COUNTRY PROFILE:

FGM IN LIBERIA

First Edition: DECEMBER 2014
Second Edition: SEPTEMBER 2019

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

28 TOO MANY

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Second Edition

Efua Dorkenoo OBE

1949–2014

28 Too Many dedicates this report to Efua Dorkenoo.

A courageous and inspirational campaigner, Efua worked tirelessly for women's and girls' rights and to create an African-led global movement to end Female Genital Mutilation.

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Foreword to the 2014 Edition

Since I first researched FGM in Liberia in 2012, the progress made towards ending this harmful traditional practice has been taken over by a new and urgent crisis – tackling Ebola. This has not only impacted the anti-FGM work of our partners, but has become embedded in the core of society. As well as the many lost lives (2,963 deaths in Liberia as of 18 November 2014), Ebola is affecting the social norms of women hugging and men handshaking in greeting and funeral customs that have never before been challenged.

Ebola has also shattered the health sector, as health workers are among those most likely to be infected. In addition, women cannot access care during childbirth, and we know that over 34 doctors have left the country, which already had a poor health infrastructure. Schools have closed and radio lessons are being broadcast instead. Reportedly, the majority of those contracting the virus are women who are primary caregivers, which results in their loss having a deeper impact on the physical and mental wellbeing of their families and communities. 30% of Liberian households are headed by women,[1] and far more women than men are employed in the informal or agricultural sector, so Ebola has devastating consequences on the social and economic welfare of Liberia.

However, many in Liberia and across West Africa are showing great courage and resilience. One positive role model is Fatu Kekula, a 22 year old nursing student who survived Ebola and nursed most of her family to health – an example of up-to-date medical knowledge being put to positive use.

Since September, the Liberian Government has declared that the *Sande* secret societies' initiation activities, which include FGM, should be suspended, but it is reported that some initiations are still continuing. It is telling that arrests are threatened for breaking the anti-Ebola mandate, but not for committing FGM. The case of 'Blessing' at the end of this Foreword highlights the horror of kidnapping for forced FGM.

Liberia fits into a wider context in which, globally, one girl undergoes FGM every ten seconds, making up a staggering figure of 3 million a year. If we do not act now, 30 million girls just across Africa will have had FGM by 2024 – to add to the 140 million alive today who have already experienced it. While we at 28 Too Many are initially focussing on Africa and the global diaspora, we are also aware of the increase of FGM in the Middle East and Asia.

Due to the highly taboo nature of discussing FGM in Liberia, the main datasets available to 28 Too Many at the time of publishing this Country Profile (the 2007 and 2013 Demographic and Health Surveys) discuss FGM prevalence in terms of the membership of Sande society, although it is acknowledged that FGM may still occur among non-members. In 2013, 44.4% of women aged 15–49 were members of Sande, compared to 58.2% in 2007. However, the 2013 data shows a drop in membership from 66.1% of the oldest age cohort to 26.4% of the youngest. As is often the case, it is difficult to disentangle how much of this drop is due to a genuine reduction in Sande membership and how much is due to under-reporting, perhaps as a result of anti-FGM campaigns in the media and by the Government.

There remains a strong taboo against speaking about FGM in Liberia. This is coupled with the fear of retribution, including forcible FGM, if one is seen to be working on anti-FGM projects, and this affects international non-governmental organisations, non-governmental organisations, journalists and the general public. However, there appears to be a weakening of the taboo in that more

women are speaking out loudly against all forms of FGM, notably Phyllis Kimba at NATPAH and journalist Mae Azango. They are supported by the growing international movement against FGM.

There is no law against FGM in Liberia, and there is not currently sufficient political will to address ending FGM or enforce policies to ensure that Sande schools are held outside of term times. This adds to the continuing disparity of boys' and girls' education opportunities.

As FGM is performed as part of the Sande initiation, there is a danger that, while non-governmental organisations are instituting culturally relevant and sensitive interventions around Sande and supporting the call for an end to forcing children into the bush for FGM, they may take a culturally relativist stance on abolishing FGM for children only and miss the wider point – that FGM is a violation of women's as well as girls' human rights.

We also see little involvement of faith leaders in ending FGM in Liberia and hope that this can be addressed in the post-Ebola era, when orphans and widows stigmatised by being affected by Ebola will need to be integrated back in the community. Here, there is a potential role for correcting false beliefs about causes of disease and mortality and providing education on FGM at the same time as dispelling myths around it.

One aspect of hope is that Sande initiations are officially banned at the time of this report. We hope that the ban on FGM as part of initiations continues as Liberia recovers from the Ebola outbreak, and that the successful interventions mentioned in our Executive Summary and Conclusions can be universally adopted as a strand of development work when agencies and overseas governments help Liberia rebuild its infrastructure.

I look forward to visiting Liberia next year, and in the meantime we continue to support our partners in their fights against Ebola and FGM.

Dr Ann-Marie Wilson
28 Too Many Executive Director

CASE STUDY: BLESSING

An FGM 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; her wound was treated with a leaf.

As well as the suffering she endured from her capture and forced FGM, 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.[2] 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*

1 The World Bank (2009) 'Liberia', *Female headed households (% of households with a female head)* [online].
2 Liberian Daily Observer (2014) *They Cut it and Put the Leaf There*, 25 June.

Foreword to the 2019 Edition

Five years on from our original Country Profile on FGM in Liberia, we wanted to revisit some of the statistical analyses to better understand the practice of FGM in the country. While a new Demographic and Health Survey is due to take place in Liberia across the next 12 months, those working to end the practice are still dependent on the 2013 survey. This data is based solely on membership of Sande, which, as we increasingly hear from activists in country, is not truly representative of all the women and girls who are still subjected to FGM. We hear of forced initiations still taking place, including on those who do not support Sande or are not members, and it therefore continues to be a concern that current prevalence figures are an underestimate of the true picture.

We have, therefore, updated elements of the original report to present a clearer analysis of the available data and to put it into context, given its limitations. While we have not updated the information on national and international non-governmental organisations in this edition, many of those that were profiled in 2014 continue to work in communities throughout the country.

Since the end of the Ebola crisis of 2014/2015, Liberia has elected a new president, upon whom much responsibility rests to bring the country back on course in both the health and education sectors, and to encourage the work to end violence against women and girls. While a temporary Executive Order banning FGM was not enforced and has now lapsed, we are pleased to report that civil society is working tirelessly to urge the new Liberian Government in the direction of criminalising FGM under national legislation. Most recently, in July 2019, President Weah signed into law the Domestic Violence Bill. FGM, although sadly excluded from this law, will reportedly now be considered as a 'standalone' bill.

On the International Day of the African Child in June 2019, civil-society organisation (*CSO*) leaders in Liberia stated:

> *'We as CSOs are calling on members of the 54th Legislature to consider the passage of the Domestic Violence Act, and also call on President George Weah to either extend the Executive Order #92 on female genital mutilation (FGM) that has expired, a document that criminalizes the practice of the FGM on persons below 18; or issue another Executive Order to address FGM, a practice that remains on the increase in the country, while endeavoring to legislate to end FGM.'*[1]

Encouragingly, Liberia has also been present at many of the pan-African and regional conferences held in recent months to advocate for an end to FGM. This is good progress, yet must be matched with concrete action to protect all Liberian women and girls.

We hope to meet President Weah's representative at the Commission on the Status of Women (CSW64) in New York in 2020.

Dr Ann-Marie Wilson
28 Too Many Executive Director

1 Attorney Margaret Nigba cited in David A. Yates (2019) '"We Need More Action to Protect Children"', *Daily Observer*, 18 June. Available at https://www.liberianobserver.com/news/we-need-more-action-to-protect-children/.

Information on Country Profiles

Background

28 Too Many is an international research organisation created to end FGM in the 28 African countries where it is mainly 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 where knowledge and tools enable influencers and in-country anti-FGM campaigners and organisations to make sustainable change to end FGM. We are building a global information base, which includes detailed country profiles for each country practising FGM. Our objective is to encourage all those working in the anti-FGM sector to share knowledge, skills and resources. We also campaign and advocate internationally to bring change and support community programmes to end FGM.

Theory of Change

28 Too Many effects change by:

1. Collating and Interpreting Data (Research)

We present data in a number of ways, primarily through Country Profile Reports and Thematic Papers, with additional research products as required. To support our aims, we make this research available globally.

2. Influencing Influencers (Top-Down Approach)

Using the data we have collated, we engage influencers, encouraging them to advocate for change (of policy, legislation, etc) within their spheres of influence.

3. Equipping Local Organisations (Bottom-Up Approach)

Based on our research, we develop and distribute advocacy materials and training tools that local organisations can use to bring effective change at a community level. We also support community organisations by highlighting their work and sharing examples of best practice through both our research products and global communications.

Ultimately, change happens when policy and legislation (top-down) align with community action and education (bottom-up). Our approach is to play a catalytic role in both and to base our interventions on solid, evidence-based research.

Purpose

The prime purpose of this Country Profile is to improve understanding of the issues relating to FGM in the wider framework of gender equality and social change. By collating the research to date, this Country Profile can act as a benchmark to 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 Liberia, many programmes are making positive, active change.

Use of This Country Profile

When referencing this report, please use:

> **28 Too Many (2014; 2019) *Country Profile: FGM in Liberia*, 2nd ed. Available at http://www.28toomany.org/Liberia/.**

Acknowledgements

28 Too Many is extremely grateful to everyone who has assisted us in accessing information to produce this Country Profile, as it would not have been possible without their collaboration. We particularly extend our thanks to those community groups and activists who have given us their time and shared their knowledge so that we may report on some of the very important progress being made in Liberia.

28 Too Many carries 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 and individuals that have supported us so far on our journey and the donations that enabled this Country Profile to be produced.

For more information, please contact us on **info@28toomany.org**.

The Team, 2014

Founder/Executive Director: Dr Ann-Marie Wilson

Research Manager: Amy Hurn

Research Coordinator: Philippa Sivan

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Research Administrator: Daisy Marshall

Research Volunteers: Molly Brown, Winnie Cheung and Esther Njenga

We are grateful to the rest of the 28 Too Many Team who have helped in so many ways, including **Caroline Overton**, **Louise Robertson** and **Johanna Waritay**.

Cover: ©EC/ECHO/Anouk Delafortrie

Please note that 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.

Second Edition Team, 2019

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List of Abbreviations

INGO and NGO acronyms may be found in the Appendix.

AIDS	Acquired Immunodeficiency Syndrome
ARP	alternative rites of passage
BPHS	Basic Package of Healthcare Services
CBO	community-based organisation
CEDAW	Convention on the Elimination of Discrimination against Women Committee on the Elimination of Discrimination against Women
CPJ	Committee to Protect Journalists
CRC	Convention on the Rights of the Child
CSO	civil-society organisation
DHS	Demographic and Health Survey
ECOWAS	The Economic Community of West African States
FBO	faith-based organisation
FGC	female genital cutting
FGM	female genital mutilation
GBV	gender-based violence
GDI	Gender Development Index
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HTP	harmful traditional practice
IAC	Inter-African Committee
ICCPR	International Covenant on Civil and Political Rights
INGO	international non-governmental organisation
LGBT+	lesbian, gay, bisexual, transgender . . .
LNP	Liberia National Police
LURD	Liberians United for Reconciliation and Democracy
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NGO	non-governmental organisation
NIB	National Integrity Barometer
NPFL	National Patriotic Front of Liberia
SDG	Sustainable Development Goal
SGBV	sexual and gender-based violence

UDHR	Universal Declaration of Human Rights
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States of America
WHO	World Health Organization

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

'DHS 2007' refers to:

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**.

'DHS 2013' refers to:

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-we-do/survey/survey-display-435.cfm**.

A Note on Data

The main sources of data on FGM used in this report are the Demographic and Health Surveys from 2007 and 2013. The presentation of data on the prevalence of FGM in these DHS reports is unusual in comparison to those for other African countries. Due to the taboo nature of FGM in Liberia, little research has been done on the prevalence of the practice outside of the country's secret women's society, Sande.

In Liberia, FGM is usually (although not exclusively) implemented through Sande societies in 'bush schools' that train girls how to be a 'proper woman' who is 'fit to stay with a man'[1]. Girls are cut as part of an initiation, during which they are also taught local customs, sex education, personal hygiene and housekeeping skills. However, anecdotal evidence from contacts who have worked in Liberia suggests that FGM also occurs outside of Sande.

Because of the secretive nature of the bush society and the sensitivity of direct questions about FGM, women interviewed for the DHS reports were asked if they had ever heard of a bush society like the Sande society and, if so, whether they were a member of the Sande society or a woman's bush society. As a result, membership of a Sande society (which is used as a proxy for FGM) is presented as a percentage of women who have heard of a Sande society, as opposed to a percentage of all women.

In this country profile, 28 Too Many has taken the decision to recalculate the statistics for membership of a Sande society, so that they are in relation to all women.[2] This puts the data more in line with FGM prevalence as presented in our other country profiles. We acknowledge that the prevalence of Sande membership may not give a complete picture of FGM prevalence across the country; however, at present this is the best data that is available to us.

1 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/.

2 For example, the formula used to make the adjusted calculation for the percentage of all women (aged 15–49) who are members of Sande is as follows:

DHS 2013 FIGURES (see page 276):
Number of all women in survey: 9,239
Number of women who are members of Sande: 4,105

CALCULATION:
4,105 / 9,239 x 100 = 44.4% of all women are members of Sande

Executive Summary (2019)

This Country Profile provides comprehensive information on female genital mutilation (*FGM*) in Liberia. It details the most recent research on FGM and provides information on the political, anthropological and sociological contexts of the practice. It also includes an analysis of the current situation in Liberia 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.

The **main sources of data** on FGM used in this report are the Demographic and Health Surveys (*DHS*) from 2007 and 2013. Due to the taboo nature of FGM in Liberia, little research has been done on the prevalence of the practice either outside or within the country's secret women's society, Sande. DHS data simply reflects whether or not women have heard of and are members of Sande. 28 Too Many has used this data to recalculate Sande-related statistics so that they are in relation to *all* women aged 15–49, not just those who have heard of Sande.[1] This puts the data more in line with that presented in our other country profiles. We acknowledge that the prevalence of Sande membership may not give a complete picture of FGM prevalence across the country; however, at present this is the best data that is available to us.

With the election of President Sirleaf, the first female president of Liberia, the Government of Liberia made significant strides towards **gender equality and women's empowerment**. This achievement was recognised when Liberia won the prestigious MDG Three Award (award for Goal Three of the Millennium Development Goals) in 2010. However, Liberia's unstable political history, including civil war, and the Ebola crisis in 2014 left the current Weah Government with the difficult task of rebuilding infrastructure; re-affirming the importance of education, particularly for girls, who are often removed from school to be initiated into Sande; and publicising and enforcing the law. The healthcare system, in particular, has been crippled by the Ebola crisis, which has a direct, adverse effect on women who suffer complications from FGM, particularly those in labour.

Overall, the **prevalence of Sande membership in women aged 15–49** is 44.4%. This is a decrease from the figure of 58.2% reported by the DHS in 2007. Reasons for this apparently large drop over a six-year period are unclear, but it should be noted that the data collection for the DHS 2013 took place between 10 March and 18 July 2013, and in March 2013 two women were sent to prison for the kidnapping and forced initiation of Ruth Berry Peal; this may have discouraged women from admitting to being Sande members. Breaking down the most recent data by age group shows that membership of Sande for women aged 45–49 is 66.1%, while for the youngest age group this has fallen to 26.4%. Despite the fact that a small proportion of women may be cut after the age of 15, the data suggests a trend towards lower prevalence among younger women.[2]

Sande membership is prevalent among the Mende, Gola, Kissi and Bassa; in the North Western and North Central regions, in rural areas, particularly in Bong county; and among those in the lower wealth quintiles and those with less education. FGM (usually Type I and Type II) is mostly carried out by the traditional heads of the Sande 'bush schools', called ***Zoes***, and **medicalised FGM** does not appear to be a major problem. FGM is not prevalent among the Kru, Grebo, Krahn or Americo-Liberians.

The practise of FGM is enforced by **community pressure**; it symbolises a girls' entrance into Sande society and is a way to control her sexual desires and improve her marriage prospects.

Zoes hold significant sway in communities, and FGM is a central part of their livelihoods. Types I and II, according to the World Health Organization's classifications[3] appear to be the most-commonly practised forms of FGM, although data is scarce. Activists working in the country stress the need for alternative sources of income to be provided before Zoes will even consider giving up cutting.

In contrast to the situation in most African countries that practise FGM, women who are more highly educated or in the top wealth quintiles are *less likely* to believe that Sande should stop.

There is currently no **law criminalising the practise of FGM** in Liberia. It can be argued, however, that FGM falls under legislation related to children's rights, women's rights, bodily harm, and kidnapping. It is also illegal to forcibly take someone into the Sande bush. Despite the current Government's efforts to support women's rights, health and education, forced initiation into Sande (including FGM) reportedly occurs on frequent basis. Gender inequality remains a major issue in the country, as does rape and domestic violence. Adding to this are the high rate of illiteracy, a general lack of knowledge about the law, and the lack of enforcement of bans, especially in remote communities.

There has been significant **opposition** to the introduction of anti-FGM laws in Liberia, and the Government will need to circumnavigate fervent beliefs and emotional ties in relation to culture and tradition and the strong support that exists for the continuation of Sande society before it can implement laws, policies and programmes that work towards abandonment in order to prove its commitment and fulfil its legal obligation under international and regional treaties to eradicate FGM.

Work to break down **taboos**, and thereby gain opportunities to gather accurate data and spark public discussion on FGM, is vital. The involvement of the media and religious leaders will be crucial to this process. However, there is a **severe threat** of intimidation and physical harm towards activists and journalists who speak out against FGM. The case of the National Association on Traditional Practices Affecting the Health of Women and Children's (*NATPAH*) head, Phyllis Kimba, whose house was burnt down after addressing the United Nations about FGM in Liberia, exemplifies this threat. Journalists and activists therefore need greater support from the Government and law-enforcement agencies.

As a result of this, international and national non-governmental organisations often express their interests in combating FGM indirectly and structure their programmes around broader issues such as human rights and women's health. From this approach has arisen the problem that FGM is often seen as a violation of children's rights as opposed to an issue that infringes on girls' *and* women's rights. This idea needs to be challenged.

There are numerous **organisations working to eradicate FGM** 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. 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. In 2013, Women Solidarity Inc. conducted a survey in order to understand attitudes towards FGM. It participated in radio talk shows, lobbying for an anti-FGM law, as part of the 2014 International Day of Zero Tolerance for FGM. A comprehensive overview of these organisations is included in this report.

Liberia faces many **challenges** to its development, which includes the work to abolish FGM. Obtaining sufficient, sustainable funding for programmes is often difficult, particularly in the wake of the Ebola crisis, but many of the challenges are due to poor infrastructure, which, while never strong, was further broken down by the Ebola situation.

There is staunch support for the continuation of FGM among Liberians, and, unless taboos can be broken, discussion promoted and opinions affected *en masse*, it will be an uphill climb towards achieving total abandonment of the practice. However, it should be noted that, even in such a difficult context, **steps forward** are being made, such as the prosecution in 2013 of two women who were responsible for kidnapping Ruth Berry Peal and subjecting her to forced initiation and FGM, and there is some evidence that Sande membership may be growing less common over successive generations. 28 Too Many also notes the efforts of certain government officials in taking public stands against FGM and encourages them to continue with this good work, even in the face of opposition.

1 **For example, the formula used to make the adjusted calculation for the percentage of all women (aged 15–49) who are members of Sande is as follows:**

DHS 2013 FIGURES (see page 276):
Number of all women in survey: 9,239
Number of women who are members of Sande: 4,105

CALCULATION:
4,105 / 9,239 x 100 = 44.4% of all women are members of Sande

2 - DHS 2013, p.276 (adjusted by 28 Too Many).
- DHS 2007, pp.214–215 (adjusted by 28 Too Many).

3 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).

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*[1]

Female genital mutilation (sometimes called female genital cutting and female genital mutilation/cutting) (*FGM*) is defined by the World Health Organization (*WHO*)[2] 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 (*GBV*) 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.[3]

History of FGM

FGM has been practised for over 2,000 years.[4] Although it has obscure origins, there has been anthropological and historical research conducted on 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 5th century BC Egypt, with infibulations being referred to as 'Pharaonic circumcision'.[5] 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'[6].

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[7], aided by Egyptian slave raids from Sudan for concubines and the trading of maids through the Red Sea to the Persian Gulf[8].

Global 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.

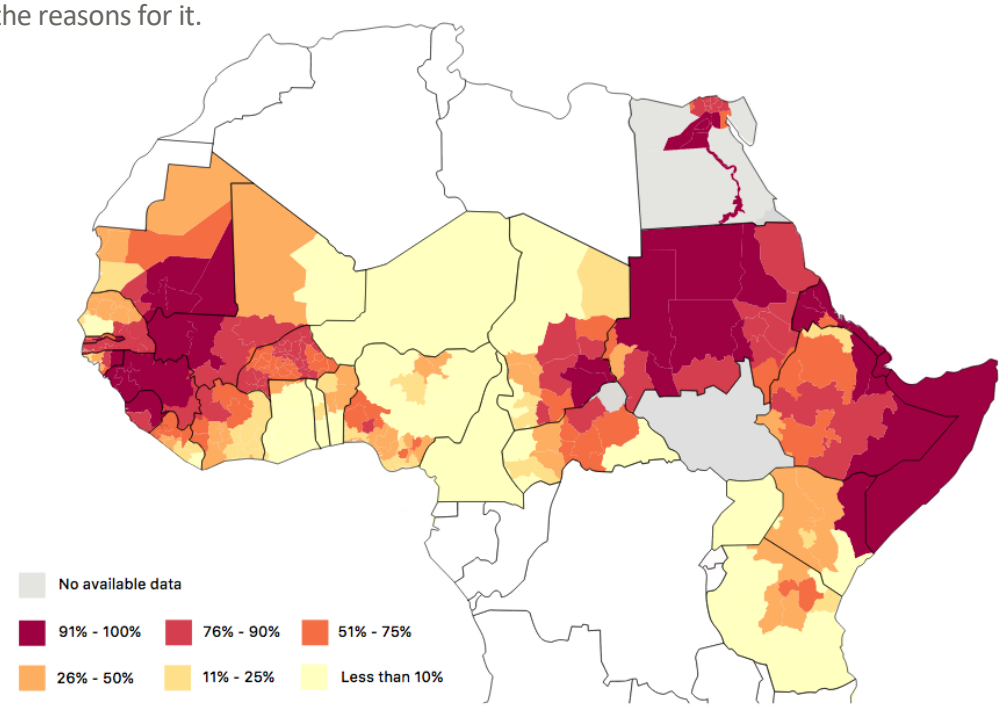

Figure 1: Prevalence of FGM in Africa as at 2018 (© 28 Too Many)[9]

The WHO[10] classifies FGM into four types:

Type I	Partial or total removal of the clitoris (clitoridectomy) and/or the prepuce
Type II	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.]
Type III	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).
Type IV	All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, pulling, piercing, incising, scraping and cauterization.
Re-infibulation	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 necessary for a girl to go through in order to become a responsible adult member of society. FGM is also considered 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.[11] 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.[12]

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

9 ***Click for source document:*** Burkina Faso: DHS 2010; Benin: DHS 2011-12; Cameroon: DHS 2004; CAR: MICS 2010; Chad: EDS-MICS 2014-15; Côte d'Ivoire: DHS 2011-12; Djibouti: MICS 2007; Egypt: EHIS 2015; Eritrea: EPHS 2010; Ethiopia: DHS 2016; Ghana: MICS 2011; Guinea: DHS 2012; Guinea-Bissau: MICS 2014; Kenya: DHS 2014; Liberia: DHS 2013; Mali: DHS 2012-13; Mauritania: MICS 2015; Niger: DHS 2012; Nigeria: DHS 2013; Senegal DHS-Cont 2015; Sierra Leone: DHS 2013; Somalia: MICS 2006; Sudan: MICS 2014; Tanzania: DHS 2015-16; The Gambia: DHS 2013; Togo: DHS 2013-14; Uganda: DHS 2011.

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11 *Ibid.*, p.1.

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

General National Statistics (Updated 2019)

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

Population

4,951,934 (13 March 2019)[1]

Growth rate: 2.59% (2018 est.)

Median age: 17.8 years

Human Development Index Rank: 181 out of 188 in 2017[2]

Age of Suffrage, Consent and Marriage

Age of Suffrage: 18

Age of Consent: 18[3]

Age of Marriage: 18[4] (for women)

Health

Life expectancy at birth (years): 63.8

Infant mortality rate (per 1,000 live births): 53 deaths[5]

Maternal mortality ratio: 725 deaths/100,000 live births (2015)[6]

Fertility rate, total (births per woman): 5 (2018 est.)

HIV/AIDS – adult prevalence: 1.4% (2017 est.)

– people living with HIV/AIDS: 40,000 (2017 est.)

(country comparison to the world: 65)

– deaths: 2,500 (2017 est.)

GDP (in US dollars)

GDP (official exchange rate): $3.26 billion (2017 est.)

GDP per capita (PPP): $1,300 (2017 est.)

GDP (real growth rate): 2.5% (2017 est.)

Literacy (percentage who can read and write)

Adult (age 15 and over): 47.6%

Female: 32.8%; Male: 62.4% (2015 est.)

Youth (ages 15–24):

Female – 44%; Male – 64.7%[7]

Urbanisation

Urban population: 51.2% (2018)

Rate of urbanisation: 3.41% annually (2015–2020 est.)

Religions

Christian – 86%, Muslim – 12.2%, other – 1.8% (2008)[8]

Ethnic Groups

Kpelle – 20.3%, Bassa – 13.4%, Grebo – 10%, Gio – 8%, Mano – 7.9%, Kru – 6%, Lorma – 5.1%, Kissi – 4.8%, Gola – 4.4%, other – 20.1%

Languages

English 20% (official), as well as some 20 ethnic-group languages, few of which can be written or used in correspondence.

Unless otherwise stated, all statistics are taken from Central Intelligence Agency (2019) *The World Factbook: Liberia*, 13 March. Available at https://www.cia.gov/library/publications/the-world-factbook/geos/li.html.

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Political Background (Updated 2019)

Historical[1]

It is believed that the first indigenous peoples of Liberia migrated from the north and east between the 12th and 16th centuries. Due to Portuguese exploration in the 15th century, the area was initially named Costa da Pimenta (*Pepper Coast*).

In 1602 Grand Cape Mount was briefly the locale of a Dutch trading post. Apart from British trading posts in the 1660s, no further settlements by non-African colonists existed until 1821.

Between 1821 and 1838, the first settlement of freed slaves was established by the American Colonization Society on land bought from the Grebo.

In 1847 Americo-Liberians established a republic, and this continued until the Republican Party was dissolved in 1876. Subsequently, the Americo-Liberian True Whig Party dominated politics until a coup in 1980. Hence, Liberia was governed by an elite ethnic minority until 1980.

Liberia has had a complex **political and economic history with the United States**. For instance, rubber was a long-standing commodity produced in Liberia and, during the Second World War, Liberia sourced rubber for the US and its allies, in addition to providing land to build American military bases. The American military presence enhanced the Liberian economy, causing an influx of migrating labourers and enabling Liberia to focus on another important commodity, iron ore. During the Cold War, Liberia was influenced by the US to resist Soviet power. Agreeing to this anti-communist agenda, President William Tubman, who served from 1944 to 1971, worked closely with the US and gained substantial foreign investment. Moreover, from 1962 to 1980, the US gave $280 million in aid to Liberia.

