

Norway's International Strategy to Eliminate Harmful Practices 2019–2023



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Foreword

In adopting the UN Sustainable Development Goals, the global community has committed itself to eliminating harmful practices by 2030. This strategy sets out how the Norwegian Government will target its international activities to drive this effort forward.

We cannot accept that nearly 33,000 young girls are married as child brides every day, that girls are subjected to female genital mutilation, and that a son preference leads to the killing of girls. Harmful practices take different forms in different countries, but common to all of them is that they affect girls disproportionately. They have an impact on the health of girls and women, rob them of educational opportunities, and make it more difficult for them to take part in society and working life.

There are no quick fixes to eliminating harmful practices, but the path forward is clear. We must stand by the promise to promote full equality between women and men, be steadfast in maintaining the view that girls and boys are of equal value, and remain resolute in the effort to realise sexual and reproductive rights.

This strategy sets the framework for the Foreign Service to expand the effort to combat harmful practices using targeted measures and as an integral part of development cooperation activities relating to education, health care, gender equality and human rights efforts, among others. We will also strengthen Norway's role as an advocate in normative processes.

We will raise this issue with the authorities of the countries in which harmful practices are most prevalent. We will support the UN, whose global programmes have demonstrated success, and we will work together with civil society organisations that have the best insight into which actions will promote positive changes at the local level. The only way to achieve our goals is to work with partners who believe that we can change the world.

Dag-Inge Ulstein

Minister of International Development



Part 1 About harmful practices

Background and purpose of the strategy

With this strategy Norway is strengthening its efforts to eliminate harmful practices. These efforts are based on the protection of human rights, and are designed to promote the rights of children and women, including sexual and reproductive health and rights.

The overarching objective of the strategy is to help to fulfil the goals of Agenda 2030 and the pledge that no one will be left behind, and in particular Sustainable Development Goal (SDG) 5 to achieve gender equality and empower all women and girls, under which Target 5.3 specifies the elimination of all harmful practices. This strategy focuses on child, early and forced marriage and female genital mutilation. It builds on and extends Norway's considerable efforts to combat female genital mutilation and strengthens efforts against child marriage. In addition, the strategy encompasses son preference and some of its ramifications.

This strategy establishes the guidelines and principles for Norway's international efforts to eliminate harmful practices for the 2019–2023 period. It is based on the Action Plan for Women's Rights and Gender Equality in Foreign and Development Policy 2016–2020,¹ in which one of the five thematic priority areas is the elimination of violence and harmful practices targeting girls and women. The strategy also builds on previous action plans and strategies for efforts to combat female genital mutilation (2003–2017), and is one of several measures set out in the national Action Plan to Combat Negative Social Control, Forced Marriage and Female Genital Mutilation 2017–2020. ²

Harmful practices are a type of violence that has consequences for the physical and psychological health of those affected, undermines their ability to live full lives, and constrains their life choices. While boys and men also experience harmful practices, these practices disproportionately affect girls and women. Harmful practices are closely linked to gender inequality, discrimination and traditional views on gender roles, and also reflect aspects of social control. Harmful practices thus serve to reinforce gender inequality and can make it more difficult to ensure that girls and women have access to education, health care and participation in society and working life.

In many contexts, harmful practices will be seen as part of the norm, and will affect most girls and women. Carrying out such practices on individuals with disabilities, sexual minorities or marginalised groups may serve to heighten their vulnerability.

States are under obligation to respect and protect the human rights of their citizens as these are set out in the Convention of the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. Norway's role in the effort to combat harmful practices is to be a political advocate in partnerships with relevant countries and organisations, and to contribute financially to stakeholders whose programmes lead to proven results.

¹ See https://www.regjeringen.no/globalassets/departementene/ud/vedlegg/fn/womens_rights.pdf

² See https://www.regjeringen.no/contentassets/e570201f283d48529d6211db392e4297/action-plan-the-right-to-decide-about-ones-own-life-2017-2020.pdf

Common features and prevalence

Harmful practices take different forms and vary both within and between countries. Common to all of them is that they are embedded in and sustained by a shared understanding of culture, religion and tradition. Women and children – and the girl child in particular – are subject to norms that restrict their self-determination, their opportunities and their sexuality, and that define them as being of less value.

