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STATUS OF HUMAN RIGHTS IN SIERRA LEONE
FOR THE 38TH SESSION OF THE
UNIVERSAL PERIODIC REVIEW
Introduction

1. The European Centre for Law and Justice (ECLJ) is an international, non-governmental organisation dedicated to promoting and protecting human rights around the world. The ECLJ holds Special Consultative Status before the United Nations Economic and Social Council. The purpose of this report is to raise concerns regarding the practice of female genital mutilation in Sierra Leone for the 38th Session of the Universal Periodic Review (UPR).

Background

2. Sierra Leone is a West African nation comprised of approximately seven million people. It is a majority Muslim nation with over 78% of the population practicing Islam, and a 20% minority of the population practicing Christianity. The two religious groups generally get along peacefully, in spite of inter-religious strife that other parts of Africa face. Sierra Leone currently struggles in many areas of human rights, one of the most prominent being the practice of female genital mutilation (FGM). In spite of ratification of several international treaties against the practice, Sierra Leone still has one of the highest rates of FGM in the world, with an estimated 90% of women and girls having suffered mutilation.

3. Sierra Leone’s last Universal Period Review was in 2016, in which it received 208 human rights recommendations. It received at least twenty-one recommendations directly calling for the elimination of FGM. It supported three of those twenty-one recommendations and noted eighteen others. Numerous countries recommended that Sierra Leone “[e]xplicitly criminalize female genital mutilation and cutting in the domestic laws of Sierra Leone to achieve further progress in eliminating this harmful practice.”

Legal Framework

4. FGM is highly prevalent in Sierra Leone, as it is rooted in ancient cultural beliefs and traditions. Internal forces, such as the Bondo (or Sande) society and the Sowesia (women who hold senior rank in that society), wield tremendous political power and have thwarted past efforts to ban the practice in Sierra Leone. In 2013, there was no law banning FGM, but in 2014, the government did temporarily ban the practice as a part of the wider effort to stop the spread of Ebola. However, by 2016, the practice returned and was just as prevalent as before, with government enforcement being effectively absent. In 2018, the government again temporarily banned FGM during the campaign season to ensure fair elections, as politicians are known for sponsoring FGM ceremonies in exchange for votes.

5. Sierra Leone’s Constitution calls for the government to protect the fundamental rights and freedoms of all people, and states that each person has the right to “life, liberty, security of person, the enjoyment of property, and the protection of law . . . “
In 2007, the government enacted the Child Rights Act. The stated purpose is:


The Act further stated that the purpose of the National Commission for Children shall be:

- to undertake the wide dissemination of the Convention [of the Rights of the Child] and the [African Charter on the Rights and Welfare of the Child] generally and through professional training, adult education and child rights promotional activities aimed especially at the registration of births, elimination of forced marriages for girls, female genital mutilation, sexual abuse and economic exploitation of children . . . [Emphasis added].

The government also passed the Domestic Violence Act in 2007. Section 2(e)(i)-iii) defines domestic violence, in part, as:

- [C]onduct that in any way harms or may harm another person, including any omission that results in harm and either-
  - (i) endangers the safety, health or wellbeing of another person;
  - (ii) undermines another person’s privacy, integrity or security; or
  - (iii) detracts or is likely to detract from another person’s dignity or worth as a human being.

The Domestic Violence Act, however, does not single out FGM as punishable by law.

In 2019, Reuters reported that initiation ceremonies had been banned in Sierra Leone based on a letter from the Minister of Local Government and Rural Development, Anthony Brewah. The letter dated January 21, in part, stated that, “(The) government has with immediate effect banned initiation countrywide”.

Several international treaties and U.N. General Assembly resolutions condemn the practice of FGM and call for its eradication. Sierra Leone has signed all nine of the fundamental human rights conventions and has ratified seven of them. In 1988, Sierra Leone ratified the U.N. Convention on the Elimination of All Forms of Discrimination against Women. It also ratified the U.N. Convention on the Rights of the Child in 1990. The Convention calls for States party to it to “take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children” [Emphasis added].

