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Article

*111 PENETRATING THE SILENCE IN SIERRA LEONE: A BLUEPRINT FOR THE ERADICATION OF FEMALE GENITAL MUTILATION

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I. Introduction

The African grassroots movement to eradicate female genital mutilation (also known as “female genital cutting” and “female circumcision,” hereinafter “FGM”) is widespread. While many African countries and grassroots organizations have made great strides in their efforts to eliminate FGM, Sierra Leone lags behind. In Sierra Leone, FGM is practiced within the bondo secret society, an ancient, all-female commune located in West Africa and also known as the sande. [FN1] The bondo society's traditional role was to direct girls' rites of passage into adulthood. [FN2] In order to become a member of the bondo, a girl or woman must undergo various rituals, the most significant being FGM. FGM involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. [FN3] FGM falls into three categories, all of which are practiced in ***112** Sierra Leone. [FN4] Type I, sunna, involves removing the prepuce (the tissue protecting the head of the clitoris). Type II, excision, involves removing the prepuce and the clitoris together with partial or total excision of the labia minora (the folds of skin at the opening of the vagina). Type III, infibulation, involves removing part or all of the external genitalia and stitching the vaginal opening closed. [FN5] The fact that FGM takes place within secret societies in Sierra Leone makes eradication efforts more challenging. It is for this reason that Sierra Leone has been described as “ground zero” in the fight to eradicate FGM. [FN6]

When implementing anti-FGM campaigns in Sierra Leone, non-governmental organizations (“NGOs”) and activists must tailor their efforts to reflect the existence and influence of the bondo society. Efforts to eliminate FGM have proven unsuccessful when FGM opponents have ignored its social and economic significance. External intervention--without gaining the trust of the community--has been viewed by communities as cultural imperialism, thereby strengthening the resolve of communities to continue FGM. [FN7] Many African communit-

ies reject anti-FGM programs that paint a picture of FGM as an oppressive and brutal patriarchal tradition. This "discourse of oppression" that describes FGM as a form of ritualized child abuse has influenced activist groups seeking to end the practice; such groups often adopt confrontational and accusatory approaches that alienate practicing communities. [FN8] In short, confrontational programs that do not take into consideration the complexities and the context of FGM have had little success. Today, most organizations disfavor the use of the "discourse of oppression" and instead try to develop programs with a better understanding of the socio-cultural context in which FGM occurs. [FN9] Such projects involve new, culturally sensitive strategies such as education, sensitization, and community collaboration with the help of local NGOs. [FN10]

This article culminates a project undertaken by the Walter Leitner International Human Rights Clinic (hereinafter "Leitner Clinic" or "Clinic") at Fordham Law School to craft a blueprint for how grassroots organizations in Sierra Leone, and in similarly situated countries, can begin to tackle FGM ***113** at the grassroots and policy level in a manner that includes the voices of rural and less powerful citizens. The article was inspired by the Leitner Clinic's partnership with a grassroots justice organization in Sierra Leone, [FN11] and the recommendations are partly based on fieldwork that the Leitner Clinic conducted in Sierra Leone in the spring of 2008. While in Sierra Leone, the Leitner Clinic met with representatives of grassroots human rights organizations, bondo society members, anti-FGM activists, medical professionals, and FGM survivors in Freetown, Lunsar, Magburaka, Yele, Kaniya and Bumpeh. The Clinic interviewed human rights activists who focus on eradicating FGM in Sierra Leone, including Dr. Olayinka Koso-Thomas, Rugiatu Turay from the Amazonian Initiative Movement ("AIM"), and Laurel Bangura from the Center for Safe Motherhood, Youth, and Child ("CSMYC"). Each of these activists has worked for many years educating communities in Sierra Leone on the negative effects of FGM and empowering individuals and communities to stand up against the practice. Their work has resulted in countless educational workshops on reproductive health and human rights and hundreds of FGM initiators abandoning the practice of FGM. The Clinic also interviewed paralegals working with Timap for Justice, a national Sierra Leonean paralegal organization that has gained a significant level of trust and respect in the many Sierra Leonean communities where the organization works. The paralegals, some of whom are themselves members of secret societies, provided invaluable insight on FGM-related issues facing communities in Sierra Leone. Before the fieldwork in Sierra Leone, the Clinic also interviewed Taina Bien-Aimé, the Executive Director of Equality Now, an international women's rights organization that supports FGM eradication efforts in Africa. The recommendations in this article also draw on comparative research of successful anti-FGM grassroots initiatives and existing national anti-FGM legislative reforms in North, East, Central, and West Africa.

This article argues that FGM eradication efforts, despite the challenging context, can be effective in Sierra Leone. Part II of this article examines long-standing arguments for and against the practice of FGM, medical consequences related to FGM, and existing international human rights law regarding the practice. Part III explores the complicated economic and social role of FGM within the powerful bondo female secret society in Sierra Leone. Part IV lays out a blueprint for ways in which grassroots organizations can implement FGM eradication initiatives in Sierra Leone and similarly situated countries. This section discusses the creation of educational workshops, a "Positive Deviant" approach, and an "Alternative Rites" program. Finally, Part V presents anti-FGM legislative and policy options that seek to avoid alienating communities. This article is designed to serve as a potential guide for organizations in other countries, such as Liberia, in West ***114** Africa where FGM also takes place within female secret societies as well as in countries where FGM discourse is virtually non-existent.

II. Background

A. Debating FGM

FGM remains a hotly debated human rights issue among scholars, activists, and practicing and non-practicing communities. The debate over FGM pits those who believe that abandoning FGM would amount to a rejection of important cultural traditions against those who believe that the practice is a blatant human rights violation that can cause harmful health conditions. In support of these respective beliefs, both sides set forth various arguments to support their case. [FN12]

In addition to the argument that the eradication of FGM is an assault on the culture of practicing societies, FGM proponents also invoke religious justifications in support of the practice. [FN13] In order to respond to this misconception, anti-FGM activists have gone so far as to contact respected Islamic religious figures in the Middle East to prove that the Koran does not mandate that FGM be performed on women. [FN14]

FGM supporters, including those in Sierra Leone, also argue that female circumcision and male circumcision are synonymous. [FN15] In fact, however, the male equivalent of FGM would be the amputation of the penis, since male circumcision involves removing the foreskin of the penis whereas FGM removes a genital organ. [FN16] In addition, studies have shown that male circumcision reduces a man's risk of contracting HIV from heterosexual sex by half. [FN17] No such medical benefit is associated with FGM. Many FGM advocates mistakenly believe that FGM prevents the spread of HIV, prevents prostitution by decreasing a woman's sexual desire, and is more hygienic. [FN18] In Sierra Leone, one activist in Freetown has attempted to debunk the myth that FGM prevents prostitution by proving that the majority of ***115** Sierra Leonean sex workers in Freetown have, in fact, undergone FGM. [FN19] Other FGM supporters in Sierra Leone believe that if girls do not undergo FGM they may have difficulty conceiving, suffer psychological problems, invite bad luck, or be deemed unmarriageable. [FN20] These arguments are often the means by which FGM advocates defend the practice against its critics.

In opposition to the arguments advanced by FGM supporters, anti-FGM advocates highlight well-documented evidence of FGM's serious health consequences. These adverse health effects include hemorrhaging, swelling of the stomach, sterility, infections, damage of adjacent organs, recurring urinary tract infections, violent pain or shock, the formation of dermoid cysts or keloids, and even death. [FN21] A study done in Africa found that more than 80% of women reported suffering from at least one medical complication after undergoing FGM. [FN22] A World Health Organization (“WHO”) study on 28,000 women revealed that women who had undergone FGM had significantly increased risks of complications during childbirth (e.g., higher rates of caesarean sections) and after childbirth (e.g., excessive bleeding), and that these risks increased with the severity of the type of FGM that a woman had undergone. [FN23] The fact that FGM can cause such serious health consequences is one of the reasons that anti-FGM activists argue that FGM must be eradicated.

