



COUNTRY OF ORIGIN INFORMATION REPORT

FEMALE GENITAL MUTILATION (FGM)

20 JUNE 2008

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Preface

- i This Country of Origin Information Report (COI Report) has been produced by COI Service, UK Border Agency (UKBA), for use by officials involved in the asylum/human rights determination process. The Report provides general background information about the issues most commonly raised in asylum/human rights claims made in the United Kingdom. The main body of the report includes information available up to 20 June 2008.
- ii The Report is compiled wholly from material produced by a wide range of recognised external information sources and does not contain any UKBA opinion or policy. All information in the Report is attributed, throughout the text, to the original source material, which is made available to those working in the asylum/human rights determination process.
- iii The Report aims to provide a brief summary of the source material identified, focusing on the main issues raised in asylum and human rights applications. It is not intended to be a detailed or comprehensive survey. For a more detailed account, the relevant source documents should be examined directly.
- iv The structure and format of the COI Report reflects the way it is used by UKBA decision makers and appeals presenting officers, who require quick electronic access to information on specific issues and use the contents page to go directly to the subject required. Key issues are usually covered in some depth within a dedicated section, but may also be referred to briefly in several other sections. Some repetition is therefore inherent in the structure of the Report.
- v The information included in this COI Report is limited to that which can be identified from source documents. While every effort is made to cover all relevant aspects of a particular topic, it is not always possible to obtain the information concerned. For this reason, it is important to note that information included in the Report should not be taken to imply anything beyond what is actually stated. For example, if it is stated that a particular law has been passed, this should not be taken to imply that it has been effectively implemented unless stated.
- vi As noted above, the Report is a collation of material produced by a number of reliable information sources. In compiling the Report, no attempt has been made to resolve discrepancies between information provided in different source documents. For example, different source documents often contain different versions of names and spellings of individuals, places and political parties, etc. COI Reports do not aim to bring consistency of spelling, but to reflect faithfully the spellings used in the original source documents. Similarly, figures given in different source documents sometimes vary and these are simply quoted as per the original text. The term 'sic' has been used in this document only to denote incorrect spellings or typographical errors in quoted text; its use is not intended to imply any comment on the content of the material.
- vii The Report is based substantially upon source documents issued during the previous two years. However, some older source documents may have been included because they contain relevant information not available in more

recent documents. All sources contain information considered relevant at the time this Report was issued.

- viii This COI Report and the accompanying source material are public documents. All COI Reports are published on the RDS section of the Home Office website and the great majority of the source material for the Report is readily available in the public domain. Where the source documents identified in the Report are available in electronic form, the relevant web link has been included, together with the date that the link was accessed. Copies of less accessible source documents, such as those provided by government offices or subscription services, are available from the COI Service upon request.
- ix COI Reports are published regularly on the top 20 asylum intake countries. COI Key Documents are produced on lower asylum intake countries according to operational need. UKBA officials also have constant access to an information request service for specific enquiries.
- x In producing this COI Report, COI Service has sought to provide an accurate, balanced summary of the available source material. Any comments regarding this Report or suggestions for additional source material are very welcome and should be submitted to the UKBA as below.

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ADVISORY PANEL ON COUNTRY INFORMATION

- xi The independent Advisory Panel on Country Information (APCI) was established in 2003 to make recommendations to the Home Secretary about the content of the UK Border Agency's country of origin information material. The APCI welcomes all feedback on the UKBA's COI Reports, Key Documents and other country of origin information material. Information about the Panel's work can be found on its website at www.apci.org.uk
- xii In the course of its work, the APCI reviews the content of selected UKBA COI documents and makes recommendations specific to those documents and of a more general nature. The APCI may or may not have reviewed this particular document. At the following link is a list of the COI Reports and other documents which have, to date, been reviewed by the APCI: www.apci.org.uk/reviewed-documents.html
- xiii Please note: It is not the function of the APCI to endorse any UKBA material or procedures. Some of the material examined by the Panel relates to countries designated or proposed for designation for the Non-Suspensive Appeals (NSA) list. In such cases, the Panel's work should not be taken to

imply any endorsement of the decision or proposal to designate a particular country for NSA, nor of the NSA process itself.

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DEFINITION OF FEMALE GENITAL MUTILATION (FGM) (ALSO KNOWN AS FEMALE GENITAL CUTTING (FGC))

The World Health Organisation defined FGM: 'Female genital mutilation comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons'. [42a]

'Female Genital Mutilation – Legal, Cultural and Medical Issues' (p8), published by McFarland and Co in 2005, reported the World Health Organisation as grouping FGM into four categories:

"Type I, clitoridectomy, involves removing the prepuce with or without excision of part or all of the clitoris.

Type II, excision, removes the prepuce and clitoris together with partial or total excision of the labia minora.

Type III, infibulation, removes part or all of the external genitalia and stitches/narrows the vaginal opening. (In northwest Nigeria, infibulation is often performed after a clitoridectomy.

Type IV, unclassified, includes all other procedures such as pricking, piercing, or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterisation by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it, and any other procedure that falls under the definition given above.

In Islamic culture, Type I is also called sunna ('tradition' in Arabic); Type II, clitoridectomy or excision, is called khafd ('reduction' in Arabic); and Type III or infibulation, is also known as 'pharaonic circumcision' because it was thought to be practised in Egypt during the Pharaoh dynasties". [4a]

ORIGINS

'The American Academy of Pediatrics', in an article published in July 1998, stated:

"During the past two decades [1980s and 1990s] several international and national humanitarian and medical organisations have drawn worldwide attention to the physical harms associated with FGM. The WHO and the International Federation of Gynecology and Obstetrics have opposed FGM as a medically unnecessary practice with serious, potentially life-threatening complications. The American College of Obstetricians and Gynecologists and the College of Physicians and Surgeons of Ontario, Canada, also opposed FGM and advised their members not to perform these procedures. In 1995 the Council on Scientific Affairs of the American Medical Association recommended that all physicians in the United States strongly denounce all medically unnecessary procedures to alter female genitalia, as well as promote culturally sensitive education about the physical consequences of FGM". [44a]

'Female Genital Mutilation – Legal, Cultural and Medical Issues' (p16), published by McFarland and Co in 2005 stated:

"Scholars and physicians differ as to which groups, ethnicities, and religions first practiced FC (Female Cutting) and when. The practice predates Christianity and Islam... The accounts of historian Pietro Bembo, posthumously published in 1550, reported that most likely FC originated in Egypt and the Nile valley, then spread out to the Red Sea coastal tribes with Arab traders, and then spread into eastern Sudan". [4a]

Islam Watch, in an article dated 6 July 2007, reported: "As a cultural practice, FGM has probably been in existence for thousands of years. It has traditionally happened across Equatorial Africa, yet in the East and Horn of Africa it appears more widespread, probably as a result of Islamist influence". [41a]

Addressing the Islamic religious perspectives, a report of a conference, held in June 2006, 'Female Genital Mutilation religious and legal perspectives', published by Womankind stated: "Islam participants argue forcefully that there is no justification for FGM in any Islamic texts or teachings. First, they emphasised that the practice is not even referred to in the Koran. It is referred to in one of the hadiths; however, as authoritative participants made clear, this hadith has been found to be weak and inauthentic". [34b]

The report continued: "Secondly, participants noted that the key tenets of Muslim obligation are clearly asserted in the Koran and hadiths... Yet FGM is not even mentioned. Nor can FGM be justified on the basis of following the Prophet's example; it is not stated that any of the Prophet's wives and daughters had undergone the procedure". [34b]

Then addressing Christian religious perspectives, the report continued:

"Christian (Coptic) religious leaders also emphasised to the conference that there is no justification for FGM in Christian teachings; indeed, it is not even referred to in the Bible. The procedure is not undertaken as part of a religious ceremony, and no religious leader is present when it is performed. On the contrary, Christian doctrine is clear on the sanctity of the human body. For example, the first sacrament, baptism, refers explicitly to the wholeness of the body. The human body is believed to be sacred for two reasons. First of all, it was created in God's image and, secondly, humans carry Christ in their organs. Christianity also teaches that men and women were created equal – and that women have a right to sexual pleasure". [34b]

The WHO, in its Key Facts paper of May 2008, noted:

"Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice. In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation. In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes, it has started as part of a wider religious or traditional revival movement". [42a]

TRENDS

'Female Genital Mutilation – Legal, Cultural and Medical Issues' (p198), published by McFarland and Co in 2005, stated:

"The Director-General [of the World Health Organisation in 1994] believes that many people in practicing societies do not naturally see the link between female genital mutilation and the suffering of the women and children who undergo it... The WHO commissioned the Programme for Appropriate Technology in Health (PATH) to review the FGM programs in countries in the African and Eastern Mediterranean Regions. In 1998, PATH found that 'little attention had been given to the status of FGM programming, the types of behaviour change strategies being implemented, their successes and failures, what lessons have been learned, and what support strategies are required if the elimination goal is to be achieved'. PATH identified cultural issues why the practice continues, but PATH also discovered the emergence of a large-scale information campaign and an increase in government involvement... Campaigns to eliminate female cutting continue to meet with success and they are causing changes in ways of life, societal roles and cultural codes". [4a]

This publication further said (p207):

"In 1977, an international working group on FC was created in Geneva. The group's purpose was to study FGM and work with African women and men. They sent missions to Africa to analyze the procedure in its cultural context and to identify ways to collaborate. It initiated work in Sudan, Egypt, and Kenya. In 1984, it organised a seminar in Dakar, Senegal. Collaborators were the Ministry of Public Health in Senegal, World Health Organisation (WHO), United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA). At this seminar they established the IAC. As an NGO, IAG Inter African Group Inter African Committee (IAC) promotes the health of women and children in Africa and in migrant communities. IAC fights harmful traditional practices including FGM and promotes beneficial ones... On 6 February 2003, the Common Agenda for Action against Female Genital Mutilation was adopted at the International Conference on Zero Tolerance to FGM held ... in Addis Ababa, Ethiopia. The goal of the Common Agenda for Action is to eliminate FGM by 2010 in Africa and in the world". [4a]

The World Health Organisation's Key Facts on FGM stated:

"In 1997, the WHO issued a joint statement with UNICEF and the United Nation Population Fund (UNFPA) against the practice of FGM. A new statement, with wider UN support, was then issued in February 2008 to support increased advocacy for the abandonment of FGM. The 2008 statement documents new evidence collected over the past decade about the practice. It highlights the increased recognition of the human rights and legal dimensions of the problem and provides current data on the frequency and scope of FGM. It also summarizes research about why FGM continues, how to stop it, and its damaging effects on the health of women, girls and newborn babies. Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy...". [42a]

The Interagency Statement (Position Paper, 2008) is summarised by UNIFEM (United Nations Development Fund for Women):

"The term 'FGM' refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons... FGM has no known health benefits. On the contrary, it is known to be harmful to girls and women in many ways. First and foremost, it is painful and traumatic. The removal of or damage to healthy normal genital tissue interferes with the natural functioning of the body and causes several immediate and long-term health consequences. This joint Statement by a number of UN agencies Office for the High Commissioner for Human Rights (OHCHR), UNAIDS (Joint United Nations Programme on HIV/AIDS), UNDP (United Nations Development Programme), UNECA (United Nations Economic Commission for Africa), UNESCO, UNFPA (United Nations Population Fund), UNHCR (United Nations High Commissioner for Refugees), UNICEF (United Nations Children's Fund), UNIFEM and WHO is a call to all States, international and national organisations, civil society and communities to uphold the rights of girls and women. It also calls on those bodies and communities to develop, strengthen, and support specific and concrete actions directed towards ending FGM". [43a]

Rights Kenya in an article dated 9 June 2008, entitled 'A Disturbing Trend in FGM', stated:

"A society free of female genital mutilation, also referred to as female circumcision, appeared somewhat distant this week after a group of women's rights activists accused medical personnel of carrying out the practice. The activists made the allegation in the Kenyan capital, Nairobi, Monday (June 7), after a meeting of former circumcisers organised by Equality Now, a New York-based women's rights group. The two-day gathering brought together ex-practitioners from East and West Africa, which includes regions where up to 90 per cent of girls are circumcised. "There is medicalisation of FGM in the region, and this is jeopardising efforts to phase out FGM," Efua Dorkenoo, a public health officer and FGM activist from Ghana, said ...".[3b]

ALGERIA

Extent practised

- 1.01 The Inter-Parliamentary Union (IPU) stated that: “FGM is reportedly not practised in Algeria”. [1a]

Legal Position

- 1.02 The IPU continued: “[It] has no information on the existence of specific legislation”. [1a]

Protection

- 1.03 No information.

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ANGOLA

Extent practised

- 2.01 The Inter-Parliamentary Union (IPU) stated that: “FGM is reportedly not practised in Angola”. [1a]

Legal Position

- 2.02 The IPU reported that: “[It] has no information on the existence of specific legislation”. [1a]

Protection

- 2.03 No information.

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BENIN (EXCISION)

Extent practised

- 3.01 A fact sheet, dated 30 July 2004, produced by the Office of the Senior Coordinator for International Women's Issues, USSD states: "During one ceremony, 18 practitioners made public commitments to give up their knives". [2a]
- 3.02 The Inter Press Service News Agency reported in an article dated 16 January 2005:
- "As part of its strategy to eradicate FGM, International Action Against FGM (INTACT) tries to provide practitioners with alternative sources of income. Between 2000 and 2005, 228 practitioners were persuaded to give up their FGM activities and take up other occupations. Fifty six women who worked as intermediaries, putting practitioners in contact with parents who wanted their daughters circumcised, were also convinced to abandon the practice. In addition, 30 traditional healers renounced FGM". [3a]
- 3.03 The Inter-Parliamentary Union (IPU), in an update of 14 December 2005, stated that: "FGM is practised mainly in the northern region, in the provinces of Atacora, Borgou and Zou. It is virtually non existent in the provinces of Atlantic and Mono. The main ethnic groups practising FGM include the Bariba, Boko, Nago, Peul and Wama". [1a]
- 3.04 The USSD 2007 Human Rights report, stated that: "Approximately 17 per cent of women have undergone FGM, although the figure was higher in some regions, including Atacora (45 per cent) and Borgou (57 per cent), and among certain ethnic groups". [2b]

Legal Position

- 3.05 A fact sheet produced by the Office of the Senior Coordinator for International Women's Issues, USSD stated: "After years of U.S. efforts to educate government officials about the effects of FGM, Benin's National Assembly adopted a law in January 2003 outlawing the practice". [2a]

Protection

- 3.06 The fact sheet continued: "The law imposes stiff penalties for performing the procedure, including sentences of up to 10 years in prison and fines up roughly U.S. \$10,000 if the procedure results in death". [2a]
- 3.07 USSD 2007 reported: "...however, the government generally was unsuccessful in preventing the practice. Individuals who were aware of an incident of FGM but did not report it faced fines ranging from \$100 to \$200. Those who performed the procedure, usually older women, profited from it". [2b]

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BOTSWANA

Extent practised

- 4.01 The Inter-Parliamentary Union (IPU) stated that: “FGM reportedly does not exist in Botswana”. [1a]

Legal Position

- 4.02 AFROL News, in an undated article, stated they have no data on FGM in Botswana. [6a]

Protection

- 4.03 No information.

