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of Minorities
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Study on Traditional Practices Affecting the Health of Women and Children

Preliminary Report by: the Special Rapporteur,
Mrs. Halima Embarek Warzazi

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Introduction

1. By its resolution 1988/57 on traditional practices affecting the health of women and children, the Commission on Human Rights request the Sub-Commission on Prevention of Discrimination and Protection of Minorities, at its fortieth session, to consider measures to be taken at the national and international levels to eliminate such practices, and to submit a report to the Commission at its forty-sixth session.
2. Pursuant to this request, the Sub-Commission adopted resolution 1988/34 on 1 September 1988 entitled "Traditional practices". In paragraph 1 of that resolution, the Sub-Commission requested one of its members, Mrs. Halima Embarek Warzazi, to study on the basis of information to be gathered from Governments, specialized agencies, other intergovernmental and non-governmental organizations concerned, recent developments with regard to traditional practices affecting the health of women and children and to bring the results of her study to the attention of the Sub-Commission at its forty-first session.
3. On 20 January 1989, the Secretary-General addressed notes verbales and letters to Governments and organizations concerned along with Sub-Commission resolution 1988/34, and copies of the report by the Working Group on Traditional Practices affecting the health of women and children (E/CN.4/1986/42) which was submitted to the Commission on Human Rights at its forty-second session, in 1986. That report dealt with such important topics as female circumcision; traditional birth practices; preferential treatment for male children, and contained recommendations in that regard.
4. Finally, in the above-mentioned notes verbales and letters, the Secretary-General requested Governments, United Nations bodies and organizations concerned to transmit information on this topic which might be useful to Mrs. Warzazi's study including information on any measures taken or envisaged at the national and international levels to eliminate such practices and any views, observations or recommendations they might wish to make on this subject.
5. The present document contains a summary of information submitted by 16 Governments, 2 United Nations organs, 1 specialized agency, and 12 non-governmental organizations.

I. INFORMATION RECEIVED FROM GOVERNMENTS

A. Argentina

1. The Government makes reference to statistics by the Ministry of Health regarding maternal mortality rate, fertility rate, infant mortality rate which indicates that Argentina, in comparison with other countries in America, has a relatively low fertility, maternal and infant mortality rate. It is stated that 35 per cent of maternal mortality occur as a result of abortion.

2. Within the Argentine legal framework, women are not discriminated with regard to access to medical care. The Argentine hospital system is free of charge for persons able to establish that they cannot afford it. There are also a number of Mother and Child Centres, providing free health care for mothers and their children.

3. A 1984 law established the National Food Programme, one of whose objectives is to eradicate infant malnutrition, which fell from 33 per thousand to 25 per thousand between 1984 and 1987, restoring responsibility to the mother in health matters. The Government states however, that both young boys and girls suffer from malnutrition which is an important factor in many illnesses and deaths.

4. With regard to family planning, in 1986 the constitutional Government enacted Decree No. 2274/86 on family planning, which expressly set forth the basic human right to decide whether or not to have children, and to decide on the number of children, authorizing all health and social services to provide any individuals and families so requesting with guidance and assistance on matters relating to procreation.

5. The Government of Argentina reports that the practice of female circumcision is unknown in Argentina. It also reports that with regard to traditional practices relating to childbirth, that women giving birth are cared for in hospital departments by doctors, and remain in hospital for a minimum period of 48 hours after delivery. Care for the mother and child is entirely free of charge. This does not rule out the possibility of the woman being cared for at home by a midwife, but such practices have now become rare and are not statistically significant.

It is important to note that cases are known where the entire pregnancy takes place without medical supervision, being regarded as a natural event not calling for such measures.

6. The preferential treatment of males is also unknown in Argentina.

B. Burundi

1. The Government states that Burundi fortunately has no knowledge of the practice of female circumcision or of traditional practices affecting the health of women and children.

2. Moreover, in co-operation with international organizations such as UNICEF, Burundi is making considerable efforts to improve the living conditions of women and children.

C. Chad

1. The Government states that traditional practices affecting the health of women and children, including female circumcision and many other types of practice affecting the physical and moral integrity of women and children, are widespread in Chad, as they are in many other countries. The Government of the Third Republic endorses any measures designed to combat these practices which constitute, it goes without saying, a scourge.

2. It is for this reason that a Provisional Committee for the study of this problem was established in Chad in August 1988. This Committee has met several times to consider the possibility of carrying out sample surveys with a view to holding campaigns aimed at developing public awareness and providing information on this subject.

