

Research Article

## The Practice of Female Genital Mutilation in the Paynesville Community, Liberia

By

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**Abstract:** Female Genital Mutilation (FGM), sometime referred to as female circumcision is one of the deeply rooted traditional and cultural practices which long existed in Liberia and the African continent. Various forms of the practice are still prevalent amongst a number of ethnic groups in Liberia. FGM is regarded as sensitive topic because of the high degree of secrecy surrounding its performance. In an attempt to study the practice of FGM in the Paynesville community, a standard questionnaire was administered to a sample size of 409 females in eight communities in Paynesville. The communities chosen were ELWA Community, Joe Bar, and 72nd, Jacob Town, Red Light/Gobachop, Pipeline, Soul Clinic, and Cocoa Cola Factory. Out of the 409 female interviewed, result of the study revealed that 43.03% (176) of the female interviewed practiced FGM. Ethnic groups that have the highest positive respondents included the Gbandi, Kpelle, Gio, Lorma, Vai, Mano, Bassa and Kissi. The Americo-Liberians, Kru, Sarpo and Grebo ethnic groups represented the highest negative respondents to the practice of FGM. A large proportion of the respondents was strongly against the practice of FGM for reasons ranging from painfulness of the act, difficulty during deliver, social, religious, physical and psychological trauma including fistula. Notwithstanding, some were supportive of the practice because of strong traditional influence and belief that it is part of their cultural heritage.

**Keyword:** Female genital mutilation (FGM), Female Circumcision, Ethnic groups, Practice, Prevalent

### Introduction

Female Genital Mutilation (FGM) is one of the deeply rooted traditional and cultural practices surrounded by secrecy and superstition. FGM comprises all procedures that involve partial or total removal of the female external genitalia and or injury to the genital for cultural or any non- therapeutic reasons.

In the Liberian society, where FGM is practiced it is usually associated with the rite of passage of girl into adult womanhood; and involved preparing them for their future roles as wives and mothers. Therefore these girls and their families are taught into believing that they are doing themselves and their families a social good by going through the ordeal. In Liberia, FGM is performed on female children, teenagers and women. It is usually performed by Traditional Birth Attendants (TBA's), midwives, or elderly women (Zoes who are believed to possess mystical

powers) under poor conditions using knives, scissors, scalpels, razor blades and no anesthesia. FGM may be performed immediately after birth, during infancy or during adulthood, but it is preferably done between 5-14years. There are typically two types of FGM practiced within Liberia. The first is Excision, which involved the removal of the clitoris and the labia minora but leaving the labia majora intact. The second form of FGM practiced in Liberia is the minor form referred to as clitoridectomy, where only the clitoris is removed, leaving the labia minora and labia majora intact. However, the usual form of FGM practiced in Liberia is the milder form referred to as Clitoridectomy (Marpleh et al, 1998).

There are sixteen (16) ethnic groups in Liberia, out of which only four (4) do not practice Female Genital Mutilation (FGM). The FGM-free ethnic groups are the Grebo, Kru, Surpo, and Americo Liberian, (Devine, 1990). The ritual itself is surrounded by high degree of secrecy and those initiated are sworn to secrecy, hence, there had been a reluctance on the part of most of them to talk about the ordeal, but generally, the quality of life has improved due to education and information; new technologies and services, some have accepted these changes even if it meant changing some of their traditional beliefs and practices. Despite the fact that FGM is a taboo subject, there are females including some of those that were initiated that can now discuss about the ordeal even to opposite sex (men) especially the literate women. Many individuals have also expressed the need to enact legislation to discourage or to prohibit the practice of FGM, terming the practice as harmful and detrimental to the health and wellbeing of females and that it is a form of human right violation.

### Objective of the Study

The objectives of this study are as follow:

1. To obtain factual information on the practice of FGM in the Paynesville Community
2. To determine the prevalence of FGM in the Paynesville Community and the minimum age it is practice
3. To determine the type of FGM that is common to

- Liberia and identify the tribes that have the highest practice rate
4. To obtain the views of women and girls living in Paynesville Community concerning FGM and acquire knowledge on the effects of FGM on the health of women.

## Background

The origin of FGM dates back in time in many places around the world and today the practice is most common in western, eastern, and north-eastern regions of Africa, in some countries in Asia and Middle East, and among certain immigrant countries in North America and Europe (Pole, 1995). Recently, there has been great interest in FGM in countries where it is widely spread. Twenty seven (27) out of forty seven (47) of the World Health Organization (WHO) African region practices FGM (WHO Fact Sheet, 2010).

It is estimated that 95% of Liberian women practice FGM (U.S. State Department, 2001). Within Liberian culture, the practice is highly significant and is closely linked to the Sande or the secret women society. Within this culture, women are not perceived as adults, not eligible for marriage, not able to join the Sande, or bear children unless they have gone through the procedure. There are several health risk associated with this practice immediate or short term and long term complications and consequences. New research indicates that women have had FGM are at increased risk of contracting HIV during intercourse (WHO Fact Sheet, 2010).

