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1. FGM in Nigeria

1.1 Overview

Sources state that FGM continues to be practiced in Nigeria (Project Coordinator 6 Mar. 2015a; Daily Times 13 Nov. 2013; Norway 14 Nov. 2012, 3). The authors of a 2012 study on FGM in Nigeria [1] published by the Annals of Medical and Health Sciences Research state that "FGM is still deeply entrenched in the Nigerian society" (Okeke et al. 2012). FGM in the country is characterized by sources as being "widespread" (Freedom House 2015; Okeke et al. 2012; Holmes et al. Feb. 2012, 13), "rampant" (The Punch 6 Mar. 2013), and having a "high prevalence" (IQ4News 6 Feb. 2014). Sources note that FGM is practiced throughout the country (US 27 Feb. 2014, 40; Daily Trust 14 Feb. 2012; Freedom House 2012).

Some sources note that there are variations in how FGM is practiced in the country (Norway 14 Nov. 2012, 3; Lecturer 6 Mar. 2015). In correspondence with the Research Directorate, a lecturer in sociology at the University of Ibadan in Oyo State, whose research interests include family studies and who has written on gender issues, declared that variations on FGM occur in particular families and households, and are influenced by factors such as "religion/Christianity, modernity, westernization, level of education, exposure, [and] economic status," adding that "[t]here are no rigid traditional and cultural specifications in recent times" (ibid.). Similarly, the English summary

of a report on FGM in Nigeria, published by Landinfo: Norwegian Country of Origin Information Centre, states that "FGM is practised by all larger ethnic groups in Nigeria, but other social factors influence the practice and cause great variation within these ethnic groups" (Norway 14 Nov. 2012).

1.2 Prevalence

Freedom House's *Countries at the Crossroads 2012* states that "very recent data [on FGM] is difficult to get" (2012). Sources say the prevalence of FGM in Nigeria is "41 percent among adult women" (Okeke et al. 2012) or "estimated at 36 to 60 percent" (Daily Trust 14 Feb. 2012). According to a 2013 UNICEF report on worldwide trends and prevalence of FGM, estimates of the prevalence of FGM in Nigeria have "varied over the years": the results of surveys supported by UNICEF and the US Agency for International Development (USAID) indicated the prevalence as 25 percent in 1999, 19 percent in 2003, 26 percent in 2007, 30 percent in 2008, and 27 percent in 2011 (UN July 2013, 87).

Sources report that FGM is more prevalent in the southern states of Nigeria (Okeke et al. 2012; UN [2012], 103; *The Punch* 6 Mar. 2013). In an article calling for an end to FGM, the editorial board of the *Punch*, a Nigerian daily newspaper, notes that "the southern states that have higher literacy levels are also the most involved" in FGM (ibid.). A 2011 UNICEF Nigeria report on the situation of children and women in Nigeria also notes that surveys suggest that FGM is more prevalent in urban areas than in rural areas and practiced more among wealthier and more educated people (UN [2012], 117).

Sources reported that, in 2011 and 2012, the frequency of FGM was lower among younger women in Nigeria (Norway 14 Nov. 2012; Okeke et al. 2012; UN [2012], 103). According to the lecturer's 6 March 2015 observations, in the last 5-10 years, the popularity of FGM in Nigeria has "certainly [been] reduced" and there is "massive awareness about the danger of female circumcision."

2. FGM Among the Urhobo

Information on the prevalence of FGM, including the consequences for refusing to undergo it, among the Urhobo people of Nigeria was scarce among the sources consulted by the Research Directorate within the time constraints of this Response.

2.1 Prevalence

Sources note that the Urhobo live in Delta State [in the southern part of Nigeria] (Project Coordinator 6 Mar. 2015b; Bamgbose 2001-2002, 133). In a report on violence in Nigeria, the International Crisis Group mentions that some Urhobos are also "so-called settlers" in the centrally-located Plateau State (International Crisis Group 17 Dec. 2012, 1).

