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Persistence and Resistance of Harmful Traditional Practices (HTPs) Perpetuated against Girls in Africa and Asia

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Abstract

Background: Harmful traditional practices (HTPs) are deeply entrenched behaviours or actions that violate the human rights of affected individuals. They have negative consequences on the physical and psychological health, social rights and political equality of affected individuals and their communities. Despite legislation making HTPs illegal in many countries, these practices continue today, causing considerable health risks to women and girls. Whilst studies have sought to understand factors perpetuating different HTPs, a paucity of reviews synthesises these findings. Aims: The aim of this review is to consider son preference, female genital mutilation, and child marriage in relation to their persistence, including the underlying and other factors that facilitate resistance and control mechanisms. Method: Using PRISMA guidelines, a systematic literature review of 21 research studies. Results: Women of practising communities identified educational status of women, residential location, economic status, and a family history of practising HTPs as socio-economic factors perpetuating HTPs. Negative physical health consequences and women's autonomy were identified as facilitating resistance to HTPs, whilst religion and patriarchy were identified as mechanisms that prevented resistance to HTPs. Policy implications are considered.

Keywords: Son preference, female genital mutilation, child marriage, systematic review, Africa/Asia

Introduction

The Universal Declaration of Human Rights and the Convention on the Rights of the Child (UN General Assembly, 1948; 1989 respectively) define traditional or cultural practices considered 'harmful' as those that hold negative consequences for the physical or psychological health of affected individuals and have adverse social and political implications (Hanzi, 2006). HTPs that meet this definition include son preference and its associated prejudice against the girl child including female foeticide and infanticide, child marriage and female genital mutilation (FGM).

Whilst both males and females are subjected to HTPs it is women and girls who suffer the most thereby making HTP a particularly gendered issue. Son preference, child marriage and FGM

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are considered the most prevalent HTPs (Stop Violence against Women, 2010) and will form the focus of this review. These practices severely violate women's rights to non-discrimination, health, and bodily integrity as well as infringing their rights to life, liberty and security of person. Due to the persistence of these practices, the purpose of this review is to analyse these HTPs to understand the commonalities underpinning the practice of FGM, son preference and child marriage which allow their perpetuation. This is particularly important in view of the United Nations Sustainable Development Goals (SDGs) to achieve gender equality and empower all women and girls by 2030. 193 countries of the UN General Assembly adopted the SDGs, which include ending harmful practices against women and girls with son preference, child marriage, and FGM being cited as the top action priority (United Nations, 2015). It is therefore essential that these three HTPs are addressed simultaneously.

Son Preference

Worldwide, some of the most harmful traditional practices against women and girls stem from a preference towards the male child. Son preference and the associated negative impact on the girl child is most evident in Southern and Central Asian countries, Northern Africa, and Eastern Europe (WHO, 2011). In extreme circumstances the consequences of son preference include female foeticide, infanticide and sex-selected abortion (Chen, Yuyu, Hongbin Li & Meng, 2013). There is also an excessive risk of neglect and mortality in young girls, including reduction in the quality of prenatal care for girls, differential vaccination rates (Oster, 2009), unequal allocation of intra-household resources (Basu & Jong, 2010), differential breastfeeding behaviour (Jayachandran & Kuziemko, 2011) and differences in parental time allocation (Barcellos, Carvalho, & Lleras-Muney, 2010). These all result in skewed population sex ratios which favour males (Pande & Malhotra, 2006).

Female Genital Mutilation (FGM)

FGM includes all procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (WHO, 2014). It is estimated that worldwide more than 200 million girls and women have been 'mutilated'. It is predominantly carried out on young girls between infancy and 15 years and is highly concentrated in a swath of countries from the Atlantic coast to the Horn of Africa, in areas of the Middle East and in some countries in Asia (UNICEF, 2016) with evidence that it also exists in areas of South America (UNFPA, 2011, UNICEF, 2016), and in some parts of Europe, North America and Australia (UNICEF, 2013, 2016). The practice carries with it severe physical and psychological health complications (WHO, 2008; Kizilhan, 2010) and is a human rights abuse against girls and women, which meets the UN definition for torture (United Nations General Assembly, 1984).

Child Marriage

Child marriage is the formal marriage or informal sexual union of children under the age of 18 years (UNICEF, 2014). Whilst boys are at risk of being victims of child marriage, it disproportionately impacts girls (Girls not Brides, 2016). It is estimated that more than 700 million women alive today are married before the age of 18, with one in three of these being married under

the age of 15 (UNICEF, 2014). Child marriage is most prevalent in South Asian and sub-Saharan African countries.

According to UN Women (2013), child brides are frequently disempowered and deprived of their right to health, education, and safety. With the expectation that young brides become pregnant quickly, there is increased risk of complications during pregnancy and childbirth due to physical immaturity. Globally, it is estimated that the second leading cause of death amongst adolescent girls is pregnancy and childbirth (WHO, 2014).

Rationale and Aims of Literature Review

Despite international conventions highlighting the human rights abuses and the need to eliminate these practices, son preference, FGM, and child marriage continue today. Although research has sought to understand the factors that perpetuate different HTPs, there is limited available evidence that synthesises these findings. The current systematic literature review critically evaluated the literature relating to the underlying reasons for the persistence and resistance to son preference, FGM and child marriage in Africa and Asia. These HTPs are prioritised within the UN Sustainable Development Goals which emphasise the importance of gender equality (United Nations, 2015). Understanding the factors underpinning the perpetuation of, and resistance to, these three HTPs is essential for their elimination. Addressing them concurrently has a synergistic effect because these gender inequalities and violations of human rights are inter-related. Considering them together further allows a critique of the education programmes and policies to address the factors perpetuating these practices, whilst simultaneously building upon elements that prevent their continuation. To gain a holistic and comprehensive understanding of the commonalities underpinning these HTPs, the following questions were addressed:

1. What are the socio-economic factors that perpetuate HTPs?
2. What factors facilitate resistance to the continuation of HTPs?
3. What are the control mechanisms that result in the persistence of HTPs?

