



GENDER ALERT ON COVID-19 AFGHANISTAN

July 23, 2020



Issue XIII: The impact of COVID-19 on Girls, Adolescent Girls and Young Women

UN Women, UNICEF and UNFPA jointly issues this thirteenth alert to continue to highlight the gender specific impacts of COVID-19 in Afghanistan. This alert focuses on the impact of the COVID-19 pandemic on Afghanistan's youth: girls, adolescent girls and young women. It shows how girls, adolescent girls and young women, who constitute an essential and growing part of the population, are particularly affected by the impact of COVID-19, and how their needs may not be met during the COVID-19 crisis, because of the exacerbation of pre-existing age and gender inequalities, vulnerabilities and gaps related to age-appropriate and gender-responsive plans and services.

This alert concludes with a set of recommendations for consideration by national and international stakeholders. UN Women, UNICEF, and UNFPA are committed to advancing the rights of, and meeting the needs, of women and girls, including through the COVID-19 crisis. This alert serves to advance this aim, by providing a basis for an informed discussion on the gender-specific impacts of COVID-19 on girls, adolescent girls, and young women. It highlights how critical it is to consider the specific vulnerabilities, needs and impact of the crisis on girls, adolescent girls, and young women and to respond to their needs with

gender-responsive and age-appropriate plans, services, and programmes. Only a gender-responsive and targeted response, taking into account girls, adolescent girls and young women's specific vulnerabilities and needs will be effective.

CONTEXT & EMERGING GENDER IMPACTS

Afghanistan's population has a very young age structure. Almost half of the population – 48 % – consists of children under age 15, which places Afghanistan among the four countries in the world with the highest proportion of persons under 15. Young people (15-24 years old) represent a fifth of the population (20%). In total, people under 25 years of age represent 68% of the population.¹ The Afghan youth population is a driving force for change, peace and sustainable development. However young people in Afghanistan face significant challenges related to health, education, employment and gender inequality. In Afghanistan, children, and particularly girls, lack access to education, with 3.7 million of children out-of-school prior to COVID-19, of which 60% are girls.² As a consequence, literacy rates remain low, particularly for young women, as only 37% of adolescent girls are literate compared to 66%

¹Islamic Republic of Afghanistan Central Statistic Organisations (2018). Afghanistan Living Conditions Survey 2016 – 17.

²<https://www.unicef.org/afghanistan/education>

of adolescent boys.³ Unemployment is high for young people, with World Bank estimates indicating that 17.4% of youth aged 15-24 were unemployed in 2019. The rate of unemployment is higher for young women than for men (21.2% versus 16.2%).⁴

The challenges young people experience are compounded by gender inequality for girls, adolescent girls and young women who continue to be discriminated against due to strong gender discrimination and rigid gender norms and expectations. Because of underlying age and gender-related barriers and discrimination, girls, adolescent girls, and young women face specific challenges and have restricted access to essential services, information, support and safety.⁵ They have limited access to education, economic opportunities, information, and essential services, including health care, and experience high rates of violence and abuse. Young women and girls living in humanitarian settings and in remote and hard to reach areas face additional challenges, with limited to no access to basic vital services.

Plans, policies and programme often fail to see girls, adolescent girls, and young women's specific needs and vulnerabilities and to provide gender and age-appropriate responses. This is particularly true for adolescent girls (15 – 18 years), whose specific needs are often not addressed adequately with the age-appropriate provision of education and of essential services including healthcare, sexual and reproductive health services, and services for survivors of violence.

SPECIFIC AREAS FOR ATTENTION

The COVID-19 crisis will exacerbate pre-existing vulnerabilities and inequalities and result in both immediate and long-term impact on girls, adolescent girls and young women at a devastating level. Adolescent girls and young women may appear to be less at risk of falling severely ill from COVID-19, but the health crisis has severe direct and indirect impacts on them. COVID-19 has further exacerbated challenges for Afghan's girls, adolescent girls and young women whose life and future will be disproportionately affected by the impact of the health and socio-economic crisis.