From information available from small-scale studies by the Inter-African Committee (ICA), National committees in twenty-eight (28) African countries including Liberia and the World Health Organization, an estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM (William-George, 2008). Each year at least a further 2 million are at risk of undergoing FGM (Osarenren, 2007). In Africa an estimated 92 million girls from 10 years of age and above have undergone FGM (Yayehyirud, 2008). The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities. Exact figures are difficult to ascertain, but a significant portion of the female population of Liberia has undergone Type II of FGM (U.S. State Department, 2001). The major groups that practice it are the Mande speaking peoples of western Liberia such as the Gola and Kissi. It is not practiced by the Kru, Grebo or Krahn in the southeast, by the Americo Liberians or by Muslim Mandingos. There are no laws in Liberia that makes this practice illegal. It might be covered under Section 242 of the Penal Code, that finds a person guilty of felony and punishable for up to five years in prison if the person "...maliciously and unlawfully injures another by cutting off or otherwise depriving him/her of any of the members of his body.." no cases have been reported under this provision for the practice of FGM/FCM, however, currently there is an Anti-FGM Law embedded in a bill known as "Child Act" that is being debated by the Senate. In 2008, the World Health

Assembly passed a resolution (WHA61.6) on the elimination of FGM, emphasizing the need for concerted action in all sectors- health, education, finance, and justice and women affairs.

Liberia should be encouraged to learn from the examples of Egypt, Sudan and Guinea where legislations have been passed to prohibit the practice of FGM.

## Statement of the Problem

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girl's and women's bodies. There are several health risks associated with this practice. Immediate or short term issues include severe pain, shock, hemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue. The procedure is often performed as a group using the same razor blade or knife for all the girls, which could spread blood borne diseases. Some of the longer consequences can include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary inconstence, painful sexual intercourse, sexual dysfunction, and difficulties in childbirth. Female Genital Mutilation (FGM) is a harmful traditional practice that affects the health and well-being of female (women and girls). It is carried out under unsanitary condition with un-sterile equipment, which increases the risk of infection, bleeding, scaring, transmission of diseases such as HIV/AIDS, infertility and even death. In addition, mutilated women may develop serious gynecological problems during labor and delivery, psychological trauma, and social dysfunction. It is realized that on aim of FGM was to teach females to endure pain and suffering, so that they will be able to survive life's hardships. The intensive training the young girls received during initiation was responsible for the maturation and taking responsibility for marriage, motherhood, womanhood and the respect for elders. However, in many instances we have lost the training aspects that led to maturation, but have kept the cutting and the part that prepared us for suffering. This study intends to find out the relationship between the practice of FGM and health in the Paynesville Community.

## Delimitation of the Study

The research has been limited to one community in Monrovia, the Paynesville community, and focuses as a selected group of females in this community. The Paynesville community is a suburb east of Monrovia located in Liberia.

It is known for the Redlight Market commercial district, one of the largest market area in Liberia. It is one of the 16 administrative zones of Greater Monrovia. The zone runs from the double bridge near Stephen A. Tolbert Estate from the way of Gardnerville to ELWA where it shares a boundary with the Congo Town Community. The research examines extensively, the practice of FGM within this community. It will also determine the prevalence of the practice, examine the health consequences including

immediate and long term complications, obtain the views of females living in Paynesville Community concerning FGM, and acquired knowledge on the effects associated with the practice.

### Limitation of the Study

Unexpected uncooperativeness of some females and Government workers at the various communities and entities made the collection of data difficult therefore, analysis of data was delayed. The level of secrecy and superstitions surrounding the practice of FGM was a serious hindrance for the researcher in the collection of data as some females saw it as a taboo to discuss such issue especially with a male.

The need to use female to interview females since many women especially, illiterate and the older ones could feel embarrass or shy to discuss with a male but could be willing to discuss with the same sex created further delay in conducting interviews.

### Literature Review

#### Definition of Female Genital Mutilation

Female Genital Mutilation (FGM) is the cutting away of parts or the entire external genitalia of the females (women and girls) for cultural, religious, or other non-therapeutic reason or a ritual surgical procedure that is traditional in some societies. FGM has been practiced by a wide variety of cultures and as a result includes a number of related procedures and social meetings. Female Genital Mutilation is practiced to varying degrees by African and few other nationals in Africa, some parts of Asia, the Middle East and in Western countries such as Europe, North America, and Australia where Africans live.

#### Classification of FGM

According to latest World Health Organization (WHO) classifications, there are four types of FGM (Pole, 1995) and (Dahl, 1993). Although the unskilled operators make no such distinction and do whatever cutting or procedure is "customary" in that village or region.

#### TYPE I: Clitoridectomy

Involves the removal of part or the entire clitoris. A type of clitoridectomy where in only the prepuce of the clitoris, that is the clitoris hood, is removed; preserving the clitoris itself and the posterior larger parts of the labia minora is called Female Circumcision or Sunna. It is the least severe form of the practice. This procedure resembles male circumcision.

#### TYPES II: Excision

Involves the removal of the clitoris and labia minora. In some communities, parts of the labia majora are also cut off.

#### TYPES III: Infibulation (also called Pharoanic

#### circumcision)

Involves the removal of the clitoris, labia minora and parts of or the whole of the labia majora, followed by stitching (sewing) of the two sides of the vulva together, leaving a tiny hole for passage of urine and menstrual blood. Or, in some communities, there is no sewing, but girls are instructed to just keep their legs tightly closed until sides "heal" and form a scar.