It also signed the 2003 Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) in 2015. The Protocol calls for the elimination of practices that harm women, including FGM.
11. Authorities in Sierra Leone and neighboring Liberia have been reluctant to introduce legislation banning FGM in its entirety because of the influence of the Bondo society. “Despite the numerous negative implications, the government therefore only banned the practice in response to political violence related to men’s and women secret societies,” journalist Kylie Kiunguyu wrote. While initiations are allegedly illegal, women’s rights activists in Sierra Leone emphasize the fact that there is still not a law against the practice itself.

**Female Genital Mutilation in Sierra Leone**

12. There are four types of FGM, according to the World Health Organization. Type I constitutes a total removal of the clitoral glans and/or clitoral hood. Type II constitutes partial or total removal of the clitoral glans and the labia minora, with or without removal of the labia majora. Type III is also known as infibulation, and is a narrowing of the vaginal opening through creation of a seal that formed by cutting and repositioning the labia minora, or labia majora. Stitching often seals the opening, with or without removal of the clitoral glans and hood. Type IV includes all other harmful procedures to female genitalia for non-medical purposes.

13. In Sierra Leone, Types I and II are the most prevalent forms of FGM, though Type III and IV do occur as well. Muslim women have an FGM rate of about 85%, and Christian women about 74%. The intent of the practice is to satisfy cultural traditions, but the effect is still mutilation with no health benefits and immense health risks.

14. Bondo is a secret society of women who carry out the FGM ceremonies and they wield a tremendous amount of power and influence because of their alleged spiritual powers. Locals believe their primary function is to exercise power over the spirit world, which in turn directs economic and political power. This “power” allows the Bondo society to intimidate non-members, and makes eradicating FGM in Sierra Leone a very difficult endeavor.

15. Public opinion on the practice is surprisingly supportive, especially among women. UNICEF data show that 68% of women in Sierra Leone believe the practice should continue. Only 27% believed the practice should stop, and 5% were unsure or said it depends. Among men, only 46% said the practice should continue, while 40% said it should stop. Another 13% were unsure or said it depends. When broken down further, the data show that education level and wealth quintile have a significant effect on one’s opinion of the subject.

16. Among the poorest women, UNICEF data show that 83% support the practice of FGM and say it should continue. Among the richest, only 47% support it. In terms of education, 81% of women with no education support FGM. Those with a primary education have a lower support rate of 72%. The support rate drops to 52% among those with a secondary education or higher.

17. FGM is considered a rite of passage to womanhood in Sierra Leone. Over 90% of women in Sierra Leone experience FGM, many of them during their adolescent or young adult years. UNICEF data show that the rate of FGM may actually be declining, though. The highest rate women who have suffered from FGM is in the 40-44 age group at 98%. In the 25-
29 age group, the rate is 91%, and 86% in the 20-24 age group. The rate drops significantly for the 15-19-year-old group down to 64%. Government efforts have focused on protecting girls under age 18, but the cutting ceremony can take place at almost any time of life. By only focusing on limiting the practice on children, the government can claim this allows women autonomy over their bodies, but the situation is not so simple.\(^{24}\)

18. The ceremonial FGM process looks more akin to a kidnapping than a voluntary rite of passage. Khadija Balayma Allieu, from the Sierra Leonean town of Kenema, experienced forced FGM at the age of 28.\(^{25}\) Allieu was held down by five or six women as the Sowei cut away at her genitals. “They gagged me as I shouted. Then [one of them] started cutting. They held my head down. I started bleeding profusely. I tried screaming but there was cloth inside my mouth”\(^{26}\). At the time of the article’s publication, she had been rescued, but was in hiding because the Soweia were looking for her.