This strategy highlights interlinkages and similarities between female genital mutilation, child, early and forced marriage and son preference. Female genital mutilation and child, early and forced marriage are more delimited actions, while son preference has a variety of implications. For this reason, the measures needed to combat these practices will be different.

At the global level, roughly 12 million girls are married as child brides, while approximately four million are subjected to female genital mutilation every year. In several of the coun-

tries in which child marriage and female genital mutilation are practised, the demographics are characterised by a young population and rapid population growth. Estimates from the UN indicate that towards 2030, the absolute number of girls who are married before the age of 18 will remain at the same level, while the number subjected to female genital mutilation will rise unless efforts to combat this practice are accelerated. Thus, in order to achieve SDG Target 5.3, greater focus must be placed on initiatives to eliminate these practices.

Female genital mutilation and child marriage are most prevalent in countries and areas with widespread poverty, vulnerability and a low level of socioeconomic development, and among poor and rural ethnic groups. A number of countries have a high incidence of both child marriage and female genital mutilation, including Burkina Faso, Guinea, Mali, Somalia, Nigeria, Ethiopia, Sierra Leone, Eritrea, Chad, Gambia, Liberia, Mauritania, Sudan and Yemen.

Child marriage - definition and prevalence

DEFINITION

Child marriage, or early marriage, is any marriage where at least one of the parties is under 18 years of age. Forced marriages are marriages in which one or both parties have not personally expressed their full and free consent to the union. Forced marriage can take place at any age. A child marriage is considered to be a form of forced marriage, given that one or both parties have not expressed full, free and informed consent.

Causes and ramifications of this practice

Child marriage is a means of lessening a family's economic burdens by reducing the number of mouths to feed, as well as a way to increase a family's income from payment of a bride price. There is a financial aspect for the groom's family as well, because it may receive a dowry and gain a female who can contribute to chores and the household. At the same time, tradition and culture prescribe what is considered to be the right choices for boys and girls. Child marriage may be the result of young, unmarried girls becoming pregnant. Child or forced marriage may also be motivated by a desire to provide protection or financial security for the future. This can apply to girls with disabilities, or in situations of acute poverty or humanitarian crisis. Child and forced marriage are also associated with human trafficking and modern slavery in that children and adolescents are sold into marriage.

Even though child marriage may be motivated by a desire to protect the child, it is a form of sexual abuse. It increases the risk of early and unwanted pregnancy and undermines sexual and reproductive health. Young girls have a higher risk of complications during pregnancy and childbirth than adult women. Girls who are married as children are less likely to continue their education – often as a result of early pregnancy. Girls subjected to child marriage are also more likely to experience domestic violence, social isolation, restricted freedom of movement and exploitation.

Child marriage has a negative economic impact at the societal level. The World Bank has calculated that child marriage will cost the global community billions of dollars by 2030, because losing an education means losing income, among other reasons. Eliminating child marriage will thus have a positive impact on development as well as on a country's national economy.

Global prevalence

Child marriage is widespread both geographically and in terms of numbers. The UN estimates that of all girls and women alive today, more than 650 million were married as children. Some 33,000 girls are subjected to child marriage every day. That amounts to 12 million girls each year. In addition, the UN estimates that 115 million boys and men were married as children. This means that a total of 765 million people alive today have been subjected to child marriage.

During the past decade, the proportion of women married as children has declined from one in four to approximately one in five. The greatest decrease has taken place in South Asia. The UN estimates that approximately one in 30 men was married before the age of 18. Women are clearly subjected to child marriage to a much greater extent than men. Despite the decline in the practice of child marriage, it is estimated that another 150 million girls will become child brides by 2030 unless efforts to eliminate this practice are accelerated.

Where is child marriage prevalent?

According to the UN, the highest prevalence of child marriage is found in sub-Saharan Africa, where roughly four in ten girls are married before the age of 18. In South Asia, approximately three in ten girls are married before the age of 18. The practice is also prevalent in North Africa and the Middle East (17 per cent), Latin America and the Caribbean (25 per cent) and Eastern Europe and Central Asia (11 per cent). The countries with the highest prevalence of child marriage among boys are geographically diverse and differ from those where the practice is most common for girls. There are 11 countries where the prevalence of child marriage among boys is over 10 per cent. The two countries with the highest prevalence are the Central African Republic (28 per cent) and Nicaragua (20 per cent).

