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***The impact of harmful traditional practices  
on the girl child***

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\* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations

## **Introduction**

There is an encouraging and a growing international awareness that harmful traditional values and practices act as root causes for discrimination and violence against girls. Several studies both scientific and social attest the fact that value based discrimination is systemic and universal.

The studies of the United Nations Special Rapporteur on Traditional Practices Affecting the Health of Women and girls, Mrs. Halima E. Warzazi undertaken since 1989 have presented compelling evidences of discrimination and violence against girls based on long upheld social values and practices.

The socializing processes observed for boys and girls are designed and rigorously applied to instill a feeling of superiority to boys while girls are groomed to accept subjugation and inferiority with apathy. This established patriarchal system has long endured the passage of time cutting across geographical boundaries as well as religious and class differences. While this unfortunate situation is universal the manifestations of expression of discrimination and the degrees of violence against girls vary from society to society.

An attempt is made in this paper to give examples of socially construed forms of violence which have been long accepted as tradition. Some measures taken by governments, institutions, and NGOs to deal with few of the traditionally condoned forms of most brutal forms of violence and discrimination against girls are also contained. The paper includes examples of best practices as well as recommendations to accelerate the eradication of harmful traditional practices which violate the basic human rights of girls.

## **Manifestations of traditionally condoned forms of discrimination and violence**

### **Son preference as a tradition**

In many societies the birth of a baby boy is received with great joy. The rituals are more elaborate with the mother receiving compliments for producing a male child. The father enjoys great pride with the assurance of continuity of the family line and the protection of his property.

The birth of a girl however is less ritual with reduced value attributed to the mother. The reception ceremony is minimal and less colorful. In some societies particularly in Asia severe son preference leads to malnutrition of the girls with deprivation in treatment. In some cities in Asia female infanticide has become a practice to kill the girls soon after or before they are born.

Clinics in India and china are cited as practicing early sex detection to get rid of a baby girl.

### **Early and forced marriage**

Early and forced marriage as practiced in some countries of Asia and Africa leads to girls as young as 7 years to marry older man.

*“I never liked my so-called husband because he was forcing me to do things I did not want to”* said a young divorced girl who found her self in the capital city of Ethiopia. *“I run away from my family”*.<sup>1</sup>

The fistula clinic in Addis Ababa is a telling examples of young girls forced to early marriage and early pregnancy.

According to the Human Rights fact sheet 23 on Harmful Traditional Practices Affecting the Health of Women and children: “Health complications that result from early marriage in the Middle East and North Africa, for example, include the risk of operative delivery, low weight and malnutrition resulting from frequent pregnancies and lactation in the period of life when the young mothers are themselves still growing.”

**Abduction** is a well known traditional practice in parts of Ethiopia whereby girls are kidnapped and raped to be forcefully married.<sup>2</sup>

**Devadasi, Deuki, Devaki.** These are practice in India and Nepal among others countries whereby girls are offered to temples to provide full services including forced prostitution.

**Trokosi** is a practice whereby young girls are given to fetish shrines to serve under threat as domestic and sexual slaves. Their crimes are simply being related to a family member who committed an offense often before the girls are even born (e.g. Nigeria, Ghana, and Benin)

### **Female genital mutilation (FGM)**

The origin of FGM predates Islam and Christianity while it continues to take its toll largely in Africa. According to studies on prevalence undertaken by organizations like WHO and Inter-African Committee on Traditional Practices at least 28 African countries are affected by the practice in varying degrees and ratio but the total number of victims rises to over 100 million:<sup>3</sup>

Benin	30%
<b>Burkina Faso</b>	<b>78%</b>
Cameroon	15%
Ctrl. Afr. Rep.	35%
Chad	40%
Cote d'Ivoire	40%
<b>Djibouti</b>	<b>95%</b>
Egypt	55%
<b>Ethiopia</b>	<b>85%</b>
<b>Gambia</b>	<b>79%</b>
Ghana	20%
<b>Guinea</b>	<b>60%</b>
Guinea-Bissau	45%
Kenya	40%
Liberia	55%

<sup>1</sup> A documentary film “Three Sunsets Early Marriage in Ethiopia” produced by IAC.

<sup>2</sup> “Glossary of Violence Against Women” by NGO Working group. 2004.

<sup>3</sup> IAC research studies. 1999.

<b>Mali</b>	<b>80%</b>
Mauritania	55%
Niger	11%
Nigeria	55%
Senegal	20%
<b>Somalia</b>	<b>99%</b>
<b>Sierra Leone</b>	<b>60%</b>
<b>Sudan</b>	<b>90%</b>
Tanzania	15%
Togo	40%
Uganda	20%

### **What does the practice involve?**

“Female Genital Mutilation comprises all procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons”.<sup>4</sup>

The operation is performed using tradition as the only justification. The girl is fully aware of the atrocity of the pain under the razor blade or knife.

