

Article

Marrying Young: Limiting the Impact of a Crisis on the High Prevalence of Child Marriages in Niger

Abstract: Child marriage is a harmful and discriminatory global practice, robbing millions of girls of their childhood. Global attention and momentum to end early marriage has increased over the years however, the impact of the COVID-19 pandemic has affected this progress. It has been predicted that over the next decade up to 10-13 million more girls will be at risk of child marriage because of the pandemic. Since Niger has consistently had the highest rate of child marriage in the world; this study will explore the impact of the COVID-19 pandemic on child marriages within the west and African region, but specifically within Niger. This article will look at past response efforts to other pandemics, specifically Ebola, and show how the girl-child remains disproportionately disadvantaged especially during pandemics. The article will conclude with recommendations on the importance of incorporating a gender analysis into preparedness and response efforts to eliminate child marriages.

Keywords: child marriage; child marriage in Niger; child marriage and development goals; COVID-19 and child marriage; impact of child marriages; impact of pandemics

1. Introduction

1.1 Background

Child marriages,¹ sometimes referred to as “early marriage” and “child brides”², is a harmful and discriminatory global practice (UNFPA, 2012). It robs millions of girls of their childhood (Davis, 2013) by hindering their health, development and well-being and violates, abuses and impairs their human rights (UN, 2015). Defined by the United Nations (UN) as marriage before the age of 18, child marriages and/or child brides can be found in every region in the world, from the Middle East to Latin America; from South Asia to Europe, cutting across, not only countries but across cultures and religions too (Girls Not Brides, 2018). Recent reports indicate that every year approximately 12 – 15 million girls marry before the age of 18 years (UNICEF Global Database, 2018). Whilst seeing a slight decline in some countries over the past years, the battle to combat child marriages remain a recurrent global struggle (UNICEF Press Release, 2018).

Global attention and momentum to end early marriage has increased; as evidenced by its inclusion in the UN Sustainable Development Goals (SDGs). Target 5.3 of the SDGs seek to end child, early and forced marriages by 2030. Not only is early marriage considered to be a human rights violation but the lack of progress towards ending child marriages has undermined the achievement of many of the Millennium Development Goals (2000-2015); as many of the SDG goals cannot be achieved without significant progress to end child marriage, including those goals related to poverty, health, education, nutrition, food security, inequality and economic growth (NPR, 2017).

In addition; various studies have detailed the negative impact of child marriages on the health and development of the girl-child (Myers, 2013). Numerous other researches have documented the adverse economic, social, demographic and consequences of child

¹ This term is used in its widest sense to refer to marriages involving a person aged below 18 in countries where the age of majority is attained earlier or upon marriage

² The terms “child marriages”, “early marriage” and/ or “child brides” will be used interchangeably in this article.

marriage for child brides, their families and their communities (John, 2019; Parsons *et al.*; 2015; Volgelstein; 2013; Yaya *et al.*, 2019). A recent study found that the practice of early marriage costs the global economy trillions of dollars (Wodon *et al.*, 2017).

Consequently, in addition to violating the rights of millions of girls every year, child marriage brings significant development impacts at the individual, community, and society levels and it remains a fundamental barrier to the achievement of international and national commitments for development and gender equality (Parson, 2017).

The overall prevalence of child marriage in Africa is higher than the global average and if current trends continue, Africa will become the region with the largest number and global share of child marriages by 2050 (UNICEF, 2015b). Although child marriage is prevalent across Africa - where approximately 40 percent of girls are married before age 18 (Yaya *et al.*, 2019) - prevalence is greatest in West and Central Africa (WACA), where it is estimated that 68 percent of child marriages occur therein. In some individual countries, the reported prevalence is even higher. For instance, Chad (77.9 percent), Guinea (72.8 percent), Mali (69 percent) and Nigeria (64 percent) have amongst the highest incidences of early marriage (Yaya *et al.*, 2019).

However, Niger, with between 75-76 percent, is the country with the highest percentage of child marriages (John *et al.*, 2019). According to the 2012 Niger Demographic and Health Survey (DHS), 77 percent of women aged 25–49 were married by age 18, with a median age at first marriage of 15.7 (the lowest of all the countries for which DHS data are available) (USAID, 2013; UNICEF, 2020c). A major concern is that Niger has consistently had the highest prevalence of child marriages not only in West Africa but, in the world (UN, 2015b). To combat this scourge Niger has committed to eliminate child, early and forced marriage by 2030 and therefore has an obligation to end these kinds of harmful practices (UN, 2015b). In order to end the practice of early marriage by 2030 as set out in the SDGs, it means that any progress must be significantly accelerated (UNICEF, 2018). This article will therefore focus on and explore the prevalence of child marriages in Niger and look at how efforts can be accelerated to achieve their SDG goals.

A major cause for concern is that despite trends showing a slow and uneven decline in the overall prevalence of child marriage in Africa (CHR, 2018), it has been predicted that over the next decade, up to 10-13 million more girls will be at risk of child marriage as a result of the COVID-19 pandemic (UNICEF, 2021). It is noted that although the relationship between the pandemic and increase in the incidence of child marriage has not yet been clearly established, there is a worrying trend in what is a fragile region affected by prevailing humanitarian contexts.

When Covid-19 was declared a global pandemic in March 2020 the pandemic together with a concomitant struggling global economy, meant that measures aimed at the containment of the virus took precedence over any other initiatives (Girls Not Brides, 2020). Responding to a public health emergency of unprecedented proportions in modern history, economies shut down and stay-at-home orders become the new normal. Reports indicate that one of the most damaging effects of the pandemic was a spike in child marriages globally (BBC, 2020). While it is too early to assess the full impact of COVID-19 on adolescent girls, over a year into the COVID-19 pandemic it is becoming clear that many predictions on the impact of the pandemic on adolescent girls and young women are likely to be confirmed (UNICEF, 2020). The COVID-19 pandemic is profoundly affecting the everyday lives of girls: their physical and mental health, their education, and the economic circumstances of their families and communities. According to empirical literature and theory on the drivers of child marriage as well as anecdotal evidence from a number of countries (Plan International, 2020; Save the Children, 2020b and 2020c; DW, 2020); changes like these put girls at a higher risk of becoming child brides (UNICEF, 2021). Consequently, a major portion of this study will explore the impact of the COVID-19 pandemic on child marriages, within the WACA region but specifically within Niger.

With the imposition of lock-down, it will be shown that the focus shifted away from many social ills, specifically child marriage and by looking at past response efforts to other

pandemics, specifically Ebola, this article will look at how the girl-child is disproportionately disadvantaged. Looking to the Ebola pandemic, experience has shown how reactions to the Ebola outbreaks and from other public health crises has consistently resulted in adolescent girls being disproportionately affected by these emergencies (The Alliance, 2020b). For example; during the 2014–16 west African outbreak of the Ebola Virus Disease (EVD), gendered norms meant that women were more likely to be infected by the virus, given their predominant roles as caregivers within families and as front-line health-care workers (Davies, 2016). Just as during the EVD outbreak in WACA, COVID-19 response efforts focused primarily on reducing the number of new virus cases, rather than correspondingly implementing protocols aimed at protecting the most vulnerable in society (Menéndez *et al*, 2015). Policies and public health efforts did not and have not, to date, addressed the gendered impacts of disease outbreaks (Smith, 2019). The continued failure to adequately respond to the needs of the vulnerable during COVID-19, once again meant that the girl-child is disproportionately disadvantaged resulting in an alarming surge in all forms of gender-based atrocities and more specifically in child marriages (Recavarren, 2020). By looking to the Ebola experience; it is hoped that experience from past outbreaks will show the importance of incorporating a gender analysis into preparedness and response efforts to improve the effectiveness of interventions aimed at eliminating child marriages and to promote gender and health equity goals; in line with various of the SDG goals.

