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Gender-based Violence

Editorial – 1

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SAFAIDS

Challenging gender-based violence

Brita Fernandez Schmidt & Amelia Nice

Gender-based violence (GBV) refers to being targeted for violence because of ideas about what it means to be male or female. GBV includes violence against women (VAW), but also discrimination on the basis of sexual orientation or change of gender identity. Gay men and boys also suffer from GBV. Although GBV concerns women, children and men, it disproportionately affects girls and women. Hence, the terms GBV and VAW are often used interchangeably. Whatever the nature of gender-based violence, its eradication requires fundamental challenges to traditional definitions of gender. Eradicating GBV is crucial for a society in which women act as equal partners with men in determining the values, direction and governance of their communities and society.

Although poverty, conflict or crisis may increase the prevalence of GBV, they do not *cause* it: GBV exists in all societies and individual women experience it in every social and economic group. Our societies encourage manifestations of 'manliness' through violence on the sports field and among friends, sexual harassment at schools or in the workplace. The root cause is not individual men's psychological problems, or external economic or political factors. GBV results from unequal power relations between women and men – common throughout the world – that ensure male dominance over women. Although individual men's attitudes and behaviour are part of the problem, it is critical to understand GBV as part of a male-dominated society that uses power relations, competition and violence to establish gender hierarchies. It is not men as such, but the social construction in many societies of 'what it means to be a man' and the ensuing power relations, that breed violence.

GBV/VAW: an international human rights issue

The 1993 UN Declaration on VAW and the Beijing Platform for Action (1995) define VAW 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 deprivations of liberty, whether occurring in public or private life. VAW encompasses physical, sexual and psychological violence occurring in the *family*, including battering, sexual abuse of female children in the household, dowry-related



Just one of many forms of gender-based violence

Photo: Liesbeth Sluiter

The White Ribbon and WOMANKIND Worldwide

In 1998, the first White Ribbon Day was launched by WOMANKIND Worldwide to mark the International Day Against Violence Against Women (25 November) in the UK. The 16 days of activism between 25 November and 10 December – International Human Rights Day – are used to bring violence against women to public attention worldwide. The White Ribbon is about challenging the acceptability of violence, and is an international symbol of hope for a world where women and girls can live free from the fear of violence. WOMANKIND Worldwide is a UK-based charity dedicated to women's rights and development globally. Its vision is of a future society in which women can take their place as equal partners with men in determining the values, direction and governance of their community and country – for the benefit of all. We work in partnership with over 60 partners in 17 developing countries to achieve lasting improvement in women's economic, social and political position, through advocacy for legal change, services for survivors and prevention.

(CEDAW) adopted Recommendation 19, asking States to take all actions necessary to prevent violence and protect women against it. It acknowledges that States might be liable for private acts of violence if they do not uphold women's rights to protection, the investigation of violent acts and the punishment of offenders and compensation. This Recommendation, together with a strong international women's movement, led to the recognition at the UN World Conference on Human Rights (Vienna, 1993) that women's rights are human rights and that VAW is a human rights violation. As a result, in December 1993, the UN adopted the Declaration on Violence Against Women, and in 1994 the first UN Special Rapporteur on VAW was appointed. The Fourth World Conference on Women (Beijing, 1995) reinforced what was said at Vienna. The Beijing Platform for Action calls upon governments to take integrated measures to prevent and eliminate VAW.

The International Criminal Tribunals for Yugoslavia and Rwanda broke new ground in trying rape as genocide and a crime against humanity. The International Criminal Court (ICC) Statute takes this further by codifying rape and other forms of sexual violence as war crimes in international and internal armed conflict, and as crimes against humanity when committed on a widespread or systematic basis. It sets new standards of accountability for crimes of sexual and gender violence by criminalising rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilisation, trafficking and gender-based persecution for the first time in history.

Some key facts

While the true prevalence of VAW is still unknown, between one third and one fifth of the world's women and girls are estimated to be victims and survivors of rape, sexual assault, murder, slavery, mutilation, and physical and emotional torture of very diverse forms. WHO estimates that up to 52% of women worldwide suffer physical violence from their male partners, and that at least one in five women suffer rape or attempted rape during their lifetimes. An extraordinarily high percentage of girls experience sexual violence. In one UN study, 27-43% of women reported sexual abuse during childhood. UNFPA estimates that between 120 and 135 million women worldwide have undergone female genital cutting. An estimated 60 million females are missing worldwide as a result of feticide, infanticide, selective malnourishment and lack of investment in women's health. Data on other types of violence such as honour killings and dowry-related deaths are extremely difficult to obtain. In India, the official dowry death toll rose from 2209 in 1988 to 6929 in 1998, while estimates are far greater.

The costs of violence

GBV/VAW denies women, girls and boys the most fundamental human rights: life, liberty, bodily integrity and dignity of person. It restricts their participation in community and public life, their options and choices in life. Repeated cases of violence often lead to women taking responsibility for the perpetrator's behaviour. GBV often affects a woman's sense of self, causing insecurity, lack of safety and a loss of self-worth. The physical impact ranges from death to permanent disabilities, miscarriages, broken limbs, cuts and bruises. Sexual abuse and rape also carries the life-threatening risk of HIV and STIs, forced pregnancies and persistent gynaecological problems.

In addition, GBV leads to high financial costs related to health and social services, the police and the criminal justice system, re-housing, security protection, reduced economic productivity and family income.

The persistence of GBV/VAW reveals the persistence of gender inequality. Reluctance to deal with it at the institutional level, despite existing international commitments to enact and enforce legislation against VAW, betrays international commitments to women's human rights. GBV/VAW cannot be categorised as a women's-only issue: it requires the engagement of State actors, men and society at large. The cost of not engaging will be the continued cost of violence.

Dealing with GBV effectively

Various strategies have been successful to address GBV as a public issue:

- ❖ **Naming** is the starting point for holding the perpetrators and society accountable. GBV survivors need to be able to speak openly about their experiences. Without public recognition, they will blame themselves.



Makeover tips: cosmetic changes alone won't solve gender-based violence

Photo: Rainey Kelly Campbell Roalfoe/Y&R

❖ *Survivor support* includes refuges and shelters, telephone helplines and other forms of community responses, providing support to survivors and challenging perpetrators. Especially disadvantaged groups, such as migrant women, women from ethnic minorities, disabled women, gay men and lesbian women, poor women, and girls and boys still lack access to support services.

❖ *Legislation* should recognise all forms of GBV. Legal reform, amending existing laws and passing new laws plays a key role in preventing and responding to violence. Legislation should go hand in hand with implementation: actual implementation has often lagged behind due to lack of political will and financial resources.

❖ *Awareness-raising and campaigning* includes primary prevention strategies, addressing GBV through radio and print, as part of school curricula, in training teachers, health professionals, social workers and the police.

❖ *Including men*, or men including themselves: Increasingly, men are taking action, saying that they will not perpetrate, condone, or remain silent about violence. Men can play an important role, particularly in prevention.

Let us not be discouraged by the horrific realities displayed in this issue. Through local and global action at all levels, we will continue to challenge GBV, celebrating successes along the way. ❖

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South African experiences in fighting domestic violence

Lesley Ann Foster

Domestic violence is one of the most critical problems facing women and girls in South Africa today. Recent studies indicate that domestic violence has increased over the past years, affecting women and girls from all spheres of society. While government has made commitments to addressing South African society's powerful cultural, traditional and religious forces as a crucial part of eliminating domestic and sexual violence, not all the stakeholders acknowledge their role in this fight. In fact, increasing religious and cultural fundamentalism exacerbates the existing strong resistance to equal rights for women. A study by Masimanyane Women's Support Centre in 2001, reported an increase in practices such as "virginity testing"; inheritance practices disallowing women from accessing the estates of dead husbands; labia stretching for male pleasure; and bride price. Many women defend these practices as a part of culture.

Policy and legislation

The South African government is committed to addressing gender-based violence (GBV) at the highest political levels. It has cited violence against women and girls as a crucial issue hampering the transformation process and impeding development.

South Africa has one of the most **progressive constitutions** in the world, recognising the human rights of all its citizens and embracing the principles of non-sexism and non-racism. The constitution is strengthened by the Bill of Rights that defines and enshrines the rights of all citizens and places an obligation on the state to protect and promote the rights of its citizenry.

