



FGM in Sierra Leone KEY FINDINGS

September 2021

The prevalence of FGM in women aged 15-49 years is 83%¹ and is closely linked with the Bondo Secret Society.²

57% of women and girls aged 15 to 49 years think FGM should continue.³



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FGM Prevalence

Refer to Country Profile page 35–37.

In Sierra Leone, FGM is closely linked with the Bondo secret society. It is part of the initiation ritual for women and girls into the society which makes up 90% of women in the country.¹ There has been a slight reduction in the overall prevalence of FGM in Sierra Leone from 91.3%² in 2008 to 89.6%³ in 2013, and more recently to 83.0%⁴ in 2019, according to the Demographic and Health Surveys (DHS). Nonetheless, Sierra Leone still has the sixth-highest FGM prevalence in the world and is classified as a ‘Group One (very high prevalence) country’, according to the UNICEF classification.⁵

45.0% of women aged 15-49 who have undergone FGM were cut between the ages of 10 and 14.⁶ The prevalence for women aged 45-49 is 94.9%, while for the youngest age group, this has fallen to 61.1% indicating a reduction in the trend among younger women.⁷

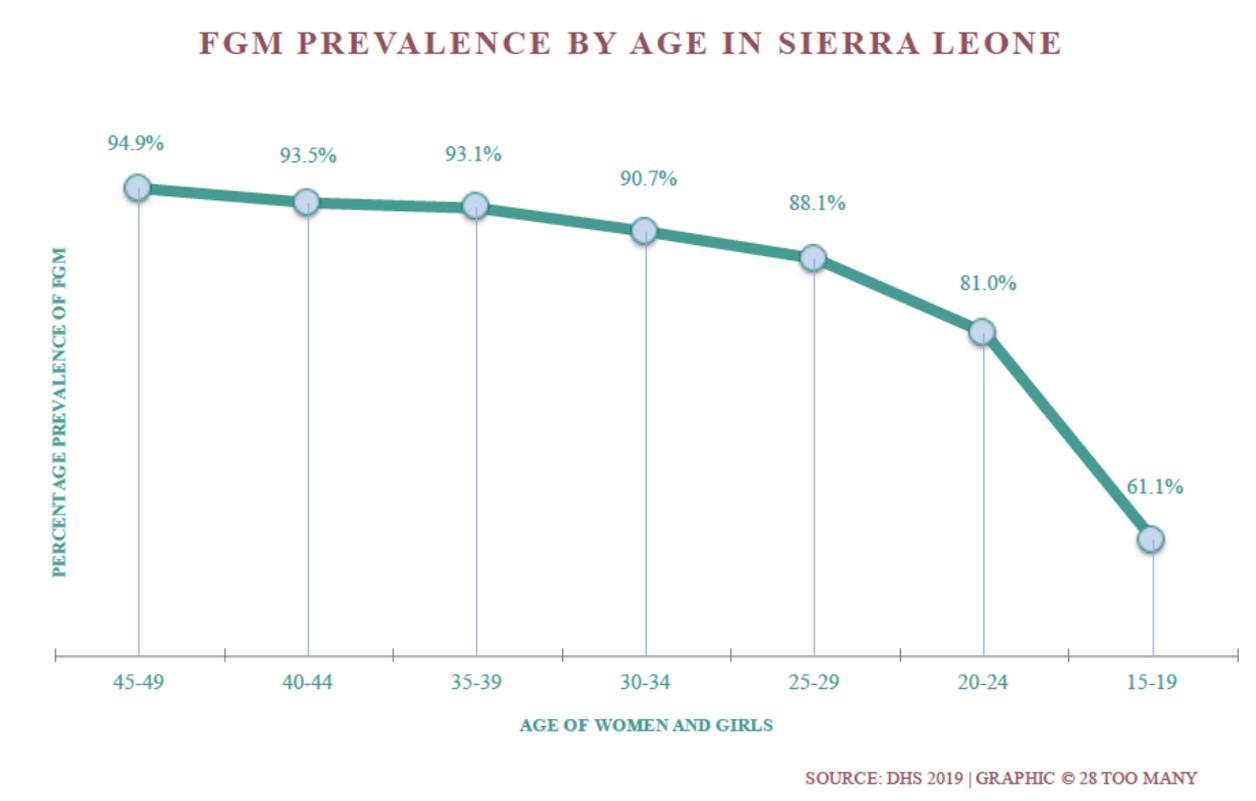


Figure 1: Prevalence of FGM in women aged 15-49, disaggregated by age-group⁸

Why

Refer to Country Profile pages 62–64.

