

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).

There is a global decrease in FGM trends; an adolescent girl is less likely to undergo FGM by around a third than 30 years ago. However, the trends still condensed in certain countries in Asia, Africa, North America, and the middle east. It is estimated that around 200 million women live with FGM consequences (1). In my country, Palestine, according to what evidence is available, FGM is not traditionally practiced (2).

During my master's, I worked on a project on FGM policy in Africa; I was shocked that despite the awareness and information provided to people, they still do it in secret, pretending they are protecting their girl's behavior. They do FGM secretly or cross borders to other countries where there is no law or documentation (3). Therefore, this might be a contributing factor to the reduction of FGM prevalence.

Regarding child marriage in Palestine, according to the most recent 2014 survey, 15% of women, 20-24 years old, were married before the age of 18 years (4). However, this percentage jumped to 20% when calculating the prevalence in the Gaza Strip alone (4). The Palestinian president in 2019 declared a law to prevent early marriage. However, the statement about bringing exemption from court acts as permission to early marriage (5), as in Palestine, no girl can decide by herself. The family will select and bring permission from the court, and the marriage will happen without the girl's consent (4). Globally, around 12 million women were married before they turn 18, although there is a 15% reduction in the prevalence of child marriage during the last decade.

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?

Restrictions on movement and lockdown measures have put many adolescents, girls and women, in danger with an alarming increase in early marriage, GBV, and FGM (6). For instance, disruption of the prevention programs may result in extra two million FGM cases over the coming decade. This will affect the progress toward ending FGM by 2030 (7). In my country, there is no evidence of practicing FGM (2).

In Palestine, during the COVID-19 Pandemic, the prevalence of child marriage has shown a 90% decline, most probably due to lack of reporting as most of the governmental offices closed (8). The main drive of child marriage in Palestine is poverty. Similar to the global predictions(9), Palestine will witness an increase in child marriage following the deterioration in the economic situation due to the Pandemic. According to global estimates, COVID-19 will results in 13 million more child marriages in the years following the Pandemic, of which around 4 million cases will occur in the first 2 years (9).

Question 3.1

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

Medicalization of FGM is "the situation in which FGM is practiced by any category of healthcare provider, whether in a public or a private clinic, at home or elsewhere"(10).

Question 3.2

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

As stated in the paper, most health care providers do not know that FGM is a criminal act against children, and cultural influences only drive them. Therefore, providing sexuality education in schools, medical and nursing schools, and FGM marketing campaigns will correct these misconceptions. It was evidenced that sexuality education contributes to changing individuals and community views (11).

Question 3.3

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

- 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.

FGM is not a common practice in my country. However, in communities that lie closer to Egypt's borders, in the south of the Gaza Strip, the FGM is influenced by Egyptian society (2). No studies have been done on these communities, but the driving factors are similar to the driven causes in the Egyptian community. Linking it to the religion, social norms, and protecting the girl's reputation (10). I studied for my medical degree in Egypt, and I was introduced to very little information about FGM during my studies. However, Egypt made progress in reducing FGM prevalence, especially after engaging religious bodies such as Al-Azhar Al-sharif, which contributed to publishing important articles to end FGM and other harmful practices (12). Therefore, the factors that need to be addressed in FGM abandonment are addressing social norms and addressing the gaps in medical education(10,12).

Question 4.1

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

There were several lessons learned from this pilot intervention (13):

1. Lessons during the program planning

Promote local buy-in: Work with national organizations and engage religious leaders. Therefore, this will counteract suspicions on the motives of the project.

2. Lessons on addressing social challenges

Address gender inequities issue by enforcing female community educators and allow them to raise their voices. Also, they choose educational activities based on cultural preferences.

3. Lessons on addressing political and religious opposition

Minimize political and religious opposition by sharing the negative consequences of child marriage with them and engage them to be an essential part of disseminating the message of the project. Besides, community educators were selected who belong to major political groups in Yemen.

4. Lessons on enhancing the capacity of the organization

Train community educators on different techniques to lessen the facilitation fatigue during the dissemination of the project message.

Question 4.2

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

Community educators held awareness sessions in schools, literacy classes, health centers, and YWU centers. Each community educator provided around 4 sessions monthly.

Also, they organized a monthly mobile clinic fare where information about mother and child health and family planning services were provided to participants. Some fairs welcomed speakers from the government and other religious leaders to influence people. Another activity they used was the information booths, where they showed a movie about a young married girl who died during labor to disseminate the health hazards of child marriage (13).

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 most important lesson is how to target and sensitize religious leaders (13). Religious leaders are the most influential bodies in the country, and people listen to them and consult them nearly in every aspect of their life (14). Based on the opposition that faces the

CEDAW convention by religious leaders, and in turn, by the community, we need first to engage religious leaders in disseminating the negative consequences of child marriage (13).

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