International Dimensions of Discrimination and Violence against Girls: A Human Rights Perspective

Yvonne Rafferty

Follow this and additional works at: http://vc.bridgew.edu/jiws

Part of the Women's Studies Commons

Recommended Citation

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.
International Dimensions of Discrimination and Violence against Girls: A Human Rights Perspective

By Yvonne Rafferty

Abstract

In many cultures, being born female can consign the girl child to the peripheries of society where her safety is denied and her human rights are routinely violated. At each and every stage of development, girls are more likely than boys to confront a host of disadvantages associated with discrimination and violence, although the social norms and cultural rules that influence girls are most intensely felt as she struggles to develop into adulthood. At the onset of puberty, or even before, some girls are pulled out of school and forced into early marriage and high-risk pregnancy. Others become victims of harmful practices, including female genital mutilation and dowry-related violence, or are murdered in the name of honor. Countless numbers are forced into exploitative labor as a means of survival, or trafficked for commercial sexual exploitation, while discriminatory inheritance laws and practices condemn many to poverty. Addressing discrimination and violence faced by girls across the globe, and ensuring their access to the same basic opportunities as boys, is crucial to their development and to the realization of their human rights. This paper provides an overview of the international harmful traditional or cultural practices and gender-based social and cultural norms that perpetuate the lower status accorded to girls in the family, the community and society. Recommendations for social policy are presented.

Key Words: Discrimination, Violence, Girls, Human Rights

Introduction and Overview of the Problem

The United Nations (UN) Beijing Platform for Action, including Section L, pledges to eliminate all forms of discrimination against girls, specifically addressing economic exploitation, education, violence, and harmful traditional or cultural practices and attitudes (UN, 1995a; UNICEF, 2010a). It highlights the need to eliminate the detrimental gender stereotypes that prevail in many societies and to create empowering surroundings in which girls can attain their full capacity. It identifies poverty eradication as the greatest global challenge facing the world, and stresses that the growing feminization of poverty and achieving the Millennium Development Goals (MDGs) (UNICEF, 2010b), and other internationally agreed development goals, requires investing sufficient resources for gender equality and empowerment. It promises to support families and to stimulate girls’ mindfulness and involvement in their own lives and in

1 Professor of Psychology, Pace University, N.Y. with a joint appointment in Women’s and Gender Studies. Dr.Rafferty represents SPSSI (The Society for the Psychological Study of Social Issues) at the United Nations and is particularly active with two committees: (1) NGO Committee on UNICEF: Working Group on Girls; and (b) NGO Committee on Child Rights. She has just completed a manuscript entitled International Dimensions of Discrimination and Violence against Girls: A Human Rights Perspective. Email: yraffert@pace.edu
their communities, and acknowledges that the advancement of women is not sustainable without attention to the rights of girls.

Several international human rights agreements also exist to protect the human rights of the girl child. The Convention on the Rights of the Child (CRC), for example, is an important treaty for girls as well as for boys because it establishes the economic, political, civil, social and cultural rights of children (UN, 1989). Approved by every country in the world except the United States of America, and guided by four main principles, it is the most universally accepted human rights instrument in history. The first principle, non-discrimination, is outlined in Article 2 and prohibits sex discrimination; it also implies that girls and boys should enjoy all of the rights provided for in the CRC on an equal basis and in their totality. It further requires that all children are entitled to the rights set out in the CRC, regardless of their religion, political or other opinion, national or social origin, race, color, ethnicity, age, language, sex, and disability, property, birth or other status. The principle of best interests of the child (Article 3) supports a child-centered approach and requires those in positions of authority to review programs, policies, regulations and legislation so that they have a positive influence on promoting or fulfilling children’s rights. The principle of the right to life, survival and development (Article 6) indicates that children should be protected from situations, including conflict, which would place their lives in jeopardy and that countries must ensure that children do not die from malnutrition, disease or other causes. Finally, the principle of respect for the views of the child (Article 12) establishes that children’s opinions are vital and that their views must be considered whenever decisions are made concerning their well-being (UN, 1989). An Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography expands upon the CRC and stresses the importance of international cooperation to protect children from trafficking, prostitution and pornography (Cedrangolo, 2009; Scarpa, 2006; UNICEF, 2009). A second Optional Protocol on the Involvement of Children in Armed Conflict requires States parties to prohibit independent armed groups from recruiting and using children under the age of 18 in armed conflict (Bastick, Grimm, & Kunz, 2007; Plan International, 2008).

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted by the UN in 1979, sets out core principles to protect that right (United Nations Population Fund [UNFPA] & UNICEF, 2011). Consistent with the CRC, they include accountability for obligations and responsibilities, universality, indivisibility (e.g., all rights have equal status and are independent), non-discrimination, and meaningful participation in fulfillment of their rights (UNFPA & UNICEF, 2011). Since CEDAW is not age-specific, its provisions apply to females throughout their life cycle; it also acknowledges the differing needs of girls at diverse stages of their lives and the different patterns of discrimination that impact upon their day to day reality.

