

UNICEF Sierra Leone  
Child Protection

# **Patterns of Female Genital Cutting in Sierra Leone: A Preliminary Study**

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Research report submitted by:

**Ellen Gruenbaum, Ph.D.**

International Consultant

Professor, Department of Anthropology

California State University, Fresno

5354 N. Backer Ave., Fresno, CA 93740, U.S.A.

Phones (in California):

Office: 1-559-278-6072

Home: 1-559-438-7884

Cell: 1-559-930-8086

E-mail: [elleng@csufresno.edu](mailto:elleng@csufresno.edu)

**Amie Tholley, M.A.**, National Consultant

**Rosina Conteh, M.A.**, UNICEF, Child Protection Officer



Initiation ceremony. Rural Sierra Leonean women celebrate as initiates emerge from the “washing of the hands” stage of the Bondo ceremony. (Photo by Ellen Gruenbaum, January 2008.)

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## Terms and Abbreviations

<i>Asuna fett</i>	<i>Sunna</i> cutting, with or without the drumming
<i>Barigba</i>	circumciser (Limba)
Bondo Society	Secret society of women, common in Sierra Leone, Liberia, and Guinea. Also known as Sande Society. (Also spelled Bundu.)
<i>Bik</i>	Cut (Temne). This term has a harsher connotation than the English word “cut,” which creates translation problems for interview questions.
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRA	The Child Rights Act, Sierra Leone, signed 13 July, 2007.
<i>Digba</i>	Circumciser (Temne)
FGC	Female genital cutting, the term that is considered less condemnatory. Used interchangeably with FGM.
FGM	Female genital mutilation. This is the term preferred by some of the activist organizations and used by the WHO. Some people consider it an offensive label. Used interchangeably with FGC or FGM/C in this report.
<i>Gborka</i>	pejorative term for uninitiated girls (Temne)
<i>Kpowei</i>	pejorative term for uninitiated girls (Mende)
MSWGCA	Ministry of Social Welfare, Gender, and Children’s Affairs
NAMEP	National Movement for Emancipation and Progress
<i>Put Bondo</i>	Join the Bondo (Temne). Term used both for the initiation and circumcision cutting. This linkage makes it difficult for interviewers to express or respondents to conceptualize the idea of “initiation without cutting”
<i>Sowie</i>	Circumciser (Temne)
<i>Sowei</i>	Circumciser (Krio)

- Sunna* Any practice Muslims believe to be based on the traditions of the Prophet Mohamed; a religious obligation or recommended practice.
- “*sunna* circumcision” As used to describe FGM/C in Sierra Leone, it means that the circumcision was done with minimal ceremony, especially without the beating of drums for the Bondo or Sande ritual. Circumcision is performed in a more subdued fashion favored by some Muslim groups. However, this meaning is not consistent across all groups.
- TBA Trained Birth Attendant (when affiliated with the Ministry of Health), originally “traditional birth attendant”



Bondo bush shrine and enclosure for ceremonies, village near Port Loko.

## **Patterns of Female Genital Cutting (FGM/C) in Sierra Leone: A Preliminary Study**

### **Executive Summary**

#### **1. Introduction.**

In Sierra Leone, female genital cutting affects about 94% of the female population over the age of 15, and it continues to be practiced on teenagers or on children as young as 5 or 6 or even younger in some parts of the country. These practices, which are performed on girl children as part of initiation rituals into a secret society, are deemed to be harmful traditional practices that violate human rights standards, from which children should be protected. Karin Landgren identifies “Culture and Custom” (attitudes, traditions, behavior, and practices) as one of eight elements needed for a protective environment for children, noting that while female genital cutting may “perform social functions linked ... to marriageability and control of female sexuality” (2005:232), it is nevertheless harmful to health and a violation of rights. Both CEDAW and the CRC underscore the need to modify societal practices and patterns if they are prejudicial to the health of children and the exercise of their human rights (2005:233). Therefore to further its commitment to child health and child protection, UNICEF Sierra Leone has included the development of programme communication for addressing community attitudes and practices to strive to abolish “such harmful traditional practices as FGM/C” (E/ICEF/2007/P/L.9.34).

#### **2. Objectives.**

The present study is intended to assess FGC practices in Sierra Leone and the potential for change using qualitative data on the following, for the purpose of crafting recommendations for strategies for abandonment:

- Objective 1. Summarize the knowledge, attitudes, and practices of Sierra Leone’s communities about FGC and its consequences and identify the present cultural justifications;
- Objective 2. Identify the community dynamics of change, including opinion leadership, and identify specific factors that preserve or promote changes in attitudes and practices, including peer pressure, marriageability, female sexuality, changes in marriage and sexual practices (especially arranged marriages and child marriages), old age security, cultural practices, and religious beliefs;
- Objective 3. Examine the role of formal religious bodies in supporting or challenging initiation practices.
- Objective 4. Determine the effect of FGC on the education, health, marriage age, and social standing of girls;
- Objective 5. Investigate any positive experiences of abandonment of FGC.

#### **3. Methodology.**

The study used intensive ethnographic methods including interviewing, group discussions, and observation in selected urban and rural communities in Sierra Leone, including Freetown/Western Area and six other districts: Bombali, Kailahun, Koinadugu, Kono, Port Loko, and Pujehun.

#### **4. Findings.**

FGC is a long-term tradition of all of the ethnic groups of Sierra Leone except for those Krio who are Christians (there are both Muslims and Christians among the Krios). The Muslim Krios and the other 15 ethnic groups practice FGC in the context of initiation of girls into the women's secret society known as the Bondo (or Bundu) Society or Sande Society, a cultural practice shared with ethnic groups in neighboring Liberia and Guinea as well. Initiation includes both secret rituals and public celebrations. It continues with great vitality, although some aspects are in the process of change.

The movement against the practices is not well developed, but in 2008 it is beginning to achieve public attention. However no government ministry has undertaken concerted change efforts—which would logically fall within the purview of the Ministry of Health, Ministry of Education, and especially the Ministry of Social Welfare, Gender, and Children's Affairs. From our interviews the reluctance of government entities at all levels to take on this issue is due to the widespread societal opposition to change and the perceived political sensitivity of the issue of initiation.

#### **5. Discussion and Framework for Strategic Interventions**

Knowledge about the types of practices, the risks, the criticisms of the practices, and the questioning of the practices by religious authorities is not yet sufficiently widespread, and these are likely areas for interventions to promote societal change. In addition, the need for greater awareness by government leaders and greater willingness to engage in policy efforts against FGC is quite evident. Encouragement is needed for the development of greater awareness and resolve to promote the social environment that can protect children from this human rights problem. Dialogue among all parties is vital, to gain consensus on this tradition and its role in Sierra Leone's future.

#### **6. Conclusions and Recommendations, with Focus on UNICEF Action.**

Sierra Leone is in the early years of the development of a social movement to abolish FGC/FGM, but because of the rapid changes taking place following the end of the war and as a result of reconstruction efforts, the people of Sierra Leone are poised to undertake rapid change.

UNICEF can play an important role in supporting the movement for change by encouraging coordination and cooperation among the civil society groups and individuals interested in ending the cutting. A promising organization that is likely to be able to facilitate progress on this issue is the National Movement for Emancipation and Progress, NaMEP. NaMEP members have offered training in proposal writing and organizational work, building the capacity of activists to generate funds and work effectively, both on specific projects and for national advocacy. UNICEF's support for this organization would also benefit the constituent groups.

Because of the political sensitivity of the issues surrounding FGC in Sierra Leone, the government of Sierra Leone has not taken the lead in trying to stop the practice. Although civil society is expected to take the lead, UNICEF is uniquely positioned to

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encourage the Ministry of Health, the Ministry of Education, and the Ministry of Social Welfare, Gender, and Children's Affairs to become involved in addressing FGC. The first step is to educate their own staff about FGC: the types practiced, the potential for harm, the human rights perspective, and the creative experiences of other countries in promoting change without destroying valued cultural traditions and institutions.

Recommendations that are elaborated in section 6 of this report:

- 6.1. Promote dialogue with the Government of Sierra Leone, especially the Ministries of Health; Social Welfare, Gender, and Children's Affairs; and Education.
- 6.2. Facilitate civil society organizations working against FGC.
- 6.3. Engage traditional leaders.
- 6.4. Engage educational and religious leaders to promote change.
- 6.5. Take advantage of the already occurring process of social change.
- 6.6. Utilize a variety of themes and methods of communication, including not only health and human rights, but such things as men's roles, success stories, and role models for girls and women.
- 6.7. Promote celebrations and recognition for girls—especially in schools as part of education initiatives—as alternatives to circumcision.
- 6.8. Monitor change, evaluate programs, and continue research.

## 1. Introduction

### 1.1. Female Genital Cutting in Sierra Leone

Female genital cutting (FGC), female genital mutilation (FGM), or FGM/C are terms for the widespread practices found in Sierra Leone. The forms found in Sierra Leone range from a relatively minor reduction of the clitoris to clitoridectomy and/or excision of other parts of the female genitalia including the prepuce and parts of the labia. The description of these forms corresponds to Types I and II in the World Health Organization's typology. Recent reports claim that the practice is very widespread in the female population above the age of 15, with estimates of 85-98% (Behrendt 2005), 80-90% (US Dept. of State), and 94% (MICS 2005). The Demographic and Health Survey scheduled for 2008 will include questions on female genital cutting to provide updated statistics.

Following the 1987 publication of Dr. Koso-Thomas's study of 300 cases in the Western Region, there have been relatively few research-based publications about FGM/C in Sierra Leone, with the notable exceptions of Fuambai Ahmadu's personal account of initiation in Kono (2000), Alice Behrendt's report on 142 interviews in Moyamba and Bombali districts for PLAN (2005), and reports by GTZ (2005), IRIN (2005), and Berggren (2004).

FGC is clearly widespread and continues to be performed routinely on girls and women among all of the 16 ethnic groups with the exception of the Christian Krios, who live mostly in the capital, Freetown (Western Region). There are no effective barriers to excision based on ethnicity (except for the Krio), religion, or educational level. Although a movement against the practices is underway in a few areas, the awareness has not been transformed into strong policy support for ending the practices. Indeed, it continues to be a sensitive topic about which public discussion is avoided. When it is discussed, the practices are strongly defended. The main reason for this sensitivity is that female genital cutting occurs in the context of ritual of initiation into the women's secret societies known as Bondo (Bundu) or Sande. These secret societies wield political and social power based not only on the large number of adherents, but also on the widespread belief in the leaders' claimed access to supernatural power.

#### 1.1.1. Child protection

To further its goals in child health and child protection, UNICEF Sierra Leone has included the development of programme communication for addressing community attitudes and practices that include "such harmful traditional practices as FGM/C" (E/ICEF/2007/P/L.9.34). Karin Landgren identifies Culture and Custom (attitudes, traditions, behavior, and practices) as one of eight elements needed for a protective environment for children, noting that while FGM/C may "perform social functions linked ... to marriageability and control of female sexuality" (2005:232), both CEDAW and the CRC both underscore the need to modify societal practices and patterns if they are prejudicial to the health of children and the exercise of their human rights (2005:233).

### 1.1.2. Health and human rights.

Compared to other countries of Africa where FGM/C is performed, Sierra Leone is thought to have one of the less severe types. Yet while Sierra Leone's less severe types no doubt result in less harm, in terms of short- and long-term consequences, than infibulation (WHO's Type III), any cutting violates a girl's human rights, regardless of cultural traditions or her parents' wishes. Rooted in the 1948 Universal Declaration of Human Rights and the 1979 United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, which took effect in 1981) and the Convention on the Rights of the Child (which took effect in 1990), the human rights opposition to "FGM" has grown in the recent decades of increasingly explicit international declarations. These have clarified and promoted consensus on the right of girls to bodily integrity. The Programme of Action from the Cairo Conference on Population and Development in 1994 included, in its section on the girl child, this statement: "Governments are urged to prohibit female genital mutilation wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices" (U.N. 1994: B.4.22, p. 29). In Sierra Leone, the Child Rights Act of 2007 calls for raising public awareness of these rights, although it does not explicitly refer to initiations.

As the international movement has shifted the rationale for change from an emphasis on its health effects to a concern to promote rights, UNICEF has been paying increasing attention to community-based social dynamics for changing the "social convention" of FGM/C (UNICEF 2005, *Innocenti Digest*). For this reason it is particularly important to observe the dynamics of any change efforts that are underway to contribute to UNICEF's multi-country interest in the process of change.

### 1.1.3. Government commitment.

Commitment to change in FGM/C by the Government of Sierra Leone has not been clearly articulated in recent years. Government has been working hard to stabilize the society following the devastating decades of political instability and civil war. Although there is currently no law that forbids FGM/C, the new Sierra Leone Child Rights Act (CRA 2007) creates a commission charged with widely disseminating the provisions of the Convention on the Rights of the Child (UN 1989) and the African Charter on the Rights and Welfare of the Child (1999), aiming particularly at "the elimination of forced marriages for girls, female genital mutilation, sexual abuse and economic exploitation of children" (CRA 2007:II.11.2.e). Indicative of the political sensitivity of the issue, however, was the fact that explicit reference to initiation practices and female genital cutting was strongly opposed by some of the legislators and had to be dropped from the final version of the act. From our meetings there appears to be a high level of verbal support for ending the practices in the Ministry of Social Welfare, Gender, and Children's Affairs, and the Permanent Secretary has praised a civil society initiative ("Breaking the Silence For Girls' Rights"). She stated, "Female Genital Circumcision ... is one of the hidden sufferings endured by girls in their early teens. The project we are

about to launch is intended to reduce or eliminate harmful traditional practices in our society” (Statement by Permanent Secretary, Ministry of Social Welfare, Gender and Children’s Affairs (Gender and Children’s Affairs Division), on the Launching Ceremony for a Project on Breaking the Silence for Girls’ Rights by PLAN Sierra Leone, November 2, 2007). The Ministry staff we spoke with emphasized the importance of civil society leadership on this issue; government, it was felt, cannot act effectively to end female genital cutting without cooperation and encouragement from the citizens.

