

# GENDER & DEVELOPMENT NETWORK



.....  
**Harmful Traditional Practices:**  
**Your Questions Our Answers**

# 1. What are Harmful Traditional Practices and where do they come from?

**Harmful Traditional Practices are a form of discrimination; they violate the human rights of affected individuals, particularly women and girls. They arise from gender inequality and discriminatory values, which lead to unequal power relations in communities and societies and to violence against women and girls.**

There is no clear and universally agreed definition of Harmful Traditional Practices (HTPs). HTPs stem from value-based discrimination against particular groups of people, and they challenge the human rights of the people affected by them. The roots of HTPs are in particular cultural and social norms and beliefs, and particular interpretations of religion. These lead to unequal power relations between women and men (gender inequality), and male domination throughout society. There is some contention about the inclusion of 'traditional' when looking at harmful practices, but the full term 'harmful traditional practices' acknowledges that HTPs come from a long-standing traditional background. This allows the harmful nature of HTPs to be addressed, while respecting and working within the context of that tradition.

**Social norms** are beliefs, held by groups of people, about the way they must act to be an accepted member of society. Social norms are the "unwritten rules" that show the values that a society holds dear and that govern how people should behave in a given context or situation. Not to keep within the social norms would mean being isolated or excluded by society.

## 2. Who is affected by HTPs?

**Because of gender inequalities, it is mostly girls and women who are affected by HTPs**

Harmful Traditional Practices can affect men and women, girls and boys. However, because the causes of HTPs lie in deep-rooted gender inequalities, girls and women are the most affected. Because HTPs are about gender, they affect girls and women across societies, not just those who are most poor. Poverty, and other disadvantages such as living with disabilities, may also make the effects of HTPs worse. HTPs are as varied as the cultures in which they occur, but the majority of HTPs are related to widespread social understanding of what it means to be a girl or woman, to the control of women's sexuality and to notions about girls' 'purity'. HTPs are used to reinforce the lower status attributed to women and girls in many societies, and are enforced as a way to keep women and girls in subordinate roles.



## 3. What kinds of HTPs exist?

**There are hundreds of different forms of HTPs. In this publication, we focus on two widespread HTPs: Female Genital Mutilation/Cutting (FGM/ C ) and child marriage.**

The International NGO Council argues that the term HTPs should be expanded beyond the concept of 'tradition' to incorporate practices that are based on culture, patriarchal or male-controlled interpretations of religious texts, or superstition. HTPs are linked to forms of violence against women and include, but are not limited to, Female Genital Mutilation/Cutting (FGM/C), child marriage, son preference, bride-price, dowry payments and honour-killings. These practices continue to grow and evolve through globalisation and migration, with many of them being transferred to new countries. There is some evidence that recent extremist interpretations of religion may also lead to an increase in HTPs. In this publication, we will focus on FGM/C and child marriage, which are widespread and cause great harm to girls and women. We also give brief descriptions of four other common HTPs.

## 4. Are all traditional practices harmful?

**There are many positive traditional practices. These offer social benefits and need to be protected when working to end HTPs.**

No, many traditional practices are positive. These include practices that promote social solidarity and equity in communities. For example, in many Arab societies it is a traditional practice to foster orphaned children and, in many cultures, communities traditionally group together to identify and protect particularly poor and vulnerable people. In Rwanda, the concept of *Ubudehe* ensures that communities work together to protect themselves and their environment – it is believed that the well-being of individuals is dependent on the well-being of the community as a whole. In many East and West African countries, and in parts of the Middle East and Asia, communities use social saving systems.

The problem is that, where HTPs exist, societies also believe that they are necessary to improve the well-being of the whole community. For example, the vast majority of parents do not put their daughters through FGM/ C or child marriage because they wish to do them harm, but often because they believe that FGM/C is necessary to secure their daughters a good marriage, a good future, and acceptance into their community. The challenge is to find ways to respect different cultures, and protect positive traditions, at the same time as encouraging social change away from harmful practices that deny girls and women their human rights.



## Some Definitions:

### Son Preference

The preference for sons over daughters is strong in many societies. There are instances in some countries, for example China and India, where this can lead to selective abortion of female foetuses. In many societies, daughters are treated differently from sons. Daughters may be given less food, denied education opportunities, not taken to health services when they are ill, or trafficked for work, sexual exploitation or marriage.

### Honour Killings

Girls and women are disproportionately victims of 'honour' killing. If a family thinks that a girl's or a woman's behaviour, or suspected behaviour, has offended the family 'honour', they may believe that only by killing the supposed offender will honour be restored. Reasons given for 'honour' killings include: girls' or women's choice of sexual/marital partner; education or employment; behaviour around people of the opposite sex; sexuality, and general failure to conform to family and community cultural expectations. The Honour-Based Violence Awareness Network identifies 5000 'honour' killings internationally, per year. The majority of these cases take place in parts of Asia and the Middle East, but 'honour' killings also occur the UK, Europe, America and Australia.

### Bride-Price

In some cultures, for example in parts of the Middle East and South Asia, a man must buy a bride. The bride-price is an amount of money, property or land, paid by the groom, or his family, to the parents of the bride. Although this might be thought to increase the 'value' placed on daughters, this is not the case. In most cases, the bride-price is highest when the groom's family can be sure of the prospective bride's purity. This means that a girl's family will guard her behaviour fiercely to ensure that she does not 'damage' her purity. She may be prevented from having any contact with members of the opposite sex outside her immediate family, or forbidden to move outside the family home. The practice also suggests that women are property which can be bought and 'owned' by their husbands.

### Dowry Payments

In many cultures, when a girl marries, her parents are expected to provide a dowry. In the past the practice was common across much of the world, and it is now still carried out in parts of Europe, Asia and Africa. The dowry is the 'wealth' that a girl brings to the marriage and it may be in the form of a house, land, livestock, gold, or the requirements of modern living – such as a car or television. If a girl's family cannot provide the dowry, they will not be able to make a good match for their daughters. Daughters are therefore seen to be 'expensive' and a burden to the family.

## 5. Why do HTPs continue?

**HTPs continue because people believe them to be necessary or helpful to their community, and because governments and the international community may think they are 'too difficult' to tackle.**

The major reason why HTPs continue is because people, in their communities, mistakenly believe that they are good for individuals and for society as a whole. A number of Civil Society Organisations (CSOs) and individuals within communities are working to combat HTPs. Some governments have stated strong commitment to ending HTPs. However ending HTPs requires an integrated approach from CSOs, activists, national governments and the international community.

Governments and the international community often fail to tackle HTPs because they perceive HTPs to be 'culturally sensitive' and 'difficult'. Furthermore, there is often no legal framework at national level to address HTPs, or because there is inadequate enforcement of legislation where it does exist. Even where laws are in place, and people are willing and able to implement them, difficulties can arise as the below example from Senegal shows.

