

# HARMFUL TRADITIONAL PRACTICES PREVENTION

## DEFINITIONS

- **Traditional cultural practices:** They reflect values & beliefs held by members of a community for periods often spanning generations. Some are beneficial, some have neither benefits nor harms, and some are harmful to a specific group e.g. Female Genital Mutilation & child marriage.
- **Female genital mutilation (FGM):** Any procedure that involves the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons.
- **Child marriage:** Formal marriage or informal union before the age of 18 years.

## RATIONALE 1/2

- **Harmful traditional practices among adolescents are an important problem:**
  - (i) Over 200 million girls & women are estimated to be living with the effects of FGM which is predominantly performed on girls under the age of 18 years.
  - (ii) Every year, about 12 million girls are married before the age of 18.
  
- **Harmful traditional practices among adolescents can have serious health & social consequences:**
  - (i) FGM has no known health benefits,. It can cause immediate health consequences - hemorrhage, shock, infections & death & can cause long-term health & social consequences such as post-traumatic stress disorder & menstrual health problems. Women with type III FGM have an increased likelihood of experiencing problems during child birth. Babies born to children with FGM are at increased risk of neonatal complications.
  - (ii) Child marriage often leads to early childbearing in young girls which is associated with an increased risk of pregnancy-related mortality & morbidity and of increased risk of mortality and morbidity in babies born to a adolescent mothers. Child marriage is also associated with an increased risk of intimate partner violence. Finally, it has a negative effect on educational attainment.

## RATIONALE 2/2

- **Prevention of harmful traditional practice interventions has been shown to be effective:** There is a growing evidence base of effective approaches as well as those which are promising but have not been shown to be effective.
- **Laws & policies, & prevention strategies and their implementation need attention:** Laws and policies forbidding the practices are in place in many countries, but that has not stopped the practices from continuing. Efforts must be stepped up to communicate the laws & policies & to support their application without exception. These efforts must be combined with efforts to mobilize families & community, & to empower girls, & to provide those who have experienced FGM & child marriage with the health, social and legal services they need.



## HUMAN RIGHTS OBLIGATIONS

- Human rights standards call for a holistic approach to the prevention & elimination of harmful practices.
- States must adopt legislative measures to prohibit these practices, including providing for adequate sanctions, combined with other legal & policy measures, including social measures. These measures must include attention to the root causes of harmful practices, capacity building at all levels, & protective measures for women & children who have been victims of harmful practices.

## KEY CONCEPTS TO CONSIDER

- **FGM and child marriage are longstanding, deep-seated traditional practices that cannot be reversed by briefly implemented single-component interventions:** Efforts to prevent FGM and CM require long term & multi-level interventions.
- **Leaders, including health care providers, may themselves support FGM or CM:** All stakeholders need to be involved in contributing to efforts to prevent FGM & CM.
- **Many adolescents who have undergone FGM or have been married before 18 do not have access to care & support:** In addition, girls & women may delay seeking care because they are embarrassed or ashamed.

# WHO GUIDELINES

- ***WHO guidelines on the management of health complications from female genital mutilation (2016).***
  - ❖ The guideline is relevant for, but not specific to adolescents. It provides recommendations for the management of health complications of FGM.
- ***WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (2011).***
  - ❖ The guidelines in specific to adolescents.
  - ❖ It sets our recommendations for actions at three levels, as follows. At the **policy level**, encourage political leaders, planers and community leaders to formulate and enforce laws that prohibit marriage of girls before the age of 18;. At the **community level**, influence family and community norms to delay marriage of girls until age of 18 years and increase educational opportunities for girls through formal and non-formal channels;. At the **individual level**, empower girls in combination with intervention to influence family and community norms.

COMPLEMENTARY  
DOCUMENTS TO  
WHO'S  
GUIDELINES

## FGM

- Care of girls and women living with female genital mutilation: a clinical handbook (WHO, 2018).
- Global strategy to stop health-care providers from performing female genital mutilation (WHO, 2010).
- Interagency statement on eliminating female genital mutilation (WHO, 2008).
- COVID-19 disrupting SDG 5.3 – female genital mutilation (UNFPA, 2020)

## Child marriage

- COVID-19 and child, early and forced marriage: An agenda for action (GirlNotBrides, April 2020)
- Adapting to COVID-19 (UNICEF, UNFPA, September 2020)
- Addressing child marriage in humanitarian settings (UNICEF, UNFPA, February 2021)



- 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.