Method, Inclusion and Exclusion Criteria

A systematic literature search was undertaken between August 2015 and March 2016 using Scopus, Web of Science, PsychINFO, Medline Ovid, and Applied Social Science Index and Abstracts databases. Manual searches were also carried out, as well as an online search of relevant literature.

Empirical studies of these three HTPs undertaken with affected populations in Asia and Africa were included if participants in the research were: (a) female: The focus on studies that used only women participants was elected as all three practices are carried out or condoned by women and it was therefore important to consider their role and relationship to the practices; (b) self-identified as affected by or practised one or more of the three specific HTPs; and (c) was published between 2006–2016: these time parameters were elected as they cover the period during the United Nations Millennium Development Goals which address gender and human rights, as well as the United Nations Sustainable Development Goals that address gender equality.

The process of study selection was recorded on a 'Preferred Reporting Items for Systematic Reviews and Meta-analyses' (PRISMA) flow diagram (see Figure 1). The 21 studies reviewed met

the criterion and were assessed for quality using Caldwell, Henshaw and Taylor's (2005) Critical Appraisal Framework (CAF). All studies attained a quality score above the 50% threshold (range=63-94%; mean=81.47%) and were therefore retained. Strong inter-rater reliability was evident (Kappa=0.80).

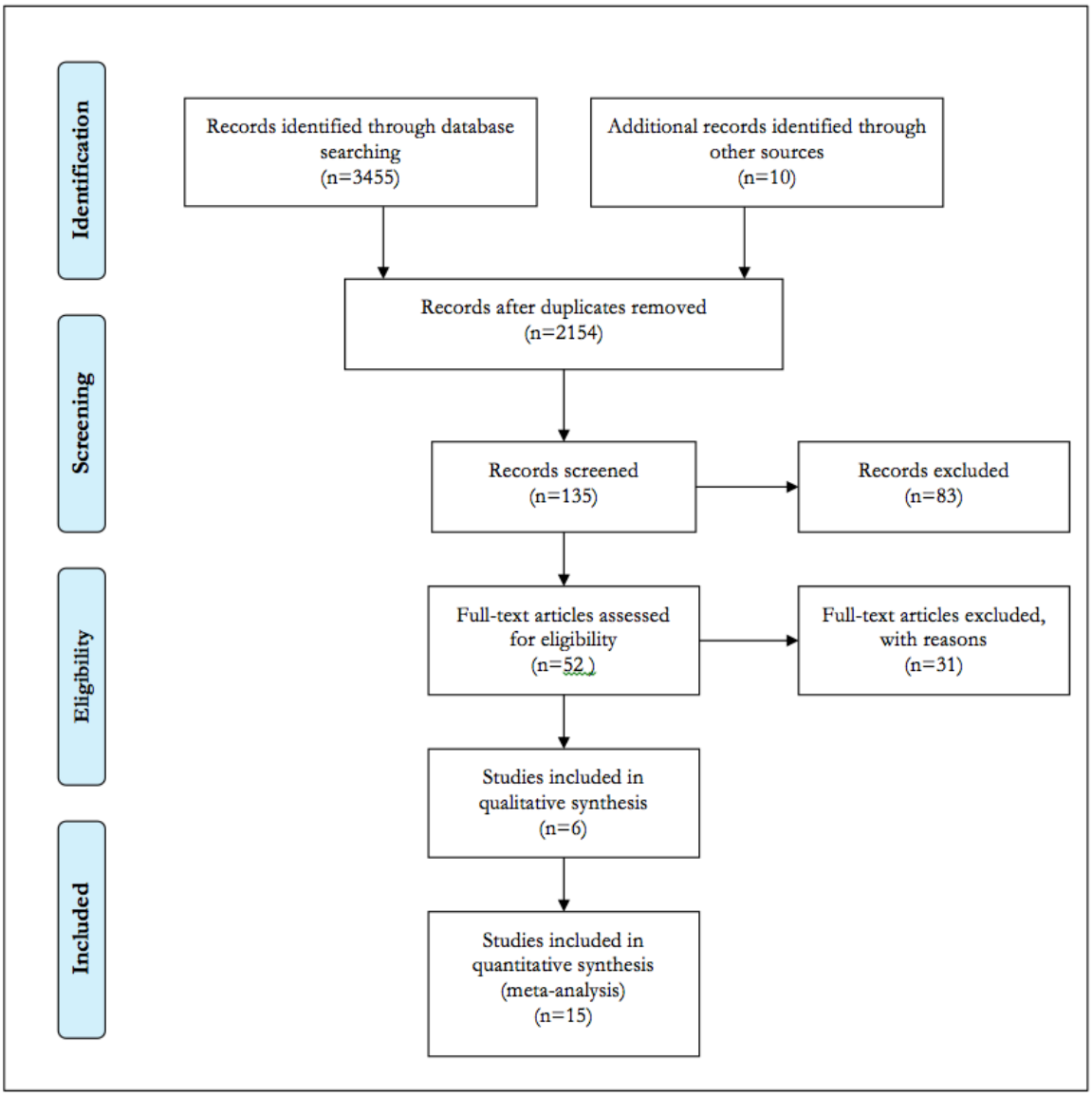

Figure 1: Systematic Search Strategy in Accordance with PRISMA (Moher, Liberati, Tetzlaff, & Altman, 2009).

