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WOMEN AND HUMAN RIGHTS*

**Eighth report on the situation regarding the elimination of traditional
practices affecting the health of women and the girl child, prepared
by Ms. Halima Embarek Warzazi**

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

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Summary

The year has been marked by many activities having as their focus the elimination of female genital mutilation (FGM). Some of these activities are new, others have evolved relatively recently, but they all culminated in the observance of 6 February 2004 as the International Day of Zero Tolerance of Female Genital Mutilation.

The day was commemorated by various types of celebratory activities in many countries, especially those affected by traditional practices affecting the health of women and girls. Amongst the positive developments that have occurred in the struggle against FGM are measures undertaken by some Governments to ensure the criminal prosecution and punishment of perpetrators of practices harmful to the health of women and girls and, in particular, FGM, even when such acts are legal in the countries in which they are performed.

Additionally, the organization in many countries of training, workshops, seminars, information sharing and cultural exchange programmes intended to raise awareness and sensitize national public opinion concerning the harmful effects of FGM are indicative of the focus that is being placed on eradicating this harmful practice.

Harmful traditional practices affecting the health of women constitute violations of basic human rights. As such, the eradication of FGM is central to the improvement of the reproductive health of women and girls. FGM as a traditional practice reflects male domination. Policies and actions aimed at eradicating harmful practices must necessarily be directed towards strengthening the status of women in society from the earliest age.

Introduction

1. In its resolution 1996/19, the Sub-Commission on the Promotion and Protection of Human Rights set out the mandate of the Special Rapporteur on traditional practices affecting the health of women and the girl child. In 2000, the Sub-Commission and the Commission on Human Rights extended the mandate of the Special Rapporteur. In its resolution 2001/13, the Sub-Commission requested the Special Rapporteur to submit an updated report at its fifty-fourth session. Her sixth report (E/CN.4/Sub.2/2002/32) was submitted to the Sub-Commission at its fifty-fourth session and her seventh (E/CN.4/Sub.2/2003/30) at its fifty-fifth session, in accordance with the above-mentioned resolution.

2. The present report, like previous reports, is intended to inform members of the Sub-Commission about the progress made in implementing the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children. The Commission has also, in its decision 2004/111, renewed the mandate of the Special Rapporteur.

3. This report cannot but denounce the harmful practices that persist, either because the Governments concerned are not unduly worried about them or because the action taken to eliminate them needs to be reinforced and strongly encouraged by the international community, both at the level of awareness and monitoring and at the material and financial level. In this respect, it should be stressed that there should be no let-up in efforts to combat these practices for as long as they endanger the physical and mental health, or even the lives, of women and girls whose only crime is not to have been born male.

4. The Special Rapporteur received information from the following countries: Bolivia, Denmark, Italy, Mexico, Paraguay, Serbia and Montenegro, Spain, Sweden and the Syrian Arab Republic. She also received submissions from the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP), the World Bank, the United Nations Population Fund (UNFPA) and the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. The Special Rapporteur would like to thank those countries and organizations for the interest they have shown in this issue.

5. The Special Rapporteur takes note in particular of the information supplied by specialized agencies, since they are in a position to provide even more material and financial assistance to combat traditional practices that in most cases are undeniably harmful to women and girls.

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

A. Information supplied by Governments and international organizations

6. In its reply to the Special Rapporteur's note verbale, the Government of Bolivia referred to the existence of different types of discrimination against women including the difficulties women face in gaining access to health services. The Government also referred to cultural practices in relation to childbirth, abortion and sexuality which have negative effects on the health of women. According to the Government, domestic violence, sexual violence and lack of information remain important obstacles to improving gender equality.

