



RESPONSES TO INFORMATION REQUESTS (RIRs)

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Nigeria: Prevalence of female genital mutilation (FGM), including ethnic groups in which FGM is prevalent; available state protection
Research Directorate, Immigration and Refugee Board of Canada, Ottawa

The 2008 *Nigeria Demographic and Health Survey* (NDHS) found that 30 percent of women surveyed (aged 15-49 years) have undergone Female Genital Mutilation (FGM) (Nigeria Nov. 2008, 299). However, the NDHS also found that prevalence varies by ethnicity and geographic zone, with the practice being most common in the South East and South West zones, among the Yoruba and Igbo (ibid.). In particular, the percentage of women who reported undergoing FGM is broken down by ethnicity, as follows: Ekoi: 34 percent, Fulani: 8.5 percent, Hausa: 20.3 percent, Ibibio: 15.8 percent, Igbo: 51.4 percent, Ijaw/Izon: 23.5 percent, Yoruba: 58.4 percent, others: 14.0 percent (ibid., 300). With respect to geographic zone, the percentage of women who reported undergoing FGM varies as follows: North Central: 11.4 percent; North East: 2.7 percent; North West: 19.6 percent; South East: 52.8 percent; South South: 34.2 percent; South West: 53.4 percent (ibid.).

The report states that the observed prevalence in the North West zone of almost 20 percent is largely due to a high prevalence in Kano state (ibid.). Researchers working in this state documented instances of vaginal scraping and cutting, in addition to instances in which the clitoris was cut (ibid.). Researchers working in other states may or may not have included vaginal cutting and scraping in the definition of FGM, according to the NDHS report (ibid.).

Similarly, in a telephone interview with the Research Directorate, the Director of the Centre for Women's Studies and Intervention (CWSI) - a non-governmental organization (NGO) that is researching traditional harmful practices and undertaking related public awareness activities - stated that FGM is commonly practised among the Yoruba and Igbo (20 July 2010). The CWSI Director also said the practice was common among the Ijaw (20 July 2010). Furthermore, the CWSI Director stated that that FGM prevalence is higher in the South West and South South zones, but is less common in the North (20 July 2010).

In addition, a study published in the *African Journal of Reproductive Health* (AJRH), which is an international journal published by a Nigerian NGO called the Women's Health and Action Research Centre (WHARC) (Bioline n.d.), reports that FGM is common among the Edo (Osifo and Evbuomwan Mar. 2009). The Edo are the main ethnic group in Edo State (ibid.), which is in southern Nigeria (Edo n.d.). The AJRH study was based on 51 children and youth who came to the Benin Teaching Hospital between 2002 and 2007 for treatment of complications resulting from FGM (Osifo and Evbuomwan Mar. 2009).

The Irish Examiner reports that research conducted by the Nigeria-based Human Rights and Conflict Resolution Centre (HRCRC) indicates that FGM is "widespread" in

Ebonyi, a state in southern Nigeria (10 Apr. 2009). It was not possible to obtain a copy of the HRCRC report within the time constraints of this Response.

The CWSI Director stated FGM is more prevalent in rural areas than in urban areas (20 July 2010). In contrast, the NDHS survey indicated that 36.8 percent of women surveyed who had been subject to FGM lived in urban areas, while 25.6 percent lived in rural areas (Nigeria Nov. 2008, 299). However, the report also noted that this finding may be explained by the fact that the South West and the South East zones, commonly inhabited by the Yoruba and Igbo, are relatively urbanized areas (ibid.).

With respect to the age at which FGM takes place, the results of the NDHS survey indicate that 82.4 percent of women underwent FGM before 1 year of age; 1.6 percent between 1 and 4 years of age; and 12.5 percent after age 5 (ibid., 302). However, the NDHS also found that the age at which women underwent FGM varied by ethnic group (ibid., 301). In particular, two-thirds of Ibibio women reported that they underwent FGM at 5 years of age or older (ibid.). Approximately half of Ekoi and Ijaw/Izon women also reported that they experienced FGM at age 5 or older (ibid.).

Similarly, the CWSI Director stated that, although the age at which the procedure takes place varies by ethnic group, FGM most commonly takes place between 0 and 7 days after a baby is born (20 July 2010). However, she noted that FGM takes place among some ethnic groups when a woman is pregnant (CWSI 20 July 2010).

Government Response

According to a newsletter article written by Olaide Gbadamosi, Barrister and Solicitor of the Supreme Court of Nigeria, the government of Nigeria is "officially opposed" to FGM (KIT 2008, 3). However, there is no national law prohibiting FGM (UN Feb. 2010, 140; ibid. 21 May 2009, 13; ibid. 8 July 2008, Para. 21).

Several Nigerian states have enacted laws prohibiting FGM (UN 21 May 2009, 13; UN Feb. 2010). According to a United Nations (UN) expert paper authored by the Executive Director of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), these states are as follows: Abia, Bayelsa, Cross River, Delta, Edo, Ogun, Osun and Rivers (UN 21 May 2009, 13). A report produced by the UN Economic Commission for Africa (ECA) on the implementation of the Beijing Platform for Action corroborates that the following states have banned FGM: Bayelsa, Cross River, Edo, Ogun, Osun and Rivers (UN Feb. 2010, 140). However, the EAC report does not mention Abia or Delta (ibid.). Information regarding the implementation of state laws was not found among the sources consulted by the Research Directorate.

In addition, according to the Gbadamosi article, various NGOs have undertaken public awareness activities regarding FGM in Nigeria (KIT 2008, 3). The Women's Health and Action Research Centre (WHARC) is advocating for legislation banning FGM (WHARC n.d.). The Women Aid Collective (WACOL) is working to "eliminate harmful traditional practices" (WACOL n.d.). The CWSI Director said most activities to address FGM are carried out by grassroots organizations (CWSI 20 July 2010). She voiced her opinion that the government of Nigeria is not undertaking significant activities to protect women and girls against FGM (ibid.).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim

for refugee protection. Please find below the list of sources consulted in researching this Information Request.

References

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Additional Sources Consulted

Oral sources: Representatives from Women's Rights Advancement and Protection Alternative (WRAPA) and Legal Defence and Assistance Project (LEDAP) were unable to provide information within the time constraints of this Response.

Internet sites, including: Alliances for Africa, Amnesty International (AI), Centre for Development and Population Activities (CEDPA), Global Justice Center, Equality Now, The Female Genital Cutting Education and Networking Project, Human Rights Watch, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), International Federation of Gynecology and Obstetrics (FIGO), International Federation of Women Lawyers, Government of Nigeria, Office of Public Communications, Legal Defence and Assistance Project (LEDAP), Minority Rights Group International, National Organization of Circumcision Information Resource Centers, Network for Justice and Democracy, Pubmed, Population Council, Population Reference Bureau, Project Alert on Violence Against Women, United Nations (UN) Population Fund (UNFPA), Women's Rights Advancement and Protection Alternative (WRAPA) Nigeria, World Health Organization (WHO).

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