The government's commitment is demonstrated by the establishment of institutions such as the Office on the Status of Women, the Commission on Gender Equality, the Public Protector, the Human Rights Commission and the parliamentary Joint Monitoring Committee on the Improvement in the Quality of Life and Status of Women. Government has also passed the New Domestic Violence Act that aims to provide greater protection for victims of domestic violence. This legislation was based on the principles of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and significant measures have been put in place, such as the possibility of excluding the violent partner from the family home and a provision for securing financial maintenance for the duration of the interdict the victim obtains.

Masimanyane Women's Support Centre

Masimanyane Women's Support Centre, established in the Eastern Cape in 1996, was the first facility to offer a

woman-specific service for victims of rape, domestic violence and sexual assault. Masimanyane trains women from disadvantaged communities to provide support to victims of GBV. It has grown dynamically over the past seven years and now has five offices in the province, employing some 45 people. Masimanyane has three main strategies to deal with violence against women and girls: 1) Victim support services; 2) Public education and training, and 3) Research, advocacy and lobbying.

Victim support services include crisis counselling, HIV/AIDS counselling, paralegal services and court support. HIV/AIDS has become a cross-cutting part of our work, particularly in counselling women and assisting them in taking protective measures. The paralegal services include assistance regarding legal provisions for victims of domestic violence, such as helping women to apply for interdicts and assistance in court. Support in court helps women to deal with immediate personal safety, e.g., by applying for an interdict (protection order) or finding a safe place. Masimanyane helps women to see the connections between their specific experience and that of women in



Finding a safe place...

Artist: Stephen Kapata (Zambia)

Programme
Feature

general: understanding the socio-political nature of GBV helps them to eliminate feelings of guilt and make their own choices.

Through *public education and training* we help communities understand the impact of violence at the personal, family and community level, and on the transformation process of South African society. We also provide information and training on legislation and inform communities about Masimanyane's programmes. One of our programmes aims to garner support to end violence from men who are non-violent and committed to alleviating GBV. Gender training challenges men to examine patriarchy, religion, culture and tradition, and the ways in which they benefit men and oppress women. Masimanyane has worked with men's groups from around the country and will host a conference this year to examine existing models to involve men in ending GBV.

We also do extensive work on human rights in general and women's human rights in particular, providing education and training on national and international human rights instruments and their application, specifically on CEDAW.

Masimanyane's most recent activity is leadership training as part of our women's empowerment strategy. Research and work with grassroots women and clients have shown a great need to develop leadership skills among women within communities. While women demonstrate great courage and enthusiasm for working on women's rights, they sometimes lack the capacity to assume leadership positions. This affects their ability to forward their specific agendas.

Research, advocacy and lobbying: Masimanyane's research unit conducts studies on domestic and sexual violence that are essential for developing appropriate strategies and responses. Research findings are translated into our work with women, so that the information is a true reflection of women's lived realities. Research is a key input for advocacy, policy formulation and programme development. Research findings are always shared with provincial and national policymakers: confronting them with the inadequacies of their departments forces them to take action. For instance, one study highlighted a huge backlog in rape cases. This led the relevant minister to conduct his own investigation and establish a special Sexual Offences Court.

Successes and challenges

One of Masimanyane's most successful strategies is the integration of women from rural and urban settings, which has led to a better distribution of, and access to services such as the victim support services. Masimanyane has also worked successfully at the global level, proving that local-to-global work is possible. One of our most successful advocacy strategies was the development of an NGO shadow report, which was submitted to the UN CEDAW committee in 1998. The report provided an extensive analysis on violence against women in South Africa, pointing out the weaknesses within the government sector and civil society in addressing GBV. Its recommendations on equality and non-discrimination against women led to the development of Equality Legislation, which was passed in 2000. It shows how grassroots women's experiences can be taken up by the international community and lead to national action.

Acknowledging that we are all products of the very society we are hoping to change has been one of the most difficult challenges, since most of our staff have personally experienced GBV and some continue to face it. Another difficulty has been the issue of professional versus grassroots services. Many of the women providing the support services come from backgrounds without formal education. This sometimes leads them to feel intimidated by the professional staff and often causes tension. In addition, Masimanyane's staff and clients alike constantly face the spectre of poverty, violence and HIV/AIDS within their own families and communities. A special "Care of the Carer" programme helps them to deal with the associated stress.

For us, South African activists, violence against women is a daily challenge at a number of levels. It is not just about the women we serve, but also about our own lives and struggle for dignity and respect. Gender equality is not something external and academic: it is about transforming ourselves, our families and our communities on a daily basis. ❖

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Involving men in eliminating violence against women in the Philippines

Virgilio Pernito

Gender-based violence (GBV) is widely seen as a key obstacle for attaining a wide range of development goals, from the elimination of poverty to the fulfilment of human rights. It has received growing attention since the 1993 World Conference on Human Rights in Vienna, and violence against women was one of the key areas of concern at the Fourth World Conference on Women (Beijing, 1995) and at the Beijing+5 follow-up UN conference in New York in June 2000. Eliminating violence against women (EVAW) is a crucial element for attaining the universal aspirations of equality, development and peace. A key aspect of EVAW is the active involvement of men. This was the central element in the 2001 campaign "Men on EVAW" of Population Services Pilipinas Incorporated (PSPI) in the Philippines.

Each year, the world commemorates the quest for EVAW through a period of intense activism, starting on 25 November and culminating on International Human Rights Day, 10 December. In the Philippines, as elsewhere, women's groups have traditionally led

most EVAW campaigns. At the grassroots level, however, a growing number of innovative projects and initiatives focus on the roles and responsibilities of men in EVAW, in addition to efforts to empower women.

Strengthening male involvement in EVAW

Gender hierarchies and inequalities both reflect and perpetuate GBV. Inspired by international "White Ribbon" campaigns and by our own work to involve men in sexual and reproductive health, PSPI's 2001-campaign, "Men on EVAW", aimed to involve strategic segments of the adult male population in the prevention and elimination of violence against women, through awareness-raising and other local activities.

Although Manila – with its greater awareness on EVAW and the presence of many women's groups – would have been the easiest choice, PSPI decided to hold the campaign in Metropolitan Cebu. This area consists of three separate cities – Cebu, Mandaue and Talisay – forming the second largest urban area in the country. The campaign specifically aimed to involve elected male village leaders (the so-called barangay chairmen) and male members of the police force in EVAW.

Barangay chairmen and their local teams, the first level of local government, are responsible for maintaining peace and order. Domestic problems, including family violence, are brought before village committees headed by the barangay chairmen for dispute settlement or arbitration. Involving policemen was considered crucial, as they directly deal with issues such as rape and personal injuries, while other cases of violence may be referred to them by the barangays. While both groups of men are responsible for controlling community violence, it was recognised that some of them may also be part of the problem, as perpetrators of violent actions, as individual men, or in the process of exercising their powers.

In early November 2001, PSPI conducted a rapid situation assessment of VAW in Cebu among a number of barangay chairmen and policemen. This revealed that barangay chairmen did not know that they could spend 5% of their annual budgets on gender and development activities; none of them had attended any educational activity on gender, much less VAW. In the other group, as a matter of procedure, cases involving women are assigned to female police officers, thus denying male officers the opportunity to understand the context of these cases.

This set the stage for PSPI's two-week EVAW campaign. To ensure a maximum number of participants, invitations were sent through the cities' mayors and chiefs of police. Most participants were selected because of their position as peer leaders. Eventually, 42 barangay chairmen and 40 policemen participated.

Prioritising sensitisation activities

Separate workshops were held for barangay chairmen and police officers, tailored to their specific professional fields. For both groups, two one-day workshops addressed gender and equity, and EVAW. A one-week interval between the two workshops allowed for reflection and deeper understanding of the issues.

The first workshop focused on understanding gender, gender biases and prejudices, and their linkages to violence against women. The workshop helped participants understand the social and public health aspects of VAW and yielded an analysis of community responses regarding EVAW.

