Save the Children

QUALITATIVE STUDY TO IDENTIFY POSITIVE DEVIANTS FOR FEMALE GENITAL MUTILATION/CUTTING (FGM/C) IN SELECTED DISTRICTS IN SIERRA LEONE

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Executive Summary

Background and Objectives

Save the Children has been working in Sierra Leone since 1999, focussing on adolescent, maternal and child health, children's rights and protection. Save the Children's current strategy (2019 – 2022) consists of four goals to ensure that children and women can survive, thrive, learn, are protected and safe:

- Goal 1 – reduction in accepted violence and harmful gender discrimination, adolescent, pregnancy and child, early and forced marriage
- Goal 2 – inclusive access to quality reproductive, maternal, newborn child health services
- Goal 3 – children (especially girls) complete a quality and safe primary education and successfully transition to secondary school
- Goal 4 – vulnerable women and youth have access to safe and sustainable livelihoods

A key aspect to achieving the first of these goals is to challenge accepted violence and gender discrimination which thwarts children's, adolescents' and even women's ability to grow and reach their full potential as citizens who can contribute to the welfare of Sierra Leone. Against this backdrop, this research focuses on sourcing and highlighting local solutions to harmful and discriminatory practices that are considered social and gender norms. The research had four main objectives:

- To characterise, if they exist, families who are deciding against FGM/C
- To ascertain the reasons that families give for deciding against FGM/C
- To identify measures taken to prevent and protect the girl from FGM/C
- To elucidate the responses of the girl, near relatives, and community members to the decision and actions taken to avoid FGM/C

Methodology

This report appertains to research conducted in Sierra Leone. Data collection was carried out over ten days in December 2019 in four regions, covering nine Districts: Bo, Kailahun, Kambia, Koinadugu, Moyamba, Port Loko, Pujehun, Tonkolili, and Western Area Urban. The data was collected by in-depth interviews and focus group discussions. Families and girls who had decided against joining Bondo were purposively selected for interview. Groups of community members who knew of such families took part in focus group discussions. Focus group discussions consisted of traditional leaders; girls with FGM/C; young men between the ages of 18 and 25years; and Soweis, the traditional excisors.

Interviews were conducted in Krio by trained data collectors working for locally based organisations. All focus group discussions, apart from the two held in Kambia and Pujehun Districts, were conducted in Krio. Each interview lasted for approximately one hour, and focus group discussions for about one and a half hours.

Audio recordings of the focus group discussions were made using a digital voice recorder. Informed consent was given orally with the data collector signing the consent form. The principal investigator was responsible for the thematic analysis of the data.

Key Findings

The term "joining Bondo" or "being a Bondo member" is used to indicate that a woman has undergone FGM/C. To join Bondo in Sierra Leone means you must go through the initiation process where FGM/C is performed. The term "circumcision" is the name used in Krio and other Sierra Leonean languages to describe FGM/C. In this report, the terms, "deciding against Bondo", "refusing to undergo FGM", "choosing not to excise", "not being circumcised", "deciding against FGM/C", "uncircumcised", will be used to describe girls without FGM/C and families who have decided that their daughters will not join Bondo.

Who is deciding against joining Bondo in Sierra Leone?

We started out by investigating if there were families in Sierra Leone who were choosing against FGM/C. We found out that families do exist, and that the decision against circumcision was taken by parents who were likely to be over 50 years of age, female, relatively well educated or had left school with primary education level only; in full time employment or was a full time homemaker. A small number of girls in this sample had decided themselves against joining Bondo. One individual person in the family made the decision. A family meeting was not called to discuss the pros and cons of joining Bondo, and the decision maker did not wait for family consensus around the issue.

At the focus group discussion with young men in Port Loko, one married young man told the meeting that he has two young girls, both under the age of 10 years, and his wife is a Sowei and strong Bondo member.

Quite recently, his wife has said several times to him that she does not want their daughters to join Bondo. The young man said he was surprised, given his wife is a Sowei.

He asked her why she did not want their daughters to join Bondo. She refused to tell him, but insisted several times, that under no account should their daughters join Bondo.

Malal Maforki village,
Bake Loko Chiefdom, Port Loko District

What are the reasons given for deciding against joining Bondo?

When we asked participants about the reasons for their decision, they said that the health harm of FGM/C was the main reason. Circumcised women who had decided against circumcision cited the pain, suffering and violence experienced as part of the circumcision process as the reason for their decision. Other reasons given for deciding against Bondo membership were religious – the practice is against a person's religious belief; economic – it is costly to become a Bondo member, with men stating that it is a waste of money; and judgemental reasons such as it is a wicked or bad practice.

What action was taken to ensure girls did not join Bondo?

Participants were asked what measures they had taken to ensure that their girls would not be circumcised. They all said they told the uncircumcised girl and a close family member, usually the spouse, about the decision and the reasons for the decision. They warned their daughter to stay away from the Bondo Society and its members; they told other female family members about the decision – more circumsized female family members. We found generally that, the decision once, made remained in the family and it was only in a few instances that decision makers told friends, and fewer still that they told Soweis, Chief, and other traditional elders.

Participants also took action. The uncircumcised girls themselves decided to self-isolate: they stopped mingling with circumcised girls and kept to themselves. The circumcised women who had decided against Bondo joining for their daughters stopped going to the Bondo Bush or attending Bondo Society meetings. Other actions taken, mainly by fathers, were to physically remove their daughters from the community when Bondo initiation was taking place. They sent them away to bigger towns or cities to live with relatives until after initiation had been completed. In a few cases, decision makers did not allow their uncircumcised daughters to visit relatives, such as grandmothers who were either Bondo heads (Soweis) or ardent Bondo members during the initiation period. We found one case in Kambia where the mother decision maker actively found ways to "distract" her daughter from being curious or getting involved with the Bondo Society.

What was the response from the girl herself, the family, and community members?

Uncircumcised girls in this sample accepted the decision from their parents that they would not join Bondo, despite the provocation and taunting they experienced as a result. Most family members did not agree with the decision, but some spouses who had initially disagreed with the primary decision maker finally agreed to the decision when the reasons were explained. It was more difficult for older (women) persons and circumcised women in the family to agree to the decision even though they could do nothing about it.

Chiefs, Soweis, and other traditional leaders generally did not accept the decision. They expressed disappointment, they talked about betrayal of culture, and the likelihood of the girl and her family being excluded from society. In extreme cases, Bondo Heads tried to forcibly circumcise girls, telling decision makers that they do not respect tradition and that the uncircumcised girl will not be a responsible wife. In one instance, it was reported that the Chief levied unnecessary fines on families they knew had decided against joining Bondo.

Conclusion and Recommendations

Save the Children intends to use the evidence this research has generated to develop innovative strategies that strengthen demand for FGM/C abandonment and raise awareness of the need for FGM/C abandonment. In line with Save the Children's mission to focus on gender and social norms which drive harmful behaviours and practices, key actions will be developed to guide interventions based on a cluster of locally discovered solutions for FGM/C abandonment. In this way, communities can be enabled to design and develop activities to expand the positive deviant solutions for implementation so that other community members can access and practise these new behaviours.

This research has shown that communities in Sierra Leone exist where families and girls are deciding not to join Bondo and if their position can be supported, then other community members are likely to consider their reasoning and emulate their actions. The results have also highlighted the need to provide protection from physical and other forms of abuse for uncircumcised girls, particularly in the more rural settings.

If Save the Children and its partners can combine resources and expertise, they can make a significant and positive impact on the health, safety and wellbeing of girls and women exposed to FGM/C in Sierra Leone, thus enabling Sierra Leone to accelerate progress towards achieving Goal 5.3 of the Sustainable Development Goals which aims eliminate FGM/C by 2030.

Abbreviations

CEDAW	Committee on the Elimination of All Forms of Discrimination against Women
CEDPA	Centre for Development and Population Activities
FGD	Focus Group Discussions
FGM/C	Female Genital Mutilation/Cutting
SDG	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

1. Introduction

Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) refers to procedures which involve the cutting of the female genitals for non-medical reasons. The procedure is characterized by the World Health Organisation (WHO) in four types: Type I – clitoridectomy, the partial or total removal of the clitoris; Type II – excision, the partial or total removal of the clitoris and the labia minora; Type III – infibulation, the narrowing of the vaginal opening through the creation of a covering seal, formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. Type IV describes other harmful procedures to the female genitalia for non-medical purposes such as pricking, piercing, incising, scraping, and cauterization (1).

A total of 3.9 million girls undergo FGM/C each year

More than half of the girls living with FGM/C are from Egypt, Ethiopia, and Indonesia

The term, "female genital mutilation" gained support in the 1970s to establish a distinction from male circumcision, emphasise the gravity of the act, and reinforce that it is a violation of girls' and women's rights. This term was adopted by WHO and all other United Nations (UN) agencies apart from United Nations Children's Fund (UNICEF) in (1991), and is the term used by the UN Interagency Statement, "Eliminating Female Genital Mutilation" (1). The term "female genital cutting" is generally used at the community level as it is considered a more value-neutral, non-judgmental, sensitive and respectful term than "mutilation". Most communities in Sierra Leone refer to the practice as female circumcision. This document will use the term "female genital mutilation/cutting (FGM/C)" to capture the significance of the term 'mutilation' at the policy level and, "cutting" at community level.

