



# CHILD MARRIAGE

## During the COVID-19

pandemic in Bangladesh: A rapid study



# **Child Marriage During the COVID-19 Pandemic in Bangladesh: A Rapid Study**

**December 2021-January 2022**

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# Executive Summary

The COVID-19 pandemic and ensuing lockdowns upended social and economic orders in Bangladesh and around the world. The increased pressure on families amidst school closures and lack of income-generating opportunities were expected to exacerbate drivers of child marriage and subsequently increase rates of child marriage. Child marriage is a violation of human rights and is not legally permitted for girls under 18 except in special circumstances in Bangladesh, but remains an important cultural and religious institution. In order to understand impact of COVID-19 pandemic on child marriage, UNFPA Bangladesh commissioned a mixed methods study of prevalence and perceptions of child marriage during the COVID-19 pandemic.

The MJF conducted a rapid survey of girls aged 10-19, collecting data in December 2021 and January 2022. The survey was complemented with key informant interviews with community leaders and NGO representatives in the same villages and urban areas selected for the survey, and focus groups conducted with married and unmarried girls of the same age. The data were then analyzed by an expert and are presented in detail in the following report.

Child marriage rate among girls aged 10-19 was 15.6% at the time of survey but this masked underlying variation at the district level that ranged from 4.2% in Rangamati to 40% in Lakshmipur. Among respondents aged 15-19, 26.9 % were married and a much smaller percentage, 1.8%, of girls aged 10-14 were married at the time of the survey.

More than half of these married girls were married during the pandemic, with 33.9% married in 2021 and 23.6% married in 2020 (Table 7b). Interestingly, this leaves almost 40% of married girls who married before 2020, suggesting that lockdowns may have had the effect of reducing child marriages in 2020, the first year of pandemic.

Qualitative interviews and focus groups revealed that girls felt more vulnerable to child marriage, bullying and other forms of violence during the pandemic than they had before. Similarly, girls and members of their community largely believed that child marriage had increased during this time period. These results suggest that more work is needed to understand the causal effect of the pandemic and lockdowns on child marriage in Bangladesh.

The study raises several questions that merit further investigation. More work is needed to understand the causal effect and discrepancies between the qualitative and quantitative data, as described above, but also why increases in perceived child marriage rates occurred despite strong knowledge on the part of all respondents that child marriage is not permitted and despite attempts by local authorities to mandate registration of marriage and prevent early marriage. A focus on understanding sub-national variation will also be important for focusing future programming.

# Introduction

The onset of the COVID-19 pandemic and ensuing lockdowns in 2020 and 2021 put extensive social and economic pressure on families around the world. Much of the additional burden fell on women as schools closed, primary providers lost their livelihoods, and health centers became inaccessible. Adolescent girls were uniquely vulnerable during COVID-19 lockdowns due to school closures and the potential for economic and social pressures to drive more girls into early marriage and pregnancy. In areas where child marriage and other harmful practices were prevalent before the pandemic, these risks were particularly salient. Bangladesh suffered a high rate of child marriage pre-pandemic and the overall rate of child marriage was relatively unchanged in the preceding decade (UNICEF 2020) with 32.9% of girls aged 15-19 were married at the time of data collection per 2019 MICS. The country enacted strict measures to reduce the spread of COVID-19, mitigating the risk of the virus transmission, but increasing the risks of other social problems. Bangladesh endured lockdowns from March to April of 2020, as well as March-August, 2021 due to rising cases and variants of concern.

The rapid rise of COVID-19 cases and the necessities of social distancing, work from home, and suspension of many normal activities meant that normal research activities were difficult, if not impossible. Obtaining information about how theories and risks of harm to various vulnerable groups was made significantly more complicated in a time when vulnerabilities were on the rise, leaving policymakers and practitioners with little guidance. Although authorities and other stakeholders surmised that child marriage might increase during COVID-19, for example, it was impossible to know to what extent this change was real and how it was affecting the population. In response, UNFPA commissioned a series of studies on key questions affecting adolescent girls during the pandemic such as access to family planning and health clinics, perceptions of changes in child marriage and adolescent pregnancy, access to school, and more. This document reports the second of those studies and details the findings.

A rapid survey was conducted with the MJF designed to quantify and understand impact of COVID 19 on child marriage in Bangladesh, a country where child marriage has historically been high and lockdowns were predicted to have large effects. Child marriage is a violation of human rights and is not legally permitted for girls under 18 except in special circumstances, but remains an important cultural and religious



institution in Bangladesh. The COVID-19 pandemic exacerbated many traditional drivers of child marriage, engendering fears that more girls would be at risk for marriage. In this study, we explore whether and how the pandemic led to measurable changes in child marriage, early pregnancy, domestic violence, and other adverse outcomes for adolescent girls in Bangladesh.

To preview the results, this study was not able to definitively determine whether or not child marriage increased or decreased during the COVID-19 pandemic due to absence of survey with similar scale. From a quantitative standpoint, marriage among 15-19-year old girls in Bangladesh was low against expectations. Approximately 26.9% of respondents aged 15-19 were married at the time of the survey.

Though these statistics seem to indicate a lower rate of child marriage against what was expected, they should be viewed with caution for a number of reasons. First, the sample is not comparable to the household level surveys such as DHS and MICS. Second, the qualitative evidence suggests that most people believe that child marriage increased during this time period. Alongside, many girls felt more vulnerable to early marriage and to other forms of violence such as bullying and domestic violence than they did before the pandemic. For instance, fewer than 2 percent of respondents aged 10-14 were married at the time of the survey. However, 56.5% of these marriages of girls aged 10-14 occurred in 2021 and 21.7% in 2020, signaling potential increase in child marriage in the second year of pandemic among young adolescent girls. We identified several normative and perceptions changes as well as changes in several potential drivers of child marriage during this difficult time that would suggest that rates of child marriage increased. These opposing findings taken together illuminate the need for more research in order to estimate the causal impact of COVID-19 lockdowns and the pandemic overall on child marriage rates.

This report is outlined as follows. We first review the recent literature on adolescent girls' experiences during the COVID-19 pandemic. The following sections present the mixed-methods methodology for studying the research questions; discuss descriptive statistics about the samples, and finally, results. The last section concludes and suggests ways to continue studying these phenomena.

# Literature Review

As the first lockdowns and restrictions were imposed on communities around the world due to the COVID-19 pandemic, a wave of speculation arose on the pandemic's potential effects on women and adolescent girls. These predictions were topically broad, touching potential changes in levels and rates of education, child marriage, exposure to violence, and reinforcement of gendered and patriarchal norms. At the onset of the pandemic, UNFPA predicted that 47 million women would be unable to access contraceptives and that we might see an additional 7 million unintended pregnancies (UNFPA, 2020). UNICEF predicted that 10 million girls were at risk of child marriage in addition to the 100 million child brides already estimated (UNICEF, 2020) and UNFPA suggested that the number may be as high as 13 million girls (UNFPA, 2020). This wave of predictions has given way to research on the effects, but the space is still largely lacking in concrete evidence on the effects of the pandemic on key educational and other milestones for adolescents and particularly, girls. Some early-pandemic predictions have come to pass, others have been overestimated, still others are being uncovered as targeted data collection and resulting analysis have come into focus.

In this section, we review the recent scholarly literature, white papers, reports, and blog posts on adolescent girls' experiences during COVID-19 pandemic. We present recent findings alongside expectations and predictions from the early days of the pandemic to highlight where there are remaining gaps in our understanding of the pandemic as well as how that understanding has evolved over the past two years.

## Education

Even before the pandemic, approximately one fifth of adolescent girls worldwide were not enrolled in school (UNESCO), highlighting the potential of the pandemic to exacerbate the existing problem of out-of-school girls when classes went remote—where possible—and schools were closed down. In Bangladesh, the MICS 2019 showed a net attendance ratio for all primary school children of 85.9 percent with 53.4% net attendance ratio for upper secondary school age girls (age 14-18) and 64% net attendance ratio for lower secondary school age girls (age 11-13). While secondary school enrollment for girls has been increasing, dropout rates remain high and overall secondary completion rates low at 24.9% (MICS 2019).

Despite these lockdowns, research from Senegal, Ghana (Kwauk, Schmitt, and Ganju, 2021) and other countries shows that overall dropout rates were low compared to

expectations. This apparent continued commitment to school despite the lockdowns is tempered by the fact that learning almost certainly did not continue apace. Although children were likely to return to school when lockdowns ended, grade repetition was high compared to previous years for all students (Kwauk, Schmitt, and Ganju, 2021). Indeed, even in high-resource settings, schools saw large drops in grade completion and test scores alongside higher rates of grade repetition, highlighting the lack of learning that was achieved as students were stuck at home with often very little access to textbooks, supplies, and internet connections in many parts of the world. In Kenya, 97% of adolescents reported difficulty accessing learning materials during the pandemic. (Population Council, 2021).

In addition, these observed moderate to null effects on average mask the differential effects on adolescent girls. For instance, a study from Kenya shows that while 8% of boys did not return to school when lockdowns were lifted, 16% of girls did not return (Population Council 2021). In Uganda, this effect was particularly pronounced among adolescents in Grade 12, where 18% of girls did not come back compared to 2% of boys (Kwauk, Schmitt, and Ganju, 2021).