Due to a lack of age and sex-disaggregated data, information remains scarce on the specific gendered impact of COVID-19 on young women in Afghanistan. However, past health and humanitarian crisis have shown that without

targeted interventions, many of the struggles girls, adolescent girls, and young women already face will worsen, including violence at home, limited access to education and health care services, economic hardship, child marriage, teen pregnancy, maternal mortality and the burden of unpaid domestic and care work. The COVID-19 crisis will heighten pre-existing risks of violence against girls, adolescent girls and young women, stymie their social, economic and educational development and threaten their sexual reproductive health. Girls, adolescent girls and young women living in humanitarian settings, with intersecting identities, from marginalized communities and with disabilities will be particularly affected by the pandemic's secondary impacts.

Impact on girls, adolescent's girls and young women's health:

As outlined in the ninth Gender Alert on Women's Access to Health Care During COVID-19 Times,⁶ gender discrimination and inequality are putting women and girls at increased risks of contracting the virus, while further limiting their access to information and vital services like health care, including COVID-19 testing and treatment. Hence, according to official data from the Ministry of Public Health, women accounted for only 27% of positive cases to COVID-19 in Afghanistan.⁷ The dramatically low number reveals the restricted access of women and girls to health care related to COVID-19, and the disproportionate impact on their health, if untested and untreated. This is due to restricting gender norms that limit women and girls' movement and decision-making, including on access to healthcare, a shortage of female health providers and the unavailability of separate isolation locations at provincial level that create additional gender barriers to women and girls' access to vital health services. Girls, adolescent girls and young women are particularly dependent on male family members to access health services. In Afghanistan, only 15% of nurses and 2% of medical doctors are women.⁸ Due to discriminatory gender norms, their health may not be prioritized. In addition, the closure of schools is depriving school-age girls from receiving weekly iron and folic acid supplementation, further jeopardizing their health, and potentially increasing already high rates of anemia, which is putting them at further risk of falling ill from the virus.

Impact on Adolescent Sexual and Reproductive Health:

Due to gender discrimination and norms, a weakened and overburdened health system, and fear of contracting the

³Human Rights Watch (2017). "I Won't Be a Doctor, and One Day You'll Be Sick" - Girls' Access to Education in Afghanistan.

⁴World Bank (2020). Unemployment, youth (% of youth labor force ages 15-24) (modeled ILO estimate). Available from: <https://data.worldbank.org/indicator/SL.UEM.1524.FE.ZS>

⁵UNICEF and UNFPA (2020). Covid-19 and young girls vulnerability to Child marriage and teenage pregnancies in Afghanistan.

⁶UN Women, WHO and UNFPA (2020). Gender Alert on COVID-19 in Afghanistan | Issue IX: Women's Access to Health Care During COVID-19 Times.

⁷The New Humanitarian (2020). Afghanistan's missing coronavirus patients: Women.

⁸OCHA (2019). Afghanistan: Humanitarian Needs Overview (2020).

virus, young women, adolescent girls and girls have limited access to vital and life-saving health care services.⁹ Afghanistan is expected to have one of the highest number of births (around 1 million) in South Asia in the nine months following the COVID-19 pandemic declaration.¹⁰ Adolescent girls and young women are particularly vulnerable because of higher risks of complications during pregnancy and childbirth.¹¹ For girls living in poverty, the breakdown of basic services in many communities may also lead to heightened pressure to marry off their daughters. With the increase in child marriage, the number of unintended pregnancies and adolescent pregnancies is likely to increase.

The provision of adolescent sexual and reproductive health routine services has been particularly affected by the health crisis through being deemed secondary and non-essential, with financial and human resources diverted to handle the pandemic. A decrease in access to sexual and reproductive health services has been reported, as well as a reduction of 80% in post-abortion care clients and a dip of 58% in uptake of contraceptive services.¹² This can have a particular impact on adolescents girls in early and forced marriages, leading to unsafe delivery and unwanted pregnancies. The reduction of sexual and reproductive health services increases the risk of unsafe and unskilled birthing practices. This heightens the risk of an increase in maternal and child mortality, unsafe abortions, adolescent pregnancies and unwanted pregnancies.¹³

Impact on Menstrual Hygiene:

Inadequate information on menstrual hygiene management, persistent taboos and stigma, limited access to hygienic menstrual products, and poor sanitation infrastructure challenge the educational opportunities and health status of girls and women. A study conducted in 2016,¹⁴ shows that more than half of Afghan girls start their menstruation without having any idea about what is happening to them or why. Out of 16,000 schools, only 1,200 schools have access to washrooms for girls to manage their menstruation safely. Private gender-segregated toilets with running water are critical for girls and adolescent girls to manage menstrual hygiene at school. Without such toilets, they are likely to have to stay home during menstruation, resulting in gaps in their attendance or dropping out entirely, critically undermining academic

achievement and their future.¹⁵

Menstruation remains steeped in silence, myths, taboos and even stigma. Afghan women and girls face numerous challenges in managing their menstruation. They may not have the means to do so or face discriminatory cultural norms or practices that make it difficult to maintain good hygiene. Together, these challenges may result in women and girls being denied basic human rights especially the right to dignity, limiting their access to education and turning a simple biological fact into a barrier to gender equality.

The COVID-19 pandemic will have further secondary impacts on girls' and women's ability to manage their menstruation and their health. The most affected will be the poorest and most vulnerable to economic and social shocks. Due to diminishing livelihood sources at the household level, women and girls are struggling to buy personal hygiene products, in addition to further limited access to markets and the significant increase in prices.¹⁶ All of this is especially problematic for women and girls in disadvantaged families and communities and rural and hard-to-reach areas.¹⁷ This will further impact their access to education and their right to dignity.

Access to Information:

Girls, adolescent girls, and young women, especially those from hard to reach and rural areas, have less access to information about COVID-19 and preventive measures, due to the gender restriction on accessing information but also the lack of age-appropriate information and use of appropriate communications channels, which puts them at greater risk of contracting the virus. A survey conducted in Kabul, Kunduz and Khost Provinces showed that only 30% of women were aware of COVID-19 compared to 48% of men. Only 58% of women compared to 79% of men were aware of COVID-19 symptoms, and only 36% of women versus 45% of men were aware of protective measures¹⁸ In Afghanistan, 70% of adolescent boys (15-19 years) use mass media, while only 52% of girls.¹⁹ This means that adolescent girls are less likely to receive information about COVID-19 than adolescent boys, which put them at further risk of contracting the virus, preventing efforts to limit its spread in communities.

⁹UN Women, WHO and UNFPA (2020). Gender Alert on COVID-19 in Afghanistan | Issue IX: Women's Access to Health Care During COVID-19 Times.

¹⁰UNICEF (2020). Millions of pregnant mothers and babies born during COVID-19 pandemic threatened by strained health systems and disruptions in services.

¹¹Emma Smith (2020). Maternal health and COVID-19: The race to avert a long-term crisis. Devex.

¹²International Planned Parenthood Federation South Asia (2020). Safe abortion services amid COVID-19 - Agile, adaptive & innovative response from South Asia.

¹³UN Secretary-General and UN Women (2020). Policy Brief: The Impact of COVID-19 on Women.

¹⁴MoE and UNICEF (2016) Menstrual Hygiene management in Afghanistan

¹⁵Human Rights Watch (2017). "I Won't Be a Doctor, and One Day You'll Be Sick" - Girls' Access to Education in Afghanistan.

¹⁶OCHA (2020). Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report 10 June 2020

¹⁷UN Women (2020). The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens.

¹⁸Johanniter; Afghan Capacity and Knowledge (JACK), Organisation for Human Welfare (OHW) and Afghanistan Centre for Training and Development (ACTD) (2020). Community Perception Survey – COVID 19 Knowledge, Attitude and Practice Survey in Kabul, Kunduz and Khost Provinces.

¹⁹Gender and Communication and Advocacy UNICEF ROSA, page 2.

Restriction on movement and closures of schools are also negatively impacting young women's access to peer support, increasing their social isolation and vulnerability, as well as further reducing their access to sources of information, and to means of communication.²⁰

Gender-based violence and harmful practices, including child marriage/ protection:

