

“KAP” STUDY ON F.G.M

PROFILE AND NUMBER OF EXCISERS IN SIERRA LEONE.

INTRODUCTION

1.1 BACKGROUND

1.1.1. Country and Peoples

Sierra Leone is a small Republic (71.470 sq.km) located in the south west of the West African coast between Guinea and Liberia. It is divided into Western Area, which is the Metropolitan Areas and three Provinces (Eastern, Northern and Southern): these three are subdivided into 12 districts that contain 149 chiefdoms. Aside from Provincial and District Headquarter towns, urban settlements are few, the environment is predominantly rural.

For the size of the country, the number of ethnic groups is large. Among a total of eighteen ethnic groups the largest are the Temnes in the North and the Mendes in the South. Others include Crole Limba, Susu, Fullah, Lokko, Kono, Kissi, Sherbro, Creole Koranko, Mandingo, Gallinese, Vai, Kroo, Krims and Yalunka.

Despite the wide ethnic diversity in the Provinces most of the people have certain common characteristics based upon traditional customs. An important element of life is the “secret society” for males as well as for females. Many of the groups have them in varying forms. They provide a strong unifying force among adult members of rural communities. In the past young persons were initiated into these societies at which time they were given general education about their communities as well as knowledge to prepare them for adult life.

1.1.2. Female Secret Societies in Sierra Leone

Secret Societies for women have existed in Sierra Leone for centuries. It is believed that they originated among the Mendes as the “Sande” or “Bondo” from the Sherbros as counterparts to the men’s Poro secret society and spread to adjacent tribes in the south and to the Temnes in the North and other tribes in the East and Western Areas.

Certain basis characteristics are common to female secret societies throughout the country:-

Institutional set-up: They are operated in district groups or “Lodges”, there could be several of these in any one settlement.

Leadership: leaders are usually older women or senior officials who have attained high grades in the perception of the community. Often (not always) the head woman of a lodge is also the village / town midwife (now known as Traditional Birth Attendant - TBA).

Initiation: A girl could be initiated at any age but originally it was just before the age of puberty.

Seclusion: This was a pre-requisite for initiation. A special area in the forest or “bush” was set aside for the activities of the secret societies. Traditionally, girls had to be in the bush for 1 – 2 years.

Circumcision: An important initiation rite was circumcision of the girls. Clitoridectomy was performed, followed by a period during which the girls were looked after by the older women.

Upkeep in the bush: Food for the stay of the girls in the bush was provided by parents and future husbands. It was prepared by the older women while the girls were healing and later by the girls themselves after they were healed.

Instruction: The girls were taught cooking, care of the home and child care or care for the sick, fishing, spinning and other women’s tasks, how to be hardworking and modest in their behaviour especially towards older people. Also singing and dancing.

Graduation: Final ceremonies were marked by great rejoicing among initiates, relatives and friends. The whole village/town is usually involved in celebrating the occasion of the “coming of age” of the girls.

Final Aspects: Fees are charged for initiation. These vary from district to district but are much higher in the towns, where social demands are greater and food had to be bought. Expenses covered food. Fine clothes, “bush” equipment, gift to the society leaders and other officials. Part of the money received is handed to the chief to obtain protection for the groups activities (license of operation).

Membership: Once graduated, the initiates become full society members with certain rights and privileges:-

- They could now go as full members to any Bondo dance anywhere in the country.
- They could be given to their husbands in marriage.
- They could be buried, when they die, according to the full society ritual.

1.1.3. Change In the System

Over time, certain aspects of the society became modified:

1. Age at which initiation took place show great variation ranging from just before puberty to very young children and even toddlers and babies
2. The education content (especially among the Mendes and the Sherbros) was upgraded during the 1940s; there was improvement in the curriculum. Courses were introduced on simple anatomy, physiology, mother craft, nursing, sanitation, first aid, domestic and handicrafts (Margai, 1948).

