

# FGM/C in Mali:

Country Profile Update  
June 2022



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## Introduction

## Published by 28 Too Many (Part of Orchid Project)

28 Too Many joined Orchid Project on 1 April 2022. Combining the forces of 28 Too Many and Orchid Project provides an opportunity to draw on the unique strengths and experiences of both organisations, ultimately enhancing the movement to end FGM/C.

Orchid Project is a non-governmental organisation catalysing the global movement to end FGM/C, a human-rights violation that harms the lives of girls, women and their communities. Orchid Project partners with pioneering grassroots organisations around the world and shares knowledge and best practice to accelerate change. Orchid Project also advocates among governments and global leaders to ensure work to end FGM/C is prioritised.

28 Too Many brings an established research-and-evidence function to Orchid Project, helping it provide the high-quality evidence and best practice needed to guide policy- and decision-making as well as donor investments in the anti-FGM/C sector. This evidence and research, coupled with Orchid Project's existing programming, advocacy and movement-building efforts will strengthen the capacity of organisations and activists globally and support them to bring an end to FGM/C by 2030.

## Use of this Country Profile Update

This update is intended to be used in conjunction with and as a supplement to the report **Country Profile: FGM in Mali** published by 28 Too Many in 2014, which may be downloaded at <https://www.28toomany.org/country/mali/>.

Extracts from this publication may be freely reproduced, provided that due acknowledgement is given to the source and 28 Too Many (part of Orchid Project). We seek updates on the data and invite comments on the content and suggestions on how our reports can be improved.

For more information, please contact us at [research@orchidproject.org/](mailto:research@orchidproject.org/).

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*Please note the use of a photograph of any girl or woman in this Country Profile Update does not imply that she has, nor has not, undergone FGM/C.*

## List of Abbreviations

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 2012–13'** refers to Cellule de Planification et de Statistique (CPS/SSDSPF), Institut National de la Statistique (INSTAT/MPATP), INFO-STAT and ICF International (2014) *Enquête Démographique et de Santé au Mali 2012–2013*. Rockville, Maryland, USA: CPS, INSTAT, INFO-STAT and ICF International. Available at <https://dhsprogram.com/pubs/pdf/FR286/FR286.pdf>.

**'MICS 2010'** refers to Cellule de Planification et de Statistique du secteur santé, développement social et la promotion de la famille (CPS/SSDSPF) and Institut National de la Statistique (INSTAT) (2011) *Enquête par Grappes à Indicateurs Multiples 2009–2010, Rapport Final*. Bamako Mali. Available at <https://mics.unicef.org/surveys>.

**'DHS 2006'** refers to Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) and Macro International Inc. (2007) *Enquête Démographique et de Santé du Mali*. Calverton, Maryland, USA: CPS/DNSI and Macro International Inc. Available at <https://dhsprogram.com/pubs/pdf/FR199/FR199.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://www.dhsprogram.com/pubs/pdf/FR134/FR134-ML01.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>.

*All cited texts in this Country Profile Update were accessed in February/March 2022, unless otherwise noted.*

<b>AU</b>	African Union
<b>CEDAW</b>	Committee on the Elimination of Discrimination against Women Convention on the Elimination of Discrimination against Women
<b>CTs</b>	cash transfers
<b>DHS</b>	Demographic and Health Surveys
<b>ECOWAS</b>	Economic Community of West African States
<b>FGM/C</b>	female genital mutilation/cutting
<b>GDP</b>	gross domestic product
<b>GBV</b>	gender-based violence
<b>HDI</b>	Human Development Index
<b>IBK</b>	Ibrahim Boubacar Keita
<b>IPV</b>	intimate-partner violence
<b>MDGs</b>	Millennium Development Goals
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NGO</b>	non-governmental organisation
<b>PNLE</b>	The National Programme to Fight the Practice of Excision
<b>SDGs</b>	Sustainable Development Goals
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNJP</b>	UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation
<b>WHO</b>	World Health Organization
<b>XOF</b>	West African CFA franc

## A Note on Data

Statistics on the prevalence of FGM/C are compiled regularly through large-scale household surveys in developing countries, predominantly the **Demographic and Health Survey (DHS)** and the **Multiple Indicator Cluster Survey (MICS)**. For Mali, the main surveys are the DHS 2018, the DHS 2012–2013 (which does not include data for the northern regions), the MICS 2010, the DHS 2006, the DHS 2001 and the DHS 1995–1996.

