AFRICA UNIVERSITY

(A United Methodist Related Institution)

THE IMPACT OF FEMALE GENITAL MUTILATION ON THE HEALTH OF WOMEN IN WESTERN SIERRA LEONE.

BY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER IN PUBLIC POLICY AND GOVERNANCE IN THE COLLEGE OF BUSINESS, PEACE, LEADERSHIP AND GOVERNANCE

2020

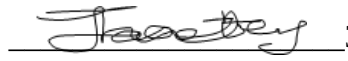
Abstract

The study explored Female genital mutilation (FGM) practices in the Western Sierra Leone to determine its health impacts on women and learn about opportunities for local actors to influence and eliminate the practice of FGM. The study examined the initiatives developed by communities and the government of Sierra Leone in the fight against Female genital mutilation and was conducted in two communities, Kroo Bay and Dwarzack. Social convention theory formed the theoretical framework of this study giving an insight into the underlying reasons for the perpetuation of FGM such as traditions, social acceptance and religion. These are ascertaining forces that foster its promotion and persistence and are responsible for pushing its continuation. Participants included a sample of 50 women who had experienced FGM and 10 policy makers as key informants. Data was collected through interviews, focus group discussions and questionnaires. The research findings indicated that female genital mutilation is prevalent in the western urban district of Sierra Leone. The overriding motivating factor for the practice of FGM in these communities is tradition. Participants believe that FGM is part of their tradition and culture as it brings people together. The study confirms the dominance of society leaders (Soweis) in the initiation rites. The study showed that FGM negatively affects women physically, psychologically, socially and sexually. The research concluded that communities and organizations in Sierra Leone are working hard to fight against the practice of FGM; even though there is still a lot of work needed to be done by the Sierra Leonean government to protect women against FGM. The study recommends that the government of Sierra Leone should adopt national policies and pass legislation to protect women from FGM and there should be an implementation of legislation prohibiting FGM in Sierra Leone, including the prosecution of perpetrators.

Keywords: Female genital mutilation (FGM), Tradition, Complications

Declaration Page

I Janet Kalma Thorley declare that this dissertation is my original work except where sources have been cited and acknowledged. The work has not been submitted, nor will it ever be submitted to another University for the award of a degree.

JANET KALMA THORLEY  30/05/20

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Acknowledgements

I appreciate the contribution of several people who have played a big role in helping me with this dissertation. First and foremost, to Him who can do far more abundantly beyond all we ask and think, I say thank you, Lord. To my amazing parents, Bishop John Yambasu and Millicent Yambasu, your deep love, support, and encouragement throughout has been tremendous, I am grateful. To my siblings, my Grandmother Katie and the rest of the family, thank you so much for everything. Appreciation goes to my supervisor, Madam Eunice Bere for guidance, critique and professional supervision during the writing of this thesis. To my inner circle of friends, thank you for urging me on with encouragement and support. I am most grateful. While this research has my name on it, this dissertation would not have been possible without the support of individuals and organizations; most especially, my research participants, the women from the various communities in Western Sierra Leone who provided me with the information that I needed. Thank you does not seem enough.

Dedication

I dedicate this dissertation to all victims/survivors of female genital mutilation, not just the women in Sierra Leone but also around the world. My hope and prayer are that by 2030, there will be a global abandonment of the practice.

List of Acronyms and Abbreviation

ACT	`Action for Community Task
AIM	Amazonian Initiative Movement (AIM)
AMNET	Advocacy Movement Network
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women DHS: Demographic and Health Surveys Program.
EVD	Ebola Virus Disease
FGM	Female Genital Mutilation
FGD	Focus Group Discussion
GBV	Gender-Based Violence
G2G	Girl Empowerment Movement
HIV	Human Immunodeficiency Virus
MICS	Multiple Indicator Cluster Survey
NAMEP	National Movement for Emancipation and Progress
NGO	Non-Governmental Organization
OHCHR	Office of the United Nations High Commissioner for Human Rights.
PTSD	Post-Traumatic Stress Disorder
UNAIDS	The Joint United Nations Programme on HIV/AIDS.
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

Definition of Key Terms

Clitoridectomy: This is the surgical removal, reduction, or partial removal of the clitoris.

Complications: Complications are unfavourable results of a disease, health condition, or treatment.

Female Genital Mutilation: Female Genital Mutilation refers to the partial or total removal of the external female genitalia.

Gender-Based Violence: Gender-Based Violence is the term used to denote harm inflicted upon individuals and groups that is connected to normative understandings of their gender.

Human Rights: Human Rights are moral principles or norms that describe certain standards of human behaviour and are regularly protected as natural and legal rights in municipal and international law.

Infibulation: The practice of excising the clitoris and labia of a girl or woman and stitching together the edges of the vulva to prevent sexual intercourse.

Post-Traumatic Stress Disorder: A disorder characterised by failure to recover from experiencing or witnessing a terrifying event

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CHAPTER 1 INTRODUCTION

1.1 Introduction

Female Genital Mutilation, commonly abbreviated as FGM refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (UNICEF, 2016). Without a valid medical reason, the practice is a violation of human rights as it has no benefits but rather, poses significant health threats to women. The precise number of women and girls who have undergone FGM is unknown due to lack of systematic data collection. It is however estimated that about two hundred million girls and women worldwide have undergone the traditional practice of FGM and another fifteen million more at risk of experiencing it by 2020 in high prevalence countries. The United Nations Population Fund (UNFPA) in 2013 estimated that 68 million girls will be cut in 25 countries between 2015 and 2030 as FGM concentrated countries are experiencing rapid youth population growth.

FGM is practised in several parts of the world, but the practice is concentrated more heavily in Africa, parts of the Middle East, and some other parts of Asia. Sierra Leone is one of the 28 countries in Africa where FGM is known to be practised. (Bjälkander, Bangura, Leigh, &Almroth, 2012). Sierra Leone is one of the five countries in Africa where the prevalence rate exceeds 90% for the age 15-49 years and is the only country in Southern Western Africa with a very high prevalence rate (Yoder, Wang & Johansen, 2013).

Female genital mutilation is a risk factor for several negative health effects. The severity of health consequences of FGM vary considerably and sometimes depend on the anatomical extent of the cutting (Obermeyer, 1999). In the short term, these can include excessive bleeding, local infections, shock, and delay in or incomplete healing (Osifo & Evbuomwan, 2009). Late complications include scarring, keloid formation of the vulva, lower abdominal pain, and

infertility (Reyners,2004).Studies have also shown that FGM can cause gynaecological and obstetric complications, negative psychological outcomes, and can affect the sexual function of women (Johansen, Ziyada, Shell, Duncan &Kaplan, 2018).

FGM reflects deep-rooted inequality and constitutes an extreme form of discrimination against women. It is condemned by international and regional human rights instruments as a violation of the human rights of girls and women. The Universal Declaration of Human Rights (1948) provides a broad foundation for the protection of women against the practice of FGM. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 1979 and the Convention on the Rights of the Child (CRC), 1989, both focus on the rights of women and girls and also provide a basis for the elimination of FGM as a human rights violation (Henkin, 2009).

FGM is also considered a form a violence against women by the Declaration on the Elimination of Violence Against Women (DEVAW), which was adopted by the United Nations in 1993; it states in: Article two that: “Violence against women shall be understood to encompass, but not be limited to, the following: Physical, sexual and psychological violence occurring in the family, including female genital mutilation ". However, because of its importance in traditional and cultural life, it continues to be practised in many countries.

Sierra Leone is one of these countries where FGM is practised and the objective of this research is to examine the impacts of FGM on the health of urban women and girls, focusing on the efforts of communities and the government for its eradication. Data from this study provides new understanding to help FGM health related issues and provides further insight to human rights organizations, as well as the government of Sierra Leone, in implementing proactive safety

measures for these women girls while creating deeper awareness regarding FGM practice in Sierra Leone.

1.2 Background to the Study

Sierra Leone is one of the 28 countries in Africa where FGM is practised. The UNICEF 2015 Report on FGM identifies Sierra Leone as being one of the highest prevalence countries with 88 percent of girls and women between the ages of 15-49 circumcised. This can be rounded up to 90%, which translates to 9 in every 10 women cut. Of this number, only 26 percent want to see the practice end; it remains a very important topic that is often politicized (UN Women Report, 2017). FGM in Sierra Leone takes place within the Bondo Society, an ancient traditional and cultural institution that has existed for hundreds of years. It is through this society that girls earn their rites of passage into adulthood. It is a powerful all-woman led and run a secret society and is the only way for girls to be recognized as a woman in their communities. It also creates a women-only space for belonging and sisterhood (Kallon, 2010).

Bondo society is the general name to refer to societies where FGM takes place, but it should, however, be noted that this name differs from each ethnic group as is shown in Table 1 Similarly, the titles of the heads of the societies, usually older women generally called Sowei, differ. These heads are believed to possess supernatural powers to punish anyone who decides to reveal the secrets of the society. The role of a Sowei is hereditary.

Table 1Names of aspects of Bondo society in the main Sierra Leonean languages

Ethnic group	Name of Bondo society	Name of head of society/bush	Name of new initiate	Name of non-initiate
Fulah	Baytee	Barajelli	Betijor	Jiwor
Limba	Bondo	Baregba	Gbonka	Gboroka
Loko	Bondona	Ligba	Bondona/Bondofayra	Gborrga
Mende	Sande	Sokonday/Sowei/Majo	Sandewi	Pkowei
Susu	Guhngiri	Joangojeri	Taysingeh	Amoogaangeh
Temne	Bondo	Digba	Aboanka	Gburka

Several reasons have been given as to why FGM has continued to occur for so long in Sierra Leone. Though they vary from region to region, certain reasons cut such as customs and traditions, hygienic and aesthetic purposes, social pressure, low level of education, control over women's sexuality, religion, and poverty, source of income for the Soweis (Society Head), and cut across. FGM supporters maintain that the practice is a coming of age ritual, necessary for social integration and cohesion and that women who go through the practice are more feminine (Kissaakye, 2002).

1.3 Statement of the Problem

In Sierra Leone, FGM is seen as a social norm that is heavily enforced by community pressure. As part of this social norm rationale, cutting is considered anatomically necessary for a girl to become an unambiguous gendered female, and without it she cannot (Bjälkander.,Bangura., Leigh., Berggren & Almroth, 2012).

The practice of female genital mutilation in Sierra Leone is embedded in localized historical, traditional, cultural and social practice and because of its multitude of culturally specific meaning attached to its continuance, its poses complex challenges (Gruenbaum, 2006).

However, according to WHO (2012), FGM has no benefits. Rather, it harms girls and women in many ways and has been labelled by the United Nations as one of the harmful cultural practices that need to be eliminated in society. FGM is a harmful traditional and cultural practice in Sierra Leone which, in reality disempowers girls and women throughout their live. Some of the harm and known physical complications caused by the removal of, and damage to, healthy, normal female genital tissue in the short term includes severe pain, shock, excessive bleeding, difficulty in passing urine, bacterial infections, open sores in the genital region and injury to nearby genital tissue(Brown, Beecham, & Barrett, 2013). In the long term, all types of FGM, have been found to be associated with reproductive health morbidities, increased risk of childbirth complications, infertility, and cervical cancer, lifelong psychological consequences including depression, anxiety and fear of having sex, severe decrease in a woman's sexual pleasure, recurrent bladder and urinary tract infections, cysts, the need for later surgeries and even death, among others (Ibrahim, Oyeyemi, & Ekine, 2013).

There are several failed attempts to curb the practice by law in Sierra Leone but there is currently no national legislation in Sierra Leone that expressly criminalises and punishes the part of coming of age and gender-identity (rite)s that are embraced by, and deeply embedded in the lives of these women (Sheweder, 2002). There are no reported prosecutions or court proceedings in Sierra Leone and no evidence that other national legislation has been used in any way to prosecute perpetrators of FGM. Therefore to put just put a stop to such rituals that are held with such esteem and deemed as a rite to adulthood and where refusal faces stigmatisation, brings about some

complexity that the laws are yet to fully address. The government of Sierra Leone in 2014 forbade the practice for under-age children under the Child Rights Act of 2007, it is still carried out and not much progress has been made to abolish the practice.

1.4 Research Objectives

The objectives which guided this study are to:

1. explore Female Genital Mutilation practices in Western Sierra Leone.
2. determine the impact of Female Genital Mutilation on women in Western Sierra Leone and;
3. examine the initiatives developed by the affected communities and the government of Sierra Leone in the fight against Female Genital Mutilation.

1.5 Research questions

1. How is female genital mutilation practised in Western Sierra Leone?
2. What is the impact of female genital mutilation on the health of women in Western Sierra Leone?
3. What initiatives have been developed by communities and the government of Sierra Leone in the fight against female genital mutilation?

1.6 Assumptions

The study is based on the following assumptions:

i. Female genital mutilation practice in Western Sierra Leone is rampant.

ii. The government of Sierra Leone is currently doing very little about the practice as it is considered a culture and tradition that must be passed from generations to generations.

iii. Female genital mutilation has several health impacts on the lives of women in Sierra Leone.

1.7 Significance of the study

Based on the findings, this research will give the researcher first-hand stories and experiences of women who have gone through FGM in order for the researcher to learn about their experiences and know how FGM affect their health. This research will also enable the researcher to know exactly how the government of Sierra Leone is addressing this harmful practice and what laws or legislations, if there are any at all; have been put in place to protect women from FGM. This research will give the health sector an insight into the impacts of FGM on the health of women and it might lead to the health sectors' involvement in fighting against FGM in Sierra Leone. The data collected from this research will demonstrably influence strategic investments, policies and programs by the government of Sierra Leone in the fight against FGM. The researcher believes that this research will also influence other researchers to want to know more about FGM in Sierra Leone and this will encourage more research on this topic.

1.8 Delimitations of the study

This research was restricted to women in two communities, the Kroo Bay community and the Dwarzack community in Western Sierra Leone who have experienced FGM and were willing to share their experiences. Although, practised in many cultures throughout the world, this study only pertained to the experiences of women in the western area urban district of Sierra Leone. The focus was on the impact of the practice on these women, their well-being, health and challenges in their day to day social and economic lives.

1.9 Limitations of the study

FGM is a political and sensitive topic and it was difficult to get people to talk about it. It was hard to get participants and also get full information from the women who underwent FGM. Similarly, it was difficult to gain access to the Soweis who perform FGM as it is a secret society. Some of the Sowei declined to do the interviews.

So, the researcher with the help of the co-investigator was able to convince a small number of Soweis that this research was purely for academic purposes and the number was significant enough to get a full understanding of the practice of FGM.

As soon as contact with the participants was established, it became obvious that this would be challenging. One of the limitations of the research was inexperience. It is obvious and understandable that this inexperience affects the entire interview process. Certainly, as an unskilled researcher, it is hard to deal with the limitations outlined. Before the fieldwork, the researcher's knowledge about FGM was based on the specialized literature and public portrayals on the subject. At that time, the impressions of FGM were that this practice consisted in plain violence against women. These limitations will appear while analysing the data. In this case, the

transcription of the interviews was conducted word by word, which was a time-consuming process, but inevitable for a sufficient analysis of the interviews.