7. The Government of Denmark informed the Special Rapporteur that FGM is incompatible with the norms of Danish society and that, as such, it is illegal. It is within this context that the Danish Parliament approved a new amendment to the Criminal Code in 2003. This separate provision under the Code concerns FGM specifically. It is well established under the provision that no consent on the part of either parents or daughters can lead to exemption from criminal prosecution and punishment for the perpetrators of FGM. The Government believes that the most efficient strategy in combating FGM must be based on bringing about a change of attitude. Additionally, the dual criminality requirement has been abolished, enabling the Government to prosecute perpetrators of FGM who are Danish nationals or residents of Denmark, even when they conduct FGM in countries in which it is legal.

8. The Government of Italy asserted that FGM has become a real problem in Italy as a result of the presence of migrant and refugee women from countries in which it is practised. According to the Government, the fight against FGM requires a commitment to promoting women's health and welfare and taking concrete actions through international cooperation. Italy is determined to shoulder its commitment pursuant to General Assembly resolution 56/128 on traditional or customary practices affecting the health of women and girls. Consistent with the resolution, the Government of Italy has embarked on the organization of seminars and a search for cultural exchange tools to raise awareness and mobilize national public opinion concerning the harmful effects of such practices. As regards concrete measures, the Government informed the Special Rapporteur that a parliamentary bill defining FGM as a criminal offence is under consideration and that the bill provides for the extraterritoriality of prosecution when the crime is committed abroad by Italian citizens or residents of Italy.

9. The Government of Mexico identified several problems faced by indigenous women and, to a certain extent, non-indigenous women as well. They include domestic violence, incest, forced marriage at a young age and deficient nutrition as consequences of gender discrimination. The Government referred to its programme entitled "Prevention and awareness of violence and its consequences on the health situation of the National Health Secretary and the National Commission for the Development of Indigenous Peoples". This programme is aimed at identifying appropriate solutions to the health needs of indigenous women from a cultural standpoint.

10. The Government of Paraguay informed the Special Rapporteur that it has undertaken various measures to improve the health of the female population and reduce infant mortality.

11. The Government of Spain referred to the Organic Law 11/2003 of 29 September aimed at protecting foreign women and girls living in Spain. This law provides for concrete measures in cases involving various forms of violence against women, including FGM.

12. The Government of Serbia and Montenegro affirmed that under its Charter of Human Rights and Minority Rights and Civil Liberties all forms of slavery, trafficking in persons and other forms of exploitation are prohibited. More specifically, abuse of women and girls, including forced marriage, early marriage and sale of wives, are all subject to prosecution under the criminal legislation of Serbia and Montenegro.

13. In its communication, the Government of Sweden stated that it is unacceptable that girls and women around the world should be subjected to FGM. National efforts to prevent FGM have become even more important since an increasing number of persons from countries in which it is practised have moved to Sweden. Preventive efforts are conducted at the national level through the National Board of Health and Welfare and at the local and regional levels in municipalities and county councils. Swedish NGOs also perform important tasks and play a central role in this field.

14. The Syrian Arab Republic informed the Special Rapporteur about various initiatives undertaken by an NGO, Women's General Federation (WGF), in the fight against harmful traditional practices, especially FGM. The Government called attention to the work of WGF which conducts various activities intended to raise awareness as regards the importance of protecting health and employing safe health practices in order to prevent disease. WGF also focuses on educating women about, and raising their awareness of, their reproductive rights and the importance of safeguarding their physical integrity, including the rejection of harmful practices.

15. UNESCO asserted that within its Education sector, training on the consequences and risks of circumcision and FGM is included in the Guidance, Counselling and Youth Development for Africa Programme. UNESCO indicated that the spread of HIV/AIDS is giving rise to new cultural practices and beliefs which work as substitutes for the ones that are potentially harmful. The substitutes involve less risky initiation rites that help preserve the integrity of a girl's and woman's body (e.g. replacing excision with jumping over a cow).

16. WFP submitted that its mandate does not relate to FGM. However, it expressed the view that traditional practices can directly affect the nutritional status of women and children. Such practices include early marriage leading to early pregnancy, traditional birth practices, and boy preference and its implications for the status of the girl child.

17. In its reply, the World Bank drew attention to the few pieces of research on FGM which it has posted on its web site.

