

IFMSA Policy Proposal Harmful Traditional Practices

Proposed by Team of Officials

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Policy Statement

Introduction:

Harmful Traditional Practices are culture-based actions committed against people, usually women, and girls. They may lead to health complications, violate human rights, deprive them of bodily autonomy and negatively affect their well-being. These practices include child marriage, female genital mutilation (FGM), and honor killing, among others. Globally 650 million women living today were married as children, 200 million were subjected to FGM. Harmful Traditional Practices persist until today, and crises continue to deteriorate efforts that aim to eliminate them.

IFMSA position:

The International Federation of Medical Students' Association (IFMSA) condemns all forms of Harmful Traditional Practices in the strongest terms. Emphasizing that these practices are a violation of human rights, especially sexual and reproductive rights and that no reason, whether social, cultural, or religious, validates such practices. Acknowledging its detrimental effects on the physical, psychological, and social well-being of the victims/survivors, IFMSA must continue to advocate against these harmful practices and work towards the empowerment and rehabilitation of survivors of such practices. The IFMSA urges all parties to work collectively to eliminate harmful traditional practices and commit to sensitizing its members to provide appropriate care and support to survivors.

Call to Action:

Governments, Legislation, and Law Enforcement Authorities to:

- Make laws accessible to all members of society and drafted to be easy to understand in all local languages.
- Review and tighten their laws to ensure all criteria of Harmful Traditional Practices are fully criminalized and punished.
- Establish appropriate protection measures (such as emergency telephone hotlines or safe spaces) for people at risk of harmful traditional practices.
- Enact laws that involve heavy penalties for all those who encourage, promote, and facilitate any harmful traditional practices, whether publicly or within their respective communities, specifically those who medicalize practices like FGM from healthcare providers.
- Comprehensively train the involved personnel inside the law enforcement authorities on how to respond to the different cases of harmful traditional practices, support the effective implementation and enforcement of the law and related policies in supporting the survivors.
- Encourage the reporting of cases inside the practicing communities while ensuring the reporters' safety and providing incentives to do so.
- Create and implement protective laws for identified victims/survivors, even in cases where parents/caretakers are the ones who facilitated the harm and mutilation.
- Ensure the availability of medico-legal and psychosocial services for all victims/survivors, focusing on vulnerable communities, such as rural residents, LGBTQAI+, and immigrant people.
- Allocate financial and social resources to address the medical treatment and rehabilitation needed by victims/survivors of Harmful Traditional Practices.
- Raise awareness in schools and universities on FGM/C, Virginity Testing, Honor Killing, and other practices, including causes, implications, consequences, and prevention methods.

Public and community leaders to:

- Provide support for victims of harmful traditional practices and form peer support groups.
- Not impose harmful traditional practices on anyone who does not consent or lacks the capacity to consent to such practices.
- Organize educational activities within the community to raise awareness around harmful traditional practices.
- Address the social and cultural roots of harmful traditional practices, including but not limited to gender inequity and poverty.
- Actively seek out opinions from medical professionals regarding health consequences posed by harmful traditional practices, especially by procedures like FGM/C.

Civil society organizations, Student-run organizations, IFMSA National Member Organizations to:

- Implement policies against harmful traditional practices and recognize them as violations of human rights that put women's and adolescents' sexual and reproductive health and rights at significant risk.
- Provide evidence-based information about harmful traditional practices in a comprehensive way.
- Organize campaigns to raise awareness and promote the visibility of harmful traditional practices' negative health consequences.
- Promote research on causes and consequences of harmful traditional practices and successful strategies to address them.
- Organize and build the capacity of medical and healthcare students in engaging with local stakeholders, advocating against harmful traditional practices, and for human rights, especially sexual and reproductive rights of women and girls vulnerable to such practices.

Medical Schools to:

- Incorporate content about the harmful traditional practices in the medical curriculum needed for the students to be knowledgeable about their impact on the harmful practices prevention and the negative health effects of these practices.
- Promote the importance of sexual and reproductive rights as human rights for which people have to live free from harm, oppression, discrimination, and violence.
- Ensure evidence-based teaching about preventing, recognizing, and managing harmful traditional practices in medical education.
- Develop and support students' public awareness campaigns and initiatives on harmful traditional practices.
- Encourage medical students to participate in advocacy efforts to end the harmful traditional practices.

Healthcare sector to:

- Condemn and not engage in the medicalization of harmful practices, such as FGM/C and Virginity Testing.
- Provide safe psychosocial support and medical treatment for victims of Harmful Traditional Practices.
- Not engage in any non-medical procedures for Virginity Testing and Hymenoplasty. If the victims/survivor asks for the procedure, help them figure out the best plan to overcome their problem.
- Continuously train health professionals and physicians to identify and prevent cases of Harmful Traditional Practices. Provide them with means and plans to manage them actively.

Position Paper

Background Information

The International Planned Parenthood Federation states that all practices that violate human rights are 'harmful practices' (1). The Office of the High Commissioner of Human Rights (OHCHR) defines harmful traditional practices as "particular forms of violence against women and girls which are defended on the basis of tradition, culture, religion or superstition by some community members" (2). They include practices such as Female Genital Mutilation/Cutting (FGM/C), forced and early marriages, taboos or practices that prevent girls and women from exercising their sexual and reproductive health, nutritional taboos and forced feeding of women and girls, virginity testing, honor-based killings, and violence female infanticide and sex-selective birthing.

