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OTHER ISSUES

**TRADITIONAL PRACTICES AFFECTING THE HEALTH OF
WOMEN AND THE GIRL CHILD**

**Sixth report on the situation regarding the elimination of traditional
practices affecting the health of women and the girl child, produced
by Mrs. Halima Embarek Warzazi pursuant to Sub-Commission
resolution 2000/13***

* In accordance with General Assembly resolution 53/208, paragraph 8, this document is submitted late so as to include the most up-to-date information possible.

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Introduction

1. In its resolution 1998/16, the Sub-Commission recommended that the mandate of the Special Rapporteur on traditional practices affecting the health of women and the girl child should be extended to ensure the completion of her task, as called for in resolution 1996/19, and at the same time to enable her to follow up recent developments at all levels, including the General Assembly. In 2000, the Sub-Commission and the Commission on Human Rights extended the mandate of the Special Rapporteur. In its resolution 2001/13 the Sub-Commission requested the Special Rapporteur to submit an updated report at its fifty-fourth session. This sixth report is thus submitted pursuant to the resolutions referred to above.
2. This year, the Special Rapporteur received information from the following countries: Chile, Denmark, Mexico, Qatar and Tunisia. She also received submissions from the Inter-Parliamentary Union, the World Health Organization, the Working Women's Forum (India) and the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. The Special Rapporteur would like to thank those countries and organizations for the interest they have shown in the subject, but she continues to regret the scarcity of respondents and the lack of information, which, she hopes, should not be interpreted as a lack of commitment to the elimination of harmful traditional practices. The Special Rapporteur also wishes to express her gratitude to private individuals who continue to convey to her information arising from their investigations into traditional practices and their personal assessments of particular cases.
3. Despite the disappointment voiced in previous reports, the Special Rapporteur notes that mobilization within the societies affected by the phenomenon of harmful traditional practices remained a force for positive change, albeit slow and uneven, depending on the particular practice concerned. She regards it as an encouraging sign that harmful traditional practices are receiving constantly increasing attention at national, regional and international levels. The growing interest in these questions shown by other human rights mechanisms is also to be noted.
4. Thus, the Special Rapporteur wishes to express her appreciation to the Special Rapporteur on violence against women, its causes and consequences and to the Special Rapporteur on freedom of religion or belief, who have both devoted their reports to the fifty-eighth session of the Commission on Human Rights to the subject of harmful traditional practices, and she will take the opportunity in the present report to make some comments on their findings.
5. The Special Rapporteur recalls that two years ago she asked for priority attention to be paid to crimes of honour, which require urgent, concerted action by the international community, combined with respect for the culture of the regions and countries most affected, and to harmful traditional practices other than female genital mutilation. She notes that the different practices she encounters in the exercise of her mandate are increasingly closely related to forms of violence against women. Thus, the majority of replies received from countries - with the exception of Denmark - do not concern female genital mutilation. The Special Rapporteur has decided to devote this report to an update of measures taken at national and international level against female genital mutilation, and to review some of the information made available to her concerning other traditional practices.

I. FEMALE GENITAL MUTILATION: NATIONAL, REGIONAL AND INTERNATIONAL INITIATIVES

A. National initiatives

1. Information supplied by Governments

6. In her preceding reports the Special Rapporteur mentioned legislative measures and policies recently adopted by countries that have had to deal with the practice of female genital mutilation practised by certain immigrant populations. This year, Denmark has forwarded to the Special Rapporteur details of an information and prevention campaign relating to female genital mutilation targeted towards immigrant populations, particularly the Somali population. The campaign, initiated in 1996 for a period of four years, was also intended for teachers, health professionals and other social workers, in order to equip them to deal with the situations encountered, whether the girls had already undergone or were about to undergo genital mutilation. The campaign took the form of (1) the distribution of information sets to personnel working in the health and social sectors; (2) the production of a film intended for Somali communities; (3) the holding of discussions within the community; and (4) assistance for local programmes and initiatives to combat and prevent the practices. The information material continues to be used. Since the prevention of female genital mutilation is a priority in its external aid policy, Denmark has financed numerous projects and campaigns at the local level in Uganda, Burkina Faso, Benin and Niger, as well as financing some Inter-African Committee activities during 2000.

