Traditional and Cultural Practices Harmful to the Girl-Child
Traditional and Cultural Practices Harmful to the Girl-child: A Cross Sectional Review

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Foreward

Through research, the organization of seminars and the dissemination of information, the African Centre for Women (ACW) in the Economic Commission for Africa (ECA) attempts to raise awareness of society in general, and of people who could act as change agents in particular, about impediments to the advancement of women in Africa. It helps to monitor and implement the African Platform for Action adopted in Dakar in 1994 and Global Platform for Action which was adopted at the Fourth World Conference on Women held in 1995 in Beijing, China.

One of the critical areas of concern identified in the African, as well as the Global Platform for Action, was the girl-child. This review covers a range of cultural and traditional practices which affect girls negatively. It provides a brief overview of the issues, the ways in which they are harmful, some of the reasons for their existence and a discussion of some of the ways negative aspects of such practices can be eliminated. It is not meant to be exhaustive. Some very harmful practices are undocumented or little studied and could not be included.

The review draws on the strategic objectives and relevant recommended actions to be taken by various actors. The elimination of negative cultural attitudes and practices against girls is one of the recommended actions. This review is therefore a means of raising awareness and helping to find ways of addressing practices which are harmful to girls.

Because the population of Africa is very young, issues involving its youth are critical. What happens to the children of today, determines in large part, what opportunities as well as physical and mental health problems will face adults of the future. Since daughters are generally not valued as much as sons, are allocated fewer resources within the family, and overworked as compared with boys, the tendency for girls to enter womanhood already disadvantaged is common.

If women are to be politically and economically empowered, bear and raise healthy children, and contribute to the total development of their communities, impediments they face as children and young adults have to be reduced or eliminated. This review aims to draw the atten-
tion of the highest level of governments and sectoral ministries such as agriculture, education, health and culture along with community, religious and traditional leaders, parents and all others concerned with such issues, to the urgency of the task at hand.

The world has come a long way in recognizing that children have rights that ought to be respected and protected. Opportunities and rights denied on the basis of gender are also now openly discussed and given attention to some extent in policy and planning at different levels. Throughout the world, people are beginning to see that sustainable development will not take place if half of the population is being denied the chance to reach its full potential. Once obstacles are recognized and means of change identified, action can be taken to effect positive change. It is hoped that this review will inject some energy into this process.

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1. Introduction

It is hoped that this paper on traditional and cultural practices harmful to the girl-child will shed some light on the extent to which this is an issue which needs addressing at all levels of government and society. It is hard to understand fully the many ways in which girls are hampered from reaching their full potential as human beings, participating in and benefitting equitably from economic activities and decision-making in the communities of which they are a part, without concretely identifying and describing all of the contributing factors and how they operate to negatively affect women during their entire lives. It is equally important to note that all of these issues are inter-related. Real change in one area is needed to reinforce or prompt change in another. For example, the educational, health and marriage status of girls is very connected. The poverty cycle also tends to perpetuate itself through illiterate mothers raising illiterate daughters, who marry early, experience high fertility rates, poor health and few opportunities for anything better. This paper will address various practices harmful to girls, and discuss their prevalence, reasons why these practices continue, how they affect girls negatively and strategies for encouraging people to discontinue such practices.

The Convention on the Rights of the Child defines the “child” as any-

"Girls in Africa live in environments, societies and cultures that are diverse. Yet their disadvantaged situation is basically similar wherever they might live. They are more likely to be born into discrimination, be undervalued in comparison to their brothers, be exploited and considered transitory members of their families, and serve as helpers to their overburdened mothers from a very early age. Their sexuality increases their vulnerability to violence and abuse. These discriminatory attitudes and practices, deeply rooted in the cultures and traditions of some African societies, are perpetuated and accepted primarily because societies are basically complacent and satisfied with the status quo."*

* An Organisation of African Unity (OAU)-sponsored Pan-African Conference on Youth and Development was held at the Economic Commission for Africa (ECA) in March 1990. A representative from UNICEF presented a paper entitled “Girl Child in the 1990s and Beyond: Meaningful Contribution to Peace, Participation and Development”. This paper explained why it is important to focus on girls.
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one below the age of 18. However, one must bear in mind the fact that many girls are married and are mothers by middle adolescence and are burdened with adult responsibilities. Girls are typically expected to take on a major part of caring for younger siblings and household chores even before adolescence. By that time, patterns of limited opportunity and cultural expectations have shaped the life-time potential for the vast majority of girls.

The girl-child has been described as being discriminated against throughout her life from birth onward. From an early age, girls are socialized to put themselves last. Although this paper is focused on the girl-child, everything that happens in one’s childhood has a cumulative effect which culminates in adult women being hindered, discriminated against or otherwise being put in a disadvantaged position, having fewer rights and opportunities as compared with men.

Although there is a great deal of variation in practices harmful to girls depending on the country, tribe or ethnic group and religion, practices which are found in various communities in Africa will be addressed. Many of the cultural and traditional practices advocated for the girl-child by their societies and families stem from the belief that females are inferior, do not benefit the family into which they are born, and must be controlled as well as prepared for their main role — and generally only means of earning respect and status in life — to be wives and mothers.

Many harmful practices are perpetuated due to ignorance, or although recognized as harmful, because ostracization from one’s group has very severe consequences. Those who dare to break with tradition are often cruelly teased, humiliated, mocked and looked down upon. What may be needed is a critical mass — a large enough number of people willing to reject harmful practices — in order to encourage others to follow suit. All who have a stake in keeping practices and attitudes harmful to girls alive, must be enlisted in the fight to change such traditions. Parents, religious and traditional leaders, media, policy and law-makers can be made aware of the negative impact of many practices and be encouraged to work toward improving the traditional value or status given females in the society. This must be done however, with a lot of sensitivity to what some people stand to lose through cultural changes. A lot of power, status, and authority is bestowed upon many who keep cultural practices alive and to a lesser extent, to those subjected to them.

Son preference, early marriage and early childbearing, female genital mutilation, lack of sufficient nutrition as a result of a larger quantity, better
and a wider variety of foods being given to males in the family, as well as lack of access to medical treatment or unwillingness on the part of parents to take their daughters for medical treatment as readily as their sons, contribute to these high rates. For many girls, adulthood is entered into with poor health as a consequence of years of poor nutritional status, adolescent childbearing and heavy workload. This lack of reserve energy and spare time makes real participation in the development of her community and self-development through education and training impossible even if the opportunity is available. As the African Platform for Action: African Common Position for the Advancement of Women (1994) puts it in paragraph 121, "The girl-child of today is the woman of tomorrow. In order that she may grow up with the health, confidence and education necessary for her to take her place with dignity and equal to man in society, special attention needs to be focused on her".
II. Background

Recent conferences have brought attention to the plight of the girl-child in Africa. These include the World Summit for Children in 1990 and the Dakar International Conference on Assistance to African Children (ICAAC) in 1992. Concern about the situation of children throughout the world culminated in the Convention on the Rights of the Child in 1989. The double vulnerability and negative impact felt throughout one's life of being female and a child, led UNICEF to bring more attention to the special needs and constraints on the girl-child as a separate area of concern.

The African Platform for Action for the Advancement of Women (1994) lists the girl-child as a critical area of concern. Four main objectives of giving special attention to the girl-child are: to eliminate discrimination against girls in areas of education and training, health and nutrition among others; to advocate for elimination of negative cultural attitudes and practices against women and girls; to enhance the capacities and esteem of girls especially those with special needs and to sensitize the girl-child about social, economic and political issues and problems.

The Global Platform for Action for the Advancement of Women adopted at the Fourth World Conference on Women held in Beijing in 1995, included in the critical areas of concern, “Persistent discrimination against and violation of the rights of the girl-child”. The need to increase shared parental responsibility for children and increase public awareness of the value of the girl-child, and concurrently, to strengthen the girl-child’s self-image, self-esteem and status and to improve the welfare of the girl child, especially in regard to health, nutrition and education, has been emphasized in much of the work done focusing on the girl-child. In Africa, where the ratio of the population 0-14 years of age to the total is projected to remain at 45 per cent until 2000 (the same ratio since at least 1980), the urgency of addressing these issues is greatest compared to other parts of the world.¹

III. Gender-based Exploitation and Violence

The word violence is used here in a broad sense to encompass various forms of physical and mental abuse, exploitation and general maltreatment, humiliation and degradation of another human being. Violence is inherent in many cultural practices although it is often not seen as such. When violence against females (for example, wife-beating and female genital mutilation) is condoned by culturally prescribed attitudes and beliefs about women, it may not be thought of as unacceptable — even by women themselves. The imbalance of power and low social and economic status of girls in society perpetuates exploitation and abuse by males. Although statistical data are hard to come by, reports are received through various channels and there is documented evidence of acts of violence committed against girls and women on a large scale and frequently within the home. Violence against women, much less girls, has not been addressed much by legal and law enforcement systems or by communities in which it takes place.

A. The situation at the household level

As is typical of most patriarchal societies throughout the world, in Africa men tend to have power over economic, political and reproductive aspects of life. A woman, on the other hand, is usually expected to be submissive, obedient and respectful of her husband. Spousal abuse is often condoned on the grounds that the wife did not behave in a culturally approved manner (whether or not there is any truth in the assumption). Child brides are especially vulnerable to abusive treatment when they do not behave as expected or demanded by the husband or in-laws. Studies have established marital violence as a leading cause of female suicide in Africa as well as some other regions studied. Studies in various parts of the world, including Kenya in Africa, show that more than half of all murders of women were committed by present or former partners.

Abuse can be found at all levels and in all forms of social groupings.

Girls are exploited in terms of unequal household and agricultural workload as compared to male siblings and usually, her spouse after marriage. In Africa, especially in rural areas, where most of the population lives, girls are expected to help with all domestic chores such as caring for younger siblings, walking great distances and carrying very heavy loads of firewood and water, doing agricultural work and food processing, all of which require a great deal of time and physical energy. Compared to boys, in many households girls are routinely given less food and/or less nutritious food, less rest and less opportunity for self-development. The number of hours worked in a typical day by the average African girl and woman surpasses that of men by far and women and girls supply 70 per cent of the labour for food production. However, they receive only 10 per cent of Africa’s income. When economic conditions deteriorate, women must increase the output of their one productive resource, their and their children’s labour, with more of the burden falling on the girls.

When land and water are depleted much more labour — usually women’s labour — is required to maintain the same output. The workload of children also rises, for girls more than boys.3

B. Sexual violence and exploitation

For girls and women, sexuality and reproduction are all too often a source of pain, violence, disease, death and even murder and are very much tied to differentials in power and decision-making within relationships and society at large. Even a wife’s wishing to practice family planning to delay or better space childbearing may be met with violence and accusations of infidelity from her husband. Younger girls are increasingly sought out for sexual relations by older males who believe that the risk of contracting HIV will be lowered. AIDS is the leading cause of death for women in their most productive years (20 to 40) in several large African cities such as Kampala, Kigali and Lusaka. By 2000, the number of deaths of women 15 to 49 years of age could reach 2.9 million. Data from Botswana, Bu-

rundi, Central African Republic, Uganda, Zambia and Zimbabwe indicate that girls 15 to 19 years old have an infection rate four to ten times that of boys in the same age group. Older unmarried adolescent girls are often sexually exploited. Some may become sex workers or enter into a dependent relationship exchanging sex for food and shelter out of desperation because of poverty. Female genital mutilation has also been addressed by groups advocating its eradication, as an issue of violence against women.

The UN report on major obstacles to the advancement of women, presented in Nairobi at the Third World Conference on Women in 1985, "...cultural and traditional practices encompassing psychological, structural and ideological attitudes which persist in many different forms..." were cited as a major problem to be attacked before women could achieve equality and freedom from sexual abuse.

1. **Effect on girls of the social value of female virginity**

Female virginity and fecundity are almost always highly valued. A practice which can be found among some animists is "virgin slaves" being offered to deities. In such cases, the girl concerned will not be able to continue with schooling and will be sexually violated, which will limit her future opportunities and life choices. A common practice in many societies is that of subjecting young women to virginity tests which may be humiliating and not even accurate. It is generally very difficult for the family of a woman who is judged to no longer be a virgin to find a husband for her and the entire family may be disgraced. Subjecting girls to early marriage and, in some cases, genital mutilation, is done in large part to keep girls virgins until marriage. Negative consequences for a male who "takes" a girl's virginity are usually minimal. His prospects for marriage are generally not worsened, nor is he likely to be socially stigmatized. In this way, women suffer severe consequences of men's perceived need to control girls' sexuality.

**C. Conflict-related violence**

In recent years, the number of countries in Africa experiencing internal strife and conflicts has increased. Long periods of internal conflict have been experienced by
countries located in all parts of the continent such as Algeria, Angola, Burundi, Ethiopia, Liberia, Mozambique, Rwanda, Sierra Leone, Somalia, South Africa (under apartheid), the Sudan and Uganda. There are numerous reports of women and girls being targeted for acts of violence and suffering disproportionately in conflict situations. Within the last few decades there have been many conflicts which have produced a large number of refugees or internally displaced persons. The vast majority of these people are women and children. Whatever hardships any displaced person faces, girls are in addition, often subjected to sexual violence and exploitation. As in many other parts of the world where communities and the social fabric have been torn apart by war and internal conflict, girls are often raped, forced to become prostitutes or trade sex for food, shelter and protection. The trauma of the very violent and intrusive act of rape in particular, remains throughout their lives, expressing itself through shame, depression and other symptoms of post traumatic stress disorder.

In some countries, many of the boys are made into soldiers and girls are forced to do washing, cooking and cleaning for members of one of the factions or a military force which may have gained control. Due to the low status females have in many societies, they are often seen only as potential providers of services for the men in power at the time and their lives may be devalued. Even where women and girls are not targeted for this type of abuse, they are often the last to get food and medical attention. The men and even young boys are drawn into

"Thousands of Somali refugee women have been raped. In five nights spent by an African Rights representative in the camps, no fewer than 22 women reported having been raped. Most rapes remain unreported, which means that women are not seeking urgent medical attention. Most are gang rapes. The majority are carried out by bandits living in north-east Kenya; many are committed by the police and army, acting brutally and with total impunity. Women who report rapes perpetrated by security officers are threatened with reprisals. There are special traumas associated with rapes of virgins. on account of the Somali practice of infibulation, which means that the rapist violently cuts open the vagina with a knife or bayonet. (Abuses against Somali Refugees in Kenya, African Rights, 1993)

6 In the 1996 State of the World’s Children, published by UNICEF, it is suggested that one factor contributing to Uganda’s high rate of HIV/AIDS infection could be that some women had to trade sex for security during the civil war."
the fighting and often given weapons and thus, a degree of authority and power over others and ability to control resources. In Renamo camps in Mozambique, young boys, who themselves had been traumatized by violence, often used sexual violence against young girls. If they resisted they were threatened with starvation and death.⁷

Although orphans in general are a vulnerable group, since girls are generally not valued much by families and society, it should be expected that girls who are orphaned are more likely to be under-fed, under-educated and generally neglected by their caretakers. They are more likely to be married early or resort to prostitution to support themselves. A girl whose mother has died of AIDS for example, (which is more likely in areas experiencing conflict) is more likely to be exposed to HIV herself if she has to survive through prostitution. Orphaned girls and boys may feel that they will benefit from affiliating themselves with a warring faction. However, girls often encounter more sexual abuse than do boys do not. For example, in Uganda in 1986, the National Resistance Army had 500 girls, mostly orphans who thought of the Army as a substitute parent.⁸

In Rwanda, numerous cases have been documented of gender-based violence and sexual abuse of females of all ages — even infants. Many girls have been raped then killed or left to die, had their breasts cut off, genitals mutilated or were killed by having a sharp instrument forced into their vaginas. Other women were held for long periods of time and raped repeatedly by one or several men. In many instances, the abusers made it clear that this was an opportunity to humiliate women and girls who they believed would have rejected them in normal life.⁹ Many girls and women who have survived continue to suffer because having lost their virginity, (in some cases, having become pregnant as a result) or being widowed, they are devalued and ostracized by their communities and families. Some girls abandoned babies born as a result of rape and others took their own lives. Especially in societies where the girl and her family’s honour, reputation and status are affected by her remaining a virgin until marriage, the stigma of sexual

abuses affects the entire family and often the next generation. In cases where girls have been disfigured such as in Northern Uganda where some had their lips cut off by rebels, opportunities for marriage may disappear, leaving girls with no chance of earning respect by her group.

