



**COUNTRY PROFILE:  
FGM IN SIERRA LEONE**

June 2014

**28 TOOMANY**  
FGM...  
let's end it.



# Contents

Foreword .....	2
Case Study: Masanga Education Assistance .....	3
Information on Country Profiles .....	4
Background .....	4
Purpose .....	4
Use of this Country Profile .....	4
Acknowledgements.....	4
The Team.....	5
List of Abbreviations .....	6
A Note on Data.....	7
Executive Summary.....	8
Introduction .....	11
Millennium Development Goals .....	14
General National Statistics .....	16
Political Background.....	18
Bondo .....	21
Anthropological Background.....	26
Overview of FGM Practices in Sierra Leone .....	35
Countrywide Taboos and Mores .....	40
Sociological Background .....	42
Healthcare System .....	44
Education .....	50
Religion .....	55
Media .....	58
Attitudes and Knowledge Relating to FGM .....	60
Laws Relating to FGM .....	65
Interventions and Attempts to Eradicate FGM .....	70
International Organisations .....	78
National and Local Organisations.....	84
Challenges Faced by Anti-FGM Initiatives .....	91
Conclusions.....	93
Appendix I – List of International and National Organisations .....	96

# Foreword

In disease control and social movements alike, there are three elements that lead to an epidemic: contagiousness, small causes having big effects, and change happening at one dramatic moment. Having worked on aid projects since 2001 and in anti-female genital mutilation (FGM) for ten years, I have seen an appetite for change, and a window of opportunity for that change, that has not been there for 2,000 years. Could the passing of the UN General Assembly resolution in December 2012; strong leadership and momentum in Africa; together with increasing numbers of communities, non-governmental organisations, faith-based organisations, policy-makers and ambassadors working to end FGM be the tipping point for change?

In excess of 125 million women and girls alive today in Africa have experienced FGM, and 30 million more girls will be affected by 2022 – one girl being cut every ten seconds. While FGM is practised primarily in 28 African countries, clustered from West Africa to Egypt and the Horn, it is also seen in parts of the Middle East, Asia and across the world in diaspora groups who bring their traditions with them upon migration.

FGM is known to have no health benefits and has serious, immediate and long-term physical and psychological health consequences, which can be severe, including post-traumatic stress disorder, depression, anxiety, and reduced sexual desire or satisfaction. Babies born to women who have experienced FGM suffer higher rates of neonatal death, and mothers can experience obstetric complications and fistulae.

Globally, reasons for FGM are highly varied between ethnic groups and communities; it is a deeply embedded social practice associated with adulthood, marriageability, purity and sexual control. This is true, too, in Sierra Leone, where it is also linked to the ordering of community power structures through membership to secret societies for which FGM is the badge of belonging. It is also linked to early child marriage and girls dropping out of compulsory education. At the end of the civil war, Bondo initiation was used as a way of restoring social relations lost in the destruction. It also presented itself in a war-torn economy as an economic opportunity for younger women, a rarity in Sierra Leone. Traditionally, FGM is carried out by older women in unhygienic conditions in isolated bush camps.

This Country Profile shows that there has been a slight reduction in the overall prevalence of FGM in Sierra Leone from 91.3% in 2008 to 89.6% in 2013, according to the Demographic and Health Surveys. Prevalence is 94.3% in rural areas, and the districts in the Northern Province have the highest prevalences, although prevalence is 75% or higher in all districts across the country.

As there is no national anti-FGM law in Sierra Leone, this report covers the twelve measures we feel are required to address FGM in the context of post-war reconstruction. Among these are wider access to education as a viable alternative or delaying factor in FGM, improvements to the healthcare system and a reduction in the number of people living below the Government's defined poverty line.

Since first visiting Africa in 2001, I have visited 12 African countries and communities in Malaysia, Pakistan, the Middle East, the USA, Canada, Australia and New Zealand that have migrant communities that practise FGM. I have listened to the stories of over two thousand survivors; no woman or girl was pleased she was cut. All have physical or mental trauma from FGM and many have begun themselves to campaign for FGM to end. After an initial meeting with our research team in

2012, I was delighted to meet representatives of the Sierra Leone Inter Africa Committee in April 2014 and hear how they are working with non-governmental organisations and civil-society organisations nationally and internationally to help advance the work towards abolishing FGM.

While we highlight in this report areas that need addressing, we also recognise the work of non-governmental organisations and civil-society organisations using initiatives such as alternative rites of passage, working with 'men against FGM' and reducing the importance of FGM in urban youth.

I look forward to seeing further progress and talking with activists in my forthcoming visit to Sierra Leone.

**Dr Ann-Marie Wilson, 28 Too Many Executive Director**

## Case Study

During our research in Sierra Leone, we came across an organisation that appears to bridge the need for cultural continuity and the ethos of 'no harm to women or girls'.

Among the Temne, who live in Masanga village and its surrounding areas, FGM is often carried out on girls between the ages of three and five. Masanga Education Assistance (MEA) has been working in the area since 2004, sponsoring education for children both in the private and state sectors.

In 2007 they opened their own kindergarten. The condition for anyone accessing education with their help is 'trade excision for education'. In 2009 reports came back to MEA that these girls were being socially excluded from even simple activities like bathing with Bondo initiates. It was at this point that Michèle Moreau, the founder of MEA, came up with the idea of persuading the Soweis to initiate without cutting. An early convert and now president of MEA Sierra Leone, Ramatu Fornah was the head Soweis in the village. Her conversion and 'putting down of the basket' (a ceremonial renunciation of the Soweis' cutting tools) was very influential in the community. Following her lead, a number of Soweis in Masanga and its surrounding villages have also renounced FGM, discarded the old Bondo colours of red and white and embraced yellow as the colour of the new Bondo.

In 2010 the first ceremony without FGM was conducted, after which the Paramount Chief of Tonkolili, the district's highest authority, asked Michèle to extend the programme to the district's seven sections. Since then there have been five more initiations, for 391 girls in total. Eight of them have subsequently been subjected to FGM and suffered total exclusion from the programme and censure from the village. The rite's cultural dimensions have been maintained, along with the 'reproduction process of norms and ethical principles'. It was further noted that the 'symbolic weight of excision seems to have been dissolved in the rest of the ritual.'<sup>1</sup>



*Soweis wearing new colours in an MEA-run project, to show they now conduct Bondo without cutting (© MEA)*

1 Bracher (2014) *The Mutilation of a Ritual: The Case of Excision in Sierra Leone*. University of Fribourg.

# Information on Country Profiles

## Background

28 Too Many is an anti-female genital mutilation (FGM) charity, created to end FGM in the 28 African countries where it is practised and in other countries across the world where members of those communities have migrated. Founded in 2010 and registered as a charity in 2012, 28 Too Many aims to provide a strategic framework of knowledge and tools that enable in-country anti-FGM campaigners and organisations to be successful and make sustainable changes to end FGM. We hope to build an information base including detailed country profiles for each country practising FGM in Africa and the diaspora. Our objective is to develop a network of anti-FGM organisations to share knowledge, skills and resources. We also campaign and advocate locally and internationally to bring change and support community programmes.

## Purpose

The prime purpose of this Country Profile is to provide improved understanding of the issues relating to FGM within the wider frameworks of gender equality and social change. By collating the research to date, this Country Profile can reflect the current situation. As organisations continue to send us their findings, reports, tools and models of change, we can update these reports and show where progress is being made. While there are numerous challenges to overcome before FGM is eradicated in Sierra Leone, many programmes are making positive, active change.

## Use of this Country Profile

Extracts from this publication may be freely reproduced, provided due acknowledgement is given to the source and 28 Too Many. We invite comments on the content and suggestions on how the report could be improved as an information tool, and seek updates on the data and contact details.

## Acknowledgements

28 Too Many is extremely grateful to all who have assisted us in accessing information to produce this Country Profile. We thank you, as it would not have been possible without your assistance and collaboration. 28 Too Many carried out all its work as a result of donations and is an independent, objective voice unaffiliated with any government or large organisation. That said, we are grateful to the many organisations that have supported us so far on our journey and the donations that enabled this Country Profile to be produced. Please contact us on [info@28toomany.org](mailto:info@28toomany.org).

### *Special Acknowledgements*

**Obara Tom Bosire** for the extensive use of his doctoral thesis, *The Bondo Secret Society: Female Circumcision and the Sierra Leonean State*. **Grant Faint** for the donation of the cover photograph.

## The Team

Producing a Country Profile such as this is a collaborative process. We are very grateful to the following contributors:

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**Ann-Marie Wilson** founded 28 Too Many and is the executive director. The *Journal of Gender Studies* published in 2012 her paper, 'Can lessons be learnt from eradicating foot-binding in China and applied to abandoning female genital mutilation in Somalia? A critical evaluation of the possibilities offered for developing strategies to expand current promising practice.'

**Mark Smith** creates the custom maps used in 28 Too Many's country profiles.

**Rooted Support Ltd** donated time through its director, Nich Bull, in the design and layout of the initial version of this Country Profile ([www.rootedsupport.co.uk](http://www.rootedsupport.co.uk)).

We are grateful to the rest of the 28 Too Many Team, who have helped in many ways.

*Photograph on front cover © Grant Faint (untitled).*

*Please note the use of a photograph of any girl or woman in this Country Profile does not imply that she has, nor has not, undergone FGM.*

## List of Abbreviations

*INGO and NGO acronyms are found in the International, National and Local Organisations sections towards the end of this Country Profile*

AIDS	Acquired Immunodeficiency Syndrome
APC	All People’s Congress
ARP	alternative rites of passage
CBO	community-based organisation
CEDAW	Convention on the Elimination of Discrimination against Women
CRC	Convention on the Rights of the Child
CSO	civil-society organisation
DHS	Demographic Health Survey
FBO	faith-based organisation
FGC	female genital cutting
FGM	female genital mutilation
FINE	Fambul Initiative Network for Equality
FSU	Family Support Unit
GBV	gender-based violence
GDP	gross domestic product
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
HTP	harmful traditional practice
ICESC	International Covenant on Economic, Social and Cultural Rights
IDP	internally-displaced persons
IMC	Independent Media Commission
INGO	international non-governmental organisation
IRC	Inter-Religious Council of Sierra Leone
LGBT	lesbian, gay, bisexual, transgender
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NGO	non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
PPP	purchasing power parity
RUF	Revolutionary United Front
SIGI	Social Institutions and Gender Index
SLANGO	Sierra Leone Association of Non-Government Organizations
STI	sexually-transmitted infection
TBA	traditional birth attendant
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
US	United States
VAWG	violence against women and girls
WHO	World Health Organization

*Please note that, throughout the citations and references in this report, the following abbreviations apply.*

**'DHS 2008'** refers to:

Sierra Leone (SSL) and ICF Macro (2009) *Sierra Leone Demographic and Health Survey 2008*. Calverton, Maryland, USA: Statistics Sierra Leone (SSL) and ICF Macro. Available at <https://dhsprogram.com/pubs/pdf/FR225/FR225.pdf>.

**'MICS 2010'** refers to:

Statistics Sierra Leone and UNICEF-Sierra Leone (2011) *Sierra Leone Multiple Indicator Cluster Survey 2010, Final Report*. Freetown, Sierra Leone: Statistics Sierra Leone and UNICEF-Sierra Leone. Available at [https://reliefweb.int/sites/reliefweb.int/files/resources/MICS4\\_SierraLeone\\_2010\\_FinalReport.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/MICS4_SierraLeone_2010_FinalReport.pdf).

**'DHS 2013'** refers to:

Statistics Sierra Leone (SSL) and ICF International (2014) *Sierra Leone Demographic and Health Survey 2013*. Freetown, Sierra Leone and Rockville, Maryland, USA: SSL and ICF International. Available at <https://dhsprogram.com/pubs/pdf/FR297/FR297.pdf>.

## A Note on Data

UNICEF highlights that self-reported data on FGM needs to be treated with caution, since women may be unwilling to disclose having undergone FGM due to the sensitivity of the subject or its illegal nature. In addition, women may be unaware that they have been cut, or of the extent of the cutting, especially if it was carried out at a young age.

Statistics on the prevalence of FGM are compiled through large-scale household surveys in developing countries – the Demographic and Health Survey (*DHS*) and the Multiple Indicator Cluster Survey (*MICS*).

Understanding trends in the FGM status of girls in Sierra Leone aged 0–14 is challenging. The DHS 2013 does not provide any data at all on the FGM status of girls. Previous reports, including the DHS 2008 and MICS 2010, asked women for information about their daughters; however, inconsistencies in the questions mean that a direct comparison of the figures is not possible. The DHS 2008 asked women whether they had at least one daughter who had been cut and explored the data in more detail for each woman's most-recently-cut daughter. In contrast, the MICS 2010 presents data for all of the women's daughters aged 0–14.

Data from both surveys on the prevalence in girls is presented in this Country Profile, but the limitations of any comparisons should be kept in mind.

# Executive Summary

This Country Profile provides comprehensive information on FGM in Sierra Leone. It details the current research on FGM and provides information on the political, anthropological and sociological contexts of FGM. It also includes an analysis of the current situation in Sierra Leone and reflects on how to improve anti-FGM programmes and accelerate the eradication of this harmful practice. The purpose of this report is to enable those committed to ending FGM to shape their own policies and practices to create positive, sustainable change.

In Sierra Leone, the **prevalence of FGM among women aged 15–49** is 89.6%, according to the 2013 Demographic and Health Survey (*DHS 2013*).<sup>1</sup> This is lower than the 91.3% reported in the 2008 Demographic and Health Survey (*DHS 2008*).<sup>2</sup>

The prevalence of FGM is higher among women residing in rural areas (94.3%) than among those who live in urban areas (80.9%). The districts in the Northern Province have the highest prevalence, whereas the Western Area has the lowest (although all districts across the country have a prevalence of 75% or more), and this corresponds to the rural and urban trends.<sup>3</sup>

FGM in Sierra Leone is part of initiation into **women's secret societies**, known as *Bondo* (or *Sande*). 90% of women are members of Bondo, and these societies exist in all ethnic groups except the Krio. Membership to these societies marks a girl's transition to womanhood and becoming a community member. Girls receive training for their roles as wives and mothers, but the extent of this training has decreased in some communities because parents want their daughters to return to school before marriage, or because the family lives in an internally displaced persons (*IDP*) camp. IDP camps were created during the civil war and have limited resources.

FGM is a social norm and a tradition that is heavily enforced by community pressure, and the most commonly cited perceived benefit of FGM is social acceptance.<sup>4</sup> Cutting is considered anatomically necessary for a girl to become an unambiguous, gendered female. As part of this rationale, uncut women are also often labelled 'unclean'. There is, furthermore, a common belief that FGM is more aesthetically acceptable.<sup>5</sup> Another **reason given for the practice of FGM** in Sierra Leone is that it is necessary to preserve a girl's virginity, and about half of the adult population believes that it is a religious requirement.<sup>6</sup> Finally, a survey discussed in this report found that 20–30% of Sierra Leoneans believe that FGM has no benefits.<sup>7</sup>

Traditional **practitioners** conduct the vast majority of FGM, and there does not appear to be a trend towards medicalised FGM.<sup>8</sup> These female practitioners are called *Soweis* and are authoritative members of the women's society and the community. They also have symbiotic relationships with villages and paramount chiefs, who have authority over large areas.

The majority of women and girls undergo **Types I and II FGM** (excision).<sup>9</sup> It is unclear from the latest three national datasets how many women have had their genitals sewn closed (Type III FGM – infibulation): reports vary from 2.6% (the DHS 2008) to 14.7% (the Multiple Indicator Cluster Survey 2010) and 9% (the DHS 2013) for women aged 15–49.<sup>10</sup> This highlights a well-known issue with self-reporting – that women may not know the extent to which they have been cut.

The DHS 2008 reports that 85.2% of women's most-recently-cut **daughters** were cut by the **age** of 14. Of these, the largest percentage (31.7%) were cut between the ages of five and nine, which is a noticeable rise from the percentage of women aged 15–49 who were cut between the ages of five and nine (13%). Of women, the largest percentage were cut between the ages of 10 and 14, which suggests that the age of initiation has lowered.<sup>11</sup> This is consistent with reports that some communities, particularly the Temne, are cutting girls at a younger age.

The DHS 2008 reports that 32.5% of women have at least one daughter who has been cut. The Multiple Indicator Cluster Survey 2010 (*MICS 2010*) reports that only 10.2% of all daughters have been cut. Note that the MICS and DHS figures are not directly comparable, since there are subtle but important differences in the questions asked. What is noticeable is that prevalence appears to be lower in daughters than in women. However, it should be kept in mind that the daughters referred to here span the age-range 0–14 years. Many of the daughters may simply have not yet been cut. Indeed, the DHS 2008 reports that only 8.9% of women did not intend to have their daughters cut, suggesting that the true prevalence may not have dropped as far as these figures suggest at first glance.<sup>12</sup>

69.2% of women aged 15–49 **support the continuation of FGM**, as do 46.3% of men in the same age-range.<sup>13</sup> However, support for FGM varies across age cohorts and regions of residence. 58.6% of women aged 15–19 want FGM to continue, while 80.8% of women aged 45–49 are in support of it. Geographically, support is roughly constant at about 75% across all districts, except the Western Area, where it is just below 50%.<sup>14</sup>

It is crucial to understand FGM in Sierra Leone in the context of **post-war reconstruction**. The cost of initiation is high, posing a significant economic constraint on families who must save to cover the costs and often have to choose between initiations or sending daughters to school. It has been suggested that initiating girls younger is cheaper, and this may explain the trend in the decreasing age of girls cut.

Given the socio-economic climate, many practitioners of FGM are leaving out much of the training that has traditionally been a part of Bondo initiation, meaning that the ceremony is completed in a matter of days. Moreover, women in IDP camps are usually the breadwinners, and many therefore consider a Soweï career as an economic opportunity. Hence, the cultural justification for FGM appears to be losing ground as the practice increasingly becomes a commodity.

There is no **law** that criminalises FGM outright in Sierra Leone, and the Government remains indecisive with respect to eradication efforts. The Child Rights Act states that girls must be of legal age (18) before they can consent to being cut. This Act is supported by anti-FGM organisations and the Soweï Council, who encourage practitioners to wait until girls are able to consent to initiation.

Since the end of the civil war, there has been a growing human-rights discourse in Sierra Leone, and this has created an opportunity for organisations to work on a range of matters concerning women's and girls' rights, health and education.

There are numerous international and local non-governmental organisations and civil-society organisations working to eradicate FGM, using a variety of **strategies**, including generally tackling harmful traditional practices, addressing the health risks of FGM, promoting girls' education, and using alternative rites of passage. A comprehensive overview of these organisations is included in this report.

**28 Too Many proposes that the following measures be taken:**

- adopting culturally relevant programmes;
- understanding FGM in Sierra Leone within the context of the cultural and political agency of the Bondo;
- implementing sustainable funding;
- considering FGM within the Millennium Development Goals and any post-MDG framework;
- facilitating education;
- improving access to health facilities and the management of any health complications of FGM;
- increasing advocacy and lobbying;
- criminalising FGM and increasing law enforcement;
- fostering the further development of effective media campaigns;
- encouraging faith-based organisations to act as agents of change and be proactive in ending FGM;
- increasing collaborative projects and networking; and
- furthering research.

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1 DHS 2013, p.301.

2 DHS 2008, p.256.

3 DHS 2013, p.301.

4 DHS 2008, pp.262–263.

5 Dr. Richard Fanthorpe (2007) *Sierra Leone: The Influence of the Secret Societies, with Special Reference to Female Genital Mutilation*. Available at <http://www.refworld.org/docid/46cee3152.html>.

6 DHS 2013, p.303.

7 DHS 2008, pp.262–263.

8 DHS 2008, p.258.

9 DHS 2013, p.301.

10 - DHS 2008, p.256.

- MICS 2010, p.109.

- DHS 2013, p.301.

11 DHS 2008, p.257 & 261.

12 - DHS 2008, p.261.

- MICS 2010, p.110.

13 DHS 2013, p.305.

14 DHS 2013, p.305.

# Introduction

*'It is now widely acknowledged that [FGM] functions as a self-enforcing social convention or social norm. In societies where it is practiced it is a socially upheld behavioural rule. Families and individuals uphold the practice because they believe that their group or society expects them to do so. Abandonment of the practice requires a process of social change that results in new expectations on families.'*

*~ The General Assembly of the United Nations<sup>1</sup>*

**Female genital mutilation** (sometimes called female genital cutting and female genital mutilation/cutting) (FGM) is defined by the World Health Organization (WHO)<sup>2</sup> as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.' FGM is a form of gender-based violence and has been recognised as a harmful practice and a violation of the human rights of girls and women. At least 200 million girls and women alive today have had FGM in the 28 African countries where FGM is practised, in Yemen and in Indonesia.<sup>3</sup>

## History of FGM

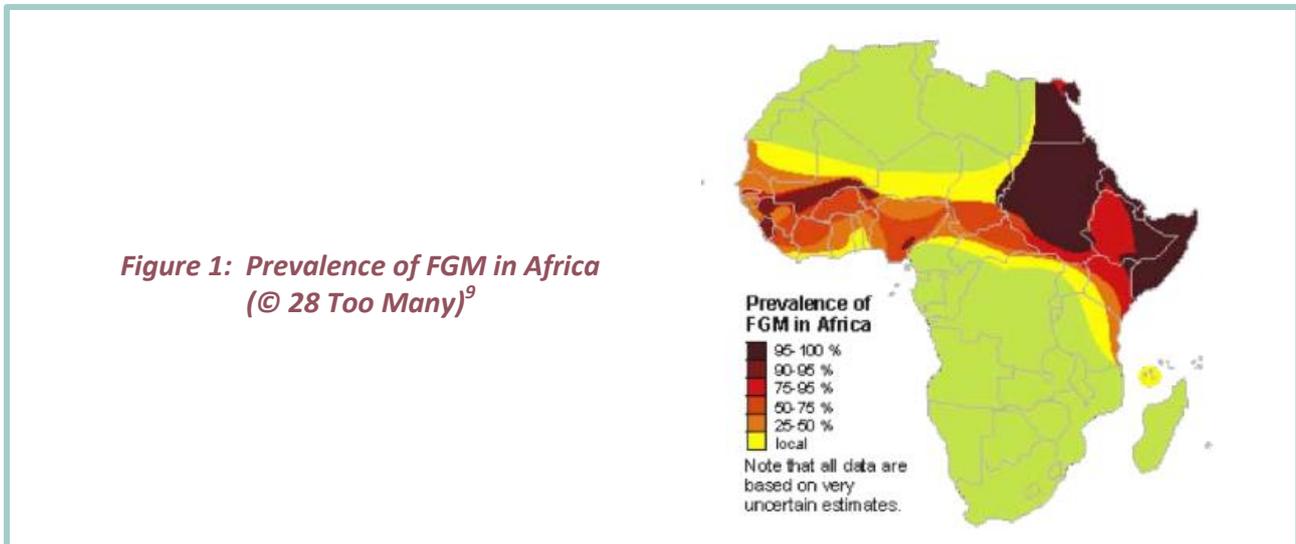
FGM has been practised for over 2,000 years.<sup>4</sup> Although it has obscure origins, there has been anthropological and historical research conducted into how FGM came about. It is found in traditional group or community cultures that have patriarchal structures. Although FGM is practised in some communities in the belief that it is a religious requirement, research shows that FGM pre-dates Islam and Christianity. Some anthropologists trace the practice to 5<sup>th</sup> century BC Egypt, where infibulations were referred to as 'Pharaonic circumcision'.<sup>5</sup> Other anthropologists believe that it existed among Equatorial African herders as a protection against rape for young female herders, as a custom among stone-age people in Equatorial Africa, or as 'an outgrowth of human sacrificial practices, or some early attempt at population control'<sup>6</sup>.

There were also reports in the early 1600s of the practice in Somalia as a means of extracting higher prices for female slaves, and in the late 1700s in Egypt to prevent pregnancy in women and slaves. FGM is practised across a wide range of cultures and it is likely that the practice arose independently among different peoples<sup>7</sup>, aided by Egyptian slave raids from Sudan for concubines and the trading of maids through the Red Sea to the Persian Gulf<sup>8</sup>.

## Global FGM Prevalence and Practices

FGM has been reported in 28 countries in Africa and occurs mainly in countries along a belt stretching from Senegal in West Africa, to Egypt in North Africa, to Somalia in East Africa and to the Democratic Republic of Congo in Central Africa. It also occurs in some countries in Asia and the Middle East and among certain diaspora communities in North and South America, Australasia and Europe. As with

many ancient practices, FGM is carried out by communities as a heritage of the past and is often associated with ethnic identity. Communities may not even question the practice or may have long forgotten the reasons for it.



The WHO<sup>10</sup> classifies FGM into four types:

<b>Type I</b>	Partial or total removal of the clitoris (clitoridectomy) and/or the prepuce
<b>Type II</b>	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). [Note also that the term 'excision' is sometimes used as a general term covering all types of FGM.]
<b>Type III</b>	Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
<b>Type IV</b>	All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, pulling, piercing, incising, scraping and cauterization.
<b>Re-infibulation</b>	The procedure to narrow the vaginal opening in a woman after she has been deinfibulated (i.e. after childbirth); also known as re-suturing.

**Table 1: Types of FGM as classified by the WHO**

FGM is often motivated by beliefs about what is considered appropriate sexual behaviour. Some communities consider that it ensures and preserves virginity and marital faithfulness and prevents promiscuity/prostitution. There is a strong link between FGM and marriageability, with FGM often being a prerequisite to marriage. FGM is sometimes a rite of passage into womanhood and considered necessary for a girl to go through in order to become a responsible adult member of society. FGM is also thought to make girls 'clean' and aesthetically beautiful. Although no religious texts require the practice, practitioners often believe it has religious support. Girls and women will often be under strong social pressure, including pressure from their peers, and risk victimisation and stigma if they refuse to be cut.

FGM is always traumatic.<sup>11</sup> Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. Long-term consequences can include recurrent bladder and urinary tract infections, incontinence, cysts, psychological problems, infertility, an increased risk of new-born deaths and childbirth complications including fistula, and the need for later surgeries. For example, a woman with Type III infibulation will likely need to be cut open later to allow for sexual intercourse and childbirth.<sup>12</sup>

The vision of 28 Too Many is a world where every girl and woman is safe, healthy and lives free from FGM and other human-rights violations. A key strategic objective is to provide detailed, comprehensive country profiles for each of the 28 countries in Africa where FGM is practised. The profiles provide research into the situation regarding FGM in each country, as well as more general information relating to the political, anthropological and sociological environments in the country, to offer a contextual background. This can also be of use in relation to diaspora communities that migrate and maintain their commitment to FGM.

The country profiles also offer analyses of the current situation, and will enable all those with a commitment to ending FGM to shape their own policies and practice to create conditions for positive, enduring change in communities that practise FGM. We recognise that each community is different in its drivers for FGM and bespoke, sensitive solutions are essential to offer girls, women and communities a way forward in ending this practice. This research report provides a sound information-base that can contribute to determining the models of sustainable change necessary to shift attitudes and behaviours and bring about a world free of FGM.

During our research, we connect with many anti-FGM campaigners, community-based organisations (CBOs), policy-makers and influencers. 28 Too Many wishes to continue to build upon its in-country networking to aid information-sharing, education and awareness of key issues, enabling local NGOs to be part of a greater voice to end FGM locally and internationally.

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1 UN General Assembly (2009) *The girl child: report of the Secretary-General*, p.17. Available at <http://www.refworld.org/docid/4ac9ac552.html>.

2 World Health Organization (2015) *Female Genital Mutilation*. Available at [http://www.who.int/topics/female\\_genital\\_mutilation/en/](http://www.who.int/topics/female_genital_mutilation/en/).

3 UNICEF (2016) *Female Genital Mutilation/Cutting: A Global Concern*, p.2. Available at [http://www.unicef.org/media/files/FGMC\\_2016\\_brochure\\_final\\_UNICEF\\_SPREAD.pdf](http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf) (accessed June 2016).

4 Alison T. Slack (1988) 'Female Circumcision: A Critical Approach', *Human Rights Quarterly*, Vol. 10, pp.439.

5 *Ibid.*, p.444.

6 Lightfoot-Klein cited in Ann-Marie Wilson (2013) 'How the methods used to eliminate foot binding in China can be employed to eradicate female genital mutilation', *Journal of Gender Studies*, 22:1, p.4. Available at <http://dx.doi.org/10.1080/09589236.2012.681182>.

7 *Ibid.*

8 Mackie cited in Ann-Marie Wilson, *op. cit.*

9 *Afrol News* [no longer available].

10 World Health Organization (2016) *WHO guidelines on the management of health complications from female genital mutilation*, pp.2-4. Available at <http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/> (accessed 18 June 2017).

11 *Ibid.*, p.1.

12 World Health Organization (2016), *op. cit.*, p.vii.

# Millennium Development Goals

Throughout this report, the relevant Millennium Development Goals (MDGs) are discussed within the scope of FGM.



## Challenges With Data and Analysis

Much of the data necessary for the Government to make a clear prediction of whether its MDG targets will be met is lacking. It has been suggested that monitoring in Sierra Leone is limited because of a lack of specialised knowledge and research capacities, an absence of processes and good practices to capture data, and limited public documentation. There is also restrictive freedom-of-information legislation. Civil-society organisations (CSOs) suggest that the MDGs are unrealistic for a national context and that it would be more effective to set targets locally.<sup>1</sup>

## Post-MDG Framework

The eradication of FGM is pertinent to the achievement of six of the eight Millennium Development Goals:

- MDG 1: *eradicate extreme poverty and hunger;*
- MDG 2: *achieve universal primary education;*
- MDG 3: *promote gender equality and empower women;*
- MDG 4: *reduce child mortality;*
- MDG 5: *reduce maternal mortality; and*
- MDG 6: *combat HIV/AIDS, malaria and other diseases.*

As the MDGs are approaching their 2015 deadline, the United Nations (UN) is evaluating the current MDGs and exploring future goals. After 2015, the UN will continue its efforts to achieve a world of prosperity, equity, freedom, dignity and peace. Currently, the UN is working with its partners on an ambitious post-2015 development agenda and striving for open and inclusive collaboration on this project.<sup>2</sup>

The UN is also conducting the MY World survey in which citizens across the globe can vote offline and online on which six development issues most impact their lives. These results will be collected up until 2015 and will influence the post-2015 agenda ([Myworld2015.org](http://Myworld2015.org)).

