



*Plan International's Submission to the Joint CRC and CEDAW
General Comment / General Recommendation on Harmful Practices*

Harmful practices and Plan's vision

Plan was founded over 70 years ago and is an independent development organisation with no religious, political or governmental affiliations. Plan works in 50 developing countries across Africa, Asia and the Americas, with nearly 38,000 communities each year, covering a population of 28,200,000 children.

Plan's vision is of a world in which all children realise their full potential in societies that respect people's rights and dignity. It aims to achieve lasting improvements in the quality of life of deprived children in developing countries, through a process that unites people across cultures and adds meaning and value to their lives, by:

- enabling deprived children, their families and their communities to meet their basic needs and to increase their ability to participate in and benefit from their societies;
- building relationships to increase understanding and unity among peoples of different cultures and countries; and
- promoting the rights and interests of the world's children.

Child protection and ending all forms of violence against children and children's right to sexual and reproductive health are two of Plan's eight impact areas. Throughout the world, Plan is currently implementing 36 projects¹ to end gender based violence and harmful practices against the girl child.

Lessons learnt from Plan's work to end harmful practices

Any form of violence against children, whether physical, psychological or emotional is a violation of their right to protection from "all forms of physical or mental violence"² and a fundamental breach to their dignity and integrity; it affects the achievement of their full potential; it hinders

¹ Some recently completed

² Convention on the Rights of the child, Article 19

their progress in becoming responsible adults and citizens and it hampers any long-term development.

Girls, and also boys, throughout the world are subjected to many violent and discriminatory practices. Often such harmful practices are performed in the name of culture, religion or tradition – and even sanctioned by customary laws. Harmful practises (HPs), also called social and cultural practices, have a significant impact on the wellbeing of girls and young women. Such behaviours, customs, attitudes or practices are generally based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles. HPs are a cause of many sexual and reproductive health rights (SRHR) related problems, including unwanted pregnancy, unsafe abortions and the spread of STDs and HIV/Aids. The removal of or damage to genital tissue through FGM interferes with the natural functioning of the body and causes several immediate and long-term sexual and reproductive consequences. Forcing children into marriage severely limits the ability of young women (and men) to make informed and voluntary decisions about their sexual and reproductive lives. Child marriage exposes young girls to a greater risk of HIV infection as girls often find it difficult to negotiate the use of condoms or to access reproductive health services. Initiation rites change a girl's social and sexual status and interfere with her right to bodily integrity and, at many times, with her right to choose if and when to have sex.

Although boys and girls suffer from HPs, the girl child is more vulnerable to the socially-constructed discriminatory gender roles. Furthermore, girls may experience discrimination based on their age. The dominant view in most societies is that children occupy an inferior position both in the family and in society at large. With the multiple levels of discrimination that they experience, girls and young women are relegated to the bottom of power structures and power relations in the family and in the community, thus limiting their influence, if any, on decisions which affect their wellbeing and making them vulnerable to violence and abuse.

Below are a few selected case studies that are meant to provide lessons learned from a number of Plan's programmes. The studies provide examples of different forms of harmful practices identified in Plan's programme.

I Early and forced marriages

One in every three girls in the developing world is married by the age of 18. Early and forced marriage is most prevalent where poverty, birth and death rates are high, there is greater incidence of conflict and civil strife and lower levels of overall development, including schooling, employment and healthcare. Although the average age at first marriage is gradually increasing worldwide, the pace of change is slow.³

³ Plan UK (2011). Breaking Vows, Early and Forced marriage and Girl's Education, p. 4

However, positive changes have been noted in several programmes. Research in Plan Pakistan showed a significantly positive observation concerning awareness-raising activities. The study found that people are willing to change their minds about a practice when informed of the extent of the damage the practice can cause to the individual. It is thus possible for awareness-raising campaigns of not only government agencies, but also local and international non-governmental organisations and civil society organisations, to have a positive impact on stopping the practice of child marriage.⁴

In one community, members were able to see the value in girls receiving a full education before marriage, as a result of awareness-raising campaigns in that area. Furthermore, the same group was also able to understand the risk of maternal mortality flowing from childhood pregnancies, which also strengthened their view that the practice of child marriage should be stopped in their community.⁵

Plan UK's research on early and forced marriage found that when addressing the issue, it is important to differentiate between situations in which 'tradition' or religion are the drivers of early marriage and those in which cultural justifications are attributed to decisions that are, at heart, economically driven. Family income and rural, as opposed to urban location, can cause significant variation in early marriage practice amongst families with the same cultural traditions and practising the same religions.

The 1948 Universal Declaration of Human Rights and CEDAW article 16 states that marriage should be 'entered only with the free and full consent of the intending spouses.' Plan's research found that in the majority of child marriages, however, there is often an element of coercion involved: parents, guardians or families put pressure on children or force them into marriage. Early marriage is accepted as the norm in many countries and girls may give their consent as a duty and sign of respect to their family and community. However, where one of the parties in a marriage is under the age of 18 years old, consent cannot always be assumed to be 'free and full' and is rarely in the best interest of the girl.⁶

Evidence from Pakistan suggest that under child marriage in some occasions boys may at times also be required to deal with the new responsibility of supporting the newly-established family financially.⁷ The psychological stress for a young boy may be less than that of a young girl, but should nevertheless be ignored.