E. Abduction

Even without conflicts, it is also a common occurrence in some communities, for very young girls to be kidnapped, raped and often forced into marriage. In some African countries there are specific terms used for kidnapping of girls such as “kulehya” and “kwendzeselwa”. In many cases, customary or religious law allows abductions to become valid marriages, as consent of the girl to be married is not required. In Ethiopia, for example, groups have begun to advocate for stronger measures to be enforced to prevent these occurrences and have raised people’s awareness of the problem.

1. Slavery

The capture and enslavement of people belonging to certain communities by raiders from other groups is a practice dating way back in time in some parts of the continent. In recent years, it has been reported and documented by several sources including exiles, former slaves, and organizations, that in the Sudan and Mauritania for example, armed raiders from the north often kidnap girls and women. The reported price of a Sudanese woman is five cows. Women are forced to work as house servants, girls are made into concubines and younger girls must tend animals. There are also reports of Dinka and Nuba chil-

A Somali woman who has been raped is a victim of the attack itself and a victim of a set of social values that condemn a raped woman to lifelong shame and self-ostracism. Somali culture values chastity. Women are expected to be virgins at marriage. A virgin who has been raped will often find it very difficult to find a husband. Driven by a strong sense of guilt, shame and defilement, young women who have been raped find it very difficult to regain their former place and status in society, and may be forced into prostitution. Older women who have been raped may lose the authority and social stature they have achieved; some feel so humiliated that they no longer go out in public.


10 "The Economist", 21 September 1996 p.45
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dren being sold in Libya. In South Africa in the 1980s, Mozambican women and girls were sometimes sold as slaves to provide labour and sexual services to local men. Although boys may be victims of slavery or slavery-like practices, girls often suffer sexual abuse which adds to the trauma of being abducted and taken to a far away place.

F. Violence as a form of control

Although the specific examples discussed above as forms of violence and abuse are not all necessarily cultural or traditional practices per se, the common thread is violence as a form of control. Control of women is culturally prescribed and in all cases, violence adds to the hindrances in life with which the girl-child already is faced. As can be seen from many situations throughout the world, it is easy to subject a segment of the population to such acts when it has long been viewed as inferior and has no real legal recourse. Women are socialized to be undervalued, have their confidence and self-esteem eroded, have their work unrecognized and their opportunities limited. An ultimate long-term impact of the most extreme situations such as in Rwanda, however, might be the existence of a critical mass of women who will be able to push through changes in laws regarding land ownership and inheritance as well as an end to the "blame the victim" mentality regarding widowed and raped women.

G. Addressing the problem

There is now an urgent need for these issues to be addressed due to prevalence of violence and the number of conflicts in Africa which have produced large numbers of traumatized children. Many of them have grown up witnessing and experiencing violence on a daily basis and a large number of girls are at risk or have already been affected. Girls in especially difficult circumstances such as refugees, disabled or orphans are at even greater risk of abuse. Several legal instruments and United Nations resolutions have called for special attention to be given to these groups. The African Platform for Action recommends that "the education of the girl-child with disabilities be free and compulsory to ensure her needs are met" and that the capacities of girls be enhanced — especially those with special needs. The Global Platform for Action states: "The girl-child with disabilities faces additional barriers and needs to be ensured non-discrimination and equal enjoyment of all hu-

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Man rights and fundamental freedoms in accordance with the Standard Rules on the Equalization of Opportunities for Persons with Disabilities”.

Measures have been taken within the United Nations system which help to draw the attention of governments to the seriousness of the issue of violence against women. In December 1993, the UN General Assembly proclaimed a Declaration on the Elimination of Violence against Women. In 1994, the United Nations Commission on Human Rights decided to appoint a Rapporteur on Violence against Women. Forms of violence against women to be addressed by the Rapporteur include: gender bias in the administration of justice, trafficking in women, and the harmful effects of certain traditional or customary practices, cultural prejudice and religious extremism in addition to those addressed in this study. The Rapporteur assists governments to find durable solutions for the elimination of violence against women in their societies, seeks information on causes and consequences of violence against women and recommends measures at the national, regional and international levels to eliminate its causes and remedy its consequences. The Rapporteur also serves as a focal point for world-wide action of various organizations working on this issue. In one of the additional protocols to the fourth Geneva Convention, sexual exploitation of children is addressed. In Article 77 of the first Protocol, it states that children shall be the object of special respect and shall be protected against any form of indecent assault. An Anti-war Agenda has been written by UNICEF which lists girls and women as one area requiring attention. The State of the World’s Children report (UNICEF, 1996) explains that because in times of conflict, women’s economic burdens are greater, access to skills training, credit and other resources must be secured. Education, women’s rights legislation and actions to strengthen women’s decision-making roles within their families and communities are all needed, both before and after conflicts.

*In the midst of conflict, specific community-based measures are necessary to monitor the situation and needs of girls and women and especially to ensure their security because of the terrible threat they face of sexual violence and rape. Traumatized girls and women urgently need education and counselling (UNICEF).

In March 1995, the United Nations High Commissioner for Refugees (UNHCR) issued guidelines on
responding to sexual violence against refugees. Field workers were urged to take preventive measures to minimize the risk of refugees’ exposure to attack. These included locating latrines close to living quarters; making separate, secure accommodation available to lone women and girls; and promoting the distribution of food rations through women, rather than through men, who may use their power over basic supplies to coerce women into sex.

Some specific ways in which gender-based violence can be reduced include:

- Reform of laws in order to ensure more protection of women’s rights.
- More women can be encouraged to study law through scholarship programmes.
- Law enforcement officials must see violence against women as unacceptable and those who commit acts of violence must be stigmatized by their communities.
- Attitudes of people in all levels of society must be modified through awareness creation, sensitization and increasing knowledge of the impact of various practices.
- The role of civil society needs to be strengthened and accountability demanded.
- More channels for exerting organized pressure to reduce maltreatment of women must also be developed.

Despite the protection for civilians in times of conflicts that is demanded by international law and that such acts as domestic abuse, female genital mutilation and abduction have been made punishable in some cases, enforcement appears to be almost nil. The root causes of violence must also be addressed. As long as men are given the right to control women’s behaviour and use violence as an acceptable way of asserting power, violence is perpetuated. Legal measures can offer women some protection and recourse. However they will have limited effect if people are not socialized to reject violence. Sensitizing people through mass media and the health and education sectors can have some impact, but without change in cultural and social values, progress in stopping gender-based violence will continue to be slow. As is stated in a World Bank Discussion Paper,

“Clearly, efforts to protect women must be strengthened and expanded at the local and national levels. But any strategy to combat violence must attack the root causes of the problem in addition to treating its symptoms. This means challenging the social attitudes and beliefs that under-
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gird male violence and renegotiating the meaning of gender and sexuality and the balance of power between men and women at all levels of society."\(^{12}\)

IV. Forced Feeding and Nutritional Taboos

In various communities throughout Africa, there exist taboos which dictate specific foods which may not be eaten by girls and pregnant and/or lactating women. The problem is that many of these foods are highly nutritious and depriving one's body of them often results in anaemia or even malnutrition for females and poor development for infants. During pregnancy and lactation, the body's requirement for many nutrients and total caloric value of one's daily intake of food increases, yet protein and vitamin-rich foods such as eggs may be taboo for reasons ranging from an expected undesirable physical or character attribute of the child once born, to a perceived negative effect on girls and women. In traditional societies of the highlands of Ethiopia for example, young girls are not allowed to eat raw green peppers, which contain a lot of vitamins, as it is believed that peppers cause girls to mature earlier and that their interest in boys will increase more.13

Adequate nutrition is essential for reproductive health. Iron deficiency, anaemia and stunting caused by protein-energy malnutrition can contribute to pregnancy-related deaths. Severe anaemia plays a part in up to 40% of the maternal deaths each year in developing countries (e.g. it increases the likelihood of haemorrhage), and stunting often causes the pelvis to remain too small to allow the birth of a baby without a cesarean section.14

In some communities (for example in Burkina Faso and Mauritania) there is a practice followed of fattening-up young girls to make them look older and appealing to a future spouse. The girls are forced to consume enormous quantities of foods such as milk and cereals. As practised in Mauritania, it is described as "a Moorish tradition that goes back to the early days whereby a girl is made to double or triple her weight so that parents can give their daughters earlier for marriage. ... The


danger inherent to forced feeding is that these girls are precociously overweight early in life through an unbalanced diet and lack of exercise. This practice is responsible for the girls not being sent to school for as long as possible. "\(^1\)

There is a big difference between simply being overweight and becoming obese by force and through a highly unbalanced diet. In spite of being fat, the body is malnourished. Being overweight has health consequences and excess weight gained early in life is hard to lose. The heart and other important organs are stressed, blood pressure may tend to be too high and degenerative diseases tend to develop more frequently. The harm done to the girls is only for the enjoyment of others. As in the opposite case of parents or society encouraging minimal weight gain in girls, the girl is not valued for herself, but rather by standards which others have decided she should follow and how she can be made to fit the model of an ideal bride.

A. Addressing the problem

The attitudes and beliefs of those perpetuating this custom must be modified before real change can be expected. As long as girls are seen only as potential wives and with no other value, such customs will likely be continued. An understanding of basic concepts of nutrition and why an extremely unbalanced diet is not beneficial is also needed by those who have the power to decide to subject girls to this practice. The African Platform for Action recommends promoting public information for equal treatment of women and girls regarding nutri-

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After circumcision, I was to be put to another kind of torment. At the age of ten, I was taken to a village and left in the care of a ruthless female servant equipped with all conceivable instruments of torture. We were a group of girls, from eight to ten years old, and we had to undergo the experience of fattening as if we were geese. We were awakened every day at 5:00 a.m. and placed before jugs containing one litre of milk each. The exercise was to have each one of us drink, under tight control, between 30 and 40 litres of milk a day... I shall never forget the case of a friend of mine who drank herself to death... the other purpose behind fattening is to turn the young girl into a docile creature, ready for the marriage imposed upon her. (Fatima from Mauritania)

\(^1\) Report on Mauritania from the IAC Third Regional Conference, 1994
tion, health care, education and decision-making. This would improve the status of girls, thereby raising more awareness of the issue of forced-feeding.
V. Early Marriage

A. Overview

By world standards, Africa—in particular, sub-Saharan Africa—remains a region of very early first marriage, primarily among women. A wide range of marriage formation processes (a wedding often involves a series of events rather than a single ceremony) and forms of marriage, makes data from African countries harder to compare with other regions.

There is also a wide range of singulate mean age at marriage (SMAM) by sub-region and country. Benin, Chad, Guinea, Mali and Niger have the lowest SMAM. Data on women (which dates to the early 1980s in many cases) indicates that their SMAM is below 20 years of age in the following African countries: Benin, Cameroon, Central African Republic, Comoros, Djibouti, Ethiopia, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Sao Tome and Principe, Sierra Leone and Uganda. Other countries in the world with a SMAM for women of below 20 years are: Bangladesh, Cuba, India, Oman, Nepal and Yemen. The sub-region of West Africa has the highest levels of marriage among women aged 15-19; Southern Africa has the lowest levels, and Northern Africa has had significant reductions in adolescent marriages, with Morocco showing one of the sharpest declines.

1. Age difference between spouses

Data from sub-Saharan Africa also show a pattern of great differences between female and male SMAMs. The largest differences are found in Western Africa; the smallest differences are found in Southern Africa. Reductions in the age gap have been most substantial in Northern Africa. Age differences are due to various social and demographic factors and norms. Polygamy and bride wealth customs are associated with big age differences between spouses although they are not necessarily the cause. Also, the amount of education the husband has sometimes

16 For example, according to a study undertaken in 1988 by Gendreau and Bubry, in Côte d’Ivoire the difference varied from 13.8 years for an uneducated husband to 5.7 years for a college-educated husband.
In an Inter-African Committee (IAC) report on the situation in Tanzania regarding traditional practices, mention is made of the practice of some groups of marrying off a young girl to a man the age of a grandparent. The wife is often left a widow at a very young age with nobody to take responsibility for her welfare, and that of the children. In Zanzibar, in particular, it is fashionable for families to give a daughter in marriage to foreigners such as Oman Arabs because of the big dowry the man’s family pays. It is common in many areas where early marriage is the norm, to find men marrying girls as much as 50 years younger.

According to a recent World Fertility Survey, roughly 50 per cent of African women are married by 18 years of age, although girls generally marry at younger ages in rural areas than in urban centres. However, as men usually marry much later, this significantly increases the likelihood of a woman becoming a widow. In Cameroon for example, there is one widowed man for every 19 widowed women and it has been estimated that in rural Nigeria, if a girl, of 15 years marries a man of 25, she has a one in two chance of being widowed by the time she is 50.

Some years ago in the northern part of Nigeria, a little girl of nine was backed to death by her 90 year old husband. She had been married to him in the name of tradition, but she refused to have the marriage consummated. She ran away to her family of orientation for protection but little did she know that no protection awaited her there. Twice she ran to her home for help and twice she was returned to her “husband” by her parents. The incensed husband then promised to do something to her that would ever prevent her from running away. With an axe, he crudely amputated both upper and lower limbs. Of course, she did not ever run away; she never lived to try. Two days later she died.

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17 Sources of information in this section are Women’s Indicators and Statistics Database (Wistat) and Patterns of First Marriage: Timing and Prevalence (1990), both publications of the United Nations.


It is also important to note that the big age differences between husband and wife common in marriages of adolescent or pre-adolescent girls limits the wife's say in household decisions throughout the marriage. Intra-household allocation of resources has been shown to be a major determinant of levels of education, health and nutrition of members of the family, which in turn impacts the next generation. An adolescent girl with a much older spouse is much less likely to be able to participate in decisions about when to have children, to be able to negotiate use of birth control, and less able to protect herself from exploitation or mistreatment. 

