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BACKGROUND - COMBATING CHILD MARRIAGE DURING COVID-19 AND BEYOND

The practice of child marriage is rooted in gender inequality and patriarchal social norms that are further perpetuated by gaps in policy and programmes on education, health and nutrition, child protection and poverty alleviation. This practice therefore tends to affect children from marginalised communities the most. Children are not a homogenous group and the impact of child marriage on boys and girls differ. For boys, marriage brings with it adult responsibilities which they may not be prepared for. Early fatherhood might create further economic pressure in the form of providing for the household as well as risk limiting boys' access to education, skills and future employment opportunities. In the case of girls, the implications of marriage on girls' education, safety, overall health and well-being are higher than that for boysⁱ. Adolescent girls from marginalised communities, tend to face dual marginalisation of gender based discriminatory practices and economic insecurity. This complex interplay of factors can only be answered when the root causes are addressed, attitudinal changes are brought in regarding the role and value of the girl child in society and firm implementation of the laws, policies and programmes pertaining to Child Marriage. Empowering the girl child by equipping her with knowledge, building her agency and encouraging her participation in decision-making from the personal to the political, and control over resources is instrumental to achieving gender equality. This necessitates a multi-pronged intervention over a sustained period, with diverse stakeholders including boys and girls, their families and communities, and the system from local to national levels.

Any humanitarian crisis brings these critical interventions to a grinding halt and risks undoing much of the progress made. According to the World Health Organisation (2007), a crisis refers to "an event or series of events representing a critical threat to the health, safety, security or wellbeing of a community, usually over a wide area. Armed conflicts, epidemics, famine, natural disasters, environmental emergencies and other major harmful events may involve or lead to a humanitarian crisis". Evidence shows that children tend to be disproportionately affected during humanitarian crises, and their rights, lives and well-being are at risk of irreparable harmⁱⁱ. There is growing evidence which suggests that humanitarian crises tend to escalate child marriage numbersⁱⁱⁱ.

- Globally, around 21% of young women were married before their 18th birthday, and 12 million girls under 18 years are married each year. (UNICEF 2018)
- South Asia has one of the highest rates of child marriage in the world. Almost half (45%) of all women aged 20-24 years reported being married before the age of 18. (UNICEF 2016)
- Almost one in five girls (17%) in South Asia are married before the age of 15 (UNICEF 2018)

Child Marriage as an issue has found mention in the global agenda for the first time through the United Nations Sustainable Development Goal (SDG) target 5.3 which explicitly aims to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations" by 2030. As the nation geared up to strengthen interventions related to child marriage for achieving national targets and SDG Goals, the COVID-19 pandemic¹, risks undoing much of these efforts.

The COVID-19 pandemic coupled with lockdown measures is crippling economies, which in turn is affecting other significant aspects of human development and well-being. Economic instability has a direct impact on livelihoods, which increases vulnerabilities of poor families who are typically employed in the informal sector with limited access to benefits and social security measures. This escalates violations of the child's right to protection by pushing children into labour to supplement family incomes, or children falling prey to traffickers for commercial sexual exploitation or labour or children being married off (especially adolescent girls) to reduce economic liabilities on the already vulnerable and over-burdened family. Robust social protection systems have a critical role to play in reducing household level vulnerabilities. They are designed to support and prevent hardship when people face adverse circumstances. Standard social protection systems are designed to respond to adversities at individual and household level, typically related to job loss or illness that affects few households at a time. However, COVID-19 is exposing several fault lines within these systems. Since the pandemic has affected a large number of homes across countries simultaneously, social protection systems are struggling to deal with it, revealing that they need to be strengthened to be responsive in times of crisis. Since economic insecurity is one of the key drivers of child marriage, a fragile social protection system unable to reduce household level vulnerabilities is a direct contributor to increasing child protection violations as well as child marriages during humanitarian crises.

Child Protection services across the world have also been severely affected due to the COVID-19 pandemic (UNICEF 2020)^{iv}.

> The total effect of the COVID-19 pandemic is projected to result in 13 million additional child marriages that otherwise would not have occurred between 2020 and 2030. (UNFPA, 2020)

> As a result of COVID-19 effect on economy, an additional 34.3 million people will get pushed into extreme poverty worldwide in 2020. (UNDESA, 2020)

> More than 60% of the world's employed population are in the informal economy.' (ILO, 2020)

> 45 per cent of the global population were covered by at least one social protection, and 4 billion people were completely unprotected when the COVID-19 crisis hit (ILO, 2020)

1 The Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus which has spread to over 200 countries across the globe <https://covid19.who.int/>

Dysfunctional child protection systems increase risk of gender-based violence and child marriage, physical and emotional maltreatment and psychosocial distress to name a few. The pandemic is also weakening social structures, which is adding to anxieties related to girls' safety within households. In these adverse situations, child marriage is seen as a solution to protect girls from fear of stigma arising from various forms of abuse, including sexual assault or sexual assault.