In Afghanistan, girls and adolescent girls face early marriage, honor killings, domestic abuse, and sexual violence. Prior to COVID-19, a 2015 survey found that 78% of children surveyed in Kabul, Jalalabad and Torkham reported being subjected to violence.²¹ The survey also found a greater rate of violence against girls at home, while the rate of violence against boys was shown to be higher in the workplace and community. Emerging evidence shows that, across Afghanistan, already high rates of violence against women and girls, particularly violence at the household level, have further increased due to insecurity, health, and financial worries as well as confined living conditions stemming from the COVID-19 pandemic. Restrictions on movement and confinement have trapped many women and girls with their abusers, who have even more limited opportunities to find respite from violence and seek help from their friends, family and service providers. In a survey conducted by Oxfam in Afghanistan, 97% of female respondents said that gender-based violence has increased since the COVID-19 outbreak started.²² Due to COVID-19, girl, adolescent girls, and young women are at increased risk of violence, abuse, exploitation and neglect. The COVID-19 pandemic considerably increases the risk for girls, adolescent girls and young women to experience violence from family members, in-laws and husbands and the risk for an increase in child, early and forced marriages.

Economic stress and insecurity, as a key driver of violence against women and girls can heighten the tensions in the home and contribute to higher levels of all forms of violence. Violence against girls, adolescents and young women as a harmful discipline tool is increasing. Without school, a place of safety as well as education, confinement means there is a heightened risk of violence and sexual abuse. Adolescence is a vulnerable time for girls, who are particularly at risk of experiencing intimate partner violence, sexual violence, femicide, social pressure, bullying and early marriage.²³ Adolescent girls and young women,

who already tend to face high levels of domestic violence, may experience even higher levels of violence driven by quarantine and isolation.

While illegal, child marriage remains widespread in Afghanistan, with one third of Afghan girls marrying before their 18th birthday.²⁴ Harmful practices such as *baad* and *badal* reinforce the practice and increase vulnerability and experience of violence. The economic crisis is leading to a reported increase in child marriage, as a negative coping mechanism to respond to the socio-economic crisis. A pandemic of this nature will also present unique challenges that can increase child marriage both in the acute and recovery phases. Because poverty is a known driver of child marriage – with families more likely to marry off daughters in times of economic stress to alleviate the perceived burden of caring for them – the anticipated economic fallout of the pandemic is expected to result in more early marriages.²⁵

Even when girls, adolescent girls, and young women are not directly experiencing violence, violence at home has significant inter-generational effects. Girls are more likely to experience violence later in life, and boys more likely to perpetrate violence. Children from households where violence against women is perpetrated have also lower job performance, stability, and earnings in later life.²⁶

Access to education

The COVID-19 crisis has particularly affected children's access to education, with schools closed since March 2020. For many girls and adolescent girls, especially those living in rural and hard to reach areas, access to education was a challenge before COVID-19. Girls' education was already a low priority, and girls had limited access to primary education and even more limited access to secondary education. As mentioned above, in Afghanistan 3.7 million children are out-of-school, of which 60% are girls.²⁷ Only 37% of adolescent girls are literate, compared to 66% of adolescent boys.²⁸

School closures due to the COVID19 pandemic could lead to many more girls dropping out before they complete their education, especially girls living in poverty, with a disability or living in rural or isolated places.²⁹ With the socio-economic impact of COVID-19 and many families losing their means of livelihood, many girls may be forced to

²⁰UNICEF and UNFPA (2020). Covid-19 and young girls vulnerability to Child marriage and teenage pregnancies in Afghanistan.

²¹Patrick O'Leary et al. (2015). Violence Against Children (VAC) in Afghanistan. Griffith University and Terre des Hommes.

²²Oxfam (2020). A New Scourge to Afghan Women: COVID-19.

²³Kumar, S. et. al. (2017). Ending violence in childhood: A global imperative. *Psychology, Health and Medicine*, 1, p. 6.

²⁴<https://www.unicef.org/afghanistan/child-protection>

²⁵UNICEF and UNFPA (2020). Covid-19 and young girls vulnerability to Child marriage and teenage pregnancies in Afghanistan.

²⁶DUVVURY et al. (2013). Intimate Partner Violence: Economic Costs and Implications for Growth and Development. Gender Equality and Development, Women's voice, Agency and Participation Research Series No.3.

²⁷<https://www.unicef.org/afghanistan/education>

²⁸Human Rights Watch (2017). Afghanistan: Girls Struggle for an Education.

