

TECHNICAL NOTE ON COVID-19 AND HARMFUL PRACTICES

COVID-19 has upended the lives of children and families across the globe and is impacting efforts to end child marriage and female genital mutilation (FGM). Actions taken to contain the spread of the pandemic – such as school closures and movement restrictions – are disrupting children’s routines and their support systems.

Hundreds of millions of children and adolescents will likely face increasing threats to their safety and well-being, including gender-based violence (GBV), exploitation, abuse and neglect, social exclusion, and/or separation from caregivers and friends.

We know from the Ebola outbreaks and from other public health crises that adolescent girls are disproportionately affected by these emergencies. Efforts to stop the Ebola epidemics led to school closures and a loss of education; a decrease in access to reproductive health information and

services; a loss of livelihoods and a contraction of social support networks. These undermine strategies to end FGM and child marriage, and threaten the progress that has been made over the past decade.

We know from the Ebola outbreaks and from other public health crises that adolescent girls are disproportionately affected by these emergencies.

LEARNING FROM EBOLA:

The COVID-19 response can draw important lessons from the Ebola epidemics in West Africa and the Democratic Republic of the Congo:¹

- ✓ **SOCIAL DISTANCING** is reducing the provision of social services (health, education and protection) and limiting community gatherings and face-to-face interactions in a bid to slow the spread of the epidemic. But these are key tools in efforts to end child marriage and FGM.
- ✓ **NON-BIOMEDICAL EXPLANATIONS** of disease may stigmatize vulnerable groups and lead to the denial of services and care, and to violence against marginalized groups, including witchcraft accusations against children and women.²
- ✓ **EPIDEMICS ARE DISRUPTORS** and can be harnessed for positive social change. During the Ebola crisis, FGM was interrupted in Guinea and Sierra Leone. While FGM resumed after the end of the epidemic, a public health crisis and the disruption it causes could potentially be leveraged to advocate for an end to harmful practices.³
- ✓ **NOT ALL HARMFUL PRACTICES HAVE THE SAME EFFECTS.** While FGM declined – even if only temporarily – teenage pregnancies increased in Sierra Leone during the



Ebola crisis. This shows that the drivers and inhibitors of FGM and child marriage differ from each other and require issue-specific strategies.

- ✓ **NEW NETWORKS**, such as those generated during the Ebola outbreaks, created systems of cooperation that can be reactivated. The lessons learned in communities about epidemic response make them more resilient to other public health crises.

INTERPLAY BETWEEN COVID-19 AND HARMFUL PRACTICES

Key effects of COVID-19 for children, including adolescents, and efforts to end harmful practices:

- ✓ social isolation and loss of social support
- ✓ increased risk of violence, abuse and exploitation
- ✓ loss of access to education, reproductive health and protection services
- ✓ loss of livelihoods
- ✓ opportunities to disrupt FGM and child marriage
- ✓ opportunities for young people to take on positive, new roles in their communities



© UNICEF/UN0156396/INTABADDE

EFFECTS OF COVID-19 ON ADOLESCENTS

Health

- ✓ Large numbers of infections overwhelm health systems and reduce access to sexual and reproductive health information and services for adolescent girls. This reduces protection from sexually transmitted infections and may increase teenage pregnancies, unwanted births and health risks to adolescent mothers and infants.
- ✓ Restrictions on movement and increased responsibilities for the care of sick relatives further reduce access to health care for adolescent girls.
- ✓ Fear of infection, violence and mistreatment by health workers can prevent adolescent girls from seeking health services.

Livelihoods

- ✓ Loss of livelihoods, unemployment, increase in poverty and disruption of skill-building activities disproportionately affect young people and undermine their aspirations and empowerment.
- ✓ Increased economic and sexual exploitation of children and adolescents may arise.
- ✓ Child marriage may increase as a household strategy to reduce economic burdens and to increase expenses (related to dowry and bride price).

Education

- ✓ School closures lead to many consequences, such as: loss of education and learning; some adolescents dropping out of school permanently in order to work or care for sick relatives; increase in risks of sexual exploitation and abuse, early marriage and teenage pregnancy; reduction of social interactions between peers; and interruption of other school-based services, including school lunches, menstrual hygiene services and the distribution of nutrition supplements.
- ✓ Marginalized children, including adolescents, lack access to distance learning and digital learning platforms and resources.

