



RESPONSES TO INFORMATION REQUESTS (RIRs)

[New Search](#) | [About RIRs](#) | [Help](#)

21 November 2012

NGA104220.E

Nigeria: Whether parents can refuse female genital mutilation for their daughters; protection available to the child

Research Directorate, Immigration and Refugee Board of Canada, Ottawa

1. Attitudes Toward Female Genital Mutilation

In correspondence sent to the Research Directorate, a project coordinator for Women's Rights Watch Nigeria, a women lawyers' organization that advocates for women's rights and gender equity in Nigeria (Global Fund for Women n.d.), considers that, while, "with increasing enlightenment, attitudes are changing" toward female genital mutilation (FGM), attitudes in rural Nigeria remain unchanged (Women's Rights Watch Nigeria 7 Nov. 2012). Sources indicate that advocates of FGM present it as a cultural practice that discourages "sexual promiscuity" (CWSI 5 Nov. 2012; Women's Rights Watch Nigeria 19 July 2004) and promotes "chastity in women" (ibid.). In correspondence with the Research Directorate, a representative of the Centre for Women Studies and Intervention (CWSI), an NGO that does research on gender issues and advocates for the elimination of traditional harmful practices (CWSI n.d.), also indicated that parents subject their daughters to FGM based on the social belief that "a young woman who refuses to [undergo FGM] will have difficult labour or will be unfaithful to her husband or is not considered a 'woman'" (5 Nov. 2012). The Women's Rights Watch Nigeria project coordinator corroborated the above information, saying that it is a cultural belief that FGM "prohibits waywardness in women, therefore men will refuse to marry a woman that is not circumcised" (7 Nov. 2012). The CWSI representative stressed that, even though parents can refuse FGM from being performed to their daughters, "[nobody] wants to be the exception" (5 Nov. 2012). In correspondence with the Research Directorate, Uju Peace Okeke, a lawyer and sexual-and-reproductive-rights advocate in Nigeria (26 Oct. 2012), indicated that parents can refuse FGM "sometimes at huge costs" (7 Nov. 2012). *Daily Trust*, an Abuja-based newspaper, cites the former executive director of the Women Empowerment and Reproductive Health Centre (WERHC), an NGO that seeks to advance the rights of women (*Daily Trust* 6 Dec. 2011), as indicating that "[i]t is the pride of every parent to ensure that their daughter goes through it, and any daughter that refuses to co-operate is held down usually by hefty men while [FGM is performed]" (ibid. 14 Feb. 2012). He also indicated that FGM is performed "in nearly all states of Nigeria" and its prevalence is estimated at 36 to 60 percent (ibid.). The *2008 Demographic and Health Survey*, which was carried out by the National Population Commission of Nigeria, indicates that 30 percent of women are circumcised (Nigeria 2009, 13).

2. Whether Parents Can Refuse Female Genital Mutilation for their Daughters

Several sources indicated that parents can refuse to have FGM performed on their daughters (Women's Rights Watch Nigeria 5 Nov. 2012; CWSI 5 Nov. 2012; Okeke 7 Nov. 2012). The Women's Rights Watch Nigeria project coordinator indicated that parents can refuse to have FGM performed on their daughters since they play a major role in such decision-making (5 Nov. 2012). The CWSI representative similarly indicated that "nobody will walk into [somebody else's] home" to perform FGM on their daughters and that "parents are free to refuse it" (5 Nov. 2012). Okeke also indicated that parents can refuse to have FGM performed on their daughters, especially if both parents agree (Okeke 7 Nov. 2012). However, she pointed out that, in cases where the mother opposes FGM for her daughter but the father and his family support it, they will perform FGM in the mother's absence or "intimidate her into allowing [it to be performed on her daughter]" (ibid.). The CWSI representative indicated that parents are the ones responsible for this practice and, "[i] most cases," mothers themselves ask "traditional birth attendants" to perform FGM on their daughters (CWSI 5 Nov. 2012). She also explained that it is "common" with illiterate young couples that the authority of the grandmother will prevail, and the grandmother will demand that FGM be performed on her granddaughter (ibid.). Okeke indicated that the performing of FGM depends on the educational level and economic status of the family, with better-educated and more affluent families more resistant to the practice (7 Nov. 2012).

3. State Protection

3.1 Legislation

The US Department of State *Country Reports on Human Rights Practices for 2011* for Nigeria indicates that, even though the federal government is publicly opposed to FGM, it has not taken "legal action to curb the practice" (US 24 May 2012, 45). Sources indicate that Nigeria does not have a federal law that criminalizes FGM, although some states have enacted legislation in this regard (Okeke 7 Nov. 2012; *Leadership* 28 Feb. 2011). *Leadership*, an Abuja-based newspaper, indicated at the end of February 2011 that 11 states had legislated against FGM: Edo, Bayelsa, Cross River, Rivers, Ebonyi, Delta, Ogun, Osun, Ondo, Ekiti and Oyo (ibid.). The US *Country Reports 2011* indicates that 12 states have banned FGM (US 24 May 2012, 45). *Country Reports 2011* indicates that the removal of any part of a sexual organ from a female is criminalized, and that a first-time offender can face a fine of 50,000 naira, or US\$308, or one year's imprisonment, or both (ibid.). The punishment is doubled in the case of a second conviction (ibid.). Additional information on the law could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

3.2 Effectiveness

A 2010 report on Nigeria by the UN Committee on the Rights of the Child noted the lack of updated information on the measures taken by Nigeria to prevent and eliminate harmful traditional practices (UN 21 June 2010, para. 65). Further, the US *Country Reports 2011* points out that the work of NGOs, women's groups and the Ministry of Health to educate the population on the hazards of FGM remains underfunded and faces logistical obstacles (US 24 May 2012, 45).

