



Nigeria – Researched and compiled by the Refugee Documentation Centre of Ireland on 25 April 2019

Information on FGM including: general reports; available state protection for those reporting; rate in Kaduna; related honour killings nationwide/in Kaduna; treatment of families who refuse to allow their daughter undergo the procedure; rates/traditions among Hausa/Fulani; & state protection for Hausa/Fulani who report possible FGM

An Immigration and Refugee Board of Canada response to a request for information regarding the practice of FGM in Nigeria, in a section titled “Decision Regarding FGM”, states:

“Sources report that the decision to subject a girl to FGM in Nigeria is up to the girl’s parents (Obianwu et al. Jan. 2018, v; EU June 2017, 40). The European Asylum Support Office (EASO) of the European Union (EU) indicates that there is considerable variation, among both individuals and ethnic groups, regarding whether it is the father or the mother who makes the final decision. According to sources, in some cases the decision depends on a consensus of both parents. In correspondence with the Research Directorate, a social and medical anthropologist stated that the decision rests mainly with the mother, as well as her mother and sisters. Similarly, a representative of the Centre for Women Studies and Intervention (CWSI) indicated, in correspondence with the Research Directorate, that the decision depends ‘particularly’ on mothers, who maintain the ancestral custom, but that in a more traditional home where the woman is seen as unequal to the man and cannot make decisions, the decision will be up to the father instead. A study conducted in four Nigerian states, Delta, Ekiti, Imo and Kaduna, where there is a high prevalence of FGM, for which the results were published in January 2018, indicated that the decision was made by both parents, but that the male head of the household had the last word. However, according to the same study, sometimes men rely on their wife’s opinion.” (Immigration and Refugee Board of Canada (29 October 2018) *NGA106183.FE – Nigeria: Whether parents can refuse female genital mutilation (FGM) of their daughter; state protection available (2016-October 2018)*)

In a section titled “Consequences of a Refusal” (sub-section headed “For the Parents”) this response states:

“A child protection specialist from UNICEF and a representative of the National Human Rights Commission (NHRC) in Nigeria, interviewed by the French Office for the Protection of Refugees and Stateless Persons (Office français de protection des réfugiés et apatrides, OFPRA) during a mission to Nigeria in 2016, responded that parents who refuse to let their daughter be mutilated do not face any consequences, that is, neither retaliation nor threats. The anthropologist and the CWSI representative also stated that parents in Nigeria can refuse to have their daughter undergo FGM. According

to the CWSI representative, even in communities where FGM is prevalent, some parents refuse to have their daughter undergo FGM, especially educated parents. The same source stated that it is a choice that depends on a voluntary acceptance of the cultural practices of the ethnic group: parents who subject their daughter to this practice do so more from a sense of cultural belonging and fear of alienation or denial of communal benefits than through coercion.

The CWSI representative indicated that parents who refuse FGM may suffer some form of social exclusion, especially among their 'age grades'. The 'age grades' are a form of local socializing associations in South East and South-South Nigeria, where participants live by rules they make for themselves and respect ancestral traditions and where refusing FGM could lead to exclusion from group decision making and social and economic activities. In a second correspondence with the Research Directorate, the anthropologist also indicated, when speaking about rural areas, that 'threats' against parents who refuse FGM are limited to being 'ostracized for a time' or 'publicly criticized'. The UNICEF representative stated to OFPRA that, even though excision is translation 'an expectation' in the community, parents will not face social pressure if it does not take place because FGM is considered to be a 'family matter'.

Sources report that a mother who is opposed to FGM may be criticized or face pressures, particularly from her husband or mother-in-law, who are [translation] 'powerful figures in Nigerian families'. A representative of the Girls' Power Initiative (GPI), interviewed by OFPRA, indicated that the GPI recommends to mothers [translation] 'to pretend' that their daughter has been excised to avoid this pressure." (ibid)

See also sub-section headed "For the Girl" which states:

"The anthropologist stated in his first correspondence that, 'in most cases,' there would not be any consequences for a girl who does not undergo FGM. In his second correspondence, he specified that she might be mocked in school or publicly criticized and ostracized for a time, similarly to her parents. Other sources report that she could be stigmatized or ostracized for it." (ibid)

In a section titled "FGM/C" a chapter of a European Asylum Support Office guidance note states:

"Federal legislation prohibits FGM/C of a girl or a woman and relevant state legislation is in place in several Nigerian states. However, no legal action to curb the practice is reported.