#### TYPES IV: Unclassified:

A procedure that cause genital trauma but do not fit Types 1-3. The procedure includes introcision (ie. Enlarging the vaginal opening by cutting the perineum- practiced in Nigeria), scraping, stretching of the labia minora and clitoris, pricking or incising the clitoris, cauterization or the introduction of corrosive substances and or herbs into the vagina. The procedures described above are irreversible and in most cases, the damage done to the female sexual organs and their function is extensive.

#### Health Consequences

The health consequences of FGM depend on the type and severities of the genital mutilation performed and they have been placed in two broad categories (Marshall, 1999) and (Dahl, 1993) mainly:

- a. Immediate complications
- b. Long term health complications

#### Immediate Complications

Immediate complications include:

- Pain- because procedure is performed without anesthetics
- Bleeding due to damaged blood vessels
- Shock due to bleeding and pain, acute urine retention, injury to adjacent tissues, risk of transmission of hepatitis B and HIV/AIDS from use of unclean instruments during group circumcision/mutilation, tetanus, septicemia, and in some cases, deaths.

#### Long Term Complications

Long term include recurrent urinary tract infection (UTI), dysmorrhea (painful menstruation), clitoral neuroma, dyspareuria (painful sexual intercourse), vesicle vaginal fistula (VVF), retro-vaginal fistula (RVF), vulva cysts and abscesses, prolonged or obstructed labor, keloid formation, psychological and social consequences.

#### Contributing Factors

One of the major factors that influence female circumcision in Liberia and probably other geographical settings is the cultural attachment.

The sande society is considered a traditional school where

young girls are trained and prepared for womanhood and marital life. Girls are encouraged to maintain virginity until they are initiated, after which they are given into marriage. It is a disgrace for a girl, especially for the parents when she loses virginity before initiation and or marriage. Graduates are given special names. It is mandatory that they are called by these names by everyone. Some ethnic groups, for example, the Lorma and Kpelle, include printing of tattoos on the backs or buttocks. It is said to be sexual stimulation for their husbands by palpating it.

Upon graduation, these girls feel dignified and fulfilled. Women who fail to join are belittled and ridiculed by the community. The duration of the Sande School runs from 3 months to 6 years. It varies among tribes. For examples, it last for the minimum of 3 months for the Mandingoes, Mano, and Gio, while it last for about 6 years among the Bassa (Marpleh et al, 1998). The traditional procedure for applying for initiation is by jerking the headtie of the Zoe (sande surgeon). In the Sande School, girls are taught how to keep the home, relate to their husbands and keep the morals of society. They also learn art and craft, traditional medicine and how to keep secret.

Economically, for many of the practitioners of FGM, it is the sole means of livelihood. Practitioners/zoes generate significant income from this activity. While some may regard this as exploitation, both practitioners and their clients are convinced that it is the obligation of the family of the mutilated to offer a gift in cash or kind for the service. The practitioners will not readily relinquish the practice unless they can see alternative sources of income. Practitioners of FGM occupied a position of considerable power, commanding respect among members of the community. They are supposed to have supernatural power or black magic and they are greatly feared. The practice place them in a position that give them influence in the communities in which they live. They are invariably community leaders and leading political babies.

### **Motivational Factors**

The glamorous festival which proceeds and ends the initiation ceremony is an outstanding factor that entices those who participate in the practice.

About six months before the ceremony the candidates are given special treatment and care. They are exempted from all forms of physical work. These special treatments entice adolescents to crave for initiation.

### **International and National Policies on Female Genital Mutilation**

FGM is not only important in its own right, but it is also relevant in the context of international conventions like the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) that came into effect 1981, The Convention on the Rights of Child (CRC) that came into effect November 1889. The Liberia Government signed both the CRC and CEDAW. The Liberia Government has ratified both the CRC and the CEDAW, and

has requested the Association of Female Lawyers to provide interpretation for the Liberian's situation. FGM violates many rights of females (women and girls) including women's sexual and reproductive health rights. There are no National Policies and no legislations against FGM in Liberia; however, FGM violates all fundamental rights, as well as our own Liberian laws. FGM violates the Liberian constitution. Article 21 E of the Liberian Constitution chapter 3 clearly states that it is illegal to subject anyone to torture or inhuman treatment. During the FGM operation, the external genitalia are cut off, while the female struggle and cry for help. The law has not protected them. Article 5B of the Liberian Constitution states that "No person shall be subject to torture or inhuman or degrading punishment or other treatment. Everyday young girls' and women's external genitalia are being cut off, and to this day no one has been jailed for the offence in Liberia.

### **Methodology**

The research approach is presented here detailing with the methodological considerations. It involves the actual analysis of the collected data. It also presents the problems encountered in the collection and production of the data and the theoretical concepts that I found useful for the research.

The research design used was a descriptive survey design. This allowed the researcher to use simple statistical methods to present data in a clear and comprehensive manner. The study was qualitative and data were gathered from questionnaires and interviews of various personalities and professionals in the community studied and Monrovia. Close ended standardized and tested coded questions were used for easy analysis purpose.

