



The African Women's
Development and
Communication Network

POLICY BRIEF



LIBERIA



WOMEN & GIRLS' RIGHTS STIFLED: A POLICY REVIEW TO ENSURE PROGRESSIVE CULTURE CHANGE

Female genital mutilation - Early & child marriages - Safe abortion



NOVEMBER 2021

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HIGHLIGHTS

FEMALE GENITAL MUTILATION¹

- In Liberia, 38.2% of women aged 15 to 49 years have undergone FGM.
- Liberia is one of three West African countries that has not yet passed legislation making Female Genital Mutilation/Cutting (FGM/C) illegal.
- FGM is typically implemented as part of the initiation rituals of the Sande society or other women's bush societies that 35% of women indicate being members of.
- The practice varies greatly by county and is considerably more prevalent among women who live in rural areas (52.3%) than those in urban areas (29.9%), and most prevalent in the North Western (68.3%) and North Central (54.2%) regions. The lowest prevalence of FGM is in the far south-east (2.9%). Five percent or fewer women in Grand Kru, Maryland, River Gee and Sinoe are circumcised, compared with 78% in Gbarpolu.
- Twenty-five percent of women were circumcised when they were younger than age 5, while 17% were circumcised between the ages of 5 and 9 years, 33% between ages 10-14 and 22% at age 15 or older.
- Among the 83% of women who have heard of female circumcision, 20% believe that it should continue, 64% believe it should not continue, and the rest are unsure.
- Women in counties with a high prevalence of FGM are more likely to agree that FGM should continue than women from the counties where FGM is not common.
- Support for FGC decreases as women's education and household wealth increases.

EARLY AND CHILD MARRIAGE²

- Liberia is among the 20 countries with the highest prevalence of child marriage globally.
- About 30% of young women aged 15-19 are already mothers or are pregnant with their first child.
- Teenage childbearing ranges from a low of 19% in Maryland to 55% in River Cess.
- Almost half (47%) of young women aged 15-19 with no education have begun childbearing, compared with 20% of those who attended senior high school.
- The median age at first birth for women aged 25-49 is 19.1 years.
- About 37% of women give birth by 18 years of age.

ACCESS TO SAFE ABORTION³

- Voluntary abortion is illegal and exceptions are severely restricted in Liberia. Unsafe abortion is one of the main causes of maternal mortality worldwide and the only one that is almost entirely preventable.
- About 25% of married women aged 15-49 use any method of family planning.
- Family planning use is much higher among sexually active, unmarried women aged 15-49. Use of modern methods is lowest among women with no education (20%) and highest among those with a junior high education (32%). About 24% of women with higher education use a modern method.
- The use of modern methods of family planning has increased steadily from 10% in 2007 to 24% in 2019-20.

SYNOPSIS

This policy brief builds on evidence from the review of key legal, policy and programmatic efforts for ending early child and forced marriages, Female Genital Mutilation/Excision (FGM/E) and promoting access to abortion services. All which are persistent common practices that violate women and girls' human rights. To redress the three vices concerted policy advocacy and community level social behaviour change communication efforts are critical in the promotion of comprehensive Sexual Reproductive Health Rights (SRHR). The impact of COVID-19 is explored to determine any impact on promoting or preventing the harmful practices, un/under reporting and subsequently resulting in the continuation of child marriages, female genital mutilation prevention and limited access to safe abortion services in Liberia. This policy brief will contribute to achieving major advocacy priorities in the Strategic Plan for the African Women's Development and Communication Network (FEMNET) Strategic Plan (2020-2029), and the priorities of the Swedish International Development Cooperation Agency (SIDA).