Due to armed conflict, **the three northern-most regions of Mali (Tombouctou, Gao and Kidal) were not surveyed in 2012–2013**. The DHS warns that the omission of the northern regions from the 2012–2013 survey means that comparisons of the country-wide prevalence of FGM/C between 2012–2013 and other years should be interpreted with caution, since in practice they measure two different things. Because of security challenges and the difficulty of accessing rural populations in Kidal, **only urban populations were surveyed for the DHS 2018**. In both **Gao** and **Kidal**, very small sample sizes were surveyed. Both regions are sparsely populated with difficult road access. Data from these regions should therefore be interpreted with caution.

DHS reports do not use the World Health Organization’s FGM/C typology. The types of FGM/C used in the DHS surveys for Mali are ‘cut, flesh removed’, ‘nicked, no flesh removed’, ‘sewn closed’ and ‘don’t know/missing’.

UNICEF highlights that self-reported data on FGM/C needs to be treated with caution, since women may be unwilling to disclose having undergone FGM/C due to the sensitivity of the subject or its illegal nature in some countries. In addition, they may be unaware that they have been cut or the extent of the cutting, especially if it was carried out at a young age.

Measuring the FGM/C statuses of girls aged under 14, who have most recently undergone FGM/C or are at most imminent risk of undergoing it, may give an indication of the impact of current efforts to end the practice. Alternatively, responses to questions about FGM/C of girls can indicate the effect of laws criminalising the practice or a shift in societal attitudes towards it, which may make it harder for mothers to report that FGM/C was carried out, as they may fear incriminating themselves. Additionally, unless they are adjusted, these figures do not take into account the fact that girls may still be vulnerable to FGM/C after the age of 14.

As for any dataset, it is important to note that some results may be based on relatively small numbers of women, particularly when the data are further broken down by, for example, location or age. Therefore, in some cases, the trends observed should be interpreted with caution. It should be made clear that any limitations of the data used in this report do not mean that the data are not useful; they simply mean that one should be careful about drawing ‘hard and fast’ conclusions, and we have, accordingly, taken that approach when researching and writing this Country Profile Update.

# Executive Summary

This Country Profile Update provides comprehensive information on the most recent trends and data on FGM/C in Mali. It includes an analysis of the current political situation, legal frameworks and programmes to make recommendations on how to move forward in the eradication of the practice. This 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.

Mali is in a state of political turmoil and protracted crisis. Numerous coups, militant groups and instances of extremist violence have wreaked havoc on the country and its development. Mali lags behind its regional counterparts on progress in terms of the Sustainable Development Goals, development statistics and economic growth. The crises have more deeply embedded social and gender norms and influenced household economic insecurity, internal migration, child marriage and gender-based violence.

*According to the Demographic and Health Survey (DHS) conducted in 2018, in Mali the percentage of girls and women aged 15–49 who have undergone FGM/C is 88.6%.<sup>1</sup>*

The prevalence of FGM/C in Mali has not changed significantly since the previous DHS survey in 2012/2013, when it was 91.4%.<sup>2</sup> However, when the data is analysed over the last 20 years, there is a statistically significant decrease in national prevalence from 1995/1996 to 2018, although this is only about five percentage points.<sup>3</sup>

There are significant variations in practise between the different regions of Mali. Prevalence in the southern regions is between 91% and 96%, and in the north-east it is less than 2%, although these northern figures are not entirely reliable due to small sample sizes. This variation correlates with the prominence of ethnic groups who have traditionally practised FGM/C and see it as a part of their cultural identities. Prevalence among the Bambara, Malinké, Peulh, Sarakolé/Soninké/Marka, Dogon and Sénoufo/Minianka is between 87% and 96%, and these ethnic groups predominantly live in the southern regions of Mali.<sup>4</sup>