1.2. Statement of the Problem

Previous experience and current statistics show that child marriage and the needs of adolescent girls are often overlooked in crisis situations like the COVID-19 pandemic (CARE, 2020; WRC, 2016), and that in many countries, when crisis hits, early child marriage increases exponentially (Monla-Hassan, 2020). Effective programmatic prevention of and response to child marriage cannot be achieved without first understanding the prevalence of child marriage, the nature of child marriage practices, the political and socio-economic factors influencing child marriage practices and the existing prevention and response activities in a given country or region. Only then can gaps in existing approaches and promising new approaches to prevent and respond to child marriage be identified.

1.3. Aims and Objectives

One of the aims of this paper is to understand the prevalence of child marriage, the nature of child marriage practices and the political and socio-economic factors influencing child marriage practices in the WACA region. The main objectives of this article are to assess responses, explore approaches, and identify gaps in efforts to address child marriage across the region, but specifically within Niger; thereby providing country offices with the information they need to accelerate and strengthen their work to end child marriage, especially during times of crisis. By looking at the major pathways through which COVID-19 increases the risk of child marriages, this article will aim to offer a framework to promote the rights of girls to delay marriage, address the conditions that perpetuate the practice, and to ensure that “girls fully enjoy their childhood free from the risk of marriage” (UNICEF, 2017). Advocating for a gendered-approach to policies and programmes during crisis situations, this article will aim to generate regional and country-specific recommendations for accelerating and strengthening efforts in addressing child marriage.

1.4. Rationale for this Study

Child marriages and the continued practice thereof is a violation of a girl’s human rights (UN, 2015); is an extreme violation of children’s rights and a serious form of child abuse. It robs girls of their childhood, their wellbeing and their potential (Save the Children, 2018). Being married too young forces girls into physical and emotional relationships that they are not ready for and that they have little control over (Save the Children,

2018b). Early marriage often compromises a girl's development by resulting in early pregnancy and social isolation; interrupting her schooling, limiting opportunities for career and vocational advancement and placing them at an increased risk of intimate partner violence (IPV) (UNICEF, 2019).

Furthermore, in many cultures, girls reaching puberty are expected to assume gender roles associated with womanhood, including entering a union and becoming a mother (Johansson, 2015). The practice of early/child marriage is therefore a direct manifestation of gender inequality (UNICEF, 2019) and acts as a significant obstacle to a country's achievement of their developmental goals directly related to the elimination of all harmful practices, such as child, early and forced marriages (Davis *et al*, 2013).

Even before the Covid-19 pandemic; despite national and international laws banning child marriages; and, regardless of some countries' positive efforts towards the elimination thereof (UNICEF 2015 & 2018), the global scale of child marriages has not significantly decreased to an extent where this practice no longer poses a threat to the development and growth of the girl-child (UNICEF, 2015).

One of the biggest concerns of the consequence of the COVID-19 measures, is that the pandemic is estimated to have disrupted significant efforts made thus far to end child marriage, and the resultant consequence is that reportedly, approximately 13 million more girls will be forced into early marriages between 2020 and 2030 (UN News, 2020). In addition, without further acceleration, more than 150 million additional girls will marry before their eighteenth birthday by 2030.

Various reports suggest that if efforts to end child marriage were not accelerated, WACA risked becoming the region with the highest numbers of child brides by 2050. The impacts of COVID-19 related restrictions, including disruptions to child marriage programming and wide-reaching economic crises and associated stresses on families, will further weaken planned efforts to end child marriage (Girls Not Brides, 2020b). It therefore becomes imperative to prioritise early marriage in policy and programme development (Parsons, 2017).

1.5. Methodology and Approach

This paper attempts to shift the focus back to early marriages during this pandemic; and through various meta-analysis literature reviews it seeks to explore child marriages by looking at the reasons for its continued practice and to highlight the increasingly massive problem that is child marriages in Niger. This study utilises a desk literature review of legal policies and national strategies/action plans as well as programmes and interventions related to child marriage prevention.

The author reviewed multiple databases to identify relevant academic publications, books, journal articles, programme evaluations, survey data, and other influential sources, including data from peer-reviewed journals, grey literature and other sources. Many documents included in this review consist of grey literature publications such as reports by UNICEF, UNFPA, Office of the United Nations High Commissioner for Human Rights (OHCHR), United Nations (UN), Human Rights Watch (HRW), Girls Not Brides, World Vision International (WVI, n/d)), the World Bank and International Center for Research on Women (ICRW). To meet the objectives of this study, the main results of the desk review are included in this article to strengthen the conclusions and recommendations reached.

The approach of this article is that it will begin by briefly summarising the international human rights framework for the abolition of child marriages and proceeds to isolate some key characteristics of the nature of child marriages; as well as looking at the scale and harmful effects of this practice. It is acknowledged that whilst all countries including African countries (Girls not Brides, 2020b) are faced with the challenge of child marriages (UNICEF, 2014), the focus of this article will be on the WACA region and specifically on Niger because of Niger's

unenviable status of having the highest overall prevalence of child marriages in the world (UNICEF, 2016). A discussion around the context of and reasons for the persistence of child marriages in Niger will be pursued. Some of the main vulnerability factors that have emerged from the literature review will be stressed to help highlight the diversity and complexity of this issue. The root causes of child marriages and community dynamics, including cultural traditions, must be better understood if the grave violations associated with child marriages are to be addressed and ultimately prevented. This article will then examine how these vulnerability factors are exacerbated during crisis situations and how progressive policies and practices would help to prevent early marriage and consequently adverse outcomes among girls. Finally, while looking at some of the other remaining challenges to eliminate child marriages, this paper will highlight positive guidelines in reducing the rates of early marriages and offers recommendations designed to eventually eliminate this harmful practice; including recommendations and resources for responding to the needs of adolescent girls during the COVID-19 crisis and recovery period, especially those at risk of early marriage.

1.6. Limitations of this Study

Part of the challenge of applying lessons from previous pandemics is that pandemics and epidemics, by their very nature, are often unique and the COVID-19 pandemic is unprecedented in modern history in its global coverage. In addition, while the actual number of girls that have been married since the beginning of the crisis is unknown, pre-COVID data can be used to predict the impact of the pandemic on child marriage in the near future. Such projections can be made by examining existing patterns as well as historical information on the effects of educational disruption, economic shocks and programme efficacy on this harmful practice (UNICEF, 2021). Despite the limitations on confirmed statistics around early marriages during this pandemic, lessons learned about how such crises impact some of the most vulnerable children remain valid pointers for concerted global, national and local actions. By informing on the nature of the potential impacts of COVID-19 on child protection outcomes and key risk factors, the article can be seen as a means of effecting a multi-dimensional strategy for responses and for future research prioritisation.

2. International Legal Framework

There is progress in the international and regional responses to child marriage prevention.

