Guinea: Researched and compiled by the Refugee Documentation Centre of Ireland on 23 May 2011

Guinea - What is the average age of circumcision/is it common for women in their 20's; What is the incidence of hospitalisation for uncontrolled bleeding and infection resulting from FGM; Do police intervene in traditional practices to protect women forced to undergo FGM.

The *US Department of State* Country Report on Human Rights Practices published in April 2011 notes under the heading Children':

> "FGM was practiced widely in all regions among all religious and ethnic groups, primarily on girls between the ages of four and 17; infibulation, the most dangerous form of FGM, was rarely performed. The Coordinating Committee on Traditional Practices Affecting Women's and Children's Health (CPTAFE), a local NGO dedicated to eradicating FGM and ritual scarring, reported high rates of infant mortality and maternal mortality due to FGM. According to a 2005 Demographic and Health Survey, 96 percent of women in the country had undergone the procedure. FGM is illegal, and practitioners faced a penalty of three months in prison and a fine of approximately 100,000 Guinea francs ($21); however, there were no prosecutions during the year." (US Department of State (8 April 2011) *Guinea: Country Report on Human Rights Practices – 2010*)

A report from *GTZ (Deutsche Gesellschaft fur Technische Zusammenarbeit GmbH)* published in November 2007 note under the heading 'Pravalence':

> "FGM is practiced throughout Guinea. There is little ethnic or religious difference in prevalence patterns. The Demographic and Health Survey 2005 (DHS) indicates a prevalence of 96 % among women aged between 15 and 49 years.[…] 94 % of women covered by the DHS Survey had already had their daughters excised or intended to do so. 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. […]
>
> The age at which girls undergo FGM ranges from several months to 14 years. Most girls are younger than five (36 %), and another third are aged between 5 and 10 (32 %). Between the ages of 10 and 14 ca. 27 % of girls are subjected to FGM, while about 3 % are older than 14. The main reasons given for continuing the practice are social acceptance (64%) and religious requirements (32 %)." (GTZ (Deutsche Gesellschaft fur Technische Zusammenarbeit GmbH) November 2007) *Female Genital Mutilation in Guinea*)

Under the heading 'Approaches' the report notes:

> “The Guinean government has ratified various international conventions, such as the children's rights and women's conventions, the civil and political rights covenant and the Protocol for the rights of women in Africa (Maputo Protocol). More importantly, Article 265 of the 1965 Constitution clearly forbids the mutilation of the genital organs of both men and women, and the crime is punishable by life imprisonment. To date, however, no one has been indicted for this crime. In 1989, a governmental declaration, referring to the constitutional guarantee of the right to physical integrity, condemned harmful traditional practices, including FGM.” (ibid)

The *US Department of State* report on ‘Female Genital Mutilation or Female Genital Cutting’ notes under the heading ‘Incidence’:

> “According to a 1999 Demographic and Health Survey of 6,753 women nationally, 98.6 percent of the women of Guinea have undergone one of these procedures. In Lower and Upper Guinea, girls are usually ten to twelve years of age when they undergo the procedure. In Middle Guinea girls are four to eight years of age.
>
> A growing number of women and men oppose the practice. Some urban educated families are beginning to opt for a slight symbolic incision on the genitals rather then the complete procedure.” (US Department of State (1 June 2001) *Guinea: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*)

The report also notes under the heading ‘Protection’:

> “In May 1996, CPTAFE was contacted by an NGO in France regarding the case of a Guinean woman who did not want to be repatriated to Guinea because she feared her two daughters would be excised. CPTAFE responded to the French NGO that the woman's fears were well founded as this procedure is often inflicted upon girls visiting relatives in Guinea.
>
> In another incident, a girl was sent by her parents in France to Guinea to be excised. CPTAFE met the mother and daughter upon their arrival at the airport and held an informational counseling session at their home in Conakry. The girl was not excised.” (ibid)

A response to an Information Request published by the *Immigration and Refugee Board* of Canada in August 2002 notes:

> “A representative of the Cellule de coordination sur les pratiques traditionnelles affectant la santé des femmes et des enfants (CPTAFE), a Guinean NGO working for the elimination of FGM, maintained in a telephone interview that FGM is practised widely in Guinea, by all ethnic groups, including the Malinke, and this despite government efforts to prohibit the procedure (31 July 2002). The representative further stated that the Malinke generally perform excision of the clitoris and all or part of the labia on girls before puberty, usually at age seven (ibid.). The representative believes it is possible that, although many urban families are now opting for the symbolic incision, a woman might be forced to undergo a full excision if family conditions changed (a different guardian since childhood) or if the future husband's family required it (ibid.).” (Immigration and Refugee Board of Canada (6 August 2002) *Guinea: Practice of female genital mutilation (FGM)*

in the Malinke tribe; extent of mutilation (excision, or lesser extent); age at which the practice is performed; whether it is possible that a woman who has undergone FGM to a lesser extent as a child would be forced to undergo more drastic FGM before marriage)

Paragraph 11 in Section I.A of a June 2010 *UN General Assembly* report, notes:

> "The delegation noted that the Constitution and the Criminal Code enshrine the sacred nature of human life and human beings. As a consequence, law prohibits all attacks against life and physical integrity. Nevertheless, Guinean law has maintained the death penalty for the most serious crimes. Although courts mete out such sentences, the Government has been observing a de facto moratorium since 2002. Additionally, various measures have been undertaken to effectively combat all forms of violence, such as female genital mutilation and sexual violence." (UN General Assembly (14 June 2010) *Report of the Working Group on the Universal Periodic Review; Guinea*, p.4)

Paragraph 22 in the same section, adds:

> "The strategy for the elimination of harmful traditional practices and stereotypes is based on the application of repressive laws, on the one hand, and on the implementation of awareness and education mechanisms and programmes regarding issues such as early marriage and female genital mutilation, on the other. Perpetrators of female genital mutilation can be sentenced to life imprisonment or even death." (ibid, p.5)

Paragraph 32 in Section B of the same report notes:

> "India appreciated Guinea's efforts to empower rural women and to address trafficking and female genital mutilation. It noted that, owing to the steady deterioration in its economy over the previous decade, poverty remained the main obstacle to the protection of human rights. It encouraged Guinea to establish an independent national human rights institution in full compliance with the Paris Principles and to consider ratifying the Optional Protocols to the Convention on the Rights of the Child." (ibid, p.7)

Paragraph 51 in the same section of the report adds:

> "The Netherlands highlighted Guinea's cooperation with the Commission of Inquiry following the events of September 2009, its cooperation with the Human Rights Council on resolution 13/21, and its decision to work with OHCHR in opening a country office. It noted Guinea's fragile human rights situation. It reiterated concerns about violence against women and girls, including sexual violence. It was alarmed by the high incidence of female genital mutilation and the impunity of its perpetrators. It welcomed the Law on Reproductive Health, prohibiting all forms of female genital mutilation. It expressed concern that Guinea was a country of origin, transit and destination for human trafficking." (ibid, p.9)

Paragraph 60 of the same section of the report continues adding:

> "The delegation noted the existence of a five-year national programme against female genital mutilation, as well as repressive measures. Life

imprisonment and the death penalty, which were included in the Criminal Code with regard to violence against women and children, would be envisaged for the most serious cases." (ibid, p.10)

Paragraph 50 in Section III.A.9 of a March 2010 *UN General Assembly* report, under the heading 'Respect for the human person', notes:

> "The Criminal Code makes provision for offences against human life and the person and establishes criminal penalties for these offences in accordance with the principle that "no-one shall be subjected to torture or cruel, inhuman or degrading treatment of either their body in general or the reproductive organs in particular". In addition to the legal prohibition, steps are being taken to effectively combat all forms of violence, including female genital mutilation, early marriage, domestic violence and sexual abuse. However, abuses by law enforcement officers are rarely punished." (UN General Assembly (3 March 2010) *National report submitted in accordance with paragraph 15 (a) of the annex to Human Rights Council resolution 5/1; Guinea*)

Paragraph 134 in Section V.A.3 of the same report adds:

> "The Ministry of Social Affairs ensures compliance with conventions on children's rights and women's rights. A joint national five-year programme to combat female genital mutilation, supported by the United Nations Population Fund (UNFPA) and UNDP, is currently under way. National campaigns to combat excision are organized regularly and are strengthened through the involvement of NGOs and opinion formers, and the imposition of punitive measures." (ibid. p.19)

A February 2009 article from *UN Children's Fund (UNICEF)* notes:

> "CONAKRY, Guinea, 23 February 2009 – Women in Guinea took an important step forward recently as the country observed 'Zero Tolerance Day' against female genital mutilation/cutting (FGM/C) at Guinea's 'Palace of the People' in the capital, Conakry.
>
> In attendance at the event were Prime Minister M. Kabinet Komara as well as President Moussa Dadis Camara's Chief of Cabinet, Secretary and several advisors. Members of the diplomatic corps, UN Humanitarian Coordinator Mbaranga Gasarabwe and representatives from non-governmental organizations and other agencies were also there." (UN Children's Fund (UNICEF) 23 February 2009) *Committing to end female genital mutilation in Guinea*)

Page 16 of a report from *UNICEF* published in May 2008 states:

> "The rights to life and to the highest attainable standard of health FGM/C irreversibly compromises a girl or woman's physical integrity. The damage caused by this procedure can pose a serious risk to her health and wellbeing. 13
>
> In extreme cases, FGM/C can also violate a girl or woman's right to life. Fatalities are often due to severe and uncontrolled bleeding or to infection after the procedure. 14 Moreover, FGM/C may be a contributory or causal factor in maternal death.15 The mortality rate of girls and women undergoing

FGM/C is not known, since few records are kept and deaths due to FGM/C are rarely reported as such.16 Medical records are also of limited use in determining morbidity due to FGM/C because complications resulting from the practice, including subsequent difficulties in childbirth, are often not recognised or reported as such and may be attributed to other causes. In some cases, these assigned causes may be medical in nature, but in others, they may reflect traditional beliefs or be attributed to supernatural causes. As a result, many girls who experience complications are treated with traditional medicines or cures and are not referred to health centres." (UNICEF (May 2008) *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*)

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

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