

## Violence against Adolescent Girls: Impact of Harmful Socio-Cultural Practices

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### Abstract

Harmful traditional practices are the types of violence that have historically been committed against women in general and certain communities and societies for so long that these abuses are considered a part of accepted cultural practice. These may lead to death, disabilities, and physical and psychological dysfunction for millions of women annually. This paper focuses on the harmful socio-cultural practices impacting adolescent girl's wellbeing and mortality at the adolescent phase of her life. This phase of an Indian female child is marked with brutal violence.

It attempts to bring awareness of the selected harmful socio-cultural practices that impact adolescent girls such as FGM, early marriage, adolescent pregnancy, dress codes prescribed by the society, practices related to menstruation and related health and hygiene issues, marriage by abduction, and virginity testing.

This paper gives an informative overview of the harmful practices rooted in our socio-cultural milieu from secondary review of literature and articles published in leading English daily newspapers. It aims to fulfil a scholarly gap in research on this issue as well as to bring it in mainstream discussion among the different stakeholders so as to tackle the issue of the culturally sanctioned harmful practices impacting adolescents' girls.

**Keywords:** *Violence against adolescent girls, Harmful Socio-cultural practices, Impact on adolescent girls*

### Theoretical framework

**The concept of harmful socio-cultural practices:** The concept of harmful practices is rooted in our socio-cultural milieu and evils associated with the social and cultural fabric of the Indian society. It raises the concept of violence against women and its perpetuation and sanction through the lens of traditional and cultural practices.

**Culture:** It refers to the idealized system of norms and values that a society claims to believe. Culture is the patterns of behavior, beliefs, and values that are shared by a group of people. We are all shaped by our culture and are understood in that context. Cultural aspects include concepts of beauty, education, language, law and politics, religion, social organizations, technology and material culture, values and attitudes.

**Socio-cultural factors:** These are customs, lifestyles and values that characterize a society

or group. Socio-cultural is the way of life in which an individual interacts with himself and the environment. The socio-cultural dimension is concerned with the society's attitudes and services and standards that society is likely to value. Socio-cultural approach is based on the assumption that our personalities, beliefs, attitudes and skills are learned from others. The socio-cultural approach goes further in stating that it is impossible to fully understand a person without understanding his or her culture, ethnic identity, gender identity, and other important socio-cultural factors.

An understanding of socio-cultural factors is crucial as it helps in understanding the root causes of the low status of women as well as in developing strategies for seeking action from particular groups.

**Harmful traditional practices:** All violations of women's and girls' rights may be described as harmful practices, but there are particular forms of violence against women and girls which are

defended on the basis of tradition, culture, religion or superstition by some community members. These are often known as ‘harmful traditional practices.’ Harmful traditional practices refer to the types of violence that have historically been committed against women in general and certain communities and societies for so long that these abuses are considered a part of accepted cultural practice. These harmful practices lead to death, disabilities, and physical and psychological dysfunction for millions of women annually. It is understood that many of these culturally sanctioned crimes are financially motivated, eliminating the wife as the inheritress of her husband’s estate and having it being transferred instead to the couple’s sons or the father’s family (ActionAid Annual Report, 2014).

***Harmful traditional practices affect girls more than boy:*** Every social grouping in the world has specific traditional cultural practices, some of which are beneficial to all members, who most girls and women in developing countries are unaware of their basic rights. This ensures the acceptance and the perpetuation of harmful traditional practices affecting their well-being and that of their children while others are harmful to a particular group

***Has urbanisation dampened the Harmful traditional practices?:*** Due to the fast-paced process of urbanization in India, unprecedented growth in the communication sector across the globe and the resultant “information society” resulting in the world that’s connected world today, radical changes are taking place in the life of the women in modern India. Now girls in increasing numbers have started attending educational institutions, social gatherings unrelated to family affairs and new religious ceremonies yet there is prevalence of high crime rate against women.