B. Why girls are married off early

There are many interactive social and economic structures and pressures which encourage a specific marriage timing and they differ from society to society. For example, in Islamic agricultural societies, where property can be passed on through women, girls tend to marry very early. In Islamic pastoralist societies, with caste endogamy and preferential parallel cousin marriage, property transmission produces exceptionally late age at marriage for women (Lesthaeghe and Surkyn, 1988). Also, in matrilineal societies, women tend to marry later. An analysis of the variance of the effect of traditional factors, such as type of production system, lineage organization, inheritance of property (through males or females), political and social stratification, and of one modernization factor, literacy, on the timing of women's marriage (measured by the proportion of single women in the age group 15-19), concluded that literacy is the major modernization factor that produces high proportions of singles.

If a girl's main role in society is to be a wife and mother, then it may be felt that the sooner the better to marry her off and let her achieve recognition in the community in this capacity. Many groups which practice early marriage feel strongly that it is essential in order to ensure the girl remains a virgin, and is encouraged by the practice of a bride price being paid to the girl's family. The amounts normally vary according to whether the woman is a virgin, has been married before and has children or not. A woman's value is then based on virginity and fertility. In Gabon, Niger and Togo limits have been set for


maximum bride price allowed; however, families of daughters may wish to receive bride-wealth soon so as to have resources to enable their sons to marry.

A girl may suffer from reduced self-identity and opportunities for receiving education or learning skills which could be economically useful and be denied a choice of spouse in order to be protected from being sexually violated, while such restrictive measures are not taken to control males. Cultural norms of parental decision-making power regarding marriage timing and choice of spouse, large families and the expected assistance of the extended family in making the establishment of a household possible, have a major influence on the pattern of early marriage. "Free-choice marriages" tend to be associated with later marriage of females (United Nations, 1990). Also, lack of change in marriage behaviour can be attributed to traditional family systems — mainly based on agriculture, limited agricultural technology, illiteracy and slowly developing economies. With less employment in agricultural work and no alternatives in the modern sector (trade, services, government), women may become more dependent upon their husbands, which eventually could reinforce early marriage. When rural families are struggling to make ends meet, early marriage may be motivated by increasing need for children to provide economic security, which may "outbalance their reduced need for children as sources of labour" (Boserup, 1985, p. 389).

Research has been carried out in regions of Ethiopia where the practice of early marriage is prevalent. Six types of marriage arrangements were identified, namely:

1. **Promissory marriage** whereby a family promises its newborn (or not yet born), daughter to another family which formally proposes marriage.

2. **Child marriage** whereby children under the age of ten are wedded in one of two ways. In one case, the child bride is given to her in-laws immediately after the wedding ceremony; in the other case, the girl stays with her parents until such time as the two families agree that she is mature enough to go to live with her husband. In the first case, sexual assault is likely and the chances of the marriage breaking down are also greater.

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22 ibid
3. *Early adolescent marriage* which takes place between the ages of 10 and 15,

4. *Late adolescent marriage* which takes place between the ages of 16 and 20, and

5. *Adult marriages* which take place above age 21. In each of these cases, a marriage is arranged after negotiations between two families. The bride is required to prove she is a virgin. If she is not, she and her family are disgraced and the marriage is dissolved.

6. *Marriage of a young girl to an elderly man* where the man is typically between the ages of 40 and 50, but can be even over 60. The main reason given for supporting this practice is fertility considerations, followed by the perceived better adaptability of young girls to married life, need for labour of a young girl and submissive wife to provide care in the husband’s old age, desirability of a virgin and increased wealth.

In one area of Ethiopia surveyed, 21 per cent of respondents said that the ideal age for marriage of a girl was below the age of 9, with the majority of respondents in areas surveyed replying that ages 10-15 were more preferred. The same research showed that people generally give their children in marriage at an early age due to the pressure to conform to tradition. Other major reasons were to ensure the girl remained a virgin until marriage and for parents to see their children married before getting old or dying. The parents of a child married early often also feel proud and respected because their child was wanted at an early age.

A marriage may have been agreed to by two families very early in a child’s life and the actual wedding ceremony held at the time the girl reaches puberty at which time normally the husband may begin having sexual relations with the young wife. In Cameroon, some tribes consider it unlucky for a young girl to start menstruating while still living in her parents’ home. In other cases, parents may marry off a daughter at a very young age after having the experience of an older daughter becoming pregnant while furthering her education.

Disruption of social systems due to internal conflict has brought about changes in practices in some cases. In the Kumi and Soroti districts of eastern Uganda, many people suffered from cattle rustling in the late 1980s to early 1990s. Raiders as well as insurgents abducted, beat and maimed girls and women, but also, families started marrying off their very young daughters and withdrawing them from school while they were still open, be-
cause people felt it was better to have a wife before losing one's cattle. In the Sudan, among some groups, the inability of men to provide the expected "brideprice" has led to abductions of girls and their subsequent marriage.

C. Impact of early marriage on fertility

Although the age at first marriage for females is not always the age at which they are exposed to the risk of childbearing (i.e. contraceptives may be used), it is a good approximate indicator; therefore, it has a direct impact on the total fertility rate and ultimately, the population growth rate of a nation. However, other factors such as level of education strongly affect fertility and age at first marriage. Women with 7 years of education tend to marry at an average age of almost 4 years later and have, on average, 2.2 fewer children than those who have had no education. Although results of some fertility surveys have shown that fertility is reduced most when women can earn more than a subsistence income and have access to contraceptives, age at first marriage is strongly associated with total fertility rate and maternal morbidity and mortality, with as little as one additional year of schooling reducing fertility rates by between 5 and 10 per cent (Summers 1994).

Data from recent Demographic and Health Surveys (DHS) indicate a trend towards adolescent pregnancy and childbearing — sometimes before marriage as a way of proving fecundity. Married couples also rarely use contraceptives before a first birth. This has important implications for the poor, already-disadvantaged girls as they lack necessary educational achievement and ability to support themselves and their offspring. It is also probable that as parents see this trend developing for adolescents, they may wish to keep their daughters from school in the belief that they will be exposed to premarital sex. Actually, as the average age at marriage increases, the chances of sexual intercourse or a birth occurring before marriage increase due to the increased number of years during which these events may occur. The age at which first intercourse occurs tends to be later now than in the past; however, contracep-

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23 As reported in the November-January 1994 issue of the magazine ARISE, published by Action for Development.

24 UNFPA "Incorporating Women into Population and Development"
D. Health consequences of early marriage

Common outcomes of early marriage include frequent, closely spaced pregnancies (with increasing resort to illegal abortion in some locations). Even for girls who are healthy and well-nourished, giving birth before the age of 18 is correlated with a greater number of complications and maternal mortality. The World Health Organization (WHO) estimates that adolescent girls have a 20 to 200 percent higher risk of dying from pregnancy-related causes than adult women — the younger the girl, the higher the risk. Physical effects of early child-bearing include prolonged and obstructed labour (especially common in girls who are malnourished and whose growth was stunted which prevented the pelvis from reaching normal size). This may cause death of the mother and/or the baby and often leads to vesico-vaginal or recto-vaginal fistulas. Fistulas result from death of tissues of the birth canal, leading to a breaking down of the walls between the bladder or rectum and vagina. Fistulas can only be

25 "Sexual Initiation and Premarital Childbearing in Sub-Saharan Africa", Dominique Meekers, Demographic and Health Surveys, 1993, Macro International Inc., Columbia, Maryland, USA

26 World Heath Organization, "Youth and reproductive health", Health of Youth: Facts for Action, No.6 (Geneva, 1989)
Map 1: Teenage Pregnancies and Births - 1992

Percent of Pregnancies in girls below 20 years
- Below 15%
- 15 - 20%
- Above 20%
- No data


repaired surgically and therefore cause chronic problems (including social and psychological) throughout the girl's life (Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, 1987 Report, p. 48). In many societies it is believed that a girl has reached childbearing age when menstruation begins. However, at that time, a girl has about 5% more height to attain and 10-20% more pelvic growth. Also, as the body of an adolescent is undergoing a growth spurt, additional nutrients are required by her body, which is compounded by nutritional requirements of pregnancy. Nevertheless, many women will make an effort to gain a minimal amount of weight during pregnancy in order to give birth to a smaller baby. Anaemia is very prevalent among young women in Africa, which in turn increases the chances of haemorrhage in childbirth.

Traditional and Cultural Practices Harmful to the Girl-Child

In parts of Ethiopia where girls are commonly between 7 and 9 years old when given to their husbands — although they may be 12 to 13 years old when they reach puberty and are able to conceive — their first pregnancy is often between the ages of 12 and 15. As described by Nebiat Tafari, MD, at a seminar organized by IAC, “Teenage housewives are expected to attend to household chores in addition to participation in agricultural work. Many such mothers appear thin, frail and exhausted, a phenomenon referred to as the 'maternal depletion syndrome'. Maternal anaemia increases the risk of foetal asphyxia and maternal death from such obstetric complications as postpartum haemorrhage’. A girl who is the age of many of these who are being given in marriage, probably knows almost nothing about the function of the reproductive system of the body and may also be injured by being forced to become sexually active before reaching physical maturity. Simply having reached puberty also does not mean that the girl’s body is in optimal condition developmentally to bear a child. The health status of the family is affected most by the female head of household. When she is uneducated, poor nutrition, inappropriate responses to health matters and unhygienic conditions are more likely to be found. When she cannot earn much money, medical care is seldom sought.

Indirectly, the health status of the family is affected when mothers have less than primary education and few means of earning money to buy essentials. Concepts of nutrition, hygiene and reproduction, as well as knowledge and confidence necessary to access the health care system in most cases have not been imparted to someone with no or minimal schooling. Even understanding how to take medicine and ability to read instructions can have a negative impact on health.

E. Violation of human rights

Certainly, cultural norms and traditions carry more weight in the life of the average person, even more so among a largely illiterate, rural population. However, governments which have signed and ratified legal instruments have an obligation to see that they are implemented. Several legal instruments, resolutions and declarations address the issue of respecting a minimum age for marriage and providing for free choice of a spouse. Some of the earliest human rights instruments drawn up by United Nations bodies addressed issues concerning.

28 Nebiat Tafari, MD, Professor of Paediatrics, Faculty of Medicine, Addis Ababa University, Ethiopia at the IAC 1987 Regional Seminar.
marriage. The Universal Declaration of Human Rights (1948), declares in the first two parts of Article 16:

"1. Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution. 2. Marriage should be entered into only with the free and full consent of the intending spouses.

In 1956, the UN General Assembly approved an international treaty to prevent the practice of giving away young girls in marriage—the Supplementary Convention on the Abolition of Slavery, the Slave Trade and Institutions and Practices similar to Slavery. The Convention covered the sale of women into marriage without their consent. The Convention and Recommendations on Consent to Marriage, Minimum Age for Marriage and the Registration of Marriages which entered into force in December 1964 allows governments to decide the minimum age for marriage, yet recommends 15 years as a minimum.

The Convention on the Elimination of all forms of Discrimination against Women (CEDAW) which entered into force in September 1981, covers marriage in Part IV, Article 16, which says

"1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: (a) The same right to enter into marriage, (b) The same right to freely choose a spouse and to enter into marriage only with their free and full consent, and

2. The betrothal and marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory."

In the Programme of Action adopted by the International Conference on Population and Development, Chapter IV, it is stated:

"Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses. In addition, Governments should strictly enforce laws concerning the minimum age at marriage and should raise
the minimum age at marriage where necessary. Governments and non-governmental organizations should generate social support for the enforcement of laws on the minimum age at marriage, in particular by providing educational and employment opportunities."

In the Rights of the Child, Article 2.2 states:

"States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions or beliefs of the child's parents, legal guardians, or family members. Article 3, 1 states that "In all actions concerning children..., the best interests of the child shall be a primary consideration."

When the wife is very young and often is, (or is considered to be regardless of age), a minor without legal rights, abuse by in-laws and spouse can easily occur. In many cases of child marriages, the wife is regularly raped by her husband even though she may not have reached puberty. Forced sex in a marriage and exploitation in the household is typically thought of as simply doing one's duty and not as abuse. Obedience is often highly valued and a wife is expected to behave as an obedient child. Among the Fulbes of Cameroon for example, divorce may be initiated immediately due to a husband's perception of his wife treating him with a lack of respect especially in front of others. A child wife is often treated and regarded as a servant for her in-laws and may be easily mistreated as she is uneducated and not prepared in any way to support herself. There are situations where a man's family has paid a bride price for the girl, making her unable to run away from abuse and seek shelter in the home of her parents and making her in-laws feel they deserve a lot of hard work from the girl.

Although cultural norms generally must change before legal standards become common practice, the

29 UNECA. The Incidence of Sexual Slavery in Africa: Sexual Abuse of Women in Cameroon, 1988
awareness of such standards and the rationale behind them can be improved through schools and media, and groups advocating for the advancement of women. Religious and traditional leaders and parents can be encouraged to follow internationally-agreed norms for marriage.

F. Economic Impact of early marriage

Most theories about marriage patterns associate marriage with economic conditions, including the level of industrial development. Rural societies and agricultural economies (typical of much of Africa) are associated with early and high prevalence marriage patterns; while delayed marriage and lower prevalence is associated with modernization. In many developing countries, data confirm that women marry much later under conditions of urbanization, that age at first marriage is positively associated with the duration of schooling and that the age at first marriage is substantially delayed when pre-marital work pertains to a modern occupation. Although in the long run, modernized and expanding economies may encourage delayed marriage, rising ages at first marriage may also make more possible a better quality workforce, upon which economic growth is dependent.

Human capital is important for the creation of necessary conditions for improved productivity and reducing aggregate inequality over the long term. Limited education, which is almost always associated with early marriage, leads to limited ways of earning money in general, but more so for women who are more often than men, unable to read, write and do simple mathematical calculations. There is then little potential for improvement in the quality of life and total income of the entire family. Traditionally, women are employed in lower-paying jobs and in a narrower range of occupations than are men; however, education — which she no longer can easily obtain once married — can help to narrow the gender gap. Although the vast majority of African women work in the informal sector and earn little, research has shown that they are major providers of their family's basic needs. If more women have the opportunity to enter the formal sector or become better entrepreneurs by marrying later and attaining higher levels of education, more families may experience an improved standard of living.

For a nation, the consequences of early marriage are higher fertility, higher infant and under-five mortality rates, and a less skilled workforce with which to compete for foreign investment and global trade. Forty-five per cent of the population of sub-Saharan Africa is under the age of 15. In North Africa, the proportion is 40
per cent. Most developing countries — certainly those categorized as least
developed countries, of which 33 are in Africa — cannot easily provide
schools, health services, jobs and housing for the quickly growing num-
bers of people needing them. A common long-term effect is
environmental degradation and an increase in communicable diseases due
to overcrowded, sub-standard living conditions. When governments are

| Inequalities in resource allocation that limit members' educational opportunities, access to health care, or nutrition are costly to individuals, households, and the economy as a whole. (Toward Gender Equality, P.23, World Bank 1995) |

constrained from putting the necessary resources into basic infrastructure development because of population pressure, development is hampered and more people become impoverished.

