



Implications of Covid-19 on ending FGM/C

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UN CSW Parallel event - 9 March 2023





Outline

- Introduction
- Implications of Ebola
- Covid-19 and FGM/C
 - Link with child marriage
 - Link with menstrual health
 - Link with teenage pregnancy
 - Link with unsafe abortions
- Q&A



Expectations

Dr Natalia Kanem, executive director of UNFPA, warned:



As with most crises, this pandemic has severely disrupted access to life-saving sexual and reproductive health services and hampered authorities' ability to respond to gender-based violence, at a time when women and girls need these services most.





Expectations

The World Economic Forum warned:

"A potential rise in FGM, as well as early, child or forced marriages at this time of restricted movement, poor visibility and weakened protection systems."





Expectations

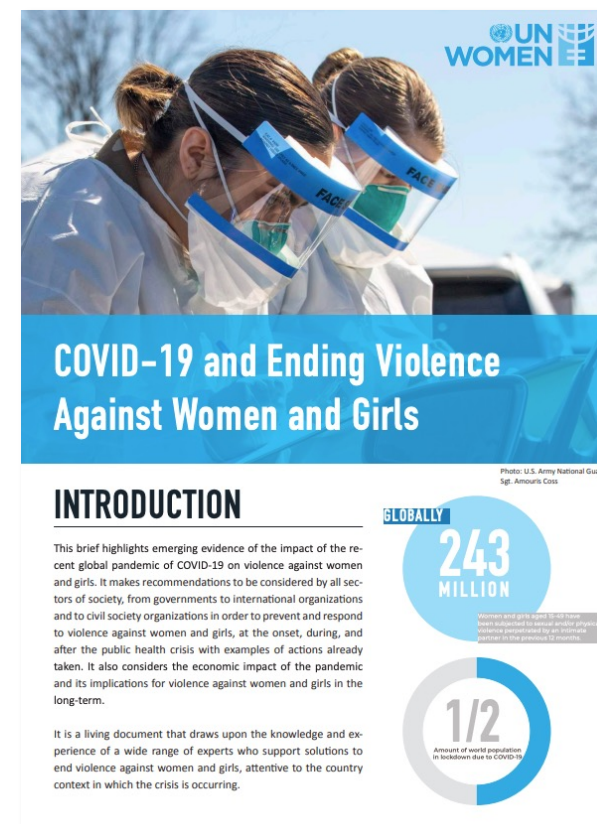
“We are likely to see an increase in child marriage to “protect” young girls from worsening economic and security situations and in some places, a consequential higher incidence in female genital mutilation.”



Expectations of experts:

COVID-19 will most probably lead to:

- Increase in FGM/C
- Increase in child marriage
- Increase in all forms of VAW
 - France: 30% increase in domestic violence
 - Argentina: 25% increase in emergency calls for domestic violence



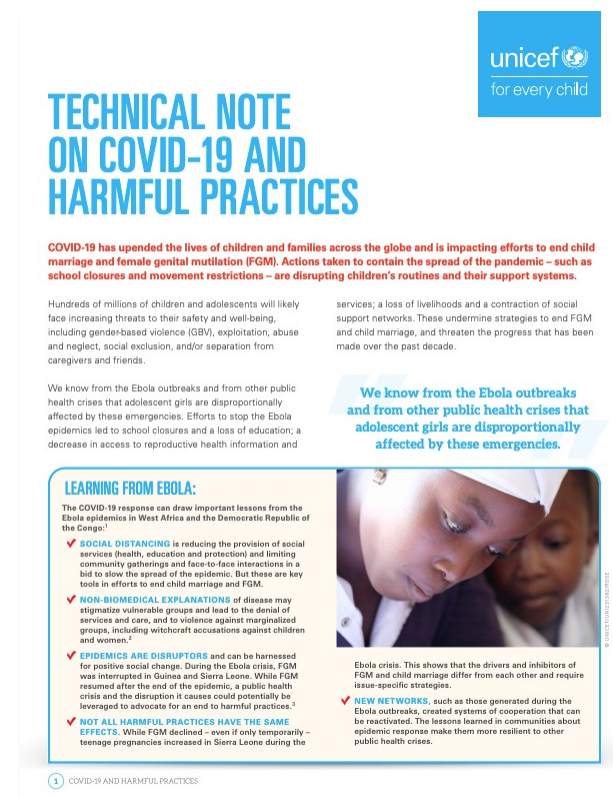
<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>



UNICEF – Technical Note

UNICEF Technical Note (April 2020) makes reference to Ebola crisis: *“We know from the Ebola outbreaks and from other public health crises that adolescent girls are disproportionately affected by these emergencies.”*

Although magnitude of the COVID-19 crisis was unprecedented, we can look to the lessons learnt from the Ebola crisis and its impact specifically on FGM.