While FGM has serious health implications, and although health education is and must be an important component of any anti-FGM campaign, focusing exclusively on its health consequences has not contributed significantly to the eradication of FGM, and has not properly addressed FGM as a violation of human rights. [FN24] Critics argue that such approaches have merely led to the medicalization of the practice, where parents take their daughters to be cut by medical professionals or medically trained cutters working with sterile and cleaner instruments. [FN25] The medical or health approach has resulted in a downward shift in the severity of the practice of FGM, such that girls are undergoing less severe forms of FGM, but communities are ***116** not abandoning the practice. [FN26] A Population Council study conducted in 2001 revealed that 70% of Abagusii girls in Western Kenya reported having been cut by a doctor or a nurse, whereas traditional, non-medical FGM practitioners had

performed the procedure on almost all of their mothers. [FN27] Other reports show that communities with a health-focused anti-FGM initiative simply respond by cutting less tissue. [FN28]

Truly successful initiatives not only discuss the negative health consequences but also explore the negative sexual consequences, the religious myths surrounding FGM, and the human rights violations associated with the practice.

B. FGM and International Human Rights Law

Supporters of eradication argue that FGM violates the human right to health and bodily integrity, and the right to be free from discrimination and violence, both of which are protected by international law. [FN29] Sierra Leone does not have an explicit law banning FGM or other harmful traditional practices. Sierra Leone is, however, a party to a number of international human rights conventions, which provide a strong basis for the characterization of FGM as a violation of international human rights. Conventions that can be applied to FGM include the Convention on the Elimination of All Forms of Discrimination against Women (hereinafter "CEDAW"); the Convention on the Rights of the Child (hereinafter "CRC"); the International Covenant on Economic, Social and Cultural Rights (hereinafter "ICESCR"), and the African (Banjul) Charter on Human and People's Rights.

Sierra Leone is currently a signatory to both the CEDAW and the CRC, each of which clearly prohibits traditional practices that discriminate against women and harm children. Given FGM's harmful health ramifications and the fact that women and girls are FGM's targets, the practice clearly fits within the purview of these conventions. Article 2 of the CEDAW directs, "State Parties ... (f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women." [FN30] Article 5 further states, "State Parties shall take all appropriate measures: (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the ***117** superiority of either of the sexes . . . ." [FN31] Additionally, Article 24(3) of the CRC states, "State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children." [FN32] Furthermore, Article 19(1) provides, "State Parties shall take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury, or abuse." [FN33] These provisions in both the CEDAW and the CRC confer a responsibility upon Sierra Leone and other signatories to prevent harmful traditional practices such as FGM.

Under the ICESCR, FGM violates the right to health. Article 12(2) of the ICESCR states that "[t]he steps to be taken by State Parties to the present Covenant to achieve the full realization of [the right to health] shall include those necessary for: (a) The provision for the ... healthy development of the child." [FN34] The "definition of health includes maturity, reproductive, and sexual health." [FN35] FGM violates these sections of the ICESCR because it can lead to numerous harmful health consequences, as discussed above. Due to some of these harmful health effects, the development of female children may be compromised.

The African (Banjul) Charter on Human and Peoples' Rights includes provisions addressing the right to health (Article 16), right to physical integrity (Articles 4 and 5), and right to non-discrimination (Article 18(3) and Article 28). [FN36] Currently, Sierra Leone is not a party to the African Charter on the Rights and Welfare of the Child ("African Charter") or the Maputo Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa ("Maputo Protocol"). The African Charter on the Rights and Welfare of the

Child requires member states of the Organization of African Unity ("OAU") to abolish customs and practices harmful to the "welfare, dignity, normal growth and development of the child and in particular: (a) those customs and practices prejudicial to the health or life of the child; and (b) those customs and practices discriminatory to the child on the grounds of sex or other status." [FN37] This provision would include FGM as the practice is detrimental to the health and life of a ***118** girl child and is a custom which is exclusively performed on females. The Maputo Protocol is one of only two international instruments that explicitly refer to FGM. [FN38] Article 5 states that, "states parties shall prohibit and condemn... through legislative measures backed by sanctions, (b) all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation and all other practices in order to eradicate them." [FN39] This instrument directly addresses FGM and is an important legal tool in the fight to eradicate the practice. The Sierra Leone government should make it a priority to ratify the African Charter and the Maputo Protocol.

III. Sierra Leone: FGM and the Bondo Female Secret Society

A. The Sande Society in West Africa

FGM is a clear violation of international human rights; however, it is common in eastern and northeastern areas of Africa as well as in some countries in Asia and the Middle East, [FN40] and it remains particularly entrenched in certain West African countries where secret societies flourish and where FGM remains a prerequisite to enter these societies. In the West African countries of Sierra Leone, Liberia, and Guinea, the largest ethnic groups include the Kpelle, Foulani, Mandingo, Temne, and Mende. [FN41] A shared characteristic across these groups is respect for the longstanding tradition of the secret society. The female secret society that predominates throughout the region is most commonly known as the sande society. Secret societies, both male and female, are ancient cultural institutions whose "primary purpose is to canalize and control powers of the spirit world." [FN42] Secret societies have fulfilled a number of philosophical, economic, political, social, religious, and educational functions in their communities throughout history, and they continue to play a significant role in contemporary West Africa.

While the existence of these societies predates a European presence in the region, scholars have debated whether they gained importance at the time of early European contact, either as a defensive form of social organization to protect against outside influence, or as a means of control and consolidation***119** of local riches by indigenous leaders. [FN43] Regardless, the societies have existed for hundreds of years and, as such, have become adept at adapting to changing circumstances.

Secret societies, by their nature, place a significant emphasis on secrecy in all of their activities. Information about what happens in the sande is known only to other initiates in the society. This means that members are prohibited from speaking publicly about sande affairs and non-members are not allowed to witness initiation rites or other society rituals. [FN44] It is believed that breaking this code of silence may expose the individual and her family to curses, bad fortune, and ill health. [FN45] Each member is subject to the rules and regulations of her own society; should a conflict arise between members, it must be resolved within the sande. [FN46] Certain laws only apply within the secret society. [FN47]

While women are initiated into the sande as young girls, with the purpose of being transformed from children into women, [FN48] their participation continues throughout their lives. [FN49] The rite of initiation into

the sande itself takes place in the forest, which represents “fertility, potency, danger and the supernatural (the ancestral and other spirits).” [FN50] The rite of initiation includes FGM. This element of the sande society is tied to conceptions of sexual identity and fertility. During the initiation of new members, respected elders teach young girls the art of being a woman. This includes a number of performance rituals as well as practical training in the traditional roles assigned to women in society. [FN51] The cultural performance element of the initiation incorporates symbolic masks and dancing. The sande ceremony is unique in that it is one of the few known instances in Africa in which women wear masks. [FN52] In addition to the cultural performance aspect of the sande initiation ceremony, a traditional emphasis is placed on the education of young girls. The topics covered in the educational component of the initiation include instruction in singing, dancing, cooking, traditional healing, and respecting elders. [FN53] However, in many contemporary ***120** sande societies, this is no longer the case. Girls used to spend years in the sande forest; now they might spend days or weeks there. [FN54] Presently, there is little training and an increased focus on FGM. The decreasing importance placed on the educational aspects of the secret society and the resultant prioritization of FGM as the main activity during initiation rites undermines how much of an impact these societies can actually have in assisting young girls in their transition to adulthood.

B. The Bondo Society in Sierra Leone

The sande secret society in Sierra Leone is most commonly referred to as the bondo, and it maintains traits similar to that of the sande located in other West African countries, including the centrality of FGM during secret society initiation rites. Bondo society hierarchy and initiation sequences may differ depending on the village and region in Sierra Leone. [FN55] In Yele, in central Sierra Leone, for example, FGM occurs at the beginning of the bondo initiation process. [FN56] Following FGM, a girl is not considered a full member of the society until she has undergone the next phase of initiation training. During the second phase of initiation the bondo kanta (initiates) are permitted to go to school during the day and return to the “bondo bush” --sande forest as discussed above--after school for bondo training. [FN57] During this phase the bondo bush functions as a makeshift boarding house for the girls, and usually consists of a circular space enclosed by thatch where initiates stay overnight. Presently, the more a girl's family can afford to pay the bondo society, the longer she is able to receive training. [FN58] In Yele, the time frame for the second phase ranges anywhere from two or three weeks to two or three months. Once the initiate completes the second phase of initiation she is called an oshima and is officially a member of the bondo. [FN59]

***121** Bondo members can only become soweis (initiators who perform FGM) if they are chosen to undergo an intensive two- to three-year training in the kayanka, the physical area similar to the bondo bush. [FN60] Sowei trainees are taught how to perform FGM and how to apply medicinal remedies. During this training period, sowei trainees, also known as wutu, cannot emerge from the kayanka after a certain point in time. [FN61]

The sowei has its own unique hierarchy. In Yele, the head woman among the sowei is called the Na Soko. The Na Soko is deeply respected within the bondo community and is usually from a large, well-off family. [FN62] Next among the sowei are the sampas (e.g., dancers, initiators). [FN63] A regular sowei member is called Nakolonah. Lastly, the Nafat is the lowest level sowei member. [FN64]

Membership in the bondo secret society is not without benefits, and not belonging to a society is not without hardship. While it is difficult to calculate the membership of the bondo secret society in Sierra Leone, one report estimates that 90% of women in Sierra Leone have undergone FGM, suggesting that they belong to the bondo.