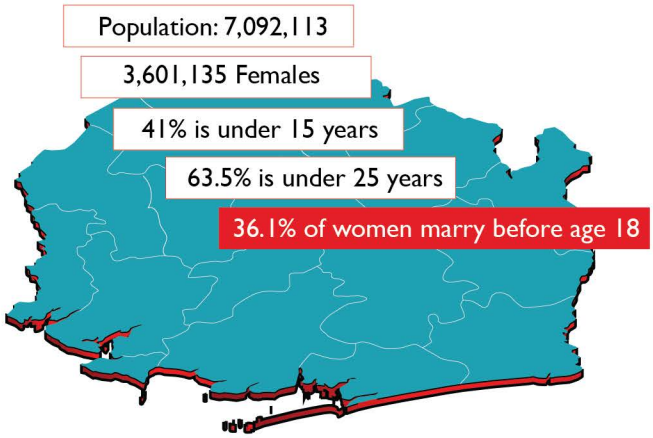
A total of 3.9 million girls undergo FGM/C each year (2) and estimates are that some 200 million girls and women across 30 countries living with FGM/C. Progress in reducing FGM/C prevalence has been uneven across countries even though there has been a global decline. However, despite the reduction in FGM/C prevalence, there is an increase in the number of girls undergoing FGM/C as the population growth is higher than the percentage FGM/C decrease in practising countries. As a result, global estimates are that 68 million girls face FGM/C by 2030 (2). More than half of the girls living with FGM/C are from Egypt, Ethiopia, and Indonesia (3).

FGM/C of any type has been recognized as a harmful practice which is a fundamental violation of human rights. In the absence of any perceived medical necessity, it subjects girls and women to health risks and has life-threatening consequences. Among the rights that are violated are the rights to the highest attainable standard of health and to bodily integrity. A number of UN human rights treaty monitoring bodies (notably the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), the Committee on the Rights of the Child, and the Human Rights Committee) address FGM/C in their concluding observations and provide recommendations on how States can fulfil their treaty obligations. The United Nations General Assembly in 2012 adopted a resolution to intensify efforts to end the practice, and in 2015, the Sustainable Development Goals (SDGs) included a target under Goal 5 to eliminate all harmful practices, such as child, early and forced marriage and FGM/C, by the year 2030 (4).

FGM/C has no health benefits to females. The negative health and psychological consequences of the practice follow a dose-response association: the more extensive the cutting and the more traumatic the circumstances in which FGM/C takes place, the higher the risk of complications (5). The immediate physical health complications from FGM/C can be severe and life-threatening. These include infection, severe pain and bleeding (6). FGM/C can also be a traumatic event because of the pain, shock and the use of physical force by those performing the procedure (7)

Sierra Leone

The Republic of Sierra Leone is on the west coast of Africa with a population of 7,092,113 million people of which 3,601,135 are females. (8). The majority of the population is young: 41% of the population is under 15 years of age and 63.5% is under 25 years of age (9). Nationally, the percentage of women married before age 18 is 36.1%, with significant differences between rural (43.6%) and urban residency (28%), with 52.6% of women aged 15 – 49 years believing a husband is justified in beating his wife in various circumstances (10). There are about 14 main ethnic groups, each with its own language, the largest groups are the Mende in the southeast region and the Temne in the northern region.



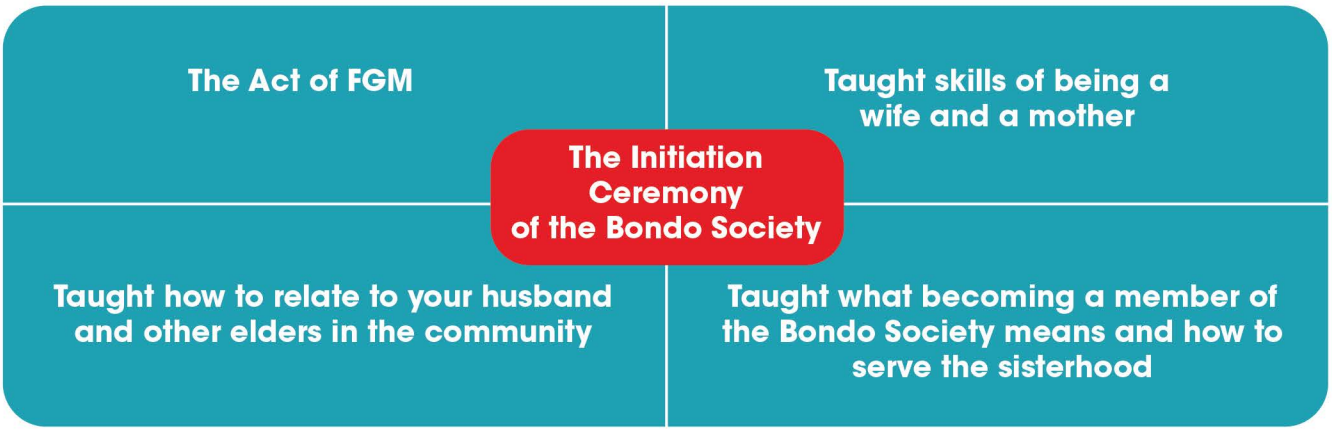
Sierra Leone is amongst one of the poorest countries in the world, ranking 181/189 in the 2019 Human Development Index. Life expectancy at birth is 54.3 years, and the mean year of schooling is 3.6 years (11). A total of 51.7% of the population live below the international poverty line of $1.25(US) a day, the World Bank definition of extreme poverty (12), and the country features amongst the bottom ten countries in the 2019 Gender Equality Index ranking 120 out of 129 countries with an index score of 47.6 (13). Sierra Leone ranks 151 out of 190 countries in the world with regards to the proportion of seats held by women in the national parliament is 12.3% (18 out of 146 seats) (14).

FGM/C in Sierra Leone

In Sierra Leone, FGM/C is part of the initiation ceremony into the Bondo Society. The Bondo Society is a powerful, all women led and run group organized by ethnicity. The initiation ceremony where FGM/C is performed is a rite of passage ceremony which is considered to publicly recognise that a girl has become a woman in her community. It is only within the initiation ceremony for Bondo membership where FGM/C occurs in Sierra Leone, thus making the practice inextricably linked with the Bondo Society. For research in Sierra Leone, the proxy question used to find out if a woman has undergone FGM is, "Are you a Bondo member?", and the validity of this question is 99.9% (15).

Many people in Sierra Leone regard FGM/C as an unavoidable traditional practice which is important to curb sexual appetite and prepare women for marriage, despite its violation of women's rights and that it has the potential to cause serious medical complications and harm to women's health. Today in Sierra Leone, Bondo remains an important Institution with strong cultural and political value. It is seen by some as a means for Sierra Leonean women to resist male dominance and enjoys strong support from politicians. These factors have hampered FGM/C abandonment efforts in the country.

Figure 1 – Diagram of Representation of Initiation Ceremony activities into the Bondo Society



FGM/C prevalence in Sierra Leone stands at 86.1% among women aged 15 – 49 years, remaining among the highest in the world. The practice is more prevalent in rural areas (92%) than in urban areas (80.2%; highest in the Northern region (93%), and lowest in the Western region (76.9%) (10). It was generally believed that only the Krio ethnic group did not practise FGM/C, but evidence indicates that this ethnic group now performs FGM/C: 21.5% among Christian Krios and 66.7% among Muslim Krios (16). Whilst it is widely believed that FGM/C in Sierra Leone consists of removing the clitoris only, research evidence shows that the most common type of FGM/C observed in Sierra Leone involves total or partial removal of the clitoris plus the labia majora – Type II (64.1%) (15).

The Positive Deviant Approach

Positive deviance is a behaviour change approach premised on the fact that in a given population, there are individuals who arrive at novel solutions, break away from the social convention by using uncommon practices which are beneficial to them and their families (17). These individuals generally do not have any extra resources or knowledge than their peers.

The positive deviant approach began in 1990 with Save the Children in Vietnam when Monique and Jerry Sternin were invited to help communities address malnutrition among children in rural Vietnam. They identified a group of women who were 'positive deviants' because their children were thriving despite high rates of childhood wasting and stunting in their rural village (18). These 'positive deviant' women were including tiny shrimps and crabs found in large numbers in rice paddies in their cooking pots. These shrimps and crabs were not normally used because fish was generally thought to be inappropriate for young children. Positive deviance did not impose a nutrition solution but instead relied on "respectfully assessing evolution" by identifying children who were "nutritionally fittest" (i.e. positive deviant) and scaling up a solution that is already working in the community.

The approach assumes that the answers already exist within the community and that solutions externally imposed may be neither culturally appropriate nor acceptable to the local community. It seeks to find the solution from best practices already existing in a community and build on them, suggesting immediate strategies for action using local resources. The steps in the positive deviance approach are:

Define – conduct a situational analysis where the problem is defined, its perceived cause and related current situation carried out by observation and questions

Determine – identify if there are any individuals in the community who already exhibit the desired behaviour or status (positive deviant individuals or groups who have consistently, exceptionally demonstrated the deviant behaviour), in this case, families who have chosen not to have FGM performed on their girls

Discover – collect individual deviant practices together to form "a cluster of partial solutions" – a locally discovered solution to the problem

Design – amplify the discovered and grouped positive deviants. The community designs and develops activities to expand the positive deviant solutions which can be implemented in a way to enable others to access and practise new behaviours.

FGM/C and the Positive Deviant Approach

The positive deviance approach has been used to address FGM/C in Egypt by the Centre for Development and Population Activities (CEDPA) since 1998. Individuals who oppose FGM/C were identified, their stories were documented, and they were promoted as role models. Their stories told of how they dealt with taking a stand against the practice, why they thought it important to do this, and how they coped with any confusion or opposition or ostracization.

In Egypt, the first stage of the positive deviance approach started with an inquiry process in which the positive deviants were identified. As FGM/C was the norm, it was sometimes difficult to find a girl who was prepared to say that she had not undergone FGM/C or a parent who announced that the daughter has not and will not undergo FGM/C. CEDPA reported that once one person had announced her position, then others were usually encouraged to speak out. In the second stage, the positive deviants were interviewed in depth to investigate their attitudes to FGM/C. The interviews were analysed, and activities developed based on the responses. The positive deviant decided which role she was prepared to play in a multi-faceted activity for FGM/C abandonment in the community. The positive deviants did not receive any financial rewards for their participation in these activities.

