. They teach life skills, provide material support such as sanitary pads or





teach girls to make the pads and other needed items with locally available materials. However, the geographic coverage of many programmes remains low and cannot accommodate all girls in need.

Government agencies also continue to strictly enforce the Prohibition of Female Genital Mutilation Act, 2010, including the arrest and prosecution of all those involved in FGM. There is a Uganda Child Helpline (SAUTI 116) that community members can use to report any child abuse cases. Those seeking support services can be referred for medical treatment and counselling, and there is a gender-based violence shelter to protect victims. The government has established a cross-border task force to end the border-crossing movements of those seeking to undergo FGM in Kenya.

**“Whenever a girl has the support of her mother or any other person not interested in FGM, and they report the practice to the authorities, those perpetrators are always arrested and charged. The people are happy about the way cases of FGM are handled.”**

**- Probation and social welfare officer, Kapchorwa District.**

Community structures, such as local councils and child protection committees, provide links for girls who have been cut to health services for treatment and counselling. Some girls are accommodated in gender-based violence shelters.

As discussed in section 3.3.1, participants cited several barriers to accessing these services and several inefficiencies in running these programmes throughout the lockdown.

Participants reported several challenges and gaps in the support and services to combat child marriage and FGM across the three districts, including language and physical access barriers. The geographic coverage of most NGO programmes is meagre. In addition, interventions tend to be single sector and infrequently link efforts underway in other areas. The result is a lack of integrated, holistic programming, which is essential if the multiple drivers of child marriage and FGM are addressed.

The vast majority of interventions designed to reduce or eliminate child marriage and FGM employ a punitive approach and focus primarily on social norm change. Such tactics have a place in efforts to combat these practices, but so too do interventions that address their structural drivers and reduce the vulnerabilities of girls, boys, and their families. These include for example, keeping schools open, safe and accessible; providing social protection programmes that can reduce household poverty, incentivizing education and providing information and skills through ‘cash-plus’ programming; making sexual and reproductive health information and services accessible; and providing mentoring opportunities for girls and boys so that they can begin to imagine alternative and more hopeful life paths in which they have more agency and control over the unfolding of their lives.

# 4.

## Conclusions and recommendations

This section concludes with reflections on the study findings and considerations about what needs to be strengthened and what more needs to be in place to address the impact of the COVID-19 crisis on families and communities to ensure that girls and boys are less vulnerable to the risks of harmful practices, such as child marriage and FGM. Some of these proposals are based on suggestions put forward by the study participants, including children and young people, parents, community leaders, service providers and government officers at various levels. Others are derived from the data analysis process. Every attempt has been made to contextualize conclusions and recommendations in relation to learning from elsewhere in the region and globally in terms of mitigating the impact of the pandemic on girls, boys and their families.

COVID-19 and its associated responses have had a devastating impact on the lives of several people in the research communities. Families are struggling to put food on the table, their children are hungry, and some of them are dying. Individual girls and boys and their families are resorting to desperate measures to make ends meet, many of which are leading directly and indirectly to child marriage. Except among participating refugees in Kampala, study participants of all ages in the three districts spoke of alarming increases in the numbers of children, especially girls, who are getting married because of the complex interplay of school closures, rising levels of poverty, disruption to services and access to information as well as the effects of anxiety and existential fears.

### *Child marriage*

The COVID-19-related restrictions have significantly exacerbated the risk factors that drive child marriage, particularly the increased poverty level. At the same time, the pandemic has created new sources of vulnerability that make children more likely to marry, such as prolonged school closure. In the absence of schooling and other opportuni-

ties, marriage creates new identities and offers a way out for many girls and boys. Disruption of basic services, including access to health care and sexual and reproductive health information and services, also increased girls' vulnerability to pregnancy, which is known to drive marriage in many instances.

### *Female genital mutilation*

The impact of FGM is multifaceted and not straightforward. For some study participants, the practice appears to have decreased in prevalence, while others say it has increased. Many observed that COVID-19 had minimal impact on FGM incidence because the practice had declined substantially before the pandemic onset. Why some communities appear to have kept the practice at bay while others have not remains a question that warrants further investigation and understanding.

