

FGM/C IN LIBERIA: KEY FINDINGS

September 2019

In Liberia, among women and girls aged 15–49, the prevalence of Sande membership is 44.4%.¹

Sande membership serves as a proxy for female genital mutilation/cutting, as cutting is part of Sande initiation.

FGM/C Prevalence

Refer to Country Profile pages 52–53.

Due to the taboo nature of female genital mutilation/cutting (FGM/C) in Liberia, little official research has been conducted into the prevalence of the practice outside of Liberia’s secret women’s society, which is known as Sande. Sande uses initiation rituals for membership that involve FGM/C within the bush schools they operate.² Girls are cut as part of an initiation, during which they are also taught about local customs, sex, personal hygiene and housekeeping skills. Sande members are from various ethnic groups, including the Kissi, Loma, Gbandi, Gola, Vai, Belle, Kpelle, Mano, Sapo, Mende, Bass and Dan (Gio).

Instead of research on FGM/C, Demographic and Health Survey (DHS) respondents are asked if they are members of Sande. There is anecdotal evidence that FGM/C is also performed on women who are not members of Sande; therefore, any estimates of FGM/C prevalence based solely on Sande membership should be used with caution. However, until further research can be done, the only estimation of the prevalence of FGM/C is based on the prevalence of Sande membership.

In 2013, 44.4% of women aged 15–49 were members of Sande,³ compared to 58.2% in 2007.⁴ However, the 2013 data shows a drop in membership from 66.1% of the oldest age cohort to 26.4% of the youngest (Figure 1).⁵

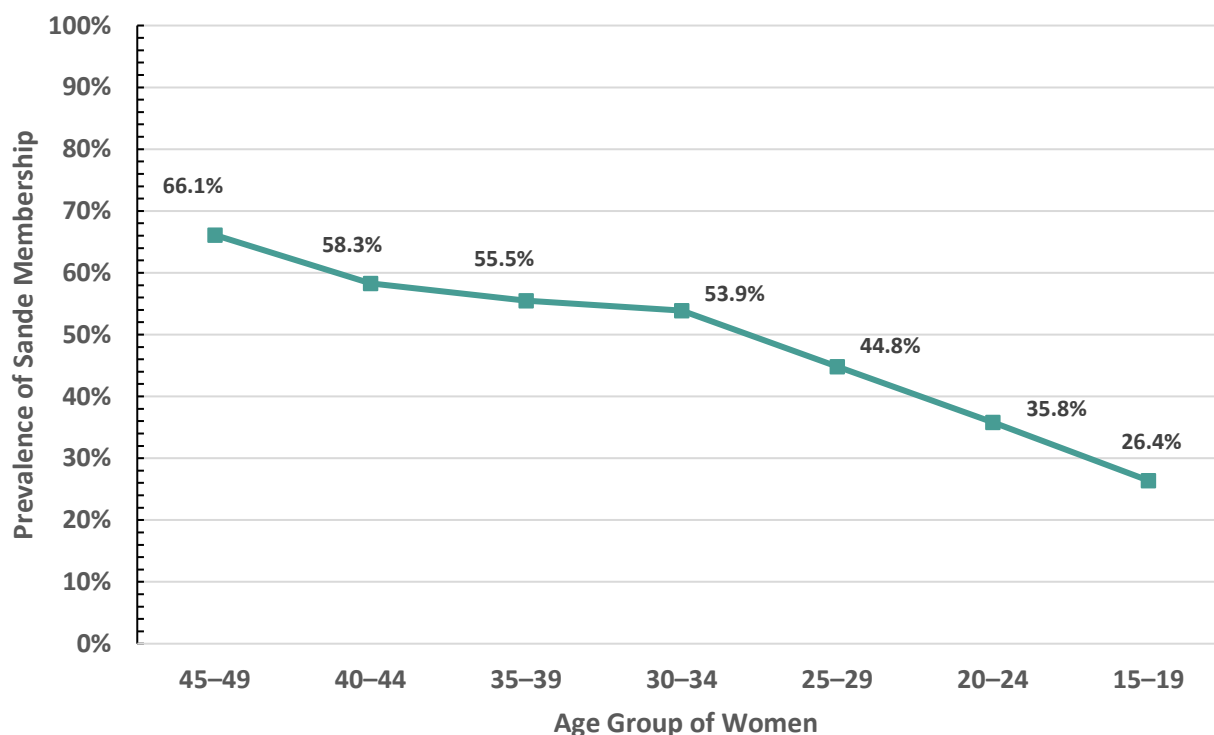


Figure 1: Percentage of Liberian women aged 15–49 who are Sande members⁶

The DHS 2013 reveals a clear trend toward a lower prevalence of Sande membership among women aged 15–49 who are in the higher wealth quintiles than among those in the lower quintiles. 58.4% of women aged 15–49 years in the lowest wealth quintile are Sande members, compared to 26.3% in the highest wealth quintile.⁷