Protection

Restrictions on social activities and delay of initiation rites:

- ✓ Travel, gatherings, events and celebrations prohibited.
- ✓ Delay of marriages and initiation rites, including FGM.
- ✓ Shrinking peer support networks of adolescent girls, increasing their social isolation and vulnerability, and reducing their freedom of movement, access to sources of information, and to means of communication.

Mental health effects include:

- ✓ Distress due to the death or illness of or separation from family members or caregivers.
- ✓ Fear, panic and stress in the community.
- ✓ Worsening of pre-existing mental health conditions aggravated by stress and violence in the household.
- ✓ Increased substance use and risk taking by adolescents.
- ✓ Pressure on or lack of access to mental health and psychosocial support services.

Violence in this population can arise due to the following factors:

- ✓ Lockdowns and quarantines deprive children of safe spaces and increase household tensions, domestic conflict and violence.
- ✓ Lockdowns and quarantines increase the risk of sexual exploitation and forced early marriage.
- ✓ Lockdowns and quarantines also reduce access to protection and GBV services and support.
- ✓ Loss of family care due to COVID-19 quarantine, hospitalization, death of a caregiver or adolescents being sent to live with another family can increase risk of abuse of children, especially adolescent girls.
- ✓ There may be stigma and discrimination against individuals or groups suspected of being infected, which can lead to violence against children. Marginalized adolescents, including those with disabilities, are particularly vulnerable to stigma and abuse.

PROGRAMME RESPONSES⁴

Policy-level interventions

- Ensure that pandemic preparedness and response plans are grounded in children's rights and gender analysis, and address the increased risks of GBV for adolescent girls.
- Ensure that the COVID-19 pandemic response does not undermine efforts to end harmful practices.
- Support public policy efforts aimed at interrupting FGM during the pandemic and beyond.
- Advocate for social protection to prevent an increase in child marriage as a negative coping mechanism.
- Advocate for continued education, including through distance learning accessible to adolescent girls.
- Ensure children with disabilities have equal opportunities to access distance learning programmes and are provided with necessary assistive devices, accessible platforms and materials.

- Support access to digital tools for education, health, psychosocial support and social protection services for adolescents and their families.
- Advocate for continued provision of adolescent sexual and reproductive health services and information and greater investments in GBV services.
- Ensure that COVID-19 movement restrictions account for the needs of different vulnerable groups.

Evidence gathering and research

- **Evidence:** Invest in learning, monitoring and research about what is happening during the crisis in order to inform efforts to end FGM, child marriage and other harmful practices during the pandemic and beyond.
- **Research for the post-pandemic situation:** Invest in research and learning throughout the pandemic to prepare for programming after the crisis and to measure the success of the post-crisis recovery.

Interventions at the service and systems level⁵

PRIORITY INTERVENTIONS

Health

Where health systems are still providing a broad range of services:

- ✓ Continue to provide sexual and reproductive health information and services.
- ✓ Ensure that key facilities have the capacity and supplies to respond to sexual violence.

Where health systems are no longer accessible or are focused on the COVID-19 response:

- ✓ Develop channels for virtual consultations; for example, through helplines, radio and mobile phones.
- ✓ Support community workers to provide reproductive health information and services and support for victims of GBV. Where appropriate, involve adolescents in these roles and ensure they are protected.

Livelihoods

- ✓ Provide social protection to soften the impact of the pandemic and mitigate negative coping mechanisms.
- ✓ Use existing social protection schemes to provide support to vulnerable adolescents and their families.
- ✓ Partner with local moneylenders and non-governmental organizations to support cash transfer programmes with a training component on GBV and sexual exploitation.⁶

Education

Continued education – partner with the education sector and programmes to:

- ✓ Provide access to distance education through television, radio or online learning and virtual platforms.
- ✓ Monitor school dropout of girls and ensure their return to school.

COVID-19 messaging and communication should involve:

- ✓ Schools to provide COVID-19 accurate protection and safety messages that reassure, limit panic and encourage adherence to health messaging.
- ✓ Educating teachers and students on how to address stigma and social exclusion.

GBV and child protection:

- ✓ Teachers and volunteers have the knowledge and skills to mitigate the risks of GBV.
- ✓ Children, including adolescents, have access to complaints and reporting mechanisms in schools.