### **Data Collection Instruments**

For the purpose of this research, interviews administered with questionnaires, field trips to the various communities and interviews with Nurses, Certified Midwives, Physicians and Medical Doctors and professionals were chosen as the qualitative data method. The process began with the development of standardized and tested coded questionnaires. The questionnaires consisted of all multiple choice questions. To enable a pattern being established and to try in the best possible way to conduct good interviews, I made it my responsible to inform participants of various organizations and agencies involved before my arrival and for the community members Saturday and Sunday were the days chosen for the field trip and the conduction of interview of various communities. The questions for the community members were multiple choices and an extra section was left for more comments that would not be expressed during the interview. The community member's interview questions were standardized and tested coded and was done in simple English for the females to better understand and respond with readiness. Simple English was used based on the fact that most females are not very literate and have minimum education and standardized and tested coded

questions were used because of the secrecy surrounding the practice of FGM. Data collected from each community will be analyzed and interpreted in chapter four (4), using various charts and graphs.

### Data Collection

A random sampling involving 409 females in eight (8) randomly selected communities was carried out. Also interviews were conducted at health centers, offices of organizations and government agencies involved with FGM related program or services in Monrovia and the Paynesville community. The Paynesville Community was divided into four (4) zones according to the Expanded Program for Immunization (EPI) of the Ministry of Health

and Social Welfare immunization zonal plan: Paynesville 1100 A1, Paynesville 1100 A2, Paynesville 1100 B1, Paynesville 1100 B2. The communities of each zone were listed on ballot paper and eight (8) were randomly selected, selecting two communities randomly from each zone. The communities chosen were ELWA Community, Joe Bar, 72<sup>nd</sup>, Jacob Town, Red light/Gobachop, Pipeline, Soul Clinic, and Cocoa Cola Factory Community. Data collection was done by standardized and tested coded questionnaires. These questionnaires were organized and critically analyzed. Interviews were conducted with medical doctors, certified midwives, nurses, Directors and Program managers of organizations and government agencies involved with Health, legal and social affairs related to the practice of FGM.

### Data Analysis

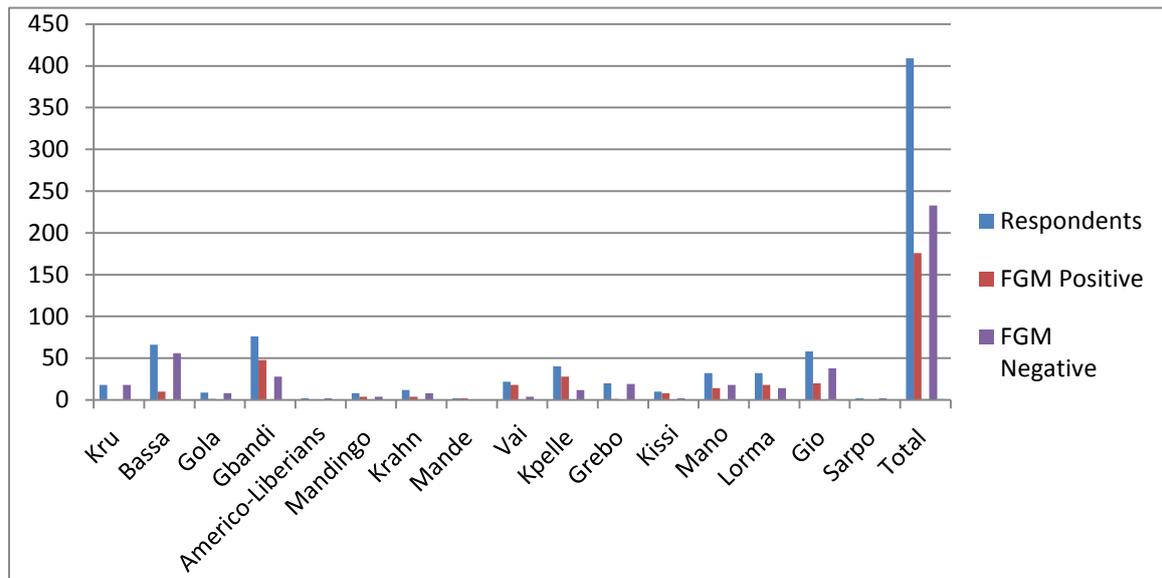
Summary of data collected from questionnaires and interviews are as follows:

Tribe	Respondents	FGM Positive	% of FGM Positive	FGM Negative	% of FGM Negative
Kru	18	0	0%	18	7.72%
Bassa	66	10	5.68%	56	24.03%
Gola	9	1	0.57%	8	3.43%
Gbandi	76	48	27.27%	28	12.02%
Americo-Liberians	2	0	0%	2	0.86%
Mandingo	8	4	2.27%	4	1.72%
Krahn	12	4	2.27%	8	3.47%
Mande	2	2	1.14%	0	0%
Vai	22	18	10.23%	4	1.72%
Kpelle	40	28	15.97%	12	5.15%
Grebo	20	1	0.57%	19	8.15%
Kissi	10	8	4.55%	2	0.86%
Mano	32	14	7.95%	18	7.72%
Lorma	32	18	10.23%	14	6.01%
Gio	58	20	11.36%	38	16.31%
Sarpo	2	0	0%	2	0.86%
Total	409	176	100%	233	100%

**Table1:** Prevalence of FGM among the Ethnic groups of Liberia in Paynesville

According to table 1, twelve(12) of the ethnic groups of Liberia practice FGM and among them the Gbnadi, Kpelle, Gio, Lorma, Vai, Mano, Bassa and Kissi tribes had the highest ratio. The Kru, Americo-Liberians, Grebo and

Sarpo do not normally practice FGM. As illustrated on graph 1 below (figure1). Out of the 409 females interviewed, 43.03 % (176) had undergone FGM and 56.96% (233) were negative respondents.