The second workshop dealt with men's role in EVAW and resulted in detailed action plans, which included the following elements:

- ❖ Follow-up activities on previous cases of VAW in



Involving policemen: a strategic segment of the adult male population

barangays, aimed at convincing husbands of women's rights

- ❖ Formation of a monitoring group on EVAW among barangays
- ❖ Information sharing on EVAW among men in barangays with the assistance of local experts
- ❖ Educating young men on gender and men's role in EVAW
- ❖ Advocacy and lobbying in support of policy and legislative initiatives on domestic violence
- ❖ Support for VAW survivors
- ❖ Identification of role models to promote EVAW in barangays
- ❖ Promoting respect for women in general

Both workshops showed the importance of raising men's awareness on EVAW in order to mobilise them for action. Although existing data clearly pointed out men as principal perpetrators of violence, this did not result in rejection by the participants. Hence, sensitising men on key aspects of VAW is an important element for its elimination.

In addition to the workshops, the campaign included other communication strategies aimed at raising awareness on EVAW and the special role of men, such as a 30-second radio spot, using a soap opera format in the local dialect, which was aired 40 times daily, for 16 days, on four local radio stations. Also, 1000 copies of a poster in the local dialect, featuring barangay chairmen and policemen, bearing the message "Stop Violence Against Women", were posted in all barangay meeting halls and police stations in metropolitan Cebu.

Continuing the fight for EVAW

The choice of Cebu for the EVAW campaign turned out to be an excellent decision, as the total lack of awareness – even among women – had so far been a fertile ground for violence against women. Focusing on local male leaders proved to be strategic for future actions on EVAW because of their role as gatekeepers and wielders of institutional power. For PSPI, the challenge now is to move beyond the campaign as a first step. In the short run, PSPI will monitor the action plans and participants' commitments. A follow-up meeting was scheduled for March 2002 where participants reported on progress made and planned for additional activities to eliminate violence against women. ❖

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Breaking the silence on rape in South Africa

Tessa Pretorius

Statistics indicate that every 26 seconds a woman is raped in South Africa. It is unknown to what extent this horrific figure is unique to South Africa, but it is an undeniable fact that 'acquaintance-rape' – a rape where the victim knows the perpetrator – still constitutes the majority of all cases. Rape is a crime of violence, and although it is a sexual act, it has nothing to do with sexual attraction. Anyone, regardless of age, is a potential target. This fact is swept under the carpet too often, and Rape Crisis Cape Town has dedicated itself to breaking the silence around this terrible crime.

Why is rape so prevalent? This is a difficult and multi-layered question. Rape is not a new phenomenon – history tells many tales of rape and pillaging as the victor's way of exerting the final onslaught, or proof of power. Research shows that rape is about domination, aggression and gaining control. Interviews with rapists have shown that power or domination is indeed the greatest motive, the gender of the victim is not even important. In broad strokes, a society that focuses on a hierarchy of power facilitates the breeding of a culture of rape

South Africa is also a country in change: the once tight external control by the government – which did not promote internal control mechanisms among its people – has now weakened. In addition, widespread unemployment, poverty, alcohol and drug abuse have resulted in feelings of disempowerment among many men. As a result, many feel the need to get back a sense of power or control by whatever means possible.

Sadly, in South Africa rape is still not of great concern. It continues to be seen as something that happens to women who do not know how to behave themselves. Although rape has nothing to do with the victim's physical appearance, the prevailing attitude is still to ask: "What was she wearing?", implying that "She probably asked for it."

Breaking the silence

South Africa is said to have the highest rate of *reported* rape worldwide. This does not necessarily mean that most cases of rape occur here, but it *does* mean that many cases of rape are actually being reported. This is a huge achievement in a culture where rape is still surrounded by silence.



Since its inception in 1976, Rape Crisis Cape Town (RCCT) – an NGO run by a handful of staff members and about 65 volunteers – has been successful in breaking the silence by focusing on rape at a social level. RCCT's advocacy and lobbying activities have been instrumental in changing governmental policies, legislation and guidelines on rape in the police, justice and health systems, and in enforcing their implementation. In addition, RCCT offers various curative and preventative services to the public, including:

- ❖ A free 24-hour crisis counselling service for male and female rape survivors above age of 14 and their families
- ❖ Training and public awareness programmes to educate communities and institutions (schools, universities, churches) about rape
- ❖ Training of magistrates, police and health-care professionals on rape
- ❖ Court preparation for survivors whose cases have made it to trial.

Men's role in the fight against rape

While RCCT is not alone in the large task of fighting rape, many groups in society still have a role to play. "What can men do to help?" is a question often asked. "The most obvious answer is that they can stop raping", says Sam Waterhouse of RCCT's Advocacy Department. It is also important for men to stop glossing over the crimes of rapists or abusers they may know. Rape is often ignored, especially when the perpetrator is a prominent figure in society, a sportsman, or a young man with a promising future. "Men can also help to by changing their own attitudes and behaviour. They can, for instance, stop telling jokes that demean women," says RCCT director Leslie Liddell. In the long run, seemingly innocent jokes that demean women add up to an attitude that says, "It's okay to treat her like that, she is only a woman." RCCT's work with men through training, public awareness and counselling has shown that many individual men do want to help. However, men as a social group are not yet in crisis; they are still dominant in all areas of life and sadly, most of them still remain silent.

RCCT is aware that it will have to develop new services and methods, as the battle against rape is still far from being won. One important need is training RCCT counsellors on HIV/AIDS. Also, empowerment of women continues to be important. Education is not enough, as women who know their rights are still raped. It is economic empowerment that will enable women to change their circumstances. How can the cycle of rape be stopped when, after counselling, women return to an environment where it happens again and again?

Rape is a complex disease with many symptoms and causes. Being silent, however, is not an option. Every attitude that is altered, and every survivor who finds the courage to report the rape and rebuild her life, is a victory. ❖

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Community initiatives to prevent trafficking in women – an experience from Cambodia

Deep Ranjani Rai

Founded in 1993, the Cambodian Women's Development Agency (CWDA) is one of Cambodia's first NGOs dedicated to advocating for women's rights and promoting women's self-reliance and self-sufficiency. Using a participatory and empowerment approach, CWDA implements programmes in areas such as awareness and literacy, health and HIV/AIDS, vocational training, savings and credit, rice and cow banks. It has been instrumental in setting up the Cambodian Sex Workers Union. In 1997, in response to an alarming growth in the levels of trafficking in women and girls, CWDA started the Research and Action Project on Traffic in Women in the Mekong Region-Cambodia, with technical support from the Global Alliance Against Traffic in Women (GAATW). The project shows how action taken by a few women can bring about change and have a roll-on impact in other places.

The project, which ran from 1997-2000, consisted of two phases. Phase One consisted of a 12-month period of research. Information was gathered using various sources: (1) governmental organisations and NGOs; (2) a review and analysis of national policies and laws related to trafficking of women and girls; and (3) recorded testimonies of trafficked women, obtained through participatory action methods. Using these research findings, in the second phase of the project, CWDA formed and organised community groups in collaboration with the women in the provinces where the research had taken place. These groups focused on social action to prevent further trafficking of women within their communities through a wide range of community activities.

The communities where the project was implemented, Kvet near Phnom Penh and Battambang, consist of large families with an agriculture-based economy. The small farming plots are insufficient to meet the most basic subsistence requirements. People's lives are further devastated by natural disasters. As a consequence, both men and women leave their villages, some on their own initiative, but many because they are deceived by promises of a better life and good money.

Organising community groups

Project participants were local community members, including women who had "returned". Many of them had been working as domestic workers, in factories and in what is called "hidden work" or prostitution. They returned because things were not quite as they had expected, as they were working in low paid jobs with no security, and vulnerable to sexual harassment and abuse. Many of them participated in the first research phase of the project and had thus become more aware of the risks of being trafficked during the process of migration. The research findings confirmed that much of the trafficking was possible because women lacked knowledge and information about the dangers and risks they could face.

Community members decided to form groups in each village to start raising awareness by disseminating information about trafficking. The aim was not to stop women who wished to migrate from doing so, but to make them aware of the risks and dangers. The first of these groups was formed in 1998. All members know, understand and participate in all activities in their village: they are from, by, and for themselves.