Despite the safeguards provided in the CRC and the CEDAW, as well as decades of treaties, laws, resolutions, statements, meetings and promises, the jeopardy associated with being both young and female demotes millions of girls to the sidelines of society where their human rights are routinely disregarded, their safety is denied, they remain powerless, invisible and neglected, and their well-being lags behind boys (Clifton & Frost, 2011; UN, 2006; United Nations Division for the Advancement of Women [UNDAW], 2006; 2007; UNICEF, 2010b; 2011a). Consequently, girls and women are consigned to inferior positions within social institutions that restrict their decision making power and status in the household, control over their own bodies, access to economic and natural resources, and ability to participate in the public and social sphere (Grown, Gupta, & Pande, 2005; Organisation for Economic Co-
operation and Development [OECD], 2012). Furthermore, research has shown the overwhelming impact exerted by race, ethnicity, socioeconomic status, rural/urban area of residence, migrant/refugee status and disability on the inequities experienced by girls (Plan International, 2007; UNICEF, 2011a). One major barrier is that a number of countries that have ratified CEDAW and the CRC have not yet domesticated them into national law and as a result, many of their objectives for girls have not been achieved. In addition, even where there is legislation at the national level, girls have few opportunities to appeal when their rights are not upheld by the state. Consequently, girls are routinely deprived of their social, political and economic rights and exposed to cultural and legally sanctioned behaviors that place their physical, psychological and social-emotional development in jeopardy (Manjoo, 2011; UNFPA & UNICEF, 2011). These facts warn us to be cautious of the fact that neither policies nor laws ensure implementation or recognition of the rights of the girl child and that immediate action is required by all segments of government and society to rectify these violations (UNFPA & UNICEF, 2011).

The international human rights framework is crucial in the struggle against harmful cultural or traditional practices and gender-based cultural and social norms that preserve the lower status accorded to girls (UN, 2006). A human rights-based approach focuses on the promotion and protection of fundamental human rights guaranteed in the UN Declaration of Human Rights and other protections, recognizes the importance of prevention, and acknowledges the value of a wide-ranging response to human rights violations that is based on both human rights and law. It uses human rights instruments, such as the CRC and CEDAW, including their Optional Protocols, to guide development work, evaluate impact and hold States parties accountable (Croll, 2006; UNFPA & UNICEF, 2011). Ensuring girls’ rights to health, education and protection from violence and abuse, including harmful traditional or cultural practices, is the most effective way to ensure that they achieve their physical, emotional and social potential and go on to become empowered women (UNFPA & UNICEF, 2011).

The following section highlights key aspects of structural violence and discrimination against the girl child. It begins by describing the major harmful cultural and traditional practices that are detrimental to the well-being of girls. Next, it describes the role of gender-based social and cultural norms that perpetuate gender inequality and violence against girls.

**Harmful Cultural and Traditional Practices**

Although some cultural practices are progressive, culture is sometimes used as a reason to perpetuate various forms of abuse that are harmful to girls (International NGO Council on Violence Against Children, 2012; Santos Pais, 2012). These practices consign girls and women to inferior positions with respect to inheritance, property, marriage and decision making, foster violence and abuse, and encourage sexual, physical and psychological harm (Kohli & Malhotra, 2011; Shaheed, 2010). The following section highlights a number of social, cultural and traditional practices and public health concerns that warrant immediate intervention. They include: female infanticide and prenatal sex selection; genital mutilation; early and forced marriage; and crimes in the name of honor.

**Son Preference: Female Infanticide and Prenatal Sex Selection**

Discrimination against girls begins at birth or in some cultures even before they are born, as a result of female feticide, infanticide, malnutrition and neglect (Clifton & Frost, 2011a; World Health Organization [WHO], 2011a). Son preference is a consequence of deeply embedded discrimination against girls, and the higher value and status granted to boys because they carry on the family name, bring resources into the family (wife and dowry), and they
perform funeral rites (Lamichhane et al., 2011; Puri, Adams, Ivey, & Nachtigall, 2011; Rastogi & Therly, 2006). As a result, higher rates of female infant mortality have been identified in South and East Asia, North Africa, and the Middle East (Heise, 1989; Krantz, & Garcia-Moreno, 2005), and sex ratios are on the decline (Diamond-Smith, Luke, & McFarve, 2008; Lamichhane et al., 2011; Santos Pais, 2012; Sunmer, 2009). For example, although a sex ratio at birth of 102 – 106 is considered typical, rates as high as 130 males per 100 females have been documented in some South Asian, East Asian and Central Asian countries (WHO, 2011a). In addition, the abuse of sex-selection technology and sex-selective abortion has been found among Indian immigrants living outside of India. In the United States, for example, Puri and colleagues (2011) describe the burden placed on women to have sons, the pressure to use sex selection technologies, and the negative impact of such pressures on their physical and emotional well-being.