School dropout has been linked to child marriage in several studies. For instance, a WorldVision study from 2021 shows that out of school girls are 3.4 times more likely to be married than girls enrolled in school (WorldVision, 2021a). While the literature is divided on the direction of this causal relationship (e.g., do girls who have left school get married? or do girls leave school because they marry and thus have more responsibility and no time for school?), the pandemic provides the potential to examine the causal nature of the relationship, albeit one that is observed in tandem with an increase in other risk factors for child marriage such as household breadwinner job loss, age of the girl, etc. (e.g., Nguyen and Wodon, 2014).

## **Household Chores and Responsibilities**

As businesses shuttered and jobs were not accessible, many families experienced large drops in income, forcing them to resort to various coping mechanisms. In Kenya, 1 in 3 household businesses were not operational and revenues decreased across all sectors, straining household finances as well as commercial ones (Kenya Economic Update World Bank, November 2020).

Drops in income had wide-ranging repercussions for girls and their families. In a study from Kenya, 75% of girls said they had missed meals (Population Council 2021). A separate study from Kenya found that girls subject to COVID-19 restrictions on movement reported more hours of household chores than groups whose movement was not restricted (Zalika, 2021).

An increase in poverty and financial stress, as indicated in the Zalika et al. (2021) study, may also be associated with higher rates of child marriage. A study from WorldVision showed that an adolescent who experienced hunger in the last four weeks was 60% more likely to be married than his or her peers (WorldVision, 2021b).

Migrant workers were particularly vulnerable to these restrictions. Both internal and international migrant workers had contracts rescinded and faced travel restrictions, resulting in loss of work and lower incomes (ILO 2021). Travel restrictions that reduced the flow of migrant workers may have also increased rates of child marriage as more potential child grooms returned to their villages instead of working abroad or in different districts.

## **Transactional Sex**

Going beyond responsibilities for household maintenance, a study showed that 80% of families in Kenya lost income due lockdowns and restrictions associated with the COVID-19 pandemic and more than 1 in 3 businesses in some places were closed (Population Council 2021), forcing girls to look for work to provide for their families. This change has effects on school enrollment and test scores, but also on the use of transactional sex to provide for remaining families, and subsequently, the prevalence of early, out-of-wedlock pregnancy.

## **Child marriage and Early Pregnancy**

Several alarming studies and reports were printed early in the pandemic and have been cited liberally in emerging studies as a warning on the potential effects of the pandemic on child marriage. A UNFPA predicted that 13 million additional girls would be at risk for child marriage, while a WorldVision study predicted that 25 years of progress on child marriage could be reversed in the first five years of the pandemic (Cousins, 2020). These predictions are undergirded by a large existing literature that links child marriage to risk factors such as school dropout and poverty, both of which were expected to increase in the face of school of closures and lockdowns.

Despite these predictions, we still know very little about the actual effects of the pandemic on child marriage, highlighting a gap that is slowly being filled by emerging studies. One recent study finds that child marriage increased by 13% in Bangladesh due to school closures and lack of other activities and services available to girls during the pandemic lockdowns (Hossain et al. 2021). In a 2021 study, WorldVision shows that recorded child marriages in 2020 saw the largest increases that had been recorded in 25 years. To elucidate why, the report presented three case studies from India, Uganda,

and Zimbabwe showing how food insecurity, school dropout, and parental stress, all exacerbated by the pandemic, led to child marriages (WorldVision, 2021B).

Before the pandemic, analysis of the 2019 MICS survey for Bangladesh estimated that approximately 32.9 percent of girls aged 15-19 were currently married at the time of survey. Of girls aged 20-24, 15.5 percent had been married before age 15 and more than half (51.4 percent) had been married before age 18. Approximately one quarter of girls began childbearing before age 18 according to the MICS analysis.

It is important to note that while child marriage is considered a violation of human rights in international law and in many countries, qualitative evidence shows that girls may have actually sought out marriage (e.g., Raheim 2021) as an antidote to pandemic boredom, or as an escape from household chores or home-schooling. Care should be taken in extrapolating too much from these findings, but girls' agency and decision-making power should be included in any analysis of the effects of the pandemic on adolescent girls.

Although not exclusively confined to early marriages, experts feared significant increases in early pregnancy due to increases in child marriage, transactional sex, and the increase in unstructured time in which early pregnancies also suggested that one million more girls were at risk for becoming pregnant due to lack of access to reproductive health services (Affloum & Santagostino Recavarren 2020). A study from Kenya found that girls experiencing restrictions on movement due to COVID-19 were twice as likely to become pregnant before finishing secondary school (Zalika et al. 2021). The same girls were more likely to be sexually active and less likely to report their first sexual experience as desired (Zalika et al., 2021).

## **Social relationships and access to services**

An almost-universal outcome of the pandemic is the narrowing of social networks and weakening of social ties (UNFPA and Women Enabled, 2021). Girls, by nature of being out of school, and possibly marrying outside of their communities, are not immune from the psychological, social and other tangible effects of having fewer interactions with family, friends, outside mentors, and teachers. Women and girls with disabilities were disproportionately vulnerable during this time (UNFPA and Women Enabled, 2021).

Access to services for mental health, and sexual and reproductive health were widely expected to be diminished in the early stages of the pandemic as clinics were closed and PPE was not available to health care workers. This was particularly true in Bangladesh where there were predictions that expectant mothers would decline ANC and facility births, that routine field visits would be canceled, that training and supervision would be delayed during the pandemic, that routine screening for issues such as HIV and

obstetric fistula would be delayed, resulting in many girls and women not receiving care (Impact of COVID-19 on SRHR in Bangladesh, 2021).

Initially, many of these fears were realized, particularly in the early stages of the pandemic, when lockdowns were in place. Service utilization as well as ability to supply services dropped dramatically in the first few months of the pandemic, but many of these rebounded in the period from May to October 2020 (Shamima Akhter et al., 2021). Despite these swings, the ultimate effects on overall health and wellbeing and total fertility rate, among other outcomes, is yet to be observed. In Bangladesh, an analysis of DHIS2 data showed a significant reduction in uptake of maternal and neonatal health services since the beginning of the pandemic. The same study noted fluctuations in neonatal immunizations and birth registrations, but did not ascertain a pattern on number of births (Khan, 2021). In Kenya, 50% of girls could not access sanitary pads during the pandemic, and half of all adolescents reported symptoms of depression (Population Council 2021). In the US, a study of adolescent girls showed increases in symptoms of anxiety and depression associated with lockdowns (Silk et al., 2021).

## **Familial and interpersonal violence**

A proliferation of research in recent years on how to sufficiently measure women's empowerment and violence against women has coincided with efforts to understand the experience of women and girls during the pandemic. Many experts predicted that violence against women and girls would increase during lockdowns as schools and clinics closed. (e.g., Women Win 2020).

Both adolescent girls (39%) and boys (52%) experienced a perceived increase in familial and interpersonal violence during the pandemic in one study from Kenya (Population Council).

Violence, harassment and bullying online were also widely expected to increase as a result of the pandemic. For adolescent girls who had access to the internet, lockdowns meant that school was only available for some online, leading to large increases in internet usage. Studies suggest that internet usage increased by 50-70% for some groups due to self- and government-imposed lockdowns (Forbes, 2020). A UN Women report has cataloged anecdotal evidence that online harassment increased during the early months of the pandemic. It is notable that this effect is confined to particular populations. Despite a push to get more people online during the pandemic, over 2.9 billion people are considered to be "digitally excluded" having never been on the internet (UN 2021). More research is needed to understand to what extent girls were subject to online harassment and bullying during the pandemic as well as how successful efforts were to get more people online.

# RESEARCH QUESTIONS AND SAMPLING METHODOLOGY

We turn now to the mixed methods rapid study of child marriage in Bangladesh, conducted in December 2021 and January 2022. The research endeavor sought to answer the following key questions through a series of focus groups discussions with married and unmarried girls, key informant interviews with community leaders, and a survey of married and unmarried girls in 20 districts in Bangladesh.

1. How has the pandemic affected the marriage probabilities described in terms of current marital status, age at marriage, nature of marriage arrangement, registration of marriages and dowry payments? How are these marriage related outcomes differentiated by socio-economic background of girls and their households?
2. How has the pandemic affected other sexual and reproductive health and social outcomes such as adolescent pregnancy and school drop out? How has the pandemic affected time use patterns in terms of care-giving responsibilities, household chores, studying and working to earn?
3. How has the pandemic affected the risk of exposure to harassment and violence, adolescent social lives in terms of mobility and social interactions?

The data collection partner, Manusher Jonno Foundation, designed a sampling methodology to be able to estimate the prevalence of child marriage at the national level. This was achieved using a multi-stage cluster design that is outlined below.

Districts of Bangladesh were divided into 5 clusters by child marriage prevalence calculated by MJF using the 2012 MICS, the most recent study publicly available at the time the study was designed.

The clusters were defined as:

- Cluster A: Child Marriage prevalence rate range of 6.6% - 18.5 %
- Cluster B: Child Marriage prevalence rate range of 18.6 % - 30.5%
- Cluster C: Child Marriage prevalence rate range of 30.6% - 39.6 %
- Cluster D: Child Marriage prevalence rate range of 39.7% - 48.4 %
- Cluster E: Child Marriage prevalence rate range of 48.5% - above

From these groups, 20 out of 64 districts of Bangladesh were randomly selected in proportion to their population in each cluster. Table 1 shows the selected districts, the sampling clusters and the Under-15 and Under-18 child marriage rates from the 2019 MICS, which became available at the time of report writing. This table uses the definition of child marriage as the proportion of girls age 20-24 who were married before 15 and girls aged 15-19 who are currently married.