## **1.2. UNICEF international strategies against FGC**

### 1.2.1. Innocenti Research Center

Internationally, UNICEF and its research center have been concerned to develop better knowledge of successful methods to promote community dynamics for abandonment of female genital cutting. In addition, there is recognition that promoting child protection requires several elements of what Karin Landgren has called the Protective Environment (2005: 228-232), one of which is “Culture and Custom (Attitudes, Traditions, Behavior and Practices)” that are protective of children. Harmful traditional practices may be seen as harmful from the point of view of the international discourse on human rights, but they may be regarded as positive and beneficial from a different cultural perspective.

### 1.2.2. UNICEF Strategies for a protective environment in relation to FGM/C.

The following are suggestions for promoting a protective environment for children that will address the issue of FGC. Awareness of these ideas guided the development of the research questions for this study.

- Knowledge: More information is needed to effectively work against harmful traditional practices such as FGM/C. UNICEF works to engage with government in research and monitoring of progress against FGM/C.
- A moderate but clear position: UNICEF can contribute to anti-FGM/C activities by assisting a network of organizations working against FGM/C, the publication of information related to rights and practices, and mass media coverage. UNICEF can contribute to a culture of dialogue around this topic, so that change can be embraced as a shared responsibility.
- Legislation: UNICEF can encourage the development of a clear legal framework that prohibits all forms of FGC from being performed on children.
- Political factors: UNICEF can contribute to an on-going human rights dialogue among political leaders.
- Services for children: UNICEF helps to promote health, education, and other social services for children that are needed to provide a safety net in situations where parents and communities are unable or unwilling to protect them.
- Capacity building for leaders and professionals is a valuable contribution that UNICEF can make or facilitate. Particular needs include 1.) the preparation of more members of local communities (such as teachers) to do awareness-raising and monitoring work (this could be very cost effective as well) and 2.) the skill improvement of TBAs and other health workers who come in contact with children affected by FGC and practitioners.

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- Customs and traditions. The entire effort to end FGC practices can appear to be a frontal attack on a strongly held harmful traditional practice. There is a need to balance this with promoting traditions that are positive. UNICEF can play a role in defining and encouraging positive traditions.
- Girls' involvement. Girls should be included more in several aspects of any campaign to protect children. They need to have a voice in matters affecting their well-being. UNICEF can play an important role in facilitating dialogue and involvement.

## 2. Objectives of this study

The present study is intended to contribute to the assessment of FGC practices in Sierra Leone and provide an understanding of the potential for change, using qualitative data. Suggested recommendations for strategies to promote the abandonment of FGC in Sierra Leone and for future research that can contribute to that goal are provided.

- Objective 1. Summarize the knowledge, attitudes, and practices of Sierra Leone's communities about FGC and its consequences and identify the present cultural justifications of the practice, including the motivations, knowledge, attitudes, cultural contexts, and ideological supports for the practices by the circumcisers, parents, uninitiated girls, and other stakeholders.
- Objective 2. Identify the community dynamics of change, including opinion leadership. In particular, analyze community dynamics surrounding the possibility of and resistance to change, including gender-based and intergenerational power and authority. This includes investigating the information flow in the visited communities—where do people get information and who are the opinion leaders for different groups? Also, we seek to identify specific factors that preserve or promote changes in attitudes and practices, including peer pressure, marriageability, female sexuality, changes in marriage and sexual practices (especially arranged marriages and child marriages), old age security, cultural practices, and religious beliefs.
- Objective 3. Examine the role of formal religious bodies in supporting or challenging initiation practices.
- Objective 4. Determine the effect of FGC on the education, health, marriage age, and social standing of girls. Although a comprehensive determination is impossible in a preliminary study such as this, the basic aspects are important to identify, since these could constitute important barriers to change and/or vehicles for change.
- Objective 5. Investigate any positive experiences that people have had with abandonment of FGC. Successes in change efforts can serve as inspiration and reassurance to others considering change, so special attention is needed to document the roles of change agents and those who have changed their practices. Alternate rituals or celebrations, if any, should be documented.

### **3. Methodology**

#### **3.1. Research design.**

In addition to utilizing information available from previous documents and studies, this study focused on qualitative research methods to gather information, including:

1.) Interviews with key individuals whose experience would give us general information on the topics of concern, including those who were in a position to comment on patterns, changes, and current problems as well as perspectives on the process of recent changes. These unstructured interviews or discussions were conducted with officials such as MSWGCA officials and staff, teachers, religious leaders, and other individuals who were able to provide perspective on the issues.

2.) Community case studies, which were conducted in communities and neighborhoods studies utilizing intensive ethnographic methods, using interviews and discussion groups, conducted by the consultants and research assistants.

Intensive ethnographic methods included open-ended interviews and group discussions. To include various categories of people, we developed open-ended questionnaires for individual men, individual women, health care specialists, circumcisers/initiators, as well as group discussion questions for community leaders, unmarried young women and girls, unmarried men, young mothers, fathers, and older women. Participant observation was more difficult to accomplish, given the constraints of travel and lack of ability to spend the night in the communities with a research team. However, the use of several interviewers working simultaneously enabled us to pool our observations and talk to more people.

The disadvantage of this method was that our arrival in communities was sometimes unannounced, and key individuals might not be present; observations of commonly occurring social behavior and events might be missed; there is less time to establish rapport and cooperative relationships of trust, which can make it difficult to judge individuals' honesty or probe delicate topics. Further, in a short time frame events will be missed and important groups or individuals may be away or unavailable. We had to rely on descriptions of events rather than direct observation.

We compensated for this by arranging introductions to the communities by known individuals (in most cases our contacts were provided by the local Ministry of Social Welfare, Gender, and Children's Affairs), staying several hours in a community, embedding our research topics in discussions of related questions of concern to the communities, and taking a walking tour of the community and its facilities and surroundings, guided by one of the community members. We invited community members to express their concerns and pressing needs. They were informed they could decline to be interviewed and could decline to answer particular questions. We also provided opportunities for people to or to ask us questions. The questionnaires are provided as an appendix to this report.

Most interview and group discussion notes were transcribed and discussed in the field, and some were transcribed after our return to Freetown. Some of the interviews in the Freetown urban area were conducted by two research assistants who were able to work independently while the rest of the team was traveling.

Photographs were taken to provide documentation of our observations to provide visual data for communication.

### 3.1.1. Languages

In each community we were assisted by team members or MSWGCA staff or other volunteers able to speak the languages (Temne, Mende, Krio, Kissi, Limba, Kono, Koranko, and Mandingo). Some interviews and discussions were conducted in Krio and some in English, depending on the language abilities of the interviewees. All notes were written in English by the research assistants and consultants.

### **3.2. Selection of communities.**

Communities were selected to provide perspective on the districts where UNICEF has been particularly active, to include rural and urban settings, and to include members of several of the major ethnic groups in Sierra Leone. We traveled by UNICEF car, and decided to go only to places that could be reached by car on dirt roads. This meant we were only about 12 miles, maximum, from a district headquarters town. Specific communities and neighborhoods were recommended either by research team members familiar with an area or by the MSWGCA staff. The sampling was neither random nor systematic: some interviews were conducted opportunistically by individual interviewers in a nonsystematic sample. But we endeavored to utilize the various instruments in each community of concentration, such that we would include a cross section of the communities.

Interviews and observations were carried out in the Freetown area and another six districts:

Koinadugu District: Yagala, Yataya, Kabala Town

Bombali District: Makama, near Makeni

Port Loko District: Lunsar, Rolal

Kailahun District: Nyandehun Mamba-bu, Dambala (Luawa Chiefdom, Kissi), Kulula section in Kailahun town

Pujehun: Pujehun town, Kpangba, Buwolu, Tongie

Western Area urban: Freetown, including Kroo Bay, Kissy, Goderich, Firestone, Wellington, and individual interviews in a few other neighborhoods

Kono District: Yormandu, Motema, Yengema, Koidu town.

### **3.3. Data analysis and reporting.**

Participants in the research teams held discussions daily, whenever possible, often travel time in the car returning from communities and during transcribing session. This enabled

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the consultants to begin formulating the analysis while still in the field and plan for additional interviews or observations that could clarify the team members' impressions of what was happening in the communities.

The preliminary results were presented to UNICEF program staff on January 15, 2008, and feedback from that meeting is included in the present report.

## **4. Findings**

The findings in this report are based on an analysis of the research materials collected. The consultants reviewed and organized the notes from all interviewees according to the objectives and themes of the research and selected the quotations and examples judged to be representative of the information collected. While regional, ethnic, and social class variation emerged the presentation of findings is organized on the principal themes, with commentary on the variations as appropriate.

### **4.1. Knowledge, attitudes, practices, and cultural justifications of Female Genital Cutting in Sierra Leone**

Our interviews offered evidence that FGC is a long-term tradition of all of the ethnic groups of Sierra Leone except for those who are Krio and follow Christianity. The Muslim Krios and the other 15 ethnic groups practice FGC in the context of initiation of girls into the women's secret society known as the Bondo (or Bundu) Society or Sande Society, a cultural practice shared with ethnic groups in neighboring Liberia and Guinea as well. Initiation includes both secret rituals and public celebrations. It continues with great vitality, although some aspects are being modified over time. Many people told us, "We met it from our grandfathers and it is our tradition."

#### 4.1.1. Knowledge.

Knowledge about the existence of initiation is therefore general in the population, but knowledge of what is actually done in initiations is more restricted. Those who have undergone initiation know about their personal experiences and what is done in initiations, but they are less well informed about the range of variation in the practices and the link between female genital cutting and the dangers, complications, and other harmful consequences that are experienced. Even many of those who know about obstetrical complications Sierra Leonean women face do not necessarily connect these with the cutting done during initiation.

#### 4.1.2. Attitudes.

Indeed, we found a generally supportive attitude toward continuing initiations and toward the existence of and membership in secret societies. Although some people expressed ambivalence toward the societies and perhaps even a negative attitude toward the cutting done, the most widespread attitude was one of acceptance of or pride in the traditions.

#### 4.1.3. Practices.

The practice of female genital cutting varies, but we were unable to do direct observations. Accounts of the degree of cutting ranged from partial clitoridectomy to a more severe excision that leaves more scar tissue (WHO Types I and II).

#### 4.1.4. Cultural justifications.

Throughout the country, initiation is traditionally a source of pride and pleasure marking the coming of age or transition to womanhood for groups of girls. Traditionally they were expected to marry soon after initiation—indeed the costs involved have often been borne wholly or in part by a man seeking to marry the young woman. The timing was based on physical maturity, particularly when a girl showed full breast development, but since younger sisters or other girls might be included, maturity was not always expected. In part that depends on when the group ceremonies are arranged, which may occur at intervals greater than one year in some areas. In the past, if girls were found to be virgins when inspected by the circumciser it was a source of great pride to their families. Girls were threatened with supernatural punishments that would result if they slept with a man before marriage.

The context of the cutting is a period of seclusion in the “Bondo Bush” (an enclosure made of temporary fencing, such as palm fronds) in the forest areas at the edge of communities or in a house in town. The cutting is a painful experience for the girls, who are nevertheless expected to show courage. But it is a time of celebration for the already initiated members of the society, with drumming, singing, feasting, and celebrating away from the men, who dare not come near the Bondo Bush for fear of spiritual retribution or physical punishment by the women. It is “stress relief” for women, according to individuals we talked to.

Traditionally, the girls stayed in the bush for months, learning everything they needed to know to be adult women: how to show respect to elders and husbands, how to cook and care for families, the words to ritual songs, and other secrets. Their graduation at the end is a time of public festivity that includes the appearance of a “Bondo Devil”—a masked figure that dances in public. Children are expected to believe this figure is an actual spirit.

The usual stages of the initiation are:

- *Put Bondo*—The leaders of the society, the circumcisers, dance publicly to collect the girls to take them to the Bondo Bush.
- *Lumbe-lumbe*—The evening of—or soon after—the cutting takes place, there is a celebration among society members while the girls are sitting in the Bondo Bush or a house, recovering.
- *Wasan*—Beating of the bush. Adult women pretend to have captured a snake, which is used to frighten the girls, who are then protected from it by the women.
- The “washing of the hands,” a ceremony at the end of the healing. This is the time the girls are required to eat the distasteful food called *yomboh* (*gomgboi* in Mende), a mysterious brown mixture of foods that has all sorts of things in it—chicken, beans, rice, hide, and other secret ingredients and additives such as medicines and perhaps even human blood. Some say girls are told that if you are a witch, when you eat this food you will die. After the washing of the hands the girls come out to be celebrated in public, and then they return to the bush for the period of training.

- *Lukneh*—The girls are smeared with charcoal the night before graduation. The girls stay that way all night, and they sing that “We are packing out, going back to our families as graduates” (*shama*, Temne).
- *Pul*—graduation at the end, which includes bathing in a river or other bath, when girls return to normal life. Celebrated with new dresses and other gifts for the initiates.

#### 4.1.5. Perceived advantages.

Girls usually receive gifts (clothing and accessories, etc.) at the end of the period of healing from the cutting and also at their graduation from the period of seclusion. Young girls, generally unaware of the cutting part of initiation, are attracted by these positive aspects of attention, celebration, and gifts. As one uninitiated girl in class 5 Yagala, Koinadugu, told us when asked what she has been told, “They normally tell me about the dancing and I like the way girls dress after initiation.”