Coinciding with this survey is the 'The World We Want' platform, an online space where people can participate in discussions on the UN's 16 areas of focus for development. On the issue of gender violence, there has been a growing call for the post-MDG agenda to include a distinct focus on ending violence against women.<sup>3</sup> Though it is unlikely that FGM will be eliminated in Sierra Leone by 2015, it is nonetheless encouraging that the MDGs have ensured a persistent focus on areas related to FGM. Perhaps most significantly, an important milestone was reached this year at CSW58: a clear call for a standalone goal on women's rights and gender equality by the Commission. This is an important step in the post-2015 negotiations, as a strong and unified call for the goal had not previously been made by governments. The post-2015 agenda will undoubtedly provide renewed efforts to improve women's lives.

Additionally, the African Union's declaration of the years 2010 to 2020 to be the Decade for African Women will certainly assist in promoting gender equality and the eradication of gender violence in Sierra Leone.

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- 1 Commonwealth Foundation (2013) *A civil society review of progress towards the Millennium Development Goals in Commonwealth countries*. National Report: Sierra Leone.
  - 2 United Nations (undated) [website]. Available at <http://www.un.org/en/index.html>.
  - 3 Caroline Harper (2013) 'Gender, violence and the post-2015 framework', *Overseas Development Institute*, 24 January. Available at <https://www.odi.org/comment/7220-gender-violence-and-post-2015-framework>.

# General National Statistics

This section highlights a number of indicators of Sierra Leone's context and development status.

## **Population**

6,384, 376<sup>1</sup>

Median age: 19 years

Growth rate: 2.33%

## **Human Development Index**

Rank: 177 out of 186 in 2013<sup>2</sup>

## **Health**

Life expectancy at birth (years): 57.39

Infant mortality rate (deaths per 1,000 live births): 73.29

Maternal mortality rate (deaths per 100,000 live births): 890 (2010)  
(country comparison to the world: 4)

Fertility rate, total (births per woman): 4.83 (2014 est.)

HIV/AIDS – adult prevalence rate: 1.5% (2012 est.)

– people living with HIV/AIDS: 57,700 (2012 est.)  
(country comparison to the world: 58)

– deaths: 3,300 (2012 est.)

## **Literacy (percentage age 15 and over who can read and write)**

Total population: 43.3% (female: 32.6%; male: 54.7%) (2011 est.)

Female youth population (15–24): 54%; male youth population: 72% (2013)<sup>3</sup>

## **GDP (in US dollars)**

GDP (official exchange rate): \$4.607 (2013 est.)

GDP per capita (PPP): \$1,400 (2013 est.)

GDP (real growth rate): 13.3% (2013 est.)

## **Urbanisation**

Urban population: 39.2% of total population (2011)

Rate of urbanisation: 3.04% annual rate of change (2010–15 est.)

### ***Ethnic Groups***

Temne – 35%, Mende – 31%, Limba – 8%, Kono – 5%, Krio – 2%, Mandingo – 2%, Loko – 2%, other – 15% (includes refugees from Liberia's recent civil war and small numbers of Europeans, Lebanese, Pakistanis, and Indians) (2008 census)

### ***Religions***

Muslim – 60%, Christian – 10%, indigenous beliefs – 30%

### ***Languages***

English (official, regular use limited to literate minority), Mende (principal vernacular in the south), Temne (principal vernacular in the north), Krio (English-based Creole, a lingua franca and a first language for 10% of the population, although understood by 95%)

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**Central Intelligence Agency (2014) *The World Factbook: Sierra Leone*. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>.**

1 Country Meters (2014) *Sierra Leone*, 3 June. Available at [http://countrymeters.info/en/Sierra\\_Leone](http://countrymeters.info/en/Sierra_Leone).

2 UN Development Programme (2013) *Human Development Indicators: Sierra Leone*. Available at <http://hdr.undp.org/en/countries/profiles/SLE>.

3 UNICEF (2014) *The State of the World's Children Report 2015: Statistical Tables*.

# Political Background

## Historical

Sierra Leone has been inhabited for over 2,500 years, with an Iron Age beginning in the 9<sup>th</sup> century and agriculture arriving by AD1000. During the first-documented contact with Europeans in 1462, Portuguese explorer Pedro de Cintra named the mountainous area '**Sierra Lyon**' ('Lion Mountains'). The area was populated by autonomous indigenous groups with distinct languages (see Anthropological Background).

By the 1530s the slave trade had begun: ships patrolled the coast and conducted kidnapping raids. Walter Rodney has argued that some indigenous chiefs participated in the slave trade in exchange for trade items, transforming human life into an export business. Chiefs used secret-society rules and 'trumped up Bondo and Poro charges to capture victims for sale'.<sup>1</sup> The **slave trade** continued in Sierra Leone while it was under British control throughout the 17<sup>th</sup> and 18<sup>th</sup> centuries, and it perpetuated for several decades after it was banned in 1807.

A turning point in the ethnic and political history of Sierra Leone was the invasion of the warrior ethnic group the Mande (*Mane*) in the 16<sup>th</sup> century. Today, the term 'Mande people' is used to refer to a large collection of ethnic groups that speak related languages. It is thought that their female chief, Macario, was expelled from her homeland, resulting in a mass migration. The **Mande conquests** and the resulting ethnic blending and cultural assimilation are what give Sierra Leone its present-day ethnic diversity. It is believed that the practice of **FGM** was brought to Sierra Leone by the Mande.<sup>2</sup> These invasions also militarised Sierra Leone and resulted in the construction of larger, permanent villages. Although internal conflicts between indigenous groups continued for around 350 years, these groups were united by Poro and Bondo (Sande) secret societies.

In the 17<sup>th</sup> century, **the British** took over control of Sierra Leone from the Portuguese. Towards the end of the slave trade, the Committee for the Relief of the Black Poor planned to settle London's 'black poor' in the 'Province of Freedom'. In 1789 this settlement was inhabited by 400 formerly enslaved black Britons and African-Americans. **Freetown** was established in 1792.

The **colonial era** in Sierra Leone lasted from 1800 to 1961, but much of the territory remained under the control of the Mende and Temne. The British and Creoles (persons of mixed African and European race/ancestry) were based in Freetown, and the Government's focuses were trade, treaties and military expeditions. British colonialism resulted in diplomacy disputes, violence between the British and local chiefs, and territory disputes between Britain and France. Sierra Leone became a protectorate in 1896, despite much contestation. Out of 149 chiefdoms, Governor Cardew gave sole authority of local government to a small set of **paramount chiefs**. Paramount chiefs retain this power in conjunction with systems of local councils that were implemented in 2004. Moreover, only individuals from ruling families (aristocracy) were given the right to rule by the British.<sup>3</sup> There were continued violent disputes, such as the Hut Tax War of 1898. In 1924 a new constitution was drafted, dividing Sierra Leone into a colony (Western Area) and a protectorate, with separate political systems.

In 1960 the Independence Conference led by Sir Milton Margai took place in London, and this resulted in Sierra Leone gaining **independence** on 27 April 1961. Margai became the first prime

minister. This independence came as a result of the educated Protectorate elite allying with the paramount chiefs in opposition to Krio intransigence.

After the Sir Albert administration in the mid-1960s, the All People's Congress (APC) won a majority in the contested 1967 elections, making Siaka Stevens prime minister. His controversial victory quickly resulted in several military coups, but he was reinstated in 1968. Stevens was succeeded by Joseph Saidu Momoh in 1985.

A **civil war** occurred from 1991 to 2001 and was influenced by the war in neighbouring Liberia. Rebels quickly gained control of eastern Sierra Leone, including the diamond mines in Kono. Despite promises of political reform, Prime Minister Momoh and the APC were accused of corruption, hoarding arms and planning violent campaigns. Between 1992 and 1996 the National Provisional Ruling Council was responsible for a military coup. After a short period of civilian rule in 1996, there was a further junta under the Armed Forces Revolutionary Council, which was finally ousted in 1998. UN peacekeepers were sent in in 1999, and there was significant British involvement in restoring peace. There are varying statistics reported on the number of people killed during the civil war, ranging from 50,000 to 300,000 (but it was likely around 100,000). Between half a million and 2.5 million people were displaced. During the civil war, over 250,000 women were victims of **sexual and gender-based violence** (GBV) including rape, trafficking, enslavement, mutilation, sexual slavery, forced pregnancy, labour and detention.<sup>4</sup>

In 2002, elections were held and President Kabbah was re-elected.

## Current Political Conditions

The **court system**, set up to try those responsible for serious violations of human rights during the civil war, convicted all nine defendants. Many people still struggle to cope with the devastation of the war, particularly those who remain in internally displaced persons (IDP) camps.

With respect to the political authority of Bondo and Poro secret societies, rural members are still angered by the transgressions of Revolutionary United Front (RUF) rebels, who broke society laws by entering bondo bushes to hoard weapons and food. Fanthorpe argues that Sierra Leoneans have been trying to re-establish political order based on **secret societies**. Part of efforts to achieve post-war recovery and political stability is initiation into these secret societies (which involves FGM). However, young adults, who have grown up without the old social matrix, are beginning to question the need for FGM and the authority of society chiefs.<sup>5</sup>

As part of post-war reconstruction, the Government instituted a number of reforms to promote good governance and economic development, protect human rights and advance gender equality. The military also took over the country's security after the departure of UN peacekeepers in 2005. In March 2014, the closure of the UN Integrated Peacebuilding Office in Sierra Leone marked the end of more than 15 years of peacekeeping. In 2012 the APC won a majority in peaceful elections and President Ernest Bai Koroma was re-elected.

Widespread **corruption** remains a problem for the Government of Sierra Leone and it continues to implement a five-year national action plan to combat corruption.<sup>6</sup>

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- 1 Walter Rodney (1970) *A History of the Upper Guinea Coast, 1545–1800*. Oxford University Press.
  - 2 Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]
  - 3 Daron Acemoglu, Tristan Reed and James A. Robinson (2013) *Chiefs: Elite Control of Civil Society and Economic Development in Sierra Leone*. Cambridge, MA: National Bureau of Economic Research. Available at <http://www.nber.org/papers/w18691>.
  - 4 Hussaina J. Abdullah (2012) *Gender equality in Post-2015 Sierra Leone, The Heart of the Post-2015 Development Agenda and the Future We Want for All, Global Thematic Consultation*.
  - 5 Dr. Richard Fanthorpe (2007) *Sierra Leone: The Influence of the Secret Societies, with Special Reference to Female Genital Mutilation*. Available at <http://www.refworld.org/docid/46cee3152.html>.
  - 6 US Department of State (2013) *Human Rights Report: Sierra Leone*.

# Bondo

*Bondo* is one name of the initiating secret society of women in the south and east of Sierra Leone, (*Sande* in the north and west of the country and broadly throughout Guinea and Liberia). It is also the name of the spirit mediator between the living and the dead. This institution is central to women's lives. It affords them a measure of political autonomy, respect within the community, freedom of movement and association when the 'bondo bush' is in session, and power within their communities to mediate social relations and the conditions women live in.

At present, the cost of this social good is FGM – or disenfranchisement if it is refused. The heads of the separate bondo bushes, with the complicity of local chiefs, act as gatekeepers. They are financially rewarded for their work and therefore have strong vested interests in its continuation.



*A gathering of Soweis  
in Masanga  
(© MEA)*

Though commonly referred to in the literature as 'Bondo society' and the cutters as 'Sowei', there are other local names for the societies and titles of those women in their hierarchies (see Table 2). The names all refer to the same basic tenets of initiation and purification, which are mediated by the heads of the society, who control the 'medicine' that provides the societies' powers (once called 'fetishes' in early ethnographies). This report will use 'Bondo' to refer to all of the women's secret societies, unless otherwise indicated.

Ethnic Group	Name of Bondo Society	Name of Head of Society/Bush	Name of New Initiate	Name of Non-Initiate
Fulah	Baytee	Barajelli	Betijor	Jiwor
Limba	Bondo	Baregba	Bonka	Gboroka
Loko	Bondona	Ligba	Bondofayra	Bborrga
Mende	Sande	Sowei/Majo/Digba	Mborgbinie	Kpovei
Susu	Ganyee	Yongoyelie	Ganyee Gineh	Amoogaangeh

Ethnic Group	Name of Bondo Society	Name of Head of Society/Bush	Name of New Initiate	Name of Non-Initiate
Temne	Bondo	Digba	Bonka	Gburka
Kono	Sandeneh	Soko	Seinama	Dumisuuneh
Kissi	Fangabondo	Sokonoh	Sumunoh	Kwendenoh
Kuranko	Sayere	Biriyele/nu		

**Table 2: Names of aspects of Bondo Society in main Sierra Leonean languages<sup>1</sup>**

In Sierra Leone, 90% of women are members of Bondo, and it includes 17 ethnic groups.<sup>2</sup> The Christian Krio are often reported to be the only ethnic group that does not participate in Bondo. The Bondo have laws of secrecy prohibiting members from discussing their practices, with supernatural and physical sanctions on those who break the laws. All males and uninitiated girls and women are non-members and are not permitted to discuss Bondo issues (including FGM). There are stories of forced initiation as punishment for breaking Bondo law being carried out on non-members (see Challenges).

For women in Sierra Leone, FGM is not about female passivity and control; women can gain political power and community status through initiation. There is a severe stigma against uninitiated women, and concomitant peer and community pressures to be initiated. All ethnic groups have pejorative terms for uncut women, which usually mean ‘foolish’, ‘childish’, ‘stupid’ or ‘impure’. All women’s meetings in a village are under the auspices of Bondo. News and information, such as new child-health initiatives, are only shared with initiates, so there are other important costs associated with non-membership.

Bondo gives women agency and a sense of community. For example, in rural northern Sierra Leone women are required to gain their husbands’ permission to do tasks outside the home, yet Bondo is a place where a woman can go without her husband’s permission. The initiation activities are considered holidays. Women gather together three or four times a year, wear elaborate clothes and jewellery and go to the bondo bush without seeking permission from men. Bondo initiation is tied to conceptions of sexual/gender identity and fertility. The bondo bush represents fertility and the essence of ancestral and supernatural spirits.<sup>3</sup>

During the ceremony, the Bondo perform a masquerade, in which both the masks and dances have ritualistic powers. These masquerades are the only known instances of women in Africa wearing masks.

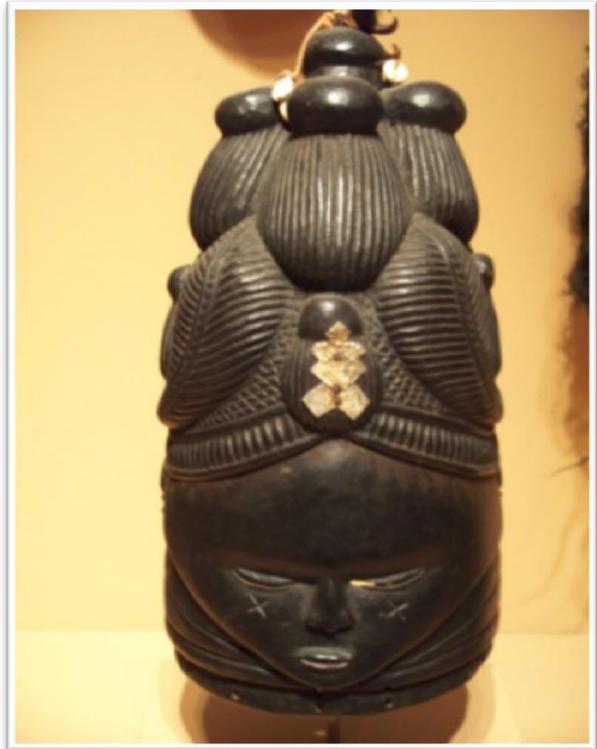
The initiation was traditionally reserved for women ready to join marital life. Traditional teachings included domestic duties, community involvement, marriage and responsibilities to a husband. Marriages performed before initiation to the secret societies are considered illegitimate. The Leaders have close reciprocal relationships with community chiefs. They generate income for the chiefs through marriage and initiation license fees. In return, the chiefs enforce Bondo rules.

However, the practice is evolving in contemporary life. Some parents delay their daughter’s initiation until she has completed her schooling, due to the prohibitive initiation costs and the fact that a marriage-licence fee must be paid by all initiates, regardless of age or readiness for marriage.

### THE BONDO MASK

Bondo/Sande masks are viewed as the spirit of the Bondo societies, with rich symbolism carved into each one. The bird on top represents women's intuition. The high forehead implies good luck or a sharp mind. The downcast eyes symbolise spirituality. The small mouth represents the ideal character for a woman – quiet and humble. Scars on the cheek depict the new, hard life as a woman. The rings around the neck show idealised health and beauty in a woman, or can be seen as the ripples of water around the head of the Bondo spirit as it emerges from water (the spirit realm). Around the base of the mask are drilled holes for a black raffia fringe to be attached. The body of a mask-wearer must not be exposed at all, as it would allow an evil spirit to possess her.

All Bondo masks follow the same basic symbolism, with variations in hair, dress and the animals represented, which symbolise fertility or the supernatural powers of the spirit of the mask.



*Mende Sande mask  
(Item #1989.387, © The  
Indianapolis Museum of Art)*

Other parents want to initiate their girls young and have them continue with their studies before marriage. Some members feel that, with more girls attending school, there is a lesser role for the society in training. Bosire argues, however, that in post-war Sierra Leone the education sector is still undergoing reconstruction, and therefore the state is ambiguous about its position on FGM and Bondo, because Bondo partly fills an education role.

Bondo initiation has evolved significantly in response to the post-war socio-economic climate and as a result of anti-FGM discourse. The human-rights discourse has also changed Bondo society. Increasingly, the ceremony leaves out much of the traditional training. This has consequently diminished the symbolic authority accorded to Soweis. Thus, Bondo members now have to find a balance between these 'new ideas' and FGM as a commodity and a culturally important practice in ordering community relations. There are tensions between the different chapters of Bondo (particularly urban versus rural) and the degree of practice. Bosire suggests that chapters that add or remove cultural elements of the society are considered to be practising 'invented traditions'.

Children's rights, consent and choice; violence against women; and harmful traditional practices (HTPs) are all themes discussed in relation to Bondo. Bosire argues that 'the powerful anti-FGC eradication discourse thus represents a very threatening change to the Bondo, at least in Bondo public discourse, because the whole edifice of the sodality is held together by the ritual of FGC and by the accompanying oath of secrecy.' As a result, Bondo encounters with anti-FGM discourse have arguably led to greater solidarity among the secret societies, and even retaliation against eradication campaigns.

## Bondo Initiation

The initiation ceremonies of most girls in Sierra Leone follow the same basic course, regardless of the name of the society. The ceremonies now happen at different times of the year, where traditionally they happened after the harvest in the dry season. Villages may not hold annual ceremonies, so girls older and younger than the traditional age of puberty may be initiated together.

The five main phases of the ceremony are the calling to the bondo bush; seclusion in the bush; FGM and other initiation rites; teaching; and the coming-out ceremony. These phases are called different names according to the ethnic group.

The start of the ceremony is announced by the beating of the bondo drums. The Soweis enter the village to collect the children and any members of the society who wish to attend and lead them off to the bush – a segregated site several miles from the village.

The first rite of the initiation is the ritual cutting of the girls' genitalia, and while their wounds heal they are taught the secrets of the society, ritual dances and songs, and domestic and sexual care of their husbands. This phase of teaching has been shortened in recent times to a matter of days or weeks, when it used to continue for up to a year.

The final stage of the initiation and the lure used to get girls to agree to enter the society is the coming-out celebration. The girls are dressed in white and daubed with white clay (among the Mende), or given new clothes to wear, and then taken back to the village as newly formed adults, the centre of all attention. They are accompanied by the bondo devil masquerade, amid much rejoicing and acclamation of their new status. There follows a celebratory feast.

*'Plain condemnation of the practice tends to push Bondo followers deeper into [a] "defence of tradition" position as opposed to changing the culture of FGC initiation.'*<sup>4</sup>

## The Economics of FGM in Sierra Leone

There are two ways to address the economics of FGM – the cost to the family and the cost to the state. There are no figures published for the latter, but they may be extrapolated from available data and knowledge.

A number of studies report the cost of initiation to the family (or future husband when the girl is already betrothed – in itself a strong economic incentive for early marriage). Bosire reports that his interviewees quote the cost as between 200,000–600,000 Leones (US\$46–139), and the Fambul Initiative Network for Equality (*FINE*) reports that the cost can be up to 1 million Leones (US\$231).<sup>5</sup> These costs include 30,000 Leones (US\$7) to the chief as a registration fee and 15,000 Leones (US\$3.50) for the marriage license, which are always granted at the same time. There is also payment to the Soweï and her helpers in the bush, and food for the initiate and other society members residing with them, which is not the ordinary fare, but rich in meat. There is also a cost for the musicians and celebrations for the coming-out ceremony and a cost for new clothes that are demanded by right by the girls to wear after initiation to attract suitors. 70% of the population live

on less than 8,580 Leones (US\$2) per day, making the initiation cost a huge figure. In 1987, Koso-Thomas wrote that families often use their whole harvest to pay for initiation in rural communities. These costs can push poor families further into poverty.

Due to the civil war, many Bondo members (particularly of the Mende group) continue to reside in IDP camps. The Bondo have established training 'bushes' in IDP camps across Sierra Leone. In IDP camps in Freetown, the initiation fee ranges from 20,000 Leones (US\$5) to 100,000 Leones (US\$23). Women living in IDP camps are often the breadwinners for the family, with few opportunities for paid work, and therefore consider a Soweï career as an economic opportunity. Consequently, young women want to train as Soweï in their late twenties and early thirties (or younger, like the five-year-old girl in the photograph below), when traditionally the age of a Soweï has been over 40. This means that the practice is now viewed mainly as a source of income, and this has compromised the core cultural reasons for initiation.

Men in discussions held by FINE said the cost was one of the reasons girls were being cut younger, as it was cheaper.<sup>6</sup> In addition to the cost of the rite, families face further economic costs if healthcare is needed to help with complications of FGM, either immediate or long term.

The other side of the economics is the additional cost to the state in healthcare and loss of human potential. The additional healthcare needed by women with all types of FGM is shown to be about 0.1%–1% of healthcare spending on African women aged 15–45.<sup>7</sup> Deaths caused by



*A five-year-old Soweï in training (© IRIN NEWS)*

complications during or after initiation and the school drop-out rate, fuelled by early marriages, add losses of human potential to the state and its development. The high number of teenage pregnancies, which is often linked to FGM, causes more loss of human potential as girls enter a cycle of poverty and ill health.

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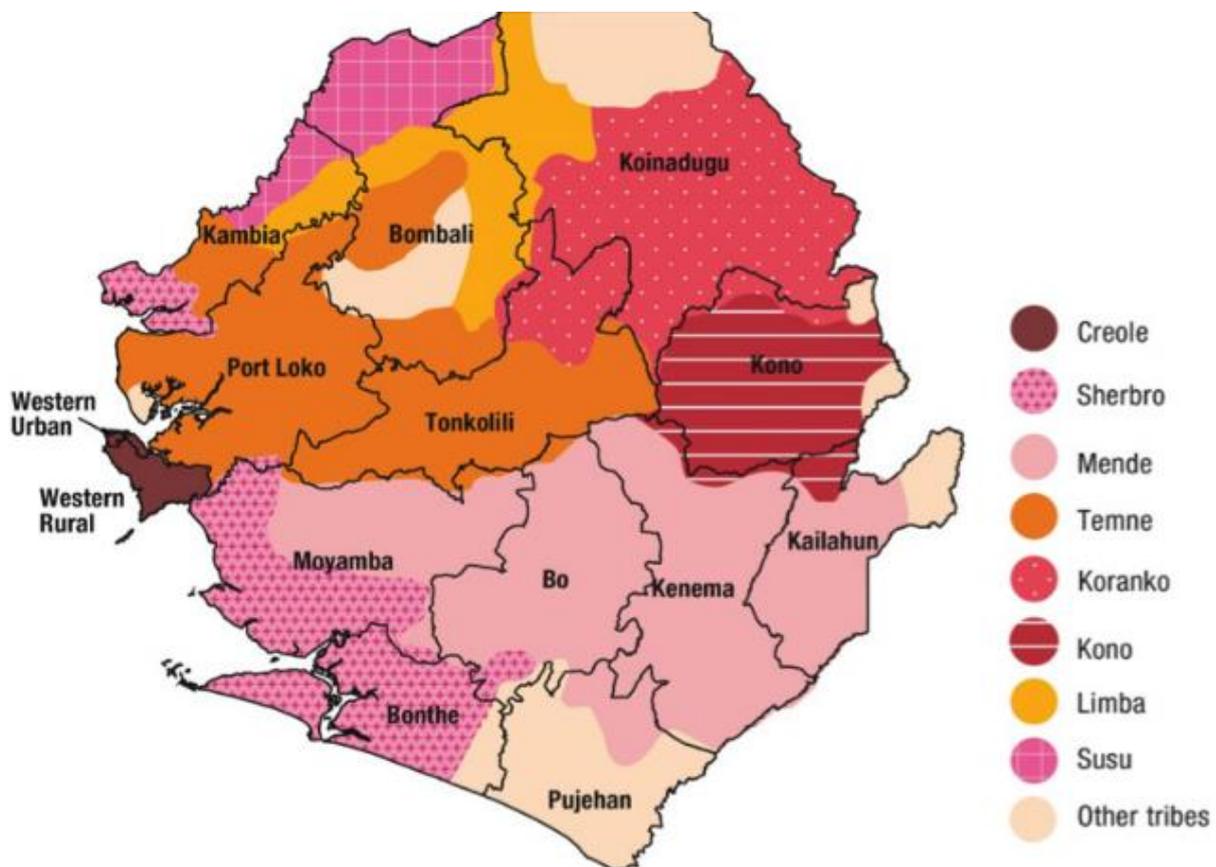
**Unless otherwise stated, all references are from Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]**

- 1 Owolabi Bjälkander, Laurel Bangura, Bailah Leigh, Vanja Berggren, Staffan Bergström, and Lars Almroth (2012) 'Health complications of female genital mutilation in Sierra Leone', *International Journal of Women's Health* 2012(4), pp.321–331. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3410700/>.
- 2 Elizabeth Heger Boyle (2002) *Female Genital Cutting: Cultural Conflict in the Global Community*. Baltimore: Johns Hopkins University Press.
- 3 Olayika Koso-Thomas (1987) *The Circumcision of Women: A Strategy for Eradication*.
- 4 Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]
- 5 Fambul Initiative Network for Equality (FINE) (2013) 'Men taking the lead as fathers and husbands to end Female Genital Mutilation/Cutting', *Mamaye!*
- 6 *Ibid.*
- 7 A. Peterman and K. Johnson (2009) 'Incontinence and trauma: sexual violence, female genital cutting and proxy measures of gynecological fistula', *Social Science & Medicine* 68(5), pp.971–79. Available at <https://www.ncbi.nlm.nih.gov/pubmed/19128867>.

# Anthropological Background

There are at least 17 **ethnic groups** in Sierra Leone. These groups are divided into three categories, according to their languages: Mande, Mel and Others. The Mende, Vai/Gallinas, Kono, Loko, Koranko, Soso, Yalunka and Mandingo belong to the Mande. The Temne, Bullum/Sherbro, Kissi, Gola and Krim form the Mel group. The Others are Limba, Fula, Krio and Kru. The two largest communities are the Mende and Temne, making up 65% of the country's population.

Figure 2 shows the **traditional homeland** of the various ethnic groups in Sierra Leone before the civil war. Due to the displacement of peoples during the years of fighting, the population has become more mixed, with many people living in IDPs. In particular, the Mende now reside in large numbers in the Western Area Urban.<sup>1</sup> Similarly, the ethnic mix in the Kono district and other eastern areas has changed due to diamond mining and other resource-extraction industries that draw in young men as labourers. Employment opportunities like these are rare in Sierra Leone, which has a predominately agricultural economy and a youth unemployment rate of 60%.<sup>2</sup>



**Figure 2: Geographical distribution of ethnic groups in Sierra Leone and the district boundaries in which they live**

The **religious affiliations** of ethnic groups are often reported in terms of Muslim or Christian, but in most groups these beliefs are held alongside traditional beliefs in the supernatural and the power of ancestors' spirits. Many groups believe in witchcraft and supernatural causes for health complaints.

Historically, **tension** has existed between the Mende and Temne. Their vying for political control was a main driver in the civil war (the RUF was led by a Temne). However, the war was not purely ethnic in nature, although the main participants were the Mende and Temne. The main division now within Sierra Leone is the deep rift between the few rich elites and the bulk of religions and tribes.<sup>3</sup>

The most recent figures show that 70% of the population lives below the Government's definition of the poverty line. Agriculture, mainly the subsistence variety, is the principal **economic** activity, accounting for 53% of the GDP on average since 2004 and employing 61% of the active population.

## Ethnic Groups

### *Fula*

The Fula originally arrived in Sierra Leone as traders in gold and slaves in the late 17<sup>th</sup> century. They forged trade routes from their homeland in Guinea down to the coast and Freetown. The Fula are committed Muslims and brought with them Islamic education systems, converting many groups on their travels. The Fula who settled in Freetown are not members of secret societies, viewing them as anti-Islamic, but the Fula who reside in other parts of the country initiate their children into both men's and women's societies.<sup>4</sup> Those Fula who did not settle remained pastoralist herders.<sup>5</sup>

### *Gola*

The Gola or Gula are a tribal people living in western Liberia and southern Sierra Leone. The Gola language is an isolate within the Niger-Congo language family and is now largely replaced by Mende in Sierra Leone.

The name 'Gola' is a possible source for the name of the Gullah, a people of African origin living on the islands and coastal regions of Georgia and South Carolina in the United States, who were originally brought over as slaves from West Africa and prized for their rice-cultivation skills. They continue to farm rice in Sierra Leone as their main livelihood. Many anthropologists believe that the Sande society originated among the Gola people and spread from them to the Mende and Vai. Uniquely, the Gola's Sande mask represents a male spirit.

### *Kissi*

The Kissi traditionally live on the eastern border with Liberia and Guinea. Along with the Gola, they are the oldest inhabitants of Sierra Leone. They report themselves as 75% Christian, 5% Islam and 25% indigenous religions. Traditionally, they believe in a creator god and that ancestors' spirits mediate between the living and this god. Many wear charms against witchcraft and evil spirits.

