

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).

Long term globally and regionally, in female genital mutilation and child marriage:

- Community mobilization and female empowerment strategies, which may improve a range of adolescent sexual and reproductive health outcomes and could reduce FGM (1).
- Intervention strategies include legislation against FGM, prevention counseling in health settings, education about health risks associated with FGM,
- Training of health workers, and conversion of circumcisers,
- Promotion of alternative rites.
- Use of positive deviance, and comprehensive social development including outreach and advocacy (1).
- There are laws and policies and prevention strategies implemented in many countries, whereas 27 out of the 30 countries have laws or decrees banning FGM (2).

**To prevent child marriage:**

- Interventions must be multisectoral to address the numerous drivers of the issue by establishing and implementing laws and policies, mobilizing families and communities.
- Providing health, social and legal services; and empowering girls (3) Life skills curriculum and empowerment approaches are promising intervention strategies (4-5).
- Economic interventions such as cash transfers or programs to decrease school-associated costs have contributed to reductions in the rate of child marriage or increases in the age at marriage.
- Combination with efforts to build individual confidence and links to social networks (4-5).
- Programs to prevent child marriage are more likely to have a positive impact if they focus directly on child marriage or closely related structural factors such as schooling rather than on broader topics such as HIV, sexual and reproductive health, or empowerment (4).
- Globally, 99 countries have laws that allow a girl to be married before age 18 years if her parents provide consent (6).

***The trends in Egypt regarding FGM and Child marriage***

***For FGM:***

***The trends in Egypt regarding FGM and Child marriage According to UNCIF 2020***

- Currently, 87% of girls and women aged 15 to 49 years have undergone FGM;
- levels are high throughout most of the country such as the highest level recorded in Luxor 99%, Qena, Aswan, & Souhag 98%, The range between 97-90% in Beni Suef, Menoufia, Kalyubia, Sharkia, Kafr El-Sheikh, Ismailia, Red Sea, New Valley &Giza. While the ranges

between 89%-79% in Menya, Assuit, Fayoum, Behera, Gharbia, Suez, Dakahlia and Cairo. The rest of governorates has less percentages start from 63% - 61% in Alexandria, Damietta, & Port Said. However the least governorate in Egypt reported in Matroh 40%.

- The prevalence of FGM is high across many population groups in Egypt, but the practice is somewhat more common in rural areas, in less wealthy households and among girls and women with less education.
- The data on prevalence for girls under age 15 is an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies. This should be kept in mind when interpreting all FGM prevalence data for this age group.
- FGM/C still strong, tackling medicalization would only be possible by addressing both the demand for it by the community, as well as its supply by medical professionals (7)
- (FGM/C) is inextricably linked to child marriage in Egypt and, although illegal since 2008, it remains widespread in the country. Based on data from the DHS, MICS, and SHHS from 1997-2012, UNICEF estimates that 91 per cent of girls and women aged 15 to 49 in Egypt have undergone FGM/C.
- 92% 93% of Egyptian children are subjected to at least one type of violence Girls and women aged 15 to 49 in Egypt have been circumcised
- The majority of FGM occurs during early adolescence: 7 in 10 girls were cut between ages 10 to 14 years.
- FGM in Egypt is commonly practiced by medical personnel: 6 in 10 girls were cut by doctors, and 7 in 10 girls were cut by medical practitioners' overall. Therefore, increased medicalized of who underwent the practice, 4 in 5 girls under age 15 experienced FGM at the hands of a medical professional, compared to fewer than 1 in 5 women aged 45 to 49 years

### ***Generational trends in reducing FGM***

- The prevalence of FGM is lowest among the youngest age cohort, that is, adolescent girls aged 15 to 19 years in 2015. Within this age group, the prevalence is 67 per cent among adolescent girls aged 15 to 17 years and 74 per cent among those aged 18 to 19 years. This difference is not statistically significant.
- Most regions of Egypt have seen a decline in FGM, with the strongest progress in the urban governorates and urban Lower Egypt
- Both a lower prevalence of FGM and a recent decline in the practice among women who have not married. This explains why the aggregate prevalence for all women is dropping despite the consistently high levels of the practice among married n/a women.
  - Without an accelerated rate of reduction, it is possible that the number of adolescent girls experiencing FGM could increase by 2030 due to population growth.

### ***The UNICEF recommendations:***

Leverage social networks to change collective beliefs and practices related to early marriage and FGM/C.