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BURKINA FASO (EXCISION)

Extent practised

- 5.01 UNICEF's FGM/C Country Profile stated: "While prevalence of FGM/C among women aged 15-49 varies according to residence and ethnic affiliation, the latest (2003) Demographic Health Survey (DHS) data indicate 77 per cent of women in Burkina Faso have undergone some form of FGM/C. This level decreases among women in the younger age groups of 25 and below suggesting potential generational changes in the practice". [5a]
- 5.02 It continued:
- "FCM/C varies significantly across religious lines, and is highest among Muslim women (82 per cent), and lowest among women with no religious affiliation (63 per cent). The practice is most prevalent in the regions of Boucle de Mouchon (90 per cent) and Hauts-Bassins (88 per cent), and lowest in the Centre-South (63 per cent) and the Centre-West (44 per cent). Women with no formal education are more likely to have undergone FGM/C (78 per cent) than women with secondary or higher education (64 per cent)... According to the latest DHS findings, over half of the girls in Burkina Faso were circumcised before their fourth birthday... 32 per cent of women in Burkina Faso report that at least one of their daughters has been circumcised". [5a]

Legal Position

- 5.03 According to an UNICEF fact sheet, produced in 2003:
- "A law prohibiting FGM/C was enacted in 1996. The law banned the practice and provided punishment for persons involved in the circumcision of women and girls. The law was conceived to be of preventative, protective nature, in addition to carrying punitive measures for offenders. Although the law was enacted in 1996, it allowed two years before coming into effect (in 1998) for extensive nation-wide campaigns to be carried out educating and raising awareness about FGM/C". [5a]

Protection

- 5.04 The USSD 2007 report stated: "Perpetrators were subject to a significant fine and imprisonment of six months to three years, or up to 10 years if the victim died. In September and October [2006] FGM practitioners were arrested in several villages. For example, on September 1, gendarmes arrested and jailed four persons, including FGM practitioner Zoudou Sawadogo, for practising excision on 50 girls age two to 17 years in Pabre, Oubritenga Province". [2b]
- 5.05 The Centre for Reproductive Rights reported in January 2008: "There have been reports of prosecutions or arrests in cases involving FGM in several African countries, including Burkina Faso, Egypt, Ghana, Senegal and Sierra Leone". [9a]

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BURUNDI

Extent practised

- 6.01 UNICEF in a statistical report on Child Protection in Burundi gave a nil return for the practice of FGM within the country. **[5b]**

Legal Position

- 6.02 The Inter-Parliamentary Union (IPU) had no information on specific legislation. **[1a]**

Protection

- 6.03 No information.

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CAMEROON (CLITORIDECTOMY AND EXCISION)

Extent practised

7.01 The USSD 2007 reported:

“The law does not prohibit FGM, and it was not practised widely; however, FGM continued to be practised in isolated areas in three of the 10 provinces, including some areas of Far North, Eastern, and Southwest provinces. Internal migration contributed to the spread of FGM to different parts of the country. The majority of FGM procedures were clitorectomies. The severest form of FGM, infibulation, was performed in the Kajifu region of the Southwest Province. FGM usually was practiced on infants and preadolescent girls. Public health centers in areas where FGM is frequently practiced counselled women about the harmful consequences of FGM; however, the government did not prosecute any persons charged with performing FGM. The Association of Women Against Violence continued to conduct a program in Maroua to assist victims of FGM and their families and to educate local populations”. [2b]

7.02 The International Federation of Red Cross and Red Crescent Societies reported on 16 August 2006:

“In Cameroon, FGM is carried out in a barbarous manner by traditional midwives with no medical training, without anaesthetic and using rudimentary instruments. It can give rise to serious complications, sometimes resulting in death... According to official estimates, Cameroon currently has a population of some 17 million, 52 per cent of them women. The United Nations figures suggest that around 20 per cent of these women are victims of FGM, an experience that can occur at various ages – at birth, during adolescence, just before marriage or even after the birth of their first child. The time of excision depends on the particular community and varies, even for the same ethnic group, from one generation to another... At the present time, the practice of FGM by groups is tending to decline, albeit slowly. This is due to its condemnation by the state, the discreet but effective influence of the NGOs including the Red Cross, and the threat of HIV. However, prohibition has not put an end to the ritual but has driven it underground...”. [38a]

Legal Position

7.03 The USSD 2007 reported that the law does not prohibit FGM”. [2b]

Protection

7.04 ‘*The Post*’ (Online) reported in June 2006 that a Private Members Bill was to be placed before Parliament by the First Vice President of the National Assembly, in an concerted effort to outlaw FGM. [7a]

7.05 The Inter-Parliamentary Union (IPU) website, updated on 12 May 2008, reported that no legislation exists. [1a]

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CAPE VERDE

Extent practised

8.01 The Inter-Parliamentary Union (IPU) stated that: “FGM is reportedly not practised in Cape Verde”. [1a]

Legal Position

8.02 The IPU continued: “[It] had no information on the existence of specific legislation”. [1a]

Protection

8.03 No information.

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CENTRAL AFRICAN REPUBLIC (CAR)

Extent practised

- 9.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence is 43 per cent and greatest among the Banda and Mandjia tribes. [8a]
- 9.02 Religious Tolerance in an undated article stated that over 50 per cent of the girls in Central African Republic and 13 other African countries have been operated on. [39a]

Legal Position

- 9.03 *'Female Genital Mutilation – Legal, Cultural and Medical Issues'* stated that legislation to eliminate FGM was enacted in 1966. [8a]

Protection

- 9.04 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that: "Any violation of the Ordinance shall be punishable by imprisonment from one month and one day to two years and by a fine of from 5,501 to 100,000 francs, or by either punishment". [8a]

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CHAD (EXCISION AND INFIBULATION)

Extent practised

10.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence rate is 60 per cent. [8a]

10.02 The USSD 2007 report noted:

“According to a 2004 government report by the National Institute of Statistics, Economic and Demographic Studies, 45 per cent of local women had undergone excision. According to the survey, 70 per cent of Muslim females and 30 per cent of Christian females were subjected to FGM. The practice was prevalent especially among ethnic groups in the east and south. All three types of FGM were practiced. The least common but most dangerous and severe form of FGM, infibulation, was confined largely to the region on the eastern border with Sudan”. [2b]

Legal Position

10.03 The Centre for Reproductive Rights in an article dated January 2008, entitled 'FGM Legal Prohibitions Worldwide' reported criminal legislation was enacted in 2003. [9a]

10.04 The USSD 2007 reported: “FGM could be prosecuted as a form of assault, and charges could be brought against the parents of FGM victims, medical practitioners, or others involved in the action. However, prosecution was hindered by the lack of specific penalty provisions in the penal code”. [2b]

Protection

10.05 The USSD 2007 Human Rights report noted that there were no reports that any such suits were brought during the year. [2b]

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COMOROS (EXCISION)

Extent practised

- 11.01 The Harvard International Review reported in August 2005 that FGM is only very locally practiced. [10a]

Legal Position

- 11.02 The Harvard International Review reported in August 2005:

“Progress on the elimination of female genital mutilation (FGM) in Africa has come to a halt as the Protocol on the Rights of Women in Africa remains 12 votes from ratification in the African Union (AU). Also called the Maputo Protocol, the Protocol was formulated at the July 2003 conference of the AU in Maputo, Mozambique. Article 5 of this addendum to the African Charter on Human and Peoples’ Rights would prohibit, “through legislative measures backed by sanctions...all forms of FGM. So far, only Comoros, Libya and Rwanda have ratified this protocol...” [10a]

Protection

- 11.03 No information.

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DEMOCRATIC REPUBLIC OF THE CONGO (EXCISION)

Extent practised

12.01 The USSD 2005 report stated:

“Although FGM was not widespread, it was practiced on young girls among isolated groups in the north. The National Committee to Fight Harmful Traditional Practices/ FGM continued to develop a network of community leaders, women representatives, and health professionals dedicated to the prevention and treatment of FGM; however, the Committee lacked adequate resources for prevention and treatment.” [2c]

Legal Position

12.02 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* noted: “No Penal Code provision specifically prohibits FC/FGM. However, provisions addressing ‘intentional bodily injuries’ may be applicable.” [8]

Protection

12.03 The USSD 2006 Human Rights report noted that there were no reports that any such suits were brought during the year. [2d]

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REPUBLIC OF THE CONGO

Extent practised

13.01 The Immigration and Refugee Board of Canada stated on 26 June 2006:

“Research on Population and Development, a Congolese non-governmental organisation based in Brazzaville, indicated, during a 19 June 2006 telephone interview that none of the ethnic groups in the Republic of Congo practises FGM... A Congolese writer currently living in Montreal indicated in correspondence she sent to the Research Directorate that the practice does not exist in Congolese culture. However, she did not dismiss the possibility that some communities in the Republic of Congo consisting of Muslims from abroad may ‘secretly’ practice such mutilations in keeping with their country of origin.” [11a]

Legal Position

13.02 The USSD 2007 report stated: “[FGM] was not practised indigenously and is against the law; however, it may have occurred in some immigrant communities from West Africa where it was common. There were no known government or other efforts to investigate or combat FGM.” [2b]

Protection

13.03 No information.

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COTE D'IVOIRE (EXCISION)

