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Letter to the Editor

Human rights during the COVID-19 pandemic: the issue of female genital mutilations



While severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected millions and claimed more than 250,000 lives, experts are warning that the impact of other diseases neglected owing to the pandemic may be just as significant in the months and years to come. Specifically, when health systems are overwhelmed and people refrain from visiting health facilities owing to movement restrictions or fears of exposure to illness, both direct mortality and indirect mortality from preventable and treatable conditions increase.^{1–3}

Female genital mutilation (FGM), also named female genital cutting, is acknowledged as a violation of human rights of women.⁴ The United Nations Sustainable Development Goals called for the elimination of the practice by 2030.⁵ FGM is referred to as any procedure involving the alteration or excision of external female genitalia without medical indication,⁶ and three million women in the world are estimated to be at risk of undergoing this procedure annually.⁶ It is a major public health problem in several countries in Africa and the Middle East,^{6,7} being almost universal in seven African countries (prevalence >85%).⁵ A report from the United Nations Children's Fund highlighted how this practice is still being widely carried out in 29 countries in Africa and in the Middle East, despite the fact that at least 24 of these countries have legislation or some form of decrees against FGM.⁸ However, some evident progress is ongoing: under the new FGM amendment to the criminal law in Sudan that was approved very recently (April 22, 2020), anyone who performs FGM either inside a medical establishment or elsewhere faces three years of imprisonment and a fine.⁹

Studies conducted in different settings have clearly shown an adverse effect of FGM on psychological, sexual and reproductive health, leading to unfavourable outcomes.¹⁰ This includes post-traumatic stress disorder,¹¹ dyspareunia and genitourinary complications. Adverse obstetric outcomes, such as increased risk of caesarean delivery, episiotomy and postpartum haemorrhage, are also more frequent.¹² Scar tissue, especially in women with FGM type III (infibulation) can result in obstructed labour or obstetric trauma.¹³

It is known that in situations of conflicts and disaster, gender inequality, gender-based violence and violation of human rights are likely to increase as the protection and health system are disrupted, leaving acts of violence unpunished and condoned by the societies. This applies to health emergencies as well, including the current coronavirus disease 2019 (COVID-19) pandemic. FGM, early marriage and violence against women and girls are life-threatening, health and human rights challenges, owing to unequal relations and patriarchal rules.¹⁴ Survivors are left no choice or right of determination over their bodies, be it physical, sexual and reproductive health.

Estimates provided by Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia) predict that significant levels of lockdown-related disruption over 6 months may cause significant delays in programmes to end FGM, potentially leading to around two million more cases of FGM over the next decade than would otherwise have occurred.¹⁵ These striking figures become even more daunting when compounded with the expected additional 31 million cases of gender-based violence and the 13 million more child marriages over the next 10 years.¹⁵ Support to continued access to reproductive healthcare services and protection of the rights and dignity of all women and girls remain even more critical in contexts such as the current pandemic. To do so, preparedness and response plans must incorporate and integrate FGM in gender-based violence and sexual and reproductive health programmes, including community awareness initiatives and activities, thus ensuring risk mitigation as well as remote and mobile case management.

Last but not least, participation of girls and women in decision-making for COVID-19 preparedness and response is fundamental to ensure that their perspectives are heard and represented at the central, subnational and local level.

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