Liberia's political history is founded on a number of **military and transitional governments** and **violent conflicts**. Liberia's 20th president, William R. Tolbert Jr, encountered resistance after his government tried to increase the price of rice. Demonstrations in Monrovia and the resulting riots escalated into a military *coup d'état* in April 1980, led by Samuel Kanyon Doe. Tolbert and many of his supporters were murdered, and this marked the end of Americo-Liberian control.

Doe's military regime, under the party of the **People's Redemption Council**, was generally welcomed by Liberians, who had little political agency. During the Reagan administration, Doe re-established good relations with the US, which again resulted in an influx of foreign aid. This aid, however, declined at the end of the Cold War.

When Doe became President in 1986, he called for increased suppression of certain northern ethnic groups (the Dan [Gio] and Mano), who were associated with a failed coup in 1985. The **human-rights abuses** carried out during this period created divisions and violence between several ethnic groups in Liberia. Doe's National Democratic Party of Liberia was also charged with fraud and rigging the elections, and later with **government corruption**.

Ethnic conflicts erupted into the **first Liberian civil war** when the Krahn tribe (of President Doe) attacked tribes in Nimba county. Charles Taylor, with his National Patriotic Front of Liberia (*NPFL*) – a group of rebels from the Dan (Gio) and Mano people-groups – invaded Nimba county in 1989,

causing inter-tribal war. The Economic Community of West African States (*ECOWAS*) was forced to intervene, sending 4,000 troops. Doe was captured and killed in 1990. An interim government was created in The Gambia under ECOWAS, but Taylor refused to cooperate and continued the war. By 1995, after several peace accords, Taylor agreed to the creation of a **transitional government.**

Following disarmament and demobilisation of the warring factions, elections were held in 1997. Taylor and his **National Patriotic Party** won a majority. By the close of the first civil war, there had been between 200,000 and 250,000 casualties and over a million people displaced into refugee camps.

During Taylor's administration violence continued, and several West African countries accused Taylor of assisting rebel forces in the Sierra Leonean civil war. This led to the start of the **second civil war**.

In 1999, the **Liberians United for Reconciliation and Democracy** (*LURD*) group emerged in northern Liberia with the support of Guinea and began fighting in Lofa county. By spring of 2001, LURD was a major threat, and this led to a conflict between Liberia, Sierra Leone and Guinea. Additionally, the United Nations Security Council declared that Taylor had played a role in the Sierra Leonean civil war and barred all arms to, and diamond sales from, Liberia, as well as banning Liberian Government members from travelling to UN states.

A **peace agreement** was signed in 2003, ending the civil war. Taylor was forced to resign while facing charges for war crimes in Sierra Leone. Another transitional government was established under Gyude Bryant until the 2005 elections.

Current Political Conditions

President Ellen Johnson Sirleaf came into power in 2005 and was re-elected in 2011. The 2011 election was boycotted by the opposition, however, declaring that Sirleaf had promised in her 2005 campaign to serve only one term. Despite allegations of the voting being fraudulent, international observers reported that the elections appeared to be free and fair, although with low voter turnout. Sirleaf was awarded the Nobel Peace Prize in 2011 for efforts to secure peace, promote economic and social development and strengthen the position of women, but, under Sirleaf's administration, corruption remained a serious problem.[2]

In December 2017, Liberia's first transfer of power from one elected president to another occurred when **George Manneh Weah** took over the presidency from Sirleaf.[3]

The UN had maintained approximately 15,000 soldiers in Liberia since 2003. However, in March 2018 the last UN peacekeeping troops were withdrawn from the country.[4]

Furthermore, in 2012 the United Nations High Commissioner for Refugees and the Liberia Repatriation and Resettlement Commission completed the voluntary repatriation of 29,380 Liberian **refugees** from other West African countries.[5]

In March 2014, Liberia suffered its first casualties of the largest **Ebola epidemic** in history, becoming the epicentre of it in the summer. The outbreak resulted in civil unrest and violence against aid workers, and Liberia's **health infrastructure** was severely tested during the outbreak.[6] The country was declared Ebola free in June 2016, after more than 10,500 deaths.[7]

Figure 2: Liberia's 15 counties (©28 Too Many)

Current Economic Conditions

On 7 June 2019, President Weah faced a protest from thousands of Liberians, who rallied in Monrovia under the banner **#SavetheState**. By all indications, there are more protests to come. The demonstration and accompanying day-long strike were organised by the Council of Patriots, whose members believe that the Government is not doing enough to curb corruption and build the nation's economy.

A 2019 report by the International Monetary Fund revealed that the GDP growth rate had slowed to 0.4% and was likely to remain below 2% for the immediate future.[8] Local production is reportedly shutting down and civil servants are not receiving their wages.[9]

In the aftermath of the day-long protest, President Weah reminded Liberians that he had inherited a ravaged economy. He said:

> *'Fellow citizens, it will take the collective effort of all Liberians to achieve the desired objective of reviving the economy and placing our country on a path of sustainable development and transformation. We will have to come together to devise and support new measures which are necessary to address the structural defects and imbalances in our economy.'*[10]

1 Unless otherwise stated, all statistics are taken from Central Intelligence Agency (2014) *The World Factbook: Liberia*. Available at https://www.cia.gov/library/publications/the-world-factbook/geos/li.html.
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10 President Weah cited in Alaskai Moore Johnson, *op. cit.*

Anthropological Background (2014)

Liberia's 16 ethnic groups are divided primarily by language. The Kru (Kwa) linguistic group is comprised of the Kru, Grebo, Krahn, Bassa, Dei and Kuwaa; this group inhabits the southern, coastal regions of Liberia. The Mel group is located in the north of the country and consists of the Gola and the Kissi, who were among the earliest settlers in Liberia. The Mande form by far the largest linguistic group, which is subdivided into the Mande Ta and the Mande Fu. The Mande Ta (Vai and Mandingo) live along the northern coast, while the Mande Fu (Kpelle, Dan [Gio], Mano, Loma, Gbandi and Mende) inhabit the north-west of the country.

The Mel and the Mande both practise FGM and have various other similarities: their societies are patrilineal and hierarchies are determined by association with the founding ancestor, as ingrained in secret societies. Kru speakers, in general, do not follow Poro/Sande structures and therefore do not practise FGM.

Generally, groups that traditionally live in the south-east of Liberia are socio-politically distinct from other groups. They have less centralised secret societies that do not involve FGM, and can have female chiefs and female members of councils of elders. Their settlements are historically smaller, and societies are structured by age, although they remain patrilineal.

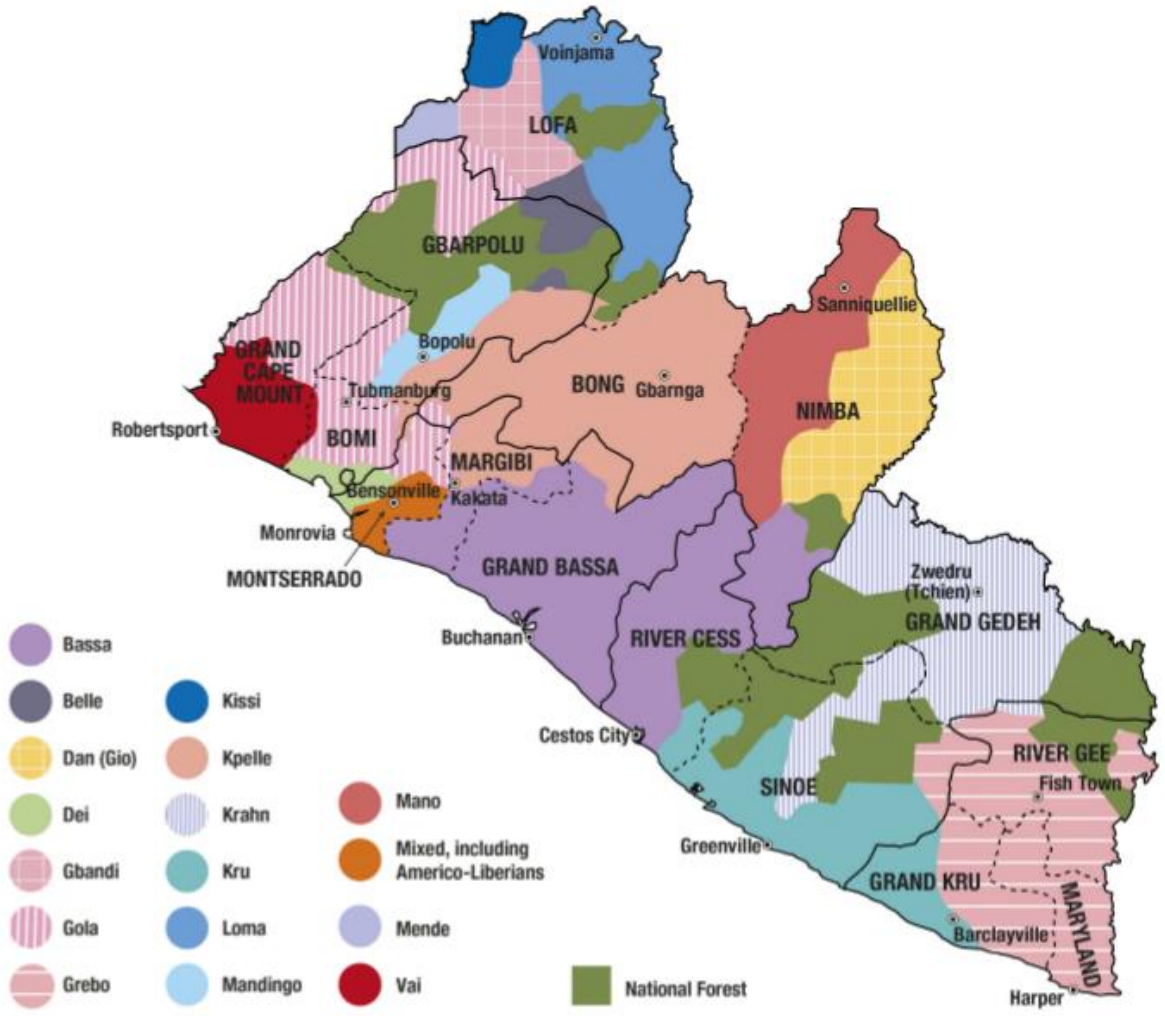

Figure 3: Geographical distribution of ethnic groups within Liberia (© 28 Too Many)

Ethnic Tensions

Successive waves of ethnic groups migrating into what is now Liberia fought territorial battles on arrival until their homelands were established. The subsequent arrival of freed slaves and the establishment of the republic of Liberia in 1847 caused more conflict. Indigenous ethnic groups felt separated from and were made to feel inferior to the Americo-Liberian colonists. These tensions continued between indigenous ethnic groups and the descendants of Americo-Liberians and were one factor in the civil war.

Ethnic tensions continue between various ethnic groups, predominately the Loma, Mano and Dan (Gio), and mainly in the north of Liberia, with the Mandingo. Though present in the country for over four centuries, the Mandingo are still referred to as 'strangers', and men are denied entry to Poro societies. This then excludes them from local positions of authority. Women, however, are allowed into Sande societies. Being Muslim, the Mandingo accept wives from local populations, but refuse to allow Mandingo women to marry outside the group, as their children adopt the father's religion. The Mandingo arrived in Liberia as traders and dominated the trade routes from the coast to neighbouring countries until they were forced to flee during the civil war. During the war, 'a cycle of violence was created by mutual desecrations or destruction of religious sites, i.e. mosques and secret Poro groves.' Violence continues to this day, suggesting religious tension, but in fact the violence is based on contentions over land rights and usage.[1]

Ethnic Groups

Americo-Liberian

Americo-Liberians are the descendants of slaves freed from the US and the Caribbean and were referred to as 'Congos' by the indigenous population. They comprise 5% of the population and live primarily in Monrovia.[2]

Following the abolition of the slave trade, in 1817, the American Colonisation Society was founded. This repatriation group facilitated the settling of Americo-Liberians in Monrovia, which they named after US President James Monroe. The maturing colony gained independence from the US in 1847 (see Political Background on page 22). It tended to remain distant from indigenous peoples and even excluded tribal people from high-powered jobs.

The Americo-Liberians are predominantly Christian and do not practise initiation rituals.

Bassa (Basa, Basso, Gbasa)

According to the 2008 census, the Bassa people are the second-largest ethnic group in Liberia, comprising 13.4% of the population.[3] The Bassa language is part of the south-eastern Kru linguistic group, but 'Bassa' or 'Vah' has its own writing system, an indigenous script developed around 1900.

The Bassa practise Christianity alongside ethnic religions, and in 2005 the Bible was translated into Bassa. They mainly live in south-central Liberia, but a small population also resides across the border in Sierra Leone.

Bassa society is traditionally structured in chiefdoms, each subdivided into ethnically distinct clans. Originally subsistence farmers of rice, cassava and yams, the Bassa settled into Monrovia as artisans, clerks and domestic servants, assimilating, like the Dei, into the culture of the Americo-Liberians.

Unlike other peoples of the Kru linguistic group, the Bassa are known to practise FGM as part of initiation into secret Sande societies, although the equivalent Poro society for men is not part of their culture.

Women celebrate in Grand Bassa county after a victory over a palm oil company that threatened their forest and livelihood in a land-grab (© New Internationalist)

Dan (Gio)

The Dan (Gio) live largely in the east of Liberia, in Nimba county, and across the border in the mountainous west of Côte d'Ivoire. Some scholars believe that their homeland was north-west Côte d'Ivoire and that in the 17th and 18th centuries they were driven to their current territories.

In Liberia, they are often referred to as the 'Gio', a label derived from the Bassa phrase for slave people, but the people themselves prefer 'Dan'. They comprise 8% of the population and are part of the wider southern Mande group (Fu).[4]

The Dan are traditionally farmers of rice, cassava and sweet potato, alongside cash crops of cocoa, coffee and rubber. They also extract palm oil from trees for fuel and cooking. The Dan originally had a fierce, warlike reputation; peace with neighbouring tribes was achieved only in the early 1900s.

The Dan resisted the Islam of their northern neighbours, retaining their religious tradition, which acknowledges a supreme god, Xra. It is believed that Xra may only be accessed via the spirit, or *Du*, which inhabits all people and animals. When a person dies, their Du will be reborn in another, joining a myriad forest spirits.

Villages are divided into quarters, each housing an extended family and headed by a quarter chief. The Dan maintain age-structured hierarchies as well as those determined by secret societies. For the men, this means the leopard society, or *Go* (*Gor*), which spans villages and unites the Dan.

The Dan practise FGM as part of female initiation rituals.

Dei

The Dei mainly live in Montserrado county and Bomi county, just north of Monrovia, and comprise just 0.3% of the population.[5] They were one of the first to come into contact with the settling Americo-Liberians in the 19th century, and, together with the Bassa, became assimilated in Monrovia as artisans, clerks and domestic servants. Although the Gola are said to be the earliest tribe to settle in Liberia, the Gola themselves claim the Dei were already there.[6] The Dei speak a Kruan language called Dewoin.

Gbandi (Bandi/Bande/Gbande)

The Gbandi make up 3% of the Liberian population.[7] They speak Bandi, a subgroup of the southern Mande-Fu language family. Originally, the Gbandi and the Mende migrated south from Guinea to avoid 16th-century Mandingo expansion. Now, they primarily live in upper Lofa county,[8] as well as in Guinea, where many fled during the civil war.

Like other peoples of the Mande-Fu group, the Gbandi practise FGM as part of Sande initiations.

Gola

The Gola mainly live in western Liberia and southern Sierra Leone, having fled across the border prior to 1918 to escape a ruthless government campaign. The Gola people now comprise 4.4% of the Liberian population.[9] Their language is an isolate within the Niger-Congo language family (Mel), although they have borrowed considerably from the neighbouring Mande branch. When the Gola moved further south in Liberia to benefit from coastal trade, they successfully assimilated native Dei and Vai people into their society. Although they are predominantly Islamic, many retain animist beliefs, including that of reincarnation.

Many anthropologists trace the origin of Sande societies to the Gola people, and they continue to practise initiation rites, including FGM.

Grebo

The Grebo mainly live on the eastern coast of Liberia, as well as across the Cavalla River in Côte d'Ivoire. The Grebo language is part of the Kru group and is comprised of several dialects, or sub-languages. Together, the Grebo people make up 10% of the Liberian population.[10] Like the Kru, they migrated to West Africa in the 16th century, following the collapse of the Songhai Empire. Of great importance to the tribe's long-lasting memory is their flight across the Cavalla River and into the forest to escape persecution.[11]

Until the construction of a road bridge in the 1960s, the Grebo were relatively isolated, owing to their geographical position among rivers, deltas and swamps. Travel to Monrovia was possible only by boat or by walking north through the Dei and Krahn territories, a factor which Meneghini cites as evidence for the groups' cultural similarities. They traditionally live in small villages, structured by age-hierarchies, ruled by a council of elders and headed by the *Bodio* (high priest). Grebo men can traditionally marry more than one woman; Meneghini describes how Grebo girls are granted relative freedom and allowed to 'love-play' with select people before settling into marriage after a trial period. The Grebo are traditionally subsistence farmers known for 'cane juice' – rum made from distilled sugar cane – as well as for joining the Kru as crewmen (*Krumen*) on European vessels. They primarily practise Christianity, alongside ethnic religions.

Like the Kru, they do not practise FGM, a fact that can be seen in traditional wooden carvings of female figures.[12] Oddly, although they have no FGM rituals themselves, the Sande bush is sometimes referred to as the 'Grebo bush' by other ethnic groups.

Kissi

Along with the Gola people, the Kissi are known to be the oldest inhabitants of Liberia, having migrated as early as the 12th century from north-central Africa. They are part of the Mel linguistic group. The Kissi now comprise 4.8% of the Liberian population[13] and speak Kissi, a Niger-Congo

language. The Kissi primarily live in the hilly Lofa county in the extreme north-west of Liberia, where Liberia, Sierra Leone and Guinea meet. While the Liberian Kissi share a dialect with their Sierra Leone counterparts, the language of the Kissi of Guinea varies slightly. The Kissi are famous for their basket making, weaving, and, historically, for their skills as blacksmiths – the iron-made Kissi penny was once used widely in West Africa. Farmers grow rice, yams, bananas and melons, as well as coffee and kola nuts for trade. Kissi villages are small and self-governing, dominated by age-defined structures as well as by secret societies. The Kissi practise FGM.

Kpelle

The Kpelle people comprise 20.3% of the population,[14] making them Liberia's largest ethnic group. Their language, Kpelle, is part of the Mende-Fu language family and is also spoken by the Kpelle population in the south of bordering Guinea, where they are known as the Guerze. The Kpelle originated from Sudan and migrated to Liberia via Mali in the 16th century, following the collapse of the Songhai Empire. Most live in Bong county, in north-central Liberia, although, since the 1960s, many have relocated to Monrovia. The Kpelle developed their own syllabic script in the early 20th century, which was used for record-keeping, but was predominantly restricted to the elite.[15]

The Kpelle grow and harvest the majority of the food supplied to the capital. They traditionally farm rice, cassava and peanuts, using an annual slash-and-burn cycle. While their society is traditionally polygamous, patrilineal and patriarchal, women play a significant economic role. As well as fishing and working in the fields, Kpelle women often own rice farms and chickens and are responsible for selling produce at markets. They keep the profits, which, in some cases, is the only source of currency.[16]

The Kpelle recognise a high god, but the majority of their beliefs centre on the spirits that dominate secret societies. The Poro and Sande are popular among the Kpelle, and all girls are initiated at puberty. FGM is rationalised as a means of controlling female sexuality.[17] While it is often argued that bush schools are essential for the dissemination of cultural knowledge, Bledsoe argues that girls learn little that they do not already know or that they would not otherwise learn by imitating older women.[18] Erchak notes that girls begin helping with domestic tasks from around five years old; boys, however, do not assume responsibilities until around the age of ten.[19]

Krahn (Wee, Guéré)

The Krahn, known as the Wee (or Guéré) in Côte d'Ivoire, primarily live along the border between Liberia and Côte d'Ivoire. They comprise 4% of the population,[20] and their structure and lifestyle is similar to that of the Kru. Their language is part of the Kru family. In 1980 Samuel Doe, a member of the Krahn, took power in Liberia, raising the profile of the ethnic group, which was historically demeaned as 'uncivilised' by Americo-Liberian elites as well as indigenous peoples. During the civil war in 1990, Krahns were attacked by the NPFL and many fled to Côte d'Ivoire.

Young girl dancing

KPELLE INITIATION CASE STUDY

When girls enter the bush, they are ritually devoured by the 'forest spirit' or 'devil' known as *zèyele*. Erchak reports that, in some communities, girls leave the village through a thatched tunnel from the Zoe's house.[21] Upon arriving in the Sande bush, girls are seized by masked figures and subjected to scarification (to represent the devil's teeth) and to FGM.[22] The removal of the clitoris symbolises the excision of the 'male' (the male part of the female body) and, therefore, a girl's initiation into womanhood.[23] A girl's behaviour during the procedure is said to indicate her future character; showing pain is not allowed.

Bush schools traditionally lasted three years, as part of a seven-year complete cycle with the Poro, but initiation periods are increasingly diminishing. In the bush school, girls are instructed in marriage, domestic skills, farming and medicine. Teaching is differentiated according to social standing: young girls who will become Zoes are given a higher degree of instruction, including medical training.[24] Girls are taught music and dance, and their return is an opportunity to demonstrate these new skills in festivities lasting three days.[25] The girls are dressed in grass skirts, with elaborate coiffure, and adorn themselves in white clay.[26]

Traditionally, every girl will be initiated between the ages of 6 and 16. Fees for exiting the bush used to be paid by a girl's future husband. However, increasing restraints with schooling and girls being cut younger mean that parents now commonly pay both the entry and exit fees.[27]

On leaving the Sande bush, girls are ritually invested with fertility, signalling their marriageability. They exit accompanied by a midwife, and this symbolises a new birth. A *kendue* (brier) is carried in the procession to represent the excised clitoris.[28]

Girls are given new names[29] and must claim no connection to their former self, who was 'eaten by the devil'[30]. Although they are reunited with their families, the girls must pretend not to recognise them, as a sign of the transition into womanhood. Should a girl die while in the bush, her death is symbolised by placing a broken pot by her parents' door on the day the girls come out of the bush. Families are unable to grieve, as their child is supposedly already dead.[31] Thus, the Zoes retain power over the bestowing of children both as birth attendants and as heads of the society.

Kru (Klao, Krao, Kroo, Krumen)

The Kru, or Klao, live along the southern part of the Liberian coast and comprise 6% of the population.[32] They speak Kru (Kwa), which is part of the Niger-Congo language family, and are also located in Côte d'Ivoire and Sierra Leone. According to their oral tradition, the Kru migrated from the north-east to the West African coast in the 16th century, settling as fishermen and sailors, as well as trading minerals and spices with European merchants. By the 19th century, the Kru were indispensable as crew on European ships and as migrant labourers, deployed as far away as the Panama Canal.[33] Martin argues that 'going down the coast' as a labourer became somewhat of a rite of passage for young men. In reality, the 'Krumen', as they were dubbed by the Europeans, comprised a variety of ethnic groups, including the Grebo. Kru ethnicity, it has been argued, was to a certain extent imposed and emerged as part of migration.[34]

The tribe is famous for resisting capture as slaves, although an alternative account is that the Kru made a bargain with the Europeans that slaves could be transported across their territory, providing the Kru themselves were allowed to remain free. They subsequently wore tattoos on their foreheads to identify themselves. In 1856 the Kru combined with the Grebo to rebel against Americo-Liberian restrictions on trade, commencing a series of struggles against taxation. Following a 1930 tax imposition, many Kru migrated to Monrovia.

Rural Kru communities traditionally fish and farm rice and cassava. The political structure of the Kru is historically decentralised: they were organised in small social units called *pate*, related to larger groups called *dake* through the father's line of descent.[35]

The Kru are predominantly Christian, and many follow the teaching of William Harris, an early 20th-century missionary. The practices of FGM and secret initiations are practically unheard of among the Kru.

Kuwaa/Belle/Belleh

The Kuwaa, or Belle, comprise only 0.8% of the population.[36] They speak Kuwaa (part of the Kru linguistic group), and live in Lofa county. Minority Groups reports that their alternative name, Belle, has disparaging connotations.[37]

Loma (Lorma/Bouze/Busy/Buzi)

The Loma people make up 5.1% of the Liberian population,[38] residing in the mountainous upper Lofa county on the border with Guinea, where they are known as the Toma. Their language is part of the wider southern Mande family. The pejoratives *Bouze*, *Busy* or *Buzi* are often applied to both the people and the language. The Loma are largely animists, but believe in the singularity of a god who is one with all aspects of the universe. On death, an individual becomes one with this universe as well. The area in which they live is rich in iron ore, and the Loma traditionally use iron as a currency. They use slash-and-burn agricultural techniques to farm rice.

Loma society is traditionally polygamous and patrilineal. Marriage ceremonies last many days, and bride wealth is paid over a period of several years. Poro and Sande societies are pervasive, as is FGM.

Mandingo (Mandika, Mandigo, Malinke)

Originally from Mali, the Mandingo spread across West Africa from the 13th century onwards and now have an estimated global population of 11 million. In Liberia they make up only 3.2% of the population[39] and live in Lofa county. Their trade routes linked locals with the savannah, and they settled among the Mano and Vai peoples. The Mandingo are part of the wider Mande ethnic group (Mande Ta), but are distinguished by their belief in Islam and their Koranic schools, which teach in Arabic. Like other Mande groups, the Mandingo are traditionally patrilineal and live in villages led by a chief and a council of elders. Besides agriculture, the Mandingo trade in leather and gold-work as well as being blacksmiths. Traditionally, women did the majority of the agricultural labour, while men were tasked with long-distance trade and hunting. During the slave trade, around a third of the population was transported to the Americas.

Mandingo men are kept out of the Poro, but some women are members of Sande and therefore undergo FGM.

Mano (Maa, Mah, Mawe)

The Mano people speak Mano, which is part of the southern Mande language group. (Mano literally means 'Ma-people' in the Bassa language.) They comprise 7.9% of the population.[40] Like the Dan (Gio), Loma, Mende, Kpelle and Gbandi groups, they migrated to the region around the 16th century. They mostly live in Nimba county and have close links both with the Dan (Gio) people, who are considered their 'small brothers', and with Mano groups living across the border in Guinea. The Mano are traditionally farmers, using slash-and-burn agriculture to grow rice as well as peppers, beans, okra, bananas, coffee and peanuts.

The Mano traditionally believe in witchcraft and use FGM as part of their Sande initiation rituals.

Mende

The Mende live predominantly in Sierra Leone and comprise only 1.3% of the Liberian population.[41] Similar to their neighbours, the Gbandi, the Mende live in upper Lofa county, having migrated there in the mid-16th century. They speak Mende, which has become the lingua franca of south-eastern Sierra Leone.

Sande societies dominate women's lives, and FGM is regularly practised.

Vai

The Vai live predominantly in Liberia, forming 4.1% of the population,[42] although there is a small Vai population in south-eastern Sierra Leone. In the 1820s Duala Bukele and tribal elders developed a unique syllabic writing system for the Vai language, which is part of the Mande family (Mande Ta). Although the writing system was popular in the 19th century, its use has subsequently declined – modern computer technology could prompt its reinstatement. The Vai are largely Muslims, converted by Dioula traders, although Taylor notes that this religion runs in parallel with beliefs in the power of evil spirits.[43] Traditionally traders, Vai leaders formed links with Americo-Liberians, but somehow resisted taxation until 1917.

