

About The African Child Policy Forum

The African Child Policy Forum is an independent, advocacy organisation working for the realisation of child rights. It was founded in 2003, with headquarters in Addis Ababa, Ethiopia. Its mission is to contribute towards the development and implementation of effective laws and policies to put African children on the public agenda. To this end, it will provide support where the political will exists and exert pressure where it is absent.

The work of the Forum is inspired by universal values, informed by global experiences and knowledge, and guided by the needs and conditions of African children.

The Forum works in collaboration with other non-governmental organisations (NGOs). As well as running programmes, it regularly publishes research that, along with its programmatic focus, aims to:

- ◆ contribute to improved knowledge of the problems that face African children
- ◆ strengthen the capacity of organisations working on child-rights and human-rights organisations
- ◆ assist governments, policy makers and NGOs in developing and implementing effective pro-child policies and programmes.

This publication and others published by The African Child Policy Forum are available online at: www.africanchildforum.org.

About the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is an International non-governmental organisation. Created in 1984, IAC has National Committees in 28 African countries. There are a further 15 Group Sections and Affiliates in Europe, Japan, New Zealand and Canada. IAC has headquarters at the Economic Commission for Africa premises in Addis Ababa, Ethiopia and a liaison office in Geneva, Switzerland.

The organisation is mandated to:

- ◆ reduce the morbidity and mortality rates of women and children through the elimination of Female Genital Mutilation (FGM) and other harmful traditional practices;
- ◆ promote traditional practices, which are beneficial to the health and well being of women and children,
- ◆ advocate at national, regional and international levels on the importance of actions against harmful traditional practices.

IAC is fully engaged in the elimination of female genital mutilation, and other harmful traditional practices including early and forced marriage, nutritional taboos, abduction, forced widow inheritance, widowhood rites, wife sharing, harmful practices associated with child birth, and other skin cutting practices like tribal marks/scarification/tattooing, which not only constitute serious health problems but also violate the basic human rights of women and children.

Preface

“ *The ways of peace must be learned early. So as adults, we have an obligation to begin to work with our children to develop that respect for all rights. We must work at home, in schools, in youth clubs and in our religious and community institutions.* ”

**Graça Machel,
Commonwealth Lecture Address, March 13, 2001**

According to the World Health Organization (WHO), as many as 40 million children under the age of 15 are victims of violence every year. Almost certainly, this statistic underestimates the problem and it is clear that violence against children is a serious problem and cause of concern.

Some four years ago, in its resolution 56/138, the United Nations (UN) General Assembly, upon the recommendation of the Committee on the Rights of the Child, requested that the Secretary-General conduct an in-depth study on the issue of violence against children. The Secretary-General thus appointed in February 2003 an independent expert, Professor Paulo Sérgio Pinheiro, to direct the study in collaboration with the Office of the UN High Commissioner for Human Rights, the United Nations Children’s Fund (UNICEF) and WHO. This report will be based on available evidence, information and a series of regional consultations.

Girls in Africa are particularly vulnerable to various forms of violence – both by virtue of their gender and because of the socio-economic and cultural conditions prevailing in their communities. African girls experience violence in times of conflict and crisis, in the classroom, in the community, and even in their homes.

This paper explores the violence that girls face in the very place where they should feel safest: their home. It identifies violence that is perpetuated by tradition within

Africa and other forms of violence – incest and trafficking – that many African girls face despite communities' abhorrence of these practices. This paper concludes by pointing to the need for raising public awareness about violence against girls and providing a framework for action.

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Introduction

In 1993, the United Nations (UN) defined violence against women as “any act of gender-based violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.” These acts include sexual violence such as rape or unwanted touching; physical violence such as stabbing or punching; or psychological such as threats or repeated insults.

Forms of Violence against Girls in the Home Environment

Violence within the African family against girls comes in different forms. In most cases, it is integrally linked to culture and tradition. Many of these acts are so ingrained in African culture that they may not be perceived as violence: practices such as favouring sons, burdening girls with household chores and care-giving tasks, female genital mutilation and forced child marriage, including by abduction, are traditionally not seen as forms of violence against girls. Similarly, discriminatory practices in the provision of food and formal education to girls are viewed as normal.

Nevertheless, there are other forms of violence against girls within African families that have no relationship with culture and tradition. They are rather aberrations and perversions of family life, such as incest, commercial sexual exploitation and trafficking in girls. All forms of violence against girls, whether or not they take place within a cultural setting, are fundamentally related to the discrimination against girls and women that is a consequence of male dominance and patriarchy.

Son Preference

Son preference is the practice of favouring male children while disregarding daughters, a form of discrimination that often starts before a female child is even born.

In some African communities, prayers for fecundity are either for sons or for sons and daughters. The wish for sons almost always takes precedence over a desire for daughters: the hope is that there are sons and daughters, never daughters and sons.

