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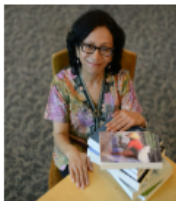


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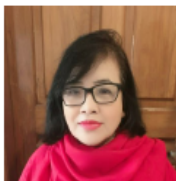


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
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
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Impact of COVID-19 on increasing female genital mutilation (FGM) in Africa: A study of Tanzania and Nigeria

Dampak COVID-19 terhadap peningkatan jumlah sunat perempuan di Afrika: Studi di Tanzania dan Nigeria

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Abstract

Women's sexual and reproductive health and rights (SRHR) have been undermined from time to time due to female genital mutilation (FGM). Women and girls experiencing FGM in many developing countries, including Tanzania and Nigeria. The aim of this study is to investigate the problems that occurred during the COVID-19 pandemic, which contributed to the high rates of FGM in Tanzania and Nigeria. This study uses a qualitative method to see the prevalence of FGM in both countries which has increased since the COVID-19 pandemic. This study is supported by the Patriarchal theory of Sylvia Walby, which explains why men try to oppress and control women as figures who dominate society. The study results show that both Nigeria and Tanzania have seen an increase in FGM amid COVID-19, with school closures placing teenage girls at the highest risk of FGM. The study concludes that the government, private institutions, and other development stakeholders should work together to find solutions to assist communities and families in ending FGM. If these efforts are implemented, then the 2030 sustainable development agenda can become a reality in ending FGM in Nigeria and Tanzania.

Keywords: COVID-19; female genital mutilation; Nigeria; sexual and reproductive health and rights; Tanzania

Abstrak

Hak kesehatan reproduksi dan seksual perempuan (HKSRR) telah dirusak dari waktu ke waktu karena sunat perempuan (FGM). Perempuan dan anak perempuan yang mengalami FGM terjadi di banyak negara berkembang, tidak ketinggalan pada Tanzania dan Nigeria. Tujuan dari studi ini adalah untuk menyelidiki masalah yang terjadi selama pandemi COVID-19, yang berpengaruh pada tingginya angka FGM di Tanzania dan Nigeria. Studi ini menggunakan metode kualitatif dalam melihat prevalensi FGM di kedua negara yang mengalami peningkatan sejak pandemi COVID-19. Studi ini didukung oleh teori Patriarki Sylvia Walby, yang menjelaskan mengapa laki-laki berusaha menindas dan mengontrol perempuan sebagai figur yang mendominasi masyarakat. Hasil studi menunjukkan bahwa, baik Nigeria dan Tanzania telah mengalami peningkatan FGM di tengah COVID-19, dengan penutupan sekolah yang menempatkan gadis remaja pada risiko tertinggi FGM. Studi ini menyimpulkan bahwa pemerintah, lembaga swasta, dan pemangku kepentingan pembangunan lainnya harus bekerja sama mencari solusi untuk membantu masyarakat dan keluarga dalam mengakhiri FGM. Jika upaya tersebut diimplementasikan, maka agenda pembangunan berkelanjutan tahun 2030 dapat menjadi kenyataan dalam mengakhiri FGM di Nigeria dan Tanzania.

Kata kunci: COVID-19; sunat perempuan; Nigeria; hak kesehatan reproduksi dan seksual; Tanzania

Introduction

The pandemic has worsened and generated a catastrophe inside a calamity while undermining the attempts to end child marriage and female genital mutilation (FGM). Gender-based violence (GBV), exploitation,

abuse and neglect, social isolation, and separation from parents and friends are all projected to become more prevalent hazards to the safety of hundreds of millions of children and adolescents (Contexts-case 2020). Female genital mutilation is a social issue with profound socio-cultural and religious roots in Africa. As a state of complete physical, mental and social well-being in all matters relating to the reproductive system, good sexual and reproductive health means that people can have a sex life that is satisfying and safe, with the freedom to decide if, when, and how to reproduce. However, women's sexual and reproductive health has been tampered with over time due to female genital mutilation, also known as female circumcision (UNFPA 2016). Nigeria and Tanzania are among the African countries with the highest rates of FGM practices. Nigeria has the biggest absolute number of FGM in the world due to its vast population, accounting for around one-quarter of the estimated 115-130 million circumcised women globally (Okeke et al. 2012). FGM is still a factor in Africa's high rates of death among women. Many ethnic groups, particularly in Africa, keep performing the practice, which is based on mythology and religion passed down through generations (Obiora et al. 2020).

FGM has an indelible impact on the life of the victims, as well as health consequences such as urinary complications, possible tumors, excessive bleeding, and illnesses, to name a few. Apart from the physiological implications, FGM has moral and ethical implications. In Africa, the act is performed between the ages of six and eight, while some people prefer to do it at birth or prior to marriage (Shakirat et al. 2020). However, this study attempted to investigate the additional issues posed by COVID-19 concerning Sexual and Reproductive Health Rights (SRHR), especially FGM practices, in Tanzania and Nigeria.

The World Health Organization (2022) defines female genital mutilation as all procedures involving partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons. Recognized internationally as a violation of the human rights of girls and women, the WHO states that it reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is estimated that no fewer than 200 million girls and women today have had their genitals mutilated, either partially or in whole (UNICEF 2019).