18. UNFPA expressed its commitment to support projects directed towards the eradication of female genital cutting, as such an approach is central to the improvement of the reproductive health of women and girls, which can lead to gender equity and women's empowerment.

B. National, regional and international initiatives

19. The year 2003 and the beginning of 2004 were marked by very positive activities aimed at eliminating certain harmful practices.

Symposium in the Sudan

20. As a result of the interest shown by the Japanese Government in these problems, which has led to fruitful collaboration with the Sudanese Government, an international symposium on FGM was held in Khartoum from 26 to 28 August 2003. The Special Rapporteur was invited to the meeting but unfortunately was unable to do so because of transport difficulties.

21. The aim of the symposium was to bring together a number of experts to share their international experience and to identify the most appropriate and effective action to eradicate FGM in the Sudan. In the working paper submitted by the Japanese Government, it was stressed that increasing attention was being paid to long-term cross-sectoral programmes of action involving many organizations and individuals with a view to curtailing the practice in the Sudan. Emphasis was placed on communication, the main purpose of which, according to the Government, was to mobilize religious leaders, civil society and professionals of both sexes who were opposed to the practice. According to the working paper, one element of the strategy adopted was to show that FGM was unacceptable to the Government and to society by making it illegal.

22. This strategy is in line with the recommendations of the international meeting on FGM organized by the Inter-African Committee in February 2003 in Addis Ababa, one of which called for laws to be backed up by awareness-raising campaigns. It is also in keeping with the recommendation adopted by the African and Arab experts attending the conference on legislation to prevent FGM held in Cairo from 21 to 23 June 2003.

23. However, the above-mentioned working paper raises questions about the feasibility of eliminating such a widespread social practice and about the form of legislation to end it, and concludes that, regardless of the possible responses to certain issues, legal mechanisms to support further government action should take into account the particular characteristics of the country concerned.

24. Consequently, the Khartoum symposium sought to foster a clear understanding between Sudanese officials and activists on the most appropriate measures and actions for eliminating FGM, to provide them with information on legislative strategies that had been successful in some countries and those that had failed in others, and to help develop a Sudanese strategy for effective action to put a stop to the practice.

25. Almost 90 per cent of the female population in the north of the Sudan undergoes FGM which, in many cases, is practised in its most extreme form, known as infibulation. However, FGM is at present considered a prohibited act for all medical practitioners.

26. The Minister of Health of the Sudan, Dr. Ahmed Osman Bilal, expressed at the Symposium his Government's commitment to eradicating FGM. He asserted that the

Government would produce a legislative framework banning the practice and that such a framework would be supported by a public statement by the President of the Sudan, and followed up by educational and awareness programmes.

Stockholm meeting

27. An international meeting on women's right to health and on FGM was held in Stockholm on 10 and 11 November 2003.

28. This gratifying initiative by the Swedish Minister for Foreign Affairs and the Minister for Children and the Family was welcomed by the Special Rapporteur, who fully shares the concerns of the Swedish authorities. For both ministers, the meeting corresponded to the objectives of the Swedish national action plan to prevent FGM. They pointed out that, as a result of immigration, FGM was a growing problem in Sweden. Consequently, the Government felt that the time was ripe to hold an international meeting to discuss the practice with representatives of various African countries and representatives of UNICEF, UNFPA and the World Health Organization (WHO), as well as a broad range of organizations and individuals from Swedish civil society involved in efforts to combat FGM.

29. The aim of the meeting was to reinforce the activities being carried out in this field in Sweden and other countries, including African countries. The Special Rapporteur was interested to see that organizations working in the field of immigration were also involved in the organization of the meeting. During the discussions, it was pointed out that coordination, cooperation and the exchange of information between the main organizations working in the field to eliminate FGM should be strengthened and that young people and men should be involved in the activities.

