

Training course in adolescent sexual and reproductive
health 2021

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

Louise Rogers

Birmingham, United Kingdom

lou_sro@hotmail.com

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).

WHO (2018) estimates that over 200 million girls and women are living with the effects of FGM, which is predominantly performed on girls under the age of 18 years. FGM is a global problem, most prevalent in 30 countries in Africa and in a few countries in Asia and the Middle East. 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, estimates indicate that although FGM remains common in a number of settings, an adolescent girl today is about a third less likely to undergo FGM compared with 30 years ago.

WHO (2018) also estimates that each year about 12 million girls are married before the age of 18 years. In 25 high-prevalence countries, approximately 36% of women aged 18–22 years were married before the age of 18 years. Globally, the proportion of women who were married as children has decreased by 15% in the past decade. However, progress has been uneven across regions: while north Africa and the Middle East have decreased the percentage of girls married by age 18 years by about half, and south Asia has reduced a girl's risk of marrying before age 18 years by more than a third, less change has been observed in Latin America and sub-Saharan Africa.

In the UK, the FGM Enhanced Dataset exists to collect data relating to the prevalence of FGM. It aims to strengthen the safeguarding of girls at risk of FGM and present a national picture of the prevalence of FGM across the NHS in England. It was opened five years ago and since the collection began, information has been reported by NHS trusts and GP practices about 24,420 individual women and girls, who have - between April 2015 and March 2020 - had a total of 52,050 attendances where FGM was identified (NHS Digital, 2020). The number of total attendances during 2019-20 has remained broadly stable, although the number of distinct individuals has reduced in the last quarter of the year. There were 6,590 individual women and girls who had an attendance where FGM was identified in the period April 2019 to March 2020.

Child marriage is defined as marriage <18yrs. In England and Wales, the legal minimum age to enter into a marriage is sixteen years, although this requires consent of parents and guardians if a participant is under eighteen. However, children who are groomed to marry often do so out of love for or under duress from their family, which makes these 16-18yr olds susceptible to all of the risks associated with child marriage. The latest data I could access regarding this topic in the UK was from 2016: The Office for National Statistics (2020b) states there were 141 brides and 38 grooms marrying between the ages of 16-18yrs. This seems relatively stable when compared to the Office for National Statistics (2017) data from 2014 showing 200 brides and 40 grooms married.

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?

According to global estimates by UNFPA-UNICEF (2020a), the COVID-19 pandemic may result in 13 million extra child marriages in the 10 years immediately following the crisis, with at least 4 million more girls married in the next two years. Ultimately, COVID-19 will disrupt efforts to end child marriage and result in child marriages taking place that could otherwise have been averted.

UNFPA-UNICEF (2020b) states that due to the COVID-19 pandemic, the Sustainable Development Goal of eliminating female genital mutilation by 2030 will be disrupted. There will be an estimated two million additional cases of female genital mutilation that will need to be averted.

Child marriage can only occur in the UK for those aged 16-18yrs with parental consent. Unfortunately, one of the reasons child marriage may be supported by the family could be financial gain. According to the Office for National Statistics (2020a) in 2020, headline GDP declined by 9.9%, which is more than twice the fall in 2009 (during the last financial crisis). Therefore, it is feasible that more families will experience financial hardship and consider alternative methods of making money, one of which may be child marriage. However, this is so rare in the UK that I do not expect the COVID-19 pandemic to have a significant impact.

FGM was outlawed in the UK by the Prohibition of Female Circumcision Act 1985, which made it an offence to perform FGM on children or adults. Due to this, and FGM not being a cultural practice in the UK, I am not expecting the COVID-19 pandemic to have any effect on FGM in the UK and cannot find any papers on this topic. However, as demonstrated in question 1, there are many women that live in the UK who have experienced FGM in their lives. Therefore, following the COVID-19 pandemic the UK may have to adapt its resources to respond to an increase in FGM that is expected worldwide following this pandemic, not only to support other countries in ending this practice but also to support those individuals that experience FGM and then migrate to the UK.

Question 3.1

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

According to El-Gibaly, Aziz and Abou Hussein (2019), WHO defines medicalization of FGM as “the situation in which FGM/C is practiced by any category of healthcare provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of reinfibulation at any point in time in a woman’s life.” 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.”

Question 3.2

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

Sexual education about FGM/C should be included in the school curriculum and integrated in social marketing campaigns for FGM/C abandonment. This could help to tackle not only FGM/C as a practice, but also correct its associated misconceptions. Also, information on FGM/C health and legal consequences should be integrated within the medical school curriculum. This would 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.

El-Gibaly, Aziz and Abou Hussein (2019) identify financial benefits and religious duty / Sunna as reasons for performing FGM/C.

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.

FGM is not practiced in the UK. There is one reported case of a woman being found guilty of FGM in the UK in 2019 and this woman was sentenced to 13yrs in prison (Lusher and Forrest, 2019). Whether FGM is practiced covertly we are unlikely to ever know but the FGM Enhanced Dataset means that young girls born to mothers who have experienced FGM are carefully monitored. Each woman in the UK is also invited to cervical screening every 3yrs from age 25. This allows the inspection of the vulva and can help to identify any cases of FGM, providing women attend the appointments. I feel the UK has successfully achieved the abandonment of FGM.