The practice is considered a violation of women's human and sexual rights. There are four classifications of female genital mutilation according to the World Health Organization (2022): Type I: this is the removal (partial or total) of the external and visible part of the clitoris (clitoral glans), which is a sensitive part of the female genitals, or the fold of skin surrounding the clitoral glans (the prepuce/clitoral hood). Type II: the partial or total removal of the inner folds of the vulva (clitoral glans) and the labia minora, with or without removal of the labia majora, i.e., the outer folds of skin of the vulva. Type III: This refers to the narrowing of the vaginal opening by creating a covering seal. The process, also known as infibulation, sees the seal formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans. Type IV: All other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterizing the genital area.

VOA-Voice of America (2017) reports that an estimated 140 million girls and women across Africa and parts of the Middle East and Asia are affected by FGM and it is seen as a gateway to marriage and a way of preserving purity. Up to 7.9 million girls and women in Tanzania are thought to have undergone FGM, with the illegal procedure often carried out in secret initiation, or rite of passage, ceremonies (VOA-Voice of America 2017).

Female genital mutilation is a deeply ingrained custom in many societies, defined by the WHO and UN agencies as "the partial or entire removal of the female external genitalia or other harm to the female genital organs for non-medical reasons." It has reached an alarming incidence in Africa, affecting about 28 African countries and certain Asian and Middle Eastern countries. There are an estimated 130-140 million girls and women in the globe today who have undergone the operation, and three million girls are in danger of undergoing the procedure each year. According to the World Health Organization (2010),

between 100 and 140 million women, girls, and newborns have been genitally mutilated worldwide, with another three million females in danger each year. National rates of FGM practice in African countries range from 0.6% in Uganda to 97.9% in Somalia. By 2009, it was projected that over 91.5 million girls aged ten and up had undergone FGM on the African continent. According to the WHO, FGM is still a big problem in several African nations in the North, West, and Horn of Africa (World Health Organization 2011).

Female genital mutilation is a practice that predates many other traditional practices that have since been banned. This tenacious behavior has a tremendous impact on human rights and gender equality concerns. There has recently been a surge of interest in its function in a variety of health issues. FGM is defined by the World Health Organization as the removal of part or all of the external genitalia or damage to the female genital organ for cultural or other non-therapeutic reasons. Over 120 million girls or women have undergone some kind of FGM, with around two million girls at high risk of experiencing genital mutilation each year. The vast majority of individuals impacted by this practice reside in 28 African nations (mostly Sub-Saharan). Female genital mutilation is believed to have occurred in 92 million African females over the age of ten. Concurrently, Sub-Saharan Africa accounted for 67% of HIV-positive persons and 75% of all AIDS-related fatalities in 2007. In Sub-Saharan Africa, women account for 60% of HIV infections (compared to 50% worldwide) (Olaniran 2013).

Research Method

This qualitative study includes numerous citations, and a comprehensive evaluation of primary and secondary data from various study sources and consists of qualitative and quantitative research. In order to compare the effects of COVID-19 in Tanzania and Nigeria, the researcher employed a comparison in data and reports. Some evidence and data will be quoted, including published papers and reports from international organizations such as the United Nations, the United Nations Development Programme, the World Health Organization, and the United Nations Population Fund. The study will also summarize a few key conclusions from a variety of articles that have addressed Africa's condition.

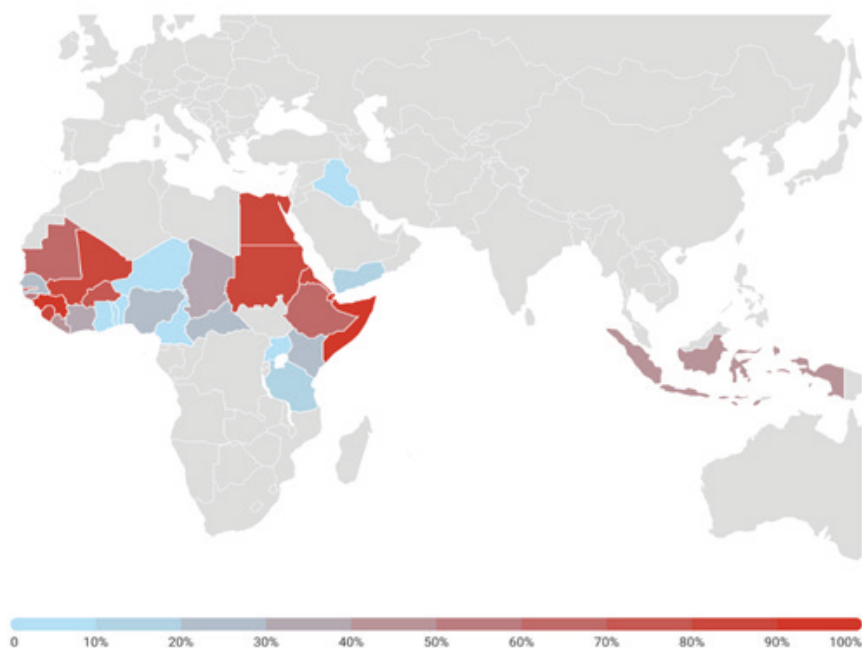


Figure 1.