G. Effect on educational attainment

Throughout the world, higher levels of education tend to be associ-
ated with later marriage. Likewise, opportunity to reach higher levels of
education may be affected by culturally-appropriate marriage patterns.
Although a girl may not be enrolled in school or may drop out before the age
at which marriage would take place, the younger a girl is at marriage, the
more likely it is that her formal education will end at that time. The avail-
ability of opportunities to further her education as well as the willingness of
her spouse and in-laws to make it possible to do so are usually non-existent.
Ignoring the impact of early marriage on girls' educational attainment has
serious repercussions for the future of countries where this is a common
practice. Especially because early marriage is so strongly associated
with early childbearing and care of children, for which the responsibility
is often hers alone, a girl's opportunities to access training and education is
severely limited if she becomes a wife and mother at an early age.

H. Addressing the negative impact of early marriage

Various changes in women's lives may indirectly impact the age at
which females marry. Throughout the world, the age at first marriage has
been shown to increase as educational attainment and urbanization increase,
and is associated with employment of women in professional or clerical
work in the formal economy. In Africa, although the role of education for
women appears to be very substantial at the individual level, its impact on
marriage age may not yet be reflected at the aggregate level because the pro-
portion of women who actually reach the educational level needed to initiate
marriage delays is not large enough. It also can be assumed that Africa's fast rate of urbanization will impact on age at first marriage to some extent in major cities. However, with sustained rural to urban area migration, and refugee population in some cities, the first generation living in a city may keep to its traditions. Also, in rural areas, partly due to high population growth rates, poverty alleviation may be slow for some time to come. If the human development needs of this population cannot adequately be provided for, families will continue to feel that early marriage is important for their daughters as a means of survival.

If political will is strong, if innovative approaches are tried and resources are sufficient to increase significantly the rates of completion of primary education, the prevalence of early marriage may drop considerably. This has been the case in Asia where Bangladesh and Nepal, which are among the least developed countries and which also rank within the bottom range of the 130 countries in the gender-related development index, have high rates of early marriage. Countries whose governments have emphasized human capacity development without substantial gender disparity, for example Hong Kong, Singapore and Thailand, (UNDP 1995), have considerably lower rates of early marriage. However, traditional factors, such as family systems, ethnic group and religion, also affect marriage timing and prevalence and usually interact with the above-mentioned modernization factors.

Legal instruments can help to guide governments and bring attention to the negative impact on women of marriage too early in life. Governments can enact and strictly enforce laws to ensure that marriage is entered into with the free and full consent of both parties, at a legal minimum age. Ways of keeping girls in school must be found. It is imperative that governments find ways of improving girls' access to formal and informal education, so that girls who married very young can complete at least primary education, and find ways of reducing the drop-out rate for girls. Mothers are usually interested in seeing that their daughters reach at least the level of schooling which they themselves completed if not a higher level. In even one generation, the change in educational attainment can rise dramatically. Once there is a critical mass of girls completing pri-

31 ibid
32 ibid
mary education for example, parents may begin to feel that girls are not marriageable until at least that minimum amount (or more) of education is completed. People must also be made aware of the potential problems with early marriages of girls and the potential benefit of waiting until the girls are somewhat older.
VI. Gender-based Disparities

A. Education

1. The situation in Africa today

Throughout Africa one finds that generally, literacy and enrolment rates and the level of schooling completed for males significantly exceed those for females. As figures 2 and 3 show, in Africa, enrolment rates at the primary level show a trend toward gender parity; however, there are far more girl school-leavers as compared to boys. Also, at the secondary then tertiary level, boys' enrolment rates far exceed those of girls. Statistics from UNESCO show that for sub-Saharan Africa as of 1995, less than half of 6-11 year old girls are estimated to be in school. There are however, great differences among countries. For example, in Benin, Chad, Guinea and Niger the enrolment of girls is 50 per cent or less than that of boys, while in Kenya, Rwanda, United Republic of Tanzania and Madagascar, the percentage is between 96 and 98. There are also just about as many African countries in which more boys than girls reach grade 5 as the reverse. There are countries in which a greater percentage of all children are enrolled in school; yet, a large gender gap emerges by grade 5 in completion rates. On the other hand, there are countries in which fewer children are...
enrolled; yet overall completion rates are better and gender gaps smaller.33

This has very serious implications for national development and the future of Africa. Human resource development will become more and more vital for sustainable growth of the continent and if half of the population is being left behind, a huge resource base is being underutilized. People who have neither a stake in society nor hope for the future (the situation for many women in Africa) are not likely to be motivated to spend the hours necessary to attain minimal numeracy and literacy skills. The struggle against illiteracy has been described by UNESCO as a struggle for development, justice, greater equality and recognition of the human dignity of all and of claims of each to a responsible economic, social and political role in society, and to the fruits which derive therefrom.34

If the majority of today's girls have no access to school or drop out and marry early, Africa will suffer a huge loss of human resources as these girls will soon be women who are illiterate, poor and unable to contribute in a significant way to the betterment of their families and country.

The World Education Report 1995 published by UNESCO describes the social injustice reflected in attainment of education:

"Yet the gap between male and female literacy rates is not just

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34 ibid
A Cross-Sectional Review

A statement about men and women and the educational opportunities which have been provided for them. It is also a statement about the society's development, and its capacity and willingness to provide such opportunities. Literacy, educational opportunity and development are inseparable.

Discussing the gap between male and female literacy rates, it states:

"Few other indicators capture as decisively the imbalance in the status of men and of women in society as does this simple measure." (p. 24)

In the same World Education Report 1995, UNESCO warns, "There are still many individual countries — for example, those in the Sahel — where the male-female literacy gap is not closing despite increases in both their male and female literacy rates" (p. 30). If a country has a large gender gap to begin with, extra effort is needed to ensure that more progress is made in the female population so that the gap closes. Many countries face the prospect of having
large and growing numbers of illiterate citizens despite progress in reducing the overall rate of illiteracy; the majority of these are likely to be women unless special measures are taken.

A major hindrance to progress is population growth. Simply expanding the provision of primary or basic education for the younger generation will not eliminate the problem of adult illiteracy. The quality of education and relevance to today's needs as well as the drop-out rates are just as important. Many schools have no water, unusable toilets and chalkboards, and pupil to teacher ratios are nowhere near what is needed for effective learning and teaching to take place. The completion of at least primary schooling is important not just as an end in itself. Understanding legal rights, improved agricultural production and marketing methods and use of inputs, how to run a small business and how to better provide for the health and nutritional needs of one's family are just some of the important implications of educational achievement (or lack thereof).

2. Factors contributing to the state of affairs

Although spending on education in Africa underwent a big decline in many countries, especially in the 1980s, due to economic decline and restructuring, and although conflicts have taken a heavy toll on the educational system in some countries, boys have in most cases, fared better than girls. There are many reasons why girls do not obtain as much education as boys. Institutional, cultural
and economic factors all interact to limit girls’ enrolment and completion rates for schooling. These include:

- Being needed at home to help with housework (household chores and child care having been assigned by society almost exclusively to females)
- Early marriage
- The burden of school fees
- School-leaving due to pregnancy, not seeing any relevance to one’s future, and parents not understanding the importance of educating daughters; and schools being located very far from home, causing the parents to be reluctant to send their daughters to school unescorted. In one study undertaken in Egypt and described in a UNESCO publication, when the school was located 1 kilometre from home, enrolment of girls was 72 per cent. When the school was located 2 kilometre away, it fell to 64 per cent.
- The fear of daughters becoming more assertive and even promiscuous due to becoming more worldly through education, can encourage parents to feel it is better to keep daughters at home (and not jeopardize their marriage prospects). This is especially true when options in life are limited to marriage and motherhood.
- For girls who are enrolled in school, their often poorer nutritional status as compared to boys, makes it harder stay alert and concentrate in the classroom.
- The unemployment situation is such that jobs are still difficult to obtain even with an education. In rural areas, school enrolment and completion is especially low. This is partly because non-farm employment for women tends to be scarce and educational facilities, materials and teachers tend to be of poorer quality than in urban areas.
- In some African countries, there are few opportunities to avail oneself of an education due to war and lack of stable, recognized governments.
- Decisions on all aspects of the process of education is male-dominated. Text books and curricula usually present stereotyped gender roles and girls and boys are tracked into what are considered appropriate fields of study.
- Education is often of poor quality and irrelevant to the lives of the students.

Many of the factors cited above impact girls at the elementary school level and contribute to the much smaller numbers of girls moving on to the level of secondary school.
3. Return on investment in girls' education

Governments should be made aware that investing in girls' education has a high rate of return to the nation. Educated girls can usually earn more income, marry later and delay childbearing, have healthier children, and can contribute more to the development of their communities. It has been shown that infant and under-five mortality rates decrease as the number of years of schooling the mothers have increases, and rates are much lower for women who give birth after the age of eighteen. Research from 46 developing countries indicates that a one per cent rise in female literacy has three times the effect on death of children in the first year of life as a one per cent rise in the number of doctors. According to the United Nations Population Fund (UNFPA), "There is a critical link between women's education and fertility. The level of contraceptive use among educated women on average, is 2.5 times higher than among women with no education, and almost 4 times higher among educated women in Africa.

The UNDP Human Development Report 1995 emphasizes that:

- Education increases a woman's ability to participate in society and improve her quality of life and standard of living. It enables her to raise her productivity in both market and non-market work and improves her access to paid employment and higher earnings. An additional year of schooling has been shown to raise a woman's wages by 20 per cent in Pakistan. A study of developing countries (including Côte d'Ivoire, India, Indonesia and Thailand) reveals that it can increase a woman's future earnings by about 15 per cent, compared with 11 per cent for a man.

- Data available through World Fertility Surveys show a pattern of completion of primary or basic education being correlated with clear reductions in total fertility rate, mean desired family size and mean age at marriage. It appears that the way in which education influences reproductive behaviour of girls and women is directly through resultant changes in knowledge, values, attitudes and better skills; as well as indirectly, through delaying marriage and having more options in life including better employment.

35 UNFPA, "Investing in Women", op. cit.
The effect of women's education on child survival is dramatic. As little as three years of maternal education is associated with from 20 to 30 per cent declines in the mortality of children under 5. This figure rises to 72 per cent for women who complete primary school, and to 64 per cent for those with a secondary school education. Because women are the ones who care for the young and elderly and those who fall ill, the health status of the entire family is affected by the amount of schooling the female head has attained. Even meeting women's needs for information and training in the agricultural sector has been found to be largely dependant upon their having received a basic education (UNESCO, World Education Report, p. 28).

4. Recent initiatives to improve girls' access to education

Recent conferences which drew attention to the need for improving educational opportunities for girls include: Jomtien, 1990 World Conference on Education for All, the 1993 Pan-African Conference for the Education of Girls, Ouagadougou, Burkina Faso, attended by many African Ministers of Education and the 1996 Kampala conference for which the theme was: "The Empowerment of Women through Functional Literacy and the Education of the Girl-child". This meeting was organized jointly by the Government of Uganda and the Organization of African Unity (OAU) in collaboration with UNDP, UNESCO, the World Bank, other UN Specialized Agencies and NGOs.

The International Conference on Population and Development held in Cairo in 1994 adopted a target date of the year 2005, and the Global Platform for Action gives a target of 2015, by which time governments are expected to close the gender gap in primary and secondary education. The World Summit for Children held in 1990 set a target of the year 2000 by which time basic education for all children should be made available, with 80 per cent of children completing basic schooling.

Governments, UN agencies and non-governmental organizations are working in many countries now to reduce the gender disparity. For example, the main focus of UNESCO's Priority Africa Programme is to support strategies for human development, with special emphasis on the education of girls. The World Bank has committed $US 900 million over the next five years to girls' education. At the Fourth World Conference on Women held in Beijing in 1995, UNICEF pledged to more than dou-

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Africa is considered by UNICEF to be a priority region for basic education. UNICEF has supported innovative programmes in several African countries including teacher training and drama to promote the education of girls. In Namibia, UNICEF has worked with the Government to identify causes of grade repetition. Burkina Faso, Egypt, Morocco and Zambia are countries in which girls have recently been made the main focus for primary education programmes. Through such programmes, enrolment of girls is being encouraged, separate latrines have been built for girls and boys, teaching materials have been made free of gender-bias and the community has been encouraged to participate actively in school planning and management.

Political and financial commitment is essential to ensure education of good quality and improved enrolment rates. Aside from the need for basic education, girls need better access to scientific and technological information which affects their employment potential. Girls are also encouraged less and given fewer opportunities than boys to learn about the economic and political functioning of society. This hinders their ability to play an active role in economic and political life.

Many countries face the prospect of having large and growing numbers of illiterate citizens despite progress in reducing the overall rate of illiteracy; the majority of these are likely to be women unless special measures are taken. According to UNESCO, there are still many individual countries — for example, those in the Sahel — where the male-female literacy gap is not closing despite increases in both their male and female literacy rates. The World Education Report 1995 (p.30) also warns that in many countries there still is a mistaken belief that the problem of adult illiteracy will soon go away because of progress in expanding the provision of primary or basic education for the younger generation. All aspects of education must be considered, such as: causes of school leaving, quality of instruction and educational materials and links to opportunities for later employment.

5. Addressing the problem

It is imperative that governments, communities and parents recognize the importance of education and of closing the gender gap in this area. Government expenditure can in many cases be modified to free-up
resources for providing basic education for all. Expenditure on higher education as compared to primary education may be very skewed in favour of universities. While tertiary education is important, all people need a minimal level of educational attainment for development to proceed. Subsidies to unprofitable state enterprises, reductions in military spending and tax reform are some areas which can be scrutinized as potential sources of additional resources. Many experts in the field now think that various alternative education strategies are also necessary, as is improving quality and relevance of education. Recommended approaches include:

- **Provide non-formal education for girls — and their mothers.** It has been shown that when women are taught practical numeracy and literacy or basic skills needed for income-generating activities, they tend to be more supportive of their daughter’s being educated.
- **Build schools or conducting lessons close to girls’ homes and/or building some single-sex facilities.** For example, satellite schools staffed with mostly female para-professionals have been set up in Malawi.
- **Plan instruction during hours when household chores and agricultural demands are not competing for their time and energy and provide child care so that the younger siblings of girls can be looked after, freeing up the school-aged girls’ time.**
- **Increase the number of female teachers, which will increase parents’ acceptance of sending their daughters to school. Recruiting women from the local community and same language group can make an even greater impact.**
- **Make the curriculum more relevant and gender-sensitive.**
- **Sensitize parents and communities about the importance of girls’ education and their improved income-earning potential.**
- **To improve the quality of education, the student to teacher ratio can be lowered through a two shift school day, increasing teachers’ pay and hiring teaching assistants. Teachers and assistants can be given training to help upgrade their pedagogical skills and recognize the important job they are doing. Elementary education can be offered free of charge (which includes not requiring a school uniform) and made compulsory. (In Mali, village schools have been established with compulsory gender parity.) Counselling of parents of children who are unenrolled or drop out would improve compliance.**
Other costs associated with primary and secondary education can be offset through reduced subsidies for higher education and by increasing private and community contributions to the expense of building and equipping schools (preferably with locally available materials). However, the impact on women of having their daughters unavailable for helping with household chores and expectations that women will help in school building construction on top of their already heavy work load need to be addressed. If families are increasingly being asked to contribute to recurring expenses, female-headed households may be unable to afford the expense.

