



EVIDENCE BRIEF

EVIDENCE ON THE EFFECTS OF COVID-19 PANDEMIC ON FEMALE GENITAL MUTILATION/CUTTING (FGM/C) AND CHILD, EARLY AND FORCED MARRIAGES (CEFM) IN KENYA

Background

The outbreak of Coronavirus Disease 2019 (COVID-19) has affected individuals and communities in a variety of ways. The virus has infected hundreds of thousands of people across the world. So far, there is limited data regarding the impact of the COVID-19 pandemic on individuals and community cultural practices. In the face of the COVID-19 pandemic, there is anecdotal evidence that indicates there is an increased risk of women and girls to undergo Female Genital Mutilation/Cutting (FGM/C) and Child, Early or Forced Marriage (CEFM), especially among girls out of school and living in marginalised areas. Apart from the anecdotal evidence, there is no empirical data regarding the pandemic's effect on FGM/C and CEFM.

Objective

The main objective of this study was to elucidate the impact of COVID-19 pandemic on FGM/C and CEFM in Kenya.

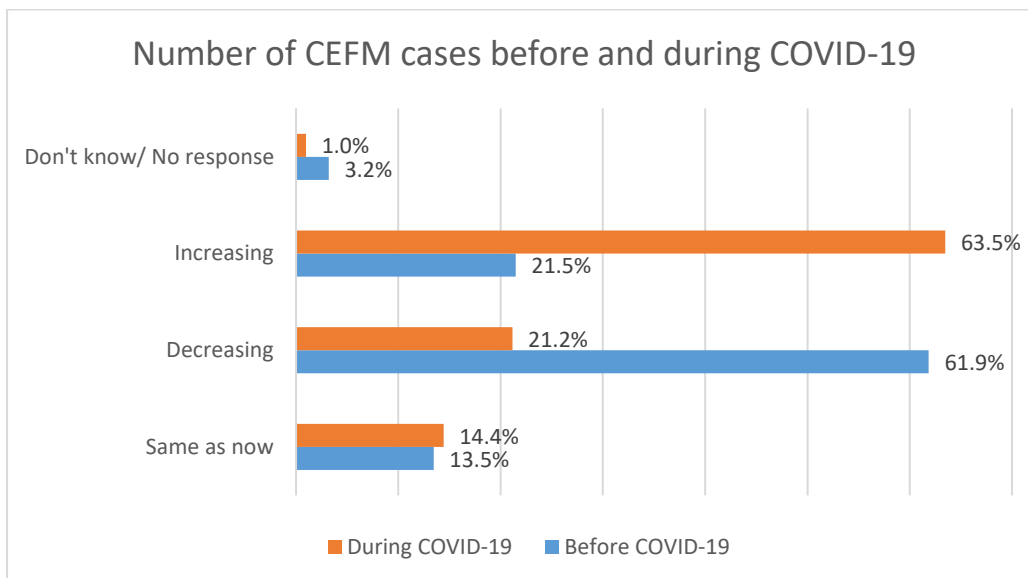
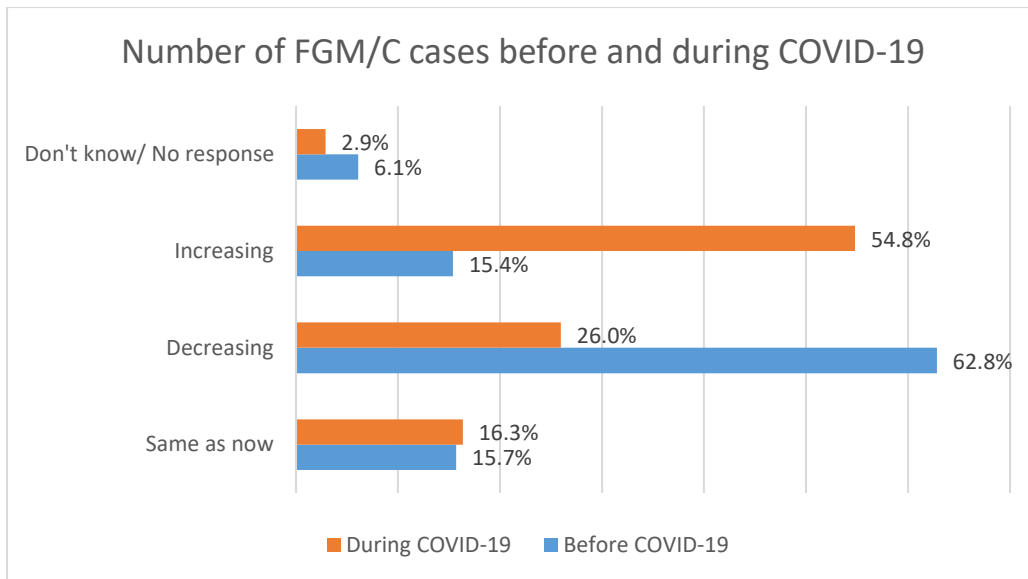
Methods