**In Senegal,** the government is strongly committed to ending FGM/C and there is a very good law prohibiting it (amended penal code, 1999). In November 2012, members of the legal professions, development agencies and NGOs met to discuss progress in implementing the law. There was fierce debate about how prosecutions should be made but, in the end, it was officials from the Ministry of Justice who pointed out that the law has to be implemented *with justice*. They said that this means that people should be sensitised on the law and on why they would benefit from ending FGM/C, before they can be prosecuted for breaking the law, if they do carry out FGM/C.

In reality, it is often difficult for people to challenge beliefs and practices, which are deeply embedded within their own cultures.

HTPs can also be exacerbated by external forces, such as poverty and crises. For example, child marriage can become a survival mechanism for families in times of economic crises, as it can both provide a bride-price and reduce the number of family members needing to be fed. In times of conflict, child marriage may wrongly be seen as a way of 'protecting' girls from sexual violence.

## 6. Why are HTPs an issue?

**HTPs contravene girls' and women's basic Human Rights, can cause life-long pain and trauma and may lead to early death.**

Neither culture, tradition, religion nor superstition can be used to justify harmful practices, which constitute rights violations and violence. The Beijing Platform for Action recognised this and States agreed to “refrain from invoking any custom, tradition or religious consideration to avoid their obligations with respect to... elimination [of discrimination against girls and women] as set out in the Declaration on the Elimination of Violence against Women.”

HTPs prevent girls’ and women from fulfilling their basic human rights including:

- The right to life and health
- The right to non-discrimination on the basis of sex
- The right to liberty and security of the person, which includes the right not to be subjected to violence and recognises the need for children to receive special protections
- The right to freedom from inhuman or degrading treatment, and recognition of the inherent dignity of the person

HTPs cause girls and women physical, psychological, emotional and spiritual pain. They often lead to life-long damage and trauma and may result in early death.



Islamic Relief’s ‘Women’s Access to Life’ programme in Iraq, here providing GBV awareness training for illiterate women in Baghdad, reducing HTPs in the long-term © Islamic Relief



# 7. How do Human Rights Protect Girls and Women against HTPs?

**International human rights instruments offer protection against HTPs but on their own, they are not enough to bring about the end of HTPs.**

A number of the international human rights instruments address HTPs. The most helpful amongst these are:

The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which says that:

**“ States Parties shall take all appropriate measures ... to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women. ”**

*CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (art. 5 (a)) adopted by General Assembly resolution 34/180 of 18 December 1979.*

and the UN Convention on the Rights of the Child, which requires State Parties to:

**“ ... take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children. ”**

*Convention on the Rights of the Child (Article 24(3))<sup>1</sup>*

There are many other human rights instruments which give protection against HTPs to girls and women. They bind almost all countries to prohibiting the promotion and toleration of HTPs.

---

<sup>1</sup> FGM/C is a clear violation of Article 3.1 and Article 24 of the Convention on the Rights of the Child (CRC), Article 21 of the African Charter on the Rights and Welfare of Children, Article 2(f) of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). child marriages violate Article 24.3 of the CRC and Article 21 of the African Charter on Rights and Welfare of the Child.

## A Timeline of Rights Instruments protecting against HTPs

**1948** Universal Declaration on Human Rights (UDHR)

**1966** International Covenant on Civil and Political Rights (ICCPR) 1966  
International Covenant on Economic, Social and Cultural Rights (ICESR) 1966

**1979** Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)

**1986** The African Charter on Human and Peoples' Rights (also known as the Banjul Charter)

**1989** Convention on the Rights of the Child (CRC)

**1993** UN Declaration on Elimination of Violence against Women – Article 4 requires States to 'exercise due diligence to prevent, investigate and in accordance with national legislation punish acts of violence against women whether those actions are perpetrated by the State or private persons.'

**1994** Agreements reached at the International Conference on Population and Development (Cairo)

**1995** Fourth World Conference on Women (Beijing) reinforces commitments to remove discriminatory, harmful, and coercive traditional practices

**2002** The UN General Assembly, in its resolution on traditional or customary practices affecting the health of women and girls, calls upon all States to adopt national measures to prohibit practices such as FGM/C.

**2005** The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol. It calls upon States to take measures to eliminate traditional practices that are harmful to women.

**2007-2010** The United Nations Commission on the Status of Women adopts resolutions on ending FGM/C in 2007, 2008 and 2010.

**2012** The UN passed an historic resolution, calling on countries to eliminate FGM/C

**2013** 57th UN Convention on the Status of Women's agreed conclusions called on all member states to develop policies and programmes to eliminate all forms of violence against women and included specific mention of a number of HTPs including early marriage and FGM/C

In addition to these instruments and agreements, there are many other international, regional and national instruments which offer protection against HTPs. More information can be found on the UN Human Rights Council website: [www.ohchr.org](http://www.ohchr.org)

It is important to note that because the beliefs that lead to HTPs are so deeply rooted in cultures and societies, international, regional and national measures to protect girls and women against HTPs are not enough to ensure that HTPs will end.

## 8. What do we mean by Female Genital Mutilation/Cutting?

**FGM/C is the purposeful harm or cutting of female genitalia. It violates rights and has no medical purpose.**

Female Genital Mutilation/Cutting (FGM/C) is the purposeful harm, or cutting away, of all or part of the external female genitalia, when there is no medical need. It is an ancient practice, which pre-dates Christianity and Islam, and is thought to have been established during the Pharaonic period in Ancient Egypt.

The World Health Organisation defines four different types of FGM/C:

<b>Type I</b>	is when the clitoris, or clitoral hood is cut off
<b>Type II</b>	is when the whole of the clitoris and the inner labia are cut off
<b>Type III</b>	is when the clitoris and the inner and outer labia are cut off. The resulting wound is then sewn nearly shut, leaving only a very small opening through which urine and menstrual blood may pass. This type is also known as infibulation.
<b>Type IV</b>	is all other harmful practices which include pricking, piercing, pulling, cutting, scraping and burning of female genitalia

All types of FGM/C cause serious and lasting harm to girls and women and contravene their Human Rights.

# 9. Where do people carry out FGM/C and who is affected?

**Over 125 million girls and women have experienced FGM/C in more than 35 countries. Around 3 million girls, per year, are likely to undergo FGM/C.**



A collection of cutting tools collected from former excisors in Tanzania and now used as part of an anti-FGM education programme. © 28 Too Many

According to UNICEF, at least 125 million girls and women have experienced FGM/C in 29 countries in Africa and the Middle East where the practice is concentrated<sup>2</sup>. There are regional differences in prevalence within countries where the practice takes place. FGM/C has also been reported in parts of Asia and in countries in Europe, America and Australia where migrants from FGM/C-affected communities live. Around 3 million girls, per year, are at risk of undergoing FGM/C. Increasing the availability and quality of data on FGM/C is important to further understand the problem, and to target and monitor responses.

In about half the 29 countries where FGM/C is carried out, most FGM/C is done to girls who are under age 5. In the other half, the girls are mostly between 5 and 14 years of age. Girls are often considered to be 'ready for marriage' after undergoing FGM/C.