2. Other sources of information

7. The information made available to the Special Rapporteur from various sources indicates an increasing involvement of European countries in the fight against female genital mutilation. Like Denmark, some countries have adopted legislation and implemented policies to combat the problem. They continue to mobilize their efforts, and others are beginning to do so. As an example of this, in 2001 the Swedish National Board of Health and Welfare organized consultations on female genital mutilation at Strasbourg attended by members of the European Parliament, representatives of WHO and the Inter-African Committee and in particular members of the European network for the prevention of female genital mutilation. These consultations led to discussion of a joint action programme against the practice. The Norwegian Agency for Development has likewise held a workshop on the subject to discuss, inter alia, its action plan to combat female genital mutilation among immigrant populations among whom these practices exist.

8. Other successful meetings, consultations and initiatives have been held in Madrid, Vienna and Brussels. The struggle against female genital mutilation has been discussed in the context of immigration and the fight against discrimination against women, poverty and ignorance. Among those meetings, the Special Rapporteur wishes to single out the seminar held in July 2001 in Vienna to discuss the attitude of men to female genital mutilation. The seminar provided participants with an opportunity to discuss the consequences of the practice, to set out their views for or against it and to hear the point of view of young people on the subject.

9. The Special Rapporteur welcomes the growing awareness of the so-called receiving countries, which she considers positive. She wishes, nevertheless, to emphasize the need for any policy to be conducted with respect for the traditions and culture of the populations concerned. While condemnation of female genital mutilation must be unequivocal, the message must be put across with tact and intelligence. It is essential to distinguish between cultural and traditional practices and the cultural values underlying them. In that way, it will be possible to modify practices without damage to culture and tradition.

10. The Special Rapporteur points out that the information brought to her attention on national activities relates to six major lines of action: projects aimed at young people; alternative employment opportunities for women who perform excisions; training and information programmes; activities to promote the establishment of networks to campaign against female genital mutilation; publication of research work and studies; and the publication and distribution of campaign and training materials.

11. In its assistance projects, the Inter-African Committee has targeted the majority of its awareness campaigns at young people - a choice emanating from the recommendations adopted by the Youth Forum held in Addis Ababa from 25 to 27 April 2000, and mentioned by the Special Rapporteur in her preceding report (E/CN.4/Sub.2/2001/27, para. 79). The Forum, attended by over 60 young people from 16 African countries, demonstrated the formidable commitment of African youth against female genital mutilation. The Special Rapporteur is pleased to note that the national support and cooperation activities of the Inter-African Committee have lent further force to these efforts. In Benin a drawing competition on the subject of violence against women, including genital mutilation, was organized by Women in Law and Development in Africa, in cooperation with local journalists. Plays on the subject were staged and awareness campaigns on the subject of violence against women and children were conducted in secondary schools. Over 8,500 students at 17 secondary schools were actively involved in the campaign.

12. Similar activities involving schoolchildren and young people were conducted successfully in Burkina Faso, Chad, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Tanzania, Togo and Uganda. Many of those countries have established training programmes for young teachers on the harmful effects of genital mutilation and some other traditional practices. Once trained, these young people go off to rural and remote areas to raise the awareness of local people. In a country like Gambia, adolescent girls have been informed about protected sexual relations, the choices open to young girls and the control that they are entitled to exercise over their sexual life. In the Dodoma region of Tanzania, for example, young people have been acquainted and familiarized with rites of passage from childhood to adolescence other than female genital mutilation, which for generations has been the only rite of passage known to them. The training courses also provided an opportunity to discuss not only female genital mutilation, but also other harmful traditional practices, sexually transmitted diseases, in particular the HIV virus, and the problems of drugs and of poverty.

13. The organizations working in the field are particularly aware of the need to provide an alternative occupation for women performing the excisions and of maintaining the respect and appreciation that they enjoy in society. In some countries local organizations have held training courses to acquaint and familiarize these women with new activities and to encourage them to

enter the small business sector. Programmes have been established in Kenya, Mali, Mauritania, Sudan, Niger, Gambia, Nigeria, Guinea and Ghana. Over and above training as such, the World Bank, for example, has contributed to the establishment of two groceries in the villages of Kouroussa and Kerouane in Guinea run by former excisionists trained to undertake the new occupation. Similar initiatives have been launched in the other countries mentioned above. In Niger, programmes for converting excisionists into midwives trained in infant care have been established in 10 localities. Furthermore, in Mali, former excisionists have been retrained to such trades as poultry farming, weaving and soap-making.