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BACKGROUND

FEMALE GENITAL MUTILATION

Female Genital Mutilation (FGM) is a harmful practice that violates women and girl's human rights. It involves the partial or complete removal of external female genitalia or other harm to the female genital organs for non-medical reasons. According to the World Health Organisation (WHO) classification, Type I (partial or full clitoridectomy), is the most common type of FGM practiced in Liberia. It can have devastating health consequences that include haemorrhaging, infection, chronic pain, childbirth complications, related psychological disorders and in severe cases, death.⁴ It is performed for financial as well as cultural reasons.⁵

Due to the taboo nature of FGM in Liberia, little official research has been conducted on the prevalence of the practice outside of Liberia's secret women's society, Sande. FGM is performed by traditional cutters known as Zoe, (a Sande society leader who runs the bush schools attended by adolescent girls). The Sande is an ancient women-only society that plays a significant economic, political, social, and educational role in Liberia. Secret tribal societies, such as the Sande, and their traditional and community leaders continue to carry out this harmful cultural practice on a large scale as initiation rites. Women are initiated into Sande before or around puberty. However, their participation in Sande continues throughout their lives.⁶ FGM is also performed on women who are not members of Sande. During this initiation marking the transition from childhood to adulthood, girls spend some time apart from the rest of the community in a 'holy' place, usually outside the city or village. There, girls also learn what they need to know as adults. During the cutting, girls have to prove their strong will and self-control, as no anaesthetic is used. Moreover, they are cut with non-sterile instruments, which are used on several girls in succession, causing serious health risks for them.⁷

The WHO classifies four types of FGM:

1. Clitoridectomy - the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

3. Infibulation - the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.

2. Excision - the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

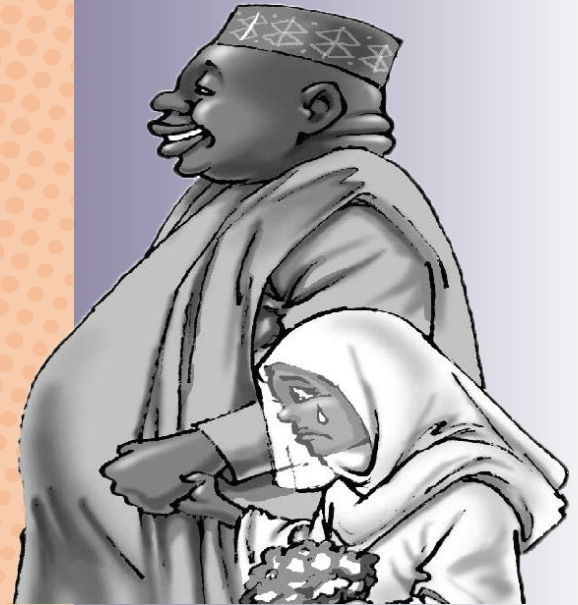
4. All other harmful procedures to the female genitalia for non-medical purposes – such as pricking, piercing, incising, scraping and closing the genital area.

EARLY AND CHILD MARRIAGES

Liberia has a population of approximately 4.6 million people and more than half of the population is under the age of 18.⁸ Prevailing reasons for child marriage in Liberia are poverty, level of education, harmful traditional practices and the high level of gender inequality.⁹ Though sex with girls less than 18 years of age is classified as statutory rape by Liberia's Rape Law, people continue to use social and traditional norms to encourage early marriage, inter-generational sexual activity and the imposition of the 'bread winning role' on the girl child. These factors are responsible for the high rate of teenage pregnancies and early childbirth in Liberia.

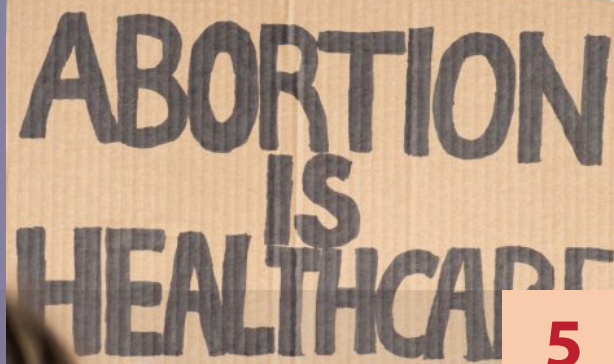
The stigma of straying from tradition perpetuates child marriage in many communities. In most instances, child marriages result [in] teenage pregnancy. Ending child marriage will enhance the attainment of the Sustainable Development Goals, thereby providing equitable opportunities for girls to achieve their educational and developmental rights.