Extent practised

- 14.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence is 43 per cent and that FGM was found to be much more prevalent among the Muslim population (80%) than among Catholics and Protestants (16%). [8a]
- 14.02 An article dated 27 December 2005, published by the Women's UN Report Network, noted:
- "Thirty practitioners of female circumcision in Abidjan have publicly laid aside their blades, knives and scissors... The decision by the thirty to renounce their trade during a ceremony in Abidjan earlier this month marked the first instance in which ONEF (National Organisation for the Child, the Woman and the Family) had managed to convince some of the 75 identified circumcisers working in Abidjan to quit the profession. They had been circumcising girls and women despite the fact that circumcision was banned by a 1998 law... Female circumcision is practiced in several regions of the country... Although it was once restricted to villages and remote hamlets, FGM has since developed into an urban phenomenon as well; men have become involved in the practice, and different excision techniques have evolved". [12a]

Legal Position

- 14.03 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated: "On December 23 1998, the Parliament of Cote d'Ivoire passed a law prohibiting FC/FGM, which had been proposed by the Ministry of the Family and Promotion of Women." [8a]

Protection

- 14.04 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* further said, detailing the provisions:
- "Any person who commits a genital mutilation shall be punished by imprisonment from one to five years and by a fine of 360,000 to 2,000,000 francs. This punishment shall be doubled when the perpetrator belongs to the medical or paramedical corps. The punishment shall be imprisonment from five to 20 years when the victim dies as a result of the procedure. When the perpetrator belongs to the medical or paramedical corps, the court may also suspend his or her license to practice medicine for up to five years." [8a]
- 14.05 Nation by Nation reported: "Unlike in the previous year [2006], arrests relate to FGM were made. For example, on March 8, a three year old girl required medical attention after undergoing FGM. The NF (New Forces) arrested and detained the girl's mother and the FGM practitioners at the police station in Marabadiassa. They were later released without charge." [45a]

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DJIBOUTI – (EXCISION AND INFIBULATION)

Extent practised

- 15.01 In an undated article on 'Women One' it is noted that: "Despite attempts to stop it, circumcision or FGM remains the norm in Djibouti... A 2002 survey of 1,000 women giving birth at Djibouti's Peltier Hospital concluded that 98 per cent of women had been circumcised, of whom the vast majority had been infibulated." [13a]

Legal Position

- 15.02 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* detailed the provisions: "Article 333 of the Penal Code provides that 'acts of violence resulting in a genital mutilation are punishable by imprisonment for five years and a fine of 1,000,000 francs'. The Penal Code does not define the term 'genital mutilation'." [8a]
- 15.03 Women's News, in an article dated 2 August 2005, stated: "Djibouti has just ratified the African Union' Maputo Protocol banning FGM." [40a]

Protection

- 15.04 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated: "The Union Nationale des Femmes de Djibouti (UNFD), an NGO, has reported one case in which a practitioner of FC/FGM was counselled and advised not to continue her practice after she performed FC/FGM upon a girl who was hospitalised as a result. No formal charges were brought against the woman [practitioner]." [8a]

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EGYPT – (CLITORIDECTOMY, EXCISION AND INFIBULATION)

Extent practised

- 16.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence of FC/FGM is 97 per cent." [8a]
- 16.02 IRIN in an article dated 26 June 2005 reported: "In a symbolic attack on the widespread practice of FGM in Egypt, religious leaders and gender activists, have signed a public declaration calling for an end to FGM, in the hamlet of Abou Shawareb, near Aswan in southern Egypt." [14a]
- 16.03 UNICEF reported in an undated article:
- "[It] is an active participant in the national movement against FGM/C in Egypt, working with a variety of NGOs and national partners. In Upper Egypt, the agency supports an innovative community mobilisation programme using individuals who have already chosen to stand against FGM/C, and who have found a new positive path by themselves and their families by opposing against the practice." [5c]
- 16.04 The USSD 2007 report stated: "FGM remained a serious, widespread problem, despite government and NGO attempts to combat it. Tradition and family pressure continued to play a leading role in the persistence of FGM... UNICEF reported a reduction in 'intention' levels among the families of at-risk girls." [2b]

Legal Position

- 16.05 The USSD 2007 Human Rights report stated:
- "On 23 June, Ali Gomaa, Grand Mufti of Egypt, issued a formal fatwa banning FGM. On 28 June, Minister of Health Al-Gabaly issued a decree banning FGM... During the year [2007] the governorates of Aswan, Sohag, Minya and Beni Sweif publicly announced their rejection of FGM and signed documents making their rejection official." [8a]

Protection

- 16.06 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* reported that the punishments for breaches of the above mentioned Articles range from a fine to ten year's imprisonment." [8a]
- 16.07 The USSD 2007 report stated: "While the decree does not include criminal penalties, it can be enforced through regulatory action such as license suspension and referral to professional syndicate disciplinary boards... On 2 September, a government official stated that four doctors and a midwife would be prosecuted for conducting FGM procedures." [2b]

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EQUATORIAL GUINEA

Extent practised

17.01 The Inter-Parliamentary Union (IPU) stated that: “FGM is reportedly not practised in Equatorial Guinea”. [1a]

Legal Position

17.02 The IPU reported that: “[It] has no information on the existence of specific legislation”. [1a]

Protection

17.03 No information.

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ERITREA – (CLITORIDECTOMY, EXCISION AND INFIBULATION)

Extent practised

18.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated the prevalence of FC/FGM is 95 per cent and that it practised by Eritrean Christians and Muslims. [8a]

18.02 It further reported:

“Prior to independence from Ethiopia, the Eritrean People’s Liberation Front (EPLF) forbade the practice of FC/FGM by its members. At the same time, the EPLF carried out educational campaigns aimed at discouraging [it]. Since independence, the government has continued these campaigns with a view to eliminating the practice. The Ministries of Health, Education and Information have collaborated in support of these efforts.” [8a]

Legal Position

18.03 A *'New Scientist'* article dated 5 April 2007 reported: “Eritrea has banned the life-threatening practice of female circumcision, the government announced late on Wednesday”. [16a]

18.04 The United Nations Convention on the Rights of the Child, in a paper dated 23 October 2007, reported:

“The Government has drawn up a national plan to combat FGM. The national plan of action is based on a two-pronged approach that aspires both to prohibit the mutilation of girls and to support its victims... A national task force spearheaded by the National Union of Eritrean Women (NEUW) and comprising the Ministry of Labour and Human Welfare (MLHW), the Ministry of Health (MoH), the Ministry of Education (MoE), and the Ministry of Information (MoI) has drafted legislation that prohibits the practice of female circumcision”. [15a]

Protection

18.05 The *'New Scientist'* article continued: “Anyone who requests, incites or promotes FGM will be punished with a fine and imprisonment... The move follows a campaign against the practice by the National Union of Eritrean Women, which says that 94% of Eritrean women have been circumcised.” [16a]

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ETHIOPIA – (CLITORIDECTOMY, EXCISION AND INFIBULATION)

Extent practised

19.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence of FC/FGM is 90 per cent and is common among Christians and Muslims, and was practiced by Ethiopian Jews, now living in Israel. [8a]

19.02 The USSD 2007 report stated:

“The majority of girls and women in the country had undergone some form of FGM. Girls typically experienced clitoridectomies seven days after birth (consisting of an excision of the clitoris, often with partial labial excision, and faced infibulation (the most extreme and dangerous form of FGM) at the onset of puberty. According to a Ministry of Health Demographic and Health survey released in 2005, the practice of FGM among all women had decreased from 80 to 74 percent, while support for the practice among women had dropped from 60 to 29 percent... The government took some measures to help eradicate FGM, discouraged the practice through education in public schools, and broader mass media campaigns”. [2b]

Legal Position

19.03 The USSD 2007 report stated: “The penal code criminalizes the circumcision of any female by imprisonment of not less than three months or a fine of not less than \$58. Likewise, infibulation of the genitals is punishable with imprisonment of five to ten years”. [2b]

Protection

19.04 The USSD 2007 report further stated: “However, no criminal prosecutions have ever been brought for FGM”. [2b]

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GABON

Extent practised

- 20.01 Crime and Society, in a report on Gabon, noted: “There are no laws against FGM, but according to local women’s groups, it was not practiced on Gabonese girls”. [17a]

Legal Position

- 20.02 Crime and Society, in a report on Gabon, noted: “There are no laws against FGM...” [17a]

Protection

- 20.03 No information available.