<https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf>



Implications of Ebola

FGM/C was interrupted (in Guinea, Liberia and Sierra Leone) during Ebola:

- Leaders called for an end to prevent the spread of the Ebola virus (**Guinea**)
- Nationwide ban on FGM. Ministry of Health conducted outreach campaigns to educate traditional healers and soweis on the dangers of performing FGM/C during the Ebola crisis. To stem transmission of the virus, the government imposed a fine of 500,000 Leones (about \$60), for performing FGM (**Sierra Leone**)



Guinea's Muslim clerics call for end to FGM to help stop Ebola

by Thomson Reuters Foundation | <https://twitter.com/mishahussain> | Thomson Reuters Foundation
Friday, 6 February 2015 14:19 GMT

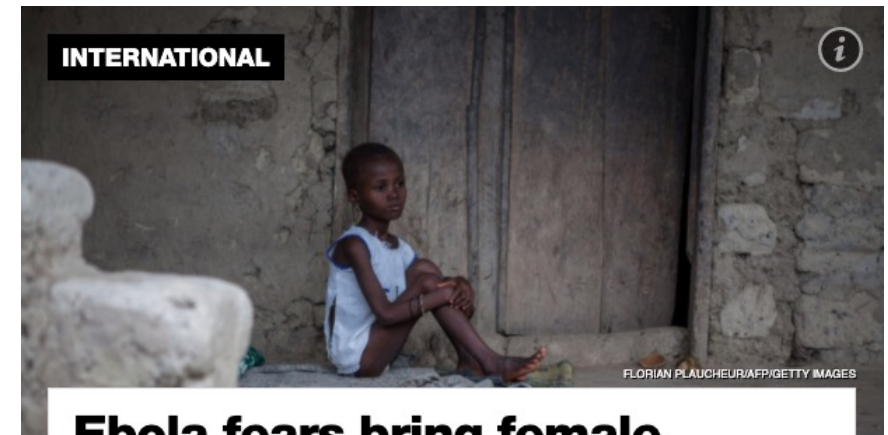




Implications of Ebola

FGM/C was interrupted (in Guinea, Liberia and Sierra Leone) during Ebola:

- Not only government, but also Paramount Chiefs and Councils of Soweis enacted byelaws and pledges to postpone FGM/C in order to reduce the risk of Ebola transmission (**Sierra Leone**)
- FGM/C had a “drastic decline” in **Sierra Leone** as a result of the Ebola crisis.
- Activists against FGM/C were trying to capitalize this event to end the practice permanently.



Ebola fears bring female genital mutilation to near halt in Sierra Leone

Activists hope to capitalize on lull to end FGM permanently, but some locals want to see tradition continue

December 4, 2014 5:00AM ET

by **Nina Devries** - [Twitter](#) [@ninareporter](#)



Implications of Ebola

Unfortunately, this was only temporarily:

- FGM/C resumed after the end of the epidemic as before: “When the Ebola epidemic was over in 2015, there was a return to “business as usual” by the country’s soweis and FGC has returned.”
- Female Paramount Chief to lift the ban and resume FGM/C in order to “go to the bush to uphold our culture and tradition.”

Schwartz D.A. (2019) The Ebola Epidemic Halted Female Genital Cutting in Sierra Leone: Temporarily. In: Schwartz D., Anoko J., Abramowitz S. (eds) Pregnant in the Time of Ebola. Global Maternal and Child Health (Medical, Anthropological, and Public Health Perspectives). Springer, Cham, available at https://link.springer.com/chapter/10.1007/978-3-319-97637-2_30

The Lancet, available at [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30081-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30081-X/fulltext)

Ebola Ended FGM in Sierra Leone, but Now It's Back

Ebola did something women's rights activists in Sierra Leone had not achieved in decades — it ended female genital mutilation. But since the outbreak was declared over, the practice has returned.

