

A young boy with short dark hair, wearing a light blue and white striped shirt, is holding a baby. The baby is wearing a colorful patterned dress. The background is a soft-focus outdoor scene. A large purple circle is overlaid on the right side of the image, containing the title text.

COVID-19 AND CHILD MARRIAGE IN UGANDA

Introduction

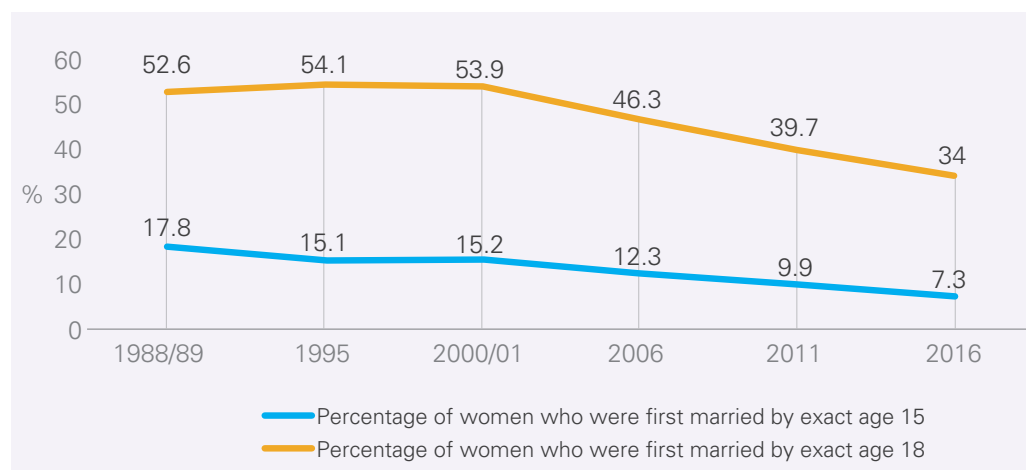
This policy brief highlights findings from research on the impact of the coronavirus disease 2019 (COVID-19) on harmful practices in Uganda. The brief aims to provide an up-to-date snapshot of child marriage in the country, based on evidence generated on how the pandemic has been impacting the risks and vulnerabilities of girls and boys in selected districts and refugee communities. Policy and programming implications and recommendations are also outlined.



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 families, and communities. While the practice of child marriage has declined over the last two decades, its prevalence remains high. According to the 2016 Uganda Demographic and Health Survey (UDHS), 34 per cent of women 20-24 years were married or in union before age 18, and 7 per cent were married before the age of 15.¹

Figure 1: Percentage of women aged 20 to 24 years who were first married or in union before age 15 and 18



Source: Uganda Demographic and Health Survey 2016.

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Research suggests that girls who marry before age 18 have lower school completion rates, engage in more unpaid labour and have poorer health outcomes than their peers who remain in school and do not marry in childhood.² Young women who marry early are more likely to experience earlier and more frequent child-bearing,³ which in turn increases the risks of maternal morbidity and mortality. Moreover, child marriage is associated with a heightened risk of gender-based violence, including intimate partner violence.⁴ Married girls also tend to be more isolated, exacerbating their vulnerability and their capacity or willingness to report violence at the hands of their male partners and other family members.⁵

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.⁶ For example, poverty influences families to view marriage as a way to secure their daughter's future, reduce the economic burden on the household and, in some cases, raise needed funds (e.g., bride wealth).⁷ Girls

may also seek early marriages to escape from poverty within their own families.⁸ Poverty has also been linked to transactional sex and early pregnancy.⁹ Unplanned pregnancy is a significant driver of child marriage, in part due to the stigma surrounding unwed motherhood and the lack of accessible sexual and reproductive health information and services, particularly in rural and remote areas.¹⁰ In addition, little or no schooling strongly correlates with being married at a young age.¹¹ Conversely, attending school and having higher levels of education protect girls from marrying young.¹² Research shows that girls rarely drop out of school to marry; they are far more likely to marry in childhood if they have dropped out of school, especially when dropout is followed by pregnancy.¹³

Child marriage is also an ongoing challenge in the context of forced displacement. Uganda hosts over 1.5 million refugees and asylum seekers, mainly from South Sudan and the Democratic Republic of the Congo (DRC), two countries with comparably high child marriage prevalence rates.[†] While the prevalence of child marriage in Uganda's refugee and host communities remains to be ascertained, recent studies highlight

* Child marriage (also called early marriage) refers to any formal marriage or informal union between a child under the age of 18 years and an adult or another child. While child marriage does affect boys, it disproportionately affects girls.

