Introduction

This policy brief highlights findings from research on the impact of the coronavirus disease (COVID-19) on harmful practices in Uganda. The brief aims to provide an up-to-date snapshot of female genital mutilation (FGM) in the country, based on evidence generated on how the pandemic has been impacting the risks and vulnerabilities of girls in selected districts and refugee communities. It highlights specific areas of action to accelerate the abandonment of FGM.

Female genital mutilation in Uganda

FGM† was outlawed under the Prohibition of Female Genital Mutilation Act, 2010‡. According to the 2016 Uganda Demographic and Health Survey, the national prevalence of FGM among girls and women (ages 15-49 years) is estimated at 0.3 per cent.† However, national prevalence rates are not representative of the whole country due to high geographical variation. FGM is mainly practised in the eastern part of the country among the Sabiny living in the districts of Kapchorwa, Bukwo and Kween in the Elgon area; and the Pokot, Kadam and Tepeth living in Amudat, Moroto and Nakapiripirit Districts in Karamoja sub-region.

Primary data were collected through qualitative interviews and focus group discussions in three districts across three sub-regions (West Nile, Bugisu/Sebei, and Karamoja). In addition, interviews and focus group discussions were conducted with urban refugees and selected stakeholders in Kampala.

According to the Prohibition of Female Genital Mutilation Act, 2010, FGM refers to all procedures involving partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons.

The Prohibition of Female Genital Mutilation Act, 2010, outlaws all acts of FGM on oneself and others, as well as attempts, procurement, and participation. It provides for prison sentences of up to 10 years for perpetrators of FGM. If a girl dies as a result of the procedure, those involved can be imprisoned for life. It also provides for special protection of victims as well as girls and women under threat of FGM.
According to the 2017 FGM survey, the average prevalence rate among women aged 15-49 years across six districts in eastern Uganda (Kween, Bukwo, Kapchorwa, Moroto, Nakapiripirit and Amudat) was 26.6 per cent; ranging from 13 per cent in Kapchorwa to 52 per cent in the two practising sub counties of Moroto (Tapac and Katikekile). Female genital mutilation primarily affects girls in their teens, from poor households, who have low levels of education and who reside in rural areas.

The consequences of the practice are well documented in the literature and range from the immediate aftereffects of being cut, such as infections, severe bleeding or psychological trauma and difficulty in passing urine, to chronic health conditions that can occur throughout life.

While the practice has slowly been declining, it persists in certain communities because it is perceived as necessary for social acceptance and a prerequisite for marriage. FGM is also considered to be an important rite of passage to adulthood. In addition, some communities believe that FGM is part of culture and way of life; cutting is understood to be a way to keep girls chaste and curb sexual promiscuity or enforce fidelity, increase marriageability, instil pride and value among young girls and promote hygiene. Beyond culture and customs, FGM also persists because of the material and monetary benefits, including the higher bride price often accorded to a circumcised girl and the gifts that adolescent girls receive during the healing process after being cut.

**The COVID-19 pandemic and lockdown restrictions**

Uganda confirmed its first case of COVID-19 on March 21, 2020. In response, the Government of Uganda imposed several restrictions to curb the spread of the virus and minimize its impact, including quarantine requirements and lockdowns (encompassing stay-home orders, travel restrictions, curfews, closure of schools etc.). The first nationwide lockdown was instituted between March and May 2020. Lockdown restrictions were gradually eased as the number of COVID-19 cases dropped. However, a second nationwide lockdown was implemented from June to July 2021 to stem the second wave of the pandemic.

Evidence from previous crises and emerging evidence from other countries strongly suggests that without targeted interventions, the COVID-19 pandemic could exacerbate the risk of and increase vulnerability to violence against children in Uganda, including exposure to sexual exploitation and harmful practices such as FGM and child marriage. There are significant concerns that the effects of COVID-19 restrictions could reverse progress toward eliminating FGM in Uganda. Therefore, an assessment was conducted to explore the impact of COVID-19 on child marriage and FGM, to generate evidence and deepen understanding of how the pandemic impacts the risks and vulnerability of girls to these harmful practices in selected districts and refugee communities.

**Impact of COVID-19 on female genital mutilation**

Findings reveal mixed perspectives regarding the impact of COVID-19 on FGM in Kapchorwa and Moroto. According to most participants, COVID-19 and lockdown restrictions have not significantly impacted FGM prevalence rates because the practice had already stopped or been considerably reduced before COVID-19 as a result of law enforcement initiatives and sensitization campaigns. In addition, some respondents, especially female respondents in rural areas in Kapchorwa, reported that FGM has significantly declined due to restricted cross border movement, SOPs banning gathering, and fears of contracting COVID-19.

- Traditionally, girls to be circumcised are required to undergo a group ritual. They are taken to the river to beat the evil spirits, but it is impossible to carry out these rituals because of social distancing requirements. The ban on social gatherings also meant ceremonies to celebrate girls’ circumcisions could not be held.
Before the COVID-19 pandemic, FGM was performed secretly: Girls would travel, either alone or in small groups, across the border to Kenya, where they are less likely to be seen and reported to the authorities. However, restricted cross border movement meant that girls could not travel to undergo circumcision.