Forum in Canada

30. Another event to be welcomed was the organization by Femmes Africaines Horizon 2015 of a forum on FGM, which was held in Montreal from 3 to 7 December 2003. The organization's main aim in organizing this event was to analyse the situation with regard to FGM and publicize the importance of preventing the practice in Canada. The Special Rapporteur attended the forum and expressed her gratitude to the organizers for giving her the chance to help them achieve their objectives. Of the actions undertaken in connection with the forum, attention should be drawn to the discussions in both the Canadian House of Commons and the National Assembly of Quebec.

31. In connection with this meeting, the Special Rapporteur was invited to appear on a morning radio programme that is particularly popular with listeners in Quebec, during which she provided information on FGM, including its prevalence and damaging effects and the measures needed to eradicate it. Of the many statements made, the Special Rapporteur took special note of the statement by the representative of the Canadian Government listing all the positive actions undertaken to combat the practice and supporting the legislation that bans it.

32. The Special Rapporteur also took note of the many actions undertaken by the Department of Social Development and Solidarity of the International Agency of French-Speaking Countries

as part of a programme on women and development covering the period 2003-2005. One of the aims of this programme is to support national strategies to eliminate the abuse of women under harmful traditional practices.

33. Of the 26 projects proposed following public appeals in 2002 and 2003, 5 were selected. These are the ones that were closest to the grass-roots level, as the target was people living in rural areas, who are often illiterate and thus cut off from the flow of information not only at the regional or international level, but also at the national level. The Agency has been organizing radio campaigns on rural radio stations since 2000 and has been making use of traditional forms of communication, including travelling poets and musicians, since 2003. According to the Agency (and the Special Rapporteur fully shares this view), awareness-raising through local radio stations appears to be one of the most effective ways to reach the maximum number of persons concerned by this practice.

34. The Special Rapporteur was informed in April 2004 that a health forum dealing with FGM was to be held in 2004, again at the initiative of Femmes Africaines Horizon 2015. The educational objectives of this forum, which was to be led by Dr. Jean-Jacques Amy, a professor at the Free University of Brussels, and Dr. Claude A. Fortin, President of the Quebec Association of Obstetricians and Gynaecologists, were to: explain the impact of FGM on the body and health of girls and women; determine the approach to be taken when faced with a circumcised and/or infibulated patient; explain how to de-infibulate a patient so that she can give birth as well as the psychological and medical treatment to be given; review the medical ethics issues raised by the practice of FGM; and present the action plan for 2003-2010 on “Zero tolerance of Female Genital Mutilation”.

C. Celebration of the first anniversary of the International Day of Zero Tolerance of Female Genital Mutilation

35. On 6 February 2003, in Addis Ababa, the head office of the Inter-African Committee, in collaboration with the Ethiopian National Committee on Traditional Practices, observed the first anniversary of the International Day of Zero Tolerance of Female Genital Mutilation. A press conference was held to draw media attention to the situation with regard to FGM and to appeal to journalists to cooperate in publicizing information on practices affecting women and girls.

36. Several presentations were made at the press conference, including one on the regional situation with regard to FGM, one on the impact of the activities carried out so far, and one on the importance of coordination and cooperation between stakeholders in order to avoid wasted effort and resources.

37. In her message, the African Union Commissioner for Social Affairs said that framework legislation had been drawn up with a view to introducing a continent-wide ban. However, she stressed that only a handful of African Governments had taken the trouble to ratify the legal instruments and incorporate them in their legislation. She said that the African Union had launched a large-scale campaign to persuade Governments to do that.

38. A call for action was launched requesting the community of donors to extend their support and solidarity in order to enable the Inter-African Committee to achieve the shared

objective of eliminating FGM by 2010, and for the African Union to work towards the ratification by member States of the Women's Protocol to the African Charter to include FGM as a permanent item in the agenda of the Committee on Women and Development.

39. In Mali, the day was observed with the participation in commemoration activities of stakeholders such as excisers, youth representatives, traditional healers, and representatives of organizations such as WHO and Amnesty International, among others.

40. In Liberia, a silent march was organized through the main streets of Monrovia to identify and sympathize with victims of FGM. Over 1,500 persons attended the celebration. Twenty-five excisers pledged their commitment to stop the practice and community members were highly sensitized and mobilized.