April 2020

## COVID-19 AND CHILD, EARLY AND FORCED MARRIAGE: AN AGENDA FOR ACTION

Governments and communities around the world are struggling to respond to the COVID-19 pandemic. This brief provides insights, recommendations and resources for responding to the needs of adolescent girls, including those at risk of child marriage, during and after the crisis.

### Recommendations on:

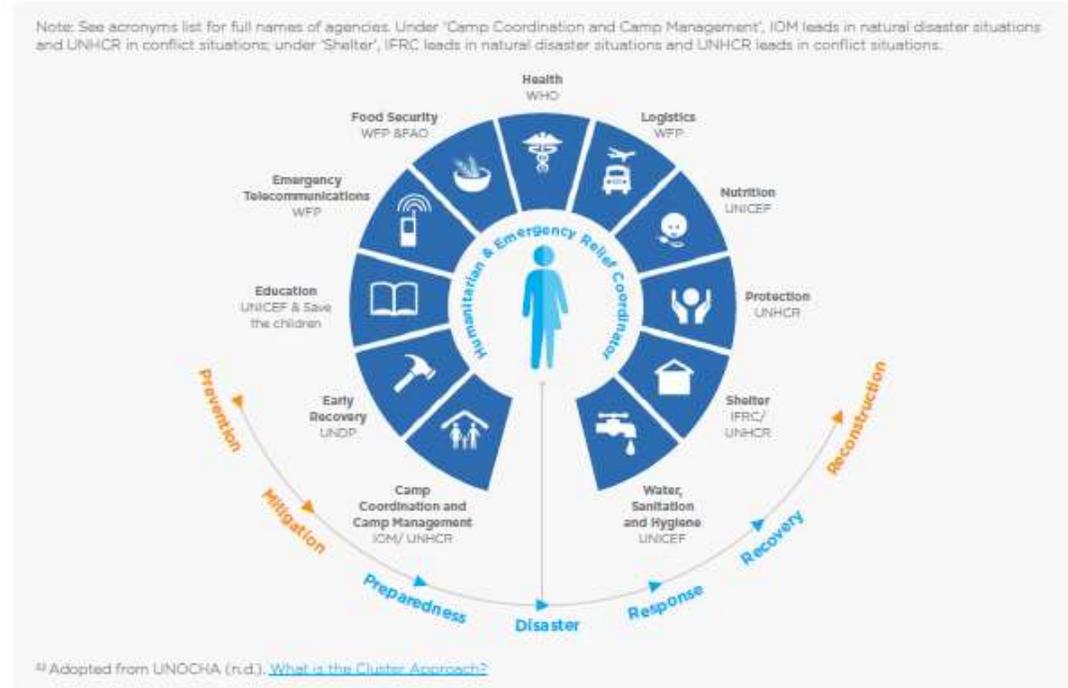
- ❑ Mitigating the immediate & long term impacts
- ❑ Health, including SRH
- ❑ Education
- ❑ Gender-based violence & protection of children
- ❑ Economic impacts
- ❑ Impact on political & civil rights



ADDRESSING  
CHILD MARRIAGE  
IN HUMANITARIAN  
SETTINGS

**TECHNICAL GUIDE**  
for staff and partners  
of the UNFPA-UNICEF  
Global Programme to  
End Child Marriage

Figure 2. The humanitarian cluster system and respective agency leads<sup>42</sup>





Girls need time to grow up before they become wives and mothers

But early marriage is a part of our traditions. We should not change them!

