

**Cameroon - Researched and compiled by the Refugee Documentation Centre of Ireland on 30 April 2009**

**FGM in Cameroon:**

- (1) Extent of practice in rural areas.**
- (2) Evidence of FGM being performed on adult women as opposed to children.**
- (3) State protection for women at risk of FGM.**

In a section titled "Obnoxious obligatory cultural practices" the *Country of Return Information Project* country sheet for Cameroon refers to the practice of female genital mutilation (FGM) as follows:

"Female genital mutilation - a harmful traditional practice involving partial or total removal of the female external genitalia. It includes the most severe form of abuse, infibulation, usually practiced on preadolescent girls. The Government has criticized the practice; however, no law prohibiting FGM is implemented. At present, the practice of FGM by groups is tending to decline, albeit slowly. This is due to its condemnation by the State -even if not prohibited by law, the discreet but effective influence of the NGOs and the threat of HIV. FGM continues to be practiced especially in the Ejagham tribe of the South West Province and the Hausas and Araphous in Northern Cameroon. Furthermore, migration contributed to the spread of FGM to different parts of the country. Public health centres in areas where FGM is frequently practiced counselled women on the harmful consequences of FGM; however, the government did not prosecute any one for performing FGM." (Country of Return Information Project (November 2008) *Country Sheet: Cameroon*, p.8)

In a section titled "Children" the *US Department of State* country report on Cameroon states:

"The law does not prohibit FGM, which was practiced in isolated areas of the Far North, East, and Southwest regions. Internal migration contributed to the spread of FGM to different parts of the country. The majority of FGM procedures were clitorectomies. The severest form of FGM, infibulation, was performed in the Kajifu region of the Southwest Region. FGM usually was practiced on infants and preadolescent girls. Public health centers in areas where FGM is frequently practiced counseled women about the harmful consequences of FGM; however, the government did not prosecute any persons charged with performing FGM. On February 6, during the first International Day against Female Genital Mutilation, the minister of women's empowerment and the family condemned the practice and called on all citizens to join the fight against FGM." (US Department of State (Bureau of Democracy, Human Rights, and Labor) (25 February 2009) *2008 Human Rights Report: Cameroon*)

A *UNICEF* report on FGM in Cameroon published in 2004 states:

"With a value of 1.4%, Cameroon presents the lowest prevalence rate of FGM/C among the countries with available data. At the sub-national level, however,

FGM/C rates vary significantly across regional lines. While FGM/C is not practiced in the North-West, South and Littoral regions of the country, 5% of women have been circumcised in the Extreme-North. With regards to women characteristics, the highest prevalence rates are found among women aged 20-24 (3%), women without education (5%), Muslim women (6%) and women belonging to the Arabe-Choja/Peuls/Haoussa/Kanuri ethnic group (13%).” (UNICEF (2004) *Cameroon FGM/C Country Profile*)

A *Cameroon Tribune* article on FGM states:

“In Cameroon information indicates that the practice takes place in many regions but there is no exact data. However, there is information that the practice of FGM varies from one region to the other. In the Far-North Province the practice stands at 35 -50 per cent while in Ejagham in the Manyu Division, South West, it ranges from 75 -90 per cent. Ayuk Esther from the Cameroon Young Jurist Legal Resource Centre (CYJULERC) in Buea, says investigations show that there are nine villages around Ejagham where the practice of female circumcision is 100 per cent.” (Cameroon Tribune (7 February 2008) *Cameroon: Traditions that Torture* Yufeh, Brenda)

See also *Cameroon Tribune* article which states:

“In Cameroon, experts from the Ministry of Women's Empowerment and the Family, say it is difficult to have statistics on the practice of FGM in the country since those who practice it do so in hiding while victims of FGM are usually ashamed and afraid to testify in public due to traditional treats from kinsmen. However, a UN report estimates that about 20 per cent of women in Cameroon go through a form of FGM called infibulation which occurs in certain areas of the South West and Northern Provinces.” (Cameroon Tribune (7 February 2008) *Cameroon: Zero Tolerance on Female Circumcision* Yufeh, Brenda)

A report from the *Inter Press Service* states:

“Recently, Cameroon's female legislators could be found under a tree in the garden of the country's parliament, listening to Hannah Kwenti: 17, the mother of a five-month-old baby girl -- and a victim of female genital mutilation (FGM). ‘I come from Mamfé (in south-western Cameroon), where I was circumcised in January after the birth of Ruth,’ she told IPS. ‘My parents-in-law insisted on it, believing that if it was not done, I could one day be unfaithful to Peter (her husband).’ The procedure took place just three days after Kwenti had given birth.” (Inter Press Service (29 June 2006) *Cameroon: Finally, a Law Against Female Genital Mutilation?* Tetchiada, Sylvestre)

In a section titled “The role of female genital mutilation (FGM) in the draft law for the punishment of gender-based violence” (section 19) a report from the *United Nations Committee on the Elimination of Discrimination against Women* refers to anti-FGM measures as follows:

“The Government of Cameroon confirms that FGM is a primary focus of the draft law for the punishment of gender-based violence and discrimination. As to the

measures taken to eradicate this practice, MINPROFF has launched a public awareness-raising strategy, also extended to circumcisers, on the serious consequences of FGM for the health of women and girls. The activities involve distributing information, making presentations to the general public on the instruments used, giving personal accounts, posting related images, conducting studies on the phenomenon, and providing socio-professional retraining of circumcisers by granting microcredit to develop income-generating activities. The regions most affected by this phenomenon are mostly in the northern part and in Sud-Ouest province. Those areas were visited to raise the awareness of administrative, traditional and religious authorities about this ancestral cultural practice. The idea was to change mindsets, spare girls, and retrain circumcisers in other trades. A partnership was established with women's rights associations in order to expand the education and awareness-raising campaigns against this degrading treatment. Public meetings were held to affirm the authorities' opposition to this form of mutilation." (United Nations Committee on the Elimination of Discrimination against Women (10 November 2008) Responses to the list of issues and questions with regard to the consideration of the combined 2nd and 3rd periodic reports : Cameroon, p.25)

In a section titled "Background" of an appeal by asylum seekers from Cameroon heard by the United States Court of Appeals the female appellant is quoted as follows:

"At this point the petitioners sought the aid of the local police. As Agbor testified in response to a question whether she sought help from the government: 'Yes sir. I went to the police. The police said it is our—they don't want to intervent [sic] to our tradition. That is our culture that is going on. They don't want to intervent [sic].' Indeed, the police refused even to fill out a police report on their behalf. Agbor also testified that the government has not wiped out the practice of FGM, which is common in some areas, saying, 'they don't do anything to stop it.'" (United States Court of Appeals, Seventh Circuit (25 May 2007) 487 F.3d 499 Irene Arrey Agbor and Terry Ayuk Etta Agbor Ebai, Petitioners, v. Alberto R. Gonzales, Respondent. No. 06-2015.)

Included in this response is a recent report on FGM in West Africa published by the Norwegian Country of Origin Information Centre (Landinfo) which does not specifically refer to Cameroon but which may be of general interest.

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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