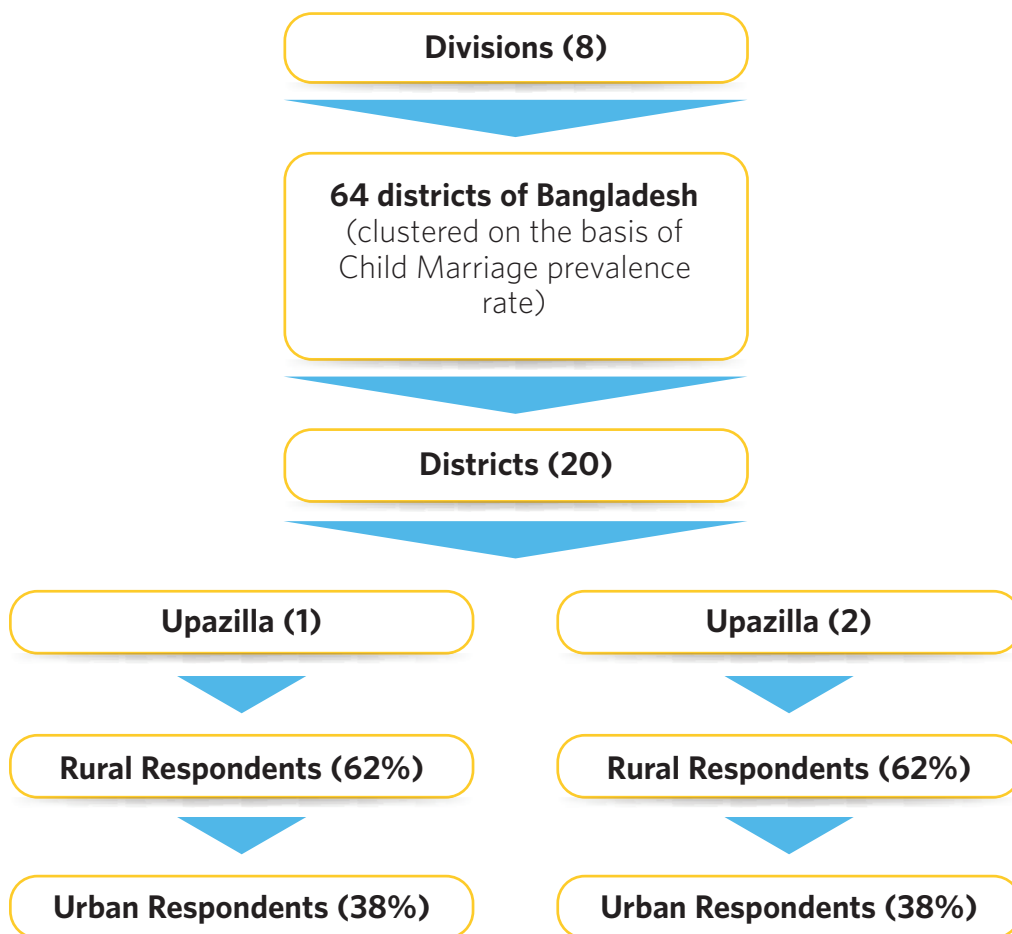
**Table 1: Sample Size and Sampling Clusters by District here**

	Sample Size	Sampling Cluster	Under-15 CM*	15-19 CM**
Bagerhat	142	C	19.8	39.1
Barguna	140	C	12.3	40.4
Barishal	141	B	18.0	28.4
Chapainawabganj	140	C	38.8	51.7
Chattogram	140	B	7.3	21.5
Dhaka	141	B	15.7	32.0
Habiganj	140	B	6.9	22.1
Jashore	141	D	18.3	41.5
Kishoreganj	140	C	8.8	18.6
Kurigram	144	E	22.1	39.8
Lakshmipur	140	C	13.5	25.9
Meherpur	140	E	15.1	38.1
Moulvibazar	141	A	7.1	17.6
Mymensingh	142	C	16.9	35.5
Naogaon	140	E	31.2	44.6
Netrokona	141	D	7.8	22.5
Nilphamari	140	C	16.2	35.9
Rangamati	143	A	10.0	13.5
Sirajganj	141	D	15.1	38.7
Tangail	143	D	16.5	51.1
Sample Size	2820			
* percent of women aged 20-24 married before age 15, from 2019 MICS				
** percent of young women aged 15-19 currently married, from 2019 MICS				



In each selected district, two of the next lowest administrative unit, sub-districts or upazilas, were selected at random for inclusion in the study. The upazilas were divided into rural villages and urban wards; one rural village and one urban ward was randomly selected from each selected upazila. In each selected village or ward, enumerators prepared the listing by asking each family how many girls aged 10-19 lived in the household and how many were married. Following the listing, approximately 87 girls were randomly selected from each rural village list and 53 girls from each urban ward to reflect the 61.8%/38.2% rural/urban population split. This resulted in a sample size of about 140 girls per district or 2,824 respondents in total. Figure 1 visualizes the multi-stage clustering. Table 2 shows respondent age, schooling, and marital status for all respondents, in addition to COVID-19 vaccine status.

**Figure 1: Multi-stage Clusters for Survey Sampling**



## Sample Size Calculation

Since the number of adolescent girls of Bangladesh is 14.4 million<sup>1</sup>, the sample size for this study has been calculated as:

$$n = \frac{(Z)^2 * pq * N}{(e)^2 * (N-1) + Z^2 * p * q}$$

Where

n = Sample size

z = Standard normal deviate at a given level of significance

(z = 1.96 at 95% confidence level)

[The standard normal deviate usually set at 1.96, which corresponds to the 95 % confidence level)

p = Proportion of success for the indicator (Sample proportion)

As per MICS 2019, 22.6% of women aged 20 to 49 years were married before age 15.

q = 1 - p

e = Precision rate or amount of admissible error in the estimate (precision rate or acceptance error)

Deff = design effect for cluster sampling. It has been set to 1.65 (but we can use 1 to 1.8).

Z	p	q	e	N	N-1	Nu	De	n =	Deff	Final sample size
1.96	0.22	0.78	0.02	14,400,000	14,399,999	9,492,747.26	1,6485,760.66	1,648	1.65	2,719

The number of respondents were rounded up to 2,800 respondents (140 for each district in order to round up and equally distribute the number) for the survey considering response error.

## Exceptions in Sampling

Of the districts selected, two of the districts (Dhaka and Chattogram) are mega cities and consisted of mainly urban population. In order to accurately represent these districts, all respondents from these districts (140 from each district) were selected from urban wards. To compensate for this oversample of urban respondents in the national level sample, all respondents (140 from each district) were taken solely from rural areas in two districts from Dhaka and Chattogram divisions. The districts are Tangail and Lakshmipur, respectively. Thus, the total sample and the ratio from urban and rural locations remains the same.

As per sample design, two upazilas had been selected from each of the districts. While listing adolescent girls, the total number of adolescent girls aged 10 years to 19 years from two selected upazilas was too small for randomly selecting in ten districts. To compensate for this, more than two upazilas were selected in those ten districts. Following are the districts with more than two upazilas selected:

**Table 2: Selected Upazilas by District**

Sl. No.	District	# Selected Upazilas
1	Bagerhat	3
2	Barishal	4
3	Habiganj	4
4	Jashore	3
5	Kurigram	3
6	Mymensingh	6
7	Naogaon	4
8	Netrokona	5
9	Rangamati	3
10	Tangail	3

## Survey Respondents

Each respondent, a randomly selected girl aged 10-19—married or unmarried—in the household, was asked a series of questions on demographics, family characteristics, marriage and pregnancy, schooling, COVID-19, access to services, and social ties. Finally, respondents were asked to record their perceptions on the effect of the COVID-19 pandemic on child marriage, adolescent pregnancy, school attendance, and domestic violence.

## Focus Group Discussion and Key Informant Interviews

From the group of survey respondents, two focus groups of 8-10 unmarried girls and one focus group of 8-10 married girls aged 10-19 were selected based on proximity and ease of gathering them together by the enumeration team for each village or ward. Focus groups were conducted by a facilitator with a notetaker separately from other focus groups. Key informants were selected at convenience by field managers conducting the listing and survey. Key informants included leaders in the community such as Teachers, District/Upazila Women's Affairs Officers, Ward Commissioners, Ward Counsellors/Female Ward Counselors, Union Administrative Officers (UNOs), Union Parishad Chairmen/members (UPCs), Marriage Registrars, and Sub Inspectors/Assistant Sub Inspectors of Police. UNOs and UPCs are locally elected government representatives.

## Timeline

Data were collected in December 2021 and January 2022 by the MJF in the 20 selected districts. Interviews and focus groups were attended by a facilitator and a notetaker. Recordings were not made of discussions. Surveys were conducted using paper printouts.

# RESULTS

## 1. IMPACT OF PANDEMIC ON MARRIAGE probabilities, including current marital status, age at marriage, nature of marriage arrangement, registration of marriages, dowry payments, differentiated by socio-economic background

### 1.1 Descriptive Statistics

Table 3 presents descriptive statistics of the survey sample by geography and subsequent tables present similar statistics by age group of the respondents (10-14 years or 15-19 years) and finally by the year of marriage for those married during the pandemic. There is significant variation in the statistics by geography, though we cannot in most cases say that these are statistically significantly different, they are large, highlighting the need for further study.