Characteristics of Studies

A summary of the key characteristics of the 21 studies included in this review can be found in Table 1. Of the 21 studies included within the review; 10 studies used sample populations from Asian Countries (India=4, South Korea=1, China=1, Iran=2, Iraq=1, Pakistan=1) and 11 studies used sample populations from African Countries (Burkina Faso=1, Eritrea=1, Egypt=3, Nigeria=2,

Ethiopia=2, Bangladesh=2). Six of the studies use a qualitative design including focus groups and semi-structured interviews. Fifteen studies used a quantitative design including fixed response measures and structured interviews. Of those that use quantitative methods, 6 studies used data based on pre-existing data including household census reports. Purposefully all samples were women who had undergone [I question verb choice here since you can't 'undergo' son preference but instead suffer the consequences of it] one or more of the three specific HTP's; 5 studies focussed on son preference, 11-focussed on FGM, and 5 on child marriage. Samples sizes varied across the studies, with quantitative study samples ranging from 385–17,579 participants (M=4249), and qualitative studies having samples that ranged from 11–634 (M=193).

Table 1. Characteristics of Reviewed Articles

Authors, year	**Sample information**	**Method, Aims and areas covered**
Son Preference		
Chavada, M. and Bhagyalaxmi, A. (2009)	N = 385 India	*Method:* Quantitative *Aims*: to understand the effects of socio-cultural factors on preference of the sex of children *Areas covered*: female level of education, rural versus urban areas, family patterns, cultural factors
Chung, W. (2007)	n=6348 South Korea	*Method:* Quantitative *Aims:* factors that influence the practice of induced abortion with a focus on son preference. *Areas covered*: influence of religion, composition of previous children.
Diamond-Smith, N., Luke, N., McGarvey, S. (2008)	n=58 India	*Method:* Qualitative *Aims:* to identify themes regarding fertility preference among rural Tamil Nadu *Areas covered*: fertility, family planning, sterilization, overall health, economics, family structure. Perceptions of both boy and girl preferences.
Kapadia, R., Parikh, S, Patel, M., and Bharucha, P. (2015)	n = 415	*Method:* Quantitative *Aims:* to find socio-demographic factors associated with sex preference and reasons for the preferences. *Areas covered:* residence, socio economic class, religion, caste, education
Lei, L. and Pals, H. (2011)	n=3208 China	*Method:* Quantitative *Aims:* to ascertain reasons for higher rates of son preference in rural areas *Areas covered:* residential location, education, perception of son's cultural utility, gender role beliefs, patriarchal beliefs
FGM		
Abdelshahid, A. and	n=11 Egypt	*Method:* Qualitative *Aims*: to identify the psychosocial factors that shape parents' decisions to

Campbell, C. (2015)		circumcise or not circumcise their daughters. *Areas covered*: sexuality, religion, mothers' experience, cultural identity [added apostrophe]
Ahaonu, E. L., and Victor, O. (2014)	n=95 Nigeria	*Method:* Quantitative *Aims*: to investigate perceptions of FGM among mothers *Areas covered*: demographic influences, education, religion, ethnicity, occupation
Ashimi, A. O. and Amole, T. G. (2015)	n=323 Nigeria	*Method:* Quantitative *Aims:* to gain insight into pregnant women's perception and attitudes towards FGM *Areas covered*: understanding of types of FGM, reasons for performing FGM, and willingness to support and perform FGM
Besera, G. and Roess , A. (2014)	n=8754 Africa	*Method:* Quantitative *Aims:* to investigate the relationship between women's autonomy and attitudes toward FGM and having a daughter with FGM in Eritrea *Areas covered*: household size, economics, decision makers in household, gender norms, justification of wife-beating, issues to relational control, socio-demographic characteristics
Bogale, D., Markos, D., and Kaso, M (2014)	n=634 Ethiopia	*Method:* Qualitative *Aims*: to ascertain prevalence of FGM, health consequences, factors underpinning practice of FGM *Areas covered*: residency, religion
Dehghankhali li, M., et al (2015)	n=780 Iran	*Method:* Quantitative *Aims*: to describe the epidemiology, regional characteristics, knowledge, and attitude toward FGM/C in Southern Iran. *Areas covered*: demographic characteristics, tradition, religion, family history of FGM
Karmaker, B., Kandala, N-B., Chung, C. and Clarke, A. (2011)	n=12,049 Africa	*Method:* Quantitative *Aims*: to understand risk factors leading to likelihood of ~~FGM~~ having FGM and likelihood of practising FGM on daughter *Areas covered*: age, religion, wealth, ethnicity, literacy, education, household affluence, region, responsibility of household decisions,
Modrek, S. And Liu, J. (2013)	N = 17,579 Egypt	*Method:* Quantitative *Aims*: to understand the factors related to the decline in FGM in Egypt *Areas covered*: socioeconomic development, social media, women's empowerment, maternal education
Mohammed, G.F., Hassan, M.M., and Eyada, M.M. (2015)	n=2106 Egypt	*Method:* Quantitative *Aims*: motives behind the continuation of FGM/C in Egyptian the community and evaluation of sexual function in women with FGM/C *Areas covered*: age, religion, residency, education level, sexual orientation, motives for FGM, if practice should continue, satisfaction with sexual life, male attitudes towards FGM