By Olivia Acland

Mar 21 2016, 5:55pm [Share](#) [Tweet](#) [Snap](#)



SOWEI BATEWA AT HER HOME IN FREETOWN, SIERRA LEONE. PHOTO BY OLIVIA ACLAND



Learnings from Ebola

Some interesting findings:

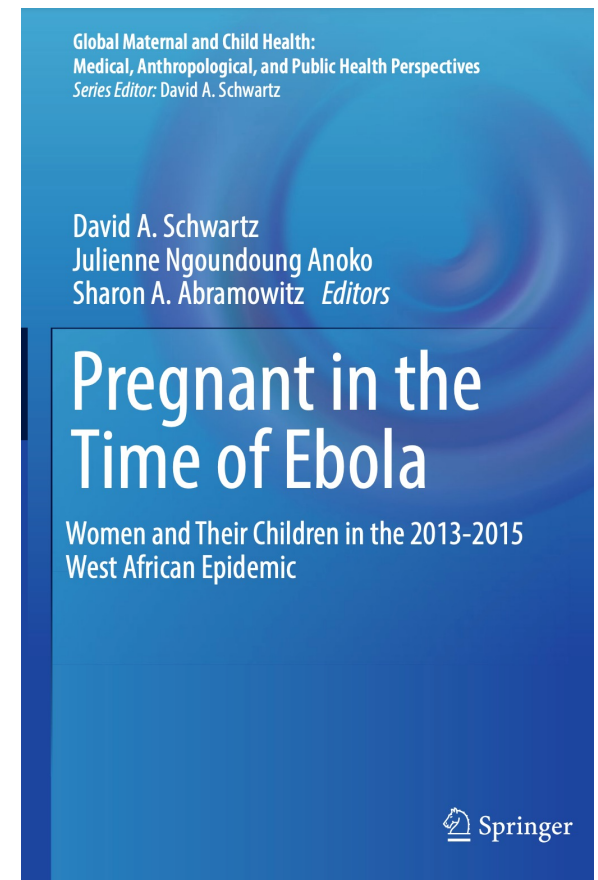
While disruption could lead to positive social change, this – unfortunately - didn't happen in West Africa.

Research in Sierra Leone shows that during the Ebola Crisis:

- Child marriage + teenage pregnancy increased
- FGM/C decreased

What can we learn?

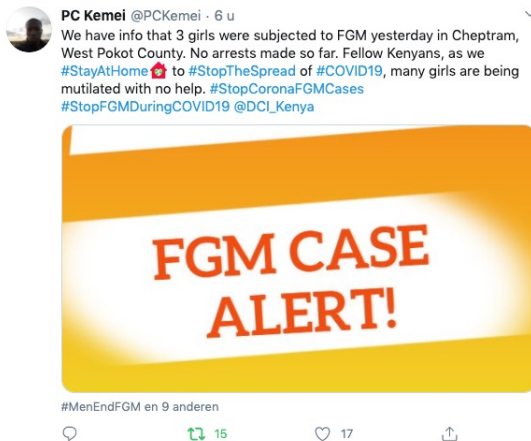
- Drivers of FGM/C and child marriage might be different





COVID-19 and FGM/C

At the start of the Covid-19 pandemic, we noticed an increased number of girls at risk of FGM/C:





UNFPA Technical Note

COVID-19 pandemic could critically undermine progress made towards achieving SDGs:

- ▶ Due to pandemic-related disruptions in prevention programmes
- ▶ 2 million FGM/C cases could occur over the next decade that would otherwise have been averted.



Interim Technical Note
Information as of 27 April 2020

Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage

Pandemic threatens achievement of the Transformative Results committed to by UNFPA

By UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia)

UNFPA aims to achieve three world-changing results by 2030, the deadline for achieving the Sustainable Development Goals. These are: Ending unmet need for family planning, ending gender-based violence including harmful practices such as female genital mutilation and child marriage, and ending all preventable maternal deaths. This analysis shows how the COVID-19 pandemic could critically undermine progress made towards achieving these goals.

Key points

The impact of COVID-19 on ending unmet need for family planning

- COVID-19 is already causing disruptions in meeting family planning needs:
 - Clinical staff occupied with the COVID-19 response may not have time to provide services, or may lack personal protective equipment to provide services safely
 - Health facilities in many places are closing or limiting services
 - Women are refraining from visiting health facilities due to fears about COVID-19 exposure or due to movement restrictions
 - Supply chain disruptions are limiting availability of contraceptives in many places, and stock-outs of many contraceptive methods are anticipated within the next 6 months in more than a dozen lowest-income countries
 - Product shortages and lack of access to trained providers or clinics mean that women may be unable to use their preferred method of contraception, may instead use a less effective short-term method, or may discontinue contraceptive use entirely
- Some 47 million women in 114 low- and middle-income countries are projected to be unable to use modern contraceptives if the average lockdown, or COVID-19-related disruption, continues for 6 months with major disruptions to services
- For every 3 months the lockdown continues, assuming high levels of disruption, up to 2 million additional women may be unable to use modern contraceptives
- If the lockdown continues for 6 months and there are major service disruptions due to COVID-19, an additional 7 million unintended pregnancies are expected to occur
- The number of unintended pregnancies will increase as the lockdown continues and services disruptions are extended