# 10. Why does FGM/C have many different names?

**There is now general, international acceptance of the term FGM/C but, in different countries and different communities, there are many different names for the practice**

Female Genital Mutilation (FGM), Female Genital Cutting (FGC), Female Circumcision (FC) and Female Genital Excision (FGE) have all been used to describe FGM/C. There has been a great deal of debate amongst the international development community about which term is the most 'correct' to use. Some organisations have rejected the term 'mutilation' because they argue that this wrongly suggests that families who carry out the practice do so with the intention of harming their girls.

Other organisations say that 'cutting' and 'excision' do not adequately describe the practice because not all types of FGM/C involve the cutting of any part of the female genitalia.

The international community now largely accepts the term FGM/C to describe the practice. What is important, though, is that societies which carry out FGM/C never describe the practice in this way. They use local names such as 'Tahor', 'Sunna', 'Khitaan' or 'Takhmeedha', which are all Arabic terms, or names such as Bondo in Krio, Gudiniin in Somali, Kutahiri in Swahili and "La Tradition" – which is used in Senegal and holds no negative meaning.

# 11. Is FGM/C required by religion?

**FGM/C is not required by any religion.**

No. FGM/C is carried out in both Christian and Islamic societies. Some Islamic scholars claim that it is allowed by the teachings of the prophet Muhammad (pbuh), but others, including the leading scholars of Al Azhar in Cairo and the Chairman of the Shari'ah Islamic Council in the UK, say that it is not allowed. In both Christianity and Islam, there is emphasis on the fact that the human body has been perfectly created by God, and that we are encouraged to look after the body and not mutilate it in any way.

# 12. Is FGM/C ever acceptable?

**No form of FGM/C is acceptable. All forms cause lasting damage to girls and women and violate their rights.**

No. All forms of FGM/C are a contravention of girls' and women's rights and cause lasting damage. It is never acceptable to put girls through any kind of genital modification, without medical reason.

A birth attendant from Tanzania. © 28 Too Many

**“ FGM/C is not required by any religion ”**



# 13. How do we define child marriage?

**Internationally, child marriage is defined as the marriage of any child under 18. But different societies have different understandings of the age at which a child becomes old enough to marry.**

Child marriage refers to any marriage of a child younger than 18 years old, in accordance to Article 1 of the Convention on the Right of the Child. For this reason, some organisations strongly recommend the use of the term ‘child marriage’ for any marriage under 18 years old. They also advocate that ‘any child marriage constitutes a forced marriage, in recognition that even if a child appears to give their consent, anyone under the age of 18 is not able to make a fully informed choice whether or not to marry.’ Child marriages must be viewed within a context of force and coercion, involving pressure and emotional blackmail and children that lack the choice or capacity to give their full consent. It is estimated that 14 million girls under the age of 18 marry each year and, by 2020, 142 million girls will be married by their 18th birthday, if current trends continue.

However, the term “child marriage” can be seen as confusing. The UN defines a child as anyone under the age of 18, but there is no single definition of the term “child” worldwide, and there can even be variations within countries. For example, across the USA, states have different definitions of “child.” According to the culture of many countries, a girl is only a child until she begins menstruation. So, in many countries, “child marriage” can be interpreted as the marriage of a girl who has not yet reached puberty.

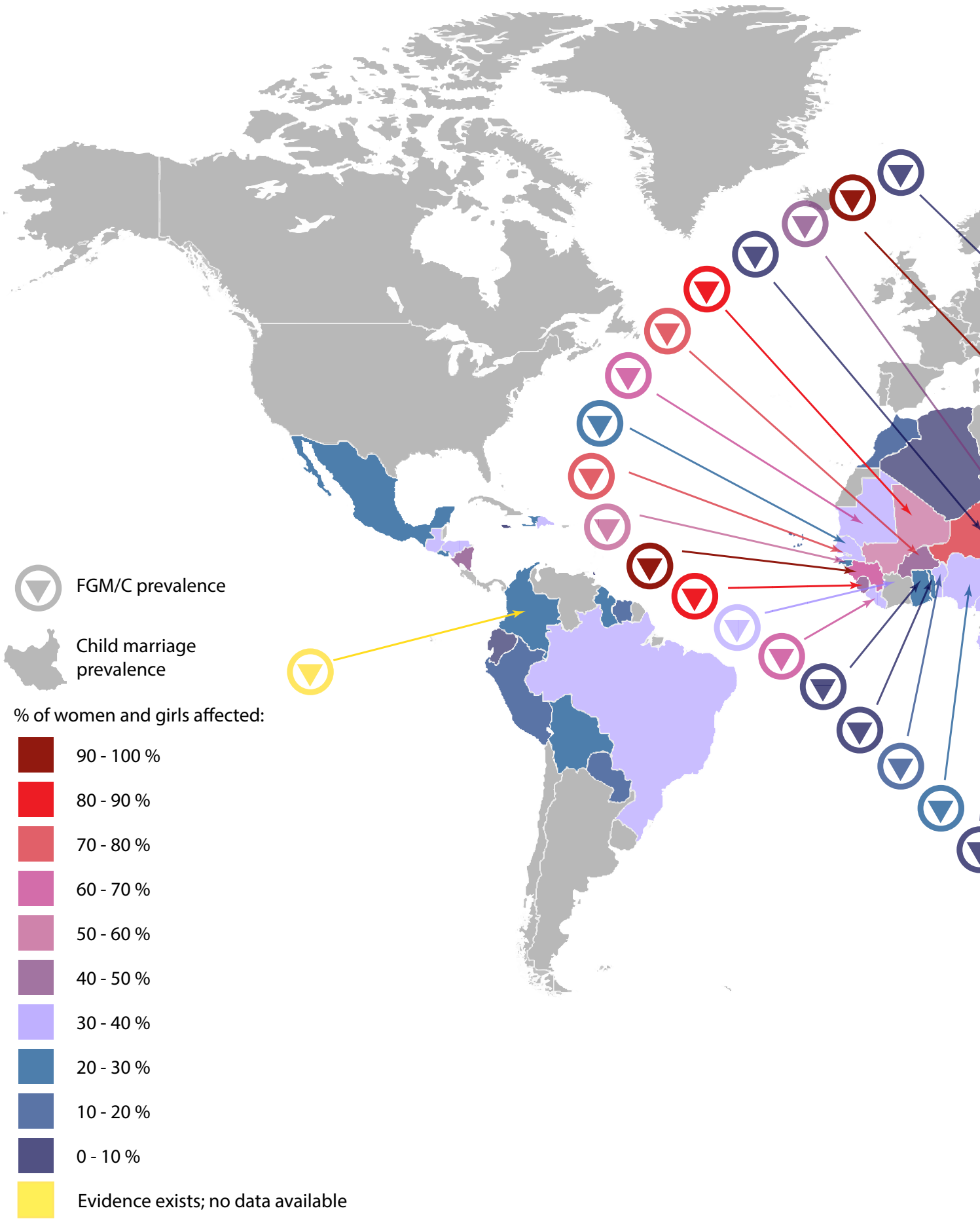
Because of the different definitions of who is a child, some organisations prefer to use the term “Early and Forced Marriage”. A forced marriage is defined as a marriage “conducted without the valid consent of one or both parties and is a marriage in which duress - whether physical or emotional - is a factor”<sup>3</sup>