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GAMBIA – (EXCISION AND INFIBULATION)

Extent practised

21.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence of FC/FGM is 80 per cent countrywide. The level of ethnic group practice is – Mandinga and Serehule (100 per cent), Fula (93 per cent), Jola (65.7 per cent) and Wollof (1.9 per cent). [8a]

21.02 The USSD 2007 report stated:

“The law does not prohibit FGM, and the practice remained widespread and entrenched. Between 60 and 90 per cent of women have undergone FGM, and seven of the nine major ethnic groups practiced FGM at ages varying from shortly after birth until age 16. FGM was less frequent among the educated and urban segments of these groups....” [2b]

21.03 *'Gambia Now'* in an article dated 7 May 2007 reported:

“At a colourful ceremony on 5 May 2007, GAMCOTRAP [a women's rights NGO], with local and international partners, celebrated the dropping of knives by eighteen circumcisers across the length and breadth of The Gambia”. [18a]

Legal Position

21.04 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted: “While no legal provision expressly addresses FC/FGM, the practice may fall under the Penal Code's provisions on 'grievous harm'... In addition, the Penal Code contains provisions specifically protecting children.” [8a]

21.05 The USSD 2007 Human Rights report noted: “Several NGOs conducted public education programs to discourage the practice and spoke out against FGM and harmful traditional practices in the media. One NGO led a campaign to mobilize practitioners of FGM to abandon the practice, and approximately 50 had done so by year's end”. [2b]

Protection

21.06 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted: “There have been no prosecutions for FC/FGM on the basis of the articles discussed above [in para 21.03].” [8a]

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GHANA – (EXCISION)

Extent practised

- 22.01 A response to an Immigration and Refugee Board of Canada request dated 12 October 2006 states: "... the practice of FGM still occurs in Ghana 'where genital mutilation is still performed with the tacit approval of the community'.... In a study published by *'The Lancet'*... of the 3,094 women who went to three Ghanaian obstetrics centres to give birth, 11 per cent had undergone [one type of FGM], 28 per cent [a second type] and one per cent [a third type]". [19a]
- 22.02 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'*, detailing the ethnic groups practising FGM as: "... the Bussansi, Frafra, Kantonsi, Kassena, Kussasi, Mamprushie, Moshie and Nankanne in the Upper East region and Dargarti, Grunshie, Kantonsi, Lobi, Sissala and Walas in the Upper West region." [8a]

Legal Position

- 22.03 Freedom House, in their 2007 report, noted that FGM was made illegal in Ghana in 1994. [20a]
- 22.04 Freedom House also noted that those who perform the operation face prison sentences of at least three years. In October 2006 Parliament debated amending the 1994 law to extend its reach to relatives or guardians who consent to the procedure being performed. [20a]
- 22.05 *'Public Agenda (Accra)'* reported in allAfrica on 28 January 2008: "Practitioners and all parties that consent to the practice of FGM are liable to imprisonment to not less than five years and not more than 10 years as stipulated in the Constitution Amendment Act 741." [21a]

Protection

- 22.06 The USSD 2007 report stated: "There were no prosecutions for practising FGM during the year." [2b]

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GUINEA – (CLITORIDECTOMY, EXCISION AND INFIBULATION)

Extent practised

23.01 The USSD 2007 Human Rights report noted:

“FGM was practised widely in all regions and among all religious and ethnic groups. FGM was performed on girls between the ages of four and 17. According to a 2005 Demographic and Health Survey (DHS), FGM prevalence was 96 per cent nationwide, a slight decline from the 99 per cent prevalence rate reported in the 1999 DHS... A growing number of men and women opposed FGM and urban, educated families increasingly opted to perform only a slight, symbolic incision... Efforts by NGOs to persuade communities to abandon FGM resulted in thousands of families immediately ending the practice. THE NGO TOSTAN was successful in bringing together communities that traditionally intermarry to combat FGM”. [2b]

23.02 GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit GmbH) reported in November 2007 that:

“In Guinea, the most widespread form of FGM is Type II, followed by Type I (mostly with total removal of the clitoris) and Type IV. Type III is found primarily in Moyenne Guinée, Guinée Forstière and Conakry, where infibulation accounts for slightly more than ten per cent of all excisions... The only change that can be seen is that mothers are tending to wait longer before subjecting their daughters to the practice and that it is increasingly being performed by health professionals”. [15b]

Legal Position

23.03 GTZ also reported in November 2007 that: “A 2001-2010 national action plan to campaign against FGM has now been developed in coordination with the Ministry for Social Affairs, development agencies and national NGOs... There is currently no national structure to coordinate FGM related activities in the country”. [22a]

23.04 The USSD 2007 Human Rights report noted: “FGM is illegal and carries a penalty of three months in prison and a fine of approximately \$26”. [2b]

Protection

23.05 ‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’ stated that no one has ever been criminally prosecuted for FC/FGM. [8a]

23.06 The USSD 2007 Human Rights report noted that there were no prosecutions during the year [2006]. [2b]

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GUINEA-BISSAU – (CLITORIDECTOMY AND EXCISION)

Extent practised

- 24.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence of FC/FGM is 50 per cent countrywide. [8a]
- 24.02 The USSD 2007 Human Rights report noted: "Certain ethnic groups, especially the Fulas and the Mandinkas, practiced FGM, but also on babies as young as four months old". [2b]
- 24.03 UNICEF, in an article dated 13 November 2007, reported: "In Guinea-Bissau, FGM/C is mainly performed on children and adolescents between six and 14 years of age – though it has also reportedly been performed on infants in recent years". [5d]

Legal Position

- 24.04 The USSD 2007 Human Rights report noted: "The government has not prohibited the practice". [2b]
- 24.05 UNICEF reported in an article dated 13 November 2007 that:
- "Before the country's civil war in the late 1990s, a National Committee against Harmful Practices – supported by UNICEF, the UN Population Fund, Plan International and others – conducted FGM/C awareness campaigns in partnership with local non-governmental organisations. Due to political instability and a lack of funding, these activities have not been sustained, but the government has stated its intention to address the problem – starting with a national consultation on FGM/C that was recently organised with the participation of local NGOs, community groups and religious organisations". [5d]
- 24.06 Afriquenligne, in an article dated 24 February 2008, reported:
- "Muslims in Guinea Bissau on Friday said they were opposed to the upcoming debate in parliament on FGM when the House sits next week saying the practice was linked to Muslim culture and rituals... The statement by the Muslims triggered an immediate reaction from the President of the League of Human Rights of Guinea Bissau (LGBH), who has written to the National Assembly to pass a law against FGM. The letter asked Parliament to 'maintain the current legislative procedure in order to approve a legislation that will make the practice of FGM an offence...'. [23a]

Protection

- 24.07 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that punishments vary according to the degree of harm inflicted. [8a]

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KENYA – (CLITORIDECTOMY, EXCISION AND SOME INFIBULATION)

Extent practised

- 25.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that the prevalence of FC/FGM is 50 per cent countrywide. [8a]
- 25.02 *'Off Our Backs'*, in an article published in Jan/Feb 2005, reported: "Doctors and nurses are increasingly performing FGM. Activists report that FGM procedures in hospitals occur mostly in Egypt, Sudan and Kenya, and that in Kenya, doctors charge between \$37 to \$125, while traditional practitioners charge \$25". [24a]
- 25.03 The USSD 2007 report noted:
- "The law prohibits FGM, but it was still practiced, particularly in rural areas. According to UNICEF, one third of women between the ages of 15 and 49 had undergone FGM. Of the country's 42 ethnic groups, only four (the Luo, Luhya, Teso, and Turkana, constituting 25 per cent of the country's population) did not traditionally practice FGM. According to the NGO Maendeleo Ya Wanawake (Development of Women), the percentage of girls undergoing the procedure was 80 to 90 per cent in some districts of the Eastern, Nyanza, and Rift Valley provinces... FGM usually was performed at an early age. Some churches and NGOs provided shelter to girls who fled their homes to avoid becoming victims, but community elders frequently interfered with attempts to stop the practice". [2b]

