FGM/C in Mali:

Key Findings

October 2022

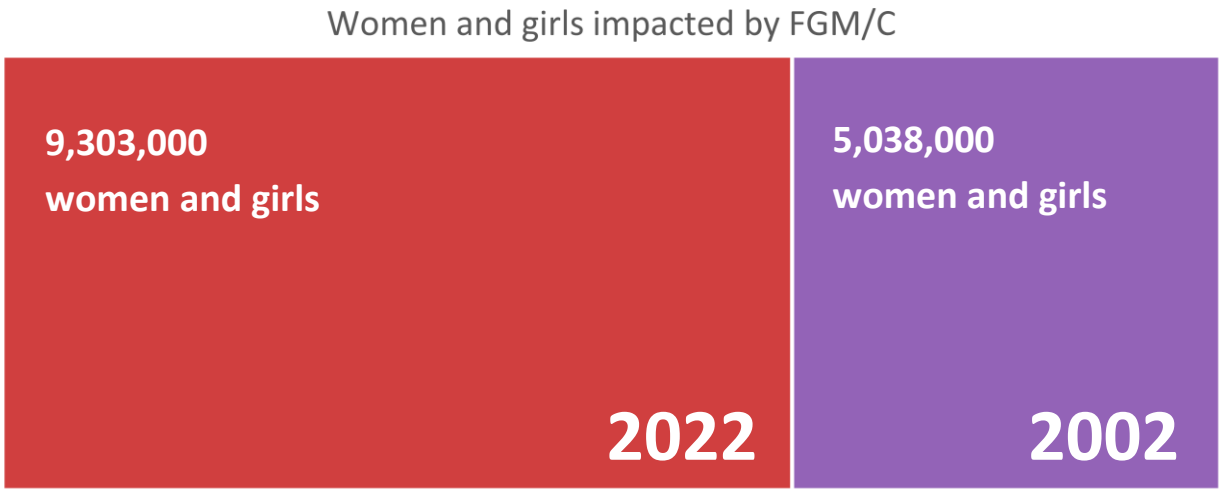
28 TOO MANY
FGM... let's end it.

ORCHID PROJECT

*The **Mali Country Profile Update (2022)** provides comprehensive information on the most recent trends and data on FGM/C in Mali. It includes an analysis of the current political situation and the existing legal frameworks and makes recommendations on how to move towards eradicating the practice. The report serves as an update to **28 Too Many's 2014 Mali Country Profile**. Its purpose is to equip activists, practitioners, development partners and research organisations with the most up-to-date information to inform decision-making on policy and practice in the Malian context.*

What Is Happening?

The population of Mali has almost doubled in the last 20 years, from 11.5 million in 2002 to 21 million in 2022.[1] During this period, the prevalence of FGM/C remained fairly constant (91.6% in 2001 and 88.6% in 2018),[2] which means that the actual number of girls at risk of and actually undergoing FGM/C has also doubled. It is estimated that more than four million girls were cut in Mali in the last 20 years.



According to the DHS 2018, the overall prevalence of FGM/C among women aged 15–49 in Mali is 88.6%.[3] There appears to be a downward trend in the prevalence of FGM/C in Mali, as the prevalence in 1995/1996 was 93.7%;[4] however, this is a slight trend over such a period of time.

Where Is FGM/C Happening?

The prevalence of FGM/C varies significantly from region to region in Mali. **Prevalence is**

- **between 82% and 96% in the south and centre;**
- **50.1% in Tombouctou (the north-west); and**
- **less than 2% in the north-east.**[5]

