

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 FGM, which is predominantly performed on girls under the age of 18 years. FGM is a violation enacted worldwide; however, it is most prevalent in 30 countries in Africa and in a few countries in the Middle East. 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 in comparison to 30 years ago.

Across the globe, girls are approximately five times as likely as boys to be married before the age of 15 years. Progress has been disproportionate across regions: while North Africa and the Middle East have decreased the percentage of girls getting 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.

According to UNICEF Egypt, there is evidence of a decline in the prevalence of FGM, particularly post the year 2000. Moreover, majority of regions of Egypt have seen a decline in FGM with the strongest progress in the urban governorates and urban lower Egypt. The prevalence of FGM is lowest among the youngest age cohort, that is, adolescent girls aged 15 to 19 years in 2015. Within this age group, the prevalence is 67% among adolescent girls aged 15 to 17 years and 74% among those aged 18 to 19 years. This difference is not statistically significant (UNICEF, 2020).

According to the World Bank, measures of child marriage remain substantial in Egypt. The share of women aged 18-22 who married as children is 16.5%, but it has declined over time. The share of girls marrying earlier than the age of 15 years is much lower and has also declined. Child marriage in Egypt is associated with lower wealth, lower education levels and higher labor force participation (World Bank, 2016).

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?

Projected effects of COVID-19 on Child Marriage:

1. 31 million additional cases of gender-based violence can be expected to take place if the lockdown continues for at least six months. For every additional three months lockdown, an additional 15 million extra cases of gender-based violence are expected.
2. 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 have been otherwise averted.

Projected effects of COVID-19 on FGM:

Due to the COVID-19 pandemic, meeting the sustainable development goals (SDGs), through eliminating female genital mutilation by 2030, will be disrupted and an estimated two million additional cases of female genital mutilation would need to be averted.

Question 3.1

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

The WHO defines Medicalization as the situation in which FGM/C is practiced by any category of healthcare provider, whether in a public or 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 aiming for FGM/C abandonment. It should not only tackle FGM as a practice, but also correct all related 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 shifting medical practitioners’ perceptions to realize the long-term effects of FGM/C. A team of experts would be instrumental in ensuring that the topic is tackled from different angles.

Question 3.3

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

1. Financial benefits
2. 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.

According to a study on the health care providers’ and mothers’ perceptions about the medicalization of FGM or cutting in Egypt (El-Gibaly et al., 2019), there are three issues that should be addressed in FGM/C abandonment efforts; these include:

1. Renaming FGM/C as a cosmetic operation and not cutting;
2. Justifying a “Sunna type” of FGM/C by healthcare providers;

3. The gap in undergraduate medical and nursing education on FGM/C and female sexuality and sexual health.

Question 4.1

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

1. **Maximize reach through collaboration with governmental initiatives:** Coordinate the startup activities, especially the dates of training workshops with major government activities. An overlap with the Ministry of Health's national vaccination campaign and political elections delayed the training workshop, as community educators and YWU coordinators were involved in the campaign and elections.
2. **Counteract gender inequities by addressing special needs of female community educators:** since Yemen is a patriarchal society and enforces gender segregation, the female community educators were reticent to ask questions and voice their concerns during the training workshop. Their literacy skills and basic knowledge on reproductive health and family planning were lacking, as compared to their male counterparts.
3. **Incorporate outreach activities that build on cultural preferences:** male community educators used poetry to convey the harmful social and health consequences of child marriage, whereas female educators used stories.
4. **Minimize political and religious opposition:** make the effort to select community educators who belong to the major political parties in the country. Become familiar with the arguments for and against the child marriage and rights of the girl child to minimize the politicization of the issue and accusations such as: "this is a western project", "they want to spread sin", and "they want to limit the Muslim population."
5. **Strengthen facilitation skills of community educators:** train community educators on a range of facilitation techniques 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?

1. Each community educator was responsible for 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. The community educators also organized and held monthly fairs, where BHS's mobile clinic was present to provide family planning, reproductive health, and maternal and child health services to mothers and children.
3. Community educators set up information booths and played 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.

4. The community educators 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 among 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 among community members.
5. The community educators were 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. These families were awarded a plaque for their role during the end of project ceremony officiated by the Amran governor. The community educators also conducted an end line survey to assess changes in knowledge, attitudes and behaviors related to 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.

In my opinion, the major lesson learnt from the Yemen case study that is most applicable to Egypt's context is, containing political and religious opposition. According to the (UNICEF, 2017), engaging religious leaders through dialogue and awareness workshops is key to addressing child marriage in Egypt. Making religious leaders aware of the consequences of child marriage, and supporting them to become outspoken advocates, can have a powerful impact on the ways in which community members perceive child marriage. Moreover, in 2013, Egypt developed its National Strategic Plan for Prevention of Early Marriage, aiming to reduce the prevalence of early marriage by 50 per cent within a five years' timeframe. The plan was developed by the national population council in collaboration with key stakeholders working on child marriage in Egypt. However, according to Girls Not Brides, the implementation of the strategy slowed down due to shifts in the Ministry of Population and the fluid political situation and restrictions on civil society. This led to uncertainty on the strategy's status amongst those working on the ground on child marriage issues. Therefore, it is important to develop strategies to ensure implementation of the National Strategic Plan.

References

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