Times are changing and our traditions should too

I agree! We must support our girls to go to school so that they can stand on their own two feet

# HARMFUL TRADITIONAL PRACTICES AND PREVENTION

## A Regional Perspective

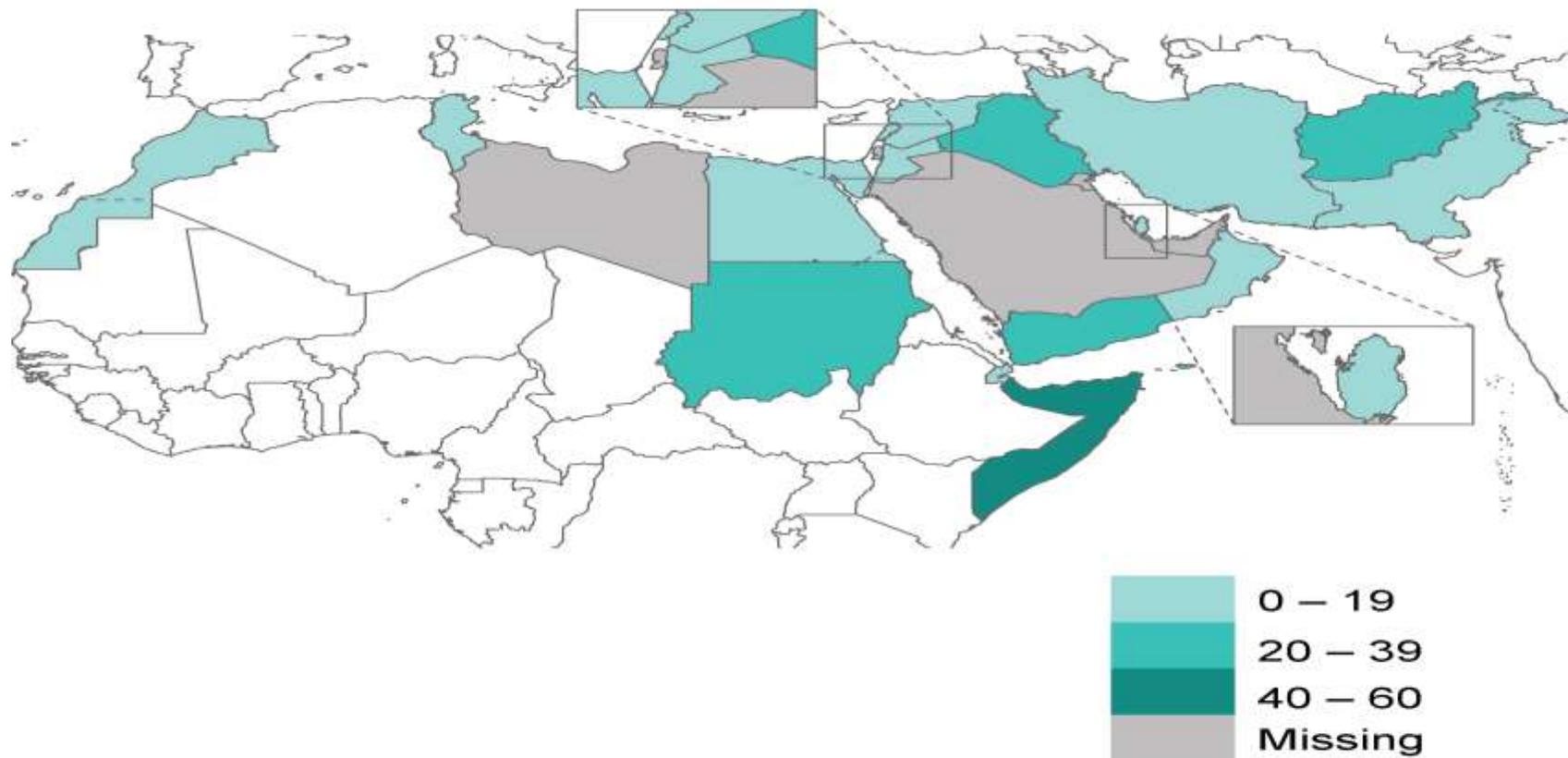
Article 25 of the Universal Declaration of Human Rights states that “everyone has the right to a standard of living adequate for health and well-being,” and this statement has been used to argue that FGM violates the right to health and bodily integrity.