The practice of son preference has also been linked with adverse health outcomes for girls through the privileged access to nutrition preferring boys (Heise, 1989; UN, 1995b). In South Asia, for example, 47% of girls under age five are underweight compared to 44% of boys (UNICEF, 2006). Furthermore, a 2011 newspaper report indicates that parents with money are “converting” their infant daughters into boys in sex-change operations bought for thousands of dollars (Kadam, 2011). Finally, female infanticide creates a shortage of young women of marriageable age and has been linked with child trafficking for the purpose of forced marriage (Dottridge, 2008).

**Female Genital Mutilation (FGM)**

Although FGM might be customary in some societies, it is not required by any religion in the world (Dustin & Davies, 2007; Kalev, 2004; United Nations Assistance Mission in Afghanistan-Human Rights [UNAMA-HR], 2010), making it a vital human rights and public health issue (Adeyinka, Oladimeji, & Aimaku, 2009; Lax, 2000; Odeku, Rembe, & Anwo, 2009; Santos Pais, 2012; Sen, 2009; Temin & Levine, 2009; UN, 2007a; UNICEF, 2005a; 2005b). In most cases, FGM is performed on girls between the ages of 4 and 12, although in some places it is carried out on young women or babies. It comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2010). It happens across much of Africa, primarily in 28 African states, as well as in some countries in the Middle East, parts of Asia and in regions with large numbers of immigrants such as North America, Australia, and Europe (Dustin & Davies, 2007; United Nations Population Fund [UNFPA], 2009). Approximately 100 to 140 million girls and women in the world have experienced FGM, with more than three million girls in Africa annually at risk of the practice Feldman-Jacobs & Clifton, 2008; Simister, 2010; UNFPA, 2009; WHO, 2010).

FGM poses severe risk to the physical and psychological health of girls, constitutes a major violation of their human rights, and is a major threat to the attainment of the MDGs (UNFPA, 2009; UNFPA & UNICEF, 2011). The immediate and long-term health effects include infection, tetanus, bleeding, tearing during child delivery, keloid formation and adverse obstetric and prenatal outcomes (WHO, 2008). Research indicates that women who have had genital mutilation have higher levels of chronic infections, severe pain, ulceration, and death due to excess bleeding and infection, including septic shock, as well as longer-term complications such as menstrual and urinary difficulties (Dumont DuVoite & Levin, 2010; Eke & Nkanginieme, 2006; WHO Study Group on FGM and Obstetric Outcome, 2006). The risk of HIV infection also
exists, especially when the same instrument is used to cut several girls at the same time; in some cases, traditional doctors do not have health training, there is no use of anesthesia, and instruments are not sterilized (Adeyinka et al., 2009). Finally, Einstein (2008) has identified a link between FGM and central nervous system structures, and research involving 2,938 women who had undergone FGM has shown that clitoral reconstructive surgery is associated with reduced pain and restored pleasure (Foldes, Cuzin, & Andro, 2012).

Although mental health consequences of FGM have been less broadly examined, empirical research conducted in Senegal suggests that FGM is likely to cause a range of emotional disturbances, forging the way to psychiatric disorders, especially post-traumatic stress disorder (PTSD). Behrendt and Moritz (2005), for example, compared the mental health status of 23 Senegalese girls and women (ages 15 – 40) after genital cutting with 24 peers who had not been cut. The rates of PTSD were significantly higher among those who had been cut (30% vs. 0%); they were also more likely to experience other psychiatric symptoms (48% vs. 4%). In addition, 90% of the girls and women described feelings of helplessness, horror, intense fear and severe pain.

**Early and Forced Marriage**

In many parts of the world, young girls (sometimes as young as age six) are forced into early marriage (often with men many years older) by their families and communities, often justified by religious beliefs or tradition (Chowdhury, 2004; Levine, Lloyd, Green, & Grown, 2009; Plan International, 2007; Quattara, Sen, & Thomson, 1998; Santos Pais, 2012; UN, 2007b; UNFPA, 2012; UNFPA & UNICEF, 2011; UNICEF, 2005c; 2011b). Over 60 million girls worldwide are child brides, married before the age of 18, primarily in South Asia (31.1 million) and Sub-Saharan Africa (14.1 million) (UNICEF, 2008), and compelled to leave the homes of their parents and accept the adult role of wife when they are still children themselves (Hervish, & Feldman-Jacobs, 2011). In these two regions, more than 30% of 15 to 19 year old girls are married (Mathur, Greene, & Malhotra, 2003; UN, 2006), although high rates have also been identified in the Caribbean and Latin America (UN, 2006; UNICEF, 2005c; 2012). In some cases (e.g., situations of armed conflict), families marry off their daughters in an attempt to avoid abduction, rape or to raise income for the survival of the family (UNICEF, 2008).