Percentage of girls and women aged 15 to 49 who have undergone female genital mutilation.
Source: UNICEF global databases, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys, 2004-2020 (UNICEF 2021)

As a qualitative study, pieces of evidence of the highest quality were carefully searched for a clear emphasis on the African continent about FGM in relation to the impacts brought by COVID-19 to create a well-coordinated and complete comparative evaluation of this study. Based on FGM repercussions in Tanzania and Nigeria during the COVID-19 era, this paper examines the problems posed by COVID-19, which has increased FGM rates. As a result, all of the research included in this review was chosen without regard to study type and included qualitative and quantitative secondary data from 2014 to 2019.

Tanzanian informants were involved with the purpose of key informant interviews being to collect information about GBV from a variety of people with firsthand experience of the community, such as community leaders, professionals, and citizens. The study included four informants, and the data was collected in Tabata, Dar es Salaam, Tanzania. The method used in this study is qualitative, with a textual analysis component. While qualitative analysis focused on exploring the phenomena, the textual analysis focused on exploring primary and secondary sources to analyze the available data, such as informants' field data, secondary databases, and critical analysis, so as to learn about the issues of FGM during the COVID-19 era.

Result and Discussion

Female genital mutilation and COVID-19 in Africa

The data of girls and women aged 15 to 49 who have undergone female genital mutilation are shown in Figure 1 from the UNICEF worldwide databases, 2021. It is clear that the act has spread across Africa and that prompt action is required to combat it. However, after decades of progress in lowering the number of girls and young women exposed to female genital mutilation (commonly known as cutting, or FGM/C), the COVID-19 epidemic has undeniably set back the trend. The UNFPA predicted in the early months of the outbreak that an extra two million instances of FGM/C might occur over the next decade. This is in addition to the three million girls currently believed to be at risk of FGM/C on the African continent each year. To better understand how COVID-19 influences FGM practice in African nations where it works, Amref Health Africa conducted community-level surveys to hear directly from girls, women, civil society groups, and community leaders about what they have been experiencing and observing. FGM/C had been declining in these areas prior to the epidemic, according to survey respondents. However, they have witnessed an upsurge in FGM/C during COVID-19. In Kenya, 55% of respondents from three counties with high rates of FGM/C stated that the epidemic had increased the practice (Amref Health Africa 2021).

According to previous reactions to humanitarian catastrophes, including outbreaks, the COVID-19 pandemic will worsen existing gender inequities and increase the risk of gender-based violence. According to UNFPA estimates, the epidemic may result in two million incidents of female genital mutilation that would otherwise have been avoided, or a one-third loss in progress toward SDG 5.3, the eradication of female genital mutilation by 2030. According to UNICEF research, the number of children living in impoverished families was estimated to grow by 15% by the end of 2020 as a result of COVID-19, with roughly two-thirds of these homes in suicidal situations. Aside from increasing poverty, school closures during the epidemic have put teenage girls at the highest risk of not returning to school when it reopens. A potential increase in gender disparities in education may influence future generations of girls and their risk of female genital mutilation. According to research, less educated mothers are more inclined to subject their daughters to the procedure (UNFPA 2016).

COVID-19 impacted our lives in virtually every manner, everywhere, in 2020, when countries went into lockdown and restricted mobility to contain the virus's spread. Reports of all types of violence against women and girls, particularly domestic abuse, began to grow as doors closed and isolation began. Violence against women is not a new phenomenon. Even before COVID-19, 243 million women and girls worldwide had been mistreated by their intimate relationships in the previous year. The COVID-19

epidemic heightened the violence, even as support systems collapsed and access to assistance grew more complicated. Female genital mutilation is being phased out, with females aged 15 to 19 years being one-third less likely to undergo the procedure than 30 years ago. There is also a rising backlash against the practice. In nations where female genital mutilation is practiced, seven out of 10 girls and women believe the practice should be abolished. As the world battles with the COVID-19 pandemic, an unanticipated health catastrophe with economic, social, and political ramifications, such achievements risk being reversed. While data from the 2014-2016 Ebola outbreak in West Africa revealed that containment efforts reduced female genital mutilation, the converse appears to be true for COVID-19 (UNFPA 2016).

A recent UNFPA quick assessment of gender-based violence and female genital mutilation in Somalia showed that 31% of community people believe there has been a rise in incidents of female genital mutilation during the COVID-19 crisis. According to a UNICEF study performed in Somalia, child protection and GBV service providers reported a 36% rise in GBV. Just 5% of child protection services are modified to offer remote assistance for children restricted to their homes. UNICEF issued research on the effects of COVID-19 in Burkina Faso, finding that 66% of youngsters believe the epidemic would worsen poverty in their families. According to the report, school closures may increase the number of occurrences of female genital mutilation. Girls are allegedly at an increased likelihood of having female genital mutilation as a prelude to marriage in countries such as Ethiopia, Kenya, Nigeria, and Sudan, implying a poor coping mechanism connected with economic repercussions and school closures. Adolescent females may experience significant social isolation due to school closures since they are cut off from their peer social networks and mentors (Programme et al. 2020).