† South Sudan ranks number eight worldwide in the practice of child marriage with 9 per cent of the girls married at the age of 15 and 52 per cent of all girls married before 18 years of age. In DRC, 37 per cent of girls are married before the age of 18 and 10 per cent are married before the age of 15. The high rates of child marriage in both countries is attributed to poverty, armed conflict, adolescent pregnancy and cultural traditions.

several factors that put refugee girls at risk of child marriage: economic insecurity, limited educational or economic alternatives for girls, social norms, widespread sexual violence and breakdown in social and community norms that regulate behaviour in stable communities.¹⁴

Some studies have also highlighted that marriage forms and practices are changing, with more fluid and individual arrangements emerging. For example, adolescent girls and boys are increasingly making decisions without the kinds of formal agreement or involvement of parents and family members, as was typical in the past. Adolescents may initiate a union themselves if they view marriage as a way to gain independence, escape a difficult home situation, and achieve the social status of adulthood in a context where they have limited status and opportunity.¹⁵ In addition, while marriage with bride wealth payment is still considered the ideal union, formal negotiated bride price has become increasingly rare in the study communities and is being replaced by elopements or marriages forced by pregnancy.¹⁶

Policy and programmatic response to child marriage in Uganda

There has been an expansion of policy and programmes to reduce child marriage in Uganda over at least the last decade. Several national policies, including the Uganda Gender Policy (2007), National Population Policy (2008), National Adolescent Reproductive Health Policy (2004), National Policy on Elimination of Gender-Based Violence in Uganda (2016), and the Gender in Education Sector Policy (2009) have been developed. These policies underline the need for special programmatic attention to help girls and boys delay marriage and enforce existing laws against child marriage.

The Government of Uganda developed the National Strategy on Ending Child Marriage and Teenage Pregnancy (2014/2015 - 2019/2020)¹⁷ to provide a holistic and comprehensive framework for tackling the two issues.[‡] However, there is significant concern that with the outbreak of the COVID-19 pandemic, progress achieved to date in reducing child marriage has already been undermined and will continue to do so for the foreseeable future.

[‡] The process of developing a new national strategy on Ending Child Marriage and Teenage Pregnancy is ongoing.

The COVID-19 pandemic and lockdown restrictions

Uganda confirmed its first case of COVID-19 on March 21, 2020. In response, the Government of Uganda imposed several restrictions to curb the spread of the virus and minimise its impact, including quarantine requirements and lockdowns (encompassing stay-home orders, travel/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 implemented between June and July 2021 to stem the second wave of the pandemic.

An assessment was conducted to understand how the COVID-19 pandemic is impacting child marriage risk factors and how actors can adapt programmes to tackle the practice during COVID-19 and beyond. Primary data were collected through qualitative interviews and focus group discussions in three districts across three sub-regions (West Nile, Bugisu/Sebei, and Karamoja): Yumbe, Kapchorwa and Moroto. In addition, interviews and focus group discussions were conducted with urban refugees and selected stakeholders in Kampala.





Impact of COVID-19 restrictions on families and communities

The COVID-19 pandemic has had and continues to have a devastating effect on families and communities across the country, including refugee-hosting districts. The following four main impacts were revealed in Kapchorwa, Moroto and Yumbe reported:

(a) Heightened levels of poverty.

The Ugandan Government's measures to contain the spread of the virus - such as lockdowns - have led to a drop in economic activity, the loss of livelihoods, and an increase in household poverty. Given that the informal economy alone employs 84.9 per cent of the population,¹⁸ lockdowns prevented the vast majority of the population from going to work. As such, many people lost their sources of income, pushing them into extreme financial insecurity and exacerbating the conditions of those who were already experiencing hardship and poverty. The loss of livelihoods resulting from COVID-19 restrictions continues to negatively affect the ability of vulnerable groups of people,

including refugees,⁵ to meet their basic needs. Most of those slipping into deeper poverty levels seem increasingly reliant on negative coping strategies, including child marriage. An increase in cases of transactional sex has also been reported in refugee and host communities, fuelled by economic insecurity and a reduction in humanitarian assistance in the context of COVID-19.