14. In the training of young information and communication instructors, the Inter-African Committee has adopted a simple strategy. It is making provision for 28 instructors to attend a series of workshops to equip them to train local agents. Once their own training is completed the young instructors will be qualified to take over the training of 136 agents, who will then proceed to the most remote regions to educate the local people. Such campaigns have been conducted with varying success in Benin, Burkina Faso, Cameroon, Ethiopia, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Sudan and Tanzania. In Benin a symposium on the place and role of leaders in combating female genital mutilation was held in December 2001, with financial assistance from the United Nations Development Fund for Women in Dakar, bringing together over 200 traditional chiefs and religious leaders to discuss the question. Similar meetings involving traditional chiefs and religious leaders have been held in Mali, Niger and Uganda. The participants took the opportunity to speak out once more against female genital mutilation, and to deny its alleged religious basis. Moreover, Benin, particularly Ketou Province, provided the setting for launching a campaign, supported by the Danish Embassy, against the HIV virus, during which the risks of infection associated with female genital mutilation were also discussed. The HIV virus was also one of the main themes of the training campaigns held in Liberia and Sudan.

15. Some organizations are endeavouring to involve African Governments as actively as possible in the eradication of harmful traditional practices, including female genital mutilation. They are trying to strengthen their activities at the local level and to widen regional cooperation by forging links and by networking with organizations active in neighbouring countries. That strategy enables them, inter alia, to build up solidarity and to have access to information on the practices and on legislative measures that have proved successful. Although the list of countries active against female genital mutilation is not exhaustive, the Special Rapporteur welcomes all such activities and initiatives, which are playing an essential part in working for a lasting, in-depth change of attitudes and practices, and accordingly, for the eradication of female genital mutilation.

B. Regional initiatives

16. Like some countries in Europe and within the framework of the general concerting of efforts against female genital mutilation, the European Parliament is increasingly aware of the need to take legislative and other measures to combat this problem that many migrant communities have imported into member countries. Following upon a proposal made by the Committee on Women's Rights and Equal Opportunities, the European Parliament adopted

in 2001 resolution 2001/2035 (INI) on female genital mutilation. Its adoption was justified by the extent of the phenomenon and, in particular, the fact that such practices conflict with international and European norms and standards. In taking that action, the European Union wished to encourage countries where female genital mutilation is practised to adopt appropriate legislation to combat and prevent the practice. The resolution also provided additional justification for the European Union's aid policy towards many developing countries regarding the protection and promotion of women's rights and the struggle against harmful traditional practices.

17. The resolution adopted by the European Parliament contains over 29 recommendations. It strongly condemns female genital mutilation and calls for priority action to combat the practice as part of strategies against the discrimination and violence against women that are its corollary. It calls for an in-depth inquiry to ascertain the extent of the problem in member countries of the European Union, and opposes any medicalization of the practice. In implementing the resolution, member States are urged to increase their financial assistance in this field to developing countries. Female genital mutilation should be incorporated in the list of serious violations of the basic rights of the person and must become a priority of cooperation policy.

C. International initiatives

18. On 12 September 2001, the Inter-Parliamentary Union, at the 106th Inter-Parliamentary Conference in Ouagadougou, and on the initiative of the Sixth Meeting of Women Parliamentarians, organized a discussion panel on "violence against women: female genital mutilation". The discussions, attended by more than 120 parliamentarians from a large number of countries, mainly African, recognized the importance of legislation in the field, but took the view that it was only one of a wide variety of measures that needed to be taken against the age-old practice of female genital mutilation. Training and education, creation of public awareness and the provision of adequate funding, particularly for the retraining of excisionists, were other major elements in the struggle against such practices.

19. At the conclusion of the panel, the parliamentarians adopted a series of recommendations. One proposal was the setting-up of a think tank of men and women parliamentarians both from the countries where such traditional practices were still routine, and from the countries to which their nationals emigrated. The participants would be able to exchange information on legislation, policies and programmes implemented in their respective countries with a view to identifying positive experiences. It was recommended that the think tank should be coordinated by the African Group. Its tasks would include preparing a compilation of all legislative measures and creating a database on the subject.