Eliminate policies which force girls out of school on the grounds of pregnancy.

Schools and policy-makers should consider addressing adolescent pregnancy which can be expected to become more common in many countries of Africa. Because such a large proportion of the population is below twenty years of age, there are more young women who may become pregnant (and exposed to HIV) while students. Through family life education, counselling and health education, boys could be made aware of the possible consequences of engaging in pre-marital sex including awareness of the threat of HIV. Girls should not be expelled from school due to pregnancy while the father of the baby completes his education. Rape and abduction of schoolgirls must be dealt with harshly by law enforcement officials. The message that this is not acceptable behaviour must be conveyed to the youth.

Some thought should also be given by planners to what impact education can have on people. Paulo Freire, the Brazilian educator has done a lot of work in the area of helping people to develop critical awareness and work toward social change through education. His approach is based on helping people to understand the causes of their problems and to recognize their own capacity for positive action in finding solutions to what hinders them. People are encouraged to question. His techniques have been used in various situations such as when teaching literacy, agriculture, health and nutrition.

Regarding education, the book Women in Development (ISIS, 1986) has this to say:

"If education is to have any value for women, it must be a means to raise their consciousness about the oppressive structures that keep them in positions of powerlessness. Most educational systems do not provide a climate for such thinking skills to develop. In developing societies, most
educated women — the leaders, academicians, professionals in establishment organizations — perpetuate the status quo. The reasoning behind this is that if the patriarchal system has worked for them, it should work for all women. When a woman is relatively powerless and has little control over what is happening in her environment, education for literacy is meaningless. What she craves is knowledge of why she must bear so many children, work endless hours without respite, be beaten and raped, have an alcoholic husband and go hungry. Existing educational systems have not provided women with the tools to understand and analyze the true nature of social, political and economic systems that govern their lives and repress them, and this is why they have failed. If women are to be change agents in their societies, the education offered them must be a tool for consciousness raising and action”.

Although this approach may seem very radical, it may be useful to consider these points in the context of improving relevancy and quality of education for girls.

B. Health Care

1. African girls’ health and nutritional status

The typically heavy work load of girls and women in absolute terms and as compared to that of boys and men, takes a toll on girls’ and women’s health. Sub-Saharan Africa has the lowest life expectancy of any region and highest total fertility rate (TFR). Rates of HIV-infection in Africa are higher for adolescent girls as compared to boys.

A large number of disabilities could be prevented, but also, once disabled, the girl-child needs the special help of her government to ensure that she has access to all the special devices needed, even when her family is poor. Girls with disabilities are often rejected by the society and even by the families to which they belong. As girls are generally valued only as wives and mothers and for their physical appearance, they are at an even greater disadvantage and devalued more relative to boys with disabilities. If a girl cannot manage the workload of usual household chores and cannot be easily married, she is likely to be seen as a burden and an embarrassment to the family. As can be seen with other practices, she is blamed for what is beyond her control.

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and also judged mainly by her childbearing capabilities.

2. Contributing factors to poor health and nutritional status

Health has various contributing factors: physical, cultural, biological, economic (money) and political (power). The health and nutritional status of girls as well as the quality and quantity of health care sought is determined in large part by how much they are valued by their families, community and society and who has power and the right to make important decisions. Although at birth girls have a slight biological advantage over boys in terms of survival during the neonatal period, mortality rates for children under five years old often show higher rates for girls (when data is gender-disaggregated). Especially high ratios have been reported for Cameroon and Togo (1.2) and Egypt (1.2) for ages 0-4. Information from World Fertility Surveys reveals that Egypt, Mauritania, Morocco and the Sudan have higher death rates for female children between the ages of one and five. This is a clear indicator of the well-being of children and reflects difference in nutritional status and health based on gender.

Gender-based disparities in health care received are largely the result of girls being undervalued by their families or being dependent on the permission of a male to access medical care. Studies carried out in, inter alia, Egypt, Morocco, Nigeria and Tunisia have shown that girls tend to be more undernourished than boys the same age and are taken for medical treatment and vaccinations less frequently — especially if there is a fee for the service. In rural Egypt for example, it was found that girls suffering from diarrhoeal diseases were less likely to receive any treatment. When they did receive medical attention, it was from a public clinic, whereas boys

Widespread evidence from the majority of African countries indicates that the health and quality of life of girls become even more precarious at adolescence as she is faced with the risks of exploitation and unwanted pregnancy, abortion, and discontinuation of education, all leading to rejection by the family and community. Faced with rejection by an unsympathetic society, she is then exposed to the streets and the risks of sexually transmitted diseases with their attendant health implications (African Platform for Action para 83).

were usually taken to a private physician.

Although there is a lack of even primary health care services in many rural areas, as mentioned in other sections of this study, early marriage, sexual exploitation of adolescent girls and practices such as female genital mutilation and forced feeding contribute to the likelihood that girls will experience poor health more frequently. In the following section, some determinants of poor reproductive health are discussed.

3. Reproductive health

The reproductive function of girls and women in large part defines their status in the community. From the time a girl becomes biologically able to bear children, she is more at risk for certain gender-specific health problems. Pregnancy and childbirth-related mortality and morbidity rates are high in Africa and the implications of this are very significant. Many women who die from pregnancy-related complications leave behind children who may be left without proper care and nutrition. Especially any very young children left behind will have a smaller chance of surviving to their fifth birthday. As daughters are generally not valued as much as sons by families and society, it can be expected that girls whose mothers have died or who are orphaned are more likely to be under-fed, under-educated, generally neglected more by their caretakers and at greater risk of abuse, particularly in urban areas. This has been confirmed by people working with children whose mothers had died.

Figure 4
Births attended by trained personnel

A Study of five countries in Africa entitled "The Effects of Maternal Mortality on Children in Africa", published in 1992 by the Defense for Children International - USA, a preference for male children was found to influence outcomes for the children left behind. In one case, allocation of food to the boys increased while the daughters became malnourished. In another case cited, a family member explained, "The father does not feel a strong commitment to female children. They are dispensable in his eyes."

The lifetime risk of death (1 in 23 for Africa versus 1 in 4000 for North America) due to pregnancy-related causes is much greater in Africa for a number of reasons. For every maternal death, another 30 suffer from pregnancy-related morbidity. Women who give birth to more than 4 children and with less than 2 years between births are more at risk from maternal morbidity and mortality. Many of these deaths and health problems are clearly preventable. If a woman is pregnant, overworked and underfed, she is likely to give birth to a small, weak baby. Poor nutrition contributes to three major causes of maternal mortality — pregnancy-induced hypertension, haemorrhage and sepsis. The percentage of births attended by trained personnel is very low in some countries (figure 4). Many untrained traditional birth attendants (TBAs) use unsterile equipment, and unhygienic birthing techniques which increase the chance of infection. Some TBAs also derive a substantial part of their income from mutilating the genitals of girls.

Girls who give birth before the age of 18, who have grown up undernourished may have a pelvis too small to allow for the normal birth of a baby and those whose genitals have been mutilated are at higher risk of complications which may result in death or permanent damage to the reproductive
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system. Labour may be obstructed, leading to the death of the baby and/or the mother without cesarean section (which is generally not available outside of large urban centres). If a baby must be delivered through a cesarean section operation the mother is thought to have failed the test of womanhood.

Fistulas, which often result from prolonged and obstructed labour, cause constant leaking of urine or faeces into the vagina. As girls with such a problem always have a bad odour and can never carry a baby to term, they are rejected by their husbands, often return to their families, only to be eventually rejected by them and end up ostracized by society causing them to resort to begging or prostitution for a meagre amount of money.

Men tend to have rights over almost every aspect of reproductive health, while girls and women are left with the responsibilities and deteriorating health due to bearing children too frequently, too early and too late. Women cannot easily control when and whether they become pregnant, since access to contraceptives with high reliability is limited for various reasons, including cultural and attitudinal constraints. It is often necessary to struggle more nowadays just to obtain a minimal amount of food, clothing and shelter. Particularly in the case of many adolescent girls who attend school and recognize its importance, illegal abortion is resorted to with increasing frequency. In many countries of Africa, deaths due to illegal abortion have also increased dramatically, although they are generally unreported; as are maternal deaths caused by sepsis. 44

Many women begin bearing children too early in life, continue too late and bear children with too little spacing in between pregnancies. It is estimated that in Africa, 18 per cent of girls aged 15-19 become pregnant each year. Adolescent girls account for nearly 25 per cent of the currently high maternal mortality rate (MMR) of over 600 per 100,000 live births found in many African countries. As of 1992, available data showed that in countries such as Central African Republic, Congo, Guinea, Guinea-Bissau, Niger and Sierra Leone, over 20 per cent of pregnancies are by girls under the age of 20. 45

The very high prevalence of anaemia (easily preventable through low-cost iron supplements or a diet


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containing more iron-rich foods) among African women contributes to death from haemorrhage during childbirth. Iodine deficiency causes mental impairment and girls and women who are deficient in iodine give birth to mentally impaired babies (cretins).

An added health risk and contributor to maternal morbidity and mortality is illegal abortion among adolescent girls. Recent reports on abortion-related complications from seven sub-Saharan countries indicate that between 39 and 72 per cent of females seen at hospitals were girls 11 to 19 years old. Studies of hospital records in Congo, Kenya, Liberia, Mali, Nigeria and Zaire found that between 38 and 68 per cent of women seeking care for complications from abortion were under age 20. One study in Zaire found that the typical hospital patient being treated for sepsis or a botched abortion was a 15 to 19-year old unmarried schoolgirl who had never used contraception and who had tried to abort the pregnancy herself.

Even a woman's status within the extended family can be a factor causing delayed medical attention. The younger one is and the less seniority one has in the family, the more dependent one usually is financially and the more one is expected to follow the decisions of the older members of the extended family. In many cases, a woman who does not have the ready support of her extended family, may not have people readily available to help care for her children if she has to go far away to receive modern medical care.

Research carried out in Ghana, Nigeria and Sierra Leone has shown that various cultural and societal factors influence the utilization of health services. To begin with, decision-making is greatly influenced by the status of women. In some of the areas studied, the husband's permission must be given in order for a woman to leave the compound or house. If a childbirth complication occurs while he is away, the woman will not be taken for treatment until he returns and gives permission. Under customary law, even married adult women


47 UNFPA, Investing in Women, op. cit

48 Kamara, Angela. Paper presented at a seminar held in Santiago, Chile, October 1991, "Causes and Prevention of Adult Mortality in Developing Countries: Experiences in Prevention of Maternal Mortality in West Africa".
may be treated as dependent children under the control of a brother, the husband or the father. In some communities, the traditional seclusion of women inside the home (such as purdah in Muslim communities), adds to the reluctance of household members to send female members outside for treatment of illnesses or for assistance when there is a complication in the process of childbirth. Also, if the only providers of "modern" health services are men, some women would rather go to a traditional healer.

Traditional practices such as consulting the oracles and traditional healers may also have the unfortunate consequence of an incorrect diagnosis, causing late or no treatment for a serious problem. If the oracle says a complication is due to infidelity, the woman is often forced to confess, and maybe perform cleansing rites to appease the gods, before being taken for further help. There are no similar circumstances in which a man's fidelity is questioned, especially at a time when one is experiencing a great deal of pain and there may be a medical emergency as in childbirth.

In some African countries, infection rates for sexually transmitted diseases (STDs) have increased at an alarming rate and will continue to rise without treatment. The presence of STDs is associated with an increased risk of HIV transmission and STDs have caused a significant increase in infertility among young women and men. Secondary infertility which results from disease and often complications of an earlier birth such as fistulas, affects many more men than women. Data from UNFPA show that in countries such as Angola, Burkina Faso, Cameroon, Central African Republic, Congo, Gabon and Zaire, there are large areas of high infertility. Only women are usually assumed to be infertile and they pay a heavy price. It is usually grounds for divorce or abandonment by their husbands and they are devalued by their community. Treatment and detection of STDs can easily be integrated into primary health care services.

4. Addressing gender-based disparities in health

Many improvements in the health of girls and women are possible without major financial implications. Strategies for addressing these issues include, raising awareness of the differences between girls and boys in health and nutritional status, different biological requirements and the long-term impact of less than adequate attention to health and nutrition among parents, health workers and in communities; and, improving or introducing health and nutrition programmes giving special attention to girls. As mentioned previously, information, education and communi-
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cation campaigns are needed to increase people’s understanding of the harm in forced feeding and nutritional taboos. Achieving universal primary education would have a positive impact on the health and nutritional status of the population overall.

A key element in improving girls’ overall and reproductive health is measures to promote males’ shared responsibility for sexual and reproductive behaviour and in social and financial obligations to their families. The Programme for Action of the International Conference on Population and Development recommends the following: that attention be given to urgently needed programmes for boys, which should reach them before they become sexually active; that adolescent men and women be provided with information, education and counselling to help delay first pregnancy, premature sexual activity and protect themselves from HIV transmission; and that countries remove legal, regulatory and social barriers to reproductive health information. It further recommended that information and services for adolescents be accompanied by special efforts to teach young men respect for women and for their shared responsibilities. Maternal health should be integrated with primary health care.

Pregnancy-related mortality and morbidity could be greatly reduced. Meeting the need for sex education and contraceptives could make a big impact without major costs. Availability of family planning services to enable better spacing and timing of births and the creation of smaller, more healthy families, would go a long way to improve reproductive health. However, men must also be made aware of the benefit of planned childbearing. Husbands often question their wives’ fidelity if they wish to use contraceptives and his permission may be required. Also, attitudes and behaviour of health care workers when dealing with women have been found to be in need of improvement.

For the foreseeable future, only a small percentage of women will have access to modern medical facilities. There are as few as one doctor for every 29,000 people in some African countries. \(^49\) Since much of Africa’s rural population does not have access to health services (defined as reachable by local means within one hour), most prenatal and delivery care will continue to be provided by TBAs although even they may not be available. This is not a problem in itself; however, such traditional providers of health care services may need more training and could also be enlisted to help eradicate practices harmful to the

health of girls (especially if there are financial incentives). Anaemia caused by iron deficiency can be eliminated or greatly reduced through low-cost tablets or fortifying staple foods such as maize meal or wheat flour and sugar. Several countries in Eastern and Southern Africa have been looking into this (UNICEF, 1996). Professional associations of obstetricians could advocate for relatively low-cost, yet extremely beneficial medical supplies. A well-trained midwife who has essential drugs and equipment at her disposal can usually manage cases of haemorrhage, prevent shock, deal with a retained placenta, prevent sepsis, set up a drip, inject oxytocic drugs after a delivery, give prophylactic antibiotics and use a manual vacuum pump to treat an incomplete abortion.