**Ms. Satta Sheriff,
President of the Liberia Children Representative
Forum; Founder and Executive Director of Action
for Justice and Human Rights (AJHR).**



ACCESS TO SAFE ABORTION

Commonly known as “spoiling the belly” or “taking the belly,” in Liberia, abortion is severely restricted. According to WHO, abortion is only allowed in cases of foetal impairment, incest, as a result of rape, to preserve a woman's mental and physical health and if a woman can prove that childbirth would pose a serious threat to her health.¹⁰ In such instances, written justification must be provided by at least two medical doctors, and in cases of rape or incest, police and legal investigations are required.¹¹ However, very few women know this option is available to them. And if they did, a licensed practitioner who would be willing to carry out an abortion is almost impossible to find.¹²



POLICY & LEGAL FRAMEWORK

FGM

The Liberian Government is yet to implement any legislation prohibiting FGM. As declared by government at the Human Rights Council Periodic Review on 17 March 2021, the Minister of Justice and Attorney General of Liberia, Frank Musa Dean Jr noted that, “it was regrettable that the Government only took note of the recommendations regarding the prevention and response to sexual and gender-based violence, including female genital mutilation.”¹³ This is against global and regional treaties signed and ratified by Liberia including:

- International Covenant on Civil & Political Rights (ICCPR) (1966).
- International Covenant on Economic, Social & Cultural Rights (ICESCR) (1966).
- Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) (1979).
- Convention Against Torture & Other Cruel, Inhuman or Degrading Treatment or Punishment (CTOCIDTP) (1984).
- Convention on the Rights of the Child (CRC) (1989).
- Regional African Charter on Human & Peoples’ Rights (ACHPR - Banjul Charter) (1981).
- African Charter on the Rights and Welfare of the Child (ACRWC) (1990).
- African Charter on Human and Peoples’ Rights on the Rights of the Women in Africa (ACHPRRWA) (Maputo Protocol) (2003).
- Africa Union Agenda 2063.
- The Sustainable Development Goals 2015 to 2030.

Albeit obligations above, the Constitution of Liberia (1996) is limited in its commitment to protect women and children: it does not address violence against women and girls and harmful practices or FGM. Article 11 provides for (a) the fundamental right to ‘security of the person’ and (b) to equality regardless of gender. There is currently no national legislation in Liberia that explicitly criminalises and punishes the practice of FGM. In 2016 a ban on FGM was proposed in the new Domestic Violence Act, but all references were removed when the bill was passed in 2017, due to political pressure.¹⁴ In January 2018 the outgoing President, Ellen Johnson Sirleaf, signed Executive Order No. 92, banning FGM for girls under 18 years of age. However, this Order expired in January 2019 and has not yet been renewed in any form by the incumbent President George Weah since he took office in 2018.¹⁵ Even though, the executive order did little to address the part community leaders play in perpetrating this crime. It also failed to change the immense social pressure placed on girls to undergo these treatments. Due to the lack of political will, policy reforms and community action, FGM in Liberia continues to be a serious issue.¹⁶

While national legislation making FGM illegal is yet to be passed, in theory, Article 242 of the penal code, stating that amputation of body parts for non-medical reasons is a crime, could be used in cases of FGM/C. To date, these provisions have not been used on prosecutions. The Children’s Law (2011) contains Article VI, Section 4 on Harmful practices prohibited for a child, but it does not address FGM. Medicalised FGM is not widespread in Liberia, as almost all FGM continues to be carried out by Zoes. Current national legislation does not criminalise FGM if it is carried out by a health professional or in a medical setting. The absence of any national legislation banning FGM in both Liberia and neighbouring Sierra Leone, gives families and cutters from other countries the opportunity to move across borders to avoid prosecution. The existing national laws in Liberia make no provision for punishment of cross-border FGM.

