



MY BODY, MY LIFE, MY WORLD
OPERATIONAL GUIDANCE

MODULE 4
HARMFUL
PRACTICES



MODULE 4

HARMFUL PRACTICES



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ABBREVIATIONS

CSE	comprehensive sexuality education
CSO	civil society organization
FGM	female genital mutilation
GBV	gender-based violence
NGO	non-governmental organization
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
UNICEF	United Nations Children's Fund

MY BODY

- 1. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
- 2. GENDER-BASED VIOLENCE

MY LIFE

- 3. COMPREHENSIVE SEXUALITY EDUCATION
- 4. HARMFUL PRACTICES

MY WORLD

- 5. YOUTH LEADERSHIP AND PARTICIPATION
- 6. YOUTH, PEACE AND SECURITY
- 7. HUMANITARIAN SETTINGS

CROSS-CUTTING

- 8. HUMAN RIGHTS
- 9. ADVOCACY AND POLICY DIALOGUE



INTRODUCTION

→ WHAT ARE HARMFUL PRACTICES?



Harmful practices, as described by the joint general recommendation/comment of the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child, are persistent practices and behaviours that are rooted in discrimination on the basis of sex, gender, age and other grounds. They often involve coercion and violence, and cause physical and psychological harm or suffering. Their wide-ranging consequences can be both immediate and long-term. Even though they constitute egregious violations of the rights of women and girls, these pervasive and longstanding practices have over time become culturally acceptable in many contexts.

This module discusses the need to address harmful practices in order to uphold the rights of adolescents and youth. Although UNFPA works on other harmful practices such as gender-biased sex selection, this module places a strong emphasis on two particular practices, given their relevance to programmatic and policy interventions in the adolescents and youth arena, and UNFPA's longstanding experience in programming in these areas:

- **child marriage** – the formal marriage or informal union of a girl or boy before the age of 18 years; and
- **female genital mutilation (FGM)** – any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. (For detailed definitions of both these terms, see the Annex.)

Child marriage, including informal unions, is widespread, occurring in most countries in the world, while FGM is practised in a smaller number of countries and sometimes in immigrant communities from those countries living elsewhere. Both these practices disproportionately affect young girls, with lifelong consequences for their self-determination, their sexual and reproductive health (SRH) and mental health, and their education, employment and well-being.

Child marriage and FGM disproportionately affect young girls.



Practices considered harmful under international human rights treaties include child marriage and FGM, but also the following:

- ✎ accusations of witchcraft
- ✎ binding, branding, scarring or infliction of tribal marks
- ✎ body modifications, such as lip discs and neck elongation
- ✎ breast ironing
- ✎ bride price and dowry-related violence
- ✎ corporal punishment
- ✎ crimes committed in the name of so-called honour
- ✎ gender-biased sex selection
- ✎ incest
- ✎ infanticide
- ✎ nutritional taboos
- ✎ providing too little or too much food to girls
- ✎ stoning
- ✎ taboos or practices that prevent women from controlling their own fertility
- ✎ violent initiation rites
- ✎ virginity testing
- ✎ widowhood practices.

For more information, see [*State of World Population 2020. Against My Will: Defying the Practices that Harm Women and Girls and Undermine Equality*](#) (UNFPA, 2020).

→ CHILD MARRIAGE

650M

girls and women
married before 18

Globally, 650 million girls and women alive today were married before the age of 18. Every year, an estimated 12 million girls are married in childhood, and the prevalence of child marriage is 10 per cent or more in at least 102 countries. (These data also include informal unions, where one or both partners is under the age of 18 and cohabiting as if married.) While child marriage occurs among both boys and girls, it is about six times more common among girls.



1 IN 5

young women
married
as children

During the past decade, the proportion of young women who were married as children decreased by 15 per cent, from one in four to about one in five. Despite this marked reduction, especially in South Asia, no region is on track to eliminate the practice by 2030, and substantial acceleration is needed to meet this ambitious Sustainable Development Goal. An additional 13 million girls are potentially at risk due to the service interruptions and economic impacts of COVID-19. West and Central Africa will require the most acceleration to eliminate child marriage within the next 10 years. In Latin America and the Caribbean there has been no progress in the past decade, and this stagnation must be overcome to bring the region on track towards elimination.

→ FEMALE GENITAL MUTILATION

200M

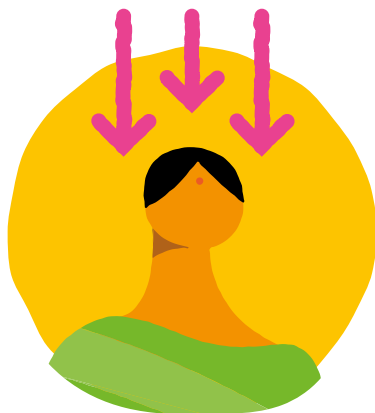
girls and women
subjected to FGM

An estimated 200 million girls and women alive today are believed to have been subjected to FGM, the majority before the age of 5. Rates of the practice are increasing, reflecting global population growth. Although primarily concentrated in 30 countries in Africa and the Middle East, FGM is also practised in some countries in Asia and Latin America, as well as among immigrant populations living in Western Europe, North America, Australia and New Zealand. If FGM continues at recent rates, an estimated 68 million girls will be cut between 2015 and 2030 in 25 countries where it is routinely practised. An additional 2 million girls are at risk between 2020 and 2030 because of COVID-19.