In the research communities where FGM is known to be practised, there appears to be a significant correlation between child marriage and FGM. Both are seen to mutually reinforce the other: A girl who is cut is considered to be an adult and ready to be married. A girl who is perceived to be ready for marriage may well be



subjected to FGM because it is considered a requisite to marriage and because, typically, a cut girl acquires a higher bride price.

These pandemic-induced increases in risk factors and vulnerabilities suggest that as the number of girls getting married increases, so will the number of girls getting cut in some FGM-prevalent communities. The elimination of FGM is by no means a certainty, and more concerted efforts are needed, including increasing access to schooling for girls, tackling rising household monetary poverty and addressing social norms that increase girls' risk of being cut, in particular those who perceive FGM as a rite of passage to adulthood and a precondition to marriage.

### *Looking ahead*

Over the medium and long term, numerous measures are needed to turn the tide and ensure that girls and boys can pursue different futures. The impact of the pandemic is likely to be felt for at least the next decade. Now is the time to develop bold and far-reaching approaches to address the drivers of child marriage and FGM and implement interventions that prevent young people from marrying as children, and improve the well-being and prospects of those girls and boys who are already married. These approaches should consider and build on lessons learned from recent and ongoing global and national programmes on child marriage, FGM and social protection, including:

- **UNFPA and UNICEF Joint Programme on Elimination of Female Genital Mutilation in Uganda (2018-2021).** The programme broadly focuses on strengthening cross-border accountability mechanisms; enhancing national capacity for enforcement of the FGM law; transforming norms that undermine FGM; strengthening the capacities of service providers to monitor and track FGM case management and service delivery; building networks and coordination mechanisms for integrated service delivery and advocacy; and development and dissemination of standard operating procedures and referral mechanisms for FGM and gender-based violence at all levels.

- **UNFPA and UNICEF Global Programme to End Child Marriage (2020-2023).** The programme underlines the need to use disaggregated data on adolescents to identify geographical hot spots of child marriage and adolescent pregnancy; ensuring adolescent girls' access to programmes that build up their health, economic, cognitive and social assets, including through age-appropriate sexuality education and opportunities for participation and leadership; community engagement in support of adolescents' rights; access to an essential package of sexual and reproductive health services, including contraception, menstrual health management, maternal health, management of sexually transmitted infections and health-sector response to gender-based violence; and political advocacy and technical support to health, gender and youth sector policies and programmes.
- **Urban Social Protection Programme for Adolescent Girls in Uganda.** The programme was launched in 2019 by Kampala Capital City in conjunction with UNICEF. Targeting girls who are both in and out of school, this 'girls empowering girls' programme seeks greater inclusion and protection of adolescent





girls through strengthened socioeconomic outcomes and prospects, in addition to helping them transition safely into adulthood. It is a mentoring (and cash) programme that helps empower girls (through a network of peer mentors), engages girls through referrals to support services and enables the uptake of services (including education) through a cash transfer to the girls through a caregiver.

- **Youth Livelihood Programme in Uganda.** This is a government-financed programme designed in response to the high unemployment rate and poverty among the youth in the country. The programme provides youths with marketable vocational skills and tool kits for self-employment and job creation; financial support to establish income-generating activities; entrepreneurship and life skills training as an integral part of their livelihoods; and relevant knowledge and information for attitudinal change.

### *Implications and recommendations for policy, programmes and services*

The findings of this study have several implications for policy and programming. All are mutually reinforcing and need to be considered and addressed together to have any impact.

**1. Child marriage doesn't just happen to anyone.** Although boys are exposed to early marriage, most child marriages involve girls marrying someone older, especially girls from low-income families, marginalized groups and poor and remote areas. The COVID-19 crisis has put these vulnerable groups even more at risk. There is a need to invest in profiling vulnerable girls for targeted support to ensure that the most at-risk adolescents can access quality socioeconomic and educational services.