They live in compact villages that contain no more than 150 people, ruled by a chief and the village elders. Agricultural work is divided equally between the genders; boys tend to the livestock. Men also hunt and fish and women trade in markets, undertake childcare, tend the vegetable garden and fish. Iron workers as well as farmers, they made the Kissi penny, which was, until recently, a widely-used currency in central and western Africa. Initiation into the women's secret society is called *Biriye* and is believed essential for a child to pass through to become an adult.<sup>6</sup>

### ***Kono***

The Kono make up 5% of the population and were originally found in the Kono district of the Eastern Province, but many were displaced during the civil war. Diamond-mining still dominates the area's economy, and the region has undergone a large population influx as young men are drawn to the area for employment.<sup>7</sup> The Kono are part of the larger Mande people group. They originally migrated to Sierra Leone from the Mali Kingdom via Guinea.<sup>8</sup> A part of this original immigrant group continued south and became the Vai ethnic group.

The Kono are matrilineal, and girls are traditionally initiated into the Bundu secret society at puberty. The head of the Bundu society is called a *Soko* priestess and her assistants are *Digbas*. The age of FGM among the Kono is now falling to as young as toddlers (as among other ethnic groups) because mothers do not want their daughters to grow up and refuse the ritual or be displaced by war into non-practising communities. For the Kono, 'A woman is a woman by virtue of being initiated, nothing else.'<sup>9</sup>

### ***Krim/Kim***

The Krim now live in the most inhospitable area of the Southern Province – the coastal mangrove swamps. They are an isolated people of which little is known and they do not seek interaction with other groups. They are surrounded by Sherbro on all sides. Palm wine is still central to their rituals and festivals, unlike many related groups who have been influenced by Islam to not drink alcohol.<sup>11</sup>

### ***Krio (Kriole)***

The Krio make up 2% of the population of Sierra Leone. They are divided into the Muslim Krio, called Oku/Aku Krio, and the Christian Krio and live predominately in the Western Area, particularly Freetown. The population is predominately Christian, at 85%, with Aku Krio making up 15%. The Krio were originally comprised of Africans who had returned from England, ex-slaves from the United States, Maroons from Jamaica and recaptured slaves from along the coast of Africa. Initially they did not form a cohesive group in their new territory, which was bought from the Temnes on the Sierra Leonean peninsula, but kept distinct identities. These boundaries eventually broke down through intermarriage and a single Krio identity was forged.

The majority of the female slaves repatriated to Africa from slavery were from the Yoruba ethnic group, among whom traditionally the men tended the fields and the women were traders. This pattern of labour gave the women a large degree of financial freedom and autonomy. After 1900 many of the trading positions were taken over by European companies, and the Krio turned to medicine and teaching as alternatives.<sup>12</sup>

The Christian Krio are purported to be the only ethnic group not to initiate their daughters into secret societies (although there is some evidence that the Kru and Mandingo do not, either).

### ***Kru***

The Kru are found in Liberia, Côte d'Ivoire and Sierra Leone. It has been claimed that they originally came from Mozambique.<sup>13</sup> They refused to participate in the slave trade and successfully fought off capture as slaves themselves. Traditionally subsistence farmers and hunters, they live in lineage-

defined villages in the coastal areas of their countries.<sup>14</sup> They have expertise as sailors and work now as fishermen or dock workers in Sierra Leone.<sup>15</sup>

Reportedly, the Kru do not initiate their girls into secret societies.<sup>16</sup>

### **DIMISU BIRIYE INITIATION CEREMONY**

*Dimisu Biriye* is the name of Kuranko girls' initiation ceremony into their women's secret society, the *Segere*. It is one of the few traditional, non-Muslim ceremonies they still practise. Though the men have largely embraced Wahabiyya Islam and their secret societies, the *Kome* and *Gbangbe*, are only active once a year, the *Segere* is active year round. During *Segere* activities in the village, uninitiated women and all men go inside, leaving the public spaces open solely to the women. Reports indicate that, traditionally, men had no involvement in the girls' initiation ceremonies, but post-civil war this appears to have changed, and the fathers take active parts in the public dancing and singing. Planning for the ceremonies starts a year in advance, as it is expensive to perform, and requires at least the harvest of one extra rice field to pay the initiators and the musicians and to feed the guests. Kola nuts are sent to relatives to let them know that an initiation is to take place the following year.

There are many ceremonies involved in *Dimisu Biriye*, both private and public. Its function is one of social cohesion and the training of young girls in the art of being a wife and woman in the community. Traditionally it would have led straight on to marriage. The girls' preparations start several months before the ceremonies, learning the required dances and songs. The ceremony itself starts with three days of dancing and singing leading up to the initiates' seclusion in the *biridela* (equivalent of the bondo bush). The first act of this period is FGM (removing the clitoris), performed by *biriyele/nu*. A girl's character and social standing for life is believed to be determined by her behaviour while being cut. To show suffering is a social disgrace. The mothers stay with the girls during their turns, telling them not to be afraid. If the girls are fearless, they receive gifts. Their cut genitals are inspected by the older women, and a girl may need to undergo two or three cuts before they are satisfied.<sup>10</sup>

### ***Kuranko (Koranko/Kouranko)***

The Kuranko live in the mountainous regions of north-eastern Sierra Leone and across the border in southern Guinea. They speak Kuranko, which is similar to and understood by both the Mandingo and Soso, with whom they are allied. They are rice farmers and supplement their diet with fish caught by the women. They also maintain fruit trees and grow corn and pumpkins, along with cotton and indigo to supplement their incomes.<sup>17</sup>

75% of Kuranko are Muslim, 5% Christian and 20% Animists. They traditionally have a belief in witchcraft, which is symbolised by the vulture, bat and black cat, and the existence of quasi-humans called *Nyenne* who affect their lives for the good and bad.<sup>18</sup>

The girls' initiation ceremony at puberty into the *Sageree* women's society is called *Biriye* (see inset box) and is thought to be necessary to transform children, who are seen as incomplete and impure humans, into adults.<sup>19</sup> Traditionally, although this is no longer always the case, the girls go straight from initiation to their marital home. Marriage involves the payment of bride wealth and the future son-in-law working for the bride's father.<sup>20</sup>

### ***Limba (Yimba)***

The Limba make up about 8.5% of the Sierra Leonean population. They are one of the earliest inhabitants of Sierra Leone and, as such, they speak a language largely unrelated to other languages in the area. The majority of Limba live in the Northern Province but are also found in the Southern Province and in both Western Area Rural and Western Area Urban.

Traditionally, the Limba are rice farmers, hunters and traders. Those in the northern region adopted Islam as it fitted easily with their traditional beliefs, allowing both polygamy and sacrifices.<sup>21</sup> The Limba believe in a creator god named Kanu, who ordains all aspects of human activity: conception, birth, death, initiation and farming. Thus, the Limba word *Dina*, which means both culture and religion, exemplifies the notion that there is no line to be drawn between sacred and secular spheres.<sup>22</sup>

They initiate their girls into the Bondo society between the ages of 13 and 16 in the north, but at eight years or younger in Freetown and the Western Area, as they believe it discourages premarital sex.<sup>23</sup>

### ***Loko (Landogo)***

The Loko are traditionally patrilineal, patrilocal and polygamous. They live mainly in the Northern Province and around Freetown and form 2% of the population.<sup>24</sup> They are divided into nine districts ruled by a chief, with each village ruled by a headman answerable to the chief. Their economy is based on agriculture and mining.

They initiate their girls into the Bondo society at any age between infancy and 15 years.<sup>25</sup> In her small-scale study, Koso-Thomas found that 50% of Loko girls and women were cut before they were ten years old. They believe that most humanistic and scientific power is passed down through the secret societies, such as the Kpangbani. Many also believe in witchcraft and wear charms or carry medicine to ward it off.<sup>26</sup>

### ***Mandingo (Mandinka)***

The Mandingo are found in Mauritania, Burkina Faso, Liberia, Niger, The Gambia, Guinea, Mali, Côte d'Ivoire and Senegal. They are part of the Mande, the largest ethno-linguistic group in West Africa, and were originally migrants from the Mali Kingdom in the 13<sup>th</sup> century. They live in all areas of Sierra Leone, but are mainly found in the Eastern and Southern Provinces, in Bombali, Kono and Koinadugu, and form 2% of the population.<sup>27</sup>

They are traditionally agrarian farmers. One-third of the population was taken as slaves to the USA. The group is patriarchal and 99% Muslim. They have Koranic schools, teaching Arabic, and some claim that 50% of the adult population is literate in Arabic. Fanthorpe claims that they strictly adhere to Islamic teaching and therefore, as a rule, do not initiate their children into secret societies.<sup>28</sup>

### ***Mende***

The Mende are predominantly found in the Southern and the Eastern Provinces and are the second-largest ethnic group, making up 30% of the country's population. Some of the major cities with significant Mende populations include Bo, Kenema, Kailahun and Moyamba. They speak the Mende

language, which has become the *lingua franca* among other ethnic groups that live in the south and east and is spoken by around 46% of Sierra Leone's population.

75% are Christians, mainly Catholic, 15% are Muslims and 10% adhere to traditional beliefs.<sup>29</sup> They traditionally held a belief in a creator god, as do most of Sierra Leone's ethnic groups.

Historically, women were not politically subordinate to men. In the pre-colonial era, the Mende had female chiefs and war leaders. One such female chief, Madam Yoko (1849–1906), was the leader of the vast Kpa Mende Confederacy. She was formally recognised by the British as a paramount chief in 1894, ruling an area that was eventually divided into 14 chiefdoms.<sup>30</sup> In West Africa the bearing of children establishes women as strong and active agents in a society.<sup>31</sup>

Sande society is the women's secret society among the Mende. The Sande spirit is viewed as the guardian of women – their protector and guide through life. It is Sande that grants a woman with an identity and a personality. Initiation into Sande for the Mende occurs in the early morning near a flowing stream. The initiates sit in the cool water in the hope of numbing their genitals, to lessen the immediate pain of the cutting. They are cut using either traditional knives or broken bottles; the clitoris is cut off first, then the labia minora are excised. The resulting wound is treated with ash and a compound of local herbs. To drown out the cries of pain, the ceremony is conducted to the sound of loud drumming, singing and shouting.<sup>32</sup> This procedure is seen as necessary to change Mende children, who are considered to be of neutral sex before the procedure, to heterosexual, gendered adults. FGM is also thought to remove the female's residue of maleness.

**Hojo** is the name of the white clay used to adorn initiates after the ceremony. White symbolises cleanliness and the protection of the Sande. Buildings and objects may also be daubed in this clay for the same reasons.

**Majos** are the highest officials of Sande for the Mende, a position that is inherited and for life. They are hierarchically above the Soweis, who are heads of individual Sande camps and responsible for teaching the initiates. They act as a role model for all Mende women. Their duty outside of the bush is to enforce proper social relationships within their communities. Their rulings are binding on men and women alike. They are respected for their access to ancestral spirits and the forces of nature. *Nyaha* is the name for a Sande member, an initiate in training is a *Mbogdoni* and a non-member is a *Kpowa*, which means 'ignorant', 'stupid' or 'retarded'. *Ligbanga* are responsible for the actual cutting of the girls' genitals, and *Klawas* act as counsellors for the initiates in the Sande camps.<sup>33</sup>



**Girls from Kailahun district daubed in Hojo, during the 'wash hands' ritual at the end of the initiation**  
(© NMDHR)

### **Sherbro**

Following the historic Mande invasion from the south and east and their subsequent domination and interaction with indigenous groups, new ethnic groups arose, such as the Sherbro and the Lokoe.<sup>34</sup> The Sherbro, in the north-east, now comprise 3% of the total population and are 99% Christian. They are also known as the Bullom.<sup>35</sup> They make up 45% of the population of Bonthe and are found in the coastal areas of the Mojamba district as well as in the Western Area and Freetown.<sup>36</sup> Pre-colonisation, the Sherbro were a prominent ethnic group. Historically, they employed the Mende to source slaves for sale to traders.

The Sherbo have a Westernised culture similar to the Krio. Girls are traditionally initiated into the Sande society at puberty. It is widely stated that Poro societies started on Sherbro Island in Yoni village and spread to the mainland.<sup>37</sup>

### **Soso (Susu)**

The Soso live in Guinea and Sierra Leone, where they mainly reside in the Kambia district. They are the third-largest ethnic group in Sierra Leone, making up 28% of the population.<sup>38</sup> Their language belongs to the Mande group. The Soso and Yalunka believe they were once one people divided by the Fula invasion in the 17<sup>th</sup> century, and their language is still understandable to each other.

The Soso live in marshy areas and cultivate rice; they are also fishermen and small traders. All members of a household, regardless of age, are expected to provide labour to maintain the family.<sup>39</sup>

The Soso are predominately Muslim and they use the Bondo society to initiate girls into womanhood, believing it confers fertility and instils notions of morality and proper sexual comportment.

### **Temne**

The Temne are currently the largest ethnic group in Sierra Leone, making up 35% of the total population. They are predominantly found in the Northern Province and the Western Area, including Freetown. 90% are Muslim and 10% Christian, although both have incorporated traditional (including supernatural) beliefs into their religious practice. The Temne language, along with the creole Krio, serves as the major trading language and *lingua franca* in northern Sierra Leone, spoken by around 40% of the population.

Temne culture revolves around the paramount chiefs, and the Poro and Bondo societies. The most important Temne rituals focus on the coronation and funerals of paramount chiefs and the initiation of new secret-society members.

The Temne are rice farmers, fishermen and traders. They practise subsistence farming. At times of peak labour input, cooperative work groups are utilised when possible, for hoeing and harvesting. This livelihood is difficult for a single adult, thus making marriage of huge import. In the traditional Temne marriage system, bride-wealth, composed of consumer goods, especially kola nuts, passes from the groom's kin to the bride's and is subsequently distributed more widely. The exchange of bride-wealth and dowry seals the transfer of rights and obligations from the bride's father or guardian; this transfer marks a true marriage. The rights transferred are those with respect to domestic service, labour and the income from that labour, children and sexual services. All

subsequent major decisions are made by the husband. The Temne are closely allied to the Limba, Loko and Kuranko.

### ***Vai***

With a population of approximately 35,000, the Vai people are found in the Southern Province of Sierra Leone, along the Liberian border. The majority of the Vai live in the Pujehun district and are part of the large Mande people group.<sup>40</sup> They originally migrated to Sierra Leone from the Mali Kingdom via Guinea. Part of this migration stopped in the east of the country, becoming the Kono; the rest continued south, becoming the Vai. They are 95% Muslim and 5% Christian, with a long tradition of Koranic schooling in Arabic. Belief in Islam is held alongside beliefs that spirits have the power to bring evil down on individuals or the group.<sup>41</sup>

Girls are initiated into the Sande society around puberty.

### ***Yalunka***

The Yalunka live in large settlements in the Northern Province of Sierra Leone. Originally inhabitants of the Futa Jallon mountainous border region, they were driven out by the Fula in a 17<sup>th</sup>-century Jihad. They are mainly subsistence farmers of rice and millet, but also keep cattle, which are herded by children and are used to pay bride-wealth.

99% of the Yalunka are now Muslims, but they still practise ancestor worship and have a strong belief in the supernatural and the spirit world. They wear charms to enhance personal power and make sacrifices to ward off the effects of evil spirits.<sup>42</sup>

- 1 Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]
- 2 The World Bank (2013) *Sierra Leone*. Available at <http://www.worldbank.org/en/country/sierraleone/overview>.
- 3 Minority Rights Group International (undated) *World Directory of Minority and Indigenous Peoples*.
- 4 Alusine Jalloh (1997) 'The Fula and Islamic Education in Freetown, Sierra Leone', *American Journal of Islamic Social Sciences*, (14) 4.
- 5 Bankole Kamara Taylor (2014) *Sierra Leone: The Land, Its People and History*. New Africa Press.
- 6 *Ibid.*
- 7 Chris Coulter (2005) 'Reflections from the Field: A Girl's Initiation Ceremony in Northern Sierra Leone', *Anthropological Quarterly*, 78(2), pp.431–441. Available at <https://muse.jhu.edu/article/183214>.
- 8 Fumba in Bettina Shell-Duncan and Ylva Hernlund (eds) (2000) 'Chapter 6: Women Without Choices: The Debate Over Medicalization of Female Genital Cutting and Its Impact on a Northern Kenyan Community', *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Reinner Publishers.
- 9 *Ibid.*
- 10 Chris Coulter, *op. cit.*
- 11 Portland State University (undated) *Documenting Krim and Bom*. Available at <https://www.pdx.edu/dkb/welcome-documenting-krim-and-bom>.
- 12 Marilyn French (2008) *From Eve to Dawn, A History of Women in the World*. The Feminist Press at CUNY.
- 13 Limany (2007) *Liberian Mandingo Association. History and Migration of the Krao (Kru) Ethnic Group of Liberia- A Keynote Address*.
- 14 Henry Louis Gates (ed) (2010) *Africana: The Encyclopedia of the African and African-American Experience*. Oxford: Oxford University Press.
- 15 *Ibid.*
- 16 Limany, *op. cit.*
- 17 Bankole Kamara Taylor, *op. cit.*
- 18 *Ibid.*
- 19 *Ibid.*
- 20 Chris Coulter, *op. cit.*
- 21 Minority Rights Group International, *op. cit.*
- 22 Prince Sorie Conteh (2004) *Fundamental concepts of Limba traditional religion and its effects on Limba Christianity and vice versa in Sierra Leone in the past three decades* [thesis]. Pretoria: University of South Africa.
- 23 *Ibid.*
- 24 Central Intelligence Agency (2014) *The World Factbook: Sierra Leone*. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>.
- 25 Olayika Koso-Thomas (1987) *The Circumcision of Women: A Strategy for Eradication*.
- 26 Magbaily C. Fyle (2006) *Historical Dictionary of Sierra Leone (Historical Dictionaries of Africa)*. Scarecrow Press.
- 27 Central Intelligence Agency, *op. cit.*
- 28 Dr. Richard Fanthorpe (2007) *Sierra Leone: The Influence of the Secret Societies, with Special Reference to Female Genital Mutilation*. Available at <http://www.refworld.org/docid/46cee3152.html>.
- 29 Olayika Koso-Thomas, *op. cit.*
- 30 Fima Lifshitz (2009) *An African Journey Through Its Art*. Authorhouse.
- 31 MacCormack in B. Jules-Rosette (ed) (1979) 'Sande: The Public Face of a Secret Society', *The New Religions of Africa*. Norwood: Ablex Publishing Corporation.
- 32 Olayika Koso-Thomas, *op. cit.*
- 33 Chi Mgbako, Meghna Saxena, Anna Cave, Nasim Farjad and Helen Shin (2010) 'Penetrating the Silence in Sierra Leone: A Blueprint for the Eradication of Female Genital Mutilation', *Harvard Human Rights Journal*, Vol. 23. Available at <http://harvardhrj.com/wp-content/uploads/2010/10/111-140.pdf>.
- 34 Magbaily C. Fyle, *op. cit.*
- 35 Bankole Kamara Taylor, *op. cit.*
- 36 *Ibid.*
- 37 Katrina Manson and James Knight (2009) *Sierra Leone (Bradt Travel Guide Sierra Leone)*. Bradt Travel Guides.
- 38 Bankole Kamara Taylor, *op. cit.*
- 39 *Ibid.*
- 40 Bankole Kamara Taylor, *op. cit.*
- 41 *Ibid.*
- 42 *Ibid.*

# Overview of FGM in Sierra Leone

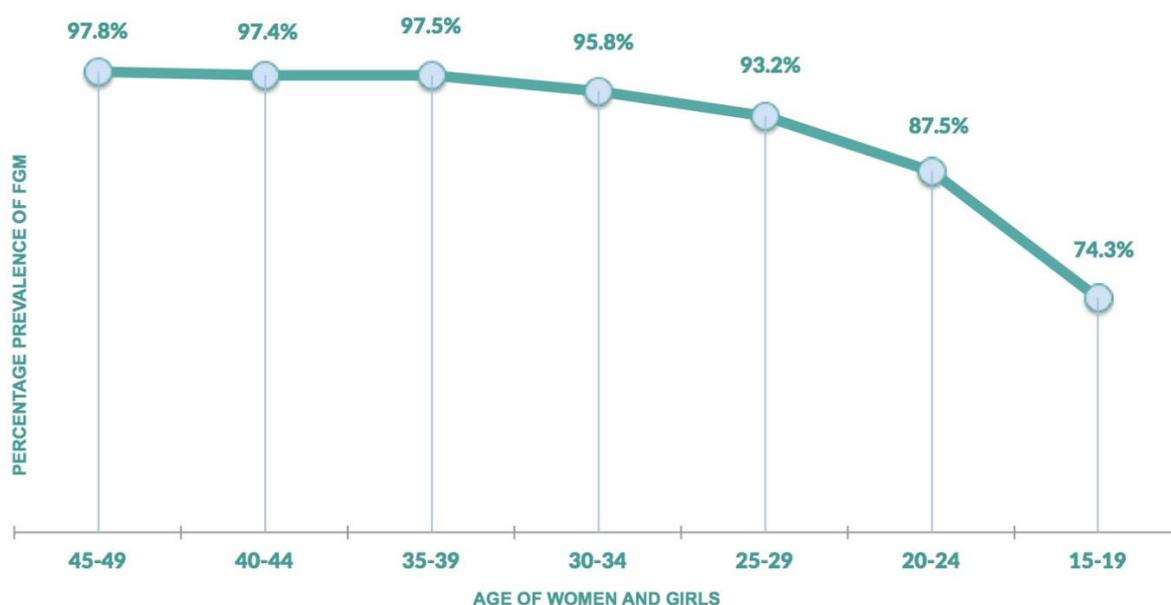
This section gives a broad picture of the state of FGM in Sierra Leone. Other sections of the report give more detailed analyses of FGM prevalence set within their sociological and anthropological framework, as well as efforts at eradication.

## National Statistics Relating to FGM

The **prevalence of FGM in women aged 15–49** is 89.6%.<sup>1</sup> It appears to have decreased slightly from 91.3% in 2008.<sup>2</sup> Sierra Leone is classified as a Group One country, according to the UNICEF classification, with a high prevalence of FGM (Group One countries have a prevalence of more than 80%).<sup>3</sup>

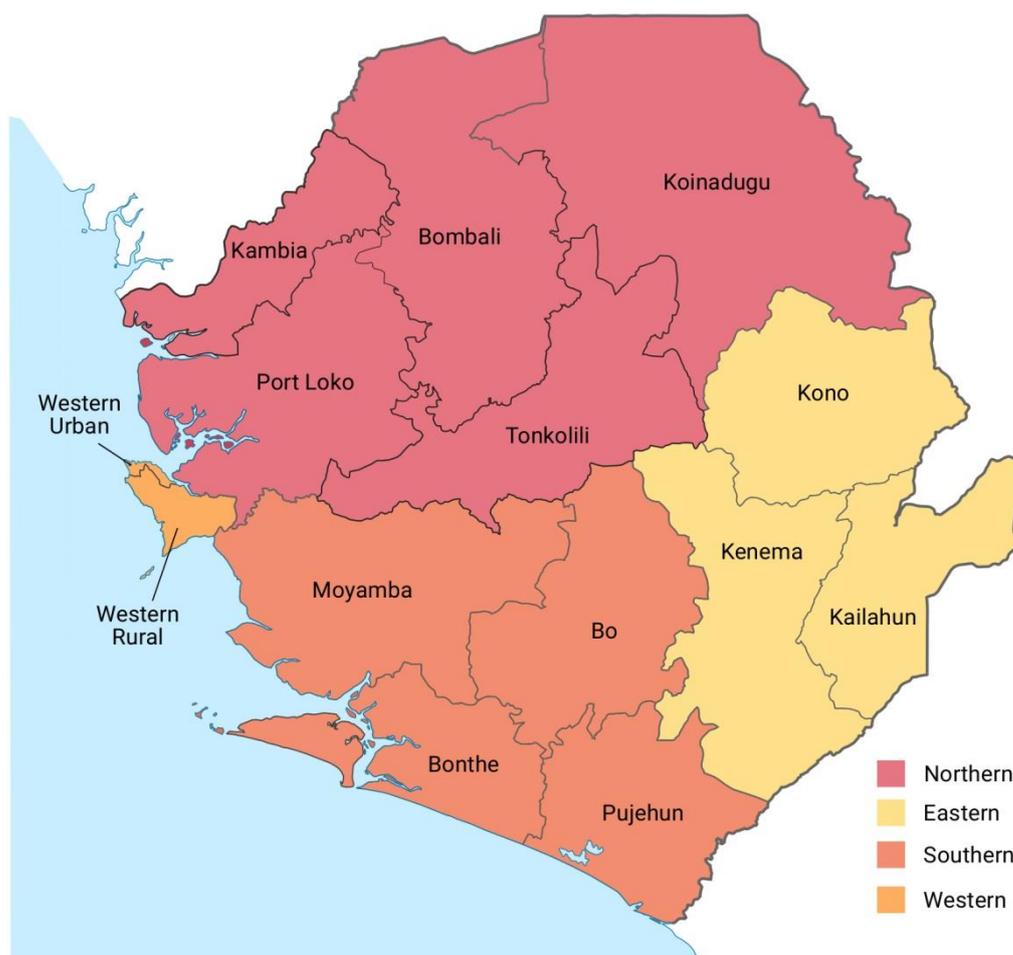
The DHS 2008 reports that 32.5% of women have at least one daughter who has been cut. The MICS 2010 reports that only 10.2% of all daughters have been cut. Note that these figures are not directly comparable, since there are subtle but important differences in the questions asked. What is noticeable is that prevalence appears to be lower in daughters than in women. However, it should be kept in mind that the daughters referred to here span the age-range 0–14 years. Many of the daughters may simply have not yet been cut. Indeed, the DHS 2008 reports that only 8.9% of women did not intend to have their daughters cut, suggesting that the true prevalence may not have dropped as far as these figures suggest at first glance.<sup>4</sup>

Figure 3 shows a clear drop in the prevalence of FGM between the oldest age-group (45–49) and the youngest (15–19), from 97.8% to 74.3%.<sup>5</sup>



*Figure 3: Prevalence of FGM among Sierra Leonean women aged 15–49, according to current age<sup>6</sup>*

## Prevalence of FGM in Sierra Leone by Place of Residence



**Figure 4: Districts and provinces of Sierra Leone**

Among women aged 15–49, there is a difference in the prevalence of FGM between those who reside in urban areas (80.9%) and those who reside in rural areas (94.3%).<sup>7</sup> There are also variations in the prevalence of FGM between Sierra Leone’s districts. As shown in Figure 5, prevalence is highest in the Northern Province and lowest in the Western Area.

## FGM Practices in Sierra Leone

### *Age of Cutting*

The DHS 2008 reports that 85.2% of women’s most-recently-cut daughters were cut by the age of 14. Of these, the largest percentage (31.7%) were cut between the ages of five and nine. This is noticeably higher than the percentage of women aged 15–49 who were cut between the ages of five and nine (13%) and suggests that the age of initiation has lowered.<sup>8</sup> Figure 6 also shows that there is another peak in incidences of FGM during infancy. Therefore, the two times that girls are most at risk of FGM are shortly after birth and between the ages of five and 14.

In contrast, however, the MICS 2010 reports that 9.8% of daughters between the ages of five and nine had been cut and 24% of girls aged 10–14 had been cut.<sup>9</sup> The data on daughters from MICS 2010 and DHS 2008 is not directly comparable, due to differences in the questions asked, so one

should not expect these figures to be identical. In any case, Bosires notes that his informants tailored their responses to NGO discourse and insisted that they never cut girls below the age of 18 (due to concerns regarding legal repercussions).<sup>10</sup> This may also have affected the data on daughters from both datasets, and highlights one of the many challenges with self-reported data on FGM.