# 14. Why do parents arrange marriages for their children under the age of 18?

**Parents marry their daughters early because they believe it is the best way to secure them a good future. Some parents do not trust that education will help girls secure a good marriage or a good future.**

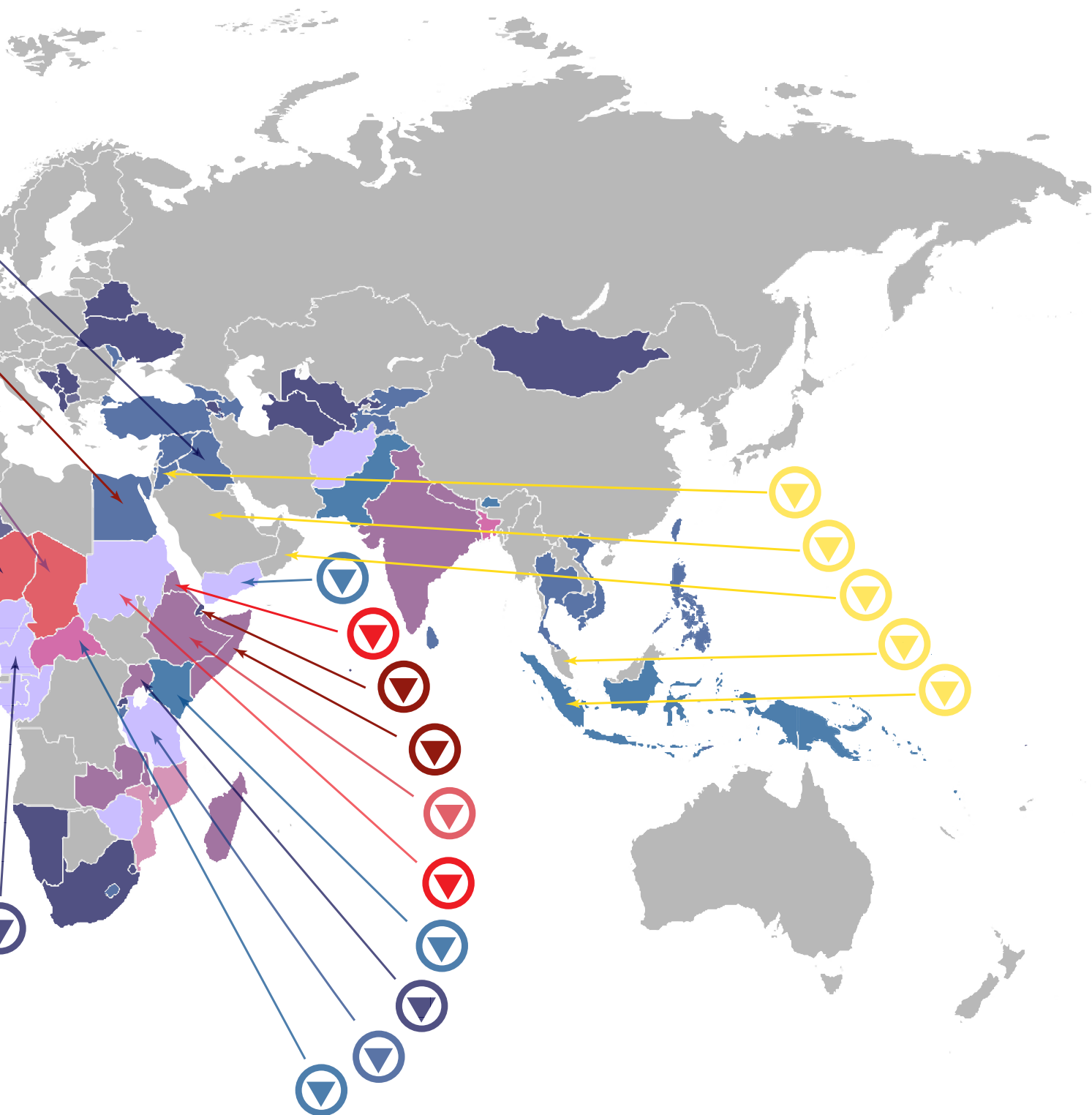
In almost all societies, marriage has economic implications. Marriage is often seen as a way of ensuring economic security for a daughter and building social networks and ties between families. Where a high value is placed on a girl’s virginity, people believe there is a strong advantage in

# Prevalence of Women 20-24 Married/in Union before age 18





# and FGM/C among girls and Women around the World



Child marriage figures taken from UNFPA (2012) *Marrying Too Young*  
FGM/ C figures taken from UNICEF (2013) *Female Genital Mutilation/ Cutting: A statistical overview and exploration of the dynamics of change*  
A number of HTPs affect diaspora communities in the UK and beyond. See pg 22 for more details

marrying her early, before her perceived 'purity' can be threatened in any way.

Parents also consider the 'opportunity costs' of *not* marrying their daughters early. In many societies, parents believe that, if they leave it too late, no one will want to marry their daughter and they are aware that job opportunities, even for educated girls, may be limited. Parents may not believe that completion of education will be the best pathway for a daughter to ensure a good future.

# 15. Who is most at risk of being married as a child?

## Girls who are out of school are most at risk of being married early.

Child marriages are most commonly practiced in sub-Saharan Africa, parts of the Middle East and South Asia. More girls than boys are married as children. This is because, in many societies, it is common to marry girls early, so as to protect their 'purity', and often to marry them to older men.

Globally, girls who are not in school are at high risk of being married whilst they are still children. If girls can stay in school and complete their education, they are less likely to marry at a young age. For example, in Amhara, Ethiopia the mean age of girls at marriage is rising as more girls are staying in school longer. Because marriage is used to forge alliances between families and to build family status and assets, it is not only girls from poor families who are at risk of being married as children. Girls from richer families may be equally at risk. Generally, wherever people place a higher value on a girl's 'purity' than they do on her education, girls are at risk of being married as a child. Child marriage violates girls' rights and severely limits their health and life opportunities.

## The TOSTAN approach

The Senegalese NGO, Tostan, began its work in the Kolda region of Senegal. Tostan takes a rights-based approach to social change and community development. It believes that change away from social norms which lead to HTPs, such as FGM/C and child marriage, can only be achieved through wider, and holistic, community development for social change. Tostan has developed a three-year intervention programme with communities. During this programme, people in communities gain knowledge and understanding on their rights, on health, hygiene and sanitation, and in literacy. They also gain livelihood skills and, most importantly, skills in how to identify social problems and how to solve them. An "organised diffusion" method is used, through which participants in training programmes share information with friends and neighbours, and with other communities to which they are connected – by marriage and other social networks. Tostan now works in 8 countries in East and West Africa.

