WOMEN'S NGO SECRETARIAT OF LIBERIA (WONGOSOL)

LIBERIA FEMALE GENITAL MUTILATION PROJECT

Baseline Survey Report

Liberia Fights FGM/C Project

(United Nations Trust Fund (UNTF)

2024

Table of Contents

Executive Summary 4
Background 6
Terms of Reference for the baseline research 8
1.1. Context of Female Genital Mutilation 8
1.1 Terminology 8
1.2 Existing knowledge 9
1.3 Gaps in Existing Knowledge 10
2. METHOD OF DATA COLLECTION 12
2.1 Study Design 13
2.2 Sampling Frame 13
2.3 Study Area and Unit of Analysis 14
The unit of analysis was the households selected for support under the Liberia Fights FGM/C Project. The study area was considered at the county level. 14
2.4. Sampling size 14
2.5. Sampling Frame 15
2.6 Selection of Respondents for the Qualitative Interviews 15
2.6.1 Overall approach 16
2.6.2 Research tools 17
2.7 Data Collection 18
2.7.1 Quantitative Data Collection Method 18
2.7.2 Qualitative Data Collection 18
2.7.3 Data Collection Instruments 18
2.7.4 Data Security and Confidentiality 19
2.7.5 Data Cleaning 19
2.7.6 Data Analysis 19
2.7.7 Quantitative Data Analysis 19
2.7.8. Qualitative Data Analysis 20
2.7.9 Integration of Quantitative and Qualitative Data 20
3. QUANTITATIVE 21
FINDINGS: 21
Introduction 22
3.1 Socio-demographic background of respondents 23
3.1.1 Gender of the Respondent 23
3.1.2 Educational Level Attained 23
3.1.3 Age Distribution 23
3.1.4 Religious Affiliation 24
3.1.5 Household Headship 24
3.1.6 Geographic Distribution 24
3.2 Respondents who received information about FGM/C and the sources 26
3.2.1 Female Family Members 26
3.2.2 Health Workers 26
3.2.3 Non-Governmental Organizations (NGOs) 27
3.2.4 Peers/Friends 27
3.2.5 Radio as a Source of Information 27
3.2.6 County-Specific Insights 27
3.3 Respondents (including women, girls and FGM/C Survivors who know the harmful effect of FGM/C 27

3.4 Respondents (including women, girls and FGM/C Survivors who know the harmful effect of FGM/C 28
3.5 Young girls who become Agents of change after completing a girls' empowerment/capacity development package 30
3.6 Women and who have received psychosocal and reproductive health serivces relaed to female gential mutilation/cuttings 30
3.7 Respondents who support the anti- FGM/C Bill 31
4. QUALITATIVE 33
FINDINGS: 33
4.1 Key Informant Interviews 34
4.1.1 Knowledge of FGM/C Practice 34
4.1.2 Effectiveness of statutory and customary laws related to Female Genital Mutilation/Cutting. 37
4.2 Focus Group Discussion 38
4.2.1 Knowledge and perception of FGM 38
4.2.2 Religion And Culture Promote the Sande Bush 39
5. DISCUSSION, CONCLUSION AND RECOMMEENDATIONS 40
..... 40
5.1 Discussion 40
5.2 Conclusion 41
5.3 Recommendations 41
ANNEX 1: Liberia Fight FGM/C Result Framework 43

Executive Summary

Background

The practice of Female Genital Mutilation (FGM/C) poses significant health risks and violates the rights of women and girls. According to the World Health Organization (WHO), FGM/C involves all procedures that result in the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or non-therapeutic reasons. Over 200 million women and girls worldwide have undergone FGM/C, with significant prevalence reported in Liberia. The Liberia Fights FGM/C Project aims to address this pressing issue through comprehensive interventions, supported by an understanding of community attitudes and practices related to FGM/C. The baseline survey was conducted to gather essential data for evaluating the effectiveness of ongoing projects and establishing targets for advocacy. The objectives included assessing knowledge and attitudes towards FGM/C, understanding the availability and quality of health services, and analyzing the socio-demographic characteristics of the populations affected by FGM/C.

The baseline survey employed a mixed-methods approach, incorporating both quantitative and qualitative data collection techniques. The quantitative segment involved structured questionnaires administered to a sample of respondents from six targeted counties (Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado). These questionnaires gathered data on demographics, awareness of FGM/C, and support for legislative measures against the practice.

Qualitative data were collected through key informant interviews with a diverse group of participants, including school teachers, police officers, Ministry of Gender staff, community leaders, and justice office personnel. The qualitative assessments aimed to explore knowledge, attitudes, and the effectiveness of current statutory and customary laws related to FGM/C.

Findings

The findings from the baseline survey revealed a significant level of awareness and support among community members regarding the anti-FGM/C Bill, with **85%** of respondents expressing support for legislative measures to combat FGM/C. However, **67%** of individuals reported not receiving psychosocial and reproductive health services related to FGM/C, indicating a critical gap in access to care.

The survey also indicated that only **5%** of girls assessed became Agents of Change after completing an empowerment program, which points to challenges in translating knowledge

and skills into active advocacy. Key informant interviews further revealed that while informants were knowledgeable about FGM/C activities, misconceptions remained, and there was a noted need for greater awareness regarding the effectiveness of existing laws against FGM/C. The data underscores a community increasingly aware of the need to end FGM/C, with a strong basis of legislative support. However, persistent cultural attitudes and misconceptions indicate the need for targeted educational interventions. The lack of access to health services highlights a significant barrier that exacerbates the effects of FGM/C, impacting women's and girls' overall well-being.

While the empowerment program has made strides, the low number of girls becoming Agents of Change illustrates the need for enhanced support systems and ongoing mentorship. Additionally, the mixed perspectives on the effectiveness of laws addressing FGM/C reveal the importance of continuous community engagement to foster a deeper understanding and collective action.

The baseline survey findings indicate a community poised for change regarding FGM/C but in need of comprehensive support and education to bridge existing gaps. By implementing the recommendations outlined, stakeholders can foster a more informed and proactive response to combat FGM/C, promoting the health and rights of women and girls in Liberia.

Key Recommendations

1. **Enhance Education and Awareness**: Launch targeted campaigns to educate community members about the harmful effects of FGM/C and promote women's rights.
2. **Strengthen Legal Frameworks**: Advocate for the passage and implementation of the anti-FGM/C Bill, ensuring community understanding of its implications.
3. **Improve Access to Health Services**: Increase the availability of psychosocial and reproductive health services through outreach initiatives and collaboration with health organizations.
4. **Expand Empowerment Programs**: Develop mentorship components in girls' empowerment programs to facilitate the transition of knowledge into active community leadership.
5. **Monitor and Evaluate**: Create a comprehensive framework to monitor the effectiveness of interventions and continually adapt programs to address changing community needs.
6. **Foster Partnerships**: Encourage collaboration between government entities, NGOs, and community organizations to build a unified front against FGM/C.

1 Background

Female Genital Mutilation (FGM/C) is a deeply rooted cultural practice that poses significant health risks and violates the rights of women and girls. According to the World Health Organization (WHO), FGM/C encompasses all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons. The WHO estimates that over 200 million women and girls live with the consequences of FGM/C across 30 countries, recognizing it as an international violation of the rights of women and girls. In line with global initiatives, UNICEF aims to eradicate FGM/C by 2030, yet significant challenges remain, particularly in Liberia.

Despite progress in addressing violence against women and girls (VAW/G), FGM/C continues to rise in Liberia. Research indicates that approximately 70% of women in the North-Central and North-Western regions have undergone FGM/C during traditional ceremonies marking their initiation into the Sande, a secret female society. In Grand Cape Mount County and Montserrado County, which are focal points of this project, the prevalence rates of FGM/C stand at 6.2% and 5.1%, respectively. The ongoing practice highlights the intersection of gender-based violence with cultural tradition and societal expectations.

In 2019, Liberian President George Weah's signing of the Domestic Violence Act marked a significant step toward addressing violence against women and girls, following years of advocacy by WONGOSOL and a coalition of various groups. However, notwithstanding legislative progress, there remains a critical gap regarding the legal framework governing FGM/C. Currently, there is no law explicitly prohibiting this harmful practice, leaving many young victims unaware of their rights and unable to assert them. A stark illustration of the urgency to address this issue was the abduction of a 15-year-old girl from Mount Barclay in September 2021, who was subjected to FGM as part of her initiation into the Sande Secret Society. Her case underscored the dire reality young girls face and the pressing need for an effective response.