41. In Benin, the Government offered its full support to the celebration of the International Day of Zero Tolerance of Female Genital Mutilation at a Cabinet meeting on 21 January 2004. The legislation adopted on 3 March 2003 banning FGM was presented.

42. In Guinea-Bissau, the day was celebrated by students marching through the capital city to raise awareness. A call was launched for the adoption of criminal legislation to ban FGM. Drama skits were staged and a press conference organized.

43. In the Democratic Republic of the Congo, the day was observed with a sensitization and awareness-raising campaign targeting the youth and the elderly.

44. In Senegal, the Senegalese National Committee observed the day through celebrations in the Tambacounda region. A forum brought together FGM victims, government officials, traditional and religious leaders and representatives of NGOs.

45. In Burkina Faso, under the patronage of the First Lady and the Inter-African Committee Goodwill Ambassador, the International Day was marked by various activities. A message of solidarity was distributed which reiterated the commitment of Mali, Guinea, Togo and Burkina Faso to eliminate FGM in accordance with the Common Agenda for Action adopted at the Addis Ababa Conference of 4-6 February 2003.

46. In Cameroon, the celebration of the day consisted of a marathon race by youth, which was attended by excisers, religious leaders and imams, among others. An appeal was addressed to the Head of State to take action against FGM. An imam declared that FGM did not find support in Islam.

47. In Guinea, over 140,000 people participated in a demonstration, including 238 excisers. The excisers staged drama skits depicting the dangers of FGM before putting down their knives. In the various speeches made, emphasis was placed on implementing the legislation banning FGM and on the need to intensify campaigns against the practice.

48. In Kenya, a two-day-long meeting was organized to mark the International Day.

49. In the Sudan, a series of activities were organized in three towns of the River Nile State, El-Damr, At Bara and Barbar. These activities benefited over 700 participants, including government officials and religious and youth leaders.

50. In Nigeria, the activities consisted of a seminar and a joint ministerial press briefing involving the Ministry of Information and National Orientation, the Ministry of Health and the Ministry of Women's Affairs. All three Ministers present supported the elimination of FGM.
51. In the Niger, the Minister of Social Development, Population, Women's Advancement and Child Protection observed the day with a ceremony at which public renunciations of FGM were issued. Other activities of the day included radio talks, conferences, debates and films dealing with FGM.
52. The Special Rapporteur welcomes all the activities undertaken by African countries, as described in information supplied by the Inter-African Committee, but would have liked to receive more comprehensive information and detailed quantitative data on the progress made and obstacles encountered.
53. In this connection, there is another form of violence against girls and women that should be mentioned here - still in the context of Africa, since so far, despite repeated requests, the Special Rapporteur has not received any information directly from the Asian region, even though serious violations arising from traditional practices are severely affecting the physical and mental health of millions of women there.
54. At the June 2003 session of the Working Group on Contemporary Forms of Slavery, an African non-governmental organization raised the serious problem of forced marriages in Cameroon. It should be noted that this is not the only country where this practice exists - far from it. According to this organization, there are several ethnic or traditional groups in Cameroon and the oral marriage contract differs among them, but in all cases the consent of the intending spouses is non-existent. One or other of the intending spouses is forced to accept the parents' choice and to submit to it. This constraint takes the form of threats made by the parents, or even psychological or physical violence. The woman is not only at risk of a beating or some other form of violence, but may even be driven out of the home.
55. The reasons for forced marriages are financial, political or class-related; society has a rule that marriages ought to be between relatives, and preferably between cousins, in order to maintain the distinguishing features of the culture and to enforce strict rules for marriage. The consequences of this are an increase in divorces, more cases of prostitution among divorced young women declared undesirable by their parents, and more unwanted pregnancies.
56. It should be pointed out that this tradition persists even though Cameroonian legislation requires the intending spouses' consent. It therefore appears that the law will remain a dead letter for some time unless there is a campaign to raise awareness, particularly among the leaders of traditional groups and parents.
57. The International Day of Zero Tolerance of Female Genital Mutilation was also celebrated in Europe, the United States of America and Canada with round-table discussions, symposiums, public lectures, press releases and statements. Overall, the 6 February commemoration has given visibility to the issue of FGM and to the need to accelerate action towards its elimination globally by 2010.