Figure 2 below shows that the number of girls protected from FGM in 2020 decreased, indicating that efforts to prevent girls from female genital mutilation failed miserably owing to the effects of COVID-19. Lockdowns and curfews impede the ability of community programs to move forward. Figure 3 shows that, due to COVID-19, the number of girls who have undergone female genital mutilation in Kenya increased dramatically by 2020. At the communal, interpersonal, and individual levels, less than 70% of the predicted number of public declarations of FGM cessation were acquired due to the pandemic. Compared to 2019, social distance, gathering prohibitions, and interruption of community activity all led to a 36% decrease. In addition, only 62% of the predicted numbers of community-level monitoring systems were met in order to keep the commitment to eradicating FGM, a 37% decrease from 2019. The epidemic's influence on community protection measures such AS community monitoring systems resulted in a 43% decline in the number of girls safeguarded from FGM in 2020 compared to 2019, falling well short of the yearly goal (Contexts-case 2020).

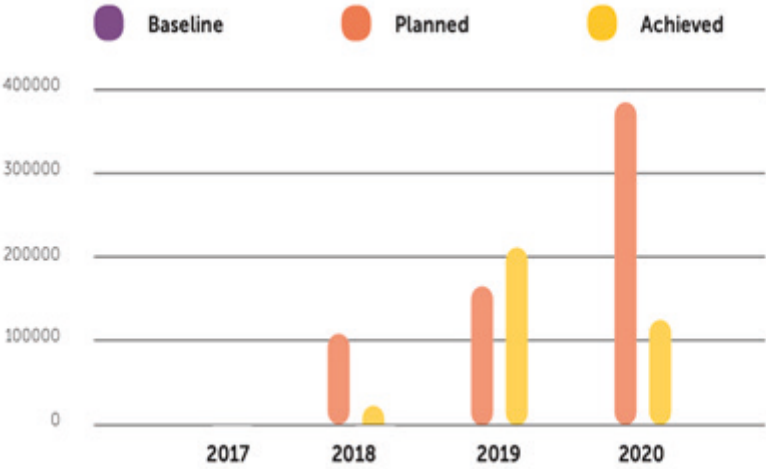


Figure 2.
 Number of girls saved from FGM.
 Source: Contexts-case F. Sustaining the Momentum Eliminating FGM in Fragile Contexts (2020)

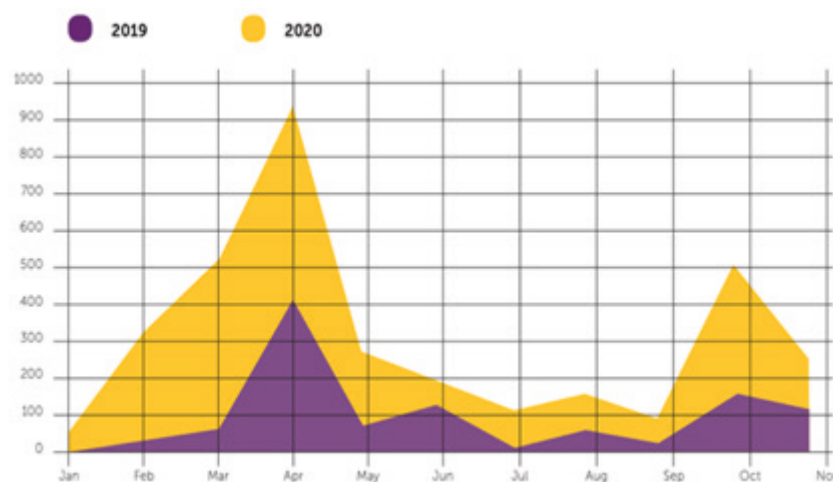


Figure 3.

Number of girls that have undergone FGM in Kenya (2019 vs 2020)

Source: Contexts-case F. Sustaining the Momentum Eliminating FGM in Fragile Contexts (2020)

Sylvia's patriarchy theory and female genital mutilation

Patriarchy theory, which refers to male dominance in both the public and private spheres, leads this study. Feminists typically refer to the male-female power structure as “patriarchy.” As a result, patriarchy is more than a term; feminists use it as a concept, and it, like other concepts, is a tool for comprehending women’s reality. Patriarchy, in its broadest definition, refers to the manifestation and institutionalization of male authority over women and children in the home, as well as male domination over women in society at large. It implies that “men have control in all of society’s major organizations,” but “women are denied access to such power.” However, this does not imply that “women are entirely weak or wholly bereft of rights, influence, and resources.” When it comes to the prevalence and origins of patriarchy, traditionalists believe that men are born to govern and women are intended to be obedient. They believe that this hierarchy has always existed and will always remain, and that it, like other natural laws, cannot be changed. Others challenge these beliefs, saying that patriarchy is man-made, not inherent, and, hence changeable.