SIERRA LEONE STATICAL PROFILE

Total population (1994)	4.4m
Population under 16 (1994)	20m
Annual Number of Births (1994)	214,000
Total Fertility rate	6.4
Material Mortality rate (1990)	1,800/100,000
Infant Mortality rate (1990)	154/1,000
Population per doctor (1991)	17,300
Population per hospital bed (1991)	963
Primary school enrolments:	boys 21%, girls 16%

(NB- above Statistical Profile will be updated before final report)

@ The progress of Nations 1996, UNICEF
- National Health Policy 1993, DOHSS, RSL

The evidence suggests that there is a strong link between FGM and MMR in Sierra Leone. There is an urgent need to reverse the trend of both

- To save girl children from pain, trauma and the harmful effects of FGM
- To rid the Sierra Leone nation of a harmful practice and reduce the number of high risk pregnancies (which will occur, in any case, even among the non-circumcised).

The way to achieve this is to effect change in attitudes through education of men, women and children, all stake holders etc.

1.2 JUSTIFICATION

1.2.2 International Action

The harmful effect of the practices of FGM has been under debate by interested groups for a long time. Due to its very serious effects on children and women, a seminar held in Dakar in 1984 on Traditional Practices Affecting the Health of Women and Children condemned female circumcision as a health hazard and as unnecessary human suffering: the seminar also created an Inter Africa Committee (IAC) on Traditional Practices to follow up the implementation of its recommendations.

In four decades, 1952 -1994 the United Nations and its agencies focused attention on FGM issues in no less than 21 meetings. This ongoing concern culminated in the 1994 Cairo ICPD Programme of action that included eradication of FGM.

1.2.2 Local Efforts

On the local front, in Sierra Leone, great progress has been made from early times when FGM was merely stated as a fact – i.e. an important activity in the initiation of girls into the Bondo Society (Winteerbottom) 1803), through a period during which non-fiction authors glamorized it in monographs (Roy Lewis, 1954) or elaborated on it in ethnographic studies (Mcculloch ,1950 finnegan 1965), or scholars pointed out the mysticism surrounding the act of circumcision (sawyer and Todd, 1970), to a stage at which it is being identified as a harmful practice by few.

3 Duration of the initiation period changed. For girls attending school, the practices developed getting the through the initiation ceremony in record time (often during brief holiday periods). The net effect of this curtailing of the procedure was to minimize (and sometimes delete) the educational / socializing component of the whole exercise and to concentrate on what is perceived by the society's members to be the sine que non of membership – i.e. circumcision.

Unfortunately, this has served to strengthen the idea among girls that FGM must be experienced in order to make them belong to their clan, the majority of whom would already have become members. Furthermore, this fusing of the terms “Bondo” and “Circumcision” conceptually has helped to exacerbate a problem that was already inherent in the system, and has given rise to very strong opposition from members to any comments made against the practice of FGM especially if these comments are made by non-initiated members.

1.1.4 Female Genital Mutilation

The practice of FGM which is widespread in the world is overwhelmingly concentrated in Africa where it is practiced in 26 countries in various forms that range from clitoridectomy to infibulations. It has been found that FGM has grave emotional,

psychological and health consequences for women affected, many of which are life-long. Aside from the immediate complications of haemorrhage, shock and infection, long-term complications plague many women for life in terms of their total reproductive health.

Through increasing awareness of the hazards contacted from FGM and also as a result of growing advocacy, the practice has been diminishing in some countries. However in Sierra Leone, up until the beginning of the 1990s decade it was being reported that 90% of all the women in Sierra Leone had experienced circumcision. Bearing in mind the long list of reproductive health disorders that result from FGM coupled with the inadequate provision of health facilities and safe drinking water in rural areas as well as the high illiteracy rate among rural women – it is no wonder that Sierra Leone has the highest mortality rate in Africa as well as in the world in 1990 (UNICEF, 1996). The health situation of women in general calls for urgent interventions in order that their lot may be improved. If FGM is minimized, the proportion of deaths contributed to the total number of its harmful effects will, at least, be reduced while progress is being made along other fronts (immunization, nutrition, general education, provision of safe drinking water, health education).

