



COUNTRY FACT-SHEET

ENDING FEMALE GENITAL MUTILATION



Female Genital Mutilation in Liberia

COUNTRY INFORMATION ■ The Republic of Liberia is situated at Africa's West Coast. The population consists of 16 different ethnic groups. The largest groups are the Kpelle, with 17-20 per cent of the population, and the Bassa, with 15 per cent. The country still suffers the consequences of the civil war from 1989 to 2003. Approximately 50-70 per cent of women have experienced sexual violence during the civil war, which was practiced by all warring parties. During the war school education hardly took place and many schools remain destroyed until today.

LIBERIA:

Population: 3,5 million

Population growth: 4 %

Religious affiliation: 40 % Christians, 40 % traditional religions, 20 % Muslims

Literacy rate: women: 51 %, men: 60 %

Percentage of women aged 20-24 who were married before the age of 18: 38 %

Maternal mortality: 9,9 %

PREVALENCE OF FEMALE GENITAL MUTILATION ■ Female genital mutilation (FGM) refers to all practices involving partial or complete removal of or injury to the external sexual organs of women and girls for non-medical reasons. The World Health Organisation (WHO) distinguishes among four types of FGM based on the invasiveness of the procedure.

Since genital mutilation remains a taboo subject in Liberia, it is difficult to compile accurate data on how widespread the practice is. The procedure takes place as part of initiation into a secret society called the Sande Society. For this reason, in the 2007 Demographic and Health Survey (DHS) women were asked whether they had heard of the Sande Societies or not, and whether or

not they belonged to one. For purposes of estimating prevalence, the assumption was then made that all members of such societies had been cut. Therefore, the prevalence of FGM nationwide is 58 per cent.

In rural areas, 72 per cent of all women belong to the Sande Society; in urban areas only 39 per cent do. FGM is most widespread in the Northwest of the country (84 per cent) and in the Central Northern region (92 per cent) – near the borders with Sierra Leone and Guinea, where the procedure is also carried out as part of initiation into secret societies. FGM scarcely occurs at all in South Eastern Liberia. These regional variations are primarily determined by ethnicity. About half of Liberia's 16 ethnic groups subject women and girls to FGM, the Mende, Gola, Kissi and Bassa with particular frequency, whereas the practice is virtually unknown among the Kru, Grebo and Krahn, the Muslim Mandinke and the American-Liberian population.

Excision (Type II in the WHO classification) is the form of FGM primarily documented. Infibulation (Type III according to WHO, involving narrowing of the vagina with (partial) removal of the labia minora/majora and/or the clitoris) is not practised. Whether or not girls are cut depends to a large extent on their educational level and social status. The stronger the family's roots in tradition, the greater the social pressure in favour of FGM, especially from older family members.

The civil war destroyed many social structures, with traditional village life often coming to a complete standstill. This presumably led to a temporary diminishing of FGM. However, according to data from the 2007 Demographic and Health Survey (DHS), two thirds of girls who were of initiation age were nevertheless initiated during the war. The age for initiation is, however, markedly lower now than it was before. In the past girls were eight to 14 years old, whereas now many girls are initiated and thus cut between the ages of three to seven.

The better educated and wealthier women are, the less likely they are to belong to the Sande Society. All in all, according to the DHS, acceptance of Sande Societies appears to be on the wane: nearly every other member (45 per cent) is of the opinion that the secret society should be disbanded.

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APPROACHES ■ Liberia has ratified a number of international conventions condemning genital mutilation, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the UN Convention on the Rights of the Child (CRC). The African Charter on the Rights and Welfare of the Child has been signed but not yet been ratified. In addition, the Liberian Government has signed and ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), which specifically condemns FGM and other harmful practices.

Nevertheless, national legislation explicitly making FGM punishable by law has yet to be passed. Theoretically, criminal prosecution would be possible under Article 242 of the penal code, which states that amputation of body parts can be punished with up to five years imprisonment.

The Liberian Government is currently facing numerous political, social and economic challenges, so that efforts to end FGM play a subordinate role at this point in time. NATPAH, the National Association on Traditional Practices Affecting the Health of Women and Children, was founded in 1985 as the national committee of the Inter-African Committee. In cooperation with the Ministry of Health, NATPAH has endeavoured to increase awareness of the medical consequences of FGM within the framework of mother-and-child primary health care programmes. During the civil war it was only possible to undertake sporadic activities to inform women and girls about the harmful effects of FGM on their health, with the aid of members and volunteers.

Even now that civil war has ended, active engagement to eliminate genital mutilation is not a priority in Liberia. There is not enough support for anti-FGM activities on the part of opinion leaders, chiefs and official government representatives. The precariousness of the socio-economic situation complicates formation of the kind of functional civil society structures that might otherwise tackle social problems such as FGM.

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For further information on the work of GIZ on FGM:
www.giz.de/fgm.

Imprint

Published by:
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

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September 2011