2.1. Free and Full Consent

Several international conventions have committed to eradicating child marriage, by detailing States' responsibilities for protecting children from marriage, defining a minimum age of marriage and requiring free and full consent in any marital decision. Amongst them, the right to free and full consent to a marriage is recognised in the 1948 *Universal Declaration of Human Rights (UDHR)*; in article 23 of the *International Covenant on Civil and Political Rights, 1966 (ICCPR)*, and article 10 of the *International Covenant on Economic, Social and Cultural Rights, 1966 (ICESCR)*. The right to "free and full" consent to marriage in the *UDHR* states that consent cannot be "free and full" when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The 1962 *Convention on Consent to Marriage, Minimum Age for Marriage and Registration for Marriages (Marriage Convention)* in article 1 provides that this consent must be expressed by both parties in person and in the presence of a competent authority. This latter Convention and the 1989 *Convention on the Rights of the Child (CRC)*, is drafted with the understanding that consent cannot be "free and full" when one of the parties is not mature enough to make an informed decision about a life partner.

The Committee on the Elimination of Discrimination against Women (Committee CEDAW) and the Committee on the Rights of the Child (Committee CRC) have both stressed the importance of additional legal safeguards to protect the right of all individuals to freely enter into marriage, even in plural legal systems which include both customary and statutory laws. A number of regional instruments also stipulate that marriage may only be entered into with the free and full consent of both parties. The African Union has recently urged its Member States to develop comprehensive action plan for marriage at age 8 (Plan International, 2015).

In addition, article 1 of the 1956 Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery (Supplementary Convention) obligates States to undertake all “practicable and necessary legislative and other measures” to bring about the abolition or abandonment of various practices which amount to forced marriage, such as promising or giving a woman in marriage, where she does not have the right to refuse, following payment to her parents, guardians, family or another person or group; the right of a husband, his family or clan to transfer his wife to another person for value received or for any other reason; and the inheriting by another person of a woman on the death of her husband.

2.2. Child Marriage

The issue of child marriage is also addressed in a number of international conventions and agreements. The 1979 *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*, for example, covers the right to protection from child marriage in article 16, which states: “[t]he betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage....”

Although early marriage is not specifically mentioned in the CRC, child marriage is linked to other rights; such as the right to freedom of expression, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices. This issue is further addressed by the Committee CRC. Other international agreements related to child marriage are the *Marriage Convention*, the 1990 *African Charter on the Rights and Welfare of the Child (The Charter)* and the 2003 *Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa*.

The Committee CEDAW and the Committee against Torture have also identified child marriage as a harmful practice which leads to the infliction of physical, mental or sexual harm or suffering, with both short- and long-term consequences, and negatively impacts on the capacity of victims to realise the full range of their rights. Child marriage may also be considered as the sale of children for the purposes of sexual exploitation, in violation of the *Optional Protocol to the Convention on the Rights of the Child, on the Sale of Children, Child Prostitution and Child Pornography* and of article 35 of the CRC (UNICEF, 2005).

2.3. Right to Equality and Non-Discrimination

As discussed above, child, early and forced marriage is now widely recognised as a form of gender-based discrimination which disproportionately affects women and girls. The rights to equality and non-discrimination are set forth in a number of international human rights instruments (*UDHR*, article 7; *ICCPR*, article 2; *ICESCR*, article 2; *CEDAW*, article 16). The Committees of CEDAW and the CRC have both described forced and child marriage as a manifestation of discrimination against women and girls, a violation of their rights and an obstacle to the girl child’s full enjoyment of her rights. They have further highlighted that the practice is perpetuated by entrenched adverse customs and traditional attitudes that discriminate against women or place women in subordinate roles to men, or by women’s stereotyped roles in society (CEDAW, 1992). Cultural and socio-

economic conditions, poverty and a lack of access to education also influence early marriages (ICRW, 2007).

2.4. *Child marriage and the Global Development Agenda*

More recently, the global community agreed to the SDG target 5.3, discussed above; and which is a key initiative to advance gender equality (UNICEF, 2017). In addition, child marriage hinders the realisation of many other SDGs, especially those related to education and health.

Despite these international and national commitments to end harmful practices, the pandemic together with various other drivers of child marriages is adversely impacting the achievement of this global target.

3. Drivers and Consequences of Child Marriages in Niger

There has been substantial research done on some of the factors that drives child marriages, and of the consequences thereof (Klugman et al, 2014; UNICEF; 2014b; Vogelstein, 2013; Parsons, 2017). The main drivers that are present in most instances of early child marriage is gender inequality, economic insecurity, safety concerns and lack of educational opportunity (Monla-Hassan, 2020).

The causes of early marriage within Niger are multifaceted, interrelated and dependent on circumstances and context (Walker, 2013). Cultural, social, religious, economic and including but not limited to poverty; protecting a girl's sexuality, which is directly linked to a family's honour; gender discrimination; trafficking and inadequate laws are some factors that play a major role in forcing parents to marry off their children at a young age (Walker, 2013).

3.1 . *Poverty*

Child marriages occur more commonly amongst girls who are the least educated, the poorest and those living in rural areas (UNICEF, 2016). Niger being one of the poorest countries, according to the current UN Human Development Index, means that extreme poverty is a major factor in the prevalence of child marriage in the country. It has been reported that half of the country's population live on less than two dollars a day (Dirk, 2018). The high prevalence of child marriage is both a symptom and a consequence of poverty. Research indicates that girls living in poor households are approximately twice as likely to marry before 18 years than girls living in 'better-off' households (UNICEF, 2016).

Poverty also pushes unemployed parents to regard girl children as economic burdens, both with regard to education costs and the practice of a dowry system (UNFPA, 2012). Child marriage is often viewed as a means of reducing the financial burden for parents with modest incomes and can be perceived as a source of income (UNFPA, 2019). In one study of 36 villages in Niger, it was found that the strongest argument girls themselves made in favour of marriage was that it would improve their economic situation and increase their social status (Myers, 2011). However, there is no evidence that suggests married girls face less of a threat of harm than unmarried girls.

In fact, the majority of married girls and child mothers have limited power to make decisions, are generally less able to earn an income, and are vulnerable to multiple health risks, violence, abuse and exploitation (Fatratra *et al*, 2019). Evidence through this literature review indicates that since girls are more likelier than adult women to be married or betrothed to significantly older men (Smaak, 2015); the age gap and power differentials between child brides and adult husbands effectively undermines their agency and autonomy (OHCHR, 2014). This unequal power relationship inherent in child marriages, means that child brides are often exposed to serious health risks including HIV and other sexually transmitted infections, early pregnancy, and early childbearing (Sarah *et al*, 2015). A

serious consequence of early marriage is the subsequent pressure to bear children at an early age which has potentially disastrous outcomes, and since almost 80 percent of births occur within marriage, married girls are more vulnerable than their counterparts to multiple reproductive health problems (Southward, 2013).

Both globally and specifically within developing countries, pregnancy-related causes are the largest contributor to mortality among girls aged 15 to 19, killing nearly 70 000 girls each year (Monla-Hassan, 2020; Klugman, 2014). Reports have suggested a strong correlation between the age of the mother and maternal mortality and morbidity (Sarah *et al*, 2015). Maternal health risks are particularly troubling as the risk of death in pregnancy and delivery for girls under the age of 15 is five times higher than for women in their 20s (WHO, 2019). Girls aged 10–14 years are five times more likely to die in pregnancy or childbirth than women aged 20–24. Niger features among the countries with the world's highest rates of maternal mortality and the lowest contraceptive prevalence rates (Walker, 2013). Complications during pregnancy and delivery remain the leading cause of death for females aged between 15–19 years in the country (Parsons, 2015). Early childbearing also increases the risk of complications. Specifically, premature childbirth can lead to a variety of health problems for mothers, including obstetric fistula, a debilitating condition that causes chronic incontinence and results in shame and social isolation (Sarah *et al*, 2015). In impoverished communities like Niger, young women below the age of 20 remain particularly susceptible to developing fistulas (WHO, 2019).

