

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).**

Over 200 million girls and women are estimated to live with the effects of FGM, which is predominantly performed on girls under the age of 18. FGM is a global problem, most prevalent in 30 countries in Africa and 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 several settings, an adolescent girl today is about a third less likely to undergo FGM than 30 years ago.

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 15 years. In 25 high-prevalence countries, about 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. In contrast, North Africa and the Middle East have decreased the percentage of girls married by age 18 years by about half. South Asia has reduced a girl's risk of marrying before age 18 years by more than a third, more minor change has been observed in Latin America and sub-Saharan Africa.

- In Iraq, the practice of FGM/C is concentrated in a few northern regions. Approximately half of girls and women underwent FGM/C after age 5, but it is unclear at what age the practice occurred for one in four women. Almost all girls and women in Iraq think that FGM/C should stop. In Erbil, the region with the highest level of FGM/C, the prevalence has dropped significantly over time<sup>(1)</sup>.
- By 2016, two years after the outbreak of a sectarian Sunni vs. Shiite civil war and the rise of ISIS, who by then had imposed a harsh version of Islam on around a third of the country under its control — Iraq's early marriage figure jumped to 24 percent, including nearly 5 percent who married before age 15<sup>(2)</sup>.

Now, child advocates worry that the recent, inconclusive Iraqi election and recount — and the disarray it has left in government — will allow early marriage advocates to reintroduce a popular bill allowing the different sects to set their age of consent. Advocates fear child marriage will rise even more<sup>(2)</sup>.

## **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?**

According to global estimates by UNFPA, the COVID-19 pandemic may result in 13 million extra child marriages in the years immediately following the crisis, with at least 4 million more girls married in the next two years, as family livelihoods evaporate and economic crises

ensue, pushing families to identify other forms of income that harm children. COVID-19 will disrupt efforts to end child marriage, potentially resulting in an additional 13 million child marriages taking place between 2020 and 2030 that could otherwise have been averted.

- Due to the COVID-19 pandemic, meeting the Sustainable Development Goals (SDGs), including eliminating female genital mutilation by 2030, will be disrupted, and an estimated two million additional cases of female genital mutilation will need to be averted. Prevention and containment measures (e.g., gathering restrictions and quarantine) are contextual and may shift over time. For this reason, assessing the implications of COVID-19 on current female genital mutilation programs is critical in understanding how the pandemic increases girls' and women's vulnerability and marginalization.
- In my country, COVID encourages and facilitates the report of abuse, and access to justice, including providing shelters for GBV survivors. Due to the impact of food insecurity, special awareness should be given to the risks of expanded use of child labor and early marriage <sup>(3)</sup>.
- FGM in COVID 19 in my country, really I didn't find any report on this subject.

### **Question 3.1**

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

The World Health Organization (WHO) defines medicalization as "the situation in which any category of healthcare provider practices FGM/C, whether in a public or a private clinic, at home or elsewhere." These medical health professionals may include physicians, nurses, and midwives.

### **Question 3.2**

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

To reduce FGM practice: Sexual education should be included in the school curriculum and integrated into social marketing campaigns for FGM/C abandonment. It should tackle 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 broader 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.

### **Question 3.3**

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

-Financial benefits. - Religious duty /Sunna.

-Ensuring client influx.

### **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 a cultural practice that has become a tradition over time; it strongly reflects how social norms outweigh the law and medical ethics, especially in Kurdistan. Although FGM is internationally recognized as a form of violence against women and girls, mothers, aunts perpetuate FGM. Other women who love and want the best for their children, who see the practice as ensuring that girls are marriageable, are conforming to the tenets of Islam, and are growing up to be respectable and respected members of Kurdish society<sup>(4)</sup>. Reducing sexual desire, having *halal* (permissible by *Allah*) hands, and religious requirements were the main reasons for practicing FGM. Reduction in women's sexual desire and related social problems with the husband was the main problems associated with FGM<sup>(5)</sup>. The Iraqi Kurdish authorities have taken important steps on several aspects of women's rights and are regarded as regionally forward-looking on issues concerning women. In 2007 the Ministry of Justice issued a decree, binding on all police precincts in Kurdistan, that FGM perpetrators should be arrested and punished<sup>(4)</sup>. There is a need for extensive efforts to raise the awareness of the population and change their thoughts and behavior about FGM.

### **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: Promote local buy-in: Work through local and national organizations to counter local suspicion about foreign aid's motives in supporting changes in social habits. Actively engage religious leaders, the primary gatekeepers in rural communities, to increase the project's acceptance.
2. Cultural: 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: 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 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?**

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-plays, storytelling, poetry recitations, and debates. The sessions were held in schools, literacy classes, health centers, mosques, YWU branches, and other social gatherings. The community educators also organized and had 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. 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. Also, 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 film was followed by a discussion facilitated by the community educators on the consequences of child marriage. The community educators worked with the YWU coordinators to engage 9- to 15-year-old students to develop and perform school plays on the health and social consequences of early marriage and launch a magazine competition between 20 schools. 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 the project.

### **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.**

The most applicable lesson to my country is to 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 child marriage and the girl child's rights to minimize the issue and accusations' politicization. I chose this one because the legal age for marriage in Iraq is 18, but under the current personal status law, a judge can permit girls as young as 15 to marry in "urgent" cases. In 2014 a new law that could legalize marriage for children as young as nine in Iraq would be "catastrophic", setting back women's rights by half a century, allowing Muslim clerics to decide on marriage contracts. The law would provide policies for divorcing a nine-year-old.

A girl's father would legally be able to accept a marriage proposal. The girl would be legally prohibited from resisting her husband's advances and leaving home without his permission. It would be a recipe for a life in domestic and sexual slavery.

Public demonstrations were held by civil society and women's rights groups against the amendment. The United Nations in Iraq (Unami) called for wider consultations and for women's rights to be fully recognized and protected<sup>(6)</sup>; for this reason, I prefer this lesson.

### **References**

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