Female genital mutilation – definition and prevalence

DEFINITION

The World Health Organization (WHO) defines female genital mutilation as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Female genital mutilation is classified into four major types according to severity.

Causes and ramifications of this practice

Female genital mutilation is associated with social norms that are motivated by a belief that women's sexual behaviour must be controlled. In some societies this practice is seen as a prerequisite for marriage. Female genital mutilation may be seen as a religious injunction, a rite of passage into womanhood, or as a means of remedying health problems and making women "cleaner". It is often framed as a ritual and/or as necessary to ensure a girl's future. Female genital mutilation is most often performed in the period from infancy to adolescence.

Female genital mutilation is a violation of human rights, including the right to the highest attainable standard of health. The procedure is traumatic and can lead to both immediate and long-term health consequences that girls and women must live with for the rest of their lives. It has a major impact on sexual and reproductive health. The level of severity will depend on the type of female genital mutilation. Female genital mutilation often entails reduced sexual enjoyment.

In recent years there has been a rise in the medicalisation of female genital mutilation. In these cases, the procedure is performed by health personnel under what can be considered safer conditions. Medicalisation is particularly widespread in Egypt and Sudan, but there are indications it is on the rise in other countries as well. This may serve to legitimise female genital

mutilation as medically sound and increase acceptance for the practice.

Global prevalence

According to the UN, over 200 million girls and women alive today have been subjected to genital mutilation and are living with the ramifications. These girls and women live mostly in 30 countries in Africa, the Middle East and Asia. Female genital mutilation is most prevalent in West, East and Northeast Africa.

At the global level, there is a decrease in the proportion of girls who are subjected to female genital mutilation. However, UN estimates indicate that unless efforts to eliminate the practice are intensified, the absolute number of girls subjected to female genital mutilation will increase from approximately 3.9 million in 2015 to 4.6 million in 2030 due to population growth in the countries where the practice is widespread. Approximately 68 million girls are estimated to be in danger of undergoing female genital mutilation by 2030 unless efforts to end the practice are accelerated.

Measuring change

Measuring the prevalence and impact of efforts to eliminate female genital mutilation is complicated. It takes a long time for changes in the practice to become visible in the statistics, in part because there is such a wide range in the ages of the girls subjected to female genital mutilation. Moreover, the statistics are often based on questionnaires, and there is a tendency towards under-reporting.

Son preference – definition and prevalence

Causes and ramifications of this practice

Son preference is a reflection of the low value ascribed to girls and women in some countries. The ramifications of this practice range from sex-selective abortion to neglect and killing of girls. Son preference also manifests itself by denying education to girls and allowing legal systems that discriminate against women, for instance through the tradition of inheritance from father to sons, not daughters. Son preference is rooted in social norms and traditions, but the economic component is also important. Boys are economically advantageous, are an economic security for aging parents, and secure the family lineage. Having sons gives parents higher status, which puts pressure on women to give birth to boys. As a result, families invest more in their boy child than their girl child, and girls may be viewed as a burden. Excess mortality of girls and women as a result of killing and neglect constitutes a serious form of violence against women and is a violation of the human rights of children and women. The excess mortality of girls can occur early in life (before the age of five) as well as later in life.

Global prevalence

The negative impacts of son preference are difficult to quantify. One measure is the demographic impact as represented by a higher than normal proportion of men in certain countries. This is often described as "missing women". It is brought about in some countries when the male sex ratio at birth is higher than normal, combined with a higher mortality rate for girls and women than for boys and men. The two countries where this is most prevalent are India and China.

In addition to China and India, there is excess mortality of women in Bangladesh, Indonesia, Nigeria and Pakistan, among other countries. Armenia, Azerbaijan and Vietnam also have a higher ratio of boys than girls at birth than normal. In the past ten years, technology has made both pre-natal sex-determination and sex selective abortion possible.

There is an estimated deficit of 126 million women globally. This estimate is based on all excess mortality of women and sex ratio at birth. Other aspects of son preference, such as the neglect and discrimination that girls experience during their lives, are thus not reflected in the estimate.

Sex selection before and during pregnancy has received a great deal of attention in recent years. Excess mortality of girls and women has not received he same level of attention. This is despite the fact that excess mortality remains as much a cause for the abovementioned number of missing women as sex selection.