The roots of FGM/C in Liberia are complex and multifaceted, intertwined with economic incentives, power dynamics, and cultural identity. The practice is often associated with societal status and acceptance, leading families to adhere to it to safeguard their social standing and the

perceived future of their daughters. Particularly in rural areas, where access to information and resources is limited, young girls are at heightened risk of being subjected to FGM/C.
For many girls and women, the lack of access to education and awareness about their rights perpetuates their vulnerability to FGM/C and related forms of violence. The fear of social ostracization compounds the risks faced by families who choose not to subject their daughters to the practice. Women not initiated into the Sande Secret Society often face significant social and economic disadvantages, which reinforces the entrenchment of harmful traditions.

The immediate and long-term health consequences of FGM/C are severe and well-documented. Risks include death due to severe bleeding, intense pain, complications in childbirth, psychological trauma, and increased susceptibility to sexual and reproductive health issues. FGM/C undermines efforts toward gender equality and peacebuilding, particularly in post-conflict societies like Liberia, where existing inequities are exacerbated.
While there is an apparent ban on FGM/C, the absence of specific legal sanctions perpetuates a culture of impunity. Addressing this challenge requires engagement with a broad range of stakeholders, particularly those within the Sande Society, who hold significant influence over cultural practices and norms.

To tackle these issues, WONGOSOL and its partners, including Sister Hand Liberia and WOCI, have developed a comprehensive strategy focused on ending FGM/C and VAW/G. The project aims to mobilize community dialogues, build skills, empower women and girls, and provide support services for survivors of FGM/C. By working collaboratively with the National Council of Chiefs and Elders of Liberia, the project seeks to reshape perspectives, enhance community engagement, and promote the rights of women and girls.

Through targeted interventions that address the social, economic, and health needs of women and girls, WONGOSOL and its coalition partners reaffirm their commitment to ending FGM/C and fostering an environment of gender equality in Liberia. The path forward involves multi-dimensional solutions that prioritize the voices and rights of those most affected, paving the way for a future free from violence and discrimination.

Terms of Reference for the baseline research

This baseline research is expected to be carried out across six counties in Liberia (Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi and Montserrado counties) with the following four objectives:

- To identify the prevalence of sandy society practices among women and school-aged girls
- To understand the knowledge, attitude, and practice regarding sandy society practices among parents, adolescents, and teachers
- To investigate young men's future preferences and their role in interventions to end FGM/C
- To gather relevant baseline data for key project indicators to enable changes in beneficiaries' lives to be measured over the course of the project.

1.1. Context of Female Genital Mutilation/Sandy society practices

1.1 Terminology

The terminology used in relation to female genital Mutilation (FGM/C) in Liberia is complex. Table 1.1A indicates the three broad categories of cut currently being used, how they relate to the WHO classification, and the terms used in this research.

Table 1: Classification of types of female genital Mutilation (FGM/C) as used in Family Health Division/Ministry of Gender research (linked to WHO classification).

Sunna (no stitches) WHO type I	Partial or complete removal of the clitoris (clitoridectomy), **requiring no stitching**. Often described as removing the tip of the clitoris is not practiced in Liberia)
Intermediate cut **WHO type II.**	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision), **requiring 2 or 3 stitches to partially close the vaginal orifice**. Commonly referred to as excision which is widely practiced in Liberia
Pharaonic cut **WHO type III.**	Narrowing of the vaginal orifice with the creation of a covering seal by cutting and re-stitching the labia minora and/or the labia majora, with or without excision of the clitoris, requiring 4-7 stitches and resulting in only a very small vaginal orifice. (commonly referred to as infibulation), is not practiced in Liberia)

Traditionally most girls and women in Liberia have undergone the intermediate cut (excision), which equates to WHO type II. In areas where traditional institutions were strong, the practice tended to be more frequent. The war, however, brought tremendous dislocation of the population and significantly disrupted rural life and traditional institutions which some believe has resulted in a substantial reduction of the practice.

The major groups that practice it are the Mande-speaking peoples of western Liberia such as the Gola and Kissi. It is not practiced by the Kru, Grebo, or Krahn in the southeast, by the Americo-Liberians (Congos), or by Muslim Mandingos. In the more urbanized and populated areas such as in Monrovia, whether or not it was practiced depended on education and class and how close the family's ties were to rural life.

Many believe the civil war has caused a reduction in this practice, estimating that the incidence has dropped to as low as 10 percent. The war caused most of the population to flee to neighboring countries or become internally displaced. Social structures and traditional institutions, such as the secret societies that often performed this procedure as an initiation rite, were also undermined by the war. With the civil war ending and traditional societies re-establishing themselves throughout the country, practices such as FGM/FGC are expected to increase again in rural areas for those groups for which it has been a significant rite of passage. The extent to which these practices might be revived to pre-war levels is yet unknown.

1.2 Existing knowledge

Presently, 31.8% of Liberian women and girls are living with the consequences of this harmful practice and many more are at risk. These women and girls have little choice in this matter, with reports of forced mutilations being common. FGM is heavily entrenched in Liberian culture, dating back many centuries. Strong taboos surrounding the practice and associated Sande secret societies make tackling the practice challenging. Liberia remains one of the three West African countries that do not have a law criminalizing FGM despite having signed and ratified regional and international human rights instruments condemning the practice as a human rights violation, including the Maputo Protocol.

On her last day in office in 2018, President Ellen Johnson Sirleaf signed an executive order on the Domestic Violence bill to ban FGM on girls under 18 years old. However, the ban expired in February 2019. Additionally, the punishments included rehabilitation and fines which are

determined on a case-by-case basis — none of which deterred practicing communities. There are currently two anti-FGM Bills pending before the Liberian Parliament, which seek to permanently outlaw FGM in the country.

Traditional leaders have significant power and influence over the Liberian community and often over policymakers. Once girls reach age 18, they will face immense pressure to undergo FGM to remain in the community. On February 6th, 2023, Chief Zanzan Karwor, the Chairperson of the National Council of Chiefs and Elders in Liberia, declared, "By the power vested in me by all the Paramount Chiefs of the 15 political divisions in Liberia and signed by myself… FGM is banned in Liberia."

The temporary ban on FGM passed in 2018 was not effective, mainly due to a lack of knowledge on the existence of the ban and a lack of coordinated multi-sectoral implementation by state agencies. Even with the existence of the Executive Order, the number of Sande bushes in Liberia has increased with the practice now extending to 11 counties from the previous 10.

In the absence of a specific law against FGM, the few cases that have gone through the justice system so far have been covered under Section 242 of the Penal Code which speaks to malicious and unlawful injuries to another person by cutting off or otherwise depriving him or her of any of the members of his body, finding a person guilty of a felony. This is punishable by up to five years in prison. The declaration by the traditional leaders has shown the way for Liberia's Parliament to finally pass a law making the practice illegal in Liberia.

1.3 Gaps in Existing Knowledge

This baseline research aimed to shed light on specific areas and provide baseline data against which progress could be monitored in the Liberia Fights FGM/C Project. The purpose was to evaluate and gather data and information related to the practice of FGM/C, including its prevalence, types, and consequences within specific communities or populations. It focused on the cultural and social beliefs associated with FGM/C, as well as the health risks and consequences faced by individuals who underwent the procedure. Additionally, the research sought to gain a comprehensive understanding of FGM/C to inform prevention and intervention strategies, as well as the development of laws and policies.

The project baseline established benchmark data to monitor project progress and developed a clear, comprehensive, dynamic, and participatory monitoring, evaluation, and learning (MEAL) plan. This plan detailed what, why, when, where, who, and how the MEAL activities would be undertaken. The consultant provided feedback and shared findings to foster collaborative learning, enabling project implementers to take corrective measures necessary to achieve the project's outputs, outcomes, and goal of ending FGM/C. This foundation also served to improve project activities for future programs.

2. METHOD OF DATA COLLECTION

2.1 Study Design

The design of the baseline survey for the key performance indicators of the Liberia FGM/C Project encompassed the plan, structure, and strategy employed to collect, compile, and analyze data from the intervention areas of the project. In essence, the baseline survey design outlined the sources and types of information relevant to the research (Kothari, 2004). The baseline survey utilized a mixed-method approach, integrating both quantitative and qualitative design methods for data collection and result analysis. This approach was essential as the data collection tools and key variables of the study were primarily structured to gather quantitative data related to the Liberia FGM/C Project.

The sample design involved a multi-stage sampling procedure, collecting data through several stages of enumeration. This process began at the county level (Primary Sampling Unit), followed by the community level (Secondary Sampling Unit), and concluded at the household level (Tertiary Sampling Unit).

2.2 Sampling Frame

Given that more than two-thirds of countries in Africa and the Asia and Pacific region utilize a list frame for sampling, and considering the Liberia FGM/C Project, the baseline made used of a comprehensive and up-to-date list of households within the target counties and communities affected by the practice, the study employed the list frame as the sampling frame. This frame was utilized to draw a representative sample for both categories. The complete list of enumeration areas, which can be defined based on administrative boundaries such as districts, counties, or communities where FGM/C is prevalent, along with updated household listing conducted within each EA. This involves enumerators visiting and recording all households, documenting relevant household characteristics (e.g., number of children, ages, and gender) that may influence the prevalence of FGM/C, along with stratification information, which divided the respondents into sub-groups based on socio-economic status, ethnicity, education levels, or other factors relevant to FGM/C practices, was deemed the most suitable list frame for this purpose.