(b) Heightened levels of anxiety. Fear of contracting the virus and potentially dying, potential economic or job losses, not being able to feed the family, and limits on social interaction outside the home have increased stress, anxiety, and family disputes.

In addition, children and adolescents have to cope with significant anxiety and stress occasioned by disruptions in their daily lives because of COVID-19 and pandemic response efforts, including school closures and limits on social interactions.

(c) Service disruptions. Generally, throughout the pandemic, health services have remained more available than other services.

However, access, costs, lack of transport, the need to wear masks, fear, and not always finding health workers on site have rendered them less efficient and accessible. Moreover, school closures triggered by COVID-19 have interrupted studies for children and young people, with many unable to access distance learning opportunities. After nearly two years of school closures, there is a risk of some children falling permanently behind or never returning to school, particularly girls. In addition, refugees who depend on humanitarian assistance face challenges as aid organisations operate at reduced capacity due to travel bans, local lockdowns,¹¹ and decreased funding.¹⁹

(d) Increased violence against women and children.

This trend is linked to pandemic-induced poverty-related stress and the limited access many people have to protection and social support services from formal and informal networks. Reports of increased violence are consistent with available administrative data. For example, an estimated 3,280 cases of gender-based violence, including intimate partner violence, were reported to the police between March 30 and April 28, 2020. This is in comparison with 2019, in which an average of 1,137 domestic violence cases were reported each month.²⁰

⁵ Many refugees have lost their livelihoods, especially considering they were typically engaged in informal employment or depended on travelling to the host community for work.

¹¹ On 22 June 2021, the Office of the Prime Minister (OPM) announced the suspension of travel to refugee settlements, except for partners cleared by the OPM Department of Refugees carrying out life-saving services. In line with this directive, humanitarian partners were instructed to stop all non-life-saving activities in refugee settlements until 30 July 2021.

The interplay between COVID-19 and child marriage

Across all study sites, participants reported that COVID-19 has contributed to an increase in rates of child marriage and has put the most vulnerable girls at heightened risk of child marriage.** This increase in prevalence is linked to school closures, the economic impact of COVID-19, pregnancy, and service disruptions. The pathways are illustrated in Figure 2.

(a) Pandemic-induced poverty and economic insecurity pushing up adolescent pregnancy and child marriage.

The economic fallout occasioned by COVID-19 has forced some families to marry off their daughters to relieve financial pressure on the family. In addition, rising economic uncertainty and diminishing livelihoods at the household level have forced many girls into having sex in exchange for financial or in-kind support, such as transportation, food or clothing. The consequence of these transactions has been an increase in adolescent pregnancy rates, which is a significant driver of child marriage in Uganda and across the region more generally.²¹

(b) Prolonged school closures put girls at risk of early marriage.

Due to school closures, many young people are at home and uncertain when schools will reopen. The abundance of unstructured time can lead to boredom and idleness and a concomitant increase in the risk of adolescent pregnancy and child marriage.

(c) Disruptions to interventions that help to reduce child marriage.

Such interruptions have been experienced widely because lockdowns and social distancing measures affect services, access to information and social support networks. Some of the most significant disruptions are:

- School-based interventions: These range from interventions to keep girls in school; school-based mentorship programmes and girls' clubs; delivery of life-skills education and comprehensive sexuality education; and guidance and counselling offered in school settings.

- Community engagement: Due to social distancing measures and movement restrictions, all community engagement interventions that require face-to-face interactions have been adversely impacted. For example, community sensitization programmes with children, parents and communities on different protection risks for children, including child marriage, have been put on hold. The same applies to mobilisation and engagement with men's and boys' groups, where gender equity and social norms are discussed.
- Access to quality sexual and reproductive health information and services. Many adolescent girls had limited access to sexual and reproductive health information and services during lockdowns, including contraceptives. With little or no access to resources to prevent unplanned pregnancy, teenage pregnancies have increased, making child marriage more likely.

