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Harmful traditional practices in the context of faith

Bartelink, Brenda; le Roux, Elisabeth; Levinga, Wouter

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Harmful Traditional Practices in The Context of Faith:
A Literature Review

Part of the UK Government-funded 'Working effectively with faith leaders to challenge harmful traditional practices'.

Dr. Brenda E. Bartelink & Dr. Elisabet le Roux
with Mr. W. Levinga

Author details

Dr. B.E. Bartelink, University of Groningen; b.e.bartelink@rug.nl

Dr. E. le Roux, University of Stellenbosch; eleroux@sun.ac.za

Please note that the annotated bibliography accompanying this literature review, as well as the five case study reports, survey report, and synthesis report, are all available at https://jliflc.com/
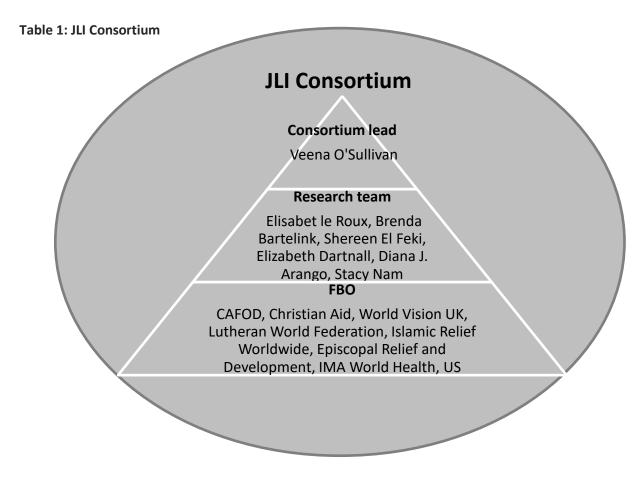
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1. Introduction

In 2016, the UK Department for International Development (UK DFID) released a call for proposals for a study entitled "Working effectively with faith leaders to challenge harmful traditional practices". Under the lead of Tearfund, a small consortium of organisations and academics undertook this study to investigate best practices around engaging with faith leaders on harmful traditional practices (HTPs). The consortium members are all part of the Joint Learning Initiative on Faith and Local Communities (JLI), an international alliance examining the contribution of faith groups to community health and well-being.[1]

Table 1: JLI Consortium

JLI Consortium

Consortium lead

Veena O'Sullivan

Research team

Elisabet le Roux, Brenda Bartelink, Shereen El Feki, Elizabeth Dartnall, Diana J. Arango, Stacy Nam

FBO

CAFOD, Christian Aid, World Vision UK, Lutheran World Federation, Islamic Relief Worldwide, Episcopal Relief and Development, IMA World Health, US

The research project included a literature review, online survey, and five case studies, with each individual case study focusing on one of five organisations (four of whom are faith-based organisations),[2] and their work on HTPs and with faith leaders.[3]

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[1] For more information on JLI, visit https://jliflc.com/

[2] Faith-based organisations can be defined as having one or more of the following: "affiliation with a religious body; a mission statement with explicit reference to religious values; financial support from religious sources; and/or a governance structure where selection of board members or staff is based on religious beliefs or affiliation and/or decision-making processes based on religious values." (Ferris, E. 2005. "Faith-based and Secular Humanitarian Organizations." International Review of the Red Cross 87 (858): 311–325).

[3] Some scholars prefer to use the term religion rather than faith (cf. Tomalin, E. 2015. *The Routledge handbook of religions and global development.* London and New York: Routledge; Fountain, P., Bush, R., & Feener, M. (eds.). 2015. *Religion and the Politics of Development*. UK: Palgrave Macmillan.; Bartelink, B. 2016. *Cultural*

This document contains the literature review that was done at the start of the study. As such it served as an entry point in understanding faith engagement around HTPs. It also had an important role in guiding the empirical case study research.

1.1 Background

The United Nations (UN) has defined HTPs as follows:

> *Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM); forced feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price. Despite their harmful nature and their violation of international human rights laws, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practicing them* (OHCR 1995)*.*

This definition has influenced contemporary framing of particular practices that are harming the rights of women and girls as 'harmful traditional/cultural practices', and influenced particular programmes and methodologies designed by development and human rights actors over the past decades (Longman and Bradley 2015).

In the past two decades international development donors and organisations have become increasingly aware of the relevance and importance or faith for development in many parts of the world. Centralizing the needs of people that are beneficiaries of development (Narayan 2000), development organisations have become more interested in the material and spiritual dimensions of development (Ter Haar 2007). This interest has however mainly focused on building strategic alliances with faith actors, in particular those who provide services communities that lack any other form of service provision. The interest in religion has contributed to a better understanding of and engagement between faith based organisations (FBOs) and development organisations (Clarke 2007, Jones and Petersen 2012, Tommalin 2015, Marshall 2017). DFID's initiative to establish Faith Partnership Principles is a case in point (DFID 2012). It acknowledges that faith groups have invaluable insights and contributions to development while respecting their unique character in comparison to other

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encounters of the sexular kind: Religious and secular dynamics in the development response to HIV/AIDS. PhD thesis, University of Groningen. http://www.rug.nl/research/portal/publications/cultural-encounters-of-the-secular-kind(1ef17ccc-0beb-44ad-b962-f26d0126dbd8).html Accessed October 3, 2017), because the latter is focused on inward religiosity (cf. Asad, T. 2001. "Reading a Modern Classic: W. C. Smith's 'the Meaning and End of Religion.'" *History of Religions* 40(3): 205–22). Others prefer faith as a broader and more inclusive category (Le Roux, E. 2014. *The Role of African Christian Churches in Dealing with Sexual Violence Against Women: The Case of the Democratic Republic of Congo, Rwanda and Liberia.* Unpublished doctoral dissertation, Stellenbosch University.; Clarke, G. 2007. Faith-Based organizations and International Development. An Overview'. In G. Clarke & M. Jennings (eds.). *Development, Civil Society and Faith-based organizations: Bridging the Sacred and the Secular.* Basingstoke UK: Palgrave; Hefferan, T. 2007. *Twinning Faith and Development: Catholic Parish Partnering in the US and Haiti*. Hartford, CT: Kumarian Press), because religion is too often associated with organized religion (Marshall, K. 2014. Faith, religion, and International Development. In P. Oslington (ed.). *The Oxford Handbook of Christianity and Economics*. Oxford Handbooks). Acknowledging that most of these terms are contested, this report uses the term 'faith' as a broad category comprising inner convictions as well as practices that have religious or spiritual meanings to people.

development actors. More recently questions have emerged around how the development sector can work more effectively local faith communities, and faith leaders have been identified as important interlocutors.

In the response to global health crises such as HIV and AIDS and Ebola, faith groups often were the first to provide health security, service delivery, knowledge and prevention (Olivier 2015, Oluduro 2010). While it cannot be generalized to all faith actors (Denis 2016), some of them have played key roles in altering or overcoming stigma, and discrimination as well as moral panics (Otolok- Tanga 2007, Njoroge 2016, Ansari 2010). Policymakers, practitioners and researchers have aimed to increase insight in to how faith groups contribute to this and work towards a broader evidence base (Le Roux and Olivier 2015, Karam et al. 2015, Olivier et al. 2015). Faith leaders, because of the key roles they play in these communities, have become an important focus in this (Le Roux et al. 2016, Robinson 2015, Kaplan 2015). The numerous studies and publications on faith and development, and faith actors in development, that have emerged over the past two decades form the broader background against which this literature review is set.

As faith and religion are categories that have been the subject of intensive academic and public debates for a long time, scholars working on faith and faith in relation to development have been fully engaged in the discussion over concepts. Some scholars prefer to work with the term 'religion' rather than 'faith' (cf. Tomalin 2015, Fountain 2015, Bartelink 2016), because the latter is seen as too much focused on inward religiosity (cf. Asad 2001). Others prefer 'faith' as a broader and more inclusive category (Le Roux 2014, Clarke 2007, Hefferan 2007), because religion is seen as too often associated with organised religion (Marshall 2015). Acknowledging that most of these terms are contested, this literature review uses the term 'faith' as a broad category comprising inner convictions as well as practices that have religious or spiritual meanings to people.

Being aware the risk of grouping together highly diverse understandings and practices, the report will be specific as possible and refer to particular faith traditions and practices within a particular setting. Following the focus of the research project (effective engagement with faith leaders in challenging HTPs), this document will refer to 'faith leaders' as people in roles of authority within a particular faith community or tradition. The term of 'faith leaders' is similarly used in a descriptive sense, opening up to both the transformative potential of faith leaders as well as to importance of understanding this potential (and the limitations to it) within particular, contextual complexities of power and power relations (Østebo and Østebo 2014).

This literature review looks at the question of *the role of faith groups and leaders play (both positive and negative) in challenging harmful traditional practices*. It is part of the aim to increase insight into and understanding of the roles and contributions of faith groups and leaders. Investigating how faith communities and faith leaders acts as agents of change in the context of patriarchy and gender inequality, necessarily includes a broader analysis of how understandings of faith are entangled with patriarchal structures within particular contexts. The focus on those practices that are considered as traditional or particular to a culture or context, while being harmful for women and girls, can be both legitimized as well as rejected with a reference to faith (Bradley 2010, Longman and Bradley 2015, Gruenbaum 2005). Both within local contexts as well as in the scholarly and organisational analyses of HTPs, faith, culture, and tradition are often used interchangeably and appear to be overlapping or closely entangled. Insight into how faith and culture are linked with gender in particular local contexts is therefore crucial, in order to gain better insight into the role(s) faith groups and leaders play in challenging such practices (Bradley and Longman, 2015).

1.2 Nature of the literature review

The literature review was meant to frame the broader study, by assisting in the selection of the particular HTPs that the case studies would focus on, as well as the selection of the organisations that would be studied in the case studies. Therefore, the literature review had two foci: firstly, HTP prevalence data was reviewed, so as to guide HTP selection for the case studies; secondly, an overview of literature on HTPs and faith was done, not only to guide the empirical work, but also to assist in the selection of the most-appropriate organisations to take part in the case studies.

It should be noted that this literature review was done in order to guide empirical research, and as such served as an entry point into a study on faith and faith-based responses to HTPs.

Section 1 of this document serves as introduction, giving oversight of the methodology employed in conducting the literature review, as well as the limitations of the review in general. Arguably most importantly, it highlights some conceptual challenges in engaging on faith and HTPs – conceptual challenges that challenged the study even before the literature review commenced. Therefore, this conceptual discussion in Section 1.3 serves as a type of caveat to the literature review in general. This discussion is based on the authors' experience in the field of faith and development, but also on reflecting on existing literature.

Section 2 gives a brief overview of the available HT prevalence data. This data, as stated earlier, guided the selection of the HTPs that the case study research would focus on. Section 2 focused on literature on faith and HTPs, giving an overview of the field and guiding the case study research.

1.3 A caveat: conceptual challenges when studying HTPs and faith

As a concept 'Harmful Traditional Practices' (HTPs) has been most often used in the context of international development, and mainly (though not exclusively) to describe practices that are considered harmful to women and girls. While it has been used in United Nations (UN) documentation since the 1950s, following the 1995 International Women's Conference in Beijing, development donors increasingly refer to it in their policies and programmes.

HTPs are cultural practices that are often violent towards women and girls, including the regulation of female sexuality, masculinity and violence (Coomaraswamy, 2002). The term is also used to refer to practices that are harmful in terms of access to rights (including the right to health, education, and protection), and in a more general sense include discrimination and inferiority or superiority of either of the sexes (Longman and Bradley 2015, 12). Specific practices that are identified as HTPs include female genital mutilation/cutting (FGM/C), son preference, female infanticide, child and early/ forced marriage (CEM), dowry, marriage by abduction, virginity testing, early pregnancy, nutritional taboos, child delivery related practices, (sexual) violence against women, and female inheritance issues/ widowhood (Coomaraswamy 2002, Wadesango, et al., 2011, Bradley and Longman 2015).