⁴ Åbo Academy and Plan Finland. Stealing Innocence: Child marriage and gender inequality in Pakistan, p.33

⁵ Ibid

⁶ Plan UK (2011). Breaking Vows, Early and Forced marriage and Girl's Education, p. 2

⁷ Lane, Samuel (2011), Stealing innocence: child marriage in Pakistan. Plan Finland
[http://www.plan.fi/File/416b7ead-4c65-4ab5-a26c-0eb4cb80c560/Stealing+Innocence+-+Child+Marriage+in+Pakistan+\(Plan+2011\).pdf](http://www.plan.fi/File/416b7ead-4c65-4ab5-a26c-0eb4cb80c560/Stealing+Innocence+-+Child+Marriage+in+Pakistan+(Plan+2011).pdf)

Case study:

Eradicating early marriage in Kenya

The average age of brides in the Kwale and Kinango Districts of Kenya is 12 years. The prevalence of early marriage limits girls' choices and denies their human rights. Instrumental in limiting girls' access to education, marrying at an early age also increases their vulnerability to health risks (such as HIV infection and high-risk pregnancies), while also contributing to higher maternal and infant mortality rates. The denial of these rights impacts in turn on the girls' opportunities for economic development later in life.

Although child marriage is illegal in Kenya, it is deeply entrenched in the culture and has economic implications as it commodifies girls. Child marriage offers economic incentives for poor parents, for whom the bride price is often a source of livelihood.

How does the project aim to improve the lives of girls?

The Early Girl Child Marriage Project, begun in March 2008, supports innovative approaches to protect girls from this illegal practice by supporting communities to recognize, confront and change values and cultural practices that are harmful to their children. Governmental assistance is provided by the Provincial Administration and the District Children's Office, with civil society support from Childline Kenya, Rights of Child-Girl Child Advocates and the Kikokeni Community Health Workers Association.

The principal activities of the project range from;

- Participatory research to assess attitudes, practices and existing community structures that either perpetuate discriminatory status quo against girls
- Capacity enhancement of teachers, school management committees, local leaders and children's clubs on creating supportive school and community environment for girls
- Building on the care groups to establish a community based system to capture reported cases of child marriages for referral to legal, health and other services.
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- Inter-generational community dialogues using child led videos and radio on issues affecting children – including child marriages and other abuses.

How have lives been changed?

- Increased awareness has been created through the intergenerational dialogue forums facilitated by children.
- Changes in girls' lives: A reduction in teenage pregnancies and marriages has been documented in some schools in the Kwale Plan Unit where the project is being conducted.
- Changes within communities: Enhanced support at the community level has resulted in positive attitudes toward the rights of girls. Duty bearers such as teachers, chiefs, children's

departments have shown increased commitment to fighting early marriages for girls and ensuring that they remain in schools and complete their education.

- Reduced workload for girls at household level
- Changes in institutional affirmation and protection of girls' rights: Care groups have been created in the Kwale District to act as child rights monitors and to establish a community-based system to document reported cases of child marriage for referral to legal and health services.

Enabling positive change: supportive factors?

Knowing one's rights and entitlements is an essential basis on which to claim one's rights. The creation of child clubs in schools has been successful in educating children (both girls and boys) and giving them the confidence to stand up for their rights.

Girls cannot and should not tackle the problem of early marriage on their own. The participation of multiple stakeholders, both duty bearers and rights holders, must be enlisted from the outset. Using intergenerational dialogue forums facilitated by the children, debate can emerge at the community level and provide a mechanism for building a critical mass to champion the rights of the girl child.

II Female Genital Mutilation/Cutting

Female Genital Mutilation/Cutting is a severe violation of fundamental women's and girls' rights. Plan fully endorses the international and African consensus on FGM/C and is actively pursuing its abandonment. Within practising communities though FGM/C is a deeply rooted and accepted tradition and considered an important custom for the socialisation of girls and young women. In communities where FGM/C is widely practiced it is a social norm and the pressure to undergo FGM/C is immense. Those who disrespect the norm are likely to be stigmatised or even expelled from their communities.

The underlying dynamics of FGM/C is linked to social, cultural, political and developmental issues. It therefore demands a multi-sectorial approach including all relevant stakeholders from community to international level. It also needs to identify the local context as this can differ from one community to the next.

Lessons learned from Plan's work in West Africa

- Communities are the owners of their own development. The decision to abandon excision cannot be forced upon them. The role of the state and the international organizations is to create an environment to support behaviour change
- Legislation itself is not enough. Several countries in West Africa have passed laws that are ineffective because they are neither communicated nor enforced

- The first step in promoting the abandonment of excision is to break the silence on the subject, especially in communities where excision is surrounded with many taboos. An acceptable and frequently used door opener is to discuss the health risks and long-term reproductive health complications.
- Each community has its own views on excision that is consistent with its experience and with the opinions of its leaders. There is no universal approach to promoting the abandonment.