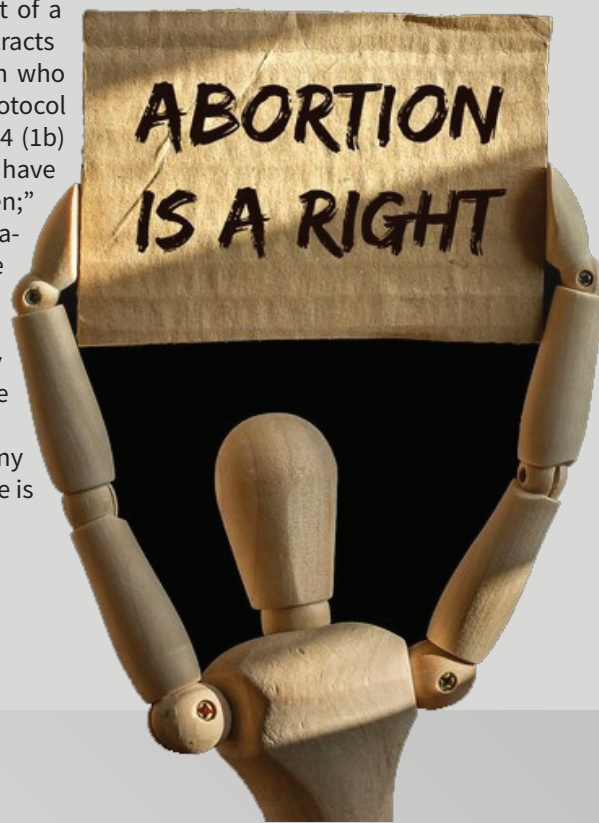
EARLY AND CHILD MARRIAGES

The Domestic Relations Law (1973) determines the legal age of marriage for girls to be 18 years and 21 years for boys. In 2012, the Liberian Children's Law removed the exceptions to allow a marriage above the age of 16 (under the age of 18) with parental consent. This removal is weakened by the lack of repeal of Section 2.2 of the Domestic Relations Law of Liberia that allows for such an arrangement. Despite these efforts to abolish child marriage, the lack of consistency of customary and statutory laws, massive awareness campaigns and engagement with local and traditional leaders has resulted in the prevalence.

CHILD NOT BRIDE

ACCESS TO SAFE ABORTION

Voluntary abortion is illegal in Liberia, and only allowed if it is done to save the life of the woman; to preserve physical and/or mental health; in the cases of rape or incest; and if there is foetal impairment. Abortion is not allowed for economic or social reasons or on request.¹⁷ Only trained medical workers a licensed government or private hospitals can conduct safe abortions.¹⁸ Two medical practitioners need to certify the circumstances that justify the abortion and then these certificates must be submitted to the hospital where the abortion will take place or to the Minister of Health if the abortion is taking place outside of a hospital. These steps are difficult to realize as medical practitioners are often not willing to sign the certificate due to religious reasons or the social stigma surrounding abortion. Medical practitioners often hesitate if the circumstances are not sufficient as it could make them part of a criminal prosecution.¹⁹ Failure to comply with the law attracts punitive penalties. A woman or girl, providers and a person who assists can be sanctioned. This is contrary to the Maputo Protocol that Liberia has signed and ratified, which states in Article 14 (1b) that women should have “the right to decide whether to have children, the number of children and the spacing of children;” and in Article 14 (1c) “the right to choose any method of contraception.” In Article 14(2c) it says that State Parties should take all appropriate measures to “protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.” In this regard, Liberia’s legislation matches the Protocol, although it has many constraining procedures as outlined above. Post abortion care is legal and available in public and private hospitals.



CAMPAIGNS

The leading government departments responsible for gender issues in Liberia, the Ministry of Gender, Children and Social Protection and the Ministry of Internal Affairs need to continue working together in partnership with both international and national non-governmental organisations (NGOs) to raise awareness of the harms of FGM, early child and forced marriages, and particularly engage traditional leaders in the dialogues. They need to work with the Ministry of Justice in an attempt to strengthen legislation against FGM, early and forced marriages and safe abortion services. While some positive changes have been observed in terms of increasing awareness and dialogue around the three issues, these efforts still face considerable challenges and are not being fully supported because of the continued absence of clear national policy and legislation. For instance, one challenge to ending FGM in Liberia is the ongoing, fierce resistance from advocates of the Sande society: families who resisted the cut or journalists who have attempted to speak out about the practice have faced both verbal and physical threats in the past, to the extent that some have had to emigrate for their safety. In the continued absence of a national law, communities are reluctant to report FGM to the police and face stigma for attempting to do so.