CHAPTER 2 REVIEW OF RELATED LITERATURE

2.1 Introduction

This study is solely centred on the impacts of female genital mutilation on the health of women in Western Sierra Leone, as well as how the practice is done and the initiatives that have been developed in the fight against female genital mutilation. According to Koso-Thomas (1995), it was reported that FGM evolved from early times in primitive communities' desire of establishing control over the sexual behaviours of women. FGM was practised in all the continents of the world including Australia but was discarded after seeing that it served no purpose and was harmful to the health of women. FGM is practised in 28 countries in Africa as one of the rites of passage that prepares girls and women for adulthood and marriage. Somali leads with a prevalence rate of 98% and the last country being the Democratic Republic of Congo with the prevalence rate of 5% (Toubia, 1995).

2.2 Social Convention Theory

The theoretical framework that was used for this research is Social Convention Theory. This theory of self-enforcing social conventions, originally was developed by Thomas Schelling (1960), and applied by Gerald Mackie (1996) to foot-binding in China and Female genital mutilation in Africa. Social convention theory offers an explanation of how certain harmful social practices are self-enforcing social conventions, what social conventions are, why they are universal in a community and why they are strongly resistant to change. In social conventions, it does not matter whether all people drive on the right or on the left, but it would be harmful to everyone if some drove on the left and some on the right.; because the choices of what side of the street to drive are

interdependent, no one individual can change on his or her own, all affected have to change together. This explains that social conventions involve regularises in the behaviour of members of a group, expectations about that behaviour, and the occurrence of coordination problems among members of the group in question (Verbeek, 2008).This theory highlights the fact that the actions of individuals are interdependent on those of others, and if that behaviour change; it must be coordinated among interconnected individuals.

Many of people's everyday social interactions are regulated by conventions. Eating manners, kind of clothes they wear and many more. A social convention is a customary, arbitrary, and self-enforcing rule of behaviour that is generally followed and expected to be followed in a group or in a society or community at large. When a social convention is established, people behave in a quasi-agreed upon way, even if they do not in fact explicitly agree to do so (Tummolini, 2008). Understanding female genital mutilation in Sierra Leone as a social convention provides insight as to why the practice is continued despite its harmful effect. The decision-making when it comes to FGM is an interdependent process, which is affected by choice of members in a community. The social pressure to conform to what others do and have been doing is a strong motivation to perpetuate the practice. It explains why women and their families want the continuation and not the discontinuation of the practice.

Barth (1982) argues that human behaviour is shaped by purpose and consciousness. The perception of other people in a community shapes one's behaviour and way of life. Socialisation plays an important role in the development of values and this affects the way people behave in life. A web of socio-cultural, traditions and norms affect people's

behaviour and decision making. In Africa, family and community are the most significant transmitters and guardians of norms. It is through the family and community that the practice of female genital mutilation is maintained and upheld as a tradition. The adoption, continuation and abandonment of FGM can be explained using the social convention theory. Communities and families carry out FGM in order to ensure the social status and marriageability of their women. What one family or community member chooses to do depends upon what other families or community members choose to do. No family gave an incentive to deviate, if they do; their women or daughters are destined to not be married or be respected in a society. FGM emerged as a means of securing a better marriage by signalling fidelity, and subsequently spread to become a prerequisite for marriage for women.

When applying social convention theory to female genital mutilation, two stable equilibrium exist, the best state of affairs, when women are not cut and a much worse state of affairs, when women are cut. Those who practice FGM inherit the all-cut equilibrium, as is often, said from their ancestors. Among answers in DHS survey as to why FGM should continue, the strongest support goes to the statement that is part of culture and tradition (Yoder, Abderrahim & Zhuzhuni, 2013). The survey respondent's appeal to tradition and culture is consistent with the social convention theory of FGM.

As with other self-enforcing social convention, the choice of an individual in the case of FGM, a single family's choice of whether or not to cut their daughters is conditioned by the choice of others. This social pressure tends to perpetuate the practice. Social convention is so powerful that women themselves may desire to be cut, as a result of the social pressure from family and community and because of fear, rejection and

stigmatisation by their own communities if they do not follow the tradition (Shell-Duncan, 2000). As a self-enforcing social norm, identifying it as a customary rule of behaviour that occurs under fear of exclusion and members of the communities and families do it, even when it is known to inflict harm upon the health of women because the perceived social benefits are deemed more important than its disadvantages (Kaplan, 2015).

2.3 Relevance of the Theoretical Frame to the Study

According to the General Assembly of the United Nations (2009), female genital mutilation functions as a self-enforcing social convention or social norm. In countries and societies where it is practised, it is a socially upheld behavioural rule. Families and community members uphold the practice because they believe that their group or community or society expects them to do so. Abandonment of the practice requires a process of social change that results in new expectations on families and community members.

In many African countries, certain traditional practices affect the lives and health of the population, the greatest scourge; however, seems to have been reserved for African women upon whom it descends with merciless ferocity. Of all the issues and problems traceable to traditional beliefs and cultures which adversely affect the health and lives of women in Africa today, those arising from the practice of female genital mutilation are far most the most serious (Koso-Thomas, 1987).

Female genital mutilation has a strong cultural base without which it would not exist today and because of this base structure has long been shrouded in secrecy. Cultures and

traditions are so important in African countries, exploring the practice of female genital mutilation, it is easy to see how culture and social norms, as well as the society where people find themselves can influence their behaviour and attitudes towards the practice. In most communities where it is practised, it is not viewed as abuse or a human rights violation because it has a strong religious and cultural base and this base structure has been shrouded in secrecy and so therefore, it is seen as a rite of passage, a social norm that must be upheld is seen as a way to bring people in the communities together and to celebrate the initiation of young women and girls into adulthood (Gatwiri, 2017).

Since FGM is seen as practice that is often linked with social acceptance, it is practised as a social convention that carries its rewards and punishments. Women and their families might face peer pressure, rejection or stigmatization if they do not participate in this practice. The persistence of the practice is nevertheless propelled by inter-related socio-cultural factors, these sometimes vary within communities and ethnic groups within the same country (Bjälkander, 2013). Because communities assign women a subordinate role, women feel unable to oppose community dictates, even when these affect them adversely. Women championing many of these traditional and cultural practices adopted by their communities do not even realize that some of the practices that they promote were designed to subjugate them and most importantly, to control their sexuality (Koso-Thomas, 1987).

Female genital mutilation in Senegal is closely associated with certain ethnic groups. As in several other countries where it is practised, FGM is believed to preserve a woman's morality, chastity and fidelity, making her suitable for marriage. Village and community decisions about important matters are guided by social conventions and are

never made by an individual, even the most local decision-making is influenced by a large and complex network of interrelated neighbourhoods, villages and communities (Ndiaye, Salif and Ayad, 2009).

The practice of FGM in Egypt dates back about 2,000 years and remains widespread even today (Skaine, 2005). The practice is perpetuated by the belief that FGM makes women eligible for marriage, control their sexual desire and prevent adultery. In Egypt FGM remains nearly universal, over 95% of women between 15 and 49 years old have gone through it, and this proportion remains fairly constant across all cohorts (El-Zanaty and Way, 2005). Commonly called 'tahara' (purification), FGM is associated with good hygiene, cleanliness and chastity. Family ties are strong and communities, especially in rural areas are also close-knit. Each family member is responsible for the integrity and behaviour of his or her family members. The opinions and behaviours of family members and members of a community strongly influence decision making within a family or community. Continuation of the practice of FGM is driven by social pressure and moral judgement.

The roots of FGM are tangled deep in the social and cultural traditions of the northern parts of the Sudan (Ahmed, Hebshi & Nylund, 2008). FGM is closely linked with a woman's modesty, and morality and family honour, women who are cut are considered decent, chaste and morally pure and suitable for marriage. In communities in Sudan characterized by close kinship systems, where resources, including land are shared; local values and customs are vitally important, and a complex system of rewards and sanctions exists for those who adhere to or defy them. Women who break traditions and refused to go through FGM are shamed and ostracise.

In communities that practice FGM in Sierra Leone, a number of cultural elements are presents. These include social-cultural, aesthetic or hygienic arguments, beliefs, traditions, norms, and custom rituals, religious, political and economic systems. (Momoh, 2005). Social convention theory demonstrates that if a single family in a community alone chooses to abandon the practice of FGM, it effectively deprives their women from becoming full and recognized members of the community. Therefore, the choice to abandon FGM must be collective. Identifying with one's culture or lineage is very important to most Sierra Leoneans who wish their children grow up to become acceptable members of their society, with full social rights (Koso-Thomas, 1987). In most communities in Sierra Leone, FGM is the ritual which confers this full social acceptability and integration upon the women. Without this, they are estranged from their own kith and kin and may lose their rights in their communities.

The practice of FGM is considered a social convention and is linked to the fear of facing inaccessible resources and opportunities for women. As a social convention, it is also linked to making multiple prospects of marriage and social acceptance. The actions of individuals are dependent on the actions of others. According to Boyle (2005) social pressure is one of the factors among communities in which most women go through FGM, through this family and community members have created an environment in which the practice of mutilation becomes a requirement for social acceptance among women to avoid name calling for one to fit in the group.

In Sierra Leone. Community members and families perpetuate a tradition and culture that they know can bring physical and psychological harm to their daughter. This lies in

the social dynamics among people in communities that practice FGM. Mothers are organizers of the cutting of their own daughters because they consider it to be part of what they must do to raise their daughters properly and to prepare them for adulthood and marriage (Gruenbaum, 2001).

FGM as a social convention gives an insight as to why women who have themselves been cut and suffer health consequences and effects favour its continuation (Carr, 1997). Most of these women resists initiatives to end FGM, not because they know of its harmful impacts, but because its abandonment is perceived to entail loss of status and protection. This explains why individual families that voice a desire to abandon the practice nonetheless submit their daughters to the procedure. Social convention can only be changed if a significant number of families and community members make a collective and coordinated choice to abandon the practice so no single woman or family is disadvantaged by the decision (Mackie, 1996).

Change is bound be to slow in the case of female genital mutilation because it is embedded in the culture and tradition of the people practising it. Individuals seek to comply with the belief they perceive the significant leaders of their communities and families had, notably that women should be circumcise. Supporters of this practice believe that it is dictated by tradition and culture, the decisions of most women are influenced by the structure of the community and society that they find themselves; they do not have a say or voice in what happens to their bodies and they allow the practice to be done because it is deem necessary and is a tradition that their grandmothers, mothers and aunties went through(Verzin,1975) and regarded as a tribal traditional practice, as a superstitious belief practised for preservation of Chastity and purification,

family honour, hygiene, aesthetic reasons, protection of virginity, prevention of promiscuity among others. The main force for preservation of the practice of FGM is the sense of cultural pride and heritage. Many supporters insist that they met the practice from their great-grandmothers and grandmothers, and they must keep it because it is their culture.

Interestingly, the same supporters who say they value tradition might also admit that there is no benefit in it. Women are discouraged to speak up or to be noticed and are discouraged from questioning the rules and roles in place within a traditional gender and cultural structure, even if it involves questioning matters concerning their bodies. Hence, even if they may disagree or hate the practice of FGM, they are unlikely to speak out (Kalokoh, 2010). Social pressures in communities in Sierra Leone where women are circumcised provide an environment in which circumcision becomes a requirement for social acceptance hence the continuous practice. In communities where FGM is a prerequisite for marriage, if only one family abandons it, its daughter does not get married. A critical mass is needed to bring about change, once enough community members are willing to abandon FGM, they will try to convince others to follow suit because this will reduce the social stigma associated with not cutting.

2.4 FGM in Sierra Leone

The practice of Female genital mutilation in Sierra Leone is a practice which is multifaceted and deeply rooted in a strong cultural and social framework. It is supported and endorsed by community and families with what is believed to be the best interest of young women. It can only be understood within its cultural context, for in communities

where it is practised, despite its harmful impacts and effects. It is practised by all ethnic groups in Sierra Leone except the Krio.

Female genital mutilation in Sierra Leone is part of initiation into secret women's societies, known as Bondo, a powerful all women led and run group. Initiation into the Bondo is a rites of passage ceremony from childhood to womanhood. (Koso-Thomas, 1987). Unlike in other places, in Sierra Leone, FGM takes place within the context of the secret society. Mutilated women and girls automatically become members of the Bondo, which is operated by powerful women called Digba or Sowei, who have consistently laid claim to cultural expertise with regard to the practice. The membership suggest that the society transcends the act of cutting, but yet this cutting is an important aspect of its ritual.

The Bondo is a repository of gendered knowledge that bequeaths members with privileges and power safeguarded by secrecy (Bosire, 2012). The oath of secrecy used to be strong that initiates were afraid to openly discuss the procedure in public, a taboo that no longer prevails, Sowei reported that Bondo initiation increasingly involved only the ritual cut and customary Bondo teachings were limited The first activity in the initiation ceremony is FGM. It is not known why FGM is part of the initiation ceremony. Some say the physical pain involved in the procedure helps to create a life-long friendship fellowship among those women who are initiated together (WHO, 2010).

The Bondo bush, the sacred place for society women is often located in the forest far away from daily life. This has changed considerable, with Bondo bushes now springing up in the middle of towns and behind people's backyards. The Bondo society is

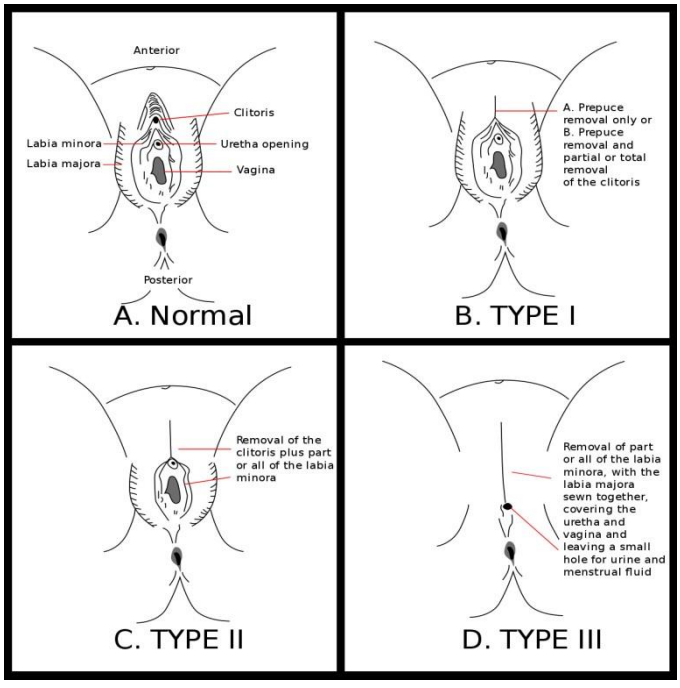
hierarchical and has a well-defined organizational structure, with the Sowei as the leader and other members in various different positions. Soweis are expected to undertake an intensive 2-3 year period of training in how to perform genital cutting. Soweiship is often hereditary and handed down from generation to generation. FGM is seen as a social norm that is heavily enforced by community pressure. As part of this social norm rationale, cutting is considered anatomically necessary, uncut women are often labelled as unclean.

