

Training course in adolescent sexual and reproductive
health 2019

Harmful traditional practices prevention

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Question 1:

What are the long-term trends globally and regionally, in female genital mutilation and child marriage? What are the trends in your country? (Provide authoritative sources to back up your statements about your country).

Harmful traditional practices such as child, early and forced marriage (CEFM) and female genital mutilation (FGM) have both decreased in the past decades, yet we are still far from eradicating these practices and they remain persistent strong in some regions and contexts. In order to meet the SDG target to end the practice of CEFM by 2030, progress must be significantly accelerated. Despite a 15% decline of CEFM in the past decade globally, every year about 12 million girls are married before the age of 18. Progress across regions has also been uneven. While Middle East and North Africa (MENA) region has seen CEFM decrease by half, and south Asia by more than a third, less change has been observed in Latin America and sub-Saharan Africa. Currently, over 200 million girls and women are estimated to live with the effects of FGM worldwide. While the practice remains highly prevalent to nearly universal in some countries such as Somalia, Guinea, Mali, Egypt and Sudan, estimates indicate that adolescent girl today is about a third less likely to undergo FGM compared to 30 years ago.

In Sweden, the practice of child marriage and FGM is against the law. While these harmful practices are not common in Sweden, due to the arrival of immigrants and refugees from countries where child marriage and FGM are prevalent, Swedish government is increasing its efforts to address these practices in Sweden. Child marriage is eradicated in Sweden, and still very rare among Sweden's newly arrived immigration population. According to the figures from the Swedish Migration Agency, only 132 underage asylum seekers stated they were married when they arrived in Sweden. Most of them came from Syria, Afghanistan and Iraq at the height of the refugee crisis in 2015, when Sweden received over 163,000 asylum seekers in one year.¹ From 1 January 2019, foreign child marriages are not considered as valid in Sweden. According to Swedish law, sex with a minor under 15, regardless of marriage status, is considered rape.

Performing FGM in Sweden is illegal in Sweden and punishable by prison sentence since 1982. In 1999, the government extended the law to include procedures performed abroad. However, there is still prevalence of FGM in Sweden among certain immigrant groups. In 2012, the number of girls subjected to FGM in Sweden was approximately 38,000, and 7,400 were estimated to be under 18.² Among immigrant parents who come from countries where FGM is common, their positive or ambivalent attitude towards FGM remains after migration, and there is a need to work on social and gender norm change within these immigrant communities. In 2018, the government adopted a national action plan to combat FGM.

¹ Rothschild, N. "Sweden struggles over child marriage" Politico. 23 July 2018. Available from:

<https://www.politico.eu/article/immigrants-migration-culture-integration-sweden-struggles-over-child-marriage/>

² Government Offices of Sweden. Factsheet: National Action Plan to Combat Female Genital Mutilation June 2018. Available from:

<https://www.government.se/4a53c3/globalassets/government/dokument/socialdepartementet/fact-sheet-national-action-plan-to-combat-female-genital-mutilation>

Question 2:

In the flyer titled: Turning commitments into solid actions (UNFPA-UNICEF Global Programme to End Child Marriage, 2019), identify one common element in the brief case studies of Nepal, Yemen and Zambia.

Community sensitization and mobilization was a common element in the three countries. In Yemen, community members participated in interactive theatres that aimed to change norms and practices in favour of adolescent girls. In Nepal, policy dialogues were held with local government officials to sensitize them on the national strategy. In Zambia, community dialogues were held with traditional leaders on changing harmful gender norms. These activities ensure that buy-in from different stakeholders, particularly those in power and influence, is critical to work the wider social and gender norm change needed to combat child marriage.

Question 3.1:

Name three sectors which have key roles to play in ending child marriage and the specific contribution that could make.

The practice of child marriage is perpetuated by a confluence of social, economic, cultural and political factors across a range of countries and cultural and religious context. This means that CEFM is a cross-cutting issue that harms the all aspects of a girls' development throughout her lifetime. Efforts need to span across all sectors, and involve girls, and boys, families, communities and other stakeholders. Below are three sectors that can high a key role in ending child marriage.

1. Health: the health sector can work on both prevention and response to child marriage in order to ensure that quality services are available for girls and young women. Child marriage is closely linked to early childbearing, which has long-term negative consequences to development of girls and young women. Girls and women who are at risk of child marriage and married adolescents, should have access to contraceptives and be able to control and decide over if, and when, they want to have children.
2. Education: the education sector needs to ensure that girls and young women remain in schools and remove any barriers for their access including for married adolescents and adolescent mothers. Education allows girls to and young women to gain the skills, information and support networks to enable them to access opportunities to be more independent.
3. Social protection: as poverty is a key driver to child marriage, working towards a universal basic income and social protection for girls and young women and their families can be a critical contribution to ending child marriage. This can help to remove the economic argument of child marriage.

Question 3.2:

Identify the five actions that can contribute to multisectoral coordination at the subnational level, identified in the paper by Lo Forte et al (2019). Which one (or ones) of them do you believe are crucial and why.

Over 30 countries have developed or in the progress of developing national strategies National Action Plans (NAPs) to end child marriage. As mentioned above, the drivers to CEFM are numerous and complex. There is a need for holistic frameworks to help sectors involved in preventing child marriage and supporting already married girls – health, education, child protection, justice, social protection, etc. to work together. However, many countries struggle to implement and operationalise multi-sectoral policies/programmes, particularly at sub-national levels. The five actions identified by Lo Forte et al (2019) to contribute to multisectoral coordination at the subnational level are:

1. Establish coordination structures and mechanisms to direct and operationalise multi-sectoral action
2. Build awareness and capacity of leadership and staff at subnational levels
3. Use subnational evidence to contextualise and tailor interventions
4. Develop coordinated budgets and cost-sharing mechanisms
5. Integrate M&E systems

I think that buy-in and understanding and knowledge among leadership and staff at subnational levels are critical to roll out any framework and plans. Without strong leadership and staff to drive change, it will be difficult to work on the other points.

Question 4.1:

Identify three reasons why health workers perform female genital mutilation?

- Health providers believe that if they perform FGM it would reduce the risks for girls and women, than if they went to a traditional practitioner.
- Health providers are part of the society where FGM is a cultural norm, and they accept this norm as part of their culture.
- Health providers do it for the financial/economic benefit and sees FGM as any other opportunity for financial gain.

Question 4.2:

What are the elements of WHO's global strategy to stop health-care providers from performing female genital mutilation?

1. **Mobilize political will and funding:** in order to ensure the development and sustained implementation of policies, practices and laws political will and funding is necessary.
2. **Strengthen the understanding and knowledge of healthcare providers:** health providers need to be trained, and understand the factors surrounding FGM practice, reasons why it

should not be performed and how to resist requests to do so. Trainings can also support providers to play a key role in helping communities to abandon the practice.

3. **Create supportive legislative and regulatory frameworks:** States should adopt, implement and enforce specific legislation addressing FGM.
4. **Strengthen monitoring, evaluation and accountability:** Gathering data and evidence for monitoring and evaluation is necessary to understand the progress and gaps in improving health care providers' approaches to FGM and refining plan to promote abandonment of the practice.