2.3 Study Area and Unit of Analysis

The unit of analysis was the households selected for support under the Liberia Fights FGM/C Project. The study area was considered at the county level.

2.4. Sampling size

The formula for calculating the sample size for the field data collection process took into account the population size of the total number of farmers receiving support from the Liberia Fights FGM/C Project across Liberia. The Cochran formula was used to calculate the sample size. This formula is commonly utilized in survey research and provided a more accurate estimate of the necessary sample size when the population size was known.

The Cochran (1977) formula is expressed as:

$$n = \frac{Z^2 pqN}{\left[\left(E^2(N-1)\right) + (Z^2 pq)\right]}$$

where:

n = sample size

Z = Z-value (e.g., 1.96 for 95% confidence level)

p = proportion of the population with a certain characteristic

q = proportion of population without the characteristic (1 - p)

N = population size

E = margin of error

With the above formula, the estimated population for the six counties was needed since the full household listing was not currently available. The calculation was adjusted after obtaining the total number of primary and secondary beneficiaries from the project team. Therefore, the total population of the six counties where the Liberia Fights FGM/C Project operated was used to compute the total population, N.

Table 2: Population and Sample Generation

No	County	2008 Population Size	Growth rate	2023 Population	**Sample**
1	Bomi	82,036	0.009	94232	**30**
2	Bong	328,919	0.01	383681	**45**
3	Gbarpolu	83,758	0.023	119359	**50**
5	Grand Cape Mount	129055	0.02	175605	**50**
9	Margibi	199,689	0.011	236550	**50**
11	Montserrado	1,144,806	0.035	1962531	**75**
	Total	**1,968,263**		**2971958**	**295**

2.5. Sampling Frame

The quantitative segment of the study utilized a probability sampling technique to ensure that the chosen sample accurately represented the target population, thereby enhancing the study's generalizability. The six intervention counties identified by the Liberia Fight FGM/C Project were designated as the Primary Sampling Unit (PSU). The enumeration areas (EAs) provided a household list by LISGIS and were considered the Secondary Sampling Unit (SSU), stratified by county to uphold the proportional representation of respondents in each locality.

At each enumeration stage, a random sampling approach was employed for sample selection, with the probability proportional to size (PPS) method used to choose the required number of respondents. To select respondents for interviews, a systematic random sampling process was implemented using the sampling interval formula (ith = N/n), where N denoted the size of the sampling frame and n represented the number of individuals selected from the frame. After determining the sampling interval, a random starting point within the frame range was selected.

2.6 Selection of Respondents for the Qualitative Interviews

In the qualitative phase of the study, a non-probability sampling method was applied to select participants for key informant interviews and focus group discussions (FGDs). Key informant interviewees were chosen based on their knowledge, participation, approaches, and effects of FGM/C in Liberia. For the FGDs, a combination of purposive and convenience sampling techniques was utilized to identify participants who met the discussion criteria—those directly involved in the practice or possessing knowledge of FGM/C activities.

The selection of participants for key informant interviews and FGDs adhered to principles of diversity, representation, and depth of information. Participants were selected to represent the varied stakeholder categories associated with FGM/C practices and activities and their capacity to provide in-depth insights into the research inquiries. Sample sizes for key informant interviews and FGDs were established with consideration of data saturation, where additional interviews or discussions did not yield novel information or perspectives. The sampling methods and participant selection criteria for the qualitative segment of the study were documented and included in the final study report.

Furthermore, qualitative data was gathered through six focus group discussions, which involved 45 participants, allowing for in-depth exploration of specific themes and issues. The survey also benefited from the insights of 10 key informant interviews. Together, these components provided a comprehensive picture of FGM/C practices and facilitated a nuanced understanding of the participating communities. The total sample size from all sources contributed to a rich dataset for analyzing the effectiveness and reach of the Liberia Fight FGM/C Project initiative.

2.6.1 Overall approach

The baseline adopted a social norms approach to FGM/C, recognizing that the decisions individual households made about whether or not to cut their daughters and the type of cut to use were significantly influenced by the expectations, real or imagined, of those they interacted with regularly. The selection of a community survey as the primary data collection method aligned with this social norms approach, as it gathered data on the opinions and attitudes of a wide range of community members.

The baseline research utilized a mixed-method approach that involved a community survey supported by a series of focus group discussions and key informant interviews. Self-reporting was employed as the means of gathering data on the prevalence and types of cuts women and girls had undergone.

The primary data collection was conducted through a community survey that involved individual interviews using a survey questionnaire.

2.6.2 Research tools

The questionnaire for the community survey was developed through collaboration between the consultant and the WONGON Technical team. Open Data Kit software was utilized along with smartphones for mobile data collection. The topics covered by the questions were listed below. See Appendix C for the full list of questions.

- **Introduction** - name, gender, age, community, education, role (teacher, health professional, home-based, farmer, etc.), married, parent, daughters in primary grades
- **Knowledge of types of practices** - requiring no stitching, excision, and infibulation
- **Knowledge of complications** of cutting with and without stitches
- **Intentions for future daughters, preferences for daughters-in-law**
- **Messages heard** - where from, what types of messages
- **Anti-FGC activities** – current involvement, what type, future involvement, what type, barriers to involvement
- **Aspirations for abandonment** – the pharaonic, the intermediate, all types of cutting

Personal questions for women

- Questions about their own experience - whether they were cut, which type, age, who cut, complications, health-seeking behavior, and whether they were re-cut in preparation for marriage.
- Questions about their daughters – whether they were cut, which type, who cut, complications.
- **Unmarried men's preferences** for future wife, does the cut status of their future wife matter.
- **Teachers** - the role of school, whether they talk about cutting in school, who with, messages are given, requests for advice, actions before long holidays.

2.7 Data Collection

2.7.1 Quantitative Data Collection Method

The data collection procedure for the study involved both quantitative and qualitative data collection methods. The quantitative survey sampled primary beneficiaries (women and girls who were survivors of violence, as well as women and girls) and secondary beneficiaries (women/girls, men, and boys, including self-identified individuals, traditional leaders, faith-based leaders, and health professionals, disaggregated by sex and age). Meanwhile, the qualitative survey included in-depth interviews with key informants and focus group discussions.

2.7.2 Qualitative Data Collection

The qualitative survey involved in-depth interviews with key informants and focus group discussions. The key informants were drawn from essential stakeholders involved in the Liberia Fights FGM/C Project, including government officials and private sector actors.

In conclusion, the data collection procedure for the study involved both quantitative and qualitative data collection methods. The qualitative survey included in-depth interviews with key informants and focus group discussions.

2.7.3 Data Collection Instruments

The data collection process for this study involved the use of both quantitative and qualitative data collection instruments. The specific data collection instruments used were as follows:

2.7.3.1 Quantitative Survey Questionnaire: A structured questionnaire was developed to collect quantitative data from the sampled primary and secondary beneficiaries. The questionnaire consisted of closed-ended questions designed to collect data on variables such as demographic characteristics.

2.7.3.2 Key Informant Interview Guide: A semi-structured interview guide was developed to collect qualitative data from key informants such as local government officials, project staff, and private sector actors. The guide consisted of open-ended questions that were used to gather data on variables such as project implementation, challenges, and successes.

The data collection instruments were pre-tested in a pilot study to ensure their validity and reliability. The pre-test involved a small sample of respondents from a similar population and

was used to identify any issues with the instruments and make necessary adjustments. The finalized data collection instruments were utilized for the main data collection exercise.

The data collection instrument was a structured questionnaire designed for a mobile data collection environment, specifically KoboCollect. The questionnaire was coded using the XLS form and then exported to the Kobo Toolbox mobile data collection platform.

2.7.4 Data Security and Confidentiality

All data collected during the survey was kept confidential and secure. Access to the data was restricted to authorized personnel only. The data was stored on password-protected computers and servers and backed up regularly to prevent data loss. Any identifiable information collected during the survey was removed and anonymized before analysis and dissemination.

2.7.5 Data Cleaning

After the data collection phase, the collected data was processed through a data cleaning and validation procedure to ensure completeness, consistency, and accuracy. The data cleaning process included data verification, validation, and editing, which were carried out by the research team. Inconsistent data was corrected, missing data was filled in, and the data was checked for outliers and other anomalies. This process ensured that the data used for analysis was of high quality, reliable, and accurate.