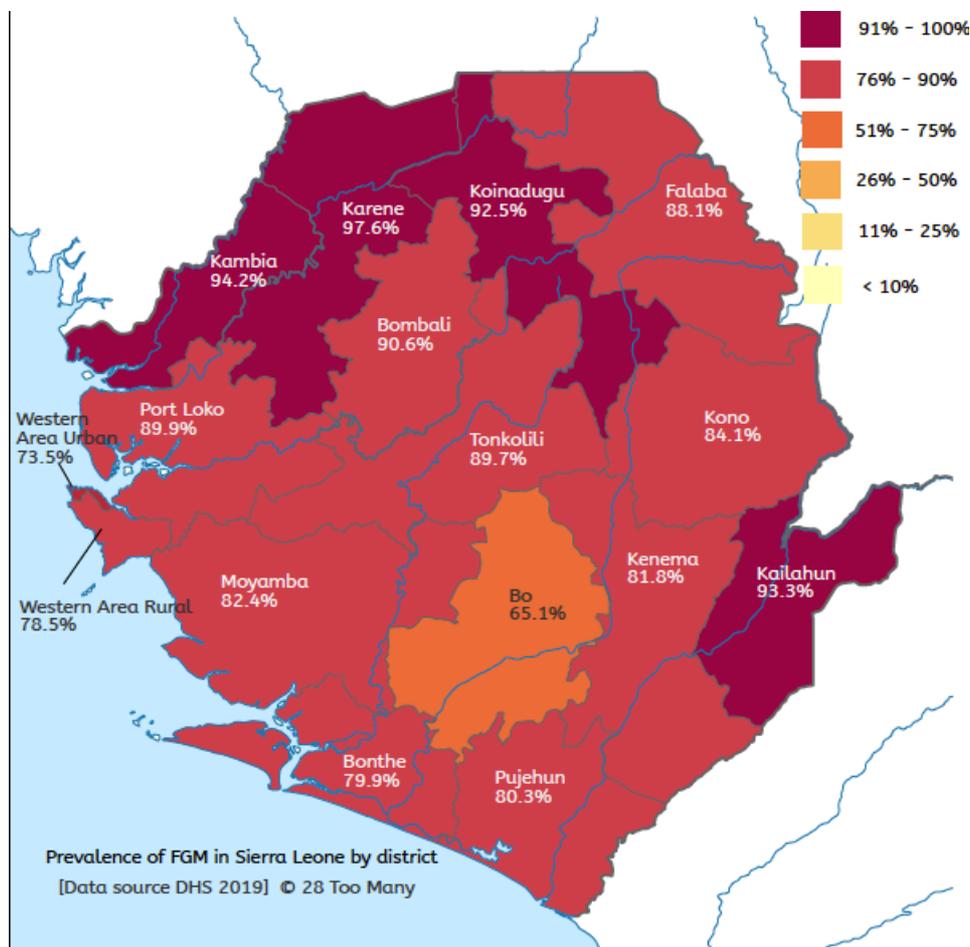
FGM is a social norm and a tradition that is heavily enforced by community pressure, with ‘social acceptance’ being the most cited perceived benefit.⁹ Cutting is considered anatomically necessary for a girl to become an unambiguous, gendered female. As part of this rationale, uncut women are also often labelled ‘unclean’. Additionally, FGM is seen as more ‘aesthetically acceptable’.¹⁰ It is

considered necessary to preserve a girl's virginity, and about half of the adult population believes that it is a religious requirement.¹¹ The practice also influences social acceptance as it is seen as a cultural identity/marker.

Where

Refer to Country Profile pages 26–33.

The district with the highest FGM prevalence is Karene, in the north (98% of women aged 15-49). The district with the lowest prevalence is Bo, in the central province (65.0%).¹² The prevalence of FGM is higher among women residing in rural areas (92%) than among those who live in urban areas (80%).¹³



Law

Refer to Country Profile pages 65–68.

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

Currently, there is no law in Sierra Leone that specifically prohibits FGM. A nationwide ban of FGM was declared in November 2014, due to the Ebola crisis which was later lifted after the epidemic. However, the national **2007 Child Rights Act**¹⁵ which was created in partnership with UNICEF is considered compatible with the Convention and the African Charter on the Rights and Welfare of the Child. It incorporates clauses from the UN Convention on the Rights of the Child prohibiting ‘cruel, inhuman or degrading’ treatment of children, which are applicable to FGM.

In 2012, eight of the country’s 14 districts signed a **Memorandum of Understanding Criminalising FGM among Children** in Western Area Rural, Western Area Urban, Bo, Kambia, Port Loko, Pujehun, Bonthe, and Kailahun. However, the practice continues in many of these districts.¹⁶

Understanding and Attitudes

Refer to Country Profile page 60–61.

42.5% of women aged 15-49 believe that FGM is required by their religion, and 57.0% of women in the same age-range believe that the practice should continue.¹⁷

Prevalence is inversely correlated with a woman’s level of education, but is relatively unaffected by the wealth quintile in which a woman falls, unless she is in the highest wealth quintile, in which prevalence drops from 90% or more to 76.9% for women aged 15–49¹⁸. In 2017, the poor, uneducated, and those from rural areas between the ages of 15 to 49 years, counted for the majority who believe that FGM was necessary and should continue - 83%, 81%, and 80% respectively¹⁹.

In most demographic groups, a smaller percentage of men than of women are in favour of FGM continuing.²⁰ In 2013, male support was lower than female support for the practice as indicated below.

	Women & Girls (15-49)	Men & Boys (15-49)
FGM should continue	68%	46%
FGM should <i>not</i> continue	27%	40%

Sierra Leonean’s opinions on the continuation of FGM by gender²¹

Age & FGM Types

Refer to Country Profile pages 36–38.