2. RESEARCH DESIGN

Research Brief and Objectives

As in Egypt, we intended to focus in Sierra Leone on community members who have "deviated" from the socially accepted behavioural norm of excision by refusing FGM/C. These "positive deviants" are those individuals who have decided against the practice of FGM/C despite the fact that the majority of people around them perform the ritual on their girls. We wanted to investigate the phenomenon of girls and families choosing not to undergo FGM/C, the reasons given for this decision and the process of decision making as there is little information on why and how this occurs in Sierra Leone. We also wanted to know what measures were put in place to ensure that the girl did not undergo FGM/C and what were the results.

To date, there is no research evidence on the reasons for deciding against FGM/C and what actions are taken by families to protect their girls from the practice. Critically, information on girls' and families' decisions, actions, and experiences can be used to design a theoretical framework for FGM/C abandonment using solutions that already exist and are working in communities. Therefore, it is intended that the results from this study can provide new ideas, strategies, and actions from within communities on how to resist FGM/C.

Therefore, the objective of the research study was to identify and define positive deviants for FGM/C in Sierra Leone.

Research Questions

The study was designed to answer the following questions:

1. Are there girls or families that are choosing not to join Bondo (and therefore not have FGM/C performed?)
2. If they exist, who are they (socio-demographic description)
3. What are the reasons given for deciding against FGM/C?
4. What were the measures taken to prevent FGM/C and protect the girl?
5. What were the responses by the girl, near relatives, and community members to the decision and actions taken?

We wanted to investigate the phenomenon of girls and families choosing not to undergo FGM/C, the reasons given for this decision and the process of decision making

Research Team

Dr. Owolabi Bjälkander was the principal investigator who led the research, supported by 18 data collectors who formed the research team and conducted the interviews and focus group discussions (FGD). Translation for the FGD amongst Soweis in Kambia was provided by Fatmata Samura Bangs, and translation for the FGD amongst Soweis in Pujehun was provided by Francis Finoh Allieu. Owolabi Bjälkander was responsible for transcribing the audio recordings of all the other FGDs conducted.

Methodology

A phenomenological qualitative methodology was used where we relied on the participants' own perspective to provide insight into their motivations and actions thus enabling us to better understand families' and girls' motivations, actions, and experiences and how this may have impacted the practice of FGM/C in their communities.

A combination of data collection methods were used: in depth interviews to identify common themes and build a sufficient dataset to look for emerging themes and to use other participants to validate the findings; and focus group discussions to understand the meaning participants place on preventing FGM/C. The research was conducted in line with prevailing ethical principles to protect the rights and welfare of all participants. Ethical and scientific approval for the study to be conducted in Sierra Leone was granted by the Sierra Leone Ethics and Scientific Review Committee, Directorate of Training and Research of the Ministry of Health and Sanitation on 31 October 2019. The research was funded by Save the Children in Sierra Leone.

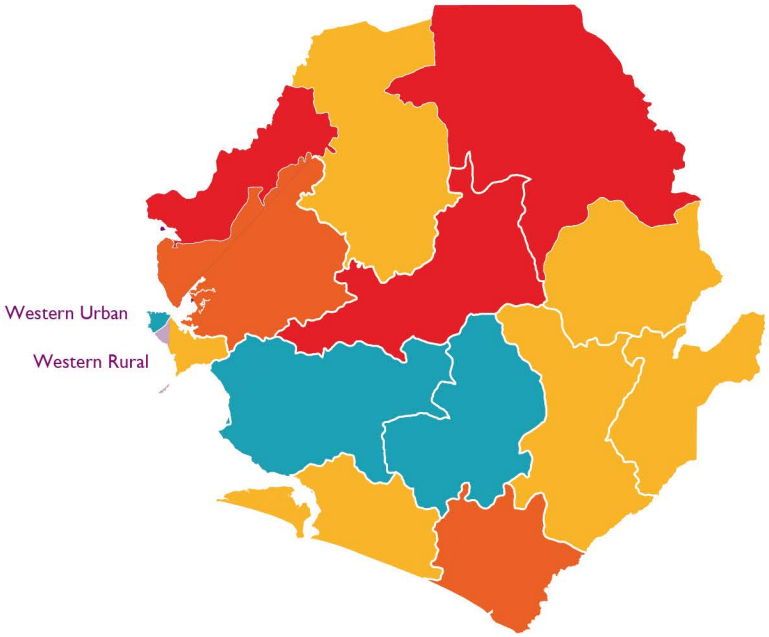
Sampling Strategy

FGM remains a sensitive subject and social norm which still attracts ostracization in most communities. Therefore, a criterion snowball sampling strategy was used to identify study participants, relying on participant referrals to recruit new participants. This sampling strategy was used in order to reduce the potential of positive deviants being stigmatised in their communities. It would have been unlikely to find interviewees by making a public announcement or in a large social gathering. One or two persons were identified who fitted the criteria – who have decided to and prevented FGM/C – and then relied on these persons to help identify additional study participants. In this way, the sample was built and became larger as the study continued. The strategy of having a previous participant vouch for the data collectors may also have helped potential participants feel more comfortable about being included in the study.

The data collectors were from locally based non-governmental or civil society organisations and were able to provide ideas on how to gain access into the communities, how best to approach people, and could identify possible obstacles to recruitment.

Selection of Study Sites

The Multiple Indicator Cluster Survey (MICS 2017) was used to identify and select a total of 9 Districts in Sierra Leone based on their FGM prevalence (2) as shown in Table 1.



District	FGM Prevalence
Western Area Urban	75.0
Bo	79.5
Moyamba	81.5
Western Area Rural	81.4
Bonthe	84.6
Kono	87.6
Pujehun	89.1
Port Loko	89.7
Bombali	90.3
Kenema	90.9
Kailahun	92.7
Kambia	94.6
Tonkolili	95.0
Koinadugu	98.5

Districts selected were the three Districts with the highest FGM prevalence (Koinadugu, Tonkolili, and Kambia); the three Districts with the lowest FGM prevalence (Moyamba, Bo, and Western Area Urban), and two Districts with median FGM prevalence (Port Loko and Pujehun). Kailahun District was added as this was a District in which Save the Children Sierra Leone was implementing girls and women's programmes.

Participant Identification

For participants to be included in this study, they had to be:

- Male or Female, aged 18 years or above
  And
- Family member who decided FGM will not be performed on girls in family
  Or
- Family Member who was informed about decision not to perform FGM on girls in family
  Or
- Girl who has not undergone FGM because of decision made by herself or family member
  Or
- Paramount Chief, Sowei or young man aged 18 – 25 who knows of a family that has decided not to perform FGM
  Or
- Girl aged 18 – 25 years who had undergone FGM and is a Bondo member and knows a girl or her family who has decided not to perform FGM

A participant was not recruited for the study if the decision not to perform FGM was made but not respected or if the participant was not willing and able to give informed consent for participation in the study.

Data Collection Instruments

There was no literature available to guide the development of the data collection tools. Instead the principal investigator devised a series of methodological tools that highlighted key issues and formed the basis for the IDI and FGD frameworks.

In-Depth Interview Questions

For the IDIs, questions to obtain socio-demographic indicators were extracted from previous FGM/C research conducted by the principal investigator in Sierra Leone. These were District and Chiefdom details, ethnicity, gender, religion, year born, education level reached and occupation. Questions on the meaning and significance of circumcision were based on questions used for the Situational Analysis conducted as part of the development of the National Strategy for FGM/C reduction in Sierra Leone in 2014. The remaining questions for the in-depth interviews were developed based on the research questions. Participants were asked what made them decide not to circumcise their girls; about the action taken once they had decided not to circumcise their girls; and how the uncircumcised girls are viewed by other family members and the community members. If the participant being interviewed was a woman who had herself been circumcised, details of her circumcision were taken, with information on any medical complications she had experienced as a result of the circumcision. She was also asked if she had sought treatment as a result of these complications.

In-Depth Interview Participants.

Participants were recruited from:

- Family members who made the decision to stop FGM/C of girls in family
- Family members who were told of the decision to stop FGM/C of girls in family
- Girls who were told of the decision to stop FGM/C of girls in the family
- Girls who decided themselves not to undergo FGM/C

In each District, 2 families were identified, and in each family, up to 5 members could be interviewed: 2 decision makers, 1 family member who was informed about the decision subsequently, and 1 girl who has not been excised as a result of the decision taken. In some cases, it was the girl herself who had decided that she did not want to be circumcised. Each interview lasted for about one hour.

Focus Group Discussion Questions.

For the FGDs, three areas were covered: circumcision and how it is viewed in the community; families who have decided not to circumcise their girls; and ways of becoming a Bondo member without undergoing circumcision.

Circumcision and how it is viewed in the community:

participants were asked to define circumcision and say what was removed in the external genitalia. They were asked why girls were circumcised (value and significance), and if they knew of any health consequences of the procedure. They were asked to state if circumcision was a good or bad practice and give the reasons for their answer, and they were finally invited to estimate the prevalence of circumcision in their community: "If there are 100 girls in your community, how many of them do you think would be circumcised?". The response to the last question was not spoken out but written down instead.

Families who have decided not to circumcise their girls:

FGD members were asked if they knew the reasons why girls and families had chosen not to circumcise their girls and what were the reasons they gave for this decision. They talked about the responses of family members, the girls' peers, and other community members, once it was discovered that the girls were uncircumcised. They were asked specifically if anything had happened to the girl or family once it was discovered that she was not circumcised.

