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Nigeria: Prevalence of female genital mutilation (FGM), including ethnic groups in which FGM is prevalent, particularly in Lagos State and within the Edo ethnic group; consequences for refusal; availability of state protection; the ability of a family to refuse a ritual practice such as FGM (2014-September 2016) [NGA105628.E]

Research Directorate, Immigration and Refugee Board of Canada, Ottawa

1. Prevalence of FGM

1.1 Overview

Sources report that Nigeria has the largest number of instances of FGM [also known as female circumcision or genital cutting] in the world, due to its large population (*Leadership* 6 Feb. 2016; *Borgen Magazine* 19 Feb. 2014). Some sources state that over 40 percent of Nigerian women are subjected to FGM (ibid.; ICIR 7 Feb. 2015). Other sources indicate, however, that the prevalence rate is between 25 and 27 percent of women in the country (UN 21 June 2016; IBTimes 26 May 2015; *The Guardian* 20 May 2015). Sources further specify that the reported 25 percent prevalence rate applies to women between the ages of 15 and 49 (UN 21 June 2016; *The Guardian* 20 May 2015). A *2013 Nigeria Demographic and Health Survey* administered by the National Population Commission of Nigeria similarly indicates that about one in four women between 15 and 49 in Nigeria have been circumcised while "'[t]raditionalists' women have the highest proportion with 35 percent" (Nigeria June 2014, 345).

According to the *Survey*, "thirty-two percent of urban women are circumcised, as compared with 19 percent of rural women" (ibid., 348). The UN Population Fund (UNFPA) office in Nigeria states that the practice of FGM varies "according to the level of poverty and education of girls and their mothers" (UN 21 June 2016). The *Survey* also reports that

> [f]emale circumcision is less prevalent among women with no education and those in the lowest wealth quintile. For instance, about one in three women with a primary education or higher are circumcised, as compared with only 17 percent of women with no education. Similarly, 17 percent of women in the lowest wealth quintile are circumcised, compared with 31 percent in the fourth and highest quintiles (Nigeria June 2014, 348).

Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

According to the *Survey*, FGM "[i]s practiced in many societies in Nigeria and is present throughout the country" (Nigeria June 2014, 345). Sources report that the prevalence of FGM varies within different regions of Nigeria (UN 21 June 2016; IBTimes 26 May 2015). According to sources, FGM is practiced most widely in the southern part of the country (ibid.; *Leadership* 6 Feb. 2016; US 13 Apr. 2016, 33). Sources report that the prevalence rate of FGM among adult women is 77 percent in the south, 68 percent in the southeast, and 65 percent in the southwest (ibid.; *Leadership* 6 Feb. 2016; *Borgen Magazine* 19 Feb. 2014).

Nigerian daily newspaper *Vanguard* states that "there are about six states in Nigeria that still practice female genital mutilation" (*Vanguard* 9 Sept. 2015). An article published on the website of the UNFPA Nigeria indicates that "the practice of FGM is mainly prevalent in 6 high burden States - Ebonyi, Ekiti, Imo, Lagos, Osun, and Oyo" (UN 21 June 2016). According to sources, Osun, Ebonyi, and Ekiti are states which experience a "high prevalence" of FGM with 77 percent, 74 percent and 72 percent of women subject to the practice, respectively (Nigeria June 2014, 348; *Punch* 7 Feb. 2016). For its part, the International Centre for Investigative Reporting (ICIR), an independent, non-profit Nigerian news agency (ICIR n.d.), cites an unsourced Nigerian demographic study as indicating that the rate of prevalence is 80 to 90 percent in Osun State (ICIR 7 Feb. 2015).