The most common type of FGM practiced in Sierra Leone is ‘**cut, flesh removed**’ (Excision or Type I and II).²² There are very few and uninform reports of Type III FGM (‘sewing’) which is classified as a serious health hazard by WHO. Some women were previously found after reporting that they were ‘sewn closed’, to have in fact undergone excision of the clitoris and labia minora. Anecdotal evidence suggests that respondents assume from watching the operation being conducted on others in the bondo bush, that the same operation was performed on them. However, from a genital inspection study by Bjälkander, the validity of the self-inspection reports from women was 99% true.²³ The majority of girls are cut between the ages of 4 and 14 years of age.²⁴

Practitioners of FGM

Refer to Country Profile pages 39.

FGM is most commonly reported to have been performed on women aged 15–49 by a traditional ‘circumciser’ (95%). Unlike many countries in Africa, there is no trend towards the medicalisation of FGM in Sierra Leone. According to DHS, traditional practitioners carry out 95.5% of FGM.²⁵

Work to end FGM

Refer to Country Profile pages 70–77.

In the aftermath of the civil war, Sierra Leone received substantial international aid, making up 18% of the GDP in 2017. As a result, the international community has significant leverage in terms of the use of funds and influences the Government to sign international agreements like INGO human-rights discourses, particularly those relating to the rights of women and girls. However, the Government has not been actively engaged with violence against women and girls (VAWG). Instances of candidates paying for girls’ initiations have been recorded during local and national elections, even after ratifying international treaties like the CEDAW. Mgbako et al are clear that ‘without political pressure from the citizens of Sierra Leone, government officials will not feel compelled to act’.²⁶

FGM has led to a coalition of organisations participating in joint meetings and working towards a national strategy for abandonment which include the Department for International Development (DfID), Advocacy Movement Network (AMNet), NaMEP, Self-Help and Development Everywhere (SHADE), Community Initiative Programme (CIP), Women Against Violence and Exploitation in Society (WAVES), Action for Community Task, Graceland and the Taia Development Programme (TDP).

Peddle’s 2012 study²⁷ of 37 organisations working towards FGM abolition in Sierra Leone found that, due to the political sensitivity surrounding the topic of FGM, there is a notable lack of governmental commitment to approaching the issue and that NGOs are the main advocates of FGM abolition. While the growing number of NGOs working against FGM is encouraging, there is

reluctance among development partners to engage directly in activism through legal, health or educational systems but instead focus more on working with individual communities using an indirect approach to tackle FGM to avoid political conflict. The findings also demonstrate that abandonment activities, or activities related to abandonment, are evident in all areas of Sierra Leone, with the Northern Province having the most organisations working on it and the Southern Province having the least.

Challenges Moving Forward

Refer to Country Profile pages 91–93.

What are the challenges in eliminating FGM in Sierra Leone?

- **Lack of political commitment to tackle issues relating to VAWG including FGM.** Lack of social and political pressure has contributed to the government's reluctance in actively engaging in anti-FGM initiatives.
- **Lack of specific policies and judiciary backbone to support advocacy work.** Absence of and conflicting legislations on women and child's rights acts as a major loophole in promoting violations of human rights as per international codes.
- **Social Norms, Attitudes and Beliefs.** The Bondo Secret Society which has been the a major umbrella under which FGM is practiced; if well-planned community interventions are organized, could aid in restructuring the beliefs and rites of passage in women and girls.
- **Forced Initiation.** Young girls are forcefully initiated if they express any anti-FGM sentiment which goes against the Bondo law.
- **Addressing Sexual and Reproductive Health Complications relating to FGM.** Factors such as poor access to family planning services and high rates of teenage pregnancies when combined with FGM lead to maternal and child health complications such as haemorrhage, fistula and death.
- **Poor Health Infrastructure.** Sierra Leone has the worst health indicators in the world with only one clinic country-wide to deal with fistula cases, a debilitating complication that is common postpartum in women who have undergone FGM.
- **Early Child Marriage and Girl Child Education.** Although there is an existing law meant to protect children's rights, many men still take advantage of young girls through forced under-age marriage, rape and buying of sexual favours leading to child pregnancies, without consequence.
- **Limited reach of International Support and Coordination.** Many organizations involved in the work against FGM walk on eggshells and cannot directly advocate against the practice to avoid confrontation with the government. In addition, poor coordination and communication between organizations results in slow progress in anti-FGM programs.
- **Limited funding and resources.** The hesitancy to address FGM practice and the political sensitivity surrounding the subject has proven countermeasures futile. More collaboration and dialogue with national and international stakeholders is key in establishing linkages, sustainable and effective interventions.

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- 1 Elizabeth Heger Boyle (2002) *Female Genital Cutting: Cultural Conflict in the Global Community*. Baltimore: Johns Hopkins University Press.
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- 18 *ibid*
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Cover image: robertonencini (Yongoro, Sierra Leona – June 10, 2013) *Mabendo, small village in Sierra Leone, the school.* **Stock photo ID:** 466804307

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