

Harmful traditional practices

Very little research has been done to establish a firm link between harmful traditional practices and HIV transmission. However, it is likely that any practice that involves transferring blood carries a significant infection risk. It is also likely that practices that involve involuntary or premature sex or concurrent sexual partnerships put men and women at risk of infection. Traditional practices that may directly impact on the spread of HIV include female genital mutilation, sexual cleansing, dry sex, blood oaths, scarification, etc. Practices that have a less direct, but probable, effect on the spread of HIV are widow inheritance, early marriage and polygamy.

These customs and rituals are considered harmful as they often have a huge impact on the health and well-being of people engaged in them and they usually violate their human rights. In most cases, it is women and girls who are forced to undergo traditional practices that undermine their health. In this issue of *Exchange*, three examples of harmful traditional practices that impact on women and girls are highlighted: female genital mutilation, early marriage and widow inheritance. In the first article, the author argues that even though supportive laws that prohibit genital mutilation and other harmful practices are important, in order to be effective, legal approaches to fighting these practices need to be coupled by community approaches.

The thematic part of this issue was produced in collaboration with IAC, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, of which the guest editor, Ms Berhane Ras-Work, is the President.

Nel van Beelen
Managing editor

Berhane Ras-Work
Guest editor



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Female Genital Mutilation – a life-threatening health and human rights issue

The World Health Organization defines female genital mutilation (FGM) as all procedures 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. This practice is also known as female circumcision or female genital cutting. It is estimated that over 100 million girls and women have undergone some form of genital mutilation, and at least two million girls are at risk of undergoing the practice every year. It is an age-old tradition which is perpetrated in many communities around the world simply because it is customary. FGM is most prevalent in Africa, some Middle Eastern countries, and in immigrant communities in Europe, North America and Australia. The practice ranges from pricking, piercing or incising of the clitoris and/or labia, to excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening, which is the most extreme form of FGM. The age at which FGM is performed varies. In some areas, it is carried out during infancy, in others, during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. The most common age is 7-10 years or just before puberty.

Female genital mutilation is usually performed by unskilled traditional birth attendants, professional circumcisers or traditional healers using crude instruments such as unsterilized, sharp razor blades or knives and without anaesthesia. The same unsterilized knife is used on other girls with the attendant risks of the spread of infections including HIV. Short-term complications include severe pain and a risk of haemorrhage that can lead to shock and death. In addition, there is a high risk for local and systemic infections, with

documented reports of abscesses, ulcers, delayed healing, septicaemia, tetanus and gangrene. Long-term complications include sexual frigidity; genital malformation; urine retention resulting in repeated urinary infections; obstruction of menstrual flow leading to frequent reproductive tract infections and infertility; chronic pelvic and obstetric complications; and prolonged and obstructed labour. FGM has long-term physiological, sexual and psychological effects such as anxiety and depression. It also impairs women's sexual enjoyment.

Because the procedure is coupled with the loss of blood and use of one instrument on a number of candidates, the risk of HIV transmission is high. Also, due to damaged sexual organs, sexual intercourse can result in tissue lacerations, which greatly increases risk of HIV transmission. The same is true during childbirth and subsequent loss of blood.

Female genital mutilation can be approached from different angles: it can be regarded as a health issue, a cultural issue, a women's

empowerment or gender issue, and a human rights issue. These different perspectives lead to different ways to address FGM, which are not mutually exclusive.¹

- The *health approach* stresses the health advantages of not undergoing the procedure. This approach, if not supplemented by other approaches, has tended to medicalize FGM because many people believe they can avoid side-effects by having their daughters circumcised at health clinics or hospitals.
- The *cultural approach* examines how alternative local practices that are not detrimental to women could be enforced. This includes supporting and celebrating the social meaning of rites of passage that are positive to women while condemning and eliminating FGM.
- The *women's empowerment approach* seeks to find positive roles for adolescent girls through education, training and for example, sports. It can also include finding alternative sources of income and status for traditional excisors, who generally, are women. This is a wider approach and needs to involve community and even religious leaders.
- The *human rights approach* provides normative language for saying that the procedure is wrong. The authoritative nature of the ethical, legal and human rights languages legitimizes efforts to advocate for the eradication of FGM. The challenge is to train people in the use of this approach which is based on international treaties, national constitutions, local laws and ethical norms.

FGM as a human rights violation

Female genital mutilation sometimes threatens the lives of girls and women and always violates their human rights. It is a tragic human rights' violation whose cultural and traditional roots run deep, making it difficult to combat. Since FGM involves the removal of healthy sexual organs without medical necessity and is usually performed on adolescents and girls, often with harmful physical and psychological consequences, it violates the rights to freedom from discrimination; torture, inhuman and degrading treatment; the right to life; to

security; to physical integrity; and to health. It also violates children's rights to special protections. The most glaring infringements include the rights to freedom from torture or to cruel, inhuman or degrading treatment or punishment, and to the health and security of the person in light of the grave health problems associated with the crude and unhygienic procedure. Female genital mutilation also violates the right to privacy as it is performed on adolescents and girls who are incapable of giving informed consent.

