Training course in adolescent sexual and reproductive health 2021

Harmful traditional practices (child marriage and female genital mutilation) prevention and response

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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).

Female Genital Mutilation

An estimated 200 million women & girls who are alive today have undergone FGM which is predominantly performed on girls under the age of 18 years *(198)*. FGM is a global problem, most prevalent in 30 countries in Africa and in a few countries in Asia and the Middle East *(198,199)*. In some countries, such as Djibouti, Guinea, Mali, Somalia and Sudan, the prevalence of FGM is over 75% among women and girls aged 15–49 years. However, recent estimates indicate that although FGM remains common in several settings, an adolescent girl today is about a third less likely to undergo FGM compared with 30 years ago. The prevalence of FGM has decreased from 49% in 1991 to 31 % in 2019 (projected) in 24 most-affected countries but progress is uneven across countries. The absolute numbers of women & girls at risk are greater because of increases in the adolescent segment of the population.(1,2)

In Pakistan, FMG is practiced at very few parts of the country and specific communities in rural Sindh. The accurate figures women undergo FGM is unknown but where these practices common, it is claimed that nearly 90 % of girls 100/year) are forced to undergo female genital mutilation FGM is practice in the community due to religious, cultural and social practice of Dawoodi Bohra community but majority of the other religious groups do not adhere and practice FGM. According to Human Rights of Pakistan- FGM is also considered like other harmful traditional practices, such child marriages, honor killings, *van*, and *sawara*, rights of women/girls are violated but no legal and administrative measure has been taken to stop practices of FGM. It was recognized and discussed in 2006, the federal government of Pakistan- introduced the National Plan of Action for Children; the goal number 9 of the Plan was to end harmful traditions or customary practices, such as early and forced marriage and female genital mutilation, by 2010. Further no action was taken in the abandonment of FGM and currently no law that mentions about FGM, it is mainly because its occurrence is not recognized and reported; perhaps, it is because the issue is sensitive and silently practiced by small religious communities.(1,3)

Child Marriage

Each year about 12 million girls are married before the age of 18 years. Worldwide, girls are approximately five times as likely as boys to be married before the age of 15 years. In 25 high-prevalence countries, approximately 36% of women aged 18–22 years were married before the age of 18. Globally, the proportion of women who were married as children has decreased by

15% in the past decade. However, progress has been uneven across. Between 2006 & 2015, the prevalence of child marriage in Ethiopia declined from about 60% to about 40%, led especially by progress in 4 regions. Ethiopia's progress is one of the strongest among countries in Eastern & Southern Africa. (1,2)

According to DHS, women in Pakistan in their early twenties showed that 39.5% had been married before the age of 18. In Punjab province, the share is 29.9%, while in Sindh province, it is 43.1%. Marginalized and vulnerable communities in Pakistan has devastating consequences related to child marriages; girls are more likely to drop out of school than other girls, they face greater pregnancy-related health risks, babies are more likely to have health problems, they more likely to face domestic violence than woman who marry later. Additionally, child marriage sinks families deeper into poverty. Addressing child marriage in Pakistan is challenging primarily because of its links to tradition and religion, social norms are strongly institutionalized in communities, affecting the decision-making of parents and girls. However, in the recent year's country has set the legal marriage age above 18 for girls and boys, which is a positive step and can help in ending child marriage in the country.(1,4)

Question 2

What are the projected effects of COVID-19 on child marriage and on female genital mutilation? Can you point to one report on this subject from your country?

COVID 19 brought many health consequences on the maternal, newborn health, gender, reproductive health, essential health services as the health care response has been diverted to deal with the outbreak, consequently a rise in maternal and newborn mortality, increased unmet need for contraception, increase cases of sexually transmitted infections, and high increase of gender-based violence have been observed. Women who are unable to access required services and millions of cases continue to report in the months ahead, according to data released by UNFPA, the United Nations sexual and reproductive health agency. Researches also reveals the enormous impact that COVID-19 is having on women as health systems become overloaded, facilities close or only provide a limited set of services to women and girls, and many choose to skip important medical check-ups through fear of contracting the virus. Global supply chain disruptions may also lead to significant shortages of contraceptives and gender-based violence is expected to soar as women are trapped at home for prolonged periods. (5,6)

Sexual reproductive health services in Pakistan also disrupted, according to UNFPA a disruption in family planning services (for 3 months) can cause 10% decline in contraceptive services may create ***unmet need in additional 1,228,827*** women and may cause ***528,065 additional unintended pregnancies*** and ***222,843 additional unsafe abortions*** will be occurred.(5)Evidence suggests that COVID-19 will disrupt efforts to end child marriage agenda, potentially resulting in

an additional 13 million child marriages taking place between 2020 and 2030 that could otherwise have been averted worldwide.(7)