The global prevalence of such harmful traditional practices is astonishingly high. According to UNICEF, approximately 650 million girls and women living today (2021) have been forcefully married during childhood, and at least 200 million girls and women have been violated by FGM (3). Of these 200 million, 44 million are girls below the age of 15. FGM, in which a part or the whole of the healthy genitals of a girl are forcibly cut, often without any local anesthesia, has severe mental and physical health complications. This practice is prevalent globally but occurs with higher prevalence in Africa, Asia, and Eastern Mediterranean Region across different religions contrary to belief (4). UNICEF also notes that FGM often goes hand in hand with child marriage, i.e., it is done to marry off the girl child as a suitable bride. In Africa alone, UNICEF estimates 42% of children are married before the age of 18 (1). Africa and Southern Asia have the highest rates of child marriages, with the following 12 countries having the highest prevalence: India, Bangladesh, Nepal, Burkina Faso, Niger, Ethiopia, Ghana, Mozambique, Sierra Leone, Uganda, Zambia, and Yemen (5).

Sex-selective birthing and female infanticide are also highly prevalent despite laws banning them in most countries, especially in South, East, and Central Asia. In these countries, skewed sex ratios are indicators of such horrific acts (1). Sex-selective birthing and female infanticide are perhaps the most blatant and explicit manifestations of the discriminatory and dangerous gender norms perpetuated by social, cultural, and religious beliefs and values. These practices seek to control the autonomy of women and girls over their own bodies and thus over their health and rights. Not only are they a human rights violation and perpetuate the belief of inferiority of women keeping us far from reaching gender equality, but they have detrimental effects on the health of women and their participation in social and political life (2)(6).

At the global level, harmful traditional practices are included in the Sustainable Development Goals: Goal 5: "Achieve gender equality and empower all women and girls" under Target 5.3 "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation" (7).

Discussion

Female Genital Mutilation/Cutting:

FGM is considered on top of the harmful traditional practices that have ever existed. This is due to the significant and drastic negative health consequences FGM causes to the victim children immediately and later during their adulthood physically, psychologically, and sexually, if they survive the immediate and short-term complications. In addition to the fact that research shows that FGM predates Islam and Christianity. This means that it roots primarily from traditions, cultural misconceptions, and gender discrimination, but not as perceived in some communities - from religious requirements.

Female Genital Mutilation, also referred to as excision, female genital cutting, or female circumcision, is defined by the WHO as all procedures that involve partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons (8).

It is mainly practiced in 30 sub-Saharan African countries, the Middle East, and Southeastern Asia. Today, these local practices have become global issues: migrants travel with their cultures, and the practice is widespread amongst the worldwide diaspora (Europe, the United States of America, Canada, and Australia, amongst others).

As of 2021, it is estimated that around 200 million women living today have undergone the practice, and over 4 million girls are at risk of undergoing FGM annually. But as COVID-19 shuts schools and disrupts programs that protect girls from this harmful practice, even more girls are likely to be cut in the coming years. Most girls are subjected to FGM before the age of 15 (9).

The practice is internationally recognized as a violation of the human rights of girls and women, with strong ancestral and socio-cultural roots and numerous other factors that contribute to the prevalence of the practice. Moreover, in every society in which it occurs, FGM is a manifestation of entrenched gender inequality. However, it is seen by the practicing societies as parental love, care, and protection for girls and future women from being hypersexual or being driven into sexual acts that are not accepted by these societies for religious and cultural reasons, and is why the practice is perpetuated.

The WHO classifies four types of FGM

- Type 1 - known as clitoridectomy, involves the partial or total removal of the clitoris (the external and visible part), which is the most sensitive part of the external female genitalia.
- Type 2 - known as excision, involves the partial or total removal of the clitoris and Labia Minora (inner folds of the skin of the vulva), with or without the removal of the Labia Majora (outer folds of the skin of the vulva).
- Type 3 - known as Infibulation, is the removal of all the external female genitalia, including the clitoris, labia minora, and majora, and the narrowing of the vaginal opening through creating a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora.
- Type 4 includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterizing the genital area.

De-infibulation refers to the practice of cutting open the sealed vaginal opening of a person who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth (8).

In certain societies, such as the Egyptian society, type 1 FGM is accepted in Religion and is believed not to be harmful. They call it "Sunnah" or "Khefad," meaning small excision that is thought to be rather beneficial and to protect girls from hyper-sexuality without causing any complications.