2.7.6 Data Analysis

The data collected for the baseline survey was analyzed using a mixed-methods approach, incorporating both qualitative and quantitative data analysis techniques. The quantitative data collected from the structured questionnaire was analyzed using descriptive statistics, while the qualitative data gathered from in-depth interviews and focus group discussions was analyzed using thematic analysis.

2.7.7 Quantitative Data Analysis

The quantitative data collected from the structured questionnaire was analyzed using descriptive statistics. This involved calculating frequencies, means, and standard deviations for all variables of interest. The data was entered into a statistical software package, such as SPSS or STATA, for analysis.

The first step in the analysis was to perform data cleaning to ensure that the data was complete and accurate. Any missing data or outliers were addressed appropriately. The data was then tabulated and cross-tabulated to provide a comprehensive summary of the findings. The results were presented in tables and charts, and key findings were discussed.

The quantitative data was used to answer the research questions related to the performance indicators of the Liberia Fights FGM/C Project. Additionally, the data was utilized to identify any significant differences in the performance indicators across the different counties.

2.7.8. Qualitative Data Analysis

The qualitative data collected from in-depth interviews and focus group discussions was analyzed using thematic analysis. This involved identifying key themes and patterns in the data and interpreting them in the context of the research questions. The data was transcribed and coded using a software package such as Dedoose or MAXQDA.

2.7.9 Integration of Quantitative and Qualitative Data

The integration of quantitative and qualitative data was achieved through triangulation, a process that involved comparing and contrasting the results from both types of analysis to identify agreements or discrepancies in the findings. This triangulation aimed to enhance the validity and reliability of the conclusions drawn.

By utilizing the combined data, research questions pertaining to the baseline information of FGM/C practices were explored. The data was instrumental in providing a comprehensive understanding of factors such as health status, access to health services, and socio-cultural dynamics that influenced FGM/C practices, fostering trust and cooperation among the targeted communities. Moreover, the integrated data helped establish significant baseline data for project target setting and implementation interventions in the targeted counties.

3. QUANTITATIVE FINDINGS:

3.0 Introduction

This section of the Baseline Survey Report for the Liberia Female Genital Mutilation/Cutting (FGM/C) examined the collected data in the context of the project's overarching goals and specific targets. The analysis aimed to distill insights from the baseline data gathered across six targeted counties: Bomi, Bong, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado. It focused on key FGM/C practices, health and social behavior change issues, and cross-cutting initiatives.

By employing rigorous statistical techniques and comparative methodologies, this report analyzed the harmful effects of FGM/C, the prevalence of FGM/C practices, the availability and quality of violence against women and girls (VAW/G) and FGM/C services, and local partnerships through coalitions and networks of civil society and community-based groups, among other critical indicators. Special attention was given to gender-specific outcomes and the socioeconomic impact on target groups, including women and young farmers. This comprehensive survey leveraged both qualitative and quantitative data, ensuring a robust framework for understanding the dynamics at play and facilitating informed decision-making for project directions.

3.1 Socio-demographic background of respondents

The socio-demographic analysis of the household members interviewed during the baseline survey provides valuable insights into the characteristics of the surveyed population. With a total of 209 respondents, this analysis highlights gender distribution, educational attainment, age demographics, religious affiliations, household headship, and geographical representation across the targeted counties. This information was crucial for tailoring the project's interventions to the specific needs of these communities (see Table 3.1).

.

3.1.1 Gender of the Respondent

The survey results indicate that a significant majority of the respondents were female, accounting for 79% (165 participants), while males comprised 21% (44 participants). This gender distribution reflects a strong female representation, suggesting the project may be well-positioned to address issues particularly pertinent to women in the context of Female Genital Mutilation/Sandy society (FGM/C) practices and might provide a platform for female voices in community discussions.

3.1.2 Educational Level Attained

In terms of educational attainment, the data reveals that 34% of the respondents had no formal education, while 32% completed primary education. Senior high school graduates made up 22%, and only 12% reported having vocational or university education. This educational profile suggests a predominance of lower educational attainment within the surveyed population, which may influence their awareness and understanding of FGM/C issues, health outcomes, and social dynamics. This context indicates a critical need for educational components within project interventions to address knowledge gaps.

3.1.3 Age Distribution

The age distribution of respondents indicates that the majority (34%) fell within the 15-25 age bracket, followed by 19% in the 48-58 age range. Notably, only 13% were aged 59 and above. The representation of younger individuals suggests an opportunity for the project to engage with a demographic that may be more open to discussing and changing perceptions regarding FGM/C practices, as well as fostering behavioral and social change.

3.1.4 Religious Affiliation

Religious affiliation among respondents shows that 59% identified as Christians, 27% as Muslims, and 14% adhered to traditional beliefs. This diverse religious landscape presents both challenges and opportunities for the project. It underscores the importance of culturally sensitive and inclusive program design, ensuring that all religious perspectives are respected and considered in interventions aimed at reducing FGM/C practices.

3.1.5 Household Headship

The data on household headship indicates that fathers were the most common heads of households (50%), followed by mothers (24%), grandparents (15%), and elder brothers (11%). This distribution highlights traditional family structures where fathers play a predominant role in decision-making within the household. Understanding the family dynamics and identifying key influencers will be crucial for the project in addressing cultural norms related to FGM/C practices.

3.1.6 Geographic Distribution

Finally, the county representation highlights that 37% of the respondents were from Bong County, the largest contingent, followed by rural Montserrado (18%), and smaller percentages from other counties, including Bomi (12%), Gbarpolu (12%), Grand Cape Mount (12%), and Margibi (9%). The concentration of respondents from Bong County may indicate a focal area for intervention, while the varied representation across other counties will allow for a more regional understanding of FGM/C practices. Targeting specific counties should consider local customs and the prevalence of FGM/C to tailor interventions effectively.

TABLE 0.1: SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Socio-demographic characteristics	Count	Column N %
Gender of the Respondent		
Female	165	79
Male	44	21
Total	209	100
Educational level attained		
No formal Education	72	34
Primary	66	32
Senior High	45	22
Vocation/University	26	12
Total	209	100
What is your age?		
15-25	70	34
26-36	38	18
37-47	34	16
48-58	39	19
59+	28	13
Total	209	100
Religion		
Christian	123	59
Muslim	58	27
Traditional Belief	30	14
Total	209	100
Who is the head of the household?		
Elder Brother	22	11
Father	105	50
Grand Parent	32	15
Mother	50	24
Total	209	100
County		
Bomi	26	12
Bong	77	37
Gbarpolu	25	12
Grand Cape Mount	24	12
Margibi	20	9
Montserrado	37	18
Total	209	100

Data Source: *Liberia Fight FGM/C Project Baseline Data, 2024*

3.2 Respondents who received information about FGM/C and the sources

The frequency table below details the sources of information about Female Genital Mutilation (FGM/C) among respondents provides insightful data about how community members are informed about this critical issue. With a total of 165 respondents indicating their sources of information, the analysis reveals various pathways through which individuals in the surveyed counties access knowledge regarding FGM/C practices.The sources of information were categorized into five main types: female family members, health workers, non-governmental organizations (NGOs), peers/friends, and radio. The distribution of responses varied significantly across the different counties, highlighting the diversity in information dissemination methods and community engagement in discussions surrounding FGM/C.

TABLE 0.2: SOURCE OF INFORMATION ABOUT FGM/C AMONG RESPONDENTS

	Where do you get information about FGM/C?						
	Female family	Health Worker	NGO	Peer/frends	Radio	Total	
County	Row N %	Row N %	Row N %	Row N %	Row N %	Count	Row N %
Bomi	9	7.7	7	17.3	20	21	100
Bong	30.3	38.5	46.6	30	10	48	100
Gbarpolu	12	15.4	13.3	12.7	20	24	100
Grand Cape Mount	3	7.7	7	18.2	10	24	100
Margibi	9	7.7	7	9.1	20	12	100
Montserrado	36.4	23.1	20	12.7	20	34	100
Total	28.2	7.2	7.7	52.6	4.8	165	100

Data Source: *Liberia Fight FGM/C Project Baseline Data, 2024*

3.2.1 Female Family Members

Female family members emerged as a prominent source of information, being cited by **28.2%** of all respondents. This finding underscores the significant role that familial relationships, particularly among women, play in sharing knowledge and influences on FGM/C practices. In some counties like **Bomi and Gbarpolu**, family member contributions were notably high, suggesting that traditional familial structures are vital channels for information exchange.

3.2.2 Health Workers

Health workers were mentioned as the source of information by **7.2%** of the respondents overall. Though this percentage is relatively low, it indicates an important avenue for disseminating health-related information about FGM/C. Regions like **Grand Cape Mount and Margibi** reported lower engagement from health workers, which may point to opportunities for enhancing training and outreach efforts among health professionals to better equip them as educators on the topic of FGM/C.