Tamire, M. and Molla, M. (2013)	n=780 Southern Ethiopia	*Method:* Quantitative *Aims*: to assess the prevalence and belief in the continuation of FGC among high school girls in Hadiya zone. *Areas covered*: age, residence, grade, religion, ethnicity, parental educational status, parental status, intention to continue practice
Yasin, B. A., Al-Tawil, N. G., Shabila, N. P., and Al-Hadithi, T. S (2013)	N = 1987 Iraq (Asia)	*Method:* Quantitative *Aims*: to determine (i) the prevalence of female genital mutilation among Muslim Kurdish women in Erbil city, (ii) the patterns and types of female genital mutilation, (iii) the factors associated with this practice and (iv) women's knowledge and attitudes towards this practice. *Areas covered*: social change and tradition, dictate of religion, libido, cleanliness, appearance, perceptions of FGM, intention to continue practice, knowledge and attitudes towards FGM
Child Marriage		
Ghosh, B. (2011)	n=380 India	*Method:* Qualitative *Aims*: to understand factors leading to the continuation of the practice of child marriage in order toe explore social policy *Areas covered*: economic status, literacy status, family size
Hossain, G., Mahumud, R. A., and Saw, A. (2016)	n=16,200 Bangladesh	*Method:* Quantitative *Aims*: to determine the pre- valence, and factors associated with, child marriage among Bangladeshi women *Areas covered*: socio-demographic information, economical factors, education level, health and life style information.
Matlabil, H., Rasouli, A., Behtash, H. H., Dastjerd, A. F., and Khazemi, B. (2013)	N = 60 Iran	*Method:* Qualitative *Aims*: to determine the cause of the marriage under 18 years in the Hervi village of Tabriz city in Iran *Areas covered*: opinions about marriage and the appropriate time; age of marriage for girls in the village; factors affecting girl's marriage (family obligation and desire of girls); effect of levels of literacy and knowledge on marriage and cohabitation; information about dangers of early and enforced marriage; lifetime aspirations
Nasrullah, M., Zakar, R., Zakar, M. Z., Abbas, S., Safdar, R., Shaukat, M., and Krämer, A. (2014)	n=19 Pakistan	*Method:* Qualitative *Aims*: to describe women's knowledge and attitude towards child marriage practice who themselves were married as children in urban slums of Lahore, Pakistan. *Areas covered*: socio-economic status, education, occupation, age at marriage, intention to marry daughters, perceptions of child marriage and understanding
Uddin, E. (2015)	N = 585 Bangladesh.	*Method:* Quantitative *Aims*: to examine and compare how family socio-cultural values and its practices exert effect on early age at first marriage between Muslim and Santal couples in rural Bangladesh. *Areas covered*: ethnicity, family patterns, religion, residence, education, occupation,

Results

The results from both qualitative and quantitative studies were analysed based on the literature review questions. Common themes across the 21 studies on son preference, FGM and child marriage were identified by the authors highlighting cross-cutting issues that formed the headings under which each of the studies could be synthesised. The themes that emerged from a critique of the studies reviewed are as follows:

Aim 1: What are the Socio-Economic Factors that Perpetuate HTPs?

Using a thematic approach, four factors relating to the socio-economic underpinnings for the continuation of child marriage, son preference, and FGM emerged.

Educational Status

Ten of the reviewed studies identified that a pertinent reason for the persistence of child marriage, FGM, and son preference was associated with women's educational status. Using quantitative interviews, Chavada and Bhagyalaxmi (2009) identified 93.04% of women in India who showed a preference for the male child were illiterate. However, although this relationship was statistically significant, the use of a cross-sectional design meant causality could not be predicted. Furthermore, the design method established attitudes only and did not allow prediction of behaviour consistent with son preference.

A further study by Lei and Pals (2011) noted that higher educational attainment in women reduced the likelihood of son preference. The use of a standardised household survey was beneficial, allowing for retrospective and prospective analysis of changes in son preference over time.

Diamond-Smith, Luke, and McGarvey's (2008) qualitative study emphasised that women who were educated about ways to have sex-selective abortions were more likely to engage in these practices compared to those who were unaware of this. The study also revealed that knowledge and education relating to availability of sex-selective abortion was associated with son preference through the persistence of female infanticide. This study highlighted the complex influence of education level, which revealed that higher education levels were linked to the use of abortion for son preference, which was not considered in other studies.

Several quantitative studies (Karmaker, Kandala, Chung, & Clarke, 2001; Mohammed, Hassan, & Eyada, 2015; Tamire & Molla, 2013; Dehghankhalili, et al., 2015; Ahaonu & Victor, 2014; Modrek & Liu, 2013) showed low education levels of mother significantly predicted those women and children who had FGM. It is noted however that the statistics reported in Modrek and Liu's (2013) study do not provide enough information to enable the effect to be determined therefore it is not possible to identify the strength of this relationship.

By contrast, Tamire and Molla's (2013) cross-sectional research amongst high-school girls, found that despite 57.9% of girls having mothers who were illiterate or having no formal education, 90.6% of the girls supported the discontinuation of FGM. All girls in the sample were attending school, implying that education decreased intention to continue FGM. What remained unclear, however, were the mechanisms underpinning how education reduced intention to continue FGM. Additionally, the findings did not consider parental (both mothers' and fathers') education status alongside daughter's education status and thereby ignored the influence of the family over their daughter's decision to abandon FGM.

The role of family influence is highlighted in the qualitative studies of Nasrullah, et al., (2014) and Ghosh (2011), where girls of parents with a lower education level were more likely to be married young. As marriage at a young age is associated with poor access to education, these studies highlighted poor education as a factor in enabling the continuation of HTPs.