Question 4.1

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

1. Program planning: maximising reach through collaboration with government initiatives and promoting local buy-in.
2. Cultural: counteract gender inequities by addressing special needs of female community educators and incorporate outreach activities that build on cultural preferences.
3. Political: minimise political and religious opposition and engage political leaders in basic project messages
4. Capacity building: strengthen capacity of implementing agency and strengthen facilitation skills of community educators.

Question 4.2

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

The community educators conducted outreach educational activities through discussions, role-plays, storytelling, poetry recitals, and debates. The community educators also organized and held monthly fairs to provide family planning, reproductive health, maternal and child health services to mothers and children. At these fairs, community educators set up information booths and showed a thought-provoking film followed by a discussion. They organised educational school plays, magazine competitions, stories, poems and caricatures for 9 to 15yr old students and awarded families that delayed the marriage of their daughters a

plaque for their role in the project. Finally, community educators conducted an end line survey to assess changes in knowledge, attitudes and behaviours related to child marriage.

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.

In my opinion, the idea of engaging political leaders to minimise political opposition is the major lesson learnt from the Yemen case study that is applicable to my country. In the UK, I feel it is only when political leaders support a movement that changes can be implemented. For example, regarding the upskirting movement, despite Gina Martin being a victim of the act, reporting it to the police, writing a social media post that went viral online and starting an online petition, it was only when Lib Dem MP Wera Hobhouse supported the movement that she brought a private members' bill backing the creation of an upskirting offence (BBC News, 2019). This meant the new law received national news coverage and Gina's voice was finally heard. This example helps to demonstrate the importance of engaging political leaders in the progress of addressing sensitive topics.

References

BBC News. (2019). Upskirting now a crime after woman's campaign. [online] *BBC News*. Available at: <https://www.bbc.co.uk/news/uk-47902522> [Accessed 16 Mar 2021]

El-Gibaly. O., Aziz. M. and Abou Hussein. S. (2019). Health care providers' and mothers' perceptions about the medicalization of female genital mutilation or cutting in Egypt: a cross-sectional qualitative study. *BMC International Health and Human Rights*. [online] Available at: <https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-019-0202-x> [Accessed 15 Mar 2021]

Lusher. A. and Forrest. A. (2019) FGM trial: First ever person convicted of practice in UK jailed for 13 years after mutilating 3-year-old daughter. [online] *The Independent*. Available at: <https://www.independent.co.uk/news/uk/crime/fgm-sentencing-trial-uganda-mother-guilty-old-bailey-conviction-a8814051.html> [Accessed 16 Mar 2021]

NHS Digital. (2020). *Female Genital Mutilation (FGM) Annual Report - April 2019 to March 2020 (Experimental Statistics Report)*. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation/april-2019---march-2020> [Accessed 16 Mar 2021]

Office for National Statistics. (2017). *Number of 16 and 17 year-olds entering into marriage in 2014 or civil partnership in 2016, England and Wales*. [online] Gov UK. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagec ohabitationandcivilpartnerships/adhocs/007634numberof16and17yearoldsenteringintomarriage in2014orcivilpartnershipin2016englandandwales> [Accessed 16 Mar 2021]

Office for National Statistics. (2020a). *Coronavirus and the impact on output in the UK economy: December 2020*. [online] Available at: <https://www.ons.gov.uk/economy/grossdomesticproductgdp/articles/coronavirusandtheimpac tonoutputintheukeconomy/december2020#:~:text=6.->

[.The%20UK%20economy%20during%20the%20coronavirus%20\(COVID%2D19\)%20pandemic,declined%20by%209.9%25%20in%202020.&text=GDP%20measured%20by%20the%20output,growth%20of%201.4%25%20in%202019.](#) [Accessed 16 Mar 2021]

Office for National Statistics. (2020b). *Marriages of 16 and 17 year old grooms and brides by age difference, England and Wales, 2016*. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/adhocs/11461marriagesof16and17yearoldgroomsandbridesbyagedifferenceenglandandwales2016> [Accessed 16 Mar 2021]

UNFPA–UNICEF. (2020a). *Adapting to COVID-19: Pivoting the UNFPA–UNICEF Global Programme to End Child Marriage to Respond to the Pandemic*. [online] Available at: https://www.unfpa.org/sites/default/files/resource-pdf/Responding_to_COVID-19_Pivoting_the_GPECM_to_the_pandemic.pdf [Accessed 15 Mar 2021]

UNFPA–UNICEF. (2020b). *Covid-19 disrupting SDG 5.3: Eliminating female genital mutilation*. [online] Available at: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Disrupting_SDG.3_Eliminating_Female_Genital_Mutilation.pdf [Accessed 15 Mar 2021]

WHO. (2018). *WHO recommendations on adolescent sexual and reproductive health and rights*. [online] WHO. Available at: <https://apps.who.int/iris/bitstream/handle/10665/275374/9789241514606-eng.pdf> [Accessed 26 Feb 2021]