Measuring change

Since son preference manifests itself in several different ways, it is difficult to quantify changes in the effects of this harmful practice in exact terms. Measurement of the demographic impact limited to excess mortality and birth rates for boys versus girls can be compared over time. However, this will be based on the statistics of different countries, and entails multiple uncertainties with regard to registration accuracy and quality of information.

Gendercide

The term gendercide was first used by American feminist Mary Anne Warren in 1985. She defined it as the "deliberate extermination of persons of a particular sex". She also linked the term to mortality of girl foetuses, maternal death rates, witch-hunts and other acts of violence against women. Some state that they use the term because it illustrates the severity and prevalence of excess mortality of girls and women. More recently, the term "femicide" has come into use as well. This is defined as the systematic killing of women, often by their partners or ex-partners. Prior to their deaths, these women have often been subjected to violence and abuse in their relationships. This strategy highlights the discrimination of girls and women, female deficit and son preference in order to promote greater understanding of the complexity and underlying reasons for violence and killing of girls and women in the course of their lives.

Harmful practices during humanitarian crises and conflict

Many of the countries with the highest prevalence of child marriage and female genital mutilation are countries in the midst of conflict and humanitarian crisis. An increase in child marriage in the context of humanitarian crises has been documented. Drivers that exist beforehand are often intensified in times of crisis and conflict. Too little is known about the connection between humanitarian crises and son preference. There is also a need to learn more about whether crisis and conflict increase the risk that girls will be subjected to female genital mutilation. There may be a rise in female genital mutilation if refugees bring this harmful practice with them to their host society. There is also documentation that refugees from areas that do not have this tradition have begun to practise it due to pressure from the host society.

Poor access to health services in crisis and conflict situations affects women and children who have undergone female genital mutilation. The risk of complications during childbirth for both mother and child is higher for these women, and is compounded when access to health services and qualified health personnel are inadequate. Women and girls who have been subjected to female genital mutilation also experience a wider range of complications from sexual violence, a type of violence that often increases in times of crisis and conflict. Due to the above, it is clear that harmful practices must be given priority during a crisis or conflict.

The Norwegian Government's Humanitarian Strategy: An effective and integrated approach (2018), defined protection against sexual and gender-based violence as an important focus area. Over the past years, Norway has significantly increased its contribution to the United Nations Population Fund's work to provide protection from sexual and gender-based violence. Prevention and protection against violence and abuse of children and young people are to be given high priority. Support for life-saving and basic health services in humanitarian efforts is essential for those who have been subjected to harmful practices.

The strategic framework for Norwegian efforts in fragile states and regions sets out priorities for relevant Norwegian activities in these areas. Two of the focus areas here are "Human rights, governance and a state based on the rule of law" and "Inclusive growth and improved living conditions". Education and health, including sexual and reproductive health and rights (SRHR) are highlighted as part of the latter. Cooperation with regional platforms is also a priority area.

The Norwegian Government's Action Plan on Women, Peace and Security (2019–2022) also discusses harmful practices. Sexual and gender-based violence tend to increase even before conflicts arise and persist after other violence has ceased. This may be due to widespread feelings of hopelessness and anger in the population, a form of masculinity defined by violence, a limited degree of oversight and prosecution and a higher threshold for violence in areas suffering from conflict over time. Child and forced marriage often represent an attempt to find a solution to an economic and security-related crisis for the parties affected – or their families. The Action Plan on Women, Peace and Security is designed to safeguard the security needs of the population at large. The plan will therefore promote expanded efforts to combat sexual and gender-based violence and harmful practices in countries affected by armed conflict.



Part 2 How we can work to eliminate harmful practices

Harmful practices have complex origins and eliminating them will require both parallel and long-term efforts in multiple areas. The practices have similarities but differ somewhat in their drivers and impacts. What sustains them varies *between* and *within* countries. Countries also differ markedly in the steps they have taken to eliminate harmful practices and

in the progress they have made. The efforts undertaken should therefore be based on an understanding of national and local contexts while maintaining an evidence-based approach. Accordingly, the actions taken by Norway to eliminate harmful practices will generally rely on established partnerships and measures that have proved effective over time.

Which measures work?