**2. The COVID-19 crisis is having a profound impact on the risk factors that drive child marriage and FGM.** The pandemic has exacerbated several risk factors that drive child marriage while creating new threats. Whether during the pandemic or not, a priority must always be tackling underlying structural causes, such as

poverty and access to education, and helping to create alternative life options for girls and boys. Adaptation of programmes and innovations may be required to address the drivers and advance progress in reducing child marriage and FGM as the pandemic continues.

**3. Prolonged school closure is the most significant new risk factor for both child marriage and FGM triggered by the pandemic.** By the time schools reopened in January 2022, most girls and boys had been out of school for the best part of two years. It will be necessary to identify those children who are most vulnerable to dropping out and have already dropped out and develop actions to ensure their safe return to school, especially for girls and boys in the poorest and remote communities. Examples of such actions include:

- Using gender-disaggregated data to monitor the numbers of children affected by the school closures and the number and gender of children who returned when schools reopened.
- Supporting a return to school, especially for the most vulnerable girls and boys. This may include the provision of conditional cash transfers or in-kind support for children's schooling. Evidence suggests that conditional cash or in-kind transfers can have as much as a 50 per cent success rate in delaying child marriage by retaining girls in school.<sup>74</sup>
- Focusing on back-to-school campaigns and providing remedial 'catch-up learning' programmes for girls and boys who will inevitably be behind with their learning after nearly two years of disruptions.<sup>75</sup>
- Supporting adolescent girls and boys who are unable to return to formal education through the provision of vocational skills training, literacy classes and access to employment opportunities, including access to loans for start-up ventures.

**4. Unplanned pregnancy is one of the key drivers of child marriage.** In the pandemic context, the increased risk of marriage due to

<sup>74</sup> United Nations Children's Fund, *COVID-19: A threat to progress against child marriage*, UNICEF, New York, 2021.

<sup>75</sup> Remedial programmes focus on core skills and aim to close the gap between what the learners already know and what they are expected to know at a given point in time.



pregnancy is attributed to the impact of school closure, economic insecurity, service disruptions and limited opportunities to share information at the community level. Equally, emotional aspects such as existential fears and loneliness were said to contribute. Therefore, access to quality child- and youth-friendly sexual and reproductive health information and services is essential, including family planning and contraception.

**5. Poverty and economic insecurity remain the primary risk factors for child marriage.** FGM is also motivated in part by economic benefits. The rise in poverty due to the pandemic has increased the risk of girls getting married and being subjected to FGM. It will be important to ensure that efforts aimed at rebuilding the economy and restoring livelihoods in the short and long terms are embedded in all financial support interventions and resource allocations. Recent evidence confirms that expanding comprehensive social protection measures, livelihood support, and poverty alleviation strategies remain crucial to tackling child marriage and FGM, child work and labour, and improving the economic and social conditions that make girls more vulnerable.<sup>76</sup>

In addition, actors must adopt a resilience-building approach in their programming to ensure that girls and boys and their families can cope with and recover from the adverse effects of the pandemic. This includes promoting a culture of savings and expanding social safety nets to minimize negative

coping mechanisms, such as the participation of children in paid and exploitative labour.<sup>77</sup>

**6. The intersection between FGM and child marriage.** FGM can be motivated by poverty, but it is also a social norms issue interlinked with child marriage, especially in remote, hard-to-reach communities. While economics is a factor, FGM is not only - and sometimes not at all - an economic issue in the research communities. In some contexts where FGM and child marriage coexists, FGM can be linked to a girl's marriageability and is sometimes a precursor to marriage. This nexus highlights the need to identify opportunities for leveraging programming to address the two harmful traditional practices in an integrated manner by, for example, focusing on areas that overlap and addressing shared risk factors such as the social norms that underpin both.

**7. The practise of FGM is generally declining, but where it persists, it is done in hiding and without rituals.** This suggests that some interventions, such as sensitization on the legal repercussions of practising FGM, could be driving it underground in places. More concerted efforts and adapted approaches are required to build on the previous gains made, particularly in those communities where the pandemic has motivated a resurgence of the practice. Holistic, integrated, multisector approaches are needed. Some promising approaches that have been implemented over the past decade include the alternative rites

<sup>76</sup> UNICEF, *COVID-19: A threat to progress against child marriage*; Bakrania, S. and R. Subrahmanian, *Impacts of Pandemics and Epidemics on Child Protection: Lessons learned from a rapid review in the context of COVID-19*, Office of Research - Innocenti, Florence, Italy, 2020.