Vai society is structured around Poro and Sande societies, and girls are initiated around puberty.

Sande society members dancing in the streets of Monrovia (© Democrat Newspaper)

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Image p.30: AP Images/US Department of State (2008) *A child performs during a celebration in Monrovia, Liberia*, January 16.

The Role of Women in Society (2019)

Liberia is ranked 181 out of 190 countries on both the **UNDP's Gender Development Index** and its **Human Development Index**.[1]

Like all averages, the Human Development Index masks inequalities in human development across the country; for example, the rural population will have a much lower level of development than the better educated and wealthier populations in parts of urban communities.

The Gender Development Index compares men and women on three basic indices: life expectancy at birth, expected years of schooling and command over economic resources (measured by the estimated earned income per capita for men and women).

With the election of President Sirleaf, the first female president of Liberia, the Government of Liberia made significant strides towards gender equality and women's empowerment. This achievement was recognised when Liberia won the prestigious MDG Three Award (award for Goal Three of the Millennium Development Goals) in 2010.

However, the gains were observed mainly in the policy arena, and sharp gender inequality is still evident in all basic indicators of human development. Women and girls have limited access to education and healthcare services. The maternal mortality ratio is high, at 725 deaths per 100,000 live births.[2] Sexual and gender-based violence remain major threats to the peace and security of women and girls. The inadequate capacity of institutions is a major barrier to institutionalising gender equality, slowing down the implementation of policies.

Woman selling chilies in a Liberian market (© dreamstime)

Rights Under The Law

Marriage

The DHS 2013 reports that 58.3% of women and 53.8% of men aged 15–49 are in a union – that is, they are currently married or living with a partner.[3]

Under the Liberian Children's Law (2011),[4] Article IV, Section 4, the age of consent for marriage is 18 for both men and women, while the Domestic Relations Act at section 2.2.2 sets the minimum age at 21 for men and 18 for women. However, the same section allows for both men and women

to marry at a minimum age of 16 with the consent of their parents or, in the absence of parent or guardian, with a judge's order. The Equal Rights of Customary Marriage Law of 1998 at Section 2.9 permits the customary marriage of a girl at a minimum age of 16.

The proportion of women married by the age of 15 declined from 16.7% of those aged 45–49 to 3.8% of those aged 15–19. Overall, 40.8% of women aged 20–49 were married by the time they were 18, and 57.9% by the age of 20. Only 6.6% of men aged 20–49 were married by the age of 18. Women living in rural areas generally marry a couple of years earlier than women living in urban areas. The median age at first marriage among women aged 25–49 who have had no formal education is 17.8 years, but it rises to 21.6 years among those with at least a secondary education. The median **age at marriage** among women aged 25–49 in the lowest wealth quintile is four years lower than women in the highest wealth quintile (17.6 and 21.7 years of age, respectively).[5]

Although customary law in Liberia allows for **polygamy**, only 12.5% of currently married women are married to men who are in a polygamous union and only 5.7% of currently married men are in a polygamous union. Polygamy is more common among older men and women.[6]

Civil and customary law are both recognised in Liberia. Under customary law women were considered the property of the man. They were not allowed to inherit property or to have custody of their children in the event of the father's death, and widows were expected to marry their dead husband's relative. However, in recent years the Government has introduced several laws to ensure equality between men and women.

The **Equal Rights of the Customary Marriage Law of 1998** (which was adopted in 2003)[7] offers customary marriages the same rights afforded to civil marriages (Section 2.1). This means that women now have custody of their children in the event of their husband's death. They are entitled by law to a third of their husband's property upon his death. Under the act it is a criminal offence to force a widow to either marry her dead husband's relative or remain within his family. However, in practice, there is little awareness of this law; hence the continuation of many practices that are discriminatory towards women.

Physical Integrity

Progress has been made in Liberia around the law on **domestic violence**; however, it remains a widespread problem. 39% of women will experience physical and/or sexual violence by an intimate partner in their lifetime.[8]

When presented by the DHS 2013 with a list of five different '**reasons' for a man to beat his wife** – for example, if she burns the food or goes out without his permission – 42.5% of women aged 15–49 (in comparison to 24.2% of men aged 15–49) responded that a husband is justified in hitting or beating his wife for at least one of the five reasons. This is a decline in this perception from the DHS 2007, which found that 59.3% of women and 30.2% of men felt that it was justified for a man to beat his wife for at least one of those five reasons.[9]

In 2006 the Government promoted a new law that recognises **rape** as a crime (although does not recognise spousal rape). The maximum sentence is life imprisonment for first-degree rape (causing bodily injury) and ten years' imprisonment for second-degree rape. The Government does not always enforce the law effectively.[10] Human-rights groups claim that the real prevalence is even higher, as many cases are not reported and the survivors do not seek help because of the stigma surrounding sexual violence.[11]

The Sexual Pathways Referral Program, a combined effort of the Government and NGOs, has improved access to medical, psychosocial, legal, and counselling assistance for victims. As mandated by the 2008 Gender and Sexually Based Violence Bill, the special court for rape and other sexual violence (Court E) located in Montserrado county has exclusive original jurisdiction over cases of sexual assault, including abuse of minors. The sexual and gender-based violence prosecution unit within the Ministry of Justice continues to coordinate with the special court and collaborate with NGOs and international donors to increase awareness of **sexual and gender-based violence** issues.[12] A large number of NGOs are part of the national SGBV Task Force, which is chaired by the Ministry of Gender, and are working on these issues as well.

Women marching against violence (© Action Aid)

Resources and Entitlements

Women and men enjoy the same legal status regarding access to land and access to property other than land. Under the law women can inherit land and property, receive equal pay for equal work, and own and manage businesses. However, women experience discrimination in such areas as employment, credit, pay, education and housing. In rural areas a woman's right to inherit land has often not been recognised by traditional practice or traditional leaders. While progress has been made through programmes to educate traditional leaders about women's rights, authorities often do not enforce those rights.[13]

Women also have the right of access to bank loans, but, in practice, it is often difficult for women to access credit because they are illiterate or because they cannot meet the requirements needed to take out a loan. Micro-credit programmes are provided by NGOs and the Government, of which women are the main beneficiaries.[14]

Women experience some economic discrimination based on cultural traditions. The Government has promoted women in the economic sector through programmes and NGO partnerships conducting workshops on networking, entrepreneurial skills and micro-credit lending programmes. A number of businesses are owned or operated by women.

No specific office exists to enforce the legal rights of women, but the Ministry of Gender and Development and the Women, Peace, and Security Secretariat generally are responsible for promoting women's rights.

The DHS 2013 reveals a low level of education in Liberia among both female and male respondents. Nevertheless, men have an advantage in average educational attainment: 32.7% of men have had no education, as opposed to 47.1% of women, and 10.5% of men have completed secondary education as opposed to 3.9% of women.[15]

Literacy is an important personal asset that gives individuals increased opportunities in life, and these continue to be denied to Liberian women.

Civil Liberties

Liberian women's civil liberties, like those of all citizens, are guaranteed by Article 11 of the Constitution of Liberia (1986).[16] Women's day-to-day movements may be restricted by partners and husbands, however.

In recent years, the participation of women in leadership has been pushed for by the Government, which led to gradual improvement, but not without fierce opposition. The proposed **Gender Equality Bill**, which called for a minimum of 30% representation of women at all levels of governance, was intended to address the entrenched inequalities that exist in Liberian politics. To the disappointment of most women's rights advocates, the Gender Equality Bill was thrown out of the national legislature.[17] As of April 2019, 28 Too Many understands that negotiations on reintroducing this piece of legislation continue between civil society and government ministries.

After the 2011 elections, the percentage of female elected officials dropped from 12.5% to 9.6%. In the senate female representation dropped from 13.3% to 10%. During 2011 there were four women in the 20-member cabinet, three in the 30-seat senate, and nine in the 73-seat house of representatives. Two out of five members of the Supreme Court were women. In total, 33% of local government officials were women.[18] As of 2018, 12.3% of parliament members were women.[19]

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Laws Relating to Women and Girls (Updated 2019)

For information on international and African regional laws relating to FGM, please refer to the **law factsheet** on our website.

International and Regional Treaties

Many of the international human-rights conventions and treaties related to the practice of FGM have been signed and ratified by Liberia. These conventions place a legal obligation on the Government to ensure that FGM, as an international human-rights violation, is eradicated by putting certain provisions in place. Liberia has ratified or signed up to the following conventions and treaties:[1]

- Convention on the Elimination of Discrimination Against Women (*CEDAW*) (acceded 1984)
- Convention on the Rights of the Child (*CRC*) (ratified 1993)
- Universal Declaration of Human Rights 1948 (*UDHR*)
- International Covenant on Civil and Political Rights (*ICCPR*) (ratified 2004)
- International Covenant on Economic, Social and Cultural Rights (ratified 2004)
- African Charter on the Rights and Welfare of the Child (ratified 2007)
- Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (*Maputo Protocol*) (ratified 2007)
- African Charter on Human and People's Rights (*Banjul Charter*) (ratified 1982)

The African Union declared the years 2010 to 2020 to be the '**African Women's Decade**', and, as a signatory, Liberia is expected to consolidate its efforts to promote and protect the rights of women.

In December 2012, the **UN** passed an historic, unanimous resolution calling on countries to eliminate FGM, and in 2013 the 57th UN Convention on the Status of Women agreed on conclusions including the need for states to develop policies and programmes to eliminate FGM and other forms of violence against women.[2]

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

FGM has long been considered discriminatory, as a practice exclusively directed towards women and girls that interferes with their enjoyment of their fundamental rights. **Discrimination** on the basis of gender is prohibited under Article 2 of the **UDHR** and has since been included in all international and regional human-rights treaties and conventions.[3]

The CEDAW and the CRC explicitly prohibit **traditional practices** that discriminate against women and harm children. Article 2 of **CEDAW** directs 'State Parties . . . (f) To take all appropriate

measures, including legislation, to modify or abolish existing laws, regulations, 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.[4]

Article 24(3) of the **CRC** states, '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, '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.'[5]

Under the **ICCPR**, FGM is a violation of a person's physical integrity, liberty and security of person. The ICCPR protects individuals from 'torture or cruel, inhuman or degrading treatment' and arbitrary or unlawful interference with his or her privacy (Articles 7 and 17). The ICCPR states that everyone has the 'right to liberty and security of person' and that '[e]very child shall have . . . the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State' (Articles 9 and 24).[6] FGM thus violates the convention because it threatens a person's safety due to its negative, life-threating physical consequences.[7]

Under the **ICESCR**, FGM is a violation of the right to health. Article 12(2) provides that '[t]he 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'.[8] FGM thus violates the convention due to its numerous health consequences, as discussed in FGM and Reproductive Health Complications on page 79.

Article 4(1) of **The African Charter on the Rights and Welfare of the Child** requires that the 'best interests' of the child be paramount in any decision concerning a child. Article 5(1 & 2) stresses the inherent right to life of every child and requires that state parties 'ensure to the maximum extent possible, the survival, protection and development of the child.' Under Article 14(1), '[e]very child shall have the right to enjoy the best attainable state of physical, mental and spiritual health.' States are further required to pay particular attention to the reduction of infant and child mortality, which increase where women have undergone FGM. Article 21 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 . . .'[9]

Under Article 4(2) of **The Maputo Protocol**, member states are required to adopt legislative, administrative, social and economic measures to ensure the prevention, punishment and eradication of all forms of violence against women. The Protocol also explicitly refers to FGM under Article 5, whereunder, '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 . . .'[10]

The Banjul Charter, under Article 16, provides for 'the right to the best attainable state of physical and mental health.' The right to physical integrity is provided for under Articles 4 and 5.[11]

National Laws

The Constitution

The Constitution of Liberia (1986)[12] does not specifically address FGM. It is, however, arguable that a successful prosecution could be carried with reference to Article 11, which states:

> (a) All persons are born equally free and independent and have certain natural, inherent and inalienable rights, among which are the right of enjoying and defending life and liberty, of pursuing and maintaining the security of the person.

Article 11 also preserves the 'fundamental rights and freedoms to the individual', regardless of sex, which would include freedom from FGM.

Article 20 reiterates, 'No person shall be deprived of life, liberty, security of person . . .'

Age of Suffrage, Consent and Marriage

The age of suffrage in Liberia is 18 years.

Under the Liberian Children's Law (2011),[13] Article IV, Section 4, the age of consent for marriage is 18 for both men and women, while the Domestic Relations Act at section 2.2.2 sets the minimum age at 21 for men and 18 for women. However, the same section allows for both men and women to marry at a minimum age of 16 with the consent of their parents or, in the absence of parent or guardian, with a judge's order. The Equal Rights of Customary Marriage Law of 1998 at Section 2.9 permits the customary marriage of a girl at a minimum age of 16.

Laws Against FGM

There is currently no national legislation in Liberia that expressly criminalises and punishes the practice of FGM.

FGM is not specifically illegal in Liberia as it has not been addressed in the constitution, nor has any specific law been enacted to criminalise the practice. This is despite the requirement under Article 4(2) of the Maputo Protocol that state parties enact specific legislative measures to eliminate FGM.

While there is no specific legislation on FGM, theoretically it would be possible to use some sections of the other acts to bring a case against a perpetrator of FGM.

The Penal Code of Liberia (approved 1976, published 1978)[14] currently addresses infliction of bodily injury with respect to several crimes in the following sections:

- Section 14.23 (Recklessly endangering another person), which states, 'A person commits a misdemeanor of the first degree if he recklessly engages in conduct which creates a substantial risk of death or serious bodily injury to another.'
- Section 14.50(1) (Kidnapping) states, 'A person is guilty of kidnapping if he unlawfully removes another from his place of residence or business . . . (e) To inflict bodily injury . . .'
- Section 14.51 (Felonious restraint) states, 'A person commits a felony of the third degree if he knowingly: (a) Restrains another unlawfully in circumstances exposing him to risk of serious bodily injury . . .'

- The Penal Code does not yet directly refer to harmful practices or FGM (see above); however, Section 16.15 (Subjecting a Child to Harmful Practices) was introduced by the Children's Law (discussed below) and makes a person subject to a second-degree felony 'if she or he subjects a child to any of the following practices: . . . (e) or a practice that violates or endangers the bodily integrity, life, health, dignity, education, welfare, or holistic development of the child.'

The Children's Law (2011) contains Article VI, Section 4 on Harmful practices prohibited for a child, but it does not address FGM and in fact specifically omits cultural practices by stating: 'No person or society shall subject a child to . . . any unnecessary or uncultured practice that may inflict physical, psychosocial, or emotional pain to the child or otherwise violate or endanger her or his bodily integrity, life, health, dignity, education, welfare, or holistic development.' Section 7.1 does, however, go on to state, 'No person shall subject a child to torture or other cruel, inhuman, or degrading treatment or punishment.' In January 2018 the outgoing president of Liberia, Ellen Johnson Sirleaf, signed Executive Order No. 92 banning FGM for girls under 18 years of age as originally proposed in the Domestic Violence Act (but effectively allowing women over 18 to consent to FGM), stating that its omission undermined the law.[17] This Executive Order, however, expired in January 2019.

THE DOMESTIC VIOLENCE ACT

In 2016 new legislation was proposed in Liberia to address domestic violence, including FGM.

The Domestic Violence Act (amending Chapter 16, Offences Against the Family, of the Penal Code to add a subchapter on domestic violence) was controversial in Liberian society because it proposed to criminalise and punish FGM.[15]

The initial draft of this bill would have amended the criminal law to make it an offence to perform FGM on a girl under the age of 18 – or a woman 18 years or over without her consent. Punishments for those who broke the law included rehabilitation and fines, but these were not explicitly set out and would apparently be determined on a case-by-case basis.

Lawmakers experienced intense political pressure and unease about prohibiting what are considered 'cultural traditions'. Unable to gain sufficient support for the ban, they subsequently removed all reference to the practice from the draft bill.

In May 2019, a final attempt was made to reintroduce a ban on FGM into the bill; however, following a review of the document by the joint committee on Judiciary, Gender & Children Protection, and Good Governance, alongside consultation with major stakeholders in Liberia, FGM was once again withdrawn from the text.

On 19 July 2019 the Domestic Violence Act (without a reference to FGM) was signed into law by the President Weah. The chair of the joint committee stated that FGM will now be treated as a 'standalone' bill.[16]

Human-rights organisations have noted that the Order was not as effective as hoped due to a lack of knowledge in society of its existence and a lack of enforcement. They also note that bush schools have now begun in a county where they did not previously exist, Grand Gedeh. However, one achievement was an intervention by The National traditional Council of Chiefs and Elders of Liberia and the LNP in September 2018, which saved hundreds of schoolgirls in Nimba County and arrested six Zoes.[18]

Since the expiry of the Executive Order, and with the continued absence of national legislation, civil society in Liberia, in partnership with UN Women, has been negotiating with the Ministry of Gender, Children and Social Protection for an extension to the Executive Order from the president. At the time of writing, such an extension has not yet been secured.

DRAFT FGM BILL

Since 2016, the National Working Group Against FGM, which consists of stakeholders and civil-society organisations (*CSOs*) that wish to see an end to FGM in Liberia, has drafted a national FGM 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. 28 Too Many understands there is growing support for it. However, there remains much opposition to banning FGM by traditional leaders and practising communities, and the draft bill has yet to progress through formal testing and consultation to address concerns and incorporate the views of traditional and faith leaders, women and youth groups, the media and all other relevant stakeholders. A lack of adequate funding is also a challenge to progressing the draft bill through consultation.

Government Strategy and Law Enforcement

In addition to the lack of legislation, there has been a continued lack of **strategic action by the Government** in relation to FGM. As a women's rights activist, much was expected of Nobel Peace Prize winner and former president Ellen Johnson Sirleaf, although she was ultimately unable to make significant progress or introduce a concrete law before leaving office in 2017 (see inset box).

The government departments currently responsible for gender issues, including work to end FGM in Liberia, are led by the Ministry of Gender, Children and Social Protection, the Ministry of Internal Affairs, and the Human Rights Department at the Ministry of Justice. There is currently no formal national action plan or strategy in place to tackle FGM in Liberia. Civil society, through the National Working Group Against FGM, is reportedly working on a **National Human Rights Action Plan** to ensure that the Government complies with human-rights (including FGM) best practice.

There have been some **moments of progress** in relation to the Government's stand on the practice during recent years, despite the fierce opposition. The Minister of Gender and Development in 2012, Julia Duncan-Cassell, encouraged leaders to 'resist FGM' during a radio broadcast. She reiterated this message the following day, saying that her office was working to bring about an end to the practice and that the Government was saying, 'This needs to stop.'[19]

Another government official, Grace Kpaan, in even stronger condemnation of the ritual, said, 'I believe it is evil, because there are times that little children even die in the bushes; seven, eight and nine-year-olds.'[20]

Efforts to end FGM were further seen in 2012 when the Ministry of Internal Affairs issued a **notice directing that all Sande activities be stopped**, that permits would no longer be issued, and that failure to comply would result in fines.[21] Despite this, 750 girls still underwent FGM in Nimba county that year,[22] and other evidence suggests that FGM continued as normal. There is also no evidence that the Ebola crisis in 2014 (and the associated education by governments about the spread of the disease) resulted in any change to the practice of FGM in Liberia.

Opposition to ending FGM has continued within some government-backed institutions, such as the **National Traditional Council of Liberia**. Setta Saah, a senior official on the council, stated, '[I]t's been here for a thousand years . . . The government won't say "No" without the approval of the people.' However, another official on the council, Ella Coleman, stated that the bush schools are voluntary: 'You see children as young as seven walking into the bush. Nobody is holding their hand. Nobody is forcing them. This is our tradition, and this is how we live.'[23]

Now that the Domestic Violence Act has been passed, adequate enforcement will be essential to protect women and girls. At present, the **Liberian National Police** (*LNP*) incorporates the **Women and Children Protection Services**, a unit specifically tasked with addressing violent crimes against women and children. The unit was established in September 2005 through an agreement between UNICEF and the LNP. It has a presence in all 15 counties in Liberia.[24] It is not clear to what extent this unit is involved in the work to end FGM.

Also **on a positive note**, prior to publication of this Country Profile, representatives of the Liberian Government were present at a number of pan-African and regional conferences designed to address the challenges of ending FGM and other harmful practices, including the African Traditional Leaders conference on FGM and child marriage hosted by UN Women in Kenya (August 2018) and the African Summit on Female Genital Mutilation and Child Marriages in Dakar, Senegal (June 2019). Government officials sat alongside members of the National Traditional Council of Liberia in recognition of International Zero Tolerance Day on 6 February 2019.

Prosecutions

There have been isolated reports in the media of arrests and court hearings associated with FGM, although information is limited:

- In 2010, Ruth Berry Peal was kidnapped by the Gola tribe after arguing with two of its members. She was subjected to FGM, which resulted in her hospitalisation for three months. She was reportedly also forced to take an oath of secrecy and threatened with death if she broke that oath. She was held for one month, during which she developed health complications and required three months' treatment following her release. She brought an action against her kidnappers, who were found guilty in July 2011 of kidnapping, felonious restraint and theft. In 2013, the First Judicial Circuit Criminal Court found two women guilty after a month of deliberations,[25] and they were eventually sentenced to three years' imprisonment. The judge cited both the **Liberian Constitution** and **Article 4(1) of the Maputo Protocol on the Rights of Women**, which entitle women to respect for life and integrity and security of person.[26]
- Despite claims that this was the first ever prosecution for FGM in Liberia, there is evidence to suggest that in 1994 a Grebo girl who was forced by the Sande Society to undergo FGM brought an action against the practitioner. She received 500 Liberian dollars in damages, which at the time was equivalent to US$11.75.[27]
- In 2016, following the death of 16-year-old Zaye Doe in Nimba county after undergoing FGM, four individuals were charged with negligent homicide, criminal solicitation and criminal conspiracy.[28] However, the court case was postponed at least twice and eventually suspended. No further details are available on its current status.

For more detailed information on the law in Liberia, please see our report, **Liberia: The Law and FGM**.

1 This section was completed with reference 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* 23(1), pp.111–140.
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The History of FGM in Liberia: Sande (2014)

Sande is one name for the secret society of women in Liberia, which uses initiation rituals for membership that involve FGM within the bush schools they operate. It is also the name given by members to the spirit mediator between the living and the dead.

Traditionally, this institution is central to women's lives, 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 social relations and the conditions women live in. At present, the cost of this social good is FGM – or disenfranchisement if it is refused.

Women who are uninitiated in Lofa county are called *Kpolo wa*, meaning 'sinner', according to the Zorzor District Women Care Inc. (*ZODWOCA*), a women's human-rights organisation. ZODWOCA also states that, unless a woman is a member of Sande, she cannot hold any position of power within her community.[1]

During the social and economic devastation of the civil wars, the community power-structures of the Poro (men's society), Sande and gerontocracy (elders) broke down. Although women and children suffered severely during these times of war, Sande provided to women a measure of independence from men and society's imposed gender roles, as well as a powerful voice, especially in the negotiation of peace agreements in the aftermath of the war. The power of the secret societies was unwittingly bolstered by NGO interventions in the peace-building processes, when they were used to help re-establish authority in communities.[2] (For more information, see Interventions on page 85.)

In Liberia, 49.8% of women who have heard of Sande are members.[3] It includes over half of all ethnic groups, including the Kissi, Loma, Gbandi, Gola, Vai, Belle, Kpelle, Mano, Sapo, Mende, Bass and Dan (Gio).

Sande was traditionally viewed as giving women agency and a sense of community. For example, in rural northern Liberia, women are required to gain their husband's permission to do tasks outside the home. Yet, the Sande society is a place where a woman can go without her husband's permission.

Girls initiated into the Sande society, Liberia, 1910 (www.biantouo.com)

Sande initiation is tied to conceptions of sexual/gender identity and fertility. The Sande bush represents fertility and the essence of ancestral and supernatural spirits.[4]

During the initiation ceremony, the Sande often perform a masquerade. Both the masks and dances have ritualistic powers. These masquerades and their Sierra Leonean counterpart, Bondo, are the only known instances of women in Africa wearing masks. There are no Sande masks used in the rituals of the Kpelle, Loma or Mano.

In some ethnic groups, such as the Bassa and Kissi, the complementary men's society, Poro, may not exist. Among the Dei and Loma, the Sande society regularly admits male blacksmiths as ritual specialists (possibly to carry out FGM) and, in Gola society, the spirit represented by the mask is considered to be male rather than female.

A Sande society mask for initiation rituals

The Sande have laws of secrecy prohibiting members from discussing their practices, with supernatural and physical sanctions on those who break the laws. This is highlighted in a news article where an informant explains, 'I can't use my real name because they will throw some kind of sickness on me to kill me when I visit our home because I burst out the secret.'[5]

All boys, men and uninitiated girls and women are non-members and are not permitted to discuss Sande issues (including FGM). There are stories of forced initiation carried out on non-members as punishments for breaking Sande law, or even for straying too close to the Sande bush.

> *'I blame the government because they know about it [Sande bush]. You can't go near the Sande when drums are beating or they will catch you; and it's bad.'*
>
> *~ Madam Gray, Principal of AGOM, an elementary school*[6]

FGM is not illegal in Liberia, although kidnapping and forced initiation into the Sande and Poro societies is illegal. Most girls and women are unaware of their rights to decline initiation, however. The most widely reported case of this behaviour was the kidnapping in 2010 of Ruth Berry Peal and two of her children. She was taken into the Sande bush and forced to undergo FGM, although she herself is from a non-practising ethnic group. This followed an argument in the market with women from the Gola ethnic group (who have Sande societies), among whom she was living after being displaced from her traditional homeland during the civil war. With the help of international and national support, her case was taken to court and two women were sentenced to three years' imprisonment.

Ruth Berry Peal pictured in Monrovia, Liberia, 27 February 2013 (© Ruth Njeng'ere/Equality Now)

Another case reported in 2014 is that of a ten-year-old girl, anonymised as 'Blessing'. Her case is discussed on page 6.

> *'We are all from traditional and cultural backgrounds, so we're not saying at [The Ministry of Gender and Development] that we should stop the other culture[;] what we are saying is these are modern days[;] let's modernize things to conform to present day reality.'*
>
> *~ Meima Sirleaf Karneh, Assistant Minister for Research and Technical Services, Ministry of Gender and Development*[7]

Following the incident concerning Blessing, Meima Sirleaf Karneh, Assistant Minister for Research and Technical Services at the Ministry of Gender and Development at the time, clarified in an interview the policies that had been laid down in conjunction with the Ministry of Internal Affairs to regulate the operating of bush schools. They are:

- Forced initiation should not happen (but she did not state that it is a crime).
- Sande bushes should not be set up in residential areas, but should be at least 25 miles away; they should not operate in cities and certainly not close to official schools.
- Sande schools should not run during government school terms.
- Communities should report violations to the Ministries of Gender, Internal Affairs or Education.
- Sande schools should be set up in consultation with local leaders and the community.[8]

It is reported that these controls are not enforced. In the town where Blessing was taken and forcibly initiated into Sande, two bush schools were operating. One of these was next to the elementary school, where the head mistress complained that there was drumming every day and children who strayed too close were taken captive and initiated.