For most women in Sierra Leone, FGM is not about female passivity and control; women actually gain political power and community status through these initiations. The Soweis conduct the vast majority of FGM, with no trend towards medication. The Bondo symbolizes a girl's or woman's entrance into female fecundity and adult female sexuality and serves as a social marker of movement from being a girl to a woman. Question that has always marked the debate are, does a young woman have to lose a vital organ to make such a move? What do it mean to experience such a crucial signifier of woman in a society that devalues women, especially when this devaluation occurs through cultural scripts associated with the body? (Lee & Sasser -Coen, 1996).

Under medical criteria, there are diverse types of FGM. WHO (1996) classified female genital mutilation into four types depending on the extent of tissue removed (Berg and Underland, 2013), (See figure I). Type I known as the clitoridectomy is the partial or total removal of the clitoris and /or the prepuce, this type of FGM is the least severe and the least common (Dorkenoo and Elworthy, 1992).Type II, excision, is the partial or total removal of the clitoris and the labia minora with or without excision of the labia minora. Type III, modified infibulations, is the narrowing of the vagina orifice with

creation of a covering seal by cutting and positioning the labia minora and the labia majora, with or without excision of the clitoris (Yasin, Al-Tawil, Shabina, & Al-Hadithi,2013).WHO also suggested Type IV, which involves all other harmful procedures to the female genitalia for non-medical purpose. Example, pricking, piercing, incising and scraping cauterization of the clitoris, cutting of the vagina and the introduction of corrosive substances into the vagina for the purpose of tightening (Pereda, Arch and Perez-Gonzelez, 2012). This type, known as infibulation or pharaonic circumcision, is the most common and severe form of FGM (Gruenbaum, 2001).

Figure 1 Diagrammatic representation of normal appearance of vulva and the three main types of female genital mutilation recognized by WHO.



The two main types of FGM performed in Sierra Leone are the Clitoridectomy and Excision and it usually occurs at any early age ranging from a few weeks old to 3 or 5 years of age. (Bjalkander et al. 2013), from a study that involved genital examination of

women who had undergone FGM, posit that even though majority of respondents may have wrongly described the type of cutting performed. Types I and II continue to be the most prevalent types in Sierra Leone. This is to say that the other type exist, but are very rare in Sierra Leone.

2.5: Conclusion

Social Convention theory demonstrates that if a single family alone chooses or decides to abandon the practice, it effectively deprives their daughter or women from becoming full members of the community and so therefore the choice and decision to abandon FGM must be collective.

CHAPTER 3 METHODOLOGY

3.1 Introduction

This chapter deals with methodological issues. It determines the type of research and its approaches, gives the information about sampling as well as the population understudy. The instruments for both data collection and data maintenance are explained. The sections included are the research design, case study design, target population, data collection methods, procedures and data analysis.

3.2 Research Design

To obtain robust information on the topic under investigation, this study used both qualitative and quantitative research design. The qualitative approach was used in order to have in-depth information and better understanding of the experiences, emotions and opinions of women who have gone through FGM and to better hear their voices. This included the use of focus group discussions with women as the sample and one-on-one interviews with key informants who are community leaders and activists.

3.3 Population and Sampling

3.3.1 Population

The location of the study was Western Sierra Leone. The Western Freetown Peninsula is one of the four principal divisions of Sierra Leone. Western Area District was selected intentionally for this research because it was more open

community in which to talk about FGM and receive views from people. Groups and organization that had worked on FGM in the Northern Province with the highest prevalence have found out that communities there are much more hostile to being asked about the practice. The researcher felt it would have been more difficult to conduct research on FGM at the community level in the Northern Province communities, as it would have been seen as offensive and might have been dangerous. Two communities in Western Sierra Leone were selected, the Kroo Bay community and Dwarzack community both with a population of 10,989 people

3.3.2 Sampling

In this particular study, women formed the largest number of respondents, however men especially those in formal positions participated in the inquiry. The participants resided in the two communities that the research was conducted and they belong to various tribes in Sierra Leone.

Purposive sampling was used. The sample of women and policy makers interviewed consists of informants who were selected because of their experience of the topic. Thus the goal of using purposive sampling was to create a sample with the intention of making generalisations from a sample of people affected by FGM to the population of interest. The women were selected on the recommendations of leaders of organizations fighting against the practice of FGM in Sierra Leone, women who had gone through FGM and who had the qualities that the researcher was looking for. These qualifications included, the ages of these women, their education status because it was going to be difficult to get information from illiterate women

and also, that they had experienced FGM. This enabled the researcher to be able to get the right information from the right women who have so it could be representative. Women from two communities, (Kroo Bay community and Dwarzack community) in Western Sierra Leone constituted the main informants for the study. These communities were chosen as the researcher had easier access to these communities than others. Policy makers, community leaders and employees of various organizations who work in the struggle to end FGM in the Western Urban Area were interviewed by the researcher. These interviewees were chosen based on their involvement in the fight against FGM and who had strong knowledge of the Kroo Bay and Dwarzack communities. These policy makers included a Bishop, Imam and activists from the communities, chosen also to ensure a diversity of voices.

The sample size of this study consisted of 10 key informants who are leaders in society and activists against FGM. Two focus group discussions of 5 people per group were held with 10 women who had experienced FGM and 40 women were asked to complete questionnaires and 32 out of the 40 responded.

3.4 Data collection Methods

Data sources included in depth interviews and focus group discussions using semi structured questionnaires and fully structured questionnaires as well as field note and review of secondary data

3.4.1 Questionnaires

Questionnaires with both open and closed questions were used to collect information from the women in the communities, they were able to answer the questions on their own and at their own free time because the information required was sensitive and therefore women would be more comfortable to write down their experiences rather than discuss them.

3.4.2 Interview guides

Interview guides were developed for the key informants, and these helped guide the flow of interviews. These interviews took a semi-structured format because the perceptions of the informant were important to this research and semi-structured interviews allowed for flexibility. Individual interviews were conducted with 10 policy-makers / key informants. Field notes that related to body language, gestures and other facial expressions were taken during the interview process.

3.4.3. Focus Group Discussion

The researcher made use of two focus group discussions to collect data from women in each community who had not been given the questionnaire and who had gone through FGM. This was an opportunity to explore free and unstrained opinions from the women about the topic under study. Focus group discussions brought out feelings, attitudes and perception that are not revealed in the questionnaire. Two focus group discussions were held, consisting of five women each. These included circumcised women as well as Soweis.

3.5 Data collection Procedures

E-mails were sent to recruit participants from key policy makers. This email explained the purpose of the study and invited them to participate. For those that the researcher was unable to send emails to, phone calls were made and the purpose of the study was explained to them and they were invited to participate.

An email was sent to the Programs Manager of the Aberdeen Women's Centre. In the email that she replied, she said, that the Centre over the years have seen many cases of FGM and would love to be interviewed. However, she was not in the country at the moment as she had travelled for holiday, but she gave the researcher a number to contact when she gets there. The first interview was at the Aberdeen Women's Centre (this centre runs a support program for teenage mothers in the maternity unity). Many women who come

here are survivors of FGM and so therefore the researcher decided to visit there to administer interview guides. However, she was not able to meet the women on that particular day but was fortunate to interview one of the staff there, in order to get a medical perspective of female genital mutilation in Sierra Leone.

G2G Girl Empowerment Movement (G2G) is a girls-led non-governmental organization. This organization works with survivors of FGM in different communities in Western Sierra Leone. The researcher met a representative and gave her 15 questionnaires to give to survivors of FGM that they work with and who have undergone FGM. The representative was present through-out the whole process whilst the women answered the questionnaires in order to answer any question that they had difficulty in answering. The researcher also went to Rainbo Initiative, a well-established national NGO also working in Western Area Urban District, which provides a place where survivors of sexual and gender-based violence can find clinical care, counselling and referral to key service providers. The researcher was able to interview the Deputy Executive Director. He is also a member of a group called Forum against Harmful Traditional Practices.

Phone call was made by the researcher to the Bishop of the United Methodist Church and who is also the President of the Council of Churches in Sierra Leon (CCSL) in order for him to be interviewed as somebody who influences policy. A date was fixed for the interview to be conducted. The researcher chose a Bishop in order to understand the religious aspects of FGM and to

know what the Church and Christians think about the fact that many people sometimes associate FGM to Christianity and also the Bishop was chosen because he is the President of CSSL and the council works directly with women who are affected by FGM in Western Urban Area District.

The researcher sent an email to the Chief Executive Officer of Advocacy Movement Network (AMNET) and followed up with a phone call to ask for an interview. Permission was given to interview an AMNETY representative and some FGM survivors as long as they gave their own permission also, which was granted. AMNET is an advocacy organization which facilitates social change from communities to policy level and also acts against harmful traditional practices like FGM in Sierra Leone including in Western Urban Area District. A representative from AMNET was interviewed and with the help of the Co-investigator, five women who are survivors of FGM were interviewed as key informants.

The researcher made appointments with some of the staff at the Princess Christian Maternity Hospital, commonly called Cottage Hospital. The researcher explained to the staff who were women and had experienced FGM about the research and distributed questionnaires to them. The researcher waited while this women answered the questionnaires.

With the help of one of the organizations, the researcher was able to meet an Imam for an interview. The Imam works with this organization and so therefore it was easy for the researcher to meet up with him and explain to

him about the research. The researcher chose to interview the Imam as a church leader who influences policy and to also understand the Muslim perspective of FGM.

With the assistance of the representative from AMNET, the co-investigator and researcher were able to organize two focus group discussions consisting of 5 women each in two communities in Western Sierra Leone. These women were selected by the representative of AMNET because as an organization, they had experienced FGM and have spoken about the experience in the past. Before the researcher met with these women, phone calls were made by the representative to the various leaders of these women in their communities to ask for permission and so therefore, the consent form was read before each FGD. Community leaders were informed before the FGD was conducted. The first FGD community was the Kroo Bay community, where the researcher met a mix of survivors and Soweis. Despite initial agreement, these women were so reluctant to answer the question being asked because they felt that the researcher was intruding in their privacy about the practice. Eventually, after explaining they can just answer what they wish and can stop any time, they were able to answer the questions and give their opinions about FGM.

The second FGD was in a community in the Dzarwark community. The researcher met the women in the community health centre and had the discussion. This second group were willing to answer the questions and share their experiences from the beginning. Both focus group discussions were recorded on a recorder

3.6 Analysis and Organization of Data

Using Braun and Clarke's (2013) thematic analysis method, the researcher analyzed the data collected from the research. This method enabled the researcher to work with thick and rich data in a manner laid out step by step. The researcher listened to the recorded interviews repeatedly to become deeply familiar with the collected data, the researcher also typed the recorded interviews. The researcher broke down the data into separate chunks. Each chunk consisted of words, phases or paragraphs that contain a specific meaning. Codes were assigned which is a descriptive phase, to each chunk of data.

The researcher analyzed and assigned the code to all collected data. The codes can be interpretive or descriptive, the researcher merges the codes into groups. Each group forms an overarching umbrella of meaning. This grouping continues until all pertinent codes are assigned. Once categorization is complete, the researcher explores the groups to assess if groups can be combined or if a group of data is strong enough to stand on its own and form a theme. Three factors were considered in creating themes, these were does the theme apply to a research question, has the theme crossed three or more interviews, and is there a central organizing idea that ties the themes together. During Stage 4, all themes are reviewed for quality, cohesiveness, and depth. The researcher reviews and analyses themes for depth and quality. Stage 5 includes

describing and defining the themes and creating a name for each theme (In the final stage, all themes are reported, written, and edited (Braun & Clarke, 2013).

3.7 Ethical Considerations

3.7.1 Psychological Support

Female genital mutilation is a very sensitive topic and might have psychological effects on participants when asked sensitive and personal questions. So questions were limited to just general questions on FGM in order to get a broad understanding of FGM from participants. All interviewees were informed before about the implications of the research process. The participation is this study was voluntary. All interviews were carried out under an agreement of confidentiality. Personal details of the respondents were not published. All interviewees stayed anonymous. The acquired data and information were and will be applied solely for academic purpose.

Before the interview started, the researcher wanted to know that he or she should make an announcement prior to the assessment, in order to inform the participants about the program and the research. Further, the interviewer should make clear for participants that they could stop the interview immediately, if they do not like to continue, i.e. as soon as they feel uncomfortable with some questions. It is important for researchers to treat with information they gather confidential, especially for sensitive issues. All researchers and students should avoid inflicting harm to their participants or interviewees. The researcher tried to act in the best interest of the informants.

The researcher used a supportive mechanism through co-investigator and psychologist known internationally for her efforts to put an end to FGM in Sierra Leone. She was

present during data collection and offered support whenever the participants were emotionally affected by past experiences.

3.8 Summary

The purpose of this chapter was to describe the research methodology of this study, explain the sample selection, the procedure used in designing instrument and collection of data and provide an explanation of the qualitative procedures used to analyze the data. The study method was qualitative. Four research questions guided this discussion.

Forty interview guides were distributed, two focus group discussions were organized, as well as interviews with policy makers and key informants. Interviews involved informed consent, knowledge of confidentiality, and assurance that the contents were used for academic purposes only. The date collected was subject to thematic analysis.

CHAPTER 4 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

Chapter four is an embodiment of the study findings and interpretation. For this reason, this chapter is divided into two different sections in order to clearly present and analyze findings that appreciate qualitative methods. Qualitative data was presented using charts and graphs under three themes emerged from the research data. These major themes identified from the qualitative data of this study include: (1) Tradition, (2) Religion and (3) The law and Initiatives against FGM. The questionnaire attempts to answer all research questions. Similarly, the interview sessions and focus group discussion (FGD) with participants answered and validated research questions 1, 2 and 3.

4.2 Data Presentation and Analysis

4.2.2 Findings from Survey Questionnaire

4.2.3 Demographic information

A total of 40 questionnaires were distributed to women who have undergone FGM. All respondents (100% circumcised women) selected for the study responded to the interview guides and these were answered satisfactorily. All questionnaires were coded to assure privacy and included in the analysis. All the respondents (100%) were females. The significant figure of female is not unconnected to the study target population.