<sup>77</sup> Ibid.



of passage approach, the provision of alternative income sources for cutters,<sup>78</sup> working with positive deviants<sup>79</sup> and support to communities to discuss and transform social norms.<sup>80</sup>

**8. The pandemic has brought about a complex array of challenges that have had mental health repercussions for everyone, including children and adolescents.** Increased levels of stress and anxiety as a result of the pandemic have increased the levels of verbal and physical abuse within households. Policymakers and service providers should seek to support the well-being of adults and children who have suffered violence, anxiety and fear during the pandemic. The integration and scaling up of high-quality mental health and psychosocial support programmes must be prioritized across all sectors.

**9. Social norms motivate child marriage but primarily when in conjunction with other risk factors, such as poverty or being out of school.**

Working with parents, peers and adolescents on shifting social norms around child marriage through parenting programmes, sensitization campaigns, and community conversations will have an impact in the long term. So too will pursuing transformational change in social norms by engaging men and boys, parents and community leaders. However, interventions that focus on social norms change need to happen in tandem with efforts to tackle structural drivers. If such programmes are to make a significant impact on reducing the risks of child marriage and FGM, they must be accompanied by other support and services, including social protection, savings and loans options and access to education for all girls and boys.

**10. The COVID-19 pandemic is accentuating the existing vulnerabilities of refugees in Uganda.** Ordinarily, refugees have greater access to services than the populations residing in the host communities. But humanitarian agencies working in refugee settlements have experienced disruptions in their service provision and remittances typically received from the diaspora have



significantly reduced. Refugees have a different set of challenges than the host populations and have even fewer social safety nets in times of crisis.

The pandemic and the measures taken to contain and mitigate the outbreak have exacerbated risk factors for violence against refugee women and children and challenges in accessing care and support. Interventions should address the pre-existing risks and vulnerabilities faced by adolescent girls and boys and the emerging risks due to the pandemic-related school closures and loss of income.

**11. Marriage practices and decision-making related to marriage are changing as they become more spontaneous, informal and individualized.** These changes need to be accounted for in terms of service design and delivery, such as being more attuned to puberty as a nexus point in the lives of children and engaging with young people in a participatory, child-centred and inclusive manner about their desires and aspirations, as well as the challenges they face.

<sup>78</sup> Studies show that while the provision of alternative income sources for cutters may stop some practitioners from performing the procedure, it has no effect on the demand. Therefore, this intervention should not be implemented in isolation but as part of a comprehensive and integrated strategy to eliminate FGM.

<sup>79</sup> In the case of FGM, positive deviants would not be uncircumcised women or girls but rather family members who had decided against the procedure, religious leaders who spoke out against the practice, cutters or excisors who stopped performing it or husbands who knowingly married an uncircumcised woman.

<sup>80</sup> GIZ, *Addressing Female Genital Mutilation Approaches, Lessons Learned and Challenges*, <[www.additiv.li/ref/giz2016-fgm-adressing-fgm.pdf](http://www.additiv.li/ref/giz2016-fgm-adressing-fgm.pdf)>



# Appendices

## Appendix A. Inclusion and exclusion criteria

The table summarizes each study population's inclusion and exclusion criteria by research method.