Examples of approaches observed during Plan's field studies

To change a social norm is difficult. Families who might want to prevent their daughters from FGM/C find themselves pressured by their community.

In Burkina Faso, FGM/C is outlawed, but still practiced in many communities. Plan's programme found that teaching about FGM/C in schools appeared to be one of the best means to eliminate this practice. The programme focus was therefore on information and capacity building of teachers and parents, as well as strengthening child participation activities, such as theatre plays.

In Guinea, the practice of excision is strongly associated with initiation ceremonies. These ceremonies affirm the value and role of girls in society, and they have many positive components. Some local groups worked successfully with communities in developing excision-free initiation ceremonies. Communities are more open to abandoning the practice of excision if the positive aspects of their cultural heritage are not threatened.

Children are both actors and the targets of the project. As actors the children take actions of information, of sensitization and advocacy in dialogs children - children, children - adults (parents, teachers, leaders and decision makers). As targets, the children are trained/informed on their rights, are sensitised on the harmful violence and traditional practices. The children can play a big role in the establishment or the reinforcement of the relationships with the leaders and the communities' members. They can bring a significant change in the behaviour and the positions adopted by the parents. However, in countries where FGM/C is carried out at a very young age (2 years), the ability to engage children to intervene in favour of their own protection is limited.

Case study 1:

Eliminating female genital mutilation/cutting in Mali through collaborative engagement

According to data from the 2006 Health and Population Study, 85% of Malian women aged 15 to 45 have undergone some form of excision, seven out of ten before the age of five. Medical complications are well known: haemorrhages, infection, difficulty giving birth, urinary infections, fistulas. The social impact on women's lives, however, is often hidden: this can include the infertility as well as dyspareunia (painful intercourse) that may occur as a result of physical complications and which often leads to divorce and their social isolation.

How does the project aim to improve the lives of girls?

Plan has implemented the Project for the Fight against Female Genital Mutilation since 2004. It is designed to reduce and/or eliminate the practice of female excision by addressing multiple dimensions of the problem at both national and community levels. Government partners (Ministries of Health, Social Development and the Promotion of Women, Children and Families) worked together with civil society partners (the Djoliba Centre, seven Non-Governmental Organizations (NGOs), the National Program for the Fight Against Female Genital Cutting) as well as children's organizations to engage in activities to eliminate female excision.

Plan Mali employees and their NGO partners received training on human rights and FGM/C. The skills of children's organisations were strengthened to enable them to campaign actively for the abolishment of the practice. Civil society organizations launched community public awareness campaigns and helped women obtain health care, while National Assembly representatives acted as advocates.

How have lives been changed?

- Changes in girls' lives: Fewer girls experience FGM/C. Girls and women participated actively, defending their rights, in community dialogue with those seeking a ban against FGM/C. Around 70% of girls up to age five were saved from the practice in project villages.
- Changes within communities: Community leadership: 20% of project villages abandoned FGM/C, and community leaders made public statements against it. Plan collaborated with influential leaders who were open to dialogue, organizing meetings with clerics from Muslim countries including Egypt and Saudi Arabia.
- Changes in institutional affirmation and protection of girls' rights: A healthcare system was devised to identify, refer and care for patients with medical complications due to FGM/C, which provided help to 67 women and girls.

Enabling positive change: supportive factors

Building the capacities of grassroots community organizations helps to implement local initiatives linked to advocacy efforts at the national level. The project supported a local response tailored to a specific socio-cultural context. Plan empowered communities by involving them at every stage of the project to ensure the sustainability of their actions to improve the lives of girls and women.

Case study 2:

Eliminating FGM/C in Egypt

Despite Egypt's banning of FGM/C in the 1990s, the practice is still widespread, and in rural areas such as Kalioubia or Giza, is almost universal among girls aged seven to twelve years. Most girls are not consulted, nor do they consent to the practice. FGM/C is one of the most blatant denials of girls' basic human rights and compromises girls' health and social development. Abolishing the

practice has proven extremely difficult since it is maintained through long-held customs that are deeply rooted in communities and family life.

How does the project aim to improve the lives of girls?

The Reduction of Female Genital Mutilation Project, begun in 2006, is implemented by Plan Egypt in collaboration with government and civil society at national, regional and local levels (including the National Council for Childhood and Motherhood (NCCM), local departments of the Ministry of Social Solidarity, the Ministry of Education and Ministry of Health, and ten community development associations).

A human rights based approach underpins the strategy to reduce and eliminate FGM/C by shifting harmful attitudes and beliefs at the community level through the creation of Local Coordination and Gender Committees. Work with and through these entities has increased the understanding of primary duty bearers (community leaders and community development organizations) of the harmful psychological and physical impacts on girls and the role they can play in the fight for its elimination. Capacity has been built locally to deliver advocacy and awareness activities for secondary duty bearers (such as mothers and grandmothers) who play a key role in maintaining the practice.

Children themselves have been sensitized on the harmfulness of the practice and informed of their human rights through the child-to-child approach.⁸ As of 2009, 24 community development initiatives had supported around 7,000 girls and women through capacity building and service delivery.

How have lives been changed?