Raising awareness and sharing information

The groups are visibly active in raising awareness and solidarity within communities. In order to deal with non-



Raising community awareness on trafficking in women through local information centres

attendance by women due to other daily-life pressures, villagers themselves decided to select a group leader who would pay regular home visits to all group members at a convenient time, to share information, discuss issues and assist with problem-solving. Groups also work through village volunteers who keep records and gather statistics on migration rates, numbers of girls trafficked or leaving the village to take up high-risk employment (e.g., beer promotion girls), education and literacy levels, and other data relevant to the work of the groups. This information is shared more widely through CWDA provincial coordinators. Village volunteers communicate regularly to update one another.

In response to the educational needs identified by the communities themselves, and using the research data, information materials, such as posters, leaflets, flip charts, videos and music cassettes, were developed with active community participation. Specific examples include three songs about the risks of migrating to the city for work by a popular singer, a talk show on trafficking, a case study about a trafficked woman and one about trafficking law. A flip chart was developed showing the "tricks used by traffickers", as well as one outlining the specifics of trafficking law. All materials have been widely disseminated to other communities country-wide.

Important are the *moundol pormean*, or local information centres. They vary from a corner in someone's house to a room in someone's backyard; they are built from locally available materials by the women themselves. The centres cover a wide range of developmental topics and are instrumental in bringing

community members from all walks of life together – women and men, adults and children, old and young. The systematic efforts to involve community leaders and other members in project activities have shown positive results: the three villages around Phnom Penh have built a special room for the information centre on community-donated land (the earlier room was in the yard of someone's house, which made it difficult to access easily and at all times).

How does CWDA help?

The CWDA head office in Phnom Penh supports the communities mainly through training, communication, some resources and administrative support. Twice a month, CWDA staff and volunteers meet with the group leaders to discuss progress of project activities, problems encountered, and strategies to deal with them. CWDA also regularly visits communities involved to facilitate capacity building for volunteers and group leaders, give support at meetings, and provide feedback and information where needed.

Periodically, meetings are held with local authorities, police and other relevant government institutions to ensure their continued support for the groups, and to promote a favourable environment for the project. CWDA seeks their direct participation in developing strategies as often as possible to ensure that they feel part of the community and group.

From ripples to waves...

A growing number of visitors come to the community information centres, and relationships with district officials and other organisations have improved. The success of the community groups and information centres has spread to other communities, who have asked CWDA to facilitate the development of similar groups in their villages. Women's groups have made plans in conjunction with CWDA to develop more IEC materials that are relevant to the local context. This information will not only be aimed at raising awareness about trafficking and migration, but also about how to create "a better life back home" by improving living conditions in the community itself.

As the facilitating and coordinating NGO for this project, CWDA is committed to scale up project activities to other communities. Tentative plans exist to organise a national workshop sometime in mid-2003, in order to share the project experiences so far with governmental and non-governmental organisations, media and journalists, and to present a workable model of community initiatives for the prevention of trafficking of women and girls. So far, the project has caused ripples in the water – but we will see these ripples build into waves! ♦

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Special Article

Fighting female genital cutting in Sudan

Amna Abdel Rahman Hassan

Female genital cutting (FGC) is the standard international terminology for the cutting away of part or all of the female external genitalia. The World Health Organization estimates that 100-132 million women and girls living worldwide have been subjected to FGC. In Sudan, it affects almost 90% of women and girls. Since 1985, the Sudan National Committee on Traditional Practices (SNCTP), a grassroots-oriented NGO working on women's and children's human rights issues, has been working to eradicate FGC and other harmful traditional practices, such as early marriage and non-spaced pregnancies.

Each year, some two million girls worldwide are at risk of clitoridectomy or excision – the most common type of FGC – where the clitoris, as well as parts of the labia minora, are removed. Infibulation is the most extreme and damaging type of FGC, where the clitoris and labia minora are removed along with all parts of the labia majora. The sides of the wound heal together, leaving a very small opening. At each childbirth, women are cut and re-infibulated after delivery. Infibulation is most prevalent in Sudan, Eritrea, Somalia and parts of Ethiopia and Mali (see Map).

Research in Sudan and elsewhere has shown FGC's negative impact on women's and girls' physical, psychological and sexual wellbeing, affecting male-female relationships, sexual intercourse, menstruation and childbirth. In addition, FGC negatively affects girls'

general performance in school, work and domestic affairs.

A deeply rooted cultural practice

FGC is a deeply rooted traditional cultural practice, passed on from generation to generation. Archaeological findings show that infibulation dates back to before Christianity and Islam. Originating in Egypt and northern Sudan, it spread to East, Central and West Africa. FGC types and prevalence differ from country to country. The highest rates are found in East Africa (Somalia and Djibouti: 98%; Sudan 89%; Ethiopia 85%; Eritrea 80%; Kenya 50%), West and North Africa (Mali 80%; Gambia 79%; Burkina Faso 70%; Chad 60%; Egypt 55%; Liberia and Mauritania 50%; Nigeria 40%; Benin 30%; Sierra Leone 9%).

Research by SNCTP in Sudan shows no agreement among religious leaders on FGC. Though often mistakenly associated with Islamic law, FGC is not mandated by the Holy Qur'an, nor by the Hadith (Sayings of the Prophet Mohammed) and has been condemned by Egypt's highest religious institute, Al Azhar. The only consensus among Muslim jurists is on the need for male circumcision. In fact, FGC is hardly found in Arab and Muslim countries outside Africa.

In July 1998, the IAC brought together religious leaders of high scholastic and moral standing from 15 countries, including Ghana, Nigeria and the Sudan. During their meeting in the Gambia, they found quotes from the Holy Qu'ran as well as *hadiths* that honour women and hold them in high esteem. They subsequently issued a communiqué and the Banjul Declaration in which they promised to work against FGC. The Declaration is available at www.un.org/Depts/eca/divis/acw/iac/banjul.htm

FGC in Sudan

Sudan's 1990 Demographic Health Survey reported that 89% of ever-married women in northern Sudan's 16 regions had been infibulated. FGC is usually performed by midwives and traditional birth attendants (TBAs) living in the heart of local communities. The ritual and associated festivities are exclusively a women's affair, dominated by grandmothers and carefully concealed to avoid legal action, as mandated by the Sudan Penal Code since 1946.

The custom has long been ignored as an issue infringing upon women's and girls' human rights, as it is firmly rooted in Sudanese culture, and those opposing it risk social exclusion. In traditional society, it is almost impossible to discuss reproductive and sexual affairs openly and frankly. Even those who are aware of the harmful effects of FGC consider it important to maintain moral and religious standards by controlling female sexuality and preventing promiscuity, thus ensuring cleanliness and virginity. The fight against FGC is further hampered by a lack of information and high illiteracy rates. Nevertheless, a slightly declining trend is seen, especially among the urban elite, while recent research also shows a trend from infibulation toward excision.

SNCTP's fight against FGC

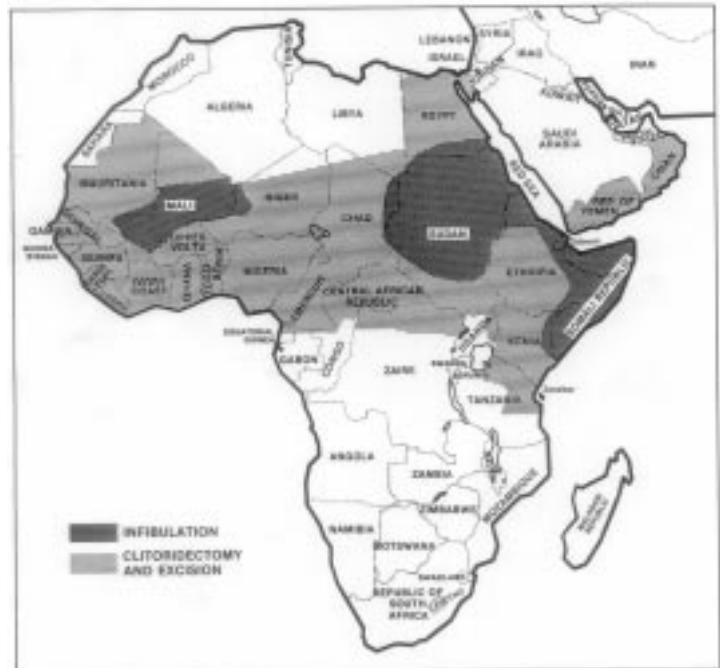
SNCTP aims to eradicate traditional harmful practices, notably FGC, and is active in the fight against HIV/AIDS. SNCTP also tries to contribute to solving Sudan's internal conflict, in order to create a supportive environment for women's and children's development. It has branches and community-based units in 14 states, mainly in northern Sudan, and is part of the Inter-Africa Committee (IAC) network, which covers 30 African countries. SNCTP works with a variety of stakeholders, including religious and political leaders, policy-makers, women's and community-based organisations, TBAs and midwives, health and social workers, police, educational institutes and teachers, youth and children, and households. Its main strategies include:

- ❖ awareness-raising and sensitisation of communities, religious and community leaders
- ❖ dissemination of information and publications
- ❖ mobilisation of the media
- ❖ advocacy and lobbying toward political leaders and policy-makers
- ❖ supporting the development of appropriate legislation
- ❖ including FGC education in programmes and curricula of community organisations, formal and informal education and health-worker institutions
- ❖ alternative employment programmes for midwives and TBAs as a substitute to loss of income when stopping FGC.