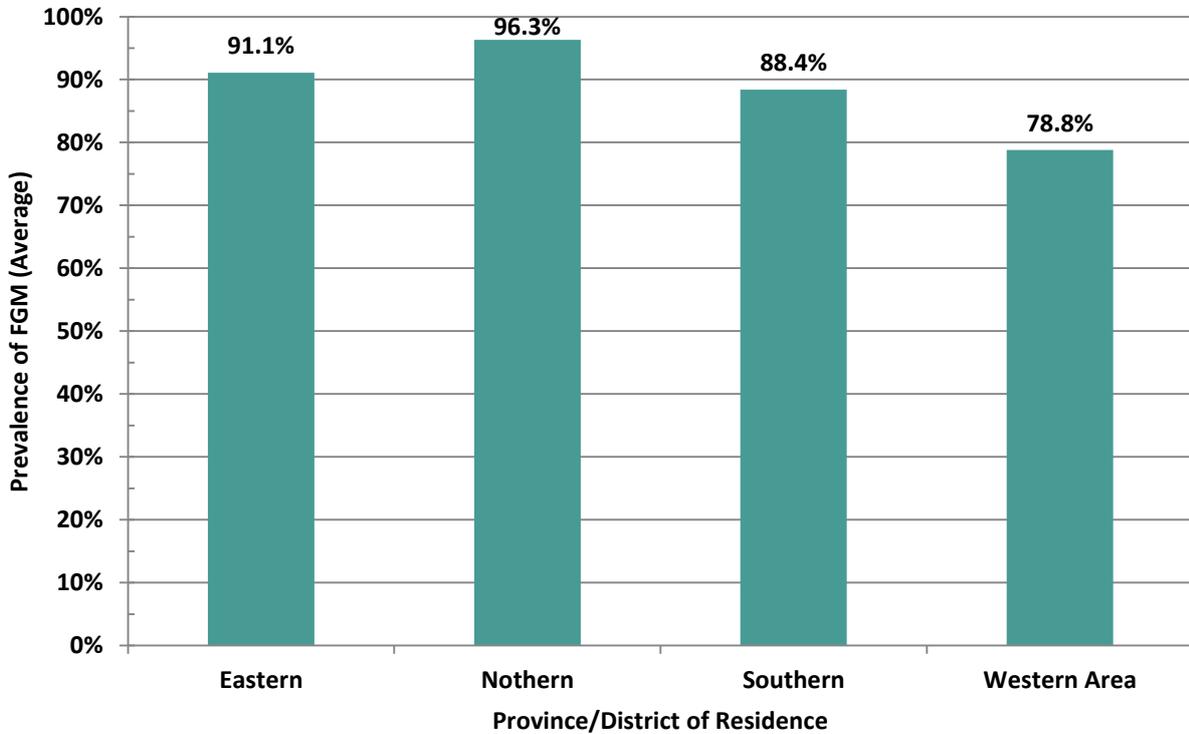


Figure 5: Area-level prevalence of FGM<sup>11</sup>

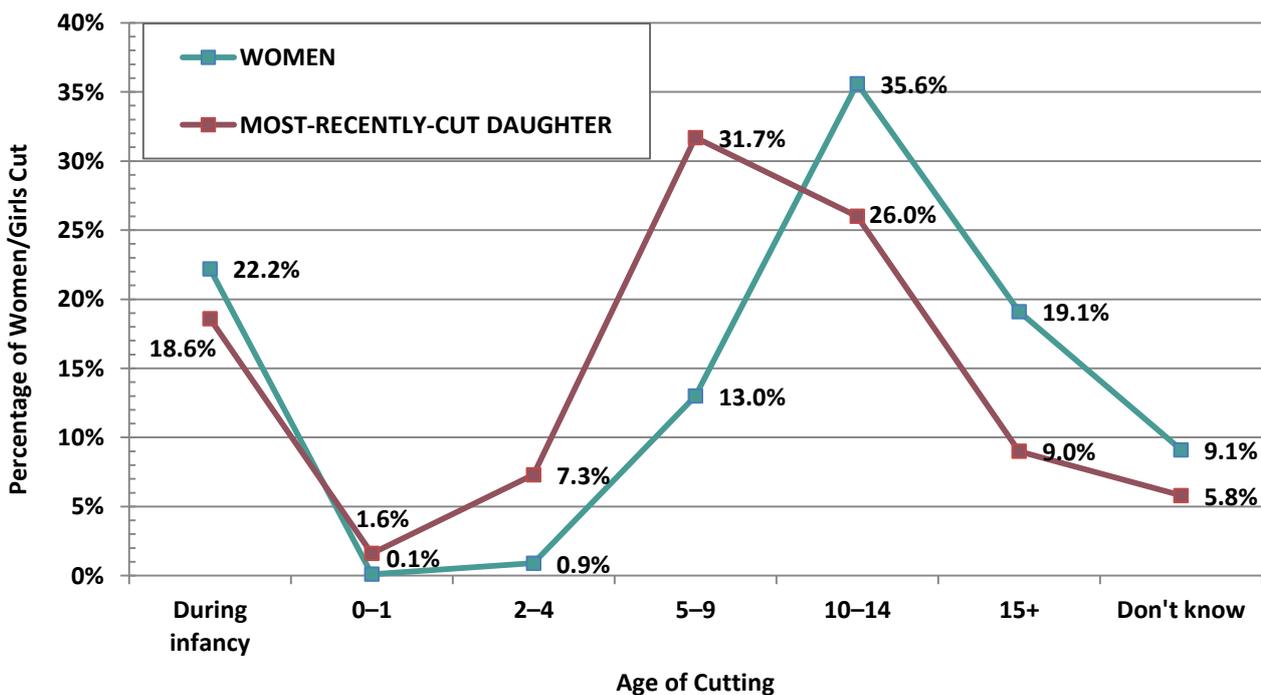
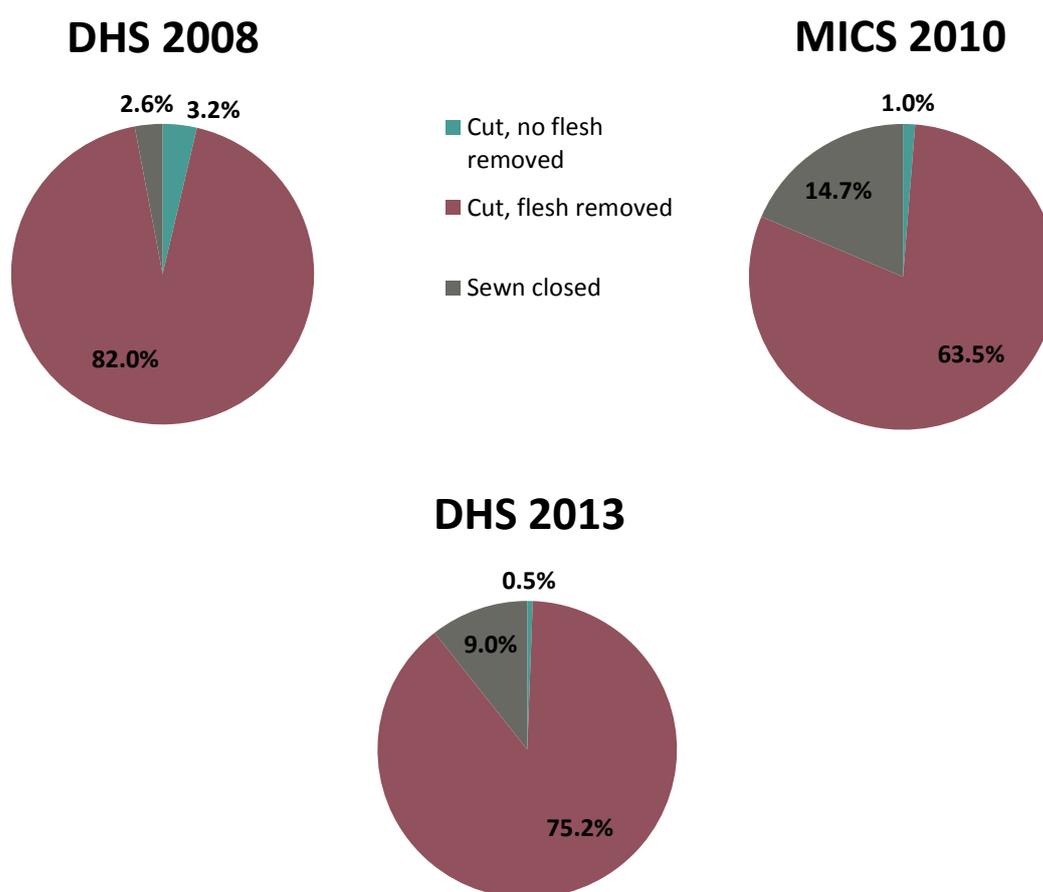


Figure 6: Age of cutting of women aged 15–49, compared with age of cutting of women’s most-recently-cut daughters<sup>12</sup>

### Type of FGM

The DHS and MICS surveys ask women who have been cut questions to ascertain the extent of FGM they have undergone, but the categories used do not neatly match the WHO classifications, and none of the reports are verified by inspection. In all three country-wide surveys, a large majority of women are reportedly cut with flesh removed (excision, or Types I and II).

It is unclear from the three datasets shown in Figure 7 how many women aged 15–49 have had their genitals sewn closed: reports vary from 2.6% (the DHS 2008) to 14.7% (the MICS 2010) and 9% (the DHS 2013).<sup>13</sup>



**Figure 7: Types of FGM and their prevalence in the three national data sets<sup>14</sup>**

Any rise of Type III FGM (as classified by the WHO; i.e. ‘sewn closed’), is alarming, as this is the most invasive and dangerous form of FGM. However, in three small-scale studies reported by Bjälkander *et al* that used genital inspection to verify the extent of the FGM, 99% of respondents identified correctly that they had undergone some form of FGM, but were unable to identify correctly the extent of the cuts. The largest proportion of Sierra Leonean women reported that they had been ‘cut, flesh removed’ in all three national surveys, and Bjälkander found after inspection that these reported cuts accorded with the WHO’s Types Ib and IIc. Two women reported that they were ‘sewn closed’, but in fact they had undergone excision of the clitoris and labia minora. Anecdotal evidence suggests that respondents would assume, from watching the operation being conducted on others in the bondo bush, that the same operation was performed on them. Moreover,

Bjälkander queries whether participants understand the question about being 'sewn closed' and considers that this may be the reason 1% of respondents in her studies reported that they had undergone this type of FGM, when none was evident on inspection.<sup>15</sup>

### ***Practitioners of FGM***

Unlike many countries in Africa, there does not appear to be a trend towards the medicalisation of FGM in Sierra Leone. Traditional practitioners carry out 95.5% of FGM.<sup>16</sup> For more information on Soweï practitioners, see the section on Bondo.

<b>FGM Practitioner</b>	<b>Percentage of Women Aged 15–49 Who Have Been Cut</b>
Medical Personnel	0.3%
Traditional Practitioner (Soweï)	95.5%
Don't Know/Missing	4.2%

***Table 3: Percentage distribution of women who have undergone FGM by type of practitioner, 2008<sup>17</sup>***

1 DHS 2013, p.301.

2 DHS 2008, p.256.

3 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, pp.26–27. Available at [https://www.unicef.org/media/files/UNICEF\\_FGM\\_report\\_July\\_2013\\_Hi\\_res.pdf](https://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf).

4 - DHS 2008, p.261.

- MICS 2010, p.110.

5 DHS 2013, p.301.

6 DHS 2013, p.301.

7 DHS 2013, p.301.

8 DHS 2008, p.257 & 261.

9 MICS 2010, p.110.

10 Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]

11 *Ibid.*

12 DHS 2008, pp.257 & 261.

13 - DHS 2008, p.256.

- MICS 2010, p.109.

- DHS 2013, p.301.

14 *Ibid.*

15 Owolabi Bjälkander, Donald S. Grant, Vanja Berggren, Heli Bathija and Lars Almroth (2013) 'Female Genital Mutilation in Sierra Leone: Forms, Reliability of Reported Status, and Accuracy of Related Demographic and Health Survey Questions', *Obstetrics and Gynecology International*, Vol. 2013. Available at <http://dx.doi.org/10.1155/2013/680926>.

16 DHS 2008, p.258.

17 DHS 2008, p.258.

## Countrywide Taboos and Mores

The countrywide taboos that are of particular importance to this report are those surrounding FGM and the rules of secrecy within women's secret societies. These are discussed in the section on the Bondo society and include society's customs and taboos against non-initiated girls and women.

**Sex and sexual behaviour** are topics not normally discussed publicly. **Domestic violence**, especially spousal rape, is also surrounded by a culture of silence. In 2013, NGOs reported that in many cases women withdrew charges of rape and violence, partly because of social stigma. Wife-beating is prevalent and women suspected of marital infidelity often face abuse. Husbands can claim monetary indemnities from their wives' partners, and this perpetuates beatings. There are also reports that women suspected of infidelity are forced to undergo animalistic rituals to prove their innocence.

In rural areas, the Ministry of Health and Sanitation and NGOs attempt to provide **oral contraceptives**, but these are often refused by parents of sexually active teenagers because of the belief that contraceptives will cause infertility long-term.

**LGBT** persons in Sierra Leone face discrimination. There is an 1861 law prohibiting male-to-male sexual acts, but no prohibitive legislation for female-to-female sex. In 2011 the Government rejected the Working Group recommendation from the UN Human Rights Council that same-sex sexual activity between consenting adults be decriminalised and another recommendation to prohibit discrimination based on sexual orientation and gender identity. Social discrimination against LGBT persons is prevalent. Confidentiality rights for health services are frequently ignored, and therefore many choose not to be tested for STIs, to avoid abuse. Lesbians have also been victims of 'planned rapes', which were efforts to change their sexual orientation.

There are also a number of taboos concerning health. Though Sierra Leone has a Persons with **Disabilities** Act, funding for programmes and rehabilitation centres remains low. Children living with disabilities are less likely to attend school, and persons living with disabilities are more likely to be unemployed and rely on begging. There is significant discrimination against persons with mental-health issues, and the majority remain untreated. **HIV/AIDS** prevalence is low in Sierra Leone. Despite few reports of violence against persons with HIV/AIDS, it is common for families to abandon them. Due to discrimination and stigmatisation, there have been cases of persons living with HIV/AIDS committing suicide. The HIV/AIDS Secretariat, created in 2004, leads efforts to distribute free anti-retroviral drugs and has played a leading role in raising awareness and combating the stigmatisation of HIV/AIDS.<sup>1</sup> There is additionally a taboo against **blood transfusions**, and this is particularly challenging for women in need of blood transfusions during childbirth.<sup>2</sup> **Cancer**, particularly breast cancer, is also taboo. Due to low literacy rates and lack of health knowledge, patients are unaware of the symptoms and complications of cancer and hide tumours from family members.<sup>3</sup>

There are numerous taboos and customs associated with **pregnancy**. Among the Mende, taboos include standing in a doorway, as it is believed that this causes obstructed labour; going halfway on any journey and then returning (also believed to cause prolonged and difficult labour); talking about the unborn child or preparing for the birth (as it is believed that this can attract witches and encourage evil curses).<sup>4</sup> There are also foods that are taboo to consume during pregnancy or lactation, such as chicken and eggs, which are believed to cause dysentery and hiccups in the baby and infertility in the mother, but in reality this restriction causes poor nutrition in mothers.<sup>5</sup>

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Unless otherwise stated, all information is from US Department of State (2013) *Human Rights Report: Sierra Leone*.

- 1 UN Human Rights Committee (2014) *Human Rights Committee consider report of Sierra Leone*. Available at <https://reliefweb.int/report/sierra-leone/human-rights-committee-consider-report-sierra-leone>.
- 2 Victoria Saffa (2013) 'Sierra Leone: Impact of Local Taboos and Beliefs ', *Concord Times*, 31 July. Available at <http://allafrica.com/stories/201308011366.html>.
- 3 *Thomson Reuters Foundation* (2014) [Website]. Available at <http://www.trust.org/trustlaw/news/special-coverage/fgm/>.
- 4 Yvonne Lefèber and H. W. A. Voorhoeve (1998) *Indigenous Customs in Childbirth and Child Care*. Uitgeverij Van Gorcum.
- 5 Corinne A. A. Packer (2002) *Using Human Rights to Change Tradition: Traditional Practices Harmful to Women's Reproductive Health in Sub-Saharan Africa*. Intersentia.

# Sociological Background

## Role of Women

Sierra Leone was ranked 66 out of 86 in the 2012 **OECD Social Institutions and Gender Index (SIGI)**. Although still very low, it has risen from 100 out of 102 in the 2009 SIGI.<sup>1</sup>

In a patriarchal society with few employment opportunities, the **main roles for women** are viewed to be wives and mothers. Under civil law, girls must be 18 to legally marry and forced marriage is prohibited.<sup>2</sup> However, the National Statistical Office of Sierra Leone showed that, in 2004, 34.1% of girls aged 15–19 were married, divorced or widowed.<sup>3</sup> Women in Sierra Leone do marry young: the DHS 2013 records that one in six women aged 20–49 were married by the time they were 15.<sup>4</sup> The **median age at first marriage** for women aged 20–49 is 18.2. The median age of first marriage is slightly higher for those aged 20–24, at 19.4. Moreover, the median age of marriage for women is significantly less than that of men, who marry on average seven years later than women.<sup>5</sup> Early marriage is often linked to Bondo society initiation and cultural expectations.

The patriarchal structure of society in Sierra Leone is reflected strongly in the marriage statistics: 34.8% of women who are currently married report that they are in polygamous unions.<sup>6</sup> The percentage of women in polygamous unions is higher for those who live in rural areas than for those who live in urban areas (39.4% to 22.3% respectively). **Polygamy** is prohibited under Sierra Leone’s Civil Code, punishable by up to eight years in prison, but is accepted in both Sharia (Islamic) and customary law.

The Domestic Violence Act, the Registration of Customary Marriages and Divorces Act and the Devolution of Estates Act (*The Three Gender Bills*) were enacted in 2007. The **Domestic Violence Act** was legislated to make domestic violence a criminal offence. Under this Act, rape is punishable by 14 years in prison, but not spousal rape, and rape continues to be a ‘societal norm’.<sup>7</sup> Domestic violence is rarely reported or is ignored by the authorities. Administrative inefficiencies and corruption mean that many rape cases are settled out of court or do not reach the trial stage.<sup>8</sup> However, the creation of Family Support Units has resulted in an increase in the number of rape cases reported, specifically those involving children.<sup>9</sup>

Women often appear to resign themselves to abuse. **Wife-beating** is accepted by a significant proportion of Sierra Leonean women aged 15–49 (62.8%). 47.6% think it is acceptable for a man to beat his wife in domestic arguments, 62.9% think that going out without telling their husbands justifies being beaten, and 25.8% believe that if a wife refuses to have sexual intercourse with her husband, her husband is justified in beating or hitting her.<sup>10</sup>

The position of women in **Sierra Leonean law** varies depending upon the ethnic group to which they belong, though they are routinely viewed as inferior to men. Under customary law (i.e. traditional or common social practices), the status of an adult woman is equal to that of a minor.<sup>11</sup> There is, furthermore, a lack of training for customary judges, meaning that most of the time judges are unaware of formal law or choose to ignore it.<sup>12</sup> The Registration of Customary Marriage and

Divorce Act requires the registration of marriages performed under customary law, the consent of both parties, and that both parties be over the age of 18.<sup>13</sup>

The Devolution of Estates Act states that men and women have the same **inheritance rights** in the event of the death of a spouse or a parent, regardless of religious or ethnic identity.<sup>14</sup>

Only 8.1% of the married women (aged 15–49) interviewed in the DHS 2013 make **independent decisions** about their healthcare, while 44.9% state that their husbands decide for them. Similarly, 42.1% of married women who have cash earnings, compared with 59.9% of married men, report that they are solely responsible for deciding how their wages are spent.<sup>15</sup>



*International Women's Day, March 2014  
(© Mark Collins)*

- 1 Social Institutions and Gender Index (2012) *Sierra Leone*. Available at <https://www.genderindex.org/country/sierra-leone/>.
- 2 *Ibid.*
- 3 *Ibid.*
- 4 DHS 2013, p.56.
- 5 DHS 2013, p.57.
- 6 DHS 2013, p.55.
- 7 Social Institutions and Gender Index, *op. cit.*
- 8 US Department of State (2012) *Human Rights Report: Sierra Leone*. Available at <https://www.state.gov/documents/organization/204375.pdf>.
- 9 Social Institutions and Gender Index, *op. cit.*
- 10 DHS 2013, p.258.
- 11 US Department of State, *op. cit.*
- 12 *Ibid.*
- 13 Social Institutions and Gender Index, *op. cit.*
- 14 *Ibid.*
- 15 DHS 2013, pp.249–250.

# Healthcare System

Healthcare is provided by the Government, private agencies and NGOs, and most care is charged for in Sierra Leone. Each of the 13 administrative districts has its own health sector.

**The Ministry of Health and Sanitation** is responsible for organising healthcare and increasing its coverage. It also monitors and trains healers, who administer traditional medicine, which is widely used.

Due to the civil war's extensive destruction of **infrastructure**, the country still lacks healthcare facilities, but these are being gradually reconstructed. Each district manages approximately 50 peripheral health units and staff, which deliver primary healthcare. Under this care, there are Community Health Centres, Community Health Posts for hospital referrals and Maternal and Child Health posts for first contact.

Sierra Leone has some of the poorest **health indicators** in the world: a life expectancy of 57.39 years, an infant mortality rate of 73.29 deaths per 1,000 live births, and a maternal mortality ratio of 890 per 100,000 births.<sup>1</sup>

On average, Sierra Leone has a health-facility density of 2.2 per 10,000 people. **Problems the Ministry of Health and Sanitation reports facing** include a lack of a basic infrastructure, water supply, basic equipment, safety equipment such as eye protection, diagnostic equipment and medications.<sup>2</sup> There is also a shortage of healthcare professionals: in 2008 the primary healthcare worker density was only 3.9 per 1,000 people and three doctors for every 100,000 people (the WHO's minimum recommendation is 228 per 100,000).<sup>3</sup> There are 111 midwives to cover the whole population (including nurse-midwives), meaning one midwife per 1,000 live births.<sup>4</sup> Staffing shortages in hospitals range from 40% to 100%. The majority of healthcare providers in rural areas are health aids, who outnumber state-enrolled community-health nurses by around 6.5 to one.<sup>5</sup>

**The National Health Sector Strategic Plan for 2010–15** (2009) is focused on improving healthcare for vulnerable groups, including mothers, children and the poor, and aims to reduce infant and maternal mortality rates, reduce preventable deaths in children and tackle poverty related to ill health. The plan aims to strengthen six 'pillars' of the healthcare system: leadership and governance; service delivery; human resources for health; medical products and technologies; healthcare financing; and health-information systems.

In 2010 the **Free Medical Insurance system (Free Healthcare Initiative)** was launched for pregnant and breast-feeding women and children under five. This scheme is funded mainly by the UK and the United Nations. Since this reform, three times as many babies are delivered in hospitals, three times as many children are receiving malaria treatment and fatality rates for malaria have drastically fallen, by around 90%.<sup>6</sup>

Despite these promising outcomes, **maternal care** remains inconsistent and of poor quality. Corruption in the medical supply system and insufficient management means that drugs are not properly stocked and many patients are forced to pay for medication.<sup>7</sup>

## Health and the MDGs

### *Goal 4: Reduce Child Mortality*

This goal is to reduce the under-five mortality rate by two-thirds between 1990 and 2015. The goal might be met with 'scaled and sustained efforts', as the rate continues to decrease. According to the DHS 2013, the under-five mortality rate in Sierra Leone over the five years prior to 2013 was 156 deaths per 1,000 live births.<sup>8</sup>

### *Goal 5: Improve Maternal Health*

This MDG is to reduce maternal mortality by three-quarters between 1990 and 2015 and achieve universal access to reproductive healthcare. In addition to the immediate health consequences of FGM, the practice is also associated with an increased risk of childbirth complications. This goal might be met with 'scaled and sustained efforts' as, with the introduction of the Free Health Care Initiative, maternal mortality rates continue to decline and the rate of professionally-attended births continues to increase. However, it was noted in *The Lancet* that Sierra Leone may not achieve MDGs 4 or 5 if some of its cultural norms, such as birth spacing of less than a year and teenage pregnancy, do not change. Girls between 12 and 18 years make up a large proportion of maternal morbidity and death.<sup>9</sup>

### *Goal 6: Combat HIV/AIDS, Malaria and Other Diseases*

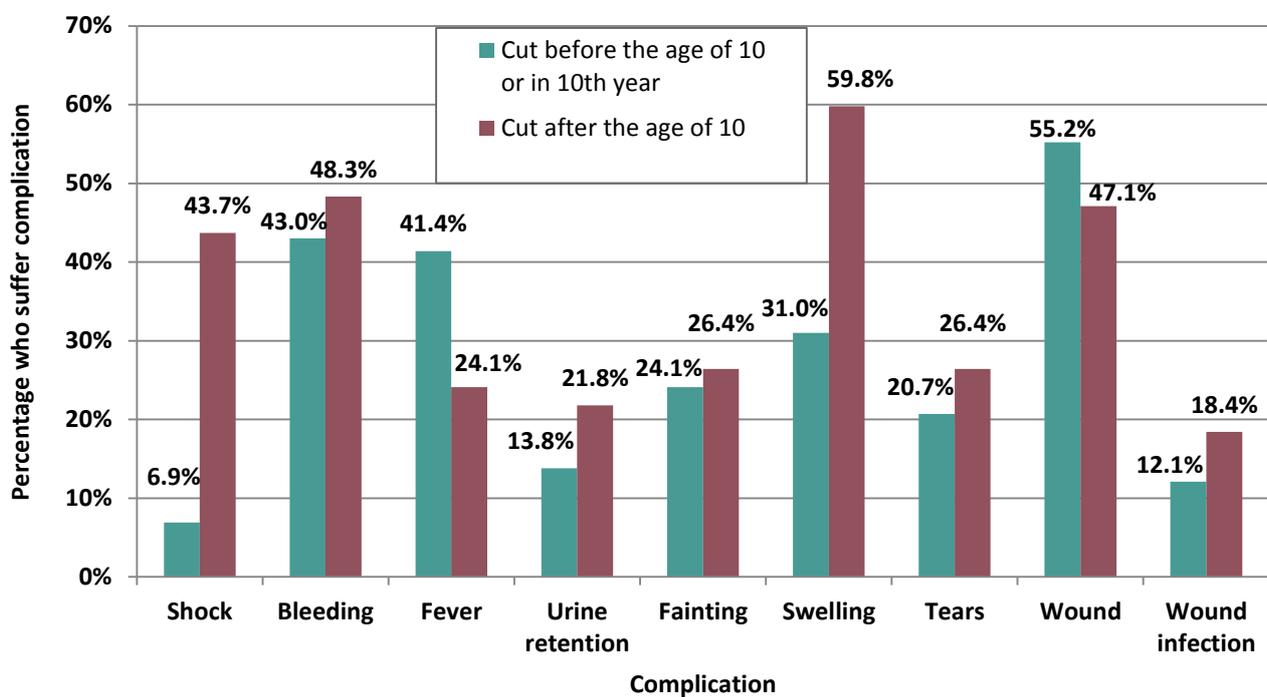
This goal is to have halted and begun reversing the spread of HIV/AIDS by 2015 and to have achieved universal access to HIV/AIDS treatment by 2010. It also includes halting and reversing the incidence of malaria and other major diseases by 2015. This goal is likely to be met, according to the Government. However, CSOs consider that the goals related to HIV/AIDS are likely to be met, but not the ones related to other major diseases like malaria and tuberculosis. By June 2012, 97% of all health facilities could test patients for malaria, 50% for HIV, and just 13% for tuberculosis, in a country with one of the world's highest rates of the pulmonary disease.<sup>10</sup> Although the correlation between HIV/AIDS and FGM is not as direct as some research has previously claimed, there are a number of potential sources of HIV/AIDS transmission associated with FGM and its consequences. However, as the rate of HIV/AIDS is low in Sierra Leone, at 1.5%, its relationship to FGM is not significant and will not be discussed in this report.

## Women's Health and Infant Mortality

### *Women's Health*

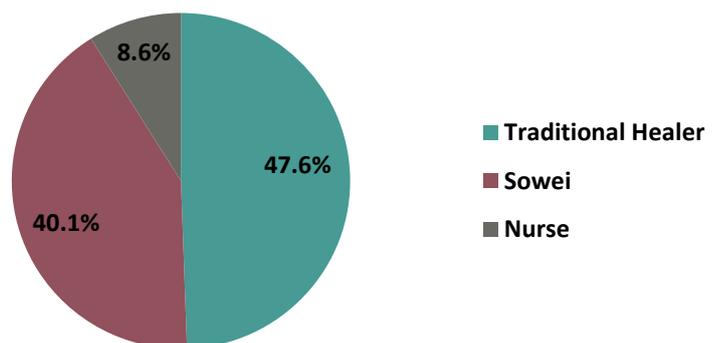
Sierra Leone has high rates of **teenage pregnancy**: 27.9% of teenagers aged 15–19 have begun childbearing (34.2% in rural areas). 78.3% of young women aged 15–19 use no form of contraception.<sup>11</sup> In poverty-stricken areas, many girls' only real option for survival is to rely on sexual relationships with older men who provide them with food and shelter, but often abandon them once they become pregnant.<sup>12</sup> Prostitution and rape are also common causes of teen pregnancy; despite the passing of the Child Rights Act, men are able to buy sex from underage girls without consequence.

In countries with almost universal FGM prevalence, the **complications** that arise directly from FGM either in women's general health or during childbirth are often not recognised by health workers or sufferers as being related to FGM. Bjälkander *et al*<sup>13</sup> found that the majority of women and girls who undergo FGM in Sierra Leone suffer adverse health effects, yet many do not seek professional help for these problems. 85.8% who suffered health complications due to FGM sought treatment, but only a minority accessed professional healthcare. The report emphasises the need for healthcare professionals to understand, look for and recognise symptoms of FGM-related health complications and to encourage women to seek appropriate medical care. The most commonly reported complications in girls with FGM (Figure 8) were wounds, swelling and bleeding, and the report highlights the increased likelihood of fever following FGM in under tens (41.4%) compared to girls over ten (24.1%) – probably caused by worse, though not more frequent, infections.



**Figure 8: Most commonly reported complications of FGM in girls who have been cut<sup>14</sup>**

The age at which a respondent was cut is a factor in their choice of **treatment for complications**. Those who have undergone FGM before the age of ten are more likely to be treated by a Soweï (52.9%) and those who have undergone FGM after the age of ten are more likely to be treated by a traditional healer (53.1%). A Soweï may also have had some training as a traditional birth attendant or may be a traditional healer as part of the Soweï role.



**Figure 9: Who treats the immediate complications of FGM<sup>15</sup>**

### **Reproductive Healthcare**

97.1% of women receive **antenatal care** from a health professional; this has risen from 86.9% as reported in the DHS 2008.<sup>16</sup> Moreover, 76% of women who have had a live birth in the five years prior to the DHS 2013 survey made the 4+ **antenatal visits** recommended by the WHO, 54.4% **gave birth in a health facility** and 72.7% received **postnatal care** from health personnel within the first two days after delivery.<sup>17</sup>

The fertility rate in Sierra Leone is 4.83 births per woman<sup>18</sup> and the vast majority of married women (83.4%) use no methods of **family planning**, whereas 56.3% of unmarried women use a modern method of family planning, most commonly injectables.<sup>19</sup>

**Haemorrhage** is a known birth complication for women who have had FGM of all types, due to the inelasticity of the scar tissue, which leads to tearing during delivery and potentially excessive loss of blood. 26% of maternal deaths in sub-Saharan Africa are due to haemorrhage; even births conducted in a health facility may not receive proper treatment as there is a shortage of donated blood throughout Sierra Leone, meaning transfusion is uncommon. In general, Sierra Leone has only 25% of the blood donated that is required in a year<sup>20</sup> and only five hospitals have functioning blood banks, according to the Government – three in the Western Area and one each in Bo and Kenema.<sup>21</sup>

A multi-country modelling study was set up to estimate the **increased costs** in obstetric care due to obstetric complications as a result of FGM. The annual cost was estimated to be US\$3.7 million and ranged from 0.1% to 1% of government spending on health for women aged 15–45 years.<sup>22</sup>

It is estimated that around two million women and girls across Asia and sub-Saharan Africa are affected by **fistula**, a condition caused by long and obstructed labour. Prolonged pressure from the baby getting stuck in the birth canal damages the tissues between the vagina and the urethra and/or the rectum, resulting in incontinence. Prolonged and obstructed labour is more common in young mothers, due to underdevelopment, and 80% of those affected by fistula are under the age of 15. As well as being physically devastating, fistula is a socially crippling illness; sufferers are mocked and ostracised due to the smell and leakage. Fistula can often be successfully treated by surgery, but there is currently only one fistula repair clinic in Sierra Leone and it is not treating at full capacity. Women who are affected are often either too embarrassed to seek help or are unaware of the help available. Most of the patients are in their teens, but the facility has treated children as young as eight. The majority of patients have also undergone FGM prior to giving birth.