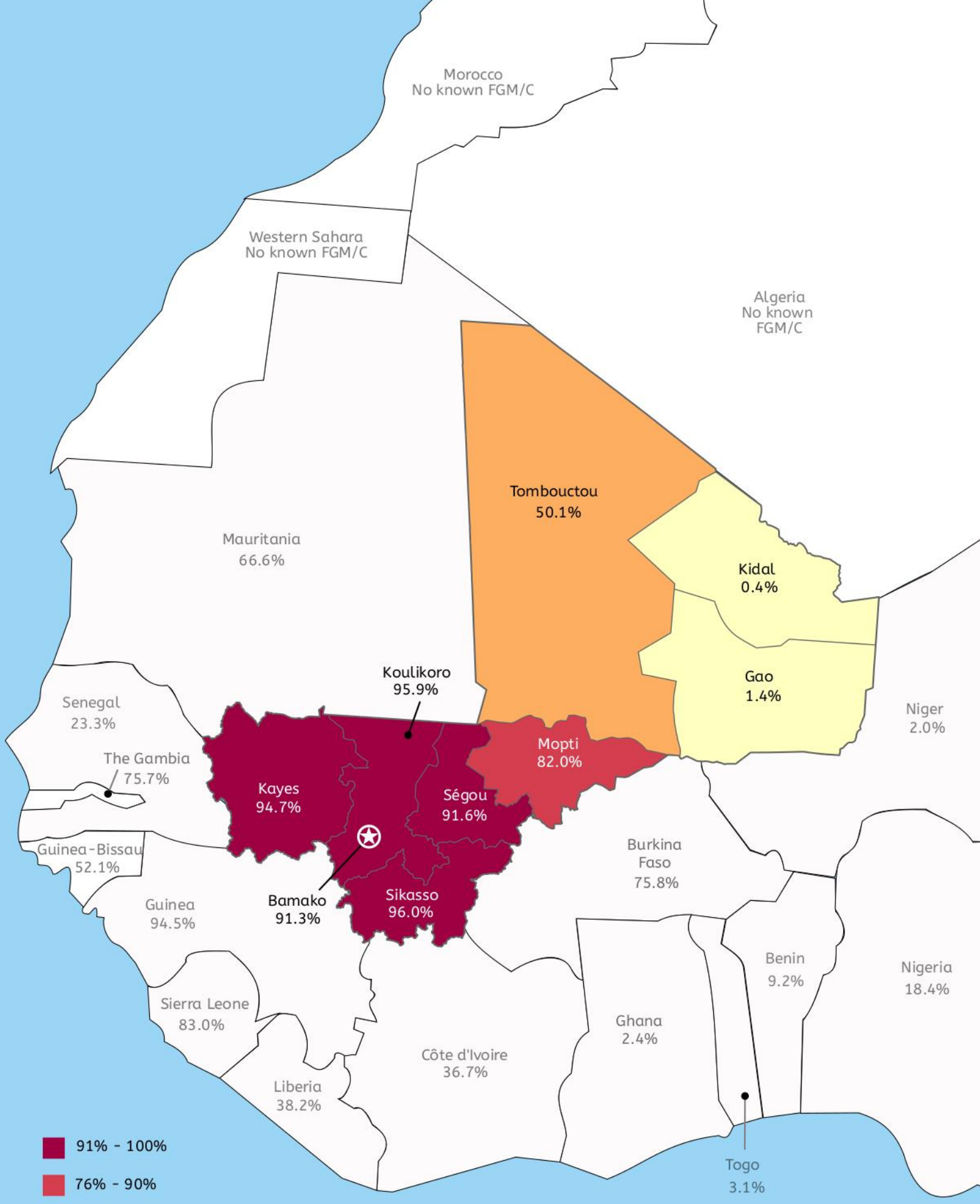
It should be noted, however, that the north-eastern figures are based on small sample sizes and are not, therefore, completely reliable.

The **northern part of Mali** (Tombouctou, Kidal and Gao) is sparsely populated, arid and has a significant number of nomadic groups who move between regions and across national borders into Mauritania or Niger. The northern areas, especially Kidal and Gao, are predominantly populated by the Tuareg, who have not, historically, practised FGM/C.

Niger-Congo ethno-linguistic groups in the **southern parts of Mali** (Kayes, Koulikoro, Ségou, Sikasso and into Mopti) include the Bambara, Malinke, Peulh, Soninké, Dogon and Sénoufu, all of whom have traditionally practised FGM/C.