The Economics of FGM

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.

For the former, in addition to the cost of the rite itself, a family faces further economic costs if healthcare is needed for FGM complications either immediately or in the long term.

Most of the correspondence that 28 Too Many has had from NGOs in Liberia states that, for Zoes (as the heads of Sande are called), the practice of FGM is their livelihood and they cannot be expected to give it up without compensation. Internal Affairs Minister Dukuly is reported to have said that initiation is done for the Zoes' commercial gain, but reiterates that people should willingly join the society instead of being forced.[9]

In a news report published in March 2012, an informant, who asked to remain anonymous for fear of her life, claimed that initiation used to be 'a no money business', but now, she said, Zoes do not even train children in the bush. This saves time and allows the Zoes to make more money from more initiations. Furthermore, if someone wants to initiate their child to help her social advancement, the parents are told that they must be initiated as well, and the cost is 'two bags of rice, two five-gallon cans of palm oil, and 5,000 Liberian dollars [approximately US$25 in 2019] for beginners to join the bush'.[10] This is a considerable sum for the 84% of families in Liberia who live on less than US$1.25 a day.[11]

According to a small-scale baseline study conducted by Women Solidarity Inc. (*WOSI*) in 2013, 90% of initiations are paid for by the girl's family, 6% by a husband and 2% by a future husband.[12] Communications between 28 Too Many and local NGOs have also confirmed that the extended family will contribute to a girl's initiation when required.

The sparse literature that is available about the operations of the Sande bush speak of two payments that are now made for initiation, one at the start and one at the end of the bush seclusion, to release the child back into the community. This second payment is sometimes spoken of as being equivalent to a ransom payment. The case of Blessing highlighted in the Foreword to this report is a case in point, where the ten-year-old was taken by force into the bush and her mother had to ask for financial assistance from neighbours and a journalist in order to free her child. It was also reported that Blessing's mother needed to pay for Blessing's medical treatment because of FGM complications.[13]

Although it has also been reported that the Ministry of Internal Affairs charges for the licences they provide for bush schools to operate, the other side of the economic cost is the additional cost to the state in terms of healthcare and loss of human potential. Additional healthcare provision needed by women with all types of FGM is shown by the WHO to be 0.1%–1% of all healthcare spending on women aged 15–45.[14] Deaths caused by complications during or after initiation, and the school drop-out rate fuelled by early marriage, also incur losses of human potential to the state and its development. The high number of teenage pregnancies, which is often correlated with FGM, causes more loss of human potential by launching girls into a cycle of poverty and ill health.

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FGM: National and Regional Statistics and Trends (2019)

This section gives a broad picture of the current state of FGM, in terms of Sande membership, in Liberia. Other sections of this report give more detailed analyses of FGM prevalence set within anthropological and sociological frameworks, and of efforts towards its abandonment.

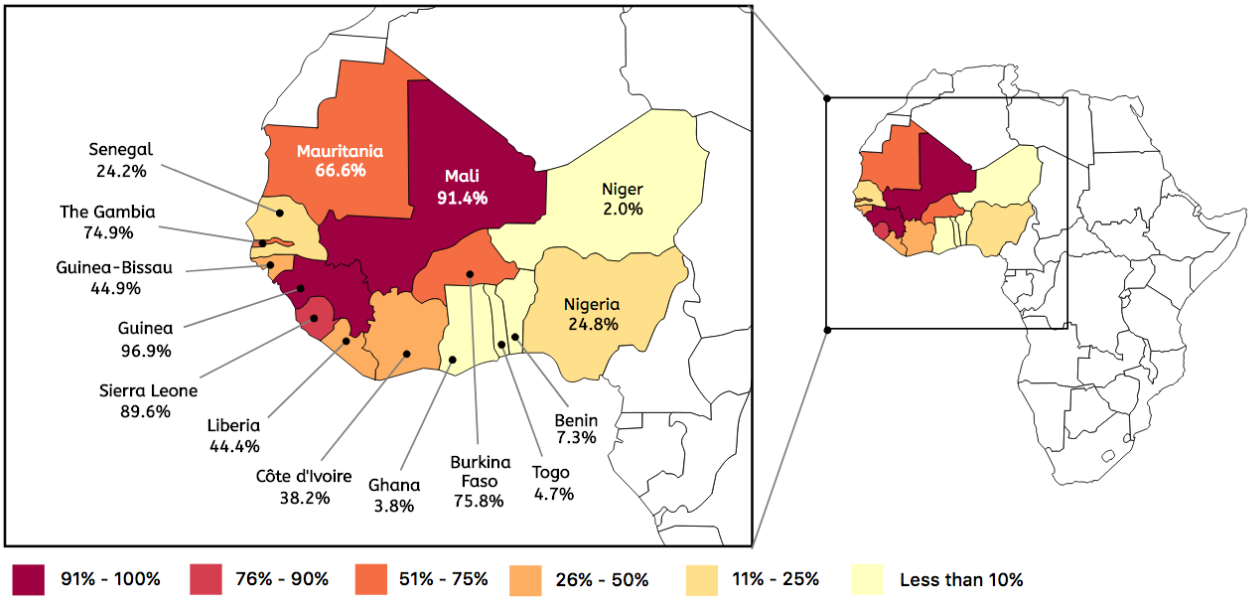


Figure 4: Prevalence of FGM in West Africa[1](©28 Too Many)
Please note that the dates of these figures vary from 2010 to 2015

N.B.: Due to the taboo nature of FGM in Liberia, little official research has been conducted into the prevalence of the practice outside of Liberia's secret women's society, Sande. Instead, DHS survey respondents are asked if they are members of Sande. Anecdotal evidence from contacts who have worked in Liberia, however, shows that FGM is also performed on women who are not members of Sande. Therefore, any estimates of FGM prevalence based solely on Sande membership are unreliable. However, until further research can be done, 28 Too Many is only able to report the prevalence of Sande membership.

Because of this, neither the figures given in the DHS reports nor 28 Too Many's adjusted figures as given below are accurate as indicators of FGM prevalence in Liberia, and all that can be correctly stated is that these figures are the prevalence of Sande membership among women who have heard of Sande (DHS) and the prevalence of Sande membership among all women (28 Too Many).

Among all Liberian women aged 15–49, the **prevalence of Sande membership** is 44.4%.[2]

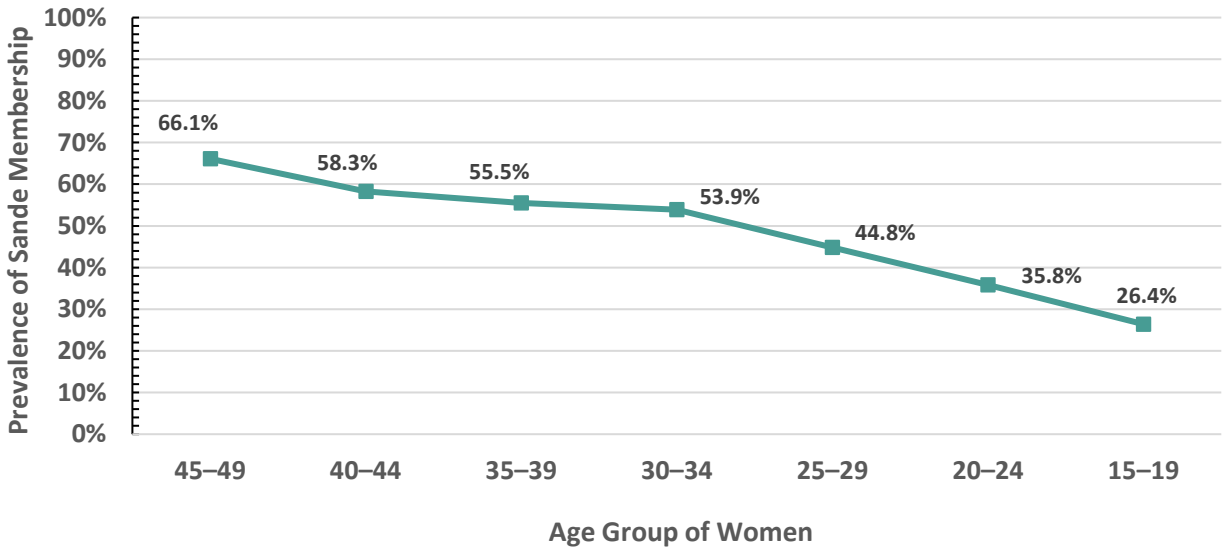


Figure 5: Percentage of Liberian women aged 15–49 who are Sande members[3]

Figure 5 indicates a trend, among the younger age-groups, towards smaller percentages of women who are initiated members of Sande (and therefore have most likely undergone FGM). However, there are no statistics for the age at which FGM is performed in either the DHS 2007 or the DHS 2013. Traditionally, girls between the ages of 8 and 20 were initiated, as Sande/FGM is still viewed in some areas as part of a rite of passage into womanhood, adult responsibility and marriage. Although there are reports of much younger girls being initiated,[4] overall it still appears to be older girls, and this means that girls in the 15–19 cohort are still at risk of being cut.

Although there appears to have been a fall in Sande membership between 2007 and 2013 from 58.2% to 44.4%, it should be noted that the data collection for the DHS 2013 took place between 10 March and 18 July 2013, and in March 2013 two women were sent to prison for the abduction and forced initiation of Ruth Berry Peal in 2010; this may have discouraged women from admitting to being Sande members.

Prevalence of Sande Membership According to Place of Residence

About a third of the country's population lives in Greater Monrovia, an urban area. All counties, with the exception of Montserrado, Grand Kru and Maryland, have less than 20% urban populations, while Montserrado has an urban population of about 80% (2008 figures).[5]

Figures 6, 7 and 8 show the distribution of Sande membership among women aged 15–49 across different regions of Liberia. The data in Figure 8 should be interpreted with caution, as for several counties it is based on small numbers of women; in particular, Grand Gedeh, Gran Kru, Maryland, River Gee and Sinoe. As is common in countries where FGM is practised, in Liberia, FGM is more prevalent in rural areas than in urban areas.

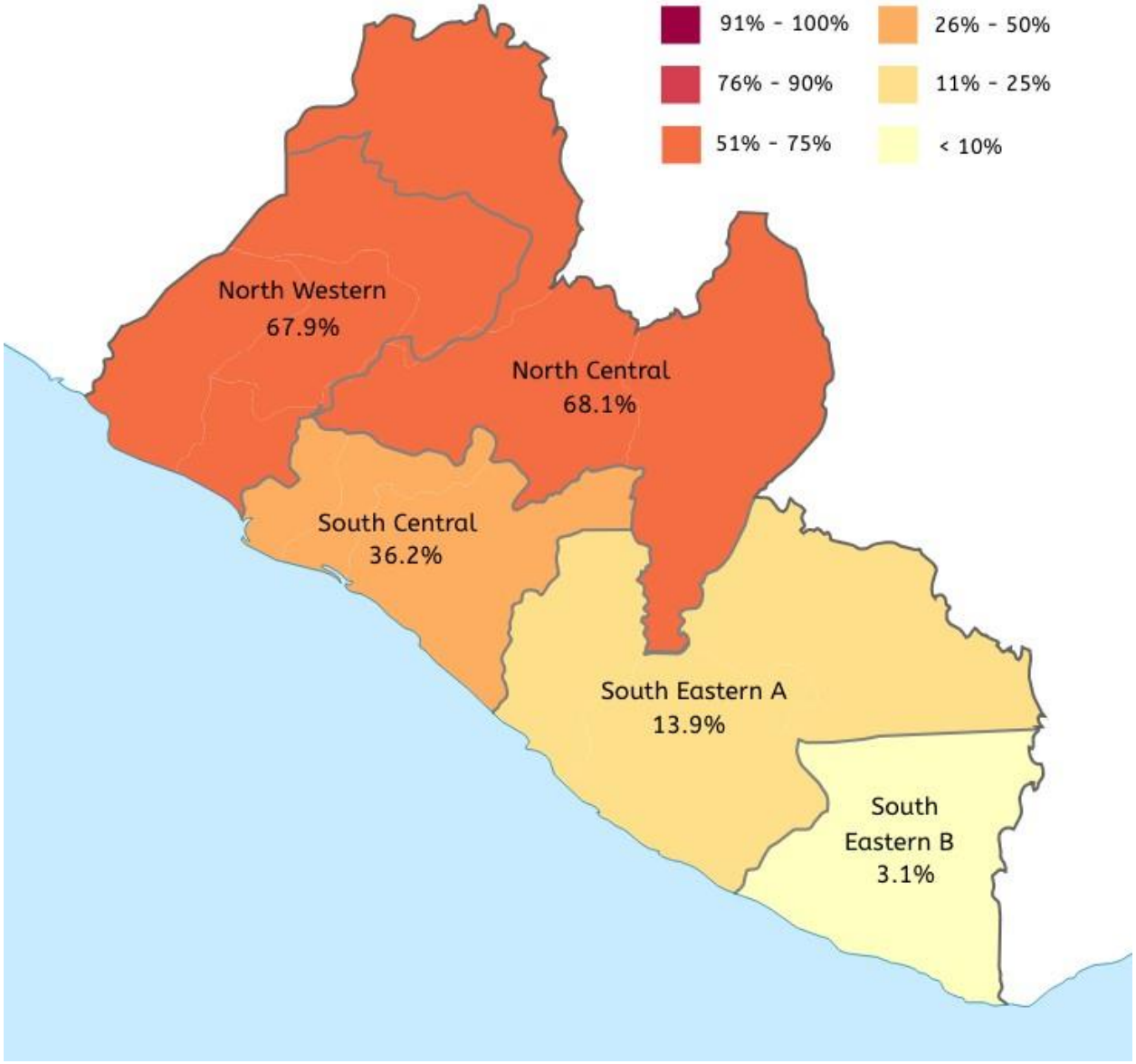


Figure 6: Prevalence of Sande membership across Liberia's regions, 2013[6]
(© 28 Too Many)

TEMPORARY SUSPENSION OF FGM ACTIVITIES

In 2018 the National Council of Chiefs and Elders committed to undertaking an inventory of 'grooves' (i.e. Sande bush) and practitioners in 11 FGM-practising counties of Liberia.

In June 2019 a national follow-up conference was held between the council and other stakeholders, including the Ministries of Gender, Children and Social Protection and Internal Affairs; UN Women; the National Working Group Against FGM; and CSOs including WOSI and He For She Crusaders Liberia.

Five representatives from each practising county were selected by their colleagues to sign a document suspending all grooves activities in Liberia for one year. During this period, FGM activity is to be suspended while the inventory takes place (although a three-month grace period is given for all practitioners to graduate those currently in the Sande bush). The suspension of FGM and safety of girls is not guaranteed, however, as practitioners are likely to violate the ban if funds are not made readily available for the inventory to be done.

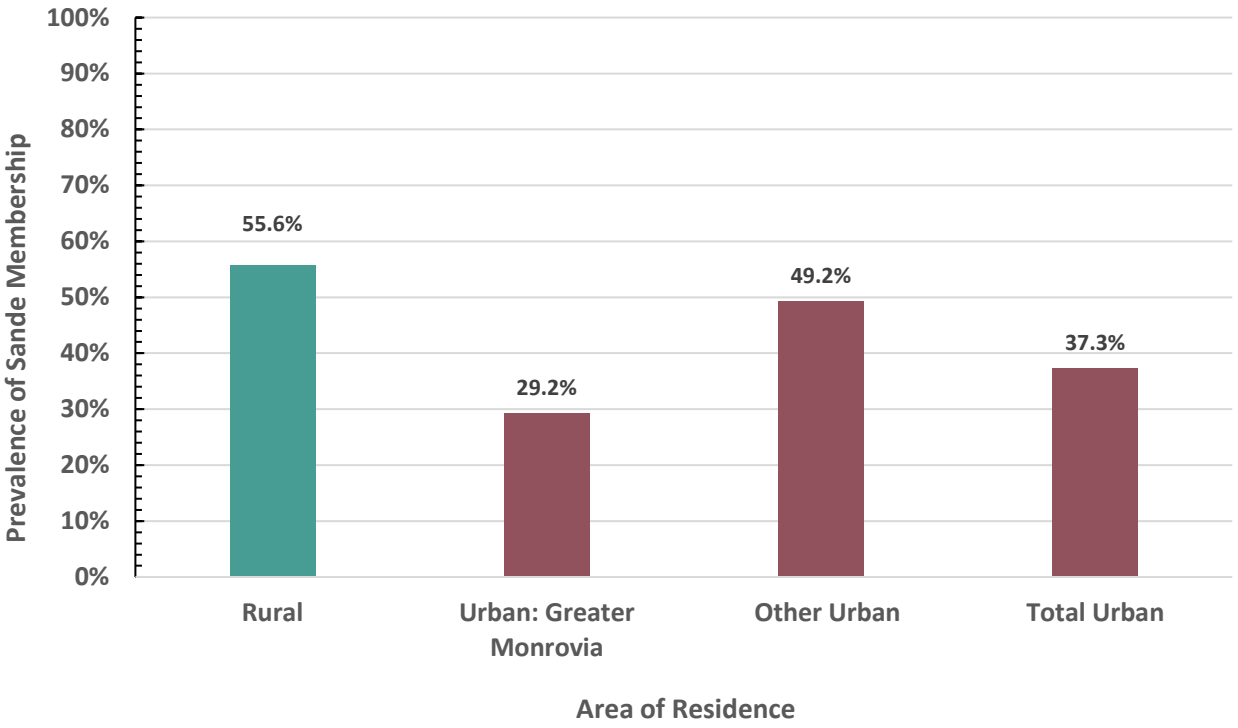


Figure 7: Percentage of Liberian women aged 15–49 who are Sande members, according to area of residence[7]

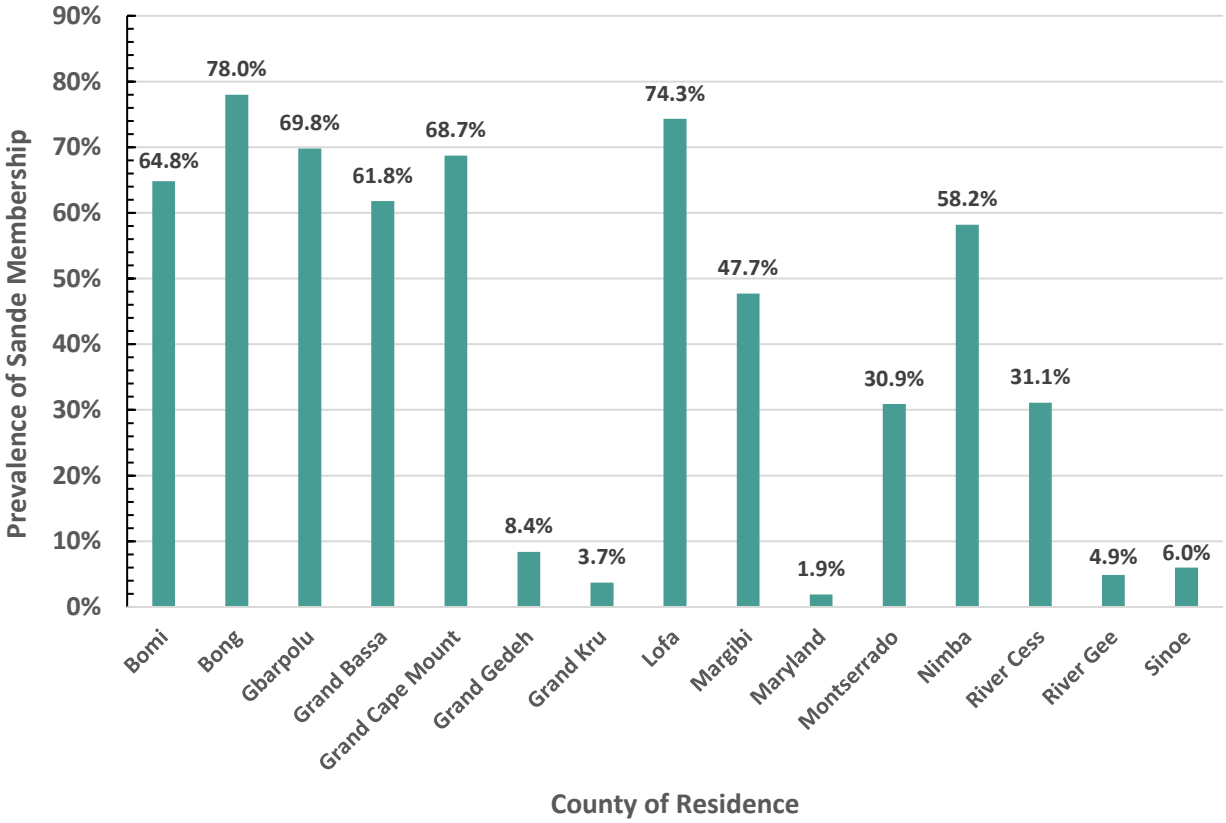


Figure 8: Percentage of Liberian women aged 15–49 who are Sande members, according to county of residence[8]

In 2019, FGM continues to be practised in at least 11 counties of Liberia – Lofa, Nimba, Grand Bassa, RiverCess, Gbarpolu, Montserrado, Margibi, Grand Cape Mount, Bomi, Bong and Grand Gedeh. Prevalence is also reportedly increasing in some areas (e.g. the south-east of Liberia, particularly due to migration of practising groups).[9]

Prevalence of Sande Membership According to Economic Status

The DHS 2013 reveals a clear trend towards 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 (Figure 9).

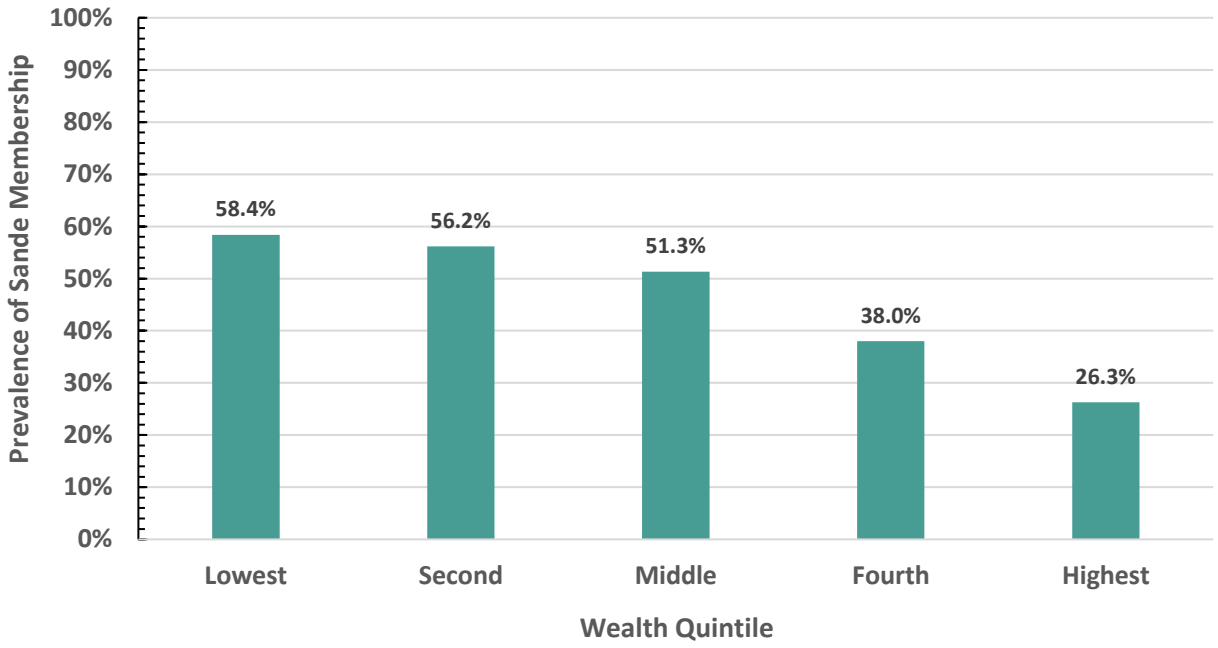


Figure 9: Percentage of Liberian women aged 15–49 who are Sande members, according to wealth quintile[10]

Prevalence of FGM According to Ethnicity

The DHS 2013 does not record the prevalence of Sande membership according to ethnic group; however, the Gesellschaft fur International Zusammenarbeit (*GIZ*) reported in 2011 that the Mende, Gola, Kissi and Bassa practise FGM with particular frequency, whereas the practice is virtually unknown among the Kru, Grebo, Krahn, the Muslim Mandingos and the Americo-Liberian population.[11]

Types of FGM Practised and Practitioners

It can be inferred from the literature that Types I and II (according to the WHO's classifications of FGM) are most commonly practised in Liberia, but current DHS data on the types of FGM practised is not available. However, one study found that, according to the Liberian midwives surveyed, clitoridectomy (Type I) is most common. About 50% of the midwives had encountered pregnant women whose labia minora had also been cut (Type II).[12]

All studies of FGM that were found for this Country Profile place the practice of FGM within the Sande bush, performed by Zoes, the heads of the bush, who are also often traditional birth attendants.

There is very little evidence of medicalised FGM in Liberia. An article in *Reproductive Health* found that 'Nowadays, medical personnel may be invited to help prevent the immediate complications of FGC.'[13] Data collected for a report in the late 1980s said, in response to the high death-rate of girls undergoing traditional Sande initiation,

> [T]the staff of one Christian hospital decided to intervene. After negotiating with the tribal leaders, permission was granted for Kpelle doctors and nurses secretly to perform the rituals in the forest . . . The hospital team performed the Type I procedure in a mobile van.[14]

This strategy reduced the mortality rate of initiates in the bush. It was viewed as a transitional measure until the practice could be re-examined by tribal leaders and accepted as a practice harmful to women. Until then, the Western practitioners felt that it would save more lives to do the surgical procedures. However, since that time, the WHO has published its Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation, which states,

> *Health professionals who perform female genital mutilation (FGM) are violating girls' and women's right to life, right to physical integrity, and right to health. They are also violating the fundamental ethical principle: 'do no harm'.*[15]

The document also calls for training providers and governments to implement training, policies and laws that prohibit healthcare providers from performing any form of medicalised FGM.[16]

For detailed information about the medicalisation of FGM, please see 28 Too Many's report, which is available at **http://28toomany.org/fgm-research/medicalisation-fgm/**.

1 ***Click for source document:*** Benin: DHS 2011-12; Burkina Faso: DHS 2010; Côte d'Ivoire: DHS 2011-12; Ghana: MICS 2011; Guinea: DHS 2012; Guinea-Bissau: MICS 2014; Liberia: DHS 2013; Mali: DHS 2012-13; Mauritania: MICS 2015; Niger: DHS 2012; Nigeria: DHS 2013; Senegal DHS-Cont 2015; Sierra Leone: DHS 2013; The Gambia: DHS 2013; Togo: DHS 2013-14.

2 ***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 x 100 = 44.4%

3 DHS 2013, p.276 (adjusted by 28 Too Many).

4 28 Too Many (2014) *Communications with NATPAH.*

5 Audiencescapes (2008) *Liberia Country Profile*. [No longer available online.]

6 DHS 2013, p.276 (adjusted by 28 Too Many).

7 DHS 2013, p.276 (adjusted by 28 Too Many).

8 DHS 2013, p.276 (adjusted by 28 Too Many).

9 Anecdotal evidence provided to 28 Too Many by the National Working Group Against FGM in Liberia.

10 DHS 2013, p.276 (adjusted by 28 Too Many).

11 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (2011) *Female Genital Mutilation in Liberia*.

