

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).

- Long term trends (FGM) ; **FGM** is a globally and regionally 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
- Long term trends in **early marriage** globally and regionally; 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 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*.
- What are the trends in your country? In Ethiopia (*my country*) first sex starts with marriage .the national current prevalence of first marriage varies from 15% in rural to 5% urban, according to EDHS 2016 the country figure shows 135 while the target set by 2020 is 3%.in 2000 to 2016 only 3% decrement (from 16% in 2000,16%: 2005 , 17% ;2011 12% and 2016 13%) According to EDHS FGM practice in 2000 is very high 80%,little decrement is observed in 2005 which is 74% and 2016 is 65%.much collaborative effort should be exhausted to decrease the prevalence of FGM

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.

- **In Nepal-** a *Girl Summit* was organized in with various activities at local, provincial and federal level. Policy dialogues were held in 72 municipalities, engaging over 1,000 newly elected officials from *local governments* to sensitize them to the National Strategy to End Child Marriage
- **In Yemen;** about 45,000 are adolescents, were reached with *awareness-raising* activities on the harms of child marriage during the year 2018. In addition, nearly 6,000 *community members* participated in interactive theatres to change norms and practices in favour of adolescent girls. As a result, *local council representatives, elders and community leaders* from six districts signed a pledge to support advocacy efforts to end child marriage

- **In Zambia:** Community dialogue to change gender norms in Zambia engaged over 31,000 people in 2018. Meetings with *traditional leaders* to support them on how to mobilize communities on ending child marriage

Common to all “Development of national strategies and action plans to end child marriage with mobilization of new and emerging partners with community engagement. Sensitizing the newly elected local government regarding to the policy”

Question 3.1:

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

- Women and child affairs - empower women information, skill and network and support the girls to build economic freedom
- Education- enhance girls to the access of high and quality education
- Child Protection, Justice - encouraging supportive laws and policies to girls

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.

- Establish coordination structures and mechanisms to direct and operationalize multi-sectoral action
- Build awareness and capacity of leadership and staff at subnational levels
- Use subnational evidence to contextualize and tailor interventions
- Develop coordinated budgets and cost-sharing mechanisms
- Integrate M&E systems

All activities were important but as to my opinion *establishment of coordination mechanism to direct and operationalize multi sectoral action* is vital as the problem needs multi sectoral coordination so, it helps to give focus and other sectors to emphasize and work towards common aims to decrease child marriage.

Question 4.1:

Identify three reasons why health workers perform female genital mutilation?

- Health care providers are often members of societies in which FGM is part of the cultural norm
- Some believe there are benefits of FGM
- To satisfy the demands of the community

- For financial benefits

Question 4.2:

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

- Mobilize political will and funding
- Strengthen the understanding and knowledge of health-care providers
- Create supportive legislative and regulatory frameworks
- Strengthen monitoring, evaluation and accountability