- Changes in girls' lives: Girls' awareness of their basic human rights has increased along with the recognition that they play an important role in protecting them.
- Changes within communities: Families and community leaders have taken a public stand against the practice of FGM/C.
- Changes in institutional affirmation and protection of girls' rights: Partnerships have been created and linked to national action (for example, the NCCM's national media campaign that contributed to the establishment of a ministerial decree and legislation against FGM/C).

Enabling positive change: supportive factors

Involvement of local volunteers in all project activities ensures that action plans are designed based on relevant community needs. Involvement of men and male youth in project activities leads to more equitable attitudes and behavioural changes inside the family.

⁸ The child-to-child approach recognizes children as effective agents of change, since they often communicate and share more than adults, are more literate than their parents and are responsible for younger siblings. When children learn about the harmfulness of FGM/C they will educate other children

Approaching different governmental departments at governorate and sub-governorate levels to conduct activities at local levels greatly increases the number of community members engaged while ensuring the sustainability of the project.

Creation and support of NGO networks enables better coordination of advocacy efforts and sharing of experience at different levels.

III Sex-selective abortions

The low status of women has resulted in a widespread practice of sex-selective abortions and killing of girl babies in India, and other parts of Asia. A girl child is not welcomed like a boy child, and many families can't afford to bring a girl child into the world. The growing pressure to downsize families and a deep-rooted cultural preference for boys has made sex-selective abortions easily available. This is despite the fact that sex-selective abortions are illegal in India in accordance with the Pre-natal Diagnostic Techniques Act of 1994. The issue of sex-selective abortions has for a long time been seen as an urban problem, but due to modern technology such as ultrasonography being available at a low cost, and the accessibility of the test through mobile vans, the problem has moved to rural areas as well.

Lessons learned from Plans work in India⁹

- Misuse of modern technology like ultrasonography supports the practice of female foeticide
- The civil society focused activities proved to be very effective. The measures are accepted by the target groups.
- On district and state level media focused activities appear to be most effective. Press coverage of the project has reached an optimum.
- Cooperation between implementing organisations proved to be very efficient.
- Although the capacity building measures for government employees and medics have been also very effective and well recognised by the stakeholders, still some distrust can be found in these institutions.
- Cooperation with medical fraternity is a challenge due to interest conflicts of the stakeholders with the project objectives (financial vs. ethical aspects).
- External cooperation with media representatives, youth groups and further NGOs is rated very positive by all stakeholders.
- The combination of mass media and individual communication has proved to be very successful in creating public awareness.

Case study:

⁹ Das, Udita and Silvestrine, Stefan. Center for Evaluation, Saarland University. Ongoing Evaluation of the Project: "Kopal II" (India). 2008

Eradicating female foeticide and mainstreaming reliable birth registration systems in India

According to India's 2011 Census¹⁰, there are now 7,000,000 more boys than girls aged 0-6 years and the gap is growing. The ratio of girls to boys has dropped to an all time low since records began. Today, the national figure has fallen to an alarming 914 girls for every 1,000 boys. In some states like Punjab that ratio is as low as 846 girls to 1,000 boys. The situation is similar in many other states such as Rajasthan, Madhya Pradesh, Punjab and Bihar.¹¹

Despite the Indian government having enacted the law against using ultrasound technology for sex-selective abortions, continued practice is believed to be resulting in more than 500,000 female fetuses being terminated every year.

Ready access to ultrasound equipment that identifies the foetus' sex during pregnancy encourages parents to act on their preference for boy babies. India also has the highest proportion of unregistered children in the world: only 57% of births and 51% of deaths are registered. With no birth certificate, it is impossible to obtain citizenship or prove a person's age, making it harder to prevent early marriage of young girls. Access to school can also be more difficult. With respect to both female foeticide and birth registration, the situation is most dramatic in the northern states of India.

Plan has launched the 'Let Girls Be Born' initiative in India to galvanise action to address the country's disturbing sex ratio. The main objective is to realize a gender balance in society by eliminating female foeticide/ infanticide and ensuring the right to identity, name and citizenship for the girl child. The campaign is focusing on raising social consciousness on the issue of female foeticide, its negative impact on women's health and the gender imbalance that is developing as a result of son preference, strengthening the implementation of law and government response mechanisms and setting up of support systems for married women and families to resist social pressure.

How does the project aim to improve the lives of girls?

Between 2007 and 2008 in the state of Bihar, Plan worked to build a society with a more equitable distribution of men and women by eradicating the practice of female foeticide and generalizing the declaration of births and deaths. The project is implemented in collaboration with the Indian Non-Governmental Organization (NGO) Rashtriya Vikas Evam Samaj Kalyan Parishad.

Plan undertook numerous initiatives: consciousness-raising activities; birth registration; extensive work with media professionals; an evaluation of female foeticide in five regions chosen for data collection from ultrasound and vaccination centres; and partnerships with youth associations, NGOs, institutions and medical personnel.

¹⁰ <http://planindia.org/files/Census%20Data%20on%20Child%20Sex%20Ratio.pdf>

¹¹ <http://plan-international.org/about-plan/resources/media-centre/press-releases/baby-7-billion-let-indias-girls-be-born/?searchterm=infanticide>

How have lives been changed?

