DATA UPDATE:
FGM/C IN SIERRA LEONE

March 2025

About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (NGO) catalysing the global movement to end female genital mutilation/cutting (FGM/C). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGM/C;

2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGM/C; and

3. to steer global and regional policies, actions and funding towards ending FGM/C.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative.**

About the Africa Network

The End FGM/C Network, Africa (African Network) is an African-led initiative providing a unified voice to influence decision-makers and drive coordinated advocacy to end Female Genital Mutilation/Cutting (FGM/C) across Africa. We are a network of civil society organizations dedicated to creating a sustainable movement to end FGM/C across the continent, similar to regional networks in Asia, North America, and Europe. https://endfgmafrica.org/

All cited texts in this data update were accessed between January 2025 and March 2025, unless otherwise noted.

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ORCHID PROJECT

WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

Summary

The prevalence of FGM/C in Sierra Leone has decreased from 91.3% to 83% between 2008 (1) and 2019 (2) which appears to indicate some positive progress in eradicating the practice. However, at least 20% of girls are cut after the age of 15 years (2).

Sierra Leone currently lacks legislation that prohibits FGM/C. Despite rising international pressure calling for the end of the practice following the death of three girls in 2024, FGM/C continues to be practiced across the country (3).

FGM/C practices have reduced in both rural and urban areas across the country between 2008 (1) and 2019 (2), which is encouraging. There has been a decrease in women and girls with no education or only primary education undergoing FGM/C, as well as amongst women with secondary education (2).

Prevalence has decreased most notably among the 15–19-year-old age group with a drop from 75.5% in 2008 (1) to 61.1% in 2019 (2). As this group are among those most recently cut, this suggests a trend toward abandonment in the younger generation. Data suggests that attitudes toward FGM/C are shifting among the younger generation, and this should be considered when drafting programming and policy.

The Constitution of Sierra Leone, drafted in 1991 (4), fails to address violence against women and girls. It was not until the Child Right Act of 2007 (5) that a legislative framework was created that acknowledged and denounced FGM/C for girls under 18 years of age. However, deeply entrenched cultural traditions around the practice, specifically amongst the Bondo and Sande societies, present significant barriers to the enforcement of modern legislation (6). Programmes and policies which take into account cultural heritage while simultaneously outlining the harms of FGM/C are necessary in order to ensure local buy-in and enthusiastic cooperation. The empowerment of women and girls both in-school and out-of-school is critical in shifting attitudes related to the practice, creating spaces of support for survivors, and eradicating FGM/C in its entirety (7).

Update on FGM/C trends

Prevalence of FGM/C in Sierra Leone amongst the 15-49 age group has decreased steadily from 91.3% in 2008 (1) to 89.6% in 2013 (8) and most recently, to 83% in 2019 (2). Most notably, the rate of FGM/C among the 15–19-year-old age group decreased from 75.5% in 2008 (1) to 61.1% in 2019 (2). As this group are among those most recently cut, this suggests a trend toward less of an adherence to the practice amongst the younger generation.

Both rural and urban areas have seen a decline in prevalence from 2008 to 2019: in rural areas, from 95.2% (1) to 88.7% (2), and, in urban areas, from 84.5% (1) to 76.4% (2).

There have been small reductions in prevalence among wealth quintiles and across educational attainment levels. The prevalence of FGM/C among women and girls with no education has dropped from 96.5% in 2008 (1) to 93% in 2019 (9), and it has decreased from 77.7% (1) to 68.1% (9) among those with higher than secondary education in the same time period. Prevalence is highest among women and girls with no education (93%) and among those with only primary education (82.2%) (9).

Prevalence has reduced among all wealth quintiles: from 95.4% to 90.3% among the lowest wealth quintile between 2008 (1) and 2019 (2); and from 81.1% (1) to 72.2% (2) among the highest wealth quintile. The changes have been more noticeable among the middle and fourth quintiles with drops from 95.3% (1) to 86.6% (2) in the middle quintile and from 92.2% (1) to 79.9% (2) in the fourth quintile. If progress continues at the same rate as it has between 2008 and 2019, the projected national prevalence in 2030 (SDG target year) will be 66.5% (see Figure 1).

