



Home Office

Country Policy and Information Note

Cameroon: Female Genital Mutilation (FGM)

Version 1.0

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Preface

This note provides country of origin information (COI) and policy guidance to Home Office decision makers on handling particular types of protection and human rights claims. This includes whether claims are likely to justify the granting of asylum, humanitarian protection or discretionary leave and whether – in the event of a claim being refused – it is likely to be certifiable as ‘clearly unfounded’ under s94 of the Nationality, Immigration and Asylum Act 2002.

Decision makers must consider claims on an individual basis, taking into account the case specific facts and all relevant evidence, including: the policy guidance contained within this note; the available COI; any applicable caselaw; and the Home Office casework guidance in relation to relevant policies.

Country information

The COI within this note has been compiled from a wide range of external information sources (usually) published in English. Consideration has been given to the relevance, reliability, accuracy, objectivity, currency, transparency and traceability of the information and wherever possible attempts have been made to corroborate the information used across independent sources, to ensure accuracy. All sources cited have been referenced in footnotes. It has been researched and presented with reference to the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the [European Asylum Support Office’s research guidelines, Country of Origin Information report methodology](#), dated July 2012.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email [the Country Policy and Information Team](#).

Independent Advisory Group on Country Information

The Independent Advisory Group on Country Information (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to make recommendations to him about the content of the Home Office’s COI material. The IAGCI welcomes feedback on the Home Office’s COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. IAGCI may be contacted at:

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Information about the IAGCI’s work and a list of the COI documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector’s website at <http://icinspector.independent.gov.uk/country-information-reviews/>

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Policy guidance

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1. Introduction

1.1 Basis of claim

- 1.1.1 Fear of persecution or serious harm by non-state agents because either:
- (a) the person will be subjected to female genital mutilation (FGM); and
 - (b) the person refuses to undergo FGM; and / or
 - (c) the person is the parent of a child and is opposed to the procedure in a place where there is a real risk of it being carried out.

1.2 Points to note

- 1.2.1 The World Health Organisation defines FGM as ‘all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons’.
- 1.2.2 Sources use various terms to refer to FGM, including female circumcision, female genital circumcision or female genital cutting. It can be abbreviated as FGC or FGM/C. However, for the purposes of this note, the practice is referred to as FGM.
- 1.2.3 Decision makers must also consider the [Asylum Instruction on Gender Issues in Asylum Claims](#)

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2. Consideration of issues

2.1 Credibility

- 2.1.1 For information on assessing credibility, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).
- 2.1.2 Decision makers must also check if there has been a previous application for a UK visa or another form of leave. Asylum applications matched to visas should be investigated prior to the asylum interview (see the [Asylum Instruction on Visa Matches, Asylum Claims from UK Visa Applicants](#)).
- 2.1.3 Decision makers should also consider the need to conduct language analysis testing (see the [Asylum Instruction on Language Analysis](#)).

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2.2 Particular social group

- 2.2.1 Females fearing FGM in Cameroon, or females in Cameroon more generally, do not form a particular social group within the meaning of the Refugee Convention. This is because whilst they share an immutable (or innate) characteristic – their gender – that cannot be changed, they do not form a distinct group in society which is perceived as being different.
- 2.2.2 The situation for women in Pakistan, for example, was considered in the case commonly referred to as [Shah and Islam](#). The House of Lords held

that women in that society were viewed as a very distinct and inferior group. These attitudes were so entrenched that the state authorities were unwilling to intervene even when husbands beat or threatened to kill their wives. This is not the case in Cameroon.