Some people also think of FGM as something precisely similar to male circumcision, related to cleanliness and reducing infection rates (10). However, this is scientifically proven to be wrong, as the parts removed in FGM/C are responsible for the anatomical and physiological protection of the vulva and its different parts through folding around it and by mucoid secretions that play a major role in both fighting pathogens and lubrication in preparation for having vaginal sex so as not to be painful or irritating. Meanwhile, male circumcision has health

benefits in terms of prevention and medical indications, as in cases of congenital phimosis. However, it negatively affects male children and causes unnecessary harmful consequences. FGM adversely affects the health of girls and women in various ways. Rather than allowing for the natural functioning of girls' and women's bodies, it causes excision and damage to perfectly healthy and normal genital tissue that is inherent to the female body. The risk of the practice is proportional to the severity, which is gauged by the amount of tissue damaged. All forms of FGM are associated with an increase in risk to the health of the girl or woman.(11)

Terminologies:

The practice has been called "female circumcision," or simply "circumcision." The term refers to a cultural practice done to all sexes, a rite of passage to adulthood, not entailing violence or aggression in its meaning. This term is defended and used by practicing communities. The term "circumcision" has been criticized because "female circumcision" is compared to male circumcision. Meanwhile, they're entirely not the same as explained in the previous paragraphs. In the seventies, the term "female genital mutilation" (FGM) was introduced in order to emphasize the violation of women's and girls' rights, mainly by feminist activists. At the beginning of the nineties, the Inter-African Committee on Traditional Practices (IAC) and the World Health Organization (WHO) started using this term, which heralded the entrance of FGM/C in human-rights and gender-based violence agendas. Since the last United Nations Interagency Statement, FGM is considered the best term to defend the abandonment of the practice at the international level (12,13).

Causes of FGM:

FGM can be attributed to many causes and factors that are mainly cultural or social and, in many cases, religious. According to the WHO, strong motivations to continue the practice include being a social convention, social pressure, fear of rejection by the community, beliefs about what is considered proper sexual behavior as well as often being considered a necessary part of raising a girl properly and preparing her for marriage/adulthood. It aims to ensure premarital virginity and marital fidelity. FGM is, in many communities, believed to reduce a woman's libido and, therefore, to help her resist extramarital sexual acts, acting as a social control with a position of sexism. In Type 3, where the vaginal orifice is covered partially, the fear arises that the re-opening of the orifice would be painful or that it will be noticed, is anticipated to prevent pre and extra-marital sexual intercourse among the women exposed to this type of FGM. Cultural connotations on femininity and modesty, which promote the ideals of girls being clean and beautiful and that the removal of such unclean, unfeminine or male body parts help achieve this. While no religious scriptures promote the practice, those who do claim that they are supported by religious literature. Different religious leaders exhibit varying stances on it, while some promote it, some consider it irrelevant and some even aid its elimination.

Local structures of power and authority can continue upholding the practice, such as community leaders, religious leaders, circumcisers, and even some medical personnel. Likewise, when informed, they can be effective advocates for the abandonment of FGM. Moreover, FGM is often considered a cultural tradition, which is often used as an argument for its continuation, meaning that women usually attribute doing FGM for their daughters to the fact that they all - including their female ancestors - have undergone FGM, so why they should spare the younger generations.

All of the above-mentioned causes are not the deep motives or the root causes of FGM. Still, patriarchy, gender discrimination, sexism, beliefs that there should be restrictions to the limit of the use to their own bodies, as well as the lack of sex education, illiteracy in general, and the wrong comprehension of religion, are behind FGM/C and its continuity up till this day (8).

Consequences

According to the WHO, Immediate and Short-term complications can include: Severe pain, Excessive bleeding (hemorrhage), Genital tissue swelling, Fever, Infections, e.g., tetanus, Urinary problems, Wound healing problems, Injury to surrounding genital tissue, Shock, and Death. While Long-term complications can include: Urinary problems (painful urination, urinary tract infections); Vaginal problems (discharge, itching, bacterial vaginosis, and other conditions); Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.); Scar tissue and keloid; Sexual problems (pain during intercourse which indirectly affects the sexual desire, decreased satisfaction, etc.); Increased risk of childbirth complications (difficult delivery, excessive bleeding, cesarean section, need to resuscitate the baby, etc.) and newborn deaths; It may also in-turn increase the number of surgeries performed in the future for example in type 3 where the vaginal orifice is sealed or narrowed, surgery is required to open it to allow for intercourse and childbirth(de-infibulation). Sometimes genital tissue is stitched several times, including after labor. Hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks; Psychological problems: depression, anxiety, post-traumatic stress disorder, low self-esteem, etc. (8).

Medicalization

FGM Medicalization is defined by the UNFPA as “the situations in which FGM is practiced by any category of Health care Provider, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of infibulation at any point in time in a woman’s life”.

The medicalization of FGM is a growing concern. It is estimated that 52 million women living today, or 25% of women who have undergone FGM, were cut by a health professional (14).

Based on the Demographic and Health Surveys and Multiple Indicator Cluster Survey and other nationally representative surveys, among women exposed to medicalized FGM, 93% live in just three countries: Egypt, Nigeria, and Sudan. More than half reside in Egypt alone, and intergenerational comparisons show that medicalization increases in 7 out of 8 countries with high medicalization rates. This trend is sharpest in Egypt, where rates have more than doubled between mothers and daughters (38% and 82%, respectively). Medicalized FGM is performed for several reasons. Most healthcare providers who perform FGM are already members of the community they serve. The reasons they agree to perform FGM are often the same as those motivating people asking for it. Some healthcare providers, who do not support FGM, still consider it their responsibility to fulfil the patient’s or family’s culturally or socially motivated requests. Some point out the medicalization of the practice could limit the harm caused, since it would be performed by a trained healthcare provider rather than a traditional practitioner. Some healthcare providers are also motivated by financial gain, especially in the rural areas where this practice could be their only source of income (15).