Legal Position

- 25.04 The USSD 2007 Human Rights report noted: "Officials continued to attempt to stem FGM". [2b]
- 25.05 Feminist.com reported on 21 December 2007: "Although Kenya passed a law prohibiting FGM in 2001, Kenyan authorities have been slow to implement the law". [22a]

Protection

- 25.06 An article in Women's International Network News, Autumn 2002 edition, reported that the executive director of the Centre for Human Rights and Democracy (CHRD), is using legal means to offer protection from FGM to young girls. Eldoret's Chief Magistrate was petitioned for an injunction prohibiting an FGM practitioner from performing the practice on her daughter. The court granted the injunction and the practitioner interpreted this as barring her from undertaking the procedure on anyone. [25a]
- 25.06 The USSD 2007 Human Rights report noted:
- "Officials continued to attempt to stem FGM. In January [2007] three women were fined approximately \$1,550 for having their daughters undergo FGM. In February two district commissioners for Loitokitok and Kajiado instructed police to arrest anyone perpetrating FGM. They noted that some older men

were sneaking girls out of school to take them away for FGM, and that more than 10,000 girls from Kajaido fled to rescue centres to avoid FGM". [2b]

- 25.07 Rights Kenya in an article dated 9 June 2008 noted: "Kenya was cited as a country where laws had been used to good effect: the ban on FGM was contained in the Children's Act passed in 2001. According to the Executive Director of the Centre for Human Rights and Democracy, Ken Wafula, his organisation has been able to rescue 53 girls recently thanks to the law". [3b]

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LESOTHO

Extent practised

26.01 The Inter-Parliamentary Union (IPU) stated that: “FGM is reportedly not practised in Lesotho”. [1a]

Legal Position

26.02 The IPU continued, stating that: “[It] has no information on the existence of specific legislation”. [1a]

Protection

26.03 No information available.

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LIBERIA – (EXCISION)

Extent practised

27.01 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* stated that the prevalence of FC/FGM is 60 per cent countrywide. [8a]

27.02 FIDH.org reported in an article dated 4 March 2004:

“The form of harmful traditional practice (FGM) in Liberia has been on the increase and continues to be in scandalous proportion based on societal practice or cultural believe [sic] by some ethnic groups in Liberia. Girl children under the ages of five to 18 years are forced by their parents to go through female circumcision culturally called Sande and Poro societies (Sande for female and Poro for male). Non sterilised blunt objects are used in this traditional practice”. [26a]

27.03 The USSD 2007 Human Rights report noted:

“FGM traditionally was performed on young girls of northern, western, and central ethnic groups, particularly in rural areas. The most extreme form of FGM, infibulation, was not practiced. Social structures and traditional institutions, such as secret societies, often performed FGM as an initiation rite, making it difficult to ascertain the number of cases”. [2b]

Legal Position

27.04 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* states that: “Liberia has no law specifically prohibiting FC/FGM”. [8a]

Protection

27.05 No information.

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LIBYA

Extent practised

- 28.01 AFROL News in an undated article report FGM reported that it is practiced on young girls by some nomadic tribes in Libya. [6e]
- 28.02 USSD 2007 Human Rights report noted that there were reports that FGM occurred in remote areas within African migrant communities. [2b]

Legal Position

- 28.03 The USSD 2007 Human Rights report states that: "The law does not prohibit FGM, which is foreign to the culture and society...". [2b]
- 28.04 Harvard International Review quoting from '*International Health*' Spring 2005 noted that Libya was one of only three African countries to ratify the Maputo Protocol, formulated in July 2003 at an African Union conference, which would prohibit 'through legislative measures backed by sanctions... all forms of FGM'. [10a]
- 28.05 IRIN, in an undated article, reported: "The Maputo Protocol, which will come into force once 15 African countries become signatories, would be an important opportunity to develop a legal framework for the abandonment of FGM... To date, however, just seven African nations have ratified the protocol...". [14d]

Protection

- 28.06 No information.

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MADAGASCAR

Extent practised

29.01 The Inter Parliamentary Union (IPU) stated that FGM is not traditionally practised in Madagascar. [1a]

Legal Position

29.02 Harvard's Annual Law Review in its Laws of the World on FGM noted that a decree was promulgated on 4 December 1998 establishing the Code of Medical Ethics. [27a]

Protection

29.03 No information.

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MALAWI

Extent practised

- 30.01 *'The Chronicle (Lilongwe)'* in an article reported by allAfrica on 13 February 2006:

"Research carried out by the Malawi Human Rights Commission (MHRC) has revealed that in some parts of the southern region FGM is very quietly happening. Shrouded in secrecy, the practice continues to take place and exposes girls to HIV infection without any challenge because no one will talk about it... Speaking about the practice to some women around the Thyolo and Mulanji areas, it seems obvious that FGM is practiced at some initiation ceremonies although they will not say if it is practiced in their own village". [21b]

- 30.02 The USSD 2007 Human Rights report noted there were anecdotal reports that a few small ethnic groups practised FGM. Mostly it is practised on girls between ten and 15 years old, less often on 16 to 20 year olds. [2b]

Legal Position

- 30.03 The USSD 2007 Human Rights report stated: "The law does not specifically prohibit FGM". [2b]

Protection

- 30.04 The USSD 2007 Human Rights report stated:

"The Ministry of Women and Child Development undertook various activities to enhance protection and support of victims. In November 2005 the ministry announced a plan to introduce a child abuse hotline; however, the hotline had not been established [by end 2007]. The ministry continued its efforts to convert its former regional offices into rehabilitation centres and opened the first in Lilongwe to serve the central region...". [2b]

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MALI – (CLITORIDECTOMY, EXCISION AND INFIBULATION)

Extent practised

- 31.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated: "prevalence of FC/FGM: 94 per cent...FGM is practiced by all religious groups, ranging from 85 per cent among Christians to 94 per cent among Muslims, and across all ethnic groups. The two groups with the lowest prevalence rates are the Tamachek (16 per cent) and the Sonrai (48 per cent)". [8a]
- 31.02 Stop Excision, in an undated article, noted:
- "There has been a movement against FGM in Mali for over 25 years. Many projects have been designed and conducted to convince parents not to have their daughters cut... ". [28a]
- 31.03 A World Health Organisation bulletin dated February 2004 noted:
- "The Government of Mali has taken action against the widespread practice of FGM. During a four day meeting funded by United Nations Children's Fund (UNICEF) and held in the capital city, Bamako, the government agreed to assist local activists and religious leaders engaged in grass roots efforts to eradicate the custom by involving them in a national campaign". [29a]

Legal Position

- 31.04 The USSD 2007 Human Rights report noted:
- "There are no laws against FGM, but a government decree prohibits FGM in government-funded health centres. The government continued its two-phased plan to eliminate FGM by 2008. According to the local human rights organizations fighting FGM, the educational phase (workshops, videos, and theatre) continued in cities, and FGM reportedly decreased substantially among children of educated parents... The National Committee Against Violence Towards Women linked all the NGOs combating FGM". [2b]

Protection

- 31.05 The USSD 2007 Human Rights report stated: "In many instances FGM practitioners agreed to stop the practice in exchange for other income-generating activity". [2b]
- 31.06 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated that: "As of July 1998, no one had ever been criminally prosecuted for FC/FGM". [8a]

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MAURITANIA – (CLITORIDECTOMY AND EXCISION)

Extent practised

- 32.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated prevalence is 25 per cent". [8a]

Legal Position

- 32.02 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted:

"No law specifically prohibits FC/FGM. General provisions related to assault may be applicable. Article 285 of the Penal Code provides penalties for any adult who intentionally wounds or strikes or amputates a member, or commits any other acts of violence or assault against an innocent party. This law would be enforceable against practitioners of FC/FGM, those who procure the services of practitioners of FC/FGM and those who assist during the procedure". [8a]

- 32.03 afrol News in an article dated 3 September 2007, noted:

"A Mauritanian human rights committee, after a three year delay, finally has been able to report on the progress in the fight against slavery, FGM and racial discrimination in the country. While the committee mapped grave problems, authorities in Mauritania keep denying there are matters of concern... While the Mauritanian government generally is said to have a positive record on promoting women's rights, fighting FGM is no priority. To the contrary, the government representatives 'tried to justify these practices before the Committee in the name of cultural relativism,' according to FIDH (International Federation for Human Rights)". [6c]