Policies and laws must be supported by communities and families. They must be made aware of the importance of obtaining skilled medical care quickly (when there is access) and ending harmful traditional practices. Parents, elders, religious leaders and other influential people can be guided in non-threatening ways to question why a girl’s worth has to be based almost exclusively on her fecundity. Youth may also be encouraged to consider other ways in which girls can be valued (such as giving recognition to the contribution they make to the functioning of their households) without challenging traditional opinion leaders. Most of the poor, which includes a female majority, feel there is little they can do to change their situation. It is often easier for people to think of possibilities for solving their own problems and discuss them openly if they first consider what other people might do. Community-based health workers can facilitate this sort of problem-solving dialogue. Health and legal professionals and women’s groups also must advocate for laws restricting early marriage and for measures which promote education for girls. Finally, at the highest levels of government, adjustments can be made in spending priorities. The total military spending in Africa is almost four times greater than that of health spending.

C. Income-generation

1. The impact of girls’ lost opportunity on sustainable livelihood

The ability of women to make a monetary contribution to household expenses is in large part determined by what opportunities for education,
training and adequate health care and nutrition she has access to as a girl. Again, the pattern of early marriage, poor health, limited schooling, spare time and access to credit, severely limits the opportunities for women to earn more income for their families. An independent income would make women less dependent on husbands and children and reduce the perceived need for sons as old-age security.

Economic empowerment is very much linked to other power structures in society. Within households and communities those who are able to contribute financially often have more say in decisions made. Girls' choice of a spouse, marriage customs and opportunities in life are largely shaped by their financial dependence on males. Because girls tend to be unable to obtain a level of schooling as high as that of boys, eventual access to formal-sector employment is limited. Their income will be earned mostly through the informal sector where there are no benefits or workers' rights. This in turn results in less opportunity to develop skills and obtain training which might be accessible in the formal sector.

Unequal access to means of acquiring income-generation skills has in many cases been the consequence of government or donor assistance which tends to provide agricultural extension services and managerial training to men, although women may have been the majority of traders or agricultural workers. The assumption that improving the income of males will increase income to the household and improve the family's quality of life has not been proved correct.

Typically, credit, extension services and other inputs are directed toward men and usually for commercial, rather than food crops. In food deficit countries, the needs and potential contribution of mostly female subsistence farmers are often ignored. African women receive less than 1 per cent of total credit available to agriculture in spite of producing 80 to 90 per cent of all food consumed by their families. The failure of many sub-Saharan countries to increase food production also may mean even less for girls to eat as they often receive the smallest quantity and poorest quality food within the family.

When girls and women do have access to training for income-generating activities (IGAs), training is typically been offered in marginal, traditionally female-dominated types of work such as handicrafts and sewing with low economic returns and through which the status or skills of women are not much enhanced. What is needed is the integration of women into mainstream development activities, in fields where growth is projected and earning potential is higher. There is a danger that females will be exploited as cheap labour and will not
have opportunities to develop business skills and IGAs with good viability if they are often restricted to home-based work because of their burden of household chores. Childcare arrangements and integration of IGAs with health care, functional and legal literacy programmes have been shown to have greater impact.

Girls are often discouraged from learning more about sciences, information technologies and traditionally male-dominated fields which offer better economic empowerment and less dependency (although there are still obstacles she will face in being hired). Extra efforts are needed to ensure girls are acquiring skills and knowledge needed for today’s world. Access to credit is an important tool for the economic empowerment of women, but since it does not usually affect girls below the age of 18 directly, it will not be given much attention in this paper.

2. Impact of women’s financial contribution to the household

Parents and communities may see that everyone benefits if a wife, mother or daughter can earn more money for the household yet, may be unwilling to create opportunities for this to happen. The inability to earn a subsistence income is increasingly becoming a problem in areas where many women have been left to head their household due to migration, abandonment or husbands being killed in armed conflicts. Women head between 25-50 per cent of households in many African countries. In studies carried out in several countries by the UN Institute for Training and Research on the Advancement of Women (INSTRAW), and others, in different regions of the world, results have shown that a higher percentage of income received by women is contributed to the household and children, including more food purchases, as compared to that of men. The absence of a male head of household does not necessarily cause poorer nutritional status of the family.

Recent research on women-headed households has shown much improved diets, especially for children under five years of age. In Rwanda, female-headed households consume 377 more calories per person per day compared to male-headed households; in the Gambia, the increased number of calories is 322; and in Kenya, there is a significantly lower incidence of diarrhoea among pre-school children as compared to male-headed households. Women are also more likely to set aside whatever money they can for education.
and health care, and women migrants have been known to send back more money than their male counterparts.\(^\text{52}\)

Donors and NGOs have a role to play. The World Food Programme (WFP) has found that resources in the hands of women often translates into greater nutritional benefits to children than the same resources controlled by men and that resources directed towards women benefit the entire household. At the Fourth World Conference on Women, WFP made a commitment to earmark resources so that gender gaps can be reduced in terms of access to resources, employment, education and skills development. Relief food is also to be distributed to the senior female of the household, where possible, using participatory approaches.\(^\text{53}\)

Although it is certainly not always the case, the status of females in the family and their involvement in decision-making is often enhanced once they are able to contribute monetarily to the family. Also, their subordination to the extended kin group may be lessened as they also stand to benefit from additional income being brought into the family group.

3. **Enhancing income-generation opportunities for girls and women**

The Global Platform for Action (1995) lists as one of the critical areas of concern “inequality in economic structures and policies, in all forms of productive activities and in access to resources”. Specific recommended actions to be taken by governments to correct these types of imbalances include:

- Undertake legislation and administrative reforms to give women equal rights with men to economic resources, including access to ownership and control over land and other forms of property, credit, inheritance, natural resources and appropriate new technology.
- Promote and support women's self-employment and the development of small enterprises, and strengthen women's access to credit and capital on appropriate terms equal to those of men through the scaling-up of institutions dedicated to promoting women's entrepreneurship, including as appropriate, non-traditional and mutual credit

\(^{52}\) UNFPA, "Food for the Future: Women Population and Food Security"

schemes, as well as innovative linkages with financial institutions.

A major factor in the alleviation of poverty and hunger in most agriculture-based economies is women's access to agricultural technology, markets and inputs as well as credit for the type of activities in which most females engage. Measures taken by governments aimed at improving agricultural productivity, diversifying the range of non-farm activities with employment linkages, improved food pricing policies and more attention to food crops may help the large population of rural women.

The situation in urban areas calls for a different approach. Cities provide more opportunities for employment in the formal sector and generally better access to education and training. However, girls may be exploited and underpaid or tempted to resort to means of survival such as prostitution. In some urban areas, it is common to find young girls from rural areas doing domestic work in the homes of the more well-off population. This serves as a means of survival but the girl concerned almost never has a chance to receive an education or learn skills which can help her advance. Special efforts can be made by governments and NGOs to attract girls to potential areas of growth such as sciences and technology and traditionally male-dominated professions. IGAs may be viewed as welfare, rather than productive investments by bankers and government employees. Integrating IGAs with health, literacy and community-based development initiatives and assessing their long-term economic viability can help improve impact and sustainability.

D. Legal issues

The expression “girl-child” as used in this study refers to girls up to age 18 and therefore they are normally considered minors without the rights that an adult, male or female, would be expected to have. However, in legal instruments such as national constitutions and international Conventions and Charters, human rights affecting girls are guaranteed. In the African Charter on Human and People's Rights, the right to enjoy the best attainable state of physical health and right to education (Articles 16 and 17) are to be ensured by States parties. By the African Charter on the Rights and Welfare of the Child (1990), States parties are inter alia, expected to: protect children from economic exploitation, ensure the right to education and work towards the eradication of harmful social and cultural practices. Nevertheless, obligations undertaken by States Parties under these Charters may not be fulfilled.
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Inequality under the law and overly restrictive regulations and legal codes (for example, concerning employment or family matters), also contribute to a negative impact on girls in Africa. Although it is the norm for constitutions of African countries to grant gender equality, a review of laws in the vast majority of African States shows that there are many ways in which legal systems in many African countries hinder equal protection and rights for men and women or where revisions in laws to make them more equal are ignored in practice. In some cases, the matter is complicated by gaps and contradictions which are a consequence of customary, religious and European law being applied simultaneously within many countries. For example, in the province of Nampula, Mozambique, there are the traditional matrilinear and patrilinear (lobolo) systems, the Islamic code, and both Christian and civil marriages. It is not unusual for one to find all different arrangements co-existing in the same local area, or even for a couple to be married according to three or more of the systems.

1. Marriage and reproductive rights

Customary law and practice as well as colonial and post-independence legislation have focused on women as childbearers and have sought to regulate fertility rather than to address the entire spectrum of women’s reproductive health needs. Indigenous Sahelian and Islamic law and practice encourage frequent childbearing. Unmarried and married women who wish to use modern contraceptives may be required to obtain permission from their parents or husband respectively. In spite of the high risk of maternal morbidity and mortality as well as health and financial impact of additional or too closely spaced births, women often cannot exercise control over their own fertility. A woman’s desire for a small family or inability to bear a socially accepted number of children may be grounds for taking on another wife or divorce.

Even while under French rule, Sahelian countries generally observed customary law in matters of family, childbearing, inheritance, divorce, and dowry.

inheritance and land. However, Article 5 of the Jacquinot Decree of 1951 (which was incorporated into post-independence codes in Burkina Faso, Mali and Senegal and continues to operate in Niger) required male citizens to choose either monogamous or polygynous status for the duration of the marriage. Women were never given this choice which has important implications for wives. National marriage codes codify legal protection for women, but also discriminate against them in some instances. For example, the Malian Code of Marriage codifies a woman’s obligation to obey her husband (Articles 32 and 34), designates him as “head of the household” and states that “the husband owes protection to his wife, and the wife [owes] obedience to her spouse”. According to the Senegalese marriage code, the husband is allowed to oppose his wife’s pursuing a profession by making his position known to a third party (Article 154).

The authority to conclude a woman’s marriage lies with various members of the woman’s family depending on the group and region. For example, the Hausa in Niger follow customary practice by giving such authority to a woman’s family. Tradition usually allows parents to decide the time of marriage without there being an absolute minimum age. In Burkina Faso, according to customary practice, a boy must be already born when his marriage is arranged, yet the girl may be betrothed in utero. The economic dependence of Sahelian women on husbands and fathers and the practice of paying bride price reduces a woman’s freedom of choice in marriage in spite of legal provisions requiring consent to marriage being given without coercion.

In the region of Southern Africa, the custom of “lobola” or bridewealth is practised. In Zimbabwe, for example, payments of livestock and cash are made by the future husband to the family of the bride. From that time on, the husband has control over his wife, may feel that he has the right to beat her or prevent her from keeping in contact with her family. If she does not bear children or returns to her family, the payments have to be returned to him. This makes it difficult for abused women to leave a marriage. If she remarries, she has a lower value because of no longer being a virgin.

In addition, amongst people who follow a system of animal totems, the wife does not necessarily acquire her husband’s totem, although her children do. Through

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Equality in the legal treatment of men and women creates the legitimacy policymakers need to seek change (Toward Gender Equality, World Bank 1995).
these two systems, a woman is no longer part of her own family but is not entirely a part of her husband’s either. Under customary law, upon the death of her husband, she has no right to his property. These systems also encourage the attitude that a boy will contribute to the family all his life; whereas a girl will contribute nothing to her family in which she was raised. Women cannot own land and do not have access to credit and often extension services, so their ability to contribute economically to their own households is limited; therefore they may be devalued.

2. Land, property and inheritance rights

In part due to the predominance of patriarchal societies in Africa, and in part due to interpretation of customary and religious law as well as most legal and law enforcement systems, all heavily male-dominated, women have far fewer rights than men, in practice. Women in Africa often lose the right to property and land once the husband dies and may not even be able to jointly own land and property with their husbands. Even new land reform laws have excluded divorced women from land ownership in Ethiopia, Tanzania and Zambia. 57

Laws have been changed in many African countries to benefit women; however, in practice, usually customary law prevails (especially concerning access to land and inheritance rights) to the detriment of women. In areas where AIDS and conflicts have had a devastating impact, ways of ensuring access to land and property for widows is especially important. In Rwanda, for example, due to the recent genocide, women, many of whom are widows, now make up roughly 70 per cent of the population. In some countries, the current situation requires a serious review of customary laws and practices regarding widowhood rites and inheritance.

Although a male member of the husband’s family may marry a widowed woman and provide for her children, this may be another marriage arranged against her will and increases her dependency. Where women generally do not inherit property, girls are more likely to be viewed as a burden on the family and unimportant to the future of the family.

As women do most of the work required for production, processing and marketing of food crops in Africa, better productivity and protection of land can be expected gains from improving women’s legal access to land.
Security of land tenure consistently is shown to affect productivity and protection of land from environmental degradation. It is becoming more and more crucial to look at ways of improving food security and environmental management in Africa and the roles girls and women play must be considered.

3. Addressing legal inequalities

One of the actions to be taken by governments, as recommended by the Global Platform for Action (para 276), is to eliminate obstacles and injustices in relation to inheritance that are faced by the girl-child and to “take steps so that tradition and religion and their expressions are not a basis for discrimination against girls”. There is often a minimal amount of obedience to and enforcement of laws protecting women’s rights when such rights are not otherwise accepted by society in a broad sense. If society, law enforcement mechanisms and the majority of households are male dominated, and the vast majority of girls and women are unaware of their rights, real improvement in gender disparities based on law will be hard to overcome.

Educating the girl-child about rights guaranteed her by international human rights instruments would help in empowering tomorrow’s women. In many African countries, women’s lawyers associations have been active in providing education about legal rights and advocating for changes in laws to better ensure gender equality. Although laws generally reflect the values of a society, they can also help to change customs. Important legal means of protecting girls include: minimum age for marriage, marriage being entered into with the consent of the bride and groom, recourse for and protection against violence, inheritance and access to productive resources. Marriage contracts can also specify the wife’s rights, especially in case of separation. The right to decide when and how many children to bear should not be denied women. Where family planning services are available, the requirement that the consent of a woman’s husband or a parent (if the girl is not of age), be given can be removed.

There is also evidence that acknowledging women’s economic contribution to the household provides a basis for more equitable sharing of property, divorce and inheritance rights. With few exceptions, the unpaid work women do, no matter how many hours’ worth, is not seen as work by men and not recorded as economic activity. The many hours which may be involved in caring for the very young, the elderly and the sick are not perceived to have economic value.
Access to credit which would make possible better agricultural output or the establishment of income-generating economic activity, is still a major obstacle for African women. When daughters have no means of becoming economically self-sufficient or of making significant monetary contributions to a household, they are a liability to their families and are much more dependant on a husband for their survival. Some work has been done in promoting IGAs and enabling women to access credit by NGOs and donors; however, there is much more which could be done by governments and banking systems. Basing credit on project viability rather than collateral, simplifying application forms, making banking services more customer-friendly and providing micro-credit seed money can go a long way.