Through participation in, or contact with, the programme, over 6,500 communities in West and East Africa have made public declarations that they are abandoning child/forced marriage as well as FGM/ C and other HTPs. These public declarations bring together hundreds of people from local, inter-marrying communities, and local, national and regional governments, to witness public commitment to ending HTPs. In many African societies, public promises are considered to be unbreakable. Collective decision-making enables families to delay the age at which their daughters marry, allowing girls to continue their education, be protected from the harmful consequences of FGC, and to contribute to the social and economic development of their communities.

## BERHANE HIWAN (“Light of Eve”)

Berhane Hiwan was an expanded pilot programme, carried out by the Population Council and partners, in Amhara region, Ethiopia. The original pilot had three main objectives: 1) to reduce the prevalence of child marriage amongst adolescent girls, 2) to create safe, social spaces for the most vulnerable and isolated girls, including access to education, and 3) to increase use of reproductive health services amongst sexually experienced girls. There were three components to the intervention: 1) social mobilisation and formation of groups of vulnerable girls, particularly those out-of-school, by female, adult mentors, 2) participation in non-formal education and livelihoods training for out-of-school girls, or support to remain in school and 3) Community Conversations: a technique engaging the community at large in discussion on key issues, including child marriage, and collective decision-making. The programme was innovative within the African region, and was one of the first programmes of its kind to be set up with a rigorous evaluation framework. The two-year pilot was not long enough to indicate real social change, to test sustainable change in marriage patterns within communities, or to test whether social norms about child marriage were changing. It was also impossible to be sure which components, or combination of components of the programme would be most effective in reducing child marriage. However, the trends away from child marriage (particularly for the younger age group of 10 – 14 year olds) were significant. In addition, girls were found to have expanded their friendship networks and to be more likely to stay in education. The encouraging results led to expansion of the pilot and later to development of a wider programme. This programme, Finote Hiwot, will run until 2016 and aims to delay marriage for 200,000 girls in the districts of West and East Gojam in Amhara. Finote Hiwot is a Government of Ethiopia programme, with support from DFID-UKAid, and if successful, it is hoped that it will be scaled-up across the Amhara region and in other parts of the country.

*Info from: Erulkar, A., and Muthengi, E., (2007) Evaluation of Berhane Hiwan, a Pilot Programme to Delay Marriage and Promote Education in Rural Ethiopia, Population Council and UNFPA Finote Hiwot, Final Programme Design Report 2012*

## 16. What are the inter-linkages between FGM/ C and child marriage?

**Where FGM/C is carried out, girls are likely to be married whilst they are still children.**

There are many areas of the world where child marriage is practiced but FGM/C is not prevalent (for example, parts of India, S-E Asia and the Middle East). However, as the map on pages 16-17 shows, where FGM/C is carried out, it often leads to child marriage. When FGM/C is carried out on girls between the ages of 5 and 14, it is usually seen as a ‘rite of passage’, which prepares a girl for marriage. For example, amongst the Maasai in Kenya, FGM/C is seen as an important part of initiation into womanhood; it is thought to preserve a woman’s purity and prepare her for childbirth. The common reasons which underlie FGM/C and child marriage: beliefs about the need for girls’ ‘purity’ and a social desire to control girls’ and women’s sexuality, are strengthened through marrying girls whilst they are young.

# FORWARD Case studies on child marriage and FGM/C

– taken from ‘Voices of Child Brides and Child Mothers in Tanzania: A PEER Report on Child Marriage’, by FORWARD & CDF in 2010

In 2008, FORWARD used the PEER methodology in Mara region, Tanzania to explore the impacts of child marriage and FGM/C on women and girls’ lives. PEER (Participatory Ethnographic Evaluation Research) is a qualitative, participatory research methodology that is particularly effective for working with marginalized groups in order to understand behaviour, beliefs and risk perceptions from an insider point of view. The PEER enabled FORWARD to provide an integrated programme approach to reduce the impacts and incidence of child marriage and FGM/C in the region. This integrated approach worked with girls at risk, young women affected by the issues, parents, community leaders, excisors, and government authorities at local and national level. As a result over 3000 girls and young women were safeguarded from experiencing FGM/C and child marriage and over 5000 community members agree with the end of FGM/C and child marriage in the region.

**14-year-old Sekujua** was married at 11 years to a 25-year-old man with the bride price of five cows. She did not have her first period when she was taken to her marital home. She had completed standard seven but had not passed the national examination. Therefore, her older brother arranged the marriage and convinced her father. As a Christian family, she does not practice FGM/ C even though the husbands’ family does. However, her husband did not want her to go through FGM/C as he saw how his sister suffered. Her husband used to beat her every day, and when she found out that he was a robber and questioned him, he beat her up with the back of a machete and chased her away. The marriage lasted one year and eight months, and her baby was born after she left him - she was 13 years old. She is currently living with her parents. Unlike most of the young mothers, she took her husband to court and managed to keep her baby. Sekuju told us: *‘I do not want to get married now. I would like to be more confident before I want to get married, I would like to go back to school but if I do not get the chance, I would like to open my own tailoring place’.* When she was asked whether she would practice FGM/ C if her future husband required it, she said *‘I will never say yes because I know that FGM is not good practice. I have seen my neighbourhood girl die when she delivered a baby.’*

**19-year-old Asina** was married when she was 15 years old with a 32-year-old man. The marriage was arranged between the two fathers with a bride price of 11 cows. They were married for two years and have a two-year-old baby. Because she could not milk the cows and handle the housework, her husband used to beat her and his parents urged to end the marriage. Once she was beaten until her thumb was broken, she went back to her own family but they sent her back, as they did not want to give the cows back. Eventually the beatings got worse so her family decided to pay back the cows and let her live with them. Since her husband did not let her take her daughter with her, she never saw her again. She misses her very much. When she was asked what her aspiration for life is, she said she would like to go back to school, become a lawyer and get her daughter back.

A girl describes her experience of FGM/ C: *“One of my brothers sat on my chest while the others held my legs apart so that the ngariba can cut me. They told me that if I screamed the father would have to pay the ngariba one cow. Therefore, I had to keep very silent despite of all the pain I felt... she cut only a small part. After the cutting, they put in some local medicine in powder form which was so painful. I stayed for three weeks to heal; passing urine was so painful, the ngariba had put in medicine but when I walked bleeding started again but not a lot.”*

Young girl in Tanzania, married at 12 yrs to a 40 yrs man, now graduated school through FORWARD/CDF programme. © Chiara Ceolin, FORWARD, CDF



# 17. Do FGM/C and child marriage affect people in the Diaspora?

**A number of HTPs affect diaspora communities in the UK and beyond. Diaspora communities have an important role to play in protecting girls at “home” and abroad and in spreading awareness on the dangers and injustice of HTPs.**

A FORWARD study, carried out in 2007, found that up to 100,000 women and girls in the UK are affected by FGM/C. The research also found that up to 24,000 girls under the age of 15 are at risk of Type III FGM/C. FGM/C has been a prosecutable offence in the UK for nearly 30 years, however as yet, there has not been even one FGM/C related prosecution, and there is still work to be done to identify the full scope and reach of FGM/C in the UK. Many NGOs, civil society organisations and campaigners continue to advocate for a robust provision of services for women affected by the practice.