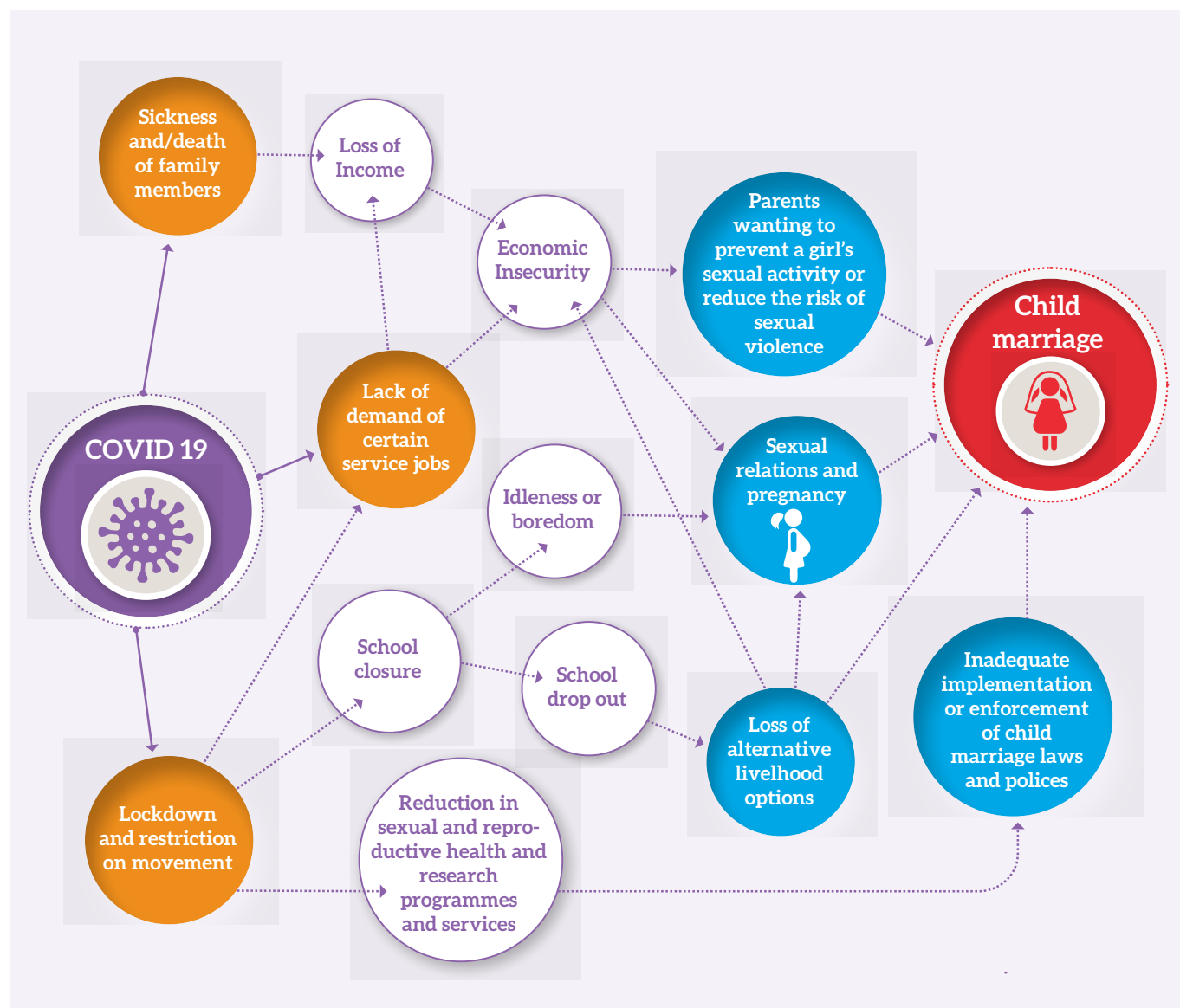
(d) Fear of contracting the virus.