12 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/.

13 *Ibid*, p.5.

14 R. Morris (1996) 'Diversity in Health Care: The Culture of Female Circumcision', *Advances in Nursing Science* 19(2), pp.43–53.

15 World Health Organization (2010) *Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation*, p.1. Available at https://www.who.int/reproductivehealth/publications/fgm/rhr_10_9/en/.

16 *Ibid*., p.14.

The Sustainable Development Goals (2019)

The eradication of FGM was pertinent to six of the UN's eight **Millennium Development Goals** (*MDGs*), which reached their deadline in 2015. In September 2015 the UN adopted the **Sustainable Development Goals** (*SDGs*), which replaced the MDGs and have a deadline for achievement of 2030. The 17 SDGs focus on five 'areas of critical importance for humanity and the planet' – **people, planet, prosperity, peace and partnership**.[1]

Figure 10: The Sustainable Development Goals

A document entitled Transforming our World: the 2030 Agenda for Sustainable Development,[2] details the SDGs and states that they

> seek to build on the Millennium Development Goals and complete what these did not achieve. **They seek to realise the human rights of all and to achieve gender equality and the empowerment of all women and girls.**

Liberia has signed up to the SDGs, officially launching the framework on 25 January 2016. The Ministry of Finance and Development Planning is the lead and coordinator.

Liberia's General Auditing Commission, in a report published in December 2018, stated that more awareness of the SDGs is needed among the general population and:

> Frameworks and strategies, especially communications[,] are not in place to drive the process. To effectively and systematically implement the SDGs, there must be a plan for stakeholders at every level. The GAC found no such plan during the audit.[3]

The **SDGs** go further than the MDGs and **make explicit reference to the elimination of FGM**. This will strengthen the hands of governments, NGOs and multi-lateral organisations when implementing anti-FGM policies and legislation.

Sustainable Development Goal 5: Achieve gender equality and empower all women and girls

Goal 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

Other SDGs have relevance for women and girls who have experienced or are likely to experience FGM, particularly those related to education, health and gender equality, such as **Goals 3 and 4**.

> *Goal 4: Ensure inclusive and equitable quality education and promote life-long learning opportunities for all.*

The targets for Goal 4 make specific reference to ensuring girls and other vulnerable people receive equitable early-childhood development, inclusive and effective schooling at all levels, and vocational training and university education; they also include aspirations for adult women and men to receive equal skills training to achieve literacy and numeracy and enable them to take up decent jobs and start businesses.

Of particular importance in relation to the elimination of FGM is Target 4.7:

> By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development.

For a summary of all 17 SDGs, go to **http://17goals.org/**.

1 UN Department of Economic and Social Affairs (2015) *Transforming our world: the 2030 Agenda for Sustainable Development*. Available at https://sustainabledevelopment.un.org/post2015/transformingourworld.
2 *Ibid*.
3 Front Page Africa (2019) *GAC Report: Liberia Not Prepared To Meet UN Sustainable Development Goals Vision 2030*, 27 March. Available at https://frontpageafricaonline.com/news/gac-report-liberia-not-prepared-to-meet-un-sustainable-development-goals-vision-2030/.

Understanding and Attitudes (Updated 2019)

A widespread, correct understanding of FGM is a prerequisite to changing attitudes; thus, exposure to accurate information is essential.

Countrywide Taboos and Mores[1]

> Taboos are cultural or religious practices that are based on a precautionary principle, forcing individuals to comply or face punishment or stigma. Taboos can be forbidden actions, nourishment, words and themes, ideas, books and pictures, and signs. In African traditional religion, taboos are considered crimes; in African society, customs that are sacred and secular are often inseparable. To break a taboo means that an individual faces societal punishment or suffers from guilt. A person who breaks a taboo is then tabooed, as he or she is a threat of luring others to follow suit.[2]

In a country where beliefs in witchcraft and secrecy are held so tightly, it is difficult to find documented evidence of taboos as defined in the above quote. The clearest case, and one highly relevant to this report, is the taboo on talking about **secret societies** and their practices with non-initiated people. The punishment was traditionally death for society violations, and the threat of it now hangs over activists and journalists bent on breaking the taboo and addressing the harms of FGM.

In March of 2002, journalist Mae Azango published a piece in a Liberian newspaper about the negative effects of FGM and suffered a national storm of abuse as a result. Her life was threatened by Sande members for breaking the taboo. Following this, the Government asked for all Sande schools to be closed. However, as a result, the taboo against speaking about FGM appeared to break somewhat, and FGM is now discussed in the Government, the press, on radio and in communities.

At the Sande initiation ceremony, revealing/acknowledging that dancers in masks are anything other than the spirit that they represent is forbidden. Equally, the dancers themselves must not reveal themselves.[3]

There are also taboos on speaking about **pregnancy** to avoid inviting jealousy and witchcraft. Lori states that this secrecy is so internalised by women that they do not even share information about pregnancy or childbirth with each other.[4] Other traditional beliefs around pregnancy and childbirth are that difficult labour is caused by having broken a taboo, or is due to infidelity. Azango also wrote of her own labour complications and how help was denied until she falsely admitted to extramarital sex.[5] Dietary taboos can leave mothers anaemic and malnourished when, in some cases, they are denied meat and eggs.

Discriminatory practices against those living with physical and mental **disabilities** are being actively fought by NGOs such as the Association of Disabled Families International (ADFI). Much of the discrimination surrounding disability has to do with the lack of government services, the inaccessibility of buildings and facilities and the limited access to education.[6]

There is also discrimination concerning citizenship and land ownership for those of **non-'Negro descent'**.[7]

Liberian law prohibits **same-sex activity**, and the culture is strongly opposed to homosexuality. The social stigma against LGBT+ persons means that most are cautious about revealing their identities,

and victims of abuse and discrimination are reluctant to press charges. During the 2014 Ebola epidemic, LGBT+ persons became the scapegoats for the virus and have been demonised for calling down a plague from God in response to their homosexuality. As a result there have been a significant number of threats and violent acts against LGBT+ persons.[8]

Girls dressed for a Sande celebration (© The New Dawn Liberia)

Knowledge of FGM

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.)

Around 60% of women in the two regions of the country where Sande membership is least common (in the south-east) have heard of it, compared to over 90% of women in the other regions of Liberia.[9]

Reasons for Practising FGM and Its Perceived Benefits

FGM is a social tradition often enforced by community pressure and the threat of stigma. Despite differences in practice between communities, within all practising communities it is a manifestation of deeply entrenched gender inequality.

One Mende Sande member from Tubmanburg, Western Liberia, who asked not to be named, told *The New Humanitarian* that removing a girl's clitoris helps her become a 'prolific child bearer'.[10]

Due to the dangerous position women put themselves in when they talk about Sande, it is hard to find information on why girls are cut. FGM is, however, believed to control a woman's sexuality, making her less promiscuous and therefore a faithful wife. Midwives surveyed for one study also reported a belief among patients in the myth that the clitoris will continue to grow 'as long as a penis'.[11]

The DHS 2013 does not contain any information on the reasons behind FGM in Liberia, but the 2013 WOSI baseline study found the following reasons for women being initiated into Sande:

Reasons for Becoming a Sande Member	Total (n=210)	Bong County (n=10)	Margbi County (n=69)	Nimba County (n=34)
'It is our culture'	87.6%	82.2%	97.1%	85.3%
'It is good for me'	16.7%	15.9%	15.9%	20.6%
'It made me attractive'	4.8%	3.7%	1.4%	14.7%
'It made me to get married'	1.0%	0.9%	1.4%	–
'It made me more decent/proper'	3.8%	2.8%	1.4%	11.8%

Table 2: Reasons given in three counties for becoming a Sande member/undergoing FGM[12]

The predominant reason given by people in all counties is that it is 'our culture' – the same reason as given in many West African countries. However, it should be noted that very small numbers of women were surveyed for this baseline study, so the data should be interpreted with caution.

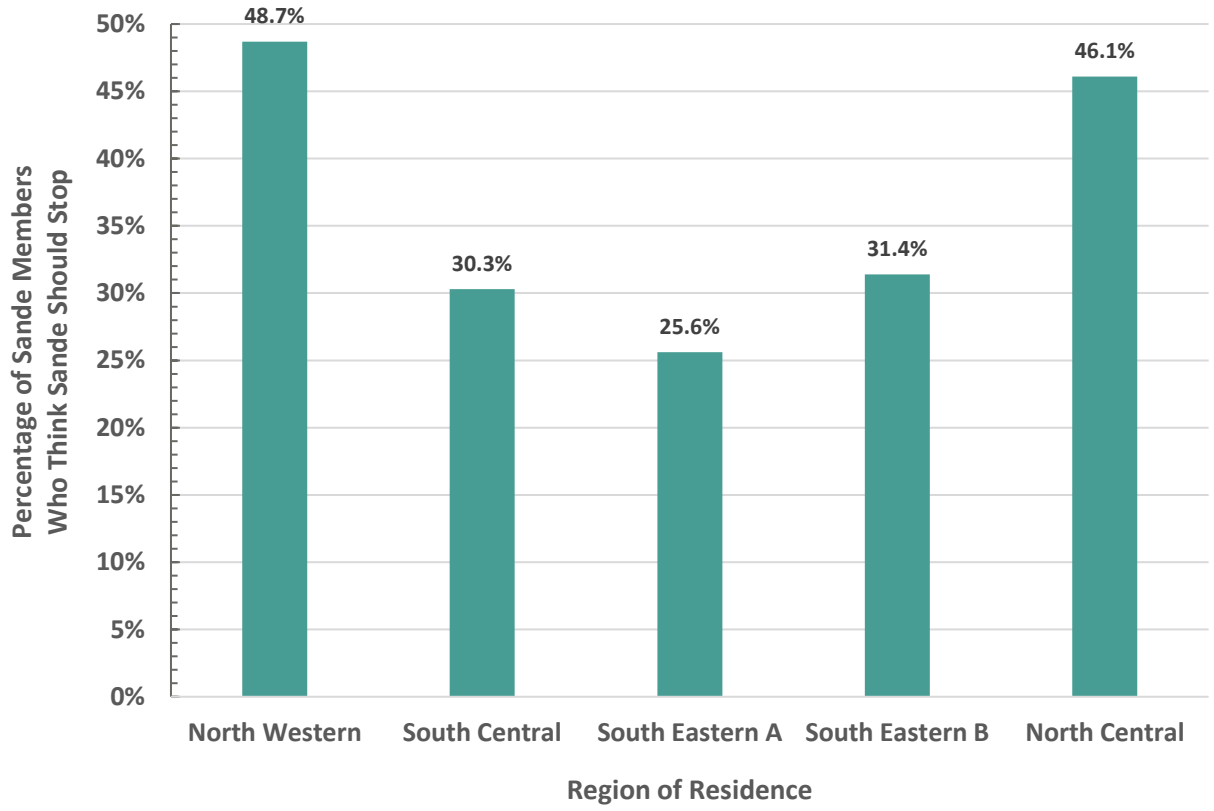
Support for FGM

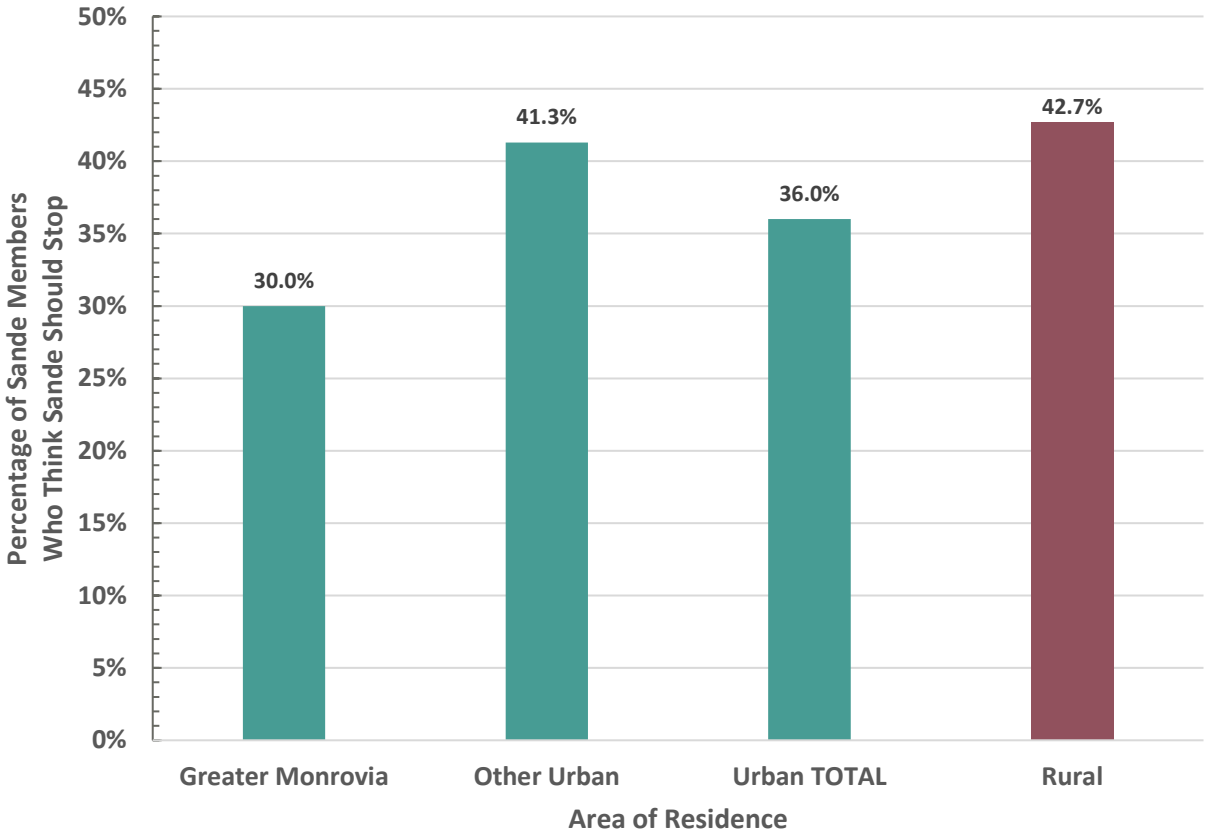
The WOSI baseline study may also shed light on the reasons why some Liberians do not wish the society/FGM to continue. The study shows that, in the six counties surveyed, more than half of the respondents (61.3% of men and 59.2% of women) believe that Sande society is not good for the community, compared to 31.8% who believe that it is good. Notably, when asked if they would allow a relative of theirs to join Sande society, 63% of men and 51% of women say that they would not. Table 3 sets out the reasons why the respondents would stop them from joining.

Reasons for Not Becoming a Sande Member	Both Sexes (n=408)	Male (n=227)	Female (n=181)
Not necessary	77.5%	72.6%	82.3%
Causes women not to bear children	4.9%	2.6%	7.7%
Affects sexual enjoyment	7.1%	6.2%	8.3%
Causes scars	5.1%	4.0%	6.6%
Causes infections	9.1%	10.6%	7.2%
It is harmful	15.2%	17.2%	12.7%
Painful	9.8%	11.0%	8.3%
Not healthy	15.2%	16.7%	13.3%
'Not our culture'	5.6%	8.8%	1.7%

Table 3: Percent distribution of respondents by sex and the reasons why they would not permit a relative to become a member of Sande society/initiated with FGM[13]

Figures 11 and 12 show the level of support for stopping Sande by geographic region:





Figures 11 and 12: Percentage of Sande members aged 15–49 who think Sande society should stop, according to region and area of residence[14]

Of note is that, even though Greater Monrovia has the least percentage of Sande members, only 30% of its Sande members are in favour of it stopping, while in rural locations a greater percentage of women are members (64.8%), but 42.7% of those believe it that it should be stopped.

In general, women who are more highly educated or in the top wealth quintiles are less likely to believe that Sande should stop, in direct contrast to the situation in most African countries that practise FGM. Overall, there is a low level of support for stopping Sande.[15]

1 Cited in Olatunji Ogunyemi (2008) 'The Implications of Taboos Among African Diasporas for the African Press in the United Kingdom', *Journal of Black Studies*, 38(6). Available at https://journals.sagepub.com/doi/abs/10.1177/0021934706290341.
2 Unless otherwise noted, all references in this sub-section are to Olatunji Ogunyemi, *op. cit.*
3 George Way Harley (1950) *Masks as agents of social control in northeast Liberia*. Cambridge, Mass.: The Museum. Available at https://archive.org/details/masksasagentsofs00harl.
4 Jody Lori (2009) *Cultural childbirth practices beliefs and traditions in Liberia* [University of Arizona dissertation].
5 Pulitzer Center (2012) *Liberia: Covering Maternal Health*.
6 US Department of State (2013) *Liberia 2013 Human Rights Report*. Available at https://www.state.gov/documents/organization/220339.pdf.
7 *Ibid*.
8 Misha Hussain and Maria Caspani (2014) 'Gay community under attack in Liberia over Ebola outbreak', *Reuters*, 23 October. Available at https://uk.reuters.com/article/us-foundation-ebola-liberia-gay/gay-community-under-attack-in-liberia-over-ebola-outbreak-idUKKCN0IC1GV20141023.
9 DHS 2013, p.276.
10 Cited in The New Humanitarian (2008) *FGM continues in rural secrecy*, 24 September. Available at http://www.thenewhumanitarian.org/report/80571/liberia-fgm-continues-rural-secrecy.
11 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/.
12 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*.
13 *Ibid*.
14 DHS 2013, p.276.
15 DHS 2013, p.276.

Religion (2014)

The figures most commonly cited for the **religious composition of modern Liberia** are from the US Department of State: 40% Christian, 40% Animist and 20% Muslim.[1] These figures were contested at the time of publication by Muslim leaders who claimed that 50% of the population is Muslim. The 2008 census found that 86% of the population were Christian, 12.2% Muslims, and only 1.8% 'other'.[2]

These discrepancies in figures for religious composition are large, and may have arisen for a number of reasons; for example, it might be difficult for Liberians to fit themselves neatly into the given categories. Monotheistic religions are readily adopted alongside traditional beliefs and practices, and this fusion of beliefs forms new syncretic religions.[3]

Liberia is a secular state in name, if not in function. All government schools teach Christianity and the Bible in their curricula, and there are no exemptions from class for those of other faiths. There is no legal mandate to force schools and places of work to allow Muslims to conduct their daily prayers, although tolerance is the general practice. Christian holidays are celebrated as national holidays, but Muslim holidays are not. Petitions by Muslim groups to allow Sunday working and Friday afternoons off have been denied by the Government.

There is an **Inter-Religious Council of Liberia** (*IRCL*), which aims to facilitate the peace process rather than inter-religious dialogue *per se*. Many instances of church and mosque burnings are put down to conflicts between ethnic groups with different religions, such as the Mandingo and the Loma – i.e. they are caused by tensions to do with ethnicity rather than religion.

Catholic Portuguese travellers first visited Liberia in the 15th century, but **Catholicism** was only established in the country in 1906. It was the arrival of Baptist settlers in 1822 that truly brought Christianity to Liberia. These settlers were followed by denominations such as Methodists, Lutherans, Presbyterians and Episcopalians.

The **Pentecostal Church**, along with other charismatic churches, has grown rapidly in all parts of the country since the 1980s. Although some of these churches were planted from Europe and the US, many were Liberian-initiated.

The majority of **Muslims** in the country belong to the Sunni Maliki school. However, among the Mandingo ethnic group there are Wahhabi sects and several thousand Vai belong to the Ahmadiyya sect. Islam arrived in Liberia in successive waves as groups migrated into the country from the 15th century onwards.

Traditional religious beliefs, such as the power of ancestors, are held by many Liberians, but it is mainly in rural communities that ancestral spirits are worshipped and sacrificed to. It is the strength of urban residents' connections with rural communities that often dictate whether urban-residing girls and boys are taken to join the secret societies of Sande and Poro. These beliefs, though, do not stop believers from also being active members of churches and mosques, which until recently had been tolerant of this duality. Pentecostal churches, however, are not tolerant and preach against all forms of traditional religions and Islam.

Churches in Liberia are intolerant of **homosexuality**. In 2012, the president of the Pentecostal Fellowship Union of Liberia, who is also pastor of the Monrovia Free Pentecostal Church in Sinkor, said about same-sex marriage that 'gay or lesbian right is not a human right'.[4]

Religion and FGM

FGM predates Christianity and Islam and is not exclusive to one religious group. FGM has been justified under Islam, yet many Muslims do not practise it and many agree it is not in the Koran. The Christian Bible does not mention FGM, meaning that Christians in Liberia who practise FGM do so because of cultural custom.

The prevalence of FGM 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.[5]

There are very few current reports of Liberian religious leaders being involved in the fight against FGM specifically, although there are reports that Pentecostal churches demonise all aspects of African traditional religions and the secret societies of Poro and Sande.

NATPAH has used a religious-based approach in its programmes to end FGM, selecting ten churches every Sunday at which to preach about the harmful effects of FGM.

1 US Department of State (2008) *Liberia: International Religious Freedom Report 2008*. Available at https://2001-2009.state.gov/g/drl/rls/irf/2008/108376.htm.
2 Republic of Liberia (2011) *2008 Population and Housing Census: Analytical Report on Republic of Liberia Population Size and Composition*. Monrovia: Liberia Institute of Statistics and Geo-Information Services (LISGIS). Available at http://lisgis.net/pg_img/Population%20size%20210512.pdf.
3 Gwendolyn Heaner (2008) 'Religion, law and human rights in post-conflict Liberia', *African Human Rights Law Journal* 8(2). Available at http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1996-20962008000200011.
4 Steve Williams (2012) 'Liberia's Deadly Religious Campaign Against Gay Marriage', *Care2*, 5 September. Available at https://www.care2.com/causes/liberias-deadly-religious-campaign-against-gay-marriage.html.
5 DHS, p.242 (adjusted by 28 Too Many).

Education (2014)

Primary and secondary education in Liberia is free and compulsory from the ages of 6 to 16. A special effort has been made by the Government of President Sirleaf to promote the education of girls.[1]

Special efforts have been made by the Government to promote girls' education

Figure 13 shows that enrolment is not enforced at school age. The outbreak of Ebola has dealt a further blow to Liberia's education system – described as a 'mess' by President Sirleaf in 2013 – which had already been struggling to recover from the consequences of years of civil war and conflict.[2]

President Sirleaf's declaration of a state of emergency in August 2014, in an attempt to curtail the effects of Ebola, halted what progress the country had been making in education. The subsequent closure of Liberia's 4,413 schools put in jeopardy the likelihood of it achieving its educational MDGs.[3]

An initiative by the Government to broadcast lessons by radio for out-of-school children started in September 2014 and reportedly reached more than one million listeners. The lessons were broadcast at least twice a day for half an hour each to try to keep children engaged with education, so they did not fail to return to school when it re-opened.[4]

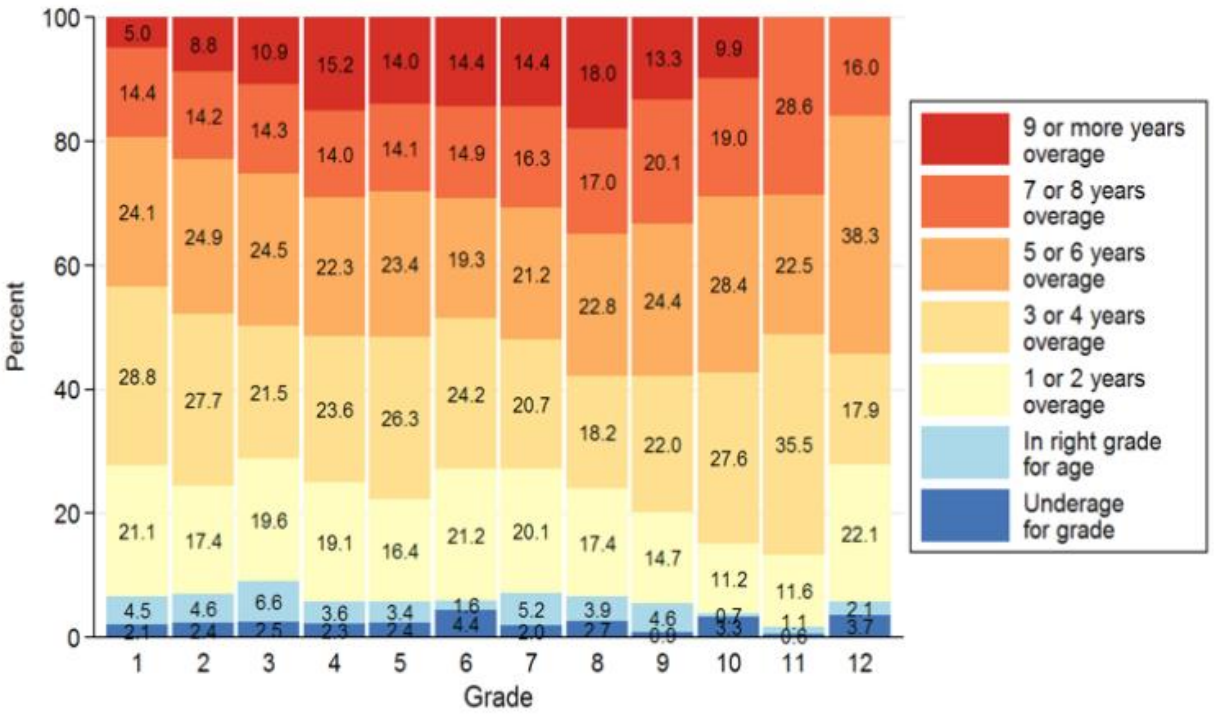


Figure 13: Age distribution of students in the 12 grades of Liberian primary and secondary education[5]

Enrolment and Literacy

Table 4 shows the literacy rates for the Liberian population aged 15 and over, broken down by age groups and gender. The male population over age 15 has a literacy rate of 71.4%, compared to 47.9% for the female population. Youth literacy is not much better, at 64.2% among female youths. These figures illustrate that girls and women are being denied educations.[6]

Age Group (Years)	Literacy Rate (2013)	
	Female	Male
15–24	64.2%	79.0%
45–49	22.5%	70.7%
TOTAL	47.9%	71.4%

Table 4: Levels of Liberian literacy by age and gender (2013)[7]

In 2011, the gross enrolment ratios for secondary education in Liberia were 40.6% and 49.5% for girls and boys respectively. Upon successful completion of secondary education, which lasts from grades 7 to 12, students are awarded a certificate or diploma issued by the West African Examination Council.

Following secondary education, students may choose to go on to vocational training, a primary-teacher training course that lasts three years, or a bachelor's degree at university, which lasts four years. Table 5 shows that the number of those who go on to tertiary education remains small, with the gross enrolment ratio in 2012 being just 9% for women and 14.2% for men.

	Total	Female	Male
Secondary Education	45.2%	40.6%	49.5%
Tertiary Education	11.6%	9.0%	14.2%

Table 5: Gross enrolment ratio in Liberia[8]

One result of the upheavals of the civil wars, which left children without stable schooling, is the common occurrence of over-age school attendance in Liberia. This is mainly attributed to late entry into education and the high level of grade repetition.

While primary education in Liberia is theoretically for children aged 6 to 11, according to the DHS 2007, nearly three-quarters of students in the first grade are 'at least 3 years older than the official entrance age into primary education'.[9] As can be seen in Figure 13, of those students, 19.5% are over the age of 13 rather than the normal age of six. Furthermore, there are a significant number of children aged 5 to 14 in pre-primary education.