The study design was cross-sectional using both quantitative and qualitative methods. Study sites included Kajiado, Samburu and Marsabit counties—counties with high prevalence of FGM/C and CEFM. For the quantitative component, we conducted a community survey targeting women and men aged 15-49 years (n=312). The qualitative component involved conducting In-depth Interviews (IDIs) with programme implementers of FGM/C and CEFM interventions (n=8), and policy makers/government officials addressing FGM/C and CEFM (n=9) in the study sites.

Key Findings

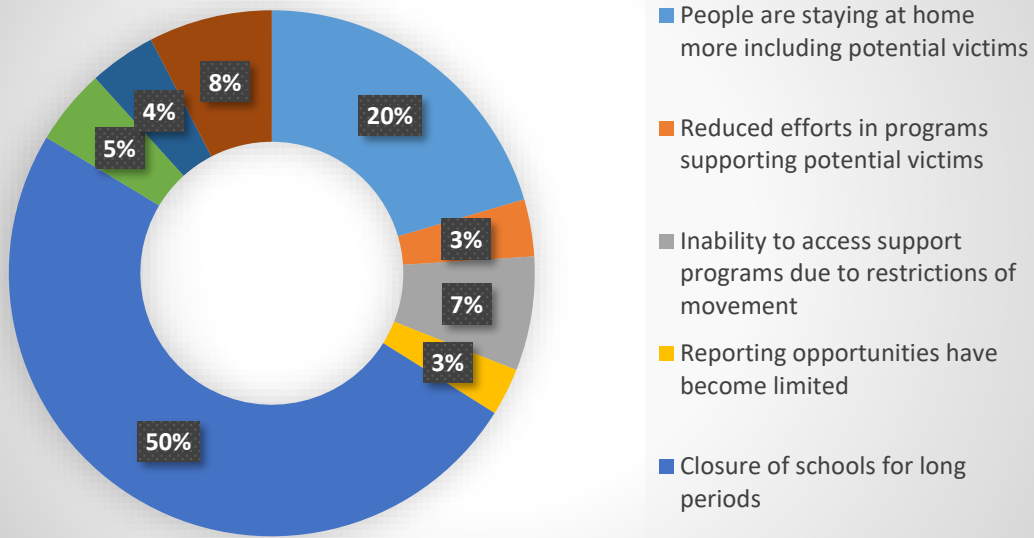
Effect of COVID-19 on number of cases of FGM/C and CEFM

Before COVID-19, majority of the respondents were of the view that cases of FGM/C (63%; $p < 0.001$) and CEFM (62%; $p < 0.001$) were decreasing in Kajiado, Samburu and Marsabit counties. In contrast, during COVID-19, most of the study respondents believed that the pandemic had led to an increase in both FGM/C (55%; $p < 0.001$) and CEFM (64%; $p < 0.001$) cases.