# Child marriage

- Number of women first married or in union before age 18 in Middle East and North African Region (MENA) is **35 million**. (1)
- Legal protections is weakest in the Middle East and North Africa where three in four girls **(73.3%) between 10 and 17 years of age do not have legal protection against child marriage** as compared to South Asia (47.7%). (2)

# Proportion of women aged 20-24 years who were married or in union before the age of 18 in EMR (SDG, 5.3.1) (3)



# Regional drivers

Drivers of child marriage are complex, diverse and contextual; they are the outcomes of the interplay between the macro-social forces and the local traditions and cultural experiences.

- **Girls' voice & agency:** Restricted social and spatial mobility outside of the household is a significant factor driving child marriage, contributing to limited access to education, economic opportunities, and health services, as well as vulnerability to gender-based violence, and limited access to justice. (4)
- **Lack of legal protection against child marriage:** Most countries in the Region have ratified international conventions, including CRC\* & CEDAW\*\* which set the minimum age of marriage at 18, however, exceptions to key provisions of these conventions allow child marriage to remain legal in certain circumstances in most countries. (4)
- **Family honour:** Many societies in the Region highly value girls' sexuality and their virginity as a marker of family honour. Families will marry off their daughters early to legitimize a relationship and avoid the stigma of premarital sex. (5)

\* CRC: Convention on the Rights of the Child

\*\* CEDAW: Convention on the Elimination of All Forms of Discrimination Against Women

# Regional challenges

- **Lack of legal protection against child marriage.**
- **Lack of understanding that puberty is an ongoing process** of physical, mental and emotional development and lack of awareness on the impact of child marriage mortality and morbidity on girls and their children.
- **Availability of service:** Lack of services for girls at risk of child marriage and for those already married. Both Sudan and Yemen called for a critical need in funding to provide effective prevention and response services. (4)
- **Lack of evidence:** Most common need articulated by stakeholders related to evidence generation, and for better coordination amongst different groups conducting research and programming related to child marriage. (4)
- **Weak reporting:** There is lack of efficient reporting system and response to child marriages and weak birth registration.
- **Humanitarian setting:** Displacement can increase girls' vulnerability to child marriage. Families see child marriage as a way to cope with greater economic hardship and to protect girls from increased violence. (6)

# End Child Marriage initiative in YEMEN

## UNFPA-UNICEF Global Programme to End Child Marriage in YEMEN (7)

- It is implemented since 2016 in 12 high burden countries for child marriage including in Yemen (home to 4 million child brides of which 1.4 million are married before age 15).
- Phase I (2016-2019) & Phase II (2020-2023).

### Achievements:

- Significant achievements during Phase I in improving access to education and healthcare services for adolescent girls, in educating parents and communities on the consequences of child marriage and in generating data on what works to address child marriage and related issues such as gender-based violence.
- Deepened partnerships with the government to accelerate action to end child marriage and to provide data and evidence with advocacy to promote policy change and legal reform at various levels.

# End Child Marriage initiative in YEMEN (7)

## Achievements cont.:

<b>19,750</b> Adolescent girls participated in at least one programme intervention (since 2016).	<b>273</b> Girls were supported in 2019 to enroll and continue with their education.
<b>61,509</b> Individuals from the community were engaged in dialogues promoting gender equality.	<b>10,102</b> Adolescent girls utilized health or protection services.

# Regional key facts about female genital mutilation (FGM)

**Proportion of women and girls aged 15-49 years who have undergone female genital mutilation/cutting (SDG indicator 5.3.2): (8)**

➤ **Somalia, Djibouti, Egypt and Sudan** have some of the highest rates of FGM in the world.