Child marriages appear to have increased in some communities in response to a fear among children and young people that they may die of COVID-19 before having a child of their own. Some adolescent girls reportedly have opted for marriage to purposely give birth, 'to avoid dying without having any children'.²²



** This is consistent with general trends across the country. For example, between January and June 2021, 107 cases of teenage pregnancies and 146 child marriages were reported through the Child Helpline alone. This figure is most likely an under-representation considering that many cases are usually not reported.

Figure 2: Pathways through which COVID-19 impacts child marriage



Efforts by the government and non-governmental organizations (NGOs) to combat child marriage tend to employ a punitive approach and are focused primarily on social norms change. Respondents indicated that while these tactics can help to reduce child marriage, interventions also need to address structural drivers to have a greater long-term impact in reducing the vulnerabilities of girls and their families. This could be done by, for example, keeping schools open, safe and accessible; providing social protection programmes that can reduce household poverty; and providing mentoring and training opportunities for girls 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.

Findings also indicate that COVID-19 has accelerated the already existing transformations in marriage prac-

tices described above, including increasing numbers of young people deciding to marry without parental consent 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 COVID-19. The emotional load on married girls (and boys, and the couple as a whole) is significant at the best of times. During COVID-19, with all its related challenges, these have been exacerbated because girls have been isolated from friends and other sources of support and advice. Some respondents noted that life was particularly difficult for married girls across all settings during the lockdown period because of household poverty, ensuing arguments and violence, and an inability to seek support from their friends, mothers or other family members.

Conclusions

The COVID-19 pandemic has increased rates of child marriage by exacerbating the risk factors that drive the practice and, at the same time, creating new sources of vulnerability that make children more likely to marry. Disruption of services, such as health, sexual and reproductive health and education, has also increased girls' vulnerability to pregnancy, which drives marriage in many instances. Over the medium and long term, numerous measures are needed to turn the tide to ensure girls and boys have opportunities that enable them to pursue different futures. The impact of the pandemic is likely to be felt for at least the next decade. Now is the time to implement interventions to prevent children from marrying and work to improve the well-being and prospects of those girls and boys who are already married.

Implications for policy and programming

1. Child marriage doesn't just happen to anyone.

While boys are exposed to early marriage, most child marriages involve girls, especially those from low-income families, marginalized groups, and poor and remote areas. Unfortunately, COVID-19 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 services.

2. COVID-19 is having a profound impact on the risk factors that drive child marriage.

The COVID-19 pandemic has exacerbated several risk factors that propel child marriage, such as poverty and economic insecurity and, at the same time, has created new risk factors, including the closure of schools. Therefore, the adaptation of programmes and innovations may be required to advance progress in reducing child marriage during COVID-19 and beyond.

3. Prolonged school closures are the most significant new risk factor posed by the pandemic.

Since the Government of Uganda reopened schools in January 2022, it is crucial to identify actions to ensure safe and sustained return to school, especially for children in the poorest and remote communities. Examples of such actions include:

- a. Monitoring, using gender-disaggregated data, the numbers of children affected by school closures and the number and gender of children who have returned to school.
- b. Supporting a return to school, especially for the most vulnerable girls and boys. This may include the provision of conditional cash or in-kind support for children's schooling. In addition, school policies and support systems should be flexible enough to welcome the return of pregnant teen girls and young mothers and

mitigate against future disruptions of their learning.

- c. Back-to-school campaigns and remedial 'catch-up learning' programmes^{††}
- d. Adolescent girls and boys unable to return to formal education should be supported to enrol for vocational skills training and employment opportunities.

4. Early, unplanned pregnancy is a major driver of child marriage.

In the context of COVID-19, there is an increased risk of marriage due to pregnancy due to the impact of school closure, economic insecurity, and service disruptions. Therefore, there is a need to ensure access to quality education for girls and boys, quality sexual and reproductive health information and services, livelihood opportunities, life skills training, and protection and social support services.

5. Poverty and economic insecurity remain the primary risk factor for child marriage.

Expanding social protection measures and poverty alleviation strategies, therefore, remain key to tackling child marriage 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 withstand the diverse challenges brought on by COVID-19.