According to UNFPA Nigeria, the practice of FGM varies among ethnic groups in the country (UN 21 June 2016). The *2013 Nigeria Demographic and Health Survey* states that female circumcision is experienced more commonly by Yoruba women (55 percent), followed by Igbo women (45 percent) (Nigeria June 2014, 349). According to the same source, the prevalence of FGM within other ethnic groups is as follows: 19 percent among the Hausa, 13 percent among the Fulani, 13 percent among the Ibibio, 11 percent among the Ijaw/Izton, 3 percent among the Kanuri/Beriberi, 0.4 percent among the Igala, and 0.3 percent among the Tiv (ibid.). The *Survey* also reports that the prevalence of FMG is 13 percent among other, non-identified, groups, and 14 percent among women whose ethnicity is unknown (ibid., 348).

1.2 Lagos State

In correspondence with the Research Directorate, a representative of the Centre for Women Studies and Intervention (CWSI), an NGO based in Abuja which works to eliminate harmful cultural practices such as FGM through advocacy and public awareness campaigns (CWSI n.d.), stated that the practice of FGM in Lagos state, notably around the areas of Ikorodu, was "very high" (CWSI 2 Sept. 2016). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response. In contrast, a professor of religion at Ilorin University in Nigeria who specializes in Nigerian cultural practices, expressed doubt that FGM is widely practiced in a "metropolitan" state such as Lagos (Professor of religion 8 Sept. 2016). The source noted that "FGM is not prevalent in Lagos at all" (ibid.). In correspondence with the Research Directorate, a professor of African history at Brock University, whose research interests include religion and gender relations in Nigeria, similarly stated that Lagos is "urban" and "western," adding that "residents of Lagos could refuse FGM. They are simply too far away from their ancestral towns/villages and from familial pressure" (Professor of African history 9 Sept. 2016). In correspondence with the Research Directorate, a lecturer in the Department of Sociology at the University of Ibadan, whose research interests include Nigerian social issues like FGM, similarly expressed the opinion that "Lagos is the most modernized and the most legally developed state in Nigeria" (Lecturer 9 Sept. 2016).

According to Nigerian newspaper *Daily Trust*, "[p]reliminary findings by the UN Population Fund (UNFPA) lists Osun, Ekiti, Oyo, Ebonyi, Imo and Lagos as having on average 61% of women subjected to female genital mutilation" (*Daily Trust* 25 Mar. 2016). The *2013 Nigeria Demographic and Health Survey*found a prevalence rate in Lagos State of 34.8 percent for women between 15 and 49 years of age (Nigeria 2013, 350). However, in contrast, ICIR cites a lawyer affiliated with the Inter-African Committee on Traditional Practices (IAC) as stating that, within Lagos, "'we have not really found a place where it is done, except places where you have migrants from other ethnic group doing it secretly'" (ICIR 7 Feb. 2015). According to the Professor of African history, "FGM [in Lagos State] is dying out" (9 Sept. 2016). The Lecturer likewise stated that

> [w]hile very reliable data may not be readily available due to common data gaps in Africa, experiences and observations suggest there has been drastic reduction of FGM in Nigeria and much more in Lagos. This reduction is certainly expected to be so due to increasing education, enabling laws and advocacy in Lagos by the government and civil societies. Residents of Lagos are expected to adhere to the policies and laws regardless of the state of origin. (Lecturer 9 Sept. 2016)

1.3 Edo Ethnic Group

A 2009 peer-reviewed article by David Osarumwese Osifo and Iyekoretin Evbuomwan in the *African Journal of Reproductive Health* describes the Edo as "the main ethnic group in Edo State" (Osifo and Evbuomwan Mar. 2009, 18). The Professor of religion stated that the Edo originate from, and predominantly reside in, Edo State (Professor of religion 8 Sept. 2016). The source added that "any Edo person in Lagos is working there[,] not an indigene" (ibid.). The Professor of African history indicated that the Lagos metropolitan area is "nearly 200 miles away from [the] Edo heartland" (9 Sept. 2016). However, a doctoral candidate at Murdoch University, whose research interests include gender relations in Nigeria, stated that there are long standing socio-cultural and historical connections between the Edo and Lagos, such as intercultural marriages, noting that Edo people have been present in Lagos as early as the 17th century (Doctoral Candidate 8 Sept. 2016).

