



Female genital mutilation in Sierra Leone

ACADEMIC DISSERTATION

For the degree of PhD at Karolinska Institutet

This thesis will be defended in public at Inghesalen lecture hall, Widerströmska huset

At 9:00 on Friday, April 5, 2013

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Stockholm 2013

ABSTRACT:

Background: Female genital mutilation (FGM) prevalence in Sierra Leone is the seventh highest in Africa, yet there is little research on its effects on girls and women.

Objectives: This thesis provides knowledge on the effects and experiences of girls and women, and the views of adolescent boys, about FGM which is performed within the initiation ceremony of the Bondo Society in Sierra Leone.

Methods: Four articles (I to IV) analyse data collected in the Northern and Eastern Provinces and in the Western Urban Area of Freetown. Women and girls (n=1018) were recruited for articles I – III, and adolescent boys (n=75) for article IV.

Results: Most decisions (65.1%) for FGM were made by females; males decided in 30.7% cases. FGM is performed mainly by traditional excisors, and medicalization occurred in 13.2% cases. FGM-related health complications were reported by 84.5% of respondents (n=258), the most common being bleeding, delay in healing, and tenderness. Fever was reported by 46%, and significantly more often among pre-pubertal girls. A total of 85.8% of those with complications sought treatment: 47.6% from a traditional healer; 40.1% from a traditional excisor; and 8.6% from a nurse. FGM types identified were: Ib (31.7%), Iib (64.1%); and Iic (4.2%). Logistic regression analysis showed increasing number of previous pregnancies, rural residency, religion (Islam), being married and illiteracy are associated with higher FGM prevalence. Respondents could not accurately describe the cutting extent, and the DHS FGM module responses were not reliable for determining FGM type. Adolescent boys (69.6%) considered Bondo a bad practice because of FGM. A third of boys reported that girls face complications from FGM and 61.4% (n=43) would marry a non-Bondo member because they are viewed as more healthy and pleasant to have sex with. Three stages in Bondo membership identified were: “*Becoming, Being and Belonging*”. At “*Becoming*” – where FGM is performed, boys saw economic burdens for boys and health burdens for girls”. At “*Being*” a new status was conferred on girls through public celebration. At “*Belonging*”, the boys lamented their lack of access to the Society, but were proud of new skills the girl now has.

Interpretation: Men play a role in the decision making process for joining Bondo/FGM. The high proportion of FGM-related health complications is a cause for public health concern. That health professionals perform FGM is a serious cause for concern, as is the lack of visibility of FGM-related health complications in the health care system. It may be possible within certain contexts in Sierra Leone to use self-reporting responses as a proxy measurement for FGM status, but not for form of FGM. Adolescent boys express ambivalence towards the practice, lamenting potential harmful health effects to females and economic burden on men.

Conclusion: The practice of FGM in Sierra Leone merits much more attention in research and policy in order to further identify and understand the effects of the practice.

ISBN: 978-91-7549-091-5