Participant category	Inclusion criteria	Exclusion criteria
<b>Focus group discussion</b>		
Girls and boys aged 14-17	<ul style="list-style-type: none"> <li>Has been residing in the study district for the past five years</li> <li>Consents (for emancipated minors) to participate in the study</li> <li>Assents and has a parent or guardian who provides informed consent for participation</li> <li>Comfortable with providing information in the planned format (group discussion)</li> </ul>	<ul style="list-style-type: none"> <li>Unavailable to participate in the study</li> <li>Uncomfortable with proposed research method (group discussion)</li> <li>Unable to provide informed consent (or, in the case of a child, unable to obtain the consent of a relevant adult)</li> <li>Is not fluent in the local language in which discussion will be conducted</li> <li>Would need 30 or more minutes of transit time to arrive at the location for group discussion</li> </ul>
Mothers and female guardians of girls aged 14-17	<ul style="list-style-type: none"> <li>Has resided in the study district for at least five years</li> <li>Has resided in one of the two to-be-selected sub counties in each district for at least the past two years</li> <li>Has at least one daughter and one son of school-going age</li> </ul>	<ul style="list-style-type: none"> <li>Unavailable to participate in the study</li> <li>Uncomfortable with proposed research method (group discussion)</li> <li>Is not fluent in the local language in which discussion will be conducted</li> <li>Would need 30 or more minutes of transit time to arrive at the location for group discussion</li> </ul>
Fathers and male guardians of girls aged 14-17	<ul style="list-style-type: none"> <li>Has resided in the study for at least five years</li> <li>Has resided in one of the two to-be-selected sub counties in each district for at least the past two years</li> <li>Has at least one daughter and one son of school-going age</li> </ul>	<ul style="list-style-type: none"> <li>Unavailable to participate in the study</li> <li>Uncomfortable with proposed research method (group discussion)</li> <li>Is not fluent in the local language in which discussion will be conducted</li> <li>Would need 30 or more minutes of transit time to arrive at the location for group discussion</li> </ul>
Women and men aged 18-24 married before they were 18 years	<ul style="list-style-type: none"> <li>Has been residing in the study district for the past five years</li> <li>Comfortable with providing information in the planned format (group discussion)</li> </ul>	<ul style="list-style-type: none"> <li>Unavailable to participate in the study</li> <li>Uncomfortable with proposed research method (group discussion)</li> <li>Is not fluent in the local language in which group discussion will be conducted</li> <li>Would need 30 or more minutes of transit time to arrive at the location for group discussion</li> </ul>

Participant category	Inclusion criteria	Exclusion criteria
<b>Semi-structured interview</b>		
Stakeholders	<ul style="list-style-type: none"> <li>• Holds a position of authority in the district OR</li> <li>• Holds a position of authority in the organization dedicated to issues of relevance</li> <li>• A government worker in a department of relevance (education, health, social welfare)</li> <li>• Has been working on issues of relevance for more than two years</li> <li>• Has been in position for at least six months (for local authority figure)</li> <li>• First-hand experience of FGM (cutters) or child marriage</li> </ul>	
<b>Testimony</b>		
Adolescent girls or boys and young women and men aged 14–24 years	<ul style="list-style-type: none"> <li>• Is married or in a union or undergone FGM (girls and women)</li> <li>• Has resided in the study district for at least five years</li> <li>• Has resided in one of the two to-be-selected sub counties in each district for at least the past two years</li> <li>• Consents to participate in the study</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to provide informed consent (or, in the case of a child, unable to obtain the consent of a relevant adult)</li> </ul>



## Appendix B. Ethical approval letter



# Research Ethics committee (MUREC)

22 June 2021

**Ms. Emma de vise-Lewis**

Principal Investigator

Type: ☒ Initial Review

☐ Expedited

☐ Protocol Amendment

☐ Continuing Review

☐ Other, Specify

Dear Emma,

**Re: Research approval: #REC REF 1003-2021 "Assessment of the impact of COVID-19 on harmful practices (Child marriage and female genital mutilation) and implication of adolescents in Uganda".**

Thank you for submitting this application for approval of the above referenced protocol to MUREC.

I am glad to inform you that approval is hereby given to conduct the study: this approval is given following your exhaustive responses to initial comments raised by MUREC. The approval is for one Year, effective 22 June 2021 and will expire on 22 June 2022.

**As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:**

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the **MUREC** for re-review and approval prior to the activation of the changes. The MUREC application number assigned to the research should be cited in any correspondence.
3. Reports of unanticipated problems involving risks to participants or other must be submitted to the **MUREC**. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for **MUREC** review.

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