Mapping FGM/C prevalence by ethnic group demonstrates **a connection between the prevalence in each region in Mali and the presence of ethnic groups in those regions who most frequently practise FGM/C**. This should be taken into consideration in programming, in terms of understanding the different drivers of FGM/C for each ethnic group and concentrating responses where it is practised most frequently.

Figure 1 (following page): Prevalence of FGM/C in Mali, according to region[6]


Morocco
No known FGM/C
Western Sahara
No known FGM/C
Algeria
No known
FGM/C
Tombouctou
50.1%
Kidal
0.4%
Gao
1.4%
Mauritania
66.6%
Koulikoro
95.9%
Mopti
82.0%
Senegal
23.3%
The Gambia
75.7%
Kayes
94.7%
Ségou
91.6%
Niger
2.0%
Guinea-Bissau
52.1%
Bamako
91.3%
Sikasso
96.0%
Burkina
Faso
75.8%
Guinea
94.5%
Sierra Leone
83.0%
Liberia
38.2%
Côte d'Ivoire
36.7%
Ghana
2.4%
Benin
9.2%
Nigeria
18.4%
Togo
3.1%
91% - 100%
76% - 90%
51% - 75%
26% - 50%
11% - 25%
Less than 10%

How Is FGM/C Happening?

The DHS surveys of Mali do not classify FGM/C types using the World Health Organization's definitions (Types I, II, III and IV). Instead, women aged 15–49 report whether they have been **'cut, no flesh removed' (25.4%), 'cut, flesh removed' (40.7%) or 'sewn closed' (8.2%).**[7]

It should be noted that 25.8% of Malian women aged 15–49 do not know what type of FGM/C they experienced.[8]

At first glance, the data suggests a decrease in the percentage of women who experienced 'cut, flesh removed' over the period 2001 to 2018 and a corresponding increase in those reporting 'cut, no flesh removed' and 'sewn closed'. On closer analysis, at least **some of the changes in the data seem to be more driven by an increase in the percentage of women who don't know what type of cut they experienced**.

Age of Cutting

75.5% of girls aged 0–14 are cut before the age of five; 16.1% are cut between the ages of five and nine; 4.4% are cut between the ages of 10 and 14; and 0.3% are cut after the age of 15.[9]

The age of cutting is lowering. Within the category of girls who are cut before the age of five, there has been a statistically significant drop in the age of cutting since 1995/1996. The mean age in 2018 was under 2.5 years, while in 1995/1996, the mean age was just under 4.5 years.[10]

Practitioners

88.8% of women aged 15–49 and 94.3% of girls aged 0–14 report being cut by a traditional cutter. 2.7% of women and 4% of girls report being cut by a traditional birth attendant or midwife.[11]

Why Is FGM/C Happening?

Since the DHS 1995–96, there has been **minimal change in attitudes towards the practice**. The DHS 2018 found that 75.8% of women and 74.4% of men aged 15–49 believe the practice of FGM/C should continue.[12]

The DHS 2018 found that **70% of women and 68% of men believe FGM/C to be a religious necessity**. This belief is most common in the south of the country, and among those who have received less formal education.[13]

Place of residence (urban/rural), socio-economic status (wealth quintile), and level of education do not have a significant influence on FGM/C prevalence in Mali. Rather, **ethnicity and religious belief seem to be the major determinants**.

Key Challenges

A. Lack of a Legal Framework

There is currently no law banning FGM/C in Mali. Draft laws have been proposed, most recently by the Ministry for the Advancement of Women, Children and the Family in 2017, but these have been repeatedly blocked by parliament, primarily by Islamic religious leaders.

The lack of a legal framework banning FGM/C has increased cross-border FGM/C. Families in neighbouring countries are crossing into Mali to have girls cut because it is illegal in their home countries.

This lack of a legal framework demands coordinated regional and national advocacy, as well as cross-border responses.