If FGM continues at recent rates, an estimated 68 million girls will be cut between 2015 and 2030 in 25 countries where it is routinely practised.

→ DRIVERS OF HARMFUL PRACTICES

The various harmful practices (including child marriage, female genital mutilation and gender-biased sex selection) have both distinct and overlapping drivers, many of which are common across contexts, with some contextual specificities. Harmful practices themselves act as drivers of one another. For example, when FGM is a prerequisite for marriage, economic necessity maintains the procedure in communities. Where lower value is placed on girls than boys, child marriage and gender-biased sex selection tend to co-occur.



DETERMINANTS AND DRIVERS OF HARMFUL PRACTICES (SOCIOECOLOGICAL FRAMEWORK)



- ✎ Overall systemic gender inequality
- ✎ Economic disruption, lack of economic opportunities, humanitarian crises
- ✎ Lack – or poor implementation – of laws and policies protecting adolescent girls from harmful practices
- ✎ Laws that violate the rights of adolescents, e.g. criminalizing consensual sexual relationships between adolescents outside a formal union, or hindering access to adolescent-friendly SRH services
- ✎ Inadequate data and insufficient investment in evidence-based strategies



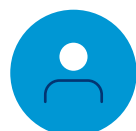
- ✎ Unavailable, inaccessible or poor-quality services for education, social safety-nets, gender-based violence and child protection, and health services (particularly comprehensive SRHR services)
- ✎ Lack of high-quality comprehensive sexuality education for young people in and out of school
- ✎ Lack of knowledge about harmful practices among service providers and public servants
- ✎ Poor-quality population-level and administrative data on service coverage, quality and fidelity



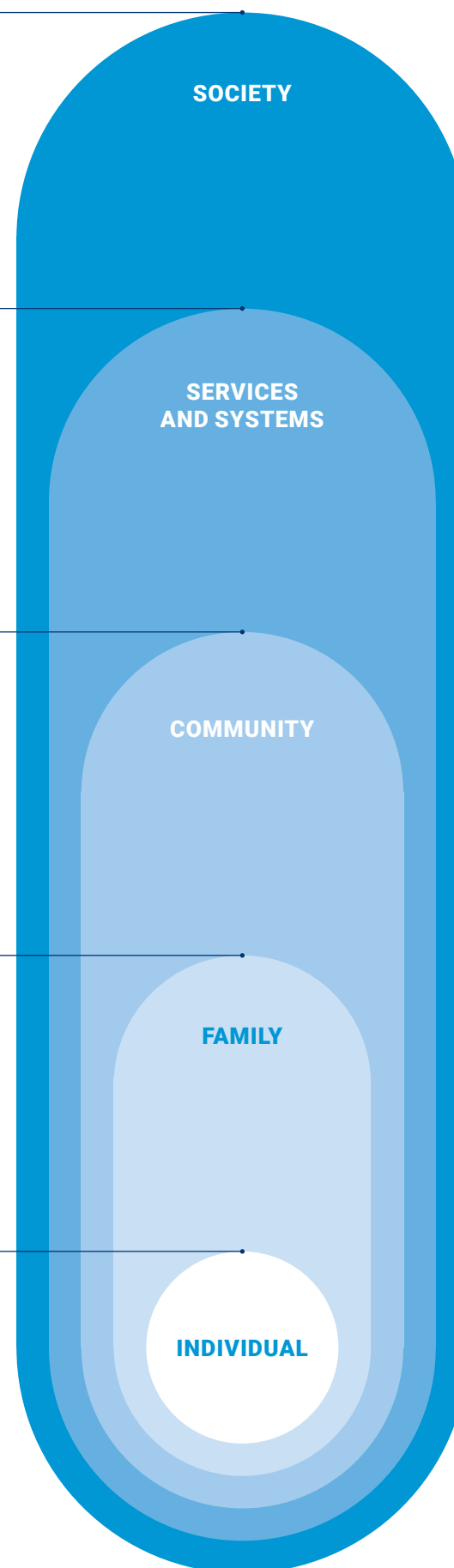
- ✎ Gendered social norms and discriminatory stereotypes that restrict women and girls to family and household roles
- ✎ Implicit/explicit support for harmful practices from traditional, religious and societal leaders
- ✎ Community conciliation mechanisms in cases of sexual violence
- ✎ Control over adolescent sexuality, particularly girls' sexuality and autonomy
- ✎ Fear of shame and loss of family honour from girls' loss of virginity and premarital pregnancy
- ✎ Primacy accorded to male sexuality and pleasure



- ✎ Son preference and low value placed on girls
- ✎ Girls' worth being linked to their virginity, ability to reproduce and their contribution to household labour
- ✎ Desire for large families
- ✎ Poverty (especially compounded by bride-price or dowry customs), inequality and exclusion
- ✎ Fear of ostracization, seeking acceptance from social and religious institutions
- ✎ Violent family contexts



- ✎ Gendered norms internalized by girls and boys
- ✎ Lack of girls' agency and information to make their own choices
- ✎ Adolescent pregnancy (for child marriage)
- ✎ Lack of life alternatives other than being a mother and wife
- ✎ Peer pressure



→ WHY DO HARMFUL PRACTICES MATTER TO UNFPA?