Consistent with the findings of these qualitative studies, quantitative research by Hossain, Mahumud, and Saw, (2016) and Uddin, (2015) found low education levels in women and girls to be a significant predictor of marriage before the age of 16 years. It was also noted by Matlabil, Rasouli, Behtash, Dastjerd and Khazemi (2013) that negative attitudes toward girls continuing high-school education was pivotal in influencing the persistence of child marriage. However, the use of focus groups, although producing interesting themes, may have also yielded bias with participants possibly tending to conform to socially desirable responses.

Consistently discussed across these studies was how complex the relationship is between female education levels and persistence of son preference, FGM, and child marriage. In all studies, improving female education was found to have a positive link to the reduction in HTPs. However, of note was the limited use of qualitative studies that sought to better understand this relationship.

Residential Location

Analysis demonstrated the importance of residential location in the persistence of HTPs. For example, women living in rural areas of India (Chavada & Bhagyalaxmi, 2009) and China (Lei & Pals, 2011) were more likely to have a preference towards having a male child than women living in urban centres. Conversely, Kapadia, Parikh, Patel and Bharucha (2015), found that in the Ahmedabad District of India, son preference was more prevalent in urban areas.

Three quantitative studies (Karmaker et al., 2011; Mohammed et al., 2015; Tamire, & Molla, 2013) found women who resided in rural areas were significantly more likely to have had FGM or be willing to practice FGM on their daughters, relative to those residing in urban areas. The study by Karmaker et al. (2011) found statistical significance of the association between residential location and engagement with HTPs due to its large sample size (n=12,049). However, the paper emphasised the need to consider complex social and political contexts.

Uddin (2015) found that women who resided in rural areas were significantly more likely to marry young or wished to marry their daughters young. Whilst this study has been broadly supported cross-culturally (Uecker, 2008), the use of Chi-square analysis did not allow inferences to be drawn regarding other socio-demographic factors that may influence and mediate child marriage in rural areas. The issue of residential location is complex and differs between countries.

Economic Factors

The critique revealed the significance of economic considerations in the continuation of HTPs. Within the context of son preference, two core economic factors were found: the first related to the economic benefits to the family of a male child, and the second related to the additional expenditure incurred with the marriage of a female child. To consider the former, Chavada and Bhagyalaxmi (2009) and Kapadia et al., (2015) identified that a son's ability to provide an income and support their parents was a significant reason perpetuating son preference. With consideration of the latter, Kapadia et al., (2015) and Diamond-Smith et al., (2008) identified the most common reason for daughter aversion was concern regarding the expense of dowry payment. It was also identified that being unable to pay a respectable dowry meant the welfare and safety of daughters following marriage could not be guaranteed.

The role of economic factors was also highlighted by studies focussing on FGM (Karmaker et al., 2011; Ashimi & Amole, 2015; Besera & Roess, 2014; Yasin et al., 2013). These found that women from poorer households or who were unemployed were more likely to practice FGM compared to those in higher income household families.

Continuation of child marriage was also argued to have economic roots. The quantitative studies of Hossain et al. (2016) and Uddin (2015) demonstrated that girls were more likely to be married as children if their family had a lower economic status. The use of linear regression to analyse the results in the study of Hossain et al. (2016) implied the relationship between age of marriage and economic status was linear. However, results of Uddin's (2015) study showed other factors including religion, residential location, ethnicity, family pattern and illiteracy could also act as mediating factors.

Consistently, economic factors were also emphasised by Matlabil et al.'s (2013) qualitative study whose respondents expressed that early marriage to a wealthy groom could guarantee their future away from their current unstable economic situations. Economic factors therefore were found to be extremely important in the case of all three HTPs.

Family History of Harmful Traditional Practices

This factor was most influential within FGM and child marriage with no studies documenting the role of a family history relating to son preference. Karmaker et al., (2011) identified that women from older generations who had themselves had FGM were more likely to continue FGM compared to younger generations who had undergone FGM. Dehghankhilili et al., (2015); Mohammed et al., (2014) and Yasin et al., (2013) also showed a positive correlation between a history of FGM in a mother, grandmother, or older sister, and the continuation of the practice.

Similar to Abdelshahid and Campbell's (2014) study which reported research conducted with three female generations within families - grandmother, mother and daughter, Ghosh's (2016) study found that stories told by elders regarding their own early marriage created a moral standard to which younger members of the family were pressured to adhere, thereby highlighting the unspoken powerful influence of elders within a community in the continuation of HTPs. This demonstrates the important role played in HTP decisions by older generations.

Aim 2: What are the Factors Facilitating Resistance to the Continuation of HTPs?

The critique of the 21 empirical studies identified two key themes relating to factors that contribute to facilitating resistance to the continuation of HTPs including negative health consequences and female autonomy.

Negative Health Consequences

A key theme that emerged was the impact of negative health consequences as a reason not to continue with HTP's. Interestingly, despite the well documented adverse effects on the girl child of son preference and a skewed sex ratio, none of the participants in the reviewed articles discussed this as a reason to discontinue the practice. Conversely, negative health consequences were found to be particularly relevant for FGM. Ashami and Amole, (2015) found that women who were aware of the physical health risks of FGM were less likely to continue the practice, with the main health-related fears being concern over contracting HIV, experiencing fistula and childbirth complications. Although Ashami and Amole's (2015) study only allowed for attitudes rather than

behaviours to be understood, their results were corroborated by the qualitative study of Abdelshahid and Campbell (2015), that showed women's direct experience of the negative health consequences of FGM encouraged them to stop continuing the practice, thus allowing useful insight into resisting attitudes and behaviours towards FGM. The results were further corroborated by Tamire and Molla's (2013) study carried out in Southern Ethiopia which found that women who believed FGM was not harmful continued the practice on their daughters.