[FN65] In addition to the social stigma associated with not belonging to a secret society, there may be political and economic costs. In some communities, the local systems of government are closely connected to, and sometimes mirror, power relations within secret societies. For example, in the district of Kailahun in Sierra Leone, if a man wishes to become chief, he must also hold a high rank within the male poro society. [FN66]

As a member of the bondo, women belong to a respected community and have increased freedom of movement. The bondo society functions as a separate and independent social space for women within the patriarchal system that permeates Sierra Leone. [FN67] In the rural northern region of Sierra Leone, for example, customary law, religion, and tradition require women to receive their husbands' permission to perform many tasks outside the home. [FN68] The bondo is the only place where a woman can go without her husband's permission. [FN69] During bondo initiation season, bondo members have the right to socialize, enjoy leisure time, and choose whether or not to work. [FN70] Bondo initiation activities are akin to holidays: women congregate three or four ***122** times a year, adorn themselves in their finest clothes and jewelry, and travel to the bondo bush without having to ask for permission to do so. [FN71] Some view attacks on FGM as attacks on the bondo itself. [FN72] The two must be separated. Although the bondo involves FGM and other negative aspects discussed below, which should be eradicated, the social space and independence derived from being a member of the bondo society must be preserved.

Socially, members of the bondo are more highly regarded than other women. [FN73] Community members believe that soweis have special powers, which include the power to affect a woman's fertility. [FN74] For parents of bondo initiates, FGM also confers a social benefit. Although the cost of FGM and/or bondo society membership is very high for subsistence farmers (typical parents of initiates in Yele and throughout Sierra Leone), parents are very proud when their daughters are initiated because it is a way of showing the community that they are economically viable. [FN75] Soweis profit economically from FGM since families who wish to have their daughters join the society must pay for the initiation. The negative corollary of this is that the bondo has used its position to financially exploit other members of the community, since FGM and gaining membership into the bondo society are very expensive. [FN76] Initiation costs anywhere from 200,000- 600,000 Leones ($62- $185 USD). [FN77] Families often use their entire harvest to pay for the cost of initiation. [FN78] Soweis have been known to raise the price of initiation if the girl is not a virgin. [FN79] In some instances, a husband who upon marriage discovers that his wife has not undergone FGM may pay for the cost of initiation. [FN80]

In a continued effort to sustain itself in Sierra Leone, the bondo society has kidnapped young girls, forcibly performed FGM on them, and then held the girls captive until family members agreed to pay for the initiation. [FN81] In April 2007, bondo members kidnapped a teenage student who had insulted ***123** the bondo from her home in Freetown and forcibly initiated her. [FN82] Similarly, in Yele, bondo society members forcibly initiated a young girl who mistakenly followed soweis carrying food on their heads into the bondo bush. [FN83] Although the bondo secret society has both positive and negative aspects, its importance in the lives of Sierra Leonean women cannot be ignored, and thus FGM activists must engage with both the institution and its initiates.

IV. Establishing Anti-FGM Grassroots Initiatives in Sierra Leone

The bondo are entrenched in Sierra Leonean society, and any successful anti-FGM grassroots initiative must incorporate bondo members into its programs. This section provides a blueprint for three phases of a model pilot community-based anti-FGM initiative in Sierra Leone. Phase One involves laying the foundation by educating

community members through instructional workshops. Phase Two entails identifying and training “Positive Deviants” who will serve as community advocates against FGM. In Phase Three, bondo members, in collaboration with the grassroots organization, consider the possibility of creating an “Alternative Rites” program to replace the ceremonial significance of FGM within bondo initiation ceremonies.

A. Phase One: Workshops

Community education workshops are the foundation of successful anti-FGM initiatives in Africa. Sierra Leoneans do not openly discuss FGM because it takes place within bondo secret societies, so workshops are the only means by which a grassroots organization can create a safe environment for target groups in the community to comfortably and naturally raise the topic of FGM. The community education workshops should focus on topics such as women's empowerment, reproductive health, and human rights. The workshops are meant to generate discussion and foster understanding of how FGM is a human rights violation and a form of discrimination and violence against women. Although the workshops are intended to educate the community about the negative consequences of FGM, they are also meant to highlight the positive aspects of Sierra Leonean culture and to empower women and children. Additionally, they serve as a forum for community members to voice their concerns and raise questions about issues brought up in the various workshops. [FN84]

***124** The international NGO Tostan, which was founded in 1991 in Senegal, is an example of an organization that has employed workshops as part of a program of community empowerment to eradicate FGM. In 1997, Tostan successfully helped the village of Malicounda Bambara in Senegal to make a public pledge to end FGM in its community. Tostan conducted a series of educational workshops for community members exploring topics such as health, hygiene, and human rights. Tostan workshop leaders made the decision not to explicitly raise the issue of FGM within the workshops so as not to antagonize the communities; instead, they allowed the workshop participants to raise the topic themselves. [FN85] Participants from the community engaged in discussion and debate, and eventually mobilized their entire village, including women, men, religious leaders, and the chief, to declare an end to the tradition of FGM. Several months after the villagers of Malicounda Bambara made their pledge, thirteen inter-marrying villages also joined Malicounda Bambara in pledging to end FGM in their communities. Since 1997, 3,791 communities in Senegal, 364 in Guinea, 37 in Gambia, 14 in Somalia, and 23 in Burkina Faso have followed the village of Malicounda Bambara in declaring an end to the practice of FGM. [FN86]

An organization interested in developing educational workshops as the first phase of an anti-FGM program should: obtain permission from community leaders to run a pilot program on reproductive health and women's empowerment; survey the community to determine workshop parameters; decide how to divide the community into groups for the workshops; hold an initial community meeting; explore a wide range of rights topics in the workshops; and be prepared to deal with potential challenges in maintaining community participation.

1. Obtain Permission to Run Pilot Program on Reproductive Heath & Women's Empowerment

The organization should first approach community leaders and chiefs to obtain permission to conduct educational workshops focusing on reproductive health, human rights, and women's empowerment. At no point should there be any discussion of the main objective of eradicating FGM. For example, when the Amazonian Initiative Movement (“AIM”), a grassroots organization in Sierra Leone, implemented its anti-FGM project in Lunsar, AIM purposefully did not mention its ultimate goal of eradicating FGM so ***125** as not to offend the community. [FN87] Instead, AIM gained permission to run reproductive health workshops. [FN88]

2. Survey the Community to Determine Workshop Parameters

Ideally, the organization implementing the anti-FGM initiative would hold separate workshops for different groups within the community (e.g., males and females, youth (broken out by age and gender for certain workshops), medical personnel, law enforcement, religious leaders, chiefs and other high ranking community leaders, teachers, and bondo society members). The organization should conduct a preliminary survey of the selected community in order to determine who in the community should be targeted for the educational workshops. The survey would entail informal interviews with community members to gauge how much the community knows about various topics such as women's rights, children's rights, and reproductive health.

3. How to Divide the Community for the Workshops

Based on the information the organization gathers from its community survey, it should organize workshops that cater to various groups of people within the community. For example, the organization needs to design a workshop about women's rights or sexual health differently for men than for women. Furthermore, certain workshop topics may be neither appropriate nor applicable to all of the target groups. For instance, a discussion on puberty would not pertain to the elderly, whereas, for youth, this subject must be addressed separately for girls and boys. Additionally, the organization should hold age-specific or gender-specific workshop sessions (e.g., sexual health, HIV/AIDS, early marriage, pregnancy) that deal with sensitive topics so that participants feel comfortable. The ultimate goal of separating groups for workshops is to provide the most comfortable, least intimidating forum and best-tailored curriculum for each group.