The purpose of the paper is to position the terms ‘Social’, Cultural’; ‘Social Structure’ and ‘Socio-Cultural’ for deeper understanding. It attempts to understand the concept of harmful practices rooted in our socio-cultural milieu and the related terms for deeper understanding. It throws light on the different kind of harmful practices faced by Indian women and how they are suffering from the different forms and evils associated with the social and cultural fabric of the Indian society. It raises the concept of violence against women and its perpetuation and

sanction through the lens of traditional and cultural practices. That paper culminates in suggestions to bring awareness of the selected harmful socio-cultural practices that impact adolescent girls. It will be useful for exploring potential for creating awareness against the horrendous practices’ adolescents’ girls experience.

### **Methodology**

An informative and descriptive overview of the concept of harmful practices has been provided from secondary review of literature and articles published in leading English daily newspapers. It aims to fulfil a scholarly gap in research on this issue as well as to bring it in mainstream discussion among the different stakeholders to tackle the culturally sanctioned harmful practices impacting adolescents’ girls.

The paper focuses on the harmful socio-cultural practices impacting female child’s wellbeing and mortality at the adolescent phase of her life. The study of this phase of an Indian adolescents’ girls using the life cycle approach is seen to be marked with brutal violence, which could be fatal, faced by her at the hands of her immediate family members and the community she belongs to. All the harmful practices have roots in her sexuality and the fear of associated honour of the family. Some such practices an adolescent girl faces sickening practices such as female genital mutilation/cutting, early and forced child marriage and early or adolescent pregnancy, restrictive dress codes, practices related to menstruation, marriage by abduction, and inhuman ways of virginity testing have been discussed.

Based on the analysis of the issue of harmful socio-cultural practices in India, the following pertinent research questions were raised:

RQ1: To understand the concept of harmful practices rooted in our socio-cultural milieu and the related terms for deeper understanding.

RQ2: What are the different kind of harmful practices faced by adolescent girls in India and their perpetuation and sanction pathway through the lens of traditional and cultural practices?

RQ3: What is the impact of these selected harmful practices on adolescent girls through the lens of violence against women?

RD4: To provide suggestions to bring awareness about the selected harmful socio-cultural practices that impact adolescent girls.

### The Context

All violations of women's and girls' rights may be described as harmful practices, but there are particular forms of violence against women and girls which are defended on the basis of tradition, culture, religion or superstition by some community members. These are often known as 'harmful traditional practices.'

**Violation of girl child's rights:** Harmful traditional practices are largely carried out without the consent of the girl or woman involved and thus constitutes a violation of human rights as set out in the Universal Declaration of Human Rights.

As with all forms of violence against women and girls, harmful traditional practices are caused by gender inequality including unequal power relations between women and men, rigid gender roles, norms and hierarchies, and ascribing women lower status in society.

However, culture, tradition, religion and superstition can be used to justify harmful practices which constitute rights violations and violence. Countries should resist any pressure which asserts tradition, culture, religion or superstition above human rights. The Beijing Platform for Action recognised the role of culture and tradition, and countries agreed to "refrain from invoking any custom, tradition or religious consideration to avoid their obligations with respect to its elimination as set out in the Declaration on the Elimination of Violence against Women." (ActionAid Annual Report, 2014).

**Violence against women through the lens of traditional and cultural practices:** Violence against women still is universal, and while it has many roots, especially in cultural tradition and customs, it is gender inequality that lies at the cross-cultural heart of violent practices. Violence against women is deeply embedded in human history and its universal perpetration through social and cultural norms serves the main purpose of reinforcing male-dominated power structures.

