Dear editor,

The COVID-19 pandemic has been affecting all aspects of peoples’ lives globally, impacting the socio-economic, cultural, health and educational aspects of lives. One of these socio-economic, cultural and health aspects of lives affected is female genital mutilation/cutting (FGM/C). According to the WHO, FGM/C comprises all procedures involving the removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons. Also, according to the WHO data; FGM/C is mostly carried out on young girls, sometime between infancy and adolescence, and occasionally on adult women. FGM/C is linked to medical conditions, socio-cultural, economic, and women rights consequences [1]. Female genital mutilation causes short-term side effects including severe pain, severe bleeding, infectious diseases, and difficulty passing urine, shock, and even some long-term implications for their reproductive health and psychological health [2].

It is estimated that, FGM has been performed on 200 million girls and women worldwide [3]. This is practiced in over 30 countries, primarily in Africa, and in Asia and the Middle East, as well as in western diaspora communities [4]. In 2020, the COVID-19 pandemic had negatively and disproportionately affected girls and women, resulting in a shadow pandemic disrupting SDG target 5.3 on the elimination of all harmful practices including, female genital mutilation [2]. With many countries imposing COVID-19 preventive measures such as school closures, internal lockdowns and temporary border closures, UNFPA estimates additional 2 million girls projected to be at risk of undergoing female genital mutilation by 2030.

Many factors have been attributed to the practice in Africa and other parts of the world, where FGM/C is prevalent. The reasons for carrying out FGM/C include social acceptance, religion, hygiene misconceptions, a means of preserving a female’s virginity and enhancing male sexual pleasure [5]. Cultural beliefs have also been attributed to this harmful practice, where it is perceived as a rite of passage into adulthood and a requirement for marriage. Education level also plays an essential role as a causative factor for FGM practices, with less cases in women who were educated than those who were not.

Prior to the COVID-19 pandemic, available data from large scale representative surveys by UNICEF revealed that the prevalence of FGM had been highly centralized in a swath of the Atlantic coast countries to the Horn of Africa, countries of the middle East that include Iraq and Yemen and in some Asian countries like Indonesia and the Maldives. Similarly, another analysis by UNICEF reveals that some three million girls and women are cut each year on the African continent (Egypt, Sudan and Sub-Saharan Africa) of which nearly half are from two countries: Egypt and Ethiopia.

Based on UNICEF data, The COVID-19 global pandemic in 2020 appears to have increased girls’ risk of undergoing FGM. The COVID-19 pandemic has had an impact in reports of girls undergoing female genital mutilation across Africa, from Kenya, Somalia, and Tanzania in the east to Liberia, Sierra Leone, and Nigeria in the west [4]. Economic hardship is driving increased rates of FGC because of parents seeking ‘bride prices’ and, in some cases, cutters returning to the practice having previously abandoned it [1].

Moreover, efforts made towards preventing FGM in Africa and the rest of the world have been impacted by COVID-19. For the pandemic has created a better storm for proponents of cutting: vulnerable girls staying at home without teachers’ protection, anti-FGM/C groups grounded by lockdown and overburdened health care services diverted to COVID-19 [4].

As with many aspects of life and advancements made to stall some harmful practices and gender inequalities, the COVID-19 pandemic has worsened the fate of many girls and women who were stuck at home, and forced to have their genitals mutilated. This is an age-long harmful practice which beyond COVID-19 pandemic demands a critical focus and concerted efforts towards protecting the fundamental human rights and well being of women and girls in Africa. Supposed women and girls must maximize their potentials and contribute to the continent and their respective nation’s sustainable development, their health and wellbeing must be prioritized which the harmful practice of FGM threatens. Global, regional and local actors should galvanize actions that critically seek to understand and tackle the socio-cultural factors that contribute to this harmful practice. Additionally safety nets and socio-economic infrastructure should be put in place to ensure families and house-holds are empowered during the COVID-19 pandemic and beyond.

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