4. Initial Community Meeting

Before the organization holds workshops for specific target groups, it should first hold a community-wide general workshop for all members of the community. The purpose of this first workshop is to lay the foundation and inform the community about this new initiative. At this workshop, the organization should explain that it would like to educate people about their human rights, medical and reproductive health, and to provide women with a forum to discuss their special role in Sierra Leonean communities. In addition, the organization should explain that in order to ***126** successfully implement this initiative, future workshops will be held for various community members based on their gender, age, and status within the community. The organization should also explain that such groupings are in no way meant to exclude others, but instead to cater to each group and provide applicable information. Lastly, the organization should explain the time frame of the initiative and the commitment it expects from workshop participants. Most importantly, at no point in this initial discussion should the organization raise the topic of FGM.

In order to provide an incentive for community members to attend the community workshops, the organization can announce that it will provide food at the end of each workshop. Another option would entail offering graduation certificates at the completion of the workshop program. AIM, for example, has given out T-shirts at the completion of its workshops. [FN89]

5. Possible Workshop Topics

Based on the organization's insider knowledge of each community's needs and comfort level with the suggested topics, the organization should decide the sequence in which to hold the workshops. As a general guideline, the workshops should begin with the least controversial topic and progress to topics within which community members can naturally raise the topic of FGM. For example, AIM has found that participants raise

the topic of FGM when they are asked about issues affecting the education of female children. [FN90] Consistently, participants state that one reason a young girl's education is interrupted is due to her having undergone FGM. [FN91]

Some suggested workshop topics, listed in increasing order of sensitivity, could include:

- Providing for one's family [FN92]
- Leadership and literacy [FN93]
- Youth leadership
- Child maintenance
- Human rights and international law
- HIV/AIDS
- Women and business
- Children's rights
- Women's rights
- Domestic violence

***127** • Early marriage

- Reproductive health
- Customs and traditions--the evolution of culture over time [FN94]

6. Potential Challenges of Workshops

The organization should not discuss FGM during the workshops until the participants bring the issue up of their own accord. In most successful anti-FGM projects that involve the use of community education workshops, the workshop organizers do not explicitly raise the issue of FGM. Instead, the organizers and trainers have found that without fail (although sometimes with the help of leading questions) workshop participants will bring up the topic of FGM on their own, after an environment of trust and safety has been established within the workshop setting. [FN95] The failure of human rights organizations to first dialogue with the community and to fully understand the nuances, culture, and values of the community with which it is working will hinder or prevent its success. In fact, most participants of such programs will still undergo FGM even after they have gone through the workshops and programs of such organizations. [FN96]

If, during the series of workshops, the organization finds that the participants still have not raised the issue of FGM, the organization can delicately attempt to ask leading questions that steer the discussions in FGM's direction. Laurel Bangura, a Sierra Leonean anti-FGM activist, has used this method during the workshops she has conducted with the CSMYC. [FN97] For example, the workshop organizer can ask the following questions:

- What are some things that affect girl-child education? [FN98]

• What are things that affect child-birth and maternal health?

• What are some good traditional practices in Sierra Leone?

• What are some harmful traditional practices in Sierra Leone?

The responses to such questions may generate discussion about FGM. Creating an atmosphere of trust and safety can be time consuming, and the organization should not be discouraged if participants do not bring up the topic of FGM immediately. As Laurel Bangura noted, “You have to water ***128** the ground properly.” [FN99] In other words, an anti-FGM advocate must take different approaches when working with different groups and be willing to revisit issues if the participants do not initially seem ready to discuss them.

7. Timing of Workshops

Unlike other countries where anti-FGM grassroots initiatives are conducted, discussion of FGM in Sierra Leone is taboo because it is performed within the context of secret societies, namely the bondo. Since discussion of FGM in Sierra Leone is so rare, the time frame for an anti-FGM project in Sierra Leone must necessarily be longer than the time frame for similar initiatives conducted in other African countries in which FGM is more openly discussed. It is recommended that the organization's community workshops be implemented once every two weeks over a nine month to one year time period.

B. Phase Two: The “Positive Deviance” Program

The “Positive Deviance” approach is an FGM abandonment program that identifies the best practices already in place in the community and builds upon them to end FGM. [FN100] “Positive Deviants” are members of the community who have either decided not to undergo FGM or, alternatively, have decided to abandon FGM and are willing to become advocates within their own communities to convince others to do the same. [FN101] “Positive Deviants” are powerful tools in the fight against FGM because they understand, and are a part of, the very communities that perform FGM. Furthermore, they have the courage to oppose FGM despite broad support for the practice in their communities. A variation of this approach is being used by the CSMYC and is currently proving to be effective in promoting the abandonment of FGM in certain parts of Sierra Leone. Rather than calling these community advocates against FGM “Positive Deviants,” the CSMYC calls them “Campaign Agents.” [FN102]

One of the first successful applications of this approach occurred in Egypt, where CEPDA/Egypt, a women's rights organization, has helped urban and rural communities abandon FGM. [FN103] CEDPA/Egypt identified “Positive Deviants” by having Positive Deviant Inquiry teams from local NGOs venture into the communities and talk informally with community residents. The organization trained “Positive Deviants” to be community ***129** educators against FGM. The organization then created a system that targeted households with at-risk girls for scheduled visits by the “Positive Deviants.” [FN104] These groups strategically targeted household members with the most authority and power over the FGM decision. The “Positive Deviants” visited the individuals and discussed FGM either indirectly or directly based on the level of trust they had with the family. [FN105] The model, which is now being implemented in forty-two communities in Egypt, has proven successful. The at-home visits created dialogue of a “formerly taboo subject ... now open for both private and public discussion, and individuals indicated a willingness to change (seven in ten families visited reported an intention to not circumcise their daughters).” [FN106]

1. Selecting “Positive Deviants”

Ideally, “Positive Deviants” should be powerful members of the community such as chiefs, religious leaders, or community leaders. Yet, in Sierra Leone, where FGM takes place in the context of secret societies and non-members are forbidden to speak about FGM, “Positive Deviants” should initially be high-standing members of the bondo society (i.e., soweis). Unlike other African countries, such as Egypt, where “Positive Deviants” are those who have undergone FGM and are now against it or refuse to undergo the practice, “Positive Deviants” in Sierra Leone will most likely be only those women who have undergone the practice and are a part of the secret society but who now oppose FGM. Since the environment in Sierra Leone is very resistant to those outside of the bondo speaking about FGM, the organization should focus on identifying “Positive Deviants” from within the secret society.

The organization could identify soweis who could serve as “Positive Deviants” during the workshops in Phase One of the organization's anti-FGM initiative by approaching bondo members who raise concerns about the practice of FGM within the context of the workshops.

2. Educating and Training “Positive Deviants”

Once the organization has identified at least three to five possible “Positive Deviants” in a community, the organization should hold a separate private meeting for these potential “Positive Deviants.” If possible, female members of the organization should be present at these meetings due to the sensitive nature of these issues. During this meeting, the organization can ask the soweis whether they would like to learn more about FGM's negative consequences. For those that agree, the organization should hold additional meetings. During the course of these meetings, the organization should ***130** pose questions regarding why these particular soweis perform FGM and why they are now considering disavowing the practice. The following are potential questions that can be used to gauge the potential readiness and willingness of the “Positive Deviants” to work with the organization on this initiative:

- Why did you become a sowei?
- How does being a sowei make you feel?
- Why do you now oppose or question FGM?
- What benefits do you think FGM confers?
- Do you think FGM is harmful now that you have participated in these gatherings?
- Which of these harmful effects concern you most and have been the biggest reasons for your decision to abandon FGM (if any)?
- Have you witnessed or heard of any negative consequences of FGM?
- Have you told anyone you oppose FGM?
- If so, how have they responded?
- And how have you dealt with their response?

• Would you want your daughter(s) to undergo FGM?

At the very last meeting, when the organization feels that it has built trust with the soweis, it should ask them whether they would be willing to act as “Positive Deviants” --community liaisons who would speak to their family and close friends about the negative effects of FGM. The organization can then use the responses to these questions in conjunction with the soweis' new understanding of the negative consequences of FGM to inspire the soweis to: (1) put their knives down; (2) continue attending “Positive Deviants” gatherings; (3) help locate other potential “Positive Deviants” who would be willing to attend these gatherings; and (4) be willing to become community liaisons. After the soweis agree to the four conditions, they would officially be deemed “Positive Deviants.”

3. Providing an Alternative Source of Income as an Incentive for “Positive Deviants”

Since bondo initiation ceremonies that involve FGM are a major source of income for soweis, it is necessary to provide an alternative means of income for the soweis who agree to become “Positive Deviants.” “Positive Deviants” should also be given the opportunity to enroll in vocational school or join cooperative groups, which would provide them with the tools, education, and opportunity to be self-sufficient outside of the bondo society. The vocational school and cooperative groups are discussed in more detail below.