20. The World Health Organization, for its part, considers that all efforts to eliminate female genital mutilation should have the ultimate aim of terminating all forms of gender-based violence. It opposes any medicalization of the practice, whereby operations would be carried out by health professionals. WHO is working with numerous countries, mainly in Africa in training social workers, health professionals and other persons who might find themselves confronted with the problem, so that they can deal with the complications of such practices and help to prevent actual mutilations. In 2001 WHO published guides and manuals for teachers, students

and health professionals. Recently it has also undertaken an evaluation of activities to combat female genital mutilation, in particular the relevant norms, standards and guidelines. It is now focusing on the implementation, monitoring and evaluation of such norms and standards at the national level, and has provided some of its regional offices with funds to strengthen their activities in this field.

D. Activities of the Special Rapporteur

21. As part of the broader study on the exportation into so-called receiving countries of certain harmful traditional practices, particularly female genital mutilation, the Special Rapporteur and the Inter-African Committee decided to hold a consultation on the question. One of the objectives of the consultation, which was held in Geneva on 24 May 2002, was to examine the extent to which such mutilations are practised in countries where some migrant populations are persisting with them, and the way in which those countries are dealing with what for them is a relatively new phenomenon. The consultation was also seen as an opportunity for heightening awareness and for discussing with the representatives of various countries the best way of identifying and combating the phenomenon, on the basis of the experience acquired by some organizations and countries that have been in the vanguard in this field.

22. Owing to failure of the United Nations fax service to send out letters of invitation, the consultation took place without the presence of a single government representative. Nevertheless, the participants, members of non-governmental organizations (NGOs) and national associations, and one Austrian woman parliamentarian, decided to proceed with the meeting and discuss the question in limited committee. They appealed for voluntary financial contributions to enable a regional seminar to be held in Europe, along the lines of the seminars held in Burkina Faso, for the African region, in 1991, and in Sri Lanka, for the Asian region, in 1994, as requested by the Sub-Commission in recent resolutions. The consultation reaffirmed the importance for the communities concerned, if violent resistance on their part was to be avoided that those addressing them should be members of their own community. Thus, the message would be legitimized by the legitimacy of the person delivering it. Participants also appealed to receiving countries not to use the struggle against harmful traditional practices for political purposes, stigmatizing the populations concerned and reinforcing prejudices and racism. It emerged from the discussions that countries which had been dealing with female genital mutilation for a considerable number of years had succeeded in considerably reducing its incidence, but were now having to deal with other practices such as forced marriages and crimes of honour.

23. All speakers were aware that all the practices concerned were a consequence of the status of women in some societies and that changing mental attitudes was the major task. In that connection, the importance was stressed of migrants - men, women and children - knowing the laws of the receiving country and, above all, speaking its language. The Special Rapporteur appealed for harmful traditional practices to be opposed without socially stigmatizing the foreign communities concerned, and lumping offenders and victims together. Any policy of combating such harmful practices should be conducted prudently and with respect for the societies concerned, and should be based on information, education and the raising of awareness. Punitive

measures should be utilized only as a last resort, except in the case of two harmful practices which fall within the domain of State authority and require immediate legislation - crimes of honour and dowry questions.

24. In the course of the discussion, the Austrian woman parliamentarian related how her country had reacted with amazement on discovering that female genital mutilation had become a serious problem there. She admitted that, while the knee-jerk reaction of a country contending with such a problem was to pass repressive legislation, it had become clear to a considerable number of parliamentarians and organizations active in the field that what above all was required was specific planning, adequate funding and, above all, active cooperation with the countries of origin. She was convinced that any policy for putting an end to such harmful practices as female genital mutilation should absolutely avoid stigmatizing the populations concerned and drawing comparisons with the evils of racism.