Cautiously positive trends

A recently held survey by SNCTP revealed interesting facts and trends regarding FGC. Overall knowledge on sexual health was low: only 34% had correct knowledge about the function of the female external genital organs. Outsiders and friends are the main source of information (53%), with school curricula (37%) and the family (10%) playing a minor role.

FGC is concentrated in rural (97%) and semi-urban areas (88%). In Muslim communities, infibulation is practised more widely than less extreme forms of FGC. However, 91% of recently married women mentioned a negative impact of FGC on their sex life, mainly associated with women's negative attitudes to sexual intercourse due



FGC: a stain on the map

to acute FGC-related health complaints and their husbands' subsequent aggression.

Results show a gradual, positive trend in attitude changes toward less severe types of FGC. Overall, only 27% supported infibulation, while 73% favoured clitoridectomy. The strongest support for infibulation is found among mothers (88%), while 42% of fathers and 46% of male students still support it. Only 11% of female students support it, reflecting a growing awareness among young women. Nevertheless, a large majority of the sample opinion (84%) expressed support for the total eradication of FGC for girls. A growing number of men prefer marrying uncircumcised women (56% of fathers and 44% of male students), while a majority of those who still prefer marrying a circumcised woman preferred clitoridectomy.

A higher level of education seems to have a positive influence. Among illiterate people, infibulation was more prevalent (91%) than clitoridectomy (9%); among university graduates this ratio was 50-50. Among younger women, the less radical type seems to be more common. Among female pupils, prevalence of infibulation versus clitoridectomy was 57% and 43% respectively, while this was 85% and 15% among their mothers.

Remaining challenges

Despite certain positive trends, many challenges remain. Existing legislation against FGC is not suited to deal with complete eradication, as Sudanese authorities are not yet ready to enforce the law and deal with resistance from cultural tradition. On 22 May 2002, a panel organised by the Ministry of Religious Affairs and the Women's Centre of the Omdurman Islamic University recommended the so-called "shar'ai excision". Thus, 60 years into the fight against all forms of FGC, a new type was simply proposed, stressing its – supposedly – beneficial religious and health effects, and proposing the training of medical staff in the procedure. In this context, the general lack of interest in eradicating FGC among health staff and the surgical excision by some health staff has even helped FGC acquire an aura of respectability. In addition, two types of "repair-FGC" or "re-infibulation" – believed to

improve FGC after delivery – have been introduced by midwives without informing the health authorities.

Communication between men and women is a vital step in the process of eradicating FGC. However, it is difficult to achieve, as men are not yet ready for change, especially in rural areas. Awareness materials on the negative consequences of FGC are needed mainly for the illiterate people. Lack of financial support makes it difficult to reach rural people throughout the country.

One of the lessons learned so far is that elimination of illiteracy is one of the most important strategies to eradicate FGC, as it facilitates education and communication with communities. Other important

communication strategies include using theatre and drama, songs, exhibitions and mobile media. Other priority areas include skills building in lobbying, advocacy and leadership; monitoring and evaluation; as well as attitude and behaviour change. Multiple strategies should be combined in a community-based approach with focused national messages and International NGOs programmes. ♦

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Special Article

Commercial sexual exploitation of children: a global problem requiring global action

Brenda Platt

Sexual exploitation is one of the most serious forms of gender-based violence, affecting children worldwide. There are three primary and interrelated forms of commercial sexual exploitation of children (CSEC): prostitution, pornography and trafficking for sexual purposes. Other forms of sexual exploitation of children include child sex tourism and early forced marriages. Every day, boys, girls and transgendered youth are being sexually exploited worldwide, not only by foreigners, but also by locals; not only by men, but also by women.

CSEC: a truly global problem

Some highly-publicised cases in South-East Asia drew much of the world's initial attention to CSEC. However, CSEC is by no means unique to this region: research reveals an intricate labyrinth of global proportions. Tourists seeking sex with children visit Sri Lanka, Costa Rica, Fiji and Senegal; some staff of military, peacekeeping or humanitarian aid operations have been involved in sexual exploitation of children in Kosovo, Sierra Leone and the Philippines. At times, sexual exploitation is thinly disguised as a religious or traditional practice, as is the case with temple dedications in Ghana and India, or temporary marriages in Egypt and Iran. Prostituted children can be found in the 'boom' towns near Nigeria's oil fields; the gas pipeline between Brazil and Bolivia; sugarcane plantations of El Salvador; as well as in industrialised countries, such as the UK, Australia and Canada. Street children, found in great numbers in many countries, are often sexually exploited. In an increasingly borderless world, exploiters move about easily, escaping detection and prosecution. Trafficking of children for sexual purposes is a multimillion-dollar industry, with routes no longer as predictable as before.



Children want protection from sexual exploitation

Photo: Manida Naebklang

Also, child pornography is transmitted through the Internet at an alarming rate.

The underlying causes of CSEC

Poverty may be a principal catalyst, but it cannot adequately explain CSEC alone. Many children from poor families do not enter the sex trade, while many children whose families are not impoverished do. CSEC occurs in both 'developing' and 'developed' countries. Other factors influencing a child's vulnerability to CSEC include domestic abuse of children and neglect; armed conflict; HIV/AIDS; living and working in the streets; discrimination based on ethnicity or sexual orientation; irresponsible sexual behaviour by adults; and harmful traditions or customs. This may be aggravated by indifference or ignorance, corruption, the presence of organised criminal networks, as well as the lack of adequate legislation and law enforcement.

The impact of CSEC on children

CSEC has a severe impact on children's physical and psychological health, destroying their youth and expectations in life. Physical violence has the most immediate impact: exploited children are often severely beaten and kicked, burnt with cigarettes, or brutally raped for non-compliance. They are usually not in a position to negotiate safer sex and are frequently exposed to sexually transmitted infections (STIs), including HIV. For girls, unwanted pregnancies – often leading to severe complications and sometimes even to maternal death – and the risks of unsafe abortions further exacerbate the physical impact of CSEC.

Illegal drugs and substances are often used to control the children. Very young boys may be injected with hormones or similar chemicals in order to achieve and maintain an erection; the side effects of these drugs can be quite painful.

The psychological impact is harder to measure, but no less painful. Many sexually exploited children report feelings of shame, guilt and low self-esteem, and some do

not believe they are worthy of rescue. Others suffer from nightmares, sleeplessness, hopelessness and depression. To cope, some children attempt suicide or turn to substance abuse. Specialised care for such children is required, but often not available. Very few rehabilitation programmes have shown success.

Effective responses to CSEC

Given the difficulties in rehabilitating sexually exploited children, prevention is crucial. In Thailand, the government and local organisations acknowledged and responded early to CSEC. Successful prevention programmes offer children viable alternatives to the sex industry – examples include ECPAT's Prevention Project (www.ecpat.net/preventionproject); Daughters Education Programme (www.depdc.org); and the Human Development Foundation (www.fatherjoe.org). UNICEF joined with the private sector to offer vocational training to young girls at risk, initially with Pan Pacific Hotels; others have since joined. The Ministry of Education responded by offering grants to young girls at risk; their Sema Life Programme encourages girls to stay in school.