© Plan

The Foreign and Commonwealth Office's Forced Marriage Unit (FMU) was set up to protect girls within the UK who are at risk of forced or early/child marriage. In 2012 the FMU dealt with 1,485 forced marriage related cases – 82 per cent of which were related to women and girls. Organisations such as the Iranian and Kurdish Women's Rights Organisation (IKWRO), have also been campaigning on Forced Marriage and Honour-Based Violence; they estimate that there are up to 28 honour-based deaths in the UK every year.

Now that communication across the world is so easy, there is often considerable pressure, on diaspora families living in Europe, from relatives “back home”. For example, the diaspora communities in Glasgow and Edinburgh recently reported pressure for girls to be sent “home” (to countries in Africa), during the summer school holidays, to be cut. The diaspora communities also have an important role to play in raising awareness in their “home” countries on the dangers of HTPs and on protecting girls in the diaspora.

## 18. What real harm is caused by HTPs?

**HTPs have devastating consequences for girls’ and women’s bodies, minds and spirits. They can result in death. HTP’s lead to inter-generational poverty and disadvantage and prevent us reaching international development goals. The violence against girls and women, perpetuated by HTPs, is a huge barrier to achieving human rights, justice and equity across societies and internationally.**

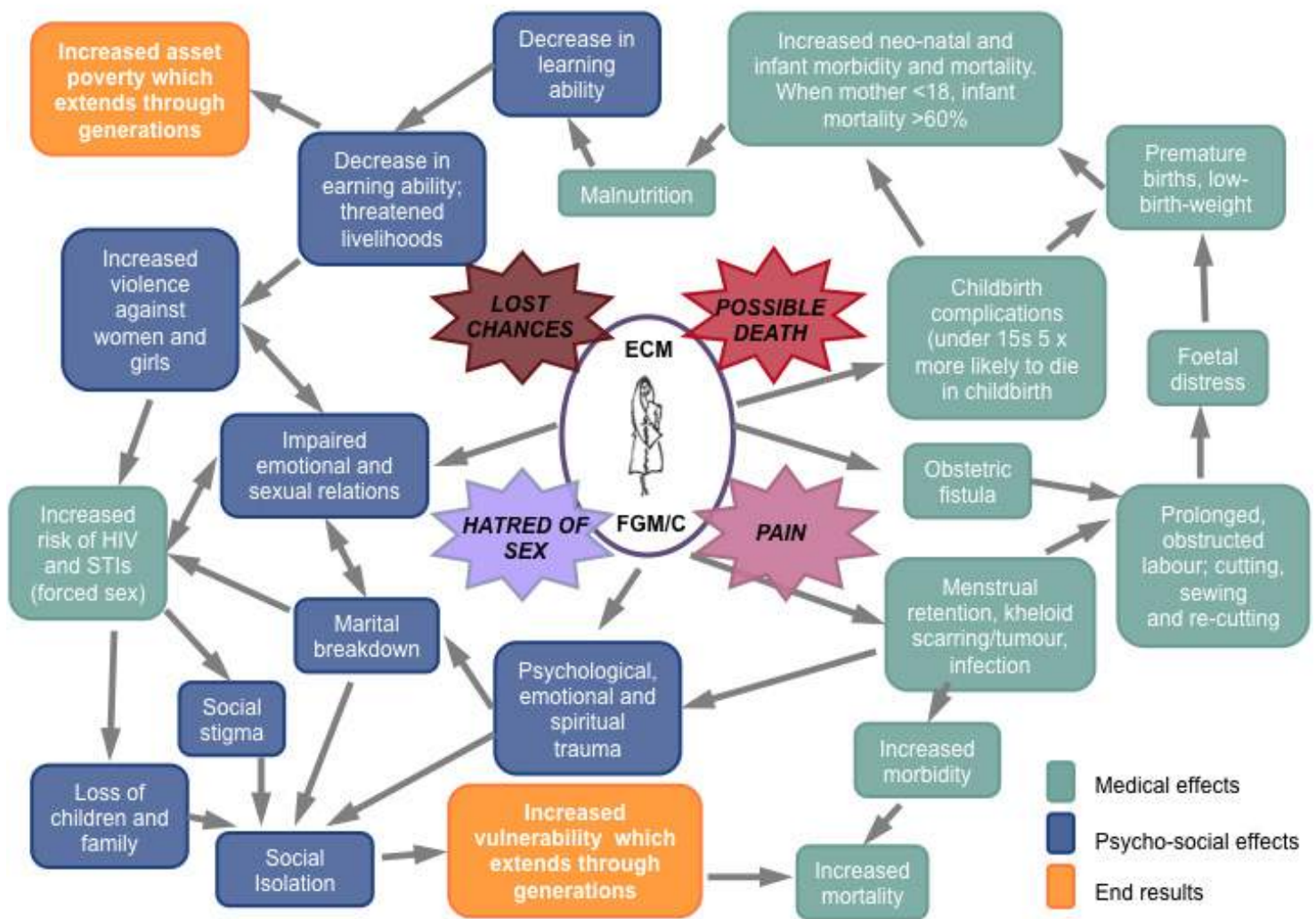
Harmful traditional practices are carried out because of social beliefs about girls and women, and they affect the whole of girls’ and women’s bodies, minds and spirits. HTPs have devastating and long lasting health, psychological and emotional consequences for women and girls, and may result in disability or death.

Because FGM/C often takes place in unsanitary locations using un-sterilised equipment, the risk of diseases such as tetanus, hepatitis B and HIV is increased. Scarring from the procedure can also lead to numerous health risks, including obstetric fistula (a hole between the urinary tract and the vagina which causes, amongst other things, continual leakage of urine), as well as obstructed labour and foetal distress.

Girls who are married under the age of 18 often suffer from malnutrition and have higher maternal and infant mortality rates than those who are in their 20s when married. The vast majority of girls who become wives drop out of school early, or never attend. Girls who are out of school are highly vulnerable to abuse and exploitation. They may be forced into various forms of labour, including the worst forms of child labour, such as sex-work or hard physical labour, and are often at risk of being trafficked. Many times, a young girl is married to a much older man. She is then unlikely to develop a good emotional or sexual relationship with him and is at high risk of developing HIV from her husband, as he is more likely to have had multiple sexual partners.<sup>4</sup>

HTPs have a high cost to development. To date, there is not enough research or evaluation to show us the full costs, but we know that the physical and psychological damage done to girls and women places a burden on national health and social welfare services. Furthermore, this burden is transferred across generations because of the impact on babies of difficult birthing and low birth weight, associated with pregnancy under 16. Also, many economic opportunities are lost because of girls dropping out of education and being unable to join the productive workforce. HTPs break the ‘Golden Thread’ which links girls’ early childhood development, education, employment and full life opportunities.

