

Violation of Women's Rights by Harmful Traditional Practices

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ABSTRACT This article reviews harmful traditional and cultural practices which lead to violation of women's rights in SADC region and measures taken by the Member States to address them. It is based on secondary data collected through review of studies, reports, policy documents and surveys from various data sets from national, regional and international organisations. Traditional and cultural practices investigated include female genital mutilation, child marriage, marriage by abduction and virginity testing. Conclusions drawn from the review indicate that such practices have devastating physical and psychological effects on women. They reinforce the inferior status of women in society and continue to violate their rights and this has serious implications on the achievement of gender equality in society. Although States have put in place legislation and other measures to outlaw harmful traditional and cultural practices on women, these continue unabated due to persistence of cultural attitudes, lack of capacity, resources and commitment among the implementers.

INTRODUCTION

Every social grouping in the world has its own cultural practices and beliefs which guide its members on how they should live or behave. Culture is like a fabric which is woven and with many shades of colours. Some of these colours represent custom, practices, beliefs and so forth. The sum is what gives the individual and the community to which he/she is part a sense of belonging and identity. The attributes of culture are dearly held and valued by the community. Studies have defined culture as a coherent self contained system of values and symbols that a specific cultural group reproduces over time, which provides individuals with the required signposts and meanings for behaviour and social relationships in their everyday life (Iyanuolu 2008). The above statement shows that culture is a social heritage which includes all knowledge, beliefs, customs and skills that are available to members of a social group. It is also a source of individual and group identity within a given society.

Despite the fact that culture is beneficial to its members, some practices are harmful and directly affront the dignity of members of the society when measured against modern acceptable standards

of behaviour and civility as reflected in international standards. These standards have been articulated in national constitutions and international conventions.

A number of cultural practices are harmful to the physical integrity of the individual and especially women and girl children. Some cause excruciating physical pain while others subject them to humiliating and degrading treatment (Hanzi 2006; Iyanuolu 2008). Harmful traditional practices emanate from the deeply entrenched discriminatory views and beliefs about the role and position of women in society. The role differentiation and expectations in society relegate women to an inferior position from birth throughout their lives. Harmful traditional and cultural practices maintain the subordination of women in society and legitimize and perpetuate gender based violence. For example, in South Africa, Swaziland and Lesotho there is an emerging belief that sexual intercourse with a young virgin girl can cure HIV and AIDS and this has led to an increase in sexual violence against girls resulting in huge psychological scars on the victims (UNICEF 2003).

Traditional practices such as polygamy, payment of bride price (*lobola*) and child marriages are all synonymous with gender violence as they reduce women to sub-human assets belonging to men. Payment of bride price and child marriages take place in most SADC member states as part of traditional culture ignoring changes in social contexts. In many communities in the region, girls are brought up

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aware that they are a source of wealth for their family and the training they get at home is supposed to prepare them for marriage. Consequently, “boys grow up knowing that their sisters have no rights to their fathers’ property” (Vincent 2006).

This article reviews harmful traditional and cultural practices which violate the rights of women in the Southern African Development Community (SADC) region and assesses measures taken by member states to address them. Information reviewed was gathered from research reports, policy documents and reports from different SADC Member States, official documents from the United Nations, African Union and SADC, reports from international organizations, conference papers, unpublished dissertations, newspaper articles and other grey materials.

Harmful Traditional Practices Which Violate the Rights of Women

Female Genital Mutilation (FGM)

FGM entails partial or total ablation of a woman’s external genital organs (Sawadogo 2003). It involves surgical removal of parts or all of the most sensitive female genital organs. It refers to “all procedures that involve partial or total removal of the external features of the female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons (UNFPA 1997).

There are various forms of FGM, namely, clitoridectomy, excision, and infibulation or phraonic circumcision (Obermeyer 1999; Chinnian-Kester 2005; Iyanuolu 2008). Clitoridectomy involves the removal of the clitoris whereas excision involves removal of both the clitoris and the labia minora (Small inner lips of the vagina) (Toubia 1993). Infibulation is the most severe as it involves removal of the clitoris, labia minora and parts of the labia minora (the outer lips of the vagina). The remaining skin of the labia minora is scrapped to form raw surfaces which are then sewn together using thorns. A small hole, the size of the tip of the small finger is left for the flow of menses and urine (Dorkenoo 1994). Complications associated with infibulations are more severe where the woman’s vagina has to be re-opened when she gives birth and then re-stitched afterwards. In some communities, the

woman may be opened for the purposes of sexual intercourse depending on whether she is able to dilate (Toubia 1993; Iyanuolu 2008).