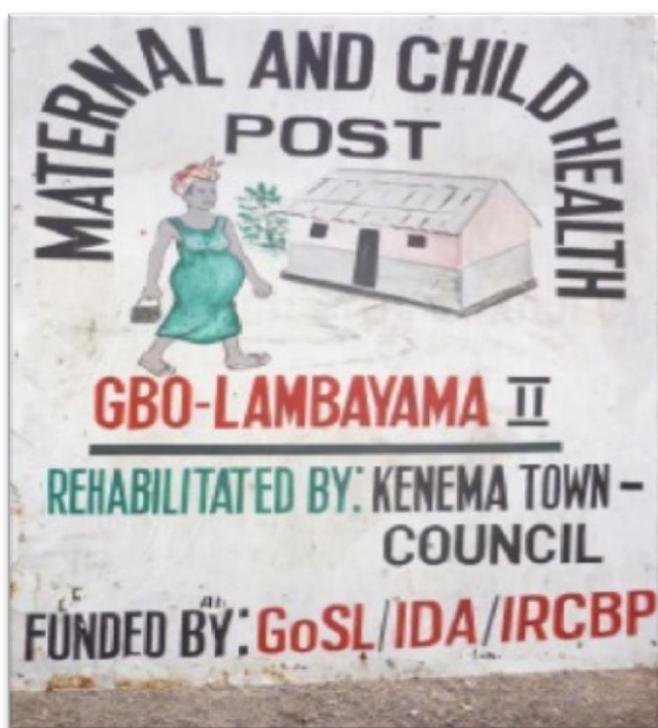
#### **FREEDOM FROM FISTULA**

Freedom From Fistula's work in Sierra Leone is based in the Aberdeen Women's Centre in Freetown. Capable of treating up to 600 fistula patients every year, this facility is the only comprehensive fistula repair centre in Sierra Leone. Over 100 babies are delivered every month in its maternity unit, which focuses on providing high standards of maternal healthcare and training local midwives to prevent obstetric fistula. The centre also runs a children's clinic, treating 12,000 children every year, provides primary care to children aged under 12, and partners with the telecommunications company Airtel to run a free hotline for women suffering from fistula.

### *Place of Delivery*

Overall, 54.4% of babies are delivered in a healthcare facility. Whether or not a birth takes place in a health facility depends on the mother's demographic status: younger women, richer women and more educated women are more likely to give birth in a healthcare facility. Urban births are more likely to be in healthcare facilities (68.1%) than rural births (49.7%), and the figures vary widely across provinces: Eastern – 72.8%, Northern – 37.1%, Southern – 60.4% and Western Area – 60.7%.<sup>23</sup>

Prior to the introduction of the Free Healthcare Initiative, traditional birth attendants (TBAs) benefited from the business of childbirth, either in the form of money from women who have home births, or through a share of the user fees women used to pay to give birth in health centres. Now that women are no longer required to pay to give birth in healthcare facilities, TBAs are losing a vital source of income. This has led to a reluctance among them to bring women in to deliver in health centres. Health Poverty Action warns that the Government needs to give TBAs training and incentives to take on non-delivery roles in order to ensure they break down barriers to women accessing professional delivery assistance, especially in rural areas.<sup>24</sup>



*Signage for a maternal and child healthcare centre  
(© Wallstalking.org)*

### *Infant Mortality*

Currently, the infant mortality rate in Sierra Leone is 73.29 per 1,000 births<sup>25</sup>, and there has been a definite downward trend. The DHS 2013 reports that infant mortality decreased from 152 deaths per 1,000 births (1999–2003 survey) to 127 (2004–2008 survey) to 92 (2009–2013 survey).<sup>26</sup>

The WHO demonstrated that death rates of new-born babies are higher among mothers who have had FGM. There was an increased need to resuscitate babies whose mothers had had FGM (66% higher in women with Type III). The death rate among babies during and immediately after birth was also much higher for those born to mothers with FGM: 15% higher in those with Type I; 32% higher in those with Type II; and 55% higher in those with Type III. The study estimated that FGM leads to an extra one to two perinatal deaths per 100 deliveries.<sup>27</sup>

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- 2 Ministry of Health and Sanitation (2011) *Global Health Initiative Strategy for Sierra Leone*. Freetown: US Embassy.
- 3 James MacKinnon and Barbara MacLaren (2012) *Human Resources for Health Challenges in Fragile States: Evidence from Sierra Leone, South Sudan and Zimbabwe*. The North-South Institute. Available at <http://www.nsi-ins.ca/wp-content/uploads/2012/11/2012-Human-Resources-for-Health-Challenges-in-Fragile-States.pdf>.
- 4 UNFPA (2011) *The State of the World's Midwifery*. Available at <https://www.unfpa.org/sowmy>.
- 5 James MacKinnon and Barbara MacLaren, *op. cit.*
- 6 Aubrey Wade/Oxfam (2011) 'Sierra Leone: 1st anniversary of the free healthcare system', *Oxfam*. Available at <https://www.oxfam.org/en/multimedia/photos/sierra-leone-1st-anniversary-free-healthcare-system>.
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- 9 Amy Maxmen (2013) *Sierra Leone's Free Health-Care Initiative: Work in Progress*. *The Lancet* 381(9862), pp. 191–92. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60074-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60074-4/fulltext).
- 10 *Ibid.*
- 11 DHS 2013, p.74 & 86.
- 12 Government of Sierra Leone (2012) *National HIV Prevention Strategy 2011–15*.
- 13 Owolabi Bjälkander, Laurel Bangura, Bailah Leigh, Vanja Berggren, Staffan Bergström, and Lars Almroth (2012) 'Health complications of female genital mutilation in Sierra Leone', *International Journal of Women's Health* 2012(4), pp.321–331. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3410700/>.
- 14 *Ibid.*
- 15 *Ibid.*
- 16 - DHS 2008, p.116.  
- DHS 2013, p.110.
- 17 DHS 2013, pp.109–119.
- 18 Central Intelligence Agency, *op. cit.*
- 19 DHS 2013, p.86.
- 20 Lisa O'Carroll (2013) 'Sierra Leone demands improvements in maternal health', *The Guardian*, 12 July. Available at <https://www.theguardian.com/global-development/2013/jul/12/sierra-leone-maternal-health>.
- 21 Government of Sierra Leone, *op. cit.*
- 22 World Health Organization (2011) *An Update on WHO's Work on Female Genital Mutilation*. Available at [http://www.who.int/reproductivehealth/publications/fgm/rhr\\_11\\_18/en/](http://www.who.int/reproductivehealth/publications/fgm/rhr_11_18/en/).
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- 24 Health Poverty Action (2012) *Sierra Leone's Healthcare Initiative*. Available at <https://www.healthpovertyaction.org/wp-content/uploads/downloads/2012/07/SierraLeoneFHIbriefingweb12.pdf>.
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- 27 World Health Organization study group on female genital mutilation and obstetric outcome, E. Banks, O. Meirik, T. Farley, O. Akande, H. Bathija and M. Ali (2006) 'Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries', *The Lancet* 367(9525), pp.1835–41.

# Education

*‘The net impact of education on human development is noteworthy. Many fertility, maternal and child-health indicators improve with education: the average age at first childbirth rises, women have fewer children and the probability of at least one of a woman’s children dying drops. Gains are greater in urban areas, regardless of the availability of local health services. The probability of poverty also drops considerably.’<sup>1</sup>*

Education is compulsory in Sierra Leone for all children for six years at primary level and three years at the junior-secondary level. Following the introduction of the Education Act 2004, there are no **school fees** for primary children and no junior-secondary school (JSS) fees for girls in the Northern and Eastern Provinces. Although tuition is free, other related costs such as textbooks, uniforms and transport may be difficult to meet and are factors in attendance rates.

Region	Pre-Primary	Primary	Junior-Secondary School	Senior-Secondary School	Total Number of Schools	Percentage of all Schools
Eastern	8	100	11	3	1,652	22%
Northern	4	100	14	2	2,682	35%
Southern	7	100	12	3	1,828	24%
Western	41	100	30	10	1,509	20%
National	11	100	15	4	7,671	
National percentage distribution	8%	77%	12%	3%		

**Table 4: Ratio of schools by region for every 100 primary schools, plus total number of schools in each area<sup>2</sup>**

Optional senior-secondary school (SSS) or vocational training lasts for three years, and this is followed by tertiary education (university).

The civil war resulted in the destruction of 1,270 primary schools<sup>3</sup>, but this situation has improved significantly in recent years. Nationally, for every 100 primary schools there are approximately 11 pre-primary, 15 JSS and four SSS facilities, as Table 4 shows. These ratios are universally low, but are highest in the Western Area.

The table also highlights the problem that not all who enter primary level proceed to subsequent levels. This has serious implications, given that formal basic education covers primary, junior-secondary and, lately, pre-primary schooling. This province-level data, however, masks a worse situation at the council and chiefdom levels, at which there are wider variations. Freetown Council

has 14% of all schools – more than the six-lowest councils combined. In addition, nationally, out of 149 chiefdoms, 85 have no pre-primary schools, 15 have no junior secondary and 100 chiefdoms have no senior-secondary schools.<sup>4</sup>

Given the above information, **school-attendance levels** become clearer. The DHS 2013 reports that the net attendance ratio (NAR) for primary school is 71.2%, which is an improvement from 61.7% in 2008. However, the NAR for secondary school drops to 40% (although this is still an increase from 27.9% in 2008).<sup>5</sup>

The MICS 2010 notes that, interestingly, school attendance is higher among child labourers than among non-labourers, and therefore ‘it is difficult to argue that **child labour** has a dramatically negative effect on school attendance in Sierra Leone.’<sup>6</sup> According to the DHS 2013, 37.4% of children aged 5–14 are engaged in child labour. The more affluent Western Area, which includes the capital Freetown, has markedly lower levels of child labour than the more impoverished areas. 19.8% of children in the Western Area are involved in child labour compared to 48.5% in the Eastern Province, 38% in the Northern Province, and 35.7% in the Southern Province.<sup>7</sup>

Adult **literacy** in Sierra Leone (over age 15) remains low, at 43.3% (males at 54.7% and females at 32.6%).<sup>8</sup> UNICEF reports literacy levels among young men (aged 15–24) at 72% and young women at 54%.<sup>9</sup> Literacy rates are highest in the west of the country and in urban areas.

## Education and the MDGs

### ***Goal 1: Eradicate Extreme Poverty and Hunger***

Sierra Leone is listed by the Food and Agriculture Organization as one of the countries most impacted by food insecurity.<sup>10</sup> The World Food Programme and the UN support the Government in its ‘Agenda for Prosperity’, which focuses on agricultural and infrastructural development. Education (particularly primary education) for rural populations is a key factor in fighting food insecurity.<sup>11</sup> The return of displaced rural populations since 2002 has accelerated agricultural recovery.

Challenges Sierra Leone still faces in relation to food security are unemployment, low labour productivity, a lack of irrigation, overharvesting, and poor infrastructure and access to food markets.<sup>12</sup> The Government of Sierra Leone has assessed that it will not meet this MDG. A civil-society assessment has calculated that, in order to meet this target by 2015, annual growth rates of over 10% would be needed (they are currently around 5%).<sup>13</sup>

### ***Goal 2: Achieve Universal Primary Education***

The aim of this MDG is to provide universal primary education. The target is to ensure that by 2015 all boys and girls complete a full course of primary schooling. This is relevant in the context of FGM as the chances of girls undergoing FGM are reduced if they complete their schooling. This goal is unlikely to be met by 2015.

In 2012, 2.9% of the GDP was spent on education.<sup>14</sup>

### **Goal 3: Promote Gender Equality and Empower Women**

The aim of this MDG is to eliminate all gender disparity in primary and secondary education by no later than 2015. This is highly relevant, given that FGM is a manifestation of deeply entrenched gender inequality and constitutes an extreme form of discrimination against women. Moreover, there is a correlation between the level of a woman's education and her attitude towards FGM.

The **Gender Parity Index** shows the ratio of female-to-male gross attendance ratios. In Sierra Leone's schools, gender parity has been achieved in primary school (actually in favour of girls at 1.06), but falls to 0.85 in secondary school. The highest level of gender disparity in primary schools is in the Western Area Rural (0.94) and in secondary schools is in the Koinadugu district (0.64).<sup>15</sup>



*School children in a project school run by MEA, whose motto is 'trading FGM for education' (© MEA)*

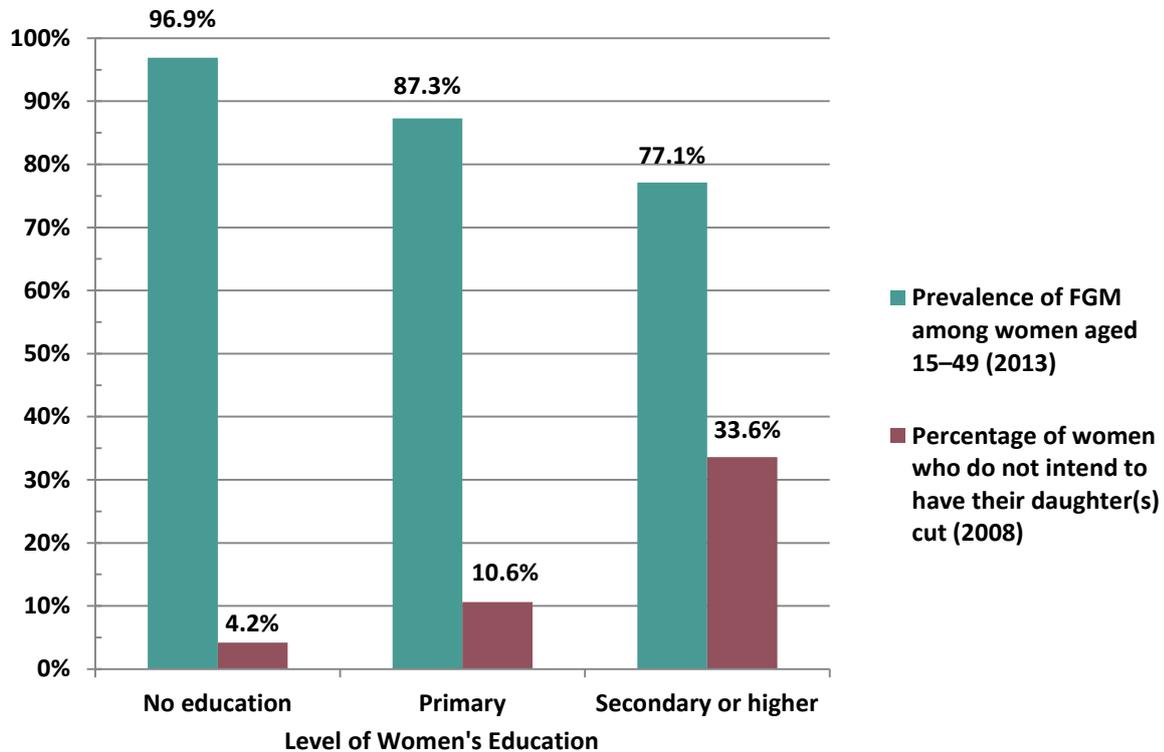
## **Education and FGM**

It has been shown in some studies that 'increases in women's educational attainment alone did not change attitudes and practices'; rather, education acted as a "mediating variable through which other processes, such as the diffusion of new information, operate."<sup>16</sup> Education's effects may not be immediate or direct, but it is believed to be the best long-term intervention to address FGM. With education, girls are better able to resist family and peer pressure and engage with information about the harm of FGM and their rights.<sup>17</sup>

Generally, girls' education is supported in Sierra Leone and universal education for girls remains a long-term goal. UNICEF found that parents and elders believe a daughter's education to be more valuable than a son's because a daughter will later support the parents, whereas a son will support his own family once married.<sup>18</sup> Interviews with Mende girls concerning their opinions on whether girls and boys should attend school were also conducted. The schoolgirls' responses were positive, claiming that education can help reduce their village's poverty, and that women can gain independence, resulting in 'mutual respect in society'.<sup>19</sup>

Nevertheless, drop-out rates remain high for girls reaching puberty.<sup>20</sup> This is because initiation to Bondo society often occurs at puberty. This is then linked to early marriage and pregnancy. Families face the dilemma of following the tradition of girls marrying young and therefore needing to be initiated before they are considered marriageable.

The prevalence of FGM and the desire to continue the practice decrease in accordance with the levels of mothers' educations, as shown in Figure 10.



*Figure 10: Prevalence of FGM among women aged 15–49, according to their level of education (2013), and percentage of mothers who do not intend to have their daughter(s) undergo FGM, according to the mother's level of education (2008 – data not available for 2013)<sup>21</sup>*

The effectiveness of the strategy to keep girls in education to prevent early initiation is challenged by the lack of provision of schools past primary level. For every 100 primary schools, there are only 15 JSSs and four SSSs. There is also a discrepancy of school provision between rural and urban areas.

To encourage girls to continue their educations, the Government offers to pay for up to three years of JSS fees for girls, but parents must pay these fees themselves and then seek reimbursement from the Government, which can involve significant delay. UNICEF found that Bondo **initiation costs** are significantly higher than education costs in any given year. However, a comparison is difficult since education continues for a longer period.<sup>22</sup>

A Wesleyan minister in Makeni conducted an exercise with fathers wherein they calculated the financial costs of initiation versus school fees to demonstrate that the former was more expensive.

Mende girls in Kailahun who were interviewed felt that families preferred to spend money on initiation, but the girls felt that initiation had 'no achievements', unlike school. Kono girls in Koidu said that the ceremony cost their families a lot of money because they had to pay the chiefs, the 'Mammy Queens' and the *barigba* (cutters). Furthermore, Limba girls from Yagala expressed the view that initiation was a waste of money, believing that the money spent on the ceremony is spent on others, not themselves.<sup>23</sup>

- 1 Government of Sierra Leone – Ministry of Education Science and Technology (2013) *Sierra Leone – Education Country Status Report: An analysis for further improving the quality, equity and efficiency of the education system in Sierra Leone*, p.XXXII. Available at <http://unesdoc.unesco.org/images/0022/002260/226039e.pdf>.
- 2 *Ibid.*
- 3 US Department of Labor – Bureau of International Labor Affairs (2002) *Child and Forced Labor Reports: Sierra Leone*. Available at <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/sierra-leone>.
- 4 Government of Sierra Leone – Ministry of Education Science and Technology, *op. cit.*
- 5 - DHS 2008, p.22.  
- DHS 2013, p.26.
- 6 MICS 2010, p.xvii.
- 7 DHS 2013, pp.30–31.
- 8 Central Intelligence Agency (2014) *The World Factbook: Sierra Leone*. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>.
- 9 UNICEF (2014) *The State of the World's Children Report 2015: Statistical Tables*.
- 10 Food and Agriculture Organization of The United States (undated) *Sierra Leone*. Available at <http://www.fao.org/countryprofiles/index/en/?iso3=SLE>.
- 11 Francesco Burchi Pasquale De Muro (2008) *Education for Rural People: A Neglected Key to Food Security*. Rome: Dipartimento di Economia, Università degli Studi Roma Tre. Available at <http://host.uniroma3.it/dipartimenti/economia/pdf/wp78.pdf>.
- 12 World Food Programme (2014) *Sierra Leone*. Available at <http://www1.wfp.org/countries/sierra-leone>.
- 13 Commonwealth Foundation (2013) *A civil society review of progress towards the Millennium Development Goals in Commonwealth countries*. National Report: Sierra Leone.
- 14 Central Intelligence Agency, *op. cit.*
- 15 DHS 2013, p.26.
- 16 UNICEF (2008) *Patterns of Female Genital Cutting in Sierra Leone: A Preliminary Study*, p.30. Available at [https://www.unicef.org/wcaro/wcaro\\_SL\\_fgm\\_May\\_2008.pdf](https://www.unicef.org/wcaro/wcaro_SL_fgm_May_2008.pdf).
- 17 *Ibid.*
- 18 *Ibid.*, p.24.
- 19 *Ibid.*, p.27.
- 20 Commonwealth Foundation, *op. cit.*
- 21 - DHS 2008, p.259.  
- DHS 2013, p.301.
- 22 UNICEF (2008), p.27.
- 23 *Ibid.*

# Religion

The Inter-Religious Council (*IRC*) of Sierra Leone estimates that 77% of the population is Muslim, 21% Christian and 2% other faiths.<sup>1</sup> These figures differ from the commonly cited ones of 60% Muslim, 10% Christian and 30% traditional beliefs.<sup>2</sup> The IRC was formed in 1997 and includes the following members: the Supreme Islamic Council, the Sierra Leone Muslim Congress, the Federation of Muslim Women Associations in Sierra Leone, the Council of Imams, and the Sierra Leone Islamic Missionary Union. Christian members include the Roman Catholic Church, the Pentecostal Churches Council and the Council of Churches in Sierra Leone (an umbrella for 18 Protestant denominations).

Sierra Leone has never experienced **religious conflict**. While some groups have attempted to foster animosity toward opposing faiths, these are minority groups and they have generally been unsuccessful. The turmoil of the civil war displaced many Sierra Leoneans, blurring not only regional divides, but also the divide between Islam and Christianity. The lack of religious conflict in Sierra Leone can also be put down to the Constitution of 1991, which provides for freedom of religion enforced by the Government. Governmental ceremonies are opened by both Christian and Islamic prayers.

While **Christianity** arrived in Sierra Leone as early as 1462 through Catholic Portuguese expansion, the spread of its influence is minimal. Protestantism arrived later, in the 18<sup>th</sup> century, through missionary expeditions. Christianity is most successful in the urban areas of Sierra Leone, where traditional African influence is weaker and educational and medical facilities are better received. Creole (Krio) settlers also make up a large proportion of the Christian following in Sierra Leone, and they are dominated by the Anglican and Methodist churches.

Establishing itself between the 13<sup>th</sup> and the 17<sup>th</sup> centuries, and arriving in another wave in the 19<sup>th</sup> century, **Islam** has become the fastest-growing religion in Sierra Leone since the Second World War. Strong and widespread Islamic political and social networks have helped to consolidate the faith in the country. Sierra Leonean Muslims are mainly Sunni. Muslims in Sierra Leone recognise four stages of life: birth, puberty, marriage and death. In particular, puberty rites are extremely important, marking the stage from childhood to adulthood. Generally speaking, Muslims in Sierra Leone are socially conservative and choose to send daughters to traditional Sande or Bondo (Bundu) camps to be taught housekeeping and child-raising. The majority of domestic affairs, which includes issues related to women and children, are administered under customary law. Sharia (Islamic) law in certain areas governs some domestic issues.

**Traditional** African religious practices are popular throughout Sierra Leone, with up to 30% of Sierra Leoneans identifying themselves with the faith, and many Christians and Muslims engaging with traditional forms of religion alongside their own faiths. Stronger in villages and rural areas, where the influence of Christianity and Islam may not be so widespread, African traditional religions have existed in the area as far back as 200 C.E. Membership to traditional religions is through kinship groups that include the unborn, the living and the dead. Traditionalists believe that birth, puberty, marriage and death link the unborn to their ancestors. Rituals and rites conducted by the Poro and Bondo secret societies, such as sacrifice and initiation, call on the ancestral spirits for protection from evil and for their assistance. Traditionalists also believe in witches, good and evil, and wear

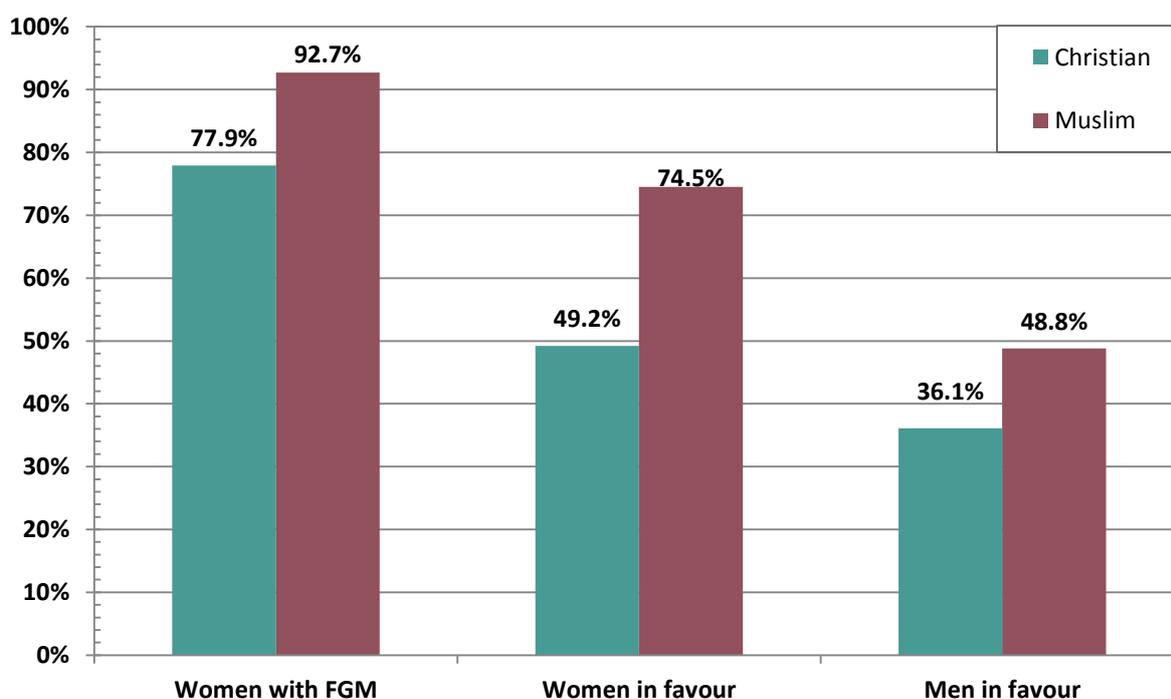
charms, amulets and medicines for protection. Belief in totemic power is also prevalent in traditional religion: animals and plants that are identified as being an individual's totems are prohibited from consumption and are believed to have a mystical and sacred relationship with an ethnic group, providing them with assistance.<sup>3</sup>

## Religion and FGM

FGM predates the major religions and is not exclusive to one religious group. FGM has been justified under Islam, yet many Muslims do not practise FGM and many agree it is not in the Koran. Within Christianity, the Bible does not mention FGM, meaning that Christians in Sierra Leone who practise FGM may do so because of cultural custom or misunderstanding.

The DHS 2013 reveals that 34.9% of Christian women and 61.1% of Muslim women aged 15–49 believe that FGM is required by their religion, as do 33.3% of Christian men and 50.3% of Muslim men in the same age range.<sup>4</sup>

Figure 11 shows, according to religious affiliation, the level of support by both women and men for continuing the practice of FGM, compared to the prevalence of FGM in women within those religions. The percentage of women who support the continuation of FGM is markedly lower than the FGM prevalence among both Muslim and Christian women, suggesting that attitudes have changed over time. In the Christian community, 77.9% of women have been cut, but only 49.2% support the practice. In the Muslim community, 92.7% of women have been cut, but only 74.5% of women and 48.8% of men support the practice. Christian and Muslim men are significantly less in favour of continuing FGM than women of the same religion.<sup>5</sup>



**Figure 11: Prevalence of FGM in Sierra Leonean women aged 15–49, and percentages of Sierra Leoneans in favour of the continuation of FGM, according to their religion<sup>6</sup>**

The UNICEF report in 2006 found that the majority of **religious leaders** (including Muslims and several denominations of Christians) tolerate and participate in **Poro and Bondo**. Many are proud of their exclusive society membership and claim that membership gives them authority, to the extent that some clergy are initiated to accomplish their religious work.<sup>7</sup>

In contrast, **Pentecostal** churches are growing in popularity and influence in Sierra Leone, and they strongly oppose congregants' participation in the societies. They equate the practices of Bondo society to devil worship and witchcraft.<sup>8</sup> To set an example, some ministers have 'resigned' or otherwise distanced themselves from the societies and encourage their congregants to follow suit.

Similarly, some members of the missionary **Pakistani Ahmadiyya Muslim sect** (whose adherents believe that their founder, Mirza Ghulam Ahmad, is the promised Messiah) have adopted militantly anti-Christian and anti-Traditionalist attitudes. They have publicly declared their intention to rid West African Islam of its indigenous beliefs, including FGM.<sup>9</sup>

Many **faith-based organisations (FBOs)** are involved in the eradication of FGM. In 2006, Target sponsored a conference between Muslim scholars from many nations; they deemed FGM to be against the Islamic faith as a harmful attack on women.<sup>10</sup>

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1 US Department of State (2012) *2011 Report on International Religious Freedom: Sierra Leone*. Available at <https://www.state.gov/j/drl/rls/irf/2011/af/192755.htm>.

2 Central Intelligence Agency (2014) *The World Factbook: Sierra Leone*. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>.

3 Unless otherwise stated, all references in this subject from Groelsema in Thomas Riggs (ed) . (2005) *Worldmark Encyclopedia of Religious Practices*, Vol. 3. Gale.

4 DHS 2013, p.303.

5 DHS 2013, pp.301 & 305.

6 *Ibid.*

7 UNICEF (2008) *Patterns of Female Genital Cutting in Sierra Leone: A Preliminary Study*. Available at [https://www.unicef.org/wcaro/wcaro\\_SL\\_fgm\\_May\\_2008.pdf](https://www.unicef.org/wcaro/wcaro_SL_fgm_May_2008.pdf).

8 *Ibid.*

9 Groelsema in Thomas Riggs, *op. cit.*

10 Target (2006) *Annual Report*. Available at <http://www.target-nehberg.de/>.

# Media

## Press Freedom

The Constitution guarantees **freedom of speech and press**, and this is generally effective. International media can operate freely after registering for a license. There is no government restriction on access to the internet.

Government officials sometimes have used criminal libel provisions of the Public Order Act on anti-corruption and anti-government matters.<sup>1</sup> In 2013 there were two reporters arrested on charges of sedition and libel for criticising the president.<sup>2</sup> Afri Radio (a popular music station) had its license revoked by the Independent Media Commission (IMC) in April 2013, in response to high-level official pressure. This has resulted in the Government reviewing media laws and the licensing of foreign entities.<sup>3</sup> Newspapers are mainly independent and routinely criticise the Government, but are subject to increasing official investigation.<sup>4</sup>

There are currently 58 newspapers registered with the IMC, 72 radio stations and 10 television stations.<sup>5</sup> The main newspapers in Sierra Leone are:

- *Awareness Times*
- *Awoko*
- *Cocorioko* (online)
- *Peep*
- *Sierra Herald*
- *Sierra Leone Daily Mail*
- *Sierra Leone Telegraph*

## Access to Media

Following the civil war, Sierra Leoneans' access to media outlets remains infrequent, with the exception of radio. The majority of Sierra Leoneans do not have access to television, mobile telephones or the internet.