- 2.2.3 Similarly, in 2006 in the case of [Secretary of State for the Home Department v. K \[2006\] UKHL 46 \(18 October 2006\)](#) the House of Lords considered the situation of women facing FGM in Sierra Leone. The court identified indigenous women who are 'intact' in Sierra Leone as forming a PSG on account of the widespread discrimination against them. Again, this is not the same as the situation in Cameroon.
- 2.2.4 Whilst there is some discrimination against women in general, it cannot be said to be widespread such that it prevents the exercise of fundamental rights. In relation to women fearing FGM or 'intact' women in Cameroon, whilst it may be an immutable (or innate) characteristic, a recent law has been enacted prohibiting the practice and there appears to be little societal support for the practice outside two provinces in the north of the country. Because FGM is not generally prevalent, women fearing FGM are not, as a group, recognisable by society and would be defined only by the persecution they suffer. Accordingly they are not a PSG within the meaning of the refugee Convention.
- 2.2.5 In the absence of a link to one of the five Convention reasons necessary for the grant of refugee status, the question in each case is whether the particular person will face a real risk of serious harm, sufficient to qualify for Humanitarian Protection (HP). FGM amounts to serious harm.
- 2.2.6 For further information on particular social groups, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.3 Assessment of risk

a. General point

- 2.3.1 A girl or woman will not be entitled to protection just because they have already undergone FGM. Assessment of risk must be future-facing, i.e. the likelihood that a person will be subjected to FGM (or further FGM) on return; or would be subjected to persecution or serious harm on return because of their refusal to undergo FGM.

b. Women and girls fearing FGM

- 2.3.2 Cameroon has one of the lower rates of FGM in Africa. Studies have put the prevalence rate at about 1% nationally and about 20% in the most affected communities. FGM is mainly practiced in the south-west by the Ejagham tribe and in the extreme north of the country by the Haoussas, Arapshouas, Fulbe and Arab-descended people (see [Prevalence of FGM](#)).
- 2.3.3 In general, a person in Cameroon will not be at real risk of FGM. However, there are regional variations within the country as well as variations between different ethnic/tribal groups (see section on Prevalence of FGM [by region and ethnic group](#)). Education, status and wealth also play a part. Decision makers must consider these various factors which may increase or reduce

the risk as well as any individual, person-specific circumstances – particularly the nature and degree of family and/or community pressure for the girl to undergo FGM.

c. Parents who resist/oppose FGM for their minor children

- 2.3.4 A person who is the parent of a minor child who is opposed to them undergoing FGM within communities that practice it may face societal discrimination and ostracism for going against cultural traditions. However, in general, this is unlikely to reach the threshold to constitute serious harm.
- 2.3.5 For further information on assessing risk, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.4 Protection

- 2.4.1 There is now a law (from July 2016) prohibiting FGM. The government has established a national action plan to combat the practice. The measures included the establishment of local FGM committees, particularly in the north of the country, to educate and raise awareness; and also the establishment of centres to take care of victims. The measures are reported to be succeeding in reducing FGM prevalence. Country Policy and information Team has been unable to find any reliable information on the number of prosecutions under the new legislation (see [Legal context](#) and [State attitude to FGM](#)).
- 2.4.2 There are also a number of NGOs in Cameroon who are active in tackling FGM as well as active in women's issues more generally. They are also taking practical steps to raise awareness aimed at reducing the prevalence of FGM and providing support to victims (see [Support groups](#)).
- 2.4.3 In general the state is both able and willing to provide effective protection. The onus is on the person to demonstrate why, based on the individual factors in their case, they would not be able to seek and obtain this.
- 2.4.4 For further information on assessing the availability of state protection, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#)

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2.5 Internal relocation

- 2.5.1 Although there are no general restrictions on women's freedom of movement, the law in Cameroon provides that husbands have the right to choose where the family resides. The law provides for the same legal status and rights for women as for men, including in terms of family, employment and property, but in practice women do not always enjoy those equal rights (see [Freedom of movement](#)).
- 2.5.2 In general, it will not be unduly harsh or unreasonable for a woman to internally relocate to escape localised threats from members of their family or other non-state actors, especially if single and without children to support. Where a child is unaccompanied, internal relocation is unlikely to be an option. However, decision makers must give careful consideration to the

relevance and reasonableness of internal relocation on a case-by-case basis taking full account of the individual circumstances of the particular person.

- 2.5.3 For further information on considering internal relocation, see the [Asylum Instruction on Assessing Credibility and Refugee Status](#).