FGM is described as "a widely embraced" practice among the Edo (Osifo and Evbuomwan Mar. 2009, 18). According to the doctoral candidate, FGM procedures play "a central role in the socialisation of Edo people, as well as their host community. Generally speaking, it is a ritual practice that prepares young girls for womanhood and marriage" (Doctoral Candidate 8 Sept. 2016).

The Professor of religion noted that "any ritual practice for an Edo person should normally occur in Edo state, not in Lagos" (Professor of religion 8 Sept. 2016). The doctoral candidate likewise stated that "[p]ressures may easily be mounted on Edo people living in Edo State or nearby states to comply with such ritual practice as the custom demands due to proximity to home towns" (Doctoral Candidate 8 Sept. 2016. The CWSI representative stated that among the Edo, the practice is subject to family beliefs and may vary depending on individual families (CWSI 2 Sep. 2016). The representative added that "[t]he Edos that believe in female genital mutilation will carry it [out] on their children no matter where they are living [in or out of Edo State] (CWSI 2 Sep. 2016). According to the Professor of African history, "there is no compulsion that a child must take part in ritual practices in Edo society" (Professor of African history 9 Sept. 2016). The source further noted that Edo State banned FGM in 1999 under the "Female Circumcision and Genital Mutilation (Prohibition) Law" (ibid.). Further and corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

2. Societal Attitudes

According to sources, FGM is a "deeply" engrained cultural practice (UN 21 June 2016; IBTimes 26 May 2015; ICIR 7 Feb. 2015). The doctoral candidate stated that despite a "vigorous offensive against the observance of traditional ritual practices in Southern Nigeria (Lagos, Edo and so on) by Islam and Christianity," as well as pressures to "uphold the tenets of modernity … die-hard supporters of the ritual practices … have survived in Lagos and wherever they may be in the country" (Doctoral Candidate 8 Sept. 2016). The same source added that

> it is incumbent on both woman and man, either from the same or different ethnic groups (especially in the Southwest, Southeast and South-South) to socialise their children according to the traditions of their home towns since they know the appropriate ritual practice is part of the ways their children can prove they are rightful members of their mother's and father's kin groups or home communities. (ibid.)

Nigerian newspaper *Leadership* also cites a gender specialist at UNFPA Nigeria as stating that

> people in high prevalence communities are wary of moves to eradicate a practise that has been in place for eons, and are apprehensive of being ostracized for differing from a norm that is believed to stand as a mark of "decency" of a female, boost the fertility nature of girls, and serve as a rite of passage for girls, amongst others. (*Leadership* 6 Feb. 2016)

The same source further quotes the gender specialist as adding that the drive to stop the practice is hindered by

> a disbelief in the existence of an actual harm to those who this practice is carried out on. In some of these areas, because FGM has been ongoing for generations, some have come to believe that it is a religious requirement and are suspicious of motives to set aside the practice when they do not recognise the negative impacts it has on women. (ibid.)

According to the CWSI representative, "those who practice [FGM], do it [for] various reasons basically tied to superstition and some belie[f] that the girls will never be able to get married within her culture because she will be thought promiscuous" (CWSI 2 Sept. 2016). However, the same source added that in some cases, the motives behind FGM are economic, "because when this is performed on a young girl/woman as the case may be, it is an opportunity for her parents to receive gifts from neighbours" (ibid.). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

