

## COVID-19 hindering progress against female genital mutilation



Feb 6 marked the annual International Day of Zero Tolerance for Female Genital Mutilation (FGM)—a violation of girls' and women's health and human rights. It is estimated that more than 200 million women and girls have been subjected to FGM; in addition, each year, an estimated 3 million girls are at risk. FGM is an extreme form of violence and discrimination against girls and women, reflecting deep-rooted gender inequality.

FGM has no health benefits and is harmful. FGM can cause severe pain, bleeding, infection, urinary problems, mental distress, and gynaecological and childbirth complications. FGM poses immediate and long-term risks to women's physical, mental, and sexual health and well-being. FGM's burden is an economic one too. The WHO FGM cost calculator estimated the physical and mental health-care costs associated with FGM across 27 countries where the practice is highly prevalent. The total cost amounts to US\$1.4 billion annually.

Although 26 countries in the Middle East and Africa have banned FGM, in many countries the practice is still too common. FGM is rooted in local and cultural practices within families and communities. Good progress has been made over the past three decades with an overall decline in the prevalence of the practice, but progress has been uneven; in some countries such as Guinea, Mali, Sudan, and Somalia, prevalence of FGM has remained extremely high (above 90%, according to UNICEF data).

Worryingly, as the COVID-19 pandemic rages on, it is deepening inequalities, and it could soon have catastrophic effects on women and girls, as previous experience in responding to humanitarian crises and outbreaks has shown. The COVID-19 pandemic could exacerbate existing gender inequalities and increase the risk of gender-based violence. Schools closures, movement restriction, and confinement hamper access to prevention, protection, and care services, leaving girls vulnerable, especially in hard-to-reach areas.

According to the anti-FGM organisation Orchid, from March, 2020, early in the COVID-19 crisis, reports began to emerge from their local grassroots partners that they were witnessing elevated rates of FGM. It is a worrying signal. According to their report *Impact of COVID-19 on Female Genital Cutting*, built from surveys with grassroots activists, COVID-19 lockdowns present opportunities to carry out FGM "undetected", and the lack of integration of

services within the COVID-19 response is leaving girls at risk with no recourse to essential prevention, protection, and support services. The latest UN Population Fund (UNFPA) projections suggest that due to the disruption of programmes to prevent FGM in response to COVID-19, 2 million cases might occur over the next decade that could have been averted. "The number of women unable to access family planning, facing unintended pregnancies, gender-based violence and other harmful practices could skyrocket by millions of cases", warns UNFPA.

Sustainable Development Goal 5 (SDG5, gender equality)—SDG 5.3 (eliminating FGM) in particular—is at stake. Preventing potential rises in FGM during the pandemic requires urgent attention. It also requires urgent action, including increases in funding and continuity in services during the pandemic. Access to sexual and reproductive health and rights, including FGM prevention and care, are crucial—at anytime.

The alarming signals of rising FGM cases are part of a broader context in which the COVID-19 pandemic has disproportionately impacted women's wellbeing—from increases in domestic violence, to bearing an outsized burden of unpaid labour, and higher rates of unemployment. COVID-19 could erode progress made towards gender equality. The COVID-19 pandemic and its associated responses are worsening existing gender and socioeconomic inequalities. There is an urgent need for concerted action in all sectors, including health, education, and economics. UNICEF, WHO, and UNFPA have highlighted the risks that the COVID-19 crisis pose to women and girls; they now need to do more to work together globally, regionally, and within countries. They have developed guidelines and recommendations, but now we need accountability. With less than a decade to go to achieve SDG 5.3—to eliminate all harmful practices, such as child, early, and forced marriage and FGM—we need annual monitoring and annual reviews to ensure that countries are held accountable for their progress. Protecting girls' health, education, and futures, and protecting them from FGM and other forms of gender-based violence, should not be a promise but a goal that countries should be accountable for, including during a pandemic. ■ *The Lancet Public Health*

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For WHO FGM cost estimates see <https://www.who.int/news/item/06-02-2020-economic-cost-of-female-genital-mutilation>

For UNICEF FGM prevalence data see <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

For the Orchid Project see <https://www.orchidproject.org/impacts-of-covid-19-on-female-genital-cutting-fgc/>

For UNFPA projections see <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

For UNICEF-UNFPA joint recommendations see <https://www.unicef.org/media/68786/file/External-Technical-Note-on-COVID-19-and-FGM.pdf>