



Nigeria – Researched and compiled by the Refugee Documentation Centre of Ireland on 21 August 2012

Information on FGM in Nigeria.

The English-language Summary of a report in Norwegian published by the *Norwegian Country of Origin Information Centre* states:

“Female genital mutilation (FGM) is a phenomenon found in large parts of Nigeria, but there is great variation in how it is practised. There is a clear tendency that the share of girls and young women subjected to FGM is decreasing with every generation. FGM is practised by all larger ethnic groups in Nigeria, but other social factors influence the practise and cause great variation within these ethnic groups. FGM is a criminal offence in a number of Nigerian states, but no cases of legal prosecution of people who have subjected girls or women to FGM have been recorded. Projects against FGM, run by both state authorities and NGOs, focus on information to the general public and consciousness building.” (Norwegian Country of Origin Information Centre (Landinfo) (3 August 2010) *Nigeria: Kjønnslæstelse av kvinner* (English: Female genital mutilation))

An article from the *Journal of Medicine and Medical Sciences*, in a section titled “Socio-Cultural Determinant”, states:

“Socio-cultural determinant is the major determinant of FGM. It also influences lifestyle and behavior. Many people continue FGM because it is part of the societal norms handed down by their mothers and grandmothers and any attempt to discontinue the practice is met with societal pressure and risk of isolation. According to Maria Gabriella De Vita of UNICEF cited in Kelly (2006) ‘Female genital mutilation or cutting may be considered a social convention which is ensured through non-written system of rewards and punishments’.” (Journal of Medicine and Medical Sciences, Vol.1 (11) (December 2010) *A review of determinants of female genital mutilation in Nigeria*)

In a section titled “Lifestyle and Behavior Determinants” this article states:

“This is ones’ way of life. It includes choices or behaviours of individuals that affect their health. FGM is usually not a choice made by girls. The decision is made by parents, grandparents, guardians and members of the extended family claiming to act in the girl’s best interest.” (ibid)

An article published by the *Benin Journal of Postgraduate Medicine* states:

“The high incidence of circumcision in the married female and the non-circumcision of 93% of the unmarried females, noted in this study, may indicate an association between circumcision and marriage in the community. This is made clearer by majority of the circumcisions being done at marriage. Marriage, therefore, may be an important cultural factor that motivates the

females' positive attitude towards circumcision, as marriage and childbearing are important milestones for most women. Rejecting circumcision, therefore, may carry with it a potential loss of status and acceptance, including not being eligible for marriage within the community." (Benin Journal of Postgraduate Medicine, Vol.11, No.1 (December 2009) *Tradition Versus Female Circumcision: A Study of Female Circumcision Among the Isoko Tribe of Delta State of Nigeria*, p.6)

The 2012 *US Department of State* country report on Nigeria, in a section titled "Children" (paragraph headed "Harmful Traditional Practices"), states:

"The federal government publicly opposed FGM but took no legal action to curb the practice. Twelve states banned FGM; however, once a state legislature criminalized FGM, NGOs found that they had to convince the local government authorities that state laws applied in their districts. The Ministry of Health, women's groups, and many NGOs sponsored public awareness projects to educate communities about the health hazards of FGM; however, underfunding and logistical obstacles limited their contact with health care workers." (US Department of State (24 May 2012) *2011 Country Reports on Human Rights Practices – Nigeria*)

An *Immigration and Refugee Board of Canada* response to a request for information on the prevalence of FGM in Nigeria, in a section titled "Government Response", states:

"Several Nigerian states have enacted laws prohibiting FGM. According to a United Nations (UN) expert paper authored by the Executive Director of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), these states are as follows: Abia, Bayelsa, Cross River, Delta, Edo, Ogun, Osun and Rivers (UN 21 May 2009, 13). A report produced by the UN Economic Commission for Africa (ECA) on the implementation of the Beijing Platform for Action corroborates that the following states have banned FGM: Bayelsa, Cross River, Edo, Ogun, Osun and Rivers. However, the EAC report does not mention Abia or Delta." (Immigration and Refugee Board of Canada (27 July 2010) *Prevalence of female genital mutilation (FGM), including ethnic groups in which FGM is prevalent; available state protection [NGA103520.E]*)

A fact-finding mission report from the *Norwegian Country of Origin Information Centre*, in a section titled "Female Genital Mutilation" (section 5.1), refers to information provided by Bukhari Bello of the National Human Rights Commission as follows:

"Bukhari Bello (NHRC) stated that the commission is very engaged in the issue of FGM. He stressed that it is not practised all over the country, but that it is very difficult to present reliable figures – as FGM is not performed in hospitals etc. Modupe Omopintemi, Programme Officer – Good Governance & Human Rights at the European Commission, supported this view. In general terms, Bello and Omopintemi shared the impression that FGM is more widespread in the south-south of Nigeria (i.e. the Niger Delta states)" (Norwegian Country of Origin Information Centre (Landinfo) (August 2006) *Fact-finding trip to Nigeria (Abuja, Lagos and Benin City) 12-26 March*, p.23) 2006

This report also refers to the possibility of protection for persons at risk of FGM, stating:

“Bello went on to explain that resorting to the commission is a real possibility, both for women and for parents of girls facing pressure from the extended family to have FGM performed on themselves or their children. The commission can mediate in such situations, and if this does not work, it offers legal assistance – including bringing cases to court. He suggested that people living in urban areas, who are more likely to object to performing FGM on their children, are also more likely to know of the possibility to resort to the National Human Rights Commission and its role as an ombudsman for Nigerian citizens.” (ibid, p.23)

An article from the Abuja-based newspaper *Leadership* states:

“Legislators should also be encouraged to advocate for their states of origin to do same (To date 11 states have legislated against some harmful traditional practices especially FGM, namely Edo, Bayelsa, Cross River, Rivers, Ebonyi, Delta, Ogun, Osun, Ondo, Ekiti and Oyo).” (Leadership (28 February 2011) *Nigeria: Female Genital Mutilation - Will the 'Cutting' Stop?*)

This response was prepared after researching publicly accessible information currently available to the Research and Information Unit within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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