The initiation of one’s daughter is an occasion when the parents and/or would-be husband or other sponsors display their ability to provide for generous expenditures on food, drink, payments to circumcisers and chiefs, and new clothes.

For women, gaining enhanced social status—at initiation and when moving into leadership roles—as well as having a period of retreat during the ceremonies and celebrations, are considered advantages of society membership. Further, those who do not go through initiation to become society members are looked down on, so society membership avoids becoming stigmatized. The weeks when the girls are in the bush the members of the society feast, sing, dance, and remain outside the control of men. Here are some quotations from members of the society:

- “It gives us liberty to move about the community.”
- “People listen you in meetings.”
- “You are not disregarded.”
- “We educated women have the opportunity to read novels or see films, but for rural women, this is a major source of entertainment: it is stress relief.”

Other contributing factors to people’s commitment to continuing the practice are the past expectation that a girl would have to be initiated to be able to have sex with a man, that no man would marry an uninitiated woman, and that lack of circumcision caused itchy genitals and risks in childbirth. Circumcision was considered a solution to these problems.

Although our findings suggest that initiation no longer functions as a pre-requisite for sexual activity or marriage, it was clear that some people are neither comfortable with nor fully accepting of the loss of this pre-requisite. Some people continue to expect initiation to have taken place prior to sexual activity or marriage. An unmarried Kono man, 35, from Motema, underscored his expectation of initiation before marriage. He said,

- “I have spelled it out that I would never marry an uninitiated girl because it is my tradition and nothing can make me desist from it.”

Other arguments used by older women (initiated members) to convince girls of the importance of going through the initiation ritual are warnings such as these, as reported by unmarried girls we asked:

- “If you are not initiated into the Bondo you will have bad luck.”
- “Uncircumcised women stink, and the men won’t want to get married to you because of the organ getting in the way [of sex].”
- “It is to reduce the sexual urge. It is our tradition, and you will be stigmatized by family members if you don’t go [to initiation].”

#### 4.1.6. Changes to the cultural context and traditions.

All of these elements continue to be vital to the practice of FGC in Sierra Leone, but several trends are evident in the communities we studied. The average age of initiation is reported to be younger than the previous generations; the expectation of virginity is reduced due to “rampant” early sexual activity (which may partially account for the younger ages that families are sending girls “to the bush”); and the time spent in the bush has been shortened to about two weeks, usually during school vacations.

Group discussions with unmarried girls revealed that many are questioning the value of initiation. Although some discussion groups told us girls do not refuse initiation because they fear being socially ostracized, other groups claimed that some girls are refusing initiation. Some who were already initiated said now that they know the secrets they are no longer interested in the society. Some say if they had known about the pain they would not have been willing to go. One group of Kono and Mende unmarried teenage girls—some initiated and some not—told us they don’t think it’s important to be initiated before getting married, “because our boyfriends used to say that uninitiated women are sweeter.”

One group of Mende girls ages 18, 19, and 20, who are secondary school students in Kailahun reported that “a lot of girls do refuse initiation. Those that have read books on safe motherhood, anatomy, and physiology say they won’t go. These are books in the school.” What would happen to them if they refuse, we asked? “Nothing would happen to them,” these girls claim, since they think that initiation status is not as likely to be bragged about in town as it is in villages. “It is expensive and a waste of money.”

## **4.2. Community dynamics of cultural change and resistance to change**

From our interviews we concluded that the most significant people who might be involved in influencing others about the possibility of change were the educational and religious leaders, especially teachers and clergy and to a lesser extent health care providers. However, there were surprisingly few interviewees who spoke against the practices initially. Since our primary goal was to listen to people’s opinions to learn from them what they thought, the interviewers intentionally presented a neutral position in the wording of our questions, to encourage the interviewee to give their honest opinions. After a period of discussion, as the interviewers began to reveal their personal interest in

changing the practices, some of the interviewees were more likely to say something negative about the practices. In summary, leadership for change is not yet diffused beyond the few activists who are known to be involved in challenging FGC.

However, it is clear from our interviews that educational and religious leaders are the people with the greatest potential to influence people's thinking on a variety of topics, and therefore they should be approached about participating in any efforts to generate dialogue, raise awareness, or promote change. Unlike some other countries where FGC has high prevalence among Muslims and where a few Muslim are using religious arguments to try to end the practices, in Sierra Leone it is done by both Muslims and Christians—as well as by others. In Sierra Leone, the few religious leaders who are engaged in working against FGC are primarily Christians, especially members of Pentecostal churches. Because of the religious diversity in the country—numerous branches of Islam and differing Christian denominations are found—the use of Pentecostal religious arguments is unlikely to persuade those who are not members of these churches.

Within kin groups, there is the potential for respected elders to play a significant role if they agree to make changes. Although members of the parental generation expressed their frustration at the loss of some of their former authority, they continue to wield some influence, particularly within their kin groups and communities.

Local leaders such as town chiefs and paramount chiefs are vital to the process of discussion of change. However, resistance to change appears to be strongest among chiefs and women leaders of the secret societies. By definition, as a traditional leader, any chief is expected to be concerned with the preservation of heritage, and those who seek to stop circumcision or interfere with the authority of secret societies are challenging that heritage.

#### 4.2.1 Information flow about the movement for change in the traditions.

In the communities we visited we found several communication channels. In villages and towns where electricity is only available by generator or not available at all, information dissemination is being done through the village or town crier from the office of the chief. The chiefs and elders (male and female) meet, and then a general meeting is called to the Court Barre, a structure found in nearly every settlement. Radio communication is facilitated by the existence of community radio stations in all of the districts visited, but very few radios were observed or reported in the communities (for example, it might be just the chief and the assistant chief who have them), and without electricity, using a radio requires the purchase of batteries. It was only in the towns that we heard radios being used.

The most efficient information flow appears to be oral communication, through group meetings or through individuals. This may be partially responsible for what seems to be a misinterpretation of the Convention on the Rights of the Child (CRC). The elders, parents, and teachers in all the communities covered often gave the opinion that they no

longer have authority over the children, and there were numerous reports of the manipulation of the child rights by the children to escape responsibilities or to show disrespect to their parents and teachers.

The Sierra Leone Child Rights Act that came into force in 2007 has further spelled out children's rights and the responsibility of government to promote rights, educate the public, and monitor progress. Although many know about it, ambivalence was evident. According a school principal who tried to help us understand how people were reacting, "These acts of Parliament are imposed on us for specific purposes. We pay them lip service. Maybe they are important, but we are not yet ready for that." Yet the same person recognized that "you must move with the times or you will be dragged along." Others did not blame the legal structure of rights for the breakdown in authority, but attributed it to the general breakdown of law and order during the war and the difficulty of reestablishing normal social life. In any case, the fact that the Child Rights Act encourages the education of the population against female genital cutting, it does not explicitly ban initiations or cutting, and thus it is unlikely to be an effective tool for stopping FGC.

Another major source of information flow and opinion leadership is through the religious leaders (see 4.3 below).

#### 4.2.2. Cultural pride.

The main force for preservation of the practice of FGC is the sense of cultural pride in heritage. Many people told us they "met the practice from their grandfathers" and they must keep it because "it is our culture." Interestingly, in our interviews the same people who said it is a valued tradition might also comment that there is no benefit in it. In any case, they are describing the intergenerational transmission of the valued practice.

#### 4.2.3. Peer pressure: Social pressure for conformity.

Pressure to conform to previously existing practices can also be exerted by one's peers, and in the case of female genital cutting, peer pressure is a powerful mechanism for preserving the practice. Some of the interviewees described uninitiated girls being the target of name-calling, being made fun of, and subjected to bullying, shunning and exclusion from conversations and social gatherings. Hazing and harassment such as this was remembered with bitterness by some of the middle-age women we interviewed. Yet the same children who are victims of this are likely to turn around and victimize others after they have gone through the ritual; this sort of peer pressure is a common mechanism that functions to enforce conformity with a social practice. Because of its power, it is an area that deserves particular attention by reformers, both to protect children from an environment of such pressure and perhaps also to utilize peer support for changing values (e.g. for staying in school, preventing pregnancy, or avoiding the harmful aspects of initiation rituals).

Peer pressure extends to adults as well. Social standing is denied uncircumcised women in communities—people can exclude you from women's decision-making roles—you are

not allowed to participate and speak in some types of meetings if you are not initiated. Also, you are vulnerable to being accused of insulting the society, and you may be punished or fined. These things add pressure to families and the girls themselves to get initiated.

#### 4.2.4. Marriageability.

In a wide variety of cultures where female genital cutting is practiced, FGC is considered a prerequisite for marriage: a girl is not considered ready for marriage until she has been cut. In Sierra Leone, too, in nearly all of the ethnic groups it has been the tradition that a girl or young woman must be circumcised and initiated into the secret society before she can be considered marriageable.

There were several beliefs that supported the custom of requiring circumcision before sexual activity and marriage. It was believed it would reduce the female sexual urge and thereby help preserve virginity. It was believed that the inspection of the genitals by the circumciser would provide proof of virginity and confer honor on the girl and her family. And the removal of the clitoris was considered to be sexually preferable, from the male's perspective.

To understand why marriageability is so vital to family well being, one needs to consider the importance of family in the support of the elderly in countries that lack adequate systems of old age security. Fears about old age security have been known to guide parental decisions about their children in many cultures, since parents know they will eventually be dependent on their children to help support them in old age. Their children's ability to provide that support is linked to marriage and founding a successful family through childbearing, as well as access to resources and economic activity. In these circumstances, parents cannot easily let go of practices that are prerequisites for marriage, as initiation has been.

This is beginning to change. Today, it is becoming more likely that a child's ability to provide future support will depend on a good education and employment, rather than marriage, child rearing, and subsistence farming. We have already seen that the majority of parents favor education, including for their girls, with the idea that educated children will be better able to help their parents economically. Most parents seem to have accepted the idea which has been a theme of campaigns promoting girls' education: that an educated daughter will be more likely to help her parents, while an educated son will be more likely to help his own wife and children.

Marriageability issues deserve more attention in future research. This research has provided evidence that the vital role of FGC in marriage customs has begun to change. Initiation is no longer as significant a prerequisite for sexual activity or marriage as it was in the past. As a result marriageability itself may be more difficult to assure and less necessary as these social changes take hold. In the coming years, school attendance and avoiding teen pregnancy may emerge as more important than marriageability for daughters, and parents can be encouraged to choose education rather than initiation.

#### 4.2.5. Sexual issues.

Many of those we interviewed, including both older and younger men and women, believe that FGC reduces a woman's "sexual urge." This is believed to help the girls to remain virgins and make married women more likely to remain faithful to their husbands. For men with many wives (such as chiefs whose marriages formed political alliances as other men whose multiple wives demonstrated wealth and prestige), this was particularly important since they could not satisfy all of their wives' sexual and emotional needs. Of course, most families have just one or two wives. However, men of all groups expect their wives to be sexually faithful to them, and uncircumcised women are thought to be less able to limit themselves to one man.

The belief that circumcision reduces the sexual urge is not supported by evidence. And it was clear from our interviews that not everyone considered it necessary to reduce women's sexual urge or sexual responsiveness. One of our findings was that now there are many men who have experienced sex with uncircumcised women and who do not necessarily prefer sex with a circumcised woman. One unmarried man gave his opinion explicitly: "It is not necessary for a wife to be initiated, because I enjoy sex with a woman who is not initiated."

#### 4.2.6. Marriage, childbearing, and old age security.

Old age security is a concern for women in countries such as Sierra Leone where, until recently, there has been no social security system for the general population. Instead, people rely on their families to help them in times of illness, unemployment, and old age, and since women usually end their marriage careers as widows, they cannot depend on husbands to be their economic partners in late old age. Traditionally, then, old age security depended on having responsible adult children, child-bearing in turn depended on marriage, and marriage had initiation as a pre-requisite.

This pattern has encountered significant disruption—teen-agers, whether initiated or not, are sexually active without marrying; young women get pregnant, give birth, and raise children without marriage; and marriages can happen without initiation. Traditionalists may see this breakdown as decay of society. Indeed, even those who favor discontinuing initiation practices do not see this as positive: teen pregnancy does not improve anyone's old age security, it leaves teenagers vulnerable to sexual exploitation, and it leaves many young children at risk of neglect and poverty, particularly if their grandparents are unable or unwilling to take on the additional responsibilities of supporting child mothers and their offspring.

### **4.3. The role of formal religious bodies**

In several towns and villages we encountered Christian preachers, primarily from the Pentecostal or "Bible-believing" and other "born-again" churches (such as the Assembly of God, New Testament Church, etc.), who argue that Christians should not do genital cutting on girls since it is not in the Bible, and circumcision should be practiced only on boys. These churches are growing in popularity and becoming increasingly influential.

Dialogue among clergy from different faiths and denominations does occur in some contexts, such as the Council of Churches or in local networks.

Because values and beliefs are so important in the preservation of the practices related to the Bondo initiation, we interviewed several religious leaders (Muslim, Catholic, Wesleyan, Assembly of God, Anglican, and a leader of the Inter-Religious Council) to ascertain the influence of the various religious bodies.

Three positions emerge:

- enthusiastic or at least comfortable participation in secret societies without seeing them as in any way interfering with religious belief;
- tolerance or acceptance of participation in the secret societies as a convenience;
- rejection of the secret societies based on theological views.

Most of the religious groups (including Muslims and several denominations of Christians) tolerate and participate in Poro and Bondo and do not see it as contrary to their religious beliefs. Many are enthusiastic participants who see it as very comfortable for them as Muslims or Christians or free thinkers, and who are proud of their membership and use it as a source of social support. Some priests and ministers find that, as one priest told me, “no one will listen to you” if you are not member of one of the secret societies (Poro in most areas). So, to accomplish their ministries, it is not uncommon for clergy to get initiated.