A way of becoming a Bondo member without undergoing circumcision:

FGD members explored ways of becoming a Bondo members without circumcision and other ways that circumcision could be stopped. They were asked to describe what they thought were the differences between a circumcised and uncircumcised girl; the idea of removing circumcision from the initiation ceremony for Bondo membership and preserving the other cultural and traditional elements of the initiation ceremony. They were asked for suggestions of other approaches that could be used to stop circumcision and what advice they would give to a girl who had not yet joined Bondo.

Focus Group Discussion Participants.

Participants were recruited from:

- Paramount Chiefs who knew families that have decided to and prevented FGM/C of girls
- Soweis who knew families that have decided to and prevented FGM/C of girls
- Young men, aged 18 – 25 years, who knew families that have decided to and prevented FGM/C of girls
- Girls who were circumcised and knew of other girls in their age group who were not

One FGD was conducted in each District (see Table 2), consisted of up to 7 members, and lasted for about one and a half hours.

District	Type of Focus Group Discussion
Western Area Urban	Girls excised
Bo	Sowei
Moyamba	Chief
Pujehun	Chief
Port Loko	Young Men aged 18 – 25 years
Kailahun	Girls Excised
Kambia	Sowei
Tonkolili	Girls Excised
Koinadugu	Young Men aged 18 – 25 years

Table 2:Type of focus group discussion by District

Training for Data Collectors

A training workshop for data collectors was held over two days in Port Loko Town, Port Loko District. At the start of the workshop, the data collectors were asked to write down their understandings and beliefs about circumcision as well as details of FGM/C Abandonment activities conducted by their organisation. The principal investigator made a presentation on FGM/C and Research in Sierra Leone which covered the what is known about the practice of FGM/C in Sierra Leone based on research; the theory of positive deviance and an overview of the research study and its questions.

Presentations were made on how to conduct in-depth interviews (IDIs) and FGDs, and skills and guiding principles for interviewing and interpersonal communication were shared. Pilot testing of the data collection instruments was carried out by discussing case studies and through role play. Changes were made to the interview and focus group discussion questions and guidelines based on feedback from these activities.

Ethical issues and guidelines for researching with children were discussed in depth. A code of conduct had been developed using Save the Children International's Code of Conduct and its Child Safeguarding Policy by the principal investigator. Each data collector was required to sign this ethical agreement on how to conduct research with children. The Agreement was a contractual agreement between the principal investigator and the Data collectors which focussed on respecting others, particularly children, actively safeguarding children and adults, agreeing to abide to relevant local laws and maintaining high standards of personal and professional conduct (Appendix IV – Data Collectors Guidelines on Ethical Issues and Working with Children)

Data Collection Process

Data collection was carried out over ten days from 1st to 10th December 2019 in all Regions across nine Districts: Bo, Kailahun, Kambia, Koinadugu, Moyamba, Port Loko, Pujehun, Tonkolili, and Western Area Urban. The data was collected by in-depth interviews and focus group discussions. For the in-depth interviews, the data collectors were instructed to go to a village where they had not ever worked before and were not known as an organisation. On entering the village, the data collectors asked persons they met for girls or families that were not circumcised. The interviews lasted for approximately one hour, as follows:

- In Bo District, two interviews were conducted in Moriba Town and Njaboima sections within Bo City, in Kakua District.
- For Kailahun District, respondents participated from Daru Village in Jawai Chiefdom; Koindu Village in Kissi Teng Chiefdom, Gbalama Village in Kissi Tongi Chiefdom; Kailahun Town and Kailahun Town Torngoryama Section, Mofindor, and Ngiehun, four villages in in Luawa Chiefdom, and Pendembu Village in Upper Bambara Chiefdom.
- Interviews were conducted Kambia I and Rokupr villages in Magbema Chiefdom in Kambia District and Mambolo village of Mambolo Chiefdom.
- Three villages in Warrawara Yagala Chiefdom were used – Kaumpe, Yagala, and Kamaseh – for interviews for Koinadugu District as well as Tonkoya in Kasunko Chiefdom.
- Respondents for Moyamba District were from Kaiyamba Chiefdom (Taninihun Tondogaie village) and Kayamba Districts – Koromboy and Moymba Roromboya villages.
- Port Loko District was represented by Mange in Bureh Chiefdom and Bakolo in Lokomasama Chiefdom
- For Pujehun District, interviews were conducted in Blama Massaquoi in Gallinas Chiefdom and Tongay in Kpanga Chiefdom.
- Representing Tonkolili District were respondents from Mabarr Polie in Gbonkolenken Chiefdom and Bath Morie in Kholifa Rowala Chiefdom.
- Interviews were conducted in Parliament Junction in Kissy Brima Lane in the Western Area Urban.

For all the in-depth interviews, data was collected from respondents who lived in villages where there had been no interventions on FGM/C abandonment.

Focus group discussions (FGDs) were held to identify group opinions and norms in a relatively short time using the group dynamic to stimulate conversation and generate reaction. They consisted of groups of Traditional Leaders; Girls with FGM/C; Young Men between the ages of 18 and 25years; and Soweis, the Traditional Excisors. (See Table 3 – Focus Group Discussions Conducted by District and Type of Focus Group) All FGDs were held in Krio apart from the two FGDs with Soweis: the group in Kambia was held in Temne, and the group in Pujehun was held in Mende.

For participants who met the inclusion criteria, the purpose and nature of the study was outlined by the data collector and the ethical safeguards with regards to data protection and privacy shared. Potential participants were assured they could withdraw from the study at any time and were given the telephone numbers of the Sierra Leone Ethics Committee and the principal investigator if they had any questions or if any problem arose. Once consent had been given by the participant, the data collector signed and dated the consent sheet.

For the FGDs, the moderator and note taker made prior contact with the members of the group arranging a time and place to meet. FGDs in Kambia, Koinadugu, Tonkolili, Moyamba, Pujehun and Kailahun met in offices of the community-based organisation. FGD for Port Loko met in the veranda of the village community health post: in Koinadugu, at the back of the house of a youth leader; in Bo, in the unfinished house of the brother of one of the traditional leaders; and in Western Area Urban in the veranda of the home of the Director of the community-based organisation. The FGDs were held for about one and a half hours.

Data Analysis

The quantitative data was analysed using descriptive statistics and demographic characteristics from the in-depth interviews.

For qualitative analysis, notes were written at the end of each focus group discussion. Preliminary analysis was conducted during the research process. The principal investigator was responsible for the complete thematic analysis of the interviews using grounded theory. Dominant themes were identified through the systematic sorting of data, labelling ideas and phenomena as they appeared and reappeared. Coding and analysis were done by hand. The emerging trends were analysed according to the research objectives using the critical-interpretive approach of medical anthropology.

Methodological limitations

The study was carried out in a new research environment with limited time. Throughout, we sought to mitigate or minimise constraints by employing a methodology carefully designed to be pragmatic and by using resources efficiently.

A number of limitations remained. Risks associated with misinterpretation are inherent in consecutive translation, and therefore a number of strategies were used to improve accuracy.

In translating between Krio and English, we discussed translation and interpretation styles during the training workshop on how best to capture colloquialisms, abstractions, idiomatic expressions and jargon. Short units of speech and careful phraseology were refined for the in-depth interviews and focus group discussions.

The principal investigator had full visibility of the growing data and was able to query potential anomalies during the study and directly after. This served to mitigate the risk of errors in the translation and transcription process.

It is possible that interviewees expressed what they perceived to be appropriate or socially desirable responses. This is a risk in most interview-based qualitative research. This was not seen to be a major limitation as we conducted informal, private interviews and the interviewees did not know the data collector.

Also, the semi structured interview format allowed questions to be asked in multiple ways and responses triangulated. The focus group discussions provided data sets similar to those in the individual interviewees and this strengthened their validity.

Although relatively small, the sample size resulted in saturation of findings. This acted to lessen the impact of snowballing sampling. The results are likely representative of the population in the chiefdoms/villages but may not be generalisable to the regions nor extrapolated to the wider Sierra Leone context.

The coding and thematic analysis upon which this report is based was conducted by the principal investigator.

Report Structure

This study provides new empirical data contributing to our understanding of families and girls choosing not to perform circumcision in selected districts in Sierra Leone: Bo, Kailahun, Kambia, Koinadugu, Moyamba, Port Loko, Pujehun, Tonkolili, and Western Area Urban. It identifies who in the population is making a decision against FGM/C; examines the reasons for the decision; finds out what the primary decision makers and family do to make sure that their daughter is not circumcised, and captures the responses of family members and the wider community to the decision. The study was designed primarily to be of operational use to Save the Children in Sierra Leone.

3. RESEARCH FINDINGS

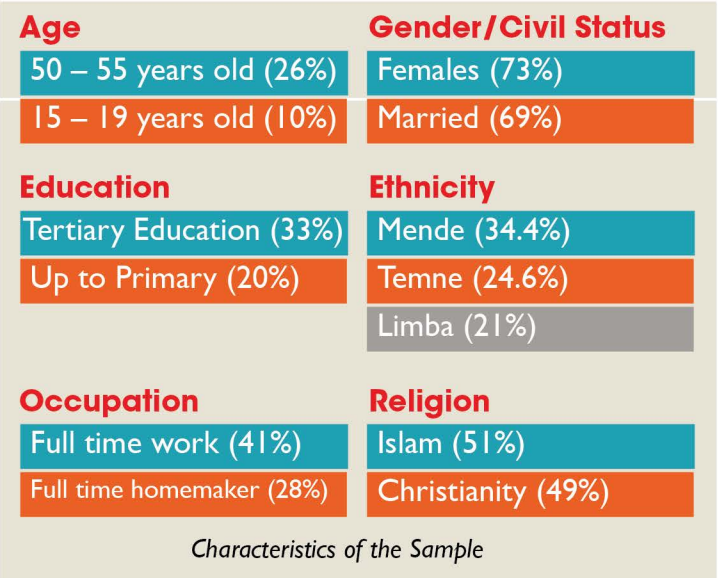
Characteristics of families who decided against FGM/C

A total of 61 in-depth interviews were completed (table 4). Twenty-seven were in the Northern Region; 20 in the Southern Region; 8 in the one Eastern Region; and 6 in the Western Region.