II. GENERAL INFORMATION ON PROJECTS AND PROGRAMMES COMMUNICATED TO THE SPECIAL RAPPORTEUR

A. Other sources of information

The European Union Daphne Programme

58. The European Union, through its Daphne Programme, has taken the initiative of entrusting three organizations known for their work in support of women - the African Women's Organization, based in Austria, Refugee Organizations in the Netherlands (VON) and the Swedish National Association for Ending Female Genital Mutilation - with the establishment of a training programme for trainers on the basis of a teaching kit on FGM.

59. The European Union provided these organizations with the resources to carry out their task within two years. The organizations decided to set up a support committee to assist them in implementing the project. The Special Rapporteur agreed to sit on this committee but, as no budget has as yet been provided for the Special Rapporteur's travel expenses in relation to this work, she was unable to attend the first meeting that the support committee held in Brussels on 30 September 2003, in the presence of the European Union members concerned.

60. At the beginning of 2004, the African Women's Organization, in its role as coordinator, sent the Special Rapporteur a copy of the interim report submitted to the European Commission (Daphne Programme), entitled "Development and production of an FGM teaching kit and the training of community/religious leaders, women and other communicators in its use". According to this report, the only effective, well-established way to eradicate and prevent harmful traditional practices is to change values and attitudes, which can be done mainly through education, information and communication. The plan therefore focuses on these factors in the design of the teaching kit. It is aimed at emigrants from countries where the practice is followed, and does so in a European context. Its main intended beneficiaries are women, children and young people. The proposed kit is divided into three modules: one for community leaders, one for religious leaders and one for communicators. It was reviewed by experts meeting in June 2003 in Vienna to exchange experiences, identify the types and nature of the materials submitted to them, and help define the contents of the kit and strategies for its preparation.

61. It should be pointed out that many activities have been undertaken and instigated by European non-governmental organizations committed to combating FGM.

Activities of the Afrikanische Frauenorganisation (African Women's Organization (AWO))

62. AWO organized a two-day expert meeting in Vienna on 2 and 3 June 2003. The aim of this meeting was to exchange experiences, identify types and nature of materials in use and determine the contents of and strategies for preparing a teaching kit based on each country's and NGO's experiences. In collaboration with the Vienna Police Head Office, AWO organized a one-day seminar on FGM, on 5 March 2003, for police officials involved in the fight against gender crime.

63. Other activities organized by AWO include the following: a one-day seminar held on 15 October 2003 in collaboration with Verein Autonome Österreichische Frauenhäuser

(a women's organization) at the Institute of Ethnology, University of Vienna; a consultancy service for FGM-affected women in collaboration with the City of Vienna; a two-day-per-week gynaecological and psychological care and advice service for FGM victims; and a study on the moral and social aspects of FGM produced in collaboration with the City of Vienna, entitled "The Other Face of Female Genital Mutilation: Moral and Social Elements".

Women's Group for the Abolition of Sexual Mutilation (GAMS-France)

64. In collaboration with health and welfare professionals and with the national services for women's rights, GAMS organized meetings with families from sub-Saharan Africa to discuss prevention of harmful traditional practices affecting the health of women and children. Counselling on protection from harmful traditional practices is provided for African families. Different activities (excursions, literacy, special courses, etc.) were organized to allow women (mothers and daughters) to discuss FGM and early marriage and to share experiences. GAMS-France carried out specific training for health personnel on FGM and early marriage in collaboration with five African trainers. GAMS, with two other partners in Belgium and Italy, coordinates a programme for the prevention of FGM in Europe sponsored by the European Union.