3. Within the framework of its activities, the Provisional Committee had a meeting with the Inter-African Committee on practices affecting the health of women and children, which visited N'Djamena in February 1989. This meeting provided an opportunity for an extensive and essential exchange of views and for a debate organized by the National Radio of Chad.

4. However, in order successfully to carry out its task, the Committee must be further reorganized and this cannot be done without technical and financial assistance, in view of the difficulties Chad is facing following a long war.

5. The Government is relying greatly on the support which it is confident the United Nations and the humanitarian organizations will provide in this field to enable it to carry out the planned public awareness and information campaigns.

D. Ecuador

The Government transmits a report by the Ministry of Health of Ecuador stating as follows:

1. Fortunately, female circumcision is not practised in any ethnic or religious community in Ecuador and there is therefore no need to take any action to eradicate this practice.

2. Preferential treatment of male children is a common practice in both rural areas and marginalized urban areas. There is no doubt that it affects female children as far as opportunities for a decent existence with less morbidity and greater attention to social, economic and cultural conditions is concerned. There is a real need to study and investigate discrimination against female children, on the basis of reliable data, in order to ascertain the true magnitude of this problem. The Promotion and Protection Department of the Ministry of Health has been given the task of planning this study and carrying it out in the near future, with a view to later applying the remedial measures found necessary.

3. Many of the traditional practices described in the document are also to be found in Ecuador and the pathological conditions to which they give rise are an important cause of the high maternal death rate. This death rate is one of our most serious health problems. The Ministry of Health has accordingly drawn up a plan for reducing the maternal death rate that provides, inter alia, for the elimination of traditional practices, efforts to ensure that childbirth is not detrimental, establishment of a National Perinatology Network, extension of the coverage of prenatal care, a greater proportion of deliveries by trained personnel, and establishment of obstetric units for premature deliveries in all health centres and sub-centres.

E. Ethiopia

1. The Government reports that with regard to traditional practices affecting the health of women and children in Ethiopia, a National Committee chaired by the Ministry of Health was established in 1985. The Committee held a series of meetings in which it developed recommendations for the eradication of harmful traditional practices affecting the health of women and children in Ethiopia. In order to make these recommendations practical and facilitate the implementation, the Committee designed a Counting Plan of Action.

2. The following measures were taken according to this plan of action and the Regional Plan of Action proposed and approved at the Inter-African Committee (IAC) Regional Seminar in Addis Ababa (6-10 April 1987):

1. A National Seminar was organized by the National Committee sponsored by the IAC and Rada Barnen. Participants of the seminar were made up of health professionals, farmers, women and youth association representatives, religious leaders and NGOs.

2. After this seminar regional committees had been set up and they have already designed their own Plan of Action depending on the harmful traditional practices in their region.

3. Regional seminars organized and sponsored by the same bodies and assisted by the respective regional committees were held in Kefa, Shoa and Gojam. Each of the seminars in Kefa and Gojam covered participants from three neighbouring regions. Therefore, a total of nine regions were covered in all.

4. The Ministry of Health conducted a survey on the magnitude of female circumcision in five regions. Assistance for this survey was obtained from UNICEF and the IAC offered expert advice and technical support.

5. Orientation was given on meetings of health professionals in all regions concerning the effects of harmful traditional practices on the health of women and children including action that has to be taken to eradicate these practices.

6. All the concerned ministries are actively utilizing the mass media in order to disseminate information relating to harmful traditional practices to the public at large.

7. The Ministry of Labour and Social Affairs had three consecutive seminars offered to social service experts, home economists, community development workers and child minders in which a total of 95 employees

participated. These seminars were part of the staff training scheme of the ministry related to Mother and Child Projects in nine regions. One of the topics of these seminars was Harmful Traditional Practices. The programme included a lecture by a member of the National Committee and two video films, one on Harmful Traditional Practices in Ethiopia and the other one on circumcision in the Sudan.

3. Recommendations

1. An international fund for the eradication of harmful traditional practices should be created to facilitate the implementation of International, National and Regional Plans of Action.
2. Committee members at the National and Regional level should be given training on project preparation and communication in order to maximize their participation and efficiency.
3. The IAC should make efforts to convince Governments of countries where the problems related to circumcision and other harmful practices are very serious to take the necessary steps for the eradication of these practices by setting up special commissions or units as part of concerned agencies.