Of the 2,824 respondents, girls were on average 14 to 15 years old. Around 15.6% of all respondents were married at the time of the survey, ranging from 4.2% in Rangamati to 40% in Lakshmipur; only 0.1% of all respondents were divorced. Looking at age groups, 26.9% of adolescents, aged 15-19, were married at the time of the survey, with only 1.8% of girls aged 10-14 reported being married.

Marriage and school attendance are negatively correlated, with the tenure of marriage associated with decreased likelihood of being in school. A large proportion, 78.6%, of girls reported having attended school in the current school year, ranging from 55.7% in Chattogram to 97.2% in Kurigram. Most girls in most districts reported primary school as their highest completed level of education and younger girls, aged 10-14, were more likely than older girls to report having been enrolled in school in the current school year. Of girls who got married in 2020, only 15.4% were enrolled in the current school year, though 43.6% of girls married in 2021 were enrolled at some point in the current school year (Table 3b).

The 420 married respondents (15.6% of the sample) were asked about pregnancy and childbearing. Just over 15% of married girls were pregnant and just under 40% of these married girls had any children, with a low of 7.7% in Kurigram to 83.3% in Rangamati (Table 3).

**Table 3: Respondent Characteristics by District**

	Age, Mean	Some Any Schooling	Primary School	HSC	Primary School	SSC	Married	Any Children	Enrolled: School Current Year	Enrolled: Remote School	Vaccinated COVID-19
Bagerhat	14.9	98.6%	1.4%	2.9%	82.0%	12.9%	19.7%	38.1%	67.6%	6.1%	49.3%
Barguna	14.6	100.0%	3.0%	0.7%	53.0%	41.0%	26.4%	46.9%	69.3%	3.2%	8.6%
Barishal	15.2	95.0%	0.0%	6.7%	69.4%	21.6%	32.6%	19.6%	68.8%	10.2%	13.5%
Chapainawabganj	14.3	99.3%	0.0%	5.0%	15.1%	79.1%	21.4%	48.3%	80.0%	5.7%	30.0%
Chattogram	14.8	97.1%	0.7%	5.8%	56.9%	35.8%	11.4%	50.0%	55.7%	5.3%	7.9%
Dhaka	14.3	98.6%	5.0%	0.7%	75.5%	15.1%	11.3%	50.0%	72.3%	2.0%	19.1%
Habiganj	14.4	98.6%	12.2%	0.7%	74.8%	10.1%	5.0%	71.4%	77.9%	17.0%	36.4
Jashore	15.4	99.3%	2.9%	3.6%	77.1%	16.4%	18.4%	42.3%	85.1%	4.2%	19.9%
Kishoreganj	14.9	100.0%	5.0%	2.9%	55.0%	37.1%	7.9%	36.4%	86.4%	0.8%	26.4%
Kurigram	14.8	100.0%	0.0%	9.0%	40.3%	49.3%	9.0%	7.7%	97.2%	2.9%	0.0%
Lakshmpur	16.3	97.9%	1.5%	4.4%	72.8%	20.6%	40.0%	40.4%	53.6%	0.0%	29.3%
Meherpur	14.3	98.6%	0.7%	4.3%	81.2%	10.9%	9.3%	41.7%	93.6%	4.8%	27.9%
Moulvibazar	15.3	97.2%	9.4%	3.6%	67.4%	13.8%	7.1%	55.6%	77.3%	10.6%	33.3%
Mymensingh	14.2	97.2%	2.2%	3.6%	63.0%	31.2%	4.9%	71.4%	84.5%	2.5%	41.5%
Naogaon	14.5	100.0%	0.0%	2.1%	70.7%	23.6%	30.7%	23.3%	71.4%	0.0%	2.9%
Netrokona	15.8	99.3%	3.6%	13.9%	44.5%	27.7%	11.3%	43.8%	87.2%	56.5%	40.4%
Nilphamari	14.5	100.0%	0.0%	2.9%	85.7%	10.0%	17.9%	40.0%	85.7%	3.4%	12.1%
Rangamati	15.3	98.6%	0.7%	9.9%	46.1%	36.9%	4.2%	83.3%	85.3%	12.2%	55.9
Sirajganj	14.6	98.6%	0.0%	5.8%	61.9%	31.7%	7.1%	40.0%	95.7%	0.7%	23.4%
Tangail	14.0	98.6%	1.4%	2.1%	71.6%	23.4%	16.8%	42.9%	76.9%	2.0%	31.5%
Total	14.8	98.6%	2.5%	4.5%	63.2%	27.4%	15.6%	39.2%	78.6%	7.7%	25.5%
Sample Size	2820	2820	2773	2773	2773	2773	2820	418	2820	2104	2820

**Table 3a: Respondent Characteristics by Age Group**

	Any Schooling	Some Primary School	HSC	Primary School	SSC	Married	Any Children	Enrolled: School Current Year	Enrolled: Remote School	Vaccinated COVID-19
Age: 15-19	98.6%	1.6%	8.2%	48.9%	37.2%	26.9%	40.2%	68.8%	11.7%	29.1%
Age: 10-14	98.7%	3.5%	0.1%	80.7%	15.5%	1.8%	20.0%	90.6%	3.9%	21.1%
Difference	-0.0749	-1.890**	8.111***	-31.79***	21.74***	25.04***	20.20	-21.77***	7.777***	8.032***
Total	98.6%	2.5%	4.5%	63.2%	27.4%	15.6%	39.2%	78.6%	7.7%	25.5%
Sample Size	2820	2773	2773	2773	2773	2820	418	2820	2104	2820

We are able to observe that many marriages happened in the pandemic, though comparison to earlier years is more difficult. More than one-third (33.9%) of the married respondents were married in 2021 and 57.5% were married during the pandemic (2020-2021). Girls married in 2021 had had fewer children and were more likely to be enrolled at some point during the current school year (Table 3b).

**Table 3b: Respondent Characteristics by Year Married in the Pandemic**

	Age, Median	Any Schooling	Some Primary School	HSC	Primary School	SSC	Any Children	Enrolled: School Current Year	Enrolled: Remote School	Vaccinated COVID-19
All Married Girls	18	98.2%	3.0%	6.5%	58.3%	31.3%	39.3%	23.9%	15.6%	15.9%
Sample Size	440	440	432	432	432	432	417	440	90	440
Girls Married in 2021	17	98.7%	3.4%	12.2%	49.7%	33.3%	2.2%	43.6%	15.5%	12.8%
Sample Size	149	149	147	147	147	147	136	149	58	149
Girls Married in 2020	17	98.1%	2.0%	3.9%	58.8%	34.3%	29.0%	15.4%	0.0%	9.6%
Sample Size	104	104	102	102	102	102	100	104	13	104
Girls Married before 2020	18	97.6%	3.6%	3.0%	64.8%	27.9%	73.5%	10.7%	28.6%	23.1%
Sample Size	169	169	165	165	165	165	166	169	14	169
Total	15	98.6%	2.5%	4.5%	63.2%	27.4%	39.2%	78.6%	7.7%	25.5%
Sample Size	2820	2820	2773	2773	2773	2773	418	2820	2104	2820

We present some results in this report that are disaggregated by high or low socio-economic status. Limited information was collected on socio-economic status, so we rely on a room per household member as a proxy, dividing respondents into above the median and below the median rooms per household member. Table 3 presents respondent characteristics by district, but it is important to note that for most statistics, we do not consider these representative samples and so care should be taken in making conclusions about differences across districts. These differences are not statistically significant, so we present them to show the makeup of the sample, not to present estimates of district-level prevalence.

**Table 3c: Respondent Characteristics by Socio-economic Status**

	Age, Median	Any Schooling	Some Primary School	HSC	Primary School	SSC	Married	Any Children	Enrolled: School Current Year	Enrolled: Remote School	Vaccinated COVID-19
Lower SES	15	98.3%	3.0%	3.7%	66.3%	24.9%	12.8%	52.6%	76.5%	7.5%	23.9%
Higher SES	15	98.8%	2.1%	5.2%	60.7%	29.5%	17.8%	31.6%	80.3%	7.8%	26.8%
Difference		-0.523	0.912	-1.483	5.559**	-4.554**	-4.999***	21.05***	-3.825*	-0.302	-2.869
Total	15	98.6%	2.5%	4.5%	63.2%	27.4%	15.6%	39.2%	78.6%	7.7%	25.5%
Sample Size	2820	2820	2773	2773	2773	2773	2820	418	2820	2104	2820