Multi-sectoral approach

By working to advance women's rights and gender equality, Norway seeks to prevent discrimination and provide girls and women with the same opportunities as boys and men. Activities are aimed at helping families to see the value of investing more in their daughters' lives and futures, both because of the intrinsic value of such investment and because girls' access to health services, education and employment contributes to the well-being and development of families and communities. Norway contributes widely as a donor and political advocate to initiatives to combat discrimination and promote equality, education and health, including sexual and reproductive health and rights. These efforts contribute directly and indirectly to reducing the prevalence of harmful practices.

Targeted approach

To accelerate action, targeted approaches aimed at eliminating harmful practices are also needed. The measures should be long-term in nature and part of an integrated theory of change addressing a range of factors that tend, in combination, to perpetuate such practices. Gender equality, education, health care, legislative reform and changing social norms in local communities and with their participation all play a key role in eliminating harmful practices.

In combating child marriage, financial incentives that enable families to keep girls in school, such as cash transfers and measures that reduce schooling costs, have yielded positive effects. Studies also indicate that measures directed at girls themselves, rather than their families, are effective in strengthening their self-determination and awareness.

How to counteract son preference

The World Bank has reviewed policies that tackle son preference to prevent more missing women. It concludes that indirect measures to improve women's status, opportunity and power appear to have the greatest impact. The World Bank recommends the following measures to countries seeking to overcome the problem:

- Strengthen data collection and monitoring by establishing systems that record vital statistics such as births and deaths by gender and that improve district-level data on the gender breakdown of newborns.
- Reform laws and institutional practices in order to alter norms that perpetuate son preference. The following areas are cited as relevant: family law, social security, workplace policies and educational policies.
- Strengthen advocacy efforts and adopting a multi-sectoral approach to promoting attitudinal changes, legislative and other reforms. The mass media is highlighted as a cost-effective actor.

Partners

Civil society

Civil society includes human rights defenders and individual activists, women's rights organisations, faith-based actors, interest groups and youth and diaspora organisations. Coalitions, international organisations, Norwegian organisations and local and national organisations in other countries all contribute in the effort to eliminate harmful practices.

Civil society plays a key role in holding states accountable with regard to their political and human rights obligations to eliminate harmful practices. Civil society organisations push for progress and attitudinal change and have practical knowledge about local contexts. In many countries, such organisations also provide services to those subjected to harmful practices.

Many civil society organisations have a longterm presence in countries and communities where harmful practices are prevalent, and they know the countries and local conditions well. If we are to eliminate harmful practices, partnering with civil society is crucial.

UN

The United Nations (UN) has an extensive knowledge base and a mandate both to develop norms and to carry out operations. As a result, the UN has legitimacy and is uniquely qualified and positioned to assist member states in addressing and implementing international norms and standards.

Key partners, by virtue of their mandates and areas of operation, are the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the UN Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the United Nations Office of the High Commissioner for Human Rights (UNOHCHR) and the United Nations High Commissioner for Refugees (UNHCR). The World Bank is another important actor in the multilateral system. Norway contributes significantly to these organisations, providing core contributions for long-term activities and programme support to combat harmful practices.

The **WHO**'s norm-setting role makes it a key actor in the health services sector, especially with regard to female genital mutilation, as it develops guidelines for, and measures to combat, medicalisation of this practice. Norway has supported research in the Human Reproduction Programme (HRP) for several years and has helped to strengthen the programme's efforts to combat female genital mutilation. Both **UNICEF** and **UNFPA**, with their normative and operational function, are crucial partners in efforts to eliminate harmful practices.

UNICEF works to ensure that all children are protected against violence and exploitation, including female genital mutilation and child marriage. According to its latest annual report, the organisation was working to prevent child marriage in 59 countries and had programmes to prevent female genital mutilation in 22 countries. UNFPA promotes sexual and reproductive health and rights for girls and women. The organisation promotes the rights of girls and women to decide over their own bodies and to live a life free of violence, including harmful practices.

UNICEF-UNFPA GLOBAL PROGRAMME TO END CHILD MARRIAGE

UNICEF and UNFPA have a joint programme that seeks to end child marriage. The programme was launched in 2016 and is implemented in 12 countries: Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia. Norway has supported the programme since 2018. The five main focus areas with proven effect are:

- strengthening girls' ability to express and exercise their choices;
- strengthening positive attitudes and behaviours towards investing in and supporting adolescent girls;
- strengthening systems to scale up high-quality, cost-effective services in relevant sectors;
- integrating protection and promotion of girls' rights in national laws, policy frameworks and mechanisms;
- supporting the generation and use of robust data and evidence to inform policy and programming, track progress and document lessons learned.