The persons who perform the practice on girls aged 0 - 14 are in large majority traditional circumcisers (86.6 %). However, health care personnel may also be involved, especially nurses and midwives (10.4 %), and the share of FGM performed by these actors increases.

The general prevalence rate of FGM/C in Nigeria shows a downward trend. According to a survey carried out in 2017, of the women aged 45 - 49, 27.6 % had undergone FGM/C, while this was 20.1 % for women aged 30 - 34, and 12.3 % of women aged 15 - 19.

FGM/C prevalence rates vary significantly across the country, depending on the area and the predominant ethnic group. According to a 2016-2017 survey, the South West and South East zones have the highest prevalence (41.1 % and 32.3 % respectively), followed by the South South and North West zones (23.3 % and 19.3 % respectively). The North East has the lowest prevalence of FGM/C: 1.4 %. The practice is more prevalent in rural areas.

Some of the ethnic groups with highest prevalence rate of FGM/C are Yoruba (52 – 90 % in different studies), Edo/Bini (69 – 77 %), Igbo (45 – 76 %). The prevalence rate for the Hausa-Fulani is estimated at 13 – 30 %.

The age when FGM/C is conducted and the type of FGM/C also depend on the ethnic group. According to a 2013 survey, of the women having undergone FGM/C, 91.6 % of Hausa, 88.7 % of Yoruba and 90.2 % of Igbo report that they were subjected to FGM/C before the age of 5. On the other hand, 34 % in the North East zone and 25.8 % in the South South (Ibibio and Ijaw/Izon) were subjected to FGM/C aged 15 or older. In rare cases, FGM is practiced prior to a woman's marriage, during her first pregnancy or upon her death.

Social factors, such as the level of education of the parents, further influence the practice of FGM/C.

The most widespread justification for FGM/C in Nigeria is the concern that contact between the clitoris and the baby's head during birth is lethal or harmful for the baby. Other cultural considerations are cleanliness or hygiene, prevention of promiscuity, enhancing fertility and fulfilled womanhood. There are also concerns that men refuse to marry women who have not been circumcised.

The final decision whether or not to circumcise their daughter is most often with the parents, but there is a considerable variation both individually and among different ethnic groups whether it is the father or the mother who makes this decision. The grandparents or the eldest female on the paternal side may also have a decisive role.

When other relatives try to influence the decision, they may pressure the parents by threats to withhold support due to their 'wrong' decisions. However, it is considered a 'family issue' and parents are usually not subjected to violence or threats of violence. A few cases of relatives disregarding the parents' decision and subjecting the girl to FGM/C are reported, although this is considered to be very unusual." (European Asylum Support Office (EASO) (27 February 2019) *Country Guidance: Nigeria - Guidance note and common analysis [Analysis of particular profiles with regard to qualification for refugee status]*)

A report published by the Department of Foreign Affairs and Trade of Australia, in a section titled "Female Genital Mutilation" (paragraph 3.47), states:

"Female genital mutilation (FGM) is widely practised in Nigeria. In 2012, the Nigerian Demographic and Health Survey (NDHS) estimated that approximately 40 per cent of adult females had been subjected to FGM. This report is the last official publication on prevalence of FGM in Nigeria. FGM is

more common in the southern states, where prevalence rates are estimated to be as high as 70 per cent. The practice is closely tied to concepts of family honour and girls' marriageability. Girls may be ostracised, shunned or assaulted by their family or community if they have not undergone FGM." (Department of Foreign Affairs and Trade (DFAT) (9 March 2018) *DFAT Country Information Report: Nigeria*, p.21)

In paragraph 3.48 this report states:

"The federal government publicly opposes FGM, but it has not criminalised the practice. The government has predominantly focused on public education campaigns run by the Ministry of Health. Some southern states, including Bayelsa, Edo, Ogun, Cross River, Osun, and Rivers States, have criminalised FGM under state law. Several other states are introducing similar legislation. Several international and local NGOs are also working to reduce the practice in Nigeria, including the World Health Organisation, United Nations International Children Emergency Fund and the African Union." (ibid, p.21)

See also paragraph 3.49 which states:

"DFAT assesses as credible advice from local sources that it remains extremely difficult for women and girls to obtain protection from FGM. Despite an increase in reports received by the Nigerian Police Force (NPF) and the National Human Rights Commission (NHRC), strong community support for the practice and traditional attitudes of police suggest FGM is likely to continue." (p.21)

The 2018 US Department of State country report for Nigeria, in a section titled "Women" (paragraph headed "Female Genital Mutilation/Cutting (FGM/C)"), states:

"Federal law criminalizes female circumcision or genital mutilation, but the federal government took no legal action to curb the practice. While 12 states banned FGM/C, once a state legislature criminalizes FGM/C, NGOs found they had to convince local authorities that state laws apply in their districts.