The 1995 UN definition (quoted earlier), prepared *by The Inter African Committee on Traditional Practices Affecting the Health of Women and Children,* has been particularly influential in how the international community understands HTPs (OCHR 1995). In 2014 CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) released a General Recommendation on Harmful Practices, informed by over 32 submissions from organisations all over the world (CEDAW 2014). This document uses the term 'harmful practices', which are defined as:

… persistent practices and behaviours that are grounded on discrimination on the basis of sex, gender, age and other grounds as well as multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering. The harm that these practices cause to the victims surpass the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, educational, economic and social status (CEDAW 2014).

The absence of a reference to culture or tradition in this definition is remarkable, suggesting a shift in the understanding of harmful practices – from an emphasis on culture and traditions to power relations and broader patriarchy. The understanding of harmful practices in this document aligns with the 2002 report by UN Special Rapporteur Coomaraswamy, in the sense that it includes beauty practices that were generally not seen as HTPs. The document also emphasises boys, alongside women and girls, as victims of HTPs.

These UN definitions aside, there is little academic literature on HTPs. Anthropologists Bradley and Longman (2015) observe that the term has been remarkably absent in anthropological, feminist and cultural studies, which is remarkable given the knowledge on culture, traditions, and gender available within these fields. Furthermore, the literature reviewed for this study indicates that the term 'HTP' is not clearly defined, nor related to a particular, well-defined set of practices.[4] Instead, the term 'HTPs' broadly refers to cultural practices within families and communities that are considered harmful for people and in particular women and girls. The specific practices that are referred to differs, depending on organisation, document, region and context. Therefore, before the term is further unpacked and literature on specific practices reviewed, some conceptual problems are discussed.

As a concept 'HTPs' is not clearly defined, and its uses in the context of international development and the particular practices it refers to are not uncontested (Bradley & Longman, 2015). It is a problematic concept for a number of reasons.

Firstly, **the term itself enforces colonialist discourse**. The emphasis on 'traditional' in the term 'Harmful *Traditional* Practices' emerges from and invokes a problematic construction of modernity versus tradition. This construction of modernity has historically emerged in the context of colonial discourses that emphasised Western civilization as a successful model of modernisation that should be emulated (cf. Arce & Long 2000 on modernity and development). International development organisations who set out to identify "traditional, cultural and institutional barriers" to progress and development (ibid. 7), underpinned by academic research, continue to operate within these colonialist understandings of modernity. The history behind the term HTPs is illustrative of this.

When the term first emerged in the 1950's, it was 'harmful *traditional* practices', which was also the case with the 1995 UN Fact Sheet No.23 (entitled "Harmful Traditional Practices Affecting the Health of Women and Children" - OHCHR 1995). By 2002 'tradition' had been scrapped by the UN and reference is only made to 'harmful *cultural* practices'. The use of the term 'traditional', as it was first introduced by the UN, leads to these harmful practices automatically being juxtaposed with the 'modern' (Longman and Bradley 2015, Arce and Long 1999). The implication is that these harmful practices will disappear once the society is properly modernised (Winter 2002). The uses of modern technologies (such as screening of pregnancies and selective abortion) to perpetuate particular harmful practices (such as Son Preference) suggest that these practicse are far from traditional nor

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[4] Cf. Bibliography Harmful Traditional Practices and Religion

disappearing with 'modernisation'.[5] Only recently, in 2014, the term was replaced with the broader (and less normative) harmful practices (CEDAW 2014). Nevertheless, both the terms HTPs and HCPs are still used in policy documents across the globe (Longman & Bradley, 2015).[6] Even the 2014 CEDAW General Recommendation, while referring to harmful practices instead of HCP/ HTP, still refers to 'tradition' 21 times in the document. The point here, however, is not only to argue that HTPs is a problematic term because of the reference to tradition, but to further problematize its colonialist aura.

Part of the problem is the **overwhelming focus on non-Western HTPs**.[7] The UN, who first introduced the term onto the international stage and has been instrumental in keeping it on the international development table, enforces this non-Western focus (Bradley and Longman 2015), as it too focuses almost exclusively on non-Western HTPs (Winter 2002). Almost all of the literature available on HTPs focus on practices that are found in non-Western societies.[8] Critics have long been decrying how 'HTPs' are conceptualised as only part of non-Western cultures, and blind to harmful practices in Western cultures (Longman and Bradley 2015, Boddy 2016, Abu Lughod 2013, Winter 2002). UN rapporteur Coomaraswamy already pointed out in 1995 that the myths of beauty and thinness in the supposedly modern parts of the world known as 'the West' should be discussed as 'cultural practices' as well. But in its application in policy and international development discourse, HTPs (or HCPs for that matter) pertain exclusively to practices occurring outside the West. While the 2014 General Recommendation includes beauty practices and body modifications, this is one Western practice among many non-Western practices. The problem with the use of these terms, is that it divides the world in modern versus traditional, Western versus non-Western, thereby (in its attempts to challenge particular forms of violence and inequality) continuing the historical structures of inequality and violence of colonialism. In the context of academic scholarship, relevant to this literature review, the uses of the terms by international development organisations seem to be ignorant of the emerging call (from non-Western scholars) to 'decolonize' knowledge.

A third problematic is the **gendering of the concept** through its (exclusive) focus on women and how this influences the (implicit) problematisation of and proposed solutions to HTPs. This problematic is two-folded, because in its use the term HTPs predominantly refers to practices that are based on gender inequality and gender-based violence, while in the term itself this gendered nature is hidden. From this follows that, a considerable overlap between SGBV and HTPs remains unnoticed. Comparing this literature review and earlier studies on SGBV in the context of faith (cf. Le Roux 2015) it is hard to distinguish between SGBV and HTPs. In fact, both Fact Sheet No.23 as and Coomeraswamy consider SGBV to be part of HTPs. CEDAW (2014) concludes that: 'Overall, harmful practices are often associated with serious forms of violence or are themselves a form of violence against women and children'. However, since SGBV is not simply a practice, but refers to broader systems of violence towards women in the context of male superiority (Le Roux 2015). This raises the question: why it is necessary or important to have a separate term to describe such practices? In particular since CEDAW (2014) concludes that 'harmful practices (…) are all strongly connected to and reinforce socially constructed gender roles and systems of patriarchal power relations'(CEDAW 2014).

The gendering of the concepts HTP/ HCP is closely entangled with its colonial shadow, as Sylvia Tamale states when arguing that, for African feminism, culture is a neglected pathway to women's rights (Tamale 2008). The dominant understanding that non-Western women have of freeing

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[5] CF. the literature reviewed on Son Preference and sex selection in this literature review.
[6] The call for this study released in 2017 is a case-in-point.
[7] In this report the terms 'Western' and 'non-Western' are used, rather than 'Global North' and 'Global South'. This is to recognise that Western nations and cultures are also present within the Global South, and non-Western nations and cultures within the Global North.
[8] Cf. this literature review. Bartelink, B.E., Le Roux, E. 2017. Harmful traditional practices in the context of faith: a literature review.

themselves from repressive cultures emerged from colonial/ patriarchal constructions of womanhood (Tamale 2008, Lugones 2010). The concern with the personal, emotional and bodily consequences of patriarchy that has emerged from second-wave feminism in Europe and the US, has influenced a heightened sense of urgency around HTPs that has developed since 1995.[9] While these feminists (rightfully) critiqued the absence of women's issues in international development, the way women in the South were seen as victims of tradition and culture is deeply problematic for the ways in which it denies women from the Global South their agency (ibid., see also Abu Lughod 2013/ 2001, Lugones 2010, Tamale 2007, Mohanty 1993, Spivak 1985). It furthermore focuses on oppression and violence to women into the private sphere (their homes, families and bodies), while the role of the state in sustaining, legitimizing and promoting patriarchy is ignored (Wilson 2014).

A fourth problematic is how **religion and secularism** are slotted into this, as part of the broader secular/faith binary within development discourses (Le Roux and Loots 2017). CEDAW (2014) understands harmful practices as "grounded in discrimination based on sex, gender, age and other grounds (…) often (…) justified by invoking socio-cultural and religious customs and values". Religious authorities, laws and norms are seen as justifying practices that harm women and children. However, such a perspective is grounded in an understanding of the modern, Western, liberated individual seen as secular[10], whereas the traditional, non-Western, oppressed individual is religious: "…the modern body is also very much envisaged as secular; the liberal emancipated and autonomous conception of body is posed against the religious body as coerced and oppressed" (Longman and Bradley 2015). While there is indeed ample ground to argue that religious leaders, through the enactment of particular laws, norms and understandings have legitimized practices that harm women and girls, this ignores the gendered power structures underlying both religious and secular forms of leadership. Therefore, the secular/religious binary is deeply problematic when researching gender inequality and violence.

Research on HTPs in the context of faith needs to take seriously the broader power relations in which religion and gender are embedded. Faith leaders' roles cannot simply be taken at face value, as they indeed may reinforce the Judeo-Christian notions of inequality between men and women that have been introduced in the context of colonialism. In exploring faith leaders' roles in challenging HTPs, women's lived experiences, including their lived religiosities, need to take into account (Tamale 2008).

The conceptual problems outlined above underlie almost all of the literature on particular HTPs, including those studies that have been found on HTPs in the context of faith. Already at the outset, this literature review suggests that rather than focusing on harmful practices, the focus should be on gender inequality as a problem that crosscuts national, cultural and regional boundaries and manifests itself through particular forms of violence within particular contexts. While it is not the purpose of this literature review to formulate recommendations for new terminology, the suggestion made by Longman and Bradley (2015) to reframe terminology in the context of intersectional and post-colonial analysis is important to mention. An ecological model that captures how gender-based violence is embedded in complex power structures, offers a more sophisticated basis for designing policies and interventions that challenge practices that are violent or damaging to women and children.[11]

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[9] Longman and Bradley (2015)
[10] Bartelink, 2016.
[11] For the Ecological Model Cf. Michau L, Horn J, Bank A, Dutt M and Zimmerman C (2015) "Prevention of Violence against Women and Girls: Lessons from Practice," *The Lancet*, 385(9978), pp. 1672–1684. doi: 10.1016/S0140-6736(14)61797-9.

1.4 Methods

This literature review was the first step in a bigger research project. It is focused on HTPs, with the secondary aim of framing the phenomenon within the context of faith and faith actors. While a literature review on an emerging area of research is necessarily limited by the (lack of) availability of relevant literature (Webster and Watson 2002), the aim was to include qualitative studies informed by long-term fieldwork in particular settings (and that, therefore, offer such holistic analyses). Triangulation is of crucial importance, since available data is incomplete and of variable quality in particular in relation to faith (Hennink, Hutter and Bailey 2012). The most important insights related to the research focus (which is how to work effectively with faith leaders in challenging HTPs) is therefore derived from small-scale, qualitative studies undertaken in particular settings, and the critical reflections that have guided such studies.

A review of prevalence data literature was undertaken as the basis of the selection of HTPs that were included in the search and review of literature on HTPs in the context of faith. In total over 500 publications were reviewed, of which 220 were relevant to the question guiding the study and therefore included in the literature review and annotated bibliography.