Moreover, some medical professionals tend to misguide the public by confusing FGM with other surgical procedures like clitoridectomy (from medical premises such as cancer) and clitoral hood reduction. They spread this disinformation out of ignorance of proper comprehensive sexuality education and recognition of FGM as an example of malpractice in their medical curricula and the deeply internalized intentions of some of them for normalizing FGM and stating that it could be done for medical indications or benefits. Meanwhile, clitoridectomy is rarely used as a therapeutic medical procedure, such as when cancer has developed in or spread to the clitoris or due to injuries, necrosis, or irradiation effects.

Needless to say that the way girls/women around the world perceive their body image is another important factor that should not be forgotten when it comes to ethically considering the clitoral hood reduction in the first place (16).

According to the WHO and all organizations and movements that campaign to end human rights abuses like Amnesty International, FGM is never safe. There is no medical reasoning for the act. Even when a healthcare provider performs the procedure in a sterile environment, there is a risk of health consequences immediately and later in life. In all circumstances, FGM is a human rights violation.

Even when performed in a clinical setting, FGM violates medical ethics and may confer a sense of legitimacy to FGM or give the impression that it is without health consequences. This can undermine abandonment efforts and reinforce the vicious circle of FGM advocates who have been trying to cut for so long (8).

The Law and FGM

UNICEF emphasizes that self-reported data on FGM 'needs to be treated with caution since women 'may be unwilling to disclose having undergone the procedure because of the sensitivity of the topic or the illegal status of the practice.'

According to 28 Too Many, an international research organization, out of 28 countries where FGM is practiced, only 22 have national legislation criminalizing FGM. The remaining 6 are currently without laws, meaning FGM is effectively still legal. And, in most countries with anti-FGM laws, the legislation fails to protect women and girls from FGM. Laws are rarely enforced, and there is an absence of prosecutions. Significantly, of the 55 million girls (aged 0–14) who have experienced or are at risk of FGM across the 28 countries: 50% of them are in 3 countries that have anti-FGM laws (Egypt, Ethiopia, and Nigeria); and 30% of them are in the 6 countries without current anti-FGM laws (Chad, Liberia, Mali, Sierra Leone, Somalia, and Sudan). In addition, 27 out of the 28 countries have signed or signed and ratified, one or more of the treaties that recommend they legislate against FGM – CEDAW, the Maputo Protocol, and CDEFGM.

The research thus emphasizes in the need for a national legislative framework that protects girls and women from the practice of FGM. In Africa itself, if changes are brought about in the law by tightening and ensuring in the strict implementation of existing anti-FGM laws and six countries introduce a national legislative framework, 80% of the girls under the age of 15, around 44 million girls coming from FGM practicing countries in the continent can be impacted.

This can be attributed to the fact that laws enacted do not:

- Provide a clear definition of FGM; (Of the 22 countries with anti-FGM laws in place, 18 provide a clear explanation of FGM. Four countries lack any actual definition of FGM in their current legislation: Cameroon, Ethiopia, Nigeria, and Tanzania.)
- Criminalize procuring, arranging, and assisting in acts of FGM; (Of the 22 countries with anti-FGM laws in place, 18 specifically criminalize and punish those who procure, organize and assist FGM.)
- Criminalize the failure to report incidents of FGM; (Of the 22 countries with anti-FGM laws in place, half have a specific requirement to report FGM.)
- Criminalize the participation of medical professionals in acts of FGM; (99% of women and girls who have been cut by a health professional live in three countries – Egypt, Nigeria, and Sudan – and these do not

yet clearly address medicalized FGM in their laws. More than half of these women and girls live in Egypt)

- Criminalize the practice of cross-border FGM. (Of the 22 countries with anti-FGM laws in place, 19 do not specifically address the issue of cross-border FGM.)

It is noted that out of the 22 countries with anti-FGM laws in place, only two – Kenya and Uganda – directly criminalize and punish FGM and fulfil all criteria considered essential by this study to encourage robust prevention and prosecution of FGM.

To summarize, legal guidelines on their own cannot stop FGM; they need to be implemented in tandem with the teachings on rights of girls and women and be a part of the social engagement that converts cultural and social norms. (17).

FGM in the context of Human Rights

FGM is a clear violation of human rights, including the right to freedom and equity, the right to non-discrimination, the right to life, the right to no torture or inhumane treatment, the right to privacy, and the right to marry and have a family.

In addition, it has been a violation of many national, regional, and other international documents and laws.

