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Djibouti: The practice of female genital mutilation (FGM), including the legislation prohibiting the practice, state intervention and the prevalence among the general population, the Midgan [Gaboye] and other ethnic groups or clans (2013-May 2016) [DJI105514.FE]
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Immigration and
Refugee Board of Canada

Commission de l'immigration
et du statut de réfugié du Canada

Djibouti: The practice of female genital mutilation (FGM), including the legislation prohibiting the practice, state intervention and the prevalence among the general population, the Midgan [Gaboye] and other ethnic groups or clans (2013-May 2016) [DJI105514.FE]

Research Directorate, Immigration and Refugee Board of Canada, Ottawa

1. Overview

1.1 Prevalence

In correspondence sent to Research Directorate, a representative of the Belgian Group for the elimination of female genital mutilation, forced marriages and other traditional practices harmful to the health of women and children (Groupe pour l'abolition des mutilations sexuelles, des mariages forcés et autres pratiques traditionnelles néfastes à la santé des femmes et des enfants, GAMS Belgique), an association with the objective to contribute to the abandonment of FGM in Belgium and in the rest of the world (GAMS Belgique n.d.), stated that the prevalence of FGM among Djiboutian women [translation] "exceeds 90 percent for all types of FGM taken into account" (GAMS Belgique 31 May 2016). According to a report sent by the government of Djibouti to the United Nations Human Rights Committee in September 2013, [translation] "93 percent of the childbearing population" have been subjected to FGM (Djibouti 8 Oct. 2013, para. 45). Similarly, UNICEF states that the prevalence of FGM rose to 93 percent among women in the 15 to 49 age group between 2004 and 2015 (UN 5 Feb. 2016).

In correspondence sent to the Research Directorate, a representative of the World Health Organization (WHO) in Djibouti stated that the most recent data available comes from the Pan Arab Project for Family Health (PAPFAM) [1] study conducted in 2012, which showed that, in Djibouti, 78.4 percent of women and girls had been subjected to FGM, with some variations in the age groups (UN 31 May 2016). According to the same source, 97.6 percent of women in the 40 to 49 age group stated that they had been subjected to FGM, compared with 18.9 percent of girls in the 10 to 19 age group (ibid.).

According to a report of the United Nations Human Rights Council on Djibouti, there has been a [UN English version] "considerable reduction" in the prevalence of FGM in young women, thanks to the awareness campaigns (UN 8 July 2013, para. 26). An article in *La Nation*, the Djiboutian daily, states that, on 10 January 2016, during an event aimed at fighting FGM, the UNICEF representative in Djibouti and the Djiboutian Minister for the Promotion of Women stated publicly that the practice should be [translation] "abandoned" (*La Nation* 11 Jan. 2016c).

1.2 Types of FGM Practiced in Djibouti

In correspondence sent to the Research Directorate, a representative of the GAMS National Federation (Fédération nationale GAMS), an association located in Paris that works to eradicate [translation] “female sexual mutilation” among other things (Fédération GAMS n.d.), stated that, according to a study conducted by the Department of Statistics and Demographic Studies of Djibouti in 2006, [translation] “three types of mutilation are identified: infibulation, the most serious and frequent (72.5 percent); excision (14.7 percent); and ‘Sunna,’ the mildest (10.4 percent)” (Fédération GAMS 30 May 2016).

The WHO representative in Djibouti stated that, according to informal interviews given in the field,

it seems that the practice of the most severe form of FGM, also called ... Pharaonic female circumcision (WHO classification type III), is declining in favour of ... type[s] I [and] II (UN 31 May 2016) [2].

Similarly, a number of sources state, without providing numerical data, that the practice of infibulation is decreasing in Djibouti (US 13 Apr. 2016, 19; *La Nation* 3 Dec. 2015; UN 8 July 2013, para. 26). According to the report submitted to the Human Rights Council by Djibouti in 2013, the rate of infibulation has decreased from 98 percent to 73 percent (ibid.).

1.3 Prevalence in Specific Groups, Including the Midgan

In a statement made to the United Nations Committee on the Elimination of Racial Discrimination (CERD), Asha A. Samad, presented as a professor at City University of New York (CUNY), explained that the Midgan are a Somali ethnic group (Samad Aug. 2002). According to a report prepared in 2010 by Minority Rights Group International (MRG) on minority groups in Somalia, the Midgan, who are subdivided into Madhiban and Musse Deriyo lineages, are “known nowadays” as Gaboye, and are “scattered throughout Somalia (Somaliland and Puntland), Ethiopia and Djibouti” (MRG 2010, 8). According to the report, the traditional work of the Midgan included male circumcision and FGM (ibid., 12). For further information on the situation of the Midgan in Djibouti, consult Response to Information Request DJI104633.