The lack of access to primary education has been cited as a possible explanation for about half of five- to eight-year-olds being kept in pre-primary education. Figure 13 shows that the rate of primary attendance reached its peak among 12- to 15-year-olds.

In Grade 8 (for which the proper enrolment age is 13), one in five pupils are 22 years or older.

Furthermore, attendance rates in tertiary education remain low overall and 'do not exceed 2% until the age of 24'.[10]

The State of the Education System

Progress in the education sector is held back by several factors. The **lack of infrastructure, trained teachers and basic supplies** affects the quality of the education provided. What in theory should be free primary and secondary education instead becomes a costly burden on households, with associated fees such as school uniforms, textbooks and other materials imposed on the students.[11] Furthermore, the majority of secondary schools and universities are concentrated in Monrovia. This suggests that access to higher levels of education is largely unavailable to the nation's rural population.

A lack of clean, readily-available water is also a major hindrance to children's education. It is usually a girl's job to collect water for her household. This can take many hours, not allowing time for school. A survey conducted in November 2012 found that just one in ten schools had clean drinking water. Clean water may be available to buy from street vendors in sachets, but this comes at a cost of up to 30 cents a day – a huge cost, considering that 84% of the population survives on US$1.25 per day.[12] Furthermore, **the lack of clean latrines** in schools is a deterrent for menstruating pubescent girls. In 2013, the Government spent 3% of its national budget on the education sector,[13] but a report by WaterAid and the UNDP criticised it for meeting just 30% of the commitments made in a 'Compact', which promised wide-ranging improvements to the water systems of the country.[14]

In August 2013, the state-run University of Liberia (in its first year of externally marked entrance exams) failed all 25,000 applicants in their entrance and placement examinations, while in another

entrance exam only 15 out of 13,000 students passed.[15] Though the university is an anomaly, failing all but a few applicants, many Liberian students also fail the West African Examination Council exams.

Some critics of the education system have highlighted an epidemic of **'sex for grades'** among female students in Liberia, which would suggest that a large proportion of students who failed were girls who had sex with teachers in exchange for good grades prior to their exams. A 2013 survey by the National Integrity Barometer revealed that sex for grades in schools was higher than 24%.[16] Despite these findings, there is no concrete evidence to show that students are failing university entrance examinations because their high grades have been bought in exchange for sexual favours. Neither is there evidence to show that more female students are failing these entrance examinations than male students.

Instances of sex for grades are also said to be found in tertiary education. A 2011 report by ActionAid found that in the three largest universities in Liberia (University of Liberia, African Methodist University and Cuttington University) 'transactional sex' and 'sexual intimidation from teachers and faculty was a major theme across all [three] universities'.[17]

Female **students who fall pregnant** during the academic year can be discriminated against by the school authorities. One case is of Patricia Kollie, who was told to sit out of the academic year at St. Mark Lutheran High School in Banga for the duration of her pregnancy and to return when she had given birth. Her headmaster claimed that falling pregnant violated school rules.[18] Patricia Kollie's situation, like that of many other Liberian girls, is ironic because she claims that the father of her child paid for her tuition fees; without him, she would not have been able to attend school.

For a country with one of the highest rates of teenage pregnancy, the possible exclusion of pregnant students poses one of the biggest obstacles to the education of girls and women. Save the Children reports that one in three Liberian girls will give birth before her twentieth birthday,[19] while a February 2011 report by Defence for Children International found that rape was one of the most commonly reported crimes in Liberia, with girls aged 10–14 being the most vulnerable to attack.[20]

Patience was expelled from school along with Patricia Kollie because they had both fallen pregnant (© Winston Daryoue/ipsnews.net)

Education and Ebola

With schools in Liberia shut down indefinitely since July 2014, following the outbreak of Ebola, a major concern is that the education of Liberian students will fall behind. While some community initiatives have begun to compensate for school closures, presently no government-driven schemes have been implemented. The Ministry of Education is working with UNICEF to develop a post-Ebola education plan. UNICEF's Rukshan Ratnam has stated that 'long-term options' are being worked on and that the organisation is working in partnership with the Ministry to 'develop educational radio programs for children, so they can continue studies in their own homes.'[21]

Education and FGM

FGM can have many impacts on a girl's ability to access education; the most obvious is removing girls from education to attend the bush schools where they are cut. Although there are rules laid down by the Government that Sande bush schools cannot be run during the other schools' term times, those rules are not enforced, and Sande seems to run with impunity all year round. Only one county out of 15 has agreed to keep the schools at separate times – Grand Cape Mount region, where a UN human-rights programme is running to convince parents to allow girls to complete formal education.

A UN human-rights report in 2013 stated that girls, often under the age of ten, are removed from school by 'traditionalists' to attend bush schools. A film made by the UN accompanying the report claims that 20% of girls die from initiation due to excessive bleeding.[22] Another potential effect of FGM is long-term disability, physical as well as psychological, which stops girls from getting to schools that are often far from home. Additionally, many girls are expected to marry after the initiation and will drop out of school.

Education and the Millennium Development Goals

The two **Millennium Development Goals** most pertinent to the campaign to stop FGM are 2 and 3: *Achieve Universal Primary Education* and *Promote Gender Equality and Empower Women*.

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.

While Liberia has enforced free and compulsory education and has received grants towards this goal, net enrolment still needs to increase by a significant 49.3%, and primary completion rates still lag behind.

Associated fees, such as the cost of school uniforms, remain the biggest challenge to achieving universal primary education and also contribute to the high dropout rates. 62 out of 100 students complete the six years of primary education.[23]

Goal 3: Promote Gender Equality and Empower Women

The aim of this MDG is to eliminate all gender disparity in primary and secondary education no later than 2015. This is highly relevant to the fight against FGM, given that FGM is a manifestation of deeply entrenched gender inequality and constitutes an extreme form of discrimination against women.

A 2010 UNDP report stated that gender parity at primary levels would be achieved, although it was unclear whether gender parity would also be achieved at the secondary level.[24] However, following the outbreak of Ebola and subsequent school closures, it appears that gender parity will be achieved neither at primary nor secondary level.

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Healthcare (2014)

Status of the Healthcare System

The healthcare system in Liberia has three tiers: Central, County and Peripheral. The Ministry of Health and Social Welfare is responsible for policy at the Central level and County Health Teams provide primary and secondary healthcare.[1] Healthcare services under the Basic Package of Healthcare Services (*BPHS*) are delivered at two levels:

1. The community level, at which community health workers aim to promote healthier lifestyles and environmental control, promote appropriate use of health services, provide accessible preventative and curative services in the community, and advocate for the community, providing a link between them and formal health services.
2. The formal level, at which primary care is provided at all health facilities for citizens in the catchment area and secondary care is provided at health centres and county hospitals.

In 2008, the Ministry of Health and Social Welfare aimed to improve and decentralise its healthcare system by implementing the BPHS, which covered the following areas: maternal and new-born health; child health; reproductive and adolescent health; communicable disease control; mental health; and emergency care. After the civil war and before the implementation of this programme, 90% of health services were provided by agencies and NGOs.[2]

In 2012, in a report about Liberia's health service recovery from the American Center for Strategic & International Studies, author Downie gave a positive perspective on the progress of Liberia's attempts to rebuild, suggesting that, despite challenges, health outcomes were improving. However, he warned that Liberia was entering a crucial, potentially destabilising phase of the rebuilding process, as it ambitiously attempted to decentralise the healthcare system in order to address shortages in healthcare in rural areas.[3]

Even prior to the Ebola epidemic being identified in March 2014, there was no running water in hospitals, even in Monrovia. There was also no electricity in many facilities. Moreover, for a population of 4.5 million in 2012 (of which one million were women of reproductive age), the following health personnel were available:

- 1 doctor per 100,000 patients;
- 806 midwives;
- 57 nurse midwives;
- 65 auxiliary nurse midwives;
- 800 clinical officers and medical assistants;
- 289 physicians; and
- 9 obstetricians and gynaecologists.[4]

However, these figures are likely to be far more alarming since the Ebola outbreak; many doctors have died of the disease, and Forrester *et al.* reported in 2014 that doctors are leaving the country due to Ebola (50% of doctors in the four counties studied had already left).[5]

Health and The Development Goals

The three MDGs most pertinent to FGM are 4, 5 and 6.

Goal 4: Reduce Child Mortality

Target: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate (64 per 1,000 live births)[6]

Prior to the Ebola outbreak, Liberia had not been on track to meet the 2015 target, but had managed to halve the mortality rate of children under five to 94 deaths per 1,000 live births.[7]

Goal 5: Improve Maternal Health

Target: Reduce the maternal mortality ratio by three quarters between 1990 and 2015

Target: Achieve universal access to reproductive health by 2015[8]

Prior to the Ebola outbreak, targets were unlikely to be met by 2015. Current figures on maternal health are given below.

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

Target: Have halted and begun to reverse the spread of HIV/AIDS by 2015

Target: Have halted and begun to reverse the incidence of malaria and other major diseases by 2015[9]

Prior to the Ebola outbreak, it was likely that Liberia would meet its 2015 targets for Goal 6. HIV prevalence in Liberia is low, as only 1.1% of the population is infected, but pregnant women are more likely to have the virus (4.6% of women aged 15–49) than those who are not pregnant or not sure.[10]

Health and the Ebola Epidemic 2014

The Ebola crisis has had a devastating effect on the healthcare system in Liberia, and many of the advances the country has made towards meeting its MDGs have been wiped out.

According to the UNFPA, Ebola is a double threat for pregnant women and women in labour.[11] Not only are women in danger of contracting Ebola in addition to the usual risks and complications associated with pregnancy and childbirth, but also the crisis has diminished Liberia's progress towards meeting MDG 5. Major health centres all over Liberia have been closed, and women suffering pregnancy complications or in labour have been turned away from health facilities because there are not enough resources or health workers. *The New Humanitarian* (formerly *IRIN News*) reports that, since the outbreak of Ebola, the number of births attended by a trained healthcare professional has dropped dramatically, and this is set to increase the incidence of infant and maternal deaths.[12] This drop is due to a number of Ebola-related factors: firstly, women are scared of contracting the virus if they attend healthcare facilities, and, secondly, many healthcare workers have died of Ebola, and the ones remaining are reluctant to deliver babies.

Patients seeking treatment at a Liberian hospital

Young women and girls in Liberia have been coping with many challenges, ranging from social marginalisation to sexual and gender-based violence. The outbreak of Ebola has worsened these challenges, placing even women and girls who are not pregnant into increasingly disadvantageous positions.

The Ebola virus has become Liberia's number one challenge, putting young women and girls at high risk of early death, loss of income, loss of family ties, loss of social mobility and delays in formal education and professional development. In Liberia, women and girls carry the responsibility of catering for the family by providing basic home services such as preparing meals, collecting water and attending to sick relatives. These responsibilities give women greater exposure to the virus. While in the process of rendering services to sick relatives, women are likely to contract Ebola because they do not have the necessary personal protective equipment to safeguard themselves. Economically, Liberian women, who mostly rely on informal business as a means of sustaining their families, are unable to continue their daily activities because of the outbreak. In the market-places, women are experiencing drastic reduction in sales and, hence, a decrease in their already meagre incomes. This situation is bringing economic hardship to women, especially young single mothers, and they are currently finding it extremely difficult to meet their daily survival needs.

As Liberia tries to recover from years of civil unrest by which young women and girls were the worst affected, it has been trying to recover from educational paralysis by enabling girls to compete with their male counterparts. Unfortunately, the outbreak of the Ebola virus has set back education for all in the country.

Women's Reproductive Healthcare

The 2013 maternal mortality rate in Liberia is 640 deaths per 100,000 live births; this has decreased from 770 in 2010.[13] The neonatal mortality rate is 26 per 1,000 live births. Sexual violence and rape remain serious problems in Liberia.

The DHS 2013 provides the following statistics on antenatal healthcare in Liberia.[14]

- Proportion of births attended by skilled health personnel: 61%.
- Antenatal care coverage – percentage of women who had during the last pregnancy at least one antenatal clinic visit: 1.6%; at least four visits: 78.1%.
- 88% of women have been administered a neonatal tetanus vaccination during their last pregnancy; this number had risen from 78% in 2007.
- Median age at first birth: 18.7 years.
- Unmet need for family planning: 31.1%.
- Contraceptive prevalence rate (modern methods): 19.1%.

Lori and Starke conducted a study[15] into the issues surrounding maternal morbidity and mortality in Liberia. The study focused on one county in north-central Liberia that had high levels of FGM and particularly high levels of disruption to services due to the civil war. Mothers and families were interviewed to help the researchers understand the social factors in delays in seeking treatment. The findings showed that 16% of referral hospital deliveries are near-miss events (in which a pregnant or recently delivered woman experienced complications that immediately threatened her life but did not end it) and that these near-miss events are six times as common as maternal deaths. 85% of near-miss events occur before women reach the hospital, and all are identified upon or after arrival.

Reasons for delays in treatment were analysed under Thaddeus and Maine's Three Delays Model. In addition to 'second delay' practical issues such as distance to clinic and transportation difficulties, 'first delay', complex socio-cultural factors (including gender inequalities in decision-making) also prevent women from receiving timely attention. Third-stage delays (delays in treatment at the hospital) were not found to be a significant issue.

The paper also discusses taboos surrounding childbearing and maternal deaths. Pregnancy and childbirth in Liberia are shrouded in secrecy. While this culture of secrecy is learned at an early age in bush schools/Sande societies and is intended to protect both mother and unborn child from harm, it can be seen to result in a lack of knowledge about reproductive health, preventing women from identifying, understanding or acknowledging problems related to their pregnancy or delivery.

Patriarchal power structures were also found to have a detrimental effect on maternal health, as women are often required to gain male permission to seek treatment at a healthcare facility. Healthcare professionals also reported being obliged to seek permission from a male family member before treating or assisting a woman. Use of birth control was similarly found to be dependent on the husband's permission.

Additional issues surrounding the treatment of obstetric complications include a culture of blaming the victim – women suffering complications are accused of infidelity. Lori[16] also found a general distrust of

the medical profession, with participants preferring traditional practices to modern methods and often choosing not to seek formal medical care, even after the development of complications.

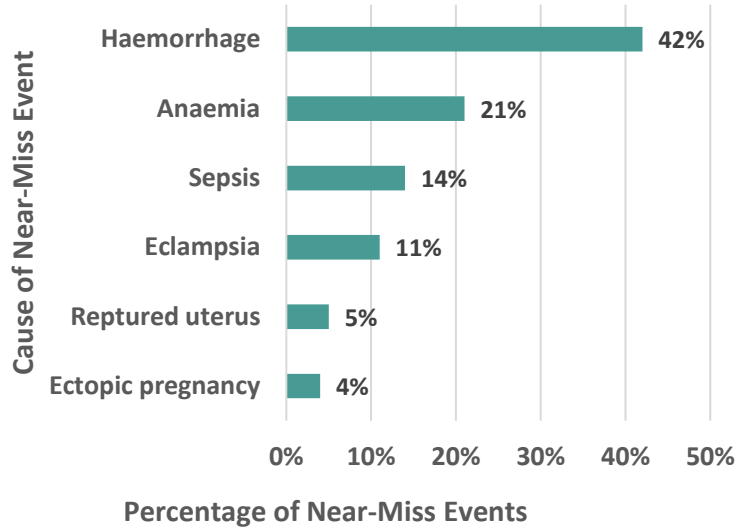

Figure 14: Percentage distribution of near-miss maternal mortality events by cause[17]

Place of Delivery

Liberia suffers from an inadequate number of certified midwives. Midwifery programmes are only offered at four out of the eight medical training institutions. This particularly affects rural regions, as midwives move away for better living conditions and salaries in cities.[18] A disparity between both location of births and number of birth attendants can be seen from Figure 15 and Table 6, which show a greater proportion of home births and births without a midwife or doctor in rural areas than in urban areas. On average across the country, 46% of births have a skilled attendant present.[19]

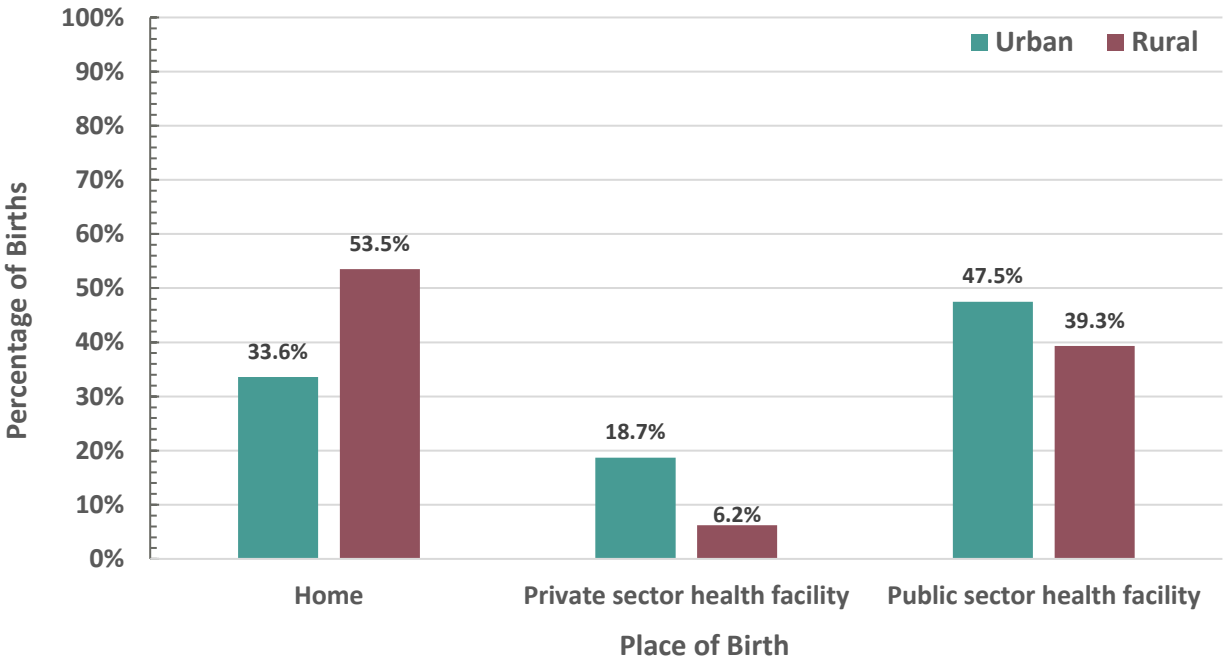

Figure 15: Percentage distribution of where live births took place according to mother's urban/rural place of residence[20]

Person in Attendance	Urban Residence	Rural Residence
Doctor	9.0%	7.4%
Nurse/midwife	63.4%	41.4%
Physician's assistant	0.3%	0.8%
Traditional midwife	24.3%	44.8%
Relative/friend/other	2.7%	5.1%
No one	0.2%	0.4%
Don't know/missing	0.1%	0.2%

Table 6: Percentage of births in urban and rural residences according to the person attending mother at birth[21]

Interventions

Looking to the future, a five-year plan launched in 2011 set aside $117.2 million for health service provision and aimed to increase the number of skilled attendants by 50% to provide both emergency and basic obstetric and new-born care.[22] In 2006, the WHO stated that it was a priority to reduce maternal mortality rates to 550 for every 100,000 births. By 2015, national policy aims to double the number of midwives (from the 2006 number) by opening two additional schools to train midwives and improving the retention of midwives. However, it is unlikely that these goals will be met, given the Ebola epidemic.

FGM and Reproductive Health Complications

Infant Mortality

Liberia's infant mortality rate (per 1,000 live births) is 69.19 deaths.[23] According to the DHS 2013 the under-five mortality rate is 94 deaths per 1,000 live births.[24]

In a multi-country survey, the WHO demonstrated that death rates among new-born babies are higher in 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.[25]

Haemorrhage

Haemorrhage is a known birth complication for women who have had all types of FGM 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.

Fistula

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 that results in a permanently abnormal passageway between two organs in the body. 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 15. As well as being physically devastating, fistula is a socially disabling illness; sufferers are mocked and ostracised due to the smell and leakage.

Fistula can often be successfully treated by surgery. In 2013, 48 health clinics were trained to treat the condition, and the Liberia Fistula Program was launched in 2007 with the help of Zonta International and the UNFPA. Treatment is free and, as of July 2013, doctors had treated 1,026 cases. In total, the programme had 300 trainees enrolled and 65 nurses had been trained, although only six doctors could perform the fistula corrective surgery. UNFPA reported that the majority of cases were impoverished girls and women aged 11 to 20.[26]

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Image p.76: World Bank Photo Collection (2015) *Patients seeking treatment at Redemption Hospital*. Available at https://flic.kr/p/vzqDcv. CCL: https://creativecommons.org/licenses/by-nc-nd/2.0/.

Media (2014)

Press Freedom

The Constitution guarantees freedom of speech; however, the Committee to Protect Journalists' (*CPJ*) report from 2013 notes that media freedom is sometimes threatened by onerous libel laws. In 2013 Rodney Sieh, the editor of *Front Page Africa*, was jailed for failing to pay US$1.5 million following a libel trial, and the paper was banned. Although the ban was lifted and the editor released later that year, the case shocked international rights groups, who put pressure on the Liberian Government for legal reforms.

According to the CPJ, in the context of the recent Ebola epidemic, journalists are being harassed and forced to cease printing by the Liberian Government, which does not tolerate being criticised for the way it is handling the crisis.[1]

In August 2014, LNP officers raided the offices of *The National Chronicle*, arbitrarily closing the paper and arresting two members of staff.

Major Newspapers in Liberia

The media sector includes both state-owned and private newspapers. Although they publish regularly, they are distributed mostly in the capital.

There are 24 newspapers in Liberia, and below is a selection of the major ones:

- *The Inquirer*
- *The New Dawn*
- *Front Page Africa*
- *The Daily Observer*
- *In Profile Daily*
- *The Liberian Forum*
- *The Liberian Journal*
- *Liberian Online*
- *The 1847 Post*

A retired schoolteacher in Fish Town spends his early mornings reading announcements to people in the town

The Daily Talk is an English-language news medium published daily on a blackboard attached to a hut on Tubman Boulevard in the centre of Monrovia. According to *The New York Times*, it is 'the most widely read report' in Monrovia, as many Monrovians lack the money or the electricity necessary to access conventional mass media.[2]

Access to Media

Due to low literacy rates and the high price of newspapers, radio is the **primary source of Liberian's information**, reaching 39.4% of women and 60% of men aged 15–49.

There are over 15 radio stations in Monrovia, at least two of which broadcast nationwide. There are also more than 50 community radio stations across the country (for example, BBC World Service, ELBC FM, Radio Liberia FM and Radio Veritas) and six TV stations. According to Freedom House, most media outlets are not self-sustaining and rely heavily on financial support from politicians and international donors.[3]

The DHS 2013 reports that 58.9% of Liberians own a radio, 14.1% a television, 64.6% a mobile phone and 5.1% a computer.[4] Only 3.8% of Liberians have access to the internet.[5]

The age cohorts who most rarely access any media on a weekly basis are women aged 45–49 and men aged 15–19. Urban residents are more likely to be exposed to all forms of mass media than rural residents. 68% of women and 47.1% of men living in rural areas report having no exposure to any form of traditional media in a week, compared to 47.6% of women and 23.5% of men living in urban areas.[6]

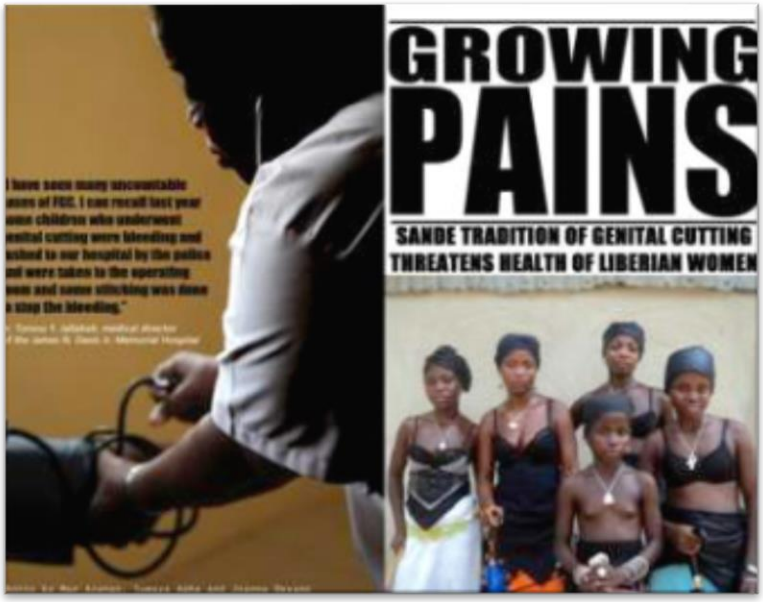
Medium	Women	Men
Reads a newspaper	9.1%	30%
Watches television	19%	23.7%
Listens to radio	39.4%	60%
All three media	5.7%	13.1%
No media	55.5%	33.3%

Table 7: Percentages of Liberian men and women (aged 15–49) who are exposed to different forms of media at least once a week[7]

The Media and FGM

The Sande and Poro societies in Liberia forbid anyone from revealing their secrets. When in 2012 Liberian reporter Mae Azango published an exposé on female cutting, she received threats and had to hide, causing an outcry from international journalists and organisations. Spurred on by Azango's report, the Government announced that it had suspended the issuing of licences for Sande leaders, but campaigners said that, despite this, the bush schools and FGM continued.[8]

With the publicisation of the case of Ruth Berry Peal, who was kidnapped and forcibly subjected to FGM in Bomi county in 2010, the campaigns against FGM gained momentum, putting pressure on the Liberian Government to outlaw the practice. There were a series of interviews with Ruth Berry Peal and her lawyer in the local newspapers, on radio and on the Vox Africa TV channel, which resulted in the sentencing of two members of the Sande society.



Mae Azango's first news story on FGM in Sande (Photographs © Mae Azango, Sumaya Agha and Joanne Devane/Front Page Africa)

There was also considerable media coverage of the Day of Zero Tolerance in 2014 (during which President Sirleaf made a speech to mark the occasion), including various radio talk shows and newspaper articles on the issue. Despite this positive step in anti-FGM media campaigning, Equality Now states that campaigners and journalists are still afraid to publicly condemn the practice.

'Liberia is very tricky,' said Grace Uwizeye, FGM programme officer at rights group Equality Now in an interview for *Front Page Africa*. She further stated that 'the secret society makes it very difficult to penetrate or even to start talking about FGM because people are just scared. You have to make sure people understand it's OK to talk about FGM.'[9]

1 Peter Nkanga/West Africa Representative (2014) 'In attempts to contain Ebola, Liberia censors its press', *Committee To Protect Journalists*, 11 September. Available at https://cpj.org/blog/2014/09/in-attempts-to-contain-ebola-liberia-censors-its-p.php.
2 The New York Times *(2006) All the News that Fits: Liberia's Blackboard Headlines.*
3 Freedom House (2014) *Liberia*. Available at https://freedomhouse.org/report/freedom-press/2017/liberia.
4 DHS 2013, p.14.
5 International Telecommunications Union (2013) *ITU ICT EYE: Liberia*. Available at http://www.itu.int/ITU-D/icteye/DisplayCountry.aspx?code=LIR.
6 DHS 2013, pp.40–41.
7 DHS 2013, pp.40–41.
8 Misha Hussain, Maria Caspani (2014) 'Gay community under attack in Liberia over Ebola outbreak', *Reuters*, 23 October. Available at https://uk.reuters.com/article/us-foundation-ebola-liberia-gay/gay-community-under-attack-in-liberia-over-ebola-outbreak-idUKKCN0IC1GV20141023.
9 Front Page Africa (2014) *Secret Societies make Liberia one of the Hardest Places to end FGM*.