3.2.3 Non-Governmental Organizations (NGOs)

NGOs accounted for **7.7%** of the responses, which suggests that while they play a role in education about FGM/C, their influence might not be as widespread at the community level. This may indicate a need for improved collaboration between NGOs and local communities to enhance awareness and understanding of FGM/C-related issues through targeted programs.

3.2.4 Peers/Friends

Peer influence emerged as the most commonly cited source, with **52.6%** of respondents reporting that they received information about FGM/C from friends or peers. This high percentage underscores the critical role social networks play in the dissemination of information and attitudes surrounding FGM/C practices. It illustrates that conversations among peers can significantly influence knowledge and perceptions, thereby providing a potential leverage point for community engagement efforts and intervention strategies.

3.2.5 Radio as a Source of Information

Radio was mentioned as a source by **4.8%** of respondents, indicating that while it serves as a media channel for some, it is not a primary source of information regarding FGM/C. This suggests that other forms of media, such as social media or community meetings, might be more effective in reaching broader audiences and facilitating discussions on FGM/C.

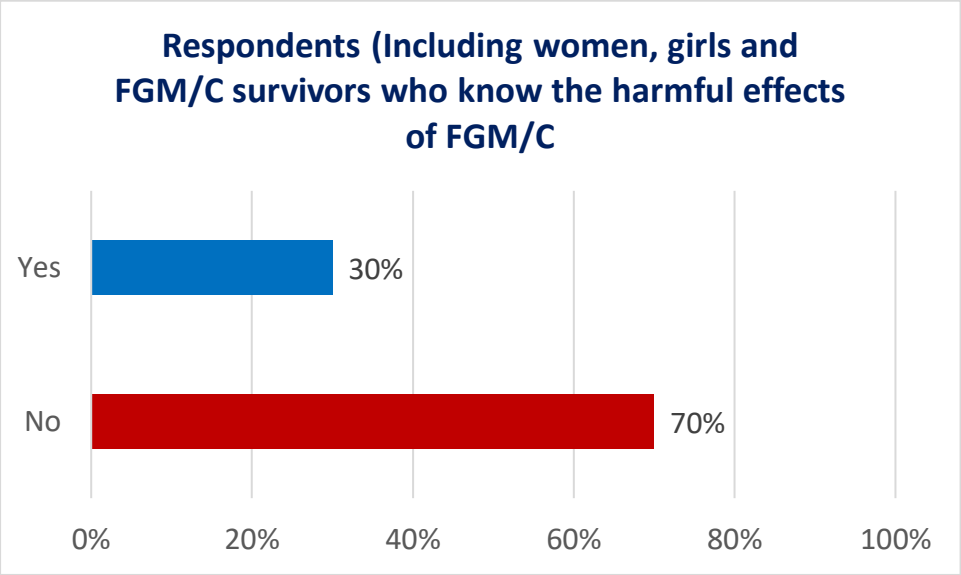
3.2.6 County-Specific Insights

- In **Bong County**, health workers and peers/friends significantly influenced the information landscape, with **38.5%** citing health workers and **30%** mentioning peers.
- **Rural Montserrado County** showed a high engagement with female family members (36.4%), pointing to strong familial influence in this region.
- **Grand Cape Mount** reported very low figures for health workers and family members as sources of information, indicating potential gaps in communication that could be addressed through community education initiatives.

3.3 Respondents (including women, girls and FGM/C Survivors who know the harmful effect of FGM/C

The data reflecting respondents' awareness of the harmful effects of Female Genital Mutilation (FGM/C) reveals significant insights into the perceptions and understanding of this practice within the surveyed community. With **70%** of the respondents indicating **"No"** and **30%** responding **"Yes,"** the analysis provides a clear picture of the current state of knowledge regarding the detrimental impacts of FGM/C.

FIGURE 1.1: RESPONDENTS (INCLUDING WOMEN, GIRLS AND FGM/C SURVIVORS WHO KNOW THE HARMFUL EFFECT OF FGM/C



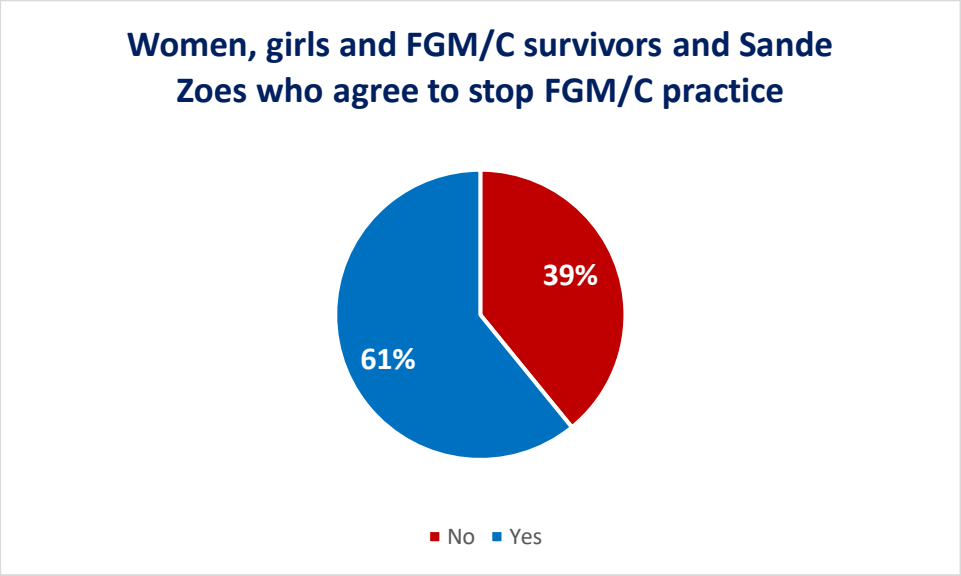
***Data Source**: Liberia Fight FGM/C Project Baseline Data, 2024*

The findings regarding respondents' awareness of the harmful effects of FGM/C underscore the necessity for ongoing education and engagement within the community. While a **30%** awareness rate signifies that some members of the population are informed, the overwhelming majority who are not underscores a critical vulnerability. Addressing these knowledge gaps is essential for the success of initiatives aimed at reducing and ultimately eliminating FGM/C practices. Comprehensive awareness campaigns, informed by community input and focused on engaged dialogue, can help shift cultural norms and empower individuals, leading to a more informed and proactive stance against FGM/C.

3.4 Respondents (including women, girls and FGM/C Survivors who know the harmful effect of FGM/C

The data reflecting the perspectives of women, girls, FGM/C survivors, and Sande Zoes regarding the cessation of Female Genital Mutilation (FGM/C) practices offers significant insights into the prevailing attitudes and support for change within the community. With **39%** of respondents indicating **"No"** and **61%** responding **"Yes,"** the analysis reveals an encouraging shift toward the rejection of FGM/C practices, accompanied by an understanding of the support systems that influence this perspective.

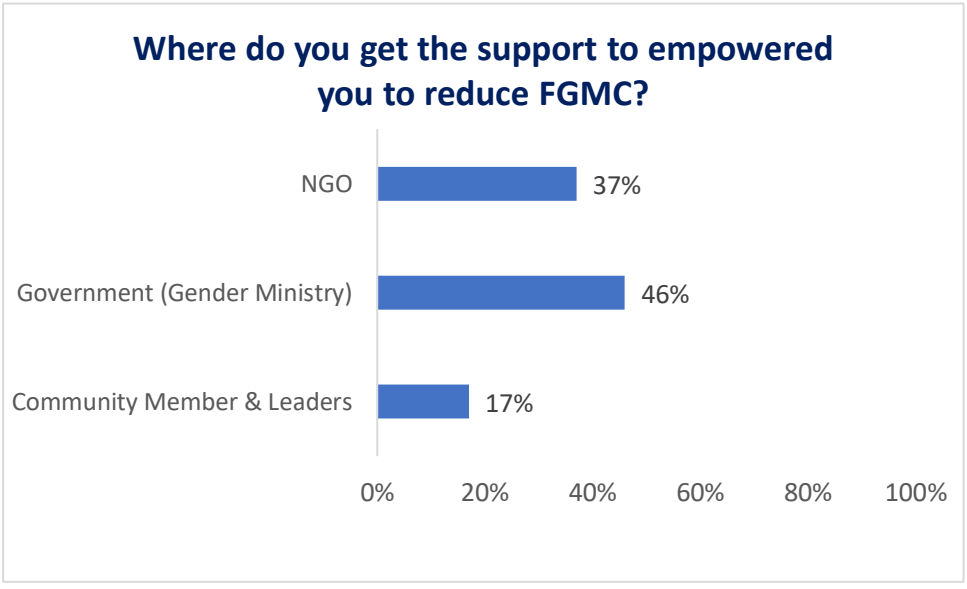
FIGURE 1.2: WOMEN, GIRLS, FGM/C SURVIVORS AND SANDE ZOES WHO AGREE TO STOP FGM/C PRACTICE



***Data Source**: Liberia Fight FGM/C Project Baseline Data, 2024*

The findings regarding agreement to stop the practice of FGM/C among women, girls, FGM/C survivors, and Sande Zoes reflect a pivotal moment in shifting community attitudes. The **61%** (n=101) agreement signifies a favorable environment for discussions aimed at ending harmful practices, while the acknowledgment of support from the Gender Ministry and NGOs highlights existing frameworks that can aid this transition. However, the **39%** (n=64) resistance underscores the importance of addressing the beliefs and traditions that perpetuate FGM/C. By enhancing community involvement and dialogue, and continuing to educate on the harms of FGM/C, stakeholders can work towards more widespread acceptance of the need to abandon this practice for the health and rights of women and girls.