The *World Factbook* of the Central Intelligence Agency (CIA) of the US indicates that Somalis represent 60 percent of the Djiboutian population, Afars represent 35 percent and the other ethnic groups, including Arabs, represent 5 percent (US 23 May 2016). The WHO representative in Djibouti stated that no data on the prevalence of FGM by ethnicity is available (UN 31 May 2016). However, the same source added that, based on informal oral communication, the Arabs stopped practicing FGM, while the Somali and the Afar continue to practice it (ibid.). The representative from GAMS Belgique stated that the prevalence of FGM was the same for all the ethnic groups in Djibouti (GAMS Belgique 31 May 2016). Further information on the prevalence of FGM among the Midgan could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

Furthermore, sources state that the type of FGM practiced varies depending on the ethnic group (Fédération GAMS 30 May 2016; *La Nation* 3 Dec. 2015). An article in *La Nation* in December 2015 states that

[translation]

[a]mong the three communities that make up the national population, the Arabs restrict themselves to excision The other two communities, the Afars and the Somalis, practice the most severe form of the operation, infibulation (ibid.).

According to the representative of Fédération GAMS, based on a study by the Department of Statistics and Demographic Studies from 2004,

[translation]

[i]nfibulation is mainly practiced by the Somalis on young girls ages five to ten years old ... while *sunna* and excision are practiced by the Afar and Arab populations on newborns (Fédération GAMS 30 May 2016).

Furthermore, the same source stated that infibulation is practiced less in urban areas than in rural areas; [translation] “the milder practices are more in urban areas” (ibid.).

2. Legislation and Prosecution

Sources state that the legislation punishes perpetrators of FGM by five years’ imprisonment and a fine of one million Djibouti francs (DJF) [about C\$7,356] (US 13 Apr. 2016, 19; GAMS Belgique 31 May 2016). The representative of GAMS Belgique stated that these provisions were introduced in 1995 and that they were

indicated in Article 333 of the criminal code (ibid.). The text from the Djiboutian criminal code could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

Sources state that, since 2009, the legislation enables associations to bring a claim for damages on behalf of FGM victims (US 13 Apr. 2016, 19; GAMS Belgique 31 May 2016; UN 8 July 2013, para. 25).

Furthermore, in 2009, Article 333 of the criminal code was amended and criminalizes failure to report FGM to the authorities (UN 2 Aug. 2011, para. 6(b)). *Country Reports on Human Rights Practices for 2015* published by the United States Department of State states that anyone convicted of failing to report a completed or planned FGM is punishable by one year's imprisonment and a fine of 100,000 DJF [about C\$736] (US 13 Apr. 2016, 19). However, the same source states that, in 2015, no one was punished under this statute (ibid.).

According to the representative of GAMS Belgique, who travels to Djibouti regularly to conduct awareness activities on the subject of FGM (GAMS Belgique 1 June 2016), prosecution under Article 333 of the criminal code is rare (ibid. 31 May 2016). According to the same source,

[translation]

the few prosecutions have never dissuaded perpetrators of FGM, especially since the few convictions resulted in conditional sentences and were not publicized (ibid.).

Country Reports 2015 states that at the end of 2014, for the first time, two people were convicted of committing FGM and that they each received a six-month suspended sentence (US 13 Apr. 2016, 19). The WHO representative stated that, according to information obtained informally by the WHO office in Djibouti, two complaints were filed in 2015 and, without providing details, he added that the accused were convicted (UN 31 May 2016). In addition, the *Concluding Observations* of the United Nations Human Rights Committee state that

[UN English version]

[t]he Committee regrets that impunity for perpetrators of this unlawful and harmful practice [of female genital mutilation] still prevails The State party should increase its efforts to end and eradicate such harmful practices as female genital mutilation ... through the application of the criminal law (ibid. 19 Nov. 2013, para. 8).

The representative of GAMS Belgique explained that complaints are seldom filed, despite the legislation for that purpose, because victims do not want to report the perpetrators, who are often close family members, like their grandmother or aunt, for example (GAMS Belgique 1 June).