One study into child marriage (Nasrullah et al., 2014) further found that women who were aware of the negative health impacts of early marriage were against it, whilst those who were not familiar with the potential for negative health complications remained in favour of the practice. Although this showed the influence of understanding the negative health impact of child marriage on resistance to the continuation of HTPs, the small sample size used (n=19), as well as the limited geographical area of Lahore in India from which the participants were recruited, reduced the extent to which results represented the attitudes of women in other areas. Education and experience of the negative health outcomes of FGM and early marriage do appear to influence women's choice of continuing the practices.

Female Autonomy

Female autonomy over their own lives emerged as a factor which facilitated the resistance to HTPs. In relation to son preference, Diamond-Smith at al., (2008) found that despite disagreeing with the practice, many women in this qualitative study felt unable to resist activities related to son preference due to social pressures, thereby indicating that they felt reduced autonomy over their actions.

Consistently, Besera and Roess (2014) showed lower levels of autonomy in women who were associated with the continuation of FGM, with the chances of supporting continuation being greater amongst women who justified wife-beating and in women who did not participate in household decisions. However, the study noted, the cross-sectional design may have resulted in reverse causality, with women actively opposed to FGM being ostracized within the community, thereby reducing their autonomy and affecting the reliability of the results.

Karmaker et al., (2011) found in households where men had more autonomy with respect to household and health decisions, both wives and daughters were significantly more likely to have experienced FGM. These results were substantiated by Ghosh's (2011) field study that found elder males tended to dictate the activities within a family, with women who perpetuated child marriage having little association with the outside world and reduced autonomy with decision-making.

Equally, in relation to child marriage, Nasrullah et al (2014) revealed that not marrying prior to 18 would be viewed culturally as immoral and undesirable. This suggested that participants felt a lack of autonomy over the social stigmatization of not marrying young. These studies suggest that where women have more autonomy they are more likely to be able to resist the continuation of HTPs.

Aim 3 - What are the Control Mechanisms that Result in the Persistence of HTPs?

The reviewed literature revealed three control mechanisms; religious beliefs, culture, and patriarchy, that were important factors cited in the perpetuation of HTPs.

Religious Beliefs

Religious beliefs were highlighted as a significant factor in the continuation of HTPs. Chung (2007) found that when comparing women of Christian, Buddhist, and Confucian faiths, despite differing degrees of influence, religious values were a strong driving force behind the continuation of son preference. The use of multivariate logistic regression in this study was advantageous as no assumptions were made about the distribution of the data; however, where a woman reported having a still-born female child, it was unclear if this was consequential to actions to abort the child prenatally, or due to natural causes.

Supporting these results, when comparing Muslim, Jain, and Hindu religions, Kapadia et al. (2015) also found religion to be an influencing factor, with 100% of Muslim participants indicating son preference compared to 87.05% of Hindu participants.

Five quantitative studies found a relationship between religious beliefs and continuation of FGM (Karmaker et al., 2011; Mohammed et al., 2014; Ashimi & Amole, 2015; Tamire & Molla, 2013; Dehghankhalili et al. 2015). Karmaker et al., (2011) found religious beliefs had a significant impact on the likelihood of having had FGM, with those of the Muslim faith (83.6%) being proportionately more likely to have experienced FGM compared to those who were Roman Catholic (67.0%) or Protestant (61.8%). However, this was mediated by age and education, with highly educated Roman Catholics and Protestants being less likely to have had FGM. No such mediating factors were found for those who practiced Islam. Younger age groups across all three religious beliefs were less likely to have practised FGM on their daughters. Mohammed et al., (2014) also identified religious beliefs as a motivational factor behind the continuation of FGM in Egypt, with 89.8% of Muslims with FGM type-1, and 45.2% with type-2, identifying religious values as their rationale for continuing its practice. However, despite its large national sample, this study failed to consider FGM types-3 and 4, thereby limiting the generalisability of the results.

Ashimi and Amole, (2015) and Tamire and Molla (2013) also found religious beliefs to be the most common reason given for the continuation of FGM in Nigeria and Southern Ethiopia respectively. Thirty per cent of participants in the Dehghankhalili et al. (2015) study in Iran, all of whom were Muslim, identified religious dogma as the reason for their practice of FGM. However, the interaction between religious attitudes and other socio-demographic factors was not considered.

Two qualitative studies found religious values were often incorrectly used to support the continuation of FGM. Bogale et al. (2014, p.5) emphasised the nexus between the two facets with one participant stating:

> 'In our religion, anybody reaching 15 years of age be it boys or girls are expected to have 'Sollat' (praying) five times a day. This is possible for a girl only if she undergoes circumcision. Her 'Sollat' is not accepted by Allah unless she is circumcised.'

This statement demonstrates the misconception that FGM is a necessary element of Islam and only a female who has been subjected to FGM can pray. This is incorrect and the mixed-method approach of this study was advantageous as it allowed a thorough understanding of the influence of incorrect religious beliefs on the continuation of FGM. However, Abdelshahad and Campbell (2015, p. 58) found conflicting evidence, with women stating they were unsure if religious teachings were a valid reason to continue FGM:

> ‘Regarding religious law, I’m now 45 and I still don’t know; some people say its haram [religiously forbidden] and other say its halal [acceptable within the religion].’

This illustrates how incorrect interpretations of religious texts and teachings can be used to justify the continuation of the practice of FGM.