Country	Year	Q1 (Poorest)	Q2	Q3	Q4	Q5 (Richest)	Total
Djibouti	2006	Data not available <sup>i</sup>	93.1 <sup>i</sup>				
Egypt	2015	94.4 <sup>i</sup>	92.6 <sup>i</sup>	92.2 <sup>i</sup>	87.2 <sup>i</sup>	69.8 <sup>i</sup>	87.2 <sup>i</sup>
Iraq	2011	9.8 <sup>i</sup>	12.1 <sup>i</sup>	9.6 <sup>i</sup>	5.5 <sup>i</sup>	4.2 <sup>i</sup>	8.1 <sup>i</sup>
Somalia	2006	98.4 <sup>i</sup>	99.1 <sup>i</sup>	98.4 <sup>i</sup>	97.5 <sup>i</sup>	96.2 <sup>i</sup>	97.9 <sup>i</sup>
Sudan	2014	88.0 <sup>i</sup>	81.7 <sup>i</sup>	80.7 <sup>i</sup>	90.0 <sup>i</sup>	91.6 <sup>i</sup>	86.6 <sup>i</sup>
Yemen	2013	26.5 <sup>i</sup>	21.0 <sup>i</sup>	13.3 <sup>i</sup>	19.5 <sup>i</sup>	14.0 <sup>i</sup>	18.5 <sup>i</sup>

# Drivers of FGM in the Region

- **Social norms:** FGM is a social norm in many countries, especially those with high prevalence of FGM. Failure to conform to FGM/C leads to social exclusion, ostracism, disapproval, rebuke or even violence, in addition to having an affect on a girl's marriageability. (9)
- **Perception of FGM:**
  - **Women and girls (15-49 years)** who think the practice should continue (EGYPT 54%, Djibouti 48%, Sudan 41%, Yemen 19% and Iraq 3%).
  - **Men and boys (15-49 years)** who think the practice should continue (58% in Egypt and 27% in Sudan). (10)
- **Gender norm:** There is unequal power dynamics and expectations around gender in many countries of the Region with more control on female sexuality by men through FGM. Girls and women are dependent on men. They have little voice in matters that affect their lives, rendering them powerless to challenge harmful practices. (9)
- **Misperceptions:** False beliefs for example that FGM is associated with reduce girls' sexual desires, increases cleanliness and hygiene and increases husband's sexual experience are highly prevalent in countries like Sudan. (11)

## Medicalization of FGM in the Region (12)

Due to increasing level of awareness about the health-related risks of FGM, some parents have turned to medical practitioners to cut their daughters or chose less severe forms of cutting. FGM is highly medicalized in Egypt and Sudan where almost 8 in 10 girls are cut by medical personnel, whereas traditional practitioners are responsible for most cutting in Djibouti, Iraq and Yemen.

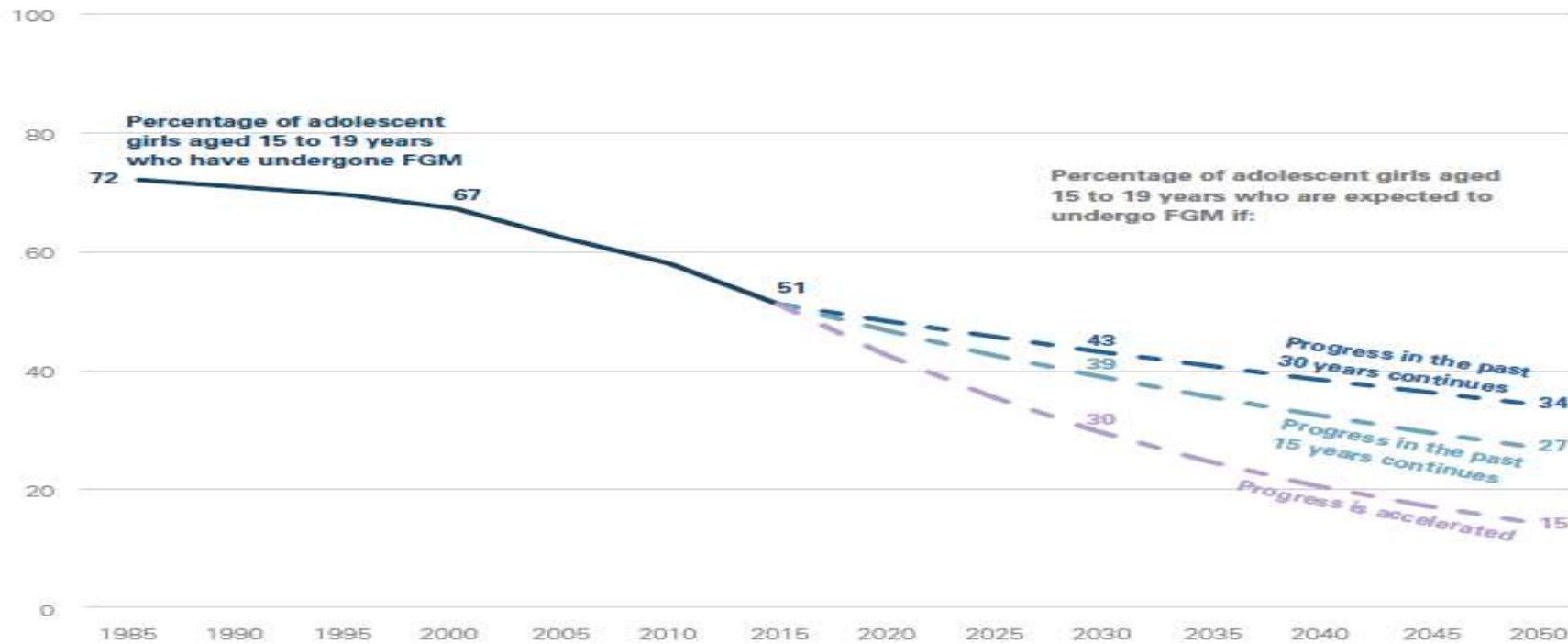
### **A qualitative study looking at the health care providers' and mothers' perceptions about the medicalization of FGM in Egypt finds that;**