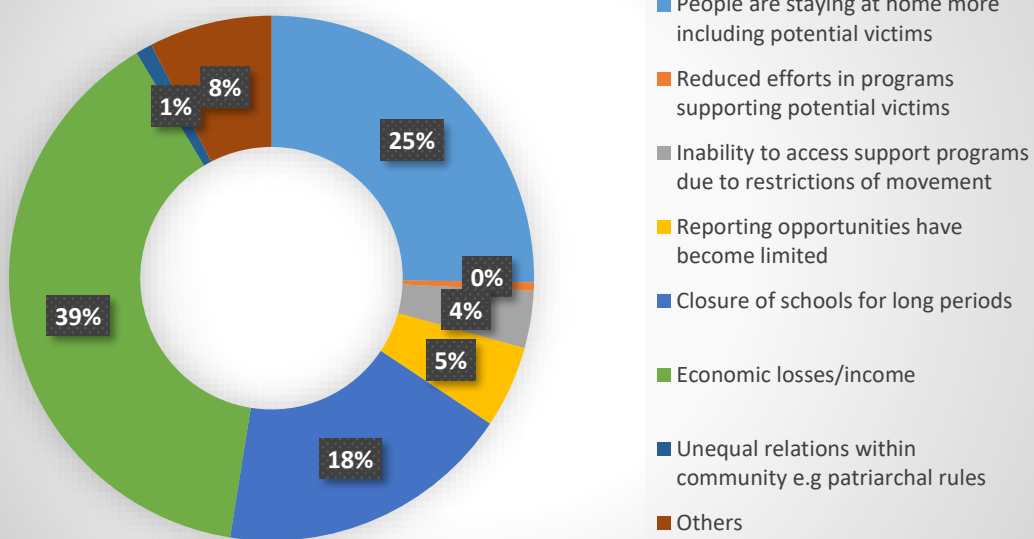


The most common reason given for the increasing number of FGM/C cases was closure of schools (50%) and people staying at home for longer including potential victims (20%); while economic losses/income (39%) and people staying at home for longer including potential victims (25%) were the most common reasons given for perceived increase in CEFM cases during COVID-19.

Reasons for increasing number of FGM/C cases



Reasons for increasing number of CEFM cases

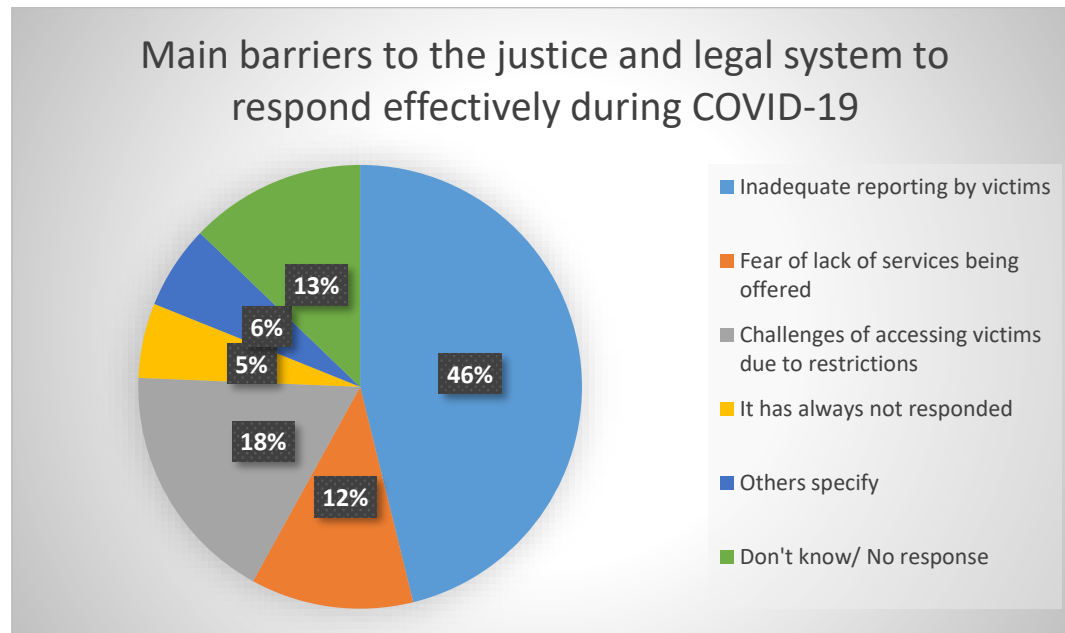


In-depth interviews with programme implementers and policy makers confirmed that indeed COVID-19 had led to an increase in both FGM/C and CEFM cases and that closure of schools was a risk factor as explained below:

“Lack of enforcement and protection, especially those from the boarding schools now, as well as the rescue centers. Since girls are at home the protection is no more. They are out there, there is no monitoring...they have ample time to practice FGM and child marriage” IDI, Marsabit

