

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).**

- **The long-term trends globally and regionally, in female genital mutilation:**
  - Globally, FGM is highly concentrated in Africa, in areas of the Middle East such as Iraq and Yemen and in some countries in Asia like Indonesia and the Maldives, although prevalence varies dramatically between (and often within) countries, from less than 1% in Cameroon and Uganda, to over 90% in Guinea and Somalia. As of 2020, the United Nations Children’s Fund estimates that at least 200 million girls have been subjected to the practice in the 31 countries where the practice is most prevalent and for which representative data are available (1, 2).
  - In Yemen, the 2013 National Demographic and Health Survey (DHS), found less than 17% of women aged 15-29 were mutilated, compared to 21 to 23% of women aged 30 or older (3).
  
- **The long-term trends globally and regionally, in child marriage:**
  - Across the globe, levels of child marriage are highest in sub-Saharan Africa, where 35% of young women were married before age 18, followed by South Asia, where nearly 30% were married before age 18. Lower levels of child marriage are found in Latin America and Caribbean (24%, data not shown), the Middle East and North Africa (17%), and Eastern Europe and Central Asia (12%, data not shown) (4).
  - The prevalence of child marriage is decreasing globally, with the most progress in the past decade seen in South Asia, where a girl’s risk of marrying in childhood has dropped by more than a third, from nearly 50% to just below 30% (4).
  - Still, the total number of girls married in childhood stands at 12 million per year, and progress must be significantly accelerated in order to end the practice by 2030 –the target set out in the Sustainable Development Goals. Without further acceleration, more than 120 million additional girls will marry before their 18th birthday by 2030 (4).
  - Yemen also has one of the highest rates of child marriage in the world. A 2017 UNICEF study found that 32% of women aged 20–24 were married before age 18 and 9% were married before age 15 (5).

## **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?**

**The impact of COVID-19 on ending female genital mutilation (6, 7):**

- COVID-19 could have far-reaching impacts on the effort to end female genital mutilation.
- Due to COVID-19 disruptions, anticipated that a 1/3 reduction in the progress towards ending FGM by 2030.
- Due to pandemic-related disruptions in prevention programs, 2 million FGM cases could occur over the next decade that would otherwise have been averted.

### **The impact of COVID-19 on ending child marriage (7, 8):**

- COVID-19 will disrupt planned efforts to end child marriage and cause wide-reaching economic consequences.
- Together, these factors are expected to result in an additional total 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030.

**In Yemen**, a COVID-19 impact study conducted in July 2020 found that 47% of respondents in five governorates experienced a drop in income of half or more during the pandemic, 24% experienced a complete loss of income, and 40% of respondents who had a job before COVID-19 have now lost it (9).

“A rapid assessment conducted in October 2020 in Yemen found that the economic impact of the pandemic has led poor families to adopt negative coping mechanisms, such as marrying their daughter to obtain bride wealth (*mahr*). At the same time, men find it cheaper to marry girls during this time of heightened poverty, as desperate families become more willing to marry off their daughters, allegedly to protect them from hunger ” (10).

### **Question 3.1**

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

The World Health Organization (WHO) defines medicalization as “the situation in which female genital mutilation/ cutting is practiced by any category of healthcare provider, whether in a public or a private clinic, at home or elsewhere” (11).

### **Question 3.2**

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

The ways that can sexuality education contribute to the reduction of FGM practice are through (11):

- Included in school curriculum and integrated in 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 wider sexual health discourse. This 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.**

The reasons that were presented by the physicians for performing FGM/C are (11):

- 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.**

Women, traditional FGM practitioners, government officials, and clerics interviewed by Human Rights Watch gave varied justifications for the practice, justifications that can be divided into four main categories: those based on tradition, Islam, cleanliness, and on the need to curb promiscuity (12).

Out of 2,163 women in five governorates interviewed for the 2001 Ministry of Health study, 86% cited cleanliness and purity as justifications for the practice, 57% cited religious justifications, 35% cited customs and traditions, and 14% cited the need to protect the virginity of women and girls (12).

### **Question 4.1**

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

The key lessons learnt from the Yemen case study on addressing an early child marriage are (13):

#### 1. Program Planning:

- Maximize reach through collaboration with government initiatives: coordinate the startup activities, especially the dates of training workshops with major government activities.
- 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 special needs of female community educators and incorporate outreach activities that build on cultural preferences.

#### 3. Political:

- Minimize political and religious opposition: community educators who belong to the major political parties in the country should be selected.
- 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 capacity of implementing agency: assess the knowledge and skills of the staff, especially planning, implementing, monitoring and supervising project activities.
- Strengthen facilitation skills of community educators: 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?**

The community educators used several approaches according to the type of activities, where each community educator was responsible for (13):

1. 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 during other social gatherings.
2. Organized and held monthly fairs, where BHS's mobile clinic was present to provide family planning /reproductive health/maternal and child health services.
3. 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 movie was followed by a discussion facilitated on the consequences of child marriage.
4. 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 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.
5. 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.

#### **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 major lessons learnt from the Yemen case study that are the most applicable to my country context (13):

1. Coordinate the startup activities, especially the dates of training workshops with major government activities to maximize reach.
2. Work through local and national organizations to counter local suspicion about the motives of foreign aid in supporting changes in social habits.

3. Actively engage religious leaders, the main gatekeepers in rural communities, to increase the acceptance of the project.
4. Strengthen/build the capacity of local organizations to address child marriage.

These are most applicable to my country context because child marriage is deeply embedded in the culture in Yemen and the current conflict and instability in the country (5, 14, 15), therefore:

- a) Efforts to address child marriage should be holistic and integrated.
- b) Targeting religious and community leaders has proven to have tangible positive impact in communities, because they have a major impact on families by changing their perception.

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