F. Finland

1. The Government states that traditional practices affecting the health of women and children in particular with regard to female circumcision, harmful traditional birth practices, and preferential treatment for male children at the expense of the health and care of female children do not exist in Finland.
2. The Government states that with regard to traditional practices affecting the health of women during childbirth, all deliveries take place in hospital. The use of popular birth attendants in connection with childbirth ceased finally in the 1940s and 1950s.
3. The Government reports that, with regard to beneficial traditional practices, prolonged breastfeeding, has now increased considerably after having been less prevalent for some time. This has been furthered by the maternity leave, which is about 10 months in Finland.
4. The Ministry of Social Affairs and Health considers the work of great importance which is being done within the United Nations for the elimination of all harmful practices, since they have serious consequences affecting the health of women and children. Therefore the study concerned and consequent proposals for action are to be supported.

G. Republic of Korea

1. The Government of Korea states that the notion of preferring a son to a daughter has existed for many centuries in Korea mainly due to the economic dependency upon agriculture and it was not dealt with from the aspect of population increase until 1962 when the first five-year economic development plan was initiated.

2. Comprehensive measures for birth control were introduced in the fifth five-year economic and social development plan in 1982 which focuses on eliminating the social tendency of preferring a son to a daughter and disseminating the small family concept through administrative favours and public relations.

3. Other measures have been taken including:

(a) Establishment of national organizations to deal exclusively with matters concerning women, for example the Korean Women's Development Institute and the National Committee on Women's Policies in 1983, and the Ministry of Political Affairs in 1988;

(b) Expansion of employment opportunities for women through the Equal Employment Act effectuated in 1988;

(c) Public relations through mass media, a monthly neighbour's meeting, personnel in charge of family planning and birth control;

(d) Strengthening of birth control measures and education with regards to family health.

4. In conclusion the Government suggests that Governments should try to re-educate their population in matters of family planning with a view to eliminating the traditional practices affecting the health of women and children.

H. Iraq

1. The Government states that the practice of "female circumcision" is totally unknown in Iraq. With regard to traditional practices in connection with childbirth, Iraq is currently making every effort to train a larger number of qualified midwives and to regulate their relationship with the health authorities, as can be seen from the following:

(a) During the last three years, the Iraqi Ministry of Health has opened schools of midwifery, called "nursing and midwifery preparatory schools", to provide girls with proper scientific training in this profession.

(b) Courses are organized annually to train midwives in all aspects of proper delivery, sterilization and other health matters. The trainees who pass the examination are then granted a licence by the Ministry of Health to practice the profession of midwifery under the Ministry's constant supervision.

(c) Annual "refresher courses" are also organized to acquaint them with the latest advances and developments in their field of work. The General Federation of Iraqi Women is currently conducting a campaign to educate mothers in this connection.

2. The practice of preferring male to female children was a widespread social phenomenon among the tribal population of rural districts, where males were normally preferred in view of the assistance that they could provide in everyday agricultural tasks. However, this traditional practice is now disappearing as a result of the dissemination of education and culture,

increased family awareness, and the considerable support which women have received and which has enabled them to engage in most professions and types of work on an equal footing with men. The effective role that women are therefore playing in society has led to a notable reduction in the prevalence of this practice among the population since, in contrast to their previous situation, women now constitute a source of family income.

I. Italy

1. The Italian Government states that traditional practices affecting the health of women and children are prohibited by Italian legislation. Under article 5 of the Civil Code, "It is forbidden freely to dispose of one's own body through actions likely to entail a lasting diminution of physical integrity and, in any case, by acts constituting a breach of the law, public order or morality".

2. Consequently, practices such as clitoridectomy and infibulation, which cause irreversible damage to the physical integrity of women and restrict their sexual freedom, conflict with the principles of preservation of human integrity and freedom in Italy.

3. Any doctor engaging in such practices - even with the consent of the patient and her parents - would be liable to the criminal penalties provided for crimes against personal integrity (aggravated personal injury, Criminal Code, article 583). The above-mentioned surgical practices are regarded, moreover, as a violation of the national and international codes of medical ethics adopted by national and international organs of medical associations.

4. Reports circulated in the Italian press in January 1988 that sexual mutilations had been carried out in Italian hospitals on young girls from African countries were refuted following investigations carried out by the competent authorities in the main hospitals of Rome and Turin. It would appear, however, that at Turin's Santa Anna Clinic plastic surgery operations were carried out on women of Arab origin who had undergone mutilation in their own countries.