***131** 4. Utilizing “Positive Deviants”

The “Positive Deviants” act as community liaisons who can speak informally with family members, close friends, and neighbors about FGM in order to begin a dialogue in their community about the negative consequences of FGM. [FN107] Ultimately, the purpose of Phase Two of the initiative is to generate dialogue and open communication about FGM in hopes of gradually inspiring community members to stand up together and abandon FGM.

Before speaking with anyone, the “Positive Deviants” should attend a training workshop with the organization. In this training workshop, the “Positive Deviants” and the organization should brainstorm and generate talking points for the informal conversations that the “Positive Deviants” will then conduct with community members. The “Positive Deviants” should understand that since FGM is such a delicate subject, the conversations about FGM must never be conducted in a forceful or disrespectful manner. Due to the sensitivity of the topic and the need to create an atmosphere of trust, CEPDA/Egypt's “Positive Deviants” never took questionnaires with them on their visits. Instead, they filled out simple forms after each visit that included the following information: name and age of the girl, individuals interviewed, number of visits, and results of the meeting (e.g. the family insisted on performing FGM; the family was convinced that FGM is bad). [FN108] In addition, it must be stressed that the “Positive Deviants” should not at any time reveal their participation in the “Positive Deviants” program. The confidentiality of these meetings is imperative because many community members may be opposed initially to the organization's initiative or to involvement in any form of anti-FGM campaign.

The use of soweis as community liaisons to advocate against FGM is currently being implemented in Sierra Leone through the CSMYC. In the Kambia district, several soweis who participated in the CSMYC's educational workshops became “campaign agents” who, like “Positive Deviants,” are informal advocates against FGM. [FN109] Using their existing ties to their communities, they have successfully inspired others to abandon FGM. Similarly, the “Positive Deviants” that the organization identifies should be asked to report back to the organization once a week to give an oral account of their conversations with community members.

C. Phase Three: The “Alternative Rites” Program

The organization should consider implementing Phase Three of this proposal, the “Alternatives Rites” approach, only after dialogue about FGM occurs openly within a community during educational workshops and ***132** through the implementation of a “Positive Deviant” program. Soweis who are “Positive Deviants” could develop this alternative ritual in collaboration with the organization. For girls in Sierra Leone, FGM is considered a rite of passage from childhood to womanhood. The “Alternative Rites” approach involves developing an alternative ritual to mark this passage for girls without involving the practice of FGM. The “Alternative Rites” approach strives to maintain the positive traditional aspects of the bondo society while forgoing the performance of FGM.

In other countries where the “Alternative Rites” approach has been successful, it was preceded by a series of educational workshops much like the workshops discussed in Phase One of this initiative. [FN110] These workshops created an environment in which developing the Alternative Rite became possible. In Sierra Leone, an Alternative Rite should preserve the positive aspects of the bondo. At the point at which the girls would normally undergo FGM, an Alternative Rite would be substituted. Although the “Alternative Rites” approach may be far off for many communities in Sierra Leone, some communities are already attempting to implement such an approach. For example, the CSMYC is exploring the possibility of implementing an “Alternative Rites” program by speaking with soweis in the Kambia district who have abandoned FGM. Although the Alternative Rite has not been fully developed yet, the idea is being considered. [FN111]

Members of the community should work jointly to develop a non-cutting alternative ritual that could hold the same symbolic significance as FGM. For instance, AIM has found that conferring certificates to soweis who complete vocational training is highly prized. [FN112] Similarly, the girl initiates who have finished their traditional training could be given certificates to officially mark their passage into womanhood. At the end of the traditional training, these certificates could be handed out during a community-wide public ceremony in which all members of the community can bear witness to the girl initiates' passage into womanhood. [FN113] Such ceremonies can provide a valued sense of pride for girl initiates' families since the entire community would be present. [FN114] On the other hand, if certain bondo societies perform FGM in the beginning of the initiation, the Alternative Rite should be adapted to reflect the sequence of events that traditionally occurs. The public ceremony could be held before the girl initiates go into the bush for their traditional training. Other forms of non-cutting Alternative***133** Rites can include theater performance, interpretative dance, gift-giving ceremonies, songs, and public declarations against FGM. [FN115]

Maendeleo Ya Wanawake Organization (“MYWO”) is a non-profit women's organization whose mission is to improve the quality of life of women and youth in rural communities in Kenya, and it provides an example of an organization that has successfully implemented the “Alternative Rites” program. [FN116] The community sensitization phase of MYWO's program is similar to Phase One of this article's pilot initiative proposal. MYWO found that communities that are exposed to educational workshops and thus the harmful consequences of FGM are more ready and willing to develop an Alternative Rite in place of FGM. The Alternative Rite functions as a way to support those who have decided not to undergo FGM. Participants in the “Alternative Rites” program feel supported because they belong to a larger group within their community that has decided to abandon FGM. In order to identify girls who would be willing to participate in the “Alternative Rites” program, MYWO uses peer educators. Similar to the “Positive Deviants” discussed in Phase Two of this pilot initiative, the peer educators conduct one-on-one meetings with community members, educating them on FGM and its harmful effects. Furthermore, peer educators are expected to identify parents and girls who are willing to participate in the

"Alternative Rites" program. [FN117]

The last phase of MYWO's "Alternative Rites" program is the public ceremony. The timing and kind of public ceremony that takes place are dictated by the specific socio-cultural context of the community where the Alternative Rite is being implemented. Thus, the Alternative Rites ceremony can be altered to best mimic the traditions seen in different communities:

> [The ceremonies] include several activities such as communal feasting, traditional singing and dancing, gift giving to the girls passing through the ritual, declarations by the girls that they have not been and will not [undergo FGM], and declarations by fathers, mothers and community leaders of their commitment to support the abandonment of the practice. [FN118]

During the public ceremony:

> [I]nitiates receive gifts from the project and/or their families and members of the community. Through their songs, dances and drama, the girls make a public pronouncement that they have abandoned FGM. [In order to lend credence to this program,] ***134** [i]nfluential political, religious and government administrative leaders are invited to give speeches on this day. In some cases, donor agency and other NGO staff as well as media personnel are invited to witness the occasion. [FN119]

Such successful programs should serve as an inspiration for organizations in Sierra Leone considering or embarking on such initiatives.

D. Incentivizing Soweis to Abandon FGM

FGM cannot be eradicated in Sierra Leone, and none of the above-suggested phases of this pilot proposal can be implemented, without the cooperation of soweis. Since soweis benefit the most from performing FGM, they are in a position to suffer most as a result of the eradication of FGM. [FN120] Soweis benefit from FGM in two important ways: they derive income from performing FGM, and their status within the bondo society translates into status within the community. [FN121] During the initiation seasons, soweis derive considerable income, thus making them economically dependent on the practice. [FN122] They are paid in cash, crops, palm oil, and other valuable items. [FN123] In addition to reaping the economic benefits of performing FGM, soweis also benefit from their elevated social position. [FN124] High-ranking members of the bondo society have political and social influence within the community. [FN125] In order to eradicate FGM it is necessary for an organization to provide soweis with alternative means to retain their economic and social status.

In order to incentivize soweis to abandon FGM, an alternative source of income must be available to prevent them from returning to the practice of FGM for its financial benefits. If funding is available, the organization could provide some soweis with scholarships to attend vocational school. Such an opportunity is invaluable because it would provide the soweis with the necessary skills to maintain sustainable alternative income. Upon completing the vocational training, the organization should present soweis with graduation certificates. Among most of their peers--male and female--they will hold a unique position because they will have had the opportunity to attend vocational training. AIM has found that soweis take great pride in attending, and graduating from, vocational school. [FN126]

Although providing soweis with new skills through vocational school is crucial to ensure that they do not return to performing FGM, it is not ***135** enough. Often, when an initiator completes vocational training and returns to her community, she eventually returns to the practice because she does not have the tools with which to

apply her newly acquired skills. After the vocational training, in order to maximize its benefits, the organization should provide soweis with valuable items, such as cash, seedlings, goats or chickens, fabric, sewing machines, or agricultural tools, which will facilitate their newfound vocation. [FN127]

If cash is given at the completion of the vocational training, the soweis should be instructed to use the cash to start a small business. The cash should be given to a group of soweis (3-5 initially; 10-15 ultimately, depending on the number of soweis participating in the program) to work together in a cooperative group to start their own small business or farm. One advantage to establishing cooperative groups is that the soweis will become accountable to one another and thus are less likely to return to performing FGM. Another advantage is that cooperative groups provide soweis an environment in which women are socially empowered and able to generate sustainable income independent of their husbands and male relatives. Specifically, the cooperative groups will empower the women by providing them with a forum to brainstorm ideas, use the various skills that each woman brings to the group, and formulate new business plans to sustain their cooperative group. [FN128]

In Gambia, an anti-FGM program in which cutters were given compensation for not cutting girls was ultimately unsuccessful because the cutters continued to perform FGM in secrecy. [FN129] However, researchers found in a successful Tostan project in Senegal that where cutters were extremely influential and prestigious in the community and cutters publicly asked their communities for forgiveness, their conversion was genuine. [FN130] In other words, compensation alone was not sufficient. Cutters who make a public denunciation are held accountable and are therefore kept from returning to the practice.