The impact of COVID-19 on ending gender-based violence

- The COVID-19 pandemic is likely to undermine efforts to end gender-based violence through two pathways:
 - Reducing prevention and protection efforts, social services and care
 - Increasing the incidence of violence
- COVID-19 pandemic is likely to cause a one-third reduction in progress towards ending gender-based violence by 2030

Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage

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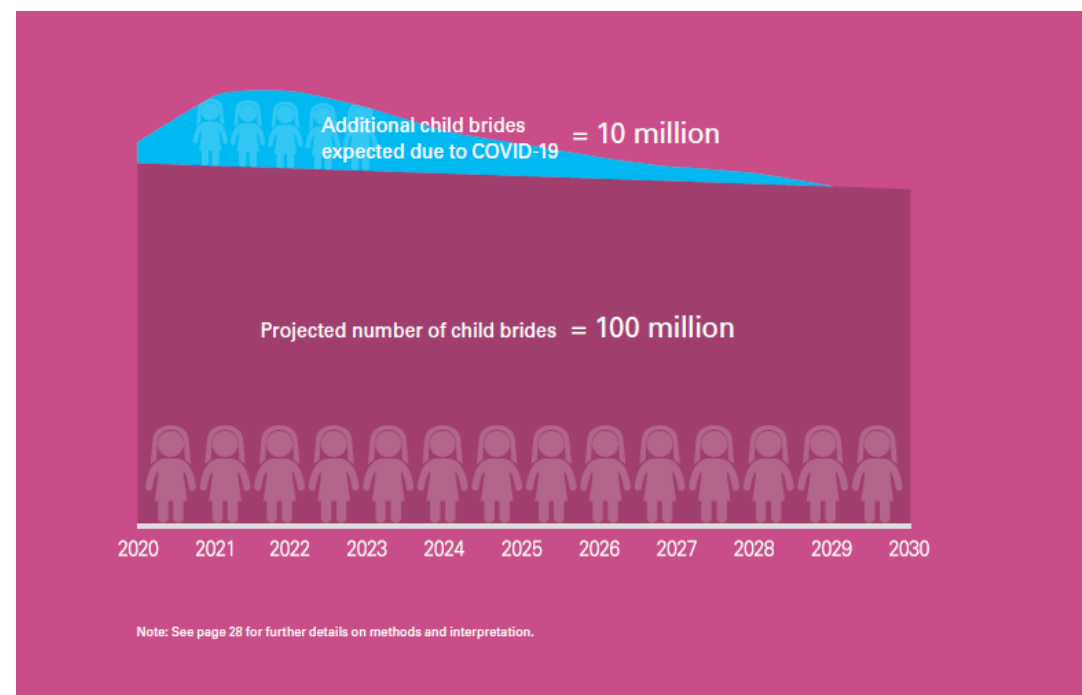
https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Disrupting_SDG.3_Eliminating_Female_Genital_Mutilation.pdf



UNICEF Data

Over the next decade, **up to 10 million more girls** will be at risk of becoming child brides as a result of the pandemic:

- ▶ School closures / dropout
- ▶ Household poverty
- ▶ Disruption to programmes



<https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/>



Impact of Covid-19

► Access to sexual and reproductive healthcare disrupted:

- Lack of access to contraceptives
- Increase teenage pregnancy
- Increase unsafe abortions

► Household poverty:

- Lack of access to menstrual products
- Girls having sex in exchange for sanitary towels + food
- Increase teenage pregnancy
- Increase unsafe abortions

Original research

BMJ Global Health

Impact of COVID-19 lockdowns on adolescent pregnancy and school dropout among secondary schoolgirls in Kenya

Garazi Zulaika,¹ Miriam Bulbarelli,² Elizabeth Nyothach,³ Annemieke van Eijk,¹ Linda Mason,¹ Eunice Fwaya,⁴ David Obor,² Daniel Kwaro,⁵ Duolao Wang,¹ Supriya D Mehta,² Penelope A Phillips-Howard¹