25. One of the women speakers working in France referred to the difficulties resulting from the use of the term "mutilation" rather than "excision" because the former entailed criminal prosecution. She outlined a French scheme for educating and raising the awareness of the persons concerned, the work being done with health professionals and social workers, and action on the legal level. Apart from female genital mutilation, forced marriages are an increasingly widespread practice in many receiving countries, including France. One of the major difficulties is that the girl victims of such marriages have dual nationality, which makes action involving third countries a more delicate matter. A women speaker working within the communities had been interested to find that the arguments used to justify "arranged", or "forced", marriages - the maintenance of tradition and family, social, religious and cultural cohesion; the fight against family dishonour; protection of the girl against "her bad instincts" - were the same as those already used to justify female genital mutilation.

26. The participants recognized the importance of the above problems in Europe and the necessity for a regional seminar to be held as early as possible. It would be ironical if, at the very time when the countries most directly affected by harmful traditional practices, and particularly female genital mutilation, should achieve relative success in their initiatives to combat them, the receiving countries should be inundated by them.

27. While preparing the present report, the Special Rapporteur received some extremely disturbing news. According to information supplied by the Sudan National Committee on Harmful Traditional Practices, a conference was held in May 2002 at the Women's College of Omdurman Islamic University in Sudan, under the auspices of the Ministry of Guidance and Endowment. During this conference, attended by doctors, scientists, religious leaders and NGOs, support was voiced for female genital mutilation as a superior form of female hygiene and a medical approach conforming to Islamic Shariah. Participants who sought to rebut those claims were accused of being in the pay of the West. Quite apart from the fact that such claims represent a retrograde step after more than 20 years of efforts in the fields of legal and medical action at the national, regional and international levels, the Special Rapporteur considers it extremely dangerous and irrelevant to involve the Islamic Shariah in the question of female genital mutilation. Since all statements, studies and analyses have clearly demonstrated that neither Islam nor any other religion advocates or justifies the practice, and Sheikh al Azhar, one of the authorities on the interpretation of Islamic principles, as well as the leaders of various

other religions in Africa, have not only spoken out against female genital mutilation but have denied its having any religious connotation, the speech in favour of this practice, delivered by a gynaecologist and what is more a woman, was, in the view of the Special Rapporteur both dangerous and unacceptable.

II. OTHER TRADITIONAL PRACTICES

A. Information supplied by Governments

28. Qatar and Tunisia have informed the Special Rapporteur that they have no legislation on harmful traditional practices since such practices do not occur in those countries. Tunisia referred to the forward-looking policy on the rights of women it had pursued since its independence. With reference to crimes of honour, Qatar stated that such practices could not take place since they were contrary to Islam.

29. Chile and Mexico also stated that harmful traditional practices such as female genital mutilation, crimes of honour and crimes associated with dowry did not exist in those countries. Nevertheless, the harmful consequences of acts of violence against women, particularly family violence, are sufficiently serious and frequent to be classed with traditional practices requiring concerted action at the national level. In Chile, violence against women is considered a social and public health problem, and the Ministry of Health has established a national mental and psychiatric health plan, with violence as one of its priorities. The plan comprises a series of measures and rules for promotion, prevention, and for the treatment and rehabilitation of victims of family violence, the majority of whom are women and children. In Mexico, the National Women's Institute in cooperation with other national bodies, is responsible, for the implementation of a 1999 directive on the provision of health services which are required to take account of family violence. A large number of inter-ministerial initiatives, involving various associations and organizations, are active against family violence, particularly violence against women and children. A major focus of all effective action is the struggle to end discrimination against women, which puts them at a particular disadvantage in gaining access to health services.

B. Other sources of information

30. On the basis of information supplied, the Special Rapporteur has made a brief, non-exhaustive, summary of events since August 2001 relating to harmful traditional practices that have emerged from the awareness campaign.

August 2001: An Iranian court condemned to death Said Ami, accused of having killed 16 prostitutes on the pretext that they had offended against the moral values of society.

August 2001: In Morocco, where this practice is not known, a father killed his daughter in front of her school on the pretext that she was keeping company with a boy from her school. The crime was unanimously condemned and the criminal sentenced to a very heavy penalty.

March 2002: A considerable number of artists and celebrities supported an Amnesty International campaign to denounce crimes of honour. The Secretary-General of Amnesty International cited a number of Asian countries where thousands of women have been subjected to cruel and barbaric treatment such as burns and mutilations.

April 2002: A Swedish court sentenced to life imprisonment a Kurdish father who killed his daughter because she refused an arranged marriage. This crime of honour profoundly shocked the entire country.