The first step in conducting the literature review was unpacking HTPs into concrete practices that could be researched in terms of their prevalence. The selection made for this literature review was based on a number of key UN publications. UN factsheet (no. 23)[12] was one, which is seen as a crucial and critical contribution to the understanding of HTPs in the context of international development (Bradley and Longman 2015). This factsheet mentions the following practices: female genital mutilation, son preference and its implications for the status of the girl child, female infanticide, early marriage and dowry, early pregnancy, nutritional taboos and practices related to child delivery and violence against women. In addition, two UN reports have been found that explicitly address and define HTPs. The 2002 report of the Special Rapporteur on violence against women to the Human Rights Commission of the UN mentions FGM/C, Honour Killings, witch hunting, caste, marriage, discriminatory laws, son preference, restrictive practices to women and girls, practices that violate women's reproductive rights, practice related to beauty and finally incest (Coomerashwamy 2002).[13] The 2011 report by the Special Advisor to the UN Commission on Human Rights on freedom of religion and belief and the status of women in light of faith and traditions names a broad range of particular practices, including FGM/C, Early/ Child Marriage, Widows and Inheritance issues and Honour Killing, as well as religious extremism, prostitution, trafficking and slavery and sexual and gender based violence (Amor, Abdelfattah 2011).[14] The CEDAW General Recommendation (2014), while mentioning many particular practices, focuses on four: FGMC, Early and Forced Marriage, polygamy, and "Violence related with so-called Honour" (CEDAW 2014).

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[12] UN (1995) Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children: female genital mutilation, son preference and its implications for the status of the girl child, female infanticide, early marriage and dowry, early pregnancy, nutritional taboos and practices related to child delivery and violence against women

[13] UN Commission on Human Rights, Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, submitted in accordance with Commission on Human Rights resolution 2001/49: Cultural practices in the family that are violent towards women, 31 January 2002, E/CN.4/2002/83, available at: http://www.refworld.org/docid/3d6ce3cc0.html lists FGM/C, honour killings, witch hunting, caste, marriage, discriminatory laws, son preference, restrictive practices to women and girls, practices that violate women's reproductive rights, practice related to beauty and finally incest.

[14] Amor, Abdelfattah (Special Rapporteur on Human Rights) 'Study on freedom of religion or belief and the status of women in the light of religion and traditions' Addendum the UN report on *Civil and political rights, including the question of religious intolerance* HTPs mentioned are: FGM/C, Early/ Child Marriage, Widows and Inheritance issues and Honour Killing. alongside religious extremism, prostitution, trafficking and slavery and sexual and gender based violence.

Literature on faith in relation to so many practices could not be searched for and reviewed within the limited time available. Therefore, the decision was made to identify the four practices for which the most prevalence data is available, and to focus the review of faith and HTPs on these four HTPs. These practices were:

(1) FGM/C
(2) Child and Early Marriage (CEM)
(3) Son Preference
(4) Honour-Related Violence (HRV).

Widow and inheritance-related practices are included under Son Preference, and virginity testing (Wadesango 2011) is included under Honour-Related. A number of other practices mentioned in the documents are excluded from our search for prevalence data. These include practices more broadly related to Sexual and Reproductive Health and Rights (e.g. food taboos during pregnancy and after delivery) and Sexual and Gender Based Violence (e.g. prostitution/ trafficking, incest, rape) or broader gender and human rights of women (e.g. discriminatory laws, caste, polygamy). While the broader categories of SRHR and SGBV and gender and human rights lacked specificity, the particular practices mentioned under these categories are often too specific as search terms in relation to faith.

Prevalence data on these practices was reviewed, to identify a focus for the review of literature on HTPs in the context of faith. Due to time constraints, a systemic review was not an option, nor a broad call to collect documents and reports available within relevant networks and organisations. While a request for grey-literature and other M&E data was included in survey and case study interviews, these have not resulted in additional prevalence data. Furthermore, due to the above-mentioned constraints, there was no possibility of being specific for geographical locations.

Various parameters have informed the search. Firstly, literature published from 2005 until the present was originally prioritised to arrive at a relevant, recent sample with a feasible scope for this study. However, while this timeframe was effective with FGM/C and CEM and identified a considerable amount of publications, the publications on Son Preference and HRV were few. Therefore, literature that had been published earlier than 1995 on these two HTPs was included in searches.

Search terms included: FGMC, Female circumcision, Female Genital Mutilation, CEM, Child Marriage, Early Marriage, Forced Marriage, Honour Related Violence, Honour Killing, Acid Attacks, Son preference, Sex selective abortion, female infanticide.[15] The most important academic and non-academic search engines were used.

Table 2. Search engines and websites used to search for prevalence data

Academic	UN
PubMed	United Nations Population Fund (UNFPA)
JStor	United Nations Children's Fund (UNICEF)
Ebscohost	United Nations High Commissioner for Refugees (UNHCR)
Google (Scholar)	United Nations entity for Gender Equality (UNWOMEN)

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[15] General prevalence data has not been found, but a research article published in 2002 reports 300 incidences per year (Chowdury 2002).

Sciencedirect	Office of the High Commissioner for Human Rights (OCHR)
Worldcat	World Health Organisation (WHO)

The search for prevalence data resulted in 25 publications. Most of these publications were on the prevalence of FGM/C and CEM. Much less literature is available on other HTPs, and the nature and quality of the literature differs tremendously.

In terms of literature on faith and HTPs, the vast majority is again focused on FGM/C. Therefore the literature review on faith and HTPs is heavily influenced by this focus on HTPs. Nevertheless, as of the literature was reviewed while paying attention to the following:

- The implicit or explicit assumptions existing in international development about the relationship between HTP and faith.
- The extent to which the HTP is practiced within particular faith communities and its implications
- The intersections of faith with culture, gender, class, (colonial) history, geographical location etc.
- The ways in which faith is used as a source of legitimization within a particular context or community
- The intra-faith debates and dynamics
- The broader power relations
- The interventions that engage faith communities and/ or leaders.

In academic search engines (Pubmed, JStor, ScienceDirect, Google Scholar) several parameters were combined. As visible in the example in Table 2, all the terminology that is commonly used to refer to a specific practice was used in in relation to all the terms commonly used to refer to faith. This strategy was used when searching for literature on all four HTPs in relation to faith.

Table 3. Search parameters for FGM/C in the context of faith - example

⬇ **Parameters** ➡

HTP	Faith
FGM	Religion
Female Genital Cutting	Religious Leaders
Female circumcision	Religious
Female Genital Mutilation	Islam
FGC	Christianity
FGM/C	Hinduism
	Buddhism

Besides using academic search engines, snowballing searches were done, via relevant publications and journals.

Table 4. Journals searched for HTP and faith literature

Journals	Search Terms
Culture, Health and Sexuality	HCP and religion/ religious
	FGM/ FGC and religion
	Islam
	Christianity

	CEM and Religion
	Child Marriage
	Early Marriage
	Honour killings
	Son preference
	Acid attack
Gender and Development	Religion
	HTP/ HCP
	FGM
	Marriage
	Honour
	Son preference Sex Selection
The Review of Faith and International Affairs	HTP/ HCP
	FGM
	Marriage
	Honour Killing Acid Attacks
	HTP/ HCP
	Son preference
	Sex Selection
	Infanticide

In addition, references in key-publications such as Bradley (2010), Longman & Bradley (2015), Earp (2016), Boddy (2016) and Østebø and Østebø (2014) were found and reviewed.

It should be noted that, for FGM/C and CEM, it was fairly easy useful articles that referred to faith, although publications that referred to faith in a broader sense (rather than only mentioning it as a possible source of legitimization) was more challenging. Publications that reflected on faith in the context of the effectiveness of specific interventions were hardly available. For Son Preference and HRV there were hardly any relevant articles that referred to faith, let alone offered more sophisticated analysis and reflection on faith.

1.5 Limitations

There are a number of limitations to this literature review. A central limitation is the nature of the literature that is available on HTPs, and on HTPs and faith, and how this affects the literature review. This is, therefore, discussed in detail below.

Most of the existing literature on HTPs deals with FGM/C, while more recently publications have emerged referring to child marriage. This literature is still very general, often lacks context-specificity and a broader perspective on the position of women and girls, and mostly lacks any analysis of the role and meaning of faith and religious actors in sustaining or altering practices within particular contexts.[16] However, with other HTPs, such as HRV, the literature is even more limited and reference

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[16] Khosla R, Banerjee J, Chou D, Say L and Fried ST (2017) "Gender Equality and Human Rights Approaches to Female Genital Mutilation: A Review of International Human Rights Norms and Standards," *Reproductive health*, 14(1), pp. 59–59. doi: 10.1186/s12978-017-0322-5.

to faith is almost entirely absent. Based on this literature review, it can therefore be concluded that much of what constitutes the understanding of what HTPs are, are informed by concerns with FGM/C, and some successful interventions to eradicate the practice. The widely acclaimed intervention developed by Tostan and implemented in Senegal is an example.[17]

That said, when faith is taken into account, it tends to focus on Islam, with additional interest in Christianity. References to Hinduism, Buddhism or other faiths or worldviews are generally absent from the literature, despite the prevalence of a number of the practices (CEM, Son Preference and HRV) in contexts where these faiths are widely practiced. When, in relation to HTPs, faith is considered as a contextual factor, legitimizing framework or supporting change, the focus is almost exclusively on Islam and/or Christianity. Yet the ways in which Islam and Christianity are discussed and represented in the literature is different. Islam is most extensively discussed as a source of legitimization of the practices of FGM/C, CEM, HRV and to a lesser extent Son Preference. While this is sometimes supported by prevalence data, in most cases it is not clear how Islam and a particular practice are related in a particular context. The recurrent reference to Islam as a source of legitimization of HTPs problematizes Islam and Muslim culture particularly hampering to Muslim women.

While Christianity in some cases are also identified as legitimizing certain practices (cf. El Damanhoury 2013), the roles of Christian leaders in tackling or overcoming HTPs in local contexts is also discussed more positively (Roth 2013). Yet Christian efforts to eradicate certain HTPs cannot be seen outside the context of colonial agendas and their influence in postcolonial politics. The Christian dominance in the field of development in the postcolonial world has shaped intensive interactions and partnerships between Christian institutions and leaders and international development actors. The development interested in HTPs in the context of faith is therefore highly charged, and deserves more careful and critical analysis than can be done within the limitations of a literature review.

Finally, a geographical bias can be observed that is reflecting the previous remarks. Literature on Sub-Saharan Africa has a particular focus on FGM/C and CEM. HRV, on the other hand, is mainly reported in Asia, the Middle East and North Africa, while in 'the West' it tends to be associated with migrant communities from this region (cf. Gill et.al. 2011, Longman & Bradley 2015). Son Preference is also primarily discussed in studies on the Middle East and the Indian Subcontinent. Only CEM and forced marriage are discussed in both Sub-Saharan Africa, as well as the Middle East, North Africa and Asia. Latin America is entirely absent from this literature review.

The literature on HTPs, and on HTPs in the context of faith, is biased. This is important because this bias is reproduced in this document, since a literature review necessarily relies on the available literature. We consider this bias and the further bias it creates in the 'public knowledge' on HTPs in the context of faith *highly problematic*, not only for methodological reasons, but also for its broader political implications.

Aside from these limitations related to the nature of available literature, there are other limitations to this review that should also be noted:
- Since this literature review was intended to guide an empirical study, rather than being a stand-alone scoping study or systematic review, literature was not gathered in as comprehensive and systematic manner as it would have been if it was a scoping study or systematic review.

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[17] Ellsberg M, Arango DJ, Morton M, Gennari F, Kiplesund S, Contreras M and Watts C (2015) "Prevention of Violence against Women and Girls: What Does the Evidence Say?," *Lancet (London, England)*, 385(9977), pp. 1555–66. doi: 10.1016/S0140-6736(14)61703-7.