School closures have been another response to the COVID-19. Education is one of the most powerful tools for attaining gender equality, providing girls with the necessary skills to make informed choices and determine their future. Girls who are out of school, are more likely to be married young, have early pregnancies, which risk their health as well as the health of their unborn/ new born children. Additionally, poorly educated mothers are ill equipped to address health, nutrition needs of their children.

Health systems across the globe have been stretched beyond limits in responding to the COVID-19 while simultaneously trying to balance delivery of other essential health services. The World Health Organization (WHO) Director General remarked that "All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights". Evidence from prior humanitarian emergencies indicate that sexual and reproductive health services – including pregnancy care, contraceptives, sexual assault services and safe abortion – tend to get restricted. This results in an increased risk of maternal mortality, unintended pregnancies and other adverse sexual and reproductive health outcomes among women and girls.

This policy brief seeks to draw from CRY grassroot experiences, anecdotal and other evidences and best practices on child marriage to highlight ways to address this issue during the current COVID-19 crisis in India, to prevent the long term debilitating consequences on adolescent girls.

> More than 100 countries across the world have seen disruptions in services related to prevention and response for child protection violations, with countries in South Asia reporting maximum disruption. (UNICEF 2020)

> There are 52 country-wide school closures as of September, 2020.

> Globally, 1.8 billion students have been affected by school closures

> 23.8 million children, adolescents and youth (pre-primary to tertiary) are at a risk of not returning to care centres, schools, and universities.

> Out of these 5.95 million are from South and West Asia, which is also the highest compared to other regions. (UNESCO 2020)

> For every 3 months the lockdown continues, assuming high levels of disruption, up to 2 million additional women may be unable to use modern contraceptives

> For every 3 months the lockdown continues, an additional 15 million additional cases of gender-based violence are expected. (UNFPA, April 2020)

CHILD MARRIAGE AND COVID-19 IN INDIAN CONTEXT

There are 12.15 million married children in India below the age of 18 years, of which 8.9 million are girls (Census 2011). 27 percent of women aged 20-24 years were first married or in union before the age of 18 (NFHS IV 2015-16). Despite clear legislation prohibiting child marriage in India, this practice has persisted since the root causes for child marriage are yet to be effectively addressed and the implementation of the legislation needs to be strengthened. As per the Prohibition of Child Marriage Act (PCMA), 2006, child marriage is a criminal offence where a '*male adult above 18 years of age, contracts a child marriage, shall be punishable with rigorous imprisonment that may extend to two years or with fine which may extend to one lakh rupees or with both*'. However, reporting of cases under the PCMA, 2006 has been low with only 395 cases registered under the PCMA, 2006 in the year 2017 (NCRB 2018).

The National Policy for Children (2013) has overlooked the issue of child marriage. However, child marriage finds mention in the National Plan of Action for Children (2016), as a practice that 'violates children's basic rights to health, education, development, and protection and is used as a means for trafficking of young girls'. It classifies the issue as a child protection violation (key priority area 3) and identifies strategies such as development of community-based management and prevention system to address child marriage among other child protection issues, conduct district-wise vulnerability mapping, strengthening of child protection committees, strengthening community-based rehabilitation services, orientation of stakeholders in the community on the PCMA, 2006, and public advocacy on ill-effects of child marriage and prevention of the same. It also clearly links child marriage

with early pregnancy, 'posing life-threatening risks to both mother and child'. The target to achieve goals under the National Plan of Action for Children, 2016 is the year 2021.

However, these targets would be nearly impossible to achieve given the poor implementation of law, social denial of the crime and abysmally low budgetary allocations for children. The proportion of Child Budget in the overall Union Budget 2020-21 hit the lowest in the last five years at a paltry 3.16 per cent. Given the range of services required to ensure child protection, the trends in allocations over the last 5 years reveals that the share of child protection within the overall child budget has been only between 1.5% to 2%. Despite overwhelming safety concerns, allocations towards the Child Protection Services Scheme (Erstwhile ICPS) in Union Budget 2020-21, remained stagnant as Rs. 1,500 crores, while Beti Bachao Beti Padhao (BBBP) scheme witnessed a decrease in allocations by Rs. 60 crores despite it being touted as a successful measure in improving child sex ratio and promoting girls' health and education. The emphasis of most child protection interventions in India lean towards responding to violations, whilst there is an urgent need to strengthen preventive measures by enhancing child protection budgets.