Table 2 Showing proportional distribution of respondent level of education

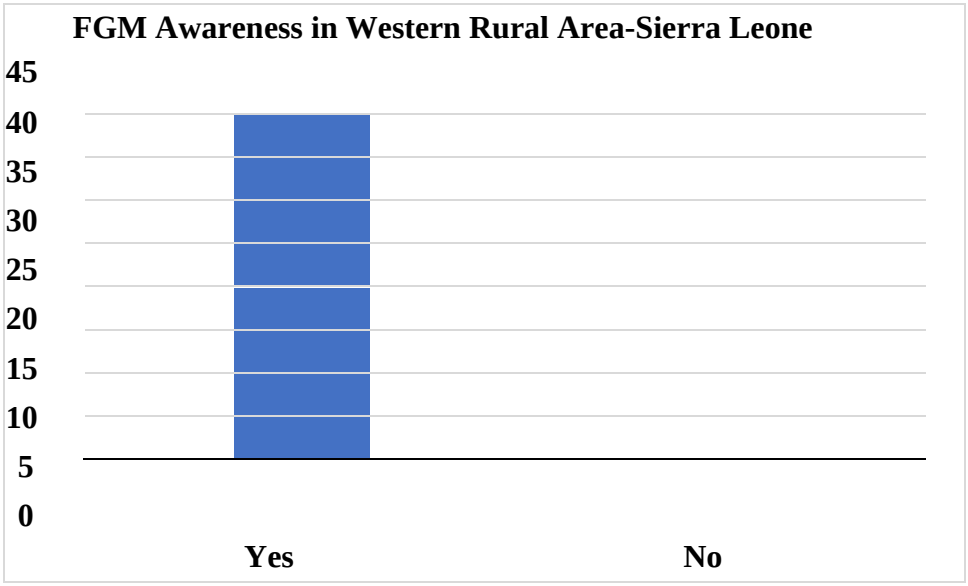
Level of Education	Percentage (%)
Primary School	20
Junior Secondary School	37.5
Senior Secondary School	25
Vocational Institution	15
University	0
Never Been to School	2.5
Total Percentage	100

This table revealed the education status of the respondents. The data revealed that 20% had primary education whilst 37.5 attained junior education and 25% attained secondary education. Only 2.5% of them have never been to school. None of the respondents had University or college education. This table reveals that none of the participants had university or college education and this shows that they lack knowledge on FGM, because according to the researchers' understanding, FGM or the impacts of

FGM on women is not taught in primary school or junior or secondary school because of its sensitivity. However, students are taught about it in university or college. Increasing women's access to education is a key strategy to help end FGM, because educated women are more likely to fight for their rights against harmful traditional practices like FGM.

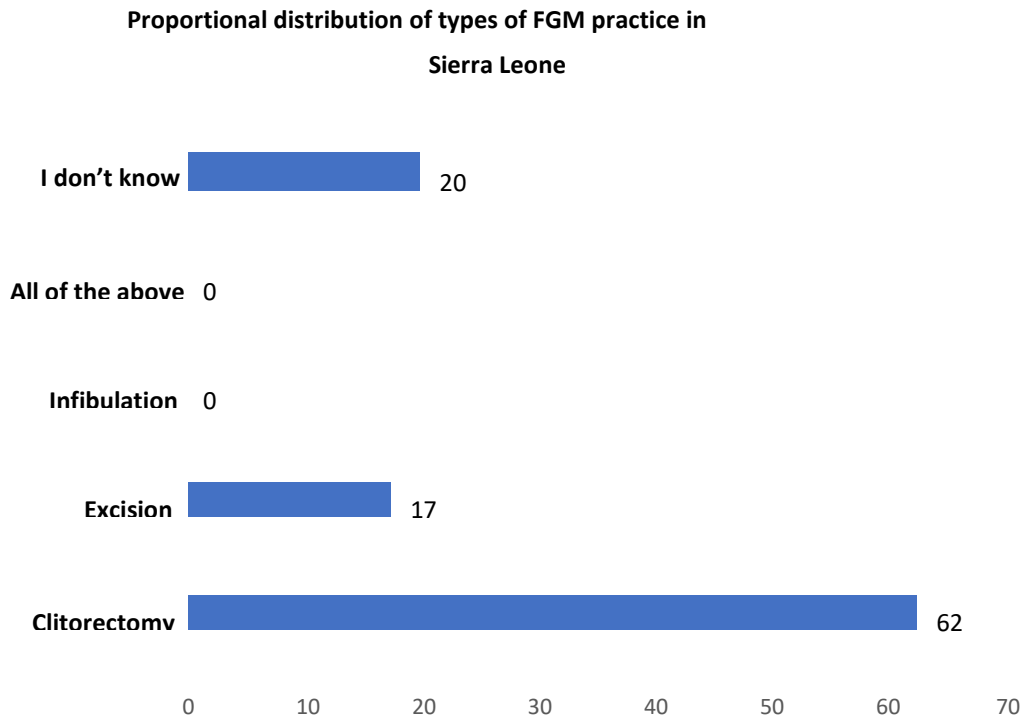
4.2.4 Understanding Respondents' Knowledge on female genital mutilation.

Figure 2 **FGM Awareness in Western -Sierra Leone**



From the chart above, it came out very clearly that all (100%) of the respondents of the research are aware about the practice of Female Genital Mutilation (FGM) in Western, Sierra Leone. They are aware of the fact that FGM takes places in various communities in the Western District of Sierra Leone. This could not be unconnected to the fact that all respondents to this survey have experienced the practice of FGM in Sierra Leone.

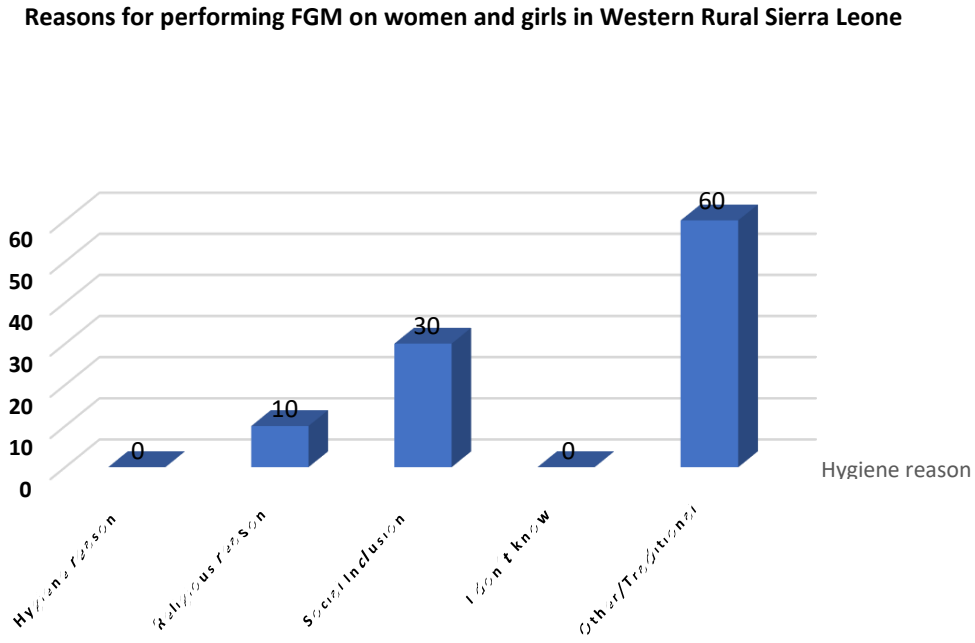
Figure 3 Proportional distribution of types of FGM practice in Sierra Leone



Responding to the types of FGM practice in Sierra Leone as indicated on the chart above, majority (62.5%) of the respondents had the type I of FGM that involved removal of the clitoris with the prepuce and this led to an agreement that clitoridectomy is the most common type of FGM that is performed in Sierra Leone.

This result is similar to a survey conducted in 1985 by Koso-Thomas among 300 women in the Western Area of Sierra Leone where 39% had this type of FGM performed on them.17.5% of all respondents indicated that excision was the second most common FGM performed in Sierra Leone. Twenty percent (20%) of all respondents confirmed that they don't know the most common type of FGM performed in Sierra Leone. This indicated that type I and type II of FGM are dominant in Sierra Leone. Type III appears not to form part of traditional practices in Sierra Leone.

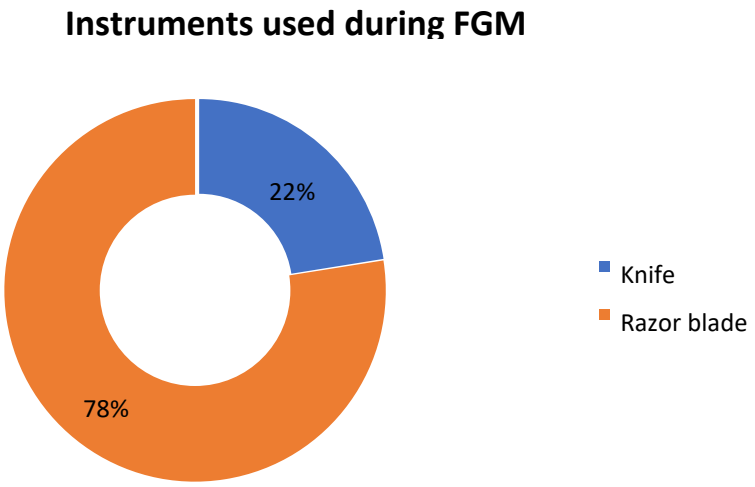
Figure 4 Reasons for performing FGM on women in Western District Sierra Leone



As indicated in the graph above, women are circumcised for various reasons, the overriding motivating factor for the practice's perpetuation is tradition (approximately 60% of the sample) followed by social inclusion (30%), and religious considerations (10%). Respondents believe that FGM is part of their tradition and culture and it brings people together. The 30% who agreed that they were initiated into FGM owing to social inclusion believe it was in order to gain respect and acceptance in society and to avoid stigmatization The 10% who indicated that they were imitated into FGM believe that it was an Islamic requirement, considering that most Sierra Leoneans are Muslims. Tradition given as the number one reason for the continuation of FGM in Sierra Leone gives us an insight into Social convention theory that was spoken about in Chapter 2. Traditions play an important role in managing ad shaping the social life of people. Traditions influence social institutions such as family and community that explains why families and communities in Sierra

Leone justify the practice of FGM using Tradition as it affects and influence the managing and shaping the social life of people. Traditions influence social institutions such as family and community, which explains why families and communities in Sierra Leone justify the practice of FGM using Tradition as it affects and influence the decisions that they make in terms of having their daughters and women go through female genital mutilation.

Figure 5 Instruments used during FGM



From the pie chart above, razor blade emerged as the most common instrument used to perform FGM in Western District of Sierra Leone with 78% of all respondents confirming, which demonstrates that the razor blade is the dominant instrument used. Possibly this instrument has esoteric significance, or its superiority over others has been proved over time, or those who use it have acquired dexterity in its use. 22% of all respondents confirmed that knife is also used to perform FGM in the district. When further asked whether these instruments were sterilized before used in the initiation ceremony, 94% said no, while 6% said they were not sure. In addition to the prevailing

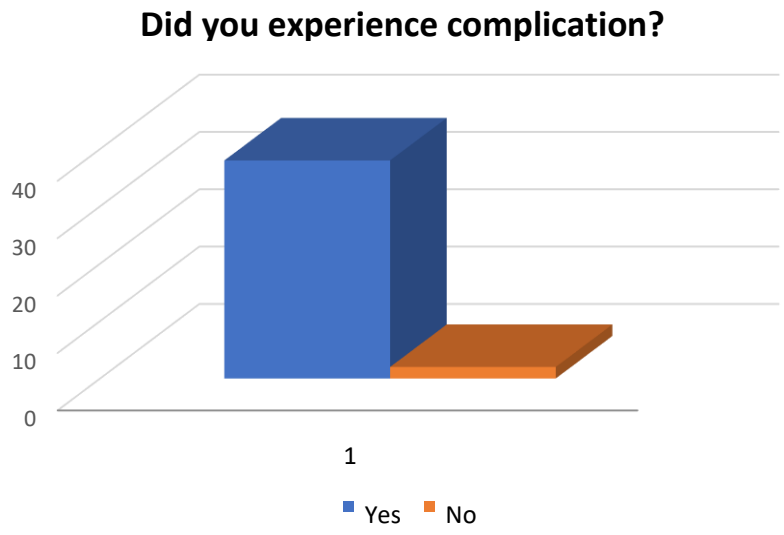
fact stated above, some of the respondents confirmed that anesthetic was given to them before the cutting was performed while some said they were not given any anesthetic. Similarly, almost all the respondents (92%) would 'shout and cry' while FGM was being performed. Only 8% of the respondents informed that they went 'unconscious' when FGM was being performed on them.

Figure 6 People who practice FGM in Western -Sierra Leone

The operators of FGM in this study range from doctors, nurses and sowei. 50% of all respondents confirmed that Sowei are involved, this shows the dominance of society leaders in the initiation rites. Followed by 17% of the respondents informed that nurses are involved while 7.5% confirmed that Doctors are also involved in the practice of FGM in the district and 25% indicated that all of the above are involved in the FGM practice. In Sierra Leone, FGM procedure is mainly performed by the Soweis. They continue to have authority and power, not only within the Bondo Society but also in

the community. There is no medicalization of FGM in Sierra Leone but Doctors, Nurses or professional health providers who do not have the authority to perform FGM on women still perform it. One respondent specifically told the researcher that FGM was performed on her in the hospital by a Doctor. In Sierra Leone, the issue with allowing doctors or nurses to perform FGM is that it constitutes a break in medical professionalism and ethical responsibility, legitimizes it, and gives the sense that the practice is okay and harmless and might be good for the health of women. If FGM is medicalized in Sierra Leone, women are still vulnerable to have some negative impacts, regardless of who performs it The researcher is unknowledgeable about any laws against Doctors or medical professionals who perform FGM on women.

4.2.5 Figure 7 Impact of FGM on women in Sierra Leone

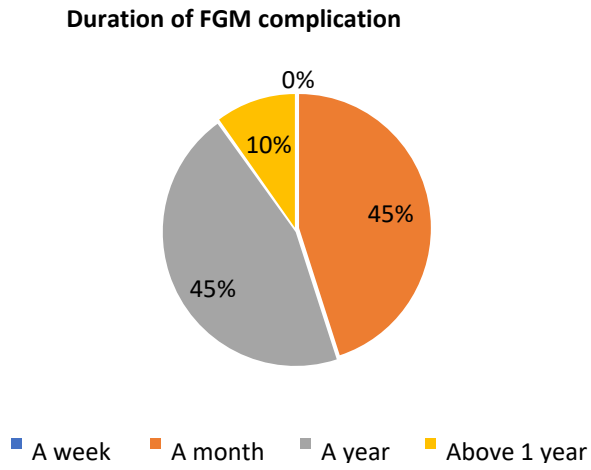


As indicated above, all (100%) respondents confirmed that they experienced complications irrespective of the type of FGM performed on them. Some of these complications include bleeding, fainting, urine retention, swollen stomach, shock and

infertility/barrenness. In addition, 45% of the total respondents indicated that they experienced complications for at least a month following the practice of FGM. Another 45% of the total respondents indicated that they experienced complications for a year following the practice of FGM, while 10% of the respondents informed that they experience complication for more than a year after FGM as shown on the pie chart below.

Similarly, 5% of the respondents informed that they experienced painful sexual intercourse after they were mutilated while 95% of all respondents indicated that they did not experience vaginal pain after their genitals were mutilated.