The age category with the most respondents was 50 years and older with 16 respondents. The number of female respondents (73,8%, n=45) outweighed the number of male respondents. There were about the same number of Christians in the sample (49%, n=30) as there were Muslims (51%, n=31). Most respondents were married (68.8%, n=42) with the Never Marrieds representing the next biggest group (21.3%, n=13). A third of the respondents had obtained tertiary education (32.8%, n=20) and approximately 20% (n=12) had finished school at the primary level. Seven respondents were still at school and 8 had not ever attended school. The Mende ethnic group was the most represented in the same (34.4%, n=21) followed by Temne with 15 respondents (24.6%) and Limba with 13 respondents (21.3%). There were 2 Kissi, 1 Loko, and 1 Madingo. Most of the respondents were employed full time (40.9%, n=25). There were 17 Homemakers; 10 Students; 5 Rural Labourers, 3 unemployed persons, and 1 retired person in the sample (Table 3 below).

The report comprises four main sections, as follows:

- Characteristics of families who decided against FGM/C
- Reasons given for not performing FGM/C
- Action taken to prevent FGM/C
- Response from girl herself, the family, and community members



Characteristics of the Sample

Table 3 – Socio Demographic Information of Respondents from In-Depth Interviews

Age Range*	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-55
Numbers	6	3	4	5	8	7	8	16

Ethnicity	Fulah	Kissi	Limba	Loko	Madingo	Mende	Sherbro	Temne
Numbers	5	2	13	1	1	21	3	15

Gender	Female	Male
Numbers	45	16

Religion	Christianity	Islam
Numbers	30	31

Civil Status	Divorced	Married	Never Married	Separated	Unknown
Numbers	3	42	13	2	1

Occupation Employed full time	Employed	In Family Business	Own Boss	Full time homemaker	Rural Labourer	Unemployed	Retired	Student
Numbers	19	5	1	17	5	3	1	10

Level Stopped School	In_JSS	In_SSS	In_Tert	Out_Prim	Out_JSS	Out_SSS	Out_Tert	No School
Numbers	1	6	2	12	6	5	20	8**

*4 participants did not give their ages **1 participant not given

A total of 68 persons took part in the FGDs, and apart from the groups of Soweis, all FGDs were conducted with persons that the data collectors' organisations had not worked with before. There were 30 females and 38 males. Most participants (52/61, 85.2%) had received some form of schooling. However, 6 males aged between 15 and 25 years, and 10 females (8 Soweis and 2 female traditional leaders) had not ever been to school. (Table 4 below)

Table 4 - Study Sites for Focus Group Discussions by Districts and type of Focus Group

District	PORT LOKO	KAMBIA	KOINADUGU	TONKOLILI	MOYAMBA	BO	PUJEHUN	KAILAHUN	WESTERN AREA
Chiefdom	Bake Loko	Magbema	Wara Wara Yagala	Yoni Mamaila	Kaiyamba	Kakua	Kpanga	Luawa	Kissy
Village	Malal Maforki	Kambia Town	Jadia	Mile 91	Moyamba	Coronation Field	Pujehun Town	Kailahun Town	Parliament
Type of FGD	Young men	7 Soweis	7 Young men	9 Young men	9 Young Girls, all initiates	7 Traditional leaders	6 Soweis	7 Traditional Leaders	Young Women initiates
Age Range	15, 18 – 25	28, 35 - 50	19, 25, 26, 3x27, 28		18 – 21	40 upwards	1968, 1958, 40 years, 1967, 38*	40, 46, 41, 41, 47, 46,64	21, 23, 24,26,29, 40
School Level	2 SSS (1 SS1, 1 (SS2), 2 JSS3 1 JSS2 3 no school	SSS 1 2, JSS 3	3 no school, 1 at SS2, 3at WASCE	All post-secondary school qualifications except 1	All girls still in secondary school	Form 2 Form 4 – 3 Form 5 – 1 No School - 2	SS4	Tert Edcn, O Level x 2, Arabic College x 2, HTC, Religious Studies	HTC, Class 6, JSS1, SSS1, SSS4, University
Religion	(8) Muslim	All Muslim	Muslim (4), Christian (3)	All Muslim	Christian and Muslim	4 Christians 3 Muslim	All Muslim	2 Christian, 5 Muslim	All Christian
Where did the meeting take place	Veranda of community health post	In the hall of SHADE Safe House	Back of a house on benches and chairs	In conference hall of LIFT-SL office	SABULA 24 Yoyeima Rd Moyamba Town	In an unfinished house	In the veranda of KYDO office	In veranda of Save the Children	In veranda of private home in Parliament

*One Sowei did not know her age but remembers that she was a little girl and danced when the Queen came to Sierra Leone

Reasons given for deciding against FGM/C

From the in-depth interviews, participants gave several reasons for not performing FGM/C. These were the negative health consequences from FGM/C; the harm (pain, suffering) caused during FGM/C; because of religious conviction – that it is a spiritually unclean practice; the cost of joining Bondo; and moral reasons.

a. Negative health consequences from FGM/C

The most frequent reason cited was the negative health effects of FGM/C. Respondents reported they were aware of the negative health implications particularly the immediate physical complications. They cited excessive bleeding, infection, shock, slow healing of the external genitalia after FGM/C, and death as complication. They said they did not want their daughters to experience these problems.

Specifically, they said circumcision is unhealthy, unnecessary and not good for the health of the woman. Two fathers mentioned that circumcised women do not

Considering the health implications and other associated problems, I decided not to allow circumcision not to happen within my family here and elsewhere

They [circumcised women] do not enjoy sex

It is based on my past experience at the initiation site….slow healing process…we experience girls and women dying out of bleeding, stressful expositions…

As a father, I decided to follow my girl child's decision because I have heard and seen initiates complain of lots of ill health and even death in one of the girls who was circumcised

b. The harm of the practice

The next frequent reason given for deciding against FGM/C was the harm and pain caused during FGM/C. This reason for abstaining from FGM/C was given only by women who had been circumcised. Respondents described circumcision as painful as they were tortured during the process. Several said that it was due to the suffering they had experienced during their circumcision that they decided not to allow their daughters to be circumcised. A few women said they regretted that they had become a Bondo member because of the suffering during the initiation process.

I suffered during initiation and was tortured. The practice is harmful.

Because I do not want my child to be punished

Because of the pain I went through, trauma and torture

The circumcision is cruel….

c. Religious conviction

Religious conviction was a frequent reason given for deciding against FGM/C. Respondents explained that they did not believe it was a practice that they should continue with, because it was against their religion. As a result, they stopped participating in all Bondo activities completely. A number of people said that in church, their pastors had preached against the practice, and because of this, they had decided against the practice.

All of the respondents who reported they had decided against FGM/C because of their religious conviction were Christians with some describing themselves as "born again" Christians. There were no Muslims among this group of respondents who decided against FGM/C because of religion.

When I went to church, I learnt about it [that it was not a good practice]

I see no need, our pastors preach against it in church
Girl herself who chose not to be circumcised

It is not a religious practice

Because of religion

d. Cost of joining Bondo

Some respondents talked about the cost of joining Bondo – they said that to become circumcised is too expensive, too much is spent on the process of initiation and they do not see the economic value of joining Bondo.

Circumcision is too expensive

Don't like the process, there is no economic value, they spend too much, it is too expensive
Tonkolili young male, FGD

I was informed by an old initiate…circumcision is a risk exercise…requires a whole sacrifice of money

e. Moral Reasons

A variety of other reasons were proffered for deciding against FGM/C. When asked why they had decided against circumcision, some respondents said it was not a good practice, others described it as a wicked or bad practice. Some said they saw no value or benefit in it, and a few said that it was a "waste of blood", that is why they decided against it. One father said that he had observed the Bondo Society and had not noticed any progress by Bondo members.

From the in-depth interviews, it was only men who mentioned about the costs of joining Bondo and that it was an expensive exercise. However, during the focus group discussions, women said that the economics – the financial costs of joining Bondo was often mentioned by parents if the bill was to be footed by the husband-to-be: "you see how much he [husband-to-be] is spending on you already – he is paying for the cost of your joining Bondo. You had better be kind to him, treat him well and show him respect when you marry and move into your marriage home".

During the focus group discussion of young men in Port Loko, they told us that for coming out ceremony after FGM/C and other initiation rites in the Bondo Bush, families would hire well known singers, musicians, dancers from far away villages to entertain the guests. They also mentioned that the entire harvest would be spent to provide food for these celebrations.

What measures were taken to prevent and ensure that FGM/C did not take place?

There were two measures taken by respondents to prevent and ensure that FGM/C did not take place: telling and doing.

a. Talking

All respondents reported that they had told the uncircumcised girls of their decision to abstain from FGM/C/Bondo. Most said that they explained their objections to FGM/C mainly from a health perspective – it carried negative health risks.

The Christians in the sample explained to their daughters that Bondo was not a traditional practice that "born again" Christians should observe, it was not a custom that they should follow. A few women said that when talking to their daughters they explained that they themselves were not circumcised.

All respondents reported that they told a spouse or/and close family members about their decision as well as the uncircumcised girl herself the reason for the decision.

No respondent reported that they made the decision against Bondo and not tell anyone.