UNFPA-UNICEF JOINT PROGRAMME ON ELIMINATING FEMALE GENITAL MUTILATION: ACCELERATING CHANGE

This joint programme against female genital mutilation has been implemented since 2008. Norway was among the programme's initiators and has supported it financially from the start. In the 2008–2017 period Norway was the largest overall donor to the programme.

The programme is now in its third phase and is being implemented in 16 African countries: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan and Uganda. Three additional countries are affiliated with the programme: Yemen, Indonesia and Tanzania. The programme's main areas of focus are:

- strengthening the countries' systems and implementation of policies and legislation related to eliminating female genital mutilation;
- changing social norms with emphasis on strengthening the rights and opportunities of girls and women;
- improving access to appropriate, quality and systemic services for female genital mutilation prevention, protection and care for girls and women;
- strengthening the countries' capacity to generate and use evidence and data for policymaking and improving programming.

An evaluation of the programme was completed in 2019. The evaluation found the programme has helped to achieve significant results related to eliminating female genital mutilation.

Norway will continue to support the programme and work to improve it further.

Regional organisations

Regional organisations are key platforms for political solutions and development. The African Union (AU) has put harmful practices on the agenda on several occasions, displaying important African leadership. The AU's Maputo Protocol on women's rights and equality, which is part of Africa's Agenda 2063, includes the elimination of child marriage. The AU Campaign to Accelerate the End of Child Marriage in Africa was launched in 2014 with support from UNICEF and UNFPA. In 2019 the AU launched its Initiative on Eliminating Female Genital Mutilation.

UNFPA's global effort against son preference

In 2017 UNFPA launched the Global Programme to Prevent Son Preference and the Undervaluing of Girls. It was the first programme of its kind and is being implemented in Armenia, Azerbaijan, Bangladesh, Georgia, Nepal and Vietnam. Its activities include collecting information on where, how and why the practice is carried out. UNFPA supports governments and civil society organisations in identifying the causes of the practice and implementing countermeasures. Norway plans to support UNFPA's work to combat this practice.

Important arenas and ways of working to eliminate harmful practices

Norway is working to strengthen and defend global norms on harmful practices and the rights of girls and women. Norway's efforts to combat harmful practices will revolve around the UN system's normative arenas, including the Human Rights Council, the Commission on the Status of Women, the Commission on Population and Development and the Third Committee of the UN General Assembly, which addresses social, cultural and human rights issues. These bodies adopt resolutions and politically binding documents pertaining to child, early and forced marriage and other relevant topics involving gender equality and human rights. They also set a standard and specify obligations for policies designed at national level.

To succeed in eliminating harmful practices, it is important that there is *ownership* in countries where these practices are prevalent. Knowledge of the scope, causes and consequences of such practices is crucial. So are the ability and willingness to develop integrated legislation, policies and means of implementation as well as funding and performance monitoring.

Changing social norms and attitudes

The relationship between social norms, attitudes and actions is complex and varies by context and location. Changing these requires measures at the societal, group and individual levels simultaneously. The changes themselves must take place locally. Important aspects of this work are therefore carried out in cooperation with local communities, ensuring that they themselves can and will play an active role and engage in collective reflection.

Participation by local leaders and institutions, including religious and traditional leaders, helps to helps to tackle perceptions that harmful practices are religious or cultural requirements. Adolescents must be included both as a target group and as agents of change. Integrated measures must be directed at girls to strengthen their status, their standing in society and their opportunities in life.

Women, as mothers and grandmothers, are also bearers of tradition, and this must be incorporated in the effort to change attitudes. Additional efforts are needed to ensure that fathers and brothers sincerely desire – and have the opportunity – to give girls in the family the same life choices as boys. Steps must also be taken to discourage boys and men themselves from seeking a child bride or insisting on marrying a girl or woman who has undergone female genital mutilation. It is important to work for change in attitudes in all segments of society, from the most marginalised to the higher social strata where trends often begin and positive change is therefore more easily sown.