COVID-19 made many girls, women and cutters abandon FGM completely because they feared contracting COVID-19.

A handful of respondents, primarily government and NGO representatives, offered an opposing perspective that asserted that there had been an increase in FGM, mainly in some of the rural communities where COVID-19 guidelines and directives are not so easily followed. Several explanatory pathways were suggested:

- Economic hardship is driving increased rates of FGM because families seek to marry off girls to alleviate the financial burden and reduce the number of dependents. In some cases, former cutters may be resuming the provision of FGM services to make money because more formal economic roles and opportunities are limited.
- Prolonged school closures have meant that young girls are available to be cut with the time away from school providing an opportunity for extended recovery time. Historically, girls were cut during their school breaks to ensure that they would have time to recover from the procedure.
- Funding cuts during COVID-19 have reduced or eliminated many civil society organization-run programmes focused on eliminating FGM. In addition, restrictions on movement have interrupted or reduced the ability of service providers and law enforcement agents to access some communities, which may have contributed to an increase in rates of cutting and a lack of accurate data. Most programmes and interventions in place before COVID-19 have not resumed fully since the lockdown was lifted.
- Due to prolonged school closures, children and families are opting for marriage as the next best option. In those communities practising FGM, this requires girls to be cut in preparation for marriage, resulting in more girls being cut.

Efforts by government and NGOs to combat FGM tend to employ a punitive approach and are focused primarily on social norms change. Respondents indicated that these tactics have helped to reduce the practice. However, to have a greater long-term impact, interventions need to also address structural drivers to mitigate the vulnerabilities of girls and their families. This can be done by keeping schools open, safe and accessible; providing social protection programmes that can reduce household poverty and providing mentoring and training opportunities for girls so that they can begin to imagine alternative and more hopeful life paths in which they have more agency and control over the unfolding of their lives.

Conclusion

The impact of FGM is multifaceted and not straightforward. It appears to have decreased for some respondents and for others to have increased. However, the vast majority observed that COVID-19 had minimal impact because the practice had declined substantially before the pandemic began in early 2020. Why some communities appear to have kept the practice at bay while others have not remains a question that warrants investigation and understanding.

In communities where FGM is known to be practised, there appears to be a significant correlation between child marriage and FGM. Both are mutually reinforcing. A girl who is cut is considered to be an adult and ready to be married. A girl who is perceived to be ready for marriage may well be subjected to FGM because it is considered a pre-requisite to marriage and because, typically, a cut girl acquires a higher bride price.

Overall, the elimination of FGM is by no means a certainty, and more concerted efforts are still needed, including increasing access to schooling for girls, tackling rising household monetary poverty, and addressing social norms that increase girls’ risk of being cut.

Policy and programmatic implications

The findings have several implications for policy and programming:

1. The practise of FGM is generally declining, but more concerted efforts are required to sustain the momentum, particularly in those communities where the pandemic has motivated a resurgence of the practice. Holistic, integrated, multisectoral approaches are needed. Some promising strategies that have been implemented over the last decade include the alternative rites of passage approach; the provision of alternative income sources for cutters;\(^5\) working with positive

\(^5\) Studies show that while the provision of alternative income sources for cutters may stop some practitioners from performing the procedure, it has no effect on the demand. Therefore, such efforts should continue to be accompanied by extensive awareness campaigns, livelihood support and efforts to transform social norms that underpin FGM in communities.
deviants; and educational approaches and dialogues to raise awareness and transform social norms that underpin FGM.\(^9\)

2. **Prolonged school closures are the most significant new risk factor for FGM.** The empowerment of adolescent girls is vital. Interventions should seek to empower adolescent girls at risk through education, vocational and life skills training, peer education and mentorship. In the context of COVID-19, it is essential to identify actions to ensure the continuity of learning while schools are closed and a safe return when schools reopen, especially for children in the poorest and more remote communities.

3. **FGM is a cultural practice with economic benefits.** Older women performing FGM make ‘big money’ during the cutting season. Adolescent girls may also want to be cut to get monetary gifts, and circumcised girls attract more bride wealth for the family compared to uncircumcised girls. The rise in poverty due to COVID-19 increases girls’ risk of being cut. There is a need to expand livelihood support and comprehensive social protection interventions targeting vulnerable households, girls and cutters in FGM-prevalent communities.

4. **Community-led data collection, monitoring and reporting are important mechanisms** to measure the impact of COVID-19 on FGM. This would help to better understand the different perspectives regarding trends and patterns emerging in this study, particularly why it is increasing in certain places while stagnating and even declining in others. This work may entail identifying and building the capacity of community structures in the identification and documentation of cases of FGM.

\(^{¶}\) In the case of FGM, positive deviants would not be uncircumcised women or girls, but, rather, family members who had decided against the procedure, religious leaders who spoke out against the practice, cutters/excisors who stopped performing it, or husbands who knowingly married an uncircumcised woman.

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**Endnotes**


3. Ibid.


8. Ibid.