B. Variations in FGM/C Practice between Ethnic Groups

There are distinct differences in the prevalence of FGM/C between ethnic groups in Mali. Groups that practise FGM/C are concentrated in the south, and there is a minimal (less than 1%) prevalence in the north-east.

The strong variations between ethnic groups and the regional concentrations of those groups should influence where FGM/C responses are focused. Programmes should be built on an understanding of the drivers of FGM/C for each ethnic group.

C. Patriarchal Gender Norms

Patriarchal gender norms are embedded in families, society and the law (for example, the Family Code). Mali is underperforming on all SDGs, but particularly those related to gender equality. Mali has the highest rates of child marriage in the world – 50% of girls are married before the age of 18. Husbands and male elders have most of the decision-making power in the family and in communities. Paternal grandmothers and elder wives also hold significant decision-making power in the home.

Deeply embedded, patriarchal gender norms have a significant influence on the ways FGM/C is practised and on other harmful cultural practices such as child marriage. It is essential to critically discuss gender norms in community dialogues, engage with men and boys, and create safe spaces to reimagine beliefs.

In contexts of protracted crises and both political and economic insecurities, gender norms can become more deeply embedded. Programmes that acknowledge and respond to economic insecurity can create the necessary stability to engage more fully with people's beliefs and perspectives on gender norms.

D. Minimal Change in FGM/C Practices and Attitudes

There has been minimal change in the prevalence of FGM/C since the DHS 1996 and minimal change in the level of belief that FGM/C should continue. 75.8% of Malian women aged 15–49 and 74.4% of Malian men in the same age-range believe it should continue.[14]

The age of cutting appears to have dropped over the past 20 years, as the mean age of girls who were cut before the age of five has halved.

While the data appear to show a change in the type of FGM/C practised, there has been an increase in the number of women who are not aware what type of FGM/C they experienced, driving the apparent change in figures. This is one area, therefore, that education-and-awareness programmes may need to focus on.

The media and more traditional methods of education should be used to shift attitudes towards the abandonment of FGM/C and create opportunities for dialogue.

E. FGM/C Seen as a Religious Requirement

As of 2018, 70% of women aged 15–49 and 68% of men aged 15–49 believed that FGM/C was a religious requirement.[15]

This strongly held belief and the role that religious leaders have in influencing the adoption of a legal framework against FGM/C demand active engagement by activists with religious leaders.

What Is Needed?

Next Steps

As outlined above, there are five major challenges that advocacy and programmatic responses in Mali must address. While there are a number of organisations working to reduce the prevalence of the practice and, ultimately, see it eradicated, as the response to FGM/C develops in Mali, the following aspects must be addressed to effectively reach those goals:

- **enact** legislation that bans FGM/C;
- **deepen** our understanding of the ethnic drivers of the practice;
- **embed** gender-transformative approaches into social-norms programming to work towards critical dialogues on the patriarchal gender norms that perpetuate FGM/C;
- **shift** deeply held beliefs and attitudes towards FGM/C; and
- **engage** in meaningful and transformative ways with religious leaders to deconstruct the belief that FGM/C is a religious requirement.

Recommendations

Considering our findings, we recommend:

- within programmes, critically considering the ethnic drivers of FGM/C in Mali, to better understand variations in the practice, with the aim of facilitating meaningful community dialogues;
- embedding gender-transformative approaches into social-norms programming;
- that international partners recognise the vital role of local organisations and activists and meaningfully include them in programming, giving them voices in the design and implementation of policies and practices in response to FGM/C in Mali;
- conducting further research to understand the drivers of the observed shift towards younger ages of cutting (in girls under five years of age), as evidenced by the data collected over the last 20 years;
- conducting further research to explore the underlying ethnic drivers of FGM/C in Mali;
- considering within research the impact of internal migration and population displacement on FGM/C prevalence within the country;
- quantifying the extent of cross-border FGM/C and its impact on the practice across the wider region; and
- evaluating programming responses to discover which are most effective.