The health and education sectors are important for increasing knowledge about harmful practices. Especially with regard to health services, it is important to promote collaboration and linkages between activities to spread information and change attitudes and the services provided at local level.

NORWEGIAN PROMOTION OF SEXUALITY EDUCATION

- Norway has taken the lead in promoting comprehensive sexuality education.
 An international conference on comprehensive sexuality education arranged by Norway in December 2017 served as an important venue for knowledge exchange and network building. Participants from more 50 countries attended the conference in Oslo.
- Girls and boys need knowledge about their bodies, relationships and living together
 as well as about health and rights if they are to make good choices and develop
 positive relationships. Comprehensive sexuality education has proved effective in
 postponing sexual debuts and increasing the use of contraceptives, with positive
 implications for girls' health and schooling and for gender equality.
- Including information about child marriage and female genital mutilation in comprehensive sexuality education may increase child and youth awareness of harmful practices, enabling young people to play a role in reducing such practices.
- Norway is committed to including comprehensive sexuality education in primary and secondary school curriculums and to providing it to children and adolescents who do not attend school.
- Norway supports comprehensive sexuality education through a variety of institutions, including UNFPA, UNESCO, the International Planned Parenthood Federation (IPPF).



Part 3

What the Government will do

If the goal of eliminating harmful practices by 2030 is to be achieved, international efforts must be intensified. For many years, Norway has played an important role, both financially and politically, in the fight against female genital mutilation, and we remain committed to this effort. Additionally, Norway will increase its political and financial efforts to end child marriage. We will also work to raise awareness about son preference.

Combating harmful practices requires a multi-sectoral approach. Health, education and gender equality are high-priority areas in Norwegian foreign and development policy. The Government has increased its support for sexual and reproductive health and rights. Furthermore, Norway's humanitarian strategy defines protection against sexual and gender-based

violence as a priority area. These broad areas in themselves will contribute to the elimination of harmful practices, and Norway will at the same time leverage measures to combat harmful practices within each of them.

The Norwegian effort to combat female genital mutilation during the 2014–2017 period was evaluated as successful by the Chr. Michelsen Institute (CMI). Norway will in large part continue and strengthen work begun in previous strategy periods to fight female genital mutilation. Additionally, Norway will accelerate its actions to prevent child marriage. In countries where multiple harmful practices are prevalent, Norway will seek to ensure that efforts to eliminate such practices are addressed within an integrated perspective by the UN, the national authorities and civil society.

Strengthen assistance efforts

The Government will:

- strengthen efforts to combat harmful practices within prioritised areas of Norwegian foreign and development policy, including education, health, women's rights and gender equality and human rights;
- encourage the inclusion of harmful practices in comprehensive sexuality education;
- extend the strengthened effort to combat sexual and gender-based violence in humanitarian contexts;
- raise the topic of harmful practices in board meetings, annual meetings and donor dialogues to increase the efforts of organisations in a position to contribute to change;

- maintain a high level of core contributions to organisations working to eliminate harmful practices and to targeted measures undertaken by multilateral organisations;
- strengthen cooperation with civil society organisations that can be change agents in combating harmful practices;
- initiate dialogue and cooperation with religious leaders and faith-based organisations that can play a constructive role in changing attitudes and practices at both national and community level.

Norway's role as an advocate

The Government will:

- promote the elimination of harmful practices via normative processes and Norwegian participation in multilateral board meetings.
 The key Norwegian messages are:
 - Defend global norms, including sexual and reproductive health and rights.
 - A zero-tolerance approach to harmful practices. This is especially important to keep such practices from simply assuming new forms, as with the medicalisation of female genital mutilation.
 - The measures imposed must safeguard the rights of children and adolescents and involve them in the work.
 - The basic prerequisite for eliminating harmful practices is fulfilling the rights of women and girls.

- strengthen political cooperation with national and regional actors, including the African Union (AU);
- promote elimination of harmful practices in meetings with the authorities in countries where harmful practices are prevalent;
- support national and local actors because local engagement and ownership are crucial to successful interventions;
- promote data collection and research to strengthen and share the evidence base for effective approaches to the elimination of harmful practices.

Combating son preference

For Norway, the work against son preference is a new area of focus. In this area integrated measures to boost the status, opportunities and power of girls and women appear to be most effective. Norway will therefore strengthen its work to advance the rights and value of girls and women. Mobilising boys and men in support of gender equality is part of this approach. Norway will also help to draw international attention to the issue and to develop knowledge about what works and why. Norway will emphasise the situation and rights of girls within its global health and education efforts in its partner countries.