Although it is important to incentivize soweis, cutters are only one segment of a community that imposes FGM. Many other members of the community, such as parents or potential husbands, also encourage the practice of FGM. [FN131] Approaches that focus solely on training and converting cutters typically do not concurrently address a community's demand for FGM. [FN132]

***136** E. Measuring Success

Given the unique position Sierra Leone occupies on the African continent with regard to FGM, measuring the success of an anti-FGM initiative would begin with breaking the silence surrounding the issue. Success of an anti-FGM initiative could also be measured by gauging the extent to which people in the community participate in the workshops discussed above. Identification of “Positive Deviants” and their willingness to go out into the community and advocate for abandonment of the practice is also an indicator of success because peer education and peer accountability create sustainable change. Once the initiative is complete, one indicator that the initiative has been successful is if individuals from other communities approach the organization and request that they begin similar programs in their communities. The decisions of individual families to forgo FGM for their daughters and a decrease in the kidnapping of girls to undergo forced FGM are also indications of success.

In the end, a community's abandonment of FGM is the ultimate measure of success, and that can only come after families forgo the practice and soweis put down their knives. Enforcement of decisions not to practice FGM is vital to the success of the program. Only when community leaders, religious leaders, and the police work in conjunction with community members to protect women and girls will a community be deemed to have rid itself of FGM.

V. Forming Anti-FGM Legislation in Sierra Leone

The most successful anti-FGM campaigns in Africa occurred in countries that engaged in both grassroots community level initiatives, as described above, and national, governmental campaigns and legislation to eradicate FGM. Achieving nation-wide success requires both bottom-up and top-down approaches to eradicating FGM. The support of government leaders, national campaigns, and legislation will provide more credibility to the efforts of those working within communities on the ground.

The refusal of the Sierra Leonean government to take a stance against FGM makes the issue of FGM particularly difficult to deal with at the community level. [FN133] On June 14, 2007, the Sierra Leone Parliament passed three "Gender Acts," covering domestic violence, registration of customary marriage and divorce, and devolution of estates. [FN134] Noticeably absent from ***137** the acts is a provision on FGM. FGM in Sierra Leone is a highly political issue, and the politically powerful bondo often uses FGM as a weapon during political campaigns. Women running for political office in Sierra Leone need the support of other women, many of whom are bondo members, and it is considered political suicide for any female candidate to come out against FGM. [FN135] "Politicians from all sides win votes from women by extolling the virtues of the [bondo]," and very few are willing to support eradication efforts for fear of losing too many votes. [FN136] Governments are often reluctant to ban traditional practices if they do not feel they have the support of the general population. Without political pressure from the citizens of Sierra Leone, government officials will not feel compelled to act. [FN137]

An organization with close ties to rural populations in Sierra Leone that practice FGM is ideally situated to mobilize grassroots sentiment against the practice and propose legislative change. Outside groups, such as international non-governmental organizations, the United Nations, and other international and regional bodies, can attempt to convince the Sierra Leonean Parliament. However, both international and Sierra Leonean organizations will have difficulty convincing politicians to support legislation without significant grassroots efforts in Sierra Leone that reflect support for anti-FGM efforts by constituents at the local level.

A. Model Legislation

Currently, there is no explicit law in Sierra Leone prohibiting FGM. Yet, the Sierra Leone Parliament would be able to draw upon the existing rights provided in the Sierra Leonean Constitution to draft an anti-FGM law. Article 6(2) of Sierra Leone's Constitution calls upon the state to "discourage discrimination on the grounds of ... sex" and Article 15 guarantees "fundamental human rights and freedoms" without regard to sex. Article 27(1) prohibits the passage of laws or other governmental actions that discriminate on the basis of sex. [FN138]

Since FGM is practiced exclusively on women and girls and, thus, only females suffer its harsh consequences, it contributes to the discrimination of women in Sierra Leone. Additionally, Article 15(a and c) guarantees the rights to "life, liberty, security of the person," and Article 8(2)(b) maintains that the state shall recognize, protect, and enhance "the sanctity of the ***138** human person and human dignity." [FN139] FGM can result in the loss of life, and the removal of healthy sexual organs is an affront to one's dignity. Lastly, the Constitution affords special protection to children in Article 8(3)(f), which provides that "the care and welfare of the ... young ... shall be actively promoted and safeguarded." [FN140] Given FGM's harmful health consequences, the welfare of girls who undergo FGM is compromised. These articles of the Sierra Leonean Constitution in combination may serve as the basis on which Sierra Leonean anti-FGM advocates could argue that FGM violates currently standing law.

Proponents of anti-FGM legislation in Sierra Leone can learn from the eighteen African countries that have passed legislation criminalizing FGM. They include Benin, Burkina Faso, Central African Republic, Cote

d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Guinea, Kenya, Niger, Senegal, Tanzania, and Togo. [FN141] The sentences for violating such laws range from three months to life in prison, and some countries also impose monetary fines. [FN142] There have been reports of FGM-related arrests and prosecutions in several countries, including Burkina Faso, Egypt, Ghana, and Senegal. [FN143]

Of these laws, Burkina Faso's anti-FGM law is considered one of the most comprehensive and effectively implemented. The Burkina Faso law prohibiting FGM was enacted in 1996 and went into effect in February 1997. [FN144] The law punishes "[a]ny person who violates or attempts to violate the physical integrity of the female genital organs by total ablation, excision, infibulation, desensitization or by any other means." [FN145] Burkina Faso's statutory punishment for performing FGM is imprisonment for six months to three years and/or a fine of 150,000 to 900,000 francs [approximately US $240- $1,440]. [FN146] If the procedure results in death, the punishment is imprisonment for five to ten years. [FN147] The law further states that if the offender is a member of the medical or paramedical field, he or she will receive the maximum punishment and may have his or her license suspended for up to five years. [FN148] In an effort to create comprehensive legislation, Burkina Faso's FGM law also establishes a fine of 50,000 to 100,000 francs [approximately US $80- $160] for those who have knowledge that FGM has been performed and fail to inform the proper authorities. [FN149] In an ***139** increased effort to combat FGM, Burkina Faso also established The National Committee Against Excision in 1990. [FN150] This committee educates communities on FGM through diverse means, such as plays, workshops, pamphlets, posters, and full-length feature films. As a means of enforcement, Burkina Faso also established a 24-hour telephone hotline for people who want to report incidents of FGM that have occurred or are likely to occur. [FN151]

By publicizing and enforcing its anti-FGM legislation, Burkina Faso has effectively reduced the prevalence of FGM in the country. For example, according to Equality Now's Africa Director, Faiza Mohamed, Burkina Faso was particularly successful in implementing its anti-FGM law because "the government has made investments in ending the practice." [FN152] Mohamed also stated that, to have a significant influence on ending FGM, "[y]ou have to have more than a law against it. Government authorities have to put in resources to educate people against the practice, to prosecute those responsible, and to have strong rules for their medical practitioners." [FN153] If Sierra Leone's Parliament were to consider drafting its own anti-FGM legislation, Burkina Faso provides a strong example of successful and effective legislation.

B. Community By-Laws

Chiefs throughout Sierra Leone often pass community by-laws, which are laws that only affect their specific communities; these by-laws may prove to be viable interim options for outlawing FGM at the local level. [FN154] One option for a grassroots organization working against FGM would be to approach the paramount chief of one of their communities, who has already expressed opposition to FGM, and advocate for him to pass such a by-law. Moreover, the organization can ask the very chiefs who pass such by-laws banning FGM to aid them in their efforts to lobby the Sierra Leonean government to pass national legislation banning FGM. This option would be one way for Sierra Leoneans, especially in the rural areas, to legally condemn FGM. Furthermore, a wave of various communities banning FGM via community by-laws may signify shifting community sentiment against the practice and pave the way for national anti-FGM legislation.