FGM is an age-old practice perpetuated in many communities around the world simply because it is customary (The office of the High Commissioner for Human Rights 1999). The reasons for FGM tend to be culture specific. These include ensuring virginity at the time of marriage, suppressing a woman’s sexual desire, enhancing social integration, religious reasons and numerous myths (Committee on the Status of Women 2007). For some communities, FGM forms an important part of the rites of passage ceremony, marking the coming of age of the female child. It is believed that by mutilating the female’s genital organs, her sexuality will be controlled, but above all, it is to ensure a woman’s virginity before marriage and chastity thereafter (The High Commissioner for Human Rights 1999; NGO Committee on the Status of Women 2007). FGM is performed on adolescents and children from 7 to 10 years, and in some cases, on infants a few days old (Committee on the Status of Women 2007). The practice takes place without the administration of anaesthetics and under very unhygienic conditions. Mixtures of local herbs, earth, cow dung, ash or butter are used to treat the wound. Often an unsterilised and blunt instrument is used on a number of girls exposing them to the risk of contracting HIV and AIDS and other infectious diseases (Committee on the Status of Women 2007).

Effects of FGM: Immediate and long term health consequences have been identified with the practice of FGM. Immediate complications include severe pain, shock, haemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue. Sporadic research data over the past 10 years has correlated dirty cutting equipment, haemorrhages requiring blood transfusions and injurious sexual intercourse causing vaginal tearing and lesions with rising rates of HIV transmission among women in countries where FGM is still widely practised (Keown 2007). Although a few clinical studies have been conducted, it is clear that at least some form of FGM increases the HIV transmission risk faced by women and girls, both in that unsterilized instruments may be used in the cutting. In addition, FGM is associated with chronic injury and tearing, and delayed healing of injuries, all of which may increase HIV risk (Keown 2007;

Iyanuolu 2008). In short, FGM has physiological, psychological and sexual effects (Obermeyer 1999; Chinniah-Kester 2005; Iyanuolu 2008).

FGM can be found throughout the world in continents such as Europe, US, Australia and Africa, owing to population migration (Committee on the Status of Women 2007). In Africa, it is practised in at least 25 countries. In the SADC region, the practice is prevalent in Tanzania and Malawi (Chinniah-Kester 2003). In Tanzania, FGM is practised in eleven mainland regions and it affects 18% of the female population. This translates to 20 out of the 130 main ethnic groups (UK Border Agency 2008). In some of the ethnic groups FGM is compulsory, while in others, women who have not undergone the practice may find it difficult to get husbands. It is normally performed on young girls (UK Border Agency 2008). In some regions mass circumcisions are carried out openly where thousands of girls' genitals are mutilated at the same time. In Malawi, FGM entails cutting off the tips of girls' clitoris by a traditional nurse/counsellor using finger nails. This is followed by inserting an egg or a wooden penis the size of a soft drink bottle in the vagina to widen it to accommodate any size of penis (Malawi Human Rights Commission 2005).

FGM is among the traditional practices which are not only prejudicial and harmful to the life of a child but also discriminatory against to the girl child. In 2001, The UN General Assembly passed a resolution in 2001 to the effect that states had a responsibility of developing policies and programmes that outlaw traditional or customary practices affecting the health of women and girls such as female genital mutilation, and to prosecute the perpetrators of such practices (Kaarsholm 2005).

Marriage by Abduction

Marriage by abduction is a practice found in some of the SADC countries such as Zimbabwe and South Africa. It violates the rights of the girl child in the sense that in most cases, the girl is forced into marriage without her consent. She is carried away by a group of people, one of them being the future husband. She is kept hidden and raped after which family members from both sides meet and discuss marriage between the abducted girl and the would-be husband (Malawi Human Rights Commission 2005). Becker

(1998:24) observes one form of marriage by abduction in South Africa, when he says, "Sometimes a more romantic procedure called *ukuthwala* is resorted to, when there is some obstacle to a marriage, imposed by the girl's guardian". Although the *ukuthwala* custom or bride abduction is assumed to have disappeared in the face of change, it is still practised among some rural Xhosa communities in the Transkei in South Africa and possibly in other areas as well (Mfono 2000). Statistics show that rather than decreasing, the *ukuthwala* custom is gaining popularity from decade to decade among the adherents of customary law among the Nguni tribes in South Africa (Koyana and Becker 2007).