The current challenges arising from COVID-19, have resulted in human and financial resources being directed towards emergency response and saving the economy from further damage. In such unprecedented adversity, there are fears of children being deprioritized further and drastic reductions in budgetary allocations for children. A further dip in the child budget is likely to cause irreversible damage to India in the long run. With existing in-

equities based on gender, caste, class and urban-rural divide, the COVID-19 pandemic, has exacerbated challenges for the poor and limited their access to education, health & nutrition and child protection services, thereby increasing the risk of child marriage. The issue of child marriage requires urgent attention in terms of articulation in the National Policy (which is already due for revision) and strengthen implementation as per the National Plan of Action for Children, 2016. This needs to be supported by adequate budgets so as to universalise access to health and education, as well as strengthen preventive mechanisms within the child protection system. In her budget speech (2020-21), the Hon'ble Minister of Finance also recognized the issue and a

Task Force was set up vide gazette notification S.O. 1736(E) issued on 4th June, 2020 'to examine matters pertaining to age of motherhood, imperatives of lowering Maternal Mortality Ratio, improvement of nutritional levels and related issues'^{vi}. The recommendations of the task force could potentially be a valuable contribution to the Policy level articulation and strategy to combat child marriage in India.

The following sections unpack the factors contributing to child marriage and make recommendations so as to address them during COVID-19, as well as use this crisis as an opportunity to bridge gaps in gender equality, break the cycle of inter-generational malnutrition and poverty and strengthen the child protection system in India.

CHILD MARRIAGE AND POVERTY

Poverty has been one of the important factors contributing to the existence of child marriage. In almost all developing countries, child marriage is more common among the poorest people than the wealthiest (ICRW 2016)^{vii}. Nearly 80% of the work force in India comes from the unorganised sector^{viii}. Poor families in the informal employment sector thus have limited or no access to social security cover, employment benefits, and largely depend on the public health and education system. With severe paucity in infrastructure, human resources and quality of services provided by the health and education system, most marginalised communities lead extremely challenging lives. Even the smallest health or economic setback, weighs down heavily on their frugal resources and threatens their very existence. In such circumstances it is the girls who come to be perceived as economic liabilities on families, and child marriage becomes the ultimate solution to reduce economic burden^{ix}.

The Indian economy, like the rest of the world, has suffered a serious setback due to the COVID-19. It was already experiencing a slowdown prior to the pandemic, and latest data suggests that it has plummeted further. India's Gross Domestic Product (GDP) in the first quarter of Financial Year 2020-21 has shown a contraction of 23.9 percent as compared to 5.2 percent growth in first quarter of Financial Year 2019-20^x. The trickle-down effect of the shrinking GDP has impacted poor households the most, created job losses, and caused a reverse migration from urban to rural areas. Consequently, the pressure on existing social security schemes has increased exponentially. The Government of India has introduced a slew of emergency measures through the 'Atmanirbhar Bharat Abhiyan' based on 5 pillars; Economy, Infrastructure, System, Demography and Demand^{xi}. The package included liquidity support to farmers, additional funds to state governments, timely payment of minimum wages, increased budgetary allocations for the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) to returning migrants, directive to states to utilize State Disaster Response Funds towards providing food and shelter for migrant workers to name a few. Additionally, the 'Garib Kalyan Rozgar Abhiyan' was also launched in Mission mode across 166 Districts of 6 States (Bihar, Madhya Pradesh, Uttar Pradesh, Rajasthan, Odisha, Jharkhand) to boost employment and livelihood opportunities for migrant workers returning to their villages, in the wake of COVID-19 outbreak^{xii}.

- The Indian economy is expected to contract by 5.9% as a result of the COVID-19. (*UNCTAD, 2020*)
- The unemployment rate in India in September, 2020 is around 7% (*CMIE, 2020*)
- More than 12 crore Indians had lost jobs by May 2020. (*CMIE, 2020*)
- Nearly 22 per cent of India's population is poor. (*Census 2011*)
- More than 40 million internal migrants have been affected due to COVID-19. (*World Bank, 2020*)

These states are critical due to the relatively high numbers of child marriage prior to the pandemic. As per Census 2011, Uttar Pradesh, Bihar and Rajasthan are three of the top 5 States when it comes to numbers and concentration of married children and adolescents (aged 10-19 years) in India. Therefore, these states are especially vulnerable in the current scenario.