Considering the situation in Pakistan where young adolescent <18 marriage rate is still high 29.9%(4)and these number can be a tremendously high during COVID-19 and fundamentally changing the course of young women's lives. Already home to one of the highest rates of child marriages, and secondly the right activists fear a surge in underage unions. COVID 19 is affecting the economic insecurity and loss of household income across, often resulting in increased household responsibilities, and care burden of adolescents within households. Evidence from the various countries also report that girls lost access to their protectors, given that teachers were most often the first link in the reporting chains that could see arranged marriages canceled. In the regions of Ethiopia where child marriage is increasingly adolescent driven, rather than parent arranged, too much free time is resulting in risky behavior likely to culminate in child marriage. In the Middle East, adolescents were more likely to report that pressure to marry was likely to decline—because weddings are expensive and household finances stretched. The actual figures are not available in Pakistan but media outlets and development agencies have been reporting an increase in child marriages as a result of school closures and the loss of livelihoods.(8,9)

There is already very little evidence available with regard to FGM generally as it is not prevalent issue only limited to certain ethnicity and cast of population within Pakistan. There is no available data / report on projected effects post COVID pandemic crisis to child marriages and on FGM in country. But given the already grave situation Pakistan was facing with regard to one of the highest child marriages occurring within region, it must have undoubtedly gone to even worse situation now and for years to come as an impact and consequence of humanitarian crisis

Question 3.1

How is "medicalization of FGM" defined by the World Health Organization?

According to WHO- FGM/C is defined as ***"all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons"***(10)

Question 3.2

In what ways can sexuality education contribute to the reduction of FGM practice?

Sexual education should be included in school curriculum and integrated in social marketing campaigns for FGM/C abandonment. This will deal with not only FGM/C as a practice, but also correct its associated misconceptions. Moreover, information on FGM/C health and legal

consequences should be integrated within the medical school curriculum framing FGM/C within a wider sexual health discourse. This will help in changing the mindset of medical practitioners to see the long-term effects of FGM/C. A team of experts would be instrumental in ensuring that the topic is tackled from all different perspectives.(10)

Question 3.3

From the options provided, identify two reasons that were presented by the physicians for performing FGM/C.

- **Financial benefits:** was the most important motivator for physicians to perform FGM/C.
- **Religious concerns:** physicians considered it as a religious obligation despite being condemned by Al-Azhar (Highest Muslim Religious Authority). Physicians also considered FGM/C as "Sunna" – that is, not mandatory, while others refuted a religious basis for FGM/C.
- **Cosmetic Improvement:** providers' focus on enhancing bodily beauty is arguably linked to issues that are perceived to ensure girls' well-being, including their marriage ability.(10)

Question 3.4

What are the underlying factors for the continued practice of FGM/C in your community/country that need to be addressed in FGM/C abandonment efforts? Provide relevant references.

The practice of female genital mutilation (FGM) is a form of violence against women and girls that has been around for more than a thousand years. According to WHO ***"Female Genital Mutilation*** *(FGM) is defined as all "procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons*"(10)

In Pakistan, there is a little evidence available that act of FGM is practiced amongst selected areas and communities – one example being the Bohra Muslims in Sindh. There are roughly about 100,000 Bohra Muslims in the country, mostly young girls from just days after birth up until the age of 15 are commonly cut, however the practice can also have long-term effects that impact women for the rest of their lives. It is also known to be practiced at different stages of a woman's life, for example at the time of marriage or even after they give birth. The factors associated to FGM practice include; religion, tradition/culture, increase marriage ability, decrease sexual desire, please the man and protect virginity. These factors risk/challenges can be addressed by increasing awareness through civil society bodies, required increased efforts from government and non-government sectors working with community in a complementary way. The engagement of the health sector to improve management of health complications & to prevent

the practice is a critical component of this multispectral response. Addition to this, human rights-based action plans must be developed which can be implemented through coordinated efforts across sectors. Review evidence and plan multipronged research to address the drivers of FGM & to respond to survivors.(11)

Question 4.1

Identify four key lessons learnt from the Yemen case study on addressing a sensitive topic such as early child marriage.

Case study from Yemen came up with 4 key lessons that need to be considered while addressing a sensitive topic.