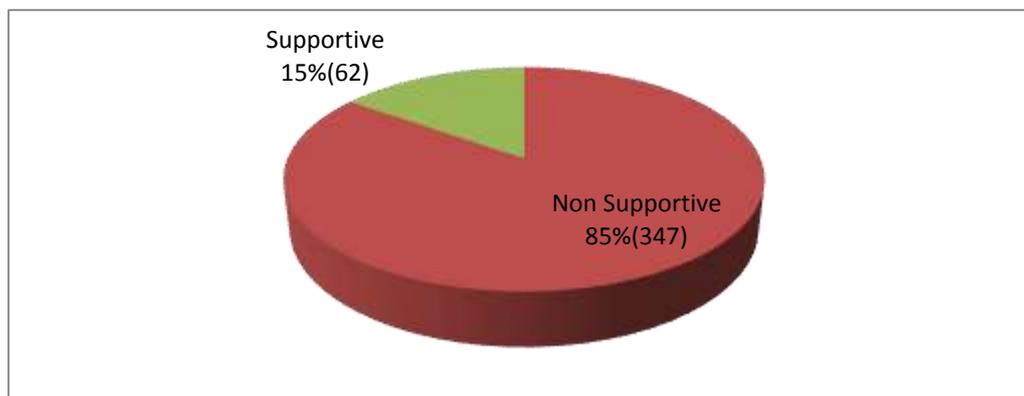
**Figure 1:** Prevalence of FGM in Paynesville

Opinions	Percentage	Reasons	# of Respondents	% of Respondents
<b>Non Supportive</b>	85%	Medical/Health	28	8.10%
347		Social	177	51%
		Religious	128	36.80%
		Others	14	4.10%
<b>Supportive</b>	15%	Traditional	44	70.90%
62		Social	12	19.40%
		Others	6	9.70%
<b>Total</b>	100%		409	
409				

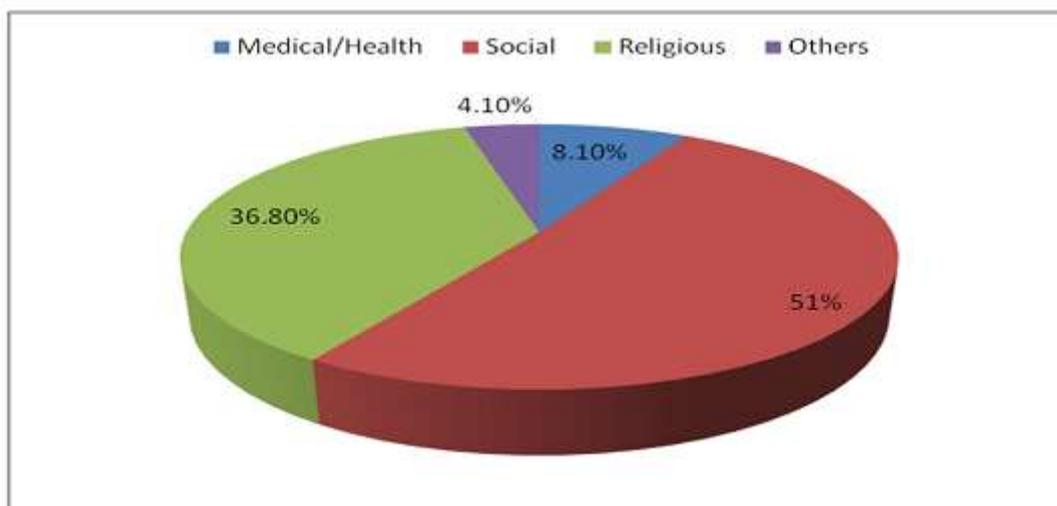
**Table 2:** Opinions of Paynesville Females on the Practice of FGM

According to table 2, most of the females interviewed, 347(85%) were non-supportive of FGM for reasons ranging from medical/health, social, religious and others reasons; while 62(15%) were supportive mainly because