- Changes in girls' lives: Through awareness-raising, the project has helped save the lives of girl babies, thereby increasing their presence in the population.
- Changes within communities: Community awareness of the importance of girl children was increased using street theatre and village meetings, and by providing supplies to district committees for public awareness campaigns and drawing contests in schools.
- Changes in institutional affirmation and protection of girls' rights: Coverage of birth registration has increased to 82.78% (far exceeding the project's target of 60%).

Enabling positive change: supportive factors

- Community awareness: Eradicating female foeticide can only be achieved through increasing awareness that it is wrong to engage in prenatal sex determination.
- Birth registration system: Synergy between various departments involved in birth registration data is necessary if it is to be used effectively to combat female feticide.
- The engagement of media in awareness raising is important to reach a broader public.

IV Bonded Labour - The Kamalari System

Around 10,000 to 12,000 girls in Nepal - some as young as 6 years old - are forcefully sent to work as domestic servants in the houses of those richer than them – usually higher-caste landowners, business people or civil servants under the Kamalari system. The girls come from extremely poor families, where they are often seen as little more than a drain on the family's income, and sold out of financial desperation.

Girls are often taken far away from their communities to different parts of the country and areas where they don't speak the same language. Alone and without family or community support, they are vulnerable to all sorts of harm, including physical violence and sexual abuse. Some have been trafficked into brothels in India via open borders, where identity cards aren't checked and no questions are asked.

Case study:

From servitude of landlords to student with dreams of a future in Nepal

Sending daughters to serve in the house of a landlord is a common practice in the Tharu community of the Dang district of western Nepal. Tradition, linked to scarcity of economic opportunities and lack of access to education, make it a common practice. Servant girls, known as Kamalaris, are forced to work long hours under stressful conditions for a small amount of money paid directly to their fathers. While in bonded labour, they are denied access to basic rights such as education and an adequate standard of living it is not surprising that the education attained by girls engaged in the practice is very low.

How does the project aim to improve the lives of girls?

The Kamalari Abolition Project began in 2006 and is currently in its second phase (which will run until 2015). Its aims are to prevent girls from entering into the bonded labour system and to rescue girls who are already there. In collaboration with Safety Welfare Action Nepal, a grassroots NGO, Plan has supported the formation of ten child protection committees, 50 children's clubs and ten youth clubs that run various advocacy activities to stop the Kamalari practice.

Wide-ranging advocacy strategies were used; specifically, street dramas, wall magazines, rallies, and public hearings. As a result of the community outreach, access to legal aid and counselling has increased and communities have enhanced their social awareness and capacity to engage as social change agents. Alternative sources of income are offered to families who agree not to allow their girls to work as Kamalaris and rescued girls are enrolled in alternative education programs.

How have lives been changed?

- Changes in girls' lives: As of 2009, 1,645 girls have been rescued or prevented from entering into the practice of Kamalari. Of these, 1,142 girls entered school to acquire various types of skills that promise a better future. They have also become key players in advocating for the protection of their own rights.
- Changes within communities: Continuous lobbying and advocacy work by child protection committees and clubs has been instrumental in motivating parents to bring their girls home or to decide not to allow the girls to work. Two villages have declared themselves as Kamalari Free and serve as Model Villages.
- Changes in institutional affirmation and protection of girls' rights: Working in collaboration with child rights organizations and law enforcement agencies, progress has been made in bringing the perpetrators of the Kamalari system to justice. The district of Dang was declared as Freed Kamalari District by the Chief District Office who now are also supporting the education of freed Kamalari girls.

Enabling positive change: supportive factors

Families subscribe to the Kamalari system for reasons linked to tradition as well as financial need. If the abusive practice is to stop, solutions to both these problems that are acceptable in the community will be necessary:

- Provision of livelihood enhancement activities help to improve family income and lessen economic pressure for girls to work
- Key to gaining the trust and confidence of local communities is collaboration with committed and professional grassroots-level organizations from within the communities where the problem is prominent.

V Ending Negative stereotypes, violence and discrimination against children with disabilities

Recent studies have estimated that up to 70% of children with disabilities in the developing world have been victims of violence in some way.¹² A study by Plan's partner, the African Child Policy Forum, estimates that children with disabilities are 1.7 times more likely to suffer all forms of violence than their non-disabled peers. The study found that emotional violence was the most prevalent and frequent form of violence committed against children with disabilities.¹³ Shame and stigma was identified among the main causes for abuse against children with disabilities.¹⁴

Case study

Improving the lives of children with disabilities in Togo

The situation analysis of persons with disabilities in Togo reveals that, despite the efforts made by the Government, as well international organizations and national, the human rights of children with disabilities are still not respected. Plan Togo has worked to improve the living conditions of children with disabilities since 2006. In order to strengthen the actions and scale-up, Plan Togo recently initiated a study on the situation of children with disabilities. The aim was to have insights on their living conditions, the gender issues related to children with disabilities and to assess the socio-cultural representations of persons with disabilities in Plan Programme's areas (Atakpamé, Sotouboua, and Sokodé).

The gathered information analysis showed that all the main types of disabilities were present: physical (51.3%), visual (23.7%), hearing (12.9%), and intellectual (3.9%).