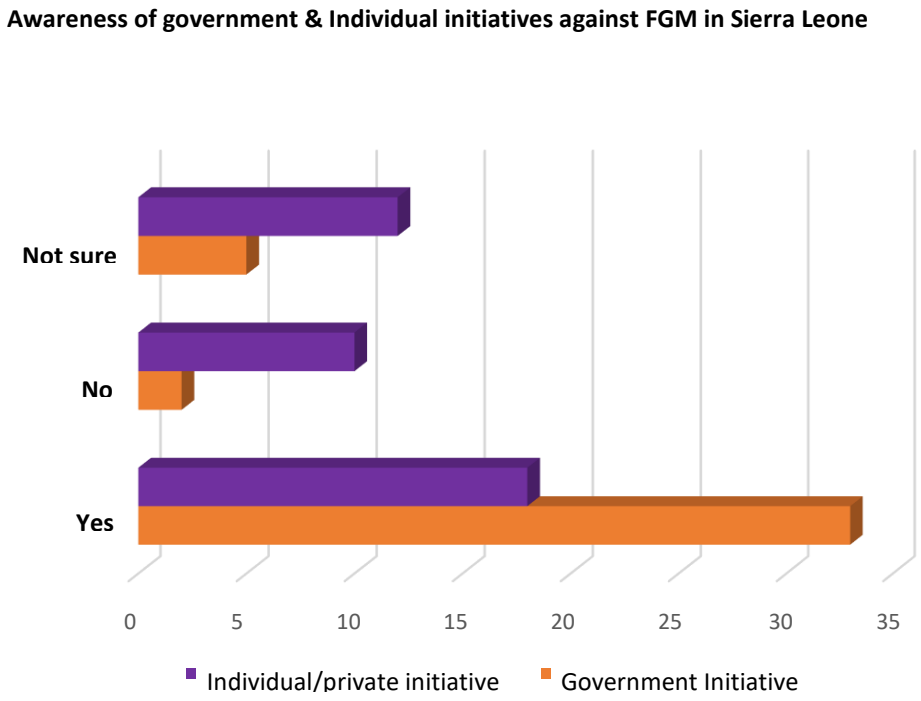
Figure 8 Duration of FGM complication



Seventy eighty percent of all respondents to this study were either a pupil or a student while being initiated into FGM. From the total number of women who participated in the study, 38% indicated that they were students at the time FGM was performed on them and they missed classes after the practice was done on them and also because

they had to be initiated into the Bondo bush and went through the entire rites of passage ceremony.

4.2.6 Figure 9 Initiatives against FGM



The chart above shows government and individual initiatives against FGM in Sierra Leone. It came out very clearly from the chart that more respondents (33) are aware of a government initiative against FGM compared to 18 eighteen respondents who are aware of an individual and/or a private initiative against FGM. More (12) respondents remain unsure about individual/private initiative compared to 5 respondents who are not sure about the existence of a government initiative against FGM in Sierra Leone. When further analysis was done, data revealed that the non-circumcision of girls below 18 years is the most post popular government policy on FGM compared to awareness-raising campaigns which came out predominant for individual/private initiative against FGM.

4.3 Discussion

4.3.1 Findings from Interviews and FGD

This presents findings from interviews of key informants and focus group discussions. The sample for interviews consisted of 10 policy-makers/key informants and 10 women, five in each group for the FGD. The selection criteria were (a) participants older than 18 years of age, (b) participants who had undergone FGM and were willing to speak about their experience and (c) participants who were policy makers and were willing to speak about it. All participants were asked to provide personal definitions of FGM. When asked to give a definition of FGM, participants gave different responses, one participant said, “FGM simply means female genital mutilation. It is a traditional practice in Sierra Leone where the genital part of the female is mutilated and removed”. Two participants said “It is a practice or the cutting of the sexual organ of the woman”. Another participant said, “It is a traditional practice, a rites of passage for a girl from childhood to adulthood. One woman from the focus group discussion defined FGM as “one of the components of the rites of passage from girl to womanhood”. Another said “FGM is a secret society. It is Bondo”. One participant said “FGM is when they cut the clitoris. It is the cutting of the clitoris”. Based on these definitions given by the participants, it is observed that they offered brief short clinical definition, such as “cutting of the female sexual organ” describing the actual act of FGM. Two participants focused on the cultural aspects, for them; the focus was on the fact that it was a tradition and cultural practice in Sierra Leone. Two spoke about it being a rites of passage from childhood to womanhood.

4.3.2 Complications and Impacts

The severe impacts and effects of GM on the health of women and girls have widely been documented (World Bank, 2004). The controversy surrounding the practice of FGM exist because there are no documented medical benefits and it causes permanent and irreparable changes in the external female genital and despite the fact that there is little or no documentation on the social, psychological and psycho-sexual effects of the practice, anecdotal evidence of women's experiences shows that it affects women adversely. Immediate risks and complications are difficult to analyze on a large scale given the condition in which FGM is generally practiced. The few available studies suggest that complications are under-reported (El Dareer, 1983). FGM is a risk factor for several negative health effects. The severity of health consequences and impacts of FGM vary considerable and depend on the anatomical extent of the cutting (Obermeyer, 1999). Non-cultural reasons for perpetuation FGM also exist. For instance, in countries like Mali and Burkina Faso, it is perceived that the clitoris is a dangerous organ and require its removal (Shah, 2015).According to this view, the clitoris is poisonous and causes a man to become ill if it comes in contact with the penis. Other beliefs suggest that an uncut clitoris creates male impotency and kills babies upon delivery.

Female genital mutilation is an important topic as there is little research evidence about the impacts the practice may have on women in Sierra Leone. Traditionally, given the secrecy that surrounds the Bondo society, the context within which FGM takes place, little is known about what potential health impacts might be as FGM-related consequences are not present within the modern health care setting. According to WHO (2012), Female genital mutilation has severe negative impacts and consequences for health and it is estimated that nearly 100-140 million women and

girls are suffering from its consequences worldwide. UNFPA (2010) has argued that FGM can damage the female body and its natural functions permanently.

The cutting of women's clitoris and labia is usually done with crude unsterilized instruments and without anesthesia, aseptic techniques, or antibiotics and done by traditional practitioners who have little knowledge of female anatomy and the risk of infections is extremely high (El Dareer,1983). The female external genitalia consist of the mons veneris, labia majora, labia minora, clitoris, urethra opening, vagina, hymen and the perineum. All these organs collectively known as the vulva and they serve important sexual functions in the female body (Berg, Denison, Fretheim, 2010). The Sowei who mostly perform the procedure are not medical practitioners and the nature of the procedure is invasive and forced. The traditional circumciser/Soweis, usually do not have any medical training or knowledge of anatomy and surgical techniques. The effects and impacts of FGM on women in Sierra Leone depend on the type performed, the expertise of the Sowei, the sanitary condition under which the operation was done, the co-operation and the health of the woman or girl at the time of the operation (Koso-Thomas, 1987).According to Toubia and Rahman (2000), WHO (2008); they are of the opinion that FGM does cause physical, psychological, social and sexual impacts to those who undergo the procedure.

These impacts can be either short or long-term depending on the type of FGM done on the individual.

From the findings from the focus group discussion, it indicated that women in Sierra Leone more often than not experience complications after FGM, a fact that has not been document to this extent before. This is because, many of these women were very young when FGM was performed on them, and for those who reported about

complications, it is often speculated that they were probably told what happened to them during or immediately after FGM rather than them remembering the experience themselves.

When were asked to describe how the practice of FGM impacted and affected their lives, one participant responded, “I can try to explain the physical and emotional torture that I experienced but there are absolutely no words to describe how it felt, it affected the relationship with myself and others.
I look happy on the outside but the inside I was a wreck.”

Another respondent mentioned that she was happy she underwent FGM because even though she suffered from excessive bleeding initially, and delay in wound healing but she was able to recover from it. In Sierra Leone, most women who undergo FGM are likely to be affected by some condition that requires medical attention and most communities do not have modern medical facilities and when emergencies arise from FGM, they cannot be treated and in such cases, when women develop uncontrolled bleeding or infection or pain; they may die within hours of the practice.

One participant said she did not face any consequences after undergoing FGM but she was left with a scar and even though she was young when she underwent the procedure, the scar is still there right now. The scars that this practice leaves on the bodies of most women prevents urine and the menstrual flow escaping by the normal channels. These scars may cause anxiety and shame among some women and most times, embarrassment. Mutilated women are embarrassed when they visit the hospital and their sexual organs look different due to the disfigurement cause by FGM. Most went through FGM when they were younger and probably did not have any idea about the impacts of the practice but as they grew older, they understood the impact that this practice had on their bodies. These scars lead to acute retention of urine and menstrual

blood, and to a condition called Haematoceles, which is very detrimental to the health of women concerned and causes offensive odors (Koso-Thomas, 1987).

In Sierra Leone, women who undergo FGM suffer various degrees of emotional and mental distress and disturbances, this is because FGM is a highly traumatic practice and may trigger the onset of emotional trauma, hallucination, mental depression, frigidity, low self-esteem, post-traumatic stress syndrome and mental disorder. For most women, undergoing FGM is a traumatic experience that leaves lasting psychological mark and adversely affect their mental health (Mgbako, 2010). Women may also develop psychological conditions which make them withdrawn and uncommunicative or distrustful (Burrage, 2015).

Female genital mutilation in Sierra Leone is a deeply entrenched social convention among ethnic groups and tribes and such carries impacts both when it is done and when it is not done. (Abusharaf, 2001) According to Koso-Thomas (1987), it is argued that to belong to an ethnic group or tribe and be identified with that group carries with it certain obligations which are expected to be met before one is accepted as a full member. In most communities in Sierra Leone where FGM is practiced; it is a ritual which takes place in the Bondo Bush and which confers full social acceptability and integration upon the women. It gives women a lot of power in the household and they and their families acquire social position and respect. Failure to go through the Bondo Bush rituals and eventually go through FGM makes women to become estranged from their own kith and kin and may lose their right to contribute to, or participate in the community life or in the gatherings and meetings of women who have gone through the practice. Failure to go through the practice may lead to difficulty in finding a husband, shame, stigmatization, as well as loss of social respect, honor, and dignity and in most cases, the loss of such rights and privileges may extend to the male head

of the family because they did not allow the women in their families to go through the practice. (Kwaak, 1992). This is why for most participants, when asked; they said they joined Bondo in order to avoid shame and disgrace and embarrassment

One participant said that FGM controlled her sexuality and made her not to be wild or free. By mutilating her sexual organ, it curb her sexual drives and make her preserve chastity before marriage. Most participants do not recall ever having complications after the procedure as most of them were young and had no idea about what was going on at that time.

Few of the participants want the practice to be discontinued, as its negative health complications were affecting women who undergo FGM. They believe that the practice do not have any benefits on the women who go through it. One participant mentioned how FGM is one of the cause of high maternal and infant mortality. Two Soweies who participated in the focus group discussion want the practice to continue. They argued that if FGM is eradicated, part of their culture and tradition would likewise be eradicated leaving society bereft of purpose and with nothing to look forward to. They asked what will happen to them who depend on the ceremony fees or subsistence. Some of them are old and cannot do any other work apart of being a Sowei. One of them responded adamantly opposed eradication as the sense of solidarity sustained by the practice would be lost, thus arousing feelings of inequality which may lead to jealousy, hatred and constant conflict within communities.

4.3.3 Reasons for the practice.

Participants were asked about the reasons why FGM is performed on women in Sierra Leone. Almost all the participants in the focus group discussion with circumcised

women believe that tradition is responsible for FGM practices in their communities. Tradition emerged as the cover for most of the justification endorsing the practice of FGM. According to Participant 1 of the FGD "There is a traditional covenant that we should be initiated into FGM and that we should also initiate our children and children's children, it must be passed from one generation to another. Most policy makers believe that the traditional fabric of society should be galvanized if they as policy makers and law makers should make any form of law that affect the practice of FGM in Sierra Leone. As one of the participants had this to say, "Even as a member of parliament, I am a circumcised woman and such initiative was championed by mother, grandmother and aunties. They were told it was a tradition and no questions were asked. This goes to explain why FGM is perceived as a traditional practice in Sierra Leone by those who are advocating for its continuation.

Female genital mutilation in Sierra Leone is justified on so sociological grounds. It is a rite of passage and convey group affiliation. In many contexts, social acceptance is the primary reason for continuing the practice. It is believed that FGM is practiced to promote social and political cohesion. In communities in Sierra Leone, to belong to one's ethnic group and be identified with that group carries with it certain obligations which one is expected to meet before becoming a member. If it is an obligation for all women to be mutilated, members of the community in order to belong tend to fulfill this requirement.

Failure to do so means that any right to the privileges and benefits available to group or community members cannot be justly claimed. The fear of losing the psychological, moral, and material benefits of belonging is one of the greatest motivators of conformity. Many studies have showed that FGM is practiced by followers of many religions such as; Christians, Muslims, Catholics, Jews and Animists. In the religious

text of these religions there is no basis for FGM (FGM New Zealand, 2016). The practice of FGM has been justified under Islam, yet many Muslims do not practice it and within Christianity, the Bible does not mention FGM. Most of the women who responded to the study questionnaire were Muslims by religion. This finding was also outstanding during the interviews with key informants and FGD with women and during the FGD, as most women believe that Religion is responsible for FGM practices in their communities. “Islam strongly condemns and forbids fornication and adultery. Therefore, cutting of the clitoris would reduce orgasm and sexual urge among women. This is exactly the linkage” one participant emphasized. Female genital mutilation has been linked to religion, obligatory rites, even though there is no written requirement for it in any of the holy books. World Health Organization, United Nations Population Fund(WHO, UNFPA) are leading global agencies and they believe that there is no health benefit associated to the practice of FGM and are working towards the elimination of FGM. In Sierra Leone, FGM is a tradition that predates both Christianity and Islam and is practiced predominately within certain Muslim societies but also exists within some adjacent Christians and animist groups. Some adherents of these religions believe the practice is compulsory for patrons.

Two participants (a Sheik and a Bishop). Both agreed that religion cannot be disconnected from the practice of FGM even though the practice is not religiously endorsed. According to the Sheikh, “Large proportion of Sierra Leoneans who are involved in FGM are mostly either Muslims or Christians. So how can we disassociate FGM from religion?” he asked. For me “religious leaders can be brought on board the ship of FGM eradication in order to realize a more useful and sustainable result” said the Bishop.

Another reason that was given by participants was the prevention of promiscuity. They believe that the organ of a woman that generates sexuality and promotes promiscuity is removed in order to protect women from their own sexuality, and from the risk of becoming promiscuous and thereby bringing shame and disgrace to their families. They believe that FGM preserve the chastity of women until the day they marry and consummate. FGM is believed to be proof of a woman's virginity, thereby improving the marriage prospects of unmarried women who have undergone the procedure. FGM is defended on the grounds that it removed an organ which generates female sexuality and promotes promiscuity. Just as in the prevention of promiscuity, FGM protects and preserve the chastity of young girls and women until the day they marry.

One participant mentioned that FGM increase matrimonial opportunities as all those who go through it are married within a year after going through it. She said in her community, men do not marry a women who has not gone through GM as their tradition forbids him. Often women undergo FGM as a precursor to early marriage; in many communities, they are seen ready for marriage once they are mutilated .FGM is sometimes thought of as a prerequisite for marriage which may be one explanation, but these factors may also be a result of coming of age.

One participant who happens to be a Sowei said "We do not do it out of love, but out of custom, poverty and ignore. We do it because we think we do not have a choice". In most communities, these women are the breadwinners of their families, with few opportunities for paid work and so therefore, they consider being a Sowei as a career for an economic opportunity. The practice is now views mainly as a source of income and this has compromised the core cultural reasons for initiation. They receive gifts from the families of the initiate for performing the ritual. They also enjoy an elevated stature in the communities as custodians of their cultures and traditions and are afraid

that if they ever stop, they might not be able to get income and might lost the respect their get in the communities.