Recent data from 31 countries in South Asia and sub-Saharan Africa indicate that most early marriages occur between the ages of 15 and 18 (Clifton & Frost, 2011). These data also indicate that in three countries, Bangladesh, Chad and the Niger, one-third of women ages 20–24 were married by the age of 15. In nine countries, at least half of women ages 20 to 24 were married by age 18 (Niger 75%; Chad 72%; Mali 71%; Bangladesh 66%; Guinea 63%; Central African Republic 61%; Mozambique 52%; Nepal 51%; Malawi 50%). They also indicate that the proportion is more than 35% in other parts of the world, with levels ranging from 45% in South Central Asia to 40% in sub-Saharan Africa, and to 25% in Latin America and the Caribbean (Clifton & Frost, 2011). Finally, in Nepal, 7% of girls are married by age 10, and 40% by age 15; in Mali, Bangladesh, and parts of India, one in five girls is married by age15 (Hervish, & Feldman-Jacobs, 2011; UNICEF, 2011b).

With early and forced marriage, young girls are entrapped into relationships that rob them of their basic human rights, terminate their opportunities for schooling and education, restricts their freedom, increases their risk of violence within the household, curbs their economic autonomy/opportunities, and places them at higher risk for adverse physical, intellectual, psychological and emotional outcomes (Chowdhury, 2004; Hervish & Feldman-Jacobs, 2011;
In most cases, child brides are powerless within their husband’s household, spend an excessive amount of time on household chores, are rarely involved with reproductive decisions, and are all too often socially isolated with no access to friends of the same age or other sources of support (IPPF, 2006; Plan International, 2007; UNICEF, 2012). And according to the IPPF (2006), early marriage is “one of the most persistent forms of sanctioned sexual abuse of girls and young women” (p. 6). In some cases, girls are forced to migrate to escape early marriage; in other cases, girls are trafficked for commercial sexual exploitation or become victims of slave labor (Erulkar, Mekbib, Simie, & Gulema, 2006).

Early marriage also comes with early pregnancy, which poses severe consequences to the health and psychosocial development of girls, including higher risk for HIV infection, obstetric fistula, complications of pregnancy, and death or injury during childbirth (Hampton, 2010; Mayor, 2004; Quattara et al., 1998; UNFPA, 2012). Childbirth complications for girls whose bodies are not fully developed are the leading cause of maternal mortality for girls 15 to 19 in developing countries (Hervish, & Feldman-Jacobs, 2011). An estimated 70,000 adolescent mothers die each year, mostly in developing countries, because they have children before they are physically ready for parenthood – with girls under age 14 at greatest risk (Save the Children, 2004; UNICEF, 2008). However, as noted by UNFPA (2003), for every person who dies in childbirth, some 15 to 30 survive but suffer chronic disabilities, the most devastating being obstetric fistula. Girls in rural areas have some of the highest rates of maternal mortality, obstetric fistula and violence, while access to services, law enforcement, and legal protection remains scarce (UN, 2008). Finally, children born to adolescent mothers are more likely to be born prematurely, suffer low birth weight and are more likely to be malnourished (Raj et al., 2010); their babies are also 50% more likely to die than children born to women in their 20’s (Save the Children, 2004).

Crimes in the Name of ‘Honor’

In some cultures, girls are murdered by male members of their families if it is suspected that the family code has been negatively impacted and the female is perceived to have brought dishonor against the family (Ely, Dulmus, & Wodarski, 2004; Faqir, 2001; Kogacioglu, 2004; Kulwicki, 2002; Rudd, 2001; Santos Pais, 2012; Sev’er & Yurdakul, 2001). In most cases, these murders are committed on girls who are viewed by the community as contravening the prevailing social and cultural norms. These include premarital sex, being a victim of sexual assault or rape, not agreeing to enter an arranged marriage, suspicions of adultery, requesting a divorce, seeking to escape marital violence, or for going beyond their society’s cultural norm and exercising their right to select their own life partner, career, or even clothing (Sadik, 2007; UNAMA-HR, 2010).

The United Nations Population Fund (UNFPA, 2000) estimates that as many as 5,000 women and girls around the world are murdered annually by family members in the name of honor (Kogacioglu, 2004; Sadik, 2007). Many women’s groups in the Middle East and Southwest Asia, however, have estimated that the number is closer to 20,000 (Fisk, 2010). The vast majority take place in the Indian subcontinent, although they have been reported in Afghanistan, Bangladesh, Brazil, Ecuador, Egypt, India, Israel, Italy, Jordan, Morocco, Pakistan, Turkey and Uganda, as well as the European countries into which people from these countries have immigrated (Plan International, 2007).
Gender-Based Social and Cultural Norms

Social norms, cultural traditions, patriarchal attitudes and ideology, gender stereotypes and discrimination toward girls and women are at the root of gender based social inequalities that benefit men and boys, maintain women’s subordinate status in society, heighten the vulnerability of girls and pose a challenge to achieving gender equality (Alam, Roy, & Ahmed, 2010; Kohli & Malhotra, 2011; Santos Pais, 2012; UN, 2008; UNIFEM, 2011). Social science research indicates that gender role development is socially constructed and learned from birth (Chick, Heilman-Houser, & Hunter, 2002; Conry-Murray & Turiel, 2011; Feder, Levant, & Dean, 2010; Gordon, 1998; O’Reilly, 2001; Ward & Harrison, 2005). In addition, by the age of five, boys and girls have internalized the gender roles they are expected to play within the community and at home (Skelton & Hall, 2001). Research also indicates that schools and the media play a major role in socializing children into the adult gender roles that will carry out in both the family and the economy (Chick et al., 2002; Gordon, 1998; Ward & Harrison, 2005).