Women's Group for the Abolition of Sexual Mutilation (GAMS-Belgium)

65. A three-day international conference on FGM with the theme "Better health for little girls" was organized by GAMS-Belgium, in collaboration with the Inter-African Committee on Traditional Practices, in Brussels from 20 to 22 November 2003. The participants were drawn from different African and European countries.

66. The objectives of the conference were to assess the situation of FGM in Africa and Europe; to develop an inventory of the situation in the different areas (legal/political, medical and social); highlight the changes; exchange working methods between the different African and European countries; identify new enhanced methods; and formulate recommendations (which will be presented to decision makers) in order to strengthen the networks and the intersectoral work.

Federation of Somali Associations in the Netherlands (FSAN)

67. In collaboration with PHAROS and Defence for Children International (Netherlands Section), FSAN contributed to the establishment of a Netherlands NGO coalition against FGM. FSAN established an advisory group, whose main task is to exchange fieldwork experiences and ideas concerning FGM. FSAN produced brochures in both Dutch and Somali entitled "Save your daughter from painful mutilation". In addition, the Vrije Universiteit in the Netherlands has carried out research on strategies to prevent FGM. On 20 December 2003 FSAN, PHAROS and the Netherlands Pediatric Association organized, with the Islamic University in Rotterdam, a conference on Islam and FGM. After the conference, the university released a statement asserting that there is no connection between FGM and Islam.

National Association for Ending Female Genital Mutilation (Risk)

68. Risk and the Swedish organization Save the Children held a seminar on 6 February 2004 to celebrate the International Day on Zero Tolerance of Female Genital Mutilation.

Research in Spain

69. Taking into consideration the important migrant population from countries in which FGM is practised, the interdisciplinary team of the Department of Social Anthropology of the Universidad Autónoma de Barcelona carried out research about FGM in Spain. The research focused on various aspects of FGM, including the need to train the staff of the local Social Services administrations, in order to ensure the prevention of FGM and provide information to sensitize the population as to its dangers.

70. Work sessions have taken place with teams of intercultural mediators, as well as pedagogues, on the role that intercultural mediation plays between school and family to allow a more fluent dialogue in general, and especially in cases of cultural confrontations and violations of the human rights of children. The role of medical personnel has been extensive in the exchange of information on means of cooperating and developing strategies to deal with general aspects of FGM and with mother-child health concerns within the migrant population.

Activities of the Inter-African Committee on Traditional Practices (Inter-African Committee)

71. The Inter-African Committee organized a training and youth reorientation programme on FGM which took place in several African countries. The objective of the programme was to sensitize and train youngsters on the effects of FGM and other harmful practices.

72. In order to implement and improve projects in the field, the Inter-African Committee produces every year a series of audio-visual and printed materials to distribute to different National Committees. It also supports National Committees on traditional practices affecting the health of women and children in the production of information material in national and local languages. In order to help build the capacities of National Committee members, the Inter-African Committee has established Resource and Training Centres in 14 countries - Benin, Burkina Faso, Egypt, Ethiopia, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Nigeria, Sudan, Togo and the United Republic of Tanzania. The Inter-African Committee also organized workshops in 17 countries for trainers to learn to train others in developing the skills required to effectively implement sensitization campaigns in their respective communities.

73. As regards programmes for circumcisers, it is clear that economic factors have helped sustain FGM. For many circumcisers FGM is a viable means of livelihood and without any alternative means of sustenance, it would be impossible to abandon the practice. For this reason, the Inter-African Committee establishes alternative employment opportunities for circumcisers who indicate their willingness to stop the practice in Benin, Cameroon, Djibouti, Guinea, Kenya, Mali, Niger, Nigeria and the Sudan.

74. Activities such as advocacy, lobbying and networking are important in developing international and national policies. The National Committees conduct advocacy and networking activities with respect to parliamentarians, top government officials and decision makers in order to gain support for measures leading to the eradication of FGM, including through legislation.