The procedure for *ukuthwala* is as follows: The intending bridegroom, with one or two friends, will waylay the intended bride in the neighbourhood of her own home, quite often late in the day, towards sunset or at early dusk, and they will "forcibly" take her to the young man's home. On the same day as the *ukuthwala* or early the following day, those who have effected a *ukuthwala* are required to make a report at the girl's home, to tell the abducted girl's family not to be worried because the girl is safe with them. They then indicate what earnest cattle they propose to pay and how soon that can be done. A friendly relationship is thus established between the two families, and the status of the girl is immediately elevated to that of a young wife. Sooner or later some cattle will be paid to the girl's father as *lobolo* (bride price).

The practice of *ukuthwala* is prevalent in the Eastern Cape in South Africa. As Tshabalala-Msimang says:

We have learnt that, this practice is still happening in the areas of Eastern Pondoland which covers Lusikisiki, Flagstaff, Bizana and others. It came to our attention as government that girls between the ages of 12 and 15 years are targeted for this practice called "Ukuthwala", meaning that when a man wants to marry a woman that he never proposed love to, he will inform the girl's family about his intention and a plan would be devised to abduct the little girl. Apparently, these abductions happen when the girls are on their way to fetch water or wood.

Commenting on the adverse effects of abduction marriages, Tshabalala-Msimang (2009) further stated:

Child marriage is regarded as a form of gender-based violence against girl child. Given

this, we need to acknowledge that this practice will ultimately compromise the development of the girl child and can result in early pregnancies, increasing the chances of maternal mortality. Furthermore, the young girl will suffer from social isolation, with little or no education, poor vocational training, responsible for household chores in running families at young age, will increase her vulnerability to domestic violence. This simply then reinforces the gendered nature of poverty.

The above statement reveals that the root causes of marriage by abduction are enshrined in the patriarchal attitudes of the community emphasized by the inferiority of women (Stormorken et al. 2007:20). The 1994 political changes and all the talk about women's rights do not appear to have brought about many changes for the South African girl who grows up in one of these traditional communities (Mfono 2000). The Bill of Rights protects, among other things, the bodily and psychological integrity of all persons. Section 12 (2) of the Bill of Rights confers to everyone the right to:

- (a) Making decisions concerning reproduction;
- (b) Security in and control over their body (Republic of South Africa 1996).

In addition, Article 5 (a) of the Convention on the Elimination all Discrimination Against Women (CEDAW), which South Africa has ratified, calls on state parties to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices and customary practices which perpetuate discrimination on the basis of sex. Implicitly, governments that ratified this Convention undertook to act against practices that promote discrimination in their countries. However, Vincent (2006) observes that the discourses on democracy and human rights picked up by African countries are tarnished with clinches that do not react to the needs and aspirations of the basic groups and communities, more so to women who suffer most from inequality and oppression.

Child Marriages

This practice takes place in almost all the countries in the SADC region. Child marriage is a violation of human rights whether it happens to a girl or a boy, but it represents perhaps the most prevalent form of sexual abuse and exploitation of girls (Malawi Human Rights Commission 2005;

UNICEF 2007). The harmful consequences include separation from family and friends, lack of freedom to interact with peers and participate in community activities and decreased opportunities for education (Juru 2003; Committee on Status of Women 2007). Child marriage can also result in bonded labour or enslavement, commercial sexual exploitation and violence against the victim (Stormorken et al. 2007).

In some cases girls are married off to older men when they are at the age of eleven, twelve and thirteen; some even as young as six years (UNICEF 2003). Because they cannot abstain from sex or insist on condom use, child brides are often exposed to such serious health risks as premature pregnancy, sexually transmitted infections and, increasingly, HIV and AIDS (UNICEF 2007; Ikhexas 2006).

Child marriages take different forms (Juru 2003; Malawi Human Rights Commission 2005; Hanzu 2006; Iyanuolu 2008):

- In Zimbabwe, parents eye a male tenant on an estate who is hard working and shows high prospects for doing well financially. The parents can ask the tenant to do some piecework at the house. At the end of the service, the parents would claim that they cannot pay for the services rendered but can instead give the tenant their daughter.
- In some parts of Tanzania especially among pastoral groups, parents send girls as young as 9 years old to stay with rich men. The parents and the rich men would have already reached an agreement on the amount of money or cattle that would be paid as bride price.
- In some parts of Zimbabwe, Malawi, Zambia, Lesotho and South Africa the husband is given a younger sister or niece of his wife to take as a bonus (second) wife. The girl is enticed by aunties and parents to enter a union.