Regular **mobile-phone usage** was reported as being at its highest in the Western Area and Southern Province, by 50% of the population in the Southern Province and 62% in the Western Area.<sup>6</sup> In 2012 UNICEF reported an average of 36.1 mobile-phone users per 100 people.<sup>7</sup> **Computers** are virtually unavailable to all Sierra Leoneans. In 2012 the International Telecommunication Union reported that less than 1% of citizens used the internet.<sup>8</sup>

The reading of **newspapers** is infrequent in Sierra Leone, which is to be expected given the low levels of literacy. Less than 5% of women and 12% of men aged 15–49 who live in the Northern, Eastern and Southern Provinces read a newspaper at least once a week. Those who live in the Western Area and/or have higher levels of education are more likely to read a newspaper at least once a week.<sup>9</sup>

A regional divide is again reflected in the statistics concerning access to **television**. Among women aged 15–49, 33.1% of those who live in urban areas watch television at least once a week, compared to 3.1% of those who live in rural areas. The divide is similar among men. Less than 10%

of men and women aged 15–49 who live in the Eastern, Northern and Southern Provinces watch television at least once a week, whereas in the Western Area, 44.7% of women and 49.7% of men do. Again, Sierra Leoneans who are more highly educated are more likely to watch television.<sup>10</sup>

The most popular and easy-to-access form of media for Sierra Leoneans is **radio**. 51.9% of women and 67.6% of men aged 15–49 who live in urban areas listen to the radio at least once per week, as do 33.1% of women and 46% of men who live in rural areas.<sup>11</sup> The UN Radio Network and the Sierra Leone Broadcasting Service radio stations have the highest levels of listenership both nationally and provincially.

In a questionnaire on media and information communication, the largest proportion of respondents chose radio as their most important source of information.<sup>12</sup> People who live in affluent areas in the Western Area rely more exclusively on the radio for information (77% of respondents), compared to 57% in the Eastern Province, 44% in the Northern Province and 52% in the Southern Province. In the less-developed provinces, 4–9% of respondents rely on town criers and 4–13% on community leaders as their sources of information. Respondents in the Northern Province rely more on religious leaders (6%), and Eastern Province residents receive limited amounts of information from seminars and workshops (5%). Regarding health information, Western Area citizens depend heavily on radio (59%). Only 20% of people in the Southern Province use the radio for health information, preferring to follow advice provided by doctors and health centre workers. In the Eastern and Northern Provinces, respondents say that health centres are only half as important as the radio. Northern Province respondents also rely to some extent on their neighbours/friends and traditional healers (9% and 6% respectively).

Medium	Female	Male
Newspaper	6.5%	14.2%
Television	13.8%	17.5%
Radio	39.8%	54.2%
All three	3.5%	8.5%
None	56.2%	42.7%

**Table 5: Percentages of Sierra Leonean men and women aged 15–49 who access various forms of media at least once per week<sup>13</sup>**

1 US Department of State (2013) *Human Rights Report: Sierra Leone*.  
 2 Committee to Protect Journalists (2013) *Sierra Leone/Africa*. Available at <https://cpj.org/africa/sierra-leone/>.  
 3 US Department of State, *op. cit.*  
 4 *Ibid.*  
 5 US Department of State (2012) *Human Rights Report: Sierra Leone*. Available at <https://www.state.gov/documents/organization/204375.pdf>.  
 6 Audiencescape (2008) [website no longer available].  
 7 UNICEF (2012) *At a glance: Sierra Leone*. Available at [https://www.unicef.org/infobycountry/sierraleone\\_statistics.html](https://www.unicef.org/infobycountry/sierraleone_statistics.html).  
 8 US Department of State, *op. cit.*  
 9 DHS 2013, pp.40–41.  
 10 *Ibid.*  
 11 *Ibid.*  
 12 *Ibid.*  
 13 DHS 2013, pp.40–41.

# Attitudes and Knowledge Relating to FGM

**Knowledge of FGM** is near universal in Sierra Leone: 99.8% of women and 98.6% of men aged 15–49 have heard of the practice.<sup>1</sup>

Sierra Leonean Zainab Bangura, UN Special Representative on Sexual Violence in Conflict, states that the traditional values symbolised by FGM still have a powerful hold over the population, whose lives have been decimated by the recent civil war.

With the end of the civil war in 2002, there was a massive influx of **international non-governmental organisations (INGOs)** to the country, working in all areas of civil society. Many of these INGOs introduced sensitisation discussions about health, education and FGM and lent support to local initiatives aimed at eradicating HTPs. The secrecy around FGM was thereby breached, and community programmes were instigated to raise awareness about the physical and psychological consequences of FGM.

In the intervening years, support has fallen for FGM, and some young girls and women are expressing the view that they no longer see the need for **initiation**. A report commissioned by UNICEF quoted Mende school girls in an urban area as saying, 'It is expensive and a waste of money.'<sup>2</sup>

On the other hand, girls interviewed by the INGO FORWARD in 2011 felt that FGM was important and gave girls advantages in the community. Some felt under pressure to be initiated to avoid discrimination. However, other girls said that access to modern media had given them more knowledge about FGM and they were beginning to question the practice. The cost of initiation was also raised as a concern.<sup>3</sup>

The majority of women (69.2%) believe that FGM should be continued, as do almost half (46.3%) of men. **Support for FGM** varies across demographics such as wealth, religion and level of education. Christians are more in favour of stopping FGM than Muslims. Support for its continuation is weaker among the wealthier and more highly educated. There is notably less support for FGM among women in the Western Area than those in other provinces (see Figure 13), although this is not the case for men.

It is interesting to note that, in most demographic groups, a smaller percentage of men than of women are in favour of FGM continuing.<sup>4</sup>

Figure 12 clearly shows a difference in attitudes about FGM depending on women's ages: older women are more in favour of the practice (80.8%) than younger women (58.6%).

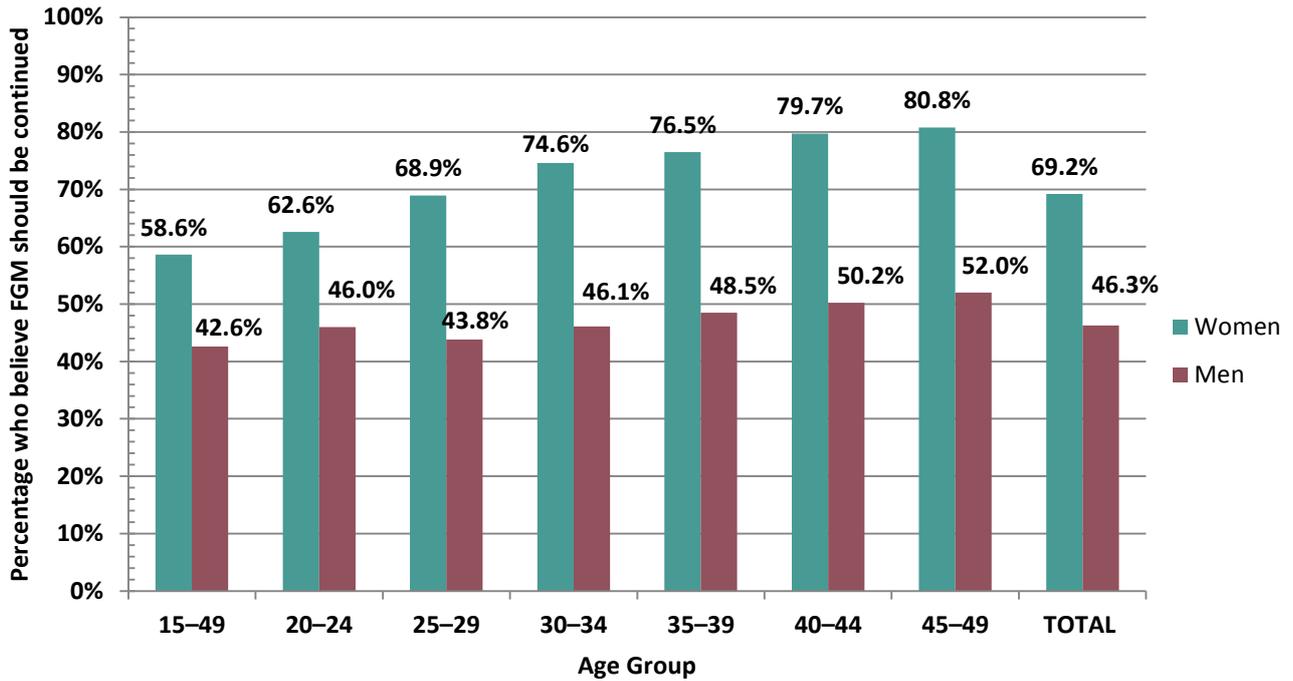


Figure 12: Percentages of Sierra Leonean women and men aged 15-49 who believe that FGM should be continued, according to age<sup>5</sup>

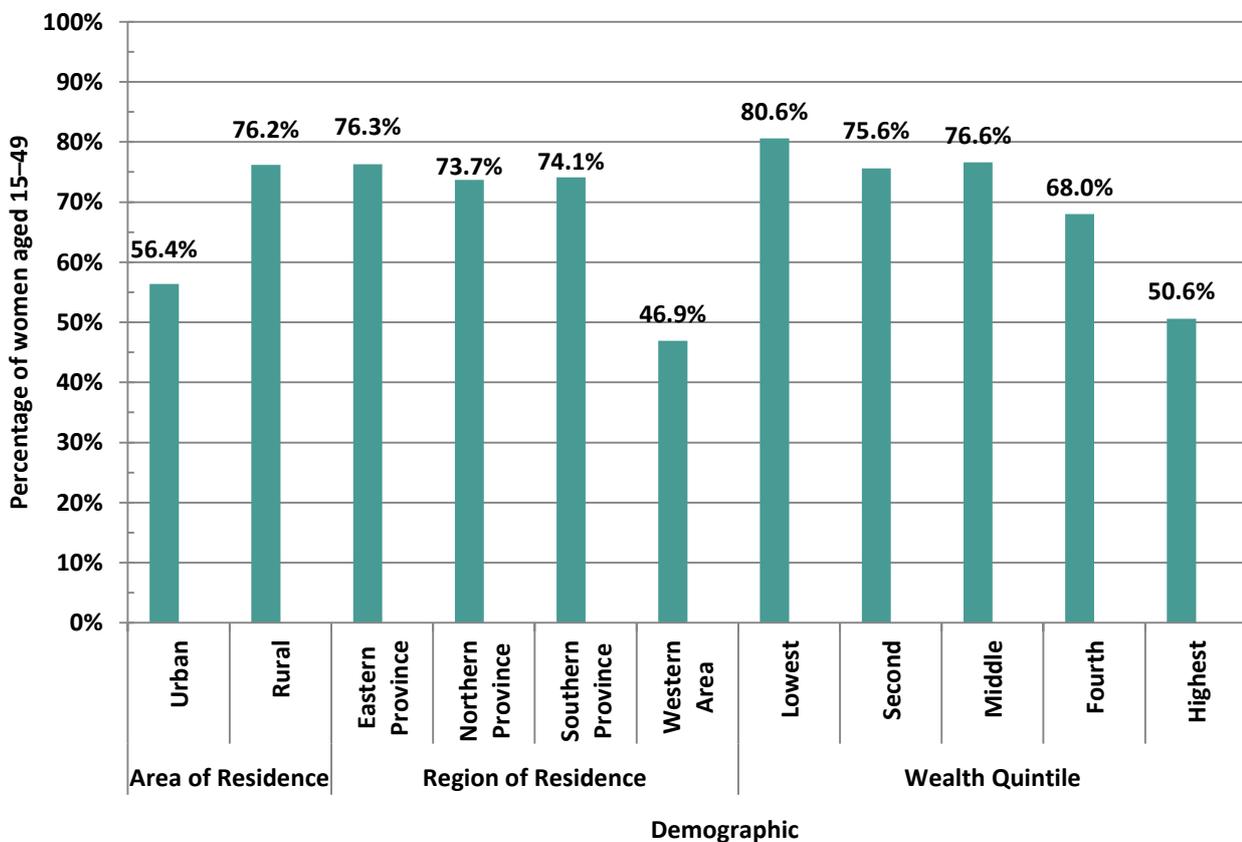


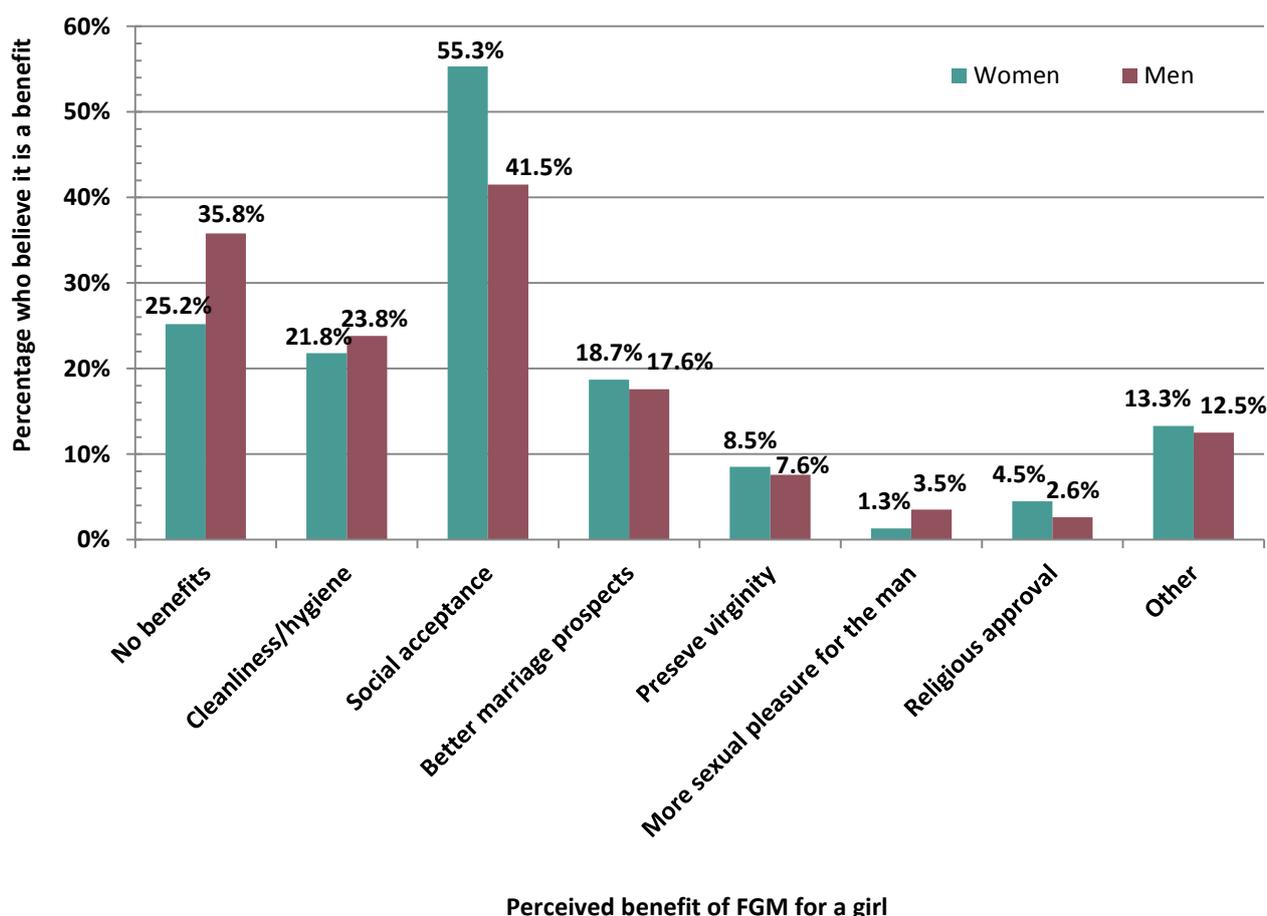
Figure 13: Percentages of Sierra Leonean women aged 15-49 who believe that FGM should be continued or stopped, according to different demographics<sup>6</sup>

## Reasons for Practising FGM and its Perceived Benefits

FGM is a social norm, often enforced by community pressure and the threat of stigma. Although communities in which FGM is found in Sierra Leone may have different specifics around their practices, within each practising community FGM is a manifestation of deeply entrenched gender inequality.

FGM is considered necessary for a girl to become a woman. By removing the clitoris, it is believed that the vestigial male anatomy in a woman is removed, creating an unambiguous gendered female.<sup>7</sup> Although FGM is traditionally performed as part of an initiation into womanhood, the DHS 2008 data indicates that the age of cutting is lowering. This may be because girls are reaching puberty earlier, but it also may be that FGM is becoming less strongly tied to a girl's entrance into womanhood.

Figure 14 shows the benefits of FGM, if any, as perceived by men and women. Please note that this data is from the DHS 2008, as the same data was not collected in 2013. Below, each benefit is discussed in turn.



**Figure 14: Percentages of Sierra Leonean women and men aged 15–49 who believe that FGM has certain benefits for girls<sup>8</sup>**

### ***Social Acceptance/Cultural Identity***

Overwhelmingly, the most-commonly perceived benefit of FGM (by women) is the social acceptance accorded to initiates. Within each ethnic group, this is seen as a benefit by more women than men – as is to be expected, given the centrality of Bondo to women's lives and statuses.

### ***Cleanliness/Hygiene***

Cleanliness and hygiene is the second-most-commonly perceived benefit of FGM. Among the Temne, 34.6% of men, compared to 17.3% of women, perceive this as a benefit. The position is reversed among Mende (16.9% of men compared to 29.5% of women).

The uncut vulva is often considered 'dirty', and young girls are taught that they will stink if they are not cut.<sup>9</sup> It is believed that the secretions of the clitoris and labia smell foul and can contaminate anything that comes into contact with it.<sup>10</sup>

### ***Better Marriage Prospects***

25.7% of Mende women perceive better marriage prospects as a benefit of FGM, but only 14.7% of Mende men. More Temne men view marriageability as a benefit than do Temne women (20% and 16% respectively).

Traditionally, a girl could not marry before initiation, but would go from the bondo bush to her husband's house. Today a fee is still paid to the chief before initiation for both the initiation ceremony and for a marriage licence to be issued. It is no longer the case that girls marry straight away – many return to school, as parents see more benefit in keeping their daughters in education (such as being supported by their daughters in their old age, rather than depending on them having a successful marriage and a large family).<sup>11</sup>

### ***Preserving Virginity***

There are two sides to this belief. Firstly, a girl must remain a virgin until she is initiated (this confers honour on the family when her virginity is confirmed by the Soweis). Supernatural sanctions are used to threaten girls, to stop them sleeping with men before initiation.<sup>12</sup>

Secondly, it is believed that initiation will preserve a girl's virginity by reducing her sexual desire – a benefit for the family as well as the husband, who may be polygamous and have several wives to satisfy. Groups like the Limba in the Western Urban Area believe this and accordingly cut pre-pubescent girls.<sup>13</sup>

### ***Requirement of Religion***

Religious approval is not commonly given as a benefit of FGM by Sierra Leoneans of any ethnic group. Mende women are the most likely to cite it as a benefit. Although the DHS 2013 reveals that 34.9% of Christian women and 61.1% of Muslim women aged 15–49 do believe that FGM is required by their religion, as do 33.3% of Christian men and 50.3% of Muslim men in the same age range, this is evidently not foremost in their minds when considering the 'benefits' of FGM for a girl.<sup>14</sup>

### **No Benefit**

A large percentage of men and women (especially men) of all ethnic groups believe that FGM has no benefits for a girl. 21.7% of Mende women, 22.8% of Temne women and 30.9% of women in other groups believe that FGM has no benefits, as opposed to 34.9% of Mende men, 39.3% of Temne men and 36% of men in other groups. Furthermore, a larger percentage of Mende men (39.3%) express a belief that it has no benefits than those who perceive social acceptance to be a benefit (36.4%).

### **Other Reasons**

Another reason for FGM expressed by Sierra Leoneans, although not considered in the DHS 2008, is aesthetic. Fanthorpe writes that some Sierra Leoneans find uncut female genitalia 'ugly', in comparison to the 'beautiful, hidden genitalia' of Bondo-initiated women.<sup>15</sup> Koso-Thomas notes that this view is commonly held by the Loko, Mandingo, Limba and Temne.<sup>16</sup>

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1 DHS 2013, p.300.

2 UNICEF (2008) *Patterns of Female Genital Cutting in Sierra Leone: A Preliminary Study*. Available at [https://www.unicef.org/wcaro/wcaro\\_SL\\_fgm\\_May\\_2008.pdf](https://www.unicef.org/wcaro/wcaro_SL_fgm_May_2008.pdf).

3 FORWARD (2011) *In their own words: Girls from Sierra Leone on Sexuality, Pregnancy and Services*. Available at <http://forwarduk.org.uk/>.

4 DHS 2013, p.305.

5 DHS 2013, p.305.

6 DHS 2013, p.305.

7 MacCormack in B. Jules-Rosette (ed) (1979) 'Sande: The Public Face of a Secret Society', *The New Religions of Africa*. Norwood: Ablex Publishing Corporation.

8 DHS 2008, pp.262–263.

9 UNICEF, *op. cit.*

10 Olayika Koso-Thomas (1987) *The Circumcision of Women: A Strategy for Eradication*.

11 UNICEF (2008) *Patterns of Female Genital Cutting in Sierra Leone: A Preliminary Study*, p.30. Available at [https://www.unicef.org/wcaro/wcaro\\_SL\\_fgm\\_May\\_2008.pdf](https://www.unicef.org/wcaro/wcaro_SL_fgm_May_2008.pdf).

12 *Ibid.*

13 Prince Sorie Conteh (2004) *Fundamental concepts of Limba traditional religion and its effects on Limba Christianity and vice versa in Sierra Leone in the past three decades* [thesis]. Pretoria: University of South Africa.

14 DHS 2013, p.303.

15 Dr. Richard Fanthorpe (2007) *Sierra Leone: The Influence of the Secret Societies, with Special Reference to Female Genital Mutilation*. Available at <http://www.refworld.org/docid/46cee3152.html>.

16 Olayika Koso-Thomas, *op. cit.*

# Laws Relating to FGM

## International & Regional Treaties<sup>1</sup>

Sierra Leone has signed several international human-rights conventions, which provide a strong basis for the characterisation of FGM as a violation of international human rights:

- Convention on the Elimination of Discrimination Against Women (*CEDAW*) (2007)
- Convention on the Rights of the Child (*CRC*) (1990)
- International Covenant on Economic, Social and Cultural Rights (*ICESC*)
- African Charter on the Rights and Welfare of the Child (signed 1992; ratified 2002)
- Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of the Women in Africa (the *Maputo Protocol*) (signed but not yet ratified)
- African Charter on Human and People's Rights (the *Banjul Charter*)

The African Union declared the years 2010 to 2020 to be the Decade for African Women. In December 2012, the UN passed an historic resolution, calling on countries to eliminate FGM, and in 2013 the 57<sup>th</sup> UN Convention on the Status of Women agreed conclusions, including a reference to the need for states to develop policies and programmes to eliminate FGM and other forms of violence against women.<sup>2</sup>

The CEDAW and the CRC clearly prohibit traditional practices that discriminate against women and harm children. Article 2 of the **CEDAW** directs 'State Parties . . . (f) to take all appropriate measures, customs and practices which constitute discrimination against women.' Additionally, Article 5 states:

State Parties shall take all appropriate measures: (a) to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes . . .

Article 24(3) of the **CRC** states that

State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

In addition, Article 19(1) provides that

State Parties shall take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury, or abuse.

The CEDAW has not been effectively domesticated in Sierra Leone.<sup>3</sup>

Under the **ICESCR**, FGM is a violation of the right to health. Article 12(2) provides:

The steps to be taken by State Parties to the present Covenant to achieve the full realization of [the right to health] shall include those necessary for: (a) The provision for . . . healthy development of the child.

‘Health’ is defined so as to include ‘maturity, reproductive and sexual health’. FGM thus violates the convention due to its numerous health consequences, as discussed in the section Women’s Health and Infant Mortality above.

**The African Charter on the Rights and Welfare of the Child** requires member states of the African Union to abolish customs and practices harmful to the ‘welfare, dignity, normal growth and development of the child and in particular: (a) those customs and practices discriminatory to the child on the grounds of sex or other status . . .’

**The Maputo Protocol** explicitly refers to FGM. Under Article 5:

state parties shall prohibit and condemn . . . through legislative measures backed by sanctions, (b) all forms of female genital mutilation, scarification and para-medicalisation of female genital mutilation and all other practices in order to eradicate them.

On the Government’s failure to ratify and domesticate the Maputo Protocol, Abdullah argues that it is a serious violation of women’s human rights because it is a legally-binding document that all African governments should adhere to.<sup>4</sup>

**The Banjul Charter** includes provisions related to the right to health (Article 16) and the right to physical integrity (Articles 4 and 5).

## National Laws

### *Age of Suffrage, Consent and Marriage*

In Sierra Leone, the age of suffrage is 18. Under the 2012 Sexual Offences Act the age of consent is now 18. In 2007 the Child Rights Act made child marriage illegal. Sierra Leone also adopted the definition of a child as anyone under 18 years of age. However, child marriage remains a major issue in Sierra Leone, with 44% of girls married before they reach 18.<sup>5</sup> Currently, the Registration of Customary Marriage and Divorce Act is not consistent with the Child Rights Act, meaning that there is no absolute prohibition of marriage before the age of 18.<sup>6</sup> Furthermore, the legal, age-based conception of adulthood is inconsistent with local cultural standards, where womanhood is associated with physical maturity. This discrepancy poses a significant challenge to enforcing the Child Rights Act and the prohibition of child marriage in rural communities.<sup>7</sup>

### *Constitution*

Article 6(2) of the Sierra Leonean Constitution requires the State to ‘discourage discrimination on the grounds of . . . sex’, and Article 15 guarantees ‘fundamental human rights and freedoms’ without regard to sex. Articles 15(a) and (c) ensure the rights to ‘life, liberty, security of the person’ and Article 8(2)(b) maintains that the State shall recognise, protect, and enhance ‘the sanctity of the human person and human dignity’. Finally, the Constitution gives special protection to children in Article 8(3)(f), which provides that ‘the care and welfare of the . . . young . . . shall be actively promoted and safeguarded’.

### *Anti-FGM Laws*

There is no law in Sierra Leone that specifically prohibits FGM. The national **2007 Child Rights Act** supersedes all other national laws relating to children's rights (including the Young Persons Act of 1960) and is considered compatible with the Convention and the African Charter on the Rights and Welfare of the Child. This bill was drafted by the Sierra Leone Ministry of Gender, Social Welfare and Children's Affairs with the assistance of experts from UNICEF. It incorporates clauses from the UN Convention on the Rights of the Child prohibiting 'cruel, inhuman or degrading' treatment of children, which are applicable to FGM. International commentators also interpreted the banning of 'harmful traditional practices' on children as an effective ban on FGM.

After much delay the bill was presented to parliament in September 2006 and passed in June 2007. However, the 'FGM clause' was removed from the final version during parliamentary debate. The final consensus was that parliament would not outlaw FGM.<sup>8</sup>

The Child Rights Act means that parents are discouraged from initiating girls under 18 and that girls must be of age to consent to the initiation.<sup>9</sup> Many children, however, are unaware of their rights and responsibilities under this Act and cannot access or claim assistance.<sup>10</sup>

The **Sierra Leone National Action Plan on Gender-Based Violence** (NAP-GBV 2012–2016) and the **National Referral Protocol on Gender-Based Violence** were adopted to minimise gender-based violence and provide quality care to survivors. This plan is being implemented and is based on five thematic intervention strategies: prevention, provision, protection, prosecution and participation. For this plan to succeed, medical personnel, social workers and the police are being trained in GBV issues.<sup>11</sup>

Two national policies, the **Gender Mainstreaming Policy** and the **National Policy on the Advancement of Women**, were adopted by parliament in 2000. These are intended to represent the Government's commitment to strengthening gender-orientated policies.<sup>12</sup> However, they are reliant on donor funding. Without funding, the Ministry of Social Welfare Gender and Children's Affairs can only host two celebrations annually – International Women's Day and Sixteen Days of Activism on Violence Against Women. Total dependence on development partners means this programme is not sustainable.<sup>13</sup>

In 2012 eight of the country's 14 districts signed a **Memorandum of Understanding criminalising FGM among children** in Western Area Rural, Western Area Urban, Bo, Kambia, Port Loko, Pujehun, Bonthe, and Kailahun. However, the practice continues in many of these districts.<sup>14</sup>

## Enforcement

Sierra Leone has a **dualistic legal system**. Approximately 85% of Sierra Leoneans are under the jurisdiction of customary law, which they view as more relevant to their lives than formal law. Customary law is under the authority of chiefs, whereas the formal legal system is derived from the British legal system with constitutional, statutory and common law.

Sierra Leone has 14 districts with 149 chiefdoms, which are led by paramount chiefs and then town and village chiefs. Depending on the chiefdom, there could be by-laws in place related to child marriage, women's rights and FGM.

The formal legal system only has jurisdiction over criminal cases with prison sentences of at least six months or fines of 50,000 Leones. The 2013 Human Rights Report states that the Government has not effectively enforced the prohibition of discrimination based on gender as it affects women and girls.<sup>15</sup> Sierra Leone does, however, have a special department for dealing with domestic violence and gender-based crimes called the Family Support Unit (FSU). This unit is partly sponsored by UNIFEM and the UNDP.

### ***Challenges to Enforcement***

- FGM is undertaken as part of a society's initiation ceremony, sometimes in secret (e.g. the bondo bush).
- Politicians avoid discussing Bondo Society and FGM because it could jeopardise their success in elections.
- Court cases involving violence by Bondo members are not prosecuted and withdrawn under the pretext of endangering 'national security', or are continually adjourned.
- Post-war displacement has meant that Bondo members in Freetown have access to political leverage in parliamentary and presidential general election campaigns. This creates a strong and complex relationship between political leaders and Bondo members.
- In 2010, 56% of voters were women. Given that the majority of women belong to pro-FGM Bondo societies, this creates difficulties in promoting anti-FGM political agendas and eradication programming.
- The Bondo have aggressively reacted against anti-FGM campaigns, which they view as an attack on their culture. This is partly because they feel exposed, as the secrecy of their society is compromised. They also feel slighted for not being consulted before the enactment of the Child Rights Act.
- Some people feel that the Child Rights Act has encouraged Bondo groups to initiate young girls in retaliation.
- Formed in 1993, the Bondo Soweil Council is an organisation that exists to safeguard FGM. This council is trying to match the medicine-based strategies of anti-FGM campaigners by giving the Bondo a public presence. Their exposure has turned into a symbolic resistance that has arguably strengthened the Bondo community. The Freetown council coordinates the other councils.<sup>16</sup>

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- 1 Unless otherwise stated, all references in this sub-section are to Chi Mgbako, Meghna Saxena, Anna Cave, Nasim Farjad and Helen Shin (2010) 'Penetrating the Silence in Sierra Leone: A Blueprint for the Eradication of Female Genital Mutilation', *Harvard Human Rights Journal*, Vol. 23. Available at <http://harvardhrj.com/wp-content/uploads/2010/10/111-140.pdf>.
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  - 5 UNICEF (2013) *State of the World's Children 2013*. Available at <https://www.unicef.org/sowc2013/report.html>.
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  - 10 Hussaina J. Abdullah, *op. cit.*
  - 11 *Ibid.*
  - 12 *Ibid.*
  - 13 *Ibid.*
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# Interventions and Attempts to Eradicate FGM

## Background

In the aftermath of the civil war, Sierra Leone has received substantial international aid, first in the form of humanitarian aid and more recently to support the rebuilding of the country's infrastructure, both civil and governmental. In 2007, 18% of the GDP came from this aid. The international community therefore has significant leverage in terms of the use of funds and influences the Government to sign international agreements. As a result of this aid, Sierra Leone has been increasingly exposed to INGO human-rights discourses, particularly those relating to the rights of women and girls.