### Discussions

**FGM/C- Female Genital Mutilation/ Cutting:** Female genital mutilation (FGM)

comprises 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. It is sometimes erroneously referred to as female circumcision. FGM is recognized internationally as a violation of the human rights of girls and women. (UNICEF, 2016)

FGM is performed on girls of all ages, from infants to adults. It has been performed on infants as young as a few days old, on children from 7 to 10 years old, adolescents and adult women undergoing the operation at the time of marriage. More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated (WHO, 2016)

Research has shown that the conditions under which these operations take place is often unhygienic and the instruments used are crude and unsterilized. Kitchen knives, a razor-blade, a piece of glass or even sharp fingernails are the tools of the trade. These instruments are used repeatedly on numerous girls, thus increasing the risk of blood-transmitted diseases, including HIV/AIDS. The operation takes between 10 and 20 minutes, depending on its nature; in most cases, an aesthetic is not administered. The child is held down by three or four women while the operation is done. The wound is then treated by applying mixtures of local herbs, earth, cow-dung, ash or butter, depending on the skills of the excisor. If infibulation is performed, the child's legs are bound together to impair mobility for up to 40 days. If the child dies from complications, the excisor is not held responsible; rather, the death is attributed to evil spirits or fate.

The practice of FGM imposes on women and the girl child many health complications and untold psychological problems. These can be immediate complications such as excessive bleeding, genital tissue swelling, injury to surrounding genital tissue, and even death. Some of the long-term consequences are urinary tract infections; vaginal, menstrual, sexual problems, increased risk of childbirth complications; need for later surgeries and psychological problems.

FGM is erroneously believed to ensure virginity before marriage and is used as a means of controlling women's sexuality. It is considered to be a part of the coming of age ritual for women

in some cultures. Since it is performed on infants as well as adults, it can no longer be seen as marking the rites of passage into adulthood, or as ensuring virginity. What it reflects is deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination and violence against women. It violates a woman's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Some cases have emerged that reflect that when people migrate to modern and cosmopolitan cities and even with higher educational qualifications, the practice of FGM which is rooted in the culture is not given up by the people. Cases of FGM has been reported in modern Singapore where practices of ancient ritual of female genital mutilation have been reported. Its existence in Singapore, a wealthy island state that prides itself on being a modern, cosmopolitan city with high levels of education, shows the challenge of tackling a practice rooted in culture, tradition and a desire to belong.

Though there is no clue about when exactly the practice of FGM/C first began in Singapore, the procedure is prevalent amongst the Singaporean female Malays, who make up about 13% of the population. Out of these, there is an assumed prevalence of 60% of Malay women who have been cut. Medical clinics in Singapore are carrying out female genital cutting on babies, according to people with first-hand knowledge, despite growing global condemnation of the practice, which world leaders have pledged to eradicate. The ancient ritual is observed by most Muslim Malays in Singapore where it is legal but largely hidden. Singapore, is not included in the latest U.N. global report on FGM, and there are no studies on its prevalence. Although FGM is not mentioned in the Koran and predates Islam, some Muslims believe the prophet endorsed the ritual (Modern Singapore Practices Ancient Ritual of Female Genital Mutilation, October 12, 2016).

**Early And forced child marriage and early or adolescent pregnancy:** Child marriage is marriage before the age of 18 applies to both boys and girls, but the practice is far more common among young girls. Early marriage is a serious problem which some girls, as opposed to boys, must face. The practice of giving away girls for marriage at the age of 11, 12 or 13, after

which they must start producing children, is prevalent among certain States in India. The principal reasons for this practice are the girls' virginity and the bride-price. Young girls are less likely to have had sexual contact and thus are believed to be virgins upon marriage; this condition raises the family status as well as the dowry to be paid by the groom. In some cases, virginity is verified by groom's female relatives before the marriage.

Children and teenagers married at ages well below the legal minimum become statistically invisible as 'children'. Child marriage robs a girl of her childhood-time necessary to develop physically, emotionally and psychologically. In fact, early marriage inflicts great emotional stress as the girl is removed from her parents' home to that of her husband and in-laws. Her husband is invariably many years her senior. She is obliged to have intercourse, although physically she might not be fully developed and produce children. Girls from communities where early marriages occur are also victims of son preferential treatment and will probably be malnourished, and consequently have stunted physical growth. Neglect of and discrimination against daughters, particularly in societies with strong son preference, contributes to early marriage of girls. Early marriage devalues women in some societies. In some cases, girls as young as a few months old are promised to male suitors for marriage. There is perpetuation of inequality in early marriage.