There is little variation in the prevalence of FGM/C between women living in rural and urban households, or between women who have different levels of education and wealth.<sup>5</sup>

FGM/C is carried out primarily by traditional cutters.<sup>6</sup>

75.5% of girls 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. Within the cohort of girls who are cut under the age of five, there has been a statistically significant drop in the mean

age of cutting since the DHS of 1995/1996. The mean age is currently less than 2.5 years, but in 1995/1996, it was just under 4.5 years.<sup>7</sup>

The DHS surveys for 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, flesh removed' (40.7%), 'cut, no flesh removed' (25.4%) or 'sewn closed' (8.2%). It should be noted that 25.8% of women aged 15–49 do not know what type of FGM/C they experienced.<sup>8</sup>

At first glance, the data seem to indicate a change in the type of FGM/C reported, with 'cut, flesh removed' becoming less common. However, the changes are more driven by an increase in the percentage of women who do not know what type of FGM/C they experienced.<sup>9</sup>

*In Mali, 70% of women and 68% of men believe FGM/C to be a religious requirement.<sup>10</sup> 74.4% of men and 75.8% of women aged 15–49 believe that the practice should be continued, and there has been minimal change in these attitudes over time.*

There are numerous international and local non-governmental organisations working to eradicate FGM/C, using a variety of strategies including national and regional advocacy for a law banning FGM/C, engaging with the ethnic drivers of the practice, addressing patriarchal gender norms that perpetuate FGM/C, promoting education about FGM/C through digital media and traditional outlets, and engaging with religious leaders. A comprehensive overview of these approaches, with examples from active organisations, is included in this report.

We are calling for the following actions:

- **enacting legislation** that bans FGM/C;
- **deepening our understanding** of the ethnic drivers of the practice;
- **embedding gender-transformative approaches** into social-norms programming, to encourage critical dialogue on the patriarchal gender norms that perpetuate FGM/C;
- **shifting deeply held beliefs and attitudes** towards FGM/C; and
- **engaging in meaningful and transformative ways with religious leaders** to deconstruct the belief that FGM/C is a requirement of any major religion.



**Part 1:  
Update on Context  
and Trends**

# Political Conditions

*Northern Mali has been a place of conflict and animosity since independence. Tensions between Tuareg and Arab groups, fuelled by the divisive electoral policies and political agendas of the National Government, led to distrust and conflict. Historically, Tuareg groups have been fighting for autonomy over the north and Islamist groups have wanted to see the implementation of Sharia law.<sup>11</sup> As part of a geo-political strategy, Algeria and Libya have supported insurgents and groups in the north, further fracturing the country.*

Since the first Country Profile for Mali was published by 28 Too Many in 2014,<sup>12</sup> the political situation in the country has changed considerably. As stated in that Profile, in 2012, Islamist militants took over areas in the northern territory, and this was combined with the fourth Tuareg uprising since independence (1963, 1991, 2006 and 2012).<sup>13</sup>