The first publication on the dangers of FGM in Sierra Leone was published by Koso-Thomas in 1987 and was promptly banned. Koso-Thomas has continued her campaign against FGM for 30 years amid death-threats and public abuse. She has said in relation to the political parties that to ban FGM would be suicide.<sup>1</sup> Shirley Yeama Gbujama, a past Minister for Social Welfare, Gender and Child Protection, once threatened 'to sew up the mouths of those preaching against bundu', and stated that legislation would only be passed banning the practice when women themselves asked for it. In the 2002 general elections, the sole female candidate for the presidency (Zianab Bangura) felt obliged to deny rumours that she had advocated a ban on FGM.<sup>2</sup> Thus, FGM in Sierra Leone remains a contentious subject that is intimately connected to social and political constructs of authority, adding to the challenge of eradication.

## Government Policy and Support

Yvette Stevens, Permanent Representative of Sierra Leone to the United Nations Office at Geneva, reported the following to the UN's Human Rights Committee in March 2014. Stevens stated that combating FGM of girls under 18 years of age is a priority for the Government, and a prohibition of it was included in the Agenda for Prosperity. A Memorandum of Understanding to this end was also signed at the local level. Stevens stressed that FGM should be culturally contextualised and that it can only be eliminated through sensitisation. Campaigns were being undertaken throughout the country to raise awareness, and dialogues with local authorities were being held on the dangers of HTPs. Stevens argued that Sierra Leone as a nation wants to give women over 18 the right to choose. The Government is committed to reaching out to all communities and women's groups' leaders.<sup>3</sup>

The Human Rights Report, 2013 states that 'the Government were often cooperative and responsive to the views of local and international NGOs' and, further, that they 'often arranged forums with NGOs to discuss such topics as women's rights'.

Despite positive intentions for facilitating change, the Government does not appear to be actively engaged with violence against women and girls (VAWG), and it can be argued that the Government supports FGM by not introducing specific laws against it. Instances of candidates paying for girls' initiations have been recorded during local and national elections, even after ratifying international treaties like the CEDAW, which many believe was only ratified because of the Government's dependency on foreign aid. Mgbako *et al* are clear that 'without political pressure from the citizens of Sierra Leone, government officials will not feel compelled to act'.<sup>4</sup>

## Anti-FGM Initiatives Networks

In 2012 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) undertook a mapping of FGM initiatives in Sierra Leone, and their findings are in line with 28 Too Many's research with other NGOs, although we found networks to be more formalised in 2014. In particular, recognition of the importance of building a national consensus and taking collaborative action on FGM has led to a **coalition of organisations** participating in joint meetings and working towards a national strategy for abandonment. It is currently chaired by Rugiatu Turay of the Amazonian Initiative Movement (AIM), and recent participants include the Department for International Development (DfID), Advocacy Movement Network (AMNet), NaMEP, Self-Help and Development Everywhere (SHADE), Community Initiative Programme (CIP), Women Against Violence and Exploitation in Society (WAVES), Action for Community Task, Graceland and the Taia Development Programme (TDP).

28 Too Many did not find evidence of as many organisations **engaging religious leaders** as did GIZ.

Peddle's 2012 study<sup>5</sup> of 37 organisations working towards FGM abolition in Sierra Leone found that, due to the **political sensitivity** surrounding the topic of FGM, there is a notable lack of governmental commitment to approaching the issue and that NGOs are the main advocates of FGM abolition. While the growing number of NGOs working against FGM is encouraging, there is reluctance among development partners to engage directly in activism and a lack of communication and coordination. There is evidence of collaborations and partnerships between organisations, but these tend to be based only on either belonging to the same sector (for example, child protection) or sharing the same approach. Sharing information across sectors on different approaches is uncommon.

The majority of the Peddle study's respondents (74%) do not see FGM as a primary focus of their work, but those working under the Government's direction believe that they will focus more on FGM once it is on the Government's official agenda. The most common thematic areas in which FGM is approached include GBV and women's rights; sexual and reproductive health; HIV/AIDS; and women's empowerment. All participating organisations believed that a multi-pronged approach, targeting a wide range of groups, is necessary to end FGM. The **most common approaches to abandonment** are awareness raising, intergenerational dialogue and public education. Most organisations focus on targeting young people, with 65% targeting children under 18. Religious leaders and Soweis are also targets of around 51% of respondents at a grassroots level, while only 25% of respondents aim to change the legal system and policy at the national level.

Originally, Peddle approached 289 organisations, but only 37 responded before the deadline, and a further two after it. Peddle suggests that the survey elicited more replies than it would have in

previous years and that the number of replies evidences a positive change in Sierra Leone, showing a newfound willingness to engage in FGM dialogue. The findings demonstrate that **abandonment activities**, or activities related to abandonment, are evident in all areas of Sierra Leone, with the Northern Province having the most organisations working on it and the Southern Province having the least. Respondents noted an increase in formal dialogues on FGM being held, as well as greater participation, behavioural changes, policy changes and evidence of change with the police's FSU.

Overall, the study found that, due to the political climate and lack of overt Government support, organisations tend to focus more on working with individual communities rather than addressing FGM through legal, health or educational systems, and tend to approach FGM indirectly to avoid political conflict. This has led to little evidence of change at national or political levels. Most organisations are ready and willing to tackle FGM more directly once the Government officially supports abandonment. Efforts to share information between organisations are informal rather than systematic, and, if these efforts were better structured, they could be of greater benefit to organisations.

## Overview of Interventions

A broad range of interventions and strategies have been used by different types of organisations to eradicate FGM. Often a combination of the interventions and strategies below are used:

- health risk/harmful traditional practice approach;
- addressing the health complications of FGM;
- educating traditional excisors and offering alternative incomes;
- alternative rites of passage;
- religious-orientated approach;
- legal approach;
- rights approach/'Community Conversations'/intergenerational dialogue;
- promotion of girls' education;
- supporting girls escaping from FGM/child marriage;
- media influence; and
- working with men and boys.

### ***Health Risk/Harmful Traditional Practice Approach***

Strategies that include education about the negative consequences of FGM have been the most frequently used globally for the eradication of FGM and are a common element of programmes within Sierra Leone. However, convincing people in areas of a very high FGM prevalence of the health problems can be a challenge. Difficult childbirth and long post-partum recovery periods, which are often exacerbated by FGM, are often seen as the norm. Communities may not therefore attribute the complications of FGM to the procedure itself.<sup>6</sup>

A number of organisations provide community education on the harms of FGM, including AMNet, CIP and the TDP. FINE educates men specifically on the mortality rates caused by FGM. Moreover, schools throughout the country now run classes and clubs specifically addressing the harm of FGM, in the hope that girls will refuse initiation. Organisations such as AIM and the Masanga Education Association (MEA) are in the process of persuading cutters to give up their knives, explaining to them the harm they cause. Although in the past the dangers of Type III FGM were generalised and used to cover all types of FGM, therefore slightly discrediting this approach, appropriate use of the data with targeted audiences appears to have some positive effects, especially with children and Soweis.

### ***Addressing the Health Complications of FGM***

According to FORWARD, the medical and health community in Sierra Leone ‘appears to ignore the practice of FGM at best, or deny any medical or health effects of the practice at worst.’ FORWARD adds that the ‘situation is further complicated by the fact that traditional birth attendants and maternal- and child-health aides are often Soweis in the communities.’<sup>7</sup> With the continuing paucity of evidence-based studies in Sierra Leone on FGM and its negative health consequences, this position will be hard to change.

CAUSE is a Canadian INGO working with women’s groups, students and communities to raise awareness of the dangers of and the health complications caused by FGM. It is also part of the network supplying, building and administering birthing huts to improve the health and wellbeing of mothers and children in the Moyamba and Koinadugu districts.

Although not providing solely for FGM survivors, Graceland has set up five counselling centres in different districts to support victims of GBV. This is the only instance of psychological services being provided for women that 28 Too Many has found.

### ***Educating Traditional Excisors and Offering Alternative Income***

This continues to be a common intervention in Sierra Leone, though a lack of funding means that promises made by both organisations and excisors are often not fulfilled.

Successful campaigns have been run, however, by AIM through organised events linked to the International Day of Zero Tolerance, which have enabled public declarations by traditional practitioners to give up performing FGM. AIM has found that about half of these former practitioners have since joined them and gone on to become activists taking part in awareness campaigns against FGM.

The Inter-African Committee (IACSL) is educating excisors about the health risks of FGM and providing alternative employment opportunities. This has been done in partnership with the local police force, schools and the MEA in the Brayama, Thoko-Limba and Magbama chiefdoms of the Kambia District. Three farms have been established that employ Soweis as farmers.

Although such initiatives may be successful in supporting excisors in ending their involvement in FGM, they do not change the social convention that creates the demand for their services. Such initiatives may complement approaches that address the demand for FGM, but alone they do not have the elements necessary to end FGM.<sup>8</sup> As long as the demand is not met, young girls will continue to train to be Soweis to earn an income for their families.

### ***Alternative Rites of Passage***

For those ethnic groups where FGM is part of a rite of passage initiating girls into adulthood, one approach that has had some success is promoting alternative rites of passage (ARPs). ARPs substitute the cutting part of the ceremonies with alternative rituals that preserve the cultural traditions. The success of ARPs depends on the group practising FGM as part of a community ritual. In addition, ARPs will have limited impact unless they are accompanied by education, which engages the whole community in collective reflection and leads to changes in the expectations of community members. The use of ARPs is further limited by the trend for communities to cut girls at a younger age and with less ritual.<sup>9</sup>

Students are calling for these alternative rites. During workshops conducted by the Centre for Safe Motherhood Youth and Child Outreach (CESMYCO) in 2010, for example, students at the Umuro Muchtarr Muslim Secondary School said they wanted ‘education’ instead of ‘cutting’: ‘You can go to the bush and [the FGM initiators] can teach you what they want, but they shouldn’t touch you,’ declared a student. The rest of the students burst into applause. They were affirming that traditional rituals from childhood to adulthood should not involve harm.



***MEA’s project encouraging women to put down their tools of the trade – here burning the traditional red and white headscarves of Soweis (© MEA)***

There are two organisations in Sierra Leone that 28 Too Many has identified as working with this method – MEA and CIP. CIP states that, because the practice is a rite of passage to womanhood, they, along with stakeholders, have ‘Bondo Without Cutting’, where girls and women are taught marital and motherhood duties without cutting. CIP further claims that this initiative is gaining momentum. Unlike MEA, who engage the Soweis in the new ARP practice in an attempt to allow them to retain their position in society and their livelihood, CIP works on finding alternative livelihoods for practitioners.

### ***Religious-Orientated Approach***

A religious-orientated approach refers to an approach that demonstrates that FGM is not compatible with the religion of a community, thereby leading to a change of attitude and behaviour.

In December 2013, for instance, the IACSL successfully hosted a workshop for religious leaders in the Kambia district to share knowledge and provide training in both the harmful effects of FGM and child marriage, but also to teach them the skills to become advocates of change within their communities. AIM also works with religious leaders to facilitate discussions on FGM.

*'Human rights say you have a right to practice your culture. However, when the culture violates rights, more so the child rights and women's rights, we do step in.'*

*~ Moderator of a consultative meeting who works for an NGO<sup>10</sup>*

### ***Legal Approach***

NGOs are working with the Sowei Council to ensure that they follow the prohibition on cutting girls under 18. Bosire believes that getting the Bondo society to accept the idea of the age of consent would be a major milestone. He notes that this age restriction is challenging for groups like the Fula, Themne and Limba, who initiate girls before the age of 12.<sup>11</sup>

At a local level, community interventions against FGM have, in many cases, been more successful than the Federal Government's efforts. Chiefs throughout Sierra Leone have passed community by-laws relating to FGM. These by-laws may prove in the long term to be effective for outlawing FGM at the local level. Mgbako *et al* advise that one option for grassroots organisations working against FGM is to approach paramount chiefs who have already expressed opposition to FGM and advocate for them to pass such by-laws. Then the organisation can work with these chiefs to lobby the Government to pass national legislation banning FGM. They further suggest that various communities banning FGM via community by-laws may signify shifting attitudes towards FGM and encourage national anti-FGM legislation.<sup>12</sup>

### ***Rights-Based Approach***

A rights-based approach acknowledges that FGM is a violation of women's and girls' rights. This approach is sometimes used alongside other strategies based on the social-abandonment theory of FGM (derived from the social-change theory behind foot-binding in China). The components of this theory include (i) a non-judgemental human-rights approach; (ii) community awareness-raising of the harmfulness of the practice; (iii) a decision to abandon FGM that is a collective one by the entire community; (iv) the requirement of public affirmation of abandonment; (v) intercommunity diffusion of the decision; and (vi) a supportive, change-enabling environment, including the commitment of the Government. This approach was pioneered by Tostan in Senegal.<sup>13</sup>

This approach is based on the principle of listening and questioning between different generations, aided by a facilitator. It enables participants to reflect on their values, customs, traditions and expectations and to consider whether, when, how and under what conditions change should take place.<sup>14</sup> A number of organisations use collective abandonment as part of their programmes; for

example, both Men's Association For Gender Equality (*MAGE*) and the Centre For Democracy And Human Rights (*CDHR*) work with a number of stakeholders to advocate for collective abandonment and positive deviance to end FGM.

In Sierra Leone, the rights approach is developing as people begin to understand and use the language of rights.<sup>15</sup>

### ***Promotion of Girls' Education to Oppose FGM***

There is a strong link between FGM and early marriage in some ethnic groups, such as the Mende. Girls are cut prior to getting married and often drop out of school after being cut.

This approach encourages the girls to remain in education and, in some cases, encourages them to speak out against FGM. There is a growing recognition of the value of girls' education. The Bondo societies in urban areas actively support it, and the Public Relations Officer of the Sowe Council reportedly said that 'initiating young girls and keeping them in the bush for too long isn't supported because it interferes with their education.'<sup>16</sup> For NGOs, the hope is that the longer girls can be protected from FGM, the higher the chance that they would have been sensitised against it at school and refuse to be cut.

Within communities, the Centre for Democracy and Human Rights (*CDHR*) works with traditional leaders, FGM practitioners, school children, parents, teachers, health workers and the police through several projects including campaigns for girls' education.

EducAid provides support to both sexes to help young people make informed choices about FGM. The organisation has established five schools, two training centres and a safehouse for girls. It runs the only free secondary school in the country.

'Trading FGM for education' is the by-line for MEA. By providing schools and co-opting the power of local Soweis to its cause, it has changed people's perceptions, so that the cutting of girls is not needed to initiate into the Bondo society and that education for all is the way out of poverty for women.

### ***Supporting Girls Escaping from FGM/Child Marriage***

AIM runs a safehouse for 15 girls escaping FGM, abuse and child marriage. The safehouse is in Lunsar, Port Loko and is supported by Terre Des Femmes, a non-profit women's rights organisation based in Berlin, Germany.

### ***Media and Communication***

Radio is the most common form of media used by the majority of the population. In 2009, early attempts by broadcasters on the UN radio station to raise FGM awareness by holding a discussion on air ended with a female journalist from the radio station being stripped naked in the street and paraded by the Bondo society. Despite that setback, more stations now hold discussions on air and CSOs are instrumental in keeping FGM in the public awareness. For instance, weekly radio programmes that reach local communities are run by Youth Partnership for Peace and Development. School children's clubs in Lunsar are learning, with the support of AIM, to produce radio broadcasts as well as theatre projects to raise awareness about children's rights. All the national media outlets have been the target of awareness programmes about FGM abandonment by National Movement for Emancipation and Progress (*NaMEP*) and IACSL, among others.

### **Working With Men and Boys**

This is a recent but important new strategy in the fight against FGM. Men were found to participate in 33.6% of the decisions to initiate their daughters<sup>17</sup>, were expected to pay for the ceremonies for their brides or daughters and were traditionally expected to be responsible for family provisions. This provides an opening for interventions directed at household economics, among other strategies.

Men have not only been the target of CSOs' and FBOs' interventions addressing the economic consequences of FGM, but also of men's organisations working to eradicate GBV, including FGM. FINE mainly works with men to educate them about the harm of FGM and the consequences for their wives and daughters. MAGE is another men's organisation working across Sierra Leone and globally with men's alliances to eradicate inequality. A boys' white ribbon campaign has been started in several schools' boys clubs, where they discuss anti-GBV strategies and wear a white ribbon to show their support of girls and women. Bjälkander *et al* conducted a survey just of adolescent boys' attitudes to Bondo and FGM, and sees this approach as another way to stop FGM.<sup>18</sup>

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- 1 IRIN (2005) *Female circumcision is a vote winner*, 17 March. Available at <http://www.irinnews.org/report/53443/sierra-leone-female-circumcision-vote-winner>.
  - 2 Dr. Richard Fanthorpe (2007) *Sierra Leone: The Influence of the Secret Societies, with Special Reference to Female Genital Mutilation*. Available at <http://www.refworld.org/docid/46cee3152.html>.
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  - 4 Chi Mgbako, Meghna Saxena, Anna Cave, Nasim Farjad and Helen Shin (2010) 'Penetrating the Silence in Sierra Leone: A Blueprint for the Eradication of Female Genital Mutilation', *Harvard Human Rights Journal*, Vol. 23. Available at <http://harvardhrj.com/wp-content/uploads/2010/10/111-140.pdf>.
  - 5 Dr Nancy Peddle (2012) *Mapping of Organisations Working Toward Abandonment of FGC/M in Sierra Leone on behalf of GIZ Supra-Regional Project Ending FGM*. LemonAid Fund.
  - 6 Anna Winterbottom, Jonneke Koomen and Gemma Burford (2009) 'Female Genital Cutting: Cultural Rights and Rites of Defiance in Northern Tanzania', *African Studies Review* (52)1, pp.47–71.
  - 7 Owolabi Bjälkänder and FORWARD (2006) *Gender discrimination and violence practices affecting the health and human rights of girls and women in Sierra Leone*.
  - 8 UNICEF (2005) *Female Genital Mutilation/Cutting: 2005 – A Statistical Exploration*. Available at [https://www.unicef.org/publications/files/FGM-C\\_final\\_10\\_October.pdf](https://www.unicef.org/publications/files/FGM-C_final_10_October.pdf).
  - 9 *Ibid.*
  - 10 Cited in Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]
  - 11 Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]
  - 12 Mgbako *et al*, *op. cit.*
  - 13 UNICEF, *op. cit.*
  - 14 GIZ (2011) *Mapping of Organisations Working Toward Abandonment of FGC/M in Sierra Leone on behalf of GIZ Supra-Regional Project Ending FGM*.
  - 15 Obara Tom Bosire, *op. cit.*
  - 16 *Ibid.*
  - 17 Owolabi Bjälkänder, Donald S. Grant, Vanja Berggren, Heli Bathija and Lars Almroth (2013) 'Female Genital Mutilation in Sierra Leone: Forms, Reliability of Reported Status, and Accuracy of Related Demographic and Health Survey Questions', *Obstetrics and Gynecology International*, Vol. 2013. Available at <http://dx.doi.org/10.1155/2013/680926>.
  - 18 Owolabi Bjälkänder, Donald S. Grant, Vanja Berggren, Heli Bathija and Lars Almroth (2013) 'Female Genital Mutilation in Sierra Leone: Forms, Reliability of Reported Status, and Accuracy of Related Demographic and Health Survey Questions', *Obstetrics and Gynecology International*, Vol. 2013. Available at <http://dx.doi.org/10.1155/2013/680926>.

# International Organisations

## Action Aid

Action Aid is a UK INGO working since 1988 in Sierra Leone, which is one of 20 African countries in which it operates. Its two main focuses are women's empowerment and universal health and education. It has been instrumental in rebuilding schools after the civil war, providing accommodation for teachers and promoting education in rural communities. It also provides healthcare and safe childbirth practices, and lobbies governments to change policies to improve the lives of those living in poverty.

## CAUSE Canada

CAUSE Canada is a faith-based INGO working on relief and development activities in Sierra Leone. Priorities include promoting women's health rights, helping to establish and support the growth of grassroots CSOs in the country and promoting discussion and awareness of FGM.

CAUSE Canada has formed partnerships with women's groups, students and communities to share knowledge and raise awareness of the dangers of and health complications caused by FGM. It is also part of a network supplying, building and administering birthing huts to improve the health and wellbeing of mothers and children in the Moyamba and Koinadugu districts.

## Concern Worldwide

Concern Worldwide is an INGO working in Freetown and Tonkolili. Although it is not the main focus of the organisation, FGM is tackled as a component of its programmes on GBV, child protection and women's empowerment. It has reached over 60,000 people with its health programmes. Within communities, Concern works mainly with health workers to help them reach their target communities, rural populations.

## Cooperazione Internazionale (COOPI)

COOPI was formed in Italy during the 1960s and has been providing humanitarian relief and implementing development projects in Sierra Leone since 1971. While COOPI works in different sectors, including agriculture, healthcare, education and socio-economic services, since the civil war it has prioritised gender issues, recognising that women continue to face widespread discrimination and violence.

Working in various parts of Sierra Leone, including the Kono, Kailahun and Koinadugu districts and the Western Area, COOPI has provided assistance on the following issues:

- within the governance and social-service sectors, preventing and responding to violations of women's and children's rights;
- education and training, with particular attention on women and the promotion of their rights to literacy and access to land;

- creating and launching income-generating activities, including technical training and business-management skills; and
- in the health sector, enhancing medical care for women who experience difficulties in pregnancy (for example, in Kono and Kissi). Ten clinics have so far been improved in terms of communication, equipment and trained medical staff.

## Defence for Children International – Sierra Leone (*DCI-SL*)

DCI-SL is an INGO that promotes and protects children's rights. It was founded in 1998 during the civil war and continues to operate across all four regions of the country. It focuses on the following areas:

- *child justice* – promoting protection and justice for children in conflict with the law;
- supporting *child victims of abuse/violence and witnesses*;
- addressing *gender-based violence*;
- addressing *child exploitation* – particularly focusing on child trafficking and child labour; and
- promoting *civil rights of children* – birth registration programmes, child participation in programmes and the expression of children's views.

DCI-SL is also actively involved with other organisations in advocating for the eradication of FGM in Sierra Leone.

## EducAid

EducAid is an INGO operating in Freetown, Port Loko and Makeni. It tackles FGM through its established education programmes, which are its main route to addressing a range of GBV issues. It aims to promote collective abandonment by promoting education and communication. It provides support to students of both sexes to make informed choices about FGM.

The organisation has established five schools, one of which is a free secondary school, two training centres and a safehouse for girls. Its students' educational attainment is impressive, with many going on to tertiary education in Sierra Leone and abroad. Women's projects have been created in each of the schools to educate and support women of all ages, and a Girls Power Group has enabled young girls to learn about gender issues and encouraged them to achieve their full potential. A similar white ribbon project aims to raise awareness among boys.

EducAid works in partnership with the Government, FSUs and the police to confront individual cases of abuse and to develop policy and best practice.

## Enhancing the Interface Between Civil Society and the Society and the State (*ENCISS*)

ENCISS is supported by aid from the UK Government and the European Union, and its programme in Sierra Leone is managed by Christian Aid. ENCISS works throughout the country on gender issues,

the needs of young people, justice and security, and supports grantees working in the following areas:

- Southern and Eastern Provinces – Bo, Bonthe, Kenema and Kailahun districts;
- Northern Province – Bombali and Koinadugu districts;
- Western Area Urban and Western Area Rural.

ENCISS is focused on supporting socially excluded groups across Sierra Leone's poorest communities, especially women, young people and persons living with disabilities, to become active participants in the decisions that impact their lives. This is achieved by providing grants, building skills and sharing best practice.

## Foundation for Women's Health, Research & Development (FORWARD)

FORWARD is a UK-registered campaign and support charity led by women from the African diaspora and dedicated to advancing and safeguarding the sexual and reproductive health and rights of African girls and women. It works in the UK, Europe and Africa to help change practices and policies that affect access, dignity and wellbeing. FORWARD tackles FGM, child marriage and the related rights of girls and young women.

## Inter-African Committee on Traditional Practices (IAC)

The IAC is an umbrella body with national chapters in 29 African countries. It is an INGO that has been working on policy programmes to stop FGM for the last 28 years. The headquarters of the IAC is in Addis Ababa, Ethiopia, and it has a liaison office in Geneva. The IAC collaborates with a number of international organisations, including the UNFPA, the WHO and UNICEF. The Sierra Leone chapter (*IACSL*) advocates for the removal of HTPs, including FGM. It plays a leading role in campaigning and educating through a number of different activities.

The IACSL undertakes a range of training workshops among different sections of the community to advocate for change. In some circumstances, the subject of FGM requires an introduction through discussion of other issues such as child marriage. These workshops have been held for both women and men, for the media (to empower them to report and discuss FGM issues) and most recently with community and religious leaders. In December 2013, for instance, the IACSL successfully hosted a workshop for religious leaders in the Kambia district to share knowledge and provide training.

Other successful interventions include:

- Educating excisors about the health risks of FGM and providing alternative employment opportunities. This has been done in partnership with the local police force, schools and the MEA in the Brayama, Thoko-Limba and Magbama chiefdoms of the Kambia district.
- School outreach, youth activities and peer-mediator training for students in the Kambia district.

- Participation in the International Day of Zero Tolerance to FGM, including community sensitisation programmes, radio discussions, student debates and rallies.

While these initiatives have been successful in building relationships between the IACSL and local communities, constraints such as the lack of mobility, communication, technical support for staff and consistent funding continue to be challenges.

## LemonAid Fund

The LemonAid Fund is an INGO founded by Dr Nancy Peddle in 1999. The organisation works alongside a variety of other organisations and funders to support sustainable projects that make progress towards meeting the MDGs. It works within the community to support locally developed projects that contribute to the health, education and economic development of children and their families. It also engages in key research and mapping activities.

The LemonAid Fund has been instrumental in the movement towards the eradication of FGM in Sierra Leone over the last ten years, and it participated in the research study evaluating the work of AIM to offer alternative livelihoods to traditional practitioners. It was involved with the original inception of the NaMEP and continues to partner with it today, along with AIM and other groups.

## Masanga Education Association (MEA)

The Swiss organisation MEA was originally founded in 2004 to sponsor underprivileged children in Masanga and the surrounding villages. Masanga is located in the chiefdom of Rowalla in the Tonkolili district. The majority of the population are Temne and Muslim. Since 2010 the activities of MEA have widened to facilitate alternative practices within the traditional Bondo ritual to eliminate FGM on young girls. As a result, the first alternative ceremony in January 2010 saw the founder of MEA, Michèle Moreau and a friend being the first white women to be initiated into Bondo society following a week-long excision-free ritual. Calling on the support of local authorities led to the paramount chief of Tonkolili requesting that MEA extend their alternative programme to other sections of the district.

MEA provides funding for this alternative ceremony, as well as funding for a 'conversion' ceremony for the traditional Soweis to give up their practice, known as the 'put-down-your-basket' ceremony. Some thirty Soweis have stopped the traditional practice and have been financially helped to find alternative livelihoods.

Education for young girls, either in the school founded by MEA in Masanga or in the public schools, is also subsidised by the organisation. MEA offers girls the chance to receive an education if their parents commit to not performing FGM. To date, MEA has organised seven alternative ceremonies involving some 391 girls, and over 34 villages are affiliated with the programme.

## Save The Children

Save The Children is an INGO working in 120 countries across the world, with a strong child-rights focus. Its programmes' focuses range from child protection to food security and education, as well as everything from grassroots aid to high-level policy change. In Africa, Save The Children works to

end FGM in Nigeria, Liberia, Ethiopia and Sierra Leone. Its approach is one of women's empowerment: delivering information and services to help women and girls protect themselves and, in turn, advocate against the practice. It also works to try to change legislation to ban FGM completely.

In Sierra Leone, Save The Children works with community leaders and parents to break the silence around FGM. This approach has been highly successful; it has achieved a ban on FGM for children under 18 in three of the districts in which it works (Kailahun, Freetown and Pujehun) by collaborating closely with Soweis and local governments.

## The Fund for Global Human Rights

The Fund for Global Human Rights (based in the United States) operates as a development partner in 19 countries, including Sierra Leone, Liberia and Guinea. The Fund supports grassroots organisations throughout Sierra Leone working on a range of activities, including GBV such as FGM. A variety of strategies are being used by their grantees to reduce the prevalence of FGM. These include:

- the peer education of girls in schools;
- promoting intergenerational dialogue;
- engaging with traditional practitioners/cutters; and
- taking direct action to stop the practice where required.

At present, it provides grants to four CSOs who are working on women's rights and the eradication of FGM:

- *Action for Community Task (ACT)* – activities include training police and government officials in the Pujehun district to implement national legislation that protects women's and children's rights;
- *Centre for Democracy and Human Rights (CDHR)* – activities include helping female victims of violence access the justice system;
- *Defence for Children International – Sierra Leone (DCI-SL)* – activities include documenting abuses committed against children in the justice system and pressing for the implementation of policies that protect children's rights (DCI-SL is among those advocating at a national level for a total ban on FGM); and
- *Women's Action for Human Dignity (WAHD)* – activities include challenging traditional practices that prevent girls from being educated, helping women seek justice for violence, and creating awareness of women's right to health.

## UNICEF

While Sierra Leone is not one of the 15 countries that form part of the UNFPA-UNICEF Joint Programme set up in 2008, UNICEF has recently advertised a consultancy position, based in Freetown, to assist in the development of a national strategy towards the reduction of FGM.

Together with the UNFPA, UNICEF will support this government-led process to bring it together with civil society and development partners, with the aim of enhancing coordination, accountability and implementation of evidence-based programmes at a sub-national level. This will be achieved through a number of activities, including identifying initiatives that have claimed success in addressing FGM in Sierra Leone, exploring the links with other harmful practices such as child marriage and teenage pregnancy, and facilitating a platform for consultation and discussion on the findings of the assessment. A national strategy, following validation with stakeholders, will be the outcome of this project.