## 1.2 Child Marriage

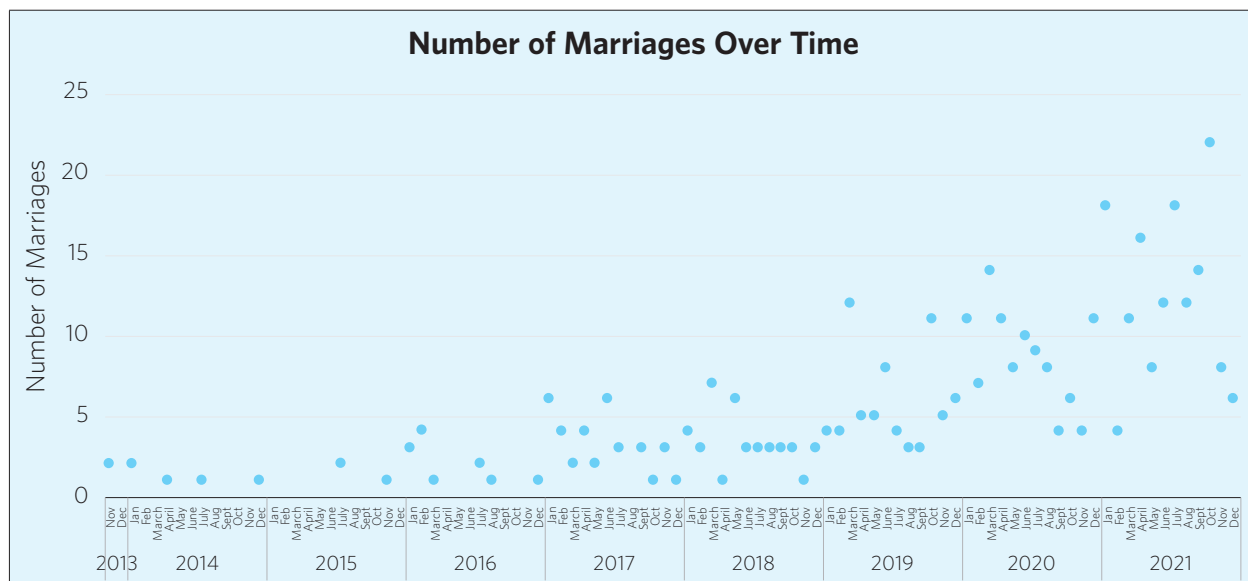
### Prevalence

As described above, a relatively small proportion of girls aged 10-19 (15.6%) reported being married at the time of the survey, but this statistic masks underlying variation. Among respondents aged 15-19, 26.9 percent were married and a much smaller percentage, 1.8%, of girls aged 10-14 were married at the time of the survey. We also see substantial variation by district (Table 3). Child marriage rates ranged from 4.2% in Rangamati to 40% in Lakshmipur.

More than half of these married girls were married during the pandemic, with 33.9% married in 2021 and 23.6% married in 2020 (Table 7b). Interestingly, this leaves almost 40% of married girls who married before 2020, suggesting that lockdowns may have had the effect of reducing child marriages in 2020. More research is needed to confirm this theory with a sample that includes older girls, but if true, might have been accompanied by an increase in marriages in 2021 when lockdowns were lifted. Figure 2 visualizes the number of marriages in each month against time. There were fewer marriages in the latter part of 2020, after the lockdown went into effect, than in the first few months of 2020.



**Figure 2: Number of marriages over time for the sample of girls aged 10-19**



These married 440 girls were asked a series of questions about their marriages including dates, age of their husbands, and registration status, which are depicted in Table 7. More than 98% of this subset of respondents had a religious ceremony to mark their marriage, and more than 70% had their marriage registered. This is a marked increase from a similar survey last year that found 45% of married respondents had registered their marriages. (Manusher Jonno Foundation, 2021).

**Table 7a: Marriage Characteristics by Age of Respondent**

	Religious Marriage Ceremony	Marriage Registered	Husband's Age at Marriage	Currently Pregnant	Dowry Paid	Number of Children
<b>All Married Girls</b>						
Age: 15-19	99.30%	72.20%	22.4	14.70%	21.50%	0.4
Age:10-14	100.00%	45.50%	21.6	22.70%	13.60%	0.2
<i>Difference</i>	-0.719	26.71**	0.81	-7.985	7.861	0.23
<b>Girls Married in 2021</b>						
Age: 15-19	100.00%	75.20%	22.7	17.20%	17.80%	0
Age:10-14	100.00%	50.00%	21.2	25.00%	16.70%	0
<i>Difference</i>	0	25.19	1.426	-7.836	1.111	0.016

	Religious Marriage Ceremony	Marriage Registered	Husband's Age at Marriage	Currently Pregnant	Dowry Paid	Number of Children
<b>Girls Married in 2020</b>						
Age: 15-19	100.00%	66.70%	22.8	21.10%	23.20%	0.3
Age:10-14	100.00%	40.00%	21.4	20.00%	20.00%	0.2
<i>Difference</i>	0	26.67	1.386	1.053	3.232	0.0947
<b>Girls Married before 2020</b>						
Age: 15-19	100.00%	75.30%	22	9.70%	24.20%	0.8
Age:10-14	100.00%	33.30%	21	33.30%	0.00%	0.7
<i>Difference</i>	0	41.98	0.955	-23.64	24.24	0.147
Total	99.30%	70.80%	22.4	15.20%	21.10%	0.4
Sample Size	440	428	424	429	436	413

Among older girls, the percentage of marriages including dowry was higher than among younger girls, regardless of year marriage (Table 7b). This corresponds with other studies and anecdotal evidence suggesting that older girls require more dowry, which is a cause of girls marrying early (Department of Population Sciences 2017).

**Table 7b: Year of Marriage by Age of Respondent**

	Married before 2020		Married Between Jan-Dec 2020		Married Between Jan-Dec 2021	
	Among Married Girls	Among Total Girls	Among Married Girls	Among Total Girls	Among Married Girls	Among Total Girls
Age: 15-19	39.80%	10.70%	23.70%	6.40%	32.60%	8.80%
Age: 10-14	13%	0.20%	21.70%	0.40%	56.50%	1.00%
<i>Difference</i>	26.76*	10.45***	2.002	5.980***	-23.91*	7.796***
Total	38.40%	6.00%	23.60%	3.70%	33.90%	5.30%
Sample Size	440	2820	440	2820	440	2820

## 1.3 COVID-19 pandemic

An increase in the rate of child marriage was predicted by a number of institutions at the onset of the pandemic and so this exercise sought to estimate whether that was true and to what extent the direct cause was the pandemic.

As table 7 shows, almost one third (32.6%) of girls aged 15-19 celebrated their marriages in 2021 and more than half (56.5%) of the very few married girls aged 10-14 celebrated their marriages in 2021. Younger married girls were most likely to have been married in 2021 or 2020, but older married girls were mostly married before the pandemic's onset. Almost 80% of married girls, aged 10-14, were married in the last two years, prior to the survey, compared to 56.4% of older girls.

## 2. Impact of pandemic on other sexual and reproductive health and social outcomes such as adolescent pregnancy and school dropout, and time use patterns in terms of care-giving responsibilities, household chores, studying and working to earn.

### 2.1 Sexual and Reproductive Health

#### Decision Making

Married girls reported on their birth control and overall sexual and reproductive health decision making over the last year. Most married respondents said decision making in these domains was a joint decision with their husbands. Older girls were slightly more likely to say that the decision was joint or theirs alone compared to younger married girls (Table 10).

**Table 10: Contraception and Decision Making**

	Joint	Self	Husband	Other Person	Sample Size
<b>Birth Control Decisionmaking</b>					
<b>Rural/Urban</b>					
Rural	71.4	10.30%	15.00%	0.00%	234
Urban	59.10%	18.70%	17.50%	0.60%	171
<i>Difference</i>	12.30**	-8.457*	-2.587	-0.585	
<b>Age</b>					
Age: 15-19	66.60%	13.70%	15.50%	0.30%	386
Age: 10-14	57.90%	15.80%	26.30%	0.00%	19
<i>Difference</i>	8.686	-2.059	-10.77	0.259	

	Joint	Self	Husband	Other Person	Sample Size
<b>Socioeconomic Status</b>					
Lower SES	63.10%	16.10%	15.40%	0.70%	149
Higher SES	68.00%	12.50%	16.40%	0.00%	256
<i>Difference</i>	-4.882	3.607	-0.97	0.671	
<b>Education Level</b>					
Any Schooling	66.30%	13.80%	16.10%	0.30%	398
Some Primary School	90.90%	0.00%	0.00%	0.00%	11
HSC	51.90%	18.50%	22.20%	0.00%	27
Primary School	63.60%	15.60%	17.30%	0.4	231
SSC	72.80%	9.60%	14.40%	0.00%	125
Total	66.20%	13.80%	16.00%	0.20%	405
<b>Reproductive Health Care Decisionmaking</b>					
<b>Rural/Urban</b>					
Rural	59.00%	9.60%	21.40%	9.60%	229
Urban	52.90%	11.50%	24.70%	10.30%	174
<i>Difference</i>	6.078	-1.887	-3.315	-0.738	
<b>Age</b>					
Age: 15-19	56.00%	10.70%	22.90%	9.90%	384
Age: 10-14	63.20%	5.30%	21.10%	10.50%	19
<i>Difference</i>	-7.168	5.414	1.864	-0.63	
<b>Socioeconomic Status</b>					
Lower SES	47.30%	14.90%	27.00%	10.80%	148
Higher SES	61.60%	7.80%	20.40%	9.40%	255
<i>Difference</i>	-14.27**	7.022*	6.635	1.399	
<b>Education Level</b>					
Any Schooling	56.50%	10.10%	23.00%	10.10%	395
Some Primary School	83.30%	0.00%	0.00%	16.70%	12
HSC	48.00%	16.00%	28.00%	8.00%	25
Primary School	56.30%	8.70%	24.50%	10.00%	229
SSC	56.00%	11.20%	22.40%	10.40%	125
Total	56.30%	10.40%	22.80%	9.90%	403
Sample Size	403	403	403	403	

Socioeconomic status has mixed associations with decision making. Girls with higher socio-economic status (proxied by the number of rooms per person in the household) were more likely to report making decisions about their reproductive health and birth control jointly with their husbands, but were less likely to report that they made those decisions themselves. Older girls were also more likely to report joint decision making, but lower levels of individual decision making.