1.1.5 Situational Analysis

Maternal mortality rate in 1990 was 1800/100,000 births with the main causes of death of women being ante-partum haemorrhage, post-partum haemorrhage, obstructed labour and ruptured uterus, puerperal sepsis, eclampsia and sever toxemia during pregnancy. The wide overlap between these and the identified post – FGM health problems is significant and must be noted. Only about 30% of all women make use of modern medical facilities or have access to them. Traditional Birth Attendance (TBAs) supervises 70% of all deliveries throughout the country. Other relevant facts are included in the statistical profile.

In the last decade, 1985-1995, following the formation of the IAC at Dakar in 1984, members of the Sierra Leone IAC made attempts to collect information on female circumcision and to promote moves to change the practice. Actions included a survey conducted by the president of the Sierra Leone Association of the Welfare of women and children (SLAWWC): this was carried out in 1985 among Loko, Limba and Temne women living in the Western Areas. Also limited participatory rural surveys were organized in the Southern Province and a book was published titled: “the Circumcision of Women: A strategy for eradication (Koso Thomas, 1987)”. These actions had limited impact on the general public of Sierra Leone because of the following:-

- lack of widespread discussion on the mass media
- limited dissemination of knowledge on the facts surrounding the problem and also of findings from the survey research

- Extremely strong opposition from persons who were members of the Bondo societies and who perceived these as a vicious act on their social rights and privacy by “ignorant” non- members.

Meanwhile several things happened that changed the scene:-

- Sierra Leone was attacked by a group of rebels from neighbouring Liberia in March, 1991, fighting developed into an ongoing rebel war in Sierra Leone, 1991-1996. This caused massive displacement of people from remote rural areas and a mingling of groups in the large towns all over the country as well as in camps set up for the displaced.
- A feeling of oneness developed among Sierra Leoneans as they struggled to withstand a common enemy.
- Communication through mass media improved considerably in terms of radio and television coverage and reliability.
- Sierra Leone became the 7th Country to ratify the UN Convention on the Rights of the Child.
- Bodies such as the National Council for children and the Federation of African Women Educationalist FAWE emerged.
- The ICPD recommendations were “referred to” in the press, on radio /TV, and discussed at a few meetings while, later, Beijing” become a household word in the large towns.
- Persons in Displaced camps (especially women) become increasingly receptive to various forms of intervention aimed at improving their physical, educational, health and economic status as well as the lot of their deprived children.
- Seminars/workshops on sensitization on various issues increased in number
- A gender desk was established at the Ministry of Development and Economic Planning.
- A population/women’s development project was initiated by UNDP/UNFPA.
- The new elected Government (1996) established a new Ministry for Gender issues and the welfare of children.

Against this backdrop, three events took places which were of significance in the terms of FGM eradication:-

- 1995 Dr Koso Thomas, President of the local IAC group spearheaded action by an organization to promote skills development and provide a loan scheme for 20 Sowies (practitioners of FC) in the Western Area.

From 2000 to date CESMYCO, spearheaded by Mrs Laurel E.A Bangura has been working in communities dialoguing, training, sensitizing and advocating on the harmful effect of FGM in Sierra Leone, as of present the organisation has touched communities such as: Kambia District, Moyamba District, Western Areas and Western /rural District. In Kambia District alone close to one (1) million women and initiators are now registered with the organisation and have been formed in to cooperative groups, plans are underway to organise a knife-laying ceremony. Along with the above stated work the organisation has been involved in school outreach programmes, community youth sensitization dialogue with religious and community leaders, training of Media personnel on the Hazard of FGM. The organisation has enjoyed massive support from community and religious leaders, school authorities and other organisations.

GENERAL OBJECTIVES

1. Using a Sample of out drawn fromExcisers in three (Bramaia, Tonko Limba and Magbema) out of the seven Chiefdoms in the Kambia District, to estimate the number of Excisers in the District. The estimation process for the entire country would be conducted subsequently depending on the availability of funds;
2. To advice Excisers on all matters relating to the procedures adopted during and after FGM/C operations;
3. To profile the Excisers in terms of age, educational level, family situation etc. and identify the reasons for conducting the study;
4. The cross-sectional study will examine the stimulus variables on the practice of FGM in these Chiefdoms in the Kambia District, with a view of establishing the interventions to improve the health status of girls and women.

SPECIFIC OBJECTIVE

To estimate the number of Excisers in the Kambia District, with reasons why they continue the practice, and profile the Excisers (age, educational level, family situation etc.).