However, the benefits of these emergency measures are yet to be seen and much will depend on smooth implementation of these interventions. There are also suggestions and discussions on providing direct cash transfers to the poor to reduce household level vulnerability, but that would be at the very least require digital connectivity, and literacy for financial transactions among the poor. Poverty and child marriage tend to mutually reinforce one another, continuing the vicious cycle of intergenerational poverty and human rights violations.

the workforce, enhance women's agency within the household as well as outside.

- Civil Society Organisations and local administration to conduct vulnerability analysis of families and children, so that 'at-risk' families and children could be identified and provided required help.
 - Civil Society Organisations must generate awareness at grass root level about the different social protection and welfare schemes and improve access of families to such schemes
 - Provide vulnerable families with economic incentives and direct cash transfers to cover out of pocket expenses on girls' education and health expenses until universalisation of health and education is achieved.
 - Encourage participation from girls and women in developing local solutions and planning for recovery post the pandemic to ensure plans are gender sensitive and inclusive.
 - Strengthen implementation of schemes that aim to enhance the value of the girl child such as 'Beti Bachao, Beti Padhao' and other state level initiatives with similar objectives.
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- Strengthen poverty alleviation programmes and social security measures so as to prevent increase in extreme poverty by providing tools, skills and resources needed to overcome challenges. Such systems need to include a balance between adequacy, coverage and comprehensiveness, which enables individuals to access benefits without delay and administrative bottlenecks.
 - Strengthen interventions related to financial literacy, provision of housing, minimum wages, livelihood / employment guarantee programmes, unemployment allowance, medical insurance cover and pensions.
 - These interventions should be gender-responsive and must create opportunities for income generation for women. This will enable and lead to increase in women's participation in

CHILD MARRIAGE AND EDUCATION

Education is a basic human right that empowers girls to make decisions regarding their future including continuing education, livelihood and employment and political participation. It is a tool that provides them with the skills, including critical life-skills to navigate their world, contribute to their household as well as nation-building. It is therefore significant in breaking the cycle of poverty and can bring in transformational change in a society. It is also the strongest predictor of the age she will marry. Therefore, access to education also determines the girl's agency in family planning and making decisions related to the health and nutrition requirements for herself as well as her child.

In India, provision of education is the joint responsibility of the Centre and the States. School Education is currently provided by the Samagra Shiksha Abhiyan which was launched in 2018 by subsuming the Right of Children to Free and Compulsory Education (RTE) Act 2009, the Rashtriya Madhyamik Shiksha Abhiyan and Teacher Education Scheme. Since the RTE Act, 2009 places education at par with the fundamental Right to Life, the situation of elementary education in India is relatively better compared to other stages of education. In fact, access to government schooling reduces with each subsequent stage of education after elementary stage. Distance from schools, transportation costs, cost incurred in procuring learning materials, uniform etc. often add to the economic burden of families. Additionally, limited access to government secondary schools, creates additional expenses related to payment of school fees. Safety en-route and within schools is another concern, which has hampered successful completion of girls' schooling.

In addition to learning, schools also act as converging points for critical services related to health and nutrition such as the school health programme, menstrual health, mid-day meals and child protection services. Therefore, enabling girls' access to schools also contributes to improved adolescent health outcomes, ensuring at least one nutritious meal, and provide spaces to report and redress gender-based violence.

The COVID-19 pandemic has severely hampered girls' access to education, as well as other services provided within schools. Due to the lockdown and economic recession in households, it is likely that families will impose duties on girls related to

- There are 1.72 million schools in India (government and private), of which 1.46 million are elementary schools, and 0.26 million provide secondary and higher secondary education
- The proportion of government schools to total schools declined from 73.1 percent at elementary level to 41.2 percent at secondary and higher secondary level.
- Transition rates for girls dropped from 87.91 (elementary to secondary) to 66.48 (secondary to higher secondary). (*UDISE 2016-17*)

sibling care and domestic chores under the guise of keeping them occupied at home and away from prying eyes in their neighbourhoods. Additionally, as discussed earlier, increased economic pressures on the household, safety concerns for girls coupled with restricted access to education, could increase vulnerability of girls towards child marriage.

The recently released National Education Policy suggests several measures to enable girls' access to education by creating a Gender Inclusion Fund, addressing safety concerns and creating a safe and conducive environment for learning and also addressing the digital divide across the country by developing world class digital infrastructure through its Digital India Programme.