31. In spite of some positive developments in the struggle against harmful traditional practices, the need must be emphasized for the international community to pursue the struggle with patience and determination and to spare no effort to raise the awareness of and motivate Governments in whose territories very grave violations are endangering the life, security and health of women and young girls. The Special Rapporteur notes that the Plan of Action adopted at the special session on children of the United Nations General Assembly (A/S-27/19/Rev.1 (annex)) only once mentions the question of harmful traditional practices (para. 44, subpara. 9). It should be noted that the matter was mentioned in the context of the struggle against all forms of discrimination against women and young girls and of the need to strengthen their role and their position in society from the earliest age.

32. Credible information indicates that in Jordan, in May 2002, a girl was killed by her three brothers for having abetted the sexual relations outside marriage of her younger sister. The latter, who is pregnant, has been placed under preventive detention to avoid her being killed as well. This is said to be the fourth Jordanian woman killed in relation to crimes of honour since the beginning of the year. Taking account of the opposition the Jordanian and Pakistani Governments encounter in getting their Parliaments to pass an amendment condemning crimes of honour, the Special Rapporteur wonders whether it might not be advisable to bring this problem to the notice of the Inter-Parliamentary Union, since that body is committed to combating female genital mutilation. The problem of harmful traditional practices surrounding pregnancy and childbirth has recently led UNICEF to state that 515,000 women die each year from the consequences of badly managed pregnancies and deliveries. More than 90 per cent of these deaths occur in developing countries. It is regrettable to find that in this age of space travel, when an American and a South African have been willing to pay more than US\$ 20 million to join a space crew, maternal mortality is practically the only field in which no progress is being made.

33. Ms. Bellamy, Executive Director of the United Nations Children's Fund, has formed the view that in this field, political will and the resources it generates are glaringly absent. While the Special Rapporteur shares Ms. Bellamy's opinion that this situation falls within the wider context of discrimination, it is important not to underestimate the impact of the financial situations of Third World countries, which have constantly to respond to priorities which they cannot afford to meet. Assistance programmes for such countries are indispensable and could enable the Governments concerned to make progress in this specific field.

34. It is therefore worth mentioning that in Morocco, for example, where, according to the representative of the United Nations Population Fund (UNFPA), maternal mortality is a burning crucial issue in a region where distances are very great, where women tend to give birth at home and where unexpected complications can arise, a programme supported by a partnership between UNFPA and Columbia University in New York has been the subject of an evaluation workshop. The programme, which is being conducted in 49 other countries, has as its objective the monitoring, follow-up and evaluation of needs and resources for urgent health care, obstetrics and maternity care, i.e. the management of complications of pregnancy, childbirth and the post-partum period. The Special Rapporteur congratulates UNFPA and Columbia University on this positive assistance to Governments and expresses the hope that UNFPA will raise the awareness of other universities and other partners in order to widen cooperation and to motivate Governments to accord this matter its proper place in their social development strategies.

35. In the Working Group on Contemporary Forms of Slavery, the Special Rapporteur has learned of the prevalence of certain practices involving the sexual exploitation of young girls in the framework of religious and spiritual beliefs, particularly the Devadasi system, which involves the offering of a young virgin to the master/idol, who, after having sexually and economically abused her, rejects her. These girls often finish up in prostitution, and their female descendants follow the same route. The Special Rapporteur has also received information from certain private individuals who have conducted investigations into this matter and other forms of exploitation of little girls similar to the Devadasi system. These little girls are "offered" to the master from the age of 8 or 9, and all come from economically poor and socially weak backgrounds. Such practices are the concrete expression of the negligible status of women and girl children in some societies.

C. General comments

36. The Special Rapporteur wishes to express her appreciation to the Special Rapporteur on violence against women, its causes and consequences and to the Special Rapporteur on freedom of religion or belief, who have both devoted their reports to harmful traditional practices, and also wishes to make some comments.