PERCEPTION OF INITIATES

The **Initiates** perceive this practice to include the following:

- It is their local educational institution where they are given the skills of home management which include the preparation of cultural food stuff, attire, ornament, fishing, how to be a good housewife or co-wife, how to use herbal medicines and “secrets” of female society;
- They feel that FGM is a custom or tradition synthesized over time from various values, especially religious and cultural values. The reasons for maintaining the practice include religion, custom, decreasing the sexual desire of women, hygiene, anesthetic, facility of sexual relations, fertility etc.;
- Among some Muslims in Sierra Leone, FGM is a precondition in order to be clean and proper, and fit for marriage;
- Establishing, identity and belongingness is another reason advanced for the perpetuation of the practice;
- Enhances the bond of friendship and cultural unity thereby easing off the stress of discrimination from members in the various communities in which they live; and
- Prepare young girls and women to cope with their families in time of hard and difficult times within their society.

SCOPE OF SURVEY STUDY

The survey will be limited to Bramaia, Tonko Limba and Magbema Chiefdoms in the Kambia District, North-West of Sierra Leone, which is inhabited mostly by Temnes, Limbas, Susus and Madingoes.

The report will provide background information on FGM as practiced by Excisers, giving the reasons and objectives for conducting the survey. The quantitative survey will include statistics on the number of Excisers, interviewed, and the qualitative survey will include the synthesis of the Respondents/Excisers opinions on FGM.

RATIONALE

FGM violates the fundamental rights of girls and women in achieving the highest attainable standard of physical and mental health. The health complications associated with this practice cover a wide range including severe disability, chronic diseases and death.

In Sierra Leone, some families have adopted the practice as a tradition that has been widely promoted particularly among rural communities, notwithstanding the varying religious beliefs. Even though the practice of FGM is viewed as a tradition, it poses health and social problems not only to the initiates but also the nation at large.

Some significant disadvantages of the practice of FGM/C are:

- The effects of FGM have short term and long term implications, Hemorrhage, infection and acute pain are the immediate consequences;
- Keloid formation, infertility as a result of infection due to lack of proper use of sterilized instruments for the operation;
- Obstructed labour and psychological complications are identified as later effects;
- In rural areas where untrained traditional birth attendants perform the operations, complications resulting from deep cuts and infected instruments can cause the death of the child/initiate;
- The removal of the clitoris can lead to accidental cutting of other organs, which can lead to heavy loss of blood. Acute infections are commonplace when operations are carried out in unhygienic surroundings and with unsterilised instruments thus resulting to tetanus and general septicemia;
- The application of traditional medicine can also lead to infection;
- Chronic infection can also lead to infertility and anaemia;
- FGM can lead to Haematocolpos (the inability to pass menstrual blood because the remaining opening is often too small for the menstruation to pass freely)
- The practice of FGM can lead to cross infection such as HIV due to the use of one cutting implement on more than one initiate at difficult times (one after the other);
- In addition, the practice can lead to post mutilation stress that can have life long effect on the individual especially where the initiate was forcefully mutilated without prior knowledge about the procedure;

- Severe forms of FGM can present challenges to midwives and obstetricians in providing antenatal and postnatal care. Therefore, there has been the need to train professionals to know how to deliver infibulated women.

SURVEY METHODOLOGY

1. FIELD WORK

The survey was spread over a 10-day period. One field team of four (4) persons was involved in data collection. Pre-Testing of the Survey Questionnaire (to test the instrument and observe the reactions of respondents to questions; assess the sustainability, and duration of training; and collect data for determining the work load/rate of interviewers for the main survey) was not done as it was not provided for in the Budget due to cost constraints.

2. DATA PROECESSING

Two Data Entry Operators were employed. The main data entry software used to capture the information was Epiinfo 2000. The data capture was run after all questionnaires had been received and edited for consistency and accuracy. The Epiinfo data was exported into Excel and SPSS after which analysis and the generation of statistical tables were done using SPSS.