Patriarchy is by far the biggest obstacle to women’s growth and development. Female genital mutilation is one of the factors that has a negative impact on women. The core elements stay the same, regardless of the degree of dominance: males are in command. In the case of FGM, men are the ones who encourage it and consider uncircumcised women to be unacceptable. It’s critical to comprehend the system that keeps women restrained and obedient, as well as to figure out how it works. Women’s advancement in society is hampered by patriarchy. Since women’s lower or secondary status is due to patriarchal structures and social relations, men are given absolute priority in patriarchal society, which inhibits women’s human rights to some extent. The patriarchy theory explains why males, as the dominating figure in society, aim to oppress and control women. The most persistent and widespread ideology of today’s Women’s Movement is patriarchy. It takes many forms, but the underlying theories that male dominance or misogyny persist even though women’s oppression and the form of the family have altered throughout time. There is also a lack of understanding of how inequality varies by socioeconomic class. Instead, we’re presented with the “eternal reality” that “patriarchy” is somehow at the foundation of women’s subjugation.

This is explained by pointing to gender inequality in cultures with abuse such as FGM and things like forced marriages. Men appear to be the ones that advocate FGM and create norms that cause women to participate in the practice. Various motivations for FGM in some African nations are based on the notion that if you are not circumcised, you will not be married or qualified to marry, and your status would be labelled as low, which compels women to do the act forcefully. The patriarchy theory supports the widely

held belief within the women's movement that there must be a division of struggles: socialism and the workers' movement fight capitalism, while the women's movement fights patriarchy. The justification for dividing the efforts now is that each gender will have its own societal development in the future. Many advocates of the patriarchy hypothesis would disagree with this argument.

The origins of patriarchy are intimately linked to the formation of gender roles, or the set of social and behavioral standards deemed socially acceptable for people of a particular sex. Many studies, for example, have been performed to establish if women are expected to fulfil a domestic role while males are expected to attain professional fulfilment outside of the home. This division of labor is frequently seen as a social order in which men's right to leave the house and presumed control over women are viewed as superior and dominant. As a result, rather than attempting to deconstruct patriarchy as a historical concept, much literature examines the foundations of patriarchy or a social structure in which the male gender role serves as the primary authority figure central to social organization and in which fathers have authority over women, children, and property (Walby 1991).

Thus, patriarchy refers to the institutionalized system of male dominance. As a result, patriarchy may be effectively described as a system of financially-based social ties between men and women that builds or promotes masculine independence and unity, allowing males to control females. Patriarchal ideology exaggerates biological differences between men and women, guaranteeing that males play dominant, masculine roles while women play subordinate, feminine roles. Men are frequently able to get the seeming approval of the very women they mistreat. They do it through institutions such as the academia, the church, and the family, all of which justify and prolong women's enslavement to men. The patriarchal society is defined by power, dominance, hierarchy, and rivalry. As a result, patriarchy is a collection of cultural structures and practices characterized by male oppression, dominance, and exploitation of women. Walby added that the term "social structure" is crucial because it implies a rejection of biological determinism as well as the notion that every individual man is in a dominant position and every woman is in a subordinate one. "This system puts patriarchal control over women's labor power, reproduction, sexuality, mobility, property, and other economic resources" (Walby 1991).

FGM in Tanzania

Following the COVID 19 epidemic in Wuhan, People's Republic of China, in December 2019, the WHO designated Tanzania as one of four East African nations at high risk of disease importation due to the extensive connection and mobility of people between the two countries (World Health Organization 2020). Female genital mutilation is becoming less common in practically all nations where it is still practiced; however, there are differences in nations and communities, ranging from no change to countries and communities where the practice has been reduced by more than half. Tanzania is one of the 29 nations where female genital mutilation is still practiced. FGM is believed to have affected 7.9 million Tanzanian women and girls. The target location, Arusha, is one of Tanzania's regions with a high prevalence of female genital mutilation (Galukande et al. 2015).

According to Tanzania Demographics and Health Survey (TDHS) of 2010, 15% of Tanzanian women are circumcised. In the TDHS preliminary report it states that, younger women, particularly those aged 15 to 19, were less likely to be circumcised. In the Northern and Central zones, female genital cutting is frequent (more than 40%), while in the rest of the country it is far less common (less than 10%). In the Manyara region, more than 70% of women have been circumcised (Sjoquist 2019).

Although Article 9 of the United Republic of Tanzania Constitution of 1977 does not explicitly mention harmful practices or FGM, it requires the state to respect and safeguard human dignity and rights, provide equal rights to men and women, and eliminate all forms of discrimination. Article 13 goes on to say that "all persons are equal before the law and are entitled, without any discrimination, to protection and equality before the law," and that "no one shall be subjected to torture or inhuman or degrading punishment or treatment," and that "no one shall be subjected to torture or inhuman or degrading

punishment or treatment.” Article 16 further specifies that “every individual has the right to respect and protection of his or her person” as well as “privacy of his or her person” (Thomson Reuters Foundation 2018).