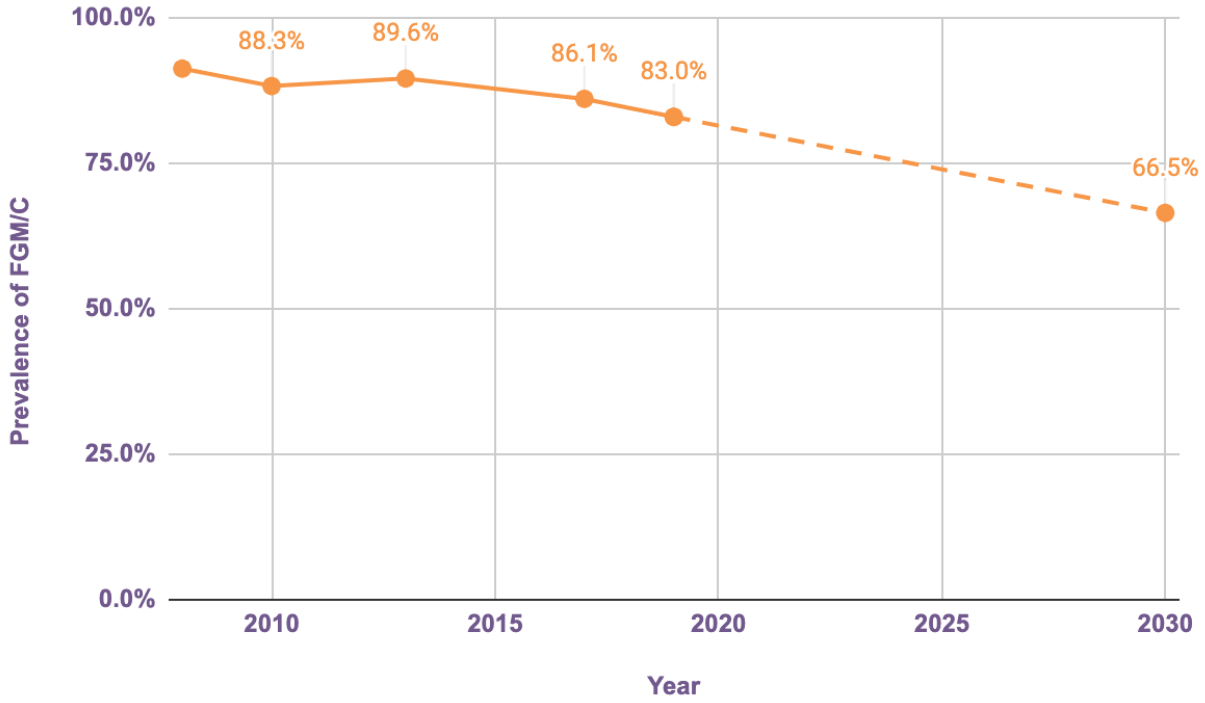
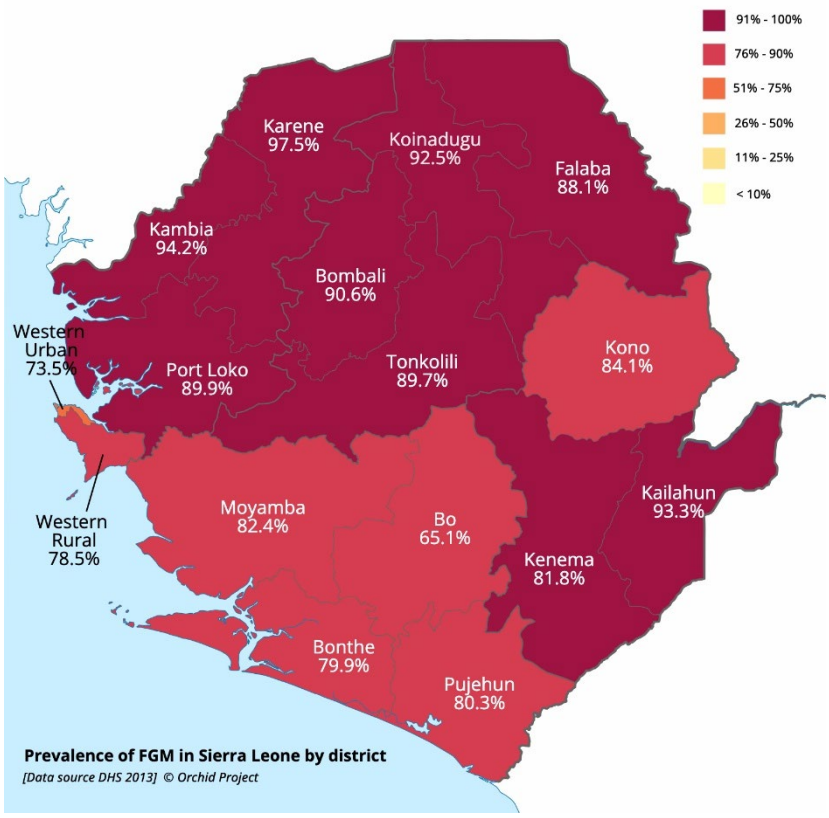