FIGURE 1.3: ARE THERE ANY SUPPORT TO EMPOWERED YOU TO REDUCE FGM/C PRACTICE IN COMMUNTIES



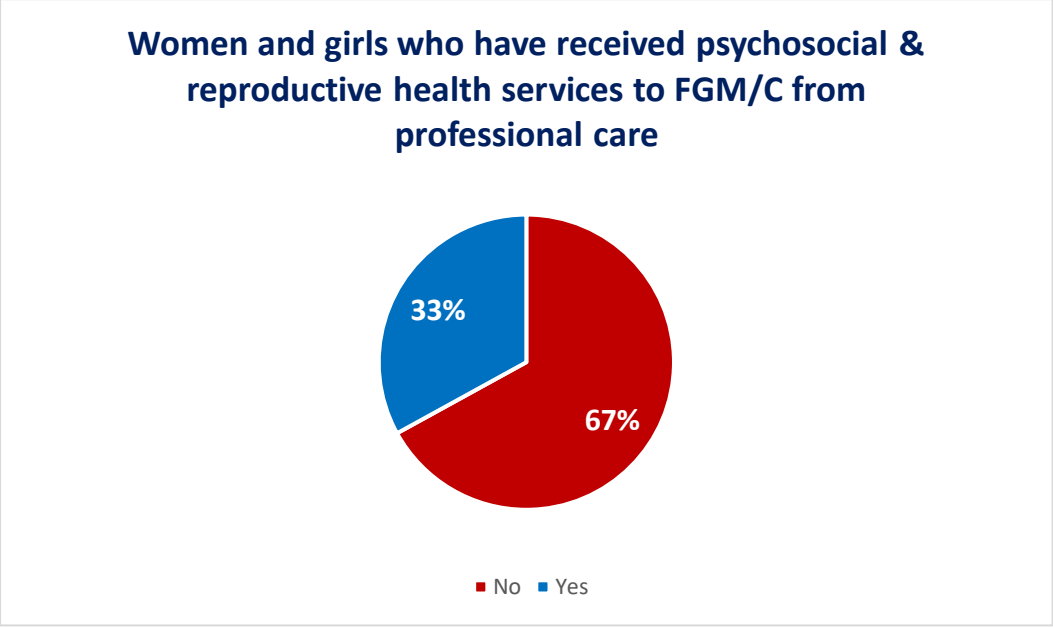
3.5 Young girls who become Agents of change after completing a girls' empowerment/capacity development package

The data regarding the outcomes of the girls' empowerment and capacity development package reveals that out of **28 girls** aged 15 to 25 years assessed, only **5%** became Agents of Change following their participation in the program. This finding provides valuable insights into the effectiveness of empowerment initiatives aimed at fostering leadership and advocacy among young women. The finding that only **5%** of the assessed girls became Agents of Change following their empowerment training reflects both the potential and the challenges inherent in such initiatives. While the program may have provided valuable skills and knowledge, significant barriers appear to remain that limit these girls' ability to transition into active advocacy roles. Recognizing and addressing these barriers through enhanced support, follow-up measures, and community engagement strategies will be essential for increasing the number of empowered young women who can effectively champion change in their communities. Future empowerment programs should strive to create not only informed individuals but also a supportive ecosystem that nurtures their capacity to effect change.

3.6 Women and who have received psychosocal and reproductive health serivces relaed to female gential mutilation/cuttings

The figure below (figure 1.4) indicates that **67%** of women and girls have **not** received psychosocial and reproductive health services related to Female Genital Mutilation/Cutting (FGM/C), while **33%** have received such services, provides critical insights into the accessibility and effectiveness of support systems for individuals affected by FGM/C. The finding that **67%** of women and girls have not received psychosocial and reproductive health services related to FGM/C illustrates a critical gap in health care access for this population. While the **33%** who have accessed such services represent progress, it is clear that considerable work remains to ensure that all affected individuals receive the comprehensive support they need. Addressing barriers to care and emphasizing the importance of psychosocial and reproductive health services will be vital for improving the overall well-being and quality of life of women and girls impacted by FGM/C. Enhanced awareness, education, and targeted interventions are necessary to expand access and create a more supportive healthcare landscape. For those who are aware of any area to get support (GBV referral pathway) from as FGMC survivor account for only 17%.

FIGURE 1.4: WOMEN AND GIRLS WHO HAVE RECEIVED PSYCHOSOCIAL & REPRODUCTIVE HEALTH SERVICES RELATED TO FGM/C FROM PROFESSIONAL CARE

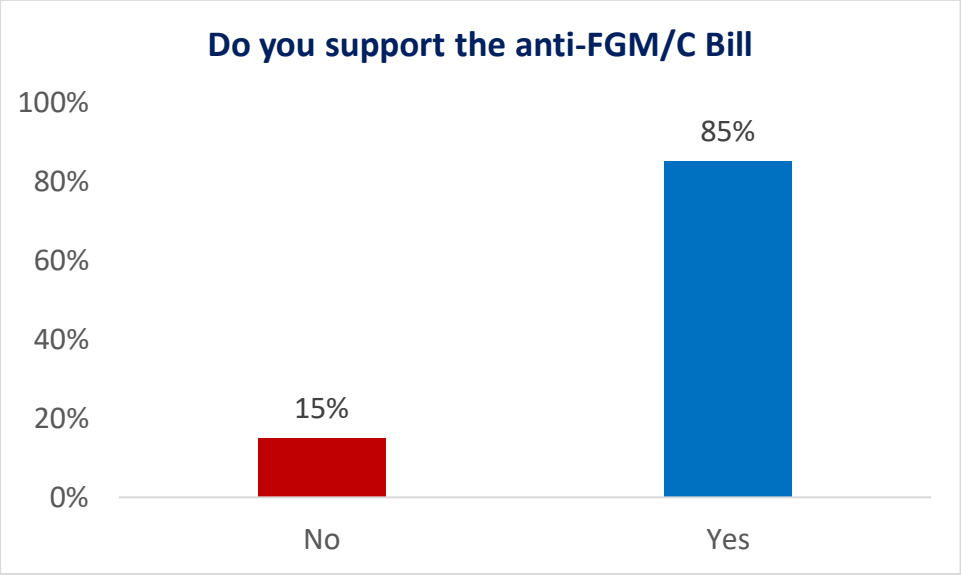


***Data Source**: Liberia Fight FGM/C Project Baseline Data, 2024*

3.7 Respondents who support the anti- FGM/C Bill

The figure below presents the results regarding respondents' support for the anti-FGM/C Bill. The findings indicate that **85%** of respondents are in favor of the bill, reflecting a positive shift in community attitudes towards the practice. This significant majority highlights a collective recognition of the necessity for legal protections for women and girls and serves as a call to action for policymakers and advocates. However, it is important to also consider the **15%** who oppose the legislation, as understanding and addressing their concerns can lead to a more comprehensive approach to advocacy and community education. By utilizing the strong support expressed by the majority while also engaging with the minority viewpoint, stakeholders can work towards achieving meaningful progress in the fight against FGM/C.

FIGURE 1.5: RESPONSE SUPPORT TO THE ANTI-FGM/C BILL



***Data Source**: Liberia Fight FGM/C Project Baseline Data, 2024*

4. QUALITATIVE FINDINGS:

4.1 Key Informant Interviews

The field team conducted **10 key informant interviews** across the six targeted counties. The interviews included a diverse group of participants, such as school teachers, police officers, staff from the Ministry of Gender, Children, and Social Protection, community leaders, and county justice office personnel. Each participant held unique roles and responsibilities within their respective areas.

During the interviews, participants were asked about their knowledge and attitudes towards FGM/C practices, as well as their engagement with and perceptions of the effectiveness of statutory and customary laws related to Female Genital Mutilation/sandy society practices.