Together with the harms to a child brides' health, several reports reviewed drew attention to various other harms associated with early marriages including but not limited to physical violence, marital rape and economic and psychological violence (Monla-Hassan, 2020; Sarah *et al*, 2015; Parsons, 2016). According to UNICEF, the proportion of women married by the age of 18 show an increase in domestic violence (UNICEF 2021 & 2020). Women who marry younger are more likely to believe that a husband has a right and is justified in beating his wife (UNICEF, 2017). Globally, 44 percent of girls aged 15–19 believe this to be true (Girls not Brides, 2020) making child marriage a manifestation of violence. In Niger; poverty, the lack of power that comes with the wide age difference and the fact that 18.6 percent of girls between 15–19 years are in a polygamous marriage, increases their vulnerabilities (Fatratra *et al*, 2019).

Early marriage is driven by social norms and expectations and by gendered discrimination that devalues women and girls and their right to make choices for themselves. Child marriage is therefore regarded as both a cause and a consequence of the most severe form of gender discrimination (Parsons, 2017).

3.2. Socio-cultural Factors

Child marriage is 'rooted in unequal gender status and power relations that can result in the perpetual subjugation of girls and women' (OHCHR, 2014, para 3). Globally, systemic gender inequality underpins early child marriages; where one in five girls are married before the age of 18, and approximately 82 percent of all child marriages involve girls (Monla-Hassan, 2020). In Niger three in four girls marry before their 18th birthday (Plan International, 2017). There is a strong correlation between child marriages in Niger, gender inequality and the status of women in society. Marriage often determines a woman's status in society, so parents' fears include those of notions of dishonour from pregnancy outside of marriage and the concern that if they don't marry their daughters according to social expectations (Fatratra *et al*, 2019), they will be stigmatised (UNFPA, 2012). Traditional beliefs on the role of women in society together with their lower status reinforces the gendered notions of poverty and powerlessness, which means that they continue to bear the burden of the region's persistent economic crisis (Parsons, 2016). The result is an increase in the discrimination of women because on their continued subjugation to poverty, illiteracy, powerlessness and gender-based violence (GBV) (Walker, 2013).

The customary practice of the dowry system, which is a financial transaction entered into at the time of marriage, inclines families to also marry their daughters off early

(UNICEF 2021). Marrying off girls when they reach puberty is a strategy meant to prevent pregnancy outside marriage, which is viewed as a source of shame for the family. A girl who marries at an age that is perceived to be too late is seen as a social stigma against the families. Marriage is therefore valued by communities because it confers social status to women, who are viewed primarily as wives and mothers (OHCHR, 2014). Consequently, there is a lack of interest in investing in a girl's education as families believe that one does not need schooling to be a mother or wife. Investment in a boy's education is therefore prioritised.

3.3. Lack of Education

Various literature studies have shown that child marriages are universally associated with low levels of schooling. Niger is no different in that child marriage is closely linked to poverty and a girls' educational opportunities (Parsons, 2017). Child marriage is strongly associated with girls who have received little or no formal education (UN, 2014) and girls with no education are up to six times more likely to marry than girls with a secondary education.

The link between education and the prevalence of child marriage is particularly evident in Niger where 81 percent of women aged 20-24 with no education and 63 percent with only primary education were married or in a union at age 18, compared to only 17 percent of women with a secondary education or higher (Fatratra *et al*, 2019). It is important to consider the cause and effect relationship between inadequate education and child marriage since research shows a link between girls' educational levels and age at marriage; i.e., advanced median age at first marriage directly correlates with higher rates of girls in school (UNICEF 2019 & 2020).

The high rates of illiteracy and a lack of education mean that many girls and their families see little alternatives for the future, except an early marriage (UNFPA, 2019).

3.4. Inadequate Laws and Inadequate Implementation of the Laws

The legal framework plays a powerful role in transforming norms and protecting girls' rights (Smaak, 2015). Child marriage laws are important to provide girls with legal protection and signal commitment to achieving the SDG target of ending child marriage by 2030. In Niger, family law has several sources; the civil law, customary law and international legal instruments.

A major factor contributing to the prevalence and sustaining of child marriages in the region is Niger's laws and its' implementation. Weak laws and the inadequate implementation thereof results in child marriages being conducted with impunity (Bandiera *et al*, 2018). For example, civil rights in Niger are based essentially on customary law and, to a lesser degree, the *Civil Code 11 of 1999*. The *Civil Code* legalises girls' marriage at age 15 and boy's marriage at 18. Article 144 of the *Civil Code* however provides that consent from parents can legalise marriages between minors. Due to this clause about 25 percent of girls are married off well before their 15th birthday with the requisite consent of the elders.

Another issue is that due to the existence of two other sources of law, the *Judicial System of the Republic of Niger Act of 1962 (JSA)* and the Muslim/ *Sharia* law, the *Civil Code* is virtually never applied (CRC 2014). Article 51 of the *JSA* specifically states that matters relating to marriage are governed by custom. For persons with customary status the minimum age of marriage is 14 for girls and 16 for boys. Custom does not provide for an age of majority. The stage at which certain communities begin to marry their children is puberty. In such cases the age varies from 9 to 16 years for girls and from 14 to 18 years for boys (CRC, 2014). A law has been proposed to change the age to 18 for girls but it has not yet been adopted (UNFPA, 2014).

What is obvious herein is that despite being a signatory to various international treaties; which all require State Parties to prohibit child, early and forced marriages and

betothals very little is being done to address the incoherence in domestic legislation with that of their international legal obligations.

3.5. Religious and Customary Traditions

Niger's law states that the legal age of marriage is 15 for a girl and 18 for a boy. However, traditions and customs generally take precedence over existing legislative and regulatory systems governing marriages, especially in rural and traditional communities (CRC, 2014). Religious and customary traditions play one of the most dominant factors contributing to the consistently high child marriage statistics (Wodon *et al*, 2017). It is tradition rather than the law that decides when girls are old enough to marry (Dirk, 2018).

There are various other factors that contribute to child marriages like pressure groups in the form of religious groups and associations opposed to legislative changes (UNFPA-UNICEF, 2019); the hunger crisis and political conflict (Walker, 2013). What is evident from these factors is that early marriages are often perceived by families as a protective measure and used as a response to economic difficulties. This attitude however, results in lost development opportunities, limited life options and poor health for their daughters (OCHCR, 2013). The changing of attitudes based on culture and traditions will play a major role in stimulating the needed change to go beyond policies and laws.

3.6. Emergency/Crisis Situations

The risk of child marriage is exacerbated for girls in humanitarian crisis situations (Schlecht, 2013; WVI, 2020). During times of crisis child marriages in unstable contexts like the COVID-19 pandemic (WVI, 2020), has multiple negative outcomes for girls and women specifically. The disruptive impacts of the virus are being seen to play out in several ways, directly eroding families' capacities; in that a crisis may claim the life of one or both parents, leaving children orphaned and more vulnerable to harmful practices and abuse; limiting resources to care adequately for children because of multiple health, financial and socio-economic stresses, as well as the closure of or restrictions in access to essential services and schools (Bakrania *et al*, 2020).