However, prevention is just one strategy: a multi-pronged approach is needed to tackle CSEC effectively. Others, identified at both World Congresses against CSEC (see Box), include increased cooperation among all stakeholders; increased protection through better laws and their enforcement; improved rehabilitation programmes and support to shelters; and a global youth network that actively participates in combating the problem. It is imperative that these responses be directed at children of both sexes and that they are equally sensitive to transgendered youth. Most existing prevention and rehabilitation programmes focus on the female child, while most child protection laws only address the sexual exploitation of girls. The sexual exploitation of boys is generally ignored or discounted,

The international fight against CSEC

ECPAT International is a global network dedicated to the elimination of CSEC, with more than 60 groups in 50 countries. ECPAT's original name *End Child Prostitution in Asian Tourism* was changed in 1996 to *End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes*, reflecting the organisation's geographic and thematic expansion. In 1996, ECPAT, UNICEF and the NGO Group for the Convention on the Rights of the Child organised the first World Congress Against Commercial Sexual Exploitation of Children in Stockholm, Sweden. 122 Governments committed themselves to the Declaration and Agenda for Action. The second World Congress took place in December 2001 in Yokohama, Japan. The Yokohama Global Commitment confirms the commitment to the Stockholm Agenda for Action, and calls for more effective implementation of the Convention on the Rights of the Child and early ratification of new international instruments. Representation of 35 States that did not participate in the first Congress – many from the Middle East and North Africa – brings the total number of States committed under the Agenda to 159.

although in some countries boys form a larger proportion of child prostitution victims.

The need to focus more on the "demand" side – the end-line child exploiters who create a lucrative market for CSEC – was identified as a priority at the Second World Congress. The private sector can play a key role in this. Much work has already been done with, or by national and international tourism associations and local tour operators. Some airlines show in-flight videos with the message that sex with children is a crime. The Internet industry and credit card companies would be important partners in combating child pornography on the Internet, and strategies will be developed to collaborate with them in the fight against CSEC. ♦

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Early and forced marriage: the most widespread form of sexual exploitation of girls?

Marlene Hinshelwood

Marriage is usually greeted as a joyful occasion. It displays the union of two families and the creation of a new domestic unit to continue a community's hopes and values. However, in many countries the bride is often still a child and the event represents a serious abuse of her human rights. Hidden behind the socially-sanctioned cloak of marriage, under-age girls are deprived of their personal freedom, forced into non-consensual sex, exploited through their sexuality and labour, and robbed of their educational development and individual life-choices. Furthermore, they are subject to life-threatening health damage by having to go through pregnancy and childbirth before their bodies are sufficiently mature. There are profound similarities between early forced marriages and commercial sexual exploitation of children in that money, goods, favours, obligations and/or debts are exchanged with the girl-child.

Early marriage and girls' rights

Early marriage occurs before a child has reached the age of majority. Although many countries have set a minimum legal age for marriage, each year, millions of girls are sold or exchanged in marriage ceremonies by their families well below the legal age. Although widespread, the practice is so little documented that hard data are almost non-existent. Early and forced marriage constitutes multiple abuses of girls' human rights. In many societies, a girl's low social status reduces her to a commodity to be exchanged. If she is under the age of 18 – which the 1989 Convention on the Rights of the Child (CRC) recognises as the end of childhood – she cannot legally consent to marriage. Existing UN conventions, including the

The *Forum on Marriage and the Rights of Women and Girls* is a network of UK-based organisations with international affiliates, sharing a vision of marriage as a sphere in which women and girls have inalienable rights. Our shared commitment to social justice places central importance on the need to bring principles and rights accepted in the public sphere, into effective operation in the private sphere, particularly in marriage. The Forum defines marriage in all societies as a formalised relationship with legal and/or social standing between individual men and women, in which sexual relations are legitimised and as an arena for reproduction and child rearing that has State recognition.

CRC and the 1964 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, should protect girls against under-age marriage. However, where customary law and traditional practice prevail, prosecution is extremely rare. The penal codes of a number of States recognise offences related to sexual intercourse with minors under the age of 14, but even they are not applicable when the accused is married to the girl.

Social and economic vulnerability

Increasing urbanisation and globalisation have had a negative impact on social cohesion and family structures. Poverty and commercialisation expose the most vulnerable individuals to exploitation and abuse of their labour and/or sexuality. In some parts of the world early marriage is on the increase: poverty may force parents to marry off their daughter in the hope of giving her a better life and reducing the drain on the family's meagre resources. Child brides often lack alternative livelihood opportunities, as they do not have the necessary skills or education. In this context, it is relevant that there is a link between child marriages and a high rate of wife abandonment. The HIV/AIDS pandemic has increased the demand for young girls by older men, especially in southern Africa, where many mistakenly believe that sex with a virgin can cure AIDS. Child brides are not in a position to negotiate condom use with an older, more experienced husband, particularly if he has acquired her to "treat" his AIDS.



Marriage can wait

Photo: Joost Hoppenbrouwer

Early marriage results in early childbirth

According to the World Health Organization, pregnancy-related deaths are the leading cause of mortality and morbidity for 15-19 year-old girls (married and unmarried) worldwide. Girls under the age of 15 years are five times more likely to die of pregnancy-related complications than women in their twenties. Nutritionally, a young mother's body is compromised: if she has not finished growing herself, she is in competition for the same nourishment with her growing baby. Also, her skeletal development may have been hampered or distorted as a result of vitamin or other deficiencies during childhood. The main causes of young mothers' death in childbirth are pre-eclampsia/eclampsia, pelvic obstruction (in a pelvis too immature to cope with delivering a baby), haemorrhage and sepsis. A mother whose pelvis is not fully developed will usually undergo very prolonged labour with life-threatening outcomes for both the baby and the young mother. For every maternal death, 30 others will suffer infections, injuries and – sometimes lifelong – disabilities.

Traditionally, many societies sustain practices that may be harmful and/or violate human rights, but which are considered necessary to become an adult in that society. The most life-threatening is female genital cutting (FGC), which results in a rigid fused scar, often causing additional risks during childbirth. Other traditions such as abduction for marriage and temporary marriage also often target young girls.

Child marriage falls through the net of international legislation introduced and endorsed by many countries, and questions must be asked as to why. In spite of measures to protect children from slavery, discrimination and other forms of abuse and exploitation, there is limited recognition that these forms of abuse occur within the domestic setting of marriage. There appears to be little commitment to challenging culturally accepted models of male sexual behaviour, power and dominance, nor an analysis of the role of ideology and religion in the subjugation of women and girls. Unless the international community, national governments and NGOs act on the fact that early and forced marriage represents flagrant violence and brutal abuse of girls' human rights, the powerful international instruments created to protect children's rights are not likely to be implemented on a local basis. ❖

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Special Article

Female infanticide in India and China

Adam Jones

Female infanticide is as old as many cultures and has likely accounted for millions of gender-selective deaths throughout history. It remains a critical concern in a number of countries today, notably the two most populous countries, China and India. Female infanticide reflects the low status accorded to women in many parts of the world and is arguably the most brutal and destructive manifestation of existing anti-female bias. It is closely linked to the phenomena of sex-selective abortion, which targets female foetuses almost exclusively, and neglect of girl children. While men tend to be the main victims of war and political-military genocide, the example of female infanticide reminds us that there are institutionalised forms of discrimination and violence that are at least as destructive as the more "traditional" forms of mass killing.

Female infanticide can be defined as "the intentional killing of baby girls due to the preference for male babies and the low value associated with the birth of females." Gendercide Watch, a Web-based educational initiative,

founded in February 2000 to confront gender-selective atrocities against both women and men, considers female infanticide to be one of the major forms of "gendercide" - gender-selective large-scale killing. Some would dispute

the equation of infanticide with genocide, because it is not the result of central State planning and because killings occur singly rather than *en masse*. Nonetheless, as human rights discourse in recent years has grown increasingly concerned with acts of *omission* as well as direct *commission*, governments and other actors can be just as guilty of mass killing through neglect or silent encouragement, as by direct murder. They can be held accountable for failing to confront culturally ingrained practices like female infanticide.