The VAPP penalizes a person convicted of performing female circumcision or genital mutilation with a maximum of four years in prison, a fine of 200,000 naira (\$635), or both. It punishes anyone convicted of aiding or abetting such a person with a maximum of two years imprisonment, a fine of 100,000 naira (\$317), or both." (US Department of State (13 March 2019) *2018 Country Reports on Human Rights Practices – Nigeria*, p.33)

A report published by the UK-registered charity 28 Too Many, in a section titled "The Limitations Of The Vapp Act", states:

"Three years after the passing into law of the VAPP Act, it is indeed disheartening to note that there has not been a single FGM conviction in Nigeria. The question that keeps agitating our mind is why is this so? In answering this question, we will like to categorize our answer into two major reasons.

1. The applicability of the VAPP Act: Currently, the VAPP Act is only applicable in Abuja and in Anambra State. What this literally means is that it is

only applicable in 1 State out of the 36 States in Nigeria. The reason for this is that only Anambra State has domesticated this Act. Under our system, a Federal Law cannot apply in a particular State unless and until it is domesticated in that particular State.

This lack of domestication of the VAPP Act by several States in Nigeria then brings us to a recent issue which happened in Kwara State, Nigeria. This issue made global headlines. Just recently in Kwara State, a facebook user from Kwara State called Alhaji Adebayo publicly advertised for a free cutting of girls in Kwara State. This case we heard was duly reported to the police, but up till now he has not been arrested. One major reason, why we think that he has not yet been arrested and duly prosecuted is because of the fact that Kwara State presently has not taken steps to domesticate this Act.

2. Little or no awareness of this Act in Nigeria: Another major reason limiting the effectiveness of this VAPP Act is the fact that many Nigerians do not know about this Act. Currently in Nigeria, it is estimated that 1 out of every 100 Nigerians know about the existence of this Law in Nigeria. It is also estimated that only 10 out of every 200 Nigerians really know what this Act says or means.” (28 Too Many (20 February 2018) *The Law and FGM in Nigeria*)

The 2019 Social Institutions & Gender Index country profile for Nigeria, in a section titled “Female genital mutilation”, states:

“Under the Violence against Persons Prohibition (VAPP) Act 2015, female genital mutilation (FGM) is prohibited, penalizing those who perform the act with varying lengths of imprisonment and a fine. Moreover, those who engages another to perform FGM may also be prosecuted. While the VAPP Act applies within the Federal Capital Territory, it still needs to be passed in each of the 36 States of the Federation in order to become national law. To date, some states have passed the VAPP Act, however others have not, particularly those where FGM is prevalent. Reportedly, 12 states have banned FGM including the Bayelsa, Edo, Ogun, Cross River, Osun, and Rivers States.

Additionally, the government and local NGOs and women's groups have made efforts to raise public awareness about the health risks of FGM. Other states default to customary law where FGM is legal and widely practiced.

Given the lack of uniformity in law, ineffective monitoring mechanisms of the practice, minimal penalties for practicing FGM and ‘overall public lack of awareness of the law, FGM continues to be prevalent in the country. (Social Institutions & Gender Index (7 December 2018) *2019 Country Profile: Nigeria*)

A paper by Blessing Uchenna Mberu of the Evidence to End FGM/C programme, in a section titled “Background to the federal law criminalising FGM/C”, states:

“The Violence Against Persons (Prohibition) Act (VAPP) was passed in May 2015, the result of agitation for protection against different forms of violence. According to the Law Pavilion (2016), someone killing or maiming their spouse; or a scorned lover pouring acid on an ex-lover; or someone being forcefully taken away from their family and loved ones, has become a

common feature across the country. It was the need to protect citizens from such violence that led to the enactment of the VAPP Act 2015. The Act is an improvement on the penal and criminal code in relation to violence; it also makes provision for compensation to victims as well as the protection of their rights. The Bill was passed by the House of Representative and the Senate in 2013 and 2015, respectively. By 8 May 2015, all legislative processes for transmission of the Bill to the Presidency were completed, and the Bill was signed into law on 28 May 2015. The Law Pavilion (2016) provided an incisive synopsis of the law highlighting its key provisions and implications as summarised.” (Mberu, Blessing Uchenna (May 2017) *Female genital mutilation/cutting in Nigeria: A scoping review*, Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council, p.17)

In a section titled “Perceived drawbacks in relation to the Act”, the author of this paper states:

“Now the key question seems to be whether Nigeria will enforce the law (Ifijeh 2015). The major drawback in relation to the law is its limited application to the Federal Capital Territory, Abuja and only the High Court of the Federal Capital Territory Abuja empowered by an Act of Parliament has the jurisdiction to hear and grant any application brought under the Act (Law Pavilion 2016).

Duplication of laws is another major defect of the Act, as most of crimes stipulated in the VAPP are in existing criminal law, along with provisions for liberty of citizens in Sections 35, 40, and 41 of the Constitution (ibid).

Despite the optimism that the law will save over 40 million Nigerian women and girls from the health complications of FGM/C, whether it will be enforced nationally and if offenders will be punished for inflicting bodily harm, psychological trauma, and promoting health hazards among Nigerian women, in the name of circumcision or other traditional and cultural practices harmful to women’s health, remains to be seen (Ifijeh 2015).

Of concern is that the law is not new in many states where laws were passed criminalising FGM/C several years ago, and FGM/C is still practiced openly in those states, with enforcers of the law and even various state government officials looking the other way, as they do not want to be caught interfering cultural and religious practices. Edo state outlawed FGM/C in 1999, and other states including Rivers, Ogun, Osun, Cross River, and Bayelsa, among others, did the same between 1999 and 2002 (Center for Reproductive Rights 2009). While persons convicted under the law are supposed to be imprisoned for six months or fined the sum of N1,000(US\$10), available information suggests that enforcing these laws in the various states has been difficult while the practice continues to gain increased acceptance.” (ibid, pp.19-20)

An article from Nigerian newspaper The Guardian states:

“Falade, who lives in Ifira, Akoko South East council of Ondo State, was threatened with banishment by community youths and leaders for her refusal to allow a forcible circumcision of her two daughters.

The disagreement with family elders, she recounted, started when her first daughter, who was born in 2008 clocked four and relatives reminded her of

the cultural practice, which must be undertaken between the ages of six months and 10 years.

She was summoned to a meeting by family elders in September last year and instructed to prepare her daughters for the custom by December.

'Much as we tried to educate and convince the elders and youths, our explanations fell on deaf ears, as they refused our request for our daughters to be exempted from the cultural practice,' she recalled.

The Akoko community, despite international outcries against the cultural practice, threatened to attack and banish them, subjecting the victims to serial abuses and dehumanisation.

Out of despair, the couple had no option than to concede to the community's demands, though they knew it was an abuse of their daughters, womanhood and humanity at large.

The parents of the five- and nine-year-old girls yielded to communal pressure last month because the appeal to the state government, Ministry of Women Affairs, CSOs and other humanitarians to come to their rescue was not heeded." (The Guardian (Nigeria) (14 January 2018) *Female genital mutilation still a big threat to Nigerian girl-child survival, development*)

An article from the Nigerian national newspaper This Day states:

"For protecting her daughters from the archaic and outlawed tradition of circumcision, Chiemelie Ezeobi writes on the mental torture, physical abuse, abduction and even rape a mother recently went through in Lagos

A mother's love they say surpasses all and can best be described by how a hen guards its chicks jealously from any potential threat.

The same applies to a young mother of three, Mrs. Bello (first name withheld), who is currently embroiled in the battle of her life to protect her two daughters from the hands of an archaic tradition.

Her attempt to prevent her daughters from being subjected to the outlawed tradition of Female Genital Mutilation (FGM) has seen her go through the worst kind of torture; from mental and physical abuse to abduction and then rape at the hands of her abductors." (This Day (30 May 2018) *Nigeria: A Mother's Fight Against Female Circumcision*)

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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.

Sources Consulted:

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