Image p.82: Bonnie Allen (2010) *Barley3: Retired schoolteacher in Fish Town, Liberia spends his early mornings reading announcements to people in his town*, 23 January. Available at https://flic.kr/p/7HfYaC.

Interventions and Attempts to Eradicate FGM (2014)

Background

The WOSI baseline study[1] was an important piece of work in a country where there is so little data on FGM. Examining attitudes towards Sande and FGM, this study highlights the way communities feel about FGM interventions, how they should be approached and who they should address.

Table 8 shows that, among the 639 participants, the preferred choices of interventions were introducing a law banning FGM (37.6%) and more education and awareness raising (41.8%).

What To Do To Stop FGM	Both Sexes (n=639)	Male (n=328)	Female (n=311)
Engage government to make law against Sande bush	37.6%	38.7%	36.3%
Work with traditional people	15.2%	13.7%	16.7%
Provide alternative income-generation for practitioners	7.2%	7.9%	6.4%
Improve the way Sande initiation is done	6.1%	6.2%	5.5%
Education and awareness	41.8%	40.9%	42.8%

Table 8: Percentage of WOSI participants who prefer certain interventions in relation to FGM[2]

When asked to whom interventions should be addressed, 26% of respondents believed that both men and women should be addressed, 31% the local chiefs, and 39% of women and 29% of men felt that Zoes should be targeted for interventions. 14% of respondents felt that interventions addressed to health workers would be useful, but only 4% thought students should be included.

These choices were largely reflected during our research into interventions – there is little evidence that work is being conducted with faith leaders and there are few FGM activities directly with girls.

A number of organisations working in Liberia have braved the threats and censor of the secret societies to advocate change and an end to FGM. Several couch their work in terms of consensual initiation over the age of 18 or stopping forced initiation. Those who do mention FGM in their work are highlighted below. There are many more NGOs that work for the rights, health and education of women and girls but do not state outright that their programmes address FGM; these are profiled below and/or included in Appendix I.

A paper by Veronica Fuest[3] explores the unwitting outcome of some NGO interventions, specifically those into human rights and peace-building in the early years after the conflict ended; it shows that the post-conflict interventions actually reinstated the failing power of Sande and Poro in post-war

Liberia. The Zoes of both societies lost authority and status during the war, as they were seen as being unable to protect their communities, and many fled over borders during the conflict. The reinstatement process started with peace-building workshops and has extended to all workshop forums for which criteria for inclusiveness have been laid down by the donor NGOs. This has reinvigorated the old power structures of pre-war rural society because the forums require a mix of participants to be present. These forums have been instrumental in raising awareness on many issues. However, they may not be the places that NGOs would hope for in terms of free discussion, because many people's voices may be restricted by the presence of members of other social groups; for example, elders may be restricted by youth, or youth by elders, or women against Sande may be restricted by Zoes.

However, with over 400 NGOs registered in the country by 2010 and in the absence of better models, holding workshops, as will be seen below, is the preferred method of social transformative teaching.[4]

Government Policy and Support

The Government and its ministries are working with the UNFPA to develop policies to stop harmful traditional practices (*HTPs*) and GBV, including FGM.[5] In January 2013, Vice President Bookai said in an interview about FGM, 'I think this is an issue that needs a referendum but with proper education to show our people the causes and effects.'[6]

This comment was followed on 6 February 2013 by a Proclamation by Order of President Sirleaf, which condemned the practices of FGM and HTPs and declared and proclaimed 6 February as a working holiday to support activities to promote zero tolerance to FGM. Leading up to this proclamation, the Government had made various statements about Sande schools needing to close, working with traditional leaders to stop FGM and a moratorium during the Ebola crisis on bush school operations, but none of them have apparently been followed up or enforced.

While NGOs are free to work in the country, the Government offers no specific support, funding or legislation to strengthen the case against FGM.

Anti-FGM Initiatives Networks

There are several networks of NGOs working to eradicate FGM in Liberia. As well as the many organisations working on the national SGBV Task Force, networks such as the Women of Liberia Peace Network (*WOLPNET*) focus on tackling violence against women. WOLPNET works with partners such as ADFI, which actively lobbies the Government for legislation against FGM and calls for a framework to regulate HTPs. West Africa Network for Peacebuilding (*WANEP*) works through local partners to end GBV in Liberia. NATPAH aims to create a 'social network' of women's groups, health workers and NGOs to coordinate activities and raise awareness about the harmful effects of FGM.

> *'The Ministry of Gender and Development is not dealing with the issue of FGM as you call it[;] we're looking at the protection of the girl child, and we're using education as an entry point. We're looking at refining and reforming the Sande school system.'*[7]

Overview of Interventions

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

- Alternative rites of passage.
- Health risk/harmful traditional practice approach.
- Addressing the health complications resulting from FGM.
- Educating traditional excisors and offering alternative sources of income.
- Religious-orientated approach.
- Legal approach.
- Rights approach/'Community Conversations'/intergenerational dialogue.
- Promotion of girls' education to oppose FGM.
- Media influence.
- Supporting girls escaping from FGM/child marriage.
- Working with men and boys.

> *'Our male counterparts will help some of us to overcome the many challenges we endure including the traditional practice of FGM; women being marginalized and some of the cases of SGBV.'*[8]

Alternative Rites of Passage

Within a ceremony as symbolically rich as the initiation into the Sande society, there is scope for removing the harmful aspects of FGM while leaving the teaching aspects of the ceremony intact. Over the border in Sierra Leone, some organisations have been able to support secret societies to retain tradition without cutting girls. This leaves the excisors' livelihoods intact and removes the potentially fatal aspect of FGM and the possibility of future harm to girls during childbirth due to cutting (please refer to **Country Profile: FGM in Sierra Leone**).

Health Risk/Harmful Traditional Practice Approach

Strategies for the eradication of FGM that include education about its negative consequences have been the most frequently used globally. However, convincing people in areas of high FGM prevalence of the health problems can be challenging. Difficult childbirths and long post-partum recovery periods, which are exacerbated by FGM, are often seen as the norm. Communities may not, therefore, attribute the complications of FGM to the procedure itself.[9]

NATPAH reports that some communities may never have examined the effects on their members of what is a valued custom, passed down from their ancestors. The head of NATPAH, Phyllis Kimba, has worked for many years to stop FGM and runs workshops with a model of a woman's anatomy, showing natural genitalia and the effects of FGM to audiences around the country.

The Association of Female Lawyers of Liberia (*AFELL*) works with many audiences in communities, towns and villages, raising awareness and promoting sensitisation about the harm of FGM. It specifically highlights the clear distinction between 'male circumcision' and FGM. ADFI also engages the key actors in FGM, such as traditional leaders, Zoes and women, to explain the consequences of FGM and its long-term impact on the growth and development of healthy communities. WOSI insists that, in raising awareness about the harm done to girls through FGM, target audiences are addressed separately to reduce the sensitivities surrounding discussion of the practice.

Phyllis Kimba's instructional workshops on female anatomy and the harmful effects of FGM (© NATPAH)

Addressing the Health Complications Resulting from FGM

AFELL aims to provide quality healthcare and support for women and girls who have undergone FGM. It also provides support for other victims of GBV, both physical and psychological.

In 2009, NATPAH ran training workshops to teach recognition of psychosocial effects and their management.

Foundation for Women's Health, Research and Development (*FORWARD*) works with local partners on FGM, child marriage, sexual abuse and obstetric fistula. WOLPNET also works within the area of reproductive health.

Educating Traditional Excisors and Offering Alternative Sources of Income

Although initiatives with FGM practitioners may be successful in supporting excisors to end their involvement in FGM, they do not change the social convention that creates the demand for excisors' services. Such initiatives may complement approaches that address the demand for FGM, but alone they do not have the elements necessary to end the practice.[10]

Many of the NGOs contacted by 28 Too Many during this research, as well as the Government, see this approach as a crucial intervention for Liberia. ZODWOCA felt that many do not understand that FGM is a business for Zoes and that their economic conditions must be cared for.

ZODWOCA, along with ADFI, provides training for Zoes and other women in small enterprise businesses. However, it stresses that funds are short and this intervention will not succeed without sustainable funding. NATPAH, too, has provided training in tie-dyeing, soap-making, sewing and baking as alternative livelihoods, with reported success. Equality Now notes that it hopes to explore further dialogue opportunities in Liberia in the areas of ARPs and alternative sources of income for FGM practitioners. The United Nations Mission in Liberia (*UNMIL*) did set up a project in relation to alternative livelihoods in 2011; however, this project lasted only a few months.

Religious-Orientated Approach

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

NATPAH, the Liberian committee member for the IAC, speaks in schools, mosques and churches about women's health, women's rights and FGM. On Sundays it visits ten churches and preaches about the harmful effects of FGM and HTPs using Bible quotations.

In a 2009 Dutch Government report on FGM in Liberia, a pilot project run by the Inter-Religious Council in five districts in Cape Mount was mentioned, although not referenced. In addition to awareness training for local communities, the project temporarily removed groups of girls at the age of risk of FGM from the village during the time of Sande initiation. The girls were returned to their homes after the risk of FGM had passed for another year. During the year of the project, some parents decided not to allow their daughters to be initiated, and some Zoes, on learning of the harmful consequences of FGM, stopped working.[11]

Legal Approach

This approach consists of lobbying governments to enact legislation against the practice of FGM and advocating for effective enforcement of such legislation. AFELL is currently lobbying the Liberian Government to uphold the provisions of the UN Convention on the Rights of the Child in order to protect girls against FGM. Women Against Female Genital Mutilation (*WAFGEM*) was reported to have petitioned to enact an anti-FGM law, and organisations such as WOLPNET, Child Rights Foundation, Save the Children and Equality Now have been active in lobbying for the criminalisation of FGM.

Rights Approach/'Community Conversations'/Intergenerational Dialogue

A rights-based approach acknowledges that FGM is a violation of women's and girls' rights. This approach is sometimes used alongside other strategies to eradicate FGM, based on the social abandonment theory of FGM (derived from a 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 the community's public

affirmation of abandonment; (v) intercommunity diffusion of the decision; and (vi) a supportive, change-enabling environment, including the commitment of the government.[12]

This approach was pioneered by Tostan in Senegal.[13] The basis of this approach is bringing together different generations so they can listen to and question one other, 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.[14]

'Our work does not include ending FGM[;] rather[,] aspects of FGM that [cause] human rights violation is our concern,' said the head of ZODWOCA in a communication with 28 Too Many. ZODWOCA runs workshops in Zorzor county that address female leaders, Zoes and others on the rights of the child and underage initiation being an abuse of those.

AFELL notes that, 'to stop FGM in Liberia is a gradual process', and that its workshops aim to raise awareness of the practice's harms and ensure that nobody is initiated without consent.

Promotion of Girls' Education to Oppose FGM

NATPAH (extensively profiled below) works with children to inform them of their rights and the harms of FGM, at the same time as encouraging them to stay in school.

Similarly, Defence for Children International, with funding from the Dutch Government, runs a Girl Power project, encouraging them to stay in school and know their rights.

WOLPNET works in 10 out of the 15 counties and has established Girls' Clubs to campaign against FGM in various schools in the communities. It hopes to have created a platform for girls in communities where FGM is practised to express their views on it, especially in the cultural context of the Sande school initiation. WOLPNET also hopes to utilise this information to aid in developing activities tailored to addressing challenges that hinder the eradication of FGM in affected communities. One of these challenges is getting girls into formal schooling.

Media and Communication

One particularly successful strategy is that of global campaigns opening up platforms for local advocates. This was exemplified by New Narratives, a media NGO backed by Goldman Sachs Gives, which (financially) supported Mae Azango, the Liberian journalist and anti-FGM advocate mentioned on page 61. This support allowed Azango to contribute to international media such as the *Global Post* and *Christian Science Monitor*. Chime for Change also opened up a platform for Mae Azango by publishing her work on the backlash she experienced after publishing a cover story on the health effects of FGM in Liberia's major newspaper, *Front Page Africa*.

WOLPNET regularly publishes an FGM newsletter/brochure, which highlights its activities in communities but also covers personal stories of survivors and those who have lost children to FGM. Its work endeavours to break the silence that keeps most victims suffering for fear of retribution.

WAFGEM Executive Director B. Clarence Farley notes that 'media institutions bow to the threat of retribution and do not support advocacy for the abandonment of FGM/C in Liberia or cover incidents of violations.'[15]

1 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].
2 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].
3 Veronika Fuest (2010) 'Contested Inclusions: Pitfalls of NGO Peace-Building Activities in Liberia', *Africa Spectrum* 45(2), pp.3–33. Available at https://d-nb.info/1024414035/34.
4 *Ibid.*
5 Government UN GBV Joint Programme and UNDP (2013) *Exploring GBV Prevention in Liberia*. Available at https://www.undp.org/content/dam/liberia/docs/docs/SGBV%20Prevention%20Strategies%202013.pdf.
6 Liberian Daily Observer (2014) *Boakai Resists Gay Marriage, Embraces FGM*, 13 January. Available at https://www.liberianobserver.com/news/boakai-resists-gay-marriage-embraces-fgm/.
7 Meima Sirleaf Karneh, Assistant Minister for Research and Technical Services at the Ministry of Gender and Development in the Liberian Daily Observer (2014) *"They Cut It and Put The Leaf There"*, 25 June. Available at https://www.liberianobserver.com/columns/women/they-cut-it-and-put-the-leaf-there/.
8 International Rescue Committee County Director Faith Akovi Cooper cited in Hannah N. Geterminah (2019) 'Liberia: IRC Country Director – "Men Working With Women Is Important"', *Daily Observer*, 19 March. Available at https://allafrica.com/stories/201903190561.html.
9 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.
10 UNICEF (2005) *Female Genital Mutilation/Cutting, A Statistical Exploration*. Available at https://www.unicef.org/publications/files/FGM-C_final_10_October.pdf.
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13 UNICEF, *op. cit.*
14 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (2011) *Female Genital Mutilation in Liberia*.
15 Action Against Female Genital Mutilation in Liberia (2013) 'Liberia: Zero Effort – Liberia Still Unserious in Fighting Female Genital Mutilation, Group Says', *Front Page Africa*, 1 August. Available at https://allafrica.com/stories/201308020402.html.

International Organisations (2014)

Action Aid

Action Aid is a UK-based INGO that has been working in Liberia for more than 15 years. Action Aid Liberia has three field offices (Gbarma in Gbarpolu county, Zwedru in Grand Gedeh county and Fishtown in River Gee) and a head office in Montserrado, Monrovia. Its work extends across some 200 communities throughout the country, reaching about 35,000 beneficiaries.

Action Aid Liberia works from a women's rights perspective and challenges patriarchal systems and structures. Its work focusses on five key areas:

- economic rights;
- mobilising women;
- violence against women;
- women's control over their bodies; and
- female farmers.

With this approach, Action Aid Liberia endeavours to work alongside grassroots organisations, CSOs and the Government to identify and tackle issues such as sexual minority concerns, HIV and HTPs (including FGM).

Association of Disabled Females International (ADFI)

The Association of Disabled Females International works in Liberia to promote and protect women's rights, particularly focussing on helping women living with disabilities. ADFI works alongside many other organisations and networks to support victims of civil war, the sick, the elderly and widows, as well as raise awareness of HIV/AIDS and HTPs such as FGM. It is a current grantee of the Fund for Global Human Rights and forms the Liberian chapter of the United Religions Initiative. Members of its Interfaith Cooperation Circles aim to build cooperation among people of all faiths and communities to address issues like FGM.

ADFI undertakes a number of activities in Liberia to raise awareness of the harms of FGM, including peer group discussions and forums with traditional/community leaders, town chiefs, local and national government representatives and, most significantly, practising Zoes. These interventions have taken place in six counties to date (Rural Montserrado, Margibi, Grand Bassa, Grand Cape Mount, Bomi and Gborpolu). However, funding is limited and such work requires huge logistics and funds.

As part of the anti-FGM network headed up by WOLPNET, ADFI feels that there has been success in drawing the Government's attention to the negative aspects of FGM. ADFI reports that a framework to regulate HTPs is being developed by the forum members to present to the Government.

ADFI has also been part of the call to ensure that girls are not removed from school to be initiated.

To date, ADFI has conducted some 45 activities across the six counties. These have educated 173 Zoes and 2,150 residents on the harmful effects of FGM. However, ADFI points out that much more needs to be done, including providing rehabilitation for victims (many of whom were forcibly initiated) and finding alternative sources of income for Zoes.

Carter Center

The Carter Center is a human-rights-based INGO that seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health. It works to strengthen the rule of law in Liberia and to improve health services. The Carter Center also works with the Government at a national level and in partnership with a wide range of CSOs in local communities, holding workshops and educating through drama and radio programmes. Partners include the IRCL, South East Women Development Association, Traditional Women United for Peace and the Flomo Theatre.

Concern Worldwide

Concern Worldwide has been working in Liberia since 1996, responding to the livelihood, health and education needs of communities in four counties (Montserrado, Grand Bassa, Lofa and Bong county). Activities have alternated over the years between the provision of emergency aid and development work. It has programmes to address HIV/AIDS, access to education, farmer's training and community-building.

Concern is also working with communities and the Ministry of Education to encourage parents to send their children to school, especially girls (although this work has halted during the Ebola epidemic). Concern recognises that the provision of adequate facilities and resources is essential. It aims to provide safe learning environments, with trained teachers and adequate facilities (such as separate toilets for boys and girls). It also helps communities to know about their children's rights and be aware of the importance of gender equality.

Defence for Children International – Liberia (DCI-L)

Defence for Children International is an INGO that promotes and protects children's rights and has been active in Liberia since 2009. DCI-L is based in Monrovia but also has offices in Bensonville and Tubmanburg in Bomi county. Initiatives include the Defence for Girls Project (part of the international Girl Power Programme supported and funded by the Dutch Government) to report violations, promote the rights of girls and create opportunities for their protection.

DCI-L has established a total of 20 Child Welfare Committees and 20 Children's Clubs in Monteserrado and Bomi counties, with the aim of protecting children's rights and reporting violations occurring in the community. Training workshops on child rights and protection have also been conducted for police, court clerks and community stakeholders.

DCI-L is an active member of a number of networks including the Child Protection Network and the Juvenile Justice working session.

Equality Now

Equality Now, founded in 1992, is an INGO that advocates for the human rights of women and girls. By employing a social-change model, it links high-level international and legal advocacy to specific cases of abuse against women and girls, to ensure change at all levels. Equality Now focusses on four main areas: discrimination in law, sexual violence, trafficking and FGM.

In Liberia, the INGO supports grassroots organisations working to eradicate FGM and has held high-level discussions in the country around the Ruth Berry Peal case. In 2013, Equality Now called upon the Liberian Government to support and protect Ruth and to build on indications made by the Minister for Internal Affairs in 2011 that a law enacting and enforcing a ban on FGM might be considered.

Equality Now endeavours to explore interventions that will work in Liberia, including ways to further open up the dialogue with Sande society on the harm of FGM, alternative rites of passage and other sources of income for Zoes.

Forum for African Women Educationalists (FAWE)

The Forum for African Women Educationalists was established in 1992 to advocate for girls' education across Africa. FAWE has since expanded its activities to cover some 34 countries, including Liberia, and is a leading INGO in Africa for improving access to and quality of education for girls and for inspiring girls to stay in school and learn.

FAWE works alongside a range of international partners, and, as a result of its advocacy, many governments have adopted and continue to adopt gender-positive policies; these include free primary education, re-entry policies for adolescent mothers and scholarships for girls.

FAWE recognises that many challenges persist in terms of access to school and the retention and performance of girls, including poverty, child marriage, teenage pregnancy and traditional practices and their consequences.

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

FORWARD is an African diaspora campaign and support charity dedicated to advancing and safeguarding the sexual and reproductive health and rights of African women and girls. It is led by women and registered in the UK. It works in the UK, Europe and Africa to change practices and policies that affect healthcare access, dignity and wellbeing.

In East and West Africa, FORWARD operates in partnership with local organisations to respond to FGM, child marriage, sexual abuse and obstetric fistula. In Liberia, work has been undertaken with the International Planned Parenthood Federation Member Association on a Girls at Risk Project targeting pregnant girls, child mothers and vulnerable girls in resource-poor, urban settings.

Inter-African Committee on Traditional Practices (IAC)

The Inter-African Committee on Traditional Practices 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.

IAC programmes include training for professionals, women's and men's groups, peer educators and legal bodies. It undertakes information and sensitisation campaigns, targeting different groups such

as religious leaders and traditional rulers, and provides training and credit to ex-cutters, utilising them as agents for change. NATPAH is the IAC's national committee member for Liberia.

Kvinna Till Kvinna Foundation

The Kvinna Till Kvinna Foundation is a Swedish INGO that supports more than 130 women's organisations in regions affected by conflict, including West Africa. The Foundation has worked in Liberia since 2007, focusing on key areas such as empowering people, defending women's rights, creating safe meeting places and encouraging more women in peace processes. One main aim is to promote women's security and power over their own bodies.

In Liberia the Kvinna Till Kvinna Foundation supports women's and girls' rights through the following partners:

- Association of Female Lawyers of Liberia (AFELL) – raises awareness among women and girls of their basic human rights;
- Centre for Liberian Assistance (CLA) – runs a shelter for young female victims of violence in Paynesville, Monrovia;
- Liberian Women Empowerment Network (LIWEN) – supports and educates women with HIV/AIDS;
- Liberia Female Law Enforcement Association (LIFLEA) – works against discrimination and harassment of women in the security sector, particularly the police force;
- South East Women Development Association (SEWODA) – advocates on behalf of women's and girls' rights in remote rural communities;
- The Mano River Women Peace Network (MARWOPNET) – undertakes peacebuilding activities for women and young people in the Mano River region;
- The West Africa Network for Peace Building (WANEP) – works through its Women Peace Network (WIPNET) programme on conflict resolution and GBV;
- West Point Women for Health and Development Association (WPWHDO) – seeks to reduce GBV and teenage pregnancies and provide education for women in the West Point suburb of Monrovia;
- Women's Secretariat of Liberia (WONGOSOL) – aims for women to participate in all aspects of society on equal terms; and
- Women's Rights Watch (WORIWA) – runs a programme against the sexual exploitation of schoolgirls and domestic violence in Buchanan, Grand Bassa county.

Mano River Women Peace Network (MARWOPNET)

The Mano River Women Peace Network works to facilitate the participation of young people and women in conflict prevention, conflict resolution and peace-building in the Mano River sub-region, which includes Guinea, Côte d'Ivoire, Sierra Leone and Liberia. MARWOPNET's vision is to see women play full and equal roles in peace and sustainable-development processes within the region. The organisation recognises that, to achieve this vision and to strive for an area inhabited by healthy, educated citizens who enjoy equal rights, the issue of FGM needs to be addressed.

Open Society Initiative for West Africa (OSIWA)

The Open Society for West Africa is part of the global network of Open Society Foundations and seeks to promote inclusive, democratic governance, transparent and accountable institutions, and active citizenship across West Africa. OSIWA plays a dual role in the region as both an advocate for change and a grant maker. It aims to build partnerships and support organisations working at the grassroots level; for instance, it created the West Africa Civil Society Institute in 2005 to pioneer capacity-building through workshops, training and conferences throughout the region.

In Liberia, OSIWA has collaborated with WOSI to tackle the issue of FGM in traditional communities. The joint project began in 2013 with WOSI leading community conversations and facilitating forums at all levels of the community, which included influential traditional leaders. In the same year OSIWA funded the baseline report undertaken by WOSI to understand perceptions of FGM in the communities where it is traditionally practised (see WOSI profile). A series of forums were then held, using these results to discuss measures that could lead to the abandonment of FGM.

Possible interventions that came from this work include the mandatory registration of practitioners with the Ministry of Internal Affairs and the head of traditional leaders; the imposition of fines for bush school ceremonies; and the establishment of a working group made up of interested parties. From 28 Too Many's research, it is unclear whether these interventions have been implemented.

Poster promoting women's rights by the Open Society Initiative for West Africa (© Osiwa.rssing.com)

Oxfam

Oxfam began working in Liberia in 1995, delivering both emergency humanitarian assistance and long-term development projects. Since 2006, its focus has shifted towards working closely with NGOs, CBOs, the Government and communities to build a long-term strategy for the country.

Oxfam's focus in Liberia is on livelihoods, education and public health. It also includes work on areas that affect both, such as gender and protection, sexual exploitation and the right to be heard.

As part of Oxfam's global Raising her Voice programme, the Raising Poor and Marginalised Women's Voices in Liberia project has since 2009 been promoting the rights of poor and marginalised women to effectively engage in governance at all levels across eight counties. In partnership with Women NGOs Secretariat of Liberia (*WONGOSOL*) and WOLPNET, activities include lobbying, advocacy, working with public institutions and decision-making forums, empowering CSOs to achieve rights for women, and disseminating best practice through media and communications work.

Plan International – Liberia

In 2006, Plan Liberia resumed its activities in Liberia to help children access education, health and protection, following a gap of 13 years due to conflict. Its country office is based in Monrovia, with programme units in both Bomi and Lofa counties.

Plan's work in Liberia covers five core areas:

- increasing access to birth registration services;
- supporting the capacity of caregivers;
- improving children's access to basic education;
- promoting gender equality; and
- increasing the capacity of partner organisations.

Plan Liberia is currently piloting a 'girls' empowerment through education' project in Monrovia and Lofa county, which aims to provide girls with additional learning support in order to attract and keep them in school. Initiatives include training teachers in gender-sensitive teaching and improving sanitation facilities. As well as life-skills training, the project also provides much-needed psychological and social support to girls and mothers.

Save the Children

Save the Children works in 120 countries across the world, with a strong focus on child rights. Its programmes range from child protection to food security and education, and it works on everything from grassroots aid to high-level policy change. Save the Children currently operates in eight counties across Liberia: Bomi, Bong, Gbarpolu, Grand Gebeh, Margibi, Montserrado and Nimba. Maryland county was due to be added to the programme in 2014.

Save the Children is one of the leading INGOs working with international and local partners to improve the welfare of children in Liberia. Programmes are based on the themes of health, education and protection.

Liberia is also one of the countries where Save the Children works to end FGM. The approach taken is one of women's empowerment, delivering information and services to help women and girls protect themselves and, in turn, work against the practice. Save the Children also works at a policy level to try to change legislation and ban FGM completely.

The Fund for Global Human Rights

The Fund for Global Human Rights operates as a development partner in 19 countries. In Liberia, the Fund supports well-established human-rights groups as well as emerging organisations, many of which are women-led, as they develop their programmes. Many of these organisations work on issues that affect women and girls, including GBV such as FGM.

Current grantees in Liberia include:

- Association of Disabled Females International (ADFI);
- Association of Female Lawyers of Liberia (AFELL);
- Defence for Children International, Liberia (DCI-L); and
- Zorzor District Women Care Inc (ZODWOCA).

