Refugee Documentation Centre (Ireland)
LEGAL AID BOARD

Democratic Republic of Congo - Researched and compiled by the Refugee Documentation Centre of Ireland on 25 March 2010

Information on forced circumcision if both parents oppose - Ogboni father-in-law wishes the circumcision to go ahead; client is from Ogun state

Section 6 of the March 2010 *United States Department of State* Country Report on Human Rights Practices under the heading 'Children', states:

> "The 2008 NDHS reported that 30 percent of females in the country had been subjected to FGM. While practiced in all parts of the country, FGM was most prevalent in the southern region among the Yoruba and Igbo. Infibulation, the most severe form of FGM, was infrequently practiced in northern states but common in the south. The age at which women and girls were subjected to the practice varied from the first week of life until after a woman delivered her first child; however, most women were subjected to FGM before their first birthday.
>
> The law criminalizes the removal of any part of a sexual organ from a woman or girl, except for medical reasons approved by a doctor. According to the provisions of the law, an offender is any female who offers herself for FGM; any person who coerces, entices, or induces any female to undergo FGM; or any person who, for other than for medical reasons, performs an operation removing part of a woman or girl's sexual organs. The law provides for a fine of 50,000 naira (approximately $332), one year's imprisonment, or both for a first offense and doubled penalties for a second conviction.
>
> 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. Twelve states banned FGM. However, once a state legislature criminalized FGM, NGOs found that they had to convince the local government authorities that state laws were applicable in their districts. The Ministry of Health, women's groups, and many NGOs sponsored public awareness projects to educate communities about the health hazards of FGM; however, underfunding and logistical obstacles limited their contact with health care workers.
>
> FGM often resulted in obstetrical fistula (a tearing of the vaginal area as a result of prolonged, obstructed labor without timely medical intervention). Most fistulas resulted in the death of the baby and chronic incontinence in the woman. The social consequences of fistula included physical and emotional isolation, abandonment or divorce, ridicule and shame, infertility, lack of economic support, and the risk of violence and abuse. The absence of treatment greatly reduced prospects for work and family life, and women affected were often left to rely on charity." (United States Department of State

(Bureau of Democracy, Human Rights, and Labor) (10 March 2010) *Nigeria: 2009 Country Reports on Human Rights Practices*)

An October 2006 *Immigration and Refugee Board of Canada* response under the heading 'Consequences for parents who refuse to submit their daughters to FGM', states:

> "Information on the consequences for parents in Nigeria who refuse to submit their daughters to FGM could not be found among the sources consulted by the Research Directorate. However, in 24 August 2006 correspondence with the Research Directorate, the Project Coordinator of Women's Rights Watch Nigeria suggested that most parents are supportive of FGM being performed on their daughters, stating that
>
> [d]ue to the prevalence of the belief system [in Nigeria], men refuse to marry an uncircumcised woman because he believes she will be unfaithful to him. As a result, parents, even educated ones, routinely circumcise their daughters so as to enhance their chances of marriage." (Immigration and Refugee Board of Canada (30 October 2006) *Nigeria: Consequences for parents who refuse to submit their daughters to the practice of female genital mutilation; reports of women, girls or children being abducted and forced to undergo the procedure; response by authorities to complaints; and legal recourse*)

Section 4 of a January 2009 *Norwegian Country of Origin Information Centre* (*Landinfo)* report under the heading 'Possibilities for Protection Against FGM', notes:

> "Conflicts of interest around FGM usually (though not always) take one of the two following forms:
>
> Parents/guardians wish to subject a daughter to FGM, against her will.
>
> Parents/guardians wish to abstain from subjecting a daughter to FGM, but meet pressure from other relatives who wish the girl to be subjected to FGM.
>
> Most conflicts between girls/young women and their parents/guardians will end with the girls having to submit and let themselves be subjected to FGM. This is closely related with girls' and young women's relatively limited autonomy in most West African societies, compared to what is common in i.e. Western European societies. The social risk connected to acting against the will of close relatives can be considerable, as most depend on them in their daily lives. One consequence of this is that compromises or the weaker party in a relationship accommodating the stronger is the most common result when there is conflict. Standing alone, with limited or no support from family and relatives, is usually considered worse than accommodating them or even submitting completely, against one's own personal wishes.
>
> In situations where parents/guardians wish not to have their daughters subjected to FGM, but where other relatives may try to intervene and overrule their decision, the circumstances are more complex. As mentioned above in part 3.4, it is not given who will have the last word – parents/guardians or other relatives, and the result is far from certain.

> In cases of conflict around the question on whether a girl/young women should be subjected to FGM or not, those in favour of FGM will often justify their position with arguments as described in part 3.2, whereas those who are against FGM will probably present arguments as described in part 3.3. In addition to discussions among the concerned, both parties will also be able to involve others to try to tip the scales in their favour. This part of the report will focus on what other persons and institutions that those opposing FGM can turn to for moral and practical support." (Norwegian Country of Origin Information Centre (Landinfo) (12 January 2009) *Female genital mutilation of women in West Africa*, p.24)

Section 4.1 of the same report under the heading 'Traditional Conflict Solving Mechanisms', states:

> "When conflicts erupt within the family in West Africa, it is generally unusual to involve outsiders – especially representatives of public authorities, as most people are deeply distrustful of them. At the same time, most West Africans have a considerably wider circle of people they trust on different levels than what is common in Western Europe, and members of this large circle can be asked for assistance when people need support in internal family conflicts.20
>
> This circle consists of family members and relatives (even relatives so distant that many in Europe would probably not even be aware they were related to them), but also friends, neighbours, colleagues, religious leaders, figures of authority in the local community, etc. A "private family matter" is generally not something only involving parents and siblings; it can be discussed with a large number of other people – even when the subject is as sensitive as FGM.
>
> However, as FGM concerns sexuality and gender roles, some women will hesitate to involve men, even men they have close ties to. In the same way, many men will resist attempts to involve them in the discussion of what they regard as a subject that mainly concerns women, even when they are actively asked to become involved." (ibid, p.24-25)

The July 2009 *Freedom House* Freedom in the World report for Nigeria, under the heading 'Political Rights and Civil Liberties', states:

> "Nigerian women face societal discrimination, although their educational opportunities have eroded a number of barriers over the years. In some ethnic groups, women are denied equal rights to inherit property, and spousal rape is not considered a crime. Many women are subjected to female genital mutilation (FGM), though the precise incidence is unknown. While the federal government publicly opposes FGM, it has taken no action to ban the practice. Women's rights have suffered serious setbacks in the northern states governed under Sharia statutes." (Freedom House (16 July 2009) *Freedom in the World 2009 – Nigeria*)

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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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