RESPONSES TO INFORMATION REQUESTS (RIRs)

17 April 2012

COD104024.E

Democratic Republic of the Congo: The practice of female genital mutilation (FGM) and legislation prohibiting the practice (2008-March 2012)

Research Directorate, Immigration and Refugee Board of Canada, Ottawa

1. Prevalence of Female Genital Mutilation

The World Health Organization (WHO) (n.d.) and the United Nations Children's Fund (UNICEF) (2009) suggest that current data on the prevalence of female genital mutilation (FGM) in the Democratic Republic of the Congo (DRC) are not available. However, in a 2007 report, UNICEF stated that the prevalence of FGM in the DRC was estimated to be less than five percent (UN 2007, 4). Similarly, a representative of the Women's Network for Development (Réseau des Femmes pour un Développement Associatif, RFDA), a women's rights organization based in South Kivu (GRIP n.d.), told the Research Directorate in a telephone interview that the ritual practice of female genital cutting [excision] is not very prevalent in the DRC (RFDA 24 Feb. 2012). The representative explained that, while excision does not happen in South Kivu, it does exist in other regions of the country where different tribal groups have different customs (ibid. 29 Feb. 2012). A representative of a second women's rights organization, the Women's Network for the Defence of Rights and Peace (Réseau des Femmes pour la Défense des Droits et la Paix, RFDP), which also works in South Kivu (Irenees.net. n.d.), said in a telephone interview with the Research Directorate that ritual female genital cutting is not very common in the areas where her organization operates (1 Mar. 2012).

1.1. Forms of Female Genital Mutilation

Sources indicate that the ritual stretching or elongation of the labia minora (*élongation des petites lèvres*) is commonly practiced in the DRC (RFDA 29 Feb. 2012; Gallo et al. 2010, 111). A survey of 52 health care professionals in the DRC found reports of its occurrence in the Kivu, Kasai and Katanga provinces, and in the Kinshasa region, particularly in its rural areas (ibid., 114-15, 121). The survey, part of a study by academic experts on FGM from the University of Padua in Italy, noted that it is especially prevalent in regions that border other countries where the practice is reportedly "endemic," including Uganda, Rwanda, Burundi, and Zambia (ibid., xiii, xiv, 121). The WHO, prior to modifying its classification of the various types of FGM in 2007, identified the stretching of the clitoris and/or labia minora (elongation) as a Type IV form of FGM (2008, 23, 24). According to the WHO,

> [g]enerally, prepubescent girls are taught how to stretch their labia by using

> products such as oils and herbs, over a period of some months. … Labial stretching might be defined as a form of female genital mutilation because it is a social convention, and hence there is social pressure on young girls to modify their genitalia, and because it creates permanent genital changes. (2008, 27)

The representative of the RFDA explained that the practice of stretching the labia minora is part of a process of sexual initiation for Congolese girls between the ages of six and eight (24 Feb. 2012). It involves learning how to elongate the labia by stretching and by applying the leaves of certain plants in order to achieve a length that is desirable to men and to make oneself acceptable for marriage (29 Feb. 2012). The representative added that this process is traditionally taught by a female relative such as a grandmother or an aunt, although girls are more commonly learning from each other (RFDA 29 Feb. 2012). The 2010 survey of health care professionals by the University of Padua academics also found that the primary motivation for genital stretching is aesthetic and based on the belief that it helps the girls better compete for marriage (Gallo et al. 2010,120, 122).

Sources also note that, in the DRC, the mutilation of women's and girl's genitals takes place in the context of armed conflict or violent rape (RFDP 1 Mar. 2012; HEAL Africa 5 Mar. 2012; HHI Apr. 2010, 36). The representative of the RFDP explained that genital mutilation is used as a form of sexual torture (1 Mar. 2012). A 2010 report by the Harvard Humanitarian Initiative (HHI), which analyzed the records of 4,311 women reporting to Panzi Hospital between 2004 and 2008 for medical treatment for sexual assault, stated that women had reported being subjected to genital mutilation and "instrumentation with sticks and weapons," among other forms of violent rape (Apr. 2010, 36). A representative of the North Kivu-based HEAL Africa organization (n.d.), which provides post-rape treatment and social support to victims of sexual violence, said in correspondence with the Research Directorate that the cases of FGM most commonly seen by its hospital in Goma involve women who have had objects forced inside them after being raped, or who have been raped with the intention of creating a condition known as fistula (5 Mar. 2012), a hole between a woman’s vagina and the bladder or rectum, or both, resulting in the leaking of urine and/or feces (US n.d.).

2. Legislation

In 2006, the DRC passed a law introducing amendments to provisions on sexual violence in the Penal Code, including one against genital mutilation (DRC 2006, Art. 3, para. 7). The law imposes a penalty of two to five years of prison and a fine of 200,000 Congolese francs [C$222 (XE 16 Apr. 2012)] on any person who violates the [translation] "physical or functional integrity" of a person's genital organs (DRC 2006, Art. 3, para. 7). The penalty increases to life imprisonment if the act of genital mutilation has led to the death of the victim (ibid.).

The representative of the RFDA said that, although genital stretching is a form of gender-based discrimination, the law does not consider the practice to be a form of sexual violence (29 Feb. 2012). The 2006 law against sexual violence does not mention genital stretching (DRC 2006).

For additional information on prosecutions for sexual violence in the DRC, see Response to Information Request COD104022.EF of 17 April 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.

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Additional Sources Consulted

Oral sources: A representatives of Solidarity with the Victims and for Peace was unable to provide information within the time constraints of this Response. Attempts to contact representatives of Tostan, Héritiers de la Justice, Eveil de la Femme, and Panzi Hospital were unsuccessful.

Internet sites, including: AllAfrica; Africa for Women's Rights; Amnesty International; Ban FGM Campaign; Brigham and Women's Hospital; Center for Reproductive Rights; Droit-Afrique.com; Droitcongolais.info; Factiva; The Female Genital Cutting Education and Networking Project; *Forced Migration Review*; Forum internationale des femmes congolaises; The Foundation for Women's Health, Research and Development; Freedom House; Friends of the Congo; GBV Prevention Network; The Intactivism Pages; Inter-African Committee on Traditional Practices; Groupe femmes pour l'abolition des mutilations sexuelles; Inter-Parliamentary Union; MEASURE DHS; No Peace Without Justice; Tostan; United Nations — Economic and Social Council, UN Population Fund, Secretary General's Database on Violence Against Women, Stabilization Mission in the Democratic Republic of the Congo.

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