²⁹UNICEF and International Rescue Committee (2020). COVID-19 - GBV Risks to Adolescent Girls and Interventions to Protect and Empower them.

drop out of school and/or to marry early. Evidence from the Ebola crisis shows the risks for girls when schools are closed for long periods: in addition to dropping out of school, girls are more vulnerable to sexual abuse and teenage pregnancies. It also represents the loss of a safe space, where girls who are experiencing violence and abuse can find respite, and where there is an opportunity for adults to identify signs of abuse and intervene in their lives.³⁰ Limitations on remote learning and increased burden of care will further prevent girls' access to education. It is critical to support girls' return to school and access to primary and secondary education, to allow them to realize their full potential and fully contribute to Afghanistan sustainable development and peacebuilding efforts.

Socio-economic impact on young women

While youth unemployment was already high in Afghanistan, particularly for young women with 21.2 % of young women unemployed,³¹ the socio-economic crisis is likely to see youth unemployment continue to increase, further limiting economic development opportunities for young women of Afghanistan. The pandemic is also increasing girls and young women's duties of caring for elderly and ill family members, as well as for siblings who are out of school. This, compounded by restrictive gender norms that were already limiting their access to education and employment, will further prevent young women's access to education and economic opportunities, significantly impacting their development and future. In addition, when facing severe economic shocks, girls and young women are more likely to take on high-risk work for their own and their family's economic survival, or as mentioned above, to be married early. This is putting young women at higher risk of abuse and violence.

Driving force for change: youth's engagement and leadership

Considering that young people represent 68% of the Afghan population, it is critical to meaningfully engage them in all political and public health decision-making, as well as in the peace-process. Engaging youth has strong benefits, creating a ripple effect of positive outcomes, with benefits for young people, families, communities and society. Young people, particularly young women, can be effective partners in the prevention and response to COVID-19 in their communities and their added value as educators and change agents should be better leveraged. Engaging young people will support an inter-generational approach, promoting social cohesion between age groups and solidarity at the community level, enabling an effective response to COVID-19.

RECOMMENDATIONS

1. Ensure that at national levels pandemic preparedness and response plans are grounded in children's rights and gender analysis and address the increased risks of violence against girls, adolescent girls and young women. Ensure that gender-responsive and age-appropriate measures are integrated and funded in all plans, policies, services and programming related to COVID-19 and beyond.
2. Ensure meaningful engagement of girls, young people, particularly young women, adolescent girls and girls, and youth-led groups at national, sub-national and community level in all information gathering and decision-making to inform plans, programmes and services.
3. Ensure that public health messages and communications efforts target young women, adolescent girls and girls through adequate channels and with child-friendly materials, particularly those living in humanitarian settings, remote and hard to reach areas, with information about COVID-19 and services available related to violence and sexual and reproductive health.
4. Prioritize and make provisions to continue the provision of essential health services for women and girls, including age-appropriate sexual and reproductive health services and services for survivors of violence, that consider the specific needs of adolescent girls and girls.
5. Support girls, adolescent girls and young women's return to school and access to education including through supporting schools to prevent and control the spread of COVID-19, the promotion of schools safe from all forms of violence and grants and scholarships. Advocate and support the inclusion of gender equality in curriculums.
6. Promote gender-responsive health services through training female health workers and gender-responsive measures in all health facilities (hospitals, clinics, quarantine centers), including separate rooms for women and girls.
7. Prioritize and expand provision of weekly iron and folic acid supplements to all girls and adolescent girls (from age 10 to 19 years) both in and out of school, through community platforms, programmes and health workers.
8. Prioritize essential items like contraception and menstrual health items in supply chains, that are central to girls, adolescent girls and young women's health and autonomy.
9. Prioritize strategic funding for menstrual health and hygiene and support grassroot organizations working on menstrual health and hygiene to increase the impact of their work particularly during COVID-19 pandemic.
10. Establish or promote safe reporting mechanisms to allow women and girls who are experiencing violence in their homes as result of the lockdown to seek help.

³⁰UNICEF and UNFPA (2020). Covid-19 and young girls vulnerability to Child marriage and teenage pregnancies in Afghanistan.

³¹World Bank (2020). Unemployment, youth (% of youth labor force ages 15-24) (modeled ILO estimate). Available from: <https://data.worldbank.org/indicator/SL.UEM.1524.FE.ZS>