- The literature review was done in a very short time, due to the time constraints of the bigger project. While search parameters were designed and rigorously implemented, the limited time did affect the selection and review of literature.
- In order to focus the broader study, it was decided to focus on specific HTPs, and to select these HTPs based on prevalence data and the literature on faith and HTPs. Therefore FGM/C, CEM, HRV, and Son Preference were selected. However, this perpetuates an existing bias in scholarly literature, including HTP prevalence data.
- Global prevalence data on only FGM/C and CEM is available. With Son Preference and HRV there was no prevalence data or only local/ regional data. The comparability of studies is, however, made difficult as data was collected using different research and statistical methods, and using different periods and cohorts. Furthermore, the various grey and academic papers available on the prevalence of FGM/C and CEM is informed by the same data sources (namely UNICEF and UNFPA studies). While there is thus the most literature on FGM/C and CEM prevalence globally, there has actually not been that many different empirical studies on it. Furthermore, the focus on a particular HTP means that its relation to contextual cultural practices and their local meaning, is lost.

1.6 Definitions

The literature review focuses on four key HTPs. These HTPs are briefly defined below, and some background information on the practices offered.

1.6.1 FGM/C

Female Genital Mutilation and/or Cutting (FGM/C) refers to a practice that removes part of the female genitals. Alternatively, it is also referred to as 'female circumcision'. While 'female genital *mutilation'* is the most common term used by international organisations in relation to the practice of removing female genitals (in order to emphasise the harm done to women and the violation of their rights), 'female genital *cutting'* or 'female circumcision' are terms that are generally considered to be more culturally sensitive. In this review the term 'FGM/C' is used.

The World Health Organisation (WHO) classification four different types of FGM/C (Abulcadir 2017, Rouzi 2013, Earp 2016):

Type I: Excision of the prepuce, with or without excision of part or the entire clitoris.
Type II: Excision of the clitoris with partial or total excision of the labia minora.
Type III: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).
Type IV: Unclassified; includes piercing or incising of the clitoris and/or labia, cauterization, scraping, or cutting of vaginal tissue etc.

All four forms are considered harmful and unacceptable by WHO, for three reasons (Earp 2016). Firstly, FGM/C is considered painful and traumatic, and lacking health benefits while resulting in severe health problems (including sexual dysfunction, pregnancy and delivery problems including fistula, urinal problems, menstrual problems and infections). Secondly, it is seen as a manifestation of gender discrimination and inequality. Thirdly, it is interpreted as violating the rights of women to bodily integrity, in particular since it is often performed on underage children that are unable to consent.

Types I, II and III female genital mutilation have been documented in 28 countries in Africa and in a few countries in Asia and the Middle East (cf. Yoder and Khan 2008, WHO 2008). Outside these regions

some forms are found in South America, and due to migration it is increasing in Western Europe and North America (ibid.).

1.6.2 Child and Early Marriage (CEM)

Child and Early Marriage (CEM) is defined as marriage or co-habitation before the age of 18 (Maswikwa 2015). In many parts of the world in the past, arranging a marriage was considered to be the role and responsibility of families (Gupta 2014). The potential spouses were rarely consulted and the age of marriage (or at least of betrothal) was likely to be quite young, before children could exert their own will. Although physical readiness for sexual intercourse and child- bearing was a consideration in these arrangements, it was not a determining factor. Therefore, practices existed where weddings occurred separately from the consummation of marriage (Blackburn and Bessel 1997).

In the context of international development it is seen as undermining girls' right to autonomy. It is furthermore associated with violence and coercion, early pregnancies and related health consequences, and school drop-out (Parsons et.al. 2015). It permits sexual exploitation and, because children of adolescent mothers usually start life with disadvantages, it also perpetuates cycles of poverty and deprivation (Maswika 2015).

CEM is a practice that is mostly observed in more rural areas in the context of South Asia, the Middle East, and Sub-Saharan Africa (Nguyen and Wodon 2015). Within particular contexts it can be closely related to other harmful practices, such as FGM/C (cf. Karam 2015) and Son Preference (cf. Gupta 2014).

1.6.3 Son Preference

The preference for male offspring is an expression of gender inequality and discrimination. Son preference, leading to practices that result in the neglect and death of girls, have caused international organisations to ring alarm bells (United Nations 2011). It is closely related to the social and legal status of women, including their inheritance rights, and therefore the preference for sons takes on many different forms with different implications within specific national and local contexts (Jones 2010).

The preference for sons is associated with various practices that discriminate, violate and harm women and girls. These include forced labour and deprivation from education, deprivation from (medical) care and (nutritional) food, trafficking, early marriage, pressure on women to give birth to sons, violence to women who give birth to girls, and sex-selective abortions (Mitra 2014, Nnadi 2013). Son Preference is also related to dowry practices (Cf. Bradley 2010, 2015), succession, the denial of inheritance for women (Nnadi 2013) and other practices related to widowhood. Gender misbalance and the shortage of women of marital age is the result of these practices related to Son Preference. It is associated with early marriage, early and too many pregnancies, lack of agency of women within their own families and in the families of their spouses, as well as increased sexual and gender-based violence (Nnadi 2013, Mitra 2014).

Although Son Preference exists all over the world, it is particularly associated with Asian societies. For example, imbalance in sex ratio was already noticed in demographic censuses in colonial India as early as 1901. In 1992 the UN advisor Amartya Sen drew international attention to the phenomenon of millions of 'missing women', by drawing on demographic evidence of the excess in female mortality (Mitra 2014, Sen 2003, Sen 1990). The census of India in 2011, for example, reveals that the number of girls per 1000 boys is the lowest it has been since 1947 (Mitra 2014).

Since Son Preference and devaluation of girls often occurs in contexts where people are poor and deprived, and women lack economic opportunities, it is often expected that the preference for sons changes with economic development. Reference is made to the case of South Korea to support this assumption, because the country demonstrated significant improvements related to increased economic opportunities for women and urbanization (Nnadi 2013). However, research in India suggests otherwise, as upwardly mobile people in these societies continue such practices (Mitra 2014, Baddrudoja 2011). In fact, in the context of the emergence and increased access to medical and reproductive technologies, medical abortions and genetic sex-selection is increasing and increasingly accessible (Gupta 2014). These practices do not fit the notion of 'traditional practices', being highly modern, but are a result of traditional beliefs in the superiority of sons and men.

Rather than a single practice, this report considers Son Preference as an expression of the belief in male superiority in relation to several practices that harm women and girls, including female infanticide, sex selection, dowry practices and denial of inheritance for women.

1.6.4 Honour Related Violence (HRV)

Honour-Related Violence is various forms of communally-sanctioned violence against women that are associated with the virtue of the community or the family, often related to the demand for sexual chastity and virginity (Sadik 2000). HRV can refer to various practices that are harmful to women and girls, including acid throwing and honour killing. Acid throwing is reported in particular in the context of Bangladesh (Chowdury 2002), India (Kanchan 2015) and wider South Asia (Pio and Singh 2015). It occurs in response to the refusal of marriage by a girl and her family, but increasingly so in the context of land and family disputes. Marking women with permanent injuries, often in the face, is seen as symbolically attacking the honour of the family. Acid throwing leads to severe physical, mental and social damage for the victims.

While the term 'Honour-Related Violence' is used fairly interchangeably with 'Honour Killings', it is worthwhile noting that the prevalence data focuses on honour killings. Honour killings are reported mainly in the MENA region and parts of South Asia, where approximately 5000 women a year are the victims of this practice (Kulczycki and Windle, 2011). Many of them were killed for the 'dishonour' of having been raped, often as not by a member of their own extended family (Sadik 2000). Most authors characterize honour killings as communal in nature, resulting from a family council decision plan to restore honour (An-Na'im 2005, Arin 2001, Cinthio & Ericsson 2006).

The limited data, both quantitative as well as qualitative, can be ascribed mostly to underreporting and misreporting of such crimes to authorities, including perpetrators disguising it disappearances, accidents or suicides (Kulczycki and Windle 2011). Although little is known about the actual prevalence of the practice, the impression that honour killings are increasing can be ascribed to increased public awareness and discussion of the practice (Kulczycki and Windle 2011) rather than an actual increase in such practices.

It is problematic that the term suggests these forms of violence only occur in traditional societies. While familial violence is a serious problem, framing it as HRV denies the political, moral, economic, gendered and other dynamics underlying these forms of violence (Abu-Lughod 2013). Furthermore, practices categorised as HRV are sometimes targeted at men as well; hence GBV might be a more inclusive and less stigmatising term (Gill et.al. 2015). As it makes women objects rather than agents in the context of their own families, the term is problematic when used in the context of development practice.

2. HTP Prevalence data

The HTP prevalence data that was reviewed is presented in the tables below. As noted in the section on the limitations of the literature review, HTP prevalence data is limited, and focuses on FGM/C and CEM.

Table 5. Prevalence data

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HTP	Source	Figures
<u>Child Marriage</u>	Jstor, Google Scholar	• In Africa, rates vary from 2% in Algeria to 75% in Niger.[18] • Area with overall highest prevalence is South East Asia: 45.4%, followed by Africa: 38.5% • Based on DHS (country, percentage, year of survey): Ghana, 20.7%, 2014; Senegal, 32.3%, 2014; Kenya, 22.9%, 2014; Rwanda, 6.9%, 2014; Zambia, 31.4%, 2013; Chad, 66.9%, 2014; Namibia, 6.9%, 2013; Niger, 77%, 2014.[19] • Based on World Bank (country, percentage, year of survey): Benin, 34.9%, 2006; Burkina Faso, 45.7%, 2003; Cameroon, 47.5%, 2004; Central African Republic, 56.6%, 1995; Chad, 66.5%, 2004; Congo Brazzaville, 25.5%, 2005; Congo Kinshasa, 35.4%, 2007; Côte d'Ivoire, 20.0%, 2005; Ethiopia, 43.8%, 2005; Gabon, 30.7%, 2000; Ghana, 23.8%, 2008; Guinea, 58.1%, 2005; Kenya, 22.8%, 2008; Lesotho, 19.0%, 2009; Liberia, 33.9%, 2007; Madagascar, 47.8%, 2008; Malawi, 44.3%, 2004; Mali, 71.1%, 2006; Mozambique, 56.0%, 2004; Namibia, 7.3%, 2006; Niger, 74.5%, 2006; Nigeria, 39.1%, 2008; Rwanda, 5.3%, 2005; São Tomé & Principe, 32.9%, 2008; Senegal, 38.4%, 2005; Sierra Leone, 45.3%, 2008; South Africa, 4.6%, 1998; Swaziland, 8.5%, 2006; Tanzania, 36.8%, 2010; Togo, 24.1%, 1998; Uganda, 36.3%, 2006; Zambia, 33.8%, 2007; Zimbabwe, 26.9%, 2005[20]

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[18] Okonofua, Friday. "Prevention of Child Marriage and Teenage Pregnancy in Africa: Need for More Research and Innovation / Il Faut Encore plus De Recherche Et D'innovation Dans La Prévention De La Grossesse Chez Les Enfants Et Les Adolescentes Dans Les Mariages Africains." African Journal of Reproductive Health / La Revue Africaine De La Santé Reproductive 17, no. 4 (2013): 9-13. http://www.jstor.org/stable/24362407.

[19] Koski, Alissa, Shelley Clark, and Arijit Nandi. "Has Child Marriage Declined in sub-Saharan Africa? An Analysis of Trends in 31 Countries." Population and Development Review 43, no. 1 (2017): 7-29. doi:10.1111/padr.12035.