The Indian case

In rural India, the centuries-old practice of female infanticide is still highly prevalent. According to census statistics, the gender imbalance has tilted from 972 females per 1000 males in 1901, to 929 per 1000 today. A study in Tamil Nadu state found that female infanticide is rampant, mostly among Hindu families. Of the 1250 families studied, 740 had only one girl child and 249 admitted directly that they had done away with an unwanted girl child. More than 213 of the families had more than one male child, whereas half the respondents had only one daughter. As recently as 1993, 196 girls died under suspicious circumstances in a poor area of Tamil Nadu: some were fed dry, unhulled rice that punctured their gullets, or were made to swallow poisonous powdered fertiliser. Others were smothered with a wet towel, strangled or allowed to starve to death.

The bias against females in India is related to the fact that sons are called upon to provide the income, doing most of the work in the fields. Thus, sons are looked to as a type of insurance and the high value given to males decreases the value given to females. The problem is also intimately tied to the institution of dowry, in which the family of a prospective bride must pay enormous sums of money to the family in which the woman will live after marriage. Though formally outlawed, dowry is still pervasive.

India is also the heartland of sex-selective abortion (female feticide). Amniocentesis was introduced in 1974 to ascertain birth defects in a sample population, but was quickly appropriated by medical entrepreneurs for prenatal sex determination. A spate of sex-selective abortions followed. A UNICEF report in 1984 on abortions after prenatal sex determination in Bombay stated that 7999 out of 8000 aborted foetuses were females. Deficits in nutrition and health care also overwhelmingly target female children. Indian state governments have sometimes launched initiatives to reduce female infanticide and feticide, but such programmes have barely begun to address the scale of the catastrophe.

The Chinese case

In China, a tradition of infanticide and abandonment, especially of females, existed before the foundation of the People's Republic in 1949. After the communists took power, a decline of excess female mortality has been reported, due to the action of a strong government that tried to modify this and other harmful customs. However, the government's "one-child policy" - introduced in 1979 to control spiralling population growth - led to a sharp increase in the 1980s of the number of "missing" women. Couples are penalised by wage cuts and reduced access to social services when children are born "outside the plan".

The government appeared to recognise this linkage by allowing families in rural areas (where anti-female bias is

stronger) to have a second child without penalty if the first was a girl. Nonetheless, in September 1997, WHO's Regional Committee for the Western Pacific issued a report claiming that "more than 50 million women were estimated to be 'missing' in China because of the institutionalised killing and neglect of girls due to Beijing's population control programme that limits parents to one child. This is sometimes referred to as "the biggest single holocaust in human history."

However, on balance, the phenomenon does not appear as widespread or destructive as in India. The Chinese government has taken some energetic steps to combat the practice of female infanticide and sex-selective abortion of female foetuses, e.g., by the Marriage Law and Women's Protection Law (WPL) which both prohibit female infanticide. The WPL also prohibits discrimination against "women who give birth to female babies" and the Maternal Health Care Law of 1994 strictly prohibits prenatal sex determination for non-medical purposes.

Strategies to fight female infanticide

A number of strategies has proven effective to confront female infanticide and related phenomena like sex-selective abortion and abandonment or neglect of girl children. The following guidelines for Chinese policy-makers can easily be generalised to other countries where these practices are rife:

- ❖ The principle of equality between men and women should be more widely promoted through the news media to change the preference for sons and improve the general public's awareness; gender equality should also be reflected in specific social and economic policies to protect the basic rights of women and children, especially girls.
- ❖ Government regulations prohibiting the use of prenatal sex identification techniques for non-medical purposes should be strictly enforced, and violators should be punished accordingly.
- ❖ Legislation against infanticide, abandonment and neglect of female children, as well as laws and regulations to protect women and children should be strictly enforced.
- ❖ Campaigns to protect women and children from being kidnapped or sold into servitude should be effectively strengthened.
- ❖ Family planning programmes should focus on effective public education, good counselling and service delivery, and voluntary community participation to increase contraceptive prevalence, reduce unplanned pregnancies, and minimise the need for an induced abortion. ❖

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For editorial reasons, references are left out of the article. A full bibliography is available from the author.



Fighting female infanticide in India: an upstream battle?

Violence related to pregnancy and abortion: a violation of human rights

Maria de Bruyn

Many governments, UN agencies and NGOs acknowledge that respecting sexual and reproductive rights is essential for enhancing women's and men's sexual and reproductive health (SRH). One area in which SRH rights are particularly important is violence against women (VAW). It affects women everywhere, regardless of age, ethnic background, socio-economic class or place of residence. But women of reproductive age face the most possible consequences, because violence may be associated with an inability to prevent unwanted pregnancies, with pregnancy itself, pregnancy loss or abortion-related health care.

In addition to psychological, physical and sexual violence, *institutional* violence is a fourth type of VAW, comprising physical and psychological harm due to structurally inadequate conditions in institutions and public systems. It is closely related to quality of health care and the right to be free from cruel, inhuman or degrading treatment.

Violence and pregnancy

Violence may be related to pregnancy indirectly or directly. Women who have suffered childhood abuse may tend to engage in behaviours (e.g., sexual risk-taking, drug and alcohol abuse) that prevent consistent or correct contraceptive use. They may also not use contraceptives due to fear of, and actual, abuse by partners.

Pregnancy can result from rape, and if women and girls are refused the option of emergency contraception immediately afterwards, institutional violence comes into play because they are re-victimised. Teenagers who become pregnant at a very early age face health risks; deaths related to pregnancy and childbirth are 2-5 times higher among women under 18 than among those aged 20-29 years.

Some women suffer psychological or physical violence as 'punishment' for getting pregnant, since they are seen to be challenging gender norms concerning the 'proper behaviour of good women' and 'family honour'. The violence perpetrated against these pregnant women can range from humiliation, expulsion from the home and beating, to 'honour killings' to avenge the family name. Such actions are implicitly supported by judicial systems that impose no, or only light sentences on those charged with the crime. Particularly painful are the so-called "huddood" laws in some Muslim countries, which view pregnancy in single women as proof of illicit sex, thus discouraging women from reporting pregnancies resulting from rape.

Violence and pregnancy loss

Estimates on violence against pregnant women vary considerably. While there is no conclusive evidence that pregnancy itself triggers increased violence in epidemiological terms, research has shown that this is the case for individual women around the world. The frequency and severity of abuse may increase, while the violence may change in nature: instead of strikes against the head, pregnant women may more often suffer beatings against the abdomen and chest. Abusive partners may prevent assaulted women from seeking antenatal or emergency care, whereby a miscarriage might be prevented. Women who are raped may also contract an STI that could lead to higher risks of foetal death or ectopic



Protecting pregnant women against violence

pregnancy when left untreated (e.g., syphilis and genital chlamydia can result in pelvic inflammatory disease).

Violence and abortion

Violence may be related to induced abortions in several ways. Women facing violence by an intimate partner or who have been raped may feel compelled to terminate a pregnancy. Some women, especially adolescents, may be pressured or forced against their will into having an abortion by their partners, family members, service providers or others.

Women who seek abortion-related care may face abuse within the health-care and legal systems. Examples of institutional abuse include: deliberate provision of faulty or incomplete information regarding the safety of abortion procedures; lengthy waiting times at health facilities for postabortion care that may cause psychological distress and physical harm; intimidation, threats and other verbal mistreatment; withholding of pain relief medications as 'punishment'; and charging

excessive fees for services. When treatment for the complications of incomplete abortions is delayed, women may face serious infections, sterility and even death.

Even when abortion is permitted by law for a variety of reasons, women still seek out illegal providers because they are unaware of their rights. In such circumstances, the power imbalance between the health-care provider and woman is heavily weighted towards the provider. This permits him/her to carry out actions such as forcing a woman to accept a certain kind of contraceptive or sterilisation.

In some countries, women who have been raped must request court permission for an abortion. Sometimes the delays in obtaining this approval mean that the pregnancy is too far evolved for an abortion. Adolescents may need consent from parents or guardians to undergo a legal induced abortion. This can be a barrier to care for young women who fear talking about the cause of an unwanted pregnancy, e.g., rape by family members.

Reporting abuse

Social norms tolerating VAW can make it difficult or impossible for women to report abuse during pregnancy. When women believe that abuse is simply their lot, they are unlikely to mention it to health-care providers as a cause of injury or a potential cause of miscarriage. They thereby deprive themselves of the possibility of assistance to cope with the problem and its possible effects on their pregnancy. Women may also believe that health providers will

not provide assistance, so that there is no reason to mention the violence. Health-care providers may (sub)consciously avoid the topic of violence because of:

- ❖ discomfort (e.g., when they have a personal history of violence)
- ❖ fear of offending the patient or putting the patient-doctor relationship at risk
- ❖ disbelief that violence is actually occurring
- ❖ feelings of powerlessness and lack of knowledge about appropriate help
- ❖ lack of knowledge concerning the magnitude of the problem and beliefs that do not support interventions by health professionals
- ❖ overwork and lack of time
- ❖ prejudicial attitudes that blame victims for their situation.