4. Internationally accepted legal standards

Despite limitations in what can be accomplished through international conventions, they can provide standards for women’s human and legal rights. There is a large number of legal instruments relevant to women which have been drawn up within the United Nations system, which recommend actions to be taken by governments.\(^{58}\) For example, key International Labour Organization (ILO) conventions have been ratified by several African governments. Ratification carries an obligation to ensure implementation. Citizens can pressure their governments to take steps to abide by their agreements. Although the impact may be felt almost exclusively within the formal sector, that is the logical starting point.

Legal reform and education attempt also to change historic power dynamics resulting in oppression and subjugation. Justice and injustice are experienced in daily life—in the family, home, community etc. which are largely outside of the influence of a modern legal system. Even actors in the formal legal structure cannot “fundamentally change the institutional structures of the State whose explicit objectives are to dispense justice”\(^{59}\). Legal aspects of other practices such as early marriage, female genital mutilation and gender-based violence are discussed in sections of this study addressing those issues.

One major legal instrument for addressing unequal treatment and

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rights for women is CEDAW, an international legal instrument which has been ratified by 152 countries as of 31 May 1996. States Parties agree to “give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals”. States Parties also agree to take all appropriate measures to ensure “the same rights for both spouses in respect of the ownership, acquisition, management and administration, enjoyment and disposition of property...”

However, many countries have entered reservations on specific aspects of the Convention. In North Africa for example, Egypt, Libya, Morocco and Tunisia have ratified CEDAW, yet with reservations which in many cases detracts from the essential aspects of the letter and spirit of the Convention. Reservations make specific aspects of the Convention not applicable to that government, resulting in changes not being made in legislation which could alleviate discrimination against women. Islamic States often justify reservations by alleging that they contradict Islamic law or Sh'aria. Although international law is supposed to have priority over national law, this is often not being practised.
VII. Female Genital Mutilation

In almost every country of Africa, there is evidence of the practice of female genital mutilation (FGM). The percentage of the adult female population affected by this practice ranges from 98 in most of the horn of Africa to only a few groups in some of the other countries. Each year an estimated 2 million girls are mutilated. The term "female circumcision" is often used; however, technically, a circumcision (i.e. "cutting around") is not done, but rather a complete cutting off or excision of a bodily part. Therefore, the term mutilation is used here. There are mental, physical and human rights dimensions to FGM which are addressed below.

A. Psychological and physical consequences

There are various ways in which female genitalia is mutilated, however all have potentially harmful psychological and physical consequences. It is difficult to obtain accurate information on complications due to FGM. Some women will suffer rather than go to a male physician and others will not seek medical treatment because they have undergone an illegal type of FGM. Physical complications often arise as a result of infection due to use of unsterile tools, unsanitary conditions and substances used to stop the bleeding and heal the wound; formation of painful scar tissue or keloids; excessive bleeding; shock from severe pain and/or loss of blood and sometimes, the abnormally small opening left for the passage of urine or menses results in urinary tract infections, chronic pelvic inflammatory disease and other complications. A more detailed list of common health problems arising from FGM follows:

1. Immediate
   - Haemorrhage
   - Shock due to sudden loss of blood and/or severe pain

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A Cross-Sectional Review

- Urinary tract infection which may be caused by acute urinary retention, the use of unsterilized equipment and the application of local dressings of cow dung and ashes. The infecting organisms may ascend through the short urethra into the bladder, and then the kidneys.
- Damage to the urethra and its surrounding tissue causing the urethra opening to close by reflex
- Labial adhesion
- Complete closure of the vaginal orifice by scarring (common in infibulation)
- Septicaemia (blood poisoning) due to the operation being performed in unhygienic conditions, together with the use of unsterilized equipment and the application of herbs and ashes afterward.
- Tetanus due to use of unsterilized equipment and lack of proper sterilized wound dressings and tetanus toxoid injection.
- Fractured bones due to heavy pressure applied to the struggling girl.
- Death due to shock, haemorrhage, tetanus, lack of availability of medical services and delay in seeking medical help.

2. Intermediate Complications

- Delayed healing due to infection, anaemia and malnutrition
- Pelvic infection due to infection of the genital wound which has led to infection of the vagina and uterus, resulting in dysmenorrhoea. Infibulation or keloid scar obstructing the vaginal orifice may also lead to pelvic infection or congestion.
- Cysts and abscesses caused by edges of the incision being turned inwards and damage to Bartholin's duct. The duct's mucous secretion accumulates forming cysts which later become infected and form abscesses on the vulva. Very common in infibulation.
- Keloid scar caused by slow and incomplete healing of the wound, and infection after the operation leading to production of excess con-

Map 8: Female Genital Mutilation (1992)

Estimated Percentage

- Above 80%
- 50 - 80%
- Below 50%
- No data

nective tissues in the scar. In a sample of women in Sierra Leone, 67 per cent of women who have undergone FGM experienced this.

- Dyspareunia or painful intercourse caused by the vaginal opening being too small, pelvic infection, injury to the vulva area or by vaginismus.

3. Late complications

- Haematocolpos caused by closure of the vaginal opening by scar tissue. The menstrual blood accumulates over many months in the vagina and uterus.

- Infertility due to chronic pelvic infection blocking both fallopian tubes—undiagnosed and untreated before it's too late. Also, vaginal or rectal fistulae causing frequent miscarriages, making it difficult for women to produce a live child.

- Recurrent urinary tract infection due to urinary opening being covered by scar tissue or flap of skin, due to inadequate treatment at time of operation and lack of medical facilities, ignorance of the cause of illness, lack of cleanliness owing to difficulty in getting around the urethral opening, allowing micro-organisms to develop and ascend into the bladder, stasis of urine in the bladder, inability to completely evacuate the bladder.

- Difficulty in urinating caused by damaged urethral opening and scarring over this opening at excision and infibulation.

- Calculus/stone formation from scar tissue obstructing urethral opening, and stasis of urine coupled with bacterial infection.

- Hypersensitivity due to the development of neuroma on the dorsal nerve of the clitoris.

- Anal incontinence and fissure resulting from rectal intercourse when vaginal intercourse is not possible.

4. At delivery

a) The mother:

- Prolonged and obstructed labour due to tough, unyielding scar.

- Perineal laceration caused when the head of the baby is pushed through the perineum.

- Uterine inertia from excessive blood loss and pain during the second stage of labour.

- Other obstetrical consequences such as difficulty in performing a good vaginal examination, and for example, screening for cervical cancer, and thus missing important gynaecological diagnoses, which may affect the patient's health. It also may not be possible to insert an IUD for contraception.
b) The child

- Still-born, brain-damaged or mentally handicapped babies may be delivered as a result of prolonged obstructed labour and lack of oxygen in the vaginal canal, as well as damage to the baby's head from untrained birth attendants.

5. Post-natal complications

- Urinary and rectal fistulae caused by death of vaginal wall tissue from constant pressure of the baby's head on the posterior wall of the urinary bladder and the anterior wall of the rectum during prolonged labour. These conditions may cause a woman to be socially ostracized and cause repeated miscarriages.
- Prolapsed uterus (the descent of the uterus into the vagina and sometimes through the vulva orifice, with or without adjacent pelvic visceral structures — bladder or rectal colon) resulting from prolonged labour and delivery. In Sierra Leone it was found that almost 33 per cent of women who have undergone FGM eventually develop prolapses.
- Deterioration in genital sensitivity after excision is clearly more marked than it is in the case of clitordectomy. Among women with and without pre-FGM sexual experience, no respondents felt any intense stimulation after FGM. Those with pre-FGM sexual experience also expressed disappointment at having to accept a less satisfying relationship with the opposite sex (Koso-Thomas, 1987).

Another issue for concern, although not yet widely studied, is the possible transmission of the human immuno-deficiency virus (HIV) through repeated use of unsterilized instruments which have been in contact with the blood of numerous girls. Also, prostitutes who have been subjected to the most severe forms of FGM are more likely to experience bleeding and tearing of vaginal tissue which makes the transmission of HIV easier. Women who have been infibulated are often cut open upon marriage and upon giving birth each time. In general, open wounds such as these make transmission of HIV easier. Other viral infections such as Hepatitis B are easily spread through reusing unsterile instruments.

Many groups which are working toward the eradication of female genital mutilation are speaking out about the practice as a violation of human rights, violence against women and as a denial of the right to bodily integrity and one's sexuality. In some countries, it is now considered a crime. However, in the overwhelmingly male-dominated
Traditional and Cultural Practices Harmful to the Girl-Child

societies of Africa, men dictate the standards of marriageability and respectability. Many feel that women’s fate is to suffer and one should accept it or that suffering from pain is good preparation for the pain of childbirth.

There are often two groups of women having undergone FGM:

- Faithful adherents to the belief that FGM is an inseparable part of the culture and religion of their people. Consequences of FGM are generally accepted as a price to be paid for preserving cultural integrity, and
- Those kidnapped and forced against their will to undergo the procedure. For the latter group, any resultant illness may be seen as God’s vengeance upon a disobedient follower and treatment may be denied such a patient.

Problems of a psychological nature have not been much studied; however, WHO has produced a technical publication on this subject. Cases of disorders such as psycho-pathology and anxiety hallucinations directly attributable to FGM are described. One researcher, explains that “For the majority of girls and women, the psychological effects are more likely to be subtle, and buried beneath layers of denial, mixed with resignation and acceptance of social norms. Understanding the psycho-social balancing act which allows the child to overcome the trauma ... is important to helping women overcome their resistance to change.”

As these procedures are normally performed on girls ranging in age from a week to approximately adolescence, very few know exactly what will be done to them and many girls do not know that anything is being planned until the cutting begins. At the same time, some adherents of the practice feel that it is important for teaching bravery and endurance of pain.

B. Reasons why the practice continues

One woman who has done research in the Sudan, Asma El Dareer, describes how in the Sudan, at the time of the FGM operation, it is common for guests to be invited and even entertained by a singer or dancer. Girls are given presents which include money, clothing and gold, which may explain the willingness on the part of the girls to undergo genital mutilation. Even most women who have suffered from complications related to FGM support the practice and insist on sub-

jecting their daughter to what they went through. Research she has done has consistently shown that women generally do not think there is a connection between the genital mutilation and the complications they experience.64

In a sample of respondents in the Sudan, the primary reason given by women for undergoing FGM was tradition, and was the secondary reason given by men. Other main reasons given for following this practice are: religion, cleanliness, better marriage prospects, greater pleasure for the husband, preservation of virginity, and prevention of immorality and, increased fertility. Men often consider FGM to be a woman’s matter and do not get involved. They tend to take a passive attitude toward FGM (which amounts to tacit approval) and some respondents expressed their view that if men insisted on marrying women who had not undergone FGM, the practice would easily die out. The main reason men give for keeping this practice is religious duty (the second is tradition). Therefore, in some countries men are instrumental in keeping the practice alive.

Research done in Sierra Leone showed that, generally, the illiterate population was the strongest supporter of the practice believing it to be an important means of cultural preservation. One illiterate man insisted that all women should be subjected to this ritual to keep them in their place, while many literate men said that girls should be allowed to decide for themselves whether or not they would submit to FGM. All illiterate respondents attributed health problems caused by FGM to witchcraft, supernatural powers and general bad luck; FGM was seen to be a panacea for all illnesses.

“In rural areas, where most people live, and where tradition is linked to spirituality, still greater barriers have to be removed before all women in the region can have an adequate quality of life.” “African traditional lifestyles tend to suppress the personal gender role of the individual, whilst enhancing the social gender role. This emphasis arises out of the African custom of communal living, and belief in the unity of the extended family.”

Koso-Thomas who has researched FGM in Sierra Leone writes that “early societies in Africa decided that strong control over women’s sexuality was needed and devised FGM to curb female sexual desire

and response; however, with the improvement in women’s education in Africa and the massive migration from rural areas into the cities, African women have been exposed to an unprecedented extent to new thinking of female sex roles, fulfilment, and independence and security.”

In Sudanese study (El Dareer, 1982), almost 83 per cent of a sample of 3,210 favoured the continuation of the practice. While other traditions and customs such as facial scarification and tattooing the lips of women at the time of marriage have disappeared as a result of education and modernization, FGM has not, probably in large part because it was not a subject for discussion because of the parts of the body which are involved. People need to be encouraged to talk about it and they can make their own judgement.

Koso-Thomas, explains arguments given for practising FGM:

- To promote cleanliness. It is argued that secretions produced by the glands in the clitoris are unhygienic and can even cause contamination of food.
- For aesthetics. Some people feel that through FGM, the female genitalia is made more pleasing to the sight and touch.
- For prevention of stillbirths and/or to improve fertility. Some groups believe that the clitoris has the power to kill a baby if it comes in contact with the clitoris during childbirth, and some believe that sperm can be killed by secretions of the clitoris.
- Prevention of promiscuity and preservation of virginity. It is believed that if the clitoris is left intact, a woman will become over-sexed, they may become too sexually demanding of their husbands and even seek extramarital sex. Where infibulation is practised, the woman’s scar is cut open only at the time of her marriage and may be otherwise impenetrable.
- To increase marriageability. A woman who has not undergone FGM is often seen as unacceptable for a wife by a potential husband’s family, especially if FGM is widely practised within the community.
- Improvement of male sexual pleasure. In methods of genital mutilation which involve excision of the labia minora and majora and suturing of the vulva, the vaginal opening is made very small which is believed to be more pleasurable to the male during sexual intercourse. It is argued that in sexual relations, the man’s pleasure is most important and that the woman is acting as a facilitator.
- To maintain good health. Female genital mutilation is be-
lieved by some to have a healing and curative effect on women. This applies to mental and physical ailments.

- **To promote social cohesion.** It is argued that to belong to one’s ethnic group and be identified with that group carries with it certain obligations which one is expected to meet before being accepted as a full member of that group. These obligations include conforming to rules and regulations in force among the group and defending the group’s cultural base. Leaders of ethnic groups firmly believe that failure to fulfill these requirements means that any right to the privileges and benefits available to group members cannot justly be claimed.

Koso-Thomas goes on to explain that identifying with one’s culture or with one’s lineage group is very important to most African families who wish their children to grow up as acceptable members of their society, with full social rights. They cherish the privileges of belonging and of making friends with other children without fear of being ostracized. "In some communities circumcision is the ritual which confers this full social acceptability and integration upon the females. Without it they become estranged from their own kith and kin and may lose their right to contribute to, or participate in, the community life of their homeland, to own property, to vote, or to be voted for. The loss of such rights and privileges may even extend to a male head of a family in which the daughters and wives are not circumcised."

In a sample of respondents in Sierra Leone, the overriding reason for undergoing FGM was tradition (86 per cent), followed by social identity (35 per cent) and then religion (17 per cent). However, many of the respondents in the Sierra Leone sample felt that conditions should be more sanitary, instruments should be sterilized, some provisions made for emergencies at the time the mutilation is performed and more sympathetic medical personnel.