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2.6 Certification

- 2.6.1 Where a claim made by a woman (or girl) on the basis of fear of FGM is refused, it is unlikely to be certifiable as 'clearly unfounded' under section 94 of the Nationality, Immigration and Asylum Act 2002 because in general the claim when taken at its highest is unlikely to be so clearly without substance that it is bound to fail.

- 2.6.2 For further guidance on certification, see the appeals instruction on [Certification of Protection and Human Rights claims under section 94 of the Nationality, Immigration and Asylum Act 2002 \(clearly unfounded claims\)](#)

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3. Policy summary

- 3.1.1 Females fearing FGM in Cameroon or females in Cameroon more generally do not form a PSG but in cases where there is a real risk of serious harm due to the infliction of FGM, they may be entitled to humanitarian protection.
- 3.1.2 In general there is not a real risk of a person being subjected to FGM. The evidence suggests the practice is not common and is declining.
- 3.1.3 There are, though, variations by region, ethnicity, wealth and education status which may increase, or reduce the risk, and these must be considered alongside the individual circumstances of the person concerned, particularly the nature and degree of family and/or community pressure for the girl to undergo FGM.
- 3.1.4 The government has established a national action plan to combat FGM which has been successful in reducing the prevalence of the practice. It is indicative of willingness and ability of the state to provide effective protection.
- 3.1.5 Unless the person is a child, internal relocation is likely to be available and in general it would not be unduly harsh to do so, especially if single and without children to support. Each case must be considered on its facts.

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4. Types of FGM

- 4.1.1 The World Health Organisation (WHO) has a definition of the 'types' of female genital mutilation/cutting (FGM/C) which is commonly used.¹

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5. Legal context

- 5.1.1 The UN Report of the Secretary General on the situation in Central Africa and the activities of the UN Regional Office for Central Africa, released November 2016, noted:

'A new criminal justice code was promulgated in Cameroon in July...It...contains new provisions that protect the rights of women and girls, in particular with regard to the custody of minors and issues related to female genital mutilation, rape and sexual harassment.'²

- 5.1.2 The US State Department 2016 Human Rights Practices Report noted:

The law protects physical and bodily integrity of persons, and the penal code enacted on July 12 has specific provisions on genital mutilation/cutting. The law prohibits genital mutilation of all persons. Whoever mutilates the genitals of a person, by any means whatsoever, on conviction is subject to imprisonment from 10 to 20 years, and imprisonment for life if the offender habitually carries out this practice, does so for commercial purposes, or if the practice causes death.'³

- 5.1.3 The Cameroon Young Jurists Legal Resource Centre website noted that 'CYJULERC announces the adoption of a law to punish Female Genital Mutilation (FGM) in Cameroon in June 2016; exactly 10 years after CYJULERC proposed the draft to Female members of Parliament.'⁴

[The webpage provided a weblink to the legislation (See Section 277 (1 and 2) on page 101. [Cameroon - Law No: 2016/007 of 12 July 2016 Relating to the Penal Code](#))]

Country Policy and information Team has been unable to find any reliable information on the number of prosecutions under the new legislation.

- 5.1.4 A 2014 CEDAW session NGO background information noted that '...the Minister of Justice downplayed FGM as practiced in Cameroon, stating that it

¹ World Health Organisation, 'Female genital mutilation fact sheet', updated February 2016, <http://www.who.int/mediacentre/factsheets/fs241/en/>.. Date accessed: 9 December 2016.

² United Nations Security Council - Report of the Secretary General on the situation in Central Africa and the activities of the UN Regional Office for Central Africa, 28 November 2016 http://www.un.org/ga/search/view_doc.asp?symbol=S/2016/996 date accessed: 9 March 2017

³ US State Department - 2016 Human Rights Practices Report, released 3 March 2017 <https://www.state.gov/documents/organization/265446.pdf> Date accessed: 6 March 2017

⁴ The Cameroon Young Jurists Legal Resource Centre – At Last A Law To Criminalize Female Genital Mutilation Adopted in Cameroon, undated <http://cyjulerc.org/2016/02/law-to-criminalize-female-genital-mutilation/> date accessed: 9 March 2017

is “slicing off a section of the clitoris and is not as dramatic as in West Africa.”⁵