3. SURVEY METHODOLOGY

3.1 SAMPLE DESIGN

A representative sample of Excisers was selected in order to achieve the survey objectives. The Primary Sampling Unit (PSU) was therefore the Exciser. In an effort to attain its objectives, the survey with a limited budget and human resources, the survey employed a sample of 210 Excisers in 3 chiefdoms (Bramaia, Magbema and Tonko Limba) in the Kambia District.

For the purpose of this survey the Kambia District was randomly selected from the 12 districts in Sierra Leone; and three (3) chiefdoms were then randomly selected without considering the population size in each Chiefdom (i.e. without PPS of Chiefdom). These Chiefdoms were Tonko Limba, Bramaia and Magbema. A list of all Excisers in these three chiefdoms, classified by village/section, was created as the sample frame for the survey. The Sample Frame, consisting of 634 Excisers was considered as the best available in the systems.

In order to increase precision and reliability of the estimates, the technique of stratification was employed in the sample design using geographical factors as the main control.

A Sample of 210 Excisers was systematically selected from the 634 Excisers listed in the sampling frame. Due to non cooperation from a respondent who gave partial information the sample size was reduced to 219 respondents

3.2 QUESTIONNAIRE AND DATA COLLECTION

Data Collection: Data was collected using a Questionnaire. (see Appendix). Data collection exercise commenced immediately after the training of Enumerators. The Data Collection Instruments were carefully designed and pre-tested in order to ensure the collection of high quality data.

The Questionnaire is divided into three Sections:

- Section A: Geographic and identifies the location of the Excisers and Date of Interview;
- Section B: Demographic (Name, Age, Marital Status, Sex, Ethnic Group, Religion, Education, and Circumcision Status of the Excisers); and
- Section C: Knowledge, Attitude and Trends on FGM.

3.3 TRAINING OF FIELD STAFF

The formal training of enumerators was conducted over four days. The training course was made up of three components – lectures, practical work and mock interviews. The main purpose of the training was to ensure that the interviewers interview respondents in the correct and reliable manner as instructed. Key words and phrases for each question were explained and mistakes or ambiguities resolved. The questionnaires after editing were printed. All interviewers were informed of the agreed new versions of the questionnaires.

3.4 DATA PROCESSING

Data Coding, Editing Entry and Analysis

The Consultant conducted **Editing and Coding** on all questionnaires, after verification. This was to ensure that every section of the questionnaire was filled out completely and in detail with the correct and exact responses from the respondents. Although most of the responses to the questionnaire have been pre-coded to eliminate the very slow and tedious coding process, additional coding were administered to some questions.

Data Entry/Capture: Training of two Data Entry Operators commenced one week after the commencement of the fieldwork. Data Capture using Epiinfo Software, commenced immediately after Editing of Questionnaires and Training of Data Entry Operators.

The EPIINFO Computer Software Program, provided features for designing questionnaires on screen, entering data, and checking on the quality of data during Data Entry. The Data File was subsequently exported to MSEXcel and SPSS for further analysis.

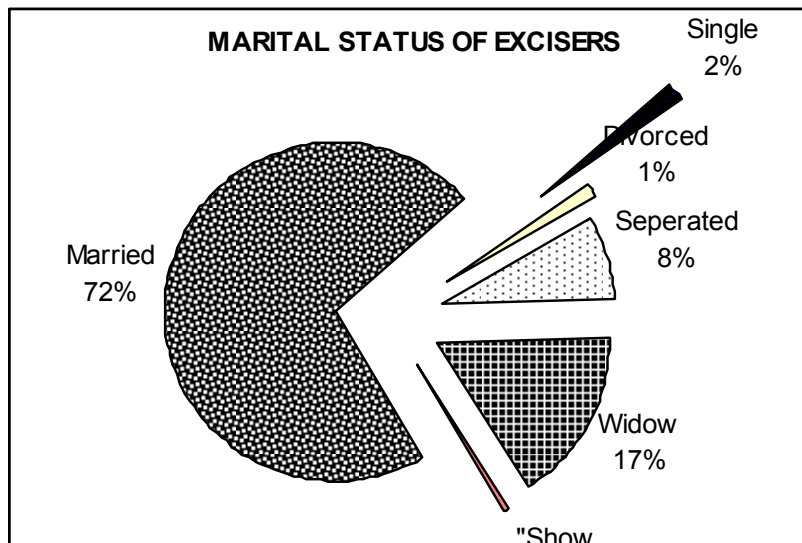
Data Processing: *Data Validation and Cleaning* commenced immediately after Data Entry to ensure additional quality control/assurance. **Data Tabulation/Analysis:** The Epiinfo data was read into Microsoft Excel and SPSS, after which analysis and generation of statistical tables was done using SPSS. Two main tables were generated - *Frequencies or One-Way Tabulation* for analyzing each variable separately for the distribution of counts in each category and two-way or *cross-tabulation* for analyzing pairs of dichotomous variables. In tables, missing values (as calculated in SPSS) are values identified as representing missing data such as “*Not Applicable*” and “*Skipped Variables*”. These should not be regarded as incorrect values.