## Contraception

Among married girls, 34% aged 15-19 and 33% aged 10-14 were using no contraceptive method at all and 44% and 55%, respectively were using the pill. Girls in the lower socioeconomic strata were more likely to be using some form of contraception, and much more likely to be using injections than wealthier girls (Table 10a).

**Table 10a: Contraception Methods**

	Rural/Urban		Age		Socioeconomic Status		Education					Total
	Rural	Urban	15-19	10-14	Lower SES	Higher SES	Any Schooling	Some Primary School	HSC	Primary School	SSC	
Condom	3.40%	7.20%	5.00%	5.60%	6.80%	4.00%	5.10%	33.30%	0.00%	6.60%	0.80%	5.00%
IUD	0.90%	3.00%	1.80%	0.00%	2.00%	1.60%	1.80%	0.00%	0.00%	2.70%	0.80%	1.80%
Injections	7.30%	9.00%	8.20%	5.60%	12.20%	5.60%	7.90%	0.00%	3.70%	11.50%	3.20%	8.00%
Natural Methods	2.60%	5.40%	3.90%	0.00%	2.70%	4.40%	3.80%	0.00%	0.00%	4.90%	3.20%	3.80%
Pill	45.70%	42.80%	43.90%	55.60%	45.90%	43.60%	44.50%	33.30%	55.60%	41.20%	48.80%	44.50%
Not Using Contraception	36.60%	30.10%	33.90%	33.30%	26.40%	38.40%	33.80%	22.20%	37.00%	30.10%	40.80%	33.90%
Don't Know	3.40%	2.40%	3.20%	0.00%	4.10%	2.40%	3.10%	11.10%	3.70%	3.10%	2.40%	3.00%
Sample Size	232	166	380	18	148	250	391	9	27	226	125	398

Notes: Of the 398 married respondents who answered the question "Are you currently using any form of contraception?", 63.1% reported using any form of contraception and 36.9% reported not using contraception or didn't know.

## Adolescent Pregnancy

Only a handful of girls in the survey were pregnant at the time of the survey, but most focus group respondents indicated knowing at least a few girls who had experienced unexpected pregnancies during the pandemic. Girls married in 2021 had had fewer children and were more likely to be enrolled at some point during the current school year (Table 3b). Also, more girls with lower socio-economic status had children than girls with a higher socio-economic status (Table 3c).

Access to clinics and contraception was low during the pandemic, first due to shutdowns, and then due to lack of knowledge. Lack of awareness and family planning resources were a common reported cause for unexpected pregnancy in the focus group discussions. Primarily, though, respondents cited internal family decision making as the cause. Family pressure, mostly in-laws, and desire from husbands were the most common reasons girls cited for early pregnancies in their communities. These reasons are in line with stated explanations from the previous year's activity.

## Access

Sexual and reproductive health clinics were largely closed and unavailable during lockdown, causing access issues for many women and girls with respect to contraception and maternal and neonatal care.

COVID-19 is noted as an issue in accessing clinical care over the past year. In the survey data, 49.7% of girls said that accessing the clinic was difficult (Table 11), but in focus groups, most participants knew how to access clinics and found them accessible, if sometimes expensive. There were only small differences across girls of different ages and marital status.

Alongside the clear physical barriers to access caused by lockdowns, there are still strong social norms around who should and can access reproductive health care. Girls in focus groups said that their families felt shame about them accessing health care and that male health care workers in some clinics made them feel uncomfortable to seek care. Even without lockdowns, clinics were not always easy to access. Though some communities have monthly health camps and NGO-supported clinics, other girls have to travel to the hospital for care. For many girls, physical distance, cost, and fear keep them from accessing health care. Some respondents noted that "Girls feel shy to talk about sexual and reproductive health with their parents" and others said that the clinics were far away.

## 2.2 Education

Education and human capital endowments are a key part of adolescent health and wellbeing and higher rates of educational attainment have been shown to be correlated with lower rates of child marriage, among other positive outcomes. Lockdowns and school closures associated with the pandemic represented large disruptions in schooling for children and adolescents around the world, and we are still learning about their ultimate effects. The pandemic clearly had negative effects on enrollment in school as well as learning for girls, especially as many students were unable to keep up with

their studies remotely. Table 4 shows that 78.7% of girls in the survey were enrolled in school during the current school year. Only a small proportion of these were still trying to attend school remotely; most had attended school in the current school year.

Married girls and older girls were much less likely to be enrolled in school in the current school year during which the survey was undertaken. Approximately 23.9% of married girls compared to 88.7% of unmarried girls were enrolled in school. This correlation is unsurprising, with numerous studies in the past showing that married girls were likely to leave school. More than 90% of younger girls (aged 10-14) were enrolled in school in the current school year compared to 68.8% of older girls (age 15-19).

**Table 4: School and Labor Force Participation by Marital Status and Age**

	Working		School Enrollment		Married	Age Median
	Outside the Home	For Pay	In the Last Year	Remote School in 2021		
<b>Marriage Status</b>						
Unmarried	7.5%	6.3%	88.7%	7.3%		14
Married	6.8%	7.3%	23.9%	15.6%		18
<i>Difference</i>	0.703	-1.080	64.88***	-8.257**		
<b>Age</b>						
Age: 15-19	9.3%	8.9%	68.8%	11.7%	26.9%	17
Age: 10-14	5.1%	3.4%	90.6%	3.9%	1.8%	13
<i>Difference</i>	4.285***	5.482***	-21.77***	7.777***	25.04***	
Total	7.4%	6.4%	78.6%	7.7%	15.6%	15
Sample Size	2820	2462	2820	2104	2820	2820

Around 601 girls in the study revealed that they had not attended school in the current school year, representing 21% of the sample. A large portion of these school leavings were attributed to COVID-19 or marriage by survey respondents. For instance, 1,388 (74% of girls currently enrolled in school) girls said that they had left school because of COVID at some point, but most of these had returned. It is unclear whether this question was understood as “dropout” or unenrolling or merely not attending classes due to lockdowns. Further study is needed to understand this distinction. Only 154 girls who were still out of school (26% of out-of-school girls) cited COVID-19 as the reason they had not returned to school. Almost 40% of out-of-school girls said they were not enrolled because of marriage.

Beyond COVID-19 and marriage, school dropout was attributed to a variety of causes. Other respondents cited poverty, job loss, and the cost of education as the reason for dropout in 27% of cases. In rural areas, dropout was attributed to marriage for a larger share of respondents while poverty was a more common answer in urban areas. These statistics are depicted in Table 5.

**Table 5: Reasons for School Dropout by Rural/Urban**

	Not Enrolled in Current School Year	Reasons					
		COVID-19	Marriage	Pregnancy	Poverty/Cost	To Work	Other
Rural	18.2%	26.6%	47.2%	0.0%	21.4%	0.7%	9.7%
Urban	25.5%	26.9%	33.4%	0.3%	31.5%	1.6%	9.2%
<i>Difference</i>	-7.368***	-0.317	13.79***	-0.328	-10.07**	-0.901	0.516
Total	21.4%	26.7%	39.9%	0.2%	26.7%	1.2%	9.5%
Sample Size	2820	576	576	576	576	576	603

Key informant interviews and focus group discussants also noted COVID-19 as a primary reason for school dropout. Other reasons cited included poverty and joblessness, which could be secondary to the pandemic or not, and marriage. The ultimate reasons for dropout cannot be exactly determined from interviews as most respondents gave multiple answers, highlighting the complex nature of these questions. This study is unable to causally identify the primary cause of dropout as child marriage, or the primary cause of child marriage as dropout, but rather suggests that the two phenomena are interrelated and causality could go either way depending on the individual and situation. Despite the relatively high rate of school-leaving during the pandemic, few girls report joining the workforce. In the survey data, more than half of girls who are out of school report being married and at home, doing chores with about a third unmarried and engaged in the same activities. Table 6 shows that only about 5% of respondents who are not in school are working. This finding was corroborated in the focus group data, where girls largely stated they were needed at home to work on family and domestic duties instead of or in addition to attending school. Very few of these respondents reported receiving any pay for their work.

For girls who were not in school, activities showed little variation, mainly centered around housework either in their parents' home or their own with their husband. Remote school was somewhat more common for older girls, who were also more likely to report working outside the home and for pay. Unmarried girls were slightly more likely to report working outside the home and for pay than married girls.



**Table 6: Main Activities for Out-of-School Girls**

	Working	Unmarried, chores	Married, chores
Rural	2.8%	28.9%	60.6%
Urban	7.6%	38.9%	47.8%
<i>Difference</i>	-4.856**	-9.934*	12.86**
Total	5.3%	34.1%	53.9%
Sample Size	601	601	601

### 3. Impact of pandemic on risk of exposure to harassment and violence and adolescent social lives in terms of mobility, and social interactions.

#### 3.1 Bullying and Domestic Violence

As noted above, about a third of girls felt that bullying and harassment had increased during the pandemic and almost half said that domestic violence had increased (Table 11). The perception of domestic violence has also increased as the pandemic has endured longer. In a similar survey in 2021, about one third of respondents said that domestic violence had increased. Focus group participants largely stated that domestic violence had increased due to job loss and the resulting increased intrafamily contact. The lack of access to relatives and others who might mediate conflict due to lockdowns was also cited as a primary reason for domestic violence increasing during this period.