One participant mentioned that lack of education was the reason why she was mutilated, she said she was not educated enough on her rights and not given enough information on the dangers of FGM. Education is known to be the best long-term intervention to address FGM. Low education is associated with FGM. This has been found true in other studies like in Ibadan, Nigeria among 453 women at antenatal clinics which found that illiterate women were significantly more often positive towards FGM (Onadeko, 1985).When women are educated, they are able to resist family, community pressure and engaged with information about their rights and the harm of FGM.

4.3.4 Government and Community Initiatives

Almost all the key informants interviewed and only 4 participants who participated in the FGD confirmed that indeed there are community and government initiatives that speak against FGM in Sierra Leone when responding to whether they were aware of any law against FGM in Sierra Leone. However, one participant interviewed confirmed that Sierra Leone does not presently have any national law that explicitly prohibit and punishes the practice of FGM. In 2014, the government of Sierra Leone placed a countrywide ban on FGM to control the spread of the Ebola Virus Disease. Those who were found involved in the act during the EVD outbreak were fined. This intervention though short-lived, drastically reduced the prevalence of FGM in Sierra Leone. There is no evidence of national legislation that has been used in any way to prosecute perpetrators of FGM. There is currently no national legislation in Sierra Leone that expressly criminalizes and punishes the practice of FGM and no penalties

set out in the laws of Sierra Leone for practicing FGM. In the absence of national legislation banning FGM, there are no reported prosecutions or court proceedings in Sierra Leone. There is weak implementation and enforcement of international and regional instruments that are meant to protect women from FGM. Because FGM is culturally sensitive and politically charged, to bring an end to the practice in Sierra Leone the public opinions should be shifted and traditional and religious leaders, as well as Parliamentarians should be engaged to understand the negative impacts of FGM.

CHAPTER 5 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter is about the summary of the findings of this study, it presents a discussion, implications and conclusions to make recommendations to be included in relevant policies to protect women against harmful traditional practices like female genital mutilation. The specific objectives of the study were explored, assessed, investigated and described.

5.2 Discussion

5.2.1 FGM practice in Sierra Leone

From the interviews, cultural beliefs and traditions are the most reasons that support the continuation of the practice of FGM in Sierra Leone. In Sierra Leone, there are collectivist cultures whereby value is placed on the needs of the society or community over that of an individual. Emotional, financial and spiritual resources are obtained through the maintenance of harmony with cultural norms and beliefs and so therefore kinship, family and community are extremely important (Berer, 2010). These norms, traditions, cultures are important features that can perpetuate traditional rituals such as FGM in Sierra Leone. FGM is done in secret societies like the Bondo Society, the practice usually takes the form of a crudely performed operation to remove the clitoris, sometimes with blades, penknives, sharpen stones and even broken glasses and this practice is a key part of the initiation ceremonies that prepare girls for marriage and motherhood.

In most communities in the Western Area of Sierra Leone, FGM is performed on both young girls and women, mostly between the ages of 10 -15 years and for some, 18 and above. Back in the olden days, the Bondo bush was a training center, the training periods lasted for one to two years during which the initiates were taught housewifery, mother craft, hygiene and sanitation. They were taught how to respect elders, their in-laws, to kneel when addressing them not to look the elder in the face, or answer back when chastised. FGM was an integral part of the rites of passage that mark a girl's coming of age, conferring a sense of pride and status to girls and women who undergo the procedure. Given the socioeconomic climate in Sierra Leone these days, many practitioners of FGM are leaving much of the traditional training that is part of Bondo initiation and focusing mostly, on the mutilation; meaning that the ceremony is completed within a matter of days. For some girls and women, they are not even taken to the Bondo bush any more, some are mutilated even at their backyards and some in their homes. In Sierra Leone, usually this is done without anesthesia, this is because medically FGM is wrong, and most traditionalists would rather have it done in the Bondo Bush or in their backyards. Many consider a being a Sowei as a career and an economic opportunity, hence, the practice of FGM is struggling in Sierra Leone to maintain its cultural justification as it increasingly becomes solely a commodity.

5.2.2 Impact of FGM on the health of women in Sierra Leone

Female genital mutilation do not have any health benefits. Its impacts on the health of women in Sierra Leone depends on the type of FGM performed, the expertise of the circumciser/Sowei and whether antibiotics and sterilized instruments were used. The practice of cutting the genitalia of women is not without its consequent health, particularly sexual and reproductive, psychological problems.

According to Toubia and Rahman (2000) they are of the opinion that FGM does cause physical, psychological, social and sexual impacts to those who undergo the practice. FGM causes pain, hemorrhage, urinary infection, fever, tetanus, pelvic infection, cysts and abscesses, keloid scar, birth complications, lack of orgasm, several of these conditions can result in serious trauma or death; some women face various degrees of emotional and mental distress and disturbances. In spite of all the impacts of FGM, many supporters still consider the Bondo initiation as a cultural and social necessity, especially for young girls.

5.2.3 Initiatives by communities and the government of Sierra Leone.

In most communities that practice FGM, abandoning the practice totally would be an abandonment of their culture and traditions. People who are pro-FGM state that it does not oppress female sexuality and does not have any negative impacts on the lives of women and so instead, they embrace it as part of their ritual practices. In an interview in 2019, Sierra Leone's First Lady, Madam Fatima Bio refused to speak against the practice as according to her, there are more important issues like polygamy and rape. These comments by her made her seem like she is a pro-FGM and while she might be lucky to have gone through FGM without any complications, it is not the same case for many other women in Sierra Leone

According to several key informants that were interviewed, it was stated that because of the political sensitivity of the issues surrounding FGM in Sierra Leone, the government of Sierra Leone has not taken the lead in trying to stop the practice; most politicians and government officials avoid discussing Bondo

Society and FGM because it could jeopardize their success in elections. There is currently no law in Sierra Leone that criminalizes FGM outright, and the Government remains indecisive with respect to eradication efforts.

The Child Rights Act 2007 states that girls should be of legal age (18) before they can consent to be cut. This age of consent means that no girl below the age of 18 shall undergo FGM in Sierra Leone, when she is of age, she shall take a free and informed decision if she wants to undergo the procedure. This Child Rights Act is supported by anti-FGM organizations, as well as the Sowei Council; who encourage practitioners to wait until girls are able to consent to initiation. According to Yvette Stevens, the Permanent Representative of Sierra Leone to the United Nations Office, the combating of FGM of girls under 18 years of age is a priority for the Government of Sierra Leone and FGM should be culturally contextualized and that it can only be eliminated through sensitization, she also argued that Sierra Leone as a nation wants to give women over 18 the right to choose what happens to their body (UN Human Rights Committee, 2014).

Following the ratification of the revised Child Rights Bill in 2007, the Deputy Minister of Gender, Social Welfare and Social Affairs stated that the practice of FGM was and is part of Sierra Leone's culture and therefore it could not just be eradicated from the land. A decade earlier, the Minister for Social Welfare had publicly declared that they will sew up the mouths of those preaching against Bondo and sometime back in 2002 general elections, the sole woman candidate for the Presidency felt obliged to deny rumors that she had advocated a ban on FGM.

Despite the fact that Sierra Leone has signed both regional and international treaties to protecting women and girls such as the National Constitution which explicitly prohibit violence against women, the Convention on the Elimination of all forms of

Discrimination against women (CEDAW) and many others, yet still, the prevalence of FGM remains high in Sierra Leone. The death of a 10 year old girl as a result of the practice in December 2018 sparked renewed calls for the end of the practice early 2019.The

Minister of Local Government and Rural Development in a letter to regional ministers on January 21 2019, stated that "The government has with immediate effect banned initiation countrywide". However, few months down the line, campaigners against FGM still want to know what the government will do to protect women, and how they will make sure the ban is enforced. Most campaigners against FGM do not want to eradicate the Bondo, its part of the culture of Sierra Leoneans, but what they want is to make sure that FGM is removed from the initiation practices. (Batha and Peyton, 2019).

There are numerous INGOs, NGOs and CSOs in Sierra Leone working to eradicate FGM using a variety of strategies, including a harmful traditional practices (HTP) approach, addressing health risks of FGM and promoting girls' education They work at the grass-roots level across Sierra Leone to mobilize communities to end FGM, provide sensitization, enlighten women in their rights, enhance women's participation in governance, promote non-violent attitudes towards women and support victims and survivors of FGM. Some of these NGOs include Action for Community Task (ACT), Advocacy Movement Network (AMNET), Amazonian Initiative Movement (AIM), and Freedom from Fistula, National Movement for Emancipation and Progress, and so many more. Peddle's (2012) study of organizations working in Sierra Leone towards the abolition of FGM found that, due to the political sensitivity surrounding the topic of FGM, there is a notable lack of governmental involvement and commitment to approaching the issue and that these NGOs are the main advocates of FGM abolition.

Some positive changes have been observed in termed of increased awareness about FGM but despite the efforts of these NGOs, they face considerable challenges and are not fully supported because of the absence of national policies and legislation addressing FGM in Sierra Leone. Some of the challenges that these NGOs face include resistance from Soweis and traditional leaders to end the practice because they want to maintain their statuses in the communities as well as gain financially from the initiation fees. Many women are not aware of their rights and have poor access to legal support and the judiciary regarding GBV crimes.

In December 2019, an organization known as Purposeful was able to negotiate with the Soweis and traditional practitioners and they were able to come up with "Bondo without cutting". This was a ceremony that took place in the Northern Region of Sierra Leone with other NGOs and seventy girls, all over the age of 18 years underwent through the alternative initiation ceremony without going through the FGM practice. These girls were taught self-care and domestic skills and they learned about their cultural heritage and traditional medicine. This might be a new way for the people of Sierra Leone in terms of bringing an end to GM in Sierra Leone. Many NGOs and Activist still want to maintain the cultures and traditions of old but they believe that women and girls can go through the whole initiation ceremony and learn so much without the cutting.

5.3 Conclusions

Based on the interviews, focus group discussions and review of literature, it can be concluded that the practice of female genital mutilation in Sierra Leone is a traditional practice that is deeply embedded in the culture and traditions of Sierra Leoneans and it is widely known and practiced in the Western Area district. The practice of FGM is

entrenched in the socio-cultural life of an undesirably large percentage of women in Sierra Leone. FGM like many other social and cultural practices are known to be detrimental to women's health and well-being. In Sierra Leone, most women feel that before marriage and motherhood are possible, they must comply with the dictates of their community or society.

Women's ignorance of their rights and what happens to their bodies has been exploited to the extent that many lack the will to be free to be themselves and make decisions about what happens to them. The acceptable image of women with a place in society becomes that of one who goes through female genital mutilation, docile, fertile, marriageable, hard-working, asexual and obedient. The reality of women in society, however is one crippled physically and mentally for the rest of their lives. Therefore, there is an urgent need for the socio-cultural revolution of women to prevent the impending dangers from mutilation of future generations of Sierra Leone women. Women should also be educated about the procedure and should be provided with autonomy regarding decisions to participate. It is important that they are provided with access to information about FGM and are given the right and authority to decide whether they want to undergo the procedure or not.

Female genital mutilation affects a large proportion of women in Sierra Leone and it appears from the response of participants who had FGM- related complications that treatment is needed immediately after the procedure. Evidence from this study shows that type I is the most prevalent type of FGM occurring in Sierra Leone.

Although there is still room for future research on FGM, findings from this research indicated that the most powerful strategy for protecting women's health and well-being is to educate them on their fundamental human rights and that it does not matter

whether FGM a traditional or cultural practice that they must observe but they can actually choose what happens to their bodies.

This study shows that for FGM to be completely eradicated in Sierra Leone, it is a complicated procedure because of the many vested interests to perpetrate the practice and changing perceptions and attitudes towards it will be a slow, long and arduous process.

5.4 Implications

The persistence of FGM in the Western Area District despite the massive awareness on its dangers by NGOs working to put an end to FGM, there has been a laxity by the government of Sierra Leone in enforcing laws to prohibit FGM or to punish those who still do it due to several reasons. The government of Sierra Leone needs to move in and enforce laws to protect women against harmful traditional practices like FGM.

5.5 Recommendations

The overriding recommendation is total abolition or abandonment of Female genital mutilation in Sierra Leone. However, Female genital mutilation is a sensitive topic and its eradication requires concerted efforts from everyone to protect the lives of girls and women from the violation of their rights and abusive cultural and traditional practices that put them at risk. In order to address the plight of women who suffer as a result of the persistence of FGM and its negative effects, the following should be encouraged by policy makers and the government of Sierra Leone, NGOs, Religious leaders, as well as community members; so as to contribute to the eradication of FGM in Sierra Leone;

5.5.1 Policy-makers and Government of Sierra Leone

Create more awareness on the dangers of FGM on the lives of women. There should be more intensive campaigns especially through the media focusing on the dangers and negative impacts of FGM on women.

There is an urgent need to adopt national policies and pass legislation in Sierra Leone to protect women and also girls, from FGM. Legislation without political commitment and other proactive interventions is ineffective. The government of Sierra Leone with the help of professionals, policy-makers, communities and different NGOs should fully implement legislation prohibiting female genital mutilation in Sierra Leone, including prosecution of perpetrators.

With majority of Sierra Leoneans so strongly attached to the practice as part of their tradition and culture, there is a need for education campaigns to be organized by the Ministry of Education in the communities in Sierra Leone that practice FGM. In order to effect the changes of FGM in communities, the mind-set of people must be changed, they should be given correct information on the relevant issues surround the impacts of FGM on women.

There is a need for education fraternity and hospitals to set up strong counseling units at both national and local levels to emphasize on the negative impacts of FGM and reduce stigmatization on the uncircumcised women. There should also be training activities and programs for public officers in the health sector, to ensure that they are sensitized on the issue of FGM and how to provide adequate support to victims.

There should be an alternative employment opportunities for traditional practitioners and Soweis, alternative sources of income should be provided for them as most of them

rely and depend on the income they get from the practice to survive and use as livelihood. They should also be educated about the health risks associated with the practice. Projects should be created to combine education on the harmful effects of FGM with the development of new skills and provisions of loans or other incentives to find alternative source of livelihood.

5.5.2 Religious Leaders

It is essential for Council of Churches in Sierra Leone as well as other religious leaders to take active role in the campaigns against FGM in Sierra Leone.

5.5.3 Non-Governmental Organizations

Anti-FGM crusaders and NGOs need to be more active in Sierra Leone and set up more safe homes and rescue centers for women and also to encourage the establishment of pressure groups among the women so that they can be able to share their stories with others. Specific sensitization and advocacy campaigns should target community members, soweis, traditional leaders and women

5.5.4 Community members

Specific sensitization and advocacy campaigns should have as target groups all community members, especially adult females, soweis and traditional leaders. The messages should stress that circumcising girls when they are still children has no benefits for the children; that early age circumcision leads to early age sexual intercourse, early age marriage, and early age teenage pregnancy and motherhood; that those aspects which community members regard as the advantages of early age

circumcision, may in fact be gross and inhuman violations of the human rights of the child; that there are considerable short term dangers, and long-term health risks to the child as a result of an early-age circumcision. Adult females, in particular, should be sensitized to end the practice of stigmatization and social isolation of girls who are not circumcised

5.6 Suggestions for Further Research

Female genital mutilation merits much more attention in research and policy in Sierra Leone to identify and understand the effects that it has on women. Researches are needed to examine the meaning of the practice to communities to encourage the abandonment of the cutting aspect of the tradition. Research of a qualitative nature would help us understand the role and influence of the traditions and cultures of a community and the role of other family members on the decision-making process for FGM in Sierra Leone.