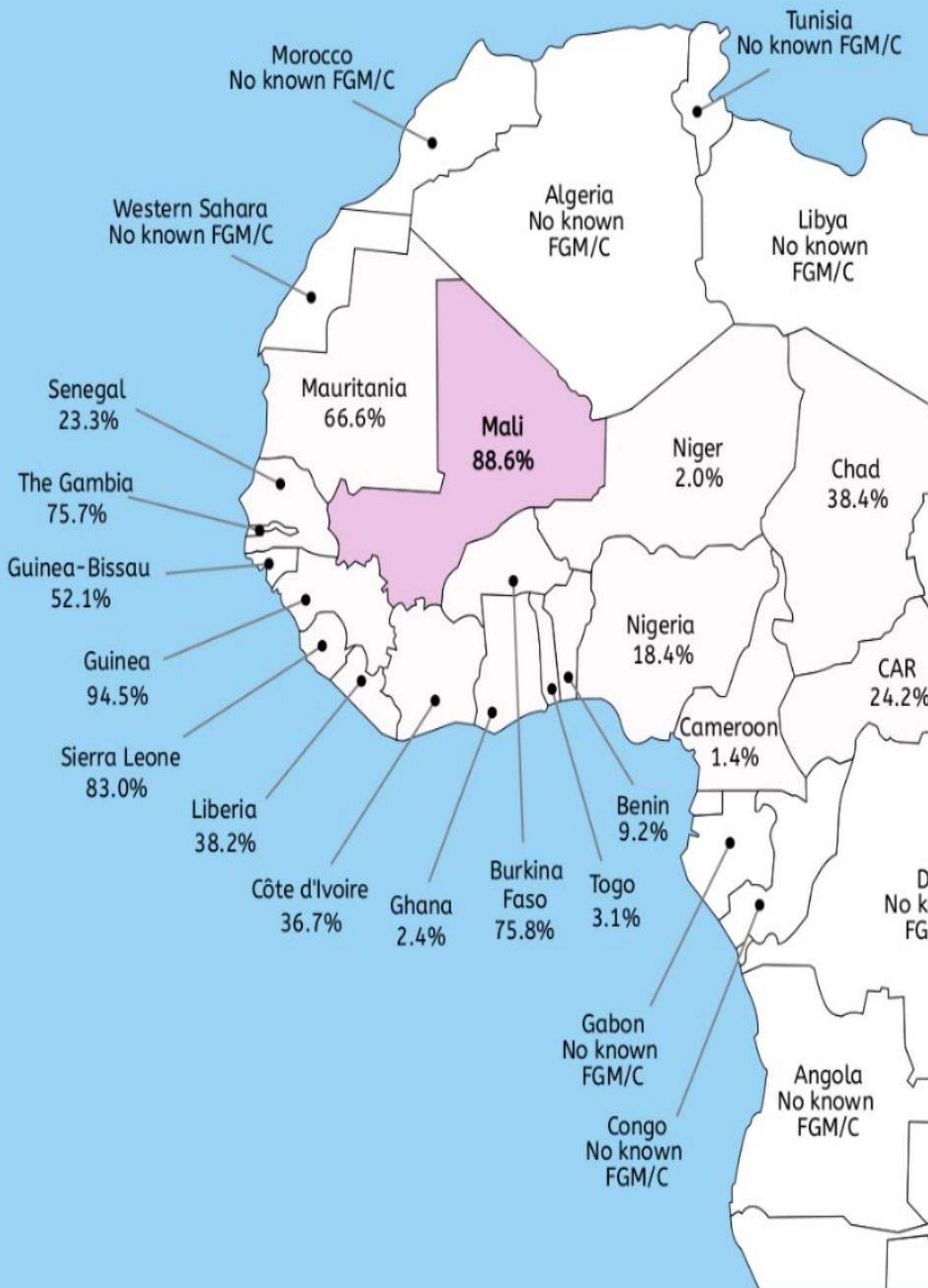
In the 2012 coup, President Amadou Toumani Touré was ousted and power was transferred to Parliament Speaker Traoré as interim president.

A peace deal was signed in June 2013 between the Government and Tuareg groups, with the support of French troops in the country. The ceasefire allowed elections to take place and Ibrahim Boubacar Keita was elected president. Fighting continued intermittently until 2015, however, when a formal peace accord was signed, known as the 'Algiers accord' or the 'Bamako agreement'.<sup>14</sup>

In August 2020, a military coup pushed out President Ibrahim Boubacar Keita (known as 'IBK'). Protests and demonstrations had been occurring for months before the coup in response to the constitutional court overturning 30 parliamentary seats after an election.<sup>15</sup> Protesters called for IBK to step down, and in August 2020 he resigned after being detained by military soldiers.<sup>16</sup> The detainment and subsequent resignation of IBK was condemned strongly by the African Union, The Economic Community of West African States (ECOWAS) and other members of the international community.<sup>17</sup>