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

Concerted and complementary efforts are required to integrate interventions with other support and services in other areas such as social protection, savings and loans programmes, cash transfers, parental education programmes, and education support for girls and boys.

7. 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 service design and delivery. This means being more attuned to puberty as a nexus point in the lives of children and engaging with adolescents in a participatory, child-centred and inclusive manner about their desires, aspirations, and challenges.

8. The COVID-19 pandemic is accentuating the existing vulnerabilities of refugees in Uganda.

Ordinarily, refugees have greater access to services than those populations living in host communities; however, humanitarian agencies working in refugee settlements have witnessed disruptions in service provision, and remittances typically received from the diaspora are not forthcoming. Refugees have different challenges to host populations and have even fewer social safety nets in times of crisis.

^{††} 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 (Rawe, 2020; World Bank, 2021).

Endnotes

- 1 Uganda Bureau of Statistics and ICF, *Uganda Demographic and Health Survey*, UBOS and ICF, Kampala and Rockville, Maryland, 2018.
- 2 Chata Malé and Quentin Wodon, *Child Marriage Series with Education Global Practice: Basic profile of child marriage in Uganda*, 2016, <<https://openknowledge.worldbank.org/bitstream/handle/10986/24763/Basic-0profile00d0marriage0in0Uganda.pdf?sequence=1&is-Allowed=y%253E>>.
- 3 Rutaremwa, G., *Factors Associated with Adolescent Pregnancy and Fertility in Uganda: Analysis of the 2011 demographic and health survey data*, 2013, pg 7-13.
- 4 Uganda Bureau of Statistics and ICF, *Uganda Demographic and Health Survey 2018*.
- 5 Government of Uganda and United Nations Children's Fund, *National Strategy on Ending Child Marriage and Teenage Pregnancy 2014/2015 – 2019/2020*, GOU and UNICEF, 2015, <www.unicef.org/uganda/NATIONAL_STRATEGY_ON_CHILD_MARRIAGEPRINT_READY.pdf>.
- 6 Ibid.
- 7 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.
- 8 <www.independent.co.uk/news/world/africa/uganda-underage-marriages-sanitary-pads-hygiene-products-menstruation-a8016651.html>.
- 9 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.
- 10 Crivello, Gina and Mann, Gillian, 'Young Marriage, Parenthood and Divorce; Pontalti, Kirsten, Changing Marriage Patterns: Getting married isn't for everyone', *Coming of Age and Changing Institutional Pathways Across Generations in Rwanda*, PhD Thesis, University of Oxford, 2017.
- 11 Uganda Bureau of Statistics and ICF, *Uganda Demographic and Health Survey 2018*.
- 12 *Early Marriages in Uganda: A comparative assessment of determinants across regions*, <www.researchsquare.com/article/rs-6140/latest.pdf>.
- 13 Crivello and Mann, *Young Marriage, Parenthood and Divorce*.
- 14 *Child Marriage in Humanitarian Crises: Girls and parents speak out on risk and protective factors, decision-making, and solutions*, <https://humanrights.berkeley.edu/sites/default/files/publications/child_marriage_in_humanitarian_crises_report_2021.pdf>.
- 15 Crivello and Mann, *Young Marriage, Parenthood and Divorce*, pg. 295-339.
- 16 Stoebenau, K., et al., *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, 2015.
- 17 Government of Uganda and UNICEF, *National Strategy on Ending Child Marriage and Teenage Pregnancy*.
- 18 Uganda Bureau of Statistics, *National Labour Force Survey 2016/17*, UBOS, Kampala, 2018.
- 19 Reach Uganda, *Impact of the COVID-19 Resurgence in Refugee-Hosting Districts in Uganda*, July 2021, <https://REACH_UGA_COVID-19-briefing-note_Refugee-districts_July21.pdf (reliefweb.int)>.
- 20 Ministry of Gender, Labour and Social Development, *Press Release*, MoGLSD, April 2020.
- 21 UNFPA, *Girlhood. Not Motherhood: Preventing adolescent pregnancy*, UNFPA, New York, 2015.
- 22 Focus group discussion with adolescent boys 14 - 17 years, rural Moroto.



for every child

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