Table 1.
Informant profile

Informants	Sex	Social status	Age	Education
Informant “STE”	F	Public worker	30	Degree
Informant “FRA”	F	Private worker	27	Degree
Informant “OSC”	M	Businessman	30	Secondary
Informant “MAJ”	M	Teacher	32	Degree

Source: Field data (2021)

FGM is a form of gender-based violence that has a large impact on Tanzanian communities. Apart from COVID-19’s impacts, most Tanzanian men and women committed GBV even before COVID-19. According to research field data of the informants shown in Table 1, obtained in Dar es Salaam’s Tabata neighborhood, the majority of women are unaware of their rights, with poverty and cultural factors contributing to gender-based violence. For instance the informant STE was asked, “What do you think the causes of the spike of GBV cases in the Tabata area are?” She clarified that the most common reasons of GBV are drunkenness, ignorance, low education, patriarchal system, and cultural factors. Other restrictions, such as the fact that most people were uninformed of GBV, were mentioned in some comments. In her own explanation STE stated:

“There is sexual violence. For instance, if you approach a girl (for sex) and she refuses for more than three times, you have to do any effort until you get her, be it by use of tricks or even raping her. Psychological violence. For example, when a girl or woman is just passing somewhere, let’s say in a certain street, you will find some guys (men) making noise in a mocking way at her. Intimate Partner Violence. This is happening to some families in Tabata, still men today have the nature of beating their wives.” (Informant STE).

However, gender-based violence perpetrated in Tabata area has a direct linkage to drinking, as well as men’s low awareness. Men’s lack of understanding of GBV and women’s lack of awareness of their rights are critical facts, implying that if the situation is rectified and men are educated on GBV, violence will diminish. Concerning patriarchy theories, which explain why men, as society’s dominant figure, tend to oppress and control women, according to the research findings, physical abuse, such as intimate partner violence, is expected in the Tabata region, with women being beaten by their husbands over minor issues. FRA’s data describe the types of abuse such as; - “rape, beats, and insults” as examples entailing that male dominance is a tragedy and the violence has been recorded in Tabata’s streets, public spaces, and private residences. FRA added:

“There is sexual violence. For instance, if someone approaches a girl (for sex) and she refuses for more than three times, they do any effort until they get her, be it by use of tricks or even raping her. Psychological violence. For example, when a girl or woman is just passing somewhere, let’s say in a certain street, you will find some guys (men) making noise in a mocking way at her. Intimate Partner Violence. This is happening to some families in Tabata, still men today have the nature of beating their wives.” (Informant FRA).

GBV in Tabata Tanzania comes in different forms, including both physical and psychological, from its most common form of intimate partner violence to acts of violence perpetrated in public places. These various forms of GBV may also occur both at once and to the same victim. It has been observed in the Tabata area that inequalities associated with people’s race, disability, sex, age, or social status may also lead to acts of violence. This means some people in Tabata may experience multiple violence incorporating their sex, and at the same time, due to their social status. Several forms of violence have been named by the respondents. This includes physical violence, psychological violence, and sexual

violence. The respondents mentioned rape, FGM/C, catcalling, insults, body shaming, forced marriages, and early marriages as the lead types.

FGM in Nigeria

Nigeria is one of the countries with the highest rate of FGM. The country has a population of around 180 million people, with women accounting for 49.4% of the population (UN Department of Economic and Social Affairs 2017). Nigeria's female population, like the rest of the country's, will have exploded by 2050 (Bisch 2016). Even if the total frequency of FGM remains the same, the consequence of population expansion is that a growing number of girls and women are likely to be facing FGM in Nigeria (Kandala et al. 2020).

Only the Fulani, out of Nigeria's six most prominent ethnic groups, Yoruba, Hausa, Fulani, Ibo, Ijaw, and Kanuri, do not practice religion. FGM differs from nation to country, tribe to tribe, religion to religion, state to state, and cultural setting to cultural setting, and no continent has been spared. It is done out at a very young age (minors) in most regions of Nigeria, with no chance of the individual's consent. Compared to Type III and Type IV, Type I and Type II are more common and less hazardous. In Nigeria, Type I excision is more common in the south, whereas severe forms of FGM are more common in the north. The practice of FGM has no connection to religion. It is practiced by both Muslims and Christians, but it is more frequently practiced in Christian-dominated areas of Nigeria.

Female genital mutilation is a severe case of sex discrimination. In Nigeria, female genital mutilation is common, and several sociocultural variables have been identified as promoting the practice. FGM is still widely practiced in Nigeria, with grandparents, mothers, women, opinion leaders, men, and various age groups serving as key decision-makers. The technique is linked to girls' marriageability and is frequently used to regulate women's sexuality. Mothers opt to subject them to the practice to prevent their daughters from being shunned, abused, or shamed. Traditional leaders' traditional birth attendants or the community recognized for the trade used to specialize in FGM. However, there is a tendency known as "medicalization," which has brought contemporary health practitioners and community health workers to the industry. The WHO is opposed to the medicalization of FGM and has said that no form of FGM should be institutionalized or done by any health professional in any location, including hospitals or at home (Okeke et al. 2012).