However it is the position of Pentecostal churches to oppose members’ participation in the societies. They argue that the practices of the secret societies are related to the devil and involve witchcraft, so Christians should reject them. To set the proper example, such ministers have “resigned” or otherwise distanced themselves from the societies and encourage their congregants to do so as well.

#### **4.4. Impact of FGC on education of girls, health, child marriage, and social standing**

The issues of education, child marriage, social standing, health, and FGC are interrelated. The dilemma faced by families seeking to follow the traditions is that girls who are to be married young need to be initiated to have proper social standing as ready for marriage.

Girls’ education receives widespread verbal support, suggesting that awareness raising has been effective, even if there is still a long way to go to achieve the goal of universal education for girls. Parents and elders said that educating a girl is more valuable than educating a boy, because she will later help to support her parents, whereas a son tends to support his own wife and children. There have been favorable projects and policies in some areas (no fees and free materials for girls) that have stimulated girls’ education. Schoolgirls themselves offered very positive statements in response to our questions about whether both girls and boys should go to school. A group of Mende girls was typical of many we spoke with:

- “If possible, both should go to school. If we are all educated poverty in our villages will be reduced. We will live independent lives wherein the woman would not be dependent on the man. There will be mutual respect in society.”
- (What do you like about school?) “To be future leaders and for the social achievements.” “To be useful in the community.” “In school, it helps you to be bold.”

The costs of initiation are reported to be significantly higher than the costs associated with education in any given year. However, since the school costs continue over a longer period, it is difficult to make a clear comparison. A Wesleyan minister in Makeni described an exercise he did with some fathers, calculating the financial costs of initiation in comparison with school fees, demonstrating the higher expenditure on the former. He is convinced that this helps the fathers begin to question initiation.

We asked some of our groups to discuss the comparison of school fees and initiation costs. Some of the schoolgirls complained that their families are not able to provide for their school expenses, and they considered them more important.

- “The two cannot go together. Family members prefer spending on initiation rather than giving you money to pay school fees or buy school books. The initiation has no achievements, while school does.” (Mende girls, Kailahun.)
- “Bondo is expensive because you have to pay for the initiation. Rice, palm oil, buying expensive clothes, wasting money on drummers and dancers. In school you have to pay and buy uniforms.” (Which do you think is most important?) “The school is most important.” (Why?) “Because you will have something at the end.” “You will become educated and have good jobs.” (Kono girls, Koidu.)
- “A lot of money is spent. First you go to the chiefs to pay money. Then you go to the Mammy Queens and pay money. Then you pay money to the *barigba* [circumcisers].” “It is important to spend the money on school fees rather than to waste it on initiation, the reasons being that the money that you spend during the initiation ceremony is mostly spent on others, not on you.” (Limba girls, Yagala)

#### 4.5. Abandonment activities.

An assertive strategy against FGC is being pursued by some organizations such as AIM and NaMEP. NaMEP has launched a national campaign involving many smaller organizations, calling for “the abolition of FGM,” and a “Position Paper on Harmful Traditional Practices, Especially FGM in Sierra Leone” was drafted in February 2008. It did not take long for a backlash—reminiscent of the opposition to Dr. Koso-Thomas’s earlier efforts at reform—to surface. On March 2, 2008, *Cotton Tree News* reported on a demonstration in the town of Kailahun, where “thousands of women ... demonstrated against the abolition of female circumcision.” The article by James Fallah (2008) reported that Susan Kula Banda, a leader of the secret society of the circumcisers, told the reporter the practice was their culture and they would not abandon it, despite the efforts of NaMEP to abolish the practices.

In addition to such organizational efforts, our research found several instances of change occurring that deserve review.

In some cases, daughters have refused to undergo circumcision/initiation, and their parents have not forced them to do it. One example of this came from an educated woman, a teacher, who otherwise seemed to be supportive to the secret societies and the initiations. But after we spent an hour with her and talked about many issues concerning girls' education, when we returned to the topic of female genital cutting she revealed that her own daughter had not wanted to be circumcised. She revealed that she had allowed them to make the choice, and now, as uncircumcised, educated women, they intend not to circumcise their future daughters, and they may be in a position to influence others to abandon the practices.

Secondly, in some cases, it was the experience of living in another culture as migrants or refugees that contributed to some Sierra Leonean women deciding not to have anything to do with the initiations. For example, one Member of Parliament I interviewed had spent many years living abroad in a country where female genital cutting is not practiced. Although she was initiated as a child and is therefore considered a member of the secret society, she did not circumcise her daughter and is firmly opposed to the practices for her own family. Now that she has returned to Sierra Leone, she is very open in telling people that her own daughter is not circumcised and that she does not support the continuation of FGC, but she also is not actively working against the tradition since there is still such widespread support for it. She reported that during the election, a political opponent had donated materials for new roofs for the Bondo ritual houses in the constituency, in an effort to gain political support, presumably as a defender of traditional values and institutions. However, the candidate who did not cater to the Bondo society leaders was nevertheless successful in winning the election, despite her opposition—albeit somewhat passive—to the custom.

A third sort of opposition comes from activists involved in the movement, people like Rugi Turay and Anne-Marie Caulker, whose traumatic personal experiences and convictions about women's rights have led them to become activists against female genital cutting. Although some of the activists have lived abroad as refugees during the war and may have on-going international support for anti-FGM/C work, in our experience with these activists, their intense commitments to working against initiation practices are genuine and personal, not a matter of transplanted Western ideas.

Finally, another major influence on those abandoning the practices comes from the churches that have taken a stand against FGC for theological reasons. The Pentecostal churches, or those referred to as “Bible-believing” churches, “spirit-filled” congregations, or “born-again” Christians, are the ones that are most active in opposing FGC. Several of the opponents of FGC who we interviewed are members of such churches (Assembly of God, God is Our Light, New Testament Church, and others). Under the influence of ministers whose biblical interpretations have led them to argue against practicing witchcraft and the circumcision of girls, some of these women have said they have “resigned” from membership in the secret societies and have protected their daughters

from being cut. Although their religious argument is most effective with co-religionists, several we met are also working with NGOs on women's issues, including awareness-raising about FGC.

#### 4.5.1. Initiation without cutting?

One strategy that has been pursued in other countries where "female circumcision" has been positively valued has been to promote the initiation ceremonies without doing any actual cutting. We asked many of our interviewees about this idea as a possible alternative to the cutting done in Bondo, but it was universally rejected. "Without the cutting there is no initiation."

#### 4.5.2. Harm reduction?

From a public health perspective, it is usually considered desirable to make progress combating a health risk, even if the problem cannot be completely solved in the short term. In the case of FGC, this has been controversial, however, since there is agreement that it is a violation of international human rights agreements and should not be tolerated at all. If a modified or less severe form were allowed or more hygienic methods encouraged, the health outcomes might be improved, but, it is argued, that would reinforce the continued violation of human rights.

However, it is evident that many health care providers in Sierra Leone are willing to make the compromise. We found a good number of medical personnel do not inform or educate people about the health risks of the practice, either because they do not think it would affect people's behavior or because they are in favor of the practice and do not think there are any serious problems with it. A good number of the Maternal and Child Health Aides we spoke with, including those who are aware of the health risks of the practice, compromise and provide services to assist the circumcisers by administering injections or giving drugs during initiations. One health sister disclosed to the interviewers that she educates the Traditional Birth Attendants she supervises, many of whom are the sowies who do the circumcisions, she recommends to them to wash their hands, use latex gloves, and provide a separate blade and towel for each girl.

The motivation for health care providers' involvement in and support for FGC reflects their own acceptance of the beliefs surrounding FGC, their personal experiences, or their recognition that hygienic improvements and medical know-how can reduce harm to the girls:

- "I appreciate going to the Bondo. I was old enough, and before I was initiated I used to have itchy genitals, but after initiation I no longer experience it." (a nurse)

## **5. Discussion: Developing the Framework for Future Work**

In Sierra Leone, children cannot be protected from the harm of the traditional practice of cutting girls' genitals during initiation rituals without challenging an important cultural institution and its practices. However, the intensity of its defense and the widespread fear of sociopolitical and spiritual retaliation suggest that direct confrontation may be ineffective. What other methods are available, and how might future research and programs facilitate the goal of protecting children from FGC?

### **5.1 Change factors: Education**

It has often been hypothesized that improving educational opportunities for girls will lead to a decline in the practice of FGC. However increasing levels of maternal educational achievement have not necessarily resulted in rapid declines in the rate of FGC. In earlier quantitative research in Egypt, El-Gibaly et al (1999) found that increases in women's educational attainment alone did not change attitudes and practices; however, education was interpreted as an "an important mediating variable through which other processes, such as the diffusion of new information, operate."

Thus, although education for girls by itself may not be sufficient to change a deeply ingrained social practice, it can be expected to be a key catalyst for change, since educated women and girls can be expected to be more interested in and responsive to information about science, health, rights, policies, and social change. Similarly, education for boys would help to increase the possibility of greater openness to ideas about change for men and boys as well. Education, though, must be paired with other efforts.

Determining whether educated Sierra Leonean women are more likely to discontinue initiating their daughters may be possible when the Demographic and Health Survey for Sierra Leone, scheduled for 2008, is completed. A question about people's intentions concerning initiating their daughters is expected to be included, along with information about educational levels.

From our study's results, there is reason to believe that enhancing the content of education will enable girls to become more sophisticated participants in the decisions concerning their bodies. Having books, posters, sex education curricula, and workshops with nurses were all mentioned as contributing to girls' awareness of their bodies, sexuality, reproduction, and disease transmission. Particularly poignant for our research team was hearing from some girls at a senior high school in Kailahun that the "Safe Motherhood" booklet they had seen at their school was the first they had learned about the seriousness of the cutting in initiation, making at least one of them tell us that she decided she would not be initiated.

## 5.2 Cultural Dynamics

Because Sierra Leone’s cultural supports for female genital cutting are so strongly associated with secret societies and supernatural beliefs, its practices certainly will be just as hard to challenge as they have proven to be in other countries with less powerful cultural supports. This helps to explain why informational strategies (e.g., telling people “It is bad for health”) and legal mechanisms (e.g., “You’ll be punished if you are caught”) are unlikely to succeed quickly. Cultural belief factors are so much more powerful in determining behavior than are preventive medical arguments or laws, that the movement against female genital cutting has had to move into new and more aggressive messages to shake loose people’s behavior from its cultural moorings. Those trying to change FGM/FGC practices requires finding a much more powerful way to change, or at least shift, these fundamental beliefs and values.

The findings of this research suggest that in order to budge these heavy cultural anchors, powerful methods must be devised, not merely more intense messages. More intense rhetoric that resorts to stronger language, such as the “female genital mutilation” terminology or the “zero tolerance for FGM” slogans, may indeed sound more resolute. However, it is also clear that resolute slogans and denunciations of practices have relatively little power to persuade people who are emotionally, culturally, and spiritually wedded to them.

Clearly activists differ on the most effective approach to use. Based on this research, we believe it is important to include information (health effects, comparison with other countries), ideology (especially human rights), spiritual guidance (religious dialogue), and emotional methods (through the arts, for example), to promote discussion. It is no accident that the most successful programs (such as the TOSTAN experience in Senegal) that have resulted in large-scale abandonment efforts have taken place in the context of projects which originally had a focus on something other than FGC eradication. TOSTAN’s goals for community building required discussions for problem solving and leadership development, and it was these discussions and information gathering that eventually led to community-wide decisions that included abandonment of FGC.

What that example suggests is that the chances of any change effort succeeding could be enhanced by utilizing methods that provoke discussion, and it appears that both *ideological*—tied to human rights and religious teachings—and *emotional* methods are important.

The cultural anchors identified in this study (as well as in other studies) are fairly similar to those of other cultural contexts, though each has a particular character in Sierra Leone and several seem to have shifted in significance in the past two decades: “tradition,” virginity and marriageability, reduction of inappropriate sexuality, aesthetics, cleanliness, honor, pride, social acceptance, adult status, fear of spiritual sanction, and sometimes fertility. A program aimed at change cannot neglect to address any of these, but the results of this study suggest for the current situation in Sierra Leone some are more significant than others.

### 5.2.1. Virginitly and Marriageability.

Some of these cultural anchors have lost importance. What was clear from many interviews is that virginitly is no longer terribly important as a pre-requisite for marriage, and the initiation rituals play a less significant role than in the past in encouraging a girl to remain a virgin—since it has become rare for girls to remain virgins until marriage, probably as a result of the massive suffering and social displacements of the war, or to wait for parental arrangement of marriages. If that is the case, then virginitly preservation is not going to serve as a reason for the continuation of initiation.

Similarly, we can expect that marriageability is not going to play a strong role here, as it does in some other countries, since sexuality prior to marriage is now well established.

### 5.2.2. “Tradition” and traditional leaders.

Other cultural anchors, however, have far greater salience. Although “tradition” is a rather vague reason, it takes on greater importance in light of the many challenges to identity that Sierra Leoneans with various tribal affiliations have suffered in the contemporary era. Pride in heritage may reflect nostalgia for pre-war normal life and the goal of building a proud national identity reflecting the multi-ethnic heritage and the country’s search for unity from its diversity. In situations following wars and displacement it is not uncommon to seek to preserve distinctive heritages and to do so through traditional institutions and leadership roles. Thus chiefs, circumcisers, and leaders of traditional secret societies in whose rituals so much of distinctive Sierra Leonean tribal heritage is embodied can be expected to reaffirm their roles in defending traditional practices against international pressures to abandon them.