37. The Special Rapporteur has attempted to ascertain whether a link exists between harmful practices and religious intolerance, but her conclusion is that, in the majority of cases, the traditional practices enumerated in the report by Mr. Amor on religious intolerance (E/CN.4/2002/73/Add.2) derive from culture, not religion. The Special Rapporteur considers herself in duty bound to thank the Commission's two Special Rapporteurs for supporting the action of the Sub-Commission, which, ever since 1982, has taken up the challenge of bringing to the attention of the Commission on Human Rights the harmful effects of female circumcision and other traditional practices.

38. The Special Rapporteur takes note with interest of the preface to the report of Ms. Coomaraswamy on the integration of the human rights of women and the gender perspective (E/CN.4/2002/83) in which she announces that she has constituted a research team of experts around the world to assist her in reporting on cultural practices prejudicial to women. The

Special Rapporteur cannot, however, help feeling a certain pang of regret that unlike some experts, she herself has never had the good fortune to enjoy such facilities and to have available a budget from both the Human Rights Centre and the Office of the High Commissioner for Human Rights. This lack of financial aid has required a personal and financial effort in the preparation of reports which, contrary to what is stated in the first paragraph of the executive summary of Ms. Coomaraswamy's above-mentioned report, have caused the national and international community since 1988 to undertake an attentive examination of traditional practices affecting the health of women and the girl child. The Special Rapporteur is, however, grateful to have had the benefit in recent years of valuable assistance from a member of the Secretariat.

39. Here it should be mentioned that, in the report of the Working Group on traditional practices affecting the health of women and children, submitted to the Commission on Human Rights 15 years ago (E/CN.4/1986/42), the attention of Governments was drawn to the obligations they had assumed on becoming parties to international human rights instruments, and to the incompatibility between those obligations and the maintenance of traditional practices affecting the health of women and children. It was, indeed, thanks to the information regularly transmitted by the Sub-Commission to the Commission on Human Rights from 1988 onwards that six years later, in 1994, the Commission, after reviewing the majority of harmful traditional practices exposed and considered as acts of violence against women and the girl child, recognized other forms of non-traditional practices such as rape and violence within the family and decided in 1994 to appoint a Special Rapporteur on violence.

40. The Special Rapporteur is pleased to note that in paragraph 5 of her report, Ms. Coomaraswamy agrees with her about the importance of vindicating women's rights and involving women so that they can win those rights in a manner that allows them to be full participants in a community of their choosing. NGOs working in the field, particularly under the aegis of the Inter-African Committee, have for years fully realized the need to involve women in the struggle against harmful traditional practices. Accordingly, the Inter-African Committee has been a pioneer in the long-term task in Africa of raising the awareness of traditional societies, the victims, and all national players that might be able to make a contribution to the elimination of harmful practices. Its example deserves to be mentioned by way of encouragement.

41. It would seem from reading Ms. Coomaraswamy's report that the research team was not properly informed of what has been achieved internationally over the last 15 years. Indeed, the General Assembly itself, taking its cue from the work of the Sub-Commission has also decided to devote attention to harmful traditional practices, and over the past three years has adopted resolutions condemning them and requesting the Governments concerned to take the necessary measures.

42. It should also be mentioned that, at the request of the Sub-Commission, the Centre for Human Rights held a seminar in April-May 1991 on the African continent, and another in July 1994 in Sri Lanka, for the purpose of evaluating the impact of traditional practices on human rights. On the basis of these two seminars the Special Rapporteur submitted to the Sub-Commission a plan of action for the elimination of traditional practices affecting the health of women and children, and this plan was adopted by the Sub-Commission in August 1994.

43. Within reference to the exchange of views that should have taken place by cooperation between the Special Rapporteurs - as incidentally, required by the Commission on Human Rights - the Special Rapporteur wonders whether there is not a certain contradiction in paragraph 53 of Ms. Coomaraswamy's report, where it is stated on the one hand that lower-caste women are gang-raped and, on the other hand, that young girls are married off at an early age as protection against sexual assault from upper-caste men.

44. With regard to early marriage, the Special Rapporteur is convinced that only compulsory schooling and education of young girls up to the age of say 17, will make it possible to terminate the practice. Governments should therefore focus and promulgate laws to that effect, while at the same time making provision for incentive measures aimed at parents, particularly in rural areas, and for mechanisms for the application of sanctions. In this connection, the Special Rapporteur considers that any harmful practice that previously affected a given country, but no longer exists, should be consigned to history and left there.