For example, The 1979 UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has been a solid base to refuse FGM. Based on this document, all the states parties agree to stop any kind of discrimination against women through all possible measures, such as legalization or abolishing existing laws that consider discrimination against women (18). The UN Convention on the Rights of the Child (UNRC) has 54 articles that cover all child's life aspects and set out the economic, political, civil, social, and cultural rights that every child is entitled to (19). It also shows how adults and governments must work together to ensure all children can enjoy their rights. In the 2030 Agenda for Sustainable Development Goals, FGM is mentioned in Goal 5 in the context of achieving gender equality and empowering all women and girls by eliminating all harmful practices against them, and in Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages (7)(20). Moreover, The African Charter on the Rights and Welfare of the Child, which was adopted to protect children's rights in Africa, states that Children should be protected from all forms of torture, inhuman or degrading treatment, and especially physical or mental injury or abuse, neglect, or maltreatment including sexual abuse. And, Governments should do what they can to stop harmful social and cultural practices, such as child marriage, that affect the welfare and dignity of children (21).

Child and forced marriage

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. Although child marriage rates are reducing, it was shown that a decade ago almost 1 in 4 girls are married before the age of 18 in comparison with 1 in 5 girls which shows that the issue is still persistent today. (22).

As a result of societal norms assigning lower value to girls, as compared to boys, girls are perceived to have no alternative role other than to get married. They are expected to help with domestic chores and undertake household responsibilities in preparation for their marriage.

Child marriage violates children's rights and places them at high risk of violence, exploitation, and abuse. It affects both girls and boys, but it affects girls disproportionately.

Child marriage prevents children from having a normal childhood and it reduces their chances of having a right to education, health, and protection. The girl, her family and their community are directly affected by it. (23).

Determinants of child marriage

Social norms influenced by customs and patriarch, in tandem with coercion, often lead to uninformed decision making and child marriage which transcend generations. Children from families with low educational status, low-income families, or rural areas are more susceptible to being coerced into early marriages. This can be noted when we compare the differences in the prevalence of child marriage in rural areas to urban areas in regions of Latin America and the Caribbean, West and Central Africa, as highlighted by UNFPA (24). Girls belonging to vulnerable populations such as refugees are at greater risk of child marriage. A new study among Syrian Refugees in 2016 revealed that among 2400 women and girls living in Western Bekaa, Lebanon, a third of them between the ages of 20 and 24 were married before the age of 18. This study further reveals other determinants of early and forced marriages through the survey, which shows that child marriage among Syrian refugee populations is almost four times higher than before the Syrian crisis. This implies that poverty, instability, and displacement are significant determinants too. At the same time, a consequence of this was a decrease in school enrolment drastically amongst girls from 70% at age 9 to 17% at age 16. Other than recommending increasing school enrolment of girls, especially as they transition to secondary school, raising awareness of the consequences of child marriage in refugee families to prevent it (25).

In efforts to reduce child marriage, Primary care physicians and medical professionals have to enforce guidelines and give advice that prevents child marriage(26).

Consequences of child marriage could be classified as follow, affecting the married child (boy or girl), their offspring (if they get pregnant), and economic situation (disturbing national programs):

- The victim/survivor could be out of school and not earn money and contribute to the community.
- The victim/survivor might experience domestic violence and may be infected with STIs, including HIV.
- The victim/survivor has more chances of dying due to complications during pregnancy and childbirth.
- It is estimated that child marriage affects the child in gaining the proper experience to find work that will support their families and uplift the government growth.
- Girls who were married before the age of 18 were estimated to bear more children and at an early age which in fact affects their home financially (23).
- Compared to children born to mothers of age 24-27, children born to mothers under the age of 15 are 2.5 times more likely to die under the age of 5.
- Children born to mothers under the age of 15 are more likely to be low-birth-weight babies, undernourished, and have delayed physical and cognitive development (24).

Strategies to prevent violence against children (including ending child marriage) are:

- Empowering girls with information, skills, and support.
- Educating and mobilizing parents and community members to restrict harmful gender and social norms.
- Enhancing the accessibility and quality of formal schooling.
- Providing economic support and incentives for girls.
- Fostering an enabling legal and policy framework.
- Implementation of preventive programs (26).

Virginity testing

Virginity Testing, also known as “two-finger” or “hymen” examination, is an inspection of the genitalia of a person with a vagina to identify if the person has had sexual intercourse or if they’re still a “virgin.” The hymen is a thin mucous membrane that partially closes the vaginal opening. The test mentioned above is done using one of two common techniques. The first approach takes into account the presence or absence of a non-torn hymen. The second approach involves the insertion of two fingers in the vaginal orifice to check the laxity of the vaginal walls and confirm that the hymen is still intact.

From a human-rights perspective, virginity testing is considered a form of gender-based discrimination and violence. Most of these tests are carried out without consent from the patient, therefore classifying this test as a form of sexual assault.

Physicians worldwide have called this test a violation of women’s fundamental rights. They’ve also urged to ban hymenoplasty and any reconstructive plastic surgery of the hymen. The World Health Organization has already condemned this test and calls for worldwide elimination.

Multiple reviews over the years showed that this test, known by many as a “per-vaginal” examination, has no scientific evidence to back up any physical efficacy to the test. Virginity is a socio-cultural construct with no medical background, thus not a medical condition (27,28).

Different types of hymens

The hymen is a membrane located approximately 2 centimeters inside the vaginal opening. It needs to be somewhat open in nature, allowing menstrual blood and vaginal secretions to pass through and not accumulate inside the internal genitals.