The role of educated, professional Sierra Leoneans, parliamentarians, clergy, and other influential leaders who may adopt positions against the harmful traditional practices is important, and we can anticipate that there may be some strains or conflicts between these differing agendas.

### 5.2.3. Role of religious beliefs and religious organizations.

Because religious beliefs, including fear of the power of witchcraft, are so powerful in supporting the practices, and because most religious organizations have not taken a position against the practices, it is difficult to imagine large-scale change occurring without the discussion of these practices being undertaken by religious organizations and faith communities. The Pentecostal Churches have started this process. Other denominations, the Interreligious Council, and individual clergy have played roles in discussions of several traditional practices and social problems affecting children, including child marriage, teen pregnancy, and in some cases female genital cutting.

The secret society leaders have been drawn into dialogue with some of the activist organizations such as KAWDA and AIM. Some aid organizations and embassies have

come to the conclusion that providing alternate sources of income to circumcisers will induce them to stop circumcising. For example, we heard a radio report in January that the U.S. Embassy was planning to provide alternative income support to circumcisers, and AIM and KAWDA have successfully enlisted “ex-circumcisers” to work with them. In Kabala, a cooperative cultivation project is being initiated by KAWDA as an alternative income-generating activity for circumcisers and others who pledge to discontinue circumcision. Although some circumcisers have answered this call sincerely, it is also possible that some may be seeking recognition, financial rewards, income support, and development opportunities, rather than having experienced a sincere change of heart.

In any case, it is not clear from current information that such initiatives to induce circumcisers to “lay down their knives” would in any way stop the demand for initiation. Parents can take their children to other circumcisers, and the secret societies are constantly recruiting new circumciser-initiates to be future leaders of the secret societies. As one senior society leader and circumciser put it, “I never send for the children. It is their parents who bring the children to me. I cannot circumcise them if the parents don’t bring them.”

## **6. Conclusions and Recommendations**

### **6.1. Promote dialogue with the Government of Sierra Leone.**

Because of the political sensitivity of the issues surrounding FGC in Sierra Leone, the government of Sierra Leone has not taken the lead in trying to stop the practice. Direct action to include a prohibition against the practice in the Children's Rights Act in 2007 failed to gain the necessary political support. Yet there are encouraging signs that the Ministry of Social Welfare, Gender, and Children's Affairs and the Ministry of Health have begun to discuss ways to move forward on this issue, once civil society supports it. So it is important that UNICEF address both government and civil society in its work to protect children against FGC/FGM. Sierra Leone's Child Rights Act of 2007, although it does not prohibit initiations, does not close the door on the issue of FGM, and it calls for engagement in wider discussions about ending harmful traditional practices

UNICEF is uniquely positioned to advise and assist the Government of Sierra Leone and its ministries on this issue: UNICEF should avail itself of opportunities to create dialogue with government units to promote better understanding of and willingness to become involved with efforts to reduce the harm to girls and women caused by the practice of female genital cutting and to foster its total abandonment by the citizens, based on the human rights of women and children. Work with government units should include especially the Ministry of Social Welfare, Gender, and Children's Rights, the Ministry of Health, and the Ministry of Education, both at the national level and through district offices. UNICEF's role must include support for civil society organizations that are working to further these goals.

#### 6.1.1. Health sector.

UNICEF should play a role in fostering discussions to encourage medical personnel to take positions and actions to stop the cutting practices and also reduce the harm done by those doing the cutting. This entails embracing two goals that seem contradictory but which can work together in an integrated strategy: harm reduction (immediately) and abolition (as soon as possible).

Child Protection is a concern of the health sector, as well as other sectors, and UNICEF should play a role in engaging the Ministry of Health in Child Protection initiatives. The positive and encouraging response we received from district medical officers and their staff made it very clear that some leaders welcome being consulted about how to promote child protection. In our findings, some district medical personnel would welcome more information and encouragement to take roles in educating their staff and in speaking to the public about this topic. Others note that there is considerable opposition to such discussions. We conclude that the Ministry of Health and UNICEF must direct greater attention to educating and encouraging medical and public health personnel to become advocates for change.

Particularly important is for the Ministry of Health to clarify policies on TBAs. From our research it appears that many of them are called upon to participate in the initiations and even to be the circumcisers. The Ministry could consider improvements in their training and continuing education, to include more information on the risks involved with FGC. A career track that expands their roles in reproductive health and primary health care could be explored, to reduce the temptation to engage in FGC.

#### 6.1.2. Child rights policies.

The Ministry of Social Welfare, Gender, and Children's Affairs should also be at the forefront of efforts at change. Some of the leaders of the central ministry are already supportive of change, but the agenda of the ministry at the local levels is very broad, and this issue may not be as high up as other pressing issues such as homelessness, sexual exploitation, and other forms of violence.

Given the resistance to inclusion of a ban on initiation in the Child Rights Act of 2007, it is unlikely that an explicit law could be proposed by the Ministry of Social Welfare, Gender, and Children's Affairs. However, rather than confronting the secret societies head on, discussions should be held to consider whether as a first step initiation below the age of 18 could be prohibited, to better support children's rights. A regulation that does not forbid all FGC, but requires that girls reach full maturity defined as age 18, might allow the secret society leaders to accept some change. For supporters of secret societies, this allows them to continue their practices, but in effect, older girls will be in a better position to determine—for themselves—whether they wish to undergo FGC and to reject it.

#### 6.1.3. Education: The role of schools, curriculum, and teachers.

The Ministry of Education has a vital role to play in getting education about FGC, preventing sexually transmitted infections, and basic sex education into the school curriculum. In addition, teachers need to be included in training to prevent sexual harassment between teachers and students and between students, to prevent economic and sexual exploitation of children, to discourage situations that lead to teen pregnancy, and to provide information for girls to be more aware of the effects of female circumcision.

A serious issue for the children of Sierra Leone is teen pregnancy, which appears to be significantly affected by poverty and the living situations of school girls. Teen pregnancy certainly affects school attendance, both for boys and girls, as well as drop out rates. These are issues that the schools can help with. The frequency of teen pregnancy and early sexual activity are certainly one of the factors motivating some parents to do initiation earlier. Focused research on the factors leading to early sexual activity and teen pregnancy is needed. This complex of factors should be addressed in a coordinated, multi-sector approach to prevent teen pregnancies and promote girls' education and development. This may also be a practical prelude to developing age-appropriate sex education materials to be included in school curricula.

Finally, we must emphasize that girls' education itself is the best long-term intervention to address FGC/FGM. Educated girls will be able to engage in information exchange, understand the harmful consequences, and articulate their rights. They will be better able to resist family and peer pressure to be circumcised, engage in the change process, and prevent their own future daughters from undergoing FGC/FGM.

## **6.2. Facilitate civil society organizations working against FGC.**

In addition, because of UNICEF's respected position with civil society and the organizations already working against female genital cutting (or FGM), UNICEF's role should include 1.) facilitation and other forms of assistance to these organizations to promote effective rights protection for girls; 2.) promotion of national dialogue on FGC through more direct, co-sponsored or solo, communications to the public; and 3.) assessment of the effectiveness of organizations' strategies and tactics for elimination of the practice.

Sierra Leone is in the early years of the development of its social movement against FGC/FGM, and UNICEF could play an important role in supporting the movement by encouraging coordination and cooperation among the civil society groups and individuals. UNICEF's support of a three-day NaMEP strategy workshop at the end of January, for example, placed UNICEF in an influential position. Also, at the half-day training we conducted on January 18, 2008, it was evident that the activists here, like those in other countries, sometimes find themselves in competition with one another for external funding. This can be harmful to the work of a coalition or to individual organizations unless there is conscious effort to provide coordination. UNICEF has played the role of coordination and facilitation of anti-FGC/FGM groups elsewhere (e.g., Sudan). What UNICEF can do is to support efforts to facilitate the work of the disparate organizations. The organizations can agree on goals and making informed decisions on a division of labor among the organizations. Modest support for coordination can assist civil society organizations to reduce competition among the smaller organizations and promote networking for the achievement of shared goals.

## **6.3. Engage traditional leaders.**

In many respects, the challenge to this harmful traditional practice is seen as an attack on cultural heritage. Thus it is vital that leaders who are vested with the responsibility for preservation of valued heritage be involved in the process of change if the process is to be supported by the public. As one idea has it, "A revolution comes from within." As one health care provider told us, only members of the secret societies will have the necessary credibility to lead the change efforts: "A member has to stand up and kick against it, and then we can all join."

Several of the interviews with religious and political leaders underscored that same point, recommending that those who seek change engage in dialogue with the leaders who are respected for the roles in preservation of cultural heritage:

Paramount Chiefs and local chiefs, as custodians of cultural heritage

#### Bondo Society leaders

The head circumcisers of a region or community (the “Digba Bana”) as well as lead initiates among the circumcisers (such as the “Wotho Bana”).

Although these leaders may resist change, they are also people who are proud of their heritage and seeking a good future. Their engagement could possibly be gained on issues such as delaying the age of initiation and promoting safety, even if they are not prepared to have the entire institution of secret societies undermined.

#### **6.4. Engage the educational and religious leaders to spread ideas about change.**

The educated people who are serving as teachers, principals, imams, priests, ministers, and other religious leaders are key opinion leaders in Sierra Leone. Not only did teachers and religious leaders believe they had influence on parents and others in their communities, but also individuals we interviewed commonly mentioned opinions derived from what they’d learned from teachers or religious leaders. We recommend that teachers and religious leaders be targeted for interventions on this topic.

Anti-FGC work could be included in other child protection and child rights training. There should be a mix of strategies and tools, such as workshops, “girls speak out” meetings, posters, reading materials, radio programs, and songs. Again, investment in girls’ education is among the best long-term solutions for this problem.

#### **6.5. Take advantage of the already occurring process of social change**

Societies are always in the process of change, whether it is due to conscious efforts of a social movement or due to autochthonous (spontaneously occurring) change. People and organizations working to promote specific socially desired changes should recognize that conditions that may be helpful to achieving a desired change may be occurring in any case, and it would be appropriate to pay attention to that.

In the period of Sierra Leone’s war, factors including population displacement, refugee experiences, and the traumatic experiences of violence, loss, and fear contributed massive momentum to the processes of social change. Urbanization itself—as people move to the cities for trade, education, work opportunities, and other reasons—is a profound source of change resulting from social mixing of peoples of different cultures and cultural homogenization as more Sierra Leoneans leave the village settings, engage in the national economy, become more extensively exposed to media communications, and begin to question aspects of tradition. Urbanization—although it can bring improvements in education and health care access—exposes young people to more troubling or difficult influences through the entertainment centers, fashion trends, rising economic expectations, dangerous living and street conditions, and other risks. As entertainment centers expand into rural areas through the use of electric generators, some of these trends will be increasingly felt in rural areas as well. Thus, since organizations promoting change in FGC are generally explicitly hoping to promote well-being for women and girls, greater gender equality, and opportunity for women and girls to pursue

fulfilling lives, the effects of these more difficult trends of urban culture need to be considered.

Communication instruments against FGM/C that are developed by UNICEF or by other groups UNICEF sponsors would be more likely to be effective if attention is given to being appealing to young people (both the parental generation and the children) who are experiencing these changes. Thus, urban themes and relating ending FGM/C to saving resources for important, success-oriented things (like rebuilding, investing, getting educated, and enjoying benefits of contemporary life) might be more popular than focusing on the negative aspects of tradition. While “social marketing” might be rather “top-down” if imposed from the outside, it can be done more acceptably and effectively if there is national engagement by Sierra Leoneans who take the lead.

Although root cultural issues should be challenged when necessary, communications should include positive aspects of culture. These positive aspects can be praised and recognized as part of a campaign to change other practices that are being discouraged.

Any direct communications strategies or programs against FGC undertaken by UNICEF should be guided by an evaluation of the already-occurring changes in society, such as urbanization, the rapid expansion of educational opportunities, migration, rural electrification, and increasing media exposure. In light of these changes, UNICEF and its partners should design communication strategies and programs appropriate for various media: radio, text messages for mobile phones, print media, television, billboards, and perhaps the internet. These messages or program strategies should address the interests and lifestyles of the growing urban population, the activities of young people such as carnivals and dance concerts. As rural electrification and the use of generators brings visual electronic entertainment media to villages, there should be appealing materials—short thought-provoking films or “soap opera” serials or talk shows that include themes attractive to young people who increasingly think of themselves as citizens of a globalizing world.

The processes of change need to be better understood for the different districts and communities, since there is variation in the following:

- cultural practices
- religious and mystical interpretations of the FGC/FGM practices
- communication access (for example, what forms of media are available)
- roles of traditional leaders and other leaders
- where FGC ranks among a community’s problems
- preferred formats for different audiences (for example, use of oral culture, songs, theatre, discussions opportunities, mobile phones)

Also, it is recommended that celebrations and recognitions for girls be encouraged as a functional substitute for some aspects of initiations. Suggestions are:

- Recognitions for school achievement, honors, and service roles.
- Contests and prizes with significant awards, such as scholarships.
- Promoting links with adult women as role models.

## **6.6. Utilize a variety of themes**

Efforts to end female genital cutting practices in other countries have found that certain themes and approaches have been over-utilized. While health and human rights are core themes that should be included in any movement for change of FGC, it is recognized that the messages or programs that might be fantastic in one place may not be well received in another. Thus, even important messages on health or human rights need to be delivered in new and creative ways, may need to be targeted to different audiences, and might need to use different media. The development of programs and materials should take advantage of forms of “market research,” listening to the opinions of young people and parents about what interests and concerns them.