Child marriage denies the right of girls and boys to choose with free and full consent whom to marry and when. Girls married as children (and those in informal unions) have little decision-making power over their bodies and their lives, particularly in age-disparate relationships, and are often socially isolated. They are more likely to become pregnant before their bodies have matured, increasing the risks of maternal and newborn morbidity and death. They tend to experience higher levels of gender-based violence, including sexual violence, compounding the risk of violence associated with socioeconomic class, ethnic identity or disability. Child marriage and informal unions, even when self-initiated, are associated with the end of education and diminished economic opportunities for girls and women, making it harder for their families to escape poverty. In addition to violating individuals' rights, child marriage is a critical impediment to favourable population dynamics and the realization of a demographic dividend in some of the poorest and youngest countries of the world.

Informal unions where one or both partners are under the age of 18 carry many of the same risks as child marriage, such as disruptions in education, early and unintended childbearing, gender-based violence (GBV), early assumption of adult responsibilities, and loss of social support networks. Additional consequences in terms of inheritance, citizenship and social recognition due to the informality of the relationship may make children in informal unions vulnerable in different ways than those who are formally married.



FGM is a blatant violation of girls' rights to health, security and equality. It is a procedure with no health benefits but many health consequences, ranging from infection to permanent disabilities, depending on the severity and type of mutilation. Immediate health risks include haemorrhage, severe pain, death, impaired wound healing, and mental health problems. Long-term health risks include childbirth complications, obstetric fistula, sexual health problems, menstrual problems, chronic genital and reproductive tract infections, and trauma and mental health issues. It causes those who suffer to lose the sense of their identity as a child or as a woman, it negatively impacts their relationships with their partner, parents and their own children, and it creates feelings of fear, anger and shame.

The vision of “My Body” and “My Life” in *My Body, My Life, My World*, UNFPA’s global strategy for adolescents and youth, is that “all adolescents and youth can make informed choices about their bodies [and] exercise their rights to make informed choices for a healthy life and successful transition into adulthood.” The strategy says:



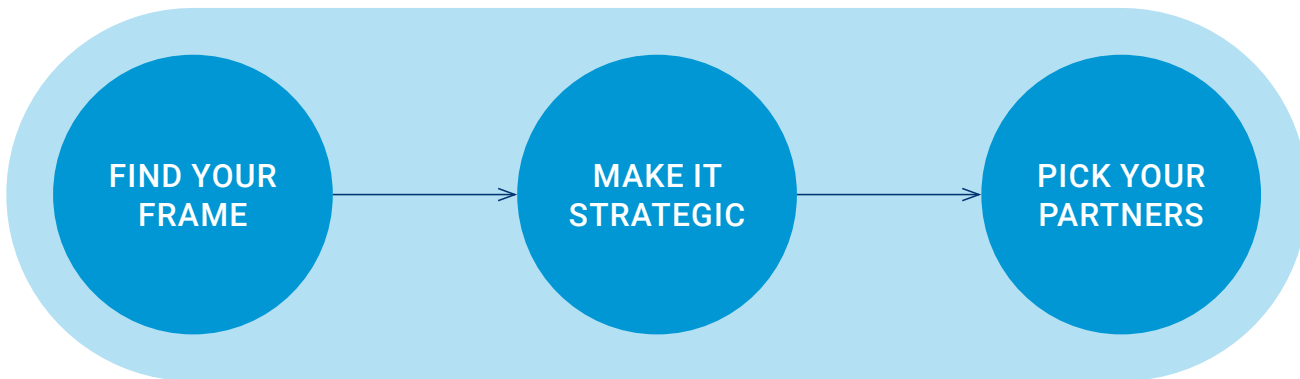
Any approach to sexual and reproductive health and rights and well-being must recognize the larger environment influencing adolescents’ and youths’ opportunities, abilities and motivation to shape the lives they want. Our aim must be to reach and serve the whole adolescent person. This means mitigating adolescents’ risk of developing harmful behaviours, while promoting positive, protective elements known to support youth development.

Harmful practices are aspects of the “larger environment influencing adolescents’ and youth’s opportunities, abilities and motivation to shape the lives they want”. Child marriage, FGM, and gender-biased sex selection are driven by a toxic mix of discrimination against girls and women that is both gender-based and age-based, and both structural and individual. Addressing these practices requires solutions that empower and protect young people by addressing both individual and environmental factors, and that support them in fulfilling their aspirations. These solutions must be gender-transformative, age-specific, rights-based and culturally sensitive.





KEY CONSIDERATIONS IN CREATING A PROGRAMME OF WORK ON YOUNG PEOPLE AND HARMFUL PRACTICES



1

FIND YOUR FRAME

If you are beginning to tackle one or more harmful practices as they relate to young people, consider the most strategic framing for a new initiative based on:

- **Context and epidemiology:** If FGM and child marriage are both prevalent, and FGM is seen as a precursor to child marriage, consider a joint initiative on FGM and child marriage. If son preference and child marriage are both prevalent, consider an initiative that tackles the value placed on girls. If informal unions and adolescent pregnancy are viewed as a human rights and/or societal concern, and as a driver of child marriage, consider framing it as an initiative tackling adolescent pregnancy. Understand the prevalence and spread of the practice to frame it as a national or subnational initiative.
- **Political will:** Which issues is the current government particularly committed to tackling? Apart from harmful practices themselves, other entry points with political traction may include teenage pregnancy, girls' education, health and so on.