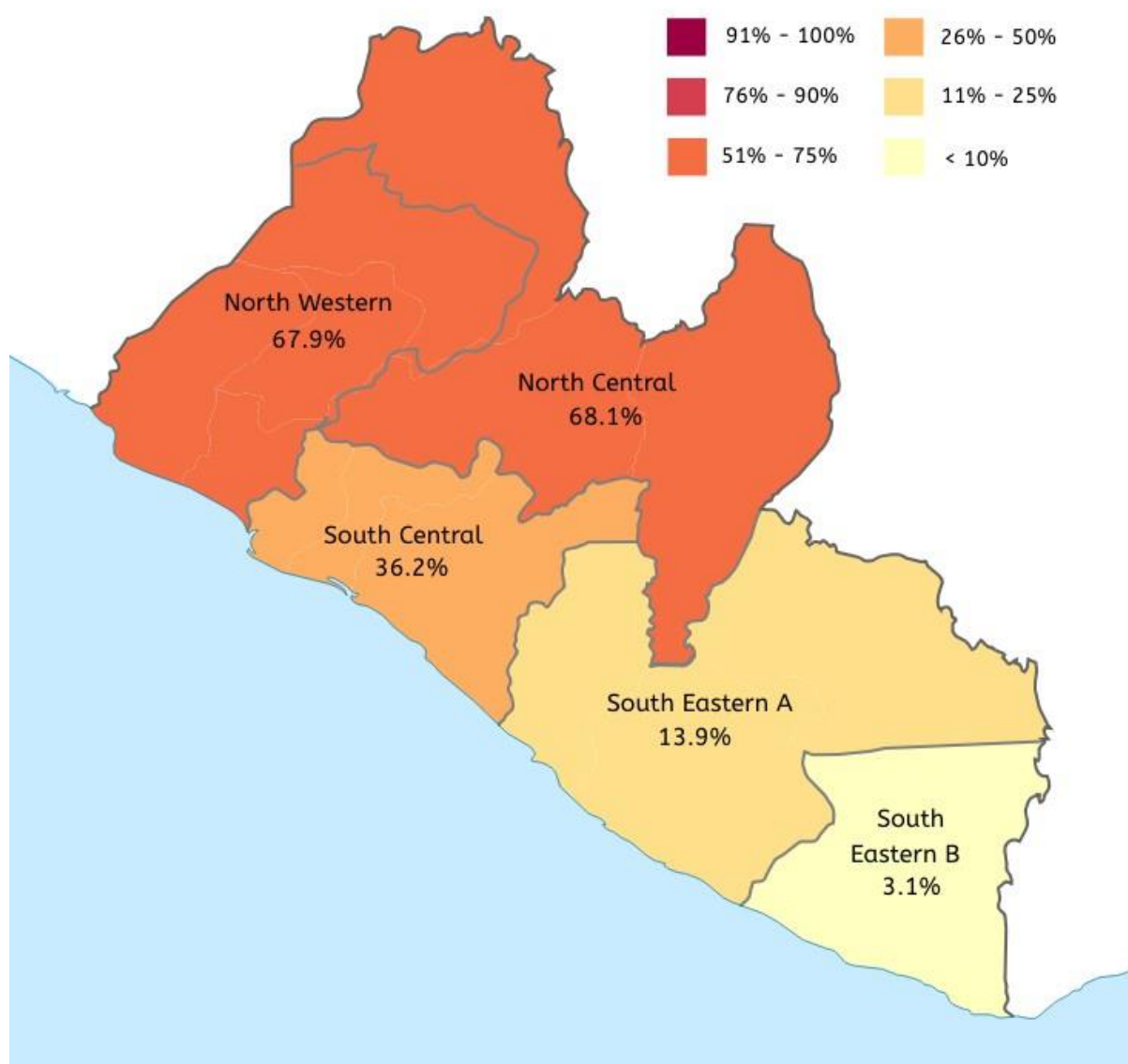
Where

Refer to Country Profile pages 53–56.

FGM/C is practised in at least 11 counties of Liberia: Lofa, Nimba, Grand Bassa, RiverCess, Gbarpolu, Montserrado, Margibi, Grand Cape Mount, Bomi, Bong and Grand Gedeh (Figure 2).

Prevalence is also **reportedly increasing in some areas** (for example, the south-east of Liberia, particularly due to migration of practising groups).⁸

Membership is **higher in rural areas** (55.6%) than in urban areas (36.0%).⁹



*Figure 2: Prevalence of Sande membership across Liberia's regions, 2013¹⁰
(© 28 Too Many)*

Why

Refer to Country Profile pages 15 and 47.