Governments have clear obligations under international laws to take measures to eradicate and prevent FGM by addressing the human rights implications of the practice in a holistic manner. Several international treaties and resolutions explicitly recognize FGM as a harmful traditional practice that violates human rights. Some examples are the United Nations Convention on the Elimination of

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All Forms of Discrimination Against Women (CEDAW, 1979); the UN Declaration on the Elimination of Violence against Women; and the UN Convention on the Rights of the Child. At the regional level, the African Charter on the Rights and Welfare of the Child, adopted by the Organization of African Unity in 1990, contains many similar provisions to those in the United Nations Conventions. The Protocol on the Rights of Women in Africa (2003), states in Article 5 that "States Parties shall prohibit



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and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices.”

A multi-disciplinary approach

Female genital mutilation has been outlawed in several African countries. Laws against FGM are necessary, but not sufficient to stop the practice or to enhance women's rights. Making FGM illegal does not eradicate it, but could drive it underground. The use of law should thus be one component of a multi-disciplinary approach; and outreach efforts by civil society and governments aimed at changing perceptions and attitudes regarding FGM should precede or accompany legislation. These activities should reach a wider public with government actors, religious and traditional leaders, health providers, teachers, youth, social workers and media involved. In particular, men must be targeted as well as family members, including grandmothers, mothers-in-law, etc.²

In order to empower women against FGM and other harmful traditional practices (HTPs) and reduce their vulnerability to HIV infection, programmes and campaigns should employ the following key strategies from a rights approach:

- Promote a culture of opposition to all forms of harmful traditional practices against women and girls, using the media and involving men in addressing gender stereotypes and discriminatory values and norms which increase the risks faced by both women and girls.
- Organize public education campaigns on the rights of women and girls and encourage the public to report cases of HTPs and gender violence to the law enforcement agencies.
- Enact laws and policies that prohibit HTPs and promote the rights of women to property, inheritance and a minimum age of marriage.

Networking and collaborating with NGOs will help to achieve the desired results because

of their unique experience and expertise, which enables them to play a crucial role in advocating for the implementation of laws and policies to eliminate FGM. In Africa, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is an important networking organization. IAC campaigns over the years have led to the demystification of traditional practices and helped put the issue of FGM on the global agenda. It has pioneered world mobilization against harmful traditional practices including FGM. Advocacy has contributed to legislation against HTPs and FGM in some African countries and mobilization of communities has resulted in public rejection of FGM. IAC organized an International Conference on 'Zero Tolerance to FGM'

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in 2003, during which February 6 of every year was declared 'International Day of Zero Tolerance to FGM'. As a result of the activities of IAC and the collaborative efforts of other networks and organizations, both government and NGOs, there is evidence of a decrease in FGM prevalence in many communities.

The example of Nigeria

In Nigeria, much is being done to combat FGM. IAC/Nigeria holds meetings and programmes in both urban and rural communities to inform the public about this practice. It uses videos, booklets and the mass media to reach school-age children. The government is officially opposed to the practice, to which approximately 19% of women have been subjected (varying from 1% in the north to 60% in the south of the country). Associations of nurses, midwives and doctors have actively campaigned against FGM and several NGOs are active in the field of IEC, advocacy and services. Examples are GPI (Girls' Power Initiative); WACOL (Women's Aid Collective); and WHARC (Women's Health and Action Research Centre).³ GPI has carried out activities on the promotion of the rights of

girls and mobilizes them for development and participation through education, research and relevant studies; WACOL has a shelter/safe home for victims of domestic violence including adult women who would like to avoid circumcision. It also offers legal advice/assistance, counselling, and documentation of cases of abuse. WHARC conducts community sensitization seminars to educate community members on contemporary issues in reproductive health, including the harmful effects of traditional beliefs and practices on the reproductive health of women.

Educating the community is probably the most important way to change the practice of longstanding traditional practices like FGM. Knowledge about its harmful effects is the first step. However, eradicating FGM would entail a comprehensive approach to promoting behavioural change against this harmful traditional practice, combining both legal and community approaches.

Olaide Gbadamosi

Barrister and Solicitor of the Supreme Court of Nigeria; Lecturer and Acting Head, Department of Private and Property Law, Faculty of Law, Benson Idahosa University (Benin City, Nigeria); and Executive Director of Network for Justice and Democracy, Nigeria

Correspondence:

PO Box 286, Benin City, Nigeria

Tel: +234 80 3717 1817 / 5641 5512

E-mail: olaidelaw@yahoo.com

Web: <http://www.justicenanddemocracy.org>

1. See also United Nations Plan of Action for the Elimination of harmful traditional practices affecting the health of women and children, 1994 (E/CN.4/Sub.2/1994/10), <http://www.ohchr.org/english/about/publications/docs/fs23.htm#annex>
2. The Cairo Declaration for the Elimination of Female Genital Mutilation (Afro-Arab Expert Consultation on 'Legal Tools for the Prevention of Female Genital Mutilation', Cairo, 23 June 2003), http://www.reproductiverights.org/pdf/pdf_fgm_cairo2003_eng.pdf
3. More information: <http://www.gpinigeria.org> (website GPI), <http://www.wacolnigeria.org> (WACOL), and <http://wharc.freehosting.net> (WHARC)