A 22 November 2013 article in *Vanguard*, a Nigerian daily newspaper, states that "female genital mutilation is customary among the Urhobos of Delta State." In correspondence with the Research Directorate, the Project Coordinator of Women's Rights Watch Nigeria, an NGO located in Benin City in Edo State, which was "established in 2000 by women lawyers committed to advocating for women's rights and gender equity in Nigeria" (Global Fund for Women n.d.), stated that the Urhobo "practice FGM because they believe it curbs promiscuity in women" (Project Coordinator 6 Mar. 2015a).

Some sources indicated that FGM is practiced among the Urhobo during pregnancy (ibid.; Bamgbose 2001-2002, 133). Conversely, a 2012 article by the Nigerian newspaper *Daily Trust* cites the former executive director of the Women Empowerment and Reproductive Health Centre (WERHC), an NGO headquartered in Abuja that works to promote gender equality (WERHC

n.d.), as saying that the Urhobos "remove the clitoris of young girls as a rite of passage to puberty" (Daily Trust 14 Feb. 2012). A 2010 article on the determinants of FGM in Nigeria [2], published in the Journal of Medicine and Medical Sciences, states that, among the Urhobos, "FGM is done just before marriage as a 'fertility rite'" while noting that FGM is practiced during pregnancy among some other groups in Nigeria (Kolawole and van der Kwaak Dec. 2010, 511-512). Sources explain that some ethnic groups in Nigeria believe that if a baby's head comes into contact with the mother's clitoris during birth, the baby will die (ibid., 512; The Huffington Post 8 July 2013).

2.2 Consequences of refusing FGM

The Project Coordinator stated that she "hear[s] that if the woman refuses [to undergo FGM] her husband may reject her" (6 Mar. 2015a). The lecturer stated that "definitely if husbands support their wives there is little or nothing the society can do" with regards to forcing a woman to undergo FGM (6 Mar. 2015). Corroborating information could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

Further information on the consequences of refusing FGM among the Urhobo could not be found by the Research Directorate within the time constraints of this Response.

3. State Protection

3.1 Legislation

Some sources note that there is no federal law banning FGM in Nigeria (IQ4News 6 Feb. 2014; Okeke et al. 2012). According to the US Department of State's Country Reports on Human Rights Practices for 2013, "the federal government publicly opposed FGM/C but took no legal action to curb the practice" (US 27 Feb. 2014, 40). Similarly, the lecturer stated in his 6 March 2015 correspondence that, in the last 5-10 years, the "federal government of Nigeria has proscribed the practice" and that it is "now illegal for anyone to circumcise a girl child." According to Country Reports 2013, "[t]he law criminalizes FGM/C except for medical reasons when the procedure is performed by a doctor" (US 27 Feb. 2014, 40). Country Reports 2013 adds that,

[b]y law an offender is any woman who offers herself for FGM/C; any person who coerces, entices, or induces any woman to undergo FGM/C; or any person who, for other than medical reasons, performs an operation removing part of a woman's or a girl's sexual organs. The law provides for a fine of 50,000 naira (\$314), one year's imprisonment, or both, for a first offense and doubles penalties for a second conviction. (ibid.)

Sources report that legislation against FGM exists in some states (ibid.; UN July 2013, 9; IQ4News 6 Feb. 2014), including Delta State (ibid.; Daily Trust 14 Feb. 2012; UN [2012], 102). Other states reported to have legislation regarding FGM are the following:

Bayelsa, Cross River, Edo, Ogun, Osun, Rivers (Daily News 13 Nov. 2013; UN [2012], 102; Daily Trust 14 Feb. 2012);

Abia, (ibid.; IQ4News 6 Feb. 2014);

Plateau (ibid.);

Lagos and Ekiti (Daily News 13 Nov. 2013; UN [2012], 102).

3.2 Implementation

Some sources characterize the penalties provided by state laws as being "mild" (IQ4News 6 Feb. 2014; Oluchi 20 May 2013, 15; Daily Trust 14 Feb. 2012). According to the former executive director of WERHC, as quoted by Daily Trust, the law in Delta "stipulates a three months' imprisonment and a fine" (ibid.). Corroborating and further information regarding the provisions of the Delta State Law could not be found among the sources consulted by the Research Directorate within the time constraints of this Response.