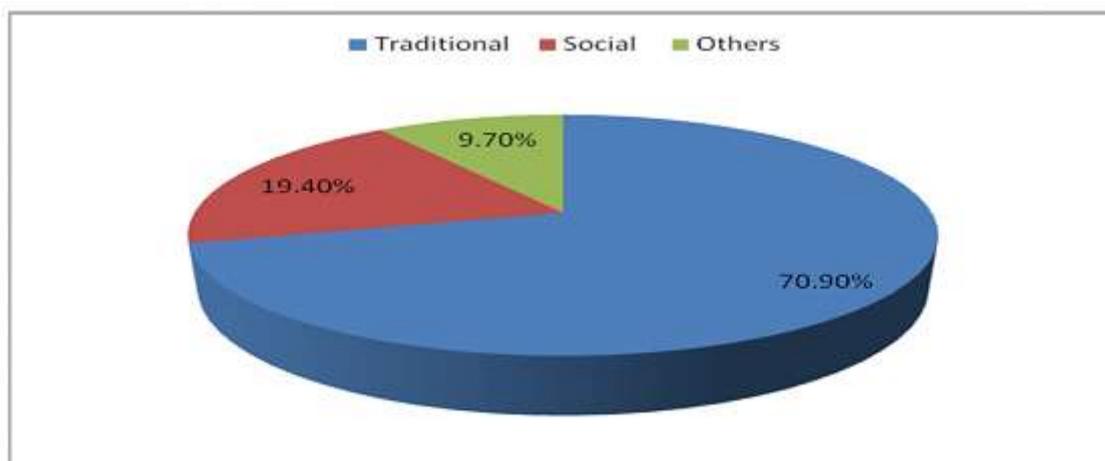
of tradition couple with social and others reasons. As many of them put it, “it is our culture”. Below are graphical illustrations of the opinions of the females of Paynesville community. (Figure 2, 3&4)



**Figure 2:** Opinions of Paynesville Females on the Practice of FGM



**Figure 3:** Reasons of being Non-Supportive to FGM



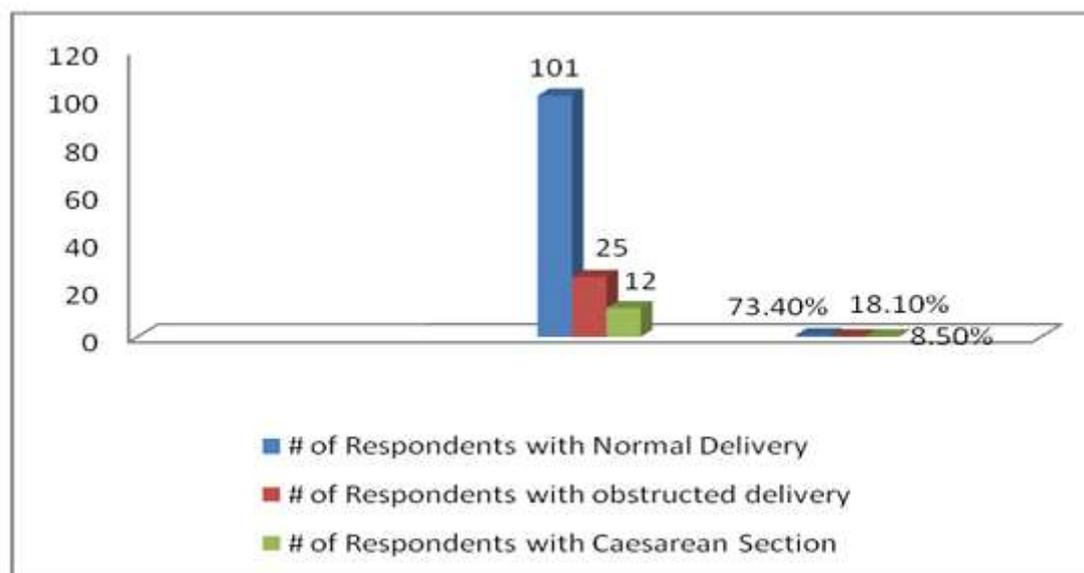
**Figure 4:** Reasons of being Supportive to FGM

# of Respondents Positive with Children	# of Respondents with Normal Delivery	# of Respondents with obstructed delivery	# of Respondents with Caesarean Section
138	101	25	12
Percentage			
100%	73.40%	18.10%	8.50%

**Table 3:** Medical/Health Effects of FGM

According to table 3, most of the positive respondent of FGM who have had children 101(73.4%) claimed to have experience normal delivery, 25(18.1%) had obstructed delivery, and 12(8.5%) experienced caesarean sections, but report from doctors and midwives interviewed

suggested that obstructed and complicated labour is common amongst women who had undergone FGM. Such common complication is the tearing of the perineum due to the formation of scar.



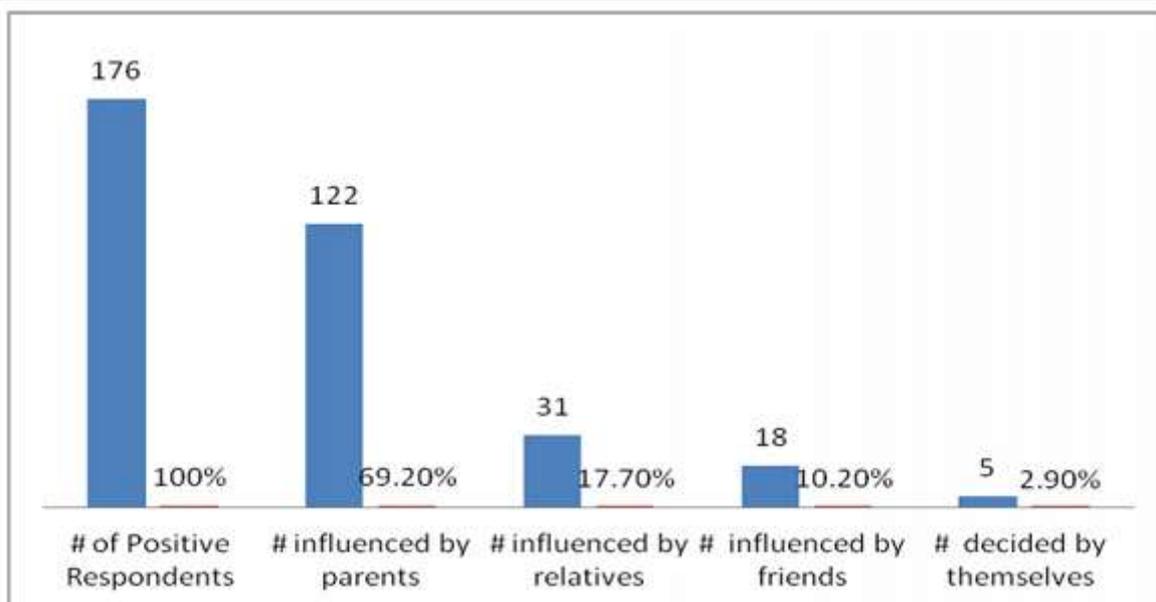
**Figure 5:** Number of Positive Respondents with Children showing Medical/Health Effects of FGM

