



Liberia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:

The form of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Liberia is Type II (commonly referred to as excision). It was customarily practiced by most ethnic groups in Liberia prior to the outbreak of civil war in late 1989.

In areas where traditional institutions were strong, the practice tended to be more frequent. The war, however, brought tremendous dislocation of the population and significantly disrupted rural life and traditional institutions which some believe has resulted in a substantial reduction of the practice.

Incidence:

Exact figures are difficult to ascertain, but a significant portion of the female population has undergone Type II. Some estimates are that, in rural areas, approximately 50 percent of the female population between the ages of eight and eighteen had undergone this procedure before the civil war began. It was practiced within some, but not all of Liberia's ethnic groups. Not all girls in those ethnic groups that practice Type II, however, participate in the rites associated with it. For those who do, it is their passage from childhood to womanhood. (See section on Attitudes and Beliefs that follows.)

The major groups that practice it are the Mande speaking peoples of western Liberia such as the Gola and Kissi. It is not practiced by the Kru, Grebo or Krahn in the southeast, by the Americo-Liberians (Congos) or by Muslim Mandingos.

In the more urbanized and populated areas such as in Monrovia, whether or not it was practiced depended on education and class and how close the family's ties were to rural life. One well-educated female lawyer in Monrovia underwent the procedure just before she married because she came under strong pressure from an upcountry grandmother.

Many poor families did not engage in this practice because they could not afford for their daughter(s) to remain six months (and in some cases up to a year) in a secluded traditional school where girls were prepared and initiated into adulthood by older female members of the secret societies.

Many believe the civil war has caused a reduction in this practice, estimating that the incidence has dropped to as low as 10 percent. The war caused most of the population to flee to neighboring countries or become internally displaced. Social structures and traditional institutions, such as the secret societies that often performed this procedure as an initiation rite, were also undermined by the war.

With the civil war ended and traditional societies re-establishing themselves throughout the country, practices such as FGM/FGC are expected to increase again in rural areas for those groups for which it has been a significant and important rite of passage. The extent to which these practices might be revived to pre-war levels is yet unknown.

Attitudes and Beliefs:

The practice of FGM/FGC has been a part of custom and tradition in the more remote areas. However, among many of the educated and in the urban areas, the practice has not been as strong. It is performed during initiation rites into womanhood by older trained members of secret societies. It is difficult to obtain information on the actual rites as members are sworn to secrecy. Some girls have said they looked forward to the procedure and becoming a full member of society, while others have expressed their fear when learning that close friends had bled to death after the procedure was performed.

Because of the civil war in Liberia, it was not possible to hold special schools and initiation rites in rural areas as before. From 1990-1992, however, a large school operated in Monrovia on Bushrod Island behind the brewery. The school was destroyed in 1992 during a major attack on the capital.

Today there are three such small schools, reportedly the only ones in Liberia, operating periodically in Monrovia. Instead of six to twelve months in these schools, female initiates reportedly spend a weekend in a Sande house. It is reported that the age of initiation into womanhood, which used to occur when the child was between eight and fourteen years of age, has dropped to

between three and seven years of age. Children younger than three have sometimes been initiated.

Type II:

Type II is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris. The most severe form, Type III (commonly referred to as infibulation), is not practiced in Liberia.

This procedure is usually practiced without the use of anesthesia. Unsterile, crude instruments may be used if performed in the bush. A single instrument may be used on a number of girls.

Outreach:

In 1985, the Liberian National Committee, affiliated with the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) which was called the National Association on Traditional Practices Affecting the Health of Women and Children, was set up. It conducted research into the prevention of FGM/FGC and attitudes towards the custom. It also carried out awareness-raising meetings, trained volunteers and provided health training about the harmful effects of this practice. It collaborated with the Ministry of Health and Social Affairs in an effort to integrate awareness of the consequences of the practice into programs for mothers and childcare and primary health care.

During the civil crisis, the IAC National Committee continued to work informing women and girls about the harmful health effects of the practice. Members worked with rural women in displaced centers around Monrovia; students in secondary schools; religious leaders, women's groups and youth groups; and provided income generating training for a number of excisors. The Committee began restructuring in 1994. Its focus is on the spiritual aspects of the practice, using biblical backing through audio-visual aids. Efforts are being made to win support of youth groups and women's groups. The support of community leaders, elders, chiefs and government officials, however, is still lacking.

Another more recent group, the Liberian Action Network, also worked in the anti-FGM/FGC campaign. It focused on the social and health problems associated with the practice. In 1989, the group gathered information on the prevalence of the practice in the country. It recommended continual dialogue, information and public awareness programs, seminars, workshops and meetings. It also urged that the media be used to persistently address the people about the health consequences attributed to this practice.

Campaigns against FGM/FGC carried out in the media, newspapers and pamphlets had little apparent effect in stopping the practice during the pre-civil war period.

Legal Status:

There are no laws in Liberia that make this practice illegal. It might be covered under Section 242 of the Penal Code, however, that finds a person guilty of a felony and punishable for up to five years in prison if the person "...maliciously and unlawfully injures another by cutting off or otherwise depriving him of any of the members of his body..." No cases have been reported under this provision for the practice of FGM/FGC, however.

Protection:

We are unaware of any cases where women have sought protection from being subjected to this procedure.

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