Use Media “Introduce these issues through a simple language that can be understood by the general population.”

For Child marriage:

Egypt’s Child Law increased the age of marriage to 18 for girls in 2008, prohibiting the registration of child marriages, However, families may evade legal obligations by arranging a religious marriage and then waiting until the bride turns 18 to register the marriage with the State.

To address this gap, the National Population Council (NPC) a governmental body that establishes national population policies and strategies, led the process of developing a five-year national strategy to prevent child marriage, launched in 2014. The strategy focuses on two approaches:

A rights-based approach, ensuring children’s rights are upheld by religious and customs, not just by the Constitution.

A partnership approach, bringing together government, civil society and the private sector to work together. (8).

Based on the findings, ICRW identified key recommendations for eradicating child marriage.

They are grouped under the UNFPA-UNICEF Global Programme’s five outcomes:

Strengthen girls’ voices within the design and implementation of child marriage prevention programs and policies.

Make public spaces safer for girls

Continue to provide financial incentives for sending girls to school - Apply “The Gender Equity Movement in Schools (GEMS) programme is an example of an effective evidence-based programme

Engaging religious leaders through dialogue and awareness workshops is key to addressing child marriage in Egypt.

Develop strategies to ensure implementation of the National Strategic Plan (8)

## **Question 2**

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

COVID-19 disrupts efforts to end child marriage, potentially resulting in an additional 13 million child marriages taking place between 2020 and 2030 (9).

It affects the following:

- Education,
- Sexual and Reproductive health,
- Child protection and gender-based violence
- Economic
- Inadequate water, sanitation, and hygiene
- Nutrition

In Egypt, the effect of covid -19 also impacts all the previous items. Covid-19 hit Egypt in February 2020, and a month later in March, the authorities announced a partial lockdown of the country. The government closed workplaces and schools and imposed an evening curfew. Authorities then requested that work and education be conducted online and that people stay at home (10)

The interesting projection of COVID-19 was regarding the increased subjection of women and girls to the harmful practice of FGM.

### ***Covid-19, Gender Inequalities, and FGM in Egypt***

- The outbreak of Covid-19 in Egypt has revealed the deep-rooted effects of discrimination, violence, and repression experienced by girls and women (10).
- It has also exposed the reality that more efforts still need to be put into overcoming the violation of gender rights—in this case, eliminating the practice of FGM in Egypt and around the world (11).
- As noted earlier, the partial lockdown and the imposition of Covid-19 preventive measures, such as the closing of schools, staying indoors, and the practicing of social distancing, have rendered young girls and women more isolated, vulnerable, and susceptible to being subjected to FGM.
- When schools are in session, they are a safer environment for girls compared to being at home for long periods, as this may be considered an opportunity by some parents to subject their young daughters to FGM (12).
- Also, the prolonged closure of schools increases the likelihood that FGM will not be noticed if it is secretly performed. The confinement of young girls indoors provides a cover for the time it takes for the wounds of victims to completely heal. It can also be argued that some parents are unaware of the consequences of their actions, due to the silence around this harmful practice. Others may feel pressured to engage in the practice due to adverse socioeconomic conditions in the country. That is, some families subject their daughters to FGM as a strategy to prevent or reduce poverty by marrying them off early (13).
- Due to the government's advice to not visit hospitals unless necessary, as it is safer for people to stay at home, all hospitals' resources and staff are currently focused on dealing with Covid-19 cases, with little or no time and space for FGM victims.
- In one unfortunate case, an unscrupulous father tricked his three daughters, all less than eighteen years old, by inviting a medical doctor to their house under the guise of receiving the Covid-19 vaccination, who drugged them and carried out FGM on the girls (14). However, the response of the National Committee for the Eradication of FGM to the incident

was timely, and the three girls were provided with legal and psychosocial support. Egypt's prosecutor-general referred both the doctor and the father of the three girls to criminal court (14).

### **Question 3.1**

#### **How is the “medicalization of FGM” defined by the World Health Organization?**

The World Health Organization (WHO) defines medicalization as a category of healthcare provider, whether in a public or a private clinic, at home or elsewhere” (15).