# of Positive Respondents	# of Respondents influenced by parents	# of Respondents influenced by relatives	# of Respondents influenced by friends	# of Respondents that decided by themselves
176 (43.03% of total females interviewed)	122	31	18	5
Percentage 100%	69.2%	17.7%	10.2%	2.9%

**Table 4:** Motivational and Influential factors

According to table 4, 122(69.2%) of the positive respondents said they were influenced by their parents to undergo FGM, 31(17.7%) were influenced by relatives, 18(10.2%) were influenced by friends and 5(2.9%)

decided by themselves. Interestingly, most of the girls and women who went through the ordeal of FGM, were influenced by their parents.



**Figure 6** Motivational and Influential factors of positive respondents

## Research Findings

The result of the study revealed that most of the ethnic groups in Liberia practice FGM, twelve (12) out of the 16 ethnic groups. According to my study, amongst the twelve ethnic groups that practice FGM, the Ghandi, Kpelle, Gio, Lorma, Vai, Mano, Bassa and Kissi tribes had the highest ratio. The Kru, Congo/Americo-Liberian, Grebo and Sarpo ethnic groups do not normally practice FGM, (See table 1). Out of the total of 409 females interviewed, 176 (43.03%) had undergone Female Genital Mutilation (positive respondents) and 233 (56.96%) were negative respondents. (See table 1 & figure 1). From interviews conducted with medical doctors, midwives and nurses, it can be concluded that the most common form of FGM practiced in Liberia is Clitoridectomy. The survey also revealed that the minimum age at which FGM in Liberia is about 3 years (especially among the Mandingo ethnic group). Most of the girls and women interviewed, 347 (85%) were non-supportive of FGM on ground or reasons ranging from medical/health, social religious and other reasons; while 62 (15%) were supportive mainly because of tradition coupe with social and other reasons. As many of them out it, "it is part of our culture". (See table 2 & figures 2,3 &4). Most of the positive respondents to FGM who have had children 101 (73.4%) claimed to have experienced normal delivery, 25 (18.1%) had obstructed delivery, and 12 (8.5%) experienced caesarean sections, but report from doctors, nursed and midwives interviewed suggest that obstructed and complicated labour is common amongst women who had undergone FGM. Such common complication is the tearing of the perineum due to the formation of scar tissue at the site of mutilation or fistula. (See table 3 & figure5).

One hundred twenty-two (122) (69.2%) of the positive respondents said they were influenced by their parents to

undergo FGM. (See table 4 & figure 6). Out of the 409 female interviewed, 373 (91.2%) were Christians, 28 (6.9%) were Muslims and 8 (1.9%) were Traditionalist. But all of the females interviewed, both Christian and Muslims including the Traditionalist said there were no reference from their religions or ideas that support the practice of FGM.

## Conclusion

The fact that only four out of the sixteen (16) tribes in Liberia do not practice female genital mutilation clearly indicates that FGM is widely practiced in Liberia. According to my information from health centers and midwives, the most common type of female genital mutilation practiced in Liberia is clitoridectomy. Most of the females interviewed have negative views towards the practice. Having a cross sectional representation of all the 16 tribes in the city of Paynesville, findings from this research suggests that female genital mutilation is widely practiced in the rural areas as this is where the sande society predominates, however, this is an ongoing study.

Despite the fact the female genital mutilation is practiced in many societies with diverse cultures and religions, there is no religion that requires it and neither the Bible nor The Koran prescribes it. It is not known when or where the tradition originated, but a variety of reasons are given to maintain it. Whatever the justifications are for maintaining the practice, there is no doubt that FGM is an obstacle to the attainment of the goal of health development and human right for not only females. The practice continues to have serious adverse effects on the health of female (women and girls) and is detrimental to development. It is realized that the aim of FGM was to teach females to endure pain and suffering, so that they will be able to survive life's hardships. The intensive training the young

girls received during initiation was responsible for the maturation and taking responsibilities of marriage, motherhood, womanhood and the respect for elders. However, in many instances we have lost the training aspects that led to maturation, but have kept the cutting and the part that prepared us for suffering.