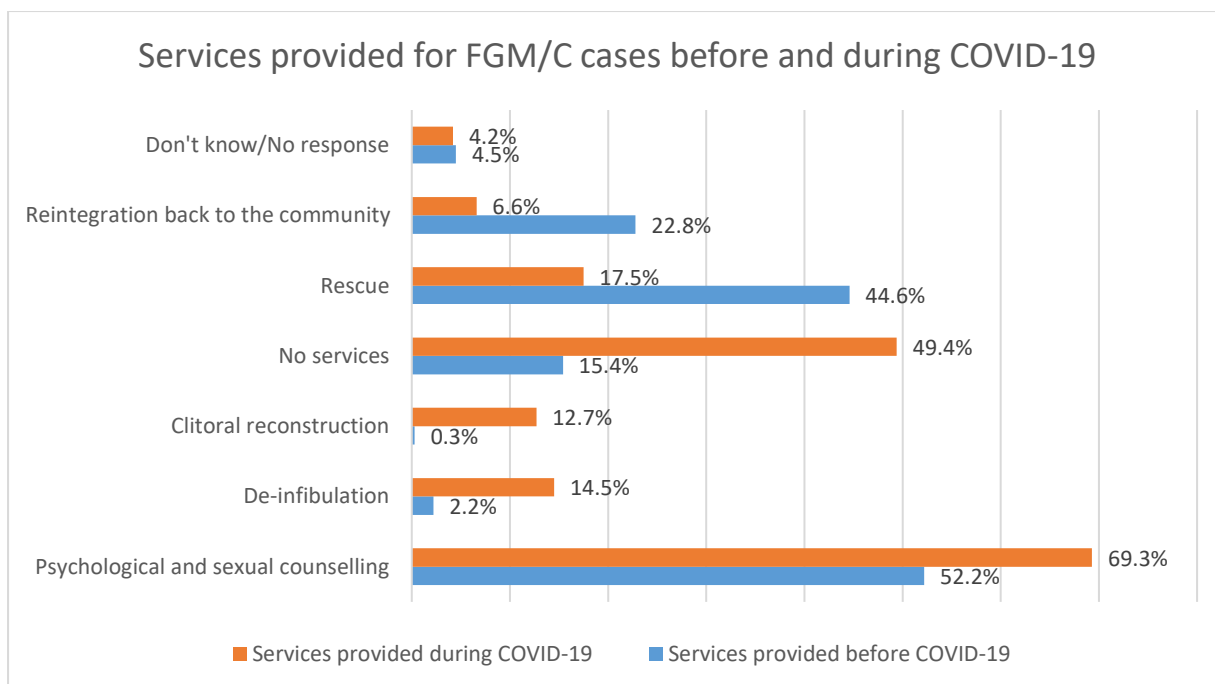
Adequacy of the justice and legal system in addressing FGM/C and CEFM during COVID-19

The quantitative survey asked community members to rate the response of the justice and legal system in addressing FGM/C and CEFM during the COVID-19 pandemic. Findings showed that over 60% of community members considered the justice and legal system's response to FGM/C and CEFM cases to be either poor or average. The main barrier to the justice and legal system to respond effectively during the pandemic was inadequate reporting by victims (46%). Other reasons included challenges of accessing victims due to restrictions and fear of lack of services being offered.



Adequacy of the health system in addressing FGM/C and CEFM during COVID-19

To assess the adequacy of the health system in addressing FGM/C, community members were asked to compare services that were offered by the health system before and during COVID-19. We also asked them to rate the health system's response as either poor, average, good or excellent. Survey findings showed that there was a difference in services offered before COVID-19 and during the pandemic. For example, before COVID-19, services provided for FGM/C cases included psychological and sexual counselling (52%), rescue (45%) and reintegration back to the community (23%). During COVID-19, there was an increase in psychological and sexual counselling (69%), a reduction in rescue (18%) and reintegration back to the community services (7%), and a remarkable increase in no services offered from 15% (before COVID-19) to 49% (during COVID-19). Interestingly, there was an increase in clitoral reconstruction services from 0.3% before COVID-19 to 13% during COVID-19—perhaps pointing to an increase in medicalization of FGM/C in the pretext of offering clitoral reconstruction services.