As well as threatening her right to life itself, early marriage almost inevitably marks the end of a girl's schooling. Her opportunity for individual development and growth is stifled, and her potential to become an autonomous, informed and empowered adult is compromised. Moreover, a girl may be exposed to oppression and violence (sexual and non-sexual) within marriage, but almost inevitably, she has no voice with which to protest.

The Indian Child Marriage Restraint Act, 1929 stemmed from a campaign that helped reposition women, family life, and childbearing within modern India. While the Act did not declare child marriages invalid, it helped pave the way for change. In 1978 it was strengthened to inhibit marriage of girls until the age of 18 and boys until age 21. However, the number of prosecutions under the Act did not exceed 89 in

any year between 1994 and 1998. (UNICEF, 2001).

Further, child marriages may remain unregistered. The use of law as a means of regulating early marriage is in no way sufficient. It is important to address the root causes of child marriage, which includes poverty, gender inequality and discrimination, the low value placed on girls and violence against girls.

**Early or Adolescent/Teenage pregnancy:**

Pregnancies among girls less than 18 years of age have irreparable consequences. The phrase 'teenage pregnancy' is typically understood to mean pregnancy outside marriage. Yet far more adolescent or teenage pregnancies occur within marriage than outside it. Pregnancies that occur 'too early' – when a woman's body is not fully mature – constitute a major risk to the survival and future health of both mother and child. Babies of mothers younger than 18 tend to be born premature and have low body weight; such babies are more likely to die in the first year of life.

The risk to the young mother's own health is also greater. Early marriage extends a woman's reproductive span, thereby contributing to large family size, especially in the absence of contraception. Poor health is common among indigent pregnant and lactating women.

An additional health risk to young mothers is obstructed labour, which occurs when the baby's head is too big for the orifice of the mother. This provokes *vesicovaginal fistulas*, especially when an untrained traditional birth attendant forces the baby's head out unduly. Concern with the special health needs of adolescents has also recently been growing in a world where young people are particularly vulnerable to HIV/AIDS.

**Dress codes (Purdah or Ghonghat):**

*Purdah* or *pardah* (from Persian meaning "curtain") is a religious and social practice of female seclusion prevalent among the northern states of India. A woman's withdrawal into *purdah* usually restricts her personal, social and economic activities outside her home. It takes two forms: physical segregation of the sexes and the requirement that women cover their bodies so as to cover their skin and conceal their form. Physical segregation within buildings is achieved with judicious use of walls, curtains, and screens.

Married Hindu women in parts of Northern India observe *Ghonghat* in the presence of older male relations from their husbands' family. They do not veil themselves when visiting their mother's home or in a location far from the in-law's village. But women do face restrictions or dress codes imposed by their community members or religious leaders. In certain villages the *panchayats* impose rule on young girls of not wearing jeans!

But do Indian women want to be free from veil? A case reported in the leading English daily newspaper shows a positive development related to the issue. Razdan (2016) reports about Manju Yadav, an MSc Forensic Sciences and Law graduate, residing in a village in Haryana who come forward for freedom from the veil. She said, "It is women who are against women, not the men." She along with seven other ladies in her family made a bold statement when they pleaded before Faridabad deputy commissioner Chander Shekhar to help them become free from *Ghunghat*, which they did in the presence of their Sarpanch Mahipal Arya and other male members of their family "When qualified ladies came forward and urged me to help them lift their *ghunghat*, that too, in the presence of their male family members, we invited sarpanchs of 116 villages. Woman and Child Development Project Officer, Faridabad (Rural), Meenakshi Chaudhary administered the oath to all the women sarpanches and ananganwadi workers to ensure their respective villagers were free of the *ghunghat*."

**Practices related to menstruation and related health and hygiene issues:**

In India even mere mention of the menstruation has been a taboo in the past and even today the impact of the myths related to menstruation on women's life is tremendous. The cultural and social influences appear to be a hurdle for advancement of knowledge on the subject.