***140** VI. Conclusion

Although FGM is considered taboo in Sierra Leone because of its role within the bondo secret society, nascent efforts have arisen to generate discussion and promote the abandonment of FGM. To further such efforts, this article offers a comprehensive step-by-step proposal for how organizations in Sierra Leone and similarly situated countries where secret societies predominate can begin to methodically eradicate FGM on both a grassroots and a policy level. The article recommends that organizations conduct educational workshops; implement a "Positive Deviance" approach that uses bondo members who have abandoned or are questioning the practice to educate community members about FGM's harmful effects; and eventually create an "Alternative Rites" approach, which calls for soweis to develop an alternative ritual to mark the passage from childhood to womanhood without resorting to FGM. Additionally, this article explores ways to sustain and incentivize the abandonment of FGM through sowei participation and discusses the various national and international human rights instruments that address and call for the eradication of FGM.

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[FNaaaa1]. J.D. Fordham Law School 2008.

[FNaaaaa1]. J.D. Fordham Law School 2008.

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[FN5]. John Maurice, Female genital mutilation- new knowledge spurs optimism, 72 WHO Progress Newsletter, available at http:// www.who.int/reproductive-health/hrp/progress/72.pdf; J.V.O. Richards supra note 1, at 100.

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[FN14]. Interview with Dr. Olayinka Koso-Thomas, supra note 4.

[FN15]. Interview with Nancy Sesay and Simeon Koroma, Program Dir., Timap for Justice, in Freetown, Sierra Leone (Mar. 20 2008).

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[FN19]. Interview with Laurel Bangura, supra note 18.

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[FN30]. Convention on the Elimination of all Forms of Discrimination against Women art. 2, Dec. 18, 1979, 1249 U.N.T.S. 13.

[FN31]. Id. at art. 5.

[FN32]. Convention on the Rights of the Child art. 24(3), Nov. 20, 1989, 1577 U.N.T.S. 13.

[FN33]. Id. at art. 19(1).

[FN34]. International Covenant on Economic, Social, and Cultural Rights art. 12(2), Dec. 16, 1966, 933 U.N.T.S. 3. Article 12(2) also obligates state parties to take steps to achieve "(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness." Id.

[FN35]. Sophie Poldermans, Combating Female Genital Mutilation in Europe, A Comparative Analysis of Legislative and Preventive Tools in the Netherlands, France, the United Kingdom and Austria 12 (July 14, 2006) (unpublished E.MA. thesis, University of Vienna) available at http://www.stopfgm.net/dox/SPoldermansFGMinEurope.pdf.

[FN36]. African Charter on Human and Peoples' Rights arts. 16, 4, 5, 18(3), 28, June 27, 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58.

[FN37]. African Charter on the Rights and Welfare of the Child art. 21, Nov. 29, 1999, OAU Doc. CAB/LEG/24.9/49 (1990).

[FN38]. UNICEF, Child Protection Information Sheet: Female Genital Mutilation/Cutting (2006), available at http:// www.unicef.org/protection/files/FGM.pdf (last visited Feb. 1, 2010).

[FN39]. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa art. 5, Sept. 13, 2000, CAB/LEG/66.6.

[FN40]. World Health Organization, Female Genital Mutilation, (2008), available at http://www.who.int/mediacentre/factsheets/fs241/en/ (last visited Mar. 20, 2009).

[FN41]. U.S. Dept. of State, Bureau of African Affairs, Background Note: Guinea (2009), available at ht-

tp://www.state.gov/r/pa/ei/bgn/2824.htm; U.S. Dept. of State, Bureau of African Affairs, Background Note: Liberia (2009), available at http://www.state.gov/r/pa/ei/bgn/6618.htm; U.S. Dept. of State, Bureau of African Affairs, Background Note: Sierra Leone (2009), available at http://www.state.gov/r/pa/ei/bgn/5475.htm.

[FN42]. See Fanthorpe, supra note 2, at 1.

[FN43]. See id. at 5.

[FN44]. See id. at 1.

[FN45]. Owen Alterman et al., The Law People See: The Status of Dispute Resolution in the Provinces of Sierra Leone in 2002, 32 (National Forum for Human Rights Publication 2002), available at www.daco-sl.org/encyclopedia/8_ lib/8_3/research/lawpeoplesee.pdf.

[FN46]. Id.

[FN47]. For example, if a man has sex with an uninitiated woman then he has broken a secret society law. Common/customary law would not consider this a crime. See id. at n.38.

[FN48]. M. C. Jedrej, Structural Aspects of a West African Secret Society, 32 J. Anthropological Res. 205, 237 (1976).

[FN49]. Susan Starr Sered, Priestess, Mother, Sacred Sister: Religions Dominated by Women 32 (Oxford University Press, 1994).

[FN50]. Jedrej, supra note 48, at 238.

[FN51]. Rosalind I. J. Hackett, Women in African Religions, in Religion and Women 61, 87-120 (Arvind Sharma ed., State University of New York Press 1994).

[FN52]. Id.

[FN53]. Olayinka Koso-Thomas is a gynecologist and anti-FGM advocate in Sierra Leone with over 30 years of experience speaking publicly about the dangers associated with FGM. However, while she strongly supports the eradication of FGM, she also attributes inherently positive cultural values to the secret societies. For example, in a news article, she is quoted as saying, “The real meaning of the bundu society is very good [...] All that I am saying is, ‘Continue with this training, but do not cut.”’ Sierra Leone: Female circumcision is a vote winner, IRIN News Service, Mar. 2005, available at http://www.irinnews.org/InDepthMain.aspx? InDepthId=15&ReportId=62473&Country=Yes.

[FN54]. Id.

[FN55]. For example, the sande secret society among the Mende in Sierra Leone (the Mende is one of the two largest ethnic groups in Sierra Leone and is predominant in the South) is also organized hierarchically. The highest position of the hierarchy is entitled Majo. Only a few women hold this position; the position is not hereditary and is held for life. The second level of the sande hierarchy is entitled the sowei. Each sowei is the head of a sande (bondo) camp and, similar to the society in Yele, is responsible for teaching bondo initiates the traditional ways of the society as well as preparing them for their future roles as mothers and wives. The third

level in the sande hierarchy is the entitled the Ligbanga. The Ligbana are responsible for performing the clitordechtomy during the sande initiation process. The fourth level of the hierarchy is entitled the Klawa. The Klawa's function is to act as counselors for the initiates. See J.V.O. Richards, supra note 1, at 108-110.

[FN56]. Interview with John Kanu and Osman Kargbo, supra note 20.

[FN57]. Id.

[FN58]. Id.

[FN59]. Id.

[FN60]. Id.

[FN61]. Id.

[FN62]. Frederick Lamp, An Opera of the West African Bondo: The Act, Ideas, and the Word, 32 TDR 83, 93 (1988).

[FN63]. Interview with John Kanu and Osman Kargbo, supra note 20.

[FN64]. Id.

[FN65]. See Juliana Nkrumah, Cabaslot Fiesta: Report on the Residential Camp for Sierra Leone Refugee Women and Children, 34 (NSW Education Program on FGM 2003), http://www.dhi.gov.au/ArticleDocuments/332/Full%20Cabaslot%C20Fiesta% 202003.pdf.aspx.

[FN66]. Alterman, supra note 45.

[FN67]. See Interview with Laurel Bangura, supra note 18.

[FN68]. Interview with Dr. Koso-Thomas, supra note 4.

[FN69]. Id.

[FN70]. Interview with Laurel Bangura, supra note 18.

[FN71]. Interview with Dr. Koso-Thomas, supra note 4.

[FN72]. Id.

[FN73]. Interview with John Kanu and Osman Kargbo, supra note 20.

[FN74]. Interview with Abdulai Harding, Paralegal, Timap for Justice, in Magburaka, Sierra Leone (Mar. 17, 2008); Interview with Hassan Sesay, Paralegal, Timap for Justice, in Magburaka, Sierra Leone (Mar. 17, 2008); Interview with Daniel Sesay, Lead Paralegal, Timap for Justice, in Magburaka, Sierra Leone (Mar. 17, 2008).

[FN75]. See Fanthorpe, supra note 2, at 10 (stating that initiates tend to be drawn from local high-status families).