3. State Protection and Recourse

Without providing details, sources report that in cases of refusal to take part in ritual practices, it is possible to turn to state actors and civil society organizations (Doctoral Candidate 8 Sept. 2016; Professor of African history 9 Sept. 2016), as well as religious institutions as a means of protection (Lecturer 9 Sept. 2016). According to the Lecturer, women seeking recourse against a forced FGM procedure may seek assistance from the police, the Lagos State Ministry of Social Welfare, the Office of the Public Defender, numerous NGOs, churches/mosques, and community leaders (ibid.). The doctoral candidate added that it is possible to seek counselling from traditional rulers, priests, and pastors (Doctoral Candidate 9 Sept. 2016). However, according to German political research foundation Bertelsmann Stiftung [1], "[c]oncerning women and girls, in particular of lower [socio-economic] status, the State still lacks the capacity to protect them against violence, including … female circumcision and abuse by customary law" (Bertelsmann Stiftung 2016, 9). Freedom House states that while laws against FGM exist in Nigeria, the practice remains "widespread, with low rates of reporting and prosecution" (Freedom House 2016). According to the US Department of State's *Country Reports on Human Rights Practices for 2015*, FGM has been banned in 12 states (US 13 Apr. 2016, 42). Sources note the existence of laws in Lagos State which concern the practice of FGM (Doctoral Candidate 8 Sept. 2016; ICIR 7 Feb. 2015). However, according to ICIR, "even in states that have enacted legislation against it [FGM], the laws are weak in and most times not even implemented" (ibid.). Further information concerning the implementation and practice of state-level FGM prohibition laws could not among the sources consulted by the Research Directorate within the time constraints of this Response.

Sources indicate that a new national law banning FGM [*The Violence Against Persons (Prohibition) (VAPP) Act*] came into force in 2015 (UN 21 June 2016; *Leadership* 6 Feb. 2016; *The Guardian* 20 May 2015). For information on the application and enforcement of the 2015 ban FGM, see Response to Information Request NGA105404 of January 2016. *Country Reports 2015* notes that "[u]ntil adoption by the states, however, the provisions of the VAPP Act are only applicable to the FCT [Federal Capital Territory]" (US 13 Apr. 2016, 32). ICIR reports that as of February 2015, only Edo, Delta, Ebonyi, Ekiti, Ondo, Osun, Ogun, Cross River, and Bayelsa had passed the law (ICIR 7 Feb. 2015). *Country Reports 2015* adds that despite the federal law, the federal government took no legal action to curb the practice (US 13 Apr. 2016, 34). Sources report that activists feel that the new law by itself is not sufficient to eliminate the practice as to do so necessitates a cultural change (*Christian Today* 10 June 2015; The Huffington Post 8 June 2015). According to the doctoral candidate, efforts "are somewhat concerned with surface occurrences rather than underlying processes - especially in rural areas in Lagos State" (Doctoral Candidate 8 Sept. 2016).

4. Ability of a Family to Refuse a Ritual Practice Such as FGM and Consequences for Refusal, Particularly in Lagos State and Among the Edo People

The Lecturer expressed the view that in Lagos State, "parents should have enough ability and freedom to refuse children's' participation in any ritual… regardless of state of origin" and that "parents within Lagos should be able to refuse demands or pressure to circumcise their children if they so desire" (Lecturer 9 Sept. 2016). According to the Professor of religion, "a parent['s] consent [is] important for any ritual on a child in Lagos" (Professor of religion 8 Sept. 2016). The Professor of African history likewise stated that residents of Lagos can refuse FGM, explaining that

> [t]he difference is in the scale of western influence. Lagos is more urban and more western than Edo society. Also inter-ethnic marriages are more popular in Lagos than in Edo towns and this serves as a moderating influence on the more conservative cultural practice. (Professor of African history 9 Sept. 2016)

The same source added that

> more educated, more informed, and more economically independent wom[e]n have better means of refusing FGM whereas a non-educated woman or one who lives in the rural area is more susceptible to cultural pressure. (ibid.)

The doctoral candidate also expressed the view that he did not believe "that pressures are mounted on parents who reside in Lagos city in terms of allowing their children to undergo genital mutilation or otherwise" (Doctoral Candidate 8 Sept. 2016). However, the same source stated that

> it is possible for the family members to mount pressure on the father or mother in order to preserve their cultural values. And the occurrence of genital mutilation may go unnoticed by the appropriate authorities due to fear of what may likely happen to their child if [the] do not perform the ritual for her. In fact, in some areas in Lagos a person who has not undergone FCM rites may not be viewed as a full adult no matter the age. (ibid.)