In a few cases, the parents informed the Sowei in the community about their decision and said they warned them not to touch their daughter and that their daughter should not be considered a candidate for the Bondo Society. In one case, the father reported that he went to the Chief, paid him a tribute and told him that he, the father, had taken the decision not to circumcise. In another case, the father asked

b. Taking Action

Circumcised women respondents said one of the first actions that they took after telling their uncircumcised daughter of their decision against Bondo was to stop attending all Bondo meetings and ceremonies themselves. The women mentioned that stopping attendance to all Bondo meetings occurred to them only after they had made the decision against joining Bondo.

After the training workshop of the data collectors, I travelled to all the Districts and served as an observer of the focus group discussions. Before this particular FGD in the South started, as I talked with the data collectors about the training workshop, one of them reported that all he had learnt at the workshop had caused him problems when he returned back home.

Puzzled, I asked him what had happened. He explained that he had shared and discussed with his wife all that he had learnt at the training workshop on FGM, showing her all the materials he had received.

In response, his wife, an ardent Bondo member, collected all the materials and documents from the training workshop and hid them.

Apparently, plans were afoot before the data collector attended the training workshop for their two daughters to join Bondo.

The data collector's response to his wife's hiding the materials on FGM was to "divide their marital bed into two". He told her, "You sleep on one side, and I will sleep on the other side until you decide what to do".

Owolabi Bjälkander, Primary Investigator

In a surprising and perhaps significant number of cases, parents – it was all fathers that reported – made the decision to physically remove their daughters from the [rural] communities where they lived when the Bondo Bush was in session. The uncircumcised girl moved to a larger town or city and lived with a relative and in this way avoided the provocation, stigmatisation, taunting, and risk of being forcibly excised during this time.

One creative mother announced that she found alternative activities for her daughters when the Bondo Bush is in season so that out of boredom, they do not become curious about Bondo and try to find out what happens in the Bondo Bush: "I bought a DVD and laptop so that my girls could occupy themselves in their free time by watching films and playing video games so that they will not be enticed or attracted by what goes on in the Bondo Bush".

What were the responses to the decision not to perform FGM/C?

Experience of the uncircumcised girl herself

Uncircumcised girls reported that there had been a lot of negative talk, quarrels and complaints about their not being circumcised. Others – mainly circumcised girls – provoked them to discourage them about their status and so get them to undergo circumcision; they incited them so that they can have a quarrel, and that there was often negative talk and tension between them and the circumcised girls.

Uncircumcised girls reported that they are often told by their peers and others in the community that they have betrayed their culture and customs.

With regards to their peers, the uncircumcised girls reported that peer pressure to become circumcised was strong and they were considered as a *"problem"* if they are not circumcised. Sometimes the circumcised peers said to the uncircumcised girl, *"Cam mek a go lef you nar Bondo Bush"*:"Come, I will take you to the Bondo Bush [so that you can be initiated]".

Uncircumcised girls talked about being teased and mocked at the water well, that circumcised girls will song Bondo songs to her to tease and exclude her, that the uncircumcised girl was provoked and had no social standing.

Often the uncircumcised girl would hide her FGM/C status from others because if they knew she was uncircumcised, they would refuse to *"walk with you, they [circumcised girl] will say where they as initiates are talking, the [we] uncircumcised girl should not talk"*.

The uncircumcised girls reported that elders and traditional leaders were unhappy about the decision not to join Bondo with some saying that they (uncircumcised girl) should not consider themselves as part of the community.

A number of elders tried to convince the decision makers to change their minds, the girls reported.

How does the girl herself feel about not being circumcised?

Uncircumcised girls said that in general, they were comfortable with the decision not to be circumcised, and they felt proud about themselves in the community. They said that they *"show off"* to the circumcised girls and refer to them as *"old motor car – jalopy"*, and tell them that they, the uncircumcised girls are the *"new Jeeps"*.

A number of girls said that although they are provoked and teased by circumcised girls, they felt strong enough in their decision not to be circumcised and could retort, *"Leave me alone, my people have said they will not put me there"*.

Experience of the person who decided against joining Bondo (primary decision maker)

All of the primary decision makers were able to convince the girl herself not to be circumcised and this decision still held. Nearly all respondents reported that there had been much talk, discussions, and sometimes quarrels and complaints about the decision against FGM/C. Most of these have come from family members, and in some occasions, the girls have complained about quarrels with their peers, usually circumcised girls in the community.

The uncircumcised girls talked about being isolated, provoked, and excluded from among their peers because they are not circumcised, and in extreme cases, the uncircumcised girls have been beaten by circumcised girls.

Family members expressed dissatisfaction about the decision against FGM/C because they saw it as a sign that the decision maker is *"abandoning the culture"* or *"copying the western culture"*. Others were concerned that the uncircumcised girl would be excluded from the community and that the girls would not learn anything about the culture if she did not join the Bondo Society.

A number of family members told the primary decision maker that it was because she/he was poor (broke, doesn't have money) that she/he had made the decision not to initiate their daughter.

Some decision makers said they were described by near relatives as *"weak and unserious"*, *"a wayward person who does not respect tradition"*, and *"encouraging prostitution in the community by not circumcising the girls"*.

Aunts, grandmothers, other women in the family expressed concern over the decision and whilst they could do nothing to overturn the decision, they reported that they did not agree with the decision.

We found that as we moved away from close family members who have some authority to decide over the uncircumcised girl, respondents were more likely to be against the decision to not circumcise the girls.

A few (2) primary decision makers approached their Chiefs and told them about their decision not to circumcise girls in their families. Not all agreed, but a few did. The majority of chiefs and elders were unhappy and disappointed when told of the decision against FGM/C, but a few other Chiefs said that the parents had the right to make the decision they deem best for their children.

Respondents reported that the Soweis were not happy with the decision to not circumcise their daughters. They said the Soweis had expressed disappointment, they were displeased, they did not see them (primary decision makers) as *"useful community members"*. The Soweis said that the uncircumcised girls will not be responsible wives, that they (primary decision makers) were *"lazy, and could not afford to circumcise our girls"*, that is why the decision had been made. Primary decision makers were described as *"foolish people"* who they (the Soweis) excluded from all decision-making processes in the community.

Respondents reported that the Soweis began to view them as *"different…they [Soweis] did not involve me in their work"*. Respondents also reported that Soweis were *"furious"* and "tried to find my trouble whenever I made the slightest mistake". There was a lot of name calling by Soweis, a number of them insisting that the girls should now be circumcised because they were matured.

Only two respondents reported that when the Sowei heard about the decision not to circumcise said that *"they [Soweis] think it is our right not to circumcise our girls"*.

When asked how traditional and other elders had responded to their decision to not circumcise their girls, primary decision makers reported they [elders] were generally not happy about this decision. Complaints levied at the primary decision makers by elders were that they had *"become more westernised because my husband is educated"*, they were frowned at and tried to persuade their daughters to reject the decision not to be circumcised, reporting that *"they have attempted several times…[to forcibly circumcise my daughters]"*.

One respondent said that, *"…they [elders] have always looked at me since they knew about my decision not to circumcise my daughter as someone who is misleading young girls in the community", and that my decision, "incites girls and misleads the family"*.

Elderly women warned that *"your daughter's breasts will not be full without circumcision", and they [primary decision maker] "were considered as different people"*.

In another instance, when a respondent reported to an elder that he had decided not to circumcise any more of his daughters because one had died during FGM/C, the elder reported that *"I think the death of your child is just a flimsy excuse you always give [for not circumcising your other daughters]"*.

In two instances, respondents said that elders in the community were not aware of the decision made not to circumcise their girls.

In one instance, a respondent reported that the elders said that *"the girls are my children and I have the right to take any decision I deem good for them"*.

In another instance, the primary decision maker reported that, *"other elders and traditional leaders in my community support the eradication of female circumcision in this community. They have pledged to undertake community activities, e.g. monitoring, meetings, house to house, engagement to stop female circumcision"*.

Elderly women warned that "your daughter's breasts will not be full without circumcision", and they [primary decision maker] "were considered as different people".

4. DISCUSSION AND RECOMMENDATIONS

Characteristics of families who decided against FGM/C

The older age group of decision makers in this sample suggests that this group has authority to make decision in her or his household and those decisions are likely to be respected. That they are older person might be an indication that they have gravitas and that their word carries weight within and without the family compared to a young girl who had made the decision by herself. Whilst certain family and community members may not like the decision, the decision is more likely to stand and be respected than if a young girl herself had made the decision.

Half of this population of primary decision makers were in full time employment indicating that they have access to a regular income. This aspect is likely to further strengthen the authority that they may already carry in their family as proposals which have financial implications, such as joining Bondo, would ultimately be determined by them. If for example a father did not agree to her daughter joining Bondo, it would be difficult, if not impossible to approach him to fund the initiation ceremony of the daughter into Bondo membership.

The other half of the population of primary decision makers are homemakers suggesting that they are women who work at home. We speculate – based on the reasons for deciding against FGM/C – that these are mainly women who have undergone circumcision and did not want their daughters to go through the process.

The women who were circumcised who made the decision against joining Bondo could speak from their experiences of initiation and this would provide both legitimacy and authenticity to their position against the practice. It would be hard to refute.

Reasons given for not performing FGM/C

Both females and males said it is not a religious practice and expressed concern about the harmful health effects of FGM/C, including death. Some of the other reasons for deciding against FGM/C appear to be strongly gendered.

It was only men who talked about the cost of joining Bondo: they mentioned not only cost of the ceremony in the Bush but also the sets of clothes given to girls who normally do not even get bought a dress. They talked about the feasting and calling of relatives far and near, hiring of musicians, dancers, and that the family would want to "show off" that is has the financial prowess to fund the entire coming out ceremony for fear that if they do not, the community will consider them poor, mean, and cheap. It was reported that some families as a result of this vast expenditure spent everything, the complete harvest, on the Bondo celebrations. After this vast expenditure, some families it was said went into debt, faced prison and more fines for lack of payment of debts. They were concerned about this consequent financial strain on the family and a number reported that they therefore saw no "benefit/value" of the practice.