Indeed, initial empirical research and media commentary shows that COVID-19, and its infection control measures, have had detrimental impacts on the girl-child's development, safety and wellbeing (End Violence Against Children, 2020). Recent reports have shown how crisis situations further undermine a girls' health; including sexual and reproductive health (SRH) and rights; and increases the risk of sexual violence and GBV (Girls Not Brides, 2020c). Negative health consequences includes an increase in morbidity rates, sexually transmitted infections and higher rates of under-five child mortality (UNOCHA, 2020). The evidence is that epidemics and pandemics often disproportionately impact women and girls and adversely impact child marriage (Davies, 2016). Various reports noted an increase in child marriage during times of crisis, as families driven by poverty and fear felt their daughters would be safer if married.

Soon after COVID-19 was detected globally, school closures due to the virus, left over 1.6 billion students out of school, disrupting daily life, educational attainment and learning outcomes (Azevedo, 2020). In all 24 countries in the WACA region schools closed, affecting an estimated 128 million children (R-ISCG, 2020). In Niger alone; at the peak of the pandemic **3.8 million children were out of school** across the country (Wright, 2020). Reports indicate that in Niger girls are more likely to be married if they are not already attending school and that they are less likely to return to school after a period of absence (Morgan, 2015, SIDA, 2017). This is in large part due to financial issues, domestic and care responsibilities falling solely on female family members and a general preference for boys to return to schooling (Plan International, 2018).

Girls living in Niger during the pandemic are reported at being at a greater risk of being married early and of being subjected to other forms of exploitation, GBV and harmful practices rooted in gender inequality. The closure of schools as a mitigation measure

in response to COVID-19 for example; deprived girls and young women of a protective environment (Plan International 2020 & 2018). The pandemic has put girls in the region at greater risk of sexual violence and sexual exploitation (Save the Children, 2020 and 2020c). The increased risks of poverty from financial instability and other factors discussed above leave girls even more vulnerable to this practice. For instance; during this time child marriage increases because girls are seen as financial assets, and an opportunity to claim dowry as a survival strategy during economic hardships and during a food crisis (Plan International, 2017).

Child marriage which has been shown to be deeply rooted in gender inequalities and discriminatory social norms meant that the underlying drivers of child marriage in the WACA region, and within Niger included family poverty, barriers for girls staying in or returning to school, the taboo around female sexuality linked to the perceived “shame” of a pregnancy out of wedlock, and limited SRH services but which are heightened during a crisis. While the actual number of girls that have been married since the beginning of the crisis is unknown, pre-COVID data can be used to predict the impact of the pandemic on child marriage in the near future. Such projections can be made by examining existing patterns as well as historical information on the effects of educational disruption, economic shocks and programme efficacy on this harmful practice (UNICEF, 2021).

4. Learning from Ebola

Previous pandemics and epidemics have generated insights into the negative protection impacts of health crises. Crises are multifaceted, and their causes and consequences are complex. Whether due to natural hazards, conflicts or generalised violence, these events can multiply the factors that motivate child marriages. When cases of COVID-19 started emerging in WACA in late February 2020, governments responded rapidly by closing borders, restricting internal travel, initiating curfews and closing schools and market places. The 2020-21 coronavirus shutdowns have been reported as being almost a parallel situation to what took place in West Africa during the Ebola outbreak of 2014–16 (Bhatti, 2020). It was by far the largest outbreak to date of this disease. From the first reported case in Guinea in March 2014 (the index case was infected in December 2013) (UN, 2016), by 27 March 2016 there had been 28 646 cases of the Ebola Virus Disease (EVD) worldwide, with 11 323 deaths (WHO, 2016). There were more cases and deaths in this outbreak than all earlier outbreaks combined.

Rapid contagion forced the government to implement three main policy responses: (i) health workers were mobilised to track infections and some health facilities were transformed into Ebola holding centres; (ii) all primary and secondary schools were closed through the 2014-15 academic year and (iii) village lock-downs and travel bans were imposed (Bandiera *et al*, 2018).

The crisis demonstrated, amongst others, how easily infectious diseases overwhelm fragile health systems in low-resource countries; with Guinea, Liberia and Sierra Leone, being amongst the hardest hit countries in the WACA region (World Bank, 2015). Ebola impacted the health system in two ways: (i) the human capital of health care workers and (ii) public trust in using health facilities. On the first issue, health workers were under-equipped and under-prepared for the epidemic leaving them exposed to infection during routine contact and enabled further transmission to other health workers (Evans, 2015). On the second issue, health facilities became associated with Ebola as some were transformed into holding centres. Visits to health centres were thought to be among the largest causes of Ebola transmission. Combined with a lack of a cure and huge uncertainty, confidence in the health system was undermined, leading families to keep sick members at home, thus further spreading the virus.

Of particular concern has been the ‘feminisation of the EVD’ during the outbreak (UNDP, 2015). The collapse of the health care system meant access to standard medical services, such as antenatal and maternal care, was severely hampered during the outbreak. A combination of capacity constraints and fear of hospitals led to considerably

fewer girls and women accessing antenatal care or giving birth in health facilities during the crisis, increasing mortality and morbidity (Bandiera *et al*, 2018). In addition, efforts to stop the EVD epidemic led to a decrease in access to reproductive health information; loss of livelihoods; school closures and a loss of education; and a contraction of social support networks (UNICEF, 2020b). These severely undermined strategies to end harmful practices like child marriage effectively threatening the progress that had been made over the past decade.

In addition, the schooling policy response had particularly acute impacts on young girls. The Ebola epidemic forced Sierra Leone and Liberia to close more than 10 000 schools for up to 10 months to contain the virus. This prevented approximately five million children from attending school in countries with very low rates of educational attainment to begin with. For example, in Sierra Leone in 2013-14, only half of females between the ages of 15-24 were literate and only 14 percent of girls attended secondary school. The closure of schools in response to Ebola disrupted the education of girls who were already lagging behind that of boys (UNW, 2015) and it meant the loss of one year of human capital accumulation. Evidence indicates that in these two countries which have some of the world's poorest, and who were still recovering from the effects of more than a decade of civil war; together with the impact of the EVD epidemic, sees young girls continue to be disproportionately affected (Bhatti, 2020).

In addition, girls are likelier to drop out entirely or be less likely to re-enrol when schools reopen (Plan International, 2020). Evidence from the Ebola outbreak shows that the probability of returning to school greatly diminishes the longer girls are kept out. This leads to an increase in child marriages, as the practice relieves the girl's family from economic stress in two ways: the prospect of receiving a dowry and the relief from having fewer mouths to feed. Moreover, without the protection of time in school, young women became more exposed to early pregnancy and sexual abuse (Bandiera *et al*, 2018); and the closure of schools also disrupted access to SRH information and services.

Furthermore, pre-existing gender norms shaped the division of tasks during the crises and quarantine. Younger girls were less likely to be engaged in child labour outside the home, but more likely to be engaged in work within the home, including domestic work and chores (The Alliance, 2020a). This included the need to collect more water and firewood and the need to provide for the family if a member fell ill. When harmful gender norms related to masculinity and family "honour" are combined with real or perceived insecurity, this leads families to marry their daughters as a way to ensure their virginity at marriage or to prevent pregnancies outside of marriage (CARE UK, 2015).