Figure 1: Projected decline of FGM/C by 2030 if progress continues at the same rate as it has between 2008-2019

There have been decreases in prevalence across all provinces although there have also been alterations in provincial boundaries and district coverage between surveys which means that there is no data to compare for some of the newly formed provinces and districts. Regional variations are also present between surveys (DHS and MICS) and as a result, changes in regional prevalence have been outlined below using data from 2013 to 2019 only (see figure 2).

The districts with the most significant progress in reducing prevalence are Kenema (from 92% in 2013 (8) to 81.8% in 2019 (2)); Tonkolili (96.5% to 89.7%); Port Loko (96% to 89.9%); Bo (89.3% to 65.1%); Moyamba (90.1% to 82.4%); and Pujehun (89.6% to 80.3%).



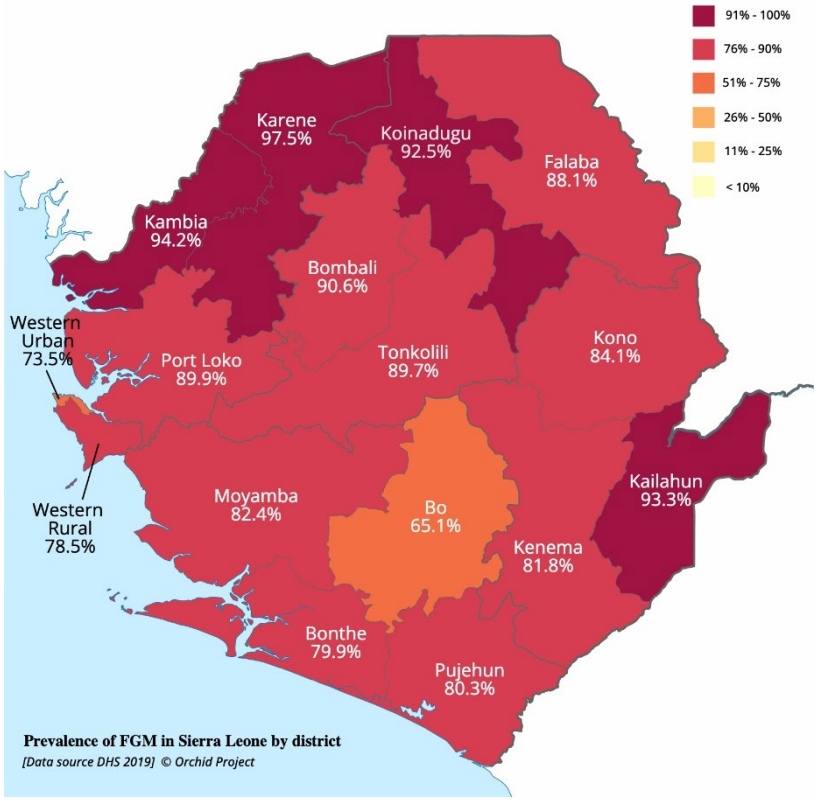


Figure 2: Comparing regional prevalence of FGM/C in Sierra Leone between 2013 and 2019

Changes in Types of Cutting

In Sierra Leone, FGM/C is associated with entry into the Bondo or Sande society. As part of the preparation for adulthood and marriage, girls are taken to the bush and taught about local customs and trained in domestic and caretaking skills, such as housekeeping and childrearing (10). In this process, girls undergo FGM/C and following completion of the initiation, they are considered members of the Bondo or Sande society. (10)