The women on the other hand refer to the pain, trauma associated with the practice, the slow healing of the wound, the suffering, cruelty, torture and mob justice meted out during the initiation.

a. Harm

If we are to read into "pain", the women described that the process of initiation involved far more pain than just the cutting of the external genitalia which is the FGM/C. They said that in some cases, the Soweis took the opportunity to "get back" at girls who had been cocky or cheeky, girls who had answered back when spoken to and had been rude, particularly those girls known in the community for being disrespectful and "untrained". Not only were these girls' mutilation carried out more carelessly to inflict more pain, but they were often beat, pinched, slapped, made to assume degrading and humiliating positions or acts in front of the other girls and women in the group. Girls who had been described as "unmanageable" in their households were selected out for extra severe punishment – this in order to break their spirits and make them docile, subservient, and "pliable". They were forced to exhibit a more servile behaviour, an expression which is taken to mean that the girl had received "training" in the Bondo Bush and now, as a result, knew how to behave.

b. Religion

"Born again" Christians are those Christians of the "new" churches in Sierra Leone who are more evangelical or charismatic and believe that one must be born again (derived from John 3:16 in the Bible) and have a relationship with Jesus Christ – one has made a conscious, adult decision to be a disciple of Jesus Christ. These churches are different from the other more established forms of Christian expression in Sierra Leone – Anglicans, Methodists, Baptists – where their members tend to be born into the particular Christian denomination.

For these respondents – reading into what they mean – this group of Christians who are born again and have decided to abandon Christianity do so because they are against the practices of the Bondo Society – they describe some of the practices of the Bondo Society as unclean or of other spirits, some going as far as to describe some acts as demonic. For them, it is not only or particularly the FGM/C that is the problem with the Bondo Society but that the Society has a strong spiritual element which, as they describe as, "not of the spirit of Jesus Christ" attached to the initiation ceremony for Bondo membership.

c. Cost of joining Bondo

It is difficult to estimate the cost of Bondo; prices of becoming a member an vary enormously amongst locations and the cost of the initiation ceremony is often "custom made" to the situation and the girl in question. Estimates derived in 2019 were around $250 (US), and this was a conservative figure.

A mother when asked how much it would cost for her daughter to join Bondo told the author that the starting price would be about Le 1,500,000 (the equivalent of approximately $150 US, February 2020 exchange rate). This would be the cost to the Sowei alone and would cover the actual fee for the circumcision and costs for other items given to the Sowei such as palm wine, rice, palm oil which the Sowei would call for.

The girl would have to be fed during her time of seclusion in the Bondo Bush and this is an extra cost the parents would have to cover. Should the girl fall ill in the Bondo Bush during the time of seclusion or should the Sowei deem that there is something spiritually deviant about the girl, then they [the Soweis] would need to perform extra, special ceremonies on the girl or on her behalf to guarantee her spiritual health and well-being. This too at a cost.
Occasionally, we learnt from respondents that girls have to be cut again, for example, if the girl struggled too much and the Sowei was not able to remove all that she wanted to. This cost was also passed on to the parent.

On the family side, the "coming out" ceremony – when the girl leaves the Bondo Bush and is returned back to her home and family, is the cause for several days of feasting and entertainment. Traditionally and till today, girls are given a box of clothes – several sets of outfits – with accompanying shoes and other accessories as presents which celebrate and symbolise the girl coming into womanhood after the Bondo initiation.

All family members near and far are invited and expected to attend. Invitations are not restricted to the family members in the village where the girl lives, but family members anywhere who is willing and able to attend the ceremony is welcome.

The "coming out" ceremony for the girl is a huge celebration, it is an opportunity and reason for the family members to reconnect, spending time with each other and catching up on news, events that have taken place in the family. If done right, the "coming out" ceremony for the new initiate will be an event that will be talked about in the family for years to come.

For a family to be able financially to make a big "coming out" ceremony for its newly initiated daughter is a sign of wealth, generosity, and largesse which will also be talked about in the village. It is a feather in the cap of any parent or family who can do this.

It is because of this cost that a number of young men mentioned that although at an individual level and personally they would have preferred to marry an uncircumcised girl, they would opt to marry a girl who was already circumcised because otherwise, they [the young man] would have to pay the entire cost of the circumcision before marrying the girl.

d. Moral reasons

It is hard to speculate what respondents might mean by value or benefit. These comments – in my view – may not relate to economic or financial values, but perhaps benefit or value to the girl herself and her close family members. A case could for example be made for spending money on the education of a girl child, for one could point out that the educated girl is more likely to get a well-paid job and would be better able to support her family and parents for example. It is harder to identify the benefits and advantages that Bondo membership could bring to the girl, in the view of those who are deciding against the practice for this reason.

"Waste of blood" – it is doubtful that respondents were referring to just the health aspect of losing blood. One speculation is that respondents were referring to some spiritual aspect of obtaining blood from the cutting for some spiritual use.

What measures were taken to prevent and ensure that FGM/C did not take place?

a. Forced circumcision

Forced circumcision can occur in several ways. The first and most obvious is when a girl is physically taken or carried against her will to the Bondo Bush and is circumcised. Forced circumcision can also happen like this: an uncircumcised girl is accused of having gone to the Bondo Bush when it was in session where she sees and hears all that is taking place. If she is caught or seen by the Bondo members, the Bondo "law" – enforced by the Chief – says a fine must be paid. If the girl's family is not able to pay the fine (it is often the case that the fine is set at a prohibitively high amount), then the girl in lieu of the fine must be circumcised.

Forced circumcision can also happen like this: the Bondo Bush is in session and the uncircumcised sings one of the Bondo songs and an initiate hears her singing. The uncircumcised girl is said to have broken the law and must be circumcised.

If an uncircumcised girl and an initiate girl have a quarrel, and if the uncircumcised girl says anything negative about the Bondo Society, then according to Bondo law, the uncircumcised girl must be circumcised.

Several girls in the in-depth interviews mentioned that when the Bondo Bush is in session, they are abused and taunted by their initiated peers in the hope that they – the uncircumcised girl – will react or retaliate in a way that would cause them to fall foul of the Bondo law.

From the in-depth interviews, we learnt that it was usually the father who decided to physically to move his daughter away from the village to avoid her being forcibly circumcised.

Measures taken by the girl herself

The girls themselves reported that they tended to keep to themselves, away from circumcised girls whether the Bondo Bush was in season or not. In this way, they tried to avoid quarries and possible accusations. They do not mingle with initiates, they reported, they do not sing Bondo songs and they keep away from the Bondo Bush.

A number of uncircumcised girls reported that this "keeping away" from initiate girls often extends long after the Bondo season is over and becomes a "lifestyle" decision. The uncircumcised girls are not welcome into the group of initiate girls and is not allowed to interact with them in any meaningful way.

What were the responses to the decision not to perform FGM/C?

It appears that it is the uncircumcised girl who bears the brunt of negative reaction to the parents' decision against FGM/C. The uncircumcised girl to the greater extent, and their parents, to a lesser extent, are persecuted in their communities for taking a decision against FGM/C. It feels unjust that they are isolated, shunned, excluded, abused, taken advantage of and in extreme cases, beaten, because they are uncircumcised. It feels equally unjust that families should feel that they have to send their uncircumcised daughters away from the village when the Bondo initiation is on.

The pattern of positive deviance for joining the Bondo Society in Sierra Leone

The purpose of this research was to find out if there were families who were deciding against FGM/C. We found that there were mainly families and some girls who were refusing to join Bondo. Whilst the main reason for refusing to join Bondo was because of FGM/C which takes place as part of the initiation ceremony, respondents talked about the pain, suffering and other harm inflicted during the initiation process, religious conviction, and the cost of joining Bondo as other reasons for not joining Bondo.

From our findings, a pattern emerges for positively deviating from FGM/C which involves reflection, decision making, communicating the decision, and taking action. The decision to not undergo FGM/C evokes a series of responses, generally agreement by the girl herself, eventual agreement by members of family closest to the girl and the decision maker, and a variety of negative responses by other relatives and community members. This is shown graphically in Table 5.

We found that it was one person who decided against the practice. She/he had one or more reasons why the daughter should not join Bondo. There was no family meeting to discuss the issue, the decision maker did not wait for consensus.

In some cases, the decision maker sought "wan wod" about the decision with a close family member, usually a spouse, but this did not always happen. The decision maker told the family member about her/his decision and why it was made. The decision maker convinced the family member that this is the right decision to make about circumcision.

The decision maker then has to communicate the decision with others: it is usually the spouse, in those cases where "wan wod" has not been sought, and it was always the uncircumcised daughter (s), explaining the reasons for the decision.