45. In paragraph 86 of her report, Ms. Coomaraswamy states that in Morocco women (by which she means all women) wear heavy grey veils and white gags over their mouths when they leave the house. At a stroke we have Moroccan women transformed into Zorro figures or grey walking ghosts, which is not at all the case. It is regrettable that the Special Rapporteur did not include Morocco in her tour; she would have been able to see with her own eyes that the description produced by her research team by no means reflects reality. In Morocco, women are divided into three categories: those who wear the djellaba, or traditional robe, of various colours and with or without a scarf; those who wear western dress; and those who, whether wearing the djellaba or trousers, entirely cover their hair but leave their face uncovered. The dress code does not at all restrict the women's freedom of movement or right to expression. Consequently, the Special Rapporteur sees no connection between the dress code and the alleged violations. Finally, one might readily wonder, on reading paragraph 103 of the same document, what connection exists between, on the one hand, child marriage and forced marriage as means of regulating female sexuality and, on the other, incest, which is one of the worst forms of violence, and, incidentally, one practised in all countries without exception. That being said, the Special Rapporteur wishes to express her thanks to the Special Rapporteur on violence against women, its causes and consequences, for some items of information which she had been unable to obtain from Asian Governments or NGOs in spite of numerous approaches to them.

46. The Special Rapporteur also notes with satisfaction that the Special Rapporteur on freedom of religion or belief, Mr. Amor, has devoted the greater part of his report this year to practices harmful to the health of women and the girl child. She feels obliged, however, to point out that for a number of years she has been endeavouring to make clear that, in a large number of cases, harmful traditional practices do not derive from religion. She has particularly in mind female genital mutilation, crimes of honour, prostitution in general (with the exception of the cases cited in paragraphs 161, 162 and 163 of Mr. Amor's report), cruel treatment of widows, force-feeding, crimes associated with dowry and, to put it bluntly, incest.

47. The Special Rapporteur also notes with satisfaction that Mr. Amor indicates (in paragraph 94 of his report) that preference for the male child is explained, in varying degrees, by the existence of patriarchal models, discriminatory interpretation of religion, and specific considerations with economic overtones, and aimed at continuing the family line. These

considerations used to justify male-child preference would probably not long withstand the effect of women's work and education. The State must play a decisive role here in relation to the societies, families and communities concerned. Governments genuinely anxious to put an end to the third-rate citizen status of women in their societies should implement appropriate, concrete and judicious education, information and awareness policies directed at both victims and perpetrators of harmful traditional practices.

48. The Special Rapporteur entirely shares Mr. Amor's opinion that cultural practices harmful to women are at variance with religion or in contradiction with its precepts or spirit (para. 20 of his report). She likewise welcomes the statement in paragraph 79 that it is fundamental for the success of any action in that regard to make clear the ill-effects of certain practices on the health of women and children and their incompatibility with numerous human rights instruments, while at the same time avoiding stirring up disputes about cultural and a fortiori religious, rights and wrongs, or appealing to values which may appear alien or may conflict with the dominant values of traditional societies. Experience has proved that the best means of raising the awareness of communities affected by harmful traditional practices is to prove to them that these practices have no religious justification and that, by reason of their damaging effects on the health of victims, they must be eliminated. Emphasis should be given to the valuable contribution made by religious leaders in Africa to the struggle against female genital mutilation and other harmful practices by campaigning against and denouncing the erroneous exploitation of religions to perpetuate such practices.

49. The Special Rapporteur wishes to congratulate Mr. Amor on the thoroughness of his report, which is an excellent source of information for anyone interested in the many forms of discrimination against women and young girls in all fields, particularly on the physical and moral level, and in relation to the extreme dangers to which they are exposed in certain continents.

Conclusion

50. For over 15 years the Special Rapporteur has placed the discussion of harmful traditional practices in the context of the status of women in society. She therefore welcomes the fact that among the information supplied to her, many items view harmful practices as a socially legitimized form of violence against women. It is becoming increasingly clear that female genital mutilation, crimes of honour, forced marriages and other practices will not be eradicated until women are considered as full and equal members of the social, economic, cultural and political life of their communities. The various policies and actions aimed at terminating harmful practices must necessarily be directed towards strengthening the status of women in society from the earliest age.