The diagram below shows how the harm caused by FGM/C and child marriage is inter-linked. It shows that both practices can lead to profound damage to girls and women and can result in inter-generational poverty and disadvantage.



Adapted from: Crawford, S., 2013, Towards Ending FGM/C in Africa and Beyond: A scoping study, DFID

Violence against women and girls, perpetuated by HTPs, is a major obstacle to achieving human rights, justice and equity across societies. It also makes it impossible to meet international and national development targets, with equity, as recognised in the Millennium Declaration of September 2000 and the UN High Level Panel's report on the post-2015 development agenda.

## 19. What can be done to end HTPs?

**Ending HTPs will take major shifts in how people think about themselves and their relationships to each other. It requires gender equality and power sharing between people of different ages and sex. This is social change and will require commitment and effort throughout societies, and globally: at legislative, cultural and behavioural levels.**



Ending HTPs requires major social change. HTPs, like FGM/C and child marriage, are “social norms” – beliefs and practices, which people think are a necessary and “normal” part of social life. But giving up HTPs forever is not just about changing individual social norms. It requires a huge shift in how people think about themselves, about girls and women, about how men and women form relationships with each other, about who has power in families, communities and society, and how that power is used. This goes beyond changing particular beliefs and behaviours within communities and societies: it is about fundamental social change.

Promoting and supporting this kind of rights-based social change is complex and difficult. It is not impossible, but it will require huge efforts and ongoing support as societies work to eliminate gender inequality and inequity.

It is important that donors and INGOs undertake a detailed analysis of which partners to engage with in VAWG and HTP programming to ensure the interventions at a minimum adhere to the ‘Do No Harm’ principle. Women’s rights organizations have a particular role to play in tackling VAWG and HTPs, by both creating and sustaining social change. In addition, they are well placed to tackle forms of violence justified by ‘culture’ or ‘religion’ and can successfully do this within the



A woman speaks out against FGM/C at a community conversation meeting organised by KMG Ethiopia and attended by both men and women to educate and raise awareness on harmful traditional practices including FGM/C. © Womankind Worldwide

parameters of cultural framings rather than outside of it, which can reduce resistance in the long-term<sup>5</sup>. However despite the positive role of women’s rights organizations in tackling VAWG, they often remain underfunded.

# KMG Ethiopia

KMG Ethiopia, a local NGO and one of Womankind Worldwide's partners in Ethiopia, implemented a holistic project from 2000 in the Kembatta/Tembaro Zone which among other things focussed on empowering women and their communities to bring an end to FGM/C and other harmful traditional practices. Rather than taking a 'one size fits all' approach, KMG sought to support local communities to devise their own solutions using Community Capacity Enhancement through Community Conversation (CCE-CC) – a tool to promote community discussion. This provided a space for active interaction and dialogue without fear and discrimination, using participatory tools to assist community members in understanding the harmful impact of FGM/ C and deciding what action to take to abandon it. The four key approaches KMG is using include:

1. Raising awareness about alternative perspectives on FGM/ C : KMG's awareness-raising activities that framed FGM/ C in a human rights context, the process of building trust and confidence, and the Community Conversation framework, provided communities with alternative perspectives on FGM/ C.
2. Mobilizing and organizing social groups: A wide range of social groups such as traditional and religious leaders, young girls and boys, uncut girls, men and women, armed with knowledge on FGM/ C and on human rights, were mobilised and organised to spread the message within their own social circles and beyond. These groups were able to influence their peers and others to question FGM/ C . Their influence made it possible for those who were not willing to abandon the practice on their own to do so. As these groups grew stronger, individuals who supported FGM/ C became outsiders.
3. Creating public pressure through public events and activities: Public events like annual celebration of Whole Body Healthy Life by Uncut girls, rescue activities and public declarations created wider public pressure and commitment to support FGM/ C abandonment. These gatherings, where large groups joined together to take a collective stand against FGM/ C, helped individual families to abandon the FGM/ C convention.
4. Enforcing abandonment: By coordinating community-based activities with local government and community structures, an alliance of edir (local community platforms), sub-district and district leaders was created against FGM/ C . This alliance combined the powerful influence of the popular edir at village and community level with the administrative and legal power of government structures. In this way, decisions made at edir were enforced and this alliance became a major social force for change. KMG and Community Conversation members, in cooperation with the sub-district leadership, mobilized residents to declare in public gatherings the abandonment of FGM/ C and other harmful practices. Assemblies at district levels made similar declarations. These declarations not only dramatically reduced support for FGM/ C but also directed law enforcement officials to take legal action.

It is possible to start with small steps towards social change, but these changes have to be taken up quickly, by the wider society, until so many people have adopted the change, that hardly anyone believes it is right to stick with the old ways of doing things. This moment is known as the "tipping point" for change. To reach the tipping point for ending HTPs, we know that a strategic, multi-pronged approach is needed. This approach needs to create effective systems which protect girls and women from HTPs, spread awareness on HTPs and get as many people as possible

committed to ending them, and work with communities to help them find ways to give up HTPs and promote the well-being of girls and women. Key for the elimination of HTPs is communities' own understanding of the need for change, and their ownership of this change.

There are three aspects to this approach:

**Legislative:** We need to build up laws and policies, at national and international levels, to protect girls and women against HTPs. We need to ensure people understand the law and will implement it effectively and with justice.

**Cultural:** We need to increase individuals', communities' and global awareness and understanding about the dangers and injustice of HTPs, and get as many people as possible to join together to work to end HTPs – not just in the main societies where HTPs exist, but across the world.

**Behavioural:** We need to work in focused ways, within particular communities, cultures and societies, to end HTPs. This means working with a whole range of different people – children, parents, community and religious leaders, teachers, school clubs etc. – to gain commitment to ending HTPs and to monitor and evaluate how they end.

## FGM/ C in Ethiopia

In Ethiopia, Tearfund work through The Self Help Group using a women's empowerment approach, to challenge and empower people to change HTPs. By the end of 2012 the approach had achieved a 49% reduction in incidences of gender-based violence and FGM/ C in eight districts in Ethiopia. Also, gender-based violence, rape and abduction significantly reduced in Debre Markos and Leku towns and child marriage, polygamy and widow inheritance decreased in Fincha and Shambu towns.

**Besheri Biru** is a member of the 'Honey' Self Help Group in the Fincha Valley. She said "I was a traditional midwife and I also circumcised our young girls according to our cultural customs. I did it for 18 years and received 5 birr (20p) a time. Through my self-help group we received training in health and I became concerned. Then we received knowledge about HIV/ AIDS and the complications that circumcision can cause during childbirth and this I had seen in practice. So now I have stopped. I don't participate in FGM/ C or deliveries any more. I use Community Conversations to work against Harmful Traditional Practices and work for the HIV committee giving information on HIV/AIDs. I refer people to health centres for safe delivery."