In September 2020, an interim government was formed, led by Ban n'Daw. By May 2021, President Ban n'Daw had been detained by soldiers, along with his prime minister, Moctar Oaune.<sup>18</sup> Following the release of Ban n'Daw and Moctar Oaune, Colonel Assimi Goita assumed power. He stated that the detention was because he had not been consulted about a cabinet reshuffle that resulted in two senior military officials losing their posts.<sup>19</sup>

**Figure 1: (following page): Prevalence of FGM/C in Mali and surrounding countries**



ECOWAS has imposed sanctions on Mali as of January 2022 in response to the Government's failure to hold democratic elections following the 2020 coup.<sup>20</sup> These sanctions include the closure of land and air borders between Mali and ECOWAS countries, the suspension of non-essential financial transactions, the freezing of Malian state assets in ECOWAS commercial banks and the recalling of ambassadors.<sup>21</sup> The European Union has agreed to also impose sanctions on Mali in line with the ECOWAS decision.<sup>22</sup>

A group of 13 NGOs led by the International Rescue Committee has released a statement calling for exemptions from the sanctions for humanitarian organisations, to protect the humanitarian response in Mali. These organisations are requesting urgent action from the Government of Mali, ECOWAS and the international community to protect access and the flow of financial aid.<sup>23</sup>

## The Impact on FGM/C

Due to the armed conflict in northern Mali, three of the northernmost regions (Tombouctou, Gao and Kidal) were not surveyed during the 2012–2013 Demographic and Health Survey. The DHS warns that the omission of these northern regions from the 2012–2013 survey means that comparisons of the country-wide prevalence of FGM/C between 2012–2013 and either 2010 or 2006 should be interpreted with caution.

During the 2018 survey, it was not possible for the DHS to collect data in 4 out of 52 clusters in the Ségou region, 22 out of 51 in Mopti, 2 out of 30 in Timbuktu, and 6 out of 28 in Gao.

The impact of instability on data collection means that any attempt to find FGM/C trends in the country must be done with caution. Without clear statistics from these regions, it can be hard to know what women and girls are facing in Mali and if FGM/C is increasing or decreasing in prevalence.

In addition, political instability creates significant challenges for access to women and girls by community-based actors and organisations. Local advocacy is challenging, and community responses are often interrupted. This creates a risk of leaving women and girls behind without access to adequate medical and psychosocial services, and it undermines advocacy to eradicate FGM/C in these regions.

# Freedom of Press and Media Access

The Malian Constitution grants freedom of speech and the press.<sup>24</sup> In 2021, Mali was ranked 99 of 181 countries in the World Press Freedom Index, which is an increase from 108 out of 181 countries in 2020.<sup>25</sup>

The instability and conflict in northern Mali, combined with the challenges of the COVID-19 pandemic, has created difficulties for journalists. There have been a number of reports of journalists disappearing or being killed since 2012, many of which are still being investigated by Reporters Sans Frontieres (Reporters Without Borders).<sup>26</sup>

Journalists can be arrested and charged with 'contravening standards and undermining troop morale' for any criticisms made of the army.<sup>27</sup>

According to Reporters Sans Frontieres, there is a strong degree of media pluralism in Mali, but financial resources are scarce and media outlets are often influenced by those who fund them.<sup>28</sup>

39.3% of Malian women aged 15–49 do not have access to any of the three main types of media (television, radio and newspaper) on a weekly basis. In rural areas, 46.1% of women (and 37.4% of men) are not exposed to any of these media on a weekly basis.<sup>29</sup>

There are strong regional disparities in access to media: 62.5% of women residing in Mopti are not exposed to any kind of media, compared to 16.1% of those residing in Bamako.<sup>30</sup>

*Radio is the most commonly utilised medium in Mali: 46.8% of women and 55.4% of men report listening to the radio at least once a week.*<sup>31</sup>

72.9% of Malians have access to a mobile phone (87.4% of men and 58.3% of women),<sup>32</sup> and 64.1% of households own a radio (62% in rural areas).<sup>33</sup> 14.2% of women and 33.5% of men had used the internet in the 12 months prior to the DHS 2018 survey.<sup>34</sup>

## The Impact on FGM/C

A lack of access to the media and important messaging has a negative impact on efforts to change attitudes towards FGM/C. Increasing access to media allows women and girls to be exposed to opposing ideas about FGM/C (and other harmful traditional practices) and to have a better understanding of the risks and consequences associated with it.