75. In August 2003, the Inter-African Committee launched a research project commissioned by the WHO Kobe Centre, Japan, on "Case Studies on Effective Strategies Used to Address Harmful Traditional Practices". The study focuses on Egypt, Ethiopia, and the United Republic of Tanzania. A report on the study was presented at the Fourth International Meeting on Women and Health (Gender Perspectives for Better Health and Welfare System Development), held in October 2003 in Dar es Salaam.

B. General comments

Crimes committed in the name of honour

76. So-called "honour crimes" are also a matter of concern to the Special Rapporteur. In an article in the newspaper *Le Monde* on 4 September 2003, this issue was covered in detail in an article entitled "*Meurtres en famille*" ("Murders in the family"), which dealt with the problem in Turkey. According to the article, every year dozens of women are the victims of honour crimes in Turkey. Most of these murders take place in largely Kurdish south-eastern Anatolia, where society still operates on a tribal basis and applies patriarchal laws based on a system of honour. The honour of the family, community and tribe is said to transcend even religion, since such murders, which are in fact extrajudicial executions, are contrary to the principles of the Koran.

77. The decision to kill is generally taken by the family council, which meets to decide on the fate of those persons, especially women, who break the very strict rules of conduct imposed by the community. Families often believe that they have no choice, so heavy is the social pressure brought to bear on them when an infringement is committed. "We cannot hold our heads high" is the explanation given. Members of a family whose honour has been stained are isolated: neighbours shun them, their daughters cannot find husbands and nobody wants to work with them.

78. There are no exact statistics on the number of young women killed by relatives, as such crimes are often passed off as accidents or suicides. Moreover, these young women who have been put to death include some who have not broken the rules of society but who are condemned on the basis of such things as jealousy or malicious gossip.

79. It has been pointed out that Turkey has legislation which, if implemented as part of an appropriate policy, could combat this phenomenon. In fact, it has been shown many times over that a law cannot be effective by itself unless judges and the police are convinced of the damaging effects of this practice and react accordingly. Moreover, it is undeniable that a law that often sets less severe penalties for crimes of honour than for an ordinary murder is in need of revision. It is totally inconceivable that attenuating circumstances should be provided for by law, allowing the accused to argue that they were reacting to "strong provocation".

80. The Turkish authorities therefore need to take all necessary steps to remedy these shortcomings and to offer as much encouragement as possible to the groups and individuals working to eradicate this practice, by providing awareness-raising programmes, legal and psychological advice and material assistance to the victims of violence or targets of death threats.

III. CONCLUSION

81. **The Special Rapporteur is glad to note that the action initiated by the Sub-Commission is leading to further progress every year. However, harmful traditional practices cannot be eliminated overnight with a wave of a magic wand. They are persistent because respect for tradition and the observance of it are persistent, particularly when communities have no contact with the outside world and when they suffer from illiteracy and ignorance.**

82. **The head of the Women and Development Programme of the International Agency of French-Speaking Countries, speaking in Montreal in December 2003, emphasized that those delivering messages to such communities must have credibility. The long history of FGM and the fact that it is common practice make it, in her view, a basic element of group identity. She stressed that great care must be taken in formulating awareness-raising messages, since it must be borne in mind that those who perpetuate these practices are convinced they are acting for the well-being of the individual and the community.**

83. **The Special Rapporteur has for many years taken such care in her approach, always emphasizing the effectiveness of a carefully considered and well-thought-out policy for raising awareness. At the beginning of April 2004, the Government of the United Kingdom strengthened its law on FGM, making anyone performing such an operation on a girl, even outside the country, liable to 14 years' imprisonment. Again, the Special Rapporteur believes that a law should be a back-up measure, not a bolt falling from the blue with no word of warning.**

84. **Montesquieu was not far wrong when, drawing on his long experience of men, customs and religion, he wrote, in his masterpiece *De l'esprit des lois* ("The Spirit of Laws"): "... when these manners and customs are to be changed, it ought not to be done by laws; this would have too much the air of tyranny: it would be better to change them by introducing other manners and other customs".**