The Landinfo report states that "no cases of legal prosecution of people who have subjected girls or women to FGM" have been documented in Nigeria (Norway 14 Nov. 2012, 3). Country Reports 2013 adds that "once a state legislature criminalized FGM/C, NGOs found they had to convince local government authorities that state laws applied in their districts" (US 27 Feb. 2014, 40). According to a 2014 article by IQ4News, an online news site that reports on African issues, "even [in Nigerian] States that have legal provisions in place to prosecute the perpetrators of FGM, either under general or specific criminal laws, prosecutions are very rare" (6 Feb. 2014). For its part, Freedom House notes the existence of "strict" laws regarding FGM, but indicates that despite these laws, "these offenses remain widespread, with low rates of reporting and prosecution" (2015).

Country Reports 2013 states that the Nigerian Ministry of Health took part in sponsoring "public awareness projects to educate communities about the health hazards of FGM/C" (US 27 Feb. 2014, 40). The Landinfo report similarly states that "[p]rojects against FGM, run by both state authorities and NGOs, focus on information to the general public and consciousness building" (Norway 14 Nov. 2012).

According to the lecturer, police are seldom turned to for assistance as "they are not trusted," adding that NGOs and civil society organizations as well as religious leaders were more effective recourse (Lecturer 6 Mar. 2015). He also stated that "[t]he problem however is that women do not usually have the courage to seek formal/outside assistance as those practices are sometimes seen as family and community issues" (ibid.). He also noted that NGOs, police and religious leaders were more present in urban areas (ibid.).

Corroborating and further information on state protection, particularly in Delta State, could not be found among the sources consulted by the Research Directorate within the time constraints of this response.

For more information on FGM in Nigeria see NGA104220, NGA103520, and NGA103310

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] Two of the authors of the article, T. C. Okeke and C. C. K. Ezenyeaku, are from the Department of Obstetrics and Gynecology at the University of Nigeria Teaching Hospital (Okeke et al. 2012). The other author, U. S. B. Anyaehie, is from the Department of Physiology at the College of Medicine University of Nigeria (ibid.).

[2] The article was written by Abimbola Kolawole, a lecturer in the Department of Obstetrics and Gynaecology of Ahmadu Bello University in Zaria, Nigeria (GFMER n.d.), and Anke van de Kwaak, a senior health advisor and PhD candidate specializing in reproductive health rights at KIT (Royal Tropical Institute) in Amsterdam, Netherlands (KIT n.d.).

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Additional Sources Consulted

Oral sources: The following were unable to provide information within the time constraints of this Response: Chair of International Studies, Rochester Institute of Technology; Executive Associate, Canadian Institute of Health Research.

Attempts to contact the following were unsuccessful within the time constraints of this Response: Assistant Professor of Anthropology, University of Kansas; Associate Research Professor, Population Studies Center, University of Michigan; Centre for Healthworks, Development and Research Center for Women Studies and Intervention; Committee for the Defence of Human Rights; Marie Stopes Nigeria; Professor of African American Studies, University at Buffalo; Professor of Fine and Applied Arts, Delta State University; Professor of Obstetrics and Gynaecology, University of Benin, Benin City, Nigeria; Senior Lecturer in Medical Sociology, University of Ibadan; Sexual and Reproductive Rights Activist; Wellbeing Foundation Nigeria; Women Advocates Research and Documentation Center.

Internet sites, including: 28 Too Many; Amnesty International; Borgen Magazine; CommonLII; Connecting Africa; Daily Post; Delta State - Ministry of Justice; ecoi.net; FGM Education and Networking Project; FGMReview; Gamji; GlobaLex; Human Rights Watch; Ireland - Refugee Documentation Centre; IRIN; International Centre for Nigerian Law; Jamestown Foundation; LawNigeria.com; Lexadin; NATLEX; Nigeria - Federal Ministry of Health, Federal Ministry of Justice; Plateau State Government; Policy and Legal Advocacy Centre; Still Human Still Here; United Kingdom - Home Office; Urhobo Historical Society; United Nations - Partnership for Maternal, Newborn & Child Health (World Health Organization), Refworld.

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