As a result of discriminatory attitudes and behaviors, girls have fewer opportunities than boys and are less likely than their male peers to have decision-making control over their own lives; key decisions affecting them are all too often made by their fathers, brothers and husbands (Levine et al., 2009; Lloyd, 2009; UNICEF, 2010a). Compared to their male peers, girls are spend a disproportional portion of time in activities associated with personal care (e.g., children, the sick and the elderly) and care-related activities (e.g., fetching water and firewood, food processing and preparation, cleaning and washing) (Dobson & Dickert, 2004; Fälth & Blackden, 2009; Rama & Richter, 2007; UNICEF, 2006). For some girls, the consequences are exacerbated because they have lost one or both parents to AIDS and have assumed major responsibility for the home and younger siblings. Research on the “parentified child” (children under the age of 18 who provide care to a family member), for example, indicates that they are at greater risk for adverse health, mental health, and psychosocial outcomes and often provide care at the expense of their own developmentally appropriate needs and pursuits (Earley & Cushway, 2002). With no adults to protect her, she and members of her household are also at a higher risk of exploitation and violence. Research has shown, for example, that girls in such positions have been forced into exploitative labor or into sexually exploitative activities, including prostitution, or to engage in criminal activities, placing them at risk of physical and sexual abuse, HIV infection, early pregnancy and incarceration. In some cases, discriminatory inheritance laws and practices condemn them to a life of poverty (Plan International, 2009).

Traditional beliefs that men have a right to control women, deep rooted gender-based structural inequality, and cultural traditions that devalue girls also foster a social and community climate that tolerates exploitative relationships between men and women, and between adults and children and makes girls and women vulnerable to physical, emotional and sexual violence (Chung, 2009; Kohli & Malhotra, 2011; UN, 2008; UNICEF, 2010a). Social science research indicates that violence against girls is extensive; much of it is sexual in nature (Heidemann & Ferguson, 2009; UN, 2006). A 2004 study conducted in Costa Rica, for example, indicates that incest was the cause of pregnancy for 95% of girls under age 15 (UNICEF, 2005d). Furthermore, based on a review of 16 empirical studies involving the girl child, Heidemann and Ferguson (2009) conclude that girls are frequent victims of violence in their relationships, communities and societies. They cite, for example, studies that describe how girls in Canada are socialized to anticipate violence in their lives, the role that boys and men play in that process, and how experiences of sexual harassment and sexualized violence erode girls’ sense of confidence and sense of self (Berman, McKenna, Arnold, Taylor, & MacQuarrie, 2000; Berman, Straatman,
Hunt, Izumi, & MacQuarrie, 2002). They also describe the sociocultural context of child rape in Namibia and South Africa and how patriarchal ideology, combined with age hierarchies, makes girls vulnerable to abuse through their inability to refuse sexual advances (Jewkes, Penn-Kekana, & Rose-Junius, 2005). Finally, they describe the impact of domestic policies on the lives of refugees and girls in Canada (Jiwani, Janovifek, & Cameron, 2002).

The consequences for girls are staggering. They include denial of their right to the education necessary to empower them for full engagement in society and in the family, and limited free time to pursue activities to foster their own personal development and relationships with peers (Lloyd, Grant, & Ritchie, 2008). For example, despite the fact that education yields many long-term benefits, including later marriage and greater opportunity to gain the skills to make a decent living, girls are more likely than boys to be denied their human right to basic literacy and education (Mansson & Farmsveden, 2012; UNICEF, 2010b; 2012; World Bank, 2011), especially at the secondary and tertiary levels (Levine et al., 2009; UNICEF, 2012). The situation is even more dire for girls in Africa and Asia where gender disparities are even more pronounced (UNICEF, 2010a; 2012), members of ethnic or racial minorities, girls with disabilities, and those who live in poverty or in rural areas (Connelly & Zheng, 2003; Levine et al., 2009; The Chicago Council on Global Affairs, 2011; UN, 2010; WHO, 2011b). Empirical research has documented how power relations, gender discrimination, poverty and economic inequality negatively influence girls’ education in India (Mohanty, 2003), in Kenya (Wamahiu, Opondo, & Nyagah, 1992), and in Uganda (Agaba, 2007).