In Nigeria, the prevalence of FGM varies significantly by state, the motives include a variety of reasons, including easing childbirth, improving marriage prospects, preventing neonatal death, preventing premarital sex, ensuring marital fidelity, increasing husband's sexual pleasure, stopping clitoral growth, hygienic and aesthetic reasons, and religious approval. Despite local and international demands to stop the practice, evidence shows that some Nigerian families prefer to do it in hospitals rather than stop. The use of healthcare practitioners like as physicians, nurses, midwives, and other health professionals to perform FGM in facilities or at home, as well as the operation of reinfibulation at any point in a woman's life, is known as medicalization of FGM. Medicalization may reduce the probability of issues, but it does not eliminate them, and it does not change the fact that female genital mutilation is a violation of women's and girls' rights to life, health, and physical integrity. In Nigeria, medicalization covers the 12.7% of FGM (National Population Commission (NPC) [Nigeria] and ICF International 2014). There is relatively little information regarding medicalization in Nigeria, other from the prevalence figures provided in the Demographic and Health Surveys (DHS). Furthermore, there is a dearth of understanding of how medicalization has developed or is going in Nigeria, particularly in terms of desertion. The influence of medicalization on the intensity of cutting, as well as the context of decision-making and reasoning for families and health practitioners, is little known (Obianwu et al. 2018).

Health policies in Africa

Despite well-structured health policies in Africa, FGM is still heavily concentrated in many African nations, in regions of the Middle East such as Iraq and Yemen, and certain Asian countries such as

Indonesia, according to statistics from large-scale representative surveys. On the other hand, FGM is a human rights issue that affects girls and women worldwide. FGM has involved about 200 million girls and women in 30 high-prevalence nations, mainly in Africa, South Asia, and the Middle East. Over the next decade, it is predicted that 30 million girls under the age of 15 would be in danger of FGM. National assessments reveal that prevalence varies significantly between and within countries; nonetheless, Indonesia, Egypt, and Ethiopia account for more than half of the 200,000,000 girls and women who have had FGM. There are 44 million females under the age of 15 in the world. Most females in most nations are cut before they become five years old; in Yemen, 85% of girls are cut during their first week of birth (Muteshi et al. 2016).

Several countries adopted emergency measures to limit the spread of COVID-19 during the pandemic. However, these attempts may exacerbate sexual and gender-based violence (SGBV). SGBV has been perpetrated by an intimate partner on 243 million women aged 15–49 in the past 12 months, according to UN Women. According to the UN Population Fund, there would be an additional 31 million SGBV cases worldwide after six months of emergency measures. SGBV is exacerbated during times of crisis due to increasing gender inequality and financial pressures, and difficulties obtaining required medical and legal assistance. COVID-19 has worsened FGM by effectively keeping victims in their homes with potential attackers due to lockdown procedures. Concerns have been made concerning COVID-19 and sexual and reproductive health. COVID-19, for example, is anticipated to result in two million more cases of female genital mutilation (FGM) and 13 million more child marriages over the next ten years if initiatives to protect girls from FGM and child marriage are delayed. This article focuses on low- and middle-income countries, particularly Kenya (Stevens et al. 2021).

According to the Kenyan study, school closures are connected to a number of poor consequences for children, including a lack of access to educational material, with 80% of the 18 million children during the COVID-19 era not listening to the government's radio or online programs. Furthermore, the statistics shown above and previous research demonstrate that school closures are associated with increased child sexual assault. Although both boys and girls are sexual assault victims, girls are disproportionately impacted, with 13.5% of girls and 2.4% of boys experiencing sexual abuse by the age of 17 (Stevens et al. 2021). According to Gould et al. (2020) school closures in Sierra Leone during the Ebola outbreak in 2014-15 increased the likelihood of rape and resulted in a 65% increase in adolescent pregnancies. Furthermore, data suggest that financial problems during pandemics increase the number of young females forced into child marriage and high-risk jobs to support their families. Again, there is rising concern that school closures connected to COVID-19 may increase the risk of violence and abuse among children (Gould et al. 2020).

In Tanzania and Nigeria, respectively, due to the lack of access to the protection of their school networks, young girls are more vulnerable to FGM and child marriage. Young girls fleeing child marriage and female genital mutilation may find safe refuge in schools, providing shelter, food, education, and hope for a better future. If no one else in the community can effectively protect them from COVID-19 or afford to sponsor them, school closures during the epidemic may result in young girls being sent home to relatives who would exploit them. COVID-19-exacerbated financial troubles further increase the prevalence of child marriages since families rely on the wedding price paid for their daughters to maintain their families. Child marriages, like rape, lead to adolescent pregnancy, with one Kenyan region reporting 4,000 pregnant adolescents as a result of the pandemic. Furthermore, it is apparent that school closures enacted to combat COVID-19 have had far-reaching repercussions, disproportionately affecting young women, and that further preventative measures are needed to address this.

The World Bank's Education response to COVID-19 confirms that it is a severe danger to girls' education and well-being. When Sierra Leone's schools reopened after the Ebola outbreak, girls were 16% points less likely to be enrolled. They are also more likely to experience abuse, adolescent fertility, and child marriage. There was a significant increase in teenage fertility linked to school closures during the Ebola outbreak, with girls in affected regions being 11% points more likely to become pregnant.

As the global COVID-19 outbreak spreads, young infants are especially vulnerable. When growing brains are susceptible to a lack of receptive surroundings during the early years, the pandemic threatens to exacerbate existing nutrition, health, stimulation, and learning disparities. In a recent study, the InterAmerican Development Bank IDB calculated the cost of discontinuing preprimary programs in 140 countries owing to the COVID-19 epidemic (The World Bank 2020).