4.1.1 Knowledge of FGM/C Practice

All key informants in the study were well-acquainted with FGM/C activities in their respective counties. They described the practice as a traditional institution aimed at preparing women and girls to become decent wives and positive role models for child-rearing.

While participants generally confirmed their awareness of FGM/C practices within their communities, some displayed misconceptions about their attitudes towards these practices. Furthermore, they emphasized the need for additional information regarding the effectiveness of both statutory and customary laws in addressing and combating FGM/C practices.

Selected Quotes

> *"we practice it because our tradition as and community obligate us to do so."*
>
> **KII with community elderly women aged 59+ years.**

> *"they should stop any campaign in this community … leave us alone… with our culture …we are not willing to change even as leaders. In fact, … do the severe way …we don't want our girls to be prostitutes".*
>
> **KII with Community Town Chief**

> *"It's a normal thing … as a community it is a practice, we found our forefathers doing and in case of anything, we know it is the will of God."*
>
> **KII with male community earder**

Spotlight Initiative Intervention on FGM in Liberia

The Spotlight Initiative has emerged as a pivotal force in the fight against Female Genital Mutilation (FGM) in Liberia, positively impacting over 225,562 women and girls through comprehensive services that encompass health, justice, protection, psychosocial support, and economic empowerment. To address the socioeconomic factors that contribute to the continuation of FGM, the initiative collaborates with approximately 300 traditional practitioners, known as Zoes, to implement alternative livelihood projects, including climate-smart agriculture and Village Savings and Loans Associations, thereby providing sustainable income sources.

The intervention has shown increased effectiveness in the five counties where these alternative livelihood programs for traditional female leaders have been established. Engaging key stakeholders—including the government, traditional leaders, civil society organizations (CSOs), and beneficiaries—has been integral to tackling implementation challenges and enhancing community ownership of the initiative. This collaborative approach has contributed to significant progress in mitigating sexual and gender-based violence (SGBV) and harmful practices.

2 Key Achievements:

1. **Legislative Developments**:
    - The Domestic Violence Act was enacted to address various forms of domestic violence, solidifying legal protections.
    - Drafts of bills aimed at outlawing FGM and rape have been created.
2. **Empowerment and Training**:
    - A program for young women and adolescent girls was launched, focusing on literacy, numeracy, business development, and financial management skills.
    - 200 grassroots women rights advocates were trained in gender mainstreaming advocacy, enabling them to integrate strategies addressing SGBV and violence against women and girls (VAWG) into development plans.
3. **Alternative Economic Livelihoods**:
    - The Alternative Economic Livelihood Programme was initiated, providing traditional FGM practitioners with skills and opportunities to sustain themselves and their communities without relying on FGM for income.

4. **Stakeholder Engagement**:
    - Collaboration with 25 CSOs and 5 CSO Secretariats has fostered advocacy, monitoring, and oversight of the initiative, ensuring compliance with international standards.
5. **Policy Support**:
    - The initiative offered policy guidance that facilitated the Government and the National Council of Chiefs and Traditional Elders in drafting the Six-Count Policy statement, which resulted in a three-year suspension of FGM practices in Liberia.
6. **Media Training**:
    - 388 media professionals from 66 institutions have been trained to report sensitively on SGBV cases, enhancing the visibility and discourse surrounding these critical issues in Liberia.

Overall, the Spotlight Initiative's multifaceted approach not only aims to eliminate FGM but also addresses the broader context of women's rights and gender equality in Liberia.

Heritage Center

The Vocational and Heritage Centre was constructed by UN Women under the European Union and United Nations Spotlight Initiative in four counties: Lofa, Grand Cape Mount, Montserrado, and Nimba. This center serves as a hub for training and promoting alternative rites of passage for adulthood, aiming to reduce sexual and gender-based violence (SGBV) and harmful practices in Liberia.

Key activities at the center include:

- Hosting art and historical exhibitions showcasing local crafts, traditional attire, and artifacts to reinforce the importance of cultural heritage.
- Organizing workshops in crafts, music, dance, and storytelling to promote traditional skills and knowledge, particularly among youth.
- Planning cultural festivals, heritage days, and public forums to encourage community participation and awareness of local traditions.
- Advocating for the preservation of historical sites and practices vital to the community's identity.

4.1.2 Effectiveness of statutory and customary laws related to Female Genital Mutilation/sandy society practices.

All key informants provided their insights regarding the effectiveness of both statutory and customary laws as they pertain to female genital mutilation. Among these informants were representatives from various sectors, including community members, police officers, justice officials, and other relevant personnel. While many expressed concern about the enforcement and impact of existing laws, there was a notable divergence of opinions.

Community members highlighted the challenges faced in addressing the deeply rooted cultural practices associated with female genital mutilation, indicating that customary laws often overshadow statutory regulations. In contrast, law enforcement and justice officials emphasized the necessity of strengthening legal frameworks and improving their implementation to combat the practice effectively. This stark contrast in perspectives illustrates the complex interplay between legal structures and cultural norms in addressing the issue of female genital mutilation/cutting within the community.

Selected Quotes

> *"The woman who was doing the FGM are to be arrested ... taken to police then to court. After facing the challenges of arresting her due to our community not being ready or fully supportive of the arrest … they served a jail term of two … years which … is a lesson for the rest."*
>
> **KII with police officer (Bong County)**

> *"FGM practices should continue because it's something that we have inherited it from our parents. Everyone in the community will support to continue this, however, people are more into the practice sande society thing".*
>
> **KII with a Mothers**

> *"The information in these campaigns had an effect on me and my family as I sent my daughters to the sande bush that were born before I received the awareness but me and my wife did not sent our daughters that were born after the awareness campaigns."*
>
> **KII with a Fathers**

> *"I am one of the educators who want to stop this. The information was very useful and it didn't affect my work because I'm doing this to save the girls. We must stop the damage caused to the girls and these programs make us understand this".*
>
> **KII with a Traditional Sande Society Zoe**

4.2 Focus Group Discussion

Participant Demographics

The focus groups varied in size, with each one having between eight to twelve participants who brought different backgrounds. To illustrate, the focus group consisted mainly of women and girls group, In contrast, the other focus group comprised male anf female.

Focus groups provide a mechanism that offers insights into the differences of opinion about FGM/C practice that exist among selected groups of people and generate a large amount of data in a relatively short period.

Participant demographics and focus group locations are reported in the table below. There were 48 participants in 6 focus groups, including 33 female participants (69%) and 15 males (31%). There were 15 focus groups representing a variety of community women, girls and men.

Participant demographics for the STAR-P Midterm Survey focus groups

Farming Groups	County	Female	Male	Total
Women and girls group	Tubmanburg, Bomi County	7	0	8
Mixed-sex (Male & female)	Suakoko, Bong County	4	5	9
Women and girls group	Totokuleh, Gbarpolu County	6	0	6
Mixed-sex (Male & female)	Bo-waterside, Grand Cape Mount County	5	7	12
Women and girls group	Gibi, Margibi County	7	0	7
Mixed-sex (Male & female)	Todee, Rural Montserrado County	4	3	7
Total		**33**	**15**	**48**

4.2.1 Knowledge and perception of FGM

The participants generally held the belief that female genital mutilation (FGM) was deeply rooted in tradition and continued to be perpetuated by a desire to uphold cultural practices and honor ancestral customs. Among the group, some individuals had personally undergone FGM, while others were uncertain about their own status regarding the practice. This uncertainty reflects a broader complexity in how FGM is perceived and experienced within the community.

> *"I have been in pain since I left the sande bush, especially during my menstrual period. I did not receive any medical support because we were a poor family. I still walk with stitches that were sawn on my body, after I had my child".*
>
> **(FGD Female Youth, Interview 1).**

"If I talk about personal experiences, I can recall witnessing my sisters having health problems while urinating or during their periods, while giving birth they had complications".

(FGD Fathers, Interview 2)

"That is not good for our women after seeing their conditions and how they are suffering as a young man, I believe it is not good and what we need is the law that the government passed to be implemented by the higher court and there should be a punishment for offenders".

(FGD Male Youth, Interview 2)

4.2.2 Religion And Culture Promote the Sande Bush

Despite having a solid understanding of the health consequences associated with female genital mutilation/cutting (FGM/C), only a small number of participants expressed the intention to spare their daughters from undergoing the traditional rite at the sande bush. In contrast, the majority indicated their decision to have their daughters participate in FGM/C, believing that undergoing the procedure was preferable to allowing them to evade it. The discussions surrounding the continuation or discontinuation of this practice revealed various arguments and justifications, which were deeply intertwined with concepts of tradition, culture, and religion.

"It sounds like this is a tradition that was brought here from some other place, this is because of lack of knowledge and caution, hence I believe that this culture is bringing pain and suffering to our girls and mothers".

(FGD Male Youth, Interview 4)

"What we do in the Sande Bush is not a big problem but we can also stop it if there is a lot of religious awareness, and it can be continued if people do not accept the awareness messages".