5. It is necessary to stress the efforts being made by the Italian authorities in this connection, which are in addition to the social and health care already provided for immigrant groups.

J. Malta

The Government of Malta states that practices such as those referred to in the report of the Working Group on Traditional Practices Affecting the Health of Women and Children (namely female circumcision, traditional birth practices and preferential treatment for male children) are culturally alien and unknown in Malta.

K. Mauritius

The Government states the following:

1. Female circumcision: such practice does not exist in Mauritius.

2. Traditional birth practices: In 1972, over 35 per cent of deliveries were performed by traditional birth attendants. With the introduction of family health education and more development in health services, especially in maternity units, the number of deliveries in health institutions has gradually been increased to 89 per cent. With the financial support of WHO and UNICEF training courses were mounted and run for traditional birth attendants with a view to enabling them to offer their services after delivery. In rare cases and in remote areas where midwifery services are not available, traditional birth attendants may attend to a normal delivery. Traditional birth attendants are now attending to about 10 per cent of home confinements. With further developments in health services, the number of deliveries performed by traditional birth attendants will decrease further.

3. Preferential treatment for male children: In general, such practice does not exist in Mauritius.

L. Mexico

The Government of Mexico transmitted the following information:

1. With respect to female circumcision, the Government of Mexico wishes to state that such practices are not carried out in Mexico. Mexico nevertheless considers that the United Nations should try to find ways of discouraging as much as possible the continuation of such practices wherever they occur in the world.

2. The Government of Mexico is aware that, as stated in the report of the Working Group, these are ancestral practices which are ethnic and religious in origin. However, they are a violation of human rights and ways must be found of eliminating them.

3. Traditional birth practices relate mainly to care provided by untrained persons in rural areas and urban slums. Problems of this kind occur in very remote areas of Mexico. The Federal Government has been aware of the problem for several years and, through the health sector, set up the National Midwives' Training Programme and, through the "broader coverage strategy", has succeeded in improving the quality of training given to these persons, most of whom are now monitored and supervised. This activity is an integral part of mother and child health-care programmes.

4. The Government of Mexico has been promoting mother and child health policies, stressing that the right to health is a priority regardless of sex. The measures taken by the Government include ongoing campaigns to promote mother and child health. In addition to its commitment to intensify its efforts to improve health for this group, in which all sectors of society are involved, the Government has recognized and is providing support for the role of the mother as the person responsible for the family's health. By upgrading the care given to mothers, the Government is trying to promote health care for children. It thus hopes that some traditional practices will be eliminated in the population groups where they are still common. It believes that the key to success in this area lies in offering better health services.

5. Furthermore, it should be noted that, in Mexico, the infant mortality rate is slightly higher for boys than for girls; this is attributable to biological causes and not necessarily to social ones. In any case, the

Government of Mexico is trying to eradicate these traditional practices. It nevertheless considers that, if they are to be completely eliminated, the country will have to achieve a higher level of social and economic development.

M. Spain

The Government states that the practice of female circumcision does not exist in Spain. Reference is made to statistics on mortality rate by sex.

N. Syria

1. The Government states that the phenomenon of female circumcision is unknown in the Syrian Arab Republic, where no legislative provision is made for it since it is not actually practised. No girls are ever circumcised in rural or urban areas.

2. With regard to traditional childbirth, delivery is supervised by midwives who hold official diplomas awarded by schools of midwifery run by the Ministry of Health and the University.

3. With regard to preferential treatment of males, the laws in force in Syria are not discriminatory in their treatment of males and females. This also applies in actual practice, since males and females are treated equally in all occupational and social fields.

4. In order to eliminate such practices in States where they are still pursued, Syria proposes the following:

(a) Endeavours to eradicate illiteracy, particularly among women;

(b) Social and health education and public awareness campaigns among all sections of the population, particularly in rural and poorer areas;

(c) Endeavours to train competent midwives and modernize their role.

O. Ukrainian SSR

Ukrainian SSR states that it supports the recommendations contained in the report by the Working Group on Traditional Practices Affecting the Health of Women and Children (E/CN.4/1986/42).

P. United Kingdom of Great Britain and Northern Ireland

1. With regard to female circumcision the Government states that female genital mutilation (female circumcision) is specifically prohibited in the United Kingdom by the Prohibition of Female Circumcision Act 1985. This was as a result of a Private Member's Bill in Parliament which was supported by the Government. There have been no prosecutions under the Act since it came into force.