The findings showed that in all areas in the study, the number of disabled boys in primary courses exceeded girls with disabilities, but in Atakpamé and Sotouboua, the trend reversed and girls were in numerical superiority over boys in secondary courses. Girls (69%) suffer more than boys (31%) by discriminator attitudes from friends. Parents' poverty affects slightly more schooling of girls with disabilities (56%) than disabled boys (46%). Economically, it is difficult for people with disabilities to have access to micro credits for income-generating activities.

Furthermore, the study found that disabled children and women were considered as useless, excluded from community organizations, rarely or not at all involved in the decision-making within their family and their community. Concerning health, 68% of the children with disabilities found that it is difficult to access the services offered by health workers in their communities and girls and women with disabilities are often raped and exposed to HIV/AIDS infection.

Enabling positive change: supportive factors

To succeed with the socio-economic integration of disabled children, strategies for comprehensive care of children must be developed and should include: awareness-raising to reduce stigma and

¹² African Child Policy Forum (2010). *Breaking the Silence: Violence against Children with Disabilities in Africa*. Addis Ababa, The African Child Policy Forum

¹³ Ibid. p. iv

¹⁴ Ibid.p. 20

negative attitudes, as well as child rights and child protection education to all children and children with disability in particular; Support to parents to initiate and manage income generating activities; and access to appropriate health care and strengthening the capacity of health workers and other actors.

Other identified harmful practices

I Harmful Initiation Rites and Other Practices

Many girls throughout the world are forced to participate in initiation rites. These rites mark the passage from childhood to adulthood, and change a girl's social and sexual status. A study by one of Plan's partners, the Malawi Human Rights Commission,¹⁵ shows that besides female genital mutilation/cutting, such rites may involve enforced nudity or partial nudity in front of community members, the obligation to provide sexual services, ritual beatings and rape. These rituals are harmful and degrading. They often hamper the child's survival and development and lead to a denial of other rights such as education, health and an adequate standard of living.

Plan's recent child rights situation analysis in Malawi identified some of the same practices that included initiation rites, faith based beliefs that prevent children from being immunized against diseases (like measles) and preventing blood transfusion, fish for sex (*kutoma*) observed mainly along the lakeshore, kupimbira¹⁶ in Karonga, early marriages and witchcraft allegations. The most common form of kupimbira/*kupawila* in the northern parts is where the girl's parents get into debt and as payment for the debt they offer the daughter in marriage to the creditor. The girl can be as young as 9 years old and the man could be as old as 40 years or older. The girl in this situation ends up attaining puberty while staying with the husband. The girls, it was established, stick with this arrangement because they are threatened that some curse would befall them if they tried to run away.¹⁷

In Plan's study it was reported that children were still being advised to undergo *sexual cleansing* (*Kutsatsa fumbi*) after graduating from the Chinamwali (initiation rite). This practice put the children at risk of contracting HIV and other sexual transmitted diseases and early pregnancy. There were also indications that these practices were not as common as they used to be although there were some communities and that still allowed them. Sometimes these initiations coincide with the school calendar, which leads to children missing classes. Further, due to long periods out of school, and notions that those that had been initiated were 'grown up', some children drop out of school and get married. In addition, there are reported cases of child sexual abuses that have been perpetuated by rituals. Men who are desperate to get rich are advised to have sex with

¹⁵ Malawi Human Rights Commission. Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi, p. 25

¹⁶ Kupimbira was said to be on the decline, although it was still being practiced in some communities

¹⁷ Malawi Human Rights Commission. Cultural Practices and their Impact on the Enjoyment of Human Rights, Particularly the Rights of Women and Children in Malawi, p. 25

children, and end up in incestuous relationships with their biological children, or any other children. Other practices include keeping girls indoors for about seven days when they reach puberty, without regard to the school calendar. This was indicated in all the districts visited with the exception of one.

Witchcraft appears to be a real social issue that affects people in general and children in particular. The 2008 Welfare Monitoring Survey records that up to 76% of people were aware of claims to have witches in the community, 62% knew someone accused, 36% believed something bad happened to them due to witchcraft, and 28% had taken steps to protect household members from witchcraft. During community consultations, there were reports that some people were allegedly involved in teaching children witchcraft. This allegedly led to 'tiredness' of children and underperformance in school'. Court Magistrates at the district level confirmed handling cases involving witchcraft, but conceded the current ambivalence in the law regarding witchcraft is a constraining element in dealing decisively with the issue.

II Widow Inheritance

Plan Kenya has observed that widow inheritance, or wife inheritance, is traditionally practiced in Nyanza province by the Luo community. The Luos living around Lake Victoria in Kenya has for hundreds of years observed the custom of widow inheritance. Traditionally, the younger brother of the dead man inherits the widow and provides her with security, financial support and parental care for her children. Although some have shunned the practice it is still prevalent in some areas. The widow cannot remarry at her own discretion. Her husband's family finds a relative to inherit her as a wife. If a brother-in-law cannot inherit her, then a cousin or a respected outsider does. A man can only take on a widow if he has a family. His first wife would have to accept the arrangement because tradition allows it.