*“I was under horrible pain when they cut me. All these women around me telling me to bear it. How could I? I screamed for help but nobody saved me.”* said a girl from Djibouti<sup>5</sup>

*“Father, father please save me”* cried a 6 year old girl under the knife when she saw that her mother had joined the crowd of women watching her mutilation.<sup>6</sup>

*“I was afraid to urinate after the initiation. It was so painful”* said a girl from Sierra Leone.

*“For me it is too late. I have gone through it but nobody will touch my daughter.”* said a girl from Djibouti.<sup>7</sup>

*“If I tell you what happened to me during the initiation my stomach will be blotted and I will die”* (A girl from Sierra Leone afraid to talk about the secret practice).<sup>8</sup>

Surrounded by taboos, secrecy, and misconception FGM ravages Africa harming the health and wellbeing of girls.

Consequences as documented by WHO and other organizations are multiple. Infection, tetanus, bleeding, tearing during child delivery keloid formation are some of the results.

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<sup>4</sup> “Female Genital Mutilation” A joint WHO/UNICEF/UNFPA statement. WHO 1997.

<sup>5</sup> A girl from Djibouti for IAC documentary film

<sup>6</sup> IAC documentary film “Infibulation in Ethiopia”

<sup>7</sup> From the documentary IAC film “Believes and misbelieves”

<sup>8</sup> Testimonies collected by the Inter-African Committee. B. Ras-Work mission report to Sierra Leone. As coordinator of the Working Group on Traditional Practices”1982.

According to a study conducted by IAC the risk to HIV/infection exists, especially when the same tool is used to cut several girls at the same time.

A recent study released by WHO confirms that the background rates of adverse maternal and infant outcomes in the countries included in this study are high, with the lifetime risk of maternal death ranging from one in 35 in Ghana to one in 12 in Burkina Paso, and estimated perinatal mortality rates ranging from 44 per 1000 births in Sudan to 88 per 1000 births in Nigeria. ... Adverse obstetric and perinatal outcomes can therefore be added to the known harmful immediate and long-term effects of FGM.<sup>9</sup>

Considering the atrocity of the practice and the pain and suffering it causes the question that often arises is why does it continue to exist?

### **Commonly advanced justifications**

The justifications that are often advanced by the victims are internalized traditional beliefs.

#### **Virginity**

This is a quality highly regarded as an honor to the family and to the husband. Hence in Somalia, Djibouti, parts of Ethiopia, Sudan Egypt, and parts of Mali girls are not only severely cut but the remaining part is closed or stitched to maintain the virginity of the girl until the night of her marriage.

#### **Initiation rites**

Girls in West Africa: Liberia, Sierra Leone, Gambia Nigeria, Ghana, Niger and many more as well as in East Africa: Kenya, Tanzania Uganda, etc. have to be initiated to womanhood through mutilation and training by an exciser. Mutilation is a prerequisite for marriagability.

“Who will marry a girl who had a clitories” - asked a Malian mother - “she will be impure, a “bilekoro”.

Dr. Olaynka Koso Thomas in her book “The circumcision of women” describes the initiation as graduation:

“At the end of their training, dressed in their best clothes and finest jewellery, the new initiates parade the streets of the town or village . There is dancing, singing, heavy drinking and merriment, with relatives, fiances and friends joining in the celebration. After the parade, the initiates return to the Bush and are sworn to secrecy concerning the activities of the society. Their heads, which were plastered with a mud "Devil's Cap" are washed; the girls have now attained womanly status. They can either go home to their parents, or to their husbands' homes, where more singing, dancing and heavy drinking continues till the early hours of the next day. The initiates receive gifts from relatives, friends or fiances.”

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<sup>9</sup> WHO study “Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries”. 2006



It is evident that established systems and traditional values change with emerging challenges and the introduction of new ideas.

Following intensive campaigns by non-governmental organizations the Sub-Commission on Prevention of Discrimination recommended the setting up of a Working Group to study the problem of harmful traditional practices. This initiative and subsequent reports and

2. Undertake and support action aimed at eradicating violence against women, particularly Female Genital Mutilation.
3. Condemn all attempts to impede the fight against Female Genital Mutilation.

This outcome statement was widely distributed and it has been used in all the programs of IAC in discussing religious misconception.

Two recent symposia held in Egypt and Burkina Faso in 2005 issued strong statements and commitment on the part of leaders to work against HTPs such as FGM.

- § **The Religious Leaders pledged** to participate actively in the fight for the total rejection of FGM, not only in their “respective countries, but also wherever this practice exists”;
- § **They urged** scholars, exegetes and other Christian and Muslim authorities, to broadcast, at any place and at any time, Biblical and Koranic verses as well as popularize authentic Christian and Islamic traditions which confirm the unfounded nature of this practice;
- § **They called faithful** Christians and Muslims to abandon this practice in all of its forms;
- § **They decided** to create an African Network of Religious Leaders for the fight against Female Genital Mutilation and for Development (ARLEFED) in order to accelerate the elimination of these practices and participate in the economic and social development of the African region.