2

MAKE IT STRATEGIC

Is there a national strategy on ending one or more harmful practices? If not, is there an appetite for one, and can UNFPA support the strategy development? Your contributions could include:

- summarizing evidence from research and evaluations on what works and what doesn't
- supporting the development of a theory of change and/or results framework
- developing a costed evidence-based action plan for the strategy, including a monitoring and evaluation plan
- supporting the communication aspects of the strategy
- ensuring participation and co-creation by young people, women's organizations and communities.

Consider the most well-resourced vehicle for sustainable programme delivery.

- What major sectoral initiatives are backed by public and private investments and could be leveraged to address one or more harmful practices?
- Possibilities include systems for girls' education, social protection/cash transfer programmes, programmes on adolescent health or access to contraception, national initiatives for comprehensive sexuality education (CSE) or life skills, economic empowerment and job creation initiatives.

3

PICK YOUR PARTNERS

Which partners, or coalitions of partners, are already active that you could support or become part of?

- Multisector government coordination platforms based in ministries of gender or youth
- Parliamentarians
- Interagency initiatives on adolescent girls, youth, GBV, harmful practices
- Networks and alliances of civil society organizations (CSOs)
- Private sector
- Communities
- Cultural and traditional leaders
- Faith-based organizations
- Youth-led and youth-serving organizations
- Women's networks
- Men and boys' networks





HOW TO PLAN AND IMPLEMENT PROGRAMMES

Effective programmes focused on empowering adolescents and preventing violence against women and girls are multisectoral interventions that work across the socioecological model to change unequal gender- and age-based power relations and access to resources and opportunities. Ecological frameworks emphasize both the role of individual and contextual systems, and the interdependent relations between these two systems, in producing outcomes.

STRATEGIES AND INTERVENTIONS TO ADDRESS HARMFUL PRACTICES

INDIVIDUAL

- ▶ ▾ Strengthen the knowledge, assets, skills and leadership of adolescents – particularly adolescent girls – so they can exercise their agency and rights
- ▶ ▾ Build positive masculinities among adolescent boys and young men, including through CSE

FAMILY AND COMMUNITY

- ▶ Social and behaviour change communication and dialogue to:
 - ▶ ▾ Influence shifts in gender norms and social norms
 - ▶ ▾ Improve awareness of and accountability for the rights of adolescents, particularly girls, and adolescent sexuality

SYSTEMS AND SERVICES

- ▶ ▾ Gender- and age-responsive systems for health, education, protection and social protection
- ▶ ▾ Multisectoral convergence of systems and services

LAWS AND POLICIES

- ▶ ▾ Gender- and age-responsive budgeting, legal frameworks and policies
- ▶ ▾ Costed action plans

DATA AND EVIDENCE

- ▶ ▾ Nationally or subnationally representative surveys to assess incidence of harmful practices, where relevant prevalence data are not available (<5 years)
- ▶ ▾ Rigorous impact evaluations assessing the effectiveness of interventions in the short and medium term.
- ▶ ▾ Process evaluations assessing how to improve coverage and quality of preventive and protective interventions

→ FOR GIRLS

Strategies to eliminate harmful practices should rely on increasing girls' agency to ensure they can make their own free and informed choices regarding their bodies and their lives. In combination, the actions suggested below will help girls develop skills in critical thinking and problem-solving and build their sense of personal worth and agency.

- **Expand access**, particularly of underserved and marginalized girls (for example, the poorest girls, Indigenous girls, girls with disabilities), to gender-transformative CSE, life-skills education and asset-building programmes that build their knowledge, awareness of human rights, and skills. Effective models include community- or school-based small-group sessions led by a skilled mentor or educator that can also provide further referrals and connections to opportunities. Untargeted, low-follow-up approaches like youth centres and peer education have generally been ineffective in building girls' agency.
- **Connect and refer adolescent girls to high-quality services and information** that are oriented to the particular needs of adolescent girls for health (including SRH), and child and social protection. Girls with specialized needs, such as those with disabilities, may require further tailored support.
- **Support girls to enrol and remain in formal and non-formal education**, including through the transition from primary to secondary school. Non-formal education models can be beneficial, depending on local needs and priorities.
- **Strengthen girls' leadership and participation** so that they can express their voices in decision-making spaces and meaningfully engage in programmes.

BRAC ELA, a UNFPA-supported programme, provides safe spaces for girls aged 11-21 to learn about SRH, develop financial literacy and gain tools such as microloans to start their own entrepreneurial ventures. ELA girls are 72 per cent more likely to engage in income-generating activities; in addition, teen pregnancy among participants fell by 26 per cent, early entry into marriage/cohabitation fell by 58 per cent, and girls reporting sex against their will declined by half.

In Bangladesh, the Population Council implemented the BALIKA Project, which used an explicit pathway of change towards delaying child marriage, with clear intended outcomes, objectives and goals as well as defined measures of success. These evidence-based approaches demonstrated that programmes which educate girls and provide life-skills and livelihood training dramatically reduce the likelihood of child marriage.

The Population Council also created [Abriendo Oportunidades Guatemala](#), a gender-transformative life-skills and leadership training programme for Indigenous Mayan girls. The programme engages community leaders and recruits local girls as mentors to provide culturally sensitive programming.