To make the widows succumb to the wife inheritance practice, the Luo culture imposes some rules to ensure that all the widows conform. Unless a widow goes through the inheritance cleansing ritual, she is not allowed to attend social functions in the village and among relatives. She is viewed as a bringer of death and a bad omen. Even carrying someone's child is a taboo. She is not allowed to engage in any economic activities such as farming. Even erecting a new house for her by anyone else apart from her male inheritor is a taboo. Failure to go through the ritual of wife inheritance is said to lead to a complete wipe-out of the widow's children and future offspring.

HIV and AIDS prevalence in Kisumu has been aggravated by harmful cultural practices such as wife inheritance. This has led to increasing number of orphans who lack educational opportunities, face hunger and malnutrition, are stigmatized and discriminated and are susceptible to abuse and exploitation like child marriages, defilement and child labour.

The inheritance exploits widows by taking the dead husband's property. Most of the orphans are disinherited of their properties. The government has enacted laws such as the Succession Act (Revised 2008) to protect these orphans from being disinherited. Since orphans are vulnerable to exploitation, especially sexual abuse, the government has enacted the Sexual Offences Act to protect them from sexual exploitation. At the same time, there is a National Policy on Orphans and Vulnerable Children in place to protect these orphans. All in all, the number of orphans is increasing and most of them are being exploited. The tradition is sacred in rural areas, and many are still reluctant to end it.

III Breast flattening

Breast flattening¹⁸, also known as breast "ironing" and breast "massage," is a common practice in Cameroon, whereby an object is used to massage, pound, or press the breasts flat.¹⁹ The practice has also been reported in West and Central Africa, including Guinea-Bissau, Chad, Togo, Benin, Guinea-Conakry,²⁰ Kenya, Zimbabwe, and South Africa.²¹

To date, *no medical studies* have been conducted to establish the effectiveness of the procedure for flattening breasts, nor the long- and short-term, physical and psychological side effects. Much speculation abounds as to whether the practice works in the short-term to flatten breasts, and whether in the long-term, the breasts grow normally, do not grow at all, or grow much larger than they would have without flattening.²² Some generally cited and accepted side effects include a short-term delay or halting of breast growth, swelling, burning, irritation, pimples on the breasts, abscesses, fever, extreme pain, depression, and shame; and a long-term overgrowth of one or both breasts, or failure for one or both breasts to grow, difficulty to breast-feed, scarring, and breast cancer.²³ However, in the 2006 nationwide survey, only 8% of respondents reported suffering a related illness, while 18% reported that their breasts "fell" or "sagged" earlier than normal.²⁴ It is difficult to establish the accuracy of these reports either in favour of or in opposition to the practice without conducting medical examinations.

Breast flattening is not prohibited by law, although Cameroon has officially adopted the UN Convention on the Elimination of Discrimination against Women (CEDAW), the UN Charter on the Rights of the Child, and the Maputo Protocol, all of which define specific rights for women and children. Cameroon's Penal Code also provides certain protections against assault, although

¹⁸ Research by Rebecca Tapscott, Plan Cameroon, August 2011

¹⁹ In 2006, GTZ termed the practice breast "ironing" to discourage the practice. To avoid stigmatizing the practice, however, and encourage an open dialogue, I have opted to refer to the practice as breast "flattening." (This is similar to the distinction between female genital "cutting" and female genital "mutilation.")

²⁰ Ortiz, (2010).

²¹ Personal interviews with community members in Bafut and Bamenda, Cameroon (Summer 2011).

²² Ndonko, (2006) and personal interviews in Northwest Region, Cameroon, (Summer 2011).

²³ Ndonko, (2006).

²⁴ Ibid.

domestic violence is not explicitly illegal.²⁵ However, in Cameroon, there is scant enforcement of women's and children's rights. Victims of rape, sexual extortion, abuse, early and forced marriage find little support in the law. Further, there is severely inadequate access to legal abortion, divorce, and property rights.²⁶ This supports an environment in which women and children are socially, politically, and economically dependent, vulnerable and marginalized. In this context, breast flattening has developed as one of the few ways that Cameroonian women can take action to protect and promote their daughter's futures.

Recommendations to State Parties

On the issue of harmful practices, the CRC should be read in conjunction with other UN and regional treaties which are more explicit on the issue and stress in a more explicit way the role that customs and traditions may have in perpetuating violence against children. The African Charter on the Rights and Welfare of the Child for example clearly states that customs, traditions, cultural and religious practices may not be used as excuses for violating the rights of children. In addition, article 5 of the CEDAW urges State Parties to take measures to eliminate "prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women". Furthermore, the Protocol on the Rights of Women in Africa more explicitly obliges States Parties to prohibit and condemn all forms of harmful practices which have a negative effect on women's (and girls') human rights.

Plan emphasises that it is very important to uphold positive aspects of tradition and culture while at the same time addressing those aspects that are detrimental to the survival, participation, protection and development of girls. We recognise that there are cultural and traditional practices which promote and support human rights values and there are those which contradict them.