### **Question 3.2**

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

- If the FGM/C is included in the school curriculum and integrated into social marketing campaigns will be abandoned.
- It will correct the associated misconceptions, information on FGM/C health and legal consequences
- When integrated within the medical school curriculum it will frame the FGM/C within a wider sexual health discourse.
- It will help in changing the mindset of medical practitioners to see the long-term effects of FGM/C.

### **Question 3.3**

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

- Financial benefits
- Religious duty/Sunna

### **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.**

According to El-Gibaly et al., 2019 (7) findings regarding practices of FGM in Egypt it reported the following:

- Traditions: FGM/C continues to be widely practiced primarily because it ‘protects’ females by limiting their sexual desire and enables them to behave in culturally appropriate ways.
- Mother’s experience: FGM/C, as well as women’s own experiences, are fueling change to the practice with

- Medicalization: FGM/C is now being performed primarily by health care providers, particularly physicians and nurses, for health reasons.
- Religious: Legal, religious, moral, and social norms relevant to the abandonment of FGM/C practice are not harmonized and result in a mosaic picture of FGM/C practice among the health care workers (physicians and nurses) as well as clients (mothers).
- Culture: The belief that it is a cultural or religious obligation, harm reduction, physicians perceived by parents (mothers) as offering more safety and better handling of complications, and financial benefit.

**Relevant references: The findings reflected that** Study findings suggest that most nurses and some physicians are still strongly influenced by their cultural group convictions and report practicing FGM/C in their own families because they still consider it a cultural obligation to which they must adhere. This has been reported by other studies in different African countries (15, 16).

#### **Question 4.1**

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

##### **1. Program Planning**

Maximize reach through collaboration with government initiatives: Coordinate the startup activities, especially the dates of training workshops with major government activities.

Overlap with the Ministry of Health's national vaccination campaign and political elections delayed the training workshop, as community educators and YWU coordinators were involved in the campaign and elections.

- 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.

##### **2. Cultural**

- Counteract gender inequities by addressing the special needs of female community educators: Since Yemen is 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.
- 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.

### **3. Political**

- Minimize political and religious opposition: Make the effort to select community educators who belong to the major political parties in the country. 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.”
- Engage political leaders in basic project messages: Share the negative social and health consequences of child marriage with political leaders and parliamentarians.

### **4. Capacity Building**

- Strengthen the capacity of implementing agency: Take the time to assess the knowledge and skills of the staff, especially planning, implementing, monitoring, and supervising project activities.
- Develop a step-by-step guide, including checklists, to improve the efficiency and effectiveness of YWU coordinators. Work with implementing agency to appoint a full-time project coordinator at the implementation site to supervise and monitor senior YWU coordinators overseeing the project activities of community educators. Replace traditional/hierarchical supervision with supportive supervision.
- 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.

### **Question 4.2**

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

#### **Outreach Educational Activities**

- Each community educator was responsible for holding a minimum of four awareness-raising sessions per month, using a range of techniques, such as discussions, role-play, storytelling, poetry recitations, and debates.
- The sessions were held in schools, literacy classes, health centers, mosques, YWU branches, and during other social gatherings
- The community educators organized and held monthly fairs, where BHS’s mobile clinic was present to provide family planning /reproductive health/maternal and child health services to mothers and children.
- The 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.
- Community educators set up information booths and showed a local movie about a Yemeni girl who was married off at a young age and died in labor.
- 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. Copies of the winning magazine were distributed to community members.
- The community educators were involved in the selection of 10 model families (five per district) who not only delayed the marriage of their daughters but ensured that they completed 12th grade.
- These families were awarded a plaque for their role during the end-of-project ceremony officiated by the Amran governor. The community educators also conducted an end-line survey to assess changes in knowledge, attitudes, and behaviors related to child marriage.

### **Question 4.3**

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

In my point of view the most applicable in my country Egypt is:

**The Cultural due to similarity as Arab regions in some concepts regarding honor & early marriage keep girls safe from bad morality.**

- So, addressing the special needs of female community educators and enforces gender segregation, the to ask questions and voice their concerns during the training workshop to increase the literacy skills and basic knowledge on reproductive health and family planning are lacking also in our country and need that focus.
- Incorporate outreach activities that build on cultural preferences through male community educators used poetry to convey the harmful social and health consequences of child marriage, whereas female educators used stories.

**Political: Only the part of religious, not political as we need to** make the effort to select community educators who belong to the major religions in the country who could connivance the parents against the child marriage and rights of the girl child to minimize the concept of the western culture. ,

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