Suggestions for action

NGOs can use international human rights treaties to advocate for and support measures that deal with violence in relation to pregnancy and abortion. For example, they can support the work of Treaty Monitoring Committees that assess how well governments comply with conventions that they have signed, such as the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW). Governments submit regular reports on their compliance to such Committees; NGOs can provide "shadow reports" to the Committees that provide supplementary information, including on the violation of women's sexual and reproductive rights.

NGOs can organise and participate in women's human rights tribunals, where women may talk about cases of abuse related to their reproductive health. By disseminating testimonies, the general public and health providers can be educated about how international human rights standards are important to guarantee reproductive health. Other strategies include:

- ❖ revising laws and regulations so that violence related to pregnancy and abortion is addressed adequately and appropriately from a gender-based and human rights perspective

"We often use the passive voice to talk about crimes against women. How many girls were assaulted by their boyfriends? How many girls were raped? Compare that language to 'How many boys and men raped girls? How many men assaulted women?' The passive construction of describing the problem focuses on victims and perpetuates the problem." – Jackson Katz, violence prevention trainer

- ❖ promoting and carrying out research on violence related to pregnancy and abortion, and the wide dissemination of research findings
- ❖ formulating and promoting policy guidelines related to violence, pregnancy and abortion through professional social or health associations
- ❖ developing protocols for addressing violence, pregnancy and abortion that include counselling, emergency contraception, HIV/STI treatment, access to legal abortion and post-abortion care
- ❖ promoting collaboration among health and social welfare services, law enforcement agencies and NGOs that serve survivors of VAW
- ❖ community interventions to change gender-based norms that tolerate and condone VAW (education of young people, media campaigns, promotion and recognition of positive male role models).

Every woman must be assured her rights to protection from violence and the freedom to make reproductive decisions freely and voluntarily. Multisectoral collaboration and approaches are needed so that consistent policies are implemented, and women see continuity in prevention efforts and interventions to cope with the consequences of violence. ❖

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Gender and sexuality-based violence in Jamaica

Robert Carr & Anthony Hron

By the end of the 19th century, the so-called "sciences" of Europe and the United States had categorised gay men and women as mentally ill and they were increasingly at risk for being locked away. Since the Middle Ages, when gay men and women were burnt at the stake, social and physical violence against them has been seen as central to the establishment of an ordered society. In 21st century Jamaica, as in the rest of the world, violence against gay men and women – sometimes to the point of murder – is a part of daily life, although often unreported and unrecorded. The Jamaica Forum for Lesbians, All-Sexuals*, and Gays (J-FLAG) was founded to address the issue of violence against sexual minorities and to foster a safer social and physical environment for gay men and women.

As research on gender identity in the Caribbean has shown, regionally-defined gender roles are delineated fairly sharply. Homophobia permeates Caribbean societies. Because of the publicly promoted intolerance of homosexuality, many gay men and women face social, psychological and physical violence. Appeals to the justice system are often met with ridicule, from the local police to the court system itself.

Violence against gay men is considered part of "public justice and moral order": community members beat, harass, stab or stone them. In contrast, public lesbian sex acts seem to be more accepted, as they are a highly popular component of strip-club culture, where many dancers are reported to be lesbians. The potential for public violence in this situation is quite real, however, and violence against women, especially in the defence of

men's sexual and social power over women, is also part of Jamaica's daily life. Male violence has been found by many social scientists to be central to male socialisation and masculine ideals, promoted by both men and women to ensure that men are "real" men, and not gay men. Women are similarly expected to marry and produce children to prove their fertility and heterosexuality.

In this context, many gay men and women are reluctant, to the point of fearing for their lives, to reveal their sexual identity. This has clear implications for their mental and physical health, as well as for the context in which the battle for their human and civil rights can be fought. Due to the publicity surrounding J-FLAG's work, many eyes are on our organisation to see what is possible in ensuring human rights for sexual minorities in the region.

Special
Article

Advocating for gay persons' rights in Jamaica

J-FLAG's mission is to work towards a Jamaican society in which the human rights and equality of gay men and women are guaranteed, and to foster the acceptance and enrichment of their lives, since they are an integral part of society. In order to achieve this, we are active on at least three fronts: at the grassroots level, in support of gay men and women living in violent environments; in the corridors of power, to change laws and practices; and in building key alliances with other local and international groups fighting for human rights and societies free from gender-based violence.

One of our first major actions sought to amend the non-discrimination clause of the Jamaican Constitution to include 'sexual orientation' among its protected categories. Although eventually denied, this resulted in an ongoing debate about the civil rights of sexual minorities in Jamaica. Since then, J-FLAG has expanded the scope of its legal reform and advocacy efforts (to include the repeal of laws that criminalise same-sex intimacy), and initiated educational and social service programmes through a helpline, website, workshops, mass media presentations and other activities.

J-FLAG also does significant personal development and community building in the gay community. We offer counselling and legal, medical, psychological and vacation referral services to gay people and their families. We work together with noted local and international figures and human rights, health and political interest groups, in the process of working for constitutional and other legislative changes. We also maintain a library and archive for academic research and, increasingly, to provide documentation for asylum cases based on sexual discrimination and violence in Canada, Great Britain and the United States.

The right to a life free from violence based on sexual or gender identity is the foundation for our fight for gay men and women's human and civil rights. We know that Jamaica is not alone in this:



In Jamaica, it is still a challenge for gay people to come out of the closet

at J-FLAG we believe that this century will see a breakthrough in decriminalising sexuality-based violence in Jamaica and the wider Caribbean. ❖

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* "All-Sexual" is a term used to indicate that we consider sexual behaviour to be part of a continuum in which classifications such as "gay", "lesbian" and "bisexual" often cannot be rigidly applied. The term "all-sexual" refers not only to biological and sexual characteristics, but also to social attitudes related to them. "All-Sexuals" therefore refers to same-gender-loving persons whose actions are not in violation of the Universal Declaration of Human Rights, i.e., not abusive to minors and other persons who are in dependent circumstances or of diminished capacity, or otherwise in violation of the rights or personal dignity of any person.

Global Bulletin Board

- ❖ "Ending Violence Against Women" (2001) is an Oxfam publication that makes a sustained case for violence against women to be taken up by development organisations as an abuse of women's rights and a barrier to development. It explains the prevalence, forms and contexts of violence against women around the world, and reports about direct support to women through legal aid, protection, healing, and economic opportunities, and strategies to change beliefs and practice through public education, campaigning and challenging violent men. For more information: www.oxfam.org.uk/publish/evaw.htm
- ❖ "Safe and Secure: Eliminating Violence Against Women and Girls in Muslim Societies" (1998) is available from the Sisterhood Is Global Institute (SIGI). Prepared simultaneously in Arabic and English, the manual has been designed to train advocates and trainers to end violence against women by helping grassroots populations learn about universal human rights concepts and violence against women and girls. For more information: www.sigi.org/Programs/VAWP/intro.htm

- ❖ ;BASTA! is a quarterly newsletter that reports on the efforts of IPPF/WHR's affiliates in Latin America and the Caribbean to address GBV within the framework of sexual and reproductive health. It offers practical information and tools to service providers. For more information: www.ippfwhr.org/whatwedo/basta.html
- ❖ UNIFEM South-East Asia is implementing a 3-year (2001-2003) regional programme to promote women's human rights in order to eliminate all forms of violence against women. It covers Cambodia, China, Indonesia, Lao PDR, Mongolia, Philippines, Thailand, and Vietnam. In 2001, the Programme supported a workshop on national legislation on domestic violence in the Mekong Basin Sub-region. For more information: www.unifem-eseasia.org
- ❖ The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted in 1979 by the UN General Assembly, defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. As of 10 May 2002, CEDAW has 169 States parties. For more information: www.un.org/womenwatch/daw/cedaw/

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