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6. Prevalence of FGM

6.1 Overview

6.1.1 The US State Department 2016 Human Rights Practices Report noted:

‘In 2015 The Ministry of Social Affairs and the Ministry of Women’s Empowerment and the Family estimated the prevalence of FGM/C at 1.4 percent nationwide and 20 percent in the most affected communities. According to UNICEF’s Global Databases 2016, FGM/C among girls and women ages 15 to 49 was 1 percent in urban centers and 2 percent in rural areas.’⁶

6.1.2 An earlier German Immigration Department report noted that ‘The Demographic and Health Survey 2004 (DHS) indicates that about 1% of the female population has been subjected to FGM.’⁷

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6.2 By type

6.2.1 The US State Department 2015 Human Rights Practices Report noted that ‘Excision was the most common type of FGM/C.’⁸

6.2.2 The 28 Too Many Cameroon Key Country Statistics noted from the 2004 Demographic and Health Survey that ‘The most prevalent type of FGM practised in Cameroon is ‘flesh removed’ (Types I and II) (85%), with 5% having Type III.’⁹

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6.3 By age

6.3.1 The US State Department 2015 Human Rights Practices Report noted that ‘...the age at which FGM/C was practiced varied depending on region and from a few days after birth up to age 15 or older. In general the procedure was performed before puberty, with one half of the girls five to nine years old, and one fifth 10 to 14 years old.’¹⁰

⁵ CEDAW – NGO Background Information, February 2014
http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CMR/INT_CEDAW_NGO_CM_16206_E.pdf. Date accessed: 20 December 2016

⁶ US State Department - 2015 Human Rights Practices Report, released April 2016
<http://www.state.gov/documents/organization/252873.pdf>. Date accessed: 21 December 2016

⁷ Deutsche Gesellschaft Technische Zusammenarbeit – Female Genital Mutilation in Cameroon, November 2007 <http://www.cameroon-today.com/support-files/en-fgm-countries-cameroon.pdf>. Date accessed: 21 December 2016

⁸ US State Department - 2015 Human Rights Practices Report, released April 2016
<http://www.state.gov/documents/organization/252873.pdf>. Date accessed: 21 December 2016

⁹ 28 Too Many – Cameroon Key Country Statistics, May 2013
http://28toomany.org/media/uploads/cameroon_-_general_statistics.pdf. Date accessed: 21 December 2016

¹⁰ US State Department - 2015 Human Rights Practices Report, released April 2016
<http://www.state.gov/documents/organization/252873.pdf>. Date accessed: 21 December 2016

- 6.3.2 The 28 Too Many Cameroon Key Country Statistics noted from the 2004 Demographic and Health Survey noted that:

‘The prevalence of FGM in girls and women within the 15-19 age group is estimated at 0.4%, which appears to be 0.8% less than FGM prevalence in the 35-39 age group which is estimated at 1.2% (DHS 2004). Figures also suggest a 1.2% difference in FGM prevalence between girls and women (15-49 years) who live in urban and rural areas, with estimated FGM prevalence at 0.9% and 2.1% respectively.’¹¹

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6.4 By region and ethnic group

- 6.4.1 The US State Department 2016 Human Rights Practices Report noted that ‘Children were reportedly subjected to FGM/C in isolated areas of the Far North, East, and Southwest Regions, in the Choa and Ejagham tribes, although the practice was reported to be decreasing.’¹²
- 6.4.2 A German Immigration Department report noted that ‘This low overall prevalence conceals wide regional disparities: FGM is only practiced in the south-west and the extreme north of the country, in Manyu, Logone, and Chari provinces.’¹³
- 6.4.3 An article from the Female Genital Cutting Education and Networking Project noted ‘Female genital mutilation is practiced in the South West Province in the Ejagham tribe, the Haoussas, Arapshouas in the northern part of the country.’¹⁴
- 6.4.4 A 2014 CEDAW session NGO background information noted that ‘FGM prevalence rates in the extreme north and the southwest portion of the country are 5.4% and 2.4%, respectively. Among the Fulbe people and Arab-descended people who live in the extreme north, the prevalence rate is 12.7%.’ The same source further noted that ‘in the urban centers of Douala and Yaoundé’ the FGM prevalence rate is ‘below 1%’, whilst there is ‘continued presence of FGM...in the rural areas.’¹⁵