### 6.6.1. Men

Change efforts need to recognize the importance of the role of men, as fathers, husbands, and community leaders, in both the preservation of and the challenges to the practices. For example, one male Christian religious leader in Makeni described his experiences with asking men to calculate the financial costs of initiation. Although men may disavow any role in the women’s secret society or the cutting that is done in initiation, they readily acknowledge that it is they who often bear many of the costs of a daughter’s or a fiancée’s initiation. By facilitating a discussion of the financial costs of initiation, this religious leader reported, men might be persuaded that it was a wasteful activity and that the funds expended could be better used for school fees or development investments.

Further, since the issue of FGC being a pre-requisite for the marriageability of daughters may still serve as a motivation for some parents to continue the practices, engaging men in the discussion could help. The men we interviewed were asked if they would lose anything if FGC stopped, and many of them said no. Many said they are willing to marry and uncircumcised woman, and some even said they preferred uncircumcised women as sexual partners. Finding a socially acceptable way to make that information known, whether through declarations or educational communications, could be helpful in the change process.

### 6.6.2. Success stories

In the course of interviews we found several families, particularly from among educated or professional citizens, where there had been either a girl’s refusal to participate in the initiation or where the parents had decided not to have their daughter or son initiated. In one case, for example, an educated Bundu Society member allowed her daughters to choose to remain uninitiated, and these same daughters pursued their educations and one is now a teacher. Other women who experienced ritual genital cutting as children and developed opposition to it have successfully protected their daughters, nieces, or other girls from family or community social pressure, allowing the girls to grow up uncircumcised.

Such women could be role models for others if their stories were known. It requires courage to be the first to tell such a story of resistance to tradition, so it would be worthwhile to engage in a cooperative effort to gather volunteers and assemble a set of stories from various ethnic groups that could be used to help others decide that they can afford to take the risk of giving up the practice. A story project could be initiated to gather such experiences, and dissemination could be in the form of radio spots, reading materials, dramatizations, or public speaking and panels at schools or churches.

### **6.7. Promote celebrations and recognition for girls.**

Invent new celebrations or elaborate existing celebrations and recognitions, as alternatives to circumcision.

Since girls and families look forward to initiation as their special time, reformers should address the need for recognition in some alternate way. Since the idea of “initiation without cutting” such as was tried in Kenya seems alien to the Sierra Leonean concept of initiation, other forms of recognitions should be encouraged and institutionalized, to help minimize the loss of this rite of passage if and when it is abandoned. Alternative rites of passage to mark the stages of progress from girlhood to womanhood should be developed. As Sierra Leone moves toward higher percentages of children being in school (currently it is more than half, yet the school-age children who are actually going to school are less than two thirds of those who are of the appropriate ages), school achievements can be a major source of pride and markers of transition. Promotions from significant class levels (such as the transition from elementary school to junior high school and from junior high school to senior high school), honors, winning contests (essay contests, project successes, innovative competitions), and community service awards could all be encouraged. Competitions where only a few can win (e.g. athletic abilities) are less useful in this respect, but if there are many different ones, then individuals can find varying bases for self esteem and public recognition. However, peer pressure works to encourage conformity, and recognitions of individual achievements may be a less effective substitute for rites of passage than group achievements, such as large and highly festive graduation ceremonies or other “coming of age” recognitions that children can do in groups.

The use of mentors and role models to mark such special times is very important. Clearly the Bondo Society has done this very well, by offering a new status to initiates who are aware of a hierarchy of statuses among leaders in the society. Adult women who have achieved leadership roles as teachers, doctors, nurses, chiefs, parliamentarians, and successful business women should be called upon to sponsor and encourage such activities, whether for girls only or for groups of both boys and girls, to convey the unstated message that there are alternative sources of adult status and recognition. At the same time, leaders of both sexes should be discouraged from sponsorship or encouragement of secret society initiations. Without opposing the societies, they can begin to build an alternative to them.

**6.8. Monitor change, evaluate programs, and continue research.**

As the international movement against FGC escalates with enormous successes in some countries (such as Senegal) and backlash or lack of progress in others, it is very important that programs are evaluated to better understand what works well, what is counterproductive, and what has unanticipated side effects that may require amelioration. It is important to anticipate the problems that might arise as a result of the movement against FGC. In Kenya, for example, the anti-FGC movement has resulted in many girls running away from their families to evade circumcision, and organizations have begun to offer sanctuary in “safe houses.” Yet it is not the goal of reformers to displace children from their families or to undermine the institution of the family in society. Nevertheless, reformers need to listen to what people are saying in response to their messages, anticipate possible consequences of their campaigns, and engage in integrated responses to people’s agendas for change. Thus, an on-going program of monitoring efforts and consequences should be encouraged. There should also be monitoring of the spontaneous social changes that are affecting FGC and other child rights issues. A regularly updated, rolling situation analysis for the different districts on child protection issues, including FGC, would be extremely useful in working across Ministries in the different regions.

**Appendix 1. Research team.**

Ellen Gruenbaum, Ph.D., International Consultant

(Professor of Anthropology, California State University, Fresno, CA, USA)

Rosina Conteh, M.A., Program Officer

(Child Protection, UNICEF, Freetown, Sierra Leone)

Amie Tholley, M.A., National Consultant

(Staff member, Fourah Bay College, University of Sierra Leone)

Hannah Koroma, Research Assistant, Pujehun, Kailahun, Kono.

(Network Movement for Justice and Development, based in Bo)

Victoria Davies, Research Assistant in Western Area, Freetown.

(Student, Peace Studies, Fourah Bay College, University of Sierra Leone)

Ann-Marie Caulker, Research Assistant in Kabala, Makeni.

(KAWDA—Katanyas Women’s Development Association, based in Freetown)

Rugiatu Turay, Research Assistant, Port Loko.

(Amazonia Initiative Movement, based in Lunsar)

Sally Samsamana, Research Assistant, Kono.

(Daughters organization, based in Koidu and Freetown)

## **Appendix 2. List of officials and key individuals consulted**

*(In alphabetical order)*

Rev. John S. Allieu, Minister, First Assembly of God Church, Freetown.  
 Lawrence F. Alpha, District Education Office, Kailahun  
 Martin S. Baber, Probation Officer, Pujehun.  
 Mussa Bockerie, caseworker, Social Welfare office, Kailahun  
 Daniel Bockarie, Registrar of Births and Deaths, Pujehun District.  
 Gladys G. Borie, Koidu, Kono.  
 Ann-Marie Caulker, Director of KAWDA, Katanyas Women's Development Association, a local NGO.  
 Councilor Murray Allie Conteh, Kroo Bay, Freetown.  
 Sam Falla, Quarter Chief, Kululu, Kailahun.  
 Alice Mammy Foya, Member of Parliament, representing Kailahun.  
 Safah Bockerie Gallia, Deputy Head, RC School, Nyandehun Mamba-Bu.  
 Aloysius M. Gassimu, District Education office, Kailahun  
 Grace Harman, Child Protection and Rights, Plan Sierra Leone, 6 Cantonment Road, Off King Harman Road, Freetown.  
 Eugenia Lawretta Johnson, Senior Lecturer, Milton Magai College of Education & Technology, and principal, Lady Patricia Kabba Memorial Secondary School, Goderich.  
 Mohamed Kallon, District Health Supervisor, Kailahun District.  
 Father Joseph Tamba Philip Kamanda, St. Luke's Catholic Church, Freetown.  
 Eva Kamanda, District Health Sister 2, Kailahun District.  
 Georgiana Kamara, Deputy Secretary, Ministry of Social Welfare, Gender, and Children's Affairs (Gender section).  
 Ibrahim Kamara, Regional Desk Officer, Ministry of Social Welfare, Gender, and Children's Affairs (Gender section).  
 John Sahid Kargbo, Superintendent, Sunday school, First Assembly of God Church, Freetown.  
 Chief Pa Alimany Kamara Kathebeh, Kroo Bay, Freetown.  
 Rev. Moses Kanu, Minister, Wesleyan Church, Makeni.  
 S.A. Kassim (Mrs.), Commissioner, Public Service Commission.  
 Nasru-Deen Magona, Chairperson, Pujehun District Council.  
 Daniel D.L. Mammay, Acting Principal, Junior Secondary School, and Minister, New Testament Church, Nyandehun Mamba-Bu, Kailahun District.  
 Khalifa Mansary, Imam, Kroo Bay, Freetown.  
 Mabinty Mansary, Head, Social Welfare, Gender, and Children's Affairs office, Koidu, Kono District (and her staff).  
 Mahmoud Mansary, Social Welfare office, Kailahun.  
 John B. Marah, Director of the Secretariat of National Movement for Emancipation and Progress (NAMEP).  
 Mammy Saio Marah, former initiator and circumciser, who has been working with Ann-Marie Caulker to convince other circumcisers to stop the practice, Lumley, Freetown.  
 Cecilia A. Massaquay, MCH Aide, Nyandehun Mamba-Bu, Kailahun District.

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Matthew Momoh, teacher supervisor, District Education Office, Kailahun.  
 Mammy Momoh, Head of Ministry of Social Welfare Office, Gender Desk Officer, Kailahun.  
 Isatou Mustapha, Permanent Secretary, Ministry of Social Welfare, Gender, and Children's Affairs (Gender section).  
 Bockerie Ngolaolongos Panda, Chairman, Child Welfare Committee, Nyandehun-Mamba-Bu, Kailahun District.  
 P.S. Bai Koblo Queen II, Marampa Chiefdom, Lunsar, Port Loko District. National Chairman, Council of Paramount Chiefs, Sierra Leone.  
 Reverend Rogers-Wright, Executive Member, Inter-Religious Council and Council of churches in Sierra Leone, 4A King Harman Road, Freetown.  
 Dr. T.T. Samba, District Medical Officer, Pujahun Hospital.  
 Chief Fengai Sam Sumana, Yormandu, Kono District.  
 Jusu Siaka, Child protection, Social Welfare office, Kailahun.  
 Dr. Santigi Sisay, District Medical Officer, Kailahun Hospital.  
 Sahr Saffa, Acting School Principal, Methodist Secondary School, Kailahun.  
 Sylvester Sangura, Assistant Secretary to Isatou Mustapha, Ministry of Social Welfare, Gender, and Children's Affairs (Gender section).  
 Josephine Sowa, Principal, Holy Rosary School, Pujahun.  
 Ben Swarray, District Education Office, Kailahun.  
 Gladys Tee, staff member, Ministry of Social Welfare, Koidu, Kono.  
 Charles Vandj, program officer, Ministry of Social Welfare, Gender, and Children's Affairs (Gender section).  
 Peter Vandj, District Education Officer, Kailahun.  
 Dorrie Walters, District Health Sister 1, Kailahun Hospital.

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## Appendix 4. Guidelines for data collection and interview questions

The following were the guidelines and questions used in the research.

### **Guidelines: Purpose**

The purpose of this project is to investigate the root causes of the continuation of FGM/C in selected areas of Sierra Leone, in order to develop more effective ways of addressing the issue that are sensitive to communities' needs.

We seek to learn from discussion, interviews, and other participation from many sectors of the communities, including religious, political and community leaders, youth and children, women and men, and we will collaborate with others concerned with the issue of FGM/C. The following list gives topics for which researchers should collect background information to provide proper context for the qualitative data we collect from interviews and group discussions.

### **Background information to collect in each community:**

Name of community, location, brief history, main features of the community, etc.

Natural and social environment

Estimates of population. Demographic patterns from key informants, officials, or document sources (e.g. ethnicities, occupations, etc.)

What services are available? Such things as schools, health and social services, water sources, sanitation, electricity, market, roads, transport, places of worship?

Community organization: Leadership? Councils? Special programs or projects, etc. Media access—is there radio reception? Are there any televisions? Who watches and listens?

### **Key leaders and influential people to meet:**

Interview or invite to participate in a discussion group. We want to learn their opinions about the topics under study, who they are influenced by, who do they influence, and what are their roles:

Chiefs of ethnic groups, religious leaders, local council members and leaders, any political party leaders, NGOs or women's organizations, head teacher or other teachers of school, health care workers, midwives or traditional birth attendants, traditional healers, extension workers, literacy trainers, other teachers, government employees, migrant workers who have been away.

### **Questionnaires:**

Questionnaires were developed for each of the categories of people we planned to collect information from, provided below. Other interviews were conducted without questionnaires to take advantage of information available from other individuals such as clergy or activists who did not fit in the planned categories. At times the questionnaires were not administered as intended, either because several people joined in a conversation that had started as an individual interviewee; because only one person of a category was available; or because of a decision by the interviewer to do it differently. Some of the questions on our questionnaire forms were later deleted, since some questions turned out to be less useful or the time required for the interviews was impractical for the respondents; the remaining questions have been renumbered here.

The questionnaires used for individuals and for group discussions are provided for the following categories:

Circumcisers/Initiators (CI)

Community Leaders (Individual or Group) (CL)

Fathers Group Discussion (FG)

Health Care Specialists, including doctors, nurses, MCH, TBAs, PHU staff, traditional healers (HC)

Individual Men (IM)

Individual Women (IW)

Older Women Group Discussion (OW)

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Traditional Leaders, Group or Individual (TR)  
 Unmarried Girls/Women Group Discussion (UG)  
 Unmarried Men Group Discussion (UM)  
 Young Mothers Group Discussion (YM)

Each interviewer was instructed to begin every interview with an explanation of our project, a request for their help, an assurance that it was voluntary and they could decline to answer any question or discontinue at any time, and that we would not use their names in our report unless they wanted us to. Each interviewer was instructed to end each interview by asking, "Do you have any questions for us (me)?"

Each questionnaire was coded with the following information when possible, and a number was assigned for identification of the transcript of the interview. For groups, we tried to include the information on all of the participants.