[20] Gemignani, Regina & Quentin Wodon (2015) Child Marriage and Faith Affiliation in Sub-Saharan Africa: Stylized Facts and Heterogeneity, The Review of Faith & International Affairs, 13:3, 41-47,

		• South East Asia, 46% married by 18, 2000-2010. Highly variable between countries.[21]
	UNFPA (2012)[22]	• 34% of women between 2001 and 2011 was married while before 18 (Most common in South-East Asia and West and Central Africa) • Women (20-24) who married or entered into union by age of 18 (2000-2011) in: Haiti, 30%; Guatemala, 30%; Zimbabwe, 31%; Yemen, 32%; Senegal, 33%; Congo-Brazzaville, 33%; Gabon, 33%; Sudan, 34%; Sudan, 34%; Sao Tomé & Principe, 34%; Benin, 34%; Côte d'Ivoire, 34%; Mauritania, 35%; Brazil, 36%; Gambia, 36%; Cameroon, 36%; Tanzania, 37%; Liberia, 38%; Honduras, 39%; Afghanistan, 39%; Nigeria, 39%; Congo-Kinshasa, 40%; Dominican Republic, 40%; Nepal, 41%; Ethiopia, 41%; Zambia, 42%; Nicaragua, 43%; Somalia, 45%; Uganda, 46%; Eritrea, 47%; India, 47%; Burkina Faso, 48%; Sierra Leone, 48%; Madagascar, 48%; Malawi, 50%; Mozambique, 52%; Mali, 55%; Central African Republic, 61%; Guinea, 63%; Bangladesh, 66%; Chad, 72%; Niger, 75%.
FGM/C	Pubmed, Google Scholar	• Kersa district (Ethiopia) (92.3%)[23], Sierra Leone (81.2%)[24], Mauritania (77%)[25], Gambia (75.6%)[26], Rural Gambia (58%)[27], Ravansar (Iran) (55.7%)[28]

[21] For South (East) Asia: Scolaro, Elisa, Aleksandra Blagojevic, Brigitte Filion, Venkatraman Chandra- Mouli, Lale Say, Joar Svanemyr & Marleen Temmerman (2015) Child Marriage Legislation in the Asia-Pacific Region, The Review of Faith & International Affairs, 13:3, 23-31: Draws on UNFPA Data.

[22] UNFPA, Marrying Too Young: End Child Marriage, UNFPA New York, 2012.

[23] Yirga WS, Kassa NA, Welday M, Gebremichael MW, Aro AR: Female genital mutilation: prevalence, perceptions and effect on women's health in Kersa district of Ethiopia. Int J Women's Health. 2012, 4: 45-54.

[24] Bjälkander O, Grant DS, Berggren V, Bathija H, Almroth L: Female genital mutilation in Sierra Leone: forms, reliability of reported status, and accuracy of related demographic and health survey questions. Hindawi Publ Corp: Obstet Gynecol Int. 2013, 1-14.

[25] Ouldzeidoune N, Keating J, Bertrand J, Rice J: A description of female genital mutilation and force-feeding practices in Mauritania: implications for the protection of child rights and health. PLoS One. 2013, 8 (4): e60594-10.1371/journal.pone.0060594.

[26] Kaplan A, Forbes M, Bonhoure I, Utzet M, Martín M, Manneh M, Ceesay H: Female genital mutilation/cutting in The Gambia: long-term health consequences and complications during delivery and for the newborn. Int J Women's Health. 2013, 5: 323-331.

[27] Morison L, Scherf C, Ekpo G, Paine K, West B, Coleman R, Walraven G: The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey. Trop Med Int Health. 2001, 6 (8): 643-653. 10.1046/j.1365-3156.2001.00749.x.

[28] Pashaei T, Rahimi A, Ardalan A, Felah A, Majlessi F: Related Factors of Female Genital Mutilation (FGM) in Ravansar (Iran). J Women's Health Care. 2012, 1 (2): 1000108

		and Nigeria (34%)[29]. Somalia (98%), Djibouti (93%), Eritrea (89%) and Ethiopia (74%) are east African countries where FGM is widely spread.[30] The distribution of FGM practice in Ethiopia is vary depending on ethnic origin and region: in the Muslim-dominated parts of the country, the prevalence ranges between 85 and 97 percent.[31] [32]
FGM/C	Unicef(2016)[33], WHO (2017)[34]	• 37% percent of girls 15-19 who have undergone FGM/C • 200 million girls (2016) • An estimated 3 million girls are at risk of FGM every year
	USAID (2008)[35]	• Country Surveys by DHS (country, first percentage 15-49, second percentage 50+, year of survey): Egypt 95.8%, 96.3%, 2005; Eritrea 88.7%, 95.0%, 2002; Northern Sudan 89.2%, 90,9%, 1990; Ethiopia 74.3%, 80.8%, 2005; Guinea 95.6%, 99.5%, 2005; Mali 91.6, 91.0, 2001; Burkina Faso 76.3%, 83.6%, 2003; Mauritania 71.3%, 68.6%, 2001; Senegal 28.2%, 30.6%, 2005; Côte d'Ivoire 41.7%, 45.0%, 2005; Chad 44.9%, 45.9%, 2004; Central African Republic 35.6%, 41.9%, 2000; Nigeria 19.0%, 59.6%, 2003; Benin 16.8%, 23.7%, 2001; Ghana 5.4%, 7.9%, 2003; Niger 2.2%, 2.8%, 2006; Cameroon 1.4%, 2.4%, 2004; Kenya 32.2%, 47.7%, 2003; Tanzania 14.6%, 22.9%, 2004; Uganda 0.6%, 0.4%, 2006.

[29] Mandara MU: Female genital mutilation in Nigeria. Int J Gynecol Obstet. 2004, 84: 291-298. 10.1016/j.ijgo.2003.06.001.
[30] WHO, Eliminating Female Genital Mutilation, 2008 Report, http://apps.who.int/iris/bitstream/10665/43839/1/9789241596442_eng.pdf (Accessed November 1, 2018)
[31] Bogale, Daniel, Desalegn Markos, and Muhammedawel Kaso. "Prevalence of female genital mutilation and its effect on women's health in Bale zone, Ethiopia: a cross-sectional study." BMC Public Health 14, no. 1 (2014). doi:10.1186/1471-2458-14-1076.
[32] Mitike, Getnet, and Wakgari Deressa. "Prevalence and associated factors of female genital mutilation among Somali refugees in eastern Ethiopia: a cross-sectional study." BMC Public Health 9, no. 1 (2009). doi:10.1186/1471-2458-9-264.
[33] Unicef Data Report on Female Genital Cutting, https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf, 2016. (Accessed when 1 November 2017)
[34] WHO Fact Sheet on Female Genital Cutting, http://www.who.int/mediacentre/factsheets/fs241/en/, 2017. (Accessed 1 November 2017)
[35] Yoder, P.S, and Kahn, S., Numbers of women circumcised in Africa: The Production of a Total, DHS Working Papers, USAID, 2008

Sex Selection	Pubmed, Jstor, ebscohost, Wiley, Google Scholar	• Sex ratio mentioned in Gupta article, Indian provinces, based on 2001 census: Rajasthan 110.0; Punjab 125.3; Haryana 122.1; Uttar Pradesh 109.3; Maharashtra 109.5; Gujarat 113.2; Binar 105.5; Orissa 105.0; West Bengal 104.2; Madhya Pradesh 106.1; Andrha Pradesh 102.8; Karnataka 105.7; Tamil Nadu 106.2; Kerala 104.1.[36]
	UNFPA (2016)[37]	• 117 million women across Asia are "missing", and many others are missing in Eastern European and Caucasus countries as well – largely the result of gender-biased sex selection, a form of discrimination.[38] • In many parts of South, East and Central Asia, ratios as high as 130 boys for every 100 girls have been observed.
Witchcraft Accusations	Sciencedirect, Jstor, ebscohost, Wiley, Google Scholar	• In Limpopo Province in South Africa, according to unofficial estimates, 389 people were allegedly killed between 1985 and 1995[39]; and between 1996 and 2001 more than 600 people were killed by lynching in the same province.[40] • Thousands of elderly people, especially women, have been accused of witchcraft and then beaten and/or killed in Tanzania. • Such acts of violence have also been recorded in Zambia: on 16 May 2007, villagers in Luto village beat two men who were identified by a "witch finder" as sorcerers who had caused the death of two children. In northern Ghana, women accused of witchcraft are banished and forced to live in "witch villages" in dehumanizing conditions.[41] [42]

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[36] Sex ratio is the ratio of males to females in a population. Cf. Gupta, Bishnupriya. "Where Have All the Brides Gone? Son Preference and Marriage in India over the Twentieth Century." The Economic History Review 67, no. 1 (2013): 1-24

[37] Percentages are not available, only gender-disparity in birth ratio. UNFPA and UNICEF refer to:
Amartya Sen's Missing Women: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC286281/

[38] Gender-biased sex selection can be measured using sex ratio at birth, a comparison of the number of boys born versus the number of girls born in a given period. The biologically normal sex ratio at birth can range from 102 to 106 males per 100 females. When many more boys are born than girls, it is a sign that sex selection is taking place. Ratios as high as 130 boys per 100 girls have been observed. See more at: http://www.unfpa.org/gender-biased-sex-selection#sthash.Ebc7PVYa.dpuf

[39] Niehaus, Isak Arnold, Eliazaar Mohlala, and Kally Shokane. Witchcraft, Power, and Politics: exploring the occult in the South African lowveld. Cape Town: David Philip, 2001.

[40] Ter Haar, Gerrie. Imagining Evil: witchcraft beliefs and accusations in contemporary Africa. Africa World Press, 2007.

[41] Dovlo, Delanyo. "Migration of nurses from Sub-Saharan Africa: a review of issues and challenges." Health services research 42.3p2 (2007): 1373-1388.

[42] Adinkrah, Mensah. "Witchcraft accusations and female homicide victimization in contemporary Ghana." Violence against women 10.4 (2004): 325-356.

Witchcraft Accusations	UNHCR (2009)[43]	• As a more recently documented exception, the Lugbara tribe in Kenya attributes witchcraft to men, rather than women. Current news articles indicate, conversely, that women in ethnically Kisii areas have been predominately killed as accused witches: in May 2008, 15 women were killed by a mob in a region "dubbed Kenya's 'sorcery belt' due to mob attacks on women suspected of witchcraft." • 95% of those accused of witchcraft, tortured and killed are women. • Chhattisgarh (India): Though killings are rare in this area, "more than 100 women are tortured, paraded naked or harassed in the state every year. • India: the national figure could be in the thousands.
	UN (2014)[44]	• Witchcraft accusations that are used to justify extreme violence against older women are reported in 41 African and Asian countries, including Burkina Faso, Cameroon, India, Kenya, Malawi, Nepal and Tanzania. Older widows are often those most at risk. • In a large majority of African countries, executions of alleged witches have reached alarming levels. The following countries: Botswana, Cameroon, Ghana, Namibia, Nigeria and the United Republic of • Tanzania (2007: 6). Other authors too note the recent surge in accusations followed by violence.
Widowhood and Inheritance Issues	Wiley, Google Scholar	• Less than half of widows in 15 Sub Sahara African countries report inheriting any assets (average inheritance of any assets is 47 percent, ranging from 22 percent in Sierra Leone to 66 percent in Rwanda); the proportion reporting inheriting the majority of assets is lower (average of 32 percent, ranging from 13 percent in Sierra Leone to 60 percent in Rwanda).[45]
Widow/Inheritance Issues	UNFPA (2000)[46]	• More than 250 million widows around the world face multiple abuses, neglect, and social exclusion and too frequently are pushed into extreme poverty; the Loomba Foundation estimated that in 2015, 38,261,345 million widows were living in extreme poverty.[47]

[43] Jill Schnoebelen, Witchcraft allegations, refugee protection and human rights: a review of the evidence, UNHCR, 2009, http://www.unhcr.org/research/working/4981ca712/witchcraft-allegations-refugee-protection-human-rights-review-evidence.html

[44] UN News Centre, http://www.un.org/apps/news/story.asp?NewsID=48055#.WRWSD1KiGHo, 2014

[45] Peterman, A. (2012), Widowhood and Asset Inheritance in Sub-Saharan Africa: Empirical Evidence from 15 Countries. Development Policy Review, 30: 543–571

[46] UNFPA, State of the World Population, 2000.