UNICEF

While Liberia is not one of the 15 countries that form part of the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation set up in 2008, UNICEF nevertheless works closely with the Government of Liberia, the Child Protection Network of CSOs and the National Children's Representative Forum for the protection of all children from violence, abuse and exploitation. It collaborates with agencies at all levels to strengthen community-based protection-and-response mechanisms, working with child welfare committees, women and traditional and religious leaders.

UNICEF addresses the issue of FGM in Liberia through the stated aim of enhancing 'safe and secure environments for survivors and children at risk of violence, harmful traditional practices, exploitation, discrimination, abuse and neglect'.

United Nations Mission in Liberia (UNMIL)

The United Nations Mission in Liberia was established in 2003 to support the implementation of the ceasefire agreement and peace process following the two civil wars. An integral part of its programme in Liberia is to support humanitarian and human-rights activities.

During the research for this report, 28 Too Many was made aware of an UNMIL Quick Impact Project that took place in 2011 and attempted to reduce the incidence of FGM in Kortu Town, Montserrado county. In partnership with a local NGO called Dam Opera, the Alternative Livelihood Project for Traditional Women and Zoes included: sensitisation activities in the community (focussing on women's rights, forceful conscription of girls to the Sande bush and FGM); the construction of a training centre; and the delivery of skills training for women and Zoes, to encourage them to abandon the practice of FGM and engage in alternative income-generating activities (such as fabric weaving and soap making). However, it is understood that this project only lasted a few months, and, in the absence of continued support, it is likely that the lack of funds to maintain the training for Zoes, together with the strength of local tradition, meant its impact was not sustainable.

Womankind

Womankind is an INGO that works in partnership with women's rights organisations across Africa, Asia and Latin America. In West Africa, its work focusses on enabling women to be independent, helping them to understand and use their rights, and supporting them to tackle GBV. With its network of partners, Womankind works to provide long-term, sustainable change for women and girls by ensuring solutions are firmly rooted in local communities.

In Liberia, Womankind recognises that women and girls still face high levels of violence and discrimination, with HTPs such as FGM still being practised, particularly in rural areas. Womankind supports grassroots women's organisations on these issues through initiatives such as the Liberia Women Democracy Radio (*LWDR*) station, set up by the Liberia Women Media Action Committee. In partnership, they are trying to expand the reach of the radio station, so that more women (and men) can benefit from its educational and informative programmes and coverage of issues that are relevant and of interest to listeners.

Women Peace and Security Network Africa (WIPSENAFRICA)

The Women Peace and Security Network Africa was established in 2006 as a women-focused, women-led, Pan-African NGO with a core aim of promoting women's strategic participation and leadership in peace and security governance across Africa. Activities take place in a structured and informed manner, to take account of the specific issues in each country of operation. WIPSEN–Africa collaborates with a range of international, national and grassroots partners to enable, enhance and promote women's leadership and rights.

In Liberia, activities have included assessing the status of girls in Lofa and Nimba counties as part of the Young Girls Transformative Project with the aim of enhancing girls' leadership potential, peer education and community/career development.

National and Local Organisations (2014)

Association of Female Lawyers in Liberia (AFELL)

The Association of Female Lawyers Liberia is based in Monrovia and works across eight counties in Liberia. AFELL collaborates with other CSOs, welfare organisations and government departments to deliver training and sensitisation on a number of issues, women's and girls' rights, domestic violence and rape, and how to access justice. AFELL is a current grantee of the Fund for Global Human Rights.

The issue of FGM is addressed through activities relating to HTPs such as workshops and group discussions with a range of community members and key stakeholders, including local authorities, town and tribal chiefs and traditional leaders, as well as women and girls. AFELL also uses media channels such as posters, leaflets and radio talk shows to educate communities into recognising that FGM is a violation of women's and girl's rights and that it is harmful. Support for those who have undergone FGM is also included in their programmes.

Child Rights Foundation (CRF)

The Child Rights Foundation has been operating in Liberia since 1998 and advocates for child rights and protection. Alongside other grassroots organisations, the CRF is appealing to the Liberian Government to uphold the provisions of the United Nations Convention on the Rights of the Child and to call a halt to FGM. At great personal risk, members of the CRF attempt to monitor the welfare of women and girls who are at risk of FGM or who have already been subjected to it. The CRF has appealed to the international community to work together on this issue.

Liberia Women Media Action Committee (LIWOMAC)

The Liberia Women Media Action Committee was established in 2003 as a media-development organisation dedicated to the promotion of women's rights and development across Liberia. LIWOMAC works to empower women in poor communities through the following key programmes.

- Media – LIWOMAC promotes and reinforces advocacy for women through the use of radio. In 2010 the Liberia Women Democracy Radio station (LWDR FM 91.1) was set up in collaboration with UN Women and the Young Women's Christian Association (*YWCA*) (with funding from the UN Democracy Fund). It is the only radio station in the country run by women for women. It works to educate the public by highlighting issues critical to women's rights and provides a platform for women to express their views and hold leaders to account. LIWOMAC is currently working with Womankind to increase the reach of LWDR.
- Research – LIWOMAC carries out studies relating to women's rights, livelihoods, security and development. This research is used to inform its advocacy campaigns and strategies.
- Advocacy – its work includes activism, information dissemination, training and networking on women's issues. To this end, LIWOMAC has worked with a wide range of partners at both the

international and national levels, including Womankind, WONGOSOL, the Women in Peace Building Network (*WIPNET*), the YWCA and Action Aid Liberia.

National Association on Traditional Practises Affecting the Health of Women and Children (NATPAH)

NATPAH was founded in 1985 as the national committee of the IAC. In cooperation with the Ministry of Health, NATPAH has worked to increase awareness of the medical consequences of FGM through a number of campaigns and programmes, as in the following examples.

- Women and young people have joined the Awareness Action Group and received training in strategies to raise awareness of the harms of FGM. By about 2010, it was reported that some 70,000 people had been sensitised through this programme and around 385 girls had resisted being cut.
- Through focus groups in 2007, NATPAH found that, because of awareness-raising and their negative experiences in the Sande bush, some 520 survivors of FGM had become anti-FGM advocates.
- Anti-FGM advocates talk to young people, parents and other community members in a variety of settings, including schools, churches, mosques and markets. NATPAH has also used a religion-based approach by selecting ten churches on any given Sunday in which to preach about the harmful effects of FGM.
- NATPAH undertakes intensive sensitisation programmes among the Zoes in an attempt to get them to abandon the practice. In 2002 NATPAH introduced, with IAC funding, the Alternative Employment Opportunity programme, aimed at offering Zoes an alternative trade. The programme has offered training and grants in soap-making, tie-dyeing, crocheting and fish-drying. By about 2010, NATPAH reported that 750 Zoes across eight counties in Liberia had abandoned the practice and benefited from this programme.

NATPAH aims to link community networks, women's groups, healthcare providers and NGOs through a 'social network' that attempts to coordinate activities and raise public awareness.

NATPAH is headed by the prominent Liberian activist Phyllis Kimba, who has been working to raise awareness of the harms of FGM for some 20 years. At great personal risk, she has led many activities, from door-to-door visits in villages to community meetings and educational seminars. Mrs Kimba has also rescued girls from the bush schools and worked with Zoes to find them alternative livelihoods.

Alternative sources of income are vital to Zoes who give up cutting

South East Women Development Association (SEWODA)

The South East Women Development Association was founded in 1995 and is an umbrella organisation over about 100 local women's organisations. SEWODA works to increase awareness of women's and girls' rights in the remote rural areas of south-east Liberia. Conditions are difficult, with villages isolated and roads in poor condition. SEWODA reports that some villages they have approached have never before been visited by any organisation talking about women's rights. Activists sometimes receive threats and insults from men who claim that they are trying to turn their women against them.

SEWODA works in partnership with the Carter Center and Kvinna Till Kvinna on projects in the region and advocates an end to traditional practices such as 'Trial by Ordeal'.

Traditional Women United for Peace (TWUP)

Traditional Women United for Peace is based in Lofa county and educates women about the rule of law, empowering them. TWUP, which works in partnership with the Carter Center, also organises agricultural projects to empower abused women. Led by an influential traditional leader, Mama Tumeh, TWUP discusses women's rights and HTPs at both the community and national levels.

Voice of the Voiceless (VOV)

Voice of the Voiceless was established in 2005 in Monrovia as a faith-based organisation (*FBO*) working on women's rights, governance, democracy and peace-building issues. It has been involved in raising awareness of legal instruments (both local and international), with the purpose of encouraging women and girls to defend their rights using these laws. VOV undertakes sensitisation-and-awareness-training activities for women and girls, including those abandoned by parents and guardians and those living in ghettoes. It also carries out psycho-social counselling for victims of domestic violence and rape.

Women Against Female Genital Mutilation (WAFGEM)

Launched in February 2014, Women Against Female Genital Mutilation is an NGO that has embarked on a major awareness campaign aimed at sensitising women and girls to the harmful effects of FGM, based on a human-rights approach.

The chief executive officer, Maima D. Robinson, disclosed that WAFGEM was preparing to petition the 53rd National Legislature to enact a law against FGM and planning to campaign against FGM throughout the rural areas of Liberia, where the practice is most prevalent. Madam Robinson explained that FGM is a violation of human rights, and WAFGEM, as well as working to eliminate the practice, will also aim to support survivors to overcome the trauma associated with FGM. WAFGEM hopes to work alongside other NGOs with similar goals.

Women in Peace Building Network (WIPNET)

The Women in Peace Building Network forms part of a programme to empower local women working on human rights in Liberia. It was set up in 2002 by umbrella organisation West Africa Network for Peacebuilding.

WIPNET activities to promote peace and reconciliation cover 11 out of the 15 counties in Liberia. Key objectives of WIPNET are establishing networks and enabling forums for women to share experiences, identify and articulate their visions and implement peace-building initiatives. Various interventions are used to achieve this, including the 'Voices of Women' project, a bi-weekly radio programme for women in seven counties, and the 'Peace Hut' initiative, which provides forums for conflict resolution and discussions on women's rights.

Women NGOS Secretariat of Liberia (WONGOSOL)

The Women NGOs Secretariat of Liberia was established in Monrovia in 1998 to coordinate the activities of women's organisations throughout the country. With over 104 members across 15 counties, WONGOSOL aims to build a strong network among CBOs, FBOs, NGOs and INGOs to press for women's rights, stop discrimination and promote the participation of women in all levels of society. Partners include the Global Network of Women Peacebuilders, the Kvinna Till Kvinna Foundation and UNMIL.

The objectives of WONGOSOL include:

- coordinating and strengthening links at both the national and international levels among organisations, members, donor agencies and the Government;
- sharing research and information;
- establishing training programmes as needs are identified;
- offering solidarity and representing members on gender and development issues; and
- maintaining an information database.

Through its work on gender issues, WONGOSOL has publicly denounced the practice of FGM in Liberia.

Women of Liberia Peace Network (WOLPNET)

The Women of Liberia Peace Network originated from a bond forged among Liberian women in the Buduburam refugee camp near Accra, Ghana in 2003. Having suffered the consequences of civil war, these women came together and WOLPNET was founded with the primary goal of tackling violence against women.

WOLPNET is an active member of the national SGBV Task Force and engages in a wide range of programmes to promote the rights of women and girls, including advocacy, peace-building, education (including HIV/AIDS and reproductive health), vocational/skills training, and economic development through micro-credit schemes and the formation of cooperatives. It operates across ten counties: Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Lofa, Margibi, Nimba, Montserrado and Rivercress.

WOLPNET works with various partners, including Oxfam Liberia and Equality Now (with funding from Comic Relief).

The organisation tackles the issue of FGM through a number of interventions; for example:

- lobbying the Government to pass a law against FGM;
- taking a survey in local communities in four counties to understand existing knowledge and perceptions of FGM and to use the findings to plan the most appropriate interventions;
- interviewing girls aged between 5 and 18 in Lofa, Bomi and Grand Cape Mount counties to inform the campaign and create a platform for girls in traditional Sande communities to express their views and thoughts on the practice;
- hosting community forums to create awareness of the legal and international instruments that are in place regarding HTPs and provide information on the dangers of FGM. These forums specifically target parents, young girls and Zoes;
- seeking feedback from Zoes on how to end FGM in Liberia;
- forming girls' clubs to campaign against FGM in schools and communities;
- involving relevant institutions, including the Ministries of Internal Affairs and Health, representatives at the county level and medical personnel;
- engaging with the media to disseminate information regarding FGM;
- publishing a periodic newsletter— the WOLPNET News Update on FGM; and
- using social media (Facebook/Twitter) to raise awareness.

WOLPNET aims to engage at least ten Zoes, 25 male and 25 female parents, and 25 young people to attend each district community forum. Groups are separated to allow discussion on appropriate aspects of their traditions. Though unable to quantify the success of its programmes, WOLPNET feels that such interventions are successful in that they directly engage and educate the Zoes and allow community members to voice their thoughts. It is reported that awareness of the negative aspects of FGM has increased because of these activities.

Women Solidarity Inc. (WOSI)

Women Solidarity Incorporated was established in Monrovia in 2006 by a group of women's-rights activists whose aim was to alleviate abuses and exploitation of women and girls in Liberia. WOSI works to create an environment that will enable equal opportunity, empowerment and respect for all women and girls, regardless of their locations and ethnic or religious backgrounds, and to provide them with opportunities to rebuild their lives.

WOSI has become increasingly involved in opposing FGM through its outreach programmes. To understand more about perceptions and attitudes to FGM, WOSI undertook a baseline survey (funded by OSIWA), which involved training and deploying data collectors in six districts across Margibi, Bong and Nimba counties from March to April 2013. The information collected has been used by WOSI to inform its work of changing behaviour and attitudes to FGM and its activities at both the local and national levels.

Activities undertaken in connection with the International Day of Zero Tolerance to FGM in February 2014, for example, included:

- a workshop with local CSOs to encourage greater coordination of efforts to stop FGM;
- an inter-generational awareness forum;
- radio programmes, which put out a call for the Government and duty bearers to take firm action against FGM; and
- FGM-awareness activities with young people.

WOSI's target groups include traditional practitioners, local community leaders, women, girls and boys. Appropriate information is disseminated in traditional settings using exclusive sessions for each of these groups in an attempt to reduce sensitivities around the subject of FGM.

Zorzor District Women Care Inc. (ZODWOCA)

Zorzor District Women Care Inc. was certified as an NGO in Liberia in 1994 and concentrates on four main areas of activity: human rights advocacy and health work, peace-building and conflict management, micro-credit loans and agriculture for sustainable development. ZODWOCA works to build awareness of these issues among women in the highly traditional rural areas of Lofa county, where Sande society is deeply entrenched. Programmes address a range of issues including domestic violence, legal counselling, case referral (through AFELL), health education (HIV/AIDS) and skills training. ZODWOCA receives funding from the Global Fund for Human Rights.

ZODWOCA addresses FGM through its human-rights work. Operating in very traditional communities, ZODWOCA is unable to tackle the FGM issue as a 'standalone' programme, but incorporates its advocacy work into 'Human Rights Workshops'. Sensitive to local Sande traditions, ZODWOCA highlights the harm caused by FGM and the fact that it is in conflict with the rights of women and girls. By also inviting Zoes to these workshops and recognising that they need to be offered alternative sources of income, ZODWOCA feels that it is gradually spreading the message. It aims to hold a workshop for some 40 participants (mainly women) every three months.

Ending FGM: Challenges (2019)

The most significant challenges to Liberia's development in recent years have unquestionably been its **state of civil unrest** and the **Ebola crisis**. Any progress the country had been making towards the MDGs (particularly those related to health and education) and any steps towards the abolishment of FGM were halted and even reversed by Ebola as school was cancelled and **an insufficient healthcare system** was further crippled by doctors leaving the country and facilities turning patients away. NGOs reported to 28 Too Many that many of their resources were diverted away from anti-FGM programmes and towards facilitating Ebola education and supporting women's lives in general.

Even now, anti-FGM activists face significant personal challenges as they resume their normal work. For example, the house of Phylis Kimba, head of NATPAH, was burned down after she addressed the UN about FGM in Liberia. This is a direct result of the **taboos surrounding FGM**. As it mostly takes place within **secret societies** in Liberia, 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) as punishment for speaking out against the practice and of young girls being forcibly initiated after the slightest accusations of breaking Sande law.

This environment makes it difficult for organisations working on FGM to declare their specific interest and advertise their work. 'This is a very sensitive issue, and we need to make sure we are respecting the security and safety of our staff and partners,' the country director of one global aid agency is reported to have said.[1] The inability to be specific about FGM puts further limitations on the already-difficult process of **obtaining sufficient, sustainable funding**. There is also a danger that, when NGOs attempt to run culturally sensitive programmes, they may overcompensate by emphasising stopping FGM for children only and overlook communicating that FGM is a violation of women's as well as girls' human rights.

Additionally, taboos make it difficult to obtain **accurate, reliable** data on FGM practices and prevalence in Liberia. DHS surveys report in terms of Sande membership, but FGM is known to also take place outside of Sande, making it almost impossible to get a precise picture of the situation.

Despite suspensions of Sande in 2012, after death threats were made to a journalist, and in 2014, after the outbreak of Ebola, the Government remains hesitant to make FGM expressly illegal. Former President Ellen Johnson Sirleaf signed an Executive Order banning FGM for girls under the age of 18, but that expired in January 2019. There appears to have been **little effort to enforce these bans**, and the general **lack of awareness of laws and rights** among Liberians makes it doubtful that the majority were even aware of them, especially those in remote communities. (This problem is compounded by the **high level of illiteracy among women** – rules against running bush schools during normal school terms are not enforced, and many girls are expected to marry once they have been initiated.) The recently introduced Domestic Violence Act was set to criminalise and punish FGM, but pressure not to prohibit 'cultural traditions' was too strong and the references to FGM were withdrawn from the text.

Reaching remote, rural communities with messages about women's rights and FGM is a challenging task for activists. The lack of roads, electricity, access to the media and the internet and the incomplete coverage of mobile phone networks make communication and coordination extremely problematic. Many media institutions, such as radio stations, reportedly 'bow to the threat of retribution', [2] adding to the limitations.

Liberia has 66,000 miles of road but less than 7% of them are paved (© USAID)

There is also very **little involvement on the part of faith leaders** or **male activists**, both of whom could help to spread anti-FGM messages among their communities.

NGOs and INGOs have stressed to 28 Too Many that Zoes' livelihoods are in Sande and FGM; therefore, **alternative sources of income** need to be established before they will even consider laying down their cutting tools.

Finally, **support for the continuation of FGM** remains strong among Liberians, and, unless taboos can be broken, discussion promoted and opinions affected *en masse*, it will be an uphill climb towards achieving total abandonment of the practice.

1 Ethan Baron (2012) 'A Dangerous Job: Fighting against female genital mutilation in Liberia', *Global Post*, 19 November. Available at https://www.pri.org/stories/2012-11-19/dangerous-job-fighting-against-female-genital-mutilation-liberia.

2 Action Against Female Genital Mutilation in Liberia (2013) 'Liberia: Zero Effort – Liberia Still Unserious in Fighting Female Genital Mutilation, Group Says', *Front Page Africa*, 1 August. Available at https://allafrica.com/stories/201308020402.html.

Conclusions and Strategies for Moving Forward (2019)

The civil war and the Ebola crisis have had significant negative effects on Liberia's development. Its progress towards the **MDGs** was halted, meaning that none of the targets were met by 2015. The explicit inclusion of FGM in the **SDGs** should help to garner funding for anti-FGM programmes in Liberia, as it conveys the significant negative impact FGM makes on humanity. Stopping FGM is connected to promoting the eradication of extreme poverty and hunger, promoting universal primary education, achieving gender equality, reducing child mortality and improving women's health.

The influence of **Sande society** in Liberia, and thus the practice of FGM, continues despite a ban during the Ebola crisis and a presidential Executive Order against the cutting of girls under the age of 18, which has now expired. There appears to be little motivation and resource to **enforce laws and bans** such as these in the country, or to **establish a national plan** to abolish the practice, and activists are struggling to **get legislation passed** that specifically criminalises and punishes FGM.

One step forward was the **prosecution** in 2013 of two women who were responsible for kidnapping Ruth Berry Peal and subjecting her to forced initiation and FGM. 28 Too Many also notes the efforts of certain government officials in taking public stands against FGM and encourages the Government to adhere to its commitments under international treaties such as the Convention on the Rights of the Child and the International Covenant on Economic, Social and Cultural Rights by passing legislation to protect women and girls from GBV and HTPs.

> *'Speaking to local organisations on the ground, it is clear that only the government can effectively take on members of the leaders of the Sande Secret society, since even grassroots organizations are too scared to deal with them. All governments which have not enacted a law banning FGM need to do so as a matter of urgency to help create an enabling environment to promote education against FGM and to ensure that this brutality is eliminated once and for all. Africa has many wonderful traditions but FGM is certainly not one of them.'*
>
> *~ Efua Dorkenoo*[1]

Sande membership is prevalent among the Mende, Gola, Kissi and Bassa; in the North Western and North Central regions, in rural areas, particularly in Bong county; and among those in the lower wealth quintiles and the lesser-educated. FGM (usually Type I and Type II) is mostly carried out by Zoes in the Sande bush, and medicalised FGM does not appear to be a major problem.

Unfortunately, there is a low **level of support for stopping FGM**. The practice is enforced by community pressure due to the desire to control female sexuality.

Overall, the **prevalence of Sande membership in women aged 15–49** is 44.4%. This is a decrease from the figure of 58.2% reported by the DHS in 2007. Reasons for this apparently large drop over a six-year period are unclear, but it should be noted that the data collection for the DHS 2013 took place between 10 March and 18 July 2013, and in March 2013 the two women were sent to prison for the Ruth Berry Peal case; this may have discouraged women from admitting to being Sande members. Breaking down the most recent data by age group shows that membership of Sande for women aged 45–49 is 66.1%, while for the youngest age group this has fallen to 26.4%. Despite the fact that a small proportion of women may be cut after the age of 15, the data suggests a trend towards lower prevalence among younger women.

Literacy and education equality are important personal assets that give individuals opportunities in life, and these continue to be denied to Liberian women. The Government, however, has put particular effort into promoting education since the Ebola crisis, especially girls' education.

Although there are significant costs for the Government involved in working towards the abolishment of FGM, as well as the loss of bush-school licence fees, it should be noted that the cost of FGM to an already crippled **healthcare system** (not to mention the loss of human potential) is significant, as additional healthcare is frequently needed by women who have undergone all types of FGM. We encourage the Government and international partners to continue to provide resources to improve the healthcare infrastructure in Liberia.

The taboos associated with Sande and FGM mean that **anti-FGM programming** usually needs to be approached under the guises of human rights and women's health. However, activists may be hampered by the very real risk of retribution and forced FGM for breaking taboos. One way to begin breaking taboos is for **faith leaders** to become more involved in anti-FGM campaigning, as this appears to be uncommon at present. The **media** has also proven to be a useful tool against FGM in other African countries. 28 Too Many supports the work that has been done with media in Liberia, including radio programmes by WOSI and AFELL, 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. Additionally, greater protection needs to be provided to journalists who report on FGM.

There is a need for **more robust research** into all aspects of FGM as a Sande initiation, such as:

- What are the best strategies for changing community norms in favour of abandonment?
- What are the drivers keeping the practice going?
- What are the consequences for non-membership in modern Liberia?

In order to achieve all of this, programmes and researchers require sustainable, easily-accessible **funding**. Continued **publicity** of FGM practices and prosecutions at a global level is crucial for ensuring that NGOs and charities are given support and resources long term.

There are a number of successful anti-FGM programmes currently operating in Liberia. The majority of the progress begins at the grassroots level. 28 Too Many recommends continued efforts to communicate work more publicly and encourages collaborative projects. A **coalition against FGM** would provide a stronger voice in terms of lobbying and be more effective in obtaining sustainable funding, and efforts in Liberia are headed in this direction.

1 Tecee Boley (2013) 'Two Steps Forward, One Step Back', *New Narratives.* [No longer available online.]

Appendix (2014)

List of International and National Organisations Contributing to Efforts for the Abandonment of FGM in Liberia (as at 2014)

Please note that this list was current as at December 2014; it has not been updated. Additionally, 28 Too Many does not claim that this is an exhaustive list; we recognise that there are many more organisations working on women's and children's issues and to eradicate FGM in Liberia.

Action Aid
Association of Disabled Females (ADFI)
Association of Female Lawyers of Liberia (AFELL)
Africa Peace Mission
Africare
Amnesty International
Bosh Bosh Project
CARE International
CARMMA
Carter Center
Catholic Justice and Peace Commission
Centre for Liberian Assistance (CLA)
Child Fund
Child Rights Foundation (CRF)
Comic Relief
Community Aid Liberia
Concern Worldwide
Dam Opera
Defence for Children International, Liberia (DCI-L)
ECOWAS Women in Liberia (EWIL)
Equality Now
Family Planning Association of Liberia (FPAL)
Forum for African Women Educationalists (FAWE)
Foundation for International Dignity (FIND)
FORWARD
Foundation for Women Liberia
FPAL
Ganta Concern Women Development Association
Guardian Care, Inc. – Liberia
Give Them Hope
Global Fund for Women
Hands for Humanity
Healthy Women Healthy Liberia
Hope for Liberia
Hope for the Nations
Inter-African Committee (IAC)
International Planned Parenthood Federation (IPPF)
International Rescue Committee
Inter-Religious Council of Liberia (IRCL)
Kvinna Till Kvinna Foundation
Liberia Coalition of Human Rights Defenders (LICHRD)
Liberia Female Law Enforcement Association (LIFLEA)
Liberian Women Empowerment Network (LIWEN)
Liberia Women Media Action Committee (LIWOMAC)

Liberian Women's Alliance (LWA)
Living Hope Liberia (LHL)
Mano River Women Peace Network (MARWOPNET)
Medecins Sans Frontieres (MSF)
National Women's Commission of Liberia (NAWOCOL)
National Association on Traditional Practices Affecting the Health of Women and Children (NATPAH)
National Empowerment Program for Women and Children (NEP)
National Women's Commission of Liberia (NAWOCOL)
New Narratives
Open Society Initiative for West Africa (OSIWA)
Oxfam
Paramount Young Women Initiative (PAYOWI)
Plan International
Provision of Hope
Samaritan's Purse
Save the Children
South East Women Development Association (SEWODA)
SOS Children's Villages
Special Emergency Activity to Restore Children's Hope (SEARCH)
Street Child
The Fund for Global Human Rights
The Global Network of Women Peacebuilders (GNWP)
UN Women
United Nations Children's Fund (UNICEF)
United Nations Development Fund for Women (UNIFEM)
United Nations Development Programme (UNDP)
United Nations Mission in Liberia (UNMIL)
United Nations Population Fund (UNFPA)
USAID
Voice of the Voiceless (VOV)
West Africa Civil Society Institute (WACSI)
West Africa Network for Peacebuilding (WANEP)
West Point Women
Womankind
Women Against Female Genital Mutilation (WAFGEM)
Women in Peacebuilding Network (WIPNET)
Women and Children Advocacy (WOCAD)
Women and Children Development Association of Liberia (WOCDAL)
Women of Liberia Peace Network (WOLPNET)
Women Passion Inc.
Women Peace and Security Network Africa (WIPSEN–Africa)
Women's Rights Watch (WORIWA)
Women's Secretariat of Liberia (WONGOSOL)
Women Solidarity Inc. (WOSI)
World Health Organization (WHO)
World Vision International
Youth Action Network
Young Women Christian Association (YWCA)
Zorzor District Women Care Inc. (ZODWOCA)

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