Data Quality Control/Assurance

In the design of the questionnaires and its administration, errors relating to sampling design, questionnaire structure, language and respondent were significantly minimized. The data collection instruments were carefully designed in order to ensure the collection of high quality data. The completed questionnaires were checked in the field, and then quality controlled for accuracy and completeness. The Epiinfo Check feature was used to ensure that each data entry field or variable is unique, the varieties of responses are pre-programmed and conditional skips enforced. Quality controls were instituted in order to avoid non-sampling errors of estimation at the “Planning Stage, Data Collection Stage, Data Editing, Processing and Printing of the Results”.

2.1 Data Analysis

The Survey Questionnaire was administered on 210 Female Excisers in the Kambia District of which 147 were from Tonko Limba Chiefdom, 32 from Kambia Town and 31 from Bramaia Chiefdom. The survey revealed that 71.4 percent of these excisers are married; 16.7 percent widowed, 1.9 percent single. Divorced and seperated accounted for 9.0 percent. Sixty percent of the sampled Excisers are aged between 20 and 40 years with 65.2 percent ethnically being Limbas, 15.7 percent Temne and 15.7 percent Susu. The sample set was predominantly Moslems by religion.



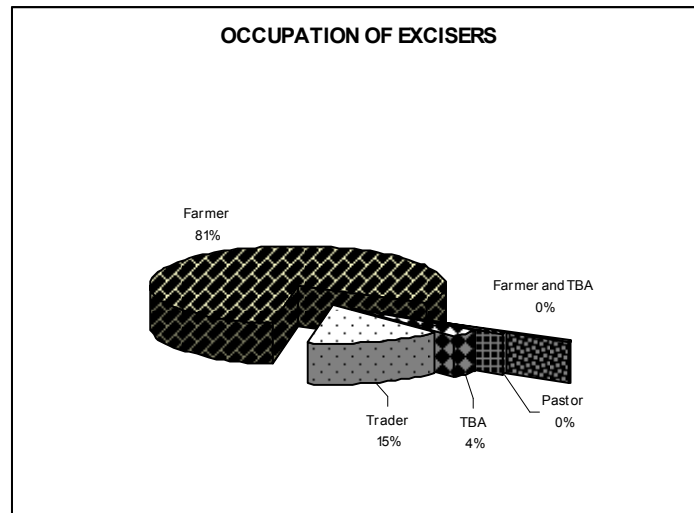
The survey found that 96.7 percent of these excisers have no education, have never been to school, and have all been circumcised or excised. Apart from 14.8 percent who were Traders by Occupation, the rest were either Farmers (80.0 %) or Traditional Birth Attendants (TBAs) (3.8%). The graph below shows that, on average, Excisers were circumcised between the ages of 8 and 10 years.



With the exception of one, all 208 excisers said that Female Genital Circumcision is legal in Sierra Leone, of which 177 said that they carry licenses for its operation. With respect to FGM being recommended by their religious beliefs, 141 said 'Yes'.