2. The Department of Health provides grant aid to two voluntary organizations which are active in opposing female genital mutilation in the United Kingdom amongst those communities whose cultures still condone its practice and in publicising it as an issue to professionals and others. One

of these voluntary organizations (FORWARD) recently organized a national conference on female genital mutilation. The recommendations of this conference are being considered by the Department of Health. Educational material produced by FORWARD has been translated for use in Somalia.

3. In the United Kingdom the main interests in female circumcision are in the adverse effects on the health of circumcised women and girls from other countries who settle in the United Kingdom; and in ensuring that the practice is not carried out in this country amongst the ethnic groups which condone it. However, on the international level there is a wider issue of human rights, and in particular of the rights of children. The United Nations is showing a constructive attitude in distinguishing between harmful and beneficial traditional practices. It is to be hoped that this will provide support and encouragement for those Governments which need to take action against female circumcision.

4. With regard to traditional birth practices the Government states that in recent years the Department of Health has increasingly been concerned about the need to develop appropriate policies for ethnic minority health and monitoring their implementation. The Department of Health has funded a number of projects and developed good practices.

5. Reference is made to the "Asian Mother and Baby Campaign" launched in 1984 to overcome language and cultural barriers between the health professionals and the Asian mothers. The aim of the campaign was to appoint link workers, who are Asian women who speak one or two of the Asian languages, to be listeners and explainers thus assisting both the health professionals and the patient. During the course of this campaign the link workers currently highlighted the traditional birth practices which are currently used, at least in the Asian communities.

6. The Government states that diet is one of the areas where the traditional beliefs are very strong. Some Asian women believe that eating eggs, meat, cheese and pulses can cause abortions in early pregnancy. These are therefore avoided during early pregnancy. This is a time when they need protein for foetal development.

7. The Department of Health has produced a number of educational videos on nutrition highlighting balanced diet, advice on eating in pregnancy and appropriate diet for children. Food and health packs have been produced by the Department of Health's funded organization training in Health and Race for the Afro-Caribbean and the Chinese community. The Department of Health has been aware of the consumption of sikor (a mud-like substance) eaten by pregnant women which can cause lead poisoning. They have launched a national campaign to make the Asian community aware of the dangers of sikor. Leaflets and posters are being produced in five Asian languages to inform the Asian community about the dangers of sikor.

8. To encourage attendance at the ante-natal and post-natal clinics we are encouraging health authorities to recognize the need for female doctors. The lack of female doctors often prevents women from ethnic minorities from attending these clinics. Literature and videos are made in ethnic minority languages to encourage mothers to understand and use the services.

9. Work is being done to prevent racial stereotyping. This is very often based on a professional view of the traditional practices. Health professionals are encouraged to attend sessions to understand the nature of the multi-racial, multi-cultural society in Britain so that they understand good and bad practices within the ethnic minority communities and continue to encourage the good ones.

Breastfeeding

10. The benefits of breastfeeding have been identified in the preamble to the WHO Code (International Code of Marketing of Breast-milk Substitutes). In 1981 the World Health Authority (WHA) adopted the WHO Code with the object of protecting and promoting breastfeeding world wide. The Government's commitment to securing the aim and principles of the WHO Code within the United Kingdom, stems from the belief that breastfeeding is best for both mother and baby. The Government looks to the Chief Medical Officer's Committee on Medical Aspects of Food Policy (COMA) for independent scientific advice on matters relating to nutrition, diet and health. The latest COMA report on infant feeding, "Present Day Practice in Infant Feeding: Third Report" reaffirms the view that breastfeeding should be encouraged. The report states that, "breastfeeding from a woman who is in good health and nutritional status provides a complete food which is unique to the species. There is no better nutrition for healthy infants both at term and during the early months of life".

11. A National Breastfeeding Initiative is being organized, with Government encouragement, by a Steering Committee consisting of representatives of three voluntary breastfeeding organizations, (The National Childbirth Trust - Breastfeeding Promotion Group, Association of Breastfeeding Mothers, La Leche League) and seven relevant health professional bodies.

12. With regard to treatment of male children the Government states that the Abortion Act 1967 does not permit abortion on grounds of foetal sex, and treatment so provided would be unlawful. Allegations of abortion on grounds of foetal sex involving approved places in the private abortion sector for which the Secretary of State for Health has direct control have been made from time to time in recent years. These allegations have been fully investigated, in some cases including an examination of the medical records of the approved nursing homes. No evidence of abuse has been discovered.