At the first sign of pregnancy, a woman receives unsolicited prayers from her in-laws for the safe delivery of a baby boy. Many husbands secretly or overtly express their wish for their first-born child to be male. Inadvertently, expectant women also wish for a male child, in response to attitudes and behaviours that reinforce the subordination of women.

Scientific data on the prevalence of son preference is difficult to obtain. According to the World Health Organisation (WHO), son preference is most apparent in Algeria, Egypt, Libya, Morocco, Tunisia, Cameroon, Liberia, Senegal and Madagascar. However, the oppressive patriarchy and male dominance that exists across African societies mean that in all countries, there is some form of son preference and discrimination against girls.

Although female foeticide, infanticide and sex-selective abortion are not common in Africa, couples have been known to adopt the Billings method to ensure the conception of sons.

The root causes of son preference among African families include the social roles ascribed to men and to women. Sons ensure the perpetuation of the family name, while a girl loses her identity with marriage (although son preference is also the norm in societies where girls retain their fathers' names in marriage). Responsibility to care for aging parents often falls to sons, who also perform their parents' burial rites. Thus not having a son is a source of vulnerability for parents, while having daughters only is a social stigma.

The effects of son preference ripple into other spheres, such as nutrition and education. In traditional African homes, sons are given better food than daughters and are more likely to be enrolled in schools and encouraged to finish. When funds are short, a girl is likely to be withdrawn from school to allow a son to be educated, irrespective of whether the girl is naturally intelligent and the son is not.

A mother who has several daughters consecutively is likely to continue bearing children in the hope of having a son, with the attendant consequences of high parity on the mother and siblings.

Son preference reinforces girls' low self-worth and self-esteem, and can lead to depression and low productivity in adulthood.

Household Tasks and Care-giving

In most African homes, household chores and care-giving fall almost exclusively on the shoulders of daughters and their mothers. Sons rarely participate in domestic work and where they do, the division of tasks tends to be far from equal. Girls are often forced to take on household and care-giving tasks in addition to – or instead of – going to school.

Typically, girls rise very early to begin chores and go to bed late. They tend to be scolded or beaten fairly regularly for the slightest misdemeanour, and receive very poor or no pay for their services. This harsh treatment and forced labour constitute violence against girls in the family.



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Female Genital Mutilation

According to UNICEF, between 100 and 140 million women and girls have undergone female genital mutilation (FGM) worldwide. A further three million girls are expected to undergo the procedure this year.¹

FGM encompasses “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.”²

¹ 2006, ‘UNICEF Hails Progress Toward Ending Female Genital Cutting’, UNICEF press release, February 6, 2006. Available from www.unicef.org/media/media_30925.html (accessed April 6, 2006).

² 19975, *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement*, World Health Organization, p 3.

The World Health Organization recognises four different types of FGM:³

Type I: The prepuce, and sometime part or all of the clitoris, is excised;

Type II: The clitoris and part or all of the labia minora is excised;

Type III: All or part of the external genitalia are excised. The vaginal opening may be stitched or narrowed. This procedure is known as infibulation;

Type IV: Unclassified procedures including pricking the clitoris and stretching the clitoris or labia.

Although there is no specific prevalence rate for all of Africa, the Inter-African Committee on Traditional Practices (IAC) has documented the prevalence of FGM in 28 African countries (see Annex 1). Prevalence rates vary from approximately five per cent in Uganda to over 90 per cent in Somalia.

Immediate consequences of FGM may include bleeding, infection and death, while long-term effects include urinary tract infection, infertility, psycho-sexual malfunction and a high likelihood of HIV transmission.

Whatever the type of FGM, the underlying reasons for the practice are to subjugate women and control their sexuality in the name of desirable tradition. Thus FGM is clearly one of the most obnoxious traditionally condoned forms of violence practiced against girls in the family and society. A female circumciser in Kenya sums up the primary motivation for FGM as follows: "When you cut a girl, you know she will remain pure until she gets married, and that after marriage, she will be faithful... But when you leave a girl uncut, she sleeps with any man in the community."

FGM has also been linked to Islam and cited as a means of ensuring that a woman is acceptable to prospective suitors. Both these explanations help to reinforce and perpetuate the practice while ensuring that women uphold FGM for the benefit of men.

Some progress has been made towards protecting girls and women from the harmful effects of FGM. Attempts have been made to ameliorate the health risks associated with FGM, leading to the 'medicalisation' of the practice, with orthodox health personnel undertaking the operation in a hygienic environment, using

³ Ibid.

sterilised instruments. Whilst the medicalisation of FGM addresses some of the harmful effects of the practice, as UNICEF point out, it remains a violation of “women’s right to be whole and complete women within their communities.”⁴

Article 4 of the UN’s Declaration on the Elimination of Violence against Women explicitly classifies FGM as a form of violence against women, and continues: “States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination.”