Protection

Strengthen the child protection and mental health systems at the community level through social welfare services, and support to police, education and health services.

Distance protection services should:

- ✓ Provide guidance on how to adapt child protection services when physical distancing is imposed.
- ✓ Provide guidance on digital and virtual spaces for psychosocial support and for information, education and communication.
- ✓ Reduce stigma and social exclusion that may result from the pandemic.



© UNICEF/UN0155396/NTABADDE

Interventions at the individual and community level

Develop new ways of providing information and support to adolescents:

- Broaden the use of mass media, community radio and digital media to provide children, including adolescents, and their communities with access to information and communication tools.
- Create online opportunities for children, including adolescents, to share their experiences and concerns, communicate with their peers and access sources of support.
- Partner with local women's organizations, traditional birth attendants and organizations for persons with disabilities to provide continued services for girls at risk.
- Establish safe, trusted and confidential channels for children, including adolescents, to report violence, exploitation and abuse.

Support young people in taking on new roles: Partner with youth organizations to support and build the capacities of adolescents as educators and facilitators, communicators and mentors, as well as to provide support in their communities. Ensure they are protected from infection and abuse.

Opportunity in crisis: As was done during the Ebola crisis, work with community groups and traditional leaders to interrupt FGM and identify other opportunities to harness the disrupting force of the pandemic for positive social change.

Additional resources: Use this link for an updated list of resources: <https://bit.ly/2UQn7AC>

This technical note was published in April 2020, by UNICEF, in collaboration with Child Frontiers.

ENDNOTES

- 1 While there is rich literature on the social and economic effects of Ebola, the literature on SARS and MERS focuses largely on the epidemiology. For example: Park, Mirae, Ryan S. Thwaites, and Peter J. M. Openshaw, 'Lessons from SARS and MERS', *European Journal of Immunology*, no. 50, 2020, pp. 308–316 <<https://onlinelibrary.wiley.com/doi/epdf/10.1002/eji.202070035>>; Ripoll, Santiago, et al., 'Social Science in Epidemics: Ebola virus disease lessons learned', *Social Science in Humanitarian Action*, 2018 <https://reliefweb.int/sites/reliefweb.int/files/resources/Final_Ebola_lessons_learned_full_report.pdf>.
- 2 See McGrath, Ciaran, 'Ebola crisis: Witchcraft warning amid NEW arson attacks on MSF centres', *Express*, 9 March 2019 <www.express.co.uk/news/world/1097213/ebola-crisis-witchcraft-outbreak-congo-drc-msf-doctors-without-borders-africa>. Also see the study on child witchcraft accusations commissioned by UNICEF that includes programme recommendations <www.refworld.org/docid/4e97f5902.html>.
- 3 Bjälkander, Owolabi, 'FGM in the time of Ebola—carpe opportunitatem', *The Lancet*, vol. 4, pp. e447–e448, July 2016 <www.thelancet.com/action/showPdf?pii=S2214-109X%2816%2930081-X>.

Higa, Liriel, 'Leveraging Ebola to tackle FGM', *The New York Times*, 9 February 2016 <<https://kristof.blogs.nytimes.com/2016/02/09/leveraging-ebola-to-tackle-fgm/>>.

Acland, Olivia, 'Ebola ended FGM in Sierra Leone, but now it's back', *Vice*, 22 March 2016 <www.vice.com/en_us/article/ney9mb/ebola-ended-fgm-in-sierra-leone-but-now-its-back>.

28 Too Many, 'Will Ebola help or hinder the fight against FGM in Liberia?', London, UK, 10 December 2014 <www.28toomany.org/blog/2014/dec/10/will-ebola-help-or-hinder-the-fight-against-fgm-in-liberia/>.

- 4 UNICEF, *Framework on socio-economic impact of COVID-19 on children, families and communities*, 2020. PowerPoint presentation.
- 5 The Alliance for Child Protection in Humanitarian Action, *Technical Note: Protection of children during the coronavirus pandemic*, Version 1, March 2020 <https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_brief_version_1.pdf?file=1&type=node&id=37184>.
- 6 Gray, James, *Reaching girls during and after the Ebola crisis through a Joint UN Response*, UNICEF Sierra Leone, 2019. PowerPoint presentation.