[47] Human Rights Watch: https://www.hrw.org/report/2017/01/24/you-will-get-nothing/violations-property-and-inheritance-rights-widows-zimbabwe

	UN Women (2009)[48]	Dowry-related violence is widespread in India. In 2011 alone, the National Crime Records Bureau reported 8,618 dowry harassment deaths.
Virginity Testing	Pubmed, Jstor, ebscohost, Wiley	• Only country reporting on Egypt, Turkey, Southern Africa, Middle East and Indonesia (as well as US for pledges etc.)
Honour Related Violence /Honour Killings	UN Women (2016)[49]	• 1,096 women (of whom 170 were minors under the age of 18) were killed for 'honour' in 2015.[50]

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[48] http://www.unwomen.org/en/news/stories/2012/12/confronting-dowry-related-violence-in-india-women-at-the-center-of-justice

[49] UN Women, The United Nations in Pakistan Urges Government Action to End Honour Killings, http://asiapacific.unwomen.org/en/news-and-events/stories/2016/06/the-united-nations-in-pakistan-urges-government-action-to-end-honour-killings, 2016

[50] According to the Human Rights Commission of Pakistan (HRCP) - See more at: http://asiapacific.unwomen.org/en/news-and-events/stories/2016/06/the-united-nations-in-pakistan-urges-government-action-to-end-honour-killings#sthash.vTrYDmnv.dpuf

3. HTPs in the context of 'faith'

This section summarises and reflects on the literature that was found on FGM/C, CEM, Son Preference and HRV in the context of faith. A separate annotated bibliography details each article, with a short overview.

3.1 FGM/C in the context of faith

This section discussed the existing academic literature that focuses on FGM/C and faith, with an emphasis on the engagement of and with religious leaders on FGM/C. While the relationship between the practice of FGM/C and faith is complex and multifaceted, this section will nevertheless attempt to unpack it in more detail.

FGM/C is sometimes assumed to be a faith-related practice, in particular in relation to Islam (Shell-Duncan and Herlund 2000). The literature reviewed suggests, however, that defining FGM/C as a practice sanctioned by faith is highly problematic. FGM/C existed before the emergence of major faiths such as Christianity and Islam (ibid.). Concretely examining the link between faith and FGM/C, a recent analysis of faith difference in the National Demographic Health Survey in Burkina Faso demonstrated that the differences between "Christians, Muslims, and adherents of traditional faith in education, wealth, and other socio-demographic characteristics do little to explain differences across faith groups in the practice of female circumcision" (Hayford et.al 2011). FGM/C is generally perceived as being linked to Islam, yet ethnographic and demographic studies have demonstrated that FGM/C is practiced across faith affiliations. Various strands of Christianity and Islam are linked to FGM/C practices (Abusharaf 2006, Hayford & Trinitapoli 2011).

FGM/C in local contexts are to be understood as intersecting with ethnicity, gender, marriageability and virginity, generation, class, economic status and faith (Gruenbaum 2005). Even within one national context, the norms underpinning FGM/C can be particular to a specific group or locality (Abathun et al, 2016). In addition, such local meanings of FGM/C alter and change over time (Johnson 2000). Arguably it is the entanglement of faith with these and other aspects and dimensions of culture that makes it difficult to assess what the particular relation between FGM/C and faith is, since separating faith from other contextual factors is both empirically and methodologically problematic.

While most studies conclude that FGM/C cannot be seen as a faith practice (Roth 2013, Boddy 2007, Gruenbaum 2005) faith is nevertheless often mentioned as part of the 'beliefs' that support or legitimise FGM/C in local contexts (UNICEF 2016). Both UN and academic literature draw certain conclusions about the relationship between faith and FGM/C that need further consideration. UNICEF (2016), for example, concludes that FGM/C is widely held to be a faith obligation, although in Guinea, Mali and Mauritania this was observed more than in other countries. Other research suggests that practitioners of FGM/C explain at least some types of FGM/C as a faith practice (Abathu 2016, Boddy 2007, Johnson 2000). This is often done by referring to sacred scripture and faith leaders as justification for the practice (Gruenbaum 2005). It is therefore important to investigate the role faith authorities play in authorising interpretations that support or condemn the practice of FGM/C, and how this contributes to legitimizing the practice and/ or its abandonment. This requires an understanding of the role of faith authorities in the context of specific strands of a faith and in the context of local (power) dynamics. While the analysis of local dynamics is hardly possible in a literature review such as this, a number of examples demonstrate its relevance and importance to the analysis of FGM/C in the context of faith (focusing on Islam and Christianity).

3.1.1 Islam and Muslim leadership

The Qur'an as the primary source of Muslim law does not mention female circumcision (Rouzi 2013). Pro-FGM/C arguments that use Islamic sources often refer to the Sunnah, Muhammed's recorded sayings and the interpretations of those by early faith authorities in the Hadith. Often mentioned is the story of a female circumciser that receives permission from the Prophet Mohammed to practice her profession but: "if you cut don't go too far". Another of those sayings states that circumcision is a noble deed for women, while another one suggests that it is mandatory (Abusharaf 2006, Osten-Sacken 2017). The latter means that according to Islam FGM/C is not a custom, which suggests there is space for negotiation and choice. According to Abusharaf (2006) the majority opinion is that FGM/C is not a custom, but leaves space for negotiation and choice. FGMC is a highly controversial within faith/legal circles in the context of Islam, leading to fierce debates among clergy and faith scholars, including Islamic feminists. According to Rouzi (2013), "the practice of FGM/C, whatever the type, cannot be linked to the teachings of Islam" since the principle of no harm supersedes any cultural practice, even when legitimized by arguments that draw on Islamic sources and interpretations. The existence of a type of FGM/C that is referred to as 'Sunnah' (Rouzi 2013) may have erroneously contributed to the widespread perception that FGM/C is an Islamic practice.

FGM/C is clearly a contested issue in Islamic circles. Yet such contestations must also be seen in relation to internal debates on the interpretation and authority of Islamic sources (Van Raemdonck 2016) and in the context of broader (post-)colonial politics and power relations. In Islam there is not a conclusive faith authority (ibid.), and the organisation of faith authority is specific for particular contexts. In Egypt, for example, some Muslim leaders (notably the Salafist leaders) have been very vocal against FGM/C while others have defended FGM/C on Islamic grounds (ibid). While the diversity of interpretations allows individual Muslims some space to follow a particular interpretation that either supports or rejects FGM/C as a practice, cultural and other power dynamics might be more influential in decision making within a particular context. Thus, while FGM/C occurs in Muslim (majority) contexts, how Islam serves as a legitimization or resistance to the practice is very particular to the specific context.

Controversies around FGM/C in Islamic contexts are influenced by advocacy against FGM/C and the influence of Western actors, which have invited faith responses that have affirmed FGM/C as an Islamic practice (Van Raemdonck 2016). However, despite this, the practice of FGM/C in Muslim communities and majority societies should be understood in the context of what Van Raemdonck refers to as the "grey-zone between religion and culture" (2016). Cultural understandings that emphasise virginity before marriage are important reasons to practice FGM/C. Resonating with values around marriage, sexuality and family honour in Islam, Islamic arguments are then used as a legitimization of FGM/C in certain contexts.

3.1.2 Christianity and Christian leadership

FGM/C is not mentioned in Christian sacred scripture. Alongside the introduction of Christianity in many parts of the world, including Sub Saharan Africa and the Middle East, missionary campaigns were initiated against the "unchristian traditional practices" such as FGM/C (Dube and West 2000). Christian arguments against FGM/C draw on notions of the sanctity of the human body that should be safeguarded and protected by humans (ibid.). In Sub-Saharan Africa, Christian discourses served to constitute a Christian modern self, vis-à-vis a traditional other. This was typical of the colonial/missionary discourses of the time. In many parts of Africa, missionaries made converts promise not to circumcise their daughters as a prerequisite for full membership or baptism (Murray 1976). Consequently, conversion into Christianity often included promising to abandon the practice (El Damanhoury 2013). However, this also resulted in culturally insensitive campaigns to eradicate FGM/C, accompanied by disciplining measures by local churches and faith leaders. In Kenya, for example, Presbyterian (Protestant Christian) campaigns led to controversies and resistance that severely

affected church attendance (Schafrot 2009). Christian advocacy against FGM/C was interpreted by some as due to Western influence, which in turn played a role in the emergence of African Independent Churches that tolerated the practice.

Today, female circumcision is practiced among Christians in Egypt, Ethiopia, Sudan, and throughout coastal West Africa (Yoder, Abderrahim, and Zhuzuni 2004). Christians practicing it often consider it a faith obligation, drawing on Christian notions of sexual purity in particular for women (El Damanhoury 2013). Arguments of bodily integrity seem to be less relevant in these settings. It also appears to differ based on denomination. For example, research in Ethiopia suggests that FGM/C is practiced by Orthodox Christians, but hardly by Protestant Christians, while Ethiopian Jews practice FGM/C in Ethiopia, but did not continue the practice when migrating to Israel (Bogale, 2014). This suggests it is a local, cultural practice that loses its significance after migration.

In Nigeria, on the other hand, FGM/C is practiced by Christians of all denominations, including diverse Protestant Christian communities (Shell Duncan 2007; Schafrot 2009). This does not mean that Christian churches or leaders promote it, or that Christian arguments are used to legitimize the practice in every context. In that sense contestations over FGM/C within Christian contexts are not related to contestations over religious texts or theology. While there are quite a number of Christian churches and leaders who have been vocal in advocating against the practice of FGM/C, Schafrot (2009) observes that in many countries churches have remained silent on the issue of FGM/C. This silence on FGM/C is not always in support of FGM/C, but should be seen in relation to the dominant patriarchal structures in many Christian institutions, rendering the lives of women and their bodies as private and/or irrelevant to the faith practice (ibid; this is also observed in relation to SGBV by Le Roux 2014, Le Roux et.al. 2016).

3.1.3 Interventions and methodologies engaging or targeting faith leaders

In the first programme to organise communal pledges against FGM/C in Senegal, Muslim leaders were actively engaged in convincing local communities and families to pledge they would not have their daughters circumcised (Abusharaf 2013, Shell-Duncan 2007). Since then pledging ceremonies and alternative initiation rites have been introduced in many contexts in which FGM/C is practiced (Windle et. Al, 2009). During such alternative initiation rites, faith leaders are engaged (alongside other community leaders) and play a role in advocacy as well as legitimizing the alternative ritual. Various organisations have developed their own programmes along these lines (Muhamud et al, 2013). In Masaai communities in Kenya, for example, the authority of churches is widely recognised in local communities, thus their active involvement in alternative initiation rituals has been important.

In addition to community-based programmes that engage faith leaders, faith leaders and institutions have taken up active roles in campaigning against FGM/C, often supported by NGOs and UN organisations (Schafroth 2009). In Ethiopia both Catholic and Orthodox leaders have supported campaigns to eradicate FGM/C (UN Women, 2013); in Uganda, the Anglican Church has been active in campaigning against FGM/C; in Kenya the Seventh Day Adventist Church has actively opposed FGM/C (Roth 2013); while in Senegal, Imams have delivered sermons in mosques to convey that FGM/C is no supported by Islam, after these leaders had been engaged in a Senegales- German initiative that discussed the health consequences of FGM/C with faith leaders (Kirmani 2011).

The literature available suggests that alternative initiation rituals are successful. These successes must be understood in the context of local meanings of FGM/C, namely as a transition ritual (from girlhood to womanhood), which means that girls are circumcised when they are teenagers. In these contexts, alternative rituals may replace FGM/C (Gruenbaum 2005). However, longitudinal studies are currently lacking – thus the long-term impact of these interventions is not clear. It has been argued that such community-based campaigns, while claiming participatory approaches, often lack the support of the

majority of women. Women thus continue to practice FGM/C or may choose to be circumcise as soon as the reach the adult age (Ahmadu 2009). Such campaigns and programmes do not recognise the role and authority of women, but instead focus on the (top-down) authority of men. As observed before, faith institutions tend to be patriarchal, thus working through such institutions and their leaders may have consequences for engaging women.