Call To Action

Government of Mali

We call on the Government of Mali to:

- **enact** legislation banning the practice of FGM/C in accordance with the obligations placed on the Government by its ratification of the CEDAW and the Maputo Protocol; and
- **design and implement** a nation-wide awareness campaign on ending FGM/C, prioritising the regions with the highest prevalence.

Stakeholders

We call on stakeholders, including government bodies, non-governmental organisations and others in Mali, to:

- **work with** religious leaders in Mali to unlink FGM/C from religion;
- **ensure** interventions targeting child marriage and FGM/C are integrated and address the underlying causes of both practices;
- **integrate** interventions to end FGM/C with education, healthcare, gender-based violence programming and wider development programming, to break FGM/C out of the silo; and
- **conduct** knowledge-sharing workshops to improve access to information on what works and to develop a stronger base of understanding of FGM/C in Mali.

Donors

We call on donors to prioritise programmes that actively engage with religious leaders, embed gender-transformative approaches and seek to shift social norms.

ECOWAS, African Union and the United Nations

We call for continued diplomatic efforts between ECOWAS, the African Union and the United Nations to introduce legislation banning the practice of FGM/C in accordance with the Ouagadougou Call to Action on Eliminating Female Genital Mutilation.

We urge the ECOWAS court of justice to review the case against the Government of Mali filed by EqualityNow and its partners and to rule on the claims that the Government has failed in its duty of care to protect women and girls, and that this failure represents a grave and systemic violation of human rights.

References

Recommended citation: Orchid Project and 28 Too Many (2022) *FGM/C in Mali: Key Findings*. Available at www.28toomany.org/mali.

Please note that, throughout the citations and references in this report, the following abbreviations apply.

'DHS 2018' refers to Institut National de la Statistique – INSTAT, Cellule de Planification et de Statistique Secteur Santé-Développement Social et Promotion de la Famille CPS/SS-DS-PF and ICF (2019) *Enquête Démographique et de Santé au Mali 2018*. Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF and ICF. Available at https://dhsprogram.com/pubs/pdf/FR358/FR358.pdf.

'DHS 2001' refers to Cellule de Planification et de Statistique du Ministère de la Santé – CPS/MS/Mali, Direction Nationale de la Statistique et de l'Informatique – DNSI/Mali and ORC Macro (2002) *Enquête Démographique et de Santé au Mali 2001*. Calverton, Maryland, USA: CPS/MS, DNSI and ORC Macro. Available at https://dhsprogram.com/pubs/pdf/FR02/FR02.pdf.

'DHS 1995–96' refers to Coulibaly, Salif, Fatoumata Dicko, Seydou Moussa Traoré, Ousmane Sidibé, Michka Seroussi and Bernard Barrère (1996) *Enquête Démographique et de Santé, Mali 1995–1996*. Calverton, Maryland, USA: Cellule de Planification et de Statistique du Ministère de la Santé, Direction Nationale de la Statistique et de l'Informatique and Macro International. Available at https://dhsprogram.com/pubs/pdf/FR74/FR74.pdf.

1 Country Meters (2022) *Mali*. Available at https://countrymeters.info/en/Mali (accessed 19 January 2022).
2
- DHS 2001, p.223.
- DHS 2018, p.352.

3 DHS 2018, p.352.
4 DHS 1995–96, p.185.
5 DHS 2018, p.352.
6 DHS 2018, p.352.
7 DHS 2018, p.352.
8 DHS 2018, p.352.
9 DHS 2018, p.352.
10 Calculated by 28 Too Many from the DHS dataset.
11 DHS 2018, p.354.
12 DHS 2018, p 356.
13 DHS 2018, p.356.
14 DHS 2018, p.356.
15 DHS 2018, p.355.

Images

Cover: robertonencini (1992) *Dogon village . . . portrait of woman.* Shutterstock ID 527157853.

Please note the use of this woman's image does not imply that she has, nor has not, undergone FGM/C.

Version 1, October 2022

research@orchidproject.org