**Table 11: Individual Perceptions of Impacts of COVID**

	More chores	Will Marry Earlier	Pressure to Marry Decreased	Went to Clinic Last Year	Difficult to Access Clinic	Experienced Harassment
<b>Marriage Status</b>						
Unmarried	38%	28.00%	40.30%	29.40%	50.20%	5.00%
Married	50.20%			47.30%	47.70%	5.90%
<i>Difference</i>	-12.24***			-17.86***	2.496	-0.909
<b>Age</b>						
Age: 15-19	41.30%	30.50%	40.00%	38.80%	49.30%	6.80%
Age: 10-14	38.20%	25.60%	40.70%	24.10%	50.40%	3.20%
<i>Difference</i>	3.074	4.920**	-0.71	14.76***	-1.048	3.604***

	More chores	Will Marry Earlier	Pressure to Marry Decreased	Went to Clinic Last Year	Difficult to Access Clinic	Experienced Harassment
<b>Rural/Urban</b>						
Rural	47.70%	30.20%	40.30%	32.90%	47.90%	5.90%
Urban	29.90%	25.00%	40.40%	31.30%	52.50%	4.10%
<i>Difference</i>	17.76***	5.220**	-0.185	1.633	-4.568	1.794*
<b>Socioeconomic Status</b>						
Lower SES	36.10%	28.10%	42.10%	31.40%	50.30%	4.90%
Higher SES	42.90%	27.90%	38.80%	32.80%	49.30%	5.40%
<i>Difference</i>	-6.844***	0.23	3.336	-1.449	1.053	-0.507
<b>Attending School</b>						
In person	37.40%	27.40%	42.70%	28.20%	47.10%	5.70%
Remote	42.20%	32.40%	39.50%	48.40%	68.80%	5.00%
<i>Difference</i>	-4.82	-4.988	3.287	-20.29***	-21.75***	0.744
<b>Attended School in the Last Year</b>						
Did Not Attend	43.10%	32.50%	32.50%	41.00%	51.00%	3.80%
Did Attend	39.00%	27.40%	41.30%	29.80%	49.30%	5.50%
<i>Difference</i>	4.101	5.135	-8.873**	11.15***	1.62	-1.689
Total	39.90%	28.00%	40.30%	32.20%	49.70%	5.10%
Sample Size	2820	2321	2380	2820	1715	2820

One focus group respondent said “Male members of the family could not go out and so, they became frustrated and opted for domestic violence.” Job scarcity and increased time with just the family were cited broadly as reasons for increased domestic violence.

Bullying and eve teasing were thought to have increased during the pandemic and may have also prompted earlier marriage. A few participants said that community members were “worried regarding eve teasing and sexual harassment” and that this worry led to child marriage. This phenomenon should be explored further.

A majority of KII respondents reported that they believed that schools closing during COVID-19 lockdowns led to girls getting married earlier, noting that poverty and joblessness played a big role as well. Similar findings were present in the quantitative data. Table 8 shows that 60.8% of all survey respondents thought that child marriage had increased as a result of the pandemic. Additionally, 37.9% thought that bullying and harassment had increased, 42.9% said that domestic violence had increased and 67.8% said that dropouts had increased. Table 8 shows that there was very little variation in these responses by marital status and age, indicating some uniformity in norms around marriage and perceptions of the pandemic despite potential breakdowns in social ties.

**Table 8: Community Perceptions of Impacts of COVID-19**

	DV Increased	Violence Increased	Child Marriage Increased	Dropouts Increased	Early Pregnancy Increased
<b>Marriage Status</b>					
Unmarried	42.00%	37.10%	58.00%	65.20%	33.70%
Married	47.70%	42.00%	75.90%	82.30%	55.60%
Difference	-5.710*	-4.945*	-17.87***	-17.08***	-21.88***
<b>Age</b>					
Age: 15-19	44.90%	40.80%	65.40%	71.20%	41.70%
Age: 10-14	40.40%	34.30%	55.20%	63.70%	31.40%
Difference	4.535*	6.427***	10.21***	7.438***	10.33***
<b>Socioeconomic Status</b>					
Lower SES	43.40%	38.70%	60.00%	67.50%	36.80%
Higher SES	42.50%	37.20%	61.40%	68.10%	37.30%
Difference	0.934	1.537	-1.478	-0.655	-0.471
<b>Education Level</b>					
Any Schooling	43.00%	38.00%	61.00%	68.00%	37.10%
Some Primary School	62.30%	59.40%	63.20%	71.60%	37.30%
HSC	45.20%	38.90%	62.40%	69.40%	43.20%
Primary School	45.70%	40.40%	61.70%	68.50%	37.10%
SSC	35.10%	30.90%	59.40%	66.20%	34.70%
Total	42.90%	37.90%	60.80%	67.80%	37.10%
Sample Size	2820	2820	2799	2789	2776

Previous research from Bangladesh has shown that job market access or conditional cash transfers associated with education may decrease child marriage rates (Heath and Mubarak, 2014; Hahn et al., 2018). It is thus in line with previous research that child marriage would increase as job market access and schooling and schooling support were in short supply during the pandemic. Focus group participants did not mention work outside the home at all for girls, but did note that the lack of jobs and income that resulted from their parents being unable to work and cited this as a reason for the child marriages they were aware of in their communities.

The perception that COVID-19 and its associated economic and educational effects had increased child marriage was also persistent among key informants. Poverty, job loss, economic stress, and the inability to provide for girl children during the pandemic were cited among key informants as a common cause for child marriage. Respondents also mentioned girls being out of school and their parents being anxious about their wellbeing as causes for earlier marriages.

The use of mobile phones also arose frequently in focus groups and in key informant interview as both something that increased during the pandemic and a potential cause of child marriage. More research is needed to understand what is meant by these responses and how mobile phone use may be associated with self-initiated marriage and other types of early and child marriage. Some respondents indicated that “mobile phone abuse had increased” and that girls did not study during the pandemic but only spent time on their phones. This increased use could have led to more access to boys, resulting in self-initiated marriages, or perhaps activities that parents thought would bring shame, prompting parents to marry off their daughters. In addition to the pandemic, job loss, economic pressure, and not being able to pay school fees were also commonly stated reasons for early marriage.

Encapsulating all these arguments and showing the complexity of the multitude of challenges posed by the pandemic, a marriage registrar in Kurigram said that child marriage had increased for several reasons: “Because of COVID school and college has been closed and excessive use of mobile phone and no pressure of study the parents are feeling burdened of their girls.”

A small number of focus group participants noted community and social pressure to get married during the pandemic. One girl said ““We, the adolescent girls, have become ‘monstrous’ to our parents. Also we have become ‘monstrous’ to the aunts of the village. They continuously suggest [to] our parents that we have become aged and they need to arrange for our marriage. At one point, finding no other way, our parents also take the issue seriously and try for our marriages.”

Finally, the rise of self-initiated marriages and their causes also deserves further investigation. Several focus group participants noted that without school, they were idle and wanted something to do. One girl said “I felt suffocated staying at home for a long time, which is why I engaged in love affair and got married.”

### **...And How to Stop it**

Conscientiousness around child marriage among key informants, focus group participants and survey respondents is quite high. Key informants and focus group participants knew that child marriage was against the law and many saw it as potentially dangerous for girls. From the survey data, we know that most girls were not anxious to get married. They say that their aspirations are to marry later in life, with most girls, including girls who were already married, saying they would prefer to get married at age 21 or even 22 (Table 9). Alongside the fact that most girls thought that child marriage had increased during the pandemic, about 28% of girls thought it would cause them to marry earlier.

**Table 9: Marriage Aspirations**

	Desired Marriage Age, Unmarried	Desired Marriage Age, All	Parents Desired Marriage with Respondent
Age: 15-19	21.6	21.6	19.80%
Age: 10-14	20.6	20.6	6.20%
<i>Difference</i>	1.035***	1.030***	13.52***
Total	21.1	21.1	12.70%
Sample Size	2377	2381	2356

Key informants noted a personal responsibility for stopping child marriage and were largely aware of the legal barriers to child marriage. A teacher from Dhaka said, “It is my responsibility to stop child marriage, it is an illegal and therefore it is the moral responsibility of every conscious person.” Focus group participants noted the legal barriers to child marriage, but were much more focused on the health dangers of early pregnancy and the inability to study or attend school once a girl was married. A small minority of focus group participants stated that there was no problem with child marriage

Most key informants believed that creating awareness would be the most successful strategy to reduce child marriage going forward, with many respondents adding that additional enforcement of existing laws was necessary. Given the high rates of knowledge around the dangers of child marriage in this sample, it is not clear how additional awareness-raising would have strong effects. Focus group participants also highlighted awareness-raising as a strategy for preventing child marriages but more specific suggestions included informing neighbors and teachers and calling a hotline number.

A representative from a district office of women’s affairs noted the responsibility of government officials and other individuals, but said they lacked awareness. One way to prevent child marriages was “through creating mass awareness; -Through creating awareness among Marriage register, Marriage register’s agents and persons who have the responsibility to prevent child marriage”.

A very small number of key informants noted that increased government presence and programming would help to overcome the challenges associated with awareness raising on the issue of child marriage and its adverse effects. For instance, one respondent noted that birth registration could be easily forged and registrars should be checking national identity cards instead. Key informants also noted specific policy areas that required government assistance, but did not elaborate on how exactly they contributed to child marriage, which highlights the need for additional research on the impact of policy and

programming to reduce child marriage and to affect the drivers of child marriage. A Union Chairman from Khulna stated, “Government initiatives need to be taken to overcome poverty, illiteracy, mobile phone, cable TV and corruption problem.” As discussed above, the effects of mobile phones on child marriage and other harmful practices necessitate more research to fully understand, as do the noted policy implications for child marriage.