School closures were therefore also associated with an increase in adolescent pregnancies (UNDP, 2017). Following the Ebola crisis in Sierra Leone and Liberia there were huge spikes in pregnancies (Bhatti, 2020). According to UNICEF, school closures in Sierra Leone during the 2014-16 Ebola outbreak contributed to a doubling of cases of adolescent pregnancy to some 14 000 (The Alliance, 2020b).

Furthermore, discriminatory laws and policies, in addition to social norms, exclude pregnant girls and/or young mothers from returning to school and completing their education. Following the re-opening of schools after the EVD crisis and because of the formal ban on pregnant girls (Bandiera *et al*, 2018), pregnant adolescent girls faced specific stigma and discrimination in returning to school (Plan International, 2020). To avoid the stigma associated with out of wedlock pregnancies, families were more inclined to marry off their daughters.

Border closures shut down international trade (predominantly in agriculture), internal travel bans resulted in the breakdown of domestic trade, and all periodic markets were forced to close. The crisis impacted economic opportunities for all. However, each policy response had further, albeit, unintended consequences on women. In a region where women are mostly engaged in the informal sector; 54 percent of working women are employed herein (Bandiera *et al*, 2018); these restrictions on movement and closure of market spaces impacted family incomes and, with little or no social protection, drove more

families into poverty (Plan International, 2020). The self-employment sector, which accounts for 91 percent of the labour force, shed around 170 000 jobs (with revenues for surviving enterprises falling by 40 percent), a further 9 000 jobs were lost in wage employment (UNDP, 2017; Evans *et al.* 2015), and food security became an issue by December 2014 (Bandiera *et al.* 2018).

The economic strain caused by the lock-down and economies facing or who are already in a recession places an additional burden on already vulnerable communities (Kumala, 2019). The loss of income forces families to marry off their young girls, perceiving them as financial burdens (Johansson, 2015).

What can be ascertained from the above discussion about child marriage and crisis situations, is that child marriage is rooted in gender inequality and driven by a complex set of factors that take root in more stable contexts and are exacerbated in times of crisis (UNICEF, 2021). Pandemics and epidemics can lead to increases in child marriage; which can be considered as a negative coping mechanism; associated with financial hardships and school dropouts (Bakrania *et al.* 2020). The COVID-19 crisis has intensified some of the main social and economic drivers of early marriage. The EVD outbreak highlights the consequences of failing to adopt a gender perspective on infectious diseases.

The following discussion sets out the pathways through which COVID-19 increases the risk of child marriage and reflects the importance of understanding the context in order to be able to respond effectively thereto.

5. Pathways Through Which COVID-19 Increases the Risk of Child Marriage

From the above discussion it can be said that the COVID-19 pandemic is raising the risk of child marriage through six main pathways: 1) interrupted education, 2) economic shocks, 3) disruptions to programmes and services, 4) early pregnancy; 5) death of a parent and 6) an increase in GBV. It is acknowledged that while these six factors are likely to affect child marriage in all settings, additional contextual factors also play a role. Such factors include the overall prevalence of child marriage; the amount and direction of marriage payments; gender and social norms; the availability of social protection and poverty alleviation programmes; and the presence of ongoing conflicts and crises (UNICEF, 2021).

5.1. Interrupted Education

The COVID-19 pandemic has disrupted school systems and widened educational inequalities by shrinking opportunities for many vulnerable children and adolescents; such as those living in poor or remote rural areas, to continue their education. Experience from the EVD outbreak showed that the closing of schools led to millions of girls being out of schools and left them vulnerable to child labour, domestic violence, sexual exploitation and child marriage (Bhatti, 2020).

The evidence is also clear that education is a protective factor against child marriage. Families tend to make decisions about a girl's education and marriage in parallel. Thus, school closures such as those triggered by COVID-19, may push girls towards marriage since school is no longer an option.

Cultural gender norms that place girls as a housewife or caregivers can dissuade a family from allowing their daughter to complete her education. In these scenarios, girls are at a much higher risk of early child marriage. Education for girls is crucial to counter-acting early child marriage because schools provide an arena of empowerment, limits girls' perceived dependence on a spouse for a stable future and provide the prospect of a future career (UNICEF, 2021).

5.2. Economic Shocks

Government responses and restrictions on movement and gatherings have resulted in the reduction of economic activities and contributed to a massive economic shock for households. Social distancing requirements, business closures and travel restrictions

associated with COVID-19 have all led to a drop in economic activity, the loss of livelihoods, and household poverty (Davies, 2016). The resulting economic insecurity may limit the ability of parents to provide for their children (Kostelny, 2016). Quarantine and lockdown restrictions, combined with lengthy school closures, increases the economic impact on vulnerable families and disincentivises children's return to school (Bandiera *et al*, 2018).

Households tend to respond to economic insecurity in two ways: cutting spending (such as education costs) and cutting household size (Kumala, 2019). Worsening household income may cause some adolescents living in especially difficult circumstances to view child marriage as the best option available to them (Mann *et al*, 2015).

5.3. Disruptions to Programmes and Services

Pandemic-related travel restrictions and social distancing can make it difficult for girls and women to access health care, along with programmes and services that aim to protect them from child marriage as well as sexual violence and GBV. Disruptions in such services can create difficulties in accessing modern contraception, resulting in unintended pregnancy and subsequent child marriage (Risso-Gill, 2015). During lockdown, girls and women may also face barriers to engaging with the formal justice system, which could be used to curb exploitation, violence or block an illegal marriage (Denney, 2020).

5.4. Early Pregnancy

Early and adolescent pregnancy is associated with infection control measures. Economic insecurity and a lack of food increases pressures on families and caregivers, and school closures increase the likelihood of girls spending more time with older men. Transactional sex is sometimes a strategy used by girls and families to earn additional money, or access services and resources, thus exposing themselves to a higher risk of becoming pregnant (Bandiera *et al*, 2018). Moreover, health services disrupted during outbreaks reduces the use of contraception by teenage girls. A lack of access to medical facilities during outbreaks also intensifies risks during childbirth and compromises the safe delivery of children.

5.5. Death of a Parent

The death of a parent/s can also increase the likelihood that a female orphan will be married off, since family members may find it hard to support her. During the height of the EVD some 16 600 children were registered as having lost one or both parents, or their primary caregivers to EVD in Guinea, Liberia and Sierra Leone (UNICEF, 2015c). Children orphaned during outbreaks who live with extended families, or in foster or institutional care, are more prone to discrimination, stigmatisation, sexual exploitation and abuse (The Alliance, 2020b). They are also more likely to drop out of school, to assume parental responsibility for younger siblings and to be engaged in child labour. The impacts of infectious disease outbreaks on orphans has been reported as being "gendered". Orphaned girls are more likely to become child brides and/or were at a higher risk of being sexually exploited and abused, while boys were more likely to end up as child labourers, street dwellers and/or engaged in unlawful behaviours such as theft (Bakrania *et al*, 2020).

5.6. Gender-Based Violence

Finally, it has been reported that infectious disease outbreaks intensified the experience of sexual violence and abuse, particularly of women and girls (The Alliance, 2020b; UNICEF, 2020. UNICEF, 2015c). Quarantines and lockdown conditions presented higher risks, resulting in increased domestic stress, the exercise of controlling behaviours by perpetrators, and restricted access of victims to services and help. Disruptions to existing violence prevention programmes and potential safe spaces, such as schools, also increase exposure to violence. Reliable and safe reporting of IPV and sexual violence and

exploitation are constrained by the inaccessibility of basic justice and medical services during the disease outbreak; restrictions on movement stemming from quarantines and checkpoints and a fear of contracting infection, which prevented victims of violence from seeking medical attention (Bakrania *et al.*, 2020).