Program planning

- **Maximize reach through collaboration with government initiatives:** Coordinate the start up activities, especially the dates of training workshops with major government activities.
- **Promote local buy-in:** Work through local and national organizations to counter local suspicion about the motives of foreign aid in supporting changes in social habits. Actively engage religious leaders, the main gatekeepers in rural communities, to increase the acceptance of the project.(12)

Cultural

- **Counteract gender inequities by addressing special needs of female community educators:** Since Yemenis a patriarchal society and enforces gender segregation, the female community educators were reticent to ask questions and voice their concerns during the training workshop. Their literacy skills and basic knowledge on reproductive health and family planning were lacking, as compared to their male counterparts.(12)
- **Incorporate outreach activities that build on cultural preferences:** Male community educators used poetry to convey the harmful social and health consequences of child marriage, whereas female educators used stories.(12)

Political

- **Minimize political and religious opposition:** Become familiar with the arguments for and against the child marriage and rights of the girl child to minimize the politicization of the issue and accusations such as: “This is a western project”, “they want to spread sin”, and “they want to limit the Muslim population.”(12)
- **Engage political leaders in basic project messages:** Share the negative social and health consequences of child marriage with political leaders and parliamentarians.(12)

Capacity Building

- **Strengthen capacity of implementing agency:** Take the time to assess the knowledge and skills of the staff, especially planning, implementing, monitoring and supervising project activities. A step-by-step guide, including checklists, to improve the efficiency and effectiveness of YWU coordinators. (12)
- **Strengthen facilitation skills of community educators:** Train community educators on a range of facilitation techniques to use when disseminating their messages to lessen message fatigue on child marriage.(12)

Question 4.2

Which approaches did the community educators use to conduct outreach educational activities in the Yemen case study?

- They used a range of techniques, such as: discussions, role-plays, storytelling, poetry recitations, and debates. These sessions were held in schools, literacy classes, health centers, mosques, YWU branches, and during other social gatherings.
- They also organized clinics in mobile vans, this mobile clinic attracted many women, and some health fairs featured influential speakers, such as the governor, representatives from the Ministry of Public Health and Population, the Ministry of Education, and key religious leaders.
- To influence the community, they showed a local movie picturing a Yemeni girl who was married off at a young age and died in labor. The movie was followed by a discussion facilitated by the community educators on the consequences of child marriage.
- Community educators followed the champion technique and select 10 model families (five per district) who not only delayed the marriage of their daughters, but ensured that they completed 12th grade. The community educators also conducted an end line survey to assess changes in knowledge, attitudes and behaviors related to child marriage.
- The community educators worked with the YWU coordinators to engage 9- to15-year-old students to develop and perform school plays on the health and social consequences of early marriage and to launch a magazine competition between 20 schools. Students submitted stories, poems and caricatures on the social and health consequences of child marriage and the importance of completing high school education. (12)

Question 4.3

In your opinion, which of the major lessons learnt from the Yemen case study is the most applicable to your country context and why? Please provide relevant references.

The most appropriate lessons from the Yeman case study are **Counteract gender inequities by addressing special needs of female community educators** and **incorporate outreach activities that build on cultural preferences** that can be best suited and relevant to Pakistani context. (13) We need to work on the cultural context more in sense of behavior change of the community norm which is influenced by strong cultural practices. Pakistan has the highest rate of gender inequality in the world; substantial numbers of girls are victims of child marriage. Child marriage disproportionately affects females of poor, low-educated families residing in rural areas, and is associated with rapid repeat childbirth (<24 months apart), unwanted pregnancy, and pregnancy termination that predisposes young girls to maternal morbidity and mortality in Pakistan.(13)

A KAP survey reported the reasons of high prevalence of child marriages in Pakistan are traditional practices such as *WattaSatta* (bartering bride for bride), *PaitLikkhi* (marrying children before they are born or are still very young), *AddoBaddo* (marriage among tribes), and *Swara/Khoon-Baha/Vani/Sakh* (girls given in marriage as a form of dispute resolution), protecting the honor of child and family, and lack of implementation of legislation in Pakistan. Factors such as poverty, low income were found to be secondary reasons. The study emphasized on Interventions to tackle the cultural practices which are interwoven in societal norms and it will be harder to design an intervention without having insight about the knowledge and attitudes of girls and women about child marriage practice. (14)

Pakistan faced several challenges in dealing with the issue of child marriage practice but we have policies in placed in a form of political and religious act. The Child marriage Act Restraint 1929 prohibits the marriages of children below the age of 16 for girls and 18 for boys. (15) Further a bill was passed in 2014 on the Child Marriages Restraint (Amendment) and another ACT on Child Rights Bill 2009 is the evidence of political will and commitment in effort to increase the age of marriage to 18 years for girls. These efforts will help eliminate, at least on paper, the discriminatory provisions of age and aligning the legislation with the requirements of international laws against child marriages such as Convention on the Rights of the Child 1989. We just need work on primitive traditional practices which are more prevalent in Pakistan and also need we need to design and plan programs deal with these deep-rooted cultural practices needs significant efforts at local and governmental level.

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