19. Elsie Kondoromoh, the woman accused of cutting Allieu, was initially detained by police, but hundreds of Sowesia gathered outside the police station and demanded her release. Feeling they had no other choice, the authorities gave in and released her. Police inspector Marty Tarawille said, “[Kondoromoh] was with us [at the police station] but the sowei people came in numbers …They were singing, they were shouting that we should leave that lady [alone] … If we had not released her it would have been a problem for us in this station.”\(^{27}\)

20. In 2019, an anti-FGM activist confronted Sierra Leone’s First Lady at a women’s rights conference.\(^{28}\) The activist, Sarian Kamara, was outraged by the First Lady’s recent comments that FGM is not harmful to women. She approached the First Lady with two models of a vagina, one of which had no external genitalia. “I want to present myself as evidence to you of what FGM can do to a woman,” she said while holding up the models. “This is what my vagina should look like, and this is what it looks like now.” Kamara has experienced a lifetime of pain and complications since her mutilation at age eleven.

21. In spite of the alleged legal structures in place to protect children against FGM, the practice continues. In 2018, Marie Kamera, a ten-year-old girl, died of blood loss during a Bondo initiation ceremony.\(^{29}\) Approximately sixty-eight other girls were involved in this ceremony, after which, many Sowesia were on the run from authorities. Marie was the second child in her family to die from the FGM procedure, the previous having died two years earlier. In spite of her father’s objections, Marie’s mother wanted her daughter cut, and consented to the Bondo ceremony.\(^{30}\)

22. In 2016, Fatmata Turay, a nineteen-year-old, also died from blood loss during a BondoFGM initiation ceremony.\(^{31}\) Authorities arrested three members of the Bondo society and a nurse later on. However, a striking aspect of this particular situation is that, after the fact, the girl’s cause of death was changed post-mortem to hide what really happened.\(^{32}\)

23. In 2015, The Guardian interviewed “Mariatu” and discussed her fight to avoid suffering from FGM (the paper changed her name to protect her identity).\(^{33}\) In an undisclosed location, she said “I am not safe in this house. I’m not safe in this community. I am afraid, when I lie down to sleep, that one day they will grab me, tie me up and take me to that place.” That place
is the “Bondo” bush, a secluded forest where the Sowesia held the girls down and cut their genitalia. The Sowesia are highly upset over the movement to ban FGM, since they see it as an attack on their culture.

24. These are merely a few examples of the horrors the practice of FGM has wrought on Sierra Leonean women. In spite of the widespread support among women for this practice, it is a danger to women’s health and deserves international condemnation and resources to eradicate its existence in Sierra Leone.

Conclusion

25. The 38th Working Group on the UPR must address the pervasive practice of FGM in Sierra Leone and hold the nation’s government accountable for not adhering to its international treaty obligations, including the U.N. Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, and the Maputo Protocol. Sierra Leone should immediately enact legislation criminalizing all forms of FGM and ensure that the existing (alleged) law banning FGM initiation into the Bondo society is enforced rigorously. Additional legal structures will also be necessary to combat the influence of the Bondo society, including, but not limited to, additional anti-corruption statutes imposing penalties for financing FGM ceremonies in exchange for votes. The government should also focus on economic development to lift its people out of poverty, and focus extensively on developing its education system, as there is a correlation between higher levels of wealth and education, and lower approval rates of FGM. Given the ancient origins of the practice, change must take place not only within the legal system, but within the culture itself to make such laws enforceable.

4 UPR of Sierra Leone – Second Cycle Thematic List of Recommendations A/HRC/32/16/Add. 1.
10 The Child Rights Act, art. 11(e).


15 *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*, art. 5(b) [hereinafter Maputo Protocol].


19 Bjälkander, et. al., *supra* n. 1.


22 *Id.*

23 *Id.*

24 Fofana, *supra* n. 6.

25 *Id.*

26 *Id.*

27 *Id.*


29 Hodal, *supra* n. 5

30 *Id.*


32 Hodal, *supra* n. 5.


34 *Id.*