Child marriages are also associated with the way society defines the concept of children. In most SADC states the onset of puberty is seen as a cut off point between childhood and womanhood (UNICEF 2007). Girls who have reached puberty are recognised and treated as adults although they have not attained the age of maturity. The fact is that some children start menstruations very early at the age of eleven and even at times younger. Hence, because of

the way society defines puberty, girls are married at a very early age.

In other countries young girls are married early to settle family debts and as a compensation for pledging (Chinyangara et al. 1996; UNICEF 2003; Malawi Human Rights Commission 2005; Hanzi 2006). This practice is prevalent in Malawi and Zimbabwe. A family in need typically receives help from another family on condition that the family receiving assistance commits to giving a girl child. In this regard, a girl is provided in a form of debt bondage (Malawi Human Rights Commission 2005; Chinyangara et al. 1996). The girl can be as young as 9 years old and the man could be as old as 40 years or older. The girl in this situation ends up attaining puberty while staying with the husband. The girls stick with this arrangement because they are threatened that some curse would befall them if they tried to run away (Stormorken et al. 2007; Juru 2003; Chinyangara et al. 1996). The young women do not have much choice, parents and other clan members decide to whom they marry.

Marriage may be seen as a way to provide male guardianship for their daughters, protect them from sexual assault, avoid pregnancy outside marriage, extend their childbearing years or ensure obedience to the husband's household (United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) 2005; Ikhaxas 2006). Among other reasons of justifying this practice include bearing children for the husband if the elder sister is barren or has stopped bearing children because of advanced age; if the husband is rich, the wife may want to protect the wealth by letting her younger sister join her so that the man does not marry elsewhere (Juru 2003; Hanzi 2006).

Effects of Child Marriages: The effects of child marriage on the girl child are devastating (UNFPA 1997; UNICEF 2003; INSTRAW 2005). Child marriages deprive girls of the opportunity to obtain education which would be helping them live an economically rewarding life in future. They are also deprived of the right to choose their own life partners. The girls are also not protected from HIV/AIDS since they marry older men. They experience various obstacles to their physical, psychological and social development (INSTRAW 2005; Iyanuolu 2008). Their education is disrupted since they have to take care of their husbands, do household chores and,

in some cases, farm work (Iyanuolu 2008). In Tanzania, boys and girls in the pastoral groups get married very early. However, boys continue with school despite the fact that they have families while girls are forced to drop out because they have to start families and take care of their homes (IPP Media 12 March 2008).

Moreover, many young girls marry into ongoing families as second or third wives where they face competition and related strain and stress at very young ages (Jonas 2006; UNICEF 2007; Committee on the Status of Women 2007). According to UNICEF (2003:12), "the hardship of dealing with a polygamous marriage and parenting is often beyond the capacity of an under-age wife". This is also observed by Malawi Human Rights Commission (2005:78) which states: "In a family where the young girl was not the first wife, she was treated like a slave by the older wives who assign her various tasks. This bordered on servitude". They also bear children at tender age putting their lives at risk (Jonas 2006; Malawi Government 2006). Children who fall pregnant before the age of 18 risk getting complications such as prolonged or obstructed labour because of underdeveloped pelvis. This may lead to loss of life or maternal complications like *obstetric fistula* (UNICEF 2003; Iyanuolu 2008). Iyanuolu (2008) observes that birth complications that lead to *obstetric fistulas* may also result in husbands abandoning their young wives thus causing devastating psychological torture. Studies also observe that at times young girls face food taboos that deprive them essential nutrients. Among the long list of foods include eggs, liver, kidneys and certain vegetables (UNICEF 2007). Deprivation of nutrients from certain foods results in impairment of physical and mental development of both the young mother and her baby.

Article 2 of the CRC has urged states to prohibit gender discrimination and recognize the principle of equality (UNICEF 2003; African Child Policy Forum 2007). Consequently, the CRC has identified and communicated to states areas where reform should be made in civil and penal legislation regarding the minimum age for marriage. The Committee argued that the fact that girls mature earlier than boys does not mean that they should be considered adults before the law prescribed for marriage and they should be deprived of the protection provided by the CRC. States have been advised to raise the minimum

age for marriage as it is among the factors which contribute to violation of women's rights (The African Child Policy Forum 2007). Moreover, both ACRWC and the CRC recognise any person less than eighteen years as a child (Jonas 2006; African Child Policy Forum 2007).