Menstruation is the natural part of the reproductive cycle in which blood from the uterus exits through the vagina. It is a natural process that first occurs in girls usually between the age of 11 and 14 years and is one of the indicators of the onset of puberty among them. It is the ovulation followed by missed chance of pregnancy that results in bleeding from the endometrial vessels and is followed by preparation of the next cycle.

Culturally in many parts of India, menstruation is still considered to be dirty and impure and the girls are subjected to restrictions in their daily lives. Menstruating girls and women are prohibited from participating in normal life while menstruating and must be 'purified' before she being allowed to chores of her life. They may not be allowed to enter the 'puja' room, kitchen and prepare food, room offering prayers and touching holy books. The cultural norms and religious taboos on menstruation are often compounded by traditional associations with evil spirits, shame and embarrassment surrounding sexual reproduction. Many adolescent girls do not indulge in exercise/physical activity during menses because it is erroneously believed that it will aggravate the dysmenorrhea though scientifically exercise helps.

Such taboos about menstruation present in many societies impact on girls' and women's emotional state, mentality and lifestyle and most importantly, health. The onset of menstruation becomes one of the reasons for girls to drop out of school. Limited access to safe, functional toilets forces girls to drop out of schools.

Girls are typically absent for 20% of the school year due to menstruation. This includes over 23% of girls in India. In addition to this, the monthly menstruation period also creates obstacles for female teachers. Thus, the gender – unfriendly school culture and infrastructure and the lack of adequate menstrual protection alternatives and/or clean, safe and private sanitation facilities for female teachers and girls undermine the right of privacy.

There are health and hygiene issues also to consider relating to girls and menstruation. According to the 2011 census data, sanitation coverage is still around 30% in rural India and 80% in urban India.

Over 77% of menstruating girls and women in India use an old cloth, which is often washed and reused. Further, 88% of women in India sometimes resort to using ashes, newspapers, dried leaves and husk sand to aid absorption. Poor protection and inadequate washing facilities may increase susceptibility to infection, with the odour of menstrual blood putting girls at risk of being stigmatized. The latter may have significant implications for their mental health. The challenge, of addressing the socio-cultural taboos and beliefs in menstruation, is further

compounded by the fact the girls' knowledge levels and understandings of puberty, menstruation, and reproductive health are very low (Garg and Anand, 2015).

Access to toilets remains a huge problem and it is worst of all for women and girls in India. Some 70 percent of households in India don't have access to toilets, whether in rural areas or urban slums. Roughly 60 percent of the country's 1.2 billion people still defecate in the open and the consequences for women are huge (Chatterjee, 2016). These range from polluted water leading to women and children dying from childbirth-related infections to the risk and reality of being attacked and raped.

Indian government has taken the challenge of meeting the demand for making more toilets. But evidence shows that vast majority are not being used, especially in rural areas. In some cases, it is because the toilets still are not connected to clean water and sewers. But more importantly, there's been no widespread education effort to change the country's culture of open defecation and lack of sanitation.

There's also the issue of people defecating in the open in India with its unique challenges especially faced by adolescent girls and impact on their health. Further, policy makers need to consider how to address this disparity in sanitation in towns and cities and rural areas

Swachh Bharat Mission, announced in 2014, has the objective to ensure every household has a toilet by 2019 and to educate people about the long-term health and economic benefits of using a toilet. What will be absolutely crucial is getting local, state and national government to make this a priority, and creating the cultural shift that will ensure that once the toilets are built they are used by everyone.

***Bride kidnapping or marriage by abduction:*** Abduction of girls for marriage springs from decades of neglect of female infants and the growth of sex-selective abortions attributed to the competition for scarce women.

The business of bride kidnapping is not different than sex trafficking because it treats women as a commodity to be sold to unknown men and the purpose is not to find long time partners but to arrange a wife to be treated as sex object, domestic worker and slave. Trafficking of young girls for bride kidnapping is increasingly

becoming rampant contributing to child marriage statistics.