Religious leaders are solicited and involved in the campaign undertaken by IAC members in the countries. They reaffirm the importance of the integrity of the female body and the health of women and girls. The National Committees in all 28 African countries use religious statements and leaders to counter act die hard protectors of FGM and other HTPs.

In Egypt the leader of IAC affiliate is a coptic sister who applies a holistic approach of care for girls to protect them from FGM.

In the Sudan Imams are involved in the campaign. In Ethiopia both Muslim leaders and Christian priests inform their audience about the danger of FGM. In West Africa: Ivory Coast, Nigeria, Senegal, Gambia, etc. enlightened leaders work closely with the campaign agents.

The result shows that more and more women and men speak freely against HTPs. There is a visible erosion of the religious ground on which FGM and other HTPs survived for so long.

## **Excisers**

Excisers are influential within their societies as a result of their special skill in the operation as well as the information they provide with the authority. The knowledge they possess appeal especially to mothers since it is transmitted through generations. IAC realizes the potential of converted excisers to bring about positive change of attitudes. It continues to implement Alternative Employment Opportunities (AEO) to those convinced and willing to engage in the anti-FGM campaign, after information and education specially targeted to sensitize them. The result of this initiative can be observed in Ethiopia, Kenya, Tanzania, Guinea, Nigeria, Mali, Sierra Leone. IAC has implemented 42 AEO between 2000-2006.



## **Youth**

Youth are important target group both as potential or actual victims as well as future parents. IAC organizes fora and special training for youth.

Since they are open minded they are quick to understand the risk of HTPs and are willing to campaign.

At the Youth Forum organized by IAC in April 2000 in Addis Ababa, Ethiopia, the youth committed themselves to:

1. Eradicate harmful traditional practices, particularly FGM.
2. Set up an African network to coordinate activities, take initiatives and transmit relevant information that will empower the youth to campaign effectively against HTPs, in particular FGM.
3. Use networks, peer groups to conduct intensive campaign against HTPs, which are forms of violence against women and children.
4. Lobby and advocate for the adoption of legislative measures at the national, regional and international levels.
5. Lobby and advocate for the ratification of the draft Convention on the Elimination of

Men are also involved in the training information campaigns.

**Legislators and policy makers**

IAC uses its official relationship with the United Nations, Africa Union, and World Health Organization to influence policy. It lobbies an

A ground breaking celebration in Sierra Leone was reported as follows<sup>11</sup>:

The IAC Sierra Leone Secretariat organized February 6, 2006 celebration with activities taking place in Madina – Tonko Limba Chiefdom in Kambia District.

The program started on the night of February 5 with a night vigil by excisers, initiators and community women, from the 124 towns in the Tonko Limba Chiefdom. Participants included students, youths, community women and others from all works of life in the Kambia District.

On the 6<sup>th</sup> of February 2006, the activities commenced with a match past involving women, youths, initiators, community leaders, school children and teachers from 120 towns in the Chiefdom. The match past lasted for almost 2 hours and ended at the Town hall.

## **Conclusion**

These experiences demonstrate, that it is possible to change attitudes and practices provided positive alternative information is given in a carefully tailored manner involving all the sectors of the population. Final decision should come from within without imposition. There is need to nurture the changes taking place in a sustained manner.

In order to reach Zero Tolerance to harmful traditional practices, the following propositions are made:

1. Action research to identify the best approaches to apply to specific situations with regards to traditionally condoned forms of violence.
2. Ensure government engagement both at the policy and program levels in order to make a sustained intervention that reaches the entire population.
3. Intensify the education of the girl child.
4. Introduce subjects such as gender equality in schools and universities.
5. Train law enforcing agents on violence prevention and management.
6. Mobilize traditional and modern media on violence against girls.
7. Encourage a coordinated approach among institutions, agencies, and organizations.
8. Involve the community, especially those affected groups in decision making for designing programs.
9. Establish a special government unit to study the sources of violence against women, consequences, and to propose effective ways to deal with the problem. Such a unit should involve concerned sector of the society such as specialized NGOs, the law reinforcing agencies, parliamentarians, UN agencies, health workers, opinion leaders and representatives of youth.
10. Pressure governments to ratify and domesticate the Protocol to the African Charter on Human and People's Rights on the Rights of Women.

### **FGM in the Diaspora.**

People leave their countries of origin forced by economic hardship or political conflict. They leave behind them material belongings carrying their internalized values which form their identity. In the Western countries where immigrants from FGM practicing countries settle they try to continue to subject their daughters to mutilation. This has developed a clash of cultures. Western countries have legislations which prohibit the practice for the protection of girls. This move is to be recommended. There are also programs of education and information to convince parents to abandon the practice. The recommendations for this situation would be:

- a. Legislation with the human face that does not automatically criminalize parents.
- b. Sensitization of parents and intensify the education of girls
- c. Support activities in Africa and create bridges for flow of information and for reinforcing families on both sides to reject harmful traditional practices including FGM.

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