The hymen is formed of folded mucous tissue and comes in different colors, elasticities, and shapes. Some of the main hymenal variants scientifically documented are: Usual hymen, Congenital absence of hymen, Imperforate hymen, Microperforate hymen, Cribriform hymen, and Septate hymen.

In the last four variants, a medical procedure may be done by the responsible physician to allow the proper passage of all secretions and get rid of problematic symptoms faced by the patient. This procedure is known as “Hymenectomy,” and it involves the removal of the excess hymenal tissues, thus creating an appropriate opening (29).

Consequences of Virginity Testing

Virginity tests have been shown to have adverse effects on the examinee both in the short and long terms. These consequences can be divided into three categories: physical, psychological, and social harm.

- **Physical Harm:** Virginity Testing was proven to induce physical harm to the examinee in multiple ways. First, it has been reported to cause self-harm, primarily by attempting suicide after a “negative virginity test.” Second, the exam itself may aggravate pre-existing physical injuries that can be due to prior sexual violence, for example. Close relatives may also conduct physical harm such as brothers, fathers, and husbands. They may seriously hurt, or sometimes kill, the person in the name of “Honor.”

In some cases where the examiners are from a non-medical background, the examinees were reported to have had UTIs, STIs, and higher rates of physical harm after the test was done.

- Psychological Harm: Multiple examinees who have undergone this test have been seen to experience extreme fear and anxiety before the test. During the test, individuals have been seen screaming, crying, and fainting. Afterward, they have reported long-term effects, including but not limited to: lower self-esteem, depression, a sense of violation of their own privacy by relatives, and re-victimization.
- Social Harm: Virginity is perceived as a sign of purity in some cultures. This implies that a “negative virginity test” exposes women to social stigma. Women, in this case, are seen as inferior to others, a “stain” to their families’ honor, and as a shame in their communities. Women and girls may be killed if they’re known – or even thought – to have had sexual intercourse: this is known as “Honor Killing”(30–32).

Hymenoplasty

The social stigma of maintaining “virginity,” presented as intact hymen, leads to the commercialization of hymenoplasty. “Hymenoplasty” is a plastic surgery intended to reconstruct the hymeneal wall. Many people seek this procedure for cultural acceptance and security purposes, especially before marriage, so that they can “bleed” after sexual intercourse. Hymenoplasty consists of the ligation of the hymeneal carunculae (the hymen’s remnants after its rupture) to reconstruct the hymen. This procedure is highly controversial in most countries where some physicians refuse to perform it because it only reinforces misconceptions around gender, virginity, and sexual intercourse. However, physicians in some countries may accept to perform hymenoplasty in fear for their patient’s safety, especially in countries where virginity is perceived as purity and “Honor Killings” are significantly recorded. Due to lack of choice for some women, some physicians ask for extremely high amounts of money to perform the procedure instead of guiding them towards safer plans as recommended by international organizations (30,33,34).

Honor killing

“Honor Killing” is when someone is killed after being accused of sexual inappropriateness, defined widely as intercourse outside marriage, having a partner in opposition to parents, or vulgar words (35). “Honor killings punish women for bringing so-called disgrace upon their families, for example by refraining from forced marriage, being the victim/survivor of rape, getting divorced, having sexual relationships, or adultery” (36). The rationale for such crimes is based upon the large value placed on the societal construct of a family’s honor and the need to vindicate it according to the norms (37). Honor-based abuse, often a pre-planned form of violence, includes social isolation, coercion into marriages, insulting, and the most severe form is honor killing (38). These are often rooted in patriarchal values that percolate familial, social, and even legal structures in some countries, where male dominance and superiority are prominent, and the burden of the family’s honor is based on the actions of the woman, reinstating the inferior status of women in these structures (35).

These crimes are usually committed by a family member. They are reported to “reclaim the family’s honor” after being compromised by a proven or suspected action perceived as honor-staining by society (39). Honor Killing is known to be widespread in the Middle East and South Asia. However, international bodies such as the United Nations have reported cases all around the globe. Honor killings are prevalent in countries such as India, Pakistan, Bangladesh, Brazil, Ecuador, Iran, Iraq, Jordan, Morocco, Uganda, Syria, and Turkey (40). It is also prominent in immigrant communities in Canada, the UK, and the USA (41).

A study shared by UNFPA in 2000 stated that around 5,000 women & girls are killed by family members worldwide each year. However, certain NGOs have estimated up to 20,000 kills per year worldwide. However, these statistics are well underreported, with a large number of cases of honor killings reported as suicides. It’s well known that despite the limited statistics around this topic, honor killings are well-proven to be among women

& girls of different socioeconomic, religious, educational, regional, and age groups (42). The various determinants of honor killings noted are poverty, low social status, and rapid modernization (36). During the COVID-19 pandemic, the lack of policies focusing on socio-economic well-being increased financial instability and stress, along with greater isolation and lack of personal space due to movement restriction, which could have contributed to the increase in honor killings in Iran. According to the author of the paper, "Victims of honor killings are also victims of the weakness of civil society and advocacy institutions"(37).