In most contexts, girls are cut before the age of 15 years, but in Sierra Leone, at least 21% (2) of women are cut after age 15, raising important concerns for programme and policy design. Among those who were 15-19 at the time of the 2019 survey, 21.7% (2) had been cut after 15 years of age and among those who were 45-49 years at the time of the 2019 survey, 29.5% (2) had been cut after 15 years of age. 49.5% of girls 15-19 reported being cut between the ages of 10-14 years (2). This suggests that the majority of FGM/C is conducted **after** the age of 10.

The most common type of FGM/C practiced in Sierra Leone is Type 2 (cut, flesh removed) (2). 84% of women and girls aged 15-49 years who have undergone FGM/C report experiencing this type of cut (2). Only 0.7% report experiencing Type 1 (cut, no flesh removed) and 11.9% report Type 3 (sewn closed) (2). The number of women who do not know what type of cut they have experienced is reducing from 15.3% in 2013 (8) to only 3.3% in 2019 (2) suggesting a growing awareness of FGM/C and its various types of cuttings.

Ethnicity, Religion and FGM/C

There is some variation between religious groups and FGM/C prevalence, however, prevalence is high among both Muslim (87.3%) and Christian communities (69%) (2).

The prevalence of FGM/C varies by ethnic group, suggesting that ethnic affiliation and cultural traditions can be considered drivers of the practice. However, prevalence is between 77% and 89.2% for the vast majority of ethnic groups in Sierra Leone, with the exception of the Creole (19.6%) (2).

There are more notable differences in the type of cutting by ethnic group. While the majority practice Type 2 FGM/C, Type 3 (sewn closed) is most common among the Limba (20.2% of girls report this type of cut), Mandingo (15.5%), Mende (13.5%) and other groups (20.9%) (2).

Changes in Attitudes Toward FGM/C

Data suggests that attitudes toward FGM/C are shifting among the younger generation. While 72% of women aged 45-49 believe that FGM/C should continue, only 46.9% of girls aged 15-19 years believe the same (2). This has reduced from 80.8% among the 45-49 age

group and 58.6% in the 15-19 age group in 2013 (8), indicating a trend towards reduced support for FGM/C among the younger generation.

Women's beliefs about FGM/C vary by district and the districts with the strongest support for FGM/C to continue include: Kailahun (86.6%), Karene (74.9%), Kambia (73.7%), Kenema (73.3%), and Koinadugu (70.6%) (2). Support for FGM/C amongst women has increased in Kailahun from 75.1% (8) of women who believed the practice should continue in 2013 to 86.6% in 2019 (2). There has been a notable decrease in support for FGM/C in Tonkolili where 75.9% (8) of women believed the practice should continue in 2013 to 38.4% (2) of women in 2019.

Support for FGM/C to continue is strongest amongst women and girls with no education (68.6%) compared to those with higher than secondary education (25.8%) (2). Regarding wealth quintile, the belief that the practice of FGM/C should continue is highest amongst women in the lowest wealth quintile (68.9%) and lowest amongst women in the highest quintile (37.9%) (2). Level of educational attainment and income are correlated with decreased support of FGM/C.

The belief that FGM/C is required by religion also appears to decrease with age. 54.2% of women aged 45-49 believe it is required by religion, while only 36.8% (2) of girls aged 15-19 believe the same. Muslim women are more likely to believe that FGM/C should continue (62%) compared to Christian women (40.3%) (2). Rural women are more likely than urban women to believe that FGM/C is required by their religion (49.9% and 33.8% respectively) (2).

Update on Context

Politics

In June 2023, Julius Maada Bio was sworn into office as President after a challenging election in which he was accused of fraud (11). President Bio took a second and final five-year term after the election in which he received 56% of the vote (11). Julius Bio was part of a military coup during the country's civil war in 1992 and later overthrew the military government in 1996 (11). International observers were concerned about lack of transparency in the election process and questioned the results, alongside Sierra Leoneans who conveyed distrust in the democratic process (11).