# Laws Related to FGM/C

*28 Too Many published its initial **Mali Country Profile** in 2014. At that time, there was no national legislation specifically criminalising or punishing the practise of FGM/C. In 2018, when 28 Too Many published **Mali: The Law and FGM**, Mali remained one of only five countries in Africa without a law specifically banning FGM/C.*

Mali's Constitution,<sup>35</sup> written in 1992, has a provision against 'grievous bodily harm' (Article 1) and states that 'no one shall be submitted to torture, nor to inhuman, cruel, degrading or humiliating treatment or brutality' (Article 3). These provisions could be understood to apply to FGM/C, but, in practice, they are not utilised.

Human-rights groups, activists and NGOs have advocated for a law specifically prohibiting FGM/C for many years. Draft laws were proposed in 2002, 2009 and most recently in 2018. In 2002, a law against FGM/C was proposed by the Ministries of Health and Women, Family and Children. In 2009, another proposal was submitted. However, the passages of both laws were blocked in parliament by Islamic religious leaders.<sup>36</sup>

On 25 October 2011, the Committee on the Elimination of Discrimination against Women (CEDAW) received reports from civil-society organisations claiming the Government of Mali was committing 'grave and systematic violations of rights under the Convention because it had failed to fulfil its duty to protect women and girls in its territory against female genital mutilation and its duty to prosecute and punish those who carry out such mutilation.'<sup>37</sup> Mali ratified CEDAW in 1985 and acceded to its Optional Protocol in 2000.<sup>38</sup>

In 2017, the Ministry for the Advancement of Women, Children and the Family proposed a law against gender-based violence (GBV).<sup>39</sup> This draft law reportedly defined FGM/C at Article 6(d) as 'any procedure resulting in partial or complete injury or removal of the female genitals or other mutilation of the female genitalia for reasons other than medical reasons.' In its draft form, Article 41 stated, 'Anyone who proceeds, facilitates, participates or fails to assist a woman or girl undergoing female genital mutilation as defined in Article 6 shall be punished by imprisonment of five to ten years and a fine of XOF 500,000 to XOF 1,000,000.'<sup>40</sup> This draft law was due to be examined by parliament in 2018. However, the High Islamic Council of Mali objected to the draft and it was suspended.<sup>41</sup>

Within its enquiry report published in 2019, CEDAW noted the absence of a law criminalising FGM/C and that the preliminary law on GBV had not been adopted:

The Committee notes that the failure of the State party to adopt a law criminalizing female genital mutilation deprives victims of effective legal protection against the practice, exposes Malian girls and girls in the subregion to the risk of being subjected to such mutilation and prevents the success of measures taken in the subregion to eradicate that practice.<sup>42</sup>

The Malian Government was found to be in violation of Article 2 of the CEDAW and was advised to '[a]dopt, without delay, the draft bill on the prevention and punishment of gender-based violence and the provision of assistance to victims that criminalizes female genital mutilation.'<sup>43</sup>

In addition, CEDAW recommended that Mali intensify dialogue on female genital mutilation with religious and community leaders, including Muslim religious leaders, and ensure that they are consulted and effectively involved in both the development and implementation of programmes and policies to prevent FGM/C, and in the process of adopting the law on GBV criminalising FGM/C.<sup>44</sup>