Finally, FGM is a ritual with some health and psychological consequences and needs to be discouraged. However, the other aspects of the ceremony associated with FGM that has to do with the cultivation of virtues need to be maintained.

### Acknowledgement

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Appendices

Appendix 1: Sample Size Calculation

Population

Paynesville1100A=53,040  
 Paynesville 1100B=66,783  
 Total : 119,823

Sample size calculation

N=sample size  
 Z=1.96  
 P=Probability of the tribe practicing FGM  
 16-4=12  
 12/16x100=75%  
 D=0.0485/100=0.0485/100=4.85%  
 $N = \frac{Z^2 p(1-p)}{d^2}$

$$N = \frac{(1.96)^2(1-0.75)}{(0.0485)^2}$$

$$N = (3.8416)(0.25) = \frac{0.9604}{(0.0485)^2}$$

$$= \frac{0.9604}{0.00235} = 409$$

N=409

**Calculation of Population of Eight Targeted Communities in the Four Zones**

Communities	Gross Population	Population of Female	Population of female 5yrs, & above
Paynesville 1100A1:(ELWA and Joe Bar)	26,010	12,905	9,934
Paynesville 1100A2:(72 <sup>nd</sup> and Jacob Town)	27,030	14,125	11,055
Paynesville 1100B1:(Redlight/Gobachop and Pipeline)	37,260	16,620	14,934
Paynesville 1100B2:(Soul Clinic and Cocoa Cola Factory)	29,523	13,903	11,126
Total	119,823	57,553	47,049

**Sample Size calculation per Are**

1. Paynesville 1100A1 = <u>Female population</u> x over all sample size = <u>9,934</u> x 409 =86 (ELWA and Joe Bar) total population of eight communities 47,049
2. Paynesville 1100A2 = <u>Female population</u> x over all sample size = <u>11,055</u> x 409 =96 (72 <sup>nd</sup> and Jacob Town) total population of eight communities 47,049
3. Paynesville 1100B1 = <u>Female population</u> x over all sample size = <u>14,134</u> x 409 =130 (Redlight/Gobachop and Pipeline) total population of eight communities 47,049

Paynesville 1100B2 = <u>Female population</u> x over all sample size = <u>11,126 x 409 = 97</u> (Soul Clinic and Cocoa Cola Factory) total population of eight communities 47,049
Total: 409

## Appendix 2: Research Questionnaires Questionnaires Sheet No\_\_\_\_\_

1. Where do you live?

- A. Paynesville 1100A1:(ELWA , GSA Road, Joe Bar & Duport Road area)
- B. Paynesville 1100A2:(72<sup>nd</sup>, Jacob Town, Peace Island, New Hope, Black Gina, Amagashie and Double Bridge area)
- C. Paynesville 1100B1:(Police Academy, Redlight/Gobachop & Pipeline)
- D. Paynesville 1100B2:(Wood camp, Soul Clinic and Cocoa Cola Factory )

2. What is your age?

- A. Below 10yrs
- B. B. 10-14yrs
- C. C. 15-19yrs
- D. D.20-24yrs.
- E. E.25-29yrs.
- F. F. 30 and above

3. What is your level of education?

- A. None
- B. Secondary School
- C. Primary
- D. College level

4 What is your occupation?

- A. Student
- B. B. Marketers
- C. C. Working woman
- D. D. House wife

5 What is your tribe?

- A. Kru
- B. Bassa
- C. Gola
- D. Gbandi
- E. Americo-Liberians
- F. Mandingo
- G. Krahn
- H. Mande
- I. Vai
- J. Kpelle
- K. Grebo
- L. Kissi
- M. Mano
- N. Lorma
- O. Gio
- P. Sarpo

6 Where did you grow up?

- A. Urban area
- B. Rural area

7. What is your marital status?

- A. Married
- B. Living Together
- C. Single
- D. Divorce

8. Did you go to the sande bush?

- A. Yes
- B. No

9. What was your experience?

- A. Pleasant
- B. Unpleasant
- C. Horrifying

10 Who influenced you to be a part?

- A. Mother
- B. Father
- C. Sister
- D. Brother
- E. Friends
- F. Self
- G. Both Parents
- H. other relative (give relation)

11. How old were you when you went to the sande bush?

- A. 1-10ys
- B.10-14yrs
- C.15-19yrs
- D.20-24yrs
- E.25-29yrs
- F.30yrs and above

12 Do you encourage FGM?

- A. Yes
- B. NO

13. Would you allow your daughter to got to the sande bush?

- A. Yes
- B.No

14. If yes, why?

- A. To follow tradition
- B. Medical reason
- C. others

15. If no why?

- A. Medical reason
- B. Social reason

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C. others

16. How many children do you have?

- A. 1-5
- B. 6-9
- C. 10 and above
- D. None

17. What were your experiences during childbirth?

- A. Delay labor/trauma during labour
- B. C-section
- C. Normal delivery

18. What is your religion?

- A. Christian
- B. Muslim
- C. Traditionalist

19. Do you believe in the existence of God?

- A. Yes
- B. No

20. Do you have reason why FGM should be practiced in accordance to your faith?

- A. Yes
- B. No \*If yes, please explain and give references