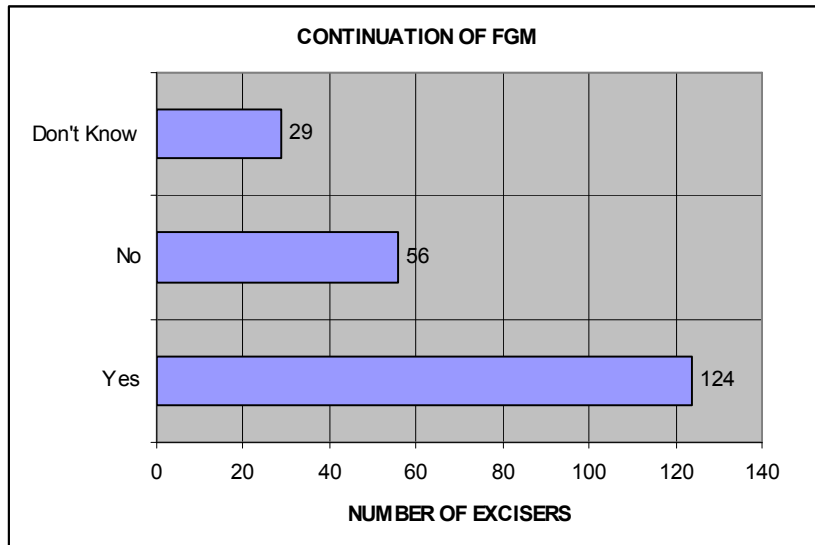
Only 1/2 of the 209 respondents said that they are aware of the complications of FGM. Asked to choose 4 out of 14 FGM complications, in descending frequency; Bleeding, Hemorrhage, Shock,

Urine Retentions and HIV were regarded as the very well known complications. Few are aware- or have never heard, of complications arising from Injury to Tissues, Urinary Track Infection, Infertility, Abscesses, and Pregnancy Problems.



Women Excisers who acquired their “skills” from their mothers or other female relatives carry out the operation; they are often also the community’s Traditional Birth Attendants (TBAs). The type of operation to be performed is decided by the girls’ mother, grandmother and would be - husband before hand; and payment is made to the Excisers before, during and after the operation to ensure the best service. This payment, partly in kind and partly in cash, is a vital source of livelihood for the Excisers.

From the survey, Parents accounted for 98.1 percent. Despite the concerns of the International Community, the survey showed that 59.3 percent of Excisers wants the practice of FGM to continue. Some 13.9 percent of respondents do not know whether it should be continued or stopped. Giving reasons for its continuation, 34.9 percent specifically mentioned Economic reasons, followed by the combined 21.1 percent (Religious, Cultural and Religious) reasons.



The survey found out that the mean initiation age for candidates is 11.1 years. Giving reasons for favouring this age, 48.3 percent of respondents gave a combination of (Religious, Cultural, Social and Economic) reasons. However, 40.7 percent mentioned Social reasons.

The Table below, based on Multiple Response choices, showed that 17 percent of respondents stated that FGM Increases their Chances of Marriage, Establishment of Identity and Belongingness, Preparation for Marriage, and Purification/Cleansing. Enhancement of Friendship and Acquisition of Skills in Home Management accounted for 14.9 and 14.2 percent respectively.

Dichotomy Label	"Yes" Count	% of Responses	% of Cases
Increases Chances of Marriage	204	16.8	97.6
Acquisition of Skills in Home Management	172	14.2	82.3
Establishment of Identity and Belongingness	205	16.9	98.1
Enhancement of Friendship	181	14.9	86.6
Prepares Initiate for Marriage	205	16.9	98.1
Purification/Cleansing	205	16.9	98.1
Other Benefits	40	3.3	19.1
Total Responses	1,212	100.0	579.9

0 missing cases; 209 valid cases

Of the 209 cases interviewed, 201 said that they are engaged in other professions, apart from being Excisers. The predominant professions, the survey found, are Traditional Healers (58.6%) and Traditional Birth Attendant (32.9%).