These numbers are believed to represent 58% of the annual global female homicide. Multiple scenarios can lead to "honor" killings for different reasons. Some examples commonly found after the crime has been reported are: talking to an unrelated male, consensual sexual intercourse outside of marriage, being a victim of rape, seeking a divorce, refusing an arranged marriage, or even disrespecting their husband (43).

Sex-selective birthing and female infanticide

In many countries, there is a deeply rooted cultural preference for male children that occurs because of existing gender biases, prejudices that are manifested in these countries like costly dowries, discriminatory property and family laws, and the perception that female children are not a good "investment" (44)(45). This is shown by the sex ratio at birth (SRB) of many countries where it is found that the number of boys born is much higher than that of girls. The imbalance directly results from sex-selective birthing driven by the coexistence of son preference, readily available technology of prenatal sex determination, fertility decline, and female feticide and infanticide. The term "Missing Women" denotes the number of females that would have been alive without sex discrimination, including sex-selective birthing. Newer reports increasingly suggest that many Asian countries contribute largely to the worldwide number of Missing Women. (46). These practices are associated with several demographic, sociological, and ethical challenges. This has helped to perpetuate gender discrimination against women, contribute to women's poor health, and disrupt social and familial networks (47).

Son preference is a global phenomenon that has existed throughout history, and today, in some societies, son preference persists. This is notably the case in a number of South and East Asian countries, primarily India, China, Singapore, Taiwan, Hong Kong, and South Korea, as well as in such former Soviet Bloc countries in the Caucuses and Balkans as Armenia, Azerbaijan, Georgia and Serbia (48).

Even when the population statistics derived by birth registration, census figures, and demographic surveys have contributed to estimates of the SRB in different countries, these data are affected for lack of reliable civil registration, and SRB rates must therefore often be re-estimated from a variety of sources (49).

A recent study on the projection of sexual imbalances at birth predicts that there could be at least a deficit of 4.7 million women born worldwide between 2021-2030, and the authors also projected a number of 22 million fewer women for 2100, as a result of this trend (49). A Systematic Assessment of the sex ratio at birth for all countries estimates the total number of female births missing over 1970-2017 due to prenatal sex selection was at 45.0 million, where the majority are concentrated in China and India (46).

In that way, an interagency statement from OHCHR, UNFPA, UNICEF, UN Women, and WHO about preventing gender-biased sex selection recommended a significant commitment. It sustained and concerted efforts by governments, civil society, international agencies, and all others working towards the goal of gender equality. A carefully planned and systematic approach involving stakeholders at all levels is needed to put in place supportive legal and policy measures for girls and women. To support behavior change, this must be supplemented with the employment of non-judgmental and non-coercive mass-media methods as well as other

social measures. Inequitable sex ratios are a form of gender discrimination against girls and women and a violation of their human rights (50).

Social and cultural roots of harmful traditional practices

Harmful traditional practices are closely linked to multiple sociocultural factors, including traditions, lifestyles, and common beliefs people from the community hold (2).

Societal norms often contribute significantly to harmful traditional practices. Social norms are beliefs held collectively by the society that serves to regulate how people within the community behave (51). These harmful traditional practices have been performed generation after generation in many communities. Hence, society believes that these practices are vital for individuals to remain a part of the community. Therefore, in many cases, the victims/survivors are pressured by their family and community members into undergoing practices including FGM, virginity testing, child marriage, or others (1). Many societies believe that these practices make individuals, often young girls or women, cleaner and more marriageable. For example, it is thought by many communities that FGM/C can decrease libido and, therefore, will help the individual to maintain premarital virginity and prevent adultery (8). On the other hand, Virginity testings can be found in communities where the social norm is that sexual behaviors before marriage make the woman unclean, a disgrace to the family, and unworthy of getting married (52). Last but not least, sex-selective birthings often result from the social norm of believing children from one sex are superior to those from the other.

Harmful traditional practices often highlight gender inequality and the indifference toward women's sexual and reproductive rights and autonomy within the community. In many countries, son-preference has become a phenomenon. This can lead to sex-selective infanticide, as families want sons because men are often granted more power in the communities and are more likely to earn higher wages and bring money to the family (53). In communities where practices including child marriage, FGM/C, virginity testing, or honor killing are prevalent, women are often deprived of their rights to make decisions for themselves, and the sole purpose of women is to carry out their reproductive responsibility society has endowed them with - getting married and bearing children. Women often have to be ready to sacrifice themselves for their families and live up to strict standards, like maintaining virginity or cleanness before marriage, which often limits or completely takes away their sexual choices (52).

Poverty is another major driving factor behind harmful traditional practices. According to UNICEF, nearly 40% of girls in the world's poorest countries experience child marriage, while the global average is 20% (54). When in poverty, some families choose to marry off their daughters to reduce the financial burden or use the dowry or "bride price" to pay their debts, settle disputes, or be the dowry when their sons need a wife (55). Poverty also significantly decreases children's, especially girls', chances of being educated and later finding a job to stay independent.

There are also variations of these practices between different geographic locations that can be influenced by factors like local culture and religion. It is important to note that harmful traditional practices are often influenced by a combination of sociocultural factors not limited to the ones listed above (56).