- For many mothers and healthcare providers, adherence to community customs and traditions was the most important motive to practice FGM/C.
- The social construction of girls' well-being and bodily beauty makes FGM/C a perceived necessity which lays the ground for stigmatization against uncut girls.
- The language around FGM/C is being reframed by many healthcare providers as a cosmetic surgery. Such reframing may be one way for providers to overcome the law against FGM/C and market the operation.

# Looking ahead towards elimination of FGM (10)

Even if the progress is accelerated, about one in three adolescent girls will still experience FGM in 2030

FIG. 21 Observed and projected percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Observed and projected percentage of adolescent girls aged 15 to 19 years who have undergone FGM

# “Saleema” initiative in Sudan (13,14)

- Launched in 2008 to promote long-term abandonment of FGM and cutting (FGM) by changing social norms, attitudes, and intentions related to the practice.
- **Main goal:**
  - Spreading a social norm that modern Sudanese society no longer practices FGM is the long-term goal of *Saleema*.
- **Main activities:**
  - ✓ Sufara Saleema Campaign- public pledges to abandon FGM and support the Saleema initiative
  - ✓ Saleema Colors Campaign- wearing Saleema colours as a sign of support
  - ✓ Community dialogue- public dialogue on the existence of FGM, its role in society
  - ✓ Born Saleema Project pledges not to cut newborn daughters immediately after birth
- **Settings:**
  - Each component of the campaign was conducted in a public setting, including large gatherings (e.g., community dialogue).
  - These activities collectively aimed to increase public commitment, dialogue, and self and collective efficacy to abandon FGM.



# Monitoring and evaluation of Saleema project (14)

In 2014, in collaboration with the United Nations Children's Fund (UNICEF), the National Council for Child Welfare (NCCW), and local organizations, developed a Saleema Evaluation and Monitoring System (SEAMS) based on data gathered from 2015-2017.

## Changes over time in key outcomes:

- Most people in your community practice cutting (more than 25% less likely to agree with this statement,  $p < .001$ )
- Most of my friends practice cutting (more than 35% less likely to agree with this statement,  $p < .001$ )
- It is appropriate for families in my community to practice cutting (no effect, which is in positive direction but  $p > .05$ )
- Sudanese society in general considers it appropriate to practice cutting (more than 34% less likely to agree with this statement,  $p < .001$ )
- In addition, higher practice of Saleema activities, measured through an exogenous measure of campaign event exposure from an independent monitoring system, was associated with reduced pro-FGM social norms.

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