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MTBA partner CINI distributes IFA tablets to adolescent girls in coordination with the local administration in Dumka District in Jharkand, India.

Girls and Women on the Front Lines: Bracing for the COVID-19 Response in Low Resource Settings

COVID-19 POSES A UNIQUE THREAT TO GIRLS AND WOMEN, PARTICULARLY IN RESOURCE-POOR COUNTRIES WITH FRAGILE HEALTH SYSTEMS AND LIMITED SOCIAL SAFETY NETS

As the novel coronavirus COVID-19 rapidly spreads across the globe, claiming lives, disrupting economies, and exposing inequalities present in health systems, the pandemic is expected to greatly exacerbate vulnerabilities already felt by marginalized populations, including those that the More Than Brides Alliance (MTBA) seeks to reach in our effort to end child marriage. The pandemic poses a particular threat in resource-poor countries with fragile health systems, limited social safety nets, and populations that are largely reliant on informal sector economic activities. Key public health recommendations concerning COVID-19, including frequently washing hands, disinfecting surfaces, and keeping physical distance from other people to slow disease transmission, are difficult if not impossible to implement in settings where large families live in close quarters with limited access to soap and/or clean water. For example, in Mali, data from the Demographic and Health Surveys (DHS) suggest that fewer than 1 in 5 households were observed to have a place for washing hands with soap and water.

As health systems are pushed beyond their limits in low-resource settings, the COVID-19 crisis will largely unfold within households, with girls and women on the front lines, caring for the sick, completing domestic labor, and managing dwindling resources on behalf of their families. With the COVID-19 pandemic first spreading throughout high-resource settings, a consensus has formed that health care workers are at heightened risk of contracting and spreading the disease and that limited testing and equipment should be used to prioritize the protection of these essential workers. As the pandemic now establishes strongholds throughout the Global South, such prioritization must extend beyond the formal health sector to include women and girls expected to sustain their communities by assuming essential caregiving roles within households.

RISKS TO GIRLS DURING ACUTE PHASE OF CRISIS

The deepening COVID-19 crisis places girls and women—who already bear a disproportionate burden of domestic labor within households— at heightened risk of contracting and spreading the novel coronavirus. Studies of adolescent time use have shown that girls spend more time daily on domestic work than their male peers, including on household chores and caretaking duties (Amin and Chandrasekhar, 2009). As [Chernor Bah of Purposeful Productions and the Asia-Pacific Gender in Humanitarian Action Working Group](#) have already pointed out, girls' burden of being caregivers in their communities is greatly exacerbated in times of crisis. Studies conducted among refugee populations additionally suggest that when families are forced to shelter in place for extended periods of time, girls' caretaking responsibilities increase ([Lee et al., 2017](#) ; [Pettit et al., 2017](#)). As families isolate within homes during the COVID-19 pandemic, girls' caretaking responsibilities will likely increase, including not only in caring for family members who fall ill, but also in looking after younger children now more present in the home due to school closures and/or limited access to adult caregivers outside of the immediate household. Chores such as fetching water and acquiring groceries may become increasingly challenging for girls to navigate, with detrimental impacts on the health and the wellbeing of girls themselves, of their families, and of their communities.

Additionally, shuttered schools, lost incomes, and stay-at-home orders threaten to further restrict girls' access to information, support networks, and essential services and to place girls at heightened risk for experiencing discrimination, gender-based violence, and other forms of violence including child marriage ([UN Women 2020](#)). Lockdowns and supply chain disruptions resulting from the pandemic may block girls' access to services needed to protect their SRHR. Increased isolation from social support networks, caretaking and domestic responsibilities, loss of loved ones, and economic strain all contribute to heightened stress and associated negative mental health outcomes.

All of these factors can carry significant implications for girls well beyond the acute phase of the public health crisis. Protecting girls' rights during this pandemic requires calling particular attention to the specific roles girls will play and the risks they will face in the fight against COVID-19, but also to the myriad ways in which the far-reaching consequences of this deadly pandemic threaten to disrupt their futures and to roll back progress made toward gender equality and a world free from child marriage ([UNICEF, 2018](#)).