The gender developmental processes that foster inequalities in access to educational opportunities also limits girls’ preparation for formal labor markets and prevents them from accessing decent job opportunities (Ehrenreich & Hochschild, 2002; International Labour Organization [ILO], 2009). As a result, girls tend to be employed in the more precarious forms of informal employment, including domestic work, where they are often isolated behind closed doors with little or no protection or social support (Erulkar & Mekbib, 2007; Temin & Levine, 2009). Girls who are employed as domestic workers may toil up to 15 hours or more per day and often are on-call for 24 hours a day. There is also growing evidence of ongoing physical, psychological and sexual abuse. Physical injuries are common (e.g., from cleaning fluids, hot water burns, fire hazards or ironing); many girls also suffer sexual harassment, sexual assault and rape from their employers and other extended family members of the household (Plan International, 2007). Children and young people recruited as domestics are among the most commonly trafficked groups (Organization for Security and Cooperation in Europe [OSCE], 2010). Finally, the most powerful predictor of being trafficked as a child is being female; all over the world, girls are particularly vulnerable to being trafficked into the sex trade (Rafferty, 2007; 2008).

Given the gender inequities discussed above, girls are prone to experience health and mental health problems, including unwanted pregnancy, unsafe abortions, maternal mortality, sexually transmitted infections, depression, disorders associated with body image, and other manifestations of psychological distress (Grover, 2011; Murphy, 2003; UNICEF, 2011b; 2012; WHO, 2002). The empowerment of girls and women is fundamentally tied to the ability to control one’s fertility. One in 10 births worldwide is to a mother who is still a child herself (Plan International, 2007). Two million girls and young women face social isolation due to obstetric fistula, a preventable and operable condition. They are also disproportionately affected by HIV/AIDS (UNICEF, 2010c; 2012). Pregnancy is the leading cause of death for young women
who are between the ages of 15 and 19, with younger mothers being more vulnerable than their older peers (Plan International, 2007).

Discussion

Although human rights pertain equally to males and females, the jeopardy associated with being both young and female consigns millions of girls to the periphery of society where their human rights are routinely disregarded, their safety is denied, they remain powerless, invisible and neglected, and are at a disadvantage relative to their male peers. Research indicates that many girls begin life from a point of disadvantage which lingers throughout their life-span, although inequalities in access to opportunities, resources and services, including education, health and protection are significantly greater as they approach adolescence (Levine et al., 2009; Temin, & Levine, 2009; UNFPA & UNICEF, 2011; UNICEF, 2010b; 2011a; 2011b). As noted by Mary Robinson (2005), Former President of Ireland and Former UN High Commissioner for Human Rights, “When our societies generate immeasurably more wealth than at any previous period, it is unacceptable that so many human beings continue to live in miserable circumstances – economically marginalized, unable to secure their own or their families’ basic needs, and living under the recurrent threat of violence and conflict. This is particularly true for women and girls.”

The particular vulnerabilities of girls are exacerbated in many settings around the world because widespread cultural and traditional practices expose them to intense and sometimes deadly acts of violence causing dangerous health and mental health consequences. All too often, these discriminatory and inhumane harmful practices are tolerated and explained away by cultural stereotypes and used to perpetuate the ongoing oppression of girls and women. The problem with such a relativistic approach to maltreatment – one that views abuse as being socially and culturally determined – is that it takes attention away from gender-based violence, fails to protect girls from harm, denies the universality of human rights, and disregards the basic human right to a life free of violence (Manjoo, 2012; Reading et al. 2010; WHO, 2006). Effective elimination of these hazardous practices will require a shift in thinking, away from culture and tradition and towards gender equality and violence against girls and women. As noted by Ms Rashida Manjoo, the UN Special Rapporteur on Violence Against Women during her presentation before a Human Rights panel on harmful traditional practices against women and girls in 2012, “International human rights norms establish the primacy of women’s rights to live a life free of gender-based violence and provide that States cannot invoke any cultural discourses, including notions of custom, tradition or religion, to justify or condone any act of violence” (Manjoo, 2012, p. 3).

Comprehensive action to ensure gender equality and protect human rights in accordance with the international human rights framework is vital for the effective prevention and elimination of all forms of violence against girls and women, including harmful and traditional practices (Reading et al., 2009; UN, 2008). The international human rights-based approach provides a strong national legal framework for effective legislation and policy to combat child maltreatment, including discrimination and violence against the girl child at the individual, institutional, and societal levels (Reading et al., 2009). It is a “person-centered” framework that places children at the center of all efforts to ensure human rights and stipulates that the best interests of the child must be a primary consideration in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative (UN, 2006).
Ensuring human rights and gender equality will require a more informed analysis of the root causes of discrimination and violence against girls, particularly their equity dimensions, deeply-rooted patriarchal attitudes, and the notion of male superiority combined with the perception that women and girls are vulnerable and weak. Such an approach will also require legal and institutional reform as well as enhanced efforts to ensure that those who come into contact with children embrace human rights principles into their work (George, Chopra, Seymour, & Marchi, 2010). And, according to the OECD (2012), pursuant to their launch of the Social Institutions and Gender Index (SIGI) in 2009 to quantify and measure social institutions that discriminate against girls and women, effective strategies to ensure gender equality in the family, land, and property rights will require a three-pronged approach: (1) legal reform (e.g., full implementation and enforcement of laws to guarantee equality and protection from harmful practices and violence; provision of judicial training, legal services, awareness-raising and legal literacy programs); (2) community mobilization and empowerment (e.g., public awareness and community mobilization activities to tackle attitudes and shift norms; support networks and skills development to address knowledge gaps and attitudes); and (3) economic support and incentives (e.g., cash transfers and stipends to change practices; income-generating support and opportunities to remove economic constraints) (p. 5).