[FN76]. Id.

[FN77]. The price varies depending on how much time the initiate spends in the bush receiving training. Interview with Abdulai Harding, supra note 74; Interview with Hassan Sesay, supra note 74; Interview with Daniel Sesay, supra note 74.

[FN78]. Interview with Abdulai Harding, supra note 74; Interview with Hassan Sesay, supra note 74; Interview with Daniel Sesay, supra note 74.

[FN79]. Interview with Abdulai Harding, supra note 74; Interview with Hassan Sesay, supra note 74; Interview with Daniel Sesay, supra note 74.

[FN80]. Interview with Abdulai Harding, supra note 74; Interview with Hassan Sesay, supra note 74; Interview with Daniel Sesay, supra note 74.

[FN81]. Interview with John Kanu and Osman Kargbo, supra note 20.

[FN82]. Fanthorpe, supra note 2, at 15.

[FN83]. Interview with Abdulai Harding, supra note 74; Interview with Hassan Sesay, supra note 74; Interview with Daniel Sesay, supra note 74.

[FN84]. As when addressing any practice rooted in a country's or community's culture, individuals working for eradication cannot enter a community and simply preach that a practice that the community engages in is wrong. See Tostan, Community Led Development, http://tostan.org/web/page/586/sectionid/547/parentid/585/pagelevel/3/interior.asp (last visited Nov. 17, 2009).

[FN85]. Id.

[FN86]. Id.

[FN87]. Interview with Ragiatu Turay, Amazonian Initiative Movement, in Lunsar, Sierra Leone (Mar. 16, 2008).

[FN88]. Id.

[FN89]. Id.

[FN90]. Id.

[FN91]. Interview with Ragiatu Turay, supra note 87.

[FN92]. This workshop can address issues such as family planning, parenting, budgeting, and the need for women to be independent from their spouses. See Interview with John Macarthy, Lead Paralegal, Timap for Justice, in Kaniya, Sierra Leone (Mar. 19, 2008).

[FN93]. Laurel Bangura suggested collaborating with the Ministry of Education to provide literacy and leadership training. See Interview with Laurel Bangura, supra note 18.

[FN94]. Daniel Sesay of Timap for Justice suggested that one of the potential workshops could address how culture changes over time. One topic for discussion during such a workshop could be the old Sierra Leonean belief that if a bride wore her wedding dress in the evening, she would die. Clearly, it was proven over time not to be true and now most Sierra Leoneans no longer believe this myth. See Interview with Daniel Sesay supra note 74. In the discussion of the evolution of culture, the topic of FGM is likely to come up naturally. See Interview with Laurel Bangura, supra note 18.

[FN95]. See Interview with Ragiatu Turay, supra note 87.

[FN96]. See id.

[FN97]. Interview with Laurel Bangura, supra note 18.

[FN98]. In response to this question, participants often state that when girls undergo FGM, it keeps them out of school for several days or even longer in order to heal. Sometimes, being out of school for an extended period of time discourages the girls from returning to school for fear that they will have fallen too far behind. Interview with Ragiatu Turay, supra note 87.

[FN99]. Interview with Laurel Bangura, supra note 18.

[FN100]. See Pamela A. McCloud, et al., CEDPA, Promoting FGM Abandonment in Egypt: Introduction of Positive Deviance 2 (2003), available at http:// www.cedpa.org/content/publication/detail/730.

[FN101]. CEDPA, The Abandonment of Female Genital Mutilation 1 (2005), available at http://cedpa.org/content/publication/sdetail/751 (last visited Feb. 8, 2010).

[FN102]. See Interview with Laurel Bangura, supra note 18.

[FN103]. McCloud, et al., supra note 100, at 3-4.

[FN104]. Id.

[FN105]. Id. at 6.

[FN106]. Id. at 5.

[FN107]. See generally id.

[FN108]. Id. at 5.

[FN109]. Interview with Laurel Bangura, supra note 18.

[FN110]. See, e.g. Jane Ngeri Chege, et al., Frontiers in Reproductive Health, an Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya (2001), available at http:// www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_FGC.pdf

[FN111]. Interview with Laurel Bangura, supra note 18.

[FN112]. Interview with Ragiatu Turay, supra note 87.

[FN113]. Id.

[FN114]. Id.

[FN115]. See Chege, supra note 110, at 3.

[FN116]. See Maendeleo Ya Wanawake Organization (MYWO), http:// mywokenya.org/ (last visited Feb. 7, 2010).

[FN117]. See Chege, et al., supra note 110, at 16.

[FN118]. See id. at 5.

[FN119]. See id. at 17.

[FN120]. Interview with John Kanu and Osman Kargbo, supra note 20.

[FN121]. Id.

[FN122]. Id.

[FN123]. Id.

[FN124]. Id.

[FN125]. Id.

[FN126]. Interview with Ragiatu Turay, supra note 87.

[FN127]. Id.

[FN128]. Interview with Laurel Bangura, supra note 18.

[FN129]. Female “Circumcision” in Africa: Culture, Controversy, and Change 36 (Bettina Shell-Duncan & Ylva Hernlund eds., 2000).

[FN130]. Interview with Laurel Bangura, supra note 18.

[FN131]. Id.

[FN132]. See J. Mateshi & J. Sass, Program for Appropriate Tech. in Health, Female Genital Mutilation in Africa: An Analysis of Current Abandonment Approaches 26 (2005), http:www.path.org/files/CP_fgm_combnd_rpt.pdf.

[FN133]. Interview with Nancy Sesay and Simeon Koroma, supra note 15.

[FN134]. The Domestic Violence Act, (2007) No. 20 of 2007, available at http://www.sierra-leone.org/Laws/2007-20p.pdf; The Devolution of Estates Act, (2007) No. 21 of 2007, available at http://www.sierra-leone.org/Laws/2007-21p.pdf; The Registration of Customary Marriage and Divorce Act, (2007) No. 24 of 2007, available at http://www.sierra-leone.org/Laws/2009-01.pdf (superseded by Registration

Act, (2009) No. 1 of 2009). See also Alyson Zureick, Implementing the Gender Acts in Sierra Leone, Social Edge, Jan. 29, 2008, http://www.socialedge.org/blogs/alyson-in-africa/archive/2008/01/29/implementing-the-gender-acts-in-sierra-leone.

[FN135]. Michael J. Carter, Sierra Leone: A Women's Issue that Women are Wary of Campaigning About, The Female Genital Cutting Education and Networking Project, Aug. 12, 2007, http://www.fgmnetwork.org (select “News Archive” at the top of the page and then scroll down to Aug 12 2007).

[FN136]. Lansana Fofana, Female Circumcision Used as a Weapon of a Political Campaign, Inter Press Service News Agency, Apr. 19, 2005, http:// ipsnews.net/africa/interna.asp?idnews=28359.

[FN137]. Id.

[FN138]. The Constitution of Sierra Leone arts. 6(2), 15, 27(1); see also Female Genital Mutilation: A Guide to Laws and Policies Worldwide 209 (Anika Rahman & Nahid Toubia eds., 2000) [hereinafter FGM: A Guide to Laws].

[FN139]. The Constitution of Sierra Leone arts. 8, 15; see also FGM: A Guide to Laws at 210.

[FN140]. The Constitution of Sierra Leone arts. 8, 15; see also FGM: A Guide to Laws at 210.

[FN141]. Center for Reproductive Rts. Female Genital Mutilation (FGM): Legal Prohibitions Worldwide (2008), http:// reproductiverights.org/en/document/female-genital-mutilation-fgm-legal-prohibitions-worldwide.

[FN142]. Id.

[FN143]. Id.

[FN144]. FGM: A Guide to Laws, supra note 138, at 115.

[FN145]. Id.

[FN146]. Id.

[FN147]. Id.

[FN148]. Id.

[FN149]. Id.

[FN150]. Id. at 116.

[FN151]. See Integrated Regional Info. Networks, Razor's Edge: The Controversy of Female Genital Mutilation: IRIN Web Special 16 (2005), http:// www.irinnews.org/pdf/in-depth/FGM-IRIN-In-Depth.pdf; FGM: A Guide to Laws, supra note 138, at 116.

[FN152]. Integrated Regional Info. Networks, supra note 151, at 34. These actions include establishing a hotline where people can alert authorities of an initiation, educating citizens, and prosecuting violators of the law. Id.

[FN153]. Id.

[FN154]. Interview with John Kanu and Osman Kargbo, supra note 20.
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