Sierra Leone has held multi-party elections since the end of the civil war in 2002 (12). In November 2023, government officials announced that they had prevented an attempted coup arresting military officials (12). Investigations into the coup led to political tensions and former president, Ernest Bai Koroma, was called in for questioning in December 2023 (12). Investigations have not led to conclusive results to date.

Development

A World Bank report launched in March 2024 (13) claimed that Sierra Leone has made 'commendable strides in improving human capital development through significant investments in health and education.' (10, p. 1).

Sierra Leone has made notable progress in reducing maternal mortality through implementation of the Free Health Care Initiative (FHCI) in 2010 (14). This initiative eliminated user fees for pregnant and lactating women, as well as children under 5 years of age (14). This has increased the use of healthcare services during pregnancy as well as deliveries with a healthcare professional (14). However, Sierra Leone continues to have one of the highest maternal mortality rates in the world, estimated at 443 deaths per 100,000 live births in 2020 (15).

Sierra Leone was working toward middle-income status by 2035 (16) but has faced significant challenges in the pursuit of this goal. Most notably, the Ebola outbreak in 2014, reduction in prices of iron ore (a key export), COVID-19 pandemic, as well as post-conflict unemployment, a weak infrastructure, and weak governance have all posed challenges to Sierra Leone's development (16).

The Law

Sierra Leone does not have a law that prohibits FGM/C and in February 2024 (3), the nation came under international pressure to introduce a law following the death of three young girls who had undergone the practice. Adamsay Sesay,12; Salamatu Jalloh,13; and Kadiatu Bangura, 17, died in January 2024 after undergoing FGM/C as part of the Bondo initiation (3). The Bondo society is a secretive society in which girls undergo a 2–3-week initiation ritual in the bush which includes FGM/C (3). After participating in the initiation, girls and young women are considered part of the Bondo society.

Unfortunately, instances of women dying after experiencing FGM/C is not a new occurrence in Sierra Leone. Three years prior, Maseray Sei, 21 (17), died from complications related to FGM/C after being abducted from her home. An arrest was made following Maseray's death, but the charges were dropped, and no conviction was made (17). This indicates a gap in judicial accountability for perpetrators of FGM/C.

The Constitution of Sierra Leone (4) is very limited and does not specifically address violence against women and girls, nor the harmful practices or FGM/C.

The Child Rights Act (2007) (5) sets out the legislative framework to protect those below the age of 18 years in Sierra Leone. Section 2 of the Act defines FGM/C as including 'cutting or removal of any part of the female genitalia' (5, p. 3). Section 33(1) states: 'No person shall subject a child to torture or other cruel, inhuman or degrading treatment or punishment including any cultural practice which dehumanises or is injurious to the physical and mental welfare of a child' (5, p. 17).

However, chiefs of practicing communities in Sierra Leone enacted pressure to have FGM/C removed from Section 46 of the Act which outlines customary practices and in the original version, prohibited and criminalised FGM/C among children (under 18 years of age) (18).

To date, a law prohibiting FGM/C is not in place in Sierra Leone due to widespread cultural and customary support for the practice to continue (18).

Update on research

Women's Empowerment and FGM/C

A study conducted by Ameyaw et al in 2021 (7) explored the relationship between women's empowerment and FGM/C in Sierra Leone. The study looked at the indicators for women's empowerment including participation in the labour force, acceptance of gender-based violence (physical violence specifically), and household decision-making power. The findings of the study sought to identify how changes in these indicators of women's empowerment affected a mother's intention to have her daughter cut. Secondary analysis of DHS 2013 (8) data was used to explore the relationship between these factors, although the results were not as expected. A significantly higher proportion of mothers who participated in the labour force intended to have their daughters cut compared to those who were not employed (91.2% vs. 86.0% respectively) (7). However, for other indicators, results were more in line with what was expected. For mothers who 'accepted wife beating' from a spouse, these women were more likely to cut their daughters than mothers who did not accept physical violence (94.9% vs. 86.4%, respectively) (7). Women with low decision-making power were more likely to have their daughters cut than those with high decision-making power (91.0% vs. 85.0%, respectively) (7).