The following recommendations highlight the importance of working with policy-makers at the national and local levels so that they may partner with communities to safeguard the girl child, take immediate action to curtail harmful practices and support the well-being of affected girls.

**Recommendations**

*Criminalize Offenses and Close Gaps in Law Enforcement:*

Member States that have not yet established harmful traditional or cultural practices, and all other acts of violence against girls and women, as criminal offenses must be encouraged to take immediate action to fully protect the rights of girls and ensure that they are no longer subject to practices that cause them harm and deny them their basic human rights (UN, 2002; 2003). Legislation alone, however, is not sufficient to eliminate harmful traditional practices or adequately address the deeply rooted traditions and social foundations associated with them. Laws must be effectively implemented and enforced for compliance, and wide-ranging educational measures aimed at changing behavior patterns must also be implemented. An effective justice-focused strategy to ensuring gender parity and ending human rights violations will also require member states to revoke all sex-discriminatory laws that explicitly discriminate against girls and women (Equality Now, 2010; 2012).

*Prevent Abuse Through Social Protection: Since vulnerability is imbedded not only in gender inequalities, but also in social inequalities based on race, class, ethnicity, age and other factors, the marginalization that makes girls vulnerable must be addressed through policies and laws that reflect a commitment to equality and human rights. States parties should be encouraged to become a party to the CRC and the CEDAW, including the Optional Protocols thereto, if they have not already done so, in order to enhance the advancement of girls (UNIFEM, 2011). They should also be encouraged to develop and execute effective national legislation, policies and action plans, as well as adequate and effective governmental structures that promote the best interests of all girls, including survival, participation, and non-discrimination (UNIFEM, 2011).*
Every effort must be made to create a supportive environment that fosters well-being for girls and address biases within the family, schools, including the power structures and social norms established within communities (Rosemann, Vargova, & Webhofer, 2011; WHO, 2009a; 2009b). Ensuring girls’ access to adequate health care, equal opportunities in education, and protection from violence and abuse, including harmful traditional or cultural practices, is the most effective way to ensure that girls achieve their physical, emotional and social potential and go on to become empowered women (UNFPA & UNICEF, 2011).

*Build Capacity Through Communication and Collaboration:*

UN Women, UNICEF, and other UN systems must boost their efforts to encourage and assist endeavors by States, communities, international and national organizations, and civil society to aggressively and effectively tackle the multiple manifestation of discrimination and violence against the girl child, including harmful practices, and to ensure that the rights of women and those of girls are no longer promoted in isolation from each other through laws, policies, programs and practices. Effective intervention will require the active involvement of local government and traditional leaders, provincial and national government leaders, religious leaders, community elders, research institutions, foundations, lawyers, medical professionals, religious scholars, development partners, NGOs and a support network of women and girls who can promote efforts to ensure women’s and girls’ rights and their full participation in the development of their communities, including traditional dispute resolution mechanisms (Levine et al., 2009; The Chicago Council on Global Affairs, 2011; UNAMA-HR, 2010; UNFPA, 2009; United Nations Interagency Task Force on Adolescent Girls, 2009).

*Raise Awareness and Promote Community Involvement:*

Improved efforts are sorely needed by governments and civil society to address the deeply rooted gender discrimination against girls that lies at the heart of harmful practices (UN, 2002; 2003). Raising awareness of equality issues must occur if societies are to learn to view girls as equal human beings instead of as a burden (ILO, 2009; WHO, 2009b). Policy makers and community members must be educated and engaged to implement public awareness campaigns designed to accelerate social change, eradicate stereotypes that stand in the way of full partnership at home, as well as in the public sphere, promote human rights, eradicate harmful cultural practices, and ensure positive attitudes and behaviors to overcome gender equality. Awareness raising campaigns must be executed within every community to stimulate discussion and debate about gender equality and the traditions and customs encompassing harmful practices that violate girls’ human rights (WHO, 2011a). As noted by Cook and Cusack (2010) treating girls and women in accordance with restrictive generalizations as opposed to their individual needs, capabilities, and circumstances denies them their fundamental freedoms and fundamental freedoms; they also provide views on strategies to eliminate gender strategies and ensure gender equality through the transnational legal process.

*Create Safe Spaces for Girls: In order to address harmful cultural practices, safe spaces must be created in schools and communities where girls and young women can gather and discuss the issues that affect them. Successful practices that foster community participation provide opportunities for girls to have a say in matters that affect their lives and thus result in empowerment.*

*Provide Resources and Funding for Gender Equality and Empowerment of Girls:*
Adequate resources must be provided to support local initiatives designed to strengthen and expand consensus around the concept of the equal value of girls and boys, including the intersection between discrimination and violence against the girl child and harmful practices. States parties must develop gender-responsive budgeting that allocates funding for: (a) girls’ health and mental health programs, including adolescent and HIV/AIDS matters; (b) education at primary, secondary and tertiary levels; and (c) programs to end all forms of violence against the girl child, including harmful traditional practices (Temin & Levine, 2009).