The full impact of the pandemic is still highly uncertain. However, knowing the risks, the question is how to adapt in the time of COVID-19; to prevent more girls being married as children. Experience from other emergency contexts (WRC, 2016) highlights the need for urgent action both to prevent and respond to the vulnerabilities faced by girls and women (Dala, 2015), including the real risks from child marriage.

6. Some initiatives by Niger

Before the COVID-19 crisis various initiatives to end child marriages were in place in Niger. For example, the Niger Government developed a multi-sector national action plan to end child marriage and adopted a decree for the protection of the girl-child in school to guarantee access and retention until age 16 (UNICE 2014-16). The programme also provided support towards the finalisation and dissemination of the National Strategic Plan on Adolescent and Youth Health 2017–2021, and the National Gender Policy and Action Plan. The programme to end child marriages supported the establishment of a multi-stakeholder collaboration, between the Niger Government and UNICEF-UNFPA and created a platform which is used to advocate for better legislation in favour of the rights of adolescents (Fatratra *et al.*, 2019).

In addition, the Niger UNFPA-UNICEF programme supports the Government in expanding the network of Village Child Protection Committees to promote positive practices in communities targeted by the programme (UNICEF, 2018b). Education sessions by the Village Child Protection Committees were able to prevent cases of child marriage through direct mediation with parents and assisted girls to return to school. Through community dialogue and engagement, villages made public declarations for the abandonment of the child marriage practice (UNICEF, 2018b). The UNFPA-UNICEF Niger programme further provides girls with comprehensive knowledge related to reproductive health personal hygiene; GBV; financial skills; gender issues and girls' personal aspirations. The initiative also aims to strengthen girls' social competencies to help them express themselves, make their own decisions and fully participate within their community. The programme provided support to hundreds of Local School Action Plans aimed at supporting girls' education.

The Nigerien authorities have taken positive actions to address child marriage during recent years. For example; Niger has ratified the majority of international agreements relating to the rights of women and children. In December 2014, Niger launched the African Union campaign to end child marriage on the theme of obstetric fistula; and in 2016, the Ministry for the Advancement of Women and Child Protection established a committee to coordinate national action to end child marriage. However, the link between child marriage and the high rate of morbidity and mortality; and the disproportional rates of illiteracy and poverty among Nigerien women remains high (HRC, 2015). Moreover, the country is yet to review the age of marriage amongst girls (Save the Children UK, 2018).

There are various national policies and strategies that attempt to address certain aspects of child marriage. These include the National Policy on Nutritional Security of 2018, which addresses early pregnancy, the National Gender Policy and the National Strategy for the Prevention and Management of Gender-based Violence and its action plan (Ministry for the Advancement of Women and Child Protection, 2017), of which one of the strategic pillars addresses child marriage and includes an action plan for the reduction of early pregnancies. Nevertheless, there is still no action plan that specifically addresses child marriage in a holistic way.

It is clear that Niger has adopted some national strategies to end child marriages, but what is even more important to note is the need for the adoption of action plans to increase investment in the poorest with clear interventions to delay early marriage.

6.1. Addressing Child Marriage and the Global Development Agenda

The benefits of ending child marriage includes contributing to the achievement of nearly all of the SDG goals and targets. It can positively impact indicators for child survival, protection, maternal health, education, food security, poverty eradication and gender equality. The human rights of girls are more likely to be fulfilled when they have education, life skills, access to economic assets and decision-making powers. In addition, education will help to end the cycle of poverty and reduce hunger. Girls who are educated are also better able to contribute to the growth and development of their country.

Niger has currently not made significant progress towards achieving its SDG goals relating to the elimination of child marriage by 2030. Over the past decade or so, child marriage rates remain practically unchanged in Niger and the government would need to significantly increase the rate of progress to meet the SDG targets and its commitments. To achieve these commitments, the authorities must significantly increase its efforts to end child marriage and set stepping stone targets for groups with the highest rates of child marriage. Efforts to put an end to child marriage must be combined with efforts to address early pregnancies, education and poverty (Wodon *et al*, 2017).

After more than a year into the pandemic, urgent action is urgently needed to prevent and mitigate the toll of COVID-19 on children and their families. The need for a COVID-19 response strategy that extends beyond health and that also prioritises a broader set of rights that includes a gendered approach is a necessity.

7. Conclusion and Recommendations

The issue of child marriage has gained considerable global momentum in the past two decades, with a target for the elimination of child marriage by 2030 now included in the SDGs and an ever-increasing number of countries, including Niger, committed to working toward achieving this goal. Addressing child marriage requires recognition of the various factors that contribute to the perpetuation of the practice. These include economic factors (e.g., poverty and payment of dowries), structural factors (e.g., lack of educational opportunities), and social factors (e.g., sense of tradition and social obligation, and the risk of pregnancy out of wedlock).

The underlying drivers of child marriage in Niger which include but is not limited to; poverty, barriers for girls staying in or returning to school, stigma's arising out of the perceived "shame" of a pregnancy out of wedlock, limited SRH services and information for girls and young women; are heightened during crisis. Girls living in crisis settings, including this COVID-19 pandemic, are at a greater risk of child marriage and of being subjected to other forms of exploitation, GBV and harmful practices rooted in gender inequality. Child marriage deprives a girl of a future in which she can reach her full potential and furthers a dangerous cycle of oppression and harm.

This study has highlighted that even before the COVID-19 crisis, a number of inequitable and gender-reinforcing norms related to household roles, violence, and SRH exist. The impact of the COVID-19 pandemic has exacerbated these existing inequalities and gender-norms in society and risks undoing decades of progress for girls' rights and gender equality. Experience from the Ebola outbreaks and the COVID-19 pandemic have shown that gender matters and that adolescent girls are disproportionately affected by these emergencies; yet the vast majority of activities to address the health impacts of COVID-19 has ignored the role of gender. This has resulted in gender-blind pandemic responses that are less effective than they should be, with grave consequences for the most marginalised and discriminated sections of society; the girl-child.

The social and cultural complexity of the practice of child marriage and the unique character of the current crisis make it clear that there are no simple answers; but past experience highlights an urgent need to integrate child marriage concerns across broader interventions aimed at facilitating access to reproductive health, education, social protection and services.

The findings in this research suggest a number of potential opportunities to delay child marriage in Niger and to improve SRH outcomes for adolescent girls, their families and communities. Based on these study findings, key recommendations include the following.

7.1. Holistic Approach

Any intervention must be developed in a participatory and inclusive manner and include a national action plan that is operational, holistic, exhaustive, coordinated, budgeted, and considers the cultural and traditional specificities of the regions of Niger to prevent, respond to and eliminate the practice of child marriage, including in emergencies. In addition, For Niger to rebuild, it will need an empowered population. Niger women and girls must be included in all post-crisis discussions and the government must continue to promote and protect the rights of these girls.

7.2. Strengthen Legal Framework

The ongoing practice and high prevalence of child marriage in Niger points to the government's failure to comply with its international and regional human rights obligations. As a signatory to CEDAW, CRC, the *African Charter* and the *African Women's Protocol*, Niger is bound to uphold its commitment to the protection of women, which includes the girl-child. Therefore, Niger must make a concerted effort to realise the implementation of the provisions pertaining to child rights in order to combat the adverse consequences of child marriage. The *Civil Code* sets the minimum age of marriage at 18 years for boys and 15 years for girls, but the majority of unions take place under customary law. An amendment to the *Civil Code* to raise the minimum age of marriage for girls to 18 would be an important step, but on its own is not sufficient to drive behavioural change. To strengthen legal protection against child marriages Niger should uphold their international and regional commitments by harmonising conflicting dispositions of domestic legislation with international human rights standards.