Engaging faith leaders in anti-FGM/C efforts will not necessarily be effective or have the desired effect. Haile (2012) in a study of faith leader engagement in anti-FGM/C movements in Ethiopia, points out that faith leaders generally see their role as being spiritual, offered through prayer and sacred texts, rather than giving health information – which limits the extent to which they address FGM/C. In a reflective and analytical article informed by extensive fieldwork in Ethiopia, Østebø and Østebø (2014) question the potential for change through engaging faith leaders in FGM/C campaigning, listing a number of challenges. For example, local Muslim leaders are not organised hierarchically; authority is influenced by many factors including an imam's individual credentials and his reputation; and this authority tends to be defined by a particular locality. While a local Christian NGO was successful in engaging some of these local Muslim leaders for community programmes in the region, this resulted in huge conflicts between these faith leaders and others who were critical and rejected the influence of foreign NGOs. The authors also found indications of faith leaders that supported the NGO programmes officially, while unofficially continuing support for FGM/C. In line with the critique on male dominance in community based approach, the focus on faith leaders as key agents of change is critiqued for operating within a top-down frame of transformation and development. A study on Women's Islamic Activism in Burkina Faso is interesting in this light (Gomez-Perez 2016). Female preachers have developed their messages on FGM/C and Islam based on long-term fieldwork and engagement with women in local communities and their grounding in Islamic discourse, which brings together bottom-up/ grass-roots approaches with strengthening women's voices and women's faith authority.

In conclusion, there is a lack of sound research on FGM/C interventions in general, let alone research that looks specifically at the role of faith, faith institutions and local faith communities (Michau et al 2015). Perhaps the community-based intervention of Tostan is the most well-known and evaluated example, however this intervention is not explicitly tailored towards faith leaders (Diop et al 2009). Those publications that have engaged more critically with the topic suggest that, while faith leaders are important actors at community level, the legitimacy of faith leaders is easily weakened or challenged when engaged in addressing FGM/C at local levels.

3.2 CEM in the context of faith

This section deals with the nature of the relationship between 'faith' and CEM as it is discussed in academic writing. It will explore insights from literature on the role of faith leaders and FBOs in relation to CEM, and from interventions that focused on faith actors as key agents in changing the practice.

Faith is mentioned as an important social determinant in supporting or withholding from the practice in local or regional context. Since marriages are often performed using faith rituals, CEM is often sanctioned by faith leaders (Blackburn and Bessell 1997). People who practice CEM may consider it an obligation by their faith, as a case study on CEM in Burkina Faso illustrates (Gemignani and Wodon 2015). CEM can therefore be linked to faith in in terms of how it is sanctioned and legitimized through faith beliefs and practices in particular cultural contexts. However, in line with observations on FGM/C, the interrelations between CEM and faith are far from straightforward. The consulted literature, therefore, also invites a critical perspective on the interrelations between CEM and faith.

Firstly, looking at the prevalence in Sub-Saharan Africa and in South Asia, it becomes clear that the practice of CEM can hardly be explained by referring to faith only. Child and Early Marriage occurs in two very different regions with very different faith systems. Even though most of literature refers to Islam and Christianity, one must account for how these can be very different faith (and cultural) systems within specific contexts. While CEM is practiced in both Muslim and Hindu communities in India, references to Hinduism are absent from the literature with an exception for the historical analysis made by Gupta (2013) on Early Marriage and Son Preference.[51]

Secondly, trends over time have showed a decrease in the practice globally, with little difference between the regions or their faith traditions (Nguyen & Wodon, 2015). Research therefore suggests that the prevalence of CEM must be understood in the context of social determinants on a local level, such as gender status, education, virginity (with a strong relation to FGM/C), class or economic status, and locality (Gemignani & Wodon 2015). A decrease in the practice of CEM cross-culturally must also be understood against this backdrop, in which urbanization and education in particular seem to be factors of importance (ibid.).

Thirdly, CEM is (much alike FGM/C) often perceived as being linked to Islam. However, as pointed out by Lewis and Lockheed (2007), many Islamic communities throughout the world have managed to sharply reduce the prevalence of CEM and have embraced girls' education and women's employment. While, as Gemignani and Wodon (2015) suggest, there are cases in which majority Muslim countries have higher measures of child marriage than majority Christian countries, in some other cases the opposite is true. Historical research has pointed out that the practice of CEM was present long before Islam became one of the world's dominant faiths (Walker, 2015).

Finally, within particular contexts the faith and cultural legitimizations of CEM have emerged as a cultural reaction to colonialism (Zwemer 1915, Ali 2000, Prettitore 2015). The age at which it is or was appropriate for girls to marry has been a contentious matter in many countries, because of how colonial politics played out in family and community life via these issues. A better understanding of the entanglements of CEM with faith can only be had when taking a broad and intersectional perspective.

3.2.1 Faith and faith leadership

According to the literature available on the issue, faith leaders can be effective advocates for ending child marriage (McClearly-Sills et al., 2015). Lemmon and El Harake (2014) point out that, even if many factors that contribute to the continuation of the practice (e.g. lack of education or lack of economic opportunities) will improve or disappear, countries where religious justification for child marriage are deeply entrenched will not see an end to child marriage without changes in the social norms and practices espoused by religion. This is where faith leaders can play an important role. In particular because there is no single faith associated with the practice, and as people use both culture and faith to justify CEM, Lemmon et al (2014) argue that faith and traditional leaders can be uniquely effective in shifting the social and cultural norms away from the practice of CEM. While there is some literature that considers the role of faith and faith leadership, this literature exclusively focuses on Islam and Muslim leadership (Ali 2000). Christianity and Christian leadership is sometimes mentioned, but not addressed. Aware of bias, we will further investigate CEM in the context of Islam and Islamic leadership.

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[51] Insights from this article are further considered under the section on Son Preference, noting how the practice of CEM is closely entangled with those following from Son Preference in the context of India.

3.2.2 Islam and Islamic leadership

In Islam the debate over the marriage of minors to a large extent centres on the definition of 'maturity'. When is a girl mature? Practically, in many Islamic countries, maturity has come to be defined as puberty, based on the view that an objective of marriage is procreation (Prettitore 2015). Going back to the Hadith or Quran, marriage is not bound by age and no legal age of marriage is set in these books. Proposals for change and the raising of the legal age of marriage can meet fierce resistance, backed up by the argument that the Prophet himself married Aisha when she was only 9 years old. In Islamic faith traditions, fathers can arrange a marriage for a minor without the latter's consent. All Islamic schools of jurisprudence, except for the Hanafi school, state that women can always be married to a man by their guardian. When a girl or woman marries for the first time, her permission is not needed, even if she has already old enough to be considered an adult (Waardenburg 1984).

CEM is a controversial and much-debated practice within Islam. Those opposing it argues that the *Shar'ia* may have been following the *social practice* of the Islamic core countries in the 1st – 4th and the 7th to 10th centuries (Giladi 1995, 826). The practice, it is argued, must therefore be seen as a continuation from pre-Islamic times, which makes it a cultural practice.

The Ottomans, and their successors, the Young Turks, reformed family law drastically and set a minimum age for marriage. Under British colonial influence similar developments took place (Eisenman 1978, 6). This was accompanied by a strongly condemning and moralistic discourse (for example: "Child marriage is a great evil, but it is based upon the highest authority in the Muslim world, namely the practice of the Prophet himself" (Zwemer, 1915, 97)). However, the practice did not immediately conform to the reform legislation. In response to colonial and missionary discourses, the amount of Islamic apologetic works that legitimized or supported the practice of CEM as an Islamic practice increased (Ali 2000, 56). As some viewed development and Westernization as a way to challenge CEM, polarisation around CEM increased in Muslim majority contexts (Prettitore 2015).

3.2.3 Interventions and Methodologies Engaging or Targeting Faith Leaders

In combating the practice of child marriage, leadership development has been acknowledged as an effective capacity building tool to improve the knowledge and commitment gaps of faith leaders, and therewith change social attitudes towards the practice. Karam (2015) states that most initiatives, whether they incorporate any kind of collaboration with faith leaders or not, focus at three levels – working with the affected (the girls), the people around them, and the legal system and policies that affect their lives. In Senegal, for example, community-based awareness campaigns, supported by the non-profit organisation Tostan, enlisted the support of faith leaders to successfully reduce the accepted practice of FGM/C as well as CEM (McCleary-Sills et al. 2015). Tostan's approach has led to a change in social norms and behavioural structures (Klugman et al. 2014).

In fact, what was common to all of the initiatives reported on in the literature, is that these initiatives (whether they target faith leaders or not) engage in some form of community mobilisation. Walker (2015) points out that community mobilisation can be stimulated through interactions between Islamic scholars and community faith leaders. Drawing on Islamic sources, such as quotes from the Qur'an and Hadith, can (for example) facilitate conversation about girls' access to education. Girl Child Concerns (GCC) and the Isa Wali Empowerment Initiative (IWEI) are examples of such initiatives that focus on education. The emphasis on education is significant (McCleary-Sills, Hanmer, Parsons, Klugman 2015), since educated girls are likely to marry later and have more agency. Changing local and faith perspectives in support of female education is crucial in eradicating the practice of CEM (McCleary-Sills, Hanmer, Parsons, Klugman 2015; Karam 2015).

It can be concluded that the literature available on CEM interventions that related to faith and faith actors is highly limited. While there is some literature available on community interventions, this literature hardly goes beyond mentioning faith leaders as community leaders. Any reference that is made, is to Islam. Analysis on how and why faith actors are engaged in these interventions and that reflect on failures and successes are absent. That said, even for the broader community interventions, most authors conclude that evaluations are limited, and more research is necessary (cf. Karam 2015).

3.3 Son Preference in the context of faith

There is limited literature on Son Preference (and related practices) and its intersection with faith. This may be partially due to the fact that scholars tend to focus more broadly on faith in relation to gender discrimination and gender-based violence, and that their specific references to practices due to Son Preference did not surface within the search parameters utilised in this study.

Some of the literature on Son Preference, specifically on the practice of female infanticide, discuss faith arguments in support of the practice (cf. Muthulakshmi 1997 on villages in Tamil Nadu). But this literature often does so in general terms and without clear examples or broader evidence. In addition, while it is generally observed that Son Preference is most prevalent in China and India, little reflection is offered of how this practice is linked to religion (and, in the case of India, specifically Hinduism). In fact, the existing religious-ethical explorations of the practice of sex selection with modern reproductive technologies, is done in relation to Islam, Christianity and Judaism (Serour 2008).

Taking note of the limitations in the literature sample, this section will explore the literature that has been found. It will focus on how Son Preference is seen (legitimised or opposed) within various faith traditions. In addition, it explores how faith and culture are gendered within various. While hardly being complete or open to generalisation - the general trends that can be observed in demographic data on regional, national and international levels often lack critical reflection - this emphasises the importance of being context specific when attempting to understand the particular relations between faith, culture and gender. In addition, this section describes the relation between reproductive technology, sex selection and religious-ethical considerations, devoting particular attention to Hinduism as one of India's largest faith traditions. It will explore how the preference for male offspring can be understood in relation to faith in its intersections with modern phenomena such as national politics and urbanization, as well as female spirituality. Due to a lack of reliable academic publications on the issue, this section will not review examples of Son Preference interventions that engage faith leaders.