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¹¹ 28 Too Many – Cameroon Key Country Statistics, May 2013

http://28toomany.org/media/uploads/cameroon_-_general_statistics.pdf. Date accessed: 21 December 2016

¹² US State Department - 2016 Human Rights Practices Report, released 3 March 2017

<https://www.state.gov/documents/organization/265446.pdf> Date accessed: 6 March 2017

¹³ Deutsche Gesellschaft Technische Zusammenarbeit – Female Genital Mutilation in Cameroon, November 2007 <http://www.cameroon-today.com/support-files/en-fgm-countries-cameroon.pdf>. Date accessed: 21 December 2016

¹⁴ The Female Genital Cutting Education and Networking Project - Cameroon: Female Circumcision Persists Despite Sensitisation, 2006

<http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1165927432&ucat=1>. Date accessed: 21 December 2016

¹⁵ CEDAW – NGO Background Information, February 2014

http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/CMR/INT_CEDAW_NGO_CMR_16206_E.pdf. Date accessed: 20 December 2016

6.5 By religion

- 6.5.1 A German Immigration Department report noted that ‘Among the communities affected, religious denomination plays a role in determining whether or not a woman is subjected to the practice. [In these affected areas] All Muslim women, and two thirds of Christian women are victims of the practice, but no female Animists are affected.’¹⁶

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6.6 Actors of harm

- 6.6.1 The US Embassy in Yaounde, in a February 2012 document, noted that ‘The practice is often performed by untrained practitioners, employing no anesthesia and often using such instruments as broken glass, tin lids, scissors, or unsterilized razors.’¹⁷
- 6.6.2 A Red Cross 2012 document noted that ‘In Cameroon, FGM is carried out in a barbarous manner by traditional midwives with no medical training, without anaesthetic and using rudimentary instruments.’¹⁸
- 6.6.3 An abstract of a US National Library of Medicine report on FGM in Cameroon from 1995 noted that ‘Only 1.3% of procedures were performed in hospitals; the remainder were performed by traditional practitioners.’¹⁹

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7. State attitude to FGM

- 7.1.1 The US State Department 2016 Human Rights Practices Report noted: ‘In 2011 the government adopted a national action plan, and The Ministry of Social Affairs and the Ministry of Women’s Empowerment and the Family established local FGM/C committees in areas where FGM/C was most prevalent, particularly in the Far North Region. The committees networked with former excision practitioners and traditional and religious leaders to reduce the practice. During the year the ministries and some civil society organizations conducted education programs against gender-based violence, including FGM/C.’²⁰
- 7.1.2 The UN Committee on the Rights of the Child Consideration of Reports of State Parties for Cameroon (published in September 2016) noted:

¹⁶ Deutsche Gesellschaft Technische Zusammenarbeit – Female Genital Mutilation in Cameroon, November 2007 <http://www.cameroon-today.com/support-files/en-fgm-countries-cameroon.pdf>. Date accessed: 21 December 2016

¹⁷ US Embassy Yaounde Cameroon - Former DCM Lisa Peterson Op-Ed on Female Genital Mutilation, February 2012 <https://yaounde.usembassy.gov/fgmdcm.html>. Date accessed: 6 January 2017

¹⁸ International Federation of Red Cross and Red Crescent Societies – The Cameroon Red Cross establishes a strategy for the fight against female genital mutilation, 16 August 2006 <http://www.ifrc.org/en/news-and-media/news-stories/africa/cameroon/the-cameroon-red-cross-establishes-a-strategy-for-the-fight-against-female-genital-mutilation/>. Date accessed: 6 January 2017

¹⁹ US National Library of Medicine - FGM in Cameroon, April 1995 <https://www.ncbi.nlm.nih.gov/pubmed/12157971>. Date accessed: 6 January 2017

²⁰ US State Department - 2016 Human Rights Practices Report, released 3 March 2017 <https://www.state.gov/documents/organization/265446.pdf> Date accessed: 6 March 2017

'The implementation of the National Action Plan to combat female genital mutilation resulted in the following actions:

'[At the level of research:]

'Conducting a study on female genital mutilation in the Adamawa Region.