COVID 19 IMPACT

While the country was still recovering from the 2014-2015 Ebola virus disease outbreak in the Mano River Basin (Guinea, Liberia and Sierra Leone), came the global coronavirus pandemic in March. The COVID-19 pandemic conveniently buffered secretive FGM and child and forced marriage practices which continued unabated as lockdown restrictions conveniently concealed the acts. At the worst end of the pandemic is sexual and reproductive health and gender-based violence care and services. The decrease in the utilization of services and the increase in maternal deaths (at the community level), stillbirths and neonatal deaths during this period can be attributed to the impact of the COVID-19 pandemic containment measures, increasing community fears of attracting the virus at health facilities, family loss of income, lack of essential supplies at health facilities and limited funds for health services. There was limited access to sexual and reproductive healthcare, including contraception and safe abortion care (SAC), which were not regarded as essential health services even in previous pandemics. For example, reports from the 2014–2015 Ebola epidemic suggest that the shutdown of routine services resulted in more maternal and child mortality and morbidity than the outbreak itself.

THE ROLE OF MEDIA

THE ROLE OF MEDIA

The absence of national legislation outlawing FGM, child and forced marriages and limited or no access to safe abortion services results in these vices thriving in secret as most are sworn to secrecy of their knowledge or involvement. For example, there is no evidence that other national legislation has been used in any way to prosecute perpetrators of FGM. There have been isolated reports in the media of arrests and court hearings associated with FGM, although information is limited. The same applies to child and forced marriages. No open advocacy is documented on improved legislation and access to facilities for abortion services. Even post-abortion care is minimally accessed as public knowledge of personnel that commit the abortion may lead to arrests and severe penalties.



CONCLUSIONS AND RECOMMENDATIONS

The analysis of the data, trends and projections clearly demonstrate the importance of addressing child marriage, child and forced marriages and on improved services for post abortion care through large-scale, integrated, multi-sectoral and evidence based legislative review, policy making, community awareness, education and mobilisation. In particular, key actions that are needed are:

FGM

CULTURE CHANGE

One of the most important aspects in fighting FGM/C in Liberia is engaging cultural leaders and communities in ending the tradition. If cultural attitudes toward FGM fail to change, then progressing human rights for girls and women will significantly decline. As a result of insurmountable cultural and financial pressures, girls and women willingly subject themselves to mutilation; therefore, even criminalization of FGM cannot end the mutilation without traditions and perspectives changing as well. Liberia's fight to end FGM is not restricted to policymaking and criminalization. Zoes and owners of bush schools can be mobilised, educated on the harms of FGM and financially supported to be change agents in stopping and advocating against FGM. This way they can generate a source of income after losing their harmful livelihood. Providing access to education and financial alternatives is essential in garnering the support of communities who depend on the practice for survival.

LAW REFORM

This is critically urgent to enable the criminalisation and adequate punishment of all perpetrators of the practice (including those who perform, procure, aid or abet FGM). Instances of medicalised FGM and cross-border FGM need to be included. Non reporting of FGM should be criminalised. Verbal abuse, physical threats and exclusion from society of women, girls and their families should be criminalised.

EFFECTIVE AND RESOURCED IMPLEMENTATION

All relevant laws need to be made accessible to all members of society and easy to understand in all local languages. Safe spaces should be provided for women and girls at risk of FGM.