3.3.1 Islam, Christianity and Son Preference

In India, the mean age of marriage among Hindus and Muslims is significantly lower than that of Christians and Buddhists, who value traditions of celibacy and remaining unmarried (Gupta 2014). Son Preference is said to exist within Hindu and Muslim communities, depending on the context, leading to various harmful practices. In Pakistan and Bangladesh, majority Muslim societies on the Indian subcontinent, the preference for sons is leading to problematic gender imbalances (Ahmed 1981, Sathar 1987). Historically however, the preference for sons and in particular the harmful practices related to it have been criticised in Islam (Ibid.). Before Islam emerged on the Arab peninsula, infanticide for gender selection was a practice. There are verses in the Quran that condemn this practice and state that people will be judged on the Day of Judgement if they have committed infanticide.[52] The observation that Son Preference and discrimination against girls does occur in Muslim communities have therefore invited critical debates among Islamic scholars, in particular in the context of the various sex selection technologies that have become available. Sex selective abortion is

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[52] Sura al Nahl 16:58-5, Sura al Takwir 81:89 in the Quran

prohibited by Islam. However, women may be pressured by their communities to give birth to sons rather than girls, as is observed within Muslim communities (Serour 2001) and diasporic settings (Almond 2013) leading to many pregnancies and dismissal of contraceptive use (Aly 1991). Reflecting on this, a group of scholars gathered at Al Azhar University in Cairo in 2000, strictly condemned infanticide, but were slightly more accepting of sex selection – recognising that giving birth to a girl may in some instances lead to discrimination against the mother and/or daughter (Serour 2008).

There is little written on Son Preference and related harmful cultural practices in the context of Christianity. Infanticide is, however, strictly forbidden, as is abortion in influential strands of Christianity (such as Catholicism and Pentecostal Christianity). In other Christian churches in Asia, Sub-Saharan Africa and Latin America this is often also the case. As these churches see the start of the embryo as the beginning of life, sex selection is also rejected (as it encourages abortion). That said, Son Preference and related violence to girls and women, as well as sex selection, may be practiced in Christian contexts. For example, research in Egypt indicates that Christian women who discard cultural practices such as FGM/C, continue having a preference for sons (Yount 2005), while Asian Christians in Canada reject abortion, but continue to have more children in the absence of male offspring (Almond 2013). The importance of boys and men may be supported by or legitimised by Christian institutions, as many of these institutions are patriarchal (Le Roux 2012). On the other hand, colonial Christianity, as well as contemporary Christian movements such as Pentecostalism, often take a firm stance against cultural practices such as Son Preference, and this must be factored in in such an analysis. There is however little literature, within this review and the search parameters used, to further explore the complex relations between Christianity, culture, and Son Preference.

3.3.2 Hinduism and Son Preference

This section explores Son Preference and related practices in the context of India. Publications that consider Hinduism in their reflections on Son Preference and related harmful practices are limited, since most refer to broader constellations of culture and patriarchy and their particular local forms. However, literature that considers Hinduism in relation to gender discrimination more broadly does give some insight into how Hinduism may serve as a legitimisation of such practices.

First of all, Son Preference is stronger in Hindu communities, compared to other faith groups in India (Gupta 2014). One explanation for that is that Hindu families are patrilocal, which means that women marry into the husband's family and their family has to pay dowry to the family of the husband. Families prefer to have sons as a way to generate dowry, rather than pay dowry. The social and cultural importance of men in India, and more specifically in Hindu communities, is closely linked with their centrality in Hindu praxis (ibid.). However, Gupta also argues that it is not possible to understand particular regional differences in the context of these Hindu social norms, and in in demographic studies there is little evidence available to tie Son Preference to Hinduism and caste-related practices (ibid.).

A small, qualitative study among traditional birth attendants in Bihar (Murthy 1992), gives some insight into local constructions of harmful practices related to Son Preference (such as infanticide). According to the birth attendants, all from Dalit background, female infanticide occurred in all groups in a particular part of Bihar province (with the exception of the Dalit group). Possible reasons for female infanticide are numerous: within Hinduism men are spiritually more important than women; women have to pay dowry and have no right to inheritance; among the higher castes women are not allowed to work, thus they cannot contribute financially. Thus, according to the birth attendants, women cost more and therefore female infanticide happens more often in Hindu families (cf. Murthy 1996). While the birth-attendants do refer to the significance of gender roles in Hinduism as an explanation, the preference for sons is mainly informed by caste and economic arguments.

However, Gupta (2014) argues that faith or caste cannot explain the increase in Son Preference. As more and more men tend to marry later or remain unmarried due to the gender imbalance that has emerged, it would be expected that the value of marriage and therefore the need for enough women would rebalance the gender ratio. According to Gupta this is not the case. The continuance and even increase of Son Preference point towards other factors that need to be understood and taken into account, including a shortage in men in certain areas (Gupta 2014).

At the same highly unequal gender roles are legitimised with reference to Hinduism. In orthodox Hinduism, including the contemporary Hindutva movement that is closely linked to the secular state (Burchardt 2013), women embody the man and the nation's honour (Banerjee 2005). Hindu mythology supports this, by celebrating violent masculine ideals, and representing women as the ideal and obedient wife. While there are Hindu goddesses that do not fit this ideal – such as Kali and Durga – these bloodthirsty goddesses also represent the feminine as problematic for patriarchal society, creating chaos and disorder (ibid.). In any case, as the reference to Hindutva already indicates, the dominant image of the women as submissive and obedient is intertwined with modern forms of nationalism(Ibid.)

On the other hand, in her extensive work on gender, culture and faith in India, the anthropologist Tamsin Bradley (2011) demonstrates that this reading of Hinduism as a source for gender discrimination is limited. She argues that Hinduism also offers women a ritual space to work on their own empowerment. An example is the worship of the Hindu mother goddesses, which allows women to escape the duties of caring for their husbands and children. These spaces do not (seem to) exist on the level of ideas and beliefs, but in the day-to-day practice of Hinduism that occurs alongside the more political and orthodox forms. Bradley also argues (2010) that feminist and development organisations often fail to see the meaning of ritual and faith for women's empowerment, while clinging to a negative image of faith as inherently violent to women supported by the Hindutva ideology.

In conclusion, a straightforward relationship between Hinduism, Son Preference and associated harmful practices cannot be established on the limited literature available. Rather, the analysis of Son Preference, gender and Hinduism in terms of its everyday practices and meanings seem to be overlooked by research considering HTPs. There is, however, insight into certain aspects and elements in the Hindu traditions that are used as legitimization of the subordination of women and violent and discriminatory practices. The way in which these arguments are used are often intertwined with other factors, which paradoxically also include urbanization, political and nationalist ideologies, and economic improvement. Son Preference thus appears to have very modern drivers too, and is not only 'traditional'. Therefore, both historical and contemporary insights and answers are lacking into what supports and sustains these practices within a particular context or community (cf. Bradley 2015 on dowry, Viswanath 2004 on infanticide during colonial rule).

3.4 Honour-Related Violence in the context of faith

This section gives an overview of available literature on HRV in relation to faith. In addition, it will address practices of Honour Killing specifically. It should be noted that the literature on this HTP is extremely limited. While recently, following some incidents that gained international media attention, some articles have been published on the throwing of acid, these articles do not consider faith at all.

HRV are a number of practices that are observed mainly in South Asia and the Middle East. The limited references of HRV in relation to faith, deal exclusively with Islam. Sen (2005), however, argues that the concept of honour is often erroneously associated with Islam. Honour is easily assumed as a characteristic of so-called traditional societies. Furthermore, while there does appear to be a pattern

of causality between certain forms of violence and honour, honour is hardly researched in terms of its meaning and significance into the everyday, the mundane and the non-violent aspects of life.

3.4.1 Islam and Honour-Related Violence

HRV is typically classified as a HTP, and results from a complex interaction of deeply rooted and interrelated factors that are very difficult to counteract (Kogacioglu 2004, Kulczycki and Windle 2011). Almost all authors observe that HRV occurs in deeply patriarchal and patrilineal societies (CEWLA 2005). The view of women as being under the authority of their male kin is a deeply-rooted cultural view, and Islamic tenets are often invoked to reinforce the subordination of women. The patriarchal view of family and society is sustained by Islamic Ijtihad as well as tribal 'urf, and the faith legitimacy manifested in various parts of the Shari'a is maintained and reinforced by a parallel tribal-historical legitimacy that fixes tradition in Arab history and society (Cinthio & Ericsson, 2006). In other words, culture and faith are again closely linked.

It is therefore not surprising that HRV is contested in the context of Islam. There is ample evidence that Islam is interpreted in ways that both tolerate and condemn HRV, depending on the views of the interpreter (Cinthio and Ericsson, 2006). For example, in Jordan Islamist members of parliament asserted that honour killings were a part of Islam's code, whereas the state's faith establishment stated these killings were a remnant of pre-Islamic Arab tribalism and not connected to Islam (Kulczycki and Windle, 2011).

3.4.2 Strategies for combating HRV and Honour Killings that include faith

In a report by the Centre of Islamic and Middle Eastern Law (CEWLA) a few different anti-HRV strategies are discussed that involve faith leaders (Welchman, 2007). It argues for the importance of creating spaces to dialogue with faith leaders on HRV. Another organisation, WCLAC, has developed two intervention programmes. The first is a dialogue tent, in which women are given the opportunity to talk about their positions and status in society after centuries of silence; the second, named 'My Life on Trial,' follows up the first and seeks methods of activating resources to prevent women from being excluded (ibid).

CEWLA furthermore included in their proposals for strategies an emphasis on the need to problematise and challenge the patriarchal nature of society, which remains the most significant factor in the incidence of HRV. Faith can be critical here. They argue that all efforts should be supported of scholars and jurists who articulate a progressive and enlightened understanding of religious texts that promote gender equity.

4. Conclusion

The literature review of HTPs has revealed some crucial problems with the term itself – central of which is its colonialist biases and assumptions. As was argued right at the start of the review, the term 'Harmful Traditional Practice' is laden with colonialist assumptions that see the traditional as something to be overcome by ascribing to particular dominant Western discourses on modernity and civilization. Cultural practices from the Global North that are harmful are ignored. This literature review, by relying on existing literature on HTPs and faith, unfortunately embodies much of the biases of the term 'HTP'.

This literature review served as a starting point for an empirical study on effectively working with faith leaders on HTPs. As such it has impacted the focus of the empirical work. But already it has to be

emphasised that at the root of all that is currently being defined as HTPs, is patriarchy and gender inequality. Defining problematic practices in terms of these categories would overcome much of the conceptual problems of the term, and allow a discussion that crosscuts national, cultural and regional boundaries. Why then is 'HTPs' being used?

The sections on HTPs in the context of faith have made clear that the interrelations between HTPs and faith are complex, multifaceted and often contested. While there are some studies available on successful engagement of faith leaders, it is not always very clear how these engagements have come to be successful, and broader, contextual and longitudinal analysis and evaluation is lacking. These sections do suggest that more careful analysis is needed of how practices that are harmful to women and girls, as well as the interventions that challenge these practices, must be understood within the dynamics of a particular context. As Longman and Bradley (2015) argue, the best analysis of why HTPs retain strength is an intersectional approach that considers a web or assemblage of interlocking factors: "Culture and religion have to be placed alongside gender, age, race and class as the key factors in this analytical web which in turn shapes a person's positioning, identity and experiences in relation to HCPs" (ibid. 36).

That being said, the focus on faith is important, for it is clear that many claims are made about the role of faith in the perpetration of HTPs – but there is limited understanding of the actual nature and impact of faith teachings, values, beliefs and leadership on HTPs. This is illustrated in this literature review, which also indicates that the aim of the broader project, namely an analysis of existing interventions to engage faith communities and faith leaders in challenging HTPs, is a welcome contribution to policy as well as academic research and reflection.

Please note that the annotated bibliography accompanying this literature review, as well as the five case study reports, survey report, and synthesis report, are all available at https://jliflc.com/