Most SADC states have set a minimum age for marriage. However, there are inconsistencies regarding both the definition of a child and also minimum age for marriage (Chinyangara et al. 1996; Jonas 2006; Malawi Government 2006; UNICEF 2007). In a review of some of the laws in certain SADC states, the African Child Policy Forum (2007) made the following observation:

There are considerable variations in the age that people are allowed to get married. In almost half the countries reviewed, it is below eighteen years and in two countries, Madagascar and Tanzania, it is below sixteen years. There are differences in minimum ages of marriage for boys and girls in Madagascar, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe. There are also age differences under different laws; for example, under marriage laws and under customary law (p. 5).

Consequently, Jonas (2006) gave the following remarks regarding Tanzania:

According to section 13 of the Law of Marriage Act, the age of marriage is 18 years and above. Girls, however, can be married at the age of 15 with the consent of the father and where there is no father, the mother. Marriage for girls below fifteen years but not below fourteen years can be permitted by court order. This is discriminatory towards girls and is a violation of the rights of the child recognised under articles 2 of the CRC and 21 of the ACRWC. For instance, such provision exposes children to sexual activity and sexual abuses at an early age and imposes a burden on children to become parents at a tender age (p. 26).

The above observation shows that although appropriate laws exist, they are both inconsistent and ineffective or do not sufficiently protect children from early marriages. In some of the countries in the region, parents have to give their consent for girls to get married early. It is evident that children do not receive the required protection given the fact that some of their parents push for early marriages in order to acquire wealth (UNICEF 2003; Committee on the Status of Women 2007). Hence, there is need for more effective measures to be taken by states in the region.

Virginity Testing

Virginity testing is another cultural practice which violates the rights of women, especially girls. This practice was common in African societies in the 19th century and is now enjoying contemporary revival and popularity after a long period of dormancy (Kaarsholm 2005). Virginity testing is practised in some of the SADC states such as Swaziland, South Africa, Malawi and Zimbabwe. Virginity testing is normally done to control the sexuality of girls. It is an attempt by men to control women and the elders to control the young (Kaarsholm 2005). The practice of virginity testing involves undergoing physical examination by older women in the community to find out whether their hymens are intact. Those with their hymens intact are considered to be virgins.

Those who advocate for virginity testing such as the King of Swaziland applaud it for reducing HIV infections. In South Africa the practice had declined but revived again in the 1990s due to an increase in HIV and AIDS related deaths (Committee on the Status of Women 2007).

Until recently, in Zimbabwe virginity testing was largely a private matter carried out in the home. When virginity testing is carried out in the home, the mother, aunt or neighbour inserts a finger in the vagina of the girl to check if the hymen is still intact. Virginity testing can however be done at a communal level in ceremonies by elderly women appointed in the local area through the same procedure of inserting a finger in the vagina. Le Roux (2006) observes the following procedures in virginity testing in South Africa:

The procedure for testing often involves a gathering of up to 56 girls at a time where they are inspected one at a time by lying on a straw mat beneath a tent with their legs apart. The number of participants may vary depending on the occasion and could include anything between forty and three hundred girls being tested on a single day (p.14).

Girls who are found virgins are identified with a white mark on the forehead and are provided with certificates while those who are not virgins receive a red mark and counselling (Maharaj 1999; Leclerc-Madlala 2003). Similarly, amongst the Shona people in Zimbabwe, testing was being practised mainly in rural areas. Virginity is an important part of a girl's identity and great

value is placed on being a virgin. Traditionally, virginity tests were used to bargain for a high bride price (Chirau 2006). In 2005, some traditional leaders in Zimbabwe issued directives in their jurisdictions to resume virginity testing of the girls in public ceremonies (Ndhlovu 2005). As a result, in 2002, about 5000 girls attended a virginity testing ceremony at Osborne dam in Makoni area, under the jurisdiction of Chief Makoni, and in 2004 at least 4000 young girls were subjected to these virginity tests in same area (Ndhlovu 2005). The girls who passed these virginity examinations were given certificates as proof. The traditional leaders are usually chiefs and have jurisdiction to deal with customary matters in their respective jurisdictions.