In Tanzania, the Kipunguni Knowledge Centre in Dar es Salaam is a [safe house for girls](#) escaping FGM and provides training in entrepreneurship skills such as vegetable farming. The centre acknowledges that rites of passage are vital for adolescent girls, but insists that these should not include FGM.



RESOURCES

- ▶ UNFPA and UNICEF outline essential considerations for gender-transformative programming and provide guidance on translating these commitments into practical action in the [Technical Note on Gender-Transformative Approaches: A summary for Practitioners](#) (2020).
- ▶ The [Technical Note on Adolescent Girls' Empowerment through Life Skills in the Global Programme to End Child Marriage](#) (2020) builds on the [Technical Note on Gender-Transformative Approaches](#) by offering concrete guidance on the application of key elements and effective programming approaches to develop transformative life-skills programmes.
- ▶ A final instalment in the series, the [Technical Note on Life Skills Programmes for Empowering Adolescent Girls: Notes for Practitioners on What Works](#) (2019) takes an in-depth look at characteristics of design, implementation, and grounding in community and services that promote girls' empowerment and the prevention of child marriage.

→ FOR MEN AND BOYS

Partnering with boys and men in gender equality is crucial to ending FGM and child marriage. A gender-transformative approach should promote both the empowerment of girls and women and positive masculinities.

- **Work with men and boys** as well as women and girls, both separately and together (gender-synchronous approaches).
- **Engage communities** and crucial male gatekeepers within communities.
- **Address issues of negative male stereotypes** and work towards building new/positive masculinities with men and boys.

Promundo's Program H engages young men (aged 15-24) to critically reflect about stereotypical norms of manhood and gender roles, using a curriculum-based approach and participatory group education sessions combined with youth-led campaigns and activism.

MenCare is a global fatherhood campaign that promotes men's involvement as equitable, non-violent fathers and caregivers, in order to achieve family well-being, gender equality and better health for mothers, fathers and children.



RESOURCES

- UNFPA and UNICEF's Technical Note on Partnering with Men and Boys to End Child Marriage in the Global Programme to End Child Marriage (2020) offers examples of programming within the socioecological model and details of effective monitoring and evaluation of male engagement.

→ COMMUNITIES

A programme of action to end harmful practices must include community dialogue and debate to inform people of the negative impacts of harmful practices and to support collective action, the questioning of harmful norms and commitment to new practices in support of adolescents' rights. Adapting community-based interventions to suit local culture improves programme acceptance, especially for topics perceived as sensitive.



- **Engage families, communities, and religious and traditional leaders** in dialogue and consensus-building, and help them become accountable for advancing gender equality and protecting and supporting adolescents.
- **Involve men** as fathers, gatekeepers and leaders to create a more supportive environment for adolescent girls to exercise their rights and to challenge gender norms and stereotypes without fear of retaliation.
- **Involve women** as role models, mothers, gatekeepers and leaders.
- **Offer parenting programmes** to improve parent-child communication, including on SRHR topics.
- **Implement mass interventions such as communication campaigns**, which can be a cost-effective way to reach larger numbers of community members with social behaviour change messages. Social-media approaches can have a broad reach as well, but may not reach all the most vulnerable groups due to lower levels of literacy and mobile phone access.

In Senegal, the [Grandmother Project](#) involves elderly women as gatekeepers and leaders in community conversations to change cultural norms around FGM and strengthen solidarity to take collective action.

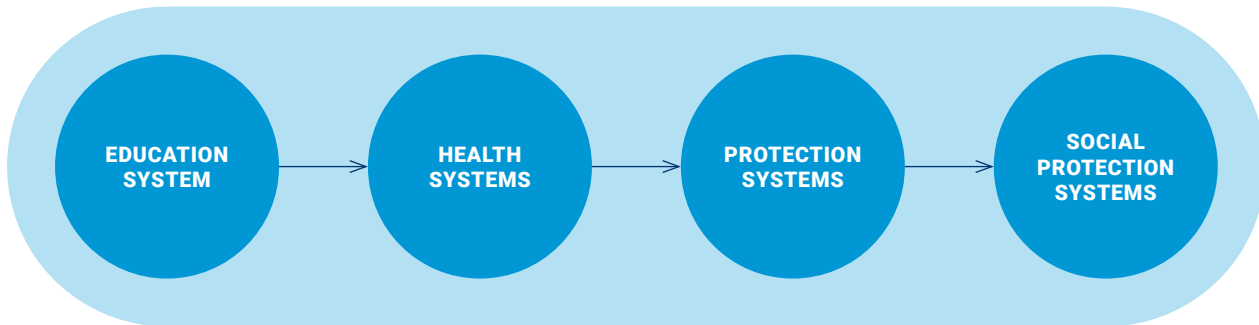
[Sonke](#) works closely with communities across South Africa to build and sustain grassroots activism and human rights literacy at the local level. Its key actions include educating communities, recruiting community leaders, and monitoring of courts to support survivors of violence and hold local officials accountable.

RESOURCES

- UNPFA and UNICEF's [Technical Note on Gender Norms](#) (2020) provides examples of how gender transformation can be achieved through the socioecological model and outlines a framework to track changes in gender norms.
- UNFPA works for social norm change using its [Compendium on Social Norms and Change](#) (2020) to change maladaptive norms and promote new behaviors.