3. Intervention by the State and Other Sectors

According to the representative of GAMS Belgique, [translation] "the Djiboutian state is open to fighting against FGM" (GAMS Belgique 1 June 2016). *Country Reports 2015* states that

[t]he government continued efforts to end [FGM] with a high-profile national publicity campaign, public support from the president's wife and other prominent women, and outreach to Muslim religious leaders. The media featured frequent and prominent coverage of events organized to educate the public on the negative consequences of [FGM] (US 13 Apr. 2016, 19).

Without providing more details, an article published by *La Nation* mentions that there is a [translation] "national strategy to abandon all forms of excision" (*La Nation* 12 Jan. 2016). According to the WHO representative, a committee exists that includes medical professionals, Ministry of Health officials and lawyers, and there is an action plan for students in midwifery (UN 31 May 2016).

Sources also report the existence of a joint program of the United Nations Population Fund (UNFPA) and UNICEF to accelerate the abandonment of FGM (Fédération GAMS 30 May 2016; *La Nation* 12 Jan. 2016). According to *La Nation*, as of 2008,

[translation]

[t]he Djiboutian government, with the joint support of the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) and the massive mobilization of government institutions, religious and community leaders and media, has been implementing an extensive awareness campaign in favour of abandoning all forms of excision across the country (ibid. 3 Dec. 2015).

Furthermore, *La Nation* states that the National Union of Djiboutian Women (Union nationale des femmes djiboutiennes, UNFD), with the technical and financial support of UNICEF, is implementing a program called “Salam,” to promote and protect human rights, and which includes, among other things, [translation] “acts of social mobilization” and “debates on the reasons for the perpetuation of the practice of excision” conducted since 2014 in several communities across the country (ibid. 12 Jan. 2016).

According to the same source, on 10 January 2016, 51 communities from the North and South, as well as from the city of Djibouti, took part in a [translation] “public declaration to abandon excision” (ibid.). According to another article in *La Nation*, the representatives of these communities stated the following:

[translation]

[We] solemnly declare, on this 10 January 2016, through our representatives before Her Excellency the First Lady and President of the UNFD, a trailblazing organization in the abandonment of the practices of excision, in the presence of members of the government, parliamentarians, local elected officials, religious and customary authorities and before our honourable guests, that we are abandoning definitively and knowingly the practice of all forms of excision, for the wellbeing of our daughters, sisters and wives (*La Nation* 11 Jan. 2016a).

Another article from the same source states that the declaration must be followed by the implementation, in the signatory communities, of committees whose role is to ensure that the commitment made on 10 January 2016 is met (ibid. 11 Jan. 2016b).

With respect to the impact of the measures taken to fight against FGM, *Country Reports 2015* states that,

[a]ccording to government ministries, NGOs, and informal conversations with women, efforts by the UNFD and other groups to educate women were reportedly effective in lessening the incidence of [FGM] in the capital, changing perceptions of the practice, and empowering young girls themselves to say no to [FGM] (US 13 Apr. 2016, 19).

The representative of GAMS Belgique stated that [translation] “the significant and actual efforts by the NGOs ... have, unfortunately, not had the desired effect” (GAMS Belgique 31 May 2016). The same source added, however, that [translation] “these actions [have] raised ... awareness in the population regarding the damaging effects of the pandemic on the health of our fellow citizens” (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.

Notes

[1] The purpose of PAPFAM is to provide the ministries of health in a number of Arab countries with reliable information for developing, implementing and evaluating their family health policies (PAPFAM n.d.).

[2] The WHO website states that

[f]emale genital mutilation is classified into 4 major types:

1. *Type 1 – Often referred to as clitoridectomy*, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2. *Type 2 – Often referred to as excision*, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer fold of the vulva).
3. *Type 3 – Often referred to as infibulation*, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
4. *Type 4 – This includes all other harmful procedures to the female genitalia for non-medical purposes*, e.g. pricking, piercing, incising, scraping and cauterizing the genital area (UN Feb. 2016).

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Internet sites, including: *Africa Confidential*; *Africa Research Bulletin*; Amnesty International; Cairn.info; Caritas; ecoi.net; Excision, parlons-en !; Factiva; HCH24-Afrique de l'Est; Human Rights Watch; Human Village; *Jeune Afrique*; *Le Monde*; *The Muslim World*; Radio France internationale; TV5 Monde; United Nations – Office of the High Commissioner for Human Rights, Refworld.

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