Plan therefore urges States to:

- **Ratify** the CRC and CEDAW conventions and optional protocols. Review and withdraw all **reservations** to UN and regional human rights treaties which directly or indirectly tolerate harmful practices against children
- **Legislation is important but not sufficient as such.** States should:
 - Adopt rigorous **laws** to prohibit all forms of harmful practices, including those relating to initiation rites, women's and girl right to property, land, inheritance and employment and ensure that penalties are in place for those who violate the laws;

²⁵ Human Rights Report: Cameroon, (2010) pp. 31-32.

²⁶ Ibid.

- Where appropriate, **harmonise laws** against all forms of violence and discrimination against children, including harmful practices
 - Express a clear message of **consistent political will** in support of children and young people victims of HTPs by putting procedures and mechanisms in place to ensure that perpetrators of violence against children including harmful traditional practices are held to account for their actions at all levels of society;
 - **Allocate adequate resources** for the implementation of the protective legislation, for the prevention of HPs and the protection of children and women victims of HPs.
 - Support legal reforms that aim to promoting **factual, youth and child friendly Sexual and Reproductive Health -education, -information and –services** (in line with General comment no 4 and the ICPD PoA, Actions 7.37 and 7.45). This includes integration of sex education into the curriculum and education system and enabling young women and men to make voluntary and informed choices about SR through giving them access to youth friendly information, contraceptives, services and skills to discuss and negotiate about sex
- **Prioritise prevention of harmful practices Communities are the owners of their own development. The role of the State (and the international community) is to create an environment to support behaviour change.** In doing so States should:
 - Undertake, with the support of the media, civil society, the public and the private sectors, consistent and persistent **awareness raising campaigns aiming at educating and sensitizing** the public on all existing legislation prohibiting HP, on the long –term harmful effects of the practices, on alternative child-friendly ways of reaching the same objective sought by the practices. Such campaigns should target equally girls, boys, women and men. Complementary campaigns or education programmes should also be developed targeting specific groups such as public officials and other persons working with and for children.
 - Ensure that all children including girls without discrimination have access to education and include human rights education and **factual, youth and child friendly SRH -education, -information and –services** in school curriculum. States must replicate successful initiatives and proven mainstream curricula that challenge traditional masculinities and promote healthy, supportive behaviours.
 - Each community has its own views on its HPs. There is no universal approach to promoting the abandonment. Therefore it is important that States act against the prevailing negative socio-cultural attitudes and gender stereotypes justified by custom, tradition and religious consideration through **the creation of spaces for dialogue with and mobilizing community gatekeepers**, including traditional and religious leaders, to support programmes or interventions aiming at

combatting HPs. The first step in promoting the abandonment of a HP is to break the silence, especially in communities where the practice is surrounded with many taboos. An acceptable and frequently used door opener for cases of FGM for example, is to discuss the health risks and long-term reproductive health complications.

- Ensure the participation of girls and boys at all stages of prevention, as they know their own situation best.
- Create **child and gender friendly structures and mechanisms for children's protection** at different levels, which can provide counselling and support to victims of harmful practices and other forms of gender based violence at a local level.
- Develop systematic **data collection** on the different types of harmful practices disaggregated by sex, age, origin and socio-economic status; systematic data collection on young peoples' sexual and reproductive health could also be a useful means to reach a better understanding of the scope and support finding ways to address the issue.
- Promote and encourage **research** that provides analytical information on all the different types of harmful practices, especially those that are less known, such as degrading initiation rites, ritual beatings, accusations of witchcraft, breast flattening and others;
- Recognize that children, including girls and young women are agents of change and therefore support their **active participation in decision making** regarding all issues affecting their life. The task to eliminate harmful practices is about challenging power and control structures and challenging the status quo; States should encourage and support the capacity of men and boys to foster gender equality in the abolition of Harmful Traditional Practices, by acting in partnership with women and girls as agents for change and providing positive leadership in the required changes.
- **Universal birth registration** is a protection and prevention measure and a key to access other rights. Children need formal proof of their identity to protect them from early marriage and trafficking and enable them to be counted, to access school, health and financial services, to be included in national data collection systems. We therefore call on States to:
 - Ensure birth registration of all children immediately after birth through universal, free, accessible, simple, expeditious and effective registration procedures;
 - raise awareness of the importance of birth registration at the national, regional and local levels;
 - facilitate late registration of birth;
 - ensuring that children victims of HP who have not been registered have access without discrimination to health care, protection, education, safe drinking water and sanitation, and basic services

Plan urges the international community to:

- Influence partner governments to improve enforcement of international human rights instruments, in particular CRC and CEDAW , the ICPD Programme of Action (PoA) and the Beijing Platform For Action (Strategic Objective L2) - and regional frameworks - in particular the African Charter on the Rights and Welfare of the Child.
- Encourage and support UN Women to address harmful practices as a priority issue and work in partnership with other UN agencies, in particular UNICEF.
- Support young women affected by harmful practices to have their voices heard and acted upon at the international level through mechanisms such as UN Women.
- Support a systematic collaboration and coordination between relevant UN bodies, programmes and procedures and regional human rights mechanisms and mandates to effectively tackle the problem of HPs at the country level; Support a systematic collaboration between States aiming at sharing best practices in the abandonment of HPs.

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