→ SYSTEMS

Adolescent girl-responsive systems contribute to ending harmful practices by enhancing girls' knowledge, skills and agency, creating opportunities, reducing risks and delivering at scale. Services must be designed in age- and gender-responsive ways and be culturally appropriate.



1

EDUCATION SYSTEMS

Educational attainment, particularly secondary education, is closely associated with delays in age at marriage. Expanding the school system, with enough schools in reasonable proximity to communities and adequate physical infrastructure, is a first step. Further actions can help ensure learning, safety and empowerment.

- ✎ **Advocate for a safe, gender-sensitive, non-violent, culturally sensitive and inclusive learning environment** by ensuring safe transport to and from schools, prohibiting physical punishment and violence, and promoting non-violence and gender equality through curricula for both students and faculty.
- ✎ **Promote equitable learning outcomes** by supporting the education system to empower adolescent girls with life skills and CSE. A sexuality education curriculum that is comprehensive, scientifically accurate, timely, developmentally appropriate and human rights-based should be delivered to all adolescents, including those who are out of school, by teachers with the right skills and competencies. (For more information, see Module 3.)
- ✎ **Promote alternative education**, including CSE, to strengthen learning and school-to-work transitions.
- ✎ **Ensure that adolescent girls who are pregnant, married and have children are able to stay in or re-enter school** to continue their education.
- ✎ **Ensure that girls have female role models and mentors.**

2

HEALTH SYSTEMS

Health systems have a critical role to play in preventing and mitigating child marriage and FGM.

- ↘ **Improve the accessibility and quality of contraceptive services and information:** this can contribute to declines in child marriage, particularly where child marriage is triggered by premarital conception and birth among adolescents. Because child marriage almost always triggers rapid, repeat pregnancy, health systems can also fulfil the rights of married girls by helping them prevent and space pregnancies.
- ↘ **Equip medical professionals with the knowledge and skills to prevent FGM** and treat complications of FGM, particularly in contexts where FGM is increasingly medicalized.
- ↘ **Strengthen healthcare-provider competencies,** clarify values and transform attitudes.
- ↘ **Advocate to remove policy barriers to service access and provision,** including reducing costs for adolescents.
- ↘ **Recognize the mental health needs of adolescents,** and improve links between psychosocial support services and SRH services.
- ↘ **Provide immediate and long-term treatment and counselling for unmarried girls, married girls and girls in unions who experience GBV.** This should include screening, care of injuries, sexual assault examination and care, emergency contraception, HIV post-exposure prophylaxis, prevention and treatment of sexually transmitted infections, syndromic case management, mental-health support and documentation.

3

PROTECTION SYSTEMS

Protection systems encompass health, justice and policing, and social services.

- ↘ **Support protective justice and policing interventions,** including initial contact, assessment and investigation, pre-trial/trial/post-trial processes, perpetrator accountability and reparations, safety and protection, communication and information, and justice-sector coordination.
- ↘ **Support protective social services,** including crisis information and counselling, helplines, safe accommodations, material and financial aid, identity documents, legal and rights information, advice and representation, psychosocial support and counselling, community information, education and community outreach, and assistance towards long-term economic independence, recovery and autonomy.

SOCIAL PROTECTION SYSTEMS

Social protection mechanisms, including social assistance, insurance and welfare services, can help keep girls in school and reduce child marriage.

- » **Work towards universal health coverage (UHC).** UHC's focus on three interlinked policy areas – service delivery, financing and governance – can contribute to reducing family vulnerability, particularly that of women and girls, and harmful practices.
- » **Promote cash transfers to incentivize health-promoting behaviours, care-seeking and school participation.** Note that cash transfers can be an effective tool for delaying age at marriage of adolescent girls, but by themselves may be insufficient to change gender norms around harmful practices. Complementary programming should support girls' empowerment, family awareness and service quality.
- » **Advocate for initiatives that foster economic security of households** and strengthen opportunities for girls' economic autonomy.



RESOURCES

- » UNFPA and UNICEF's *Technical Note on Adolescent Girl Responsive Systems* (2020) describes systems that are gender-equitable and responsive to the rights and needs of adolescent girls, and provides examples of programming.
- » UNFPA and UNICEF's fact sheet on *Preventing and Responding to Child Marriage in Humanitarian Settings* defines an approach for Global Programme focal points to support and complement prevention and response efforts on child marriage in humanitarian settings.

→ DATA AND EVIDENCE

Some global gaps in the research on harmful practices where UNFPA could make a useful contribution:

- **Effectiveness of interventions to prevent harmful practices.** This includes emphasis on rigorously evaluated interventions across focus populations (including those targeting girls, boys, parents, communities at large and local leaders), intervention type (single component vs multicomponent), and specific sectoral investments (e.g. in education and health).
- **Implementation research,** focusing particularly on what it takes to deliver effective interventions or packages of interventions at scale and sustainably, to reduce the incidence of harmful practices and uphold girls' rights. This could include questions on coverage and equity, appropriateness/acceptability, fidelity, integration, cost, adoption and feasibility.
- In relation to impact and process evaluations, there are **specific groups at risk of or affected by harmful practices** that are less understood. These include younger adolescents, married adolescents and boys. Additional data and evidence are also needed in specific under-researched regions and contexts, such as humanitarian settings, Latin America and the Caribbean, the Middle East and North Africa, and West and Central Africa, including from Francophone and Hispanophone countries.