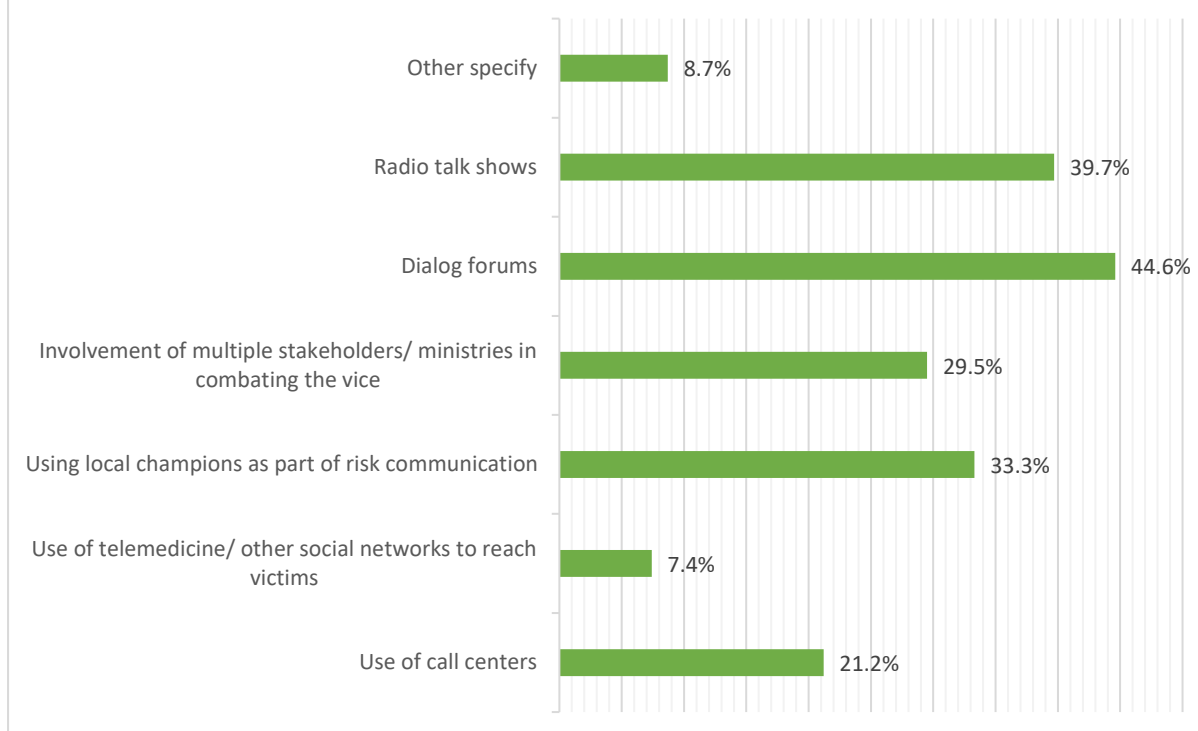
Generally, over 70% respondents rated the response of the health system in addressing FGM/C and CEFM during the pandemic as either poor or average. Interviews with key informants revealed their frustrations in offering services to the community due to COVID-19 restrictions as exemplified in the following excerpt:

“This Corona has stopped us so much. We were on the run, planning, big things and running around and just having great plans, but all of that stopped, and so people are sitting back and just reflecting on their achievements...and just holding unto those achievements...that is a lesson... And then of course... investing in the mental health of human beings is important. That is a lesson that I have learnt.” IDI, Kajiado

Adequacy of the civil society (CSO,NGO,FBO) in addressing FGM/C and CEFM during COVID-19

During the community survey, respondents were asked to rate the response of the civil society in addressing FGM/C and CEFM during COVID-19. Over 60% of respondents were of the view that the civil society’s response to FGM/C and CEFM was either poor or average. Some of the alternative approaches used by the civil society to reach victims of FGM/C and CEFM during pandemic included dialog forums (45%), radio talk shows (40%) and using local champions as part of risk communication (33%).

Alternative approaches used to reach victims of FGM/C and CEFM during COVID-19



In-depth interviews with programme implementers highlighted the key role schools play in not only acting as a platform for implementation of interventions but also as a safe haven for girls at risk of FGM/C and CEFM.

“If they were in school, we would be able to control because you would have a way of knowing who is here or who has not reported back to school. If they are in school it is easy to make a report, you see when they are involved with the parent and it is the parents who are encouraging this [FGM, CEFM] we may not be in a position to know exactly where the child is.” IDI, Samburu

Conclusion

The COVID-19 pandemic has contributed to the increase in both FGM/C and CEFM cases. Closure of schools for longer periods, economic losses and people staying at home for longer including potential victims are some of the factors that have led to the increase in FGM/C and CEFM during COVID-19. The pandemic has negatively affected implementation of interventions by the justice and legal system, health system, and civil societies in preventing FGM/C and CEFM and offering services to those affected by FGM/C and CEFM. There is an urgent need for innovative approaches that can help in preventing FGM/C and CEFM and offering services during a pandemic such as COVID-19. Alternative approaches such as the use of dialog forums, radio talk shows and the use of local champions as part of risk communication are examples of ways that girls and women at risk can be reached. There is still a gap in how services can be offered at the community level given the COVID-19 restrictions.