The continued practice of FGM is a violation of the human rights of girls. States and civil society must work together with communities to end this form of violence against girls.

Forced and Child Marriage, Including Abduction

The Protocol to the African Charter on Human and People’s Rights sets 18 years as the minimum age of marriage. Child marriage is defined by the IAC as “any marriage carried out below the age of 18 years before the girl is physically, psychologically and physiologically ready to shoulder the responsibilities of marriage and childbearing.”

The prevalence of child marriage throughout Africa is difficult to determine. In selected countries such as Mali, Mozambique, Niger and Chad, some 70 to 80 per cent of girls marry before the age of 18.⁵

⁴ UNICEF’s representative in Sudan, Ted Chaiban, explains the rationale for the organisation’s opposition to FGM on February 7, 2006 in an article by the UN’s Information Network, IRIN. The article, ‘Long Way to go in the Fight against FGM’ is available at www.irinnews.org/report.asp?ReportID=51579 (accessed April 6, 2006).

⁵ DHS surveys carried out between 1996 and 2001 identify the proportion of girls married before they are 18 as 56 per cent in Mozambique, 65 per cent in Mali, 71 per cent in Chad and 77 per cent in Niger. The DHS project is funded by the United States Agency for International Development. Randomly selected women and girls aged 15-49 from both urban and rural areas are interviewed for the survey. The surveys are available at www.measuredhs.com (accessed April 6, 2006).

Child marriages are invariably forced and often involve the abduction of the bride-to-be – in clear violation of a girl's right to choose her spouse. In some African communities girls are betrothed in infancy and married as early as seven years old. Young adolescents are abducted and forcibly married. Some fathers arrange for their daughters to marry much older men. In an Ethiopian study of 227 married women, 60 per cent said they were abducted before the age of 15, and 93 per cent were abducted before the age of 20.⁶



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Marriage automatically imposes the status and responsibilities of an adult on the wife, denying young girls the protection of their family and community. Child marriage is, therefore, violence against girls.

Poverty and ignorance have been cited as the main reasons for child marriage, with parents needing the material assistance provided by a bride price. Other motives include controlling a girl's sexuality, curbing promiscuity and avoiding out-of-marriage pregnancy. Child marriage and abduction are forms of gender-based violence which have multiple consequences for young girls, including sexual assaults (due to power inequity between older husbands and child brides) and the risk of physical violence from husbands and in-laws.

⁶ 2005, *Broken Bodies, Broken Dreams: Violence against Women Exposed*, United Nations OCHA/IRIN, p 64.

Pregnancy, childbirth and childcare are some of the risks and burdens imposed on under-age wives. Fistula⁷ is closely linked with obstructed labour among girls between 10 and 15 years of age. In Ethiopia, where child marriage is prevalent, doctors at the Fistula Hospital in Addis Ababa operate on approximately 1,200 girls a year.⁸

Child marriage also prevents girls accessing formal education and all the benefits that accompany a good education, including opportunities for self-development. Women who were married before the age of 18 are often trapped in a cycle of poverty and low self-esteem throughout their lives.

Unfortunately, legislative provisions in some countries such as Algeria, Chad and Libya allow rapists to be pardoned if they marry the girl they raped, even if she is a minor. The abduction of minors, where men consummate the marriage with rape, is permitted in some rural parts of Ethiopia, despite the outlawing of abduction.

Trafficking

When young African girls are trafficked, either as domestic slaves or for sexual exploitation, it is often with the connivance of family members, including parents. The need for money may override parental sensibilities and considerations for the young girls' development, wellbeing, security and future. Alternatively, trafficked girls may also be lured by promises of a good job and a better life at their destination.

⁷ Obstetric fistula occurs when tissue between the vagina and bladder or rectum tears during childbirth. It causes urine or faeces to leak and many women and girls whose fistulae are not treated suffer rejection by their husbands and communities.

⁸ 2002, 'UNFPA Launches two-year Campaign to Fight Obstetric Fistula in Sub-Saharan Africa', UNFPA press release, November 1, 2002. Available from www.unfpa.org/news/news.cfm?ID=45&Language=1 (accessed April 6, 2006).

A study undertaken in Nigeria⁹ showed that parents constituted the largest group of people who instigate the trafficking of girls, with 28 per cent of girls trafficked with their parents' consent. Many parents offer their daughters for trafficking because they believe they will send money back home. The sponsors of these girls believe that girls are more marketable than boys.

Although there is no specific data for African girls, global estimates of trafficking are available. The US State Department estimates that 600,000 to 800,000 human beings are trafficked across international borders each year – 80 per cent of whom are women and girls.¹⁰

Girls who are trafficked primarily as domestic workers often end up being sexually exploited by their masters. Trafficked girls are also at risk of forced prostitution, repeated physical, sexual and psychological abuse and torture – including the forced or coerced use of drugs and alcohol, as well as forced abortion and the likelihood of contracting sexually transmitted diseases and HIV.