- More evidence and analysis is needed on **long-term changes in the prevalence of harmful practices** at national and subnational levels to understand the complexities and nuances of what drives changes in harmful practices and related outcomes (e.g. girls' education, adolescent childbearing, women's labour-force participation) in some geographic areas and populations but not others. While harmful practices are declining in some countries or regions within countries (and potentially increasing in others), the full set of contextual factors contributing to these changes has not been well described (e.g. laws and policies, marriage market, economic, environmental and political insecurity, social infrastructure, and a gender-equitable normative environment).
- More research is needed on **gender transformation as an overarching strategy** to end harmful practices – research that supports a broader understanding of the complex linkages between harmful practices and discriminatory gender and social norms and practices in all their forms. For example, research is needed on the links between child marriage and GBV, FGM and/or sexual exploitation – not only on their co-occurrence, but also on common antecedents and opportunities for joint intervention and transformation.



RESOURCES

- The UNFPA-UNICEF Global Programme to End Child Marriage lays out research priorities in its *Research Strategy for Phase II*.
- Research gaps have been identified by Population Council and its partners for the field of eliminating FGM.

→ DESIGNING FOR SCALE

UNFPA programmes should aim to accelerate large-scale change by focusing on interventions with potential for scale-up (including for marginalized populations), in order to reach larger numbers of adolescent girls, their families and communities.

1

HORIZONTAL SCALE-UP

Replicating effective interventions, expanding geographic coverage and increasing the proportion of the target population reached requires adequate human and financial resources, quality-control measures, engagement with local partners and an understanding of the fixed core of the scalable model.

- **Individual level:** Intensive support to the most marginalized girls through community-based life-skills and CSE programmes that are replicated by non-governmental organizations (NGOs) and adapted for the education system.
- **Community and interpersonal level:** Dialogue to promote social behaviour change can also be scaled up by NGOs and CSOs.

BRAC's ELA model, which UNFPA and UNICEF have supported in Sierra Leone and Uganda, has been streamlined for scale, with a well-defined, costed intervention model consisting of safe spaces for social connection, SRH information and economic empowerment.

2

VERTICAL SCALE-UP

Institutionalizing proven or promising approaches and innovations in government policies and systems requires strong administrative and programme delivery systems, political will, proper oversight of the application of national policies, and technical support structures.

- **Community/institutional level:** Interventions may include school-based life skills and CSE, gender-responsive curricula, adolescent-friendly health services, and services for survivors of violence against women, girls and boys.

In the Tanzania Cash Plus model, Ujana Salama, adolescents who received productive grants, livelihood and skills training, and adolescent-friendly health services experienced less violence (males and females) and reported lower perpetration of physical violence (males). The programme also resulted in delays in sexual debut and improvements in self-esteem.

- **Legal/policy level:** Large-scale results for gender transformation can be supported through legislative reforms for gender equality and through gender-responsive budgeting. Legal reform on setting the minimum age at marriage at 18 across legal systems, and lowering ages of consent (to sex and services), and the enactment and enforcement of legislation criminalizing FGM can signal to the wider population what is socially acceptable and developmentally appropriate, and thus support new norms and behaviours. Related laws on inheritance, marital rape, divorce, custody, labour and workplace, and social protection have the potential to contribute to reductions in child marriage.

In Bangladesh, the Finance Division and the Ministry of Women and Children Affairs, in partnership with UNICEF, conducted a *Scoping Analysis of Budget Allocations for Ending Child Marriage (2018)* to understand the size, trend and proportion of budget allocations that are being made to programmes and projects critical to ending child marriage. The study showed an upward trend of total budget allocations for ending child marriage between 2010 and 2016. Social safety net programmes, adolescent health and opportunities for secondary education for girls comprised most of the investments, whereas comparatively less money was allocated to protection against GBV, and to community awareness interventions.

The Southern African Development Community (SADC) *Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage*, adopted by the Southern African Development Community Parliamentary Forum (SADC-PF) in 2016, constitutes a milestone in the efforts to end child marriage in Southern Africa. The Model Law provides guidance to parliamentarians, Ministries of Justice, policymakers, and other stakeholders in SADC Member States as they develop effective national laws to end child marriage and address inconsistencies in their current legal frameworks.

RESOURCES

- UNFPA and UNICEF's *Technical Note on Scaling Up Efforts to End Child Marriage: The Global Programme Approach (2020)* draws on literature about scaling up development programmes as well as strategies from Phase I of the Global Programme.
- The complementary *Technical Note on Convergent Programming (2020)* discusses how to bring together various systems, sectors and actors to deliver multisectoral interventions.
- The *Community for Understanding Scale Up (CUSP)* discusses the politics and prospects of scaling social-norms change programming for gender equality to prevent violence against women and girls and improve SRHR.

→ PARTNERSHIPS

Tackling harmful practices requires partnerships across multiple sectors and actors. Approaches include:

- **Working for geographic convergence**, i.e. multiple actors collaborating on a common issue in selected geographic or administrative areas, providing holistic support across the prevention and protection continuum. Geographic convergence is essential for implementation of joint programmes at the community level.
- **Working for thematic convergence**, i.e. coordination and integration across sectors, departments, ministries and agencies to build linkages between child marriage, FGM and related issues, such as education, SRH, child protection, and prevention of GBV. This includes supporting national, provincial and local government agencies on cross-sector planning, budgeting and coordination.
- **Facilitating coordination among different levels of government** (national, provincial, district, community), and between government and civil society, to enhance the flow of information, knowledge and accountability.
- **Programming across contexts** including development, humanitarian and peacebuilding to ensure continued delivery against shorter-term goals for prevention, response and mitigation, as well as long-term processes of social change.