Collect, Analyze and Disseminate Data on Girls: Institutionalizing the gathering of data (disaggregated by sex, age, socioeconomic status, race and ethnicity) in critical areas inter alia health, education, labor and protection will facilitate an inclusive gender perspective for the planning, implementation and monitoring of government programs and for benchmarking across nations and communities (Levine et al., 2009). States parties should strengthen their national statistical capacities and use statistics and other relevant factors to establish transparent and effective measurement of previously set goals and targets related to girls (e.g., CRC, MDGs), including the magnitude of harmful practices and the health and social consequences for girls. Such data are crucial in order to identify and evaluate effective strategies for addressing harmful practices, to provide a sound evidence base for carefully planned and coordinated policy development and action and to document lessons learned (WHO, 2011a).

Identify and Share Best Practices:
States parties, in collaboration with others, should identify, share, and promote effective policies and practices where gender sensitive and human rights-based approaches are used to challenge gender-based violence and harmful practices. Identified strategies include enhanced economic opportunities; incentives to share property with wives, daughters, and sisters; education; the promotion of awareness of adverse outcomes through the use of mass education campaigns, including using the media; using social media and discussion forums to encourage boys and men to share information and take action; enforceable legislation; human-rights education; and effective networks of grassroots organizations (Eke & Nkanginieme, 2006; Grown et al., 2005; OECD, 2012; UNICEF, 2010d). The exemplary grass-roots initiatives by local women working to hasten the abandonment process must also be shared (e.g., in Senegal, Ghana, Egypt and other countries) (UNFPA, 2009). In one noteworthy example in Western Africa, for example, Tostan focuses on educating communities about democracy and human rights to enhance awareness of the dangers associated with FGM and other issues and to reach a consensus themselves about how they can take steps to abandon it; they identified the involvement of male community leaders and imans as being instrumental in creating change (Wakabi, 2007). Another recent evaluation of prevention programs to combat child marriage indicated that the most effective strategies included community mobilization, girls’ empowerment, education and schooling, economic incentives, and policy changes (Barker, Knaul, Cassaniga, & Schrader, 2000; Malhotra et al., 2011). These examples underscore innovative approaches to draw in community groups to change harmful gender norms, and share the positive roles of all community members in ending the pandemic and fostering communities in which harmful practices are no longer accepted and girls are supported to live productive lives.

Recognize Education is a Human Rights Imperative: Keep Girls in School.
Effective approaches to achieve gender equality must promote the competence and resilience of girls and include their social, political and economic empowerment through education programs and job training to prepare them for their critical roles within their families and communities. The Committee on the Elimination of Discrimination against Women has repeatedly expressed concern in its concluding observations at the low level of education of girls and women, and the prevailing barriers to their access to education at all levels, especially the secondary and tertiary levels. As noted by Grown (2005), education empowers girls and women to reject gender-based norms and to find alternate opportunities, supports and roles. Higher levels of education have also been linked with lower levels of child marriage and greater opposition to FGM. The effective strategies that have been implemented in some areas of the world to remove the barriers that keep girls from attending should be replicated on a global level (Lloyd, 2009; Mansson & Farnsveden, 2012). Effective strategies include (a) ensuring that schooling is affordable by reducing costs and making scholarships available, that there are sufficient secondary schools close to where girls live, and that schools are safe and girl-friendly, (b) reforming curriculum and teacher training to ensure that the content, equality, and relevance of education address gender-based social and cultural norms that perpetuate inequality, discrimination, and violence against girls, and (c) rejecting the reinforcement of gender stereotypes by streaming girl and boy students to different subjects (Grown et al., 2005; OECD, 2012).

Promote the Participation, Visibility, and Empowerment of Girls:

Strategies must be developed to empower girls to deal with violence, raise their voices, increase their self-esteem, advocate for their human rights and embrace their culture. Active engagement with girls and respect for their views in all aspects of prevention, response and monitoring of sexual violence against them is vital, taking into account article 12 of the Rights of the Child. The skills, ideas and energy of all girls, especially those from disadvantaged groups, are vital for the full attainment of gender equality (The Chicago Council on Global Affairs, 2011). Opportunities must be developed so that they are able to participate in decisions regarding their education, recreation, and in how to change decision making in the family. Effective empowerment will also require that they are provided with the necessary services to improve their security, including improved access to information, the services that they need, including access to formal and non-formal education, training in various life skills, and health and mental health care.

References


Rama, S., & Richter, L. M. (2007). Children’s household work as a contributor to the well-being of the family and household. In A. Y. Amoateng & T. B. Heaton (Eds.), *Families and