During the current COVID-19 crisis, the Ministry of Education, GoI has made efforts to enable the continuation of education through digital means. However, remote-teaching learning presents its own challenges. While almost 99.9 per cent of homes in India have a power connection, the quality of electricity supply is very poor, especially in rural India. Only 47 per cent of rural households receive electricity for more than 12 hours^{xiii}. Further, there is a huge variation between rural and urban India. Only 4.4 per cent of households in rural India have a computer as compared to 23.4 per cent in urban India; only 15 per cent of households in rural India have an internet facility as compared to 42 per cent in urban India (MOSPI, 2019). The gender divide in access and ability to use digital devices is stark. Only 33 per cent women had access to internet, while this figure is 67 per cent for men. This disparity is more prominent in rural India where 72 per cent men and only 28 per cent women had access to internet^{xiv}. Thus, girls are more likely to miss out on online education, leading to increase in existing learning gaps, as well as potentially drop out of education altogether. Girls who drop out from the school system, are at a high risk of marriage and early pregnancy.

- In India, school closures have affected 320 million students. (UNESCO, 2020)
- Only 37.6 million children across 16 states are continuing education through various education initiatives such as online classrooms and radio programmes etc. (CRY-CBGA, 2020)
- Prior to the pandemic, girls were already twice as likely as boys to have less than four years of education. (WIDE Database 2015)

RECOMMENDATIONS

- Prioritise distribution of learning materials to girls and ensure free access to digital technology such as providing free phones, laptops, data-packs to enable uninterrupted learning. Provide self-paced learning materials to ensure girls are able to learn at their convenience.

- > Encourage involvement of girls and women in planning for school re-opening, including generating mechanisms to track girls' attendance, requirement for accelerated learning, psychosocial support
- > Make school level child protection policies a mandatory requirement and strengthen gender-responsive risk analysis and contingency plans based on learning gathered from COVID-19. Include online safety and redressal mechanisms for the same as one of the important components in the policy.
- > Community based child protection mechanisms like Village and Block Level Child Protection Committees, District Child Protection Units to create awareness about helpline numbers amongst community and children
- > Review existing state and national incentive schemes for girls' education considering inflation rates, relax eligibility criteria and conditionalities attached with availing these schemes to increase their access and utilization by intended beneficiaries.
- > Provide clear timelines for strengthening of digital infrastructure across India in accordance with the National Education Policy, 2020.
- > Strengthen processes to collect evidence and document best practices and innovative learning methods to build systemic resilience
- > Extend the ambit of Right of Children to Free and Compulsory Education Act, 2009 to include secondary education, so as to ensure universal access to quality education for all children, especially girls.
- > Increase combined spending on school education by centre and states from current 2.9% to 4% GDP as suggested by Kothari Commission in 1966.

CHILD MARRIAGE AND HEALTH-NUTRITION

Married adolescent girls from marginalized communities are vulnerable to early motherhood since their access to quality health services, information on sexual and reproductive health, nutritional and other support is often limited. These services seem to be getting further compromised due to COVID-19. As a result, for already married minor girls, the risks of early pregnancy are high and other negative implications on health and nutrition are high. Pregnancy in adolescence (aged 10-19 years) often leads to negative outcomes. Other complications such as spontaneous abortions, premature birth, still birth, other birth defects are also more common in babies born to mothers in this age group. Further, infant mortality and malnutrition rates associated with adolescent pregnancies are higher than those of adult pregnancies^{xv}. Adolescent mothers also have a higher risk of having low birth weight babies^{xvi}. Low birth weight babies have a much higher risk of dying before reaching age 5, of developing more severe malnutrition, specially stunting^{xvii}. Low birth weight, wasting, stunting, and child malnutrition, has the further consequence of impaired cognitive development and malnutrition, including under-nutrition and obesity, in adulthood^{xviii}. 28 per cent of adolescents in India suffer from some form of anaemia, and adolescent girls had a higher prevalence of anaemia (40%), compared to boys (18%) (CNN 2019). Anaemia was also identified to be a moderate to severe public health problem for adolescents in 20 states in the country. Anaemia has adverse consequences on physical and cognitive development and also poses a severe threat to future safe motherhood in girls. Therefore the education status, age, health & nutrition status of the mother has a direct bearing on the health and nutrition of her child.

In many households, gender-based discriminatory practices tend to prioritise nutritional needs of boys over girls, which has a significant bearing on their overall development. The reduction or loss of household level incomes due to COVID-19 risks further compromising health and nutritional needs of adolescent girls belonging to households from poor and marginalised communities. In fact, marrying off adolescent girls is seen as a reduction in economic burden on the family with one less mouth to feed. However, health and nutritional needs of adolescent girls often continue to receive low priority even in their marital homes.