To date, many community-based organisations, NGOs and international agencies have invested considerable resources into working innovatively for the end of HTPs at community levels. Some organisations believe that the best way to end HTPs is to work through religious leaders. Others think that, to end FGM/ C, it is best to find alternative work for the women who carry out the cutting (though this can simply lead to new women taking up the profession). Some organisations think that awareness-raising alone is enough to end HTPs. Others argue that HTPs will only end when girls and women have better education and new livelihood opportunities. In all cases, what appears to be fundamental is a need for Community Conversations and Dialogues. These involve men, women, girls and boys – together and in separate groups – meeting to discuss and learn on key social issues, including HTPs, sharing ideas and looking for solutions to their own problems.

To date, evaluation of programmes to end HTPs has not been rigorous enough. We know that different approaches are needed in different cultures and societies. We know that, to end HTPs forever, committed and coordinated action is necessary at all levels – from family and community levels through to national governments and the international community. On its own, no one organisation will be able to promote the enduring social change which will signal the end of HTPs. To have the best chance of ending HTPs, we need governments and different organisations within civil society working together in coordinated partnership. We need to have organisations working at community level to promote change, at the same time as strong advocacy and lobbying organisations are working to ensure that HTPs are addressed seriously by national governments and the international community.

## Child Marriage in Malawi

*Kupimbira*, is a cultural practice in Karonga where parents marry off their daughters at an early age, principally as a way of getting some herds of cattle as bride price. Apart from being a source of prestige among such communities, cattle are also an asset for fulfilling a number of cultural obligations. At the age of 8, “Ellen’s” father took her out of school and married her to a 52-year-old man to whom he owed money. Ellen’s husband, old enough to be her grandfather, was a traditional healer who had “cured” Ellen when she had abdominal pains. Ellen said, “I was forced into this marriage. There was very little I could have done to change the arrangement.” After a year with her husband, Ellen was rescued by the Livingstonia Synod AIDS Programme (LISAP), a partner of Tearfund. Ellen is now back in school and says “it is better learning here because I am not subjected to a lot of domestic chores which I had at my husband’s house. When I finish my education, I want to train as a driver and work for LISAP.” Her parents are reportedly now happy that their daughter is back in school.

Every country, and every context, where HTPs exist is different, but we are learning that there are a number of key characteristics which help to make interventions to end HTPs more successful.

These are:

- Deep knowledge of the culture and context: a robust evidence base and full understanding of how power and gender relations work within the society
- Effective partnerships between government and civil society organisations to promote social change
- Active participation from all sorts of different actors at all levels of society, and from women, men, girls and boys within communities
- Political empowerment: creating real opportunities for people, especially women, girls and poor people, to participate in decision making processes and be heard by people in authority
- Economic empowerment: ensuring people, especially women, have opportunities to gain better livelihoods
- Education, especially for girls and women – this might include formal / informal education, rights awareness, or life and livelihood skills

- Increased access, especially for poor and vulnerable people, to all essential services, including health and education, social welfare and legal services
- Sound understanding of the importance of religion, faith and other belief systems: how they can support work to end HTPs, or how religious interpretations may be a barrier to ending HTPs
- Good communication, and dissemination of information and understanding, on HTPs – linking local and global communities

At community level, good understanding of the culture will help us to know the best way to address HTPs in that particular context. Whatever the ‘entry point’, we know that working to increase and improve communication between men and women, girls and boys, is critical. Many organisations use “Community Conversations” or “Community Dialogues” to stimulate discussion and sharing of information and understanding, not only on HTPs themselves, but on how different people in the communities feel about HTPs and what it will take to end them forever. These conversations also promote community ownership of the problems discussed and the solutions found. This ownership is vital to ensuring that change is generated from within communities and societies, not imposed on them from outside.

## Child Marriage in Yemen

As yet, there is no law in Yemen to protect girls against child marriage. Many young girls are married off to much older men, who may take them as a second, third or fourth wife. If a girl refuses marriage, she may be subjected to abuse at home. In 2010, 11-year-old Sarah was found to have been imprisoned and chained by her father in an effort to force her into marriage. For some girls, child marriage is a death sentence: 13-year-old Ilham was married in 2010 to an older man. She died three days after marriage due to excessive bleeding caused by tearing to her genitals during the sexual intercourse her husband forced upon her. 12-year-old Salwa committed suicide in 2010 by throwing herself from the roof of her house after being forced into marriage by her father. In a promising new development, the Yemeni Human Rights Minister has requested the reintroduction of a 2009 parliamentary bill that would effectively ban child marriages in the country. Equality Now and the Yemeni Women’s Union are supporting the Minister in her efforts to ensure the passage of this bill.



Hundreds of rights activists help launch Plan Uganda's Because I am a Girl campaign on the first International Day of the Girl in 2012. © Plan / Will Boase

# 20. Why do we have to do anything?

**Act now and it could be possible to end HTPs within one generation. Fail to act, and millions of girls will suffer.**

HTPs are a global concern; they affect us all and we all share a responsibility to work to end them. HTPs are not just happening in other countries, they are happening here, in the UK, and in Europe, America and Australia. Across the world, the rights, and lives, of millions of girls and women are threatened by HTPs. FGM/ C and child marriage can end within a generation if we all care enough to push for change. Unless we see the end of FGM/ C and child marriage, we will not be able to reach international development goals, either now or in the post-2015 development framework. It will take huge effort to end HTPs, but the time is right to do so. Globally, there is now a great deal of political interest in HTPs; there is improved political willingness to act, greater publicity and awareness on HTPs, and real possibilities to encourage action for change in many countries. If we join in and act now, we can make a real difference. If we don't, every year girls will die as a consequence of HTPs and the lives of millions of other girls will be at risk.

# GENDER & DEVELOPMENT NETWORK

Gender & Development Network  
c/o ActionAid  
33-39 Bowling Green Lane  
London EC1R 0BJ

T: 020 3122 0609  
E: [info@gadnetwork.org.uk](mailto:info@gadnetwork.org.uk)  
[www.gadnetwork.org.uk](http://www.gadnetwork.org.uk)  
Registered charity no. 1140272

## The Gender and Development Network

The Gender & Development Network (GADN) brings together expert NGOs, consultants, academics and individuals committed to working on gender, development and women's rights issues. Our vision is of a world where social justice and gender equality prevail and where all women and girls are able to realise their rights free from discrimination. Our goal is to ensure that international development policy and practice promotes gender equality and women's and girls' rights. Our role is to support our members by sharing information and expertise, to undertake and disseminate research, and to provide expert advice and comment on government policies and projects.

[www.gadnetwork.org.uk](http://www.gadnetwork.org.uk)

This project was managed by FORWARD and GADN. The report was developed collaboratively by members of the GADN Violence Against Women and Girls working group, further content and editing was provided by Sheena Crawford. It does not necessarily reflect the views of the contributing agencies.

Members of the working group include:



Design: Katie Welford and Olivia Comberti  
Front Cover image: © Plan / Will Boase.