Initials of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
 Ethnic group (circle one or more): Fula Kissi Koranko Krio Kono Krim Limba Loko Mandingo Mende  
 Sherbro Susu Temne Vai Yalunka Other \_\_\_\_\_  
 Sex: \_\_\_M \_\_\_F Age: \_\_\_ (or approximate age)  
 Married? Yes / No / Divorced / Widow Years of education: \_\_\_\_\_  
 Initiated? Yes \_\_\_ No \_\_\_  
 Religion: Christian \_\_\_ Muslim \_\_\_ Traditional \_\_\_ Other \_\_\_  
 Occupations or other significant role? \_\_\_\_\_  
 Name(s) or initials (for use by the research team only, to identify different speakers and facilitate transcription) \_\_\_\_\_

Circumcisers/Initiators (CI)

We would like to ask you, as a *sowie*, to help us understand about initiation in your community.

1. Please explain the services that you provide in this community. (*What else besides circumcisions are they doing? Childbirth? Other occupations for economic support?*)
2. How long have you been practicing your profession and how did you learn your profession?
3. What age do you think it is best for the girl to be at the time of initiation?
4. What ages are the girls that you actually circumcise?
5. What are the benefits for girls when they go to initiation?
6. How has the practice of initiation changed compared to years past? (*Age of girls, expenditure, type of celebration, medical attention, etc.*)
7. Are the parents asking for any special type of cutting or medical treatment?
8. How does a family prepare for the occasion? Who makes the decision? Does it cost the families a lot for their girls to go through education?
9. When (during the year) do you prefer to do initiations? Why?
10. How many girls usually go at one time?
11. About how many girls did you circumcise this year? Is that the usual number?
12. Where do you usually do it?
13. What instrument do you usually use?
14. Do you use the same one for all the girls?
15. What are the steps that a girl goes through in her initiation? Has this changed over the years?
16. What kind of things do the initiates learn?
17. Do you think it is important for the girls to experience the pain?
18. How do girls change after initiation? (Their behavior?)
19. What kinds of medicines do you use when you do circumcision?
20. Do you ever bring a nurse to give injections or do other treatments? What does she do?
21. Would you like to have access to other medical supplies?
22. Are there different types of cutting that you or other *sowies* do? (What are they called and how are they different?)
23. What do you think about the fact that some boys have their circumcisions in the clinic? Would that ever happen with girls also? Should it?

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24. We understand that some people believe that this practice should be stopped. How do you see this campaign?
25. Have you yourself been approached by these organizations?
26. Have you heard about some people holding initiations without cutting? What do you think about that?
27. Some people tell us that sowies make a lot of money doing circumcisions. Is this true? Can you tell us what payments parents make? (or what payments others make?)
28. Do you have any girls here who are not going for initiation? Why not? What are the problems they might face?
29. Do you have assistants help you in your work?
30. What other things would you like to tell us about your work?
31. Do you have any questions for us?

Community Leaders Group (CL)

We would like to understand more about how people in your community are discussing things that affect the lives of girls in your community, especially decisions about going to school, staying healthy, getting married, and participating in cultural traditions. We would appreciate hearing your perspective on these things, so that we can help UNICEF and other groups to develop better programs for Sierra Leone.

General background information:

1. First, can you give us some general background on your community?
  - Size?
  - Services (school, clinic, etc.)?
  - Facilities (market, mosque, church, well, etc.)
  - Ethnic groups?
  - Religions?
  - Recent issues (war, economy, etc.)?
  - Other important things to know?

Questions on the situation of girls:

2. In general, how do you think girls are doing in your community, in comparison with a generation ago? (*Allow the person to give his or her own ideas first, then ask about any of the issues in questions 3 through 7 that have not yet been covered.*)
3. What things are better for them?
4. How many girls go to school? Do most of them finish basic education? Why or why not?
5. What problems do you see that girls are facing?
6. What is causing the changes?
7. When girls are going to school, can they still do some work for their families? What do they do to help their families?

Questions on marriages:

8. At about what ages are girls getting married? Is this different from the past?
9. Who usually decides a marriage should take place?
10. How is it usually celebrated?
11. Was there a recent marriage you can tell me about? (*Encourage story-telling if the person wishes to describe an example. Follow up: Was there a dowry? Was the girl in school before that? Was she initiated?*)
12. Do the men in your community expect the young women who they marry to be virgins?
13. Do the men want a girl to be initiated before she is married? Why is that?

Questions on initiations:

14. At what age do girls go to initiation (or to the Bondo bush) here? (*Follow up: Is that different than in the past? How so?*)
15. What are some of the benefits for girls going to initiation? Is it different than in the past?
16. What changes do people notice in girls after they have gone to initiation?
17. What time of year do the initiations usually take place? Why do people prefer that time of year? (*Is it during school vacations—Easter, Christmas, long vacations, rainy season, dry season, etc.?*)
18. Who makes the decision that a girl is going to circumcision?
19. Are there people who have helped sponsor the initiation of girls? When or why does that happen?

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20. What is the role of tradition and secret societies in the practice?
21. Have there been any changes in the practice over the years? What is causing these changes?
22. Are there any girls who are not going to initiation? Why not? What are some problems they might face?
23. We are interested in knowing if there are any experiences of uncircumcised women. Are circumcised and uncircumcised women equals in your community?
24. To whom do you think the practice is the most important in your community?
25. If there were no excision for girls, do you think the MEN of the community would lose anything?
26. We understand that some people are campaigning against the practice and we are wondering if you have had any experience in this community with such campaigns?  
*If so*, Please tell us about your experience. What were the reactions of community members?
27. Have you heard about the new Children's Rights Act in Sierra Leone? Do you think this will change anything in your community?

Questions on community priorities:

28. What do you think are the most pressing social needs in your community?

#### Fathers Group (FG)

1. How do men in this community find their wives?
2. What do they look for in a wife? (Age, beauty, virginity, family line, religion, education, etc.?)
3. What do men and their families have to pay for to get married?
4. Do men pay for initiations and school fees for their future wives? Can you give us an example?
5. Is it important for a wife to be initiated? Why?
6. Who sponsors girls' initiations?
7. What do they think about the value of educating girls? (How many years, for what purpose, etc.)
8. Do the initiations of girls cause any health problems that affect you as fathers or husbands?
9. What are the most pressing issues for this community?

#### Health care specialists: Doctors, nurses, MCH, TBAs, PHU staff, traditional healers

We would like to understand more about the health problems that girls and women in your community face.

Questions on the general health problems of girls and women:

1. Please tell us about the health problems specific to girls and women that you find in this community.
2. Please tell us about the health problems related to pregnancy and delivery that you find in this community.
3. How long have you been practicing?

Questions on the health effects of female genital cutting:

4. Some people argue that there are specific health consequences associated with the practice of female circumcision. In your work, have you seen such complications?
5. At the time of the circumcision, do you find any problems? What are they?  
How do you treat these problems?
6. Do you find that women have any long-term health problems from circumcision such as difficulties in childbirth? Please tell us about your experience. How do you treat these problems?
7. If women have difficulties in childbirth, what do they think is the cause?
8. What do you think about the practice of cutting or circumcising girls in the process of initiation?
9. If you are asked by parents or others for your opinion of female genital cutting, what do you tell them?
10. If you are called upon to treat the complications of female genital cutting, what do you tell them?
11. Do you think initiation influences a girl's sexual behavior?
12. Are you sometimes asked to do the circumcisions?
13. Is it better to have someone with your training do the cutting, rather than a *sowie*? Why?
14. Are there any differences between uncircumcised and circumcised women in delivery?
15. Are boys sometimes circumcised in clinics? (*If so*,) How does that improve their health?
16. How do you think girls' initiations could be made safer for girls?

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17. Would you be in favor of distributing medical kits to sowies, like those given to TBAs? (Why or why not?)
18. Do you think that discussing health effects is an effective way to campaign against FGC?
19. How do the people here feel about condom use for prevention of HIV/AIDS?
20. What measures do you think would be most helpful in improving the health of girls and women in your community?
21. Do you have any questions for us?

### Individual men (married) (IM)

We would like to understand more about how people in your community are discussing things that affect the lives of girls in your community, especially decisions about going to school, staying healthy, getting married, and participating in cultural traditions. We would appreciate hearing your experiences and your perspective, so that we can help UNICEF and other groups to develop better programs for Sierra Leone.

Questions about marriage:

1. How many wives do you have?
2. Please tell us about how you got a wife the first time you got married.
3. How old was your wife, and how old were you?
4. What did it cost or what work did you do to get married?
5. What do you think is a good age for girls to get married?
6. What is a good age for men to marry their first wife?
7. Do you think girls are getting married later or earlier now? Why?
8. Do men here expect a wife to be a virgin when they marry her?
9. If a woman has not been initiated, can a man marry her?

Questions about education:

10. Do you think it is important for both boys and girls to go to school? Why?
11. For how long for boys? How long for girls?

Questions about initiation

12. Were you initiated?
13. Was there a big celebration afterwards?
14. What are the benefits of initiation for men?
15. What do you think about the initiation of girls here?
16. What are the benefits of initiation for girls?
17. Is there a difference in the way initiated women and uninitiated women are treated here?
18. Do girls who are not initiated face any difficulties in finding a husband or getting married?
19. We know that some people in Sierra Leone are trying to campaign against the practice and wonder how you feel about this.
20. Some people think that the genital cutting that is done as part of initiation is harmful to girls' or women's health. What is your opinion?

Questions about daughters and sons:

21. Do you have any daughters and sons that go to school?
22. What are the expenses involved in sending your children to school?
23. Do you have any daughter(s) who has (have) already gone to initiation recently? If so, please tell us about the expenses your family had to pay.
24. Did you have a celebration for your daughters' initiation? Please describe.
25. Did your daughter experience any complications, pain, or health problems as a result of the cutting? What did you do?
26. At what age do you think you will give your daughters for marriage?
27. What do you look for in a husband for your daughters? (*Age? Location? Family line? Education? Has other wives? Other?*)
28. What do you think stops a girl or a wife from being promiscuous?
29. Do you think the female genital cutting that is done during girls' initiation affects a woman's sexual feelings?

### Individual women (married) (IW)

Questions about marriage:

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1. How old were you when you first got married? How did you feel about getting married at that time?
2. How did you get attracted to your husband? Or who chose your husband?
3. Who decided that it was time for you to get married?
4. What do you think is a good age for girls to get married?
5. Do you think girls are getting married later or earlier now? Why?

## Questions about schooling:

6. Did you go to school before you were married? How many grades?
7. When you stopped going to school, why was that?
8. Do you think it is important for girls to go to school? Why? For how long do you think girls should go to school?
9. Do the girls have any problems with going to school? What are they?

## Questions about cultural traditions:

10. Did you go for initiation? (*Record her story and then ask about any of the other things that she might not have mentioned.*)
11. How old were you?
12. Before you went, did you know what was going to happen?
13. Who made the decision that it was time for you to go? (*Father, mother, extended family, grandfather, grandmother, or ?*)
14. Did you go in a large group? About how many?
15. Was there a celebration afterwards?
16. Did you stay afterwards to learn?
17. We don't want to ask about any of the secret things, but can you tell us what kind of things you were taught?
18. How has being initiated helped you in your life? What are the benefits?
19. Was it painful?
20. Did you remember having any injection or treatment by a nurse or doctor?
21. What are the disadvantages of the cutting that is usually done?
22. Is there a difference in the way initiated women and uninitiated women are treated here?
23. Does it have an effect on finding a husband if you are not initiated with cutting?
24. What changes have you seen in the practice over the years? Which parts of these traditions do you think are important to keep?
25. We know that some people in Sierra Leone are trying to campaign against the practice and wonder how you feel about this.
26. Do you think that female circumcision is harmful to girls' or women's health? If so, in what way?
27. In some areas, boys are taken to clinics for circumcision. Do you think that would be a good idea for girls, too, for protecting them from health complications?

## Questions about daughters:

28. Do you have any daughter(s) who has (have) already gone to initiation? If so, please tell us about it (the most recent one.) (*If none, skip ahead.*)
29. Did you have a celebration? Who planned it? Who paid for it?
30. What were the expenses your family had to pay?
31. Did your daughter experience any complications, pain, or health problems as a result of the cutting? What did you do?
32. Has it been decided if your other daughters will go to initiation?
33. At what age do you (expect to) give your daughters for marriage?
34. What do you hope for in a husband for your daughter? (Age? Where? Family line? Education? With other wives?)
35. What do you think stops a girl or a wife from being promiscuous?
36. Do you find pleasure in sex with your husband? Do you think female genital cutting affects a woman's sexual feelings?

Older Women Group Discussion (OW)

1. What are the important events in a woman's life?

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2. How has getting married changed since you were young?
3. How can women influence the marriage of their daughters?
4. We don't want to know any secrets about the initiations of girls, but can you tell us what do girls learn that changes their behavior after initiation?
5. Who pays for girls' initiations and school fees?
6. How important do you think it is to send girls to school? Why?
7. What do you think is the value of the Bondo Society to women and to girls?
8. What do you think about the cutting of girls during initiations? What are its benefits?
9. Does cutting cause any problems?
10. What are the most difficult health problems women face?

Traditional Leaders (chiefs, headmen, society leaders): Individual or Group (TL)

1. How did you become a leader (leaders) in your community?
2. In general, how do you think girls are doing in your community, in comparison with a generation ago? (*Allow the person to answer with his or her own ideas first, then ask about things they have not covered.*)
3. What is the role of the Poro Society in your community?
4. What is the role of the Bondo Society in your community?
5. Who takes the decision for a girl to get married? Why is it that way?
6. In your community is it important for a wife to be initiated before she gets married? Why?
7. Do you ever sponsor girls' initiations? What is the reason why?
8. What is the value of educating girls? (For how many years, for what purpose, etc.)
9. What are the most pressing issues for this community?