In April 2021, the women's-rights NGO EqualityNow, together with two other organisations, filed a case against the Government of Mali in ECOWAS's court of justice. This case has not yet been heard by the court, but the Institute for Human Rights and Development in Africa, one of three groups that filed the suit, said the case 'had the potential to establish a landmark in women and girls' rights jurisprudence in Africa.'<sup>45</sup> The three organisations are calling for the Government to take action on FGM/C, specifically to allow for the passage of a law to ban the practice. They claim that not doing so is a 'grave and systematic violation' of women's rights<sup>46</sup> and puts Mali in violation of international treaties that it is a signatory to, such as CEDAW and the Maputo Protocol.<sup>47</sup>

## The Impact on FGM/C

The most obvious impact of an absence of legislation criminalising FGM/C is that the practice may continue unchecked. A significant secondary impact is the rise of cross-border FGM/C, which the lack of a law encourages. The countries surrounding Mali all have laws against FGM/C, including Senegal, Côte d'Ivoire, Guinea, Guinea Bissau and Burkina Faso.<sup>48</sup> There are reports that girls are being brought over the borders from neighbouring countries where it is illegal (particularly Burkina Faso) to be cut in Mali without legal consequences.<sup>49</sup>

# National Statistics

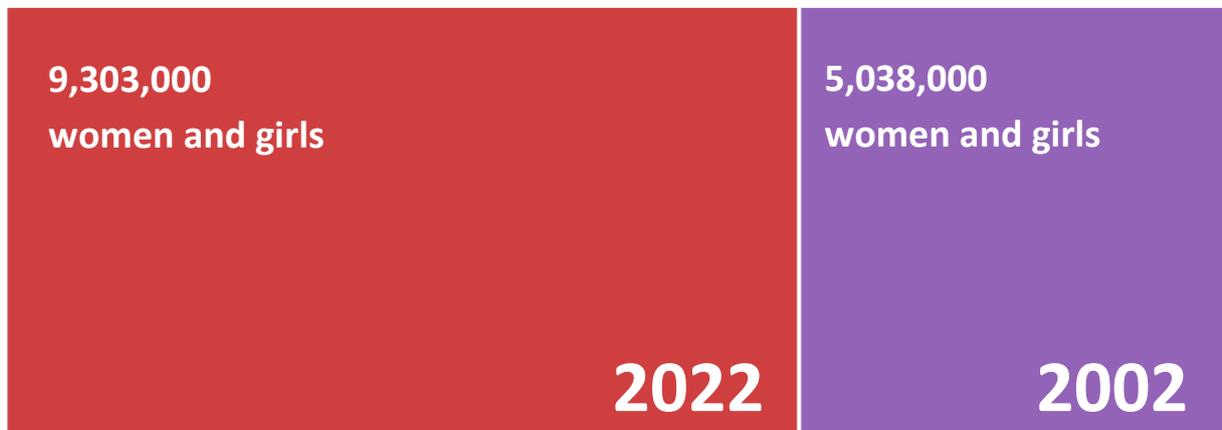
<b>Population as at 2002:</b>	11,445,665
Median age:	16 years (2014 est.)
Growth rate:	3.02% (2002 est.)
<b>Population as at 19 January 2022:</b>	21,190,811 <sup>50</sup>
Median age:	16 years (2020) <sup>51</sup>
Growth rate:	2.97% (2021) <sup>52</sup>
<b>Human Development Index (HDI) rank:</b>	176 out of 187 in 2014 184 out of 189 in 2020 <sup>53</sup>
<b>SDG Gender Index ranking:</b>	123 out of 129 countries, with a score of 46.0 (2019) <sup>54</sup>
<b>Infant mortality:</b>	80 per 1,000 births (2012) 62 per 1,000 births (2019) <sup>55</sup>
<b>Maternal mortality:</b>	663 per 100,000 (2012) 562 per 100,000 (2017) <sup>56</sup>
<b>Literacy:</b>	33.4% (2012) 35.5% (2019) <sup>57</sup>

## The Impact on FGM/C

The population of Mali has almost doubled in the last 20 years, from 11 million in 2002 to 21 million in 2022.<sup>58</sup>