(FGD Sande Society Chief Zoe, Interview 5)

"I would like to request to leave this issue to the women because they are the ones who are suffering and going through pain, this is not a man's issue, the women should vote on it, if they are going to feel sick or feel healthy, we (as men) leave this kind of issues to the women."

(FGD Male Youth, Interview 1)

5. DISCUSSION, CONCLUSION AND RECOMMEENDATIONS

5.1 Discussion

The findings from the baseline survey on Female Genital Mutilation (FGM/C) practices reveal significant insights into the attitudes, awareness, and barriers faced by women, girls, and community members in the targeted counties of Liberia. The overwhelming support for the anti-FGM/C Bill, with **85%** of respondents in favor, indicates a positive shift in societal attitudes towards the practice. This suggests that there is a growing recognition of the need for legal measures to protect women and girls from the harmful effects of FGM/C. The strong backing for legislative change reinforces the idea that communities are beginning to understand the potential for laws to facilitate social change and protect human rights.

However, despite this majority support, the persistence of **15%** opposing the anti-FGM/C Bill highlights the complexities of cultural attitudes surrounding the practice. This minority perspective may be rooted in longstanding traditions and beliefs, indicating a need for tailored educational campaigns that address specific misconceptions. Engaging these individuals through community dialogues could foster greater understanding and ultimately contribute to a unified stance against FGM/C.

Furthermore, the data indicating that **67%** of women and girls have not received psychosocial and reproductive health services shows a critical gap in access to care. The limited availability of these essential services can exacerbate the physical and psychological consequences of FGM/C. While **33%** have accessed such services, indicating some progress, the need for comprehensive health care and support systems remains urgent. Enhanced collaboration between health authorities, NGOs, and community leaders could increase service accessibility and encourage women and girls to seek assistance.

Additionally, the finding that only **5%** of girls assessed became Agents of Change after completing an empowerment program reveals challenges in transforming knowledge and skills into advocacy efforts. Although the program may have provided valuable resources, barriers such as cultural constraints and lack of systemic support hinder the transition from training to

active participation in community leadership. Lastly, the key informant interviews revealed awareness of FGM/C activities but also highlighted misconceptions and a demand for more information regarding the effectiveness of laws addressing FGM/C. This suggests that while there is recognition of the issue, there is still work to be done in educating both community members and influencers on the statutory and customary laws that can aid in combating FGM/C practices.

5.2 Conclusion

The findings from this baseline survey underscore the importance of addressing the multifaceted challenges associated with FGM/C in Liberia. Community support for legislative measures reflects a critical momentum for change, but the presence of lingering misconceptions and cultural resistance necessitates targeted educational initiatives. The gaps in health services access and the limited number of girls becoming Agents of Change highlight further areas for improvement in empowerment programs.

Overall, the findings indicate a community that is increasingly aware of the need to address FGM/C, yet still requires comprehensive strategies to dismantle the cultural, social, and structural barriers that perpetuate the practice. Collaborative efforts among stakeholders at all levels will be essential for creating a more informed, supportive, and proactive environment for generating meaningful change.

5.3 Recommendations

Based on the analysis, the following recommendations are put forth to guide the Liberia Fight FGM/C Project in its endeavors:

- **Enhance Education and Awareness Campaigns**: Develop targeted educational programs that highlight the harmful effects of FGM/C and promote understanding of the rights of women and girls. Engage community leaders and influencers to facilitate discussions and address misconceptions.
- **Strengthen Legal Frameworks**: Utilize the broad support for the anti-FGM/C Bill to advocate for its passage and implementation. Ensure community members understand the law’s implications and benefits for protecting women's and girls' rights.
- **Promote Access to Health Services**: Improve access to psychosocial and reproductive health services through community health programs and outreach initiatives.

Collaborate with health organizations to increase training for healthcare providers on FGM/C-related care and support.

- **Empowerment Programs for Girls**: Expand and enhance capacity-building programs for girls to increase their participation as Agents of Change. Include mentorship components to provide ongoing support and encourage active engagement in community leadership.
- **Monitor and Evaluate Interventions**: Develop a comprehensive monitoring and evaluation framework to assess the effectiveness of interventions related to FGM/C. Use data collected to adapt and improve programs continuously, ensuring they meet the community's evolving needs.
- **Strengthen Partnerships**: Foster collaboration between government, NGOs, grassroots organizations, and community members to ensure a multifaceted approach to ending FGM/C. Create coalitions that can amplify advocacy efforts and resource allocation.

By implementing these recommendations, stakeholders can work collectively to combat FGM/C in Liberia, ultimately leading to healthier, empowered, and more informed communities.

ANNEX 1: Liberia Fight FGM/C Result Framework

Indicator Matrix

Project Goal: By August 2026, 2,000 girls and women survivors of FGM/C, including the marginalized poor, rural, Indigenous women and girls, are supported and protected against FGM/C within a supportive network in 34 communities across 16 districts of 6 counties in Liberia.						
Overall Program Indicators	**Data Source**	**Frequency**	**Baseline**	**End-of-project Target**	**Discussion Points/Comments**	**Information user & data source comments**
Percentage of individuals, including women and girls and FGM/C survivors who know about the harmful effects of FGM/C.	Liberia Fight FGM/C baseline Survey		30%			
Number of women and girls and FGM/C survivors and Sande Zoes who agree to stop FGM/C practice.	Liberia Fight FGM/C baseline Survey		101			
Outcome 1: Indigenous and low-income earning women and girls, FGM/C survivors, and sande Zoes will be empowered socially and economically in targeted communities by August 2026.						
Number of Indigenous and low-income earning women and girls, FGM/C survivors, and Zoes who perform FGM/C are empowered to reduce FGMC practice in communities across districts	Liberia Fight FGM/C baseline Survey		60			
Number of girls who become agents of change after completing a girls' empowerment/capacity development package.			**2**			
Outcome 2: FGM/C survivors, including Indigenous and poor women and girls, have improved access to psychosocial, reproductive health, and multi-sectoral services.						
Proportion of girls and women who have received psychosocial & reproductive health services related to female genital mutilation from professional care.			54 (33% out of 165)			
Number of FGM/C survivors who are aware of the GBV referral pathway and are seeking desire support.						

Outcome 3: Strengthened legislation, policies, and action plans to fight against FGM/C in targeted communities by February 2026.						
Overall Program Indicators	**Data Source**	**Frequency**	**Baseline**	**End-of-project Target**	**Discussion Points/Comments**	**Information user & data source comments**
Number of lawmakers, local authorities, women structures, traditional and faith-based leaders who support the passage of legislation to end FGM/C in Liberia agreed to pass an anti-FGM/C Bill to end FGM/C in Liberia						
Existence of local community policy or strategy introduced to eliminate female genital mutilation, in line with human rights-based principles.						
Output 1: 300 Indigenous and low-income earning women and girls and FGM/C survivors have improved capacities and enhanced livelihoods in the project communities by August 2025..						
Number of 'Stop FGM/C Coalitions formed, members trained and are advocating against FGM/C.						
Number of Indigenous and low-income earning women and girls, FGM/C survivors, and Zoes linked to agricultural experts and market players and received mentorship and livelihood skills						
Number of dialogues and educational forums held with indigenous, low-income earning women and girls and traditional leaders						
Number of older women and Zoes mentored young women and girls in leadership, decision-making and other life skills.						
Output 2 : Ten health facilities and One Stop Center have increased capacities to deliver services to FGM/C survivors.						
Number of women and girls FGM/C survivors received FGM/C services from healthcare and One Stop Centers and are satisfied with the support.						

Number of Coalition members who received psychosocial support from professionals to address vicarious trauma						
Number of GBV survivor kits and essential medications received and utilized by One-stop centers within 10 health facilities and are providing SGBV services to survivors						
Output 3 : 2000 FGM/C survivors have increased knowledge/awareness of the availability of multi-sectoral services.						
Percentage of traditional elders, faith-based leaders, parents, men and boys commit not to support FGM/C practice.						
Percentage of traditional elders, faith-based leaders, parents, men and boys, who know women's and girls' rights of protection against FGM/C as human rights						
Number of local communities that included anti-FGM/C provisions within local communities' by-laws and policies to protect under age girls and women who do not consent.						
Output 4 : Advocacy to strengthening legislation, policies and action plans to fight FGM/C is reinforced in project communities by August 2026.						
Percentage of traditional elders, faith-based leaders, parents, men and boys who do not support FGM/C practice.						
Management Output 1: Effective project management per the policies and guidelines provided by UN Trust Fund						
Number of policies and guidelines strengthened and or developed under the UN Trust Fund grant						
Number of project and organizational staff who receive capacity strengthening training on institutional policies and guidelines developed under the project						