According to the CWSI representative, "[t]aking part in ritual practices is subjective" (CWSI 2 Sept. 2016). She gave the view that some rituals are part of cultural identity, but "do not conform to a Christian faith", adding that "any parents that [practice the Christian religion] will never allow their children to partake in ritual[s] considered devilish or harmful to human persons or repugnant to natural justice," although some may feel peer pressure to take part in such activities (CWSI 2 Sept. 2016). The same source added that "intergroup relationship[s]" sometimes affect one's ability to refuse FGM, and cited the example of a "family where the [grandmother] from the wife's side would carry out this act unknown to the father of the victim" (CWSI 2 Sept. 2016). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

According to the doctoral candidate, "there may be consequences of refusing to take part in FGM practice among the mother's or father's kin groups or home communities (either in Lagos or Edo). That always happens in the private sphere" (Doctoral Candidate 8 Sept. 2016). The Professor of African history stated that that "[i]n a conservative family a refusal could lead to withdrawal of family/communal support" and that "poor women risk neglect by their husbands" (9 Sept. 2016). The Lecturer also indicated that consequences for refusing to take part in FGM within Lagos State or by members of the Edo ethnicity could include ostracism, stigmatisation and blackmailing, denial of intracultural benefits and physical abuse (Lecturer 9 Sept. 2016). According to the CWSI representative stated that consequences depend on the underlying beliefs behind the practice of FGM (CWSI 2 Sept. 2016). She explained that,

> [i]f their reason is that any young girl who is not cut will be promiscuous, it will be difficult for girls who refused to be cut within that culture to find a husband because they will be looked upon as women who will not have control over their feelings. If their reason is that while delivering a baby and the clitoris touches the head of the baby, that the baby will die, then no man from that culture will want to marry a women whose babies will be dying at birth. (ibid.)

The same source indicated that while there are laws at the national level and in some states to protect girls or women who refuse to take part in FGM, she expressed the doubt that many would have the courage "to take their parents or grandparents to court", explaining that "[t]hese are the persons who demand compliance of the practice in culture[s] where it is the norm" (CWSI 2 Sept. 2016).

Further information on the ability to refuse Edo rituals, including in Lagos, could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

For further information on consequences for refusal of ritual practices, see Responses to Information Requests NGA105601 of August 2016 and NGA105465 of March 2016. For information on domestic violence, including in Lagos, see Response to Information Request NGA104980 of November 2014.

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.

Note

[1] Founded in 1977, the Bertelsmann Stiftung is a German philantropic foundation whose "objective is to promote research and understanding in the areas of religion, public health, youth and senior affairs, culture and the arts, public education and career training, social welfare, international cultural exchange, democracy and government, and civic engagement" (Bertlsmann Stiftung n.d.).

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Oral sources: Assistant professor of religion, University of Birmingham; Civil Resource Development and Documentation Centre; Committee for the Defence of Human Rights; Development and Peace Commission, Catholic Diocese of Ijebu-Ode; lecturer, Department of Obstetrics and Gynaecology, University of Lagos; professor of African Religious studies, Harvard University; professor of comparative religion, University of Ilorin; senior lecturer, Department of Sociology, University of Lagos; senior lecturer, Obafemi Awolowo University; senior lecturer in African traditional religion and cultural studies, Adekunle Ajasin University; UN – Children's Fund (Lagos State Field Office), Population Fund in Nigeria; Women's Health and Equal Rights Initiative.

Internet sites, including: 28 Too Many; African Commission on Human and Peoples' Rights; AllAfrica; Amnesty International; Asylum Aid; Dawodu.com; ecoi.net; Edoworld.net; Factiva; International Center for Research on Women; Lagos State Government; Nairaland Forum; *The Nation*; Nigeria – Federal Ministry of Women Affairs & Social Development; Pambazuka News; Safe World for Women; Terre des femmes; UK – Department for International Development, Home Office; UN – Refworld, UN Population Fund; YOHAIG.

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