MEDIA AS PLATFORM AND TOOLS FOR AWARENESS RAISING AND COMMUNITY EDUCATION

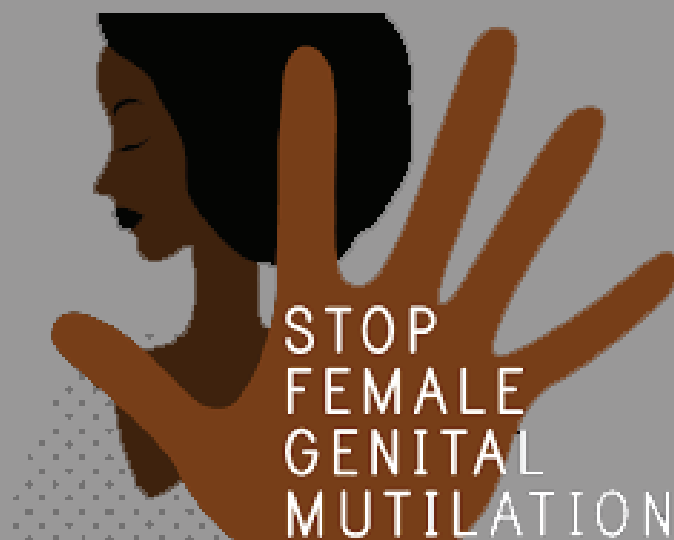
Mandatory reporting of instances of FGM by medical staff in hospitals and health centres could be considered. Where literacy rates are low, information around the law needs to be made available through different media channels and resources. Tribunals could be encouraged to make sure any prosecutions relating to FGM are clearly reported, including through local media such as community radio, and made available in local languages. Anti-FGM programmes should disseminate clear, easy-to-understand and accurate information around the law and FGM. Increased involvement of local and religious leaders in education around the law, including their responsibilities and the importance of the law in protecting women and girls in their communities, would also be beneficial.

CAPACITY BUILDING AND SUPPORT

All professions (including those in health and education) need training around the law and their responsibilities to respond to women and girls who are affected by or at risk of FGM. Judges and local law enforcers need adequate support and training around the law and should be encouraged to fully apply the sentences provided for by the legislation.

EVIDENCE INFORMED REFORMS

Adequate monitoring and reporting of FGM cases would improve efficiency and inform policy makers, the judiciary, the police, civil society and all those working to implement and enforce the law.



**STOP
FEMALE
GENITAL
MUTILATION**

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EARLY AND CHILD MARRIAGE

ENABLING LEGAL AND POLICY ENVIRONMENT

The domestication of all relevant legislation is needed to criminalise child marriages in alignment with international and regional treaties Liberia committed to.

POLICY IMPLEMENTATION

The government should invest in the development and implementation of national strategies, costed action plans and legislation.

TRAINING AND SUPPORT

Continental and regional bodies such as the African Union and ECOWAS should strengthen their efforts at regional and continental levels to end child marriage in line with the Sustainable Development Goals (SDGs) and the AU Agenda 2063. Existing global, regional and national level accountability mechanisms need to be used to monitor progress and accelerate efforts to end child marriage. These actions are also included in the Dakar Outcome Document from the first-ever high-Level meeting on Child Marriage that was held in Dakar in October 2017.

INVESTMENT IN GIRL'S EDUCATION AND EMPOWERMENT

Improving the education and health of young people, particularly young girls should be prioritised. Education is a powerful way to prevent child marriage as girls' education, particularly at the secondary level, is strongly associated with delays in marriage.



ACCESS TO SAFE ABORTION

LAW REFORM

Laws and policies on abortion should protect women's health and their human rights according to the Maputo Protocol. An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care.

POLICY IMPLEMENTATION

Expansion of quality postabortion care services must continue to help women avoid disability and death. Efforts should focus on providing modern and less invasive methods of postabortion care, such as manual vacuum aspiration and misoprostol, along with training of health personnel to provide prompt care for women suffering from complications of unsafe procedures.

TRAINING AND SUPPORT

Sexuality education and access should be upscaled and aligned with quality post abortion care in order to reduce unintended pregnancy and unsafe abortion.




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**The African Women's
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Women & Girls' Rights Stifled: A Policy Review to Ensure Progressive Culture Change

Female genital mutilation • Early & Child mariages • Safe Abortion

Liberia

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