Protection

- 32.04 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated: "Penalties include imprisonment from ten days to two years, fines of approximately US\$23 – 92, and retaliation. There has been at least one arrest for FC/FGM, in May 1998, pursuant to Article 285 of the Penal Code. The case was never prosecuted". [8a]

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MAURITIUS

Extent practised

33.01 UNICEF in a statistical summary showed that FGM is not practised in the country. [5e]

Legal Position

33.02 The Inter-Parliamentary Union (IPU) reported that it knew of no specific FGM legislation. [1a]

Protection

33.03 No information available.

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MOROCCO

Extent practised

34.01 The Inter-Parliamentary Union (IPU) stated that: “FGM is reportedly not practised in Morocco”. [1a]

Legal Position

34.02 The IPU stated that: “[they have] no information on the existence of specific legislation”. [1a]

Protection

34.03 No information available. [1a]

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Mozambique

Extent practised

- 35.01 Amnesty International in an undated article on FGM report that it is practised in Mozambique. [30a]
- 35.02 The Department for International Development (DFID) 'Mozambique Country Governance Analysis' draft paper dated October 2007 stated: "The OECD-DAC Gender, Institutions and Development Database (2006) also suggests that the prevalence of FGM in Mozambique is 0.4 per cent. However, UNICEF, for example offers no data on this". [31a]

Legal Position

- 35.03 The Inter-Parliamentary Union (IPU) stated that it knew of no specific legislation within Mozambique". [1a]

Protection

- 35.04 No information available.

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NAMIBIA

Extent practised

36.01 The Inter-Parliamentary Union (IPU) noted that FGM is reportedly not practised in Namibia. [1a]

Legal Position

36.02 The IPU had no information on specific legislation. [1a]

Protection

36.03 No information available.

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NIGER – (CLITORIDECTOMY)

Extent practised

- 37.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* stated prevalence is 20 per cent and that FGM is practised by the Arabes (Shuwa), Gourmanche, Kourtey, Peulh, Songhai and Wogo". [8a]
- 37.02 The UN Integrated Regional Information Networks (IRIN) reported on 15 February 2008 that:
- "The prevalence of FGM/C in Niger fell dramatically between 1998 and 2006, according to recent government survey. The practice... occurred in only 2.2 per cent of women in Niger in 2006 compared to 5.8 per cent of women in 1998, the survey by the Nigerian national statistics agency stated. The advance in Niger is 'remarkable' according to UNICEF Niger representative... Niger could become the first country in the West African region to completely eradicate the practice, the representative said". [21c]

Legal Position

- 37.03 IRIN also reported that FGM/C has been illegal in Niger since June 2003. [21c]

Protection

- 37.04 UN IRIN further stated: "Practitioners face between six months and 20 years in jail if found guilty". [21c]
- 37.05 USSD 2007 stated: "The government actively combated FGM. The government continued its close collaboration with local NGOs, community leaders, UNICEF, and other donors to distribute materials at health centres and participated in educational events". [2b]

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NIGERIA – (CLITORIDECTOMY, EXCISION, SOME INFIBULATION)

Extent practised

- 38.01 The USSD 2007 Human Rights report stated: “The Nigeria Demographic and Health Survey’ estimated that approximately 19 per cent of the female population had been subjected to FGM, although the incidence had declined steadily in recent years. While practiced in all parts of the country, FGM was much more prevalent in the southern region among the Yoruba and Igbo. Women from the northern states were less likely to undergo the most severe type of FGM known as infibulation”. [2b]
- 38.02 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* reported that prevalence is 60 per cent and FGM is widely practiced among the three major tribes: the Hausa, Ibo and Yoruba. [8a]

Legal Position

- 38.03 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* reported that there is no national law specifically prohibiting FC/FGM. [8a]
- 38.04 The USSD 2007 Human Rights confirmed this, saying:
“The federal government publicly opposed FGM but took no legal action to curb the practice. Because of the considerable impediments that anti-FGM groups faced at the federal level, most refocused their energies on combating the practice at the state and local levels. Bayelsa, Edo, Ogun, Cross River, Osun, and Rivers states banned FGM. However, once a state legislature criminalised FGM, NGOs found that they had to convince the local government area authorities that state laws were applicable in their districts”. [2b]
- 38.05 Amnesty International, in an article dated 31 January 2007, reported the Acting Director of the Inter African Committee as saying that about eleven states have passed bills legislating against FGM... These include the South-south states and almost the whole of South-west...”. [30b]

Protection

- 38.06 The USSD 2007 Human Rights confirmed this, saying:
“During the year [2007] there were no known prosecutions resulting from a 2005 Osun state law intended to punish persons who encourage FGM. The law criminalises the removal of any part of a sexual organ from a woman or a girl, except for medical reasons approved by a doctor... The law provides for a fine of \$385, one year’s imprisonment, or both for a first offence, and doubled penalties for a second conviction”. [2b]

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RWANDA

Extent practised

39.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted that FGM is reportedly not practised in Rwanda". [8a]

Legal Position

39.02 IPU had no information on the existence of specific legislation in Rwanda". [1a]

Protection

39.03 No information available.

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SAO TOME AND PRINCIPE

Extent practised

40.01 The Inter-Parliamentary Union (IPU) noted that FGM is reportedly not practised in Sao Tome and Principe. [1a]

Legal Position

40.02 The IPU had no information on specific legislation. [1a]

Protection

40.03 No information available.

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SENEGAL – (EXCISION)

Extent practised

- 41.01 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* noted that the prevalence of FGM is 20 per cent. [8a]
- 41.02 UNICEF, in an article dated 24 November 2005, reported:
- “The international non-governmental organisation Tostan is working in Senegal to create dialogue within communities about FGM/C through a holistic, basic education programme, conducted in local languages. As a result more than 1600 villages have collectively ended the practice of FGM/C – representing more than 30 per cent of the practicing population”. [5f]
- 41.03 UN IRIN in an article dated 10 August 2007 reported a commemoration was held 70km from Dakar on 5 August to mark the 10th anniversary of the community declaring it had abandoned FGM/C. However, a decade later, in many of the near 3,000 villages in Senegal, Guinea and Burkina Faso that have similarly declared, there are worrying signs that FGM/C continues. [21d]

Legal Position

- 41.04 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* noted that Senegal amended its Penal Code in January 1999 to prohibit FC/FGM. [8a]

Protection

- 41.05 *‘Female Genital Mutilation – A Guide to Laws and Policies Worldwide’* noted that the first arrests under the new law were made in early August 1999. [8a]
- 41.06 USSD 2007 Human Rights report stated: “The government prosecuted those caught engaging in the practice and fought to end FGM by collaborating with the NGO Tostan and other groups to educate people about its inherent dangers”. [2b]

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SEYCHELLES

Extent practised

42.01 The Inter Parliamentary Union (IPU) noted that FGM is reportedly not practised in the Seychelles. However, there was no official confirmation of this. [1a]

Legal Position

42.02 The IPU have no information on the existence of specific legislation. [1a]

Protection

42.03 No information available.

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SIERRA LEONE – (EXCISION)

Extent practised

- 43.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted that the prevalence of FGM is 90 per cent and it is practised by all Christian and Muslim ethnic groups, except for the Krios. Two types of FGM are performed as initiation rituals into the Bundo and Sande secret societies. [8a]
- 43.02 The Feminist Majority Foundation, in an article dated 8 August 2006, reported:
- “Fifteen top practitioners of FGM in Sierra Leone last weekend publicly announced their decision to abandon their positions as female circumcisers... The 15 women were well-known and responsible for about a third of the FGM in the town of Lunsar... According to Rugiatu Turay, coordinator for the Amazonian Initiative Movement (AIM), the organisation has been able to convince about 400 practitioners in 111 villages in Sierra Leone to end the practice”. [32a]

Legal Position

- 43.03 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted that Sierra Leone has no laws specifically prohibiting FC/FGM. General criminal law provisions may be applicable. [8a]
- 43.04 AFP, in an article dated 4 February 2008, reported:
- “The new government in Sierra Leone has vowed to outlaw FGM...the social welfare minister said Monday. Minister Haja Musu Kandeh said the government ‘has an expressed commitment to ban the practice of FGM’. She did not state when the ban would take effect... But several FGM practitioners were swift to criticise the upcoming ban. ‘It is our culture and we should be allowed to continue it’, circumciser Mamy Vandi said. Another worried about loosing her livelihood "This is how I make my living. If they take it away from me, I shall be a pauper overnight," she said.” [33a]