The Government of India has recognized the importance of

- 55% of the currently married women in India were married between 14-19 years of age
- 3.7 million girls between 15-19 years are married and working
- Only 30% of the married women between 15-19 years enjoy complete freedom of movement.
- 3.4 million girls between 15-19 years are mothers
- More than 400,000 girls between 15-19 years in India have 3 or more children.
- Only 15% of the married girls between 15-19 years use contraceptives
- Every 7th pregnancy in this age group has a negative outcome (spontaneous abortions or miscarriages)
- Less than 1/3rd of the adolescents between 15-19 years have comprehensive knowledge about HIV/AIDS
- More than 40% of the children aged 15-19 are undernourished

adolescent and thus launched Rashtriya Kishor Swasthya Karyakram (RKS) in year 2014. The programme scope includes sexual and reproductive health services as well as services related to nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse under its ambit. However, the reach of the scheme needs to be expanded. Prior to the COVID-19, the Peer educators intervention of the RKS was operational across 200 districts, and 1671 Adolescent Health Counselors were in place out of a total sanctioned strength of 2040^{xix}. Thus, the health system was already grappling with shortages in human and other resources in identified RKS districts. Unfortunately, the absence of a systemic mandate and machinery to reach adolescents in the remaining districts, would only have exaggerated the health challenges faced by adolescents during the COVID-19. Further with the doctors, nurses, Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) having been assigned the responsibilities related to COVID in hospitals, quarantine centres and at the community, the overall program deliverables are likely to be negatively impacted.

COVID-19 has also served a huge blow to the attempts of Government of India in ensuring menstrual health and hygiene among adolescent girls and women due to closure of schools and limited supply of menstrual hygiene products^{xx}. This challenge is further heightened when essential supplies, including water, run low. Traditionally, girls and women bear maximum responsibility for caregiving, often at the cost of their own health. If a family member tests positive for COVID, it not only heightens the risk of infection for women and girls, but also risks delay in seeking treatment. The platforms for raising awareness on sexual and reproductive health have also diminished as priority is being accorded to COVID related information and response. Thus, targeted medical interventions and psychosocial support is required for adolescent girls and women to mitigate the long-term risks to their health and nutrition.

- > 80% of the children between 15-19 years are not covered by any health insurance scheme
- > 54% of girls and 29% of boys aged 15-19 are anaemic
- > Nearly 70% of girls reported access and financial issues in availing healthcare. (*Childescents in India: We are Children Too!* CRY, 2018)

RECOMMENDATIONS

- > Convergence of 'nutrition-sensitive' and 'nutrition-specific' interventions as stated in the National Nutrition Strategy, 2017 would be key to addressing issues related to household food security as well as issues related to malnutrition. Issues related to access, eligibility criteria, distribution of food grains, pricing etc. within the Public Distribution System (PDS) need to be addressed on a priority basis
- > It is imperative to promote indigenous nutritious food in order to address issue of malnourishment and anaemia. Also to provide information on healthy ways of cooking so as to retain nutritional properties of food and provide recipes or information on iron rich food.
- > Prioritise provision of Weekly Iron and Folic Acid Supplements (WIFS) either through mechanisms of home delivery or on specific days at school location maintaining social distancing norms.
- > Ensure distribution of sanitary napkins through ASHA workers during their door-to-door visits or fix a date to distribute it maintaining social distancing from some community centre or common location
- > Services related to Sexual and Reproductive Health (SRH) has been severely affected and needs to be prioritized urgently. Therefore, tele-counseling and information support on SRH and menstrual health & hygiene, information on contraceptives and family planning methods.
- > It is imperative to ensure provision of mid-day meals to reduce burden on poor families.
- > Strengthen implementation of the RSK and reimagine peer educator programme during COVID-19 through digital means i.e. over phone or online. This will provide adolescents a platform to share their concerns and take steps for reporting child marriage
- > Ensure Implementation of Adolescent Specific Interventions laid down in the National Nutrition Strategy.
- > Collect evidence and best practices related to child health and nutrition in order to build resilience within the health system.
- > Increase budgetary allocations for child health and ensure universal access to quality health and nutrition services across India.