Two quantitative studies concerning child marriage investigated the role of religious viewpoints (Hossain et al.; Uddin 2015). Hossain et al., (2016) found women from the Muslim religion were significantly more likely to both be married young and consent to their daughter’s child marriage compared to those of other religions. However, the denominations of other religions were not made explicit within this study, and the sample was principally from the Muslim faith, thereby limiting the generalisability of the results. The research reviewed regarding the influence of religious beliefs found that HTPs were often justified by religious conviction and the incorrect interpretation of religious principles.

Culture, Tradition, and Social Pressures

Eleven articles revealed a relationship between cultural or traditional values, social pressure and the continuation of HTPs. Within the context of son preference, Diamond-Smith et al. (2008) identified societal pressure resulting in women being more likely to display a preference for a male child and engage in female infanticide. It was noted by the authors, however, that no question in the study was asked directly about female infanticide; yet it was raised repeatedly by participants, suggesting its occurrence was commonplace within Tamil Nadu, India.

Mohammed et al., (2014) and Yasin et al. (2013) further highlighted that 100% and 46.6% of participants in Egypt and Asia respectively, considered social and cultural tradition as a motivational factor to continue the practice of FGM, with older women particularly emphasising societal pressure as the rationale behind their attitudes in favour of its continuation.

Consistent were the findings of Ashimi and Amole’s (2015) study where 34.4% of participants believed FGM should be continued in the name of tradition, as well as the study of Bogale et al. (2014), in which 74.8% of participants believed in the continuation of FGM for social acceptance. Dehghankhalili et al. (2015) corroborated these findings, showing 57.1% of participants considered ‘ancient tradition’ as a reason for the continuation of FGM, in line with Tamire and Molla’s (2013) study that found school girls believed FGM should continue, to avoid shame and stigma (36.6%) and to respect culture (25.0%). Tamire and Molla’s (2013) study also emphasised the likelihood of believing FGM should be continued was 2.33 times higher for individuals who reported that FGM was practised in their residential area, indicating pressure to conform to social conventions.

The above findings were further substantiated by Abdelshahid and Campbell (2014, p.32) where qualitative interviews found cultural norms were a reason for carrying out FGM. The role of societal pressure was also highlighted in this study by emphasising the ridicule a girl would receive if she had not been subjected to FGM:

> ‘Of course family members will deride her and humiliate her, even her colleagues and cousins they’ll fight with her and tell her “you aren’t circumcised, you aren’t good”.’

Similar findings were noted in studies addressing the issue of child marriage. The qualitative studies of Nasrullah et al. (2014) and Matlabi et al. (2013, p.228) found culture and social pressure were the dominant reasons to marry a child young, and Ghosh (2011) identified 1–6% of women considered continuation of child marriage to be rooted in social customs. Hence, traditional practices are deeply rooted in social norms and cultural traditions.

Patriarchy

Patriarchy emerged as an important factor in 9 of the 21 studies reviewed. Specifically, two studies emphasised that patriarchal beliefs were an underlying mechanism in the perpetuation of son preference in India and China. Chavada and Bhagyalaxmi (2009) noted that the rationale for son preference was related to patriarchal norms including the practice of dowry (13.64%) and relocation of girls following marriage outside of the local area (17.21%). Likewise, Lei and Pals (2011) found that gender role beliefs about the superiority of males was a significant predictor of son preference, with an emphasis on sons being heir to family property and perpetuating the family name.

Six studies argued that patriarchy underpinned the practice of FGM. Mohammed et al. (2014) and Bogale et al. (2014) found 100% of participants considered FGM to enhance marriageability including preserving virginity. This is consistent with Adewale and Amole (2015) who noted FGM improved 'marriageability'. Bogale et al. (2014) also found the purpose of FGM was to satisfy men during sexual intercourse, a factor also highlighted by Tamire and Molla (2013). Consistent with these findings, Ahanonu and Victor (2014) argued that FGM was a mechanism to reduce unfaithfulness to husbands. Abdelshahid and Campbell (2014, p.54) also argued that FGM was a form of sexual control to aid the prospect of marriage.

Both Nasrullah et al. (2014) and Ghosh (2011) argued that across all members of society, child marriage was considered 'essential' for girls thereby emphasising their disempowered position in comparison to males. Therefore, the evidence indicates that the continuation of HTPs is associated with highly patriarchal societies.

Discussion

Analysis of the literature revealed a number of key themes regarding the continuation of the practices of son preference, FGM and child marriage. The commonalities identified between these HTPs emphasises the importance of addressing these practices simultaneously where previous research has tended to address them in isolation.

When considering socio-economic factors that perpetuate HTPs, educational status of women, residential location, economic status, and a family history of practising HTPs were all identified as central themes relevant to the practice of child marriage, FGM, and son preference. The lower educational status of women, as well as the lower economic status of communities perpetuating HTPs is consistent with previous research into FGM and child marriage (Jain & Kurz, 2007). Whilst educational programmes have been initiated and have demonstrated some success in relation to changing attitudes towards FGM (Mounir, Mahdy, & Fatohy, 2003), as well as child marriage (International Centre for Research on Women, 2007), there is limited evidence to suggest that educational programmes are challenging son preference. By aiding understanding of the socio-economic commonalities between HTPs, this review highlights the importance of addressing HTPs with common causalities and suggests that in order to address the eradication of son preference, it needs to be considered in line with other HTPs that arise partly as a result of gender inequalities.