Q. New Zealand

The New Zealand Government wishes to make the following comments with regard to traditional and other practices affecting the health of women and children in New Zealand:

1. There is no evidence whatsoever that "traditional practices" of the nature referred to in the report of the Working Group on Traditional Practices Affecting the Health of Women and Children exist in New Zealand. In the development of national health policy, provision is made to accommodate the cultural sensitivities of the New Zealand population.

2. With regard to childbirth practices legislation is in place which requires that pregnant women, women in childbirth and women during puerperium are under the supervision of a doctor and that services be provided by

registered nursing staff. The current policy is to provide mothers with a wider choice of services whilst continuing to safeguard the well-being of mother and child. The majority of deliveries take place in an institutional setting. A limited number of women, however, do choose to give birth in their own homes. In such a situation the midwife in attendance is required to be registered as a comprehensive or general nurse as well as a midwife.

3. The importance of providing women with relevant information and education to assist them to take responsibility for their own health and make choices about the type of service they and their family receive remains a priority within the New Zealand Department of Health and with health service providers.

II. INFORMATION RECEIVED FROM UNITED NATIONS BODIES AND SPECIALIZED AGENCIES

A. United Nations Department of Public Information

1. One of the most important ways of eliminating such practices is through education. The Department of Public Information contributes to this by publicizing information about these issues through its regular channels. For example, the weekly 14-minute radio programme "Women" has featured programmes on traditional practices, the preference for male children and maternal deaths. The "Women" programme is distributed weekly to 400 broadcasting organizations in the English-speaking world.

2. The bi-monthly publication Development Forum regularly includes stories on women's issues. A story on female circumcision will appear, in the March-April 1989 issue, and a short article appeared in the November-December 1988 issue. Development Forum is produced in English, French and Spanish, and is distributed world wide through subscriptions.

B. United Nations Development Programme

The United Nations Development Programme regrets having to inform that it has no information on the question of traditional practices affecting the health of women and children.

C. United Nations Educational, Scientific and Cultural Organization

1. UNESCO was host to a symposium on acts of violence and sexual mutilations inflicted on women and children that was held from 1-3 December 1988. This symposium was organized by the French section of the International Commission for the Abolition of Sexual Mutilation (C.A.M.S.). UNESCO refers to a resolution adopted by the women who attended this symposium.

2. As regards UNESCO's own activities, the Social Sciences Sector made certain specific proposals in the Draft Third Medium-Term Plan (1990-1995) and the Draft Programme and Budget for 1990-1991 consisting in:

(a) Anthropological field research;

(b) Information and public awareness activities to be undertaken in co-operation with the NGOs concerned.

The Social Sciences Sector has already had contacts and exchanges of information with non-governmental organizations such as the International Commission for the Abolition of Sexual Mutilation (Dakar) and the Inter-African Committee (Geneva). Officials of these organizations have met or are to meet programme specialists of the Social Sciences Sector, Division of Human Rights, and specialists of other sectors.

III. INFORMATION FROM NON-GOVERNMENTAL ORGANIZATIONS

A. The Anti-Slavery Society

The Anti-Slavery Society's work on traditional practices affecting the health of women and children is now dealt with by the Inter-American Committee. Reference is made to the Society's compiled bibliography on "Female Genital Mutilation".

B. International Association of Lions Clubs

1. Although the association has never officially adopted as an international project a specific programme to enhance the well-being of women and children, the recognition of all human beings as individuals of equal worth is inherent in the Ethics and Objects of Lionism.

2. Concern for children has been a prominent activity for the association since its inception. Sponsorship of programmes such as Youth Exchange, Youth Camps, and camps for the disabled has provided specific opportunities for enhancement of the young. In relation to improvement of the condition of women, Lions Clubs in specific countries have conducted their own projects to help improve the condition of women. For instance, a common project for Lions Clubs in India is a programme to combat "Bride Burning".

C. International Humanist and Ethical Union

1. As an organization that endorses the freedom of the human individual, the International Humanist and Ethical Union condemns any mutilation of the human body inflicted on adults against their will and on minors. Hence IHEU will co-operate where it can to eradicate the terrible ritual of female genital mutilation and the other objectionable practices mentioned in the report. IHEU is aware that this is a very complex problem, as a simple prohibition will only result in the practices being continued clandestinely and under the worst possible hygienic and medical conditions. A long term educational programme in the ethnic groups concerned is essential.