CHILD MARRIAGE AND CHILD PROTECTION

Child marriage limits young girls' skills, resources, knowledge, social support, mobility and autonomy. Young married girls have little power in relation to their husbands and in-laws. They are therefore extremely vulnerable to domestic violence, abuse and abandonment. Violence may include physical, sexual or psychological abuse. In addition, married girls also face the risk of intimate partner violence. One in every five married girls between 15-19 years reported violence by their husbands^{xxi}, and evidence from prior crises shows that without targeted intervention, COVID-19 risks heightening pre-existing risks of gender-based violence^{xxii}.

Crimes against children in India has strong gender dimensions to it. Crimes reported under kidnapping and abduction, Offences under Protection of Children against Sexual Offences Act, 2012, and rape constituted more than 75% of the total crimes, and girls were its major victims (NCRB 2018). Therefore, the child protection system in India was already in need of strengthening even in pre COVID times. At the community level, the requisite training and support to create robust community-based child protection structures with the ability to identify children at risk, map vulnerable families, develop risk mitigation strategies was not fully available across India. Therefore, despite the Juvenile Justice (Care and Protection of Children) Act, 2015 identifying a '*child who is at imminent risk of marriage before attaining the age of marriage and whose parents, family members, guardian and any other persons are likely to be responsible for solemnisation of such marriage victims of child marriage*' as a Child in Need of Care and Protection, the system was often unable to prevent child marriages and protect these children. Coming to other legislations, the Prohibition of Child Marriage Act, 2006 is the key legislation to address child marriage in India. However, its implementation has suffered due to several reasons such as inadequate financial provisioning of the law, absence of effective interventions to bring in attitudinal changes with regard to child marriage, lack of proper training, accountability mechanisms of Child Marriage Prohibition Officers (CMPOs), lack of convergence with the Child Protection Services System and so on. These lacunae have led to significant inter-state variations and contributed to the persistence of the practice of child marriage.

The response mechanism such as Childline Services was also stretched to its limits prior to COVID-19, and in fact has

- Over the last decade, there has been a five-fold increase in the number of crimes committed against children.
- The kidnapping and abduction of 16 to 18 years old girls alone accounted for 42% of all the kidnappings and abductions among children. (NCRB 2018)

registered a multifold increase in distress calls during the pandemic^{xxiii}. Breaking down of safety nets has long term consequences on children's physical and psychosocial well-being. The National Commission for Protection of Child Rights^{xxiv}, and more recently the National Human Rights Commission^{xxv} have issued advisories related to protection of children during the pandemic. However, the effective implementation of these advisories is where the true challenge lies.

The COVID-19 pandemic is not only revealing the gaps in India's child protection system, but also provides an opportunity to strengthen it, therefore it is critical to generate evidence and document best practices during these times. Investing in a strong child protection system will help build resilience for future pandemics as well as secure the future of India's demographic dividend. This would require a thorough evaluation of laws, policies and programmes related to child protection and increased investment of human and financial resources.

RECOMMENDATIONS

- > Create Central Guidelines for Child Marriage to provide an indicative yet comprehensive framework for states to follow
- > Strengthen implementation of laws such as the Protection of Women from Domestic Violence Act, 2005 and Dowry Prohibition Act, 1961
- > Strengthen access to legal aid services and support to victims seeking annulment under the Prohibition of Child Marriage Act, 2006.
- > The local administration (Gram Panchayats, municipal corporation) or Village Child Protection Committee/ward child protection committees should conduct a census/count of all the children in their vicinity and jurisdiction and particularly adolescent girls from a protection perspective. This will also help track new arrivals (migrants who have returned, girls who have come back from hostels, new brides) as well as identify vulnerable girls who could be potential victims of marriage, and prevent trafficking.
- > Childline or Police or the local Child Welfare Committee should be informed when risks are identified. Childline Protection services to be declared essential services and workers and provided with necessary protective equipment to play this role.
- > NGOs in collaboration with local governments to initiate a massive public education and awareness campaign on safety and protection of children to combat violence, prevention of child maltreatment, and abuse. Local governance systems like panchayats and urban governance units, resident welfare associations, etc. should be directed to display child helpline numbers and regularly announce it. Use of broadcast technology like radio, television to reach to children and masses should be made.
- > Increase budgetary allocations towards child protection within the child budget (2021-21). With the COVID-19 crisis, investments would have to be especially increased in schemes such as foster care, aftercare and sponsorship to protect children who may have lost caregivers due to the pandemic. Additionally, Child-Care Institutions (CCIs) would also have to be strengthened to care for additional children who might reach these spaces. With increasing protection risks for girls, investment in schemes such as Bei Bachao Beti Padhao would have to be stepped up along with strong monitoring frameworks to ensure its implementation.
- > Strengthen communication from State to District to Block level till community-based child protection mechanisms to improve collection of evidence and better vigilance related to child marriage, violence and abuse against

girls. This may be done in collaboration with Civil Society Organisations due to their proximity to the community.