## Womankind

Womankind is an INGO that partners with women's rights organisations in Africa, Asia and Latin America. In Sierra Leone, its work focuses on enabling women to be independent, helping women to understand and use their rights, and supporting women to tackle GBV.

Womankind partners with three separate organisations in Sierra Leone to achieve its aims. With WAVES, Womankind aims to enable women to discuss and fight for equal rights by training advocacy groups to build support within their communities. Womankind also works with Women's Partnership for Justice and Peace (*WPJP*) to introduce community laws on violence against women and abolish discriminatory practices. Finally, it supports Graceland Sierra Leone in its work to provide counselling to survivors of GBV.

## Youth Partnership for Peace and Development (*YPPD*)

YPPD is a youth-led organisation working in Sierra Leone, Liberia and Rwanda. As a relative newcomer to FGM advocacy, the group has used existing networks and well-established campaigning methods in its work across Sierra Leone. Based in Freetown, YPPD partners with a number of international organisations, including the UNDP. They are members of The Economic, Social and Cultural Council of the African Union, the International Youth Foundation and the African Youth Foundation.

YPPD sees its target audience as influencers of policies and communities, including traditional leaders, governments and community stakeholders. To tackle FGM on the ground, the organisation encourages positive deviance and educates communities, using a women's-rights approach.

Its achievements include:

- gaining recognition from traditional leaders, which has helped them achieve entry into communities;
- using weekly radio programmes to reach local communities;
- initiating the Gentlemen Against Domestic Violence network alongside Democracy and Development Associates in 2011, which introduces a male-led approach towards ending FGM; and
- partnering with health workers and recognising their roles as agents of change.

# National and Local Organisations

## Sierra Leone Association of Non-Government Organizations (SLANGO)

SLANGO's stated mission is to foster the effective mobilisation and integration of NGO interventions in the development of Sierra Leone, by providing a mechanism for coordination.<sup>1</sup> NGOs are required to register with the Ministry of Finance and Economic Development and be a member of SLANGO; registration must be repeated every two years. NGOs are subject to a number of legal barriers affecting their operational activity. CBOs pay a fee to the Ministry of Social Welfare and Children's Affairs or Local Councils. Each INGO needs accreditation from its government or embassy proving its legal status and credibility before it can operate in Sierra Leone.<sup>2</sup>

In recent years civil society has come under renewed pressure from the Government through the enactment of laws governing the sector. The Government of Sierra Leone enacted the Revised NGO Policy Regulations, the National Revenue Authority Act and the Anti-Corruption Act, which subject civil society organisations to increased interference from government and other state agencies.

## Action for Community Task (ACT)

ACT is a CBO working in the Pujehun district in the Southern Province of Sierra Leone since 2003/4. From 2006 it has focused on gender issues, particularly VAWG (including FGM), the early removal of girls from school and forced marriage. ACT provides valuable monitoring and reporting of women's rights issues in the Southern Province and works in collaboration with a number of organisations:

- Internationally, ACT receives funding from the Fund for Global Human Rights (US).
- Nationally, ACT is registered with the Ministry of Social Welfare, Gender and Children's Affairs and is a member of the National Civil Society Movement. It also works alongside organisations including the Human Rights Commission of Sierra Leone and United Nations Peace Building in Sierra Leone (*UNIPSIL*). It participates with others in the recently formed Forum Against Harmful Practices.
- Locally, ACT is registered with the Pujehun District Council and collaborates with groups such as the Council of Churches Sierra Leone, paramount chiefs (particularly in the PangaKabonde, PangaKrim, SowaMalen, Gallinassperri and Kpaka chiefdoms), the FSU of the Sierra Leone Police and local school teachers.

Regarding community abandonment of FGM, approaches ACT uses include training and constructive engagement with traditional practitioners/Soweis, intergenerational dialogue forums, education and information-sharing with the community, and encouraging health workers to be agents of change. Outcomes of their work include:

- support groups for women and girls in six chiefdoms;
- 120 women and girls trained in women's rights and acting as peer educators and monitors, reporting acts of violence;

- a rapid response group for violence against women;
- International Women's Day commemorated in six chiefdoms; and
- programmes organised during the 16 Days of Activism for Women in the Pujehun district.

## Advocacy Movement Network (*AMNET*)

AMNet was first registered in Sierra Leone in 2006. It works throughout the country, with its main operations concentrated in Kambia, Bonthe and the Western Area. AMNet advocates for an end to all forms of violence, but particularly those against women, children and young people. It participates in the Forum Against Harmful Practices and advocates for an end to FGM through a range of activities, from community-based programmes through to policy-level and strategic campaigning.

In 2013 AMNet signed a Memorandum of Understanding with the Ministry of Social Welfare, Gender and Children's Affairs. Two key areas of cooperation include the prevention of and response to GBV, which included a study of HTPs, the passing and implementation of the law to criminalise FGM on girls under the age of 18, and child protection initiatives (including anti-FGM/teenage-pregnancy campaigns and the enrolment and retention of girls in education).

As well as a commitment to network and partner with other organisations, AMNet's activities include:

- Education programmes and workshops, including community and intergenerational dialogues where participants have pledged not to undertake FGM (for example, in Bonthe, Kambia and the Western Area).
- In the eight districts where AMNet facilitated the signing of a Memorandum of Understanding to prevent FGM being performed on minors, it works with communities to monitor and enforce the implementation of this ban and report any FGM-related issues. This work includes education programmes within schools in the Kambia, Port Loko and Bonthe districts.
- Involvement with providing start-up grants to 100 former FGM practitioners to seek alternative employment (for example, in Kambia, Port Loko and the Western Area).

## Amazonian Initiative Movement (*AIM*)

Based in the Port Loko district in the Northern Province of Sierra Leone, AIM was formed in 2002 by a group of women who had met in refugee camps during the civil war. Its primary focus is the abolition of FGM, as well as actively campaigning against forced marriage and honour-based violence. Led by Rugiatsu Turay (who currently also acts as interim chair for the Forum Against Harmful Practices), AIM uses a comprehensive, multi-pronged approach to raise public awareness about the risks of FGM, and seeks to involve a wide audience in its education programmes, including political, traditional and religious leaders, teachers, health workers and families. A key component of this work is reaching out to traditional practitioners (who are often older women with no formal education).

Major activities of AIM include:

- visiting villages to talk to traditional practitioners about the risks and harm of FGM (to date, some 700 practitioners across 111 villages have been persuaded to give up performing FGM; however, funding to educate and provide alternative employment for these women is limited);
- the provision of a safe shelter in Lunsar for girls and young women who are fleeing the threat of FGM and sexual violence (this initiative is supported by Terre Des Femmes, a non-profit, women's-rights organisation based in Berlin, Germany);
- organising ceremonies linked to the International Day of Zero Tolerance and enabling public declarations of abandonment by traditional practitioners (AIM has found that about half of these former practitioners have since joined them and gone on to become activists taking part in awareness campaigns against FGM);
- running seminars in more than 15 schools in Lunsar to educate students on human and child rights (these have led to 'clubs' being set up to allow students themselves to raise awareness in the school community through, for example, radio broadcasts and theatre projects); and
- undertaking spot checks in villages to talk with children and establish if any initiations have taken place. AIM targets the next generation, who will benefit from the eradication of FGM.

## Centre for Democracy and Human Rights (CDHR)

CDHR is based in Makeni and works across five districts in northern Sierra Leone. Funded by a range of donor partners, including the Fund for Global Human Rights (US), Accessing Justice and Security Programme (DFID) and the Big Lottery Fund through PLAN UK, CDHR undertakes three broad thematic programmes at regional, district and chiefdom/community levels:

- the promotion and protection of women and child rights;
- local governance- and democracy-building; and
- access to justice.

Within communities, CDHR works with traditional leaders, FGM practitioners, school children and parents, teachers, health workers and the police through several projects, including those that work on the collective abandonment of FGM, campaigns against domestic violence and campaigns for girls' education. Successful approaches being used in the work against FGM include intergenerational dialogue sessions, using health workers as agents of change, educating through workshops and targeting traditional practitioners/Soweis. CDHR is also a member of an Accessing Justice for Rural Women Programme (along with other national organisations).

## Community Initiative Programme (CIP)

CIP was originally established in the early 1990s by community members affected by the civil war. The organisation has grown, and its advocacy and development activities have expanded to include women's rights and the eradication of FGM as issues to be addressed in attaining the MDGs in Sierra Leone.

CIP works in over 50 communities in the northern Yoni chiefdom. Its activities focus on education, health, community enrichment, agriculture and sport. CIP conducts training and awareness campaigns on a range of issues, including FGM. It aims to engage traditional and religious leaders, FGM practitioners, and men and boys in FGM debates. It also advocates at a national level for women's rights and is part of the Forum Against Harmful Practices. CIP has further been involved with the initiative to introduce alternatives to the traditional Bondo ceremony (i.e. 'Bondo without Cutting').

## Fambul Initiative Network for Equality (*FINE*)

FINE works to shift men's attitudes towards women by challenging traditional patriarchal beliefs in communities. Following the training of hundreds of volunteer educators, FINE reached over 10,000 men across Sierra Leone with their workshops on the effects of GBV, including FGM. FINE also works with local governments to develop and improve laws that affect how men can legally treat women. Results from their activities show a 60% decrease in maternal mortality and a 75% increase in hospital births. FINE has now grown into a network of 16 organisations countrywide.

In order to begin its work on FGM in 2013, FINE first carried out three meetings of its coordinators in different chiefdoms. These meetings allowed them to develop a checklist with which to interview 1,500 men, with the aim of understanding men's roles in FGM and providing recommendations for change.

FINE's research revealed a desire for organisations to target men more, in order to help them understand girls' sexual and reproductive rights, promote better parenting, and understand the mortality rates from FGM. FINE has since produced a report on its First Consultative Forum for Men on the Accelerated Reduction of Teenage Pregnancy and Eradication of Female Genital Mutilation, in which they provide recommendations for policy-makers, chiefs and parents. It continues to use this report to aid its advocacy and grassroots-education work.<sup>3</sup>

## Freedom from Fistula

Freedom From Fistula is an INGO working in Freetown. Its work includes financing access to healthcare during pregnancy and labour, and developing fistula services across the country. Nurses and midwives are trained at their Aberdeen Women's Centre in preventing the occurrence of fistula, a common complication of FGM during childbirth.

## Graceland Sierra Leone

Graceland Sierra Leone is a CSO focused on counselling, women's rights and economic empowerment in order to reduce GBV. Formally a service providing psychosocial treatment, care and support, Graceland has expanded into capacity-building and empowerment activities for survivors of GBV and women and girls infected with HIV.

Graceland Sierra Leone has established five counselling centres in Njala, Bo, Mattru Jong, Kono and Lumley, which have offered counselling to over 2,000 individuals since their launches. Women and girls at these centres are also offered life-skills training in subjects such as agriculture and health,

and are given medical assistance if needed. Part of the Forum Against Harmful Practices, Graceland also partners with national and international organisations such as UMC Health Centre, Network on Collaborative Peace Building and the Truth and Reconciliation Working Group. The organisation is also supported by INGO Womankind to organise local events such as rallies and training sessions to promote discussions on violence against women and to train community advocacy groups.

## Men's Association for Gender Equality (*MAGE*)

MAGE is a CSO based in Sierra Leone, which operates across the country in Kailahun, Kenema, Koinadugu, Moyamba and Freetown. An organisation that tackles violence against women and girls by engaging men, MAGE has recently implemented a project entitled 'Strengthening the implementation of GBV laws and policies for gender equality and empowerment of women in Sierra Leone', into which FGM advocacy is incorporated.

MAGE targets a broad range of actors in its advocacy, including policy makers, legal practitioners, traditional and religious leaders, and excisors. Approaches adopted include collective abandonment and positive deviance. MAGE is part of a wider network of organisations working together on women's rights, including the MenEngage Africa Alliance and the Global MenEngage Network. It is also a member of the National Movement for Emancipation and Progress Sierra Leone (*NaMEP*).

## National Movement for Emancipation and Progress (*NaMEP*)

NaMEP is a coalition of 43 CSOs working for the abandonment of HTPs that affect women and children in Sierra Leone.

Its work towards the abandonment of FGM includes:

- training and awareness programmes among forum members, the community and representatives from the media;
- radio discussions and newspaper articles on issues affecting women and girls;
- engagement with central government and policy-makers;
- sharing of best practice;
- participation in events such as International Day of Zero Tolerance to FGM and International Women's Day; and
- providing a safe haven for girls seeking refuge from the threat of FGM.

## Network Movement for Democracy and Human Rights (*NMDHR*)

NMDHR was set up in 2002 after the end of the civil war. It comprises community organisations working throughout the Northern, Southern and Eastern Provinces of Sierra Leone. NMDHR is involved with the eradication of FGM in so far as it advocates for the rights of women and girls, including GBV, healthcare and teenage-pregnancy issues.

NMDHR has worked in partnership with a number of organisations, including Cordaid and Marie Stopes. During 2011–2012 NMDHR took part in a strategic project aimed at improving the reproductive rights and health conditions of rural pregnant women, lactating mothers and pregnant teens. Activities included training for healthcare workers, economic and income-generating training for teenage mothers and community-discussion programmes on local radio stations. Themes discussed included the reproductive-healthcare rights of women, monitoring of the Free Healthcare Initiative and the causes of fistula.

## Self-Help and Development Everywhere (*SHADE*)

SHADE was established in 2000 and is a CSO based in the Kambia district helping some of the poorest communities affected by the civil war. SHADE focuses on issues such as gender equality and food security and is an active member of various networks and forums, including SLANGO and the Forum Against Harmful Practices.

With financial support from the Global Fund for Women, SHADE has undertaken a number of community-sensitisation and awareness-raising programmes among local female leaders and Soweis in relation to the harmful effects of FGM. The response to these has been positive, with participants giving their full support to the project. As a result, SHADE hopes to extend its campaigns to include early marriage, teenage pregnancy and the retention of girls in full-time education.

## Taia Development Programme (*TDP*)

The TDP works in the Kori chiefdom in the Moyamba district of Sierra Leone. It works alongside other organisations in researching, advocating and implementing projects that will enhance the living standards of women, children and young people in the local area. The TDP aims to ensure food self-sufficiency within communities, prevent child abuse and promote gender equality.

The TDP advocates for women's and children's rights at all levels, including acting as an umbrella organisation for local CBOs, participating in the Forum Against Harmful Practices and extending its efforts to the Women's World Summit Foundation of the UN. Regarding efforts to eradicate FGM within Sierra Leone, the TDP undertakes community education on the health impacts of FGM and provides alternative-livelihood opportunities to Soweis (in the form of small entrepreneurship schemes).

## Voice for the Voiceless Woman (*VVW*)

Located in Bo in southern Sierra Leone, VVW works on women's and children's rights through education, capacity-building, networking and partnership activities. It participates in the Forum Against Harmful Practices and through community-based initiatives seeks to:

- enlighten women and children as to their rights and responsibilities;
- enhance women's participation in governance;
- promote non-violent attitudes towards women and children; and
- raise awareness of health issues affecting women and children, especially STIs and HIV/AIDS.

## Women Against Violence and Exploitation in Society (WAVES)

WAVES is a CSO working in three chiefdoms in the Bo district: Selenga, Bagbwe and Niawa Lenga. FGM is one of its top priorities within a broader agenda of VAWG in rural communities. WAVES is committed to increasing rural women's access to justice by breaking the norms that perpetuate discrimination against women and girls. It sees customs such as male inheritance, land rights, and male decision-making as directly linked to FGM, citing a high dependency on men as the key reason for the continuation of violence against women. To reduce this dependency, the organisation provides economic support through agricultural activities. These economic programmes have encouraged excisors to participate, as they can provide an alternative source of income, reducing their reliance on FGM as a livelihood.

WAVES also aims to end FGM by providing information and education to communities. It seeks not only to change perceptions in communities, but also to affect influencers such as chiefs, parents and excisors, whom it encourages to sign its Memorandum of Understanding to Stop Child FGM/C. Its training and outreach sessions about local laws on violence against women have reached over 200 people.

Over the past few years, WAVES has partnered with the Advocacy Movement Network in order to raise awareness on abandoning FGM in eight of the 14 districts of Sierra Leone. The organisation is also part of the Forum Against Harmful Practices. Its main supporter is Womankind Worldwide UK, which provides funding and on-the-ground support.

## Women's Action for Human Dignity (WAHD)

WAHD was formed in 2003 in Makeni in the Northern Province of Sierra Leone to work on women's empowerment, gender equality, education, agriculture and governance. The organisation advocates for the implementation of legislation on women's rights and trains court monitors to follow cases for women. WAHD also conducts radio and community education on legal rights and women's political participation; provides women's-rights and advocacy-skills training for women; and trains decision-makers on the importance of girls' education, ending HTPs (including FGM) and reducing maternal mortality.

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- 1 Health Research Web (undated) *Sierra Leone*. Available at [https://www.healthresearchweb.org/en/sierra\\_leone/keygroups\\_4374](https://www.healthresearchweb.org/en/sierra_leone/keygroups_4374).
  - 2 The International Center for Not-for-Profit Law (undated) [website]. Available at <http://www.icnl.org/research/monitor/sierraleone.html>.
  - 3 FINE (2013) 'Men taking the lead as fathers and husbands to end Female Genital Mutilation/Cutting', *Mamaye!*.

# Challenges Faced by Anti-FGM Initiatives

There are many challenges faced by anti-FGM initiatives, and a number of activists have left Sierra Leone due to **death threats**. Four activists reportedly stopped working for the anti-FGM campaign group AIM after receiving death threats.<sup>1</sup> Persecution for fighting FGM in Freetown remains prevalent, despite wide-spread anti-FGM campaigning. In March 2014, a CSO called Conscious Family launched a campaign called 'say no to bondo'. Since then, the organisation's leader has gone into hiding under threat from Bondo members.<sup>2</sup> This often-challenging environment makes it difficult for organisations working on FGM to declare their specific interests and advertise their work.

*'A pattern emerges where FGC is used as a kind of symbolic weapon to make a statement in the setting of the anti-FGC debate, but in a way that itself contradicts the way in which Bondo practice is socially justified.'*<sup>3</sup>

The greatest obstacle for anti-FGM groups is **Soweis from the Bondo societies**. The fact that FGM takes place within exclusive societies in Sierra Leone makes eradication efforts challenging. It is for this reason that Sierra Leone has been described as 'ground zero' in the fight to eradicate FGM.<sup>4</sup>

There are numerous reports of **forced initiation** as punishment for speaking out against FGM. Bosire notes that 'young girls [are] being initiated forcefully after the slightest accusation of breaking Bondo law. The Soweis believe that they should initiate girls before they are "taken up" by the human rights discourse.' In Bo in 2009, uninitiated girls were abducted from a Bondo coming-out celebration and taken to the bush for initiation.<sup>5</sup> In May 2014 a nine-year-old girl in Bongama died of a haemorrhage after being forcefully initiated on the charge of breaking Bondo law. Her family could not pay the fine the Bondo women imposed.<sup>6</sup>

**The Government** is hesitant to address FGM, and this is another major obstacle. In 2011 it was recorded in the *Concord Times* that politicians were expending huge resources to promote FGM as a campaign strategy to gain electorate popularity ahead of the 2012 presidential and parliamentary elections. Furthermore, the UK House of Lords' judgment in favour of a young Sierra Leonean woman who had claimed asylum in the UK due to a fear of forced initiation provoked a strong reaction from the Sierra Leone Government. A spokesman condemned the asylum claim on the grounds that Bondo initiation is entirely voluntary and that the asylum seeker was besmirching Sierra Leone's international reputation.<sup>7</sup>

There are numerous **infrastructure-related challenges** to the work of campaigners. The lack of roads in rural areas, the lack of electricity in rural communities, the limited or non-existent access to computers/the internet and the incomplete coverage of mobile phones make communication and coordination difficult.

The **lack of sustainable funding** is cited by several organisations in direct contact with 28 Too Many as being a major limitation to effective, long-term programming.

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- 1 Dr. Richard Fanthorpe (2007) *Sierra Leone: The Influence of the Secret Societies, with Special Reference to Female Genital Mutilation*. Available at <http://www.refworld.org/docid/46cee3152.html>.
  - 2 Ishmael Kindama Dumbuya (undated) 'Human Rights advocate hides for campaigning against women's liking in Sierra Leone', *Standard Times Press*. Available at <http://standardtimespress.org/?p=69>.
  - 3 Obara Tom Bosire (2012) *The Bondo Secret society: female circumcision and the Sierra Leonean state*. [PhD thesis.]
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  - 5 Obara Tom Bosire, *op. cit.*
  - 6 United Nations Sierra Leone (undated) *Statement on the Death of a 9 Year Old Sierra Leone Girl*. Available at <https://sl.one.un.org/2014/05/30/statement-on-the-death-of-a-9-year-old-sierra-leonean-girl/>.
  - 7 BBC News (2006) *S Leone anger at FGM asylum in UK*, 19 October. Available at <http://news.bbc.co.uk/2/hi/africa/6065682.stm>.

# Conclusions

28 Too Many recognises that each country where FGM exists requires individualised plans of action for elimination to be successful. We propose the following general conclusions, many of which are applicable within the wider scope of international policy and regulation and some of which are specific to Sierra Leone.

## Adopting Culturally Relevant Programmes

As FGM is part of girls' initiation ceremonies into Bondo societies, programmes need to be sensitive to the cultural, political, and socio-economic role Bondo plays in Sierra Leonean life. Some practitioners view attacks on FGM as attacks on Bondo; hence efforts must be made to preserve the social and cultural significance of Bondo without cutting (through programmes such as ARPs). Anti-FGM programming must address the institution of Bondo and engage with its initiates. Programmes helping Soweï to find alternative sources of income should be used in parallel with other strategies; for example, education, health and men's involvement.

## Sustainable Funding

Programmes and research studies concerned with the elimination of FGM require sustainable funding in order to be effective. This is a challenge in Sierra Leone, given that the Government does not support the eradication of FGM and has recently imposed restrictions on NGOs. Sierra Leone is also in a period of recovery following the civil war; the country still faces extreme poverty and relies heavily on foreign aid. Continued publicity of current FGM practices at a global level, particularly through the UN and the WHO, is crucial for ensuring that NGOs and charities are given support and resources long term. Prioritising charitable aid and grant funding is inherently challenging, and programmes for ending FGM are given less attention than those related to the health and poverty crises. However, as is discussed in this report, FGM is a focal issue connected to these crises and directly relates to several of the MDGs.

## FGM and The Millennium Development Goals

Considering FGM within the larger framework of the MDGs conveys the significant negative impact FGM makes on humanity. Stopping FGM is connected to the eradication of extreme poverty and hunger, the promotion of universal primary education and gender equality, reducing child mortality, improving maternal health and combating HIV/AIDS. Relating FGM to wider social crises is important when creating grant proposals and communicating anti-FGM initiatives to a wider audience, because it highlights the need for funding anti-FGM programmes and research for broader social change. There has been a momentum for change, with the UN global ban on FGM in December 2012 and the UN CSW 57 focusing on violence against women and girls, including FGM. We hope that this momentum is continued and that violence against women and FGM are reflected in the post-MDGs agenda.

## FGM and Education

The rate of literacy is low in Sierra Leone, and, despite primary education being free and compulsory, many children do not have access to schools. Education is a central issue in the elimination of FGM. The lack of basic education is a root cause of the perpetuation of social stigmas surrounding FGM as they relate to health, sexuality and women's rights. FGM hinders girls' abilities to obtain basic education and prevents them from pursuing higher education and employment opportunities. This lack of education directly relates to issues surrounding child marriage. We recommend that organisations continue to provide programming related to education for boys and girls, and that the Government makes efforts to comprehensively report on education conditions.

## FGM, Medical Care and Health Education

Sierra Leone continues to have some of the poorest health indicators in the world. There are shortages in basic equipment, infrastructure and the availability of healthcare professionals. 28 Too Many encourages the Government, foreign aid bodies and other organisations to continue improving healthcare with the aim of meeting the MDGs related to child mortality, maternal health and infectious diseases. Education programmes on health, particularly sexual health, are extremely important for Sierra Leone, given the high rates of teenage pregnancy. We applaud the work that has already been done by Freedom From Fistula and encourage further programming and research into the relationship between fistula and FGM. As many women and girls are unaware of the health complications surrounding FGM, we recommend that the Ministry of Health and Sanitation and other organisations continue their programming efforts, raising awareness of these risks.

## FGM, Advocacy and Lobbying

Advocacy and lobbying is essential to ensure that the Government continues to be challenged on its hesitancy to criminalise FGM and to support programmes that tackle FGM.

## FGM and the Law

Though the Government of Sierra Leone has made many positive steps towards safeguarding the rights and wellbeing of women and girls by ratifying three gender laws, more work is needed to implement the legislation and effectively combat FGM. We recommend that the Government outright criminalise FGM.

Greater support is needed to enforce district and community by-laws that prohibit FGM on girls under 18. In particular, the Child Rights Act needs to be better enforced. Further work is needed to reinforce the age at which a girl legally becomes a woman (18) versus the customary belief that initiation marks the transition to adulthood.

## FGM in the Media

Media has proven to be a useful tool against FGM and in advocating for women's rights. 28 Too Many supports the work that has been done with media on FGM and encourages these projects to

continue. Diverse forms of media should be used (including formal and informal media) to promote awareness of FGM and advocate for women's rights at a grassroots level. In Sierra Leone, radio is an important form of communication and should be optimally used for programming related to health issues, FGM and women's rights.

## FGM and Faith-Based Organisations

With over 80% of the population in Africa attending a faith building at least once a week, religious narratives are essential for personal understanding, family and society. Faith-based organisations are major agents of change, and their international, regional, national and local presence and structures offer platforms for teaching, education, support and health provision. They can also work with global bodies such as the UN and its agencies.

## Communication and Collaborative Projects

There are a number of successful anti-FGM programmes currently operating in Sierra Leone, with the majority of the progress beginning at the grassroots level. We recommend continued efforts to communicate this work more publicly and encourage collaborative projects. A coalition against FGM will be a stronger voice in terms of lobbying and will be more effective in obtaining sustainable funding and achieving programme success, and efforts in Sierra Leone are headed in this direction.

The strengthening of such networks of organisations working against FGM, and more broadly on women's and girls' rights; the integration of anti-FGM messages into other development programmes; and the sharing of best practice, success stories, operations research, training manuals, support materials, advocacy tools and links/referrals to other organisations will all strengthen the fight against FGM.

## Further Research

There is a need for further research and up-to-date data on the prevalence of FGM that includes infants and girls under 15 years old, so as to capture recent trends. The reported rise in Type III FGM (infibulations) needs urgent further study to confirm the data and stop the trend towards this most extreme form of FGM.

# Appendix I

## *List of International and National Organisations Contributing to Development Goals and Women's and Children's Rights in Sierra Leone*

Action Aid

Action for Community Task (*ACT-SL*)

Advocacy Initiative for Development (*AID*)

Advocacy Movement Network (*AMNet*)

Advocacy of Democracy and Human Rights (Sierra Leone) (*ADHR*)

AdvocAid

Amazonian Initiative Movement (*AIM*)

Campaign for Good Governance (*CGG*)

Campaign on Accelerated Reduction of Maternal, New born and Child Mortality in Africa (*CARMMA*)

CARE International

Caritas Sierra Leone

CAUSE Canada

Centre for Democracy and Human Rights (*CDHR*)

Centre for Safe Motherhood, Youth and Child Outreach (*CESMYCO*)

Children of the Nations International (*COTNI-SL*)

Christian Aid

Christian Health Association of Sierra Leone (*CHASL*)

Christian Outreach Justice Mission (*COMINS-SL*)

Coalition for All Women's Organisations (Kailahun)

COMAHS (University of Sierra Leone)

Community Initiative Programme (*CIP*)

Concern Worldwide

Cooperazione Internazionale (*COOPI*)

Council of Churches in Sierra Leone (*CCSL*)

Defence for Children International Sierra Leone (*DCI-SL*)

Democracy and Development Associates (*DADA-SL*)

Department for International Development (*DfID*)

Deutsche Gesellschaft für Internationale Zusammenarbeit (*GIZ*)

EducAid

Enhancing the Interface between Civil Society and the State (*ENCISS*)

Fambul Initiative Network for Equality (*FINE*)

Foundation for Women's Health, Research and Development (*FORWARD*)

Freedom From Fistula

Graceland

Health Poverty Action

Human Rights Commission of Sierra Leone (*HRC-SL*)

Human Rights Respect Awareness Raising Campaigners Sierra Leone (*HURRARC-SL*)

IBIS (Sierra Leone)

Inter African Committee Sierra Leone (*IACSL*)

International Rescue Committee

Katanya Women's Development Association (*KAWDA*)

LemonAid Fund

Leitner Center for International Law & Justice

Marie Stopes

Masanga Education Association (*MEA*)

Men's Association for Gender Equality (*MAGE*)

Midwives on Missions of Service (*MOMS*)

National Movement for Emancipation and Progress (*NaMEP*)

Network Movement for Democracy and Human Rights (*NMDHR*)

Network Movement for Justice and Development (*NMJD*)

Oxfam

PLAN International

Planned Parenthood Association of Sierra Leone (*PPASL*)

Praise Foundation

Rehabilitation and Development Agency (*RADA*)

Save the Children

Self-Help and Development Everywhere (*SHADE*)

Service for Peace – Sierra Leone Chapter (*SFP-SL*)

Street Child of Sierra Leone

Taia Development Programme (*TDP*)

Tearfund

The Fund for Global Human Rights

The Global Network of Women Peacebuilders (*GNWP*)

Thorough Empowerment & Development for Women & Girls in Sierra Leone (*TEDEWOSIL*)

Tinap for Peace and Development Organisation (*TIPDO*)

Trocaire

United Nations Children's Fund (*UNICEF*)

United Nations Development Programme (*UNDP*)

United Nations Population Fund (*UNFPA*)

UNIFEM

UN Women

United Rural Development Organisation (*URDO*)

US Agency for International Development (*USAID*)

Voice for the Voiceless Woman (*VVW*)

War Child

Womankind

Women Against Violence and Exploitation in Society (*WAVES*)

Women in Action Against GBV

Women's Action for Human Dignity (*WAHD*)

Women's Partnership for Justice and Peace (*WPJP*)

World Health Organization (*WHO*)

World Vision International

Youth and Regional Development (*YARD-SL*)

Youth Partnership for Peace and Development (*YPPD*)