The practice of FGM/C in Sande society in Liberia **symbolises a girls' entrance into the community and serves as a way of controlling promiscuity and preparing her for marriage.**

Sande membership is central to the lives of its members, affording them a measure of political autonomy, respect within the community, freedom of movement and association when the Sande bush school is in session, and **power within their communities** to mediate relationships and the conditions in which women live.

Law

Refer to Country Profile pages 40–45.

There is currently **no national legislation in Liberia that expressly criminalises the practice of FGM/C.**

In 2016, the National Working Group Against FGM, which consists of stakeholders and civil-society organisations that wish to see an end to FGM/C in Liberia, drafted a **national FGM/C bill** to criminalise the practice. Based on best-practice laws identified across Africa, this draft legislation sets out a comprehensive set of articles and associated penalties. However, there remains much opposition to banning FGM/C by traditional leaders and practising communities, and the draft bill has yet to progress through formal testing and consultation.

Understanding and Attitudes

Refer to Country Profile pages 61–65 & 67.

The DHS 2013 found that **89.2% of Liberian women aged 15–49 have heard of the Sande bush society**; of those, 49.8% are members and 39.3% of members thought the society should stop. (By 28 Too Many’s own calculations, based on the DHS 2013 data, 44.4% of all Liberian women are Sande members.)

A small study by **Women Solidarity Inc. (WOSI)** shows that, in the six counties surveyed, more than half of the respondents (61.3% of men and 59.2% of women) believe that Sande society is not good for the community, compared to 31.8% who believe that it is good.¹¹

The prevalence of FGM/C among women aged 15–49 who are **Christians** is 89.5%, among those who are **Muslim** is 87.5% and among those who practise ‘**no religion**’ is 87.3%. There is insufficient data available on the prevalence among those who practise **traditional religions**.¹²

CASE STUDY: BLESSING

An FGM/C case reported in the Liberian press in June 2014 concerning a ten-year-old girl, Blessing*, illustrates that forced initiation into Sande society is a major issue in Liberia. Blessing was caught and forcefully initiated into the Sande society, without her mother’s knowledge, because she strayed too close to the Sande bush. On an errand for her mother, Blessing was drawn to the sound of drumming and she was then taken captive. Blessing described how she spent most of her month-long imprisonment doing washing up, but also that she was blindfolded, held down and forced to undergo FGM/C; her wound was treated with a leaf.

As well as the suffering she endured from her capture and forced FGM/C, Blessing feared that she was to blame for this as she should have stayed away. Furthermore, her mother was forced to pay a fine to have her released from the bush after four weeks.¹³ In a follow-up comment on this story, radio journalist Claudia Smith wrote that Blessing’s mother has since died of Ebola. This story is one of many of forced initiation in Liberia, and also now just one of many stories of the terrible impact of Ebola.

**Name changed for protection*

Age & FGM/C Types

Refer to Country Profile pages 53 and 57.

There are **no statistics for the age at which FGM/C is performed** in either the DHS 2007 or the DHS 2013. Traditionally, girls between the ages of 8 and 20 were initiated into Sande as part of a rite of passage into womanhood, adult responsibility and marriage, although there are reports of much younger girls being initiated.

It can be inferred from the literature that Types I and II (according to the WHO's classifications of FGM/C) **are most commonly practised** in Liberia, but current DHS data on the types of FGM/C practised is not available.

Practitioners of FGM/C

Refer to Country Profile page 57.

The practice of FGM/C is **primarily conducted by Zoes**, heads of the Sande bush schools. Zoes are often traditional birth attendants as well.

There is very **little evidence of medicalised FGM/C** in Liberia.

Work to End FGM/C

Refer to Country Profile pages 85–105.

There are numerous **organisations working to eradicate FGM/C** using a variety of strategies centred around discussions on human rights, advocating for women's and girls' rights, hosting community forums, lobbying and campaigning through the media.

For instance, **NATPAH**, the national committee partner for the Inter-African Committee, works on raising awareness of the harmful effects of FGM/C. It has created a successful programme for facilitating alternative livelihoods for Zoes.

The Association of Disabled Families International holds community forums and has hosted over 45 workshops on issues related to FGM/C.

In 2013, **Women Solidarity Inc.** conducted a survey to understand attitudes towards FGM/C. It participated in radio talk shows, lobbying for an anti-FGM/C law, as part of the 2014 International Day of Zero Tolerance for FGM.

To prove its commitment and fulfil its legal obligation to eradicate FGM/C, Liberia will need to adopt and implement laws, policies and programmes that work towards the elimination of FGM/C and all other forms of violence against women.