National governments, CSOs, youth-led and youth-serving organizations, religious institutions, academia and communities are critical partners in the harmful practices agenda. The benefits of engaging with these partners include grounding action at a local level, stronger advocacy for children's and adolescents' rights and gender equality, social transformation potential, greater effectiveness of aid, and a strengthened knowledge base. Approaches to working in partnership include:

- working in global, regional and national coalitions and networks with CSOs
- taking coordinated programmatic actions for better results
- sharing technical support, learning and knowledge
- inviting them to be sounding boards for your programme
- jointly amplifying the voices of adolescent girls and boys
- supporting youth-led accountability mechanisms.





WHAT TO WATCH OUT FOR

When addressing harmful practices, unintended consequences may emerge. It is important to engage with stakeholders and gain a comprehensive understanding of the legal, social, cultural and medical contexts, in order to guard against negative impacts of well-intentioned work. Here are some issues to watch out for.



- Taking a health-risk approach to discouraging FGM can unintentionally lead to medicalization of the practice, i.e. if FGM is performed by medical professionals, this may be seen as reducing risk, which could increase the acceptability of FGM.
- Married girls or girls who have undergone FGM may face stigma and discrimination if it is portrayed as negative, undesirable and a failure.
- Public messaging and rejection of child marriage or FGM could drive some proportion of the practice underground.
- Lack of clarity in laws and policies intended to end child marriage can also drive the practice underground and/or exacerbate it. For example, Bangladesh's Child Marriage Restraint Act of 2017 lacked clarity in its application to registered Rohingya refugees, leading to an uptick in child marriage.
- In some countries, a successful bid to raise the age of marriage to 18 years has led to campaigns to also increase the age of sexual consent to 18 years, which criminalizes adolescents who are sexually active (and/or in informal unions) and acts as a barrier to their uptake of SRH services.
- An exclusive focus on ending child marriage can lead to the neglect of issues such as early marriage and norms around compulsory marriage.
- Informal unions often remain beyond the administrative purview of government agencies, creating large loopholes for avoiding official sanctions and supportive services. Informal unions tend to be disadvantageous to women and girls, who have no hold over their male partners if divorce occurs and who may be left with children and with no support.
- Policies and programmes providing material incentives to families with children/larger families, including in humanitarian contexts, may incentivize the formation of early unions in the absence of adequate safeguards.





ANNEX: CONCEPTS AND DEFINITIONS OF HARMFUL PRACTICES

Child marriage: Child marriage is the marriage of a girl or boy before the age of 18 years, and refers to both formal marriages and informal unions. Formal marriage may take place under civil law and/or religious law, and customary laws and practices.

Informal union: An informal union is one in which a couple live together for some time, intending to have a lasting relationship, but without formalization of the relationship through a civil or religious ceremony.

Early marriage: Early marriage can refer to marriages where one or both partners are not yet 18 but have attained majority under national laws. It can also refer to marriage where both partners are 18 or older but below the legal minimum age of marriage (in a country where the minimum age is above 18).

Forced marriage: A forced marriage is one in which one or both spouses, regardless of age, do not give – or do not have the ability to give – full, free, informed, prior consent. It can also refer to a marriage in which one or both spouses are unable to end or leave the marriage. Since children are not considered able to give legal consent in most countries, all child marriages are sometimes considered forced marriages. However, consensual marriages and unions among adolescents do occur.

Self-initiated marriage: Self-initiated marriage is when both spouses choose to marry each other. Self-initiated marriage is sometimes used to escape abusive circumstances or to avoid forced marriage. It also provides a way for young people to be sexually active in contexts where sex is socially sanctioned only within the institution of marriage, or to “legitimize” a pregnancy. Some adolescents may choose to marry as a way to declare their independence (linked to adolescent brain development and the desire for peer affiliation and independence) by establishing a separate family unit and/or household.

Female Genital Mutilation (FGM): female genital mutilation refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. There are four types of FGM:

- Type I, also called clitoridectomy: Partial or total removal of the clitoris and/or the prepuce.
- Type II, also called excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The amount of tissue that is removed varies widely from community to community.
- Type III, also called infibulation: Narrowing of the vaginal orifice with a covering seal. The seal is formed by cutting and re-positioning the labia minora and/or the labia majora. This can take place with or without removal of the clitoris.

- Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping or cauterization.

For further information, see the [WHO fact sheet on FGM \(2020\)](#).

Gender-based violence: Gender-based violence (GBV) is violence based on socially ascribed gender differences between females and males. It includes violence that is directed against a person because of that person's gender, and violence that affects persons of a particular gender disproportionately. It is deeply rooted in gender inequality. The nature and extent of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation and abuse, and forced prostitution; domestic violence; trafficking; so-called honour killings; and widow inheritance; as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. GBV results in, or is likely to result in, physical, sexual, psychological or economic harm or suffering. Both women and men experience GBV, but the majority of victims are women and girls due to the hegemony of patriarchal social norms. Harmful practices are considered a form of violence, in addition to leading to other forms of GBV.

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