Protection

- 43.05 USSD 2007 noted that although FGM practitioners were occasionally detained by police, accusing them of forced mutilation or manslaughter, human rights workers reported that the police were hesitant to interfere in cultural practices. [2b]

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SOMALIA – (INFIBULATION)

Extent practised

- 44.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted that the prevalence of FGM is 98 per cent and it is almost universally practised. [8a]
- 44.02 UNICEF in an undated paper *'Eradication of Female Genital Mutilation in Somalia'* noted: "Despite the many internationally recognised laws against FGM, lack of validation in Islam and global advocacy to eradicate the practice, it remains embedded in Somali culture". [5g]
- 44.03 IRIN reported in February 2005 that: "Dadaab refugee camp [in Kenya] houses thousands of Somalis, who, according to the UN's Refugee Agency (UNHCR), practice infibulation on girls as young as six". [14c]

Legal Position

- 44.04 Womankind reported that Save Somali Women and Children (SSWC) provide practical support to some of the country's most vulnerable and marginalised women through workshops and campaigns to end FGM. [34a]
- 44.05 IRIN reported on 7 April 2008 that: "FGM is illegal in Puntland, but is a prevalent traditional practice". [14b]

Protection

- 44.06 The USSD 2007 Human Rights Report noted that the FGM laws were not enforced. [2b]

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SOUTH AFRICA

Extent practised

- 45.01 The Inter Parliamentary Union (IPU) noted that FGM affects girls and women of certain immigrant populations. [1a]

Legal Position

- 45.02 The Centre for Reproductive Rights reported in January 2008 that legislation against FGM was enacted in 2005. [9a]

Protection

- 45.03 No information available.

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SUDAN – (INFIBULATION AND EXCISION)

Extent practised

- 46.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted that the prevalence of FGM is 89 per cent and it is almost universally practised. [8a]
- 46.02 In 2005, UNICEF reported: "In Sudan, a number of religious leaders are questioning deeply-held convictions on FGM/C in their communities and urging other leaders to support an end to the practice". [5h]

Legal Position

- 46.03 FORWARD reported in December 2005 that: "Although Sudan has had a law since 1946 banning the most severe form of FGM the law is clearly insufficient as it does not ban all forms of FGM...". [35a]
- 46.04 The USSD 2007 Human Rights report, on the other hand, stated that: "Although no form of FGM was illegal, the health law prohibited doctors and midwives from performing infibulations, the most common form of FGM. The government actively campaigned against it". [2b]

Protection

- 46.05 No information available.

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SWAZILAND

Extent practised

47.01 The Inter Parliamentary Union (IPU) noted that FGM is reportedly not practised in Swaziland. However, there was no official confirmation of this.
[1a]

Legal Position

47.02 No information available.

Protection

47.03 No information available.

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TANZANIA – (EXCISION, INFIBULATION)

Extent practised

- 48.01 *'Female Genital Mutilation – A Guide to Laws and Policies Worldwide'* noted that the prevalence of FGM is 18 per cent. There is a high prevalence rate among some groups such as the Shaga. A form of FGM is practised by Somali settlers and refugees. [8a]
- 48.02 An article in the January 2005 edition of *'Tropical Medicine and International Health'* noted: "In East Africa, FGC is practised in central Tanzania and northwards". [36a]
- 48.03 The USSD 2007 Human Rights report noted: "A Ministry of Health report released in December 2006 indicated that the percentage of women and girls who underwent FGM declined from 18 per cent in 1995 to 15 per cent in 2005... FGM was practiced by approximately 20 of the country's 130 tribes and was most prevalent in 11 mainland regions". [2b]
- 48.04 afrol News reported on 26 June 2007: "The Tanzanian government finds itself in the embarrassing situation of being the centre of focus in a new campaign against FGM. It has allowed mass FGM ceremonies to take place in the open despite international protest and the fact that the practice in theory is outlawed in Tanzania". [6d]

Legal Position

- 48.05 The USSD 2007 Human Rights report noted: "The law prohibits FGM... however, it was practised by many tribes and families, and those who conducted the procedure were rarely made to stand accountable...". [2b]

Protection

- 48.06 The USSD 2007 report continued: "Penalties for practising FGM on females under 18 were from five to 15 years imprisonment, a fine not exceeding \$235, or both. The law also provides for the payment of compensation by the perpetrator to person against whom the offence was committed... Corruption also made it difficult to enforce the anti-FGM law". [2b]

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Togo – (EXCISION)

Extent practised

- 49.01 A 2008 article published by Associated Content noted: “FGM is practised as an obligatory custom in many of the tribes within Togo. FGM is required for a female to enter into a marriage in these tribes, where there are limited alternative options for survival”. [37a]
- 49.02 The Inter Parliamentary Union (IPU) report noted:
- “Excision and circumcision are reportedly practised in the region of Tchaoudjo, in the north of Togo. According to the World Health Organization, the prevalence rate nationwide was 12% in 1996. Among the Cotocoli, the Tchamba, the Mossi, the Yanga and the Peuls, the prevalence rate was reportedly between 85 to 98%; it is reportedly 22% for the Moba and 12% for the Gurma. ”. [1a]

Legal Position

- 49.03 The USSD 2007 report stated: “The law prohibits FGM... Traditional customs often took precedence over the legal system among certain ethnic groups”. [2b]

Protection

- 49.04 The USSD 2007 further said: “Penalties for practitioners of FGM range from two months to five years in prison as well as substantial fines. However, the law was rarely applied because most FGM cases occurred in rural areas where victims generally did not understand the law”. [2b]

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TUNISIA

Extent practised

50.01 An undated Freedom House Country Report stated: “There is no documentation of gender-based harmful practices in Tunisia”. [20b]

Legal Position

50.02 The Inter Parliamentary Union (IPU) noted that FGM is reportedly not practised in Tunisia. However, there was no first-hand confirmation of this. [1a]

Protection

50.03 No information available.

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UGANDA – (CLITORIDECTOMY AND EXCISION)

Extent practised

51.01 The Inter Parliamentary Union (IPU) reported: “Excision and circumcision are reportedly practised in Uganda. According to information at the WHO’s disposal, the prevalence could be 5 per cent”. [1a]

51.02 ‘*New Vision*’ (*Kampala*) reported on 20 March 2007:

“In the Sabiny culture, circumcision or FGM as modernists call it, is carried out every even year. The Sabiny believe this ritual is the passage into womanhood... The Reproductive Education and Community Health (REACH) programme officer, says the number of girls being mutilated in Kapchorwa and Bukwa districts has dropped by over 80 per cent in the last decade. She says in the past, advocates against FGM were using girls as change agents but around 2003, REACH began involving the surgeons and mentors in the campaign. She says the effort paid off. Mentors are the girls’ chaperons”. [21e]

Legal Position

51.03 ‘*The Monitor*’ (*Kampala*) reported on 21 February 2008:

“Members of Parliament have finalised plans to table before Parliament a private members Bill to pave way for a law against FGM in the country. The draft Bill titled the Prohibition of Female Genital Cutting Bill would soon be presented to the House by the Parliamentary Forum for Food Security and Population”. [21f]

Protection

51.04 No information available.

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ZAMBIA

Extent practised

52.01 The Inter Parliamentary Union (IPU) noted that FGM is reportedly not practised in Zambia. However, there was no official confirmation of this. [1a]

Legal Position

52.02 The Inter Parliamentary Union (IPU) had no knowledge of specific legislation for FGM in Zambia. [1a]

Protection

52.03 No information available.

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ZIMBABWE (INFIBULATION)

Extent practised

53.01 AFROL News noted in a Gender Profile that: “The Remba ethnic group practice infibulation...”. [1a]

Legal Position

53.02 The Inter Parliamentary Union (IPU) had no information on the existence of specific legislation for FGM in Zimbabwe. [1a]

Protection

53.03 No information available.

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Annex A: References to source material

The Home Office is not responsible for the content of external websites.

Numbering of source documents is not always consecutive because some older sources have been removed in the course of updating this document.

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