Literature study findings suggest legislation alone is not the most effective way to end the practice of child marriage (Plan International, 2017b). To be effective, legislative reforms should go beyond increasing the legal age of marriage at 18 and look at all aspects that impact or are impacted by child marriage and make the necessary adjustments. For example; currently there is a legal vacuum concerning sanctions that can be imposed in the event of a marriage taking place before the legal age and the justice system is left without options with which to annul a marriage if a girl takes legal action (Save the Children UK, 2018).

7.3. Strengthen Policy Frameworks

As a result of the pandemic, up to 10-13 million more girls are at risk of becoming child brides by 2030. However, this is not a foregone conclusion. The opportunity to mitigate the impact of the pandemic and prevent additional child marriages is at hand. Effective programming measures could delay the age at first marriage and lower the risk of marrying in childhood. Such measures could reduce the additional number of child brides. The government of Niger should focus on (a) adopting programming and policy efforts related to child marriage to target adolescent girls in gender-synchronised ways and; (b) invest in providing resources to effectively implement comprehensive national strategies to end child marriage as a key component in the efforts to realise girls' rights. Based on the evidence from previous pandemics and epidemics, child protection responses to those affected by COVID-19 may usefully focus on some of the key risk factors identified in this research.

7.4. Keeping Schools Open is Key

It is clear that school closures increase the risk of early marriage. The literature suggests that one of the best ways to prevent marriage for adolescent girls is to keep them in school; but for girls to remain in school, efforts are needed to address discrimination and social norms that determine the opportunities and potential futures available to girls. Furthermore, schools must be safe, be accessible and affordable, and provide a quality education. Promising interventions aimed at keeping girls in school and preventing child marriage, working with different stakeholders to end harmful social norms and attitudes and providing opportunities for adolescent girls is a must. Investing in such interventions, documenting the impacts of these interventions and implementing a broad range of gender transformative policies will all be key to ensuring a better future both for girls and the country as a whole (Wodon *et al.*, 2017).

7.5. *Responding to Orphans*

Key approaches to responding to the vulnerable situation of orphans may include (a) psycho-social interventions focused on improving their mental health through mentorship and peer-group support; (b) social protection, by for example providing economic support for persons designated with their care or to provide meals and access to other resources and services; (c) educational interventions through the provision of school uniforms and educational materials, as well as sponsorship of tuition, and (d) community-based interventions that seek to empower and educate these children with life skills and to address issues related to the stigmatisation of orphans by community members.

7.6. *Investing in Social Protection*

The Government must strongly advocate for social protection to prevent an increase in child marriage as a negative coping mechanism. Social safety nets could reduce the participation of children in paid and exploitative labour and decrease the chances of school dropout. For example; to relieve the financial pressure of school closures on vulnerable groups Governments and schools should provide food services to those who face food insecurity. Governments should consider providing basic income grants to families who have young children that have also lost their livelihoods due to the pandemic. This can serve as an incentive against turning to early child marriage as a financial solution. Expanding social safety nets may also contribute towards providing survivors of sexual violence and exploitation with access to justice and medical services.

7.7. *Access to Health, Protective Services and Justice*

Child- and youth-responsive safe spaces should be made available, especially during crisis settings. This study emphasises the importance of prioritising services to respond to issues of violence against women and girls. This includes ensuring access to female healthcare workers and to safe, alternative and confidential spaces, as well as increasing communication and awareness of services through advocacy. This may further decrease the chances of early marriage and teenage pregnancy. The evidence finds that lockdown limited access to formal justice. Governments and NGOs should create an early child marriage hotline for girls at risk of early child marriage during the pandemic, with access to over-the-phone health resources such as reproductive health information. Particular attention could be given to the role of community leaders and customary justice systems, ensuring that cases of GBV are recorded and referred to the formal justice system.

7.8. *Ensuring Continued Access to Education*

Countries in the WACA region including Niger must guarantee continued remote learning during COVID-19, and additional steps must be taken to ensure that girls are able to effectively access distance and online learning opportunities. Where the internet is not available, this could involve the dispersal of educational material through the mail or providing lectures via radio to ensure schooling continues. Niger must also develop

comprehensive post COVID-19 plans for reopening schools that encourage girls to re-enrol by eliminating discriminatory laws, policies and stigma that prevent girls' education, removing or reducing school fees and indirect costs and providing support through flexible learning opportunities. Schools should implement flexible learning schedules post-pandemic to account for those who entered an early child marriage or became pregnant during the pandemic to ensure that pursuing an education remains possible. Flexible and supportive education is required for girls, who may be more likely to sacrifice schooling for unpaid domestic work and childcare or due to early pregnancy.

7.9. *Evidence Gathering and Research*

Niger must invest in learning, monitoring and research about what is happening during the crisis in order to inform efforts to end child marriage during the pandemic and beyond. There remains a continuous need for further research on the effects of infectious outbreaks and other crises focusing specifically on detailed interventions and its impact on women and girls. At the same time, there is a higher burden of proof for data collection during the current outbreak than there would be in normal circumstances. The government must invest in evidence gathering and research throughout the pandemic to prepare for programming after the crisis and to measure the success of any post-crisis recovery interventions.

7.10. *A Gendered Approach*

The main problem in the WACA region but more specifically in Niger is the lack of a comprehensive, integrated and gendered response to the pandemic. Ebola has shown how the crises disproportionately impacts girls and how they are impacted by school closures and barriers to re-enrolling, disruption to economic and health facilities and access to justice. Preventive measures aimed at girls must therefore be included in any crisis-related response, including the response to this pandemic. At the forefront of their post-pandemic recovery strategy Niger must collaborate with non-governmental organisations (NGOs) to prioritise initiatives that advance gender equality. The Niger government and NGOs must ensure that pandemic preparedness and response plans are grounded in children's rights and gender analysis, they must address the increased risks of GBV for adolescent girls and ensure that the COVID-19 pandemic response does not undermine efforts to end child marriage and its practices.

In the short term, programmes need to be adjusted to incorporate child marriage prevention alongside other initiatives aimed at curbing the spread of the virus and the social and economic repercussions of the pandemic. Over the medium and long term, numerous measures can be taken to address the consequences of COVID-19 on child marriage. Niger must include a comprehensive post-pandemic approach to involve girls' health and safety mechanisms in addition to the standard public health precautions. This could involve the active distribution of educational and medical resources necessary to circumvent early child marriage as a solution to financial and cultural barriers. Niger must also support public policy efforts aimed at interrupting early marriage during the pandemic and beyond.

Furthermore, since early marriage fundamentally alters the course of a girl's life, the full effect of the pandemic on human development will play out over a generation. Therefore, interventions will be needed to improve the well-being and prospects of girls in and out of marriage. The impact of the pandemic will be felt for at least the next decade. Ending the practice of early child marriage requires long-term cultural and attitudinal change within communities, and the creation of sustainable and viable alternatives. The task of addressing child marriage and as part of the response to the pandemic is vital. Waiting until the pandemic is over will be too late to mitigate its impact on early child marriage. Without such efforts, Niger will revert to the same cycles of poverty and harmful practices and millions more young girls will be robbed of their future.

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