*During this period the prevalence of FGM/C remained fairly constant (91.6% in 2001 and 88.6% in 2018),<sup>59</sup> which means that the actual number of girls at risk of and actually undergoing FGM/C has also doubled. It is estimated that over four million girls were cut in Mali in the last 20 years.*

Women and girls impacted by FGM/C



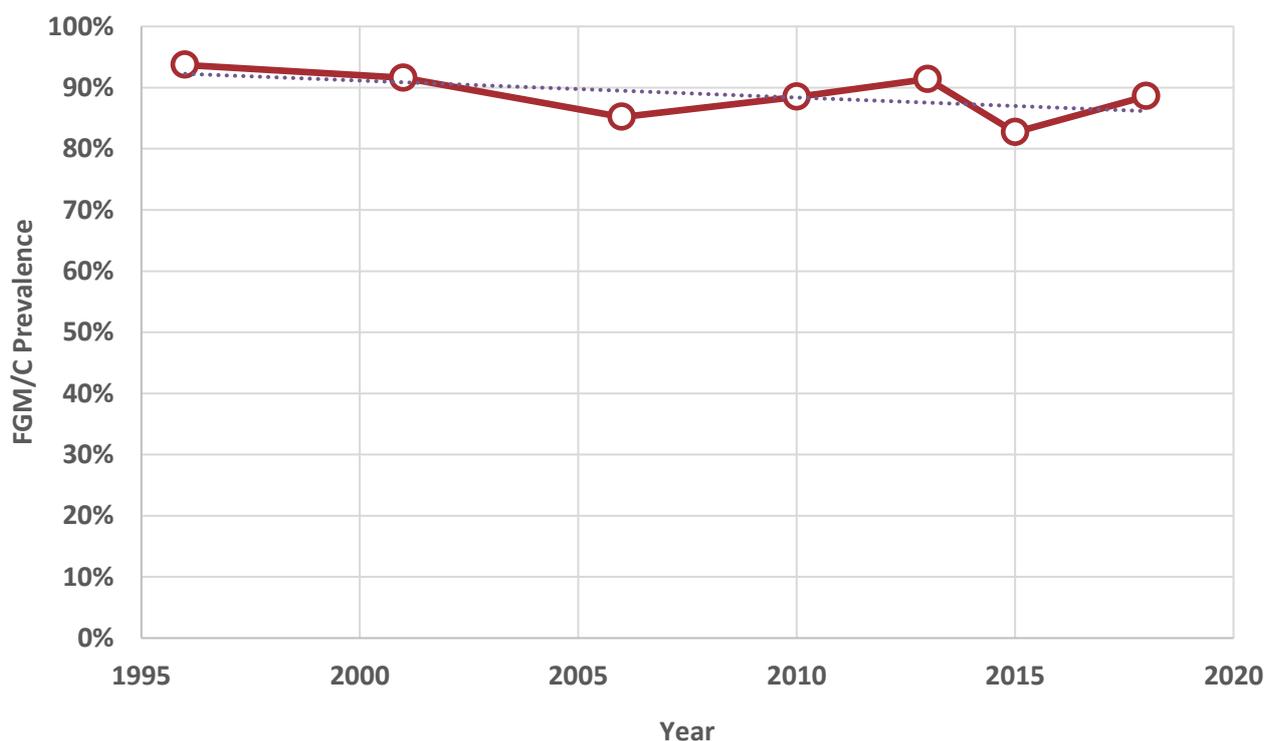
Over the last decade, very little progress has been made in terms of levels of literacy and infant mortality rates.<sup>60</sup> Furthermore, the risk of maternal mortality has actually increased,<sup>61</sup> resulting in a fall in Mali's Human Development Index (*HDI*) ranking to 184 out of 189 countries. This places Mali well below its western neighbour, Senegal (168), and only slightly above its eastern neighbour, Niger (189) in the HDI rankings.<sup>62</sup>

Likewise, Mali's SDG