GBV in conjunction with harmful practices such as FGM: Throughout the pandemic, acts or threats of violence occurred at home and away from home. Physical violence was the most common form of violence in urban and rural areas, accounting for around 23% and 21%, respectively. Sexual harassment affects approximately 19% of people in urban areas and 16% of rural regions. Child marriages are about 15% and 20% in urban and rural areas, respectively, whereas female genital mutilation is more common in rural areas. Even though COVID-19 has harmed both men and women's physical health, women bear a more significant share of the emotional and psychological expenses. Coupled with the pandemic's circumstances, such as home-based care for asymptomatic patients, the burden of stress, anxiety, and confidence, losing one's job and, thus, incomes, having to care for families at home and ensure that their basic needs are met despite financial constraints, women's mental health may have contributed to the pandemic. Sexual and gender-based violence, including physical and psychological abuse and other types of abuse and sexual assault, puts girls and women in danger of physical and emotional stress, illness, and unplanned pregnancies. Limited access to healthcare is another concern, with 58% of women and 51% of men obtaining denials for child healthcare services (UN Women & GOK 2020).

Conclusion

Due to the outbreak of COVID-19, there were less public declarations about FGM in the community level. FGM prevention programs have dropped substantially in most African countries due to social distance, gathering prohibitions, and interruption of community actions. In order to preserve the commitment to eliminate FGM, limited figures about the predicted numbers of community-level monitoring systems were also obtained. COVID-19 has a significant influence on community protection measures such as community surveillance systems, resulting in a significant decrease in the number of girls protected from FGM in 2020 compared to 2019 and 2018. Apart from human rights abuses, the lockdown resulted in a significant surge in domestic violence allegations. Sexual and gender-based violence is prevalent throughout the country. During the COVID-19-induced lockdown, each of the 36 states of the federation documented at least 100 rape cases, according to Senator Pauline for Women's Affairs and Social Development. Many of these victims were girls and women who were trapped in different forms of abuse as a result of the lockdown, making it difficult for them to flee and get life-saving help and justice at a time when they were most needed.

To aid in the continued recovery from COVID-19's effects on the state of FGM and gendered socioeconomic effects, as well as future response in support of existing interventions by State and non-State actors in response to the COVID-19 pandemic in Africa, with a focus on Tanzania and Nigeria, respectively, this research recommends the following: COVID-19 will undoubtedly have different social and economic implications for men and women, boys and girls. Governments and non-governmental organizations must guarantee that any COVID-19 initiatives do not harm by not reinforcing or replicating existing power inequalities and patriarchal norms, which support GBV and jeopardize long-term rehabilitation and societal cohesion. As the COVID-19 worsens, women must be at the centre of all planning, response, and recovery activities, especially in this third phase, to avoid disproportionately negative repercussions for women and girls and ensure long-term recovery. In developing special procedures in the COVID-19 response for women's leadership and participation in decision-making, particularly in response to FGM, women's networks, such as women's CSOs and GBV victim groups, should be encouraged or created and included in all efforts. There is a need to recognize the increasing needs of family caregiving and determine when and for how long women may participate.

Because of the disproportionate number of women and girls who are subjected to GBV, including female genital mutilation, sexual and physical abuse perpetrated primarily by family members and acquaintances, and because most do not know where to seek help, there is a need for prevention and response from relevant institutions. There should be more effort placed into increasing awareness about where victims may receive assistance. Governments should cooperate with different stakeholders at the grassroots level, such as the media and non-governmental organizations, to promote awareness among national and community groups. Africa has a high rate of mobile phone usage, thus the government may work with mobile service providers to send SMS-based information on where to get help in the event of GBV. COVID-19's effects can be mitigated using this understanding. If public employees use physical violence, severe disciplinary action against the perpetrators may be necessary to deter others from doing the same. There is a need to improve knowledge of GBV and harmful behaviors within the police and judicial systems to speed investigation and adjudication of reported GBV occurrences.

In Nigeria and Tanzania, several national and international non-governmental organizations, human rights and legal groups have been at the forefront of the battle against FGM. Both Tanzania and Nigeria are implementing a wide range of initiatives, research, and policy interventions to persuade communities, families, and individuals to cease FGM. Advocacy, education, leaders, capacity development interventions, legislative interventions, care interventions, media interventions, and community discourse have all been included in the effective intervention methods. The global campaign to stop FGM is making headway, but the abandonment rates are not high enough, and change is not occurring as quickly as it should be. The government, private organizations, and others concerned with reproductive health must work harder to discover ways to assist communities and families in abandoning this harmful practice, which violates girls' human rights and frequently causes physical and mental suffering. Initiatives like improving access to information by running public campaigns around the country and making it available in public areas where people seek services, such as local health facilities, will help in this COVID-19 era. It is expected that, if all government and non-governmental organizations work together to eradicate the practices, the aim of eradicating FGM by 2030, as set out in the 2030 Agenda for Sustainable Development, will more or less become a reality.

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