

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 be living with the effects of Female Genital Mutilation (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. It reaches over 75% in countries such as Djibouti, Somalia and Sudan for female 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.

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 the age of 15 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.

FGM in Yemen, 19% of all women have undergone some form of circumcision. The practice of FGM has not changed in the past 16 years, 20 % in 2013 compared with 20 % in 1997 (YDMCHS). FGM is slightly less common among younger women, less than 17 % among women age 15-29 compared to 21-23 % among women age 30 or older. Women in rural areas are slightly more likely to have been circumcised 19 % than in urban areas 17%. The practice of FGM widely varies by governorates, from less than 1% or nearly zero in some governorates to 80 - 85 % in other governorates. Women who are more educated are less likely to have been circumcised, less than 12 % of women with a secondary education or more are circumcised, compared with 23 % of women without education (1).

Child marriage in Yemen, in 2017 the UN's Office for Coordination of Humanitarian Affairs (OCHA) reported that 52% of Yemeni girls and women had gotten married before the age of 18. Between 2017 and the next year, the OCHA reported a threefold increase in under-18 marriages. With rapidly diminishing income opportunities, negative coping strategies, including recruitment by armed groups, child labor or child marriages, are becoming more prominent (2). According to Yemen's most recent DHS, conducted in 2013, 31.9 % of women aged 20-24 years were married before 18 years of age whilst 9.4 % were married before age 15. However, when comparing the percentage of women and girls married by exact age 15 or 18 by their age cohort in the most recent DHS, there is a clear decline in the percentage of women married before both age 15 and age 18 in younger age cohorts in Yemen, indicating that the prevalence of child marriage was decreasing up to 2013. It is important to note that conflict in Yemen may be reversing this trend, but nationally-representative data is not yet available to evaluate this possibility (3).

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?

Due to the COVID-19 pandemic, meeting the Sustainable Development Goals (SDGs), including the elimination of FGM by 2030, will be disrupted, and an estimated two million additional cases of FGM will need to be averted. While it is too early to assess the full impact of COVID-19 on adolescent girls, it is becoming clear that many predictions on the impact of the pandemic on adolescent girls and young women are likely to be confirmed. 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 is increasing Child Marriage Rates in Yemen: UN. Early evidence suggests that the COVID-19 pandemic is increasing the prevalence of child marriage in countries including Yemen, because it is disrupting or halting prevention and programming efforts, exacerbating the risk factors that drive child marriage and, at the same time, creating new risks, are exacerbating pre-existing risk factors for child marriage in the countries in diverse ways. So UNICEF-UFPA are adapting programs including Yemen to end child marriage during COVID-19 and beyond (4).

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 FGM/C is practiced by any category of healthcare provider, whether in a public or a private clinic, at home or elsewhere”.

Question 3.2

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

Sexual education should be included in school curriculum and integrated in social marketing campaigns for FGM abandonment. It should tackle not only FGM as a practice, but also correct its associated misconceptions. Moreover, information on FGM health and legal consequences should be integrated within the medical school curriculum framing FGM within a wider sexual health discourse. Health care providers need to be equipped with the appropriate counseling skills on FGM to be better able to convince clients to abandon the practice. This will help in changing the mindset of medical practitioners to see the long-term effects of FGM. Religious, moral and legal aspects of FGM need to be included in training sessions and in awareness raising activities to ensure the delivery of a holistic multi-dimensional message.

Question 3.3

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

The 2 reasons as indicated in the presentation and the study's abstract are:

Religious duty/Sunna and Cosmetic improvements including its marketing.

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.

In Yemen FGM are practiced on healthy female children for traditional reasons backed by great social pressure, 19% of girls and women aged 15 to 49 years who think the practice should continue and 21% of girls & women aged 15 to 49 years who think the practice is required by religion (5).

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:
 - Maximize reach through collaboration with government initiatives: coordinate the startup activities mainly the dates of the activities, with the major government events to avoid overlapping.
 - Promote local buy-in: Actively engage local and national NGOs, religious leaders and the main gatekeepers.
2. Cultural:
 - Incorporate outreach activities that build on cultural preferences, sticky to the community acceptance model or method as female educators use stories.
 - Counteract gender inequities by addressing special needs of female community educators.
3. Political:
 - Engage political leaders in basic project messages, share the negative social and health consequences of child marriage with political leaders and parliamentarians.
 - Minimize political and religious opposition, involve and select the major community educators from the main political parties.
4. Capacity Building:
 - Strengthen capacity of implementing agency: assess the knowledge and skills of the staff, especially planning, implementing, monitoring and supervising project activities, develop a step-by-step guide, including checklists, to improve the efficiency and effectiveness of the project.

- Strengthen facilitation skills of community educators, train community educators on a range of facilitation techniques.

Question 4.2

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

Outreach Educational Activities: before implementing the outreach activities, 6-day training sessions followed by 4-day refresher courses, was conducted for the community educators to improve their facilitation skills. Each community educator was responsible for holding a minimum of four awareness-raising sessions per month. They used 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, Yemeni Women's Union (YWU) branches, and during other social gatherings. They also get the benefit of the mobile clinic, it attracted many women, and 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. In addition, 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 movie was followed by a discussion facilitated by the community educators on the consequences of 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.

From my experience and point of view the major lesson learnt is the political approach through minimizing the political and religious opposition and engaging the political leaders in basic project messages. Because the political support and willingness are very important for high effective results. As indicated in the end line survey indicates that there was an 18% increase in awareness about the benefits of delaying marriage (77% at baseline to 95% at endline), Also, there was a 16% increase in agreement that there is a relationship between early marriage, early pregnancy and child bearing from 53% at baseline to 69% at endline. The Ministry of Religious Affairs in Yemen's governorate (Amran) asked all religious leaders to disseminate messages on the health and social consequences of child marriage in their Friday sermons. Also there was improve the poor health and social outcomes of young girls by changing entrenched social/gender norms about the value of the girl child and the importance of girls' education. Meanwhile, community members began mobilizing to build a girls' school and hire female teachers, successfully nominated a female community educator to become a school principle (6).

References:

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