2. It follows that we fully endorse the conclusions, suggestions and recommendations presented on pages 20-23, 31-34, 40-41 of the report of the Working Group on Traditional Practices Affecting the Health of Women and Children (E/CN.4/1986/42).

3. We cannot at such short notice (five weeks) provide you with factual information, as we must canvass our member-organizations who themselves need some time for investigation. We require at least four months. However, most of our member-organizations are situated in countries where the reprehensible practices do not occur, except clandestinely and very rarely by immigrants from African and Asian countries.

4. Regarding our views and observations, we consider the carrying out of the suggestions and recommendations of the report referred to above a top priority. An urgent follow-up on these, by approaching Governments and national NGOs of the countries most concerned, seems to us of utmost importance.

D. Inter-Parliamentary Union

The Inter-Parliamentary Union states that although it has not studied the question of traditional practices affecting the health of women and children, the well-being of women and children is one of the primary concerns of the IPU. The topic was the subject of considerable debate at the recent conferences organized by the IPU which dealt, *inter alia*, with the role of traditional medicine, the potential contribution of women to the promotion of health and the protection of the rights of the child.

E. International Union of Lawyers

The International Union refers to a note on sexual mutilation which contains the views of the National Consultative Commission on Human Rights in France:

1. The Commission has considered this problem at the world level, examining various documents including the record of the work done in Nairobi which led to the establishment of an Inter-African Committee to combat these practices and the report produced by Mrs. Warzazi within the framework of the United Nations Commission for Human Rights. It has heard testimony from jurists, doctors and French NGOs and particularly testimony by African women victims of these practices, as well as the positions of the official representatives of Islam in France.

2. The Commission observes that:

These acts are identified and made subject to very severe penalties by the French Criminal Code, in its article 312-3, as amended by Law No. 81-82 of 2 February 1981: "Anyone who intentionally strikes a child under the age of 15 years or commits against such a child acts of violence or assault and battery, excluding lesser acts of violence, shall be subject to the following penalties: imprisonment from 10 to 20 years with hard labour if the actions have resulted in mutilation, amputation or loss of use of a limb, blindness, the loss of an eye or other permanent disability, or death, even where death was not the intention of the offender" (article 312-3).

These penalties are made more severe and extended to imprisonment with hard labour for life in two circumstances:

- if the offenders are the legitimate, natural or adoptive father or mother or any other person having authority over the child or responsible for its care (article 312, para. 2, subpara. 3);
- if the acts of violence were habitually practised (article 312, para. 5, subpara. 3).

The last-mentioned aggravating circumstance appears to be of frequent occurrence in such cases.

The Criminal Division of the Court of Appeal (Cour de cassation) decided, by an order of 20 August 1983, that removal of the clitoris as a result of intentional acts of violence, constitutes mutilation within the meaning of article 312, paragraph 3 (D.1984, IR, 45; Bull. crim. No. 229, p. 582).

3. The Commission considers that:

(a) It is not permissible to allow the performance of such treatment of the body of young girls and enforcement of the law should contribute to the elimination of such practices.

(b) It is particularly necessary to put an end to the activities of the female surgical operators who carry out "criminal mutilations" in the territory of the Republic. As for the parents, the need to take account of their traditions - which is essential if they are to be won over - can be no excuse for inaction with respect to them.

(c) It is true that if intent is established in the case of the father and mother who are accomplices to the excision and there is therefore commission of a criminal offence, their motive is generally not cruelty, but rather the belief that performance of the operation is necessary. The most effective form of prevention should aim, by every possible means, to inform the families of the unlawfulness of the operation.

(d) Associations, particularly of African women, which are working through information and persuasion to secure the abandonment of these practices, recommend and themselves practise parental education, explaining to the parents that the practice of mutilation is certainly not an obligation of their religion and that Islam, like Judaism and Christianity, condemns the practice, that it provides none of its alleged benefits, and that it is, on the contrary, a source of risk and, in any event of very serious sequellae, that it constitutes a criminal offence punishable by French law and that offenders are liable to the imposition of penalties by the French courts.

(e) The Consultative National Commission fully approves these efforts and recommends to the Government that relevant principles be defined and adopted.

F. League of the Red Cross and Red Crescent Societies

1. Some European and African Red Cross Societies have been working with the Inter-African Committee in Geneva on these problems. For example, the Norwegian Red Cross has financed training material production, and the Malian Red Cross in Africa in their First Aid training gives lessons about traditional practices affecting women's and children's health.