Morality Discourses of NGOs Working With FGM/C

A master's thesis conducted by Mika Bergström in 2020 (19) for the Lund University Department of Political Science in Sweden explored moral discourses around FGM/C within NGOs in Sierra Leone and how this affected their access to funding. Bergström (19) compared two NGOs with contrasting approaches to the practice — the Amazonian Initiative Movement (AIM) and the Advocacy Movement Network (AMNet). The approach of AIM places explicit value on the Bondo society excluding FGM/C (19). Contrastingly, AMNet supports Bondo society traditions and suggests postponing FGM/C until a girl is 18 years of age, arguing for African autonomy in decision-making around the practice (19). These two positions are described as universalist (AIM) or what could be understood in the FGM/C discourse as zero-tolerance, and cultural relativist (AMNet), otherwise known as a harm reduction approach (19). The thesis concludes by stating that AIM has easier access to funding by taking a zero-tolerance approach compared to AMNet which adopts a harm reduction approach (19). The thesis does not explore the varied impact of their work.

Hegemonic Masculinity Attitudes Toward FGM/C

A study conducted by Small et al in 2019 (20) explored the influence of education on the attitudes of male college students in Sierra Leone toward FGM/C. The study found that education alone did not have an influence on men's attitudes (20). However, parental education did have an influence on the attitudes of both male and female students (20). This research has programmatic implications toward engagement of parents and education through generational and relationship approaches for increased impact.

Linkages Between FGM/C and Multiple Sexual Partnerships

A study conducted by Ahinkorah et al in 2021 (21) explored the relationship between FGM/C and multiple sexual partners using data from the DHS 2013 (8) for Sierra Leone and DHS 2018 (22) for Mali. The study found that in Mali, women who had undergone FGM/C were less likely to have multiple sexual partners but for women in Sierra Leone this was the opposite (22). According to the data produced by the DHS (8), women who had undergone FGM/C in Sierra Leone were more likely to have multiple sexual partners than those who had not undergone FGM/C. Factors such as age, level of education, wealth quintile, socio-economic status, mass media exposure and literacy levels were also associated with increased likelihood of multiple sexual partners in both countries (8)(22).

FGM/C and Sexual Risk Behaviours of Adolescent Girls and Young Women Aged 15-24 Years

A study conducted by Mchenga in 2024 (23) found that FGM/C was associated with three sexual risk behaviours in Sierra Leone. Girls who had undergone FGM/C were more likely to have their sexual debut before the age of 18 years; become pregnant before the age of 18 years; and to be married before the age of 18 years (23). It is highly likely that the increased risk of the first two factors is linked to early/child marriage (23).

Recommendations

1. The first and primary priority for the government of Sierra Leone is to **pass a law prohibiting FGM/C**. It is recommended that key stakeholders from practicing communities and particularly the Bondo/Sande community are involved in the drafting of the law to ensure local buy-in, cooperation and effective enforcement once the law is passed. This law should build on the prohibitions in the Child Rights Act (2007) (5).
2. FGM/C is conducted primarily after the age of 10 with at least 20% (2) of girls cut after the age of 15. This has implications for both programming and policy as there is an opportunity for intervention in the early years of a girls' life. This can be done through **parental education and influence, supporting girls to understand their bodily autonomy, development of confidence to exercise their rights**, and via community initiatives supporting alternative rights of practice and respect for culture without FGM/C. UNFPA (24) recommend the following programmatic interventions for girls who are most at risk of FGM/C during adolescence
    a) **Girls' empowerment initiatives** for both in-school and out-of-school girls (these include alternative rites of passage, peer clubs, life skills programs, and other approaches)
    b) **Protective services and access to justice for girls** who do not want to be cut (this includes provision of safe spaces, and referral pathways for access to justice and care)
    c) **School-based interventions and education** within existing curriculum
    d) **Community mobilization** through influential community leaders
    e) Mobilizing influential community leaders (religious figures, elders, etc.)
    f) Parental **education, engagement and support** toward abandonment
3. There is evidence of decreasing support for FGM/C among the younger generation which should be capitalised on to **mobilize a youth-led movement** toward abandonment (2). To achieve this, there needs to be **concerted support of youth advocates** to speak out, **help for survivors** and encouragement for those who have abdicated out of the practice to **share their experiences**, to enable further shifts in attitudes and practices related to FGM/C.

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