Those who favour the practice have provided its advantages as: combating the spread of HIV and AIDS, identifying children who are sexually abused by family members, preventing unwanted pregnancies, etc. (SADC 2005; Committee on the Status of Women 2007). However, the practice humiliates and undermines the dignity and bodily integrity of girls. It is discriminatory because boys are not subjected to the same practice. Le Roux (2006) observed that girls who fear that they would be shamed by the fact that they are not virgins resort to dangerous methods. She stated:

The fear of shaming one's family and failing the test had caused young girls to do things that put their health in further danger. Since it was well known that virginity testers looked for something resembling a white veil (an indication of an intact hymen) in the vaginal canal, some girls resorted to inserting toothpaste or freshly cut meat into their vaginas to make the vagina appear 'tight', and so mimic the white veil effect (p.67).

In addition to virginity testing endangering girls' health, it also affects them psychologically and exposes some of them to sexual abuse. Inserting a finger in the vagina of a girl or women is known as digital penetration and it amounts to sexual abuse. In addition, some men believe that having sex with virgins prevents them from being infected with HIV (Leclerc-Madlala 2003). Moreover, testing many girls on a single day and using the same gloves may increase rather than compound the spread of sexually transmitted diseases, including HIV and AIDS (Leclerc-Madlala 2003; Le Roux 2006). Below is an observation on the psychological effects of virginity

testing by a social worker in the Eastern Cape Department of Social Development during public hearing of the Children's Bill in South Africa in 2005. Le Roux (2006) states :

The female participants' right to equality is infringed by this practice being predominantly applicable to women only. This unfairly places the responsibility of being sexually active on women... Failing virginity tests leads to stigmatisation and mocking by other participants as well as the community. This is undignified as the girls are humiliated in the process. ... The pressure by the community to take part in this ritual also infringes the participant's right to bodily integrity (p.64).

It has also been observed by medical practitioners that sometimes the hymen does not remain intact due to a number of factors, for example, being ruptured during exercises and other physical activities or by inserting tampons. There are also instances where girls are born without a hymen (Le Roux 2006; Committee on the Status of Women 2007).

In South Africa, virginity testing is prohibited by the Children's Act of 2005. Section 12 (4) of the Act prohibits virginity testing of children under the age of 16. Section 12 (5) allows virginity testing provided the following conditions are met, namely:

- (a) if the child has given consent to the testing in the prescribed manner;
- (b) after proper counselling of the child; and
- (a) in the manner prescribed.

Section 12 (6) emphasize that disclosure of the results of virginity testing may not be made known without the consent of the affected child while section 12 (7) outlaws marking of the body of the child who has undergone such testing. Despite the existence of this legislation, the practice has persisted. During the public hearing of the Children's Bill in 2005, some of the traditional leaders and women who are responsible for virginity testing attested publicly that they would not comply with the legislation and they would continue with the practice as it is a tradition (Le Roux 2006; Committee on the Status of Women 2007). This not only calls for sustained education and awareness campaigns, but also political commitment and effective follow up and monitoring of the implementation of legislation.

In Zimbabwe, there is no law that prohibits virginity testing although sexual abuse and exploitation of children is covered under the

Criminal Law (Codification) Act 257 (Hanzi 2006). This Act recognises non-consensual sex commonly classified as rape. Where there is consent, the crime is sexual intercourse or performing indecent acts with young persons. However, the Act is silent on virginity testing. Presently, there is no other law that addresses virginity testing in Zimbabwe. It remains speculative as to whether the provisions of the Domestic Violence Bill that incorporates sexual abuse under physical abuse which is currently being debated in Parliament will cover virginity testing (Harris 2004; Hanzi 2006). This Bill defines sexual abuse as any conduct that humiliates, degrades or otherwise violates the sexual integrity of the complainant. The yardstick of what conduct, and by whose standards, is humiliating is not defined; it is the subjective standard of the judicial officer. However, this bill has no legal effect until it is passed into law.

CONCLUSION

The above review shows that some of the harmful traditional cultural practices have devastating physical and psychological effects on women. As stated in earlier sections, they discriminate against women, enforce their inferior status and submissive role of women and others threaten their lives. Traditional practices are also aggravated by the existence of poverty, illiteracy and ignorance. While it is undeniable that they transmit the values of the group and the community, others are also used as a way of securing a means of livelihood for those involved in practice such as FGM. This creates an institution which must thrive and be supported by some of these cultural practices.

RECOMMENDATIONS

- Governments in the SADC region should take different measures to outlaw traditional and cultural practices which violate the rights of women.

- Existing policies and legislative instruments that are in place should be reinforced.

- There is need to address the existence of the experience of a dual legal system in most countries in the region.

- Unyielding cultural attitudes that flow from a patriarchal society which do not place equal value

and worth on women's rights should be addressed.

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