HEIGHTENED RISK OF CHILD MARRIAGE

Previous research has shown that external shocks related to conflict or displacement can lead to increases in the prevalence of child marriage ([Mourtada et al., 2017](#)) due in part to increased poverty and insecurity and to challenges in meeting daily needs. The COVID-19 pandemic can be expected to exacerbate the drivers of child marriage, both during the acute phase of the crisis and in its aftermath. In the face of financial hardship, child marriage can be a means of survival, with families reducing the number of mouths to feed by marrying daughters earlier than planned. Likewise, families strained by an increased burden of domestic work and caretaking needs may seek out young brides as a means of supporting elders in the family. Increased insecurity within communities may also drive parents to have their daughters married earlier as a means of protecting them from perceived increased risks of sexual violence and threats to family "honor" associated with premarital sexual activity. More time away from school and employment may mean more time for new sexual relationships among adolescents. Paired with limited access to contraceptives, this could translate to increased levels of adolescent pregnancy, which may also lead to child marriage.

Child marriage may also be a response to an unpredictable future with regards to economic or educational opportunities for girls: those who may have been able to avoid child marriage by staying in school and/or earning an income themselves are no longer able to do so when schools are closed and livelihood opportunities are further constricted. This threatens to upend progress made in closing in the gender gap and makes achievement of SDG 5 less likely in some contexts.

PROTECTING GIRLS ALSO MEANS PROTECTING THE HEALTH OF THE COMMUNITY



Given their precarious position as caretakers within the crisis, adolescent girls may be particularly vulnerable as spreaders of COVID-19 in their households and communities. Although more information about the susceptibility of sub-groups to coronavirus changes as new information becomes available, [most available data suggests that](#) while they are less likely to become very ill as a result of COVID-19, [children and young people are important vectors of the disease](#). Evidence increasingly suggests the significant role of asymptomatic and/or undocumented transmission of COVID-19 ([ProPublica, 2020](#)). In MTBA countries, we know that a significant proportion of the population lives in multi-generational households that include older family members and that the number of people within homes may be high (e.g., in Niger the mean number of individuals sleeping per room is 3). Protecting the health of girls and young women at increased risk of exposure to COVID-19 is thus essential not only for protecting their own health but also for preventing asymptomatic spread in order to slow the pandemic and lessen its deleterious effects on community health and well-being.

MTBA partner ANBEF in Niger distributes handwashing kits in the Say Department of the Tillabéri region.

THE CENTRAL ROLE GIRLS PLAY IN THE ACUTE RESPONSE MEANS GIRLS AND WOMEN MUST BE VIEWED AS AN IMPORTANT PART OF THE SOLUTION

To date, most public health messaging related to COVID-19 targets the general population and is based on individual behavior change (i.e. washing hands, not touching one's face, quarantining oneself if symptomatic, etc.). Formal health workers are often singled out as being at heightened risk and in need of increased protection within the pandemic response, while caretakers working in the domestic realm are rendered largely invisible. Particularly in areas of the world where health systems are weak and informal caretakers will bear a heavy burden of the pandemic response, health behavior communications must draw attention to the differential risks faced by girls and women and highlight precautions that can be taken to protect their health and prevent asymptomatic spread of COVID-19 at the community level. Despite the unique and compounding challenges they will face over the coming months, ***adolescent girls must also be viewed as a central part of the solution***. Evidence shows that young people are most likely to be successful in adopting new health behaviors ([Gledd, 2012; Patton et al., 2016](#)). If armed with appropriate tools and accurate information, girls will play an important role in protecting the health of their families and communities.

WHAT MUST BE DONE

MTBA is fully cognizant of the disproportionate and complex risks the COVID-19 pandemic will pose for adolescent girls, both in the immediate response phase of the crisis and in the years to come, as [outlined by Girls Not Brides Global](#). Especially during times of crisis, women's autonomy and full participation in decision-making are essential, and specific steps must be taken to remove gendered barriers to information, services, and supportive environments. Programs already present at the community-level must rise to the challenge of maintaining contact with adolescent girls remotely and of connecting them with critical information, psycho-social support networks, protective equipment, and testing to the full extent possible. Programs must also effectively communicate accurate information about women and girls' specific vulnerabilities to others in the community and emphasize that supporting them in completing domestic tasks will help to limit the spread of disease and minimize stress within families. As the COVID-19 pandemic unfolds in the countries where we work, we know that adolescent girls will be uniquely positioned to impact its trajectory. In this critical moment, MTBA's commitment to centering and supporting adolescent girls remains steadfast. We must act now to support girls through this crisis and to help mitigate its long-term consequences.

A member of an adolescent girl's group sews face masks, which were distributed in Ganjam, Odisha in India with the support of MTBA partner VHAI.



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