'[At the level of raising awareness:]

'Commissioning of local committees to combat female genital mutilation in the South West Region (Manyu), the Centre (Briqueterie Neighbourhood in Yaounde) and the Far North (Mayo Sava, Logone and Chari); The signing on 25 June 2013 of a collaboration platform between MINPROFF and the Council of Imams and Muslim Dignitaries of Cameroon (CIDIMUC) to combat female genital mutilation...; The organization of advocacy sessions with parliamentarians and religious and traditional leaders of the areas concerned; Raising awareness among families and communities on FGM during commemoration on 6 February of each year of the Day "Zero Tolerance to Female Genital Mutilation" (statistics number of people affected DSPF); Entering into partnership with community radio stations to broadcast programmes on the rights of the child, combating harmful cultural practices and FGM; Implementing BIAAG Programmes (Because I Am A Girl) and LWF (Learn Without Fear) for the promotion of the education of girls and combating genderbased violence in schools.

'[At the level of medical, psychological and social care:]

'Setting up of centres to take care of women victims of violence and other harmful traditional practices (two public centres operational in Yaounde and Douala); Providing funding and other production materials to male and female excision practitioners to enable them carry out income-generating activities and be retrained for other jobs.

'...As outcome of the awareness that was raised, Imams and Muslim Dignitaries together with the religious and traditional leaders of the South West issued a Statement on community's awareness of the measures taken. The support for the retraining of male and female excision practitioners through income-generating activities led to the symbolic handover of the knives used for excision. The difficulties identified relate, in particular, [to]: the inadequacy of the FGM routine data collection; the tracking of interventions in combating female genital mutilation; inadequate human and financial resources in combating the GBV and HCP; inadequate programmes for reintegration of children victims of HCP and FGM.'

- 7.1.3 The Bertelsmann Transformation Index 2016 Cameroon Country Profile noted that 'The government claims it is trying to stop the practice of female genital mutilation, but does not effectively implement such policies.'

²¹ UN Committee on the Rights of the Child Consideration of Reports of State Parties for Cameroon (published in September 2016) http://www.ecoi.net/file_upload/1930_1483007069_g1619750.pdf (section 5, pages 25 and 26). Date accessed: 30 January 2017

²² Bertelsmann Stiftung – 2016 Transformation Index, 2016 http://www.bti-project.org/fileadmin/files/BTI/Downloads/Reports/2016/pdf/BTI_2016_Cameroon.pdf. Date accessed: 30 January 2017

8. Societal attitude to FGM

8.1.1 The Landinfo report on FGM in West Africa noted:

‘A number of factors may influence decisions made by parents or guardians on whether to have girls and young women be subjected to FGM or not: both private, internal considerations, religious beliefs, views on the issue in the local community as well as on a larger scale and socioeconomic background. People with a say in the matter are not limited to a girl/young woman’s parents or closest guardians.

‘...FGM is inseparably connected to questions of sexuality and reproduction, and the attitudes a community holds toward the practice of FGM relate to general views on controlling sexuality and reproduction. The traditional views regarding FGM will generally be common to a certain group of people in a community (though not necessarily all members of the group), because the practice of FGM is usually connected to people belonging to a certain social group.’²³

8.1.2 In a Cameroon Postline article a medical practitioner noted in an interview:

‘The youths of today say no to FGM and it should be abolished. A lot of youths in Manyu Division, Southwest Region of Cameroon are leaving the place. As a medical doctor, I worked with a nurse, Grace Ngwai Agbor, who today, is keeping a safe distance not only from her native Manyu but from Cameroon as a whole. She is keeping a safe distance because every now and again, she is confronted by her family members and dutifully reminded of how she must undergo the process of FGM before ever she is recognised and accepted as belonging to the family. Being of the medical field herself, she has vowed that she would rather stay away from family and keep her clitoris instead of the other way round.