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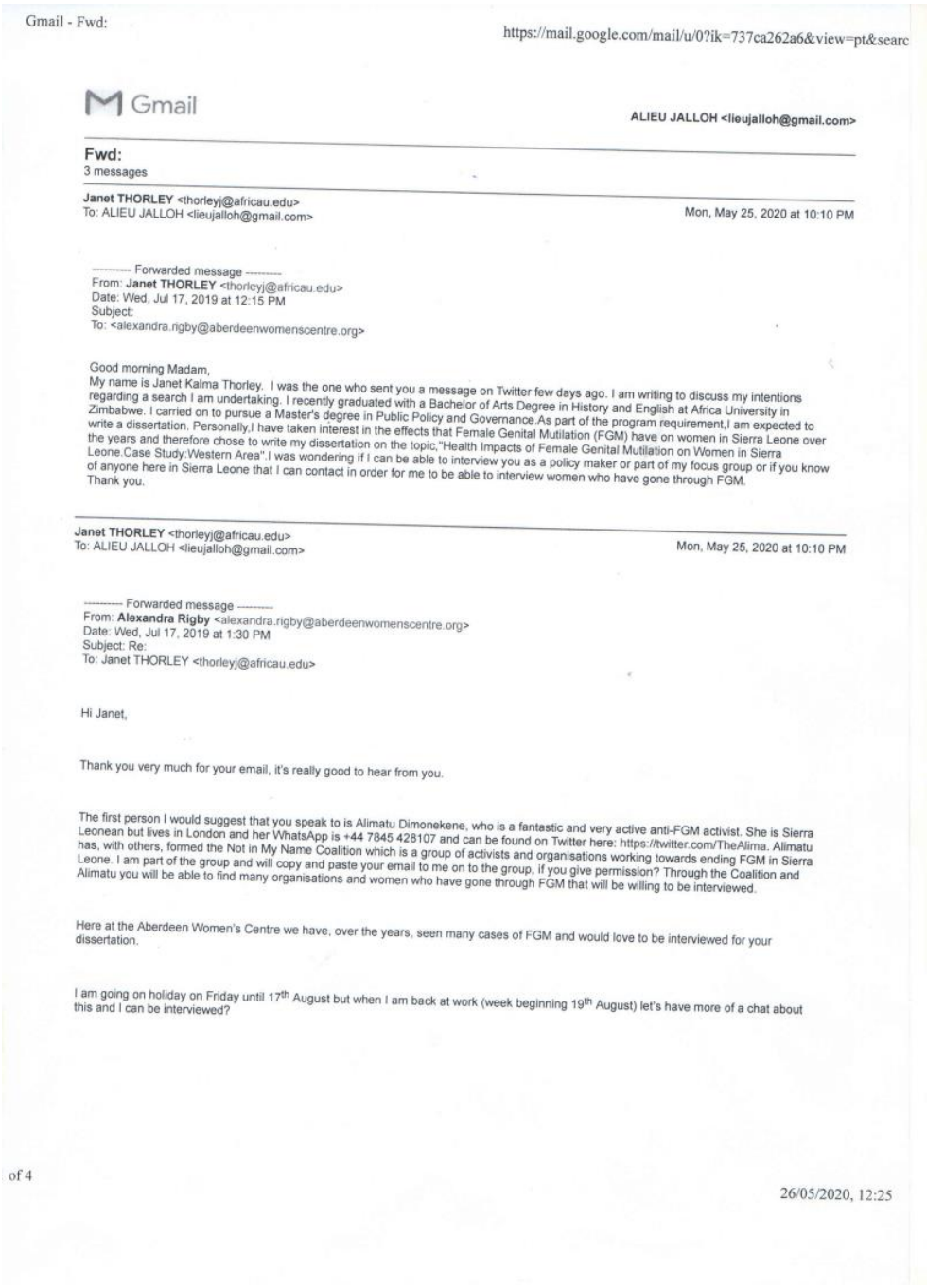
Appendix

Appendix 1: Emails Sent To Policy Makers for Permission to Undertake Research



Gmail - Fwd: https://mail.google.com/mail/u/0?ik=737ca262a6&view=pt&searc

Gmail ALIEU JALLOH <lieujalloh@gmail.com>

Fwd:
3 messages

Janet THORLEY <thorleyj@africau.edu>
To: ALIEU JALLOH <lieujalloh@gmail.com> Mon, May 25, 2020 at 10:10 PM

---------- Forwarded message ---------
From: **Janet THORLEY** <thorleyj@africau.edu>
Date: Wed, Jul 17, 2019 at 12:15 PM
Subject:
To: <alexandra.rigby@aberdeenwomenscentre.org>

Good morning Madam,
My name is Janet Kalma Thorley. I was the one who sent you a message on Twitter few days ago. I am writing to discuss my intentions regarding a search I am undertaking. I recently graduated with a Bachelor of Arts Degree in History and English at Africa University in Zimbabwe. I carried on to pursue a Master's degree in Public Policy and Governance.As part of the program requirement,I am expected to write a dissertation. Personally,I have taken interest in the effects that Female Genital Mutilation (FGM) have on women in Sierra Leone over the years and therefore chose to write my dissertation on the topic,"Health Impacts of Female Genital Mutilation on Women in Sierra Leone.Case Study:Western Area".I was wondering if I can be able to interview you as a policy maker or part of my focus group or if you know of anyone here in Sierra Leone that I can contact in order for me to be able to interview women who have gone through FGM.
Thank you.

Janet THORLEY <thorleyj@africau.edu>
To: ALIEU JALLOH <lieujalloh@gmail.com> Mon, May 25, 2020 at 10:10 PM

---------- Forwarded message ---------
From: **Alexandra Rigby** <alexandra.rigby@aberdeenwomenscentre.org>
Date: Wed, Jul 17, 2019 at 1:30 PM
Subject: Re:
To: Janet THORLEY <thorleyj@africau.edu>

Hi Janet,

Thank you very much for your email, it's really good to hear from you.

The first person I would suggest that you speak to is Alimatu Dimonekene, who is a fantastic and very active anti-FGM activist. She is Sierra Leonean but lives in London and her WhatsApp is +44 7845 428107 and can be found on Twitter here: https://twitter.com/TheAlima. Alimatu has, with others, formed the Not in My Name Coalition which is a group of activists and organisations working towards ending FGM in Sierra Leone. I am part of the group and will copy and paste your email to me on to the group, if you give permission? Through the Coalition and Alimatu you will be able to find many organisations and women who have gone through FGM that will be willing to be interviewed.

Here at the Aberdeen Women's Centre we have, over the years, seen many cases of FGM and would love to be interviewed for your dissertation.

I am going on holiday on Friday until 17th August but when I am back at work (week beginning 19th August) let's have more of a chat about this and I can be interviewed?

of 4 26/05/2020, 12:25

Gmail ALIEU JALLOH <lieujalloh@gmail.com>

Fwd: FGM research in Kambia

1 message

Janet THORLEY <thorleyj@africau.edu>
To: ALIEU JALLOH <lieujalloh@gmail.com>
Mon, May 25, 2020 at 10:14 PM

---------- Forwarded message ---------
From: **Adwoa Kwateng-Kluvitse** <Adwoa@forwarduk.org.uk>
Date: Fri, Jul 5, 2019 at 3:24 PM
Subject: FGM research in Kambia
To: Janet THORLEY <thorleyj@africau.edu>
Cc: Michael P Thompson <michaelprincethompson@yahoo.com>, Franklyn Surian <franklynsurian1967@gmail.com>, aminata koroma <aminatakoroma052@gmail.com>

Dear Janet,

Thank you for your email which has been forwarded for me.

FORWARD has been working in Sierra Leone, with our partner AMNet in Kambia district. They would be ideally placed to assist you with your research.

If you are in Freetown, you can contact AMNet whose offices are at Spur Loop and discuss what you need with Micheal or Franklyn copied above.

Our other partner G2G has been working on the issue in suburbs in Freetown and is the secretariat of the Forum Against Harmful Practices (FAHP). Again you can contact Aminata (also copied above) for more information.

As you are no doubt aware FORWARD is based in the UK and will be unable to meet with you in person.

We would love to have a copy of the research when it is completed for our library.

Do come back to me if we can assist further.

adwoa

Good afternoon, Aunti Ami, Micheal and Franklyn,

Hope all is going well with the DREAM evaluation.

Please see email request below – I hope you will be able to assist her – in fact I know you willl all the good work DREAM has been doing would be ideal to support her dissertation.

thank you

Gmail ALIEU JALLOH <lieujalloh@gmail.com>

Fwd:
1 message

Janet THORLEY <thorleyj@africau.edu>
To: ALIEU JALLOH <lieujalloh@gmail.com>
Mon, May 25, 2020 at 10:14 PM

---------- Forwarded message ---------
From: **Josephine Kamara** <josephine@wearepurposeful.org>
Date: Wed, Jul 17, 2019 at 6:08 PM
Subject: Re:
To: Janet THORLEY <thorleyj@africau.edu>

Hello Janet
Please reach out to Diaka Koroma. She is a renowned young advocate against FGM. Here are her contact details 030690005/079407000. Also, Forum Against Harmful Practices (FAHP) can help...Contact Zainab Koroma on 076764293. My work is mostly on supporting local organisations to do girls programs and amplifying voices and positive beliefs...I also work on promoting education for all girls irrespective of their life circumstances. Right now, I am leading the advocacy campaign for pregnant girls rights to education. I won't be of great help to discuss FGM issue but I am positive the people I have connected you with are in the position to help you with your research. Thank you.

On Wed, Jul 17, 2019 at 2:21 PM Janet THORLEY <thorleyj@africau.edu> wrote:

> Good Afternoon Madam,
> My name is Janet Kalma Thorley. I am writing to discuss my intentions regarding a search I am undertaking. I recently graduated with a Bachelor of Arts Degree in History and English at Africa University in Zimbabwe. I carried on to pursue a Master's degree in Public Policy and Governance.As part of the program requirement,I am expected to write a dissertation. Personally,I have taken interest in the effects that Female Genital Mutilation (FGM) have on women in Sierra Leone over the years and therefore chose to write my dissertation on the topic,"Health Impacts of Female Genital Mutilation on Women in Sierra Leone.Case Study:Western Area".I was wondering if I can be able to interview you as a policy maker or part of my focus group or if you know of anyone here in Sierra Leone that I can contact in order for me to be able to interview women who have gone through FGM.
> Thank you.

--
Josephine Kamara
Program Coordinator
Advocacy and Communication Focal Person
Purposeful
www.wearepurposeful.org
Phone/Skype: +23276777171
Twitter: @Jojo_Jazzmeen

Gmail ALIEU JALLOH <lieujalloh@gmail.com>

Fwd:
1 message

Janet THORLEY <thorleyj@africau.edu> Mon, May 25, 2020 at 10:13 PM
To: ALIEU JALLOH <lieujalloh@gmail.com>

---------- Forwarded message ---------
From: **Mary Stevens** <marystevens37@yahoo.com>
Date: Wed, Jul 10, 2019 at 4:12 PM
Subject:
To: Janet THORLEY <thorleyj@africau.edu>

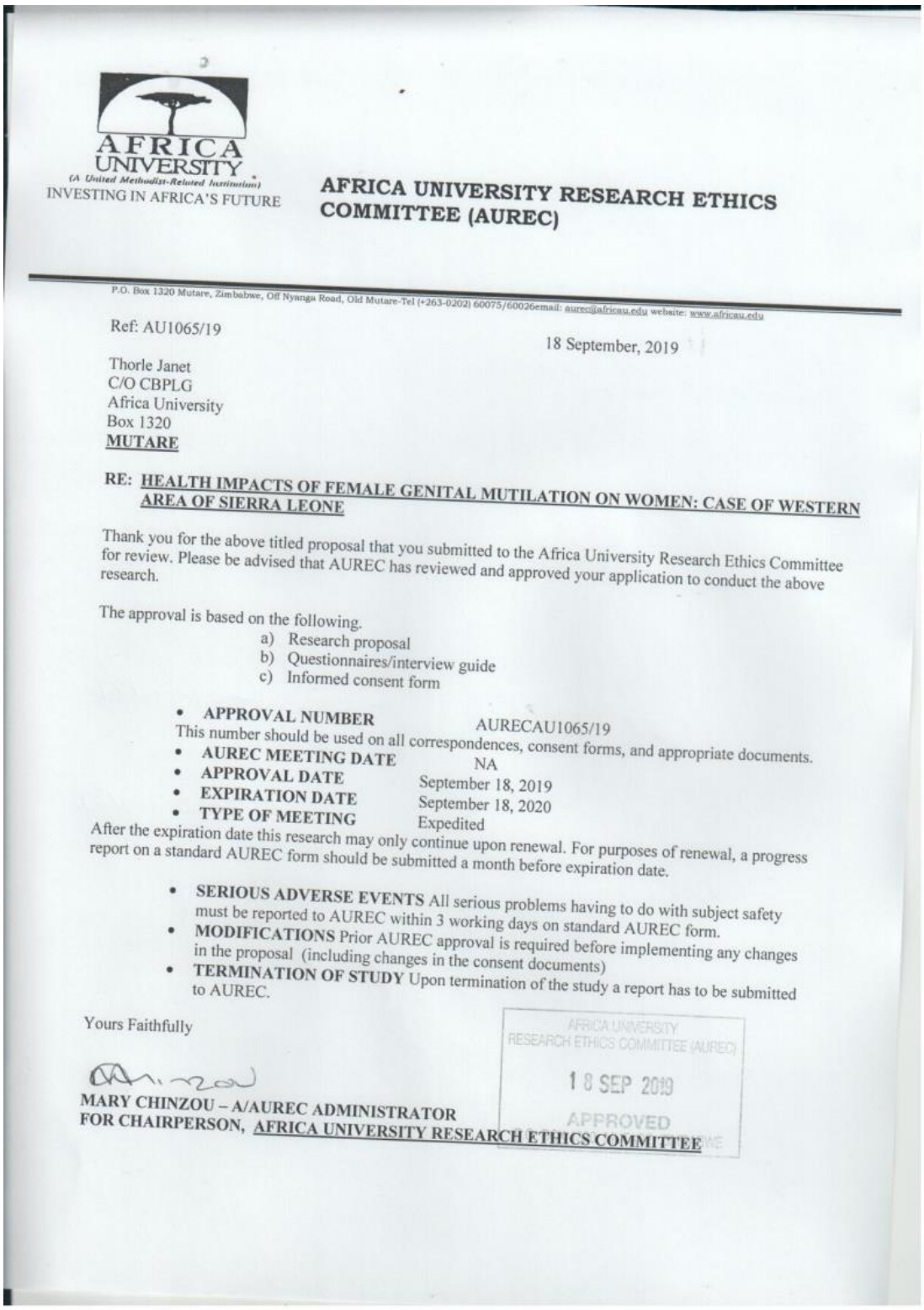
Dear Janet,
Hope this mail finds you well, your request is granted and will be looking forward to seeing you in the office at No 68 Bai Bureh Road Kissy by Texaco by Friday 12th July 2019

Regards
Mary Stevens

On Wednesday, July 10, 2019, 10:13:39 AM GMT, Janet THORLEY <thorleyj@africau.edu> wrote:

Good morning Madam,
My name is Janet Kalma Thorley. I am writing this letter to discuss my intentions regarding a research I am undertaking. I recently graduate with a Bacherlor of Arts Degree in History and English at Africa University in Zimbabwe. I carried on to pursue a Master's degree in Public Policy and Governance. As part of the program
requirement, I am expected to write a dissertation. Personally,I have taken interest in the effects that Female Genital Mutilation (FGM) have on girls and women in Sierra Leone over the years and therefore chose to write my disseration on the topic,"Impact of Female Genital Mutilation on Girls and Women in
Sierra Leone. Case Study:Kambia District.
I came across your organization online and I was wondering if I can be able to interview you as policy makers or part of my focus group on your work on FGM here in Sierra Leone.
I hope my request will be highly considered.
Thank you.