ABSTRACT
Introduction Secondary school closures aimed at limiting the number of infections and deaths due to COVID-19 may have amplified the negative sexual and reproductive health (SRH) and schooling outcomes of vulnerable adolescent girls. This study aimed to measure pandemic-related effects on adolescent pregnancy and school dropout among school-going girls in Kenya.
Methods We report longitudinal findings of 910 girls in their last 2 years of secondary school. The study took place in 12 secondary day schools in rural western Kenya between 2018 and 2021. Using a causal-comparative design, we compared SRH and schooling outcomes among 403 girls who graduated after completion of their final school examinations in November 2019 pre-pandemic with 507 girls who experienced disrupted schooling due to COVID-19 and sat examinations in March 2021. Unadjusted and adjusted generalised linear mixed models were used to investigate the effect of COVID-19-related school closures and restrictions on all outcomes of interest and on incident pregnancy.
Results At study initiation, the mean age of participants was 17.2 (IQR: 16.4–17.9) for girls in the pre-COVID-19 cohort and 17.5 (IQR: 16.5–18.4) for girls in the COVID-19 cohort. Girls experiencing COVID-19 containment measures had twice the risk of falling pregnant prior to completing secondary school after adjustment for age, household wealth and orphanhood status (adjusted risk ratio (aRR)=2.11; 95% CI: 1.13 to 3.95, p=0.019); three times the risk of school dropout (aRR=3.03; 95% CI: 1.55 to 5.95, p=0.001) and 3.4 times the risk of school transfer prior to examinations (aRR=3.39; 95% CI: 1.70 to 6.77, p=0.001) relative to pre-COVID-19 learners. Girls in the COVID-19 cohort were more likely to be sexually active (aRR=1.28; 95% CI: 1.09 to 1.51, p=0.002) and less likely to report their first sex as desired (aRR=0.49; 95% CI: 0.37 to 0.65, p<0.001). These girls reported increased hours of non-school-related work (3.32 hours per day vs 2.63 hours per day in the pre-COVID-19 cohort, aRR=1.92; 95% CI: 1.92 to 2.99, p=0.004). In the COVID-19 cohort, 60.5% reported worsening household economic status and COVID-19-related stress was common.
Conclusion The COVID-19 pandemic deleteriously affected the SRH of girls and amplified school transfer and dropout. Appropriate programmes and interventions that help buffer the effects of population-level emergencies on school-going adolescents are warranted.
Trial registration number NCT03051789.

What is already known?
► Experiences from past outbreaks show that emergency response policies have differential effects on girls and women, limiting their economic opportunities in the long term.
► Adolescent pregnancy constitutes a public health crisis in western Kenya, where over one in five girls enter motherhood during adolescence.

What are the new findings?
► In Kenya, adolescent secondary schoolgirls who remained out of school for 6 months due to the COVID-19 lockdown had twice the risk of becoming pregnant and three times the risk of dropping out of school when compared with similar girls graduating just prior to the outbreak.
► The sexual and reproductive health and schooling outcomes of these girls were affected in multiple ways, with girls reporting heightened sexual debut, sexual coercion and school transfer relative to girls who completed secondary school in the prior year.

What do the new findings imply?
► COVID-19 containment measures negatively affected vulnerable adolescent girls.
► Gender sensitive policy responses and interventions are needed to buffer the effects of health emergencies on individuals and communities.

INTRODUCTION
The COVID-19 pandemic reached Kenya in March 2020, and with the first case came nationwide curfews, lockdowns and restrictions of movement. As part of the containment

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Zulaika G, et al. BMJ Global Health 2022;7:e007666. doi:10.1136/bmjgh-2021-007666

<https://gh.bmj.com/content/7/1/e007666>



Increase in teenage pregnancy

► Interview with 'Save a Girl' (Kenya):

"Girls saw that their parents were struggling, and they wanted to help them. In exchange for money or food, they had sex with boys and men. Access to contraception was non-existent in those communities, so the result was a huge increase in the number of girls getting pregnant. I saw girls aged 10-14 pregnant. Their bodies are not ready and there are often complications at childbirth."





Conclusion

- ▶ All is interrelated and interconnected: school closures and lockdown measures have an impact on FGM/C, child marriage, other forms of VAW and access to SRHR, more specifically access to contraceptives, access to menstrual products. This has an impact on teenage pregnancy, pregnancy complications and unsafe abortions.
- ▶ The Covid-19 pandemic has aggravated pre-existing challenges associated with adolescents' sexual and reproductive health and rights (SRHR).
- ▶ We need to realize that the pandemic might be over, but the impact will be felt by girls and women for at least the next decade.



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Thank you!

Do you have any questions?