According to Okeke, even though parents can lodge complaints at the police station in states where FGM is prohibited, "many people will not exercise this option as [FGM] is considered a family issue" (7 Nov. 2012). The CWSI representative indicated that people's attitude toward FGM being practiced is "'it's not my business' and so no one is reported" (12 Nov. 2012). The CWSI representative added that "the law does not go into communities where [FGM is practiced] to monitor and punish offenders" (12 Nov. 2012). Okeke indicated that "[m]ost likely, police will also consider it a family affair and refuse to interfere" (Okeke 7 Nov. 2012). She further pointed out that "people hardly go to court for many reasons: Nigerians are generally non-litigious, many people are afraid of the aftermath of litigation (may breed bad name, etc.), people avoid stigma, the penalty is not severe, amongst other reasons" (ibid.). The Women's Rights Watch Nigeria project coordinator indicated that she is not aware of this offence having been prosecuted (7 Nov. 2012). She also indicated that laws that ban FGM are not used because it is a "cultural belief and widely accepted by people" (Women's Rights Watch Nigeria 7 Nov. 2012). She further indicated that other states have not criminalized this practice for the same reasons (ibid.). The CWSI representative expressed the view that, when the majority of the members in state legislative bodies favour patriarchy, laws that address issues such as FGM will not be enacted, since for them "it is not an issue" (12 Nov. 2012).

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

Centre for Women Studies and Intervention (CWSI). 12 November 2012. Correspondence sent by a representative to the Research Directorate.

_____. 5 November 2012. Correspondence sent by a representative to the Research Directorate.

_____. N.d. *Centre for Women Studies and Intervention (CWSI)*. Sent by a representative to the Research Directorate on 21 November 2012.

Daily Trust. 14 February 2012. Ruby Leo. "Women with Painful Lives-Female Genital Mutilation: The Silent Killer." (Factiva)

_____. 6 December 2011. Olayemi R. Ibrahim. "Nigeria: 'We Market Knowledge and Service for Empowerment'." <<http://allafrica.com/stories/201112060793.html>> [Accessed 8 Nov. 2012]

Global Fund for Women. N.d. "Women's Rights Watch - Nigeria." <<https://grants.globalfundforwomen.org/GFWSearch/index.php?id=15596>> [Accessed 6 Nov. 2012]

Leadership. 28 February 2011. Winifred Ogbobo. "Female Genital Mutilation - Will the 'Cutting' Stop?" (Factiva)

Nigeria. 2009. National Population Commission. *2008 Demographic and Health Survey: Key Findings*.

<<http://www.measuredhs.com/pubs/pdf/SR173/SR173.pdf>> [Accessed 9 Nov. 2012]

Okeke, Uju Peace. 7 November 2012. Correspondence with the Research Directorate.

_____. 26 October 2012. Correspondence with the Research Directorate.

United Nations (UN). 21 June 2010. Committee on the Rights of the Child (CRC). *Consideration of Reports Submitted by State Parties under Article 44 of the Convention*. (CRC/C/NGA/CO/3-4) <<http://www.unhcr.org/refworld/country,,CRC,,NGA,,4efb2c612,0.html>> [Accessed 8 Nov. 2012]

United States (US). 24 May 2012. Department of State. "Nigeria." *Country Reports on Human Rights Practices for 2011*. <<http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?dliid=186229#wrapper>> [Accessed 7 Nov. 2012]

Women's Rights Watch Nigeria. 7 November 2012. Correspondence sent by a project coordinator to the Research Directorate.

_____. 5 November 2012. Correspondence sent by a project coordinator to the Research Directorate.

_____. 19 July 2004. *Female Genital Mutilation (FGM) - A Crime in Edo State*. Paper presented at a workshop on FGM and violence against women, organized by the Chair of the Senate Committee on Women Affairs and Youth. Sent to the Research Directorate by a project coordinator on 7 November 2012.

Additional Sources Consulted

Oral sources: Attempts to contact representatives of the following organizations were unsuccessful: Committee for the Defence of Human Rights, Project Alert on Violence Against Women, UNICEF Nigeria, Women's Aid Collective, and Women's Health and Action Research Centre. Attempts to contact a professor at the Department of Anthropology at the University of Kansas were unsuccessful.

Internet sites, including: AllAfrica.com; Amnesty International; Asylum Aid; Austrian Centre for Country of Origin and Asylum Research and Documentation; Center for Reproductive Rights; Child Rights Information Network; *Daily Champion*; Denmark — Danish Immigration Service; eoi.net; Fédération internationale des ligues des droits de l'homme; Freedom House; Front Line; *The Guardian*; Human Rights Watch; Ireland — Refugee Documentation Centre; Nigeria — Ministry of Interior, Ministry of Justice, Police Force; *Nigerian Tribune*; Norway — Landinfo; Organisation for Economic Co-operation and Development; *The Punch*; United Kingdom — Border Agency; United Nations — Development Programme, Integrated Regional Information Networks, Refworld, Reliefweb, UNiTE to End Violence, UN Women, World Health Organization; *Vanguard*.

The attached reproduction is a copy of an official work that is published by the Government of Canada. The reproduction has not been produced in affiliation with, or with the endorsement of the Government of Canada.