Sexual Abuse

Sexual abuse of girls within families refers to any sexual activity between girls younger than 18 years and closely related family members. Studies have shown that 40 to 60 per cent of sexual abuse in families involves girls under 15.¹¹ However it is difficult to determine the prevalence of incest in African families, because of its clandestine nature and the relationship between the abuser and the abused. As a result, many incest victims suffer in silence.

Girls who experience sexual abuse within the family suffer physically and psychologically. Consequences include sexually transmitted diseases, early pregnancy, depression, post traumatic stress disorder, substance abuse and suicidal tendencies.

⁹ 2004, *Trafficking in Girls*, Girls' Power Initiative, Nigeria.

¹⁰ 2005, *Annual Report on Trafficking*, United States Department of State, p 6

¹¹ 2000, *Domestic Violence against Women and Girls*, Kapoor, Sushma, UNICEF *Innocenti Digest*, no. 6, p 6.

The vast majority of abusers are men: fathers, stepfathers, grandfathers, uncles, cousins, brothers, family friends and neighbours. Cases abound of stepfathers and uncles cajoling girls into sex or raping them, with girls often forced to keep quiet for a long period.

The most vulnerable age group is estimated to be between seven and thirteen years. However, abuse of younger girls often goes unreported, due to the complicity of parents and other family members more concerned with protecting their family honour by keeping the secret within the family than protecting the rights of the abused child.

Existing Policies and Instruments to Prevent Violence against Girls

There are several international human rights instruments and policies in existence that declare violence against girls to be a fundamental violation of their human rights, including:

- ◆ **UN Declaration on the Elimination of Violence against Women** (article 4): “States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination”;
- ◆ **UN Convention on the Rights of the Child**: States should “undertake to protect the child from all forms of sexual exploitation and sexual abuse and to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children”;
- ◆ **Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa** (articles 2, 5, 6 and 20);

- ◆ **UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);**
- ◆ provisions by individual countries in constitutions, legislations, penal codes and other measures.

Strategies and the Way Forward

Legal provisions have not proved to be sufficient deterrents to violence against girls in the home. To help reverse this trend, considerable attention must be given to:

- ◆ raising awareness of such practices among girls, families, and communities;
- ◆ teaching parenting skills to peer educators;
- ◆ providing training in family life education for adolescent girls;
- ◆ forming support group that will monitor girls who are at high risk.

Compulsory education for girls must be made a priority by all governments. In the long term this will help to alleviate much of the poverty that is the root cause of most of the gender-based violence suffered by girls. Men will also need periodic training and refresher courses on gender and power relations.

“Putting an end to gender-based violence will bring us that much closer to a stage of human social development in which the rights, responsibilities and opportunities of individuals will not be determined by the fact of being born male or female. The goal is to create a world where all people regardless of gender are free to achieve their full potential.”¹²

¹² 2005, *Broken bodies, broken dreams: Violence Against Women Exposed*, UN OCHA/IRIN, p 6.

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ANNEX 1

COUNTRY	FGM PREVALENCE (INCIDENCE)
Angola	No record of FGM
Benin	30% (1992 survey) 50% (WHO estimate)
Burkina Faso	71.6% (1999 DHS)
Cameroon	About 25%
Central African Republic	43.4% (1995 DHS)
Chad	60% (1995 UN report)
Congo	No figure available
Côte D' Ivoire	44.5% (DHS)
Djibouti	90%
Egypt	78-97% (2000 DHS)
Ethiopia	72.7%
The Gambia	80%
Ghana	9-15% (1998 estimate by gender studies and human rights documentation center)
Guinea Bissau	50% (estimated)
Guinea Conakry	98.6% (1999 DHS)
Kenya	12-100%, depending on area (1998 DHS and 2002 report)
Liberia	50% rural 10% urban Many believe that civil war has reduced FGM
Mali	93.7% (1999 DHS) 80-85% of women affected by types I and II
Mauritania	71. 3% (2001 DHS report)
Niger	20%
Nigeria	40.5% (1998 national survey) 19% (2003 DHS - published in 2005 UNICEF Innocenti Digest)
Senegal	20% (1988 study by Environmental Development Action in the Third World)
Sierra Leone	80-90% (various estimations)
Somalia	96% (1983 Ministry of Health survey) 90-98% (UNICEF estimate) 90% (other estimates)
Sudan	89% (1991 DHS) 87% urban; 91% rural (1996-2000 SNCTP study)
Tanzania	17.9% (1999 DHS)
Togo	Ranges from 2.9% in Mtwara to 81.4% in Arusha
Uganda	12% Less than 5% of female population