Successful approaches to the eradication of harmful practices

Traditional cultural practices represent the values and ideas that have been maintained by people of a community for centuries. Every social grouping on the planet has its own set of traditional cultural practices and beliefs, some of which benefit all members and others harm specific groups, such as women (2). Harmful

traditional practices violate human rights and constitute discrimination against women and girls (4). Wherever they occur, harmful practices rob girls of their childhood. They have tremendous consequences on the child's life, development, health, education, and protection, denying them the chance to determine their own future and threatening the well-being of individuals, families, and societies (3).

And for the strategies that will be taken, it is essential to consider their cultural, social, or religious underpinning because the human rights of women and children are violated every day in the name of these customs (57).

The prevalence of these practices is found in African countries, where we also find organizations aimed at the integral development of human rights, such as the Maputo Protocol. However, in countries in which the prohibition of harmful practices is not effectively enforced, owing to the prevalence of male-dominated power structures, the application of the conventions is not easy (57,58).

The Maputo Protocol's Art. 5 expressly addresses the eradication of harmful practices, forbidding and condemning 'all forms of harmful practices which negatively affect the human rights of women and which are contrary to international standards.' This demonstrates how a commitment to ending harmful behaviors improves women's health and well-being and protects their human rights. It is also related to the Maputo Protocol's Art 7, which speaks about 'women shall have the right to live in a positive cultural context' (58,59).

To succeed with the socio-economic integration of children with disabilities, strategies for comprehensive care of children must be developed. They should include: awareness-raising to reduce stigma and negative attitudes and child rights and child protection education to all children and children with disability in particular (60).

In the last 20 years, there has been a visible paradigm shift in public opinion regarding harmful traditional practices. It began with daring pioneers from countries such as Sudan, Senegal, Sierra Leone, Egypt, Ethiopia, etc., speaking out and writing against practices such as FGM (61).

UNICEF and OHCHR recognized harmful traditions as health and human rights issues and began programs in their respective fields to deal with the problem (2,3).

The Inter-African Committee (IAC) is an international and African regional umbrella body working on policy programs and actions to eliminate Harmful Traditional Practices in the African Region and worldwide (62). Though the task has proven to be challenging, sustained interventions have shown exciting and positive results.

And from the learning obtained from the programs carried out by the organization, to reach Zero Tolerance to harmful traditional practices, the following propositions are made:

1. Action research to identify the best approaches to apply to specific situations regarding traditionally condoned forms of violence.
2. Ensure government engagement both at the policy and program levels in order to make a sustained intervention that reaches the entire population.
3. Intensify the education of the girl child.
4. Introduce subjects such as gender equality in schools and universities.
5. Train law enforcement agents on violence prevention and management.
6. Mobilize traditional and modern media on violence against girls.
7. Encourage a coordinated approach among institutions, agencies, and organizations.

8. Involve the community, especially those affected groups, in decision-making for designing programs.
9. Establish a special government unit to study the sources of violence against women the consequences and propose practical ways to deal with the problem. Such a unit should involve concerned sectors of the society such as specialized NGOs, the law reinforcing agencies, parliamentarians, UN agencies, health workers, opinion leaders, and representatives of youth.
10. Pressure governments to ratify and domesticate the Protocol to the African Charter on Human and People's Rights on the Rights of Women (61).

The effect of crises on the eradication of Harmful Traditional Practices

There is an undeniable link between Climate Change and increased violence against women and girls. A Gender Based Violence AoR Global Protection Cluster report summarizes an insidious effect of climate change as an increase in “more conservative or customary patriarchal practices.” The report also highlights the following points:

- Slow onset events brought about by climate change, such as droughts, cause an increase in burden and stress in families due to loss of livelihood. This may increase the risk of early marriage, especially for girls, since families cannot meet the daily basic needs such as food.
- Acute disasters such as cyclones floods leave families displaced with loss of earnings and destruction of property. This consequently results in an increase in child marriage and sexual exploitation of women and girls for income.
- In the aftermath of Cyclone Sidr in Bangladesh in 2007, an increase in child marriage rates and sexual exploitation in the form of trafficking were noted. The rationale behind child marriage was two-fold: to reduce the “financial burden” and protect the “honor” of girls of the families displaced in anticipation of sexual assault by men of the new vicinity.
- Dry spells in countries such as Uganda have noted an increase in rates of child marriage and Female Genital Mutilation (FGM).
- Displaced families residing in camp facilities in Somalia due to droughts and floods showed an increase in rates of FGM, too (63).

Thus, it is a globally noted phenomenon that we see an increase in harmful traditional practices with climate change. We must adopt an approach that empowers women and girls in climate change adaptation strategies (64).

Child marriage and FGM are substantial risks in humanitarian settings driven by conflict (65). Conflict aggravates the existing social inequities, further endangering girls and women to harmful traditional practices. Limited research data suggest that displaced families are more prone to force girls into child marriage (25,66–68). The rationale is similar to those of increasing child marriage from disasters. The COVID-19 pandemic also brought on a shadow pandemic of violence against women and girls. With funding redirected to fighting the pandemic, decreased access to SRH services, and increased stress due to loss of livelihood due to movement restrictions, there was an increase in the risk of harmful practices against women and girls. UNFPA suggests that 2 million additional girls are at risk of FGM due to the pandemic (69).

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