Unmarried girls: Group discussion (UG)

1. Are boys and girls given the same treatment at home in your community? How is it different for girls and boys? What work do you do?
2. Do you think both boys and girls should go to school? Why?
3. Are you going to school? What do you like about school?
4. Do you have any difficulties with going to school? Please tell us about that.
5. Have you been initiated into the Bondo Society?  
*If yes:* How old were you?  
Who took the decision for you to be initiated?  
If you had another opportunity, would you like to do it again?  
*If no:* Are you looking forward to it? What do you expect?
6. What do you think about initiation rites?
7. Do girls ever refuse initiation? What would happen to them?
8. What do the older women tell you about reasons to join the Bondo Society?  
Why is it important? Who pays for it?  
Did the initiations cause any health problems for you?
9. What do you think about the expense involved in paying for school fees and paying for initiation?  
Which do you think is most important? Why?
10. How old do you think girls should be when they get married? Why?
11. What kind of a man would you like to get married to?
12. Do you want to pick your own husband or do you want your family to arrange it? Why?
13. Where do you want to live after you getting married? (Here? In town? Or?)
14. Is it important for a girl to be initiated before she gets married? Why?
15. What are the most pressing issues for this community?

Unmarried Men: Group discussion (UM)

1. How do men in this community find their wives?
2. What do they look for in a wife? (Age, beauty, virginity, family line, religion, education, etc.?)
3. What do men and their families have to pay for to get married?
4. Do men pay for initiations and school fees for their future wives? Can you give us an example?
5. Is it important for a wife to be initiated? Why?

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6. Do you have girlfriends? Have your girlfriends been initiated?
7. Are you helping to sponsor girls' initiations? Why?
8. What do you think about the value of educating girls? (How many years, for what purpose, etc.)
9. Do you use condoms when you have sex?
10. Do you think you will have more than one wife? Why?
11. What are the most pressing issues for this community?

### Young mothers: Group discussion (YM)

1. What do you think about sending your girls to school? What do you think about the value of educating girls? (*How many years? for what purpose, etc.*)
2. What are the main problems women have in your community?
3. Who helps you with your work?
4. What do young men look for in a wife? (Age, beauty, virginity, family line, religion, education, etc.?)
5. How do families pay for the costs of initiations of girls?
6. Is it important for a woman to be initiated? Why?
7. We don't want you to tell us about the secret things they do at initiations but what do you think about the cutting and the blood?
8. Does it cause any problems for you or your daughters?
9. How does being in the Bondo Society help you?
10. What are the most pressing issues for this community?

## **Appendix 5. Terms of Reference.**

### **Terms of Reference Preliminary Study on the Patterns of Female Genital Mutilation/Cutting in Sierra Leone**

#### **1. Background**

Female Genital Mutilation/Cutting (FGM/C) refers to a number of practices that involve cutting away part or all of all of a girl's external genitalia. At present, it is estimated that between 100 and 130 million girls and women now live in at least 28 African countries have undergone FGM/C.

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FGM/C presents a fundamental violation of women and girls' rights. It is discriminatory and violates the right to equal opportunities, right to health, right to be free from violence, injury, abuse, torture, cruel inhumane and degrading treatment, and the right to be protected from harmful traditional practices and to make decisions concerning reproduction.

FGM/C continues to be practiced for a variety of reasons. Most often women cite cultural tradition as a main cause for their support of this practice. Other reasons include social acceptance, better marriage prospects, personal cleanliness, chastity, and others. (UNICEF, Fact Sheet, 2007)

In Sierra Leone, FGM is practiced and the prevalence is 94% (MICS, 2005), which affects tens and thousands of girls and women each year. It is a deeply rooted social practice connected to popular perceptions that link it to culture and female identity. All ethnic groups practice FGM, except the Krio ethnic group. FGM is known as "going into the Bondo Bush". The Bondo is a women's secret society where girls are "initiated" and recognized afterwards as women in their communities. In the Bondo Bush, girls are taught to cook, care for husbands and children and how to relate to elders. A girl is recognized as a woman in her community after she has been "initiated" in the bush.

FGM/C in Sierra Leone is somewhat unique compared to other countries, as a result of the following:

- It is shrouded in secrecy, very little is known about the practice; limited demographic and health survey information has been collected.
- FGM has public support from some politicians who sponsor girls to the Bondo Bush.
- Some doctors in the country claim there is no evidence to support negative health effects of FGM/C. They argue that the evidence linking FGM and negative health effects is based on types of FGM practiced in East Africa (Type 111). This type of FGM/C is not believed to be practiced in Sierra Leone. Lack of clear medical and scientific evidence from Sierra Leone makes it difficult to convince the health service providers and community members of the potentially adverse consequences of the FGM/C practice.

The action to eradicate FGM/C requires effective co-operation between the government and civil society at national and local levels, with support from international organizations. Interventions to eradicate FGM/C must be based on an understanding of the social attitudes, and values that surround the practice. This means following a grassroots approach that actively engages with the local culture, establishes dialogue with the communities and work within the context of the prevailing belief system to abolish this practice.

UNICEF's 2007 Annual Work Plan with the Government of Sierra Leone has as one of its activities the undertaking of a study on FGM/C in Sierra Leone. The study will attempt to understand the patterns and underlying causes of the practice, the various types of FGM/C practiced in different areas in the country, and the dynamics surrounding it, with the aim of creating a knowledge base that will help develop a strategy towards ending the practice of FGM/C.

### **2. Rationale for the Study**

There are a number of reasons that make it necessary to conduct the study on FGM/C in Sierra Leone:

- The need to understand the present dynamics and how the different stakeholders justify FGM/C, what are positive and negative outcomes of this practice.
- The need to obtain information about attitudes of the various groups regarding FGM/C and hence develop the appropriate strategies and interventions to work with these groups.
- The impact of FGM/C on women and girls, in particular as it relates to girls' education, health, social standing, and early marriage.

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- The study will also recommend strategies, including recommendations for further research, to move forward on the abandonment of FGM/C.

### 3. Objectives of the Study

The objectives of the study on FGM are:

- To understand the present dynamics/justifications of the practice of FGM/C.
- To provide information on the motivation, knowledge, attitudes, culture, and practices of the different actors involved, including those who do the actual cutting
- Analyze community dynamics with respect to information transmission, opinion leaders, power and authority, with special attention to the dynamics of inter-generational power between men and women.
- Identify themes of concern that would affect a change of attitude towards FGM/C, including peer pressure, fears about marriage eligibility, female sexuality, old age security, and pressure from men's and traditional leaders' view on FGM/C .
- To identify and assess positive experiences that people (especially women and girls) have had following successful abandonment of FGM.
- To assess the impact of FGM/C on girls and women's education, health, social standing, early marriage, and any other relevant factors.
- To recommend a number of strategies for the abandonment of FGM/C in Sierra Leone

### 4. Methodology

It is envisaged that the study will be conducted by an international consultant with support from a team of national consultants, including national research associates and national research assistants. Since national expertise on FGM/C research is limited in country, the international consultant will be the team leader. The national expertise in the form of national consultant and research assistants will be important as a means of building national capacity in this area. The national research associates and assistants will be an asset to facilitate access to community members to undertake the study.

#### **Responsibilities of the International Consultant**

In coordination with the Assistant Project Officer GBV and under the overall supervision of the Chief, Child Protection, the international consultant, with the support of national consultant, and two research assistants, shall conduct study on FGM/C in Sierra Leone. The consultant will:

- Prepare a work plan for the developing the methodology, training the national researchers, conducting field research, data analysis, and report writing, and report validation.
- Undertake a desk review of literature on FGM/C study information related to Sierra Leone, and West Africa
- Develop a participatory methodology (in depth interview and focus group discussions) to be used for collecting information and knowledge about facts and perceptions of various groups on FGM/C and the reasons for the practice.
- Supervise the collection of the data and participate in the process of data collection, in some cases
- Analyze the survey information to determine how geography, culture, and ethnicity, and gender affect FGM/C.
- Analyze the survey information to determine how or if FGM/C affects girls and women's education, health, social standing, early marriage, and any other relevant factors.
- Analyze the survey information to determine a strategic approach to abandoning FGM.
- Prepare a draft report on outcome of the study.
- Present the draft report for validation.
- Finalise the report.

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In order to do this, the consultant shall:

- Be assisted by a team of one national consultant, and two national research assistants recruited by UNICEF (this is an initial proposal but may be changed depending on the concept note and the research design formulated by the international consultant).
- Organize the team's work and specify the team members' roles and responsibilities.
- Meet with key actors including UNICEF, NaMEP, National GBV Coordinating Committee, Ministry of Social Welfare, Gender, and Children's Affairs, UN Agencies, international & national NGOs, and Civil Society Groups.
- Conduct field visits to the selected communities.
- Train the researchers
- Participate in the data collection and provide the necessary guidance, supervision and feedback to the national researchers

### International Consultant's Qualifications and Experiences

- Minimum of a Masters degree in research social science (anthropology, sociology) or equivalent
- Experience in undertaking research and evaluations, especially related to FGM/C
- Excellent analytical and documentation skills
- Experience in facilitating participatory processes and consensus building with stakeholders
- Experience in qualitative social research
- Good communication and writing skills in English Language
- A female candidate would be an advantage.

### Skills and Competencies

- a) Technically updated on FGM/C research and human rights issues, especially in Africa. .
- b) Adaptability and flexibility, client orientation, confidentiality, initiative, concern for accuracy and quality.

### Responsibilities of the National Consultant

Under the supervision of the International consultant:

- Contribute to the development of the study's methodology
- Identify the NGOs and institutions to be contacted
- Conduct in-depth interviews, and focus group discussions and other research requirements
- Provide supervision and feedback to the research assistants on data collected
- Consolidate the results of the field assessment into the forms required for writing the report
- Contribute to the organization of the consultative meetings with counterparts and partners
- Make specific contributions to report, including review of the report, providing comments, specific inputs into some sections and making recommendations about possible future action
- Participate in the meeting for presentation of the report to UNICEF for the validation of the report

### Qualifications for National Consultant

- National from Sierra Leone.
- Advanced degree in Social Sciences (Sociology, Anthropology or a related discipline)
- At least 3 years experience in the field of research
- Good communication and writing skills in English Language
- Fluent in Krio, Mende and Temne

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- A female candidate would be an advantage

### Responsibilities of the Research Assistants

Under the supervision of the international consultant and national consultant:

- To carry out interviews and focus group discussions by using tools designed by the consultant
- To collate information collected
- To transcribe and write up the results of the interviews and focus group discussions
- Any other task required by the consultant

### Qualifications

- Minimum of two years of related post secondary education in social sciences
- At least two years field experience in conducting in-depth interviews, focus group discussions and transcribing
- Fluency in English, Krio and preferred at least one other Sierra Leonean language (i.e. Mende, Temne)

### Geographical scope of the study and areas to visited

The study will focus on three districts, notably the Western Area, Bombali District, and Kenema District. The field research will be undertaken in urban and rural areas to capture the demographic disparities.

### 5. Deliverables

- Approved Work Plan, 2<sup>nd</sup> week of contract
- Draft Report, 6<sup>th</sup> week of contract  
The consultant will be expected to produce a 25 page final report. This report should include a two-page executive summary along with sections on methodology, findings and recommendations, which should be in the form of actionable plans.
- Approved Report, 8<sup>th</sup> week of contract with the following structure
  - ❖ Executive Summary
  - ❖ Introduction and background
  - ❖ Objectives
  - ❖ Methodology
  - ❖ Findings
  - ❖ Discussion, including a framework of proposed strategic interventions
  - ❖ Conclusions and recommendations, with special focus on UNICEF action

### Responsibilities of MSWGCA:

- The MSWGCA will give full support to the consultants in the form of interviews and access to documents
- The MSWGCA will conduct a meeting of the partners for the presentation of the results of the study.

### Responsibilities of UNICEF:

- Provide a space to work
- Ensure access to documents, partners, individuals to be interviewed
- Ensure transportation to the locations

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- Ensure access to internet
- Provide funding for the consultant's fee for service, travel expenses, and in country DSA

### 6. Duration of contract

The international consultancy shall be over a period of 60 days of which 5 days will be in home country, 25 days will be in Freetown and 30 days in the field outside Freetown. The contract dates will be determined based on the consultant's availability.

The national consultancy shall be for a 60 days period on a full time basis

The national research assistants shall be for 40 days to collect and collation of information.

### 7. Remuneration fees and terms of payment

The level of the consultancy is estimated to require expertise at the P4/P5 levels for the international consultants. Payments will be made in installments according to the following schedule:

#### **International consultant:**

The terms of payment will be as follows:

- 25% of the contract fee payment on approved submission of the work plan.
- 50% of the contract fee payment on approved submission of the draft report
- 25% of the contract fee payment on the approved submission of the final report.

The consultant will be paid the eligible DSA, according to the UNICEF rates while in Freetown. And while traveling outside Freetown.

International return travel from the consultant's home country to Freetown (economy class).

#### **National Consultant**

The terms of payment will be as follows:

- 25% of the contract fee payment on approved submission of the work plan.
- 50% of the contract fee payment on approved submission of the draft report
- 25% of the contract fee payment on the approved submission of the final report.

#### **National Research Assistants**

- 100% of the contract fee when the data is properly documented, submitted and approved by the International Consultant

### 8. Source of Funding

UNICEF AWP 4.6.1.1., PBA GC/2003/6008-01, \$11,000 is currently available

Prepared and requested by: Donald Roberthaw, Child Protection Manager and

Rosina Conteh, Assistant Projector Officer, GBV

Approved by: Adele Khudr, Deputy Representative

**Appendix 6. Map of Sierra Leone.**