When considering factors that aided the resistance to HTPs, the review identified female autonomy and negative health consequences as key themes. The association between increased female autonomy and reduced gender-based violence has been highlighted consistently by other research (Khawaja, et al. 2008). Increasing female autonomy empowers women and girls, thereby strengthening their resilience. The review revealed that strong patriarchal values negatively affect resistance to HTPs with sexual control and marriageability of women being key instruments resulting from patriarchal systems. This is consistent with Sexual Control Theory which asserts HTPs against women are carried out as a method to control women's sexuality to ensure the purification of girls, thus making them eligible for marriage (FORWARD UK, 2010). Other studies in the review also support this suggestion, with lower levels of women's autonomy leading to a reduced ability to resist harmful traditional practices. This is consistent with research by Wadesango, Rembe and Chabaya, (2011) that highlighted underpinning numerous HTPs, lies deeply entrenched discriminatory belief systems and values about the position and function of women within society.

Interestingly, in contrast to literature on FGM and child marriage, the reviewed studies unearthed no mention of negative health consequences on the girl child of son preference practices, as a deterrent to its continuation. The review therefore highlights the need for further education and understanding of the benefits of having a girl child. Arguably, if son preference is not addressed, patriarchal systems continue to become entrenched within practicing societies. In order to attain the gender equality targets set out in the United Nations Sustainable Development Goals by 2030, son preference needs to be given equal standing in terms of its prioritisation next to FGM and child marriage.

Emphasis on women's purity in the name of religion and/or culture has economic implications. A critique of qualitative and quantitative research allowed a deeper understanding of how economic factors influenced decisions to continue HTPs, with studies indirectly alluding to patriarchal values that denigrate the value of women who may be viewed as 'commodities' that can be exchanged for economic worth. In the case of FGM and child marriage, ensuring a girl's virginity provided increased opportunity for financial gain for her family, with women who are 'pure' being more desirable for marriage and therefore valued as being worth a higher dowry (UN Women, 2013). Furthermore, the current review highlighted that son preference was increasingly rife in impoverished families, as bearing a son was considered more financially profitable due to the increased potential for dowry when he later married.

The research reviewed highlighted religion, social and cultural influences as methods of control relevant in perpetuation of HTPs. This is consistent with wider literature that argues religion and culture play an irrefutable role in the perpetuation of HTPs, as they are also susceptible to patriarchal interpretations as many acts of violence against women are carried out using 'culture and religion' to justify their practice (United Nations Secretary General, 2006; Shaheed, 2008). Often when considering the role of religion and cultural influences on HTPs, existing literature has ignored son preference. By showing that son preference has similar underpinnings to those of FGM and child marriage, this review argues the importance of addressing all three simultaneously. By failing to address son preference, families in practising communities are reinforcing the social norm that even before birth; males have more worth than women. Thus, growing up, in accordance with labelling theory (Becker, 1963), women may culturally be placed in a disempowered position comparative to their male counterparts.

This review focusses on the importance of considering these HTPs together. This is further emphasised when considering the research findings of Modrek and Liu (2013), who argue that

there is an association between the age of a mothers' first marriage and their intention to practice FGM on daughters. Mothers who married younger were also more likely to have had FGM themselves. Additionally, both Modrek and Liu (2013) and Chung (2007) stated that women with a larger age differential between them and their husbands were likely to perpetuate FGM and have a preference for the male child. It is therefore argued that girl children who are married at a young age, to an older man, are more susceptible to having both experienced HTPs and perpetuating them.

Unlike previous studies (Berg and Denison, 2013), the current review unearthed no mention of the illegality of FGM or any other practice as a reason for their discontinuation. It is argued the implementation of state legislation in relation to these practices has not been effective in Africa and Asia, as is often the case with other types of sexual and gender-based violence (Thorpe, 2014).

Policy implications

FGM, son preference and child marriage are all abuses of women's human rights and are central to the agenda of the United Nations Sustainable Development Goal of ensuring gender equality. Therefore, they need to be given equal importance to other forms of sexual and gender-based violence in terms of their eradication. This is particularly important in view of the finding in the reviewed studies indicating the complex relationships between all three HTPs and several common risk factors including: low female education levels, highly patriarchal societies, tradition and culture.

The review also highlighted that lack of empowerment of women underpins the perpetuation of HTPs by reducing women's autonomy. Consequently, governments and donors in collaboration with local services need to promote strategies and programmes that empower women. As government programmes have revealed limited effectiveness, the greater use of non-state and community-based programmes, that involve local communities and leaders, including religious organisations, would perhaps be more effective in tackling their eradication.

As patriarchal values inhibit social change concerning HTPs, introducing gender-integrated approaches that empower women and girls, alongside engaging males e.g. Promundo's work on tackling sexual and gender-based violence, could be fundamental in strengthening women's resilience and challenging deeply entrenched social norms that perpetuate gender inequality (Mercy Corp, 2014).

Conclusion

This systematic review of qualitative and quantitative studies of HTPs in Asia and Africa has highlighted important core themes across the existing research on son preference, FGM and child marriage. There are several common factors that appear to perpetuate these HTPs. While research to-date has investigated HTPs in isolation from one another, this review has highlighted the need for increased research into the underlying reasons and complexities associated with these multiple practices in different contexts. Addressing these HTPs simultaneously could promote a synergistic effect thereby enhancing the ability for international and local policies to be developed to achieve gender equality in line with the United Nations Sustainable Development Goals. This review has further emphasised the need for a more thorough understanding regarding the factors associated with improving the implementation of legislation and enhancing the role of non-state and community-based organisations in relation to these practices. These HTPs are deeply

embedded patriarchal and social norms with highly complicated factors perpetuating them which differ depending on the context. Hence, more research needs to be carried out on the complex relationships and programmes that could be effectively utilised to eradicate these practices.

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