Young women are abducted mainly from the poorest states, where the sex ratio is more balanced (where male-female ratios are among the narrowest in the country, meaning a relatively greater supply of women), and transferred to richer regions. Most bride kidnappings occur in the impoverished parts of rural eastern India, in states such as West Bengal, Maharashtra, Uttar Pradesh, Bihar, Uttarakhand, Madhya Pradesh, and Assam. The brides are purchased and trafficked to mainly northern heartland of Haryana and Punjab.

The abducted women are called ‘*paro*’, a slang term for ‘bought women’. There is widespread social acceptance of this practice. The women face sexual exploitation; the abducted woman may be obliged to have sexual relations with other male members of the family. Her husband and his relatives become agents/traffickers/brokers. Those who fail to bear sons are often resold to other unmarried men at a lower price and may eventually be abandoned (Khan, 2012).

Every bride trafficking survivor is a survivor of bonded slavery, child and forced marriage, series of mental and physical abuse, continuous rape and social stigma against their children (Singh, 2016).

**Virginity and its testing:** Virginity plays a very important role in India. A virginity test is the practice and process of determining whether a person, usually a girl or woman is a virgin; i.e., whether she has never engaged in sexual intercourse. The test typically involves a check for the presence of an intact hymen, on the assumption that it can only be torn as a result of sexual intercourse. Virginity testing is widely considered controversial, both because of its implications for the tested girls and women and because it is viewed as unethical. There still exists, in a major part of villages in India which believes in virginity test. To know if a girl is a virgin or not after marriage is of utmost importance to these communities who have made their own set of rules which evades into a woman’s privacy. All the tests are to check if the hymen is intact which is traumatising and humiliating for the women.

Nair (2016) reports about the traumatising and humiliating virginity tests on women. Apart from Two-finger test (TFT) other types of

traumatising ‘Virginity tests on women’ are still prevalent in many parts of India.

On May 2013, The Supreme Court of India held that the two-finger test on a rape victim violates her right to privacy, and asked the government to provide better medical procedures to confirm sexual assault. In 2003, the Supreme Court of India called TFT “hypothetical” and “opinionative”. Most countries have scrapped it as archaic, unscientific and invasive of privacy and dignity *No two-finger test for rape: SC* (May 18, 2013).

On the basis of a news reported by PTI, Maharashtra Women Commission has sought a probe report from Nashik police over an alleged ‘virginity test’ of a woman in the district, failing which her husband divorced her last month. Last month, the woman from Ahmednagar district, preparing to join police force, married a 25-year man from Nashik. This was his second marriage. Both belong to the ‘*Kanajarbhat*’ community which has two sects ---*Dera Sachha* and *Khandpith*. The community has its own ‘constitution’ which is followed rigorously. The girl pleaded that her lack of bleeding could be due to the vigorous exercise she went through in preparation for the police force. The next day, she and her mother tried to file a police complaint. But her father intervened, locked them in the house and took away the girl’s mobile phone because the father was afraid of the caste panchayat. Ironically, the girl has said that if her husband comes to take her back, she is ready to live with him. (Man divorces wife for failing ‘virginity test’, women’s panel seeks probe, 2016)

## Conclusion

An understanding of socio-cultural factors is crucial as it helps in understanding the root causes of the low status of women as well as in developing strategies for seeking action from particular groups.

The Universal declaration of Human Rights calls for “equal and inalienable rights” for all people, “without distinction of any kind.” It requests the right to security of person, the right not to be held in slavery or subjected to inhuman treatment, the right to equal protection before the law, and the right to equality in marriage.

But the field reality is very different. It is due to the weak excuses such as that of cultural relativism coupled with discriminatory social

norms and practices, the under-representation of women in decision making structures and processes, a lack of resources to fight for women's rights and, above all, the absence of societal and/or political will to provide strong impediments to giving women the same Human Rights that men enjoy. There is need to build the

capacity of local groups to combat harmful traditional practices and gender-based violence.

There is need to end the poverty and violence women often endure, to empower women and girls on their right to a life free from violence and to increase women's and girls' control over their bodies

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