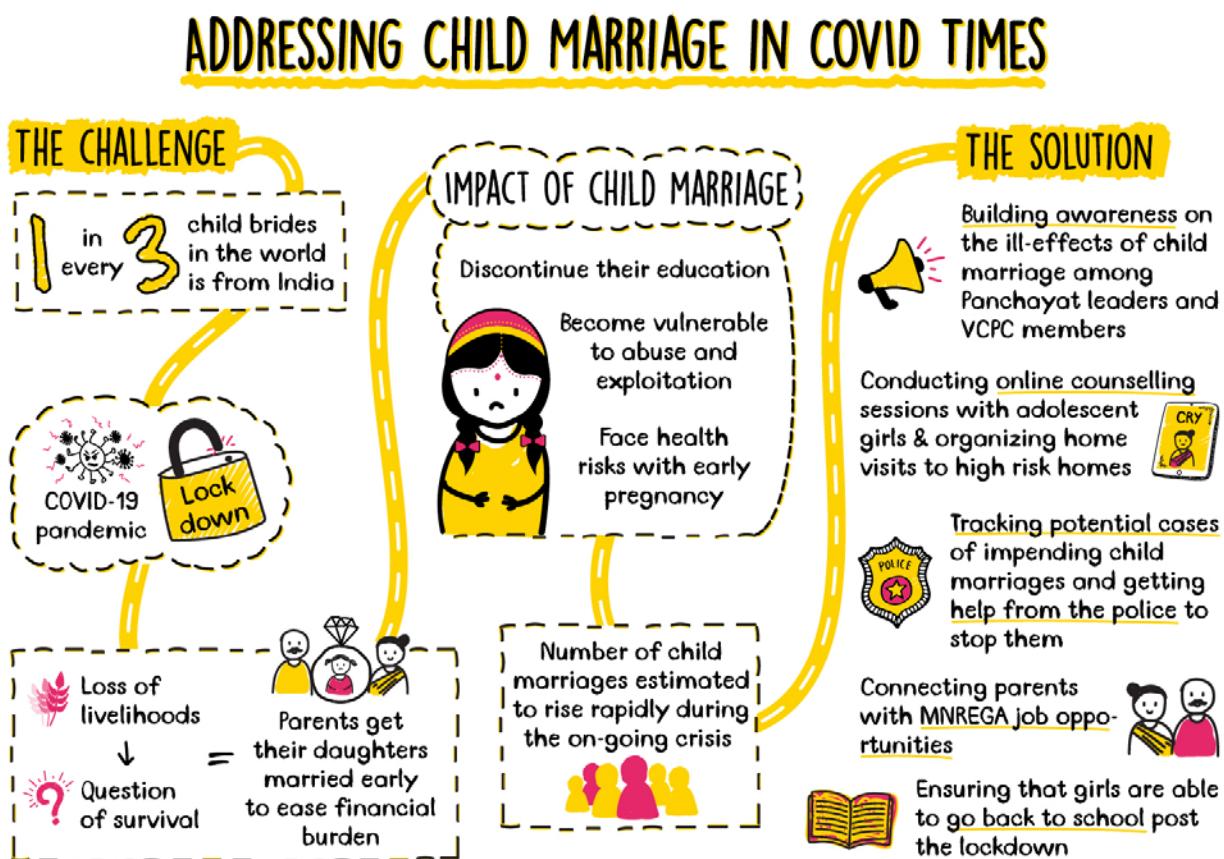
- > It is imperative that the needs of the adolescent girls are met appropriately, such that the trauma and stress of children to find a place in the discourse to seek solutions in these times of the pandemic and post pandemic phase.
- > Gender responsive social protection interven-

tions such as basic income grants and cash transfers, relaxation of school fees may be helpful to reduce the risk of adolescent girls being married off and help families/communities cope-up with economic and social burden.

- > Capacity building of government frontline workers, school administration, teachers and CSOs to deal with Child marriage issues during and after the pandemic .

CRY MODEL OF INTERVENTION FOR PREVENTING CHILD MARRIAGE DURING COVID TIMES

CRY stopped 927 child marriages in the year 2019-20. Its preventive plan of action to combat child marriages at the community level has been included in the illustration below.



ENDNOTES

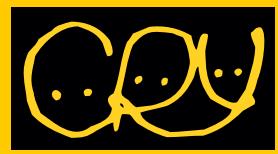
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