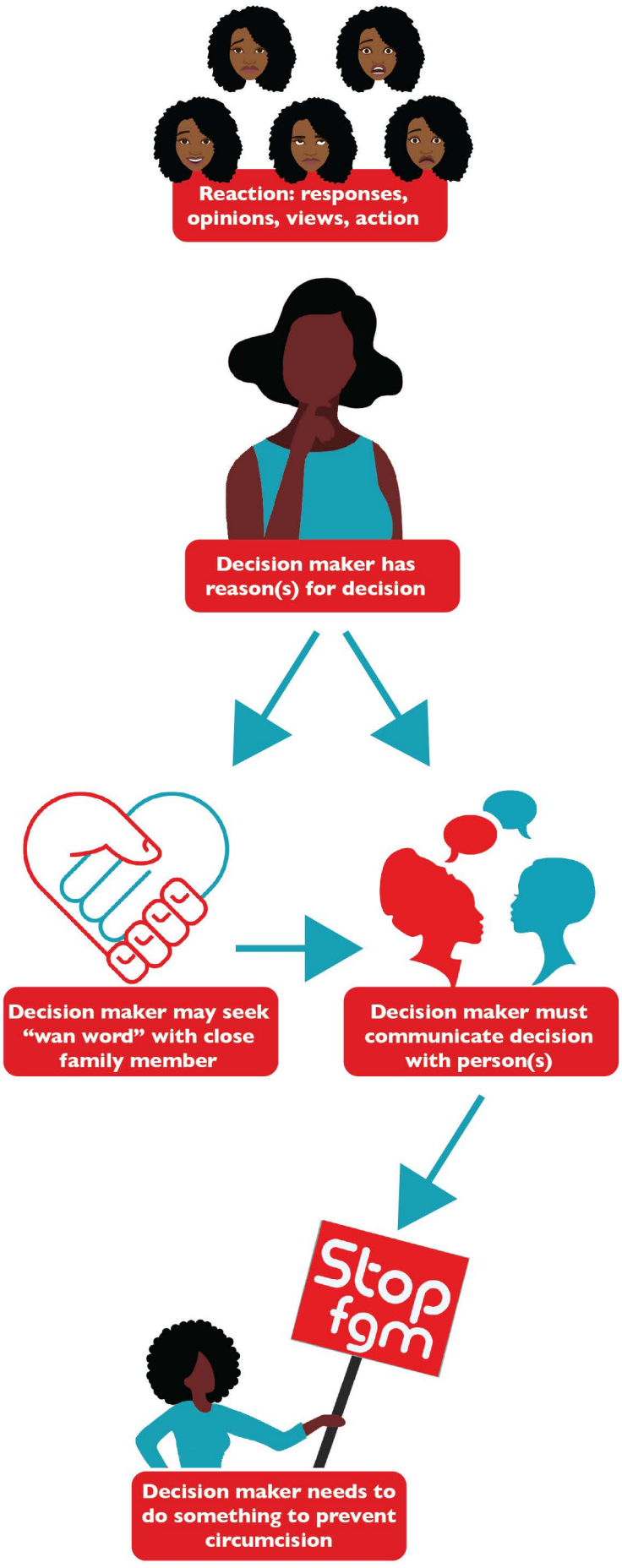
The decision maker needed to communicate the decision to someone: she/he always told the uncircumcised girl about the decision, and often a close family member, usually a spouse.

Action had to be taken – usually by telling others in the family, asking the daughter to tell her friends, less likely by informing Bondo Society heads (Soweis), Chiefs and other traditional leaders.

Responses to the decision are varied, but we found that many more of the responses from family members, peer groups, community leaders were negative to the decision than positive. In a few cases, community leaders supported the parents' decision.

All the uncircumcised girls themselves in the study expressed satisfaction with the decision that they were not to join Bondo and most of them were proud of the decision, even though they experienced provocation, abuse, shunning, taunting, and in extreme cases, physical violence.

Table 5 - Positive deviance for female genital mutilation in Sierra Leone



Recommendations

Our results suggest that interventions which build on the existence of positive deviants for FGM/C should be focused on male and female primary decision makers.

Presently in Sierra Leone, FGM/C abandonment activities tend to target the girls themselves. The impact would be limited as it is doubtful that the girls' wishes will always be respected should they decide against FGM/C.

These interventions should be tailor made and different for women and men decision makers: it is they who carry authority to make decisions and have those decisions respected.

Ways should be found to expand and deepen these men's knowledge about FGM/C from a health and human rights perspective so that they are able to speak more knowledgeably against the practice to their daughters, spouses and other family members. This group of men are older, educated men with means, are more likely, for example to listen to reason and would benefit from evidence-based data on the effects of FGM/C on the health and well-being of the girl child.

Women have been traditionally silent about what takes place in the Bondo Bush for fear that they would be betraying the secrets of the Bondo Bush. Much of this taboo of not speaking about initiation has been eroded. The women primary decision makers should be approached and encouraged to consider their experiences of initiation, speak of this with their daughters, and challenged whether they would be willing to put their daughters through a similar experience.

Taking the example of the new churches, leaders in the other strands of Christianity as well as Islam should be challenged to state whether FGM/C is a practice which adherents of these faiths should practise.

Studies are needed to quantify the cost of joining Bondo, the results of which can be part of a larger package of facts and information for families and communities in Sierra Leone.

Circumcision has been described as a drain on a country's vital economic resources as it causes both physical and mental health problems, as well as life-threatening childbirth complications.

WHO has launched a new tool which calculates the economic cost of FGM/C. Worldwide, it has been calculated to cost $1.4 billion a year to treat all medical needs resulting from FGM/C. In some countries, the costs of treating complications from FGM/C has been estimated to amount to 30% of their yearly health expenditure, demonstrating that there is a clear economic benefit of ending the practice. This tool can be adapted and used to calculate the cost of treating FGM/C in Sierra Leone, thus providing evidence to support FGM/C abandonment.

Overwhelmingly, it is the uncircumcised girl who bears the brunt of responses – mainly negative – to the decision not to join Bondo, whether the decision is taken by her parents or by herself. She is shunned, provoked, ostracised, abused, sometimes even physically beaten as "punishment" of not being a Bondo member. These actions are generally perpetrated by the uncircumcised girl's peers who are Bondo members, and often, little or no action is taken by anyone to prevent this or protect the girl from these abuses.

Community leaders, in particular Chiefs who have local authority power at best look away. In cases where "charges" are brought against the uncircumcised girl or her family that she has transgressed laws concerning the Bondo Society, it is the Chief who sets a fine, often prohibitively high which the parents cannot pay. The only recourse therefore is for family to submit the girl to the Bondo Society for what in effect is forced initiation, against the girl's and family's will.

These human rights violations against the uncircumcised girl appear to be acts which most community leaders, especially the Chiefs, appear not to take with the seriousness they deserve.

There is scope for activities with Chiefs and traditional leaders to recognise that, regardless of their subjects' opinion, they are leaders for all of them and therefore are obligated to provide protection and safeguard their rights, whether or not they, the Chiefs and leaders, agree with those opinions.

It is vital to implement interventions which call these violations to the attention of Chiefs, remind them of their roles not only as custodians of cultural practices, but also as guardians of all subjects in their Chiefdom, they are mandated to protect the rights of subjects who hold opinions different to the norm and act accordingly, so long as the expression of that opinion does not infringe on the liberty and rights of other community members.

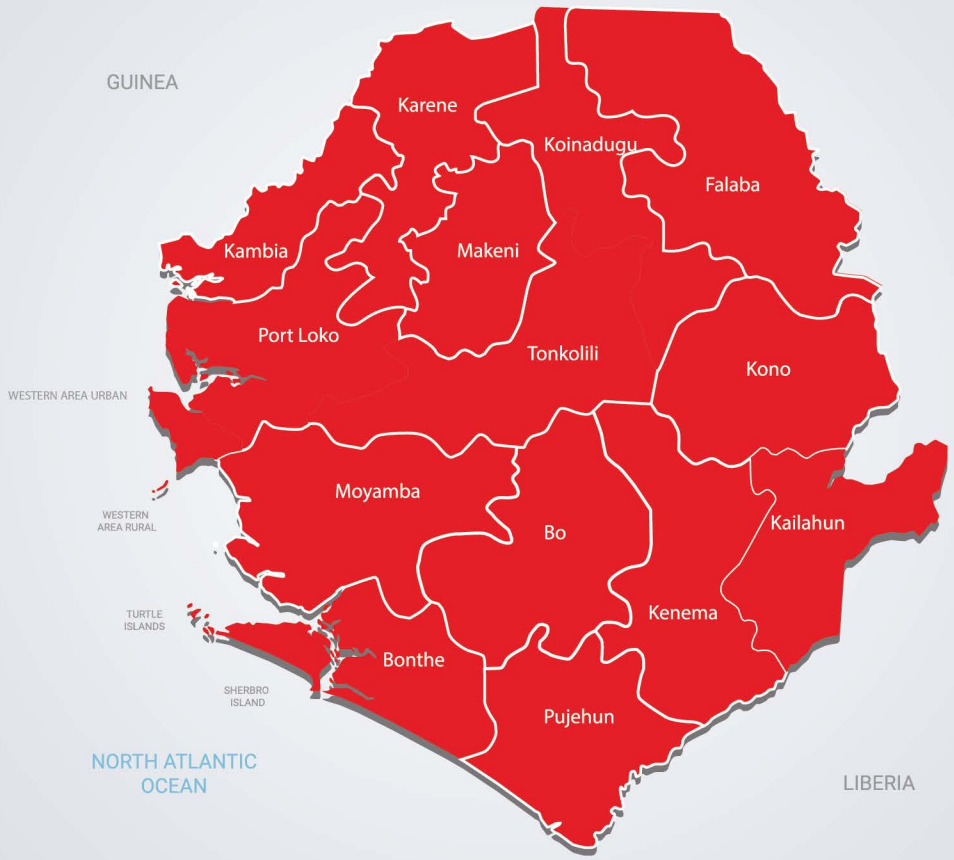
5. CONCLUSION

These behaviours and strategies of positive deviants for FGM/C need to be passed through an 'accessibility sieve' to determine which of them are accessible to everyone in a particular community.

These behaviours and strategies can then be used to develop and implement local initiatives and create opportunities for others in the community to practise new behaviours thus creating new solutions which avoid FGM/C.

The focus of the strategies should be on practice rather than knowledge, with the presence of the positive deviant demonstrating that it is possible to find solutions to what can appear to be an intractable problem like FGM/C now, before all the underlying causes such as women's status, disempowerment, illiteracy, class, and poverty, can be addressed.

APPENDIX I – MAP OF SIERRA LEONE BY DISTRICTS



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