Appendix 2: AUREC Approval



AFRICA UNIVERSITY
(A United Methodist-Related Institution)
INVESTING IN AFRICA'S FUTURE

AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE (AUREC)

P.O. Box 1320 Mutare, Zimbabwe, Off Nyanga Road, Old Mutare-Tel (+263-0202) 60075/60026email: aurec@africau.edu website: www.africau.edu

Ref: AU1065/19

18 September, 2019

Thorle Janet
C/O CBPLG
Africa University
Box 1320
MUTARE

RE: HEALTH IMPACTS OF FEMALE GENITAL MUTILATION ON WOMEN: CASE OF WESTERN AREA OF SIERRA LEONE

Thank you for the above titled proposal that you submitted to the Africa University Research Ethics Committee for review. Please be advised that AUREC has reviewed and approved your application to conduct the above research.

The approval is based on the following.

a) Research proposal
b) Questionnaires/interview guide
c) Informed consent form

- **APPROVAL NUMBER** AURECAU1065/19
  This number should be used on all correspondences, consent forms, and appropriate documents.
- **AUREC MEETING DATE** NA
- **APPROVAL DATE** September 18, 2019
- **EXPIRATION DATE** September 18, 2020
- **TYPE OF MEETING** Expedited

After the expiration date this research may only continue upon renewal. For purposes of renewal, a progress report on a standard AUREC form should be submitted a month before expiration date.

- **SERIOUS ADVERSE EVENTS** All serious problems having to do with subject safety must be reported to AUREC within 3 working days on standard AUREC form.
- **MODIFICATIONS** Prior AUREC approval is required before implementing any changes in the proposal (including changes in the consent documents)
- **TERMINATION OF STUDY** Upon termination of the study a report has to be submitted to AUREC.

Yours Faithfully

AFRICA UNIVERSITY
RESEARCH ETHICS COMMITTEE (AUREC)
18 SEP 2019
APPROVED

MARY CHINZOU – A/AUREC ADMINISTRATOR
FOR CHAIRPERSON, AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE

Appendix 3 Informed consent

My name is Thorley Janet, a Master student doing public policy and governance. I am conducting an academic research on the impacts of female genital mutilation on women in Sierra Leone focusing on the Western Area District. I am going to give you information and invite you to be part of this project. You do not have to decide today whether you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. The information you give will be treated with confidentiality, therefore you will not be required to indicate your names anywhere on this questionnaire as a measure of confidentiality. The information provided will be used for the purpose of this study. I kindly request you to fill the questionnaire. Your responses will be highly appreciated.

Purpose of the research

The purpose of this study is to explore Female genital mutilation, its health impact on women and critic the policy and programs put in place by the Sierra Leone government to protect women from harmful traditional practices.

Procedures and duration

If you decide to participate in this study, you will be required to complete the questionnaire or answer interview questions. It is expected that this will take only about 15 to 20 minutes. To avoid work disruptions, you will be given three days to complete the questionnaire form so that you can fill it at your spare time. The short interview will be conducted upon placing an appointment.

Risks and discomforts

No risk or discomforts associated with this study.

Benefits and/or compensation

There will be neither direct benefit nor any incentive to you to take part in the research, but your participation is likely to help us find out more about policies protecting women from FGM.

Confidentiality

Given the sensitivity nature of this research, the researcher shall protect the participants making sure that their contributions will be treated with utmost anonymity/confidentially and will be used purely for academic purposes. No names will be captured on the questionnaires and interviews. Only the researchers will know what your number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except the research supervisor and school board.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Whether you choose to participate or not, all your rights as a citizen will continue to be observed and nothing will change. You may change your mind later and stop participating even if you agreed earlier.

Offer to answer questions

Before you sign this form, please ask any questions on any aspect of this study that is un-clear to you. You may take as much time as necessary to think it over.

Authorisation

If you have decided to participate in this study, please sign this form in the space provide below as an indication that you have read and understood the information provided above and have agreed to participate.

Name of Research Participant (please print) Date

Signature of Research Participant or legally authorised representative

If you feel that you have been treated unfairly and would like to talk to someone other than the researcher, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email

Name of Researcher: Thorley Kalma Janet

Appendix 3: Informed consent (Krio version)

Wetin d wok dae about n decide if yu want for do am

Me name na Janet Thorley en me na Masters Student wae dae do Public Policy en Governance. Ar dae fen information wae go ep me for know about female genital mutilation wae uman dem kin go through wae den kin join Bondo. Wit dis wok, ar go able gi yu information en usef go able ep me. Noto wantem wantem yu go tok if yu go ep me wit dis wok, but e go fine back make yu tok to posin way go lisin to yu en tel you about dis wok. Noto altin yu go sabi as yu dae ep me so but ar dae beg make you tel me wetin tranga for yu en ar go broke am dong. Tu yase nor go yeri wetin we dae tok but so, so yu nor nid for tel me yu name or write am sef. Wetin yu de tel me so na e go ep for make di wok fine. Na dat make ar dae beg make yu ep me en dat go make ar gladi bad bad wan.

D reason y ar dae fen information for dis wok

D reason y ar dae do dis wok na for fen out about d aw FGM dey affect uman dem na Fritong

How'd wok go go n how long e go take

If u gree for do dis wok mean say u go complete dis paper or ansa question dem wae ar go ask u. Na 15 to 20 minutes normor u go tak for do dis wok. For make u put yay good pan dis wok ar go gi u d paper for tri days so u go do am wae u get time. Me n u go talk wan to wan wae we 2 agree for do am.

D bad tin wae possible for apin n wetin go make u feel bad

Natin bad nor go apin or make u feel bad as u dae do dis wok.

Wetin u go gain n (or) wetin we go gi u

Natin nor dae wae u go gain directly or wae ar go gi u for do dis wok but wetin u go tell me go make we know more about d plan for we environment so dat oda bad tin nor go apin.

Na me n u normor go know

As we know how den wok ya dae, d person wae dae fen information go make sure say no oda person nor go know wetin una talk but n e go use am normor for e lan book biznes. No name nor go dae na d paper or Usai we dae talk. Na only d person

wae dae fen information normor go know u n dat go be e beleh secret. Nobody again nor go know pas d person wae na d boss pan d wok or d big alejo den na school.

Na u go gree for take part na dis wok

Nobody nor go fos u for take part na dis wok. Na u sef go gree if u want or nor want. Whether u choose for ansa or not, u go still enjoy all wetin u for enjoy as Salone man or uman n dat nor go change. Even if u bin don gree fos tem n den u say u nor gree again, u kin still stop for ansa d paper.

Ar ready for ansa u question dem

Bifo u put pen na paper na for ask me any question na any part na d wok wae tranga for u. Na for take d time wae u want for tink fine.

Wetin go show say u gree for do d wok

If u gree for do dis wok na for sign na d space wae dae under for show say u don read n understand all wetin dae na d paper n ready for do d wok

If u tink say den nor treat u fine n u wan talk to oda person apart from d wan wae get d wok na for contact Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email aurec@africau.edu

D name of d wan wae get d wok.

Appendix 4:Semi-structured questionnaires for the affected women

SECTION A: Demographic information

1. What is your religious affiliation? Please describe your religion in greater detail.

.....

2. What is the highest educational level you have completed?

a) Primary b) Secondary c) University d) Never been to school

3) What is your employment status?

a) Employed

b) Not Employed

c) Part Time

d) Full Time

e) Retired

SECTION B: KNOWLEDGE ON Female Genital Mutilation

4. Do you know what Female Genital Mutilation (FGM) is?

a) Yes

b) No

5. How many types of FGM do we have?

a) Clitrodectomy

b) Excision

c) Infibulation

d) All of the above

e) I don't know

6. What type of FGM is practiced in Sierra Leone?

a) Clitrodectomy

b) Excision

c) Infibulation

7. What are the reasons for performing FGM on girls and women?

a) For hygiene reasons

b) Religious reasons

c) Social Inclusion

d) I don’t know

SECTION C: THE PRACTICE OF FGM

8. How old were you when FGM was practiced on you?

a) 0-5 years

b) 6-11 years

c) 12-17 years

d) 18 years and above

9. Who performed FGM on you?

a) Sowei

b) Nurse

9. Who performed FGM on you?

a) Sowei

b) Nurse

c) Doctor

d) I don’t know

10. Did you have any complications immediately FGM was

performed on you?

a) Yes

b) No

c) I don't know

11. If yes, what were they?

…….

SECTION E: PEOPLE'S OPINIONS ON FGM AND GENDER EQUALITY

12. In your opinion, do you think that FGM is necessary for

Marriage? ……..

13. Do you think that FGM is a good thing and should be continued?

1. Yes 2. No

14. In your opinion, do you think that Secret Society like Bondo should be continued or should be

stopped? ……

15. In your opinion, does FGM preserve the dignity of women?

…….

16. In your opinion, what is the difference between girls and women who have undergone FGM like yourself and girls who have not gone through it?

.....
.....

17. Baby girls from the age of 6 months to 5 years are forced/allowed to undergo

FGM practice. How do you think will benefit these young girls?

……
……

18. How do you think girls and women in Sierra Leone can be protected against

FGM?

……

……

19. What advice do you have for other youth, young women and girls who may fall victim of FGM but are not able to speak up against it?

……

……

……

20. Sustainable Development Goals (SDG) 5 which talks about Gender equality calls for the elimination of harmful practices on young women and girls, including FGM, how do you think this can be achieved in Sierra Leone?

……

Appendix 5: Semi-structured questionnaire in Krio

SECTION A: Demographic information

1. Na ous tribe u komot?.....…

2. Wetin na u religion? Explain bot am fine fine

wan.....

3. How far u go na school?

1. Primary 2. Secondary 4. High school 5. University

SECTION B: KNOWLEDGE ON Female Genital Mutilation

12. U sabi wetin e mean wae den say den put pikin bondo? 1. Yes 2. No

13. U don go bondo? Yes 2. No

14. If u go, omos year u bin of wae den cut u? .....

15. How and Usai e apin?.....

16. Wae u bin dae kam up den tel u enitin about secret society? 1 Yes 2. No

SECTION C: THE PRACTICE OF FGM

17. U don go na bondo bush? 1. Yes 2. No

18. If u don go dae, udat say u for go?.....

19. Omos year u bin of wae u go na d bondo bush?.....

20. Omos year u bin of wae den join u na secret society?.....

21. Udat join u dae?.....

22. U know wetin den cut or pull pan u? 1. Yes 2. No

23. U able talk how e apin?.....

SECTION D: EXPERIENCE AFTERMATH

24. Den gi u meresin or take u na hospital after den join u? 1. Yes 2. No

25. If dat nor apin, y make?.....

26. If den gi u meresin or kerr u go na hospital, ous meresin den gi u or ous hospital den take u?.....

27. U kin tell people about how den join u?

1.Yes 2. No

28. U bin get any problem after den join u?

1. Yes 2. No

29. U tink say cutting na bondo or poroh bad?

1.Yes 2. No

30. U sabi posin wae don get boku problem wae e go dae?

1. Yes 2. No 3. I don't know

SECTION E: PEOPLE'S OPINIONS ON FGM AND GENDER EQUALITY

31. Wetin u go enjoy wae u join bondo or wetin u dae enjoy wae u dae dae so?.....

.....

32. Wetin na d bad tin den wae go apin if yu join am?.....

33. U tink say for join person na good tin?

1. Yes 2. No

34. U tink say den secret society lek bondo n poroh for continue or for tap den?……

35. U tink say na wae u dae secret society u marade ose go

sweet?……

……

36. U tink say secret society go ep gyal pikin den for koba den sef?

……

37. Wetin u tink say mek gyal pikin den lek u sef wae don go na bondo bush difren from den wan wae

nor go dae y8? ……

38. Wetin u go lek for tell den wan wae nor go na bondo bush say?……

39. Den small gyal pikin wae of six months to five years dae go na bondo bush now. U tink say dat go mek den bete?

……

……

40. Aw u tink say we go protect gyal pikin n uman so dat den nor go cut dem?……
……

……

41. Wetin u go wan tell den young uman n gyal den wae den don cut but den nor able talk about

am?……

……

42. Sustainable Development Goals (SDG) 5 wae talk say man and uman na d same dae push for make den pull al den bad tin dem wae dae ambug young gyal n

uman den lek d cut wae den bin cut dem,how u tink say dis go work na Salone?

.....

Appendix 6

Interview Questions for Policy Makers/Key Informants

1. What is your area of work?
2. What do you know about FGM?
3. How many types of FGM do you know or have you heard of before?
4. What type of FGM do you think is commonly performed in Sierra Leone?
5. What are some of the reasons why FGM is performed on women?
6. What has your organization /office done so far in putting an end to FGM in Sierra Leone?
7. In your view what has been the government's response to the increase of FGM practice in Sierra Leone?
8. Has the response trend by government been able to identify and settle risk factor?
9. In your opinion,do you think that FGM in Bondo should be continued or stopped?
10. How do you think women in Sierra Leone can be protected against FGM in Sierra Leone?
11. What advice do you have for young women who may fall victim to FGM but are not able to speak up against it?
12. Sustainable development goals (5) which talks about Gender Equality calls for the elimination of harmful practice on young women and girls; including FGM, how do you think that can be achieved in Sierra Leone?

Appendix 7

Questions for Focus Group Discussion

1. What is your ethnic group?
2. What is your religion?
3. What are some of the reasons why you think FGM is done in Sierra Leone?
4. Are you or were you a member of a female society? If yes, what is the name of the society?
5. Have you ever been circumcised?
6. How old were you when you were circumcised?
7. Who performed FGM on you and what type of instrument was used?
8. Did you have any complications immediately FGM was performed on you?
9. If yes, what immediate complications?
10. Were you given any medical treatments afterwards?
11. What do you think are some of the negative health impacts of FGM on women?
12. In your opinion, do you think FGM preserves the dignity of women?
13. How do you think that women in Sierra Leone can be protected against FGM?
14. Do you support the total eradication of FGM in Sierra Leone?
15. Do you think it will ever be possible to eradicate FGM in Sierra Leone
16. What advice do you have for women like you who might fall victims of FGM but are afraid to speak up against it?