Challenges Moving Forward

Refer to Country Profile pages 106–107.

What challenges remain for Liberia in eliminating FGM/C?

- **State of civil unrest and the Ebola crisis.** Any progress the country had been making were halted and even reversed by Ebola as school was cancelled and an insufficient healthcare system was further crippled. NGOs reported to 28 Too Many that many of their resources were diverted away from anti-FGM/C programmes and toward facilitating Ebola education and supporting women's lives in general.
- **The taboos surrounding FGM/C and Sande.** As FGM/C mostly takes place within secret societies, Zoes have high levels of control over the women in their communities. The aftermath of the civil war reportedly strengthened their positions in communities, because NGOs' inclusiveness rules require a mix of participants in programmes and workshops, thereby reinstating power structures and restricting the voices of those fearful of speaking in the presence of Zoes or other elders. There have been numerous reports of forced initiation to Sande (in other words, forced FGM/C) as punishment for speaking out against the practice and of young girls being forcibly initiated after the slightest accusations of breaking Sande law. Sande membership and, thus, FGM/C are deeply embedded social norms and serve as rites of passage into society, womanhood and marriage. It appears that there is movement toward separation of FGM/C and Sande initiation in recent years. However, long-term dialogical approaches are critical to shifting these norms and catalysing the influence of traditional elders and society leaders to promote change.
- **A distinct lack of accurate data and funding.** The secrecy of the Sande community makes it challenging and dangerous for advocates and organisations working against the practice to speak out for change in their communities. It also makes open research difficult to conduct and puts limitations on the already-difficult process of obtaining sufficient, sustainable funding.
- **No laws prohibiting FGM/C.** The lack of a law makes it challenging for the judicial system to prosecute cases and discourage FGM/C. Despite suspensions of Sande after death threats made to a journalist and because of Ebola, the Government remains hesitant to make FGM/C expressly illegal. Pressure not to prohibit 'cultural traditions' is extremely strong.
- **Little involvement by male activists and faith leaders.** Both cohorts could help to spread anti-FGM/C messages in their communities and break taboos.
- **Misunderstandings of women's bodies and FGM/C.** There appears to be a need for more education on women's bodies, sexual health and FGM/C for both adolescents and adults.
- **Illiteracy.** The rate of illiteracy is especially high for women, meaning education through the distribution of printed material about FGM/C and related issues is ineffective for a large percentage of the population.
- **Transport and infrastructure in remote locations.** Remote rural areas, where FGM/C prevalence is often highest, present difficulties in terms of access and a lack of infrastructure and media coverage, making scaling up programmes difficult.

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- 1 ***The formula used to adjust the DHS 2013 figures (p.276) to show the percentage of all women (aged 15–49) in Sande is as follows:
Number of all women in survey: 9,239; number of women who are members of Sande: 4,105
 $4,105 / 9,239 \times 100 = 44.4\%$***
 - 2 Christine K. Tarr-Attia, Grace Hawa Boiwu and Guillermo Martínez-Pérez (2019) “‘Birds of the same feathers fly together’”: midwives’ experiences with pregnant women and the FGM/C complications – a grounded theory study in Liberia’, *Reproductive Health* 16(18). Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6376772/>.
 - 3 ‘**DHS 2013**’: Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and ICF International (2014) *Liberia Demographic and Health Survey 2013*. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and ICF International. Available at <https://dhsprogram.com/what-wedo/survey/survey-display-435.cfm>.
 - 4 ‘**DHS 2007**’: Liberia Institute of Statistics and Geo-Information Services (LISGIS) [Liberia], Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and Macro International Inc. (2008) *Liberia Demographic and Health Survey 2007*. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and Macro International Inc. Available at <https://dhsprogram.com/what-we-do/survey/survey-display-271.cfm>.
 - 5 - DHS 2013, p.276.
- DHS 2007, pp.214–215.
 - 6 DHS 2013, p.276 (adjusted by 28 Too Many).
 - 7 DHS 2013, p.276.
 - 8 *Anecdotal evidence provided to 28 Too Many by the National Working Group Against FGM in Liberia.*
 - 9 DHS 2013, p.276.
 - 10 DHS 2013, p.276 (adjusted by 28 Too Many).
 - 11 WOSI (2013) *Baseline Study Report: On the Knowledge, Perceptions and Attitudes of the Practice of Female Genital Mutilation in Six Districts in Nimba, Bong and Margibi County/Liberia* [no longer available online].
 - 12 DHS, p.242 (adjusted by 28 Too Many).
 - 13 Liberian Daily Observer (2014) *They Cut it and Put the Leaf There*, 25 June.