In many societies, FGM is part of initiation into womanhood. However, once girls have undergone FGM, sometimes they are no longer sent to school because from that point onward, they are supposed to remain at home and wait to be married. In this situation, the practice of FGM is an obstacle to girls reaching their full intellectual and employment potential, in addition to the physically and emotionally harmful effects. As is the case with marrying girls early to ensure they still are virgins at the time of marriage, FGM (especially infibulation) may be seen as a sort of protection from male sexual exploitation, while no measures are
taken to keep males from sexually violating girls.

C. What can be done

A discussion of some approaches to being used by groups and individuals actively working to eradicate harmful practices follows. The work done over the years by the United Nations system in this area, and obstacles encountered, is also described. In must be borne in mind however, that experience has shown that facilitating change and awareness-raising from within communities tends to be most effective. It has been shown that when anyone viewed as an outsider appears to be too critical of traditional practices, backlash may result, further entrenching the practice. Whenever possible, local concerned people should be enlisted in an effort to modify traditional practices. A lot of Information, education and communication (IEC) campaigns are needed, as is legislation change and enforcement in some cases.

The IAC for example, has national committees in 26 African countries and has tried different approaches depending on the characteristics of the area in which work is being done. Sensitization is usually necessary to lay the foundation for further action. It can be done by the media as well as community health workers through primary health care programmes which are accessible by many rural and nomadic communities. Several methods used simultaneously often create maximum impact. For example, films, photographs, posters, and personal testimonies are some of the methods which have been effective. Reaching influential community leaders such as elders, religious leaders, and village heads in a non-judgemental way is usually crucial to enlisting their support. Because many people believe that it is required by the religion, religious leaders can help by explaining that deliberate damage to the physical person is prohibited by Islam and by Christianity and that this practice is not required for Muslims or Christians.

As this is usually a very deeply-rooted practice which involves the way women are seen and see themselves in their societies, marriageability, and the taboo subject of sexuality, one cannot expect it to be ended suddenly. There has been some change in the level of prevalence within some communities. In the Sudan and Sierra Leone, for example, research has shown that the practice has been decreasing among the more educated and younger people, and/or a less severe form is becoming more commonly chosen by more educated parents. 

Research done in the Sudan by Asma El Darer, shows a strong statistical relation between having a rural
versus urban residence and between the type of FGM requested and the level of education attained by the parents. However, there are also groups which did not traditionally practice this custom or had left it, yet are now practising it. Urbanization brings about more contact between different tribes and the result is customs such as this are newly adopted by some people.66

1. Education

It has been shown that education plays an important role in the eradication of FGM. The completion of even primary education broadens one’s outlook on life and increases one’s ability to understand more complex information and question attitudes, beliefs and practices. Reaching children even at the primary level is important so that they understand what will be done to them and potential complications. Youth can also be reached through media, schools and other channels. It has often been recommended that basic health and sex education be taught to students (including AIDS awareness) before the point where a large percentage has dropped out. Uganda, for example, has started to include sex education in its school curricula. Concerned groups such as the IAC, have done a lot of work in preparing information, education and communication (IEC) campaigns to improve people’s awareness of complications arising from this practice. Videos have proved to be particularly effective in reaching an illiterate population.

Many women do not understand that complications they experience are caused by FGM. Through better understanding, more appropriate decisions can be made by a parent regarding their daughters. Extra efforts should be made to reach women who rarely go out of their compounds. A basic understanding of the anatomy of the genital organs, their function and importance has been recommended as part of the education approach.

2. Legislation

Enacting legislation making FGM illegal can be another tool, although in some countries, (for example, the Sudan) existing legislation is reported to be generally ignored. Enforcement often does not exist to ensure that legislation has weight. Religious leaders, who are highly respected, must understand and be willing to tell people that Islam, Christianity (or any other religion)

65 Koso-Thomas, Olayinka The circumcision of women: A strategy for its eradication, op. cit.
66 El Dareer, Asma, op. cit.
does not require women to undergo FGM.

3. Providers of health care

Educating people working in the health care field, including community health workers, traditional birth attendants, nurses, family planning counsellors, physicians, etc. on the detrimental effects of FGM and training them to communicate their knowledge to their clients, can go a long way in encouraging people to question the necessity of this practice; if these health care providers are respected by the community leaders. TBAs must be reached through education and training so that services of untrained TBAs are not used for assisting women to give birth and so they can understand the harm in FGM and be convinced to stop doing the procedure. They can be encouraged to contribute to their communities in a positive way, for example as family planning or health care workers. Also, they must be provided with other means of earning a living so that the financial incentive is reduced.

D. UN Response to FGM and other harmful traditional practices

This issue has come up within the UN system since almost the beginning of its existence in 1945. In the early 1950s, the Commission on the Status of Women began to look at traditional laws, customs and practices harmful to the health and well-being of women and girls. In 1952, the Economic and Social Council (ECOSOC) acted on a recommendation of the Commission and called upon all Member States, including those with responsibility for Trust and Non-Self-Governing Territories, to “take immediately all necessary measures with a view to abolishing progressively...all customs which violate the physical integrity of women, and which thereby violate the dignity and worth of the human person as proclaimed in the Charter and in the Universal Declaration of Human Rights.”

A similar resolution was adopted by the Council in 1954, after the Commission had begun collecting data in preparation for discussions on the rights of women in family law in the context of the Charter and the Universal Declaration of Human Rights. The prevalence of harmful traditional practices had first been brought to the attention of the United Nations by administrative authorities in the Trust and Non-Self-Governing Territories, whose annual reports were regularly reviewed by the Commission and the General Assembly, among other bodies.

In the General Assembly, there was wide agreement that practices that harmed women and girls should be abolished, but there was no consensus on how this should be done. Some
delegations argued that the elimination of customs deeply rooted in culture would come about only as a result of education and other initial steps, and that it had to be a gradual process. Others cautioned that urging the abolition of traditional practices would raise questions about the possible violation of the provision in the Charter of the United Nations that forbids interference in the domestic affairs of Member States.

Despite the disagreements, in December of 1954, a resolution was adopted by the General Assembly which urged all Member States, Trust and Non-Self-Governing Territories, to take all appropriate measures to abolish practices that violated human rights, without specifically mentioning genital mutilation. The resolution did however urge all States to abolish practices such as child marriages and betrothal of girls before puberty and to ensure freedom of choice of a spouse, and that all cases involving personal rights be tried before a competent judicial body.

The Commission on the Status of Women urged ECOSOC to request the World Health Organization (WHO) to undertake a study for the 1961 session of the Commission. The response from WHO was that such ritual operations involved social and cultural elements whose study was beyond its sphere of competence. The leadership of both UNICEF and WHO claimed that the political leadership of African countries should ask them to deal with the issue. However, political leaders in Africa are predominately men. After a United Nations seminar held in Addis Ababa in 1961, at which African women had firmly and clearly expressed their wish that such operations be abolished, the Commission asked ECOSOC again to request medical information on the practice from WHO. The response from WHO was much the same as before. Thereafter the subject was put aside for nearly twenty years.

The practice of FGM came up at the first World Conference on Women held in 1975 (International Women’s Year) and at the Mid-decade for Women Conference in 1980, at which time the issue was sensationalized by the media. Also the subject of FGM was at the World Health Assembly in 1975. In 1979, WHO convened a seminar in Khartoum on “Traditional Practices Affecting the Health of Women and Children”. Still, it was not until the mid-1980s that research by the Sub-commission on the Prevention of Discrimination and Protection of Minorities, WHO and other UN bodies made a strong case that FGM and other traditional practices were a form of violence
against women and a human rights issue that could not be justified on the grounds of tradition, culture or social conformity.\(^7\)

The Convention on the Rights of the Child which came into effect in 1990 (and as of September 1995 had been ratified by 179 countries), indirectly and directly addresses the issue of FGM. Included in it are the following Articles:

**Article 19**, in which it states “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”

**Article 24 (3)**: States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

**Article 36**: States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child’s welfare.

**Article 37**: States Parties shall ensure that: (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment....

In recent years, United Nations programmes and Specialized Agencies have played a more active role in bringing attention to the issue of FGM and educating people about its harmful effects. For example, UNFPA is developing a programming framework for integrating strategies for addressing the issue of FGM into country programmes in UNFPA’s main areas of work, namely, reproductive health, population and development and advocacy. The WHO and UNICEF are supporting national efforts to end the practice emphasizing the integration of information on FGM in safe motherhood and primary health care programmes.

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\(^7\) Most of this section was excerpted from *The United Nations and the Advancement of Women 1945-1995* published by the United Nations in 1995 (pages 22-24).
VIII. Policy Recommendations and Future Outlook

Fundamental change in cultural, social, political and economic norms and a completely new way of thinking are essential to bringing about all forms of equality. Expanded opportunities and choices and alleviation of poverty will provide an enabling environment for the advancement of women. However, this will not happen automatically. National plans of action including timetables, quantitative targets, strategies for accelerating the pace of change and measuring impact are needed. Measures taken by some countries include: reserving a designated percentage of high-level civil service (10 per cent) and primary teachers posts (60 per cent) for women in Bangladesh; appointing women judges to superior courts, setting up women's police stations in Pakistan and establishing special courts to deal with violence against women and specially trained female police officers have been considered in Turkey.

Both the Global and African Platforms for Action for the Advancement of Women make clear suggestions for actions to be taken mainly by governments, but which a range of organizations and civil society in general can also play a major role. These, and other recommended actions may assist policy-makers, community leaders and others who wish to reduce the barriers to girls' advancement, to lay the foundation for a change in perceptions, attitudes and beliefs perpetuated by societies. The African Platform for Action proposes the following actions be taken to help the girl-child:

- Undertake research on the situation of girls. Information and data should be disaggregated by gender and age to provide a basis for action;
- Create awareness on the disadvantaged situation of girls among policy makers, implementors and communities;
- Review policies and legislation to ensure the promotion of girls in matters pertaining to education, health and early marriage;
- Support NGOs and community-based organizations in their efforts to promote positive changes in practices and attitudes towards women and girls;
- Provide education and skill training after primary education
to increase girls’ opportunities for employment;
- Support sex education beginning in primary school;
- Review school curriculum and text books to include gender equality;
- Promote public information for equal treatment of women and girls regarding nutrition, health care, education and participation in decision-making;
- Mobilize men and boys to promote girls’ and women’s status and work towards equal partnership between girls and boys, and women and men;
- Provide opportunities for pupils who become pregnant while at school to enable them to continue with their education.

In the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994, the Programme for Action, *inter alia*, made the following recommendations for action:

(4.17) “Overall, the value of girl children to both their family and society must be expanded beyond their definition as potential child-bearers and caretakers and reinforced through the adoption and implementation of educational and social policies that encourage their full participation in the development of the societies in which they live. Leaders at all levels of the society must speak out and act forcefully against patterns of gender discrimination within the family, based on preference for sons. One of the aims should be to eliminate excess mortality of girls, wherever such a pattern exists. Special education and public information efforts are needed to promote equal treatment of girls and boys with respect to nutrition, health care, education and social, economic and political activity, as well as equitable inheritance rights”.

Developing countries have in recent years been encouraged to consider earmarking 20 per cent of their budgets to human development needs such as basic health and education, family planning and safe drinking water. Donors are also encouraged to take the same approach to aid. The provision of safe drinking water within walking distance of one kilometre, better transportation and sanitation services for example, would make a significant difference in reducing disease and the workloads of girls and women. Unfortunately, it may be hard to break the cycle of human deprivation leading to political instability, leading to increased government spending on the military, resulting in less money for basic needs, etc. In recent years, many of the poorest countries have used a large percentage
of their available resources for military purposes. 68

“At the same time, despite the overall global decline, large amounts of scarce resources continue to be devoted to armaments. Sadly enough, some of the steepest increases occurred in the poorest countries. Angola, Ethiopia, Mozambique and Somalia have for many years spent more on their military than they have on their people’s education and health. The UN Development Programme (UNDP) [Human Development Report 1994 p. 50-51] has estimated that directing just one quarter of developing countries' military expenditure could have provided the additional resources to implement most of the year 2000 programme: primary health care for all, immunization of all children, elimination of severe malnutrition, provision of safe drinking water for all, universal primary education, reduction of illiteracy and family planning.

It is imperative that governments adopt as their guiding principle, human development. Economic development is not a panacea and cannot fully happen without fully developed human resources. Emphasis on education, general and reproductive health and assisting the most vulnerable population groups will go a long way to give girls opportunities and a more equal footing with boys. Making concerted efforts to improve the access women have to safe drinking water as well as fuel and labour-saving devices at low cost especially for food production and preparation, will reduce demands on women’s time and will benefit everyone. Reducing the extreme demands on African girls’ and women’s time and energy would enable them to participate in extension, literacy and training programmes and be more politically active and will liberate an underused resource for Africa’s development. Improving health, access to social services, and education of women will pay large dividends in child survival, growth and future productivity.”

The UNDP 1995 Human Development Report describes four essential components of the human development paradigm which is especially appropriate for girls:

Productivity. People [girls] must be enabled to increase their productivity and to participate fully in the process of income generation and wage employment. Economic growth is,
therefore, a subset of human development models.

**Equity.** People [girls] must have access to equal opportunities. All barriers to economic and political opportunities must be eliminated so that people can participate in, and benefit from, these opportunities.

**Sustainability.** Access to opportunities must be ensured not only for the present generations but for future generations as well. All forms of capital — physical, human, environmental — should be replenished.

**Empowerment.** Development must be by people, not only for them. People must participate fully in the decisions and processes that shape their lives.

All available resources must be identified and mobilized and the attention of governments and leaders must be brought to these important issues. The potential to bring about real, positive change lies in governments, women’s organizations, NGOs, donors, the media, religious and traditional leaders, because they are significant important change agents. Ultimately, however, every concerned individual must do what he or she can.
IX. Conclusion

Major world conferences held in recent years looked at the girl-child as an area needing special attention. With the 1995 Fourth World Conference on Women, momentum seems to have picked up on addressing constraints to the girl-child reaching her mental, physical and economic potential. Various approaches to looking at development and its impact on women have evolved over the past 30 years or so. The focus of development has moved to some extent from being seen as a matter of transferring capital and technology and assuming that men and women benefit equally, to special projects focusing on women as beneficiaries, to mainstreaming gender in development. Much emphasis in recent years has been put on women’s education and capacity for generating income. However, if issues such as the underlying power structures and how girls are socialized are not addressed real change will not take place.

There are many non-governmental and intergovernmental organizations as well as Ministries working on raising people’s awareness of the harmful effects of some traditional practices. Changes may appear to be occurring at a slow pace.

Male dominance has generally been accepted as the norm and the underlying causes of power differentials has by and large been neglected. Women tend to socialize their children to cultural norms of the society in which they live; however, they can become change agents if they can be sensitized to what is at stake.

Attitude and behaviour change is always a very slow process. Modifying people’s world view and unquestioning value of traditions are key areas for action, but require a great deal of sensitivity. Political will is essential as is reaching people at the grass roots level.

Considering the rate of increase in the population of Africa and the proportion of the total population which is very young, measures taken — or not taken — now will affect a great many girls, tomorrow’s women.
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A Cross-Sectional Review


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