Norwegian experience and knowledge environments

In their work combating harmful practices the Norwegian authorities have cooperated for years with non-governmental organisations, diaspora communities and experts in the field, both in Norway and internationally. The Government's Action Plan to Combat Negative Social Control, Forced Marriage and Female Genital Mutilation, coordinated by the Ministry of Education and Research, establishes the framework for the domestic efforts undertaken.

Diaspora organisations can seek support for measures that prevent negative social control, forced marriage and female genital mutilation in Norway by applying to the Ministry of Education and Research's grant scheme for voluntary activities related to integration. The experience gained by civil society organisations in their efforts to eliminate child, early and forced marriage and female genital mutilation, both in Norway and internationally, will provide a valuable basis for implementing this Strategy to Eliminate Harmful Practices.

How this strategy will be implemented

The Ministry of Foreign Affairs will be in charge of implementing this strategy in cooperation with Norad – the Norwegian Agency for Development Cooperation, the Norwegian Foreign Service missions and other relevant ministries.

The Government is increasing its support for measures to combat female genital mutilation, child marriage and son preference. A framework to measure results will be established. Meetings and consultations on progress and challenges in the work that is undertaken will be held with Norwegian and international actors.

Abbreviations

AU: African Union

CMI: Chr. Michelsen Institute

EU: European Union

HRP: Human Reproduction Programme, or UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

IPPF: International Planned Parenthood Federation

OECD: Organisation for Economic Cooperation and Development

SRHR: Sexual and reproductive health and rights

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UNFPA: United Nations Population Fund

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

UNOHCHR: United Nations Office of the High Commissioner for Human Rights

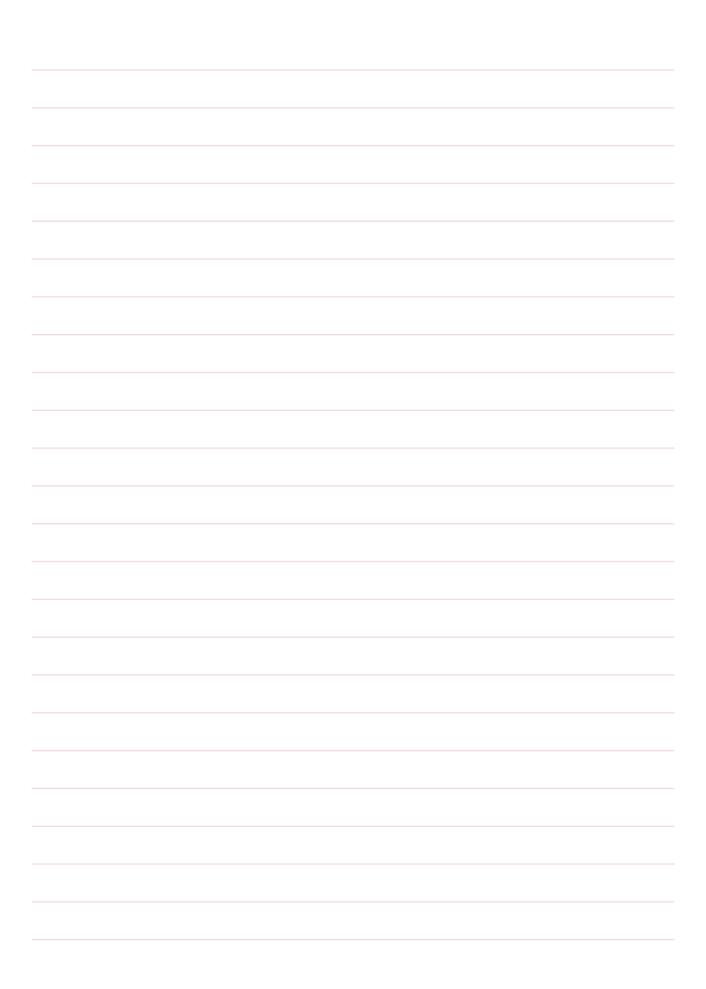
UN Women: UN Entity for Gender Equality and the Empowerment of Women

WHO: World Health Organization

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