	"Yes"	% of	% of
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Dichotomy Label	Count	Responses	Cases
Traditional Healers	146	58.6	74.1
Traditional Birth Attendants	82	32.9	41.6
Professional Nurses	5	2.0	2.5
Hospital Midwives	1	0.4	0.5
Medical Practitioners	2	0.8	1.0
Other Profession	13	5.2	6.6
Total Responses	249	100.0	126.4

12 missing cases (Not Engaged in Other Profession); 197 valid cases

In Sierra Leone, Genital mutilation is a coming-of-age ritual that signifies a girl's entry into womanhood. It is accompanied by public celebrations and is often a source of pride for the girl. For some it also carries religious significance. Usually performed on girls between the ages of 4 and 12, but also on teenagers, It is performed by a female elder using a razor, knife, or piece of glass, usually without anaesthetic. Agonizingly painful, it robs her of sexual pleasure and frequently causes medical problems, including haemorrhaging, infection, urinary incontinence, infertility, and complications in childbirth.

Most of these Excisers inherited the profession from their Mother (46.9%) and Grandmother (31.1%); with 21.3% from "Other Sources".

In 92.8% of cases Local Herbs are used as Anaesthetic which is administered in 96.7% of the initiations. Medically Approved Anaesthetic was administered in 2.5% of cases. In 87.6% of cases application of Anaesthetic is done by the Excisers themselves. Whilst Herbalists account for 6.7% cases, Medical Doctors account for 1.0%. Razor Blade which is the major Excising Tool is used in 94.3% of cases. Broken Bottles account for 1.4% and Surgical Knife for 2.9%.

With respect to the number of initiates that one cutting tool is used on, 96 % of the Excisers reported one tool per initiate; and 2.9% reported using one cutting tool per two initiate.

Over 92 percent of respondents said that the method of payment for initiation is by "Cash and Kind". Eighty-one percent of respondents said that they frequently initiate children as young as six years and averaging 7.38 years. Sixteen percent of respondents claimed to have initiated children as young as one year.

In the event of Health Problems 51.7 % of Excisers consult a "Sowe", followed by Nurse (18.2%) and Medical Doctor (3.8%).

RECOMMENDATION

The stage to

1. To eradicate the practice should involve empowering the sowies and providing them alternative means.

Education

2. Intensified Education among youths including school out-reach, Religious and community leader's community men and women etc.
 - (a) Training of Journalist for objective presentation of F.G.M Issues nationally.
 - (b) Using materials to dialog and educate person /members who are strong opposition and who may preserve these as attacks on their social rights and privacy by ignorant non-members

3. Lobby

Use materials to give more knowledge to INGO on F.G.M. Issue locally to gain support for international pressure on government for bill.

4. DISSEMINATION OF INFORMATION

- (A). Dissemination of knowledge on facts surrounding the problem and the research.
- (B) By wildspread discussion on mass media.
- (C) Make knowledge available to graduate university and college student and encourage them to use these materials for their research. This will help us gain added advantage enable us obtain well informed educated supporters for future task.

CONCLUSION

Female Genital Mutilation is deeply rooted in the culture and tradition of Sierra Leone. The Century-old practice was initially meant to groom girls for womanhood. During then 1-2 years stay in the secret society bush, girls were taught to cook, care for the home sing and dance. They were encourage to be modest and how to relate to the male sex. Later courses such as mother craft, sanitation domestic and handcrafts were included in the curriculum.

The harmful effects of FGM have been under debate for a long time. Many people condemn circumcision as an unnecessary human suffering. Several effects are being made on the international and local fronts to eradicate the practice. The Inter Africa Committee (IAC) on Harmful Traditional Practices and its Sierra Leone chapter continue to play a leading role in this direction. In Sierra Leone where it was taboo to discuss FGM, a lot of sensitization has taken place. In urban setting critics has intensified. CESMYCO has been working assiduously in communities, sensitizing, dialoguing training and advocating about the harmful effects of FGM.

There is need to continue the fight to eradicate FGM in Sierra Leone. No doubt it is unnecessary practices that abuse the right of girls and woman. It is worth nothing that the initial intension of the practice has lost its true purpose. Even toddlers are now initiated into the society. The period of Seclusion has been reduced drastically and girls may now spend as short a time as one week. Huge sums are now being paid by parents and would-be husband as initiation fee thereby providing a means of livelihood for the “Sowies”. This huge cost also aid early marriage, teenage pregnancy to cover cot of initiation.

As initiators in Sierra Leone are very powerful and influential politically and socially, the strategy to eradicate the practice should involve empowering them alternative means of livelihood.

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