‘...Whether it is only one village in Manyu Division that practises FGM, I am saying that it is wrong. I am yet to see it in other parts of Cameroon. Some people say it is done in the Northern parts of Cameroon.’

‘...Progressively, there is some change of attitude, especially when we present the complications that go with the FGM like HIV/AIDS.’²⁴

9. Freedom of movement

9.1.1 The Social Institutions and Gender Index noted that ‘Although there are no blanket restrictions on women’s freedom of movement and access to public

²³ Landinfo – Female Genital Mutilation of Women in West Africa, January 2009 http://www.landinfo.no/asset/768/1/768_1.pdf. Date accessed: 30 January 2017

²⁴ Cameroon Postline – Why Female Circumcision Is A Wicked Act, 23 March 2013 <http://www.cameroonpostline.com/why-female-circumcision-is-a-wicked-act1/>. Date accessed: 30 January 2017

space, the law in Cameroon provides that husbands have the right to choose where the family resides, obliging wives to follow.’²⁵

9.1.2 The US State Department 2016 Human Rights Practices Report noted that:

‘Although the constitution and law provide for freedom of internal movement, foreign travel, emigration, and repatriation, these rights sometimes were impeded... The law provides for the same legal status and rights for women as for men, including in terms of family, labor, property, nationality, and inheritance. Despite constitutional and legal provisions recognizing women’s rights, women did not enjoy the same rights and privileges as men. For example, the law allows a husband to deny his wife the ability to work outside the home.’²⁶

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10. Support groups

10.1.1 The Women’s Minister statement to the Commission on the Status of Women in 2013 noted:

‘The initiative of the NGO Women in Alternative Action (WAA) dubbed "Queen for Peace Initiative" implemented through the organization from November 28 to 30, 2012 of a forum that saw the active participation of 100 queens (wives of traditional rulers) from the 10 Regions of Cameroon. These queens were chosen because of the traditional authority vested in them, their position beside traditional rulers as counselors and conveyers of positive values and also because they are listened to by the kings. This forum helped to highlight the different forms of violence against women and girls across the country. Also, the capacities of the queens were strengthened in the areas of advocacy, the promotion of women's rights and gender, to enable them effectively fight violence against women and girls in their Regions. The queens made a commitment to work with their husbands (the traditional rulers).’

‘...The existence of support centers for women in distress managed by civil society organizations (Women's life center of the Association for the Fight against Violence against Women and other existing centers at the level of Regions).’²⁷

10.1.2 The UN Office of the Special Adviser on Africa listed a number of civil society organisations operating for the benefit and protection of women in Cameroon <http://esango.un.org/civilsociety/displayOsaaSearch.do> .

²⁵ Social Institutions and Gender Index – 2016 Cameroon Country Profile <http://www.genderindex.org/country/cameroon>. Date accessed: 30 January 2017

²⁶ US State Department - 2016 Human Rights Practices Report, released 3 March 2017 <https://www.state.gov/documents/organization/265446.pdf> Date accessed: 6 March 2017

²⁷ Commission on the Status of Women – Elimination and Prevention of Violence against Women and Girls, March 2013 <http://www.un.org/womenwatch/daw/csw/csw57/generaldiscussion/memberstates/Cameroon.pdf>. Date accessed: 30 January 2017

- 10.1.3 A broader list of NGOs operating in different parts of Cameroon, including many for women, existed on the Wango website
<http://www.wango.org/codeofethics.aspx?page=13&country=Cameroon> .

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Version control and contacts

Contacts

If you have any questions about this note and your line manager, senior caseworker or technical specialist cannot help you, or you think that this note has factual errors then [email the Country Policy and Information Team](#).

If you notice any formatting errors in this note (broken links, spelling mistakes and so on) or have any comments about the layout or navigability, you can [email the Guidance, Rules and Forms Team](#).

Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **17 March 2017**

Changes from last version of this note

First version.

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