2. The priorities of the Technical Advisory Services Division and the Community Health Department of the League are all in the area of primary health care activities in community-based programmes. In many Red Cross/Red Crescent National Societies these problems are not the priorities for their volunteers' activities. However, some National Societies are members of their National Committees on traditional practices affecting the health of women and children.

G. The Muslim World League

The Muslim World League constantly publishes articles in its weekly and monthly periodicals aimed at educating mothers as well as husbands on the dangers of traditional child-birth outside recognized hospitals. Articles also appear in the periodicals on the advantages of breast feeding for children. The Arabic language monthly magazine also dedicates a whole page to the welfare of women and children. Moreover, the majority of Muslim scholars are not in favour of female circumcision.

H. Rädda Barnen International

1. Rädda Barnen has been involved in the Eradication of Female Circumcision (EFC) since the NGO Working Group on Traditional Practices Affecting the Health of Women and Children was formed in 1977 and Rädda Barnen became one of its 20 member organizations. The reason for our deep involvement in this issue is that we consider female circumcision a serious child abuse.
2. At the international level Rädda Barnen International, Geneva, has participated actively in the drafting of the United Nations Convention on the Rights of the Child, where there is a special article (12 bis, art. 3) on the needs for eradication of harmful traditional practices: "The States Parties to the present convention shall seek to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".
3. We recommend the State Parties to implement the United Nations Convention on the Rights of the Child as soon as possible.
4. At the regional level, Rädda Barnen has, since 1984, been supporting the Inter-African Committee, IAC, the co-ordinating body for programmes in Africa against harmful traditions. Rädda Barnen contributes financially to the IAC budget (running costs and several specific projects organized by IAC). The current grant covers the period until 1992.
5. Rädda Barnen finances projects on the eradication of female circumcision in Egypt, Ethiopia, Kenya, Mali, Somalia and Sudan. This autumn we plan to evaluate the projects in Egypt, Kenya and Mali in order to find out what has been achieved hitherto, if the project has been obstructed by any serious obstacles, if they have any urgent needs for the future, if there is an officially adopted strategy, etc.
6. Rädda Barnen thinks that research ought to be done in all countries and that all governments where harmful traditions are prevailing should be convinced of the need of an official strategy against harmful traditions.

I. Society for International Development

The Society refers to an article on "Culture and Reproduction: North and South" published in the SID Journal: Development. The article was presented to the Conference on Gender and Equity held in India in 1988, and discussed, among other things, traditional practices in western medicine and African culture as well as the cultural implication of female circumcision.

J. Soroptimist International

1. Soroptimist International has for a number of years strongly supported the work of the NGO Working Group on Traditional Practices Affecting the Health of Women and Children and, since its inception, the Inter-African Committee. In September 1985, the organization funded a Nigerian Member, Dr. Irene Thomas, an expert on this subject, to attend the second session of the Sub-Commission's Working Group on Traditional Practices.

2. In 1987, Soroptimist International adopted a Policy Statement on Traditional Practices Adversely Affecting the Health of Women and Children and the subject was also adopted as a topic under the HEALTH programme area in our Programme Focus for 1987-1991. Further research and educational programmes are being developed on this subject. As the result of an appeal in 1988, approximately \$25,000 will be given to the Inter-African Committee on Traditional Practices (IAC) to be channelled through the Nigerian National Committee and Dr. Irene Thomas who is a Soroptimist and Vice-President IAC in Lagos.

3. The role of SOROPTIMIST INTERNATIONAL is to become informed on this subject and to study the harmful effects of these practices. From such awareness, advocacy can develop appropriate interventions with the approval of Soroptimists in the respective countries. Financial assistance for research and educational programmes should be encouraged in developing health systems directed towards the eradication of these practices.

K. Socialist International Women

The Socialist International Women welcomes all efforts of the Commission on Human Rights to bring the matter of female circumcision, in particular, to the attention of a wider public, and to seek measures for the elimination of this abhorrent practice. However, the Socialist International Women have no precise information on developments to contribute at this stage.

L. World Federation of Trade Unions

The WFTU states that it is not responsible for governmental policy in this field and it can only recommend to its affiliated trade union centres what to do within the framework of social life or their respective countries. The WFTU refers to a text of the "Charter of Rights of Working Women" which will be submitted to the Fifth World Trade Union Conference. The text deals with family policy, the right to motherhood and the protection of the child.