### **...And Challenges to Stopping It**

Multiple respondents noted that they had attempted to stop child marriages but were ultimately thwarted. In one case, a girl threatened suicide if the marriage didn’t go through. In others, the marriage was secretly arranged at relatives’ houses or elsewhere, often in secret, or only later came to the registrar’s attention. Here, drivers of child marriage such as poverty or societal expectations appear very strongly in favor of marrying girls early, despite that most respondents seem to be aware of the illegality of child marriage and the dangers it poses to girls’ health.

One Union Parishad chairman noted how marriages evaded detection by the law and thus went forward: “The marriages were arranged maintaining secrecy and in some other places, arranged at midnight.”

## **DISCUSSION AND LIMITATIONS**

A rapid study of adolescent girls in Bangladesh was conducted during December of 2021 and January of 2022 to provide a snapshot of child marriage during the COVID-19 pandemic. This report details some of the findings of the mixed methods study.

The COVID-19 pandemic necessarily limited both the scope of the endeavor and the ability to supervise the data collection process. Representatives from UNFPA were unable to travel to data collection areas for training and supervision due to COVID-19 restrictions. The short timeline for collecting data meant that piloting and training were likely insufficient for ensuring the highest quality of data. Moreover, as shown in the methodology, within each Upazilla (sub-district) only one urban and one rural area was randomly selected, so variance within the rural areas of the District and Upazilla (sub-district) has not been considered in this study. As such, we believe these data provide some useful insights and can point towards additional research, but should be considered carefully alongside other work. Point estimates for key outcomes, in particular, should be viewed with caution as there is no comparable estimate for previous years. In addition, this survey focused on girls, with little attention to boys. We do not know the extent to which boys were feeling additional pressure to marry or were more likely to marry during this time.

For all data collection exercises, finding a private place away from family members was often difficult. While we cannot know the impact of this limitation on the findings, care should be taken in extrapolating from findings on particularly sensitive subjects that may have been influenced by the presence of others during an interview.

With the future of the pandemic unclear, there are several strategies that could be undertaken to ensure the collection of high-quality data in the future. The implementers and funders could consider taking a more streamlined approach, either relying on sentinel site surveying or a similar method to estimate the prevalence of child marriage among certain groups. Phone surveys may also provide additional data at scale if needed, though these do provide additional limitations with respect to privacy and identifying the correct respondent, compensation for phone minutes or electricity, and more.

An important finding that is not central to the analysis above is that for many outcomes there was very little variation across districts. There are many potential explanations for this, including that the regions chosen were fairly homogenous, but may also suggest that questionnaires should be expanded to capture district-level variation, or that probing and additional questions were unable to capture sufficient nuance. For future studies, one option would be to focus data collection in a few key geographic areas, including tailoring questions to address local social norms, context, and regulations, which might yield more in-depth and nuanced information out of these activities. Additionally, ensuring that qualitative work is recorded with transcript-style note-taking or digital recording, and allowing respondents more open-ended questions with probes in order to understand nuances behind certain decisions would allow for a more robust discussion, to see more variation across respondents (if it is there), and to support or explain point estimates offered from the survey.

## CONCLUSIONS AND NEXT STEPS

A number of interesting and important findings arose from this study that can be taken forward in the programming and research agendas of organizations working on adolescents and child marriage in Bangladesh, the region and even further afield.

Child marriage rate among girls aged 10-19 was 15.6% at the time of survey but this masked underlying variation at the district level that ranged from 4.2% in Rangamati to 40% in Lakshmipur. Among respondents aged 15-19, 26.9 % were married and a much smaller percentage, 1.8%, of girls aged 10-14 were married at the time of the survey. More than half of these married girls were married during the pandemic, with 33.9% married in 2021 and 23.6% married in 2020 (Table 7b). Interestingly, this leaves almost 40% of married girls who married before 2020, suggesting that lockdowns may have had the effect of reducing child marriages in 2020.

Despite the catastrophic predictions that the world would see millions more marriages during the pandemic, these predictions are not borne out by the data. We do not find substantial statistical evidence that the rate of child marriage is substantially higher than before the pandemic. In fact, we even have limited evidence to suggest that lockdowns may have at least temporarily halted child marriage in the first year of pandemic. We paradoxically find that among marriages we observe, almost all were celebrated with a religious event as well as officially registered, a marked increase from previous surveys, and also somewhat difficult to square with the lockdowns, though enforcement and adherence may have played a role. It is possible that we underestimate child marriage because marriages that had yet to be officially celebrated or registered were not reported in the survey. Indeed the qualitative work shows that many people believe marriages happened in secret in order to hide them. These participants also largely believed that child marriages increased during the time, highlighting the need to further explore the disconnect between the two methods' findings.

We caution that this estimate is based on a small data set and should be validated in the next round of the household level surveys such as MICS and DHS. At a district and sub-district level, child marriage rates varied substantially both from other districts, reflecting both small sample sizes high regional variation. Due to the small sample size, we lack enough information to show potential changes at that level, so note that the national-level statistic may obscure changes at the local level and the distinct experiences of girls in different parts of the country.

The increases in perceived child marriage rates occurred despite strong knowledge on the part of all respondents that child marriage is not permitted and despite attempts by local authorities to mandate registration of marriage and prevent early marriage. This disconnect, that people feel child marriages have increased and that it cannot be shown statistically, merits further investigation. It is possible that larger changes occurred at the sub-national level, where we need more data, or that this sample was too small to see large changes, or that more marriages went unregistered.

Beyond child marriage, COVID-19 made adolescent girls much more vulnerable during the pandemic, shutting off access to resources at school and at health clinics and social time with their peers. Alongside, bullying, harassment, domestic violence, and adolescent pregnancy were perceived to have worsened.

The use of mobile phones arises as a notable explanation offered by several focus group and key informant participants as a cause of child marriage. More research should be dedicated to understanding who has access to mobile phones and how their use might be facilitating increased marriage rates or higher dropout rates. Self-initiated marriages should also be explored more in subsequent work.



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## Annex I: Literature Review Methodology

We conducted a search of white papers, blog posts and the scholarly literature using the terms:

COVID and child marriage  
 COVID and adolescent girls  
 COVID and education  
 COVID and migrant workers  
 COVID and Bangladesh  
 adolescent girls and education  
 COVID and internet  
 COVID and online harassment

We selected the top relevant results and summarized them above.

## Annex II: Additional Tables

**Table A1: Respondent Characteristics by Age**

	Number of Girls in HH	Rooms for Sleeping	House Has Electricity	Cooking			
				Solid Fuel	LPG Stove	Piped Natural Gas	Other Fuel
Unmarried	1.3	2.4	97.10%	76.60%	10.00%	7.20%	6.10%
Married	1.2	2.5	98.20%	77.70%	7.00%	5.70%	9.50%
Difference	0.109***	-0.101	-1.081	-1.173	2.955	1.503	-3.443**
Total	1.3	2.5	97.30%	76.70%	9.50%	7.00%	6.60%
Sample Size	2707	2820	2820	2820	2820	2820	2816

**Table A2: Respondent Characteristics by District**




	Number of Girls in HH	Rooms for Sleeping	House Has Electricity	Cooking			
				Solid Fuel	LPG Stove	Piped Natural Gas	Other Fuel
Bagerhat	1.4	2.5	96.50%	90.10%	5.60%	2.10%	2.1
Barguna	1.2	2.9	95.70%	99.30%	0.00%	0.70%	0
Barishal	1.4	3	99.30%	84.40%	0.70%	8.50%	6.4
Chapainawabganj	1	2.7	97.90%	93.60%	4.30%	2.10%	0.00%
Chattogram	1.7	1.8	100.00%	20.00%	27.10%	49.30%	3.60%
Dhaka	1.2	1.7	99.30%	31.90%	31.90%	8.50%	27.70%
Habiganj	1.6	2.9	98.60%	84.30%	10.70%	5.00%	0.00%
Jashore	1.2	2.3	98.60%	90.10%	8.50%	0.00%	0.70%
Kishoreganj	1.3	2.2	98.60%	75.70%	10.00%	13.60%	0.70%
Kurigram	1.2	2.4	97.90%	93.80%	3.50%	1.40%	1.40%
Lakshmipur	1.5	3.1	99.30%	90.70%	3.60%	0.70%	4.30%
Meherpur	1.2	2.4	99.30%	94.30%	4.30%	1.40%	0.00%
Moulvibazar	1.4	3	95.00%	83.70%	12.80%	2.80%	0.70%
Mymensingh	1.2	2.2	99.30%	95.80%	2.80%	1.40%	0.00%
Naogaon	1.2	2.1	98.60%	95.00%	3.60%	0.70%	0.00%
Netrokona	1.4	2.3	95.70%	83.00%	12.10%	2.80%	2.10%
Nilphamari	1.2	2.6	98.60%	29.30%	6.40%	4.30%	60.00%
Rangamati	1.3	2.8	79.70%	64.30%	23.80%	10.50%	0.70%
Sirajganj	1	2.4	100.00%	76.60%	9.90%	13.50%	0.00%
Tangail	1.2	2.3	97.90%	58.70%	9.10%	9.80%	22.40%
Total	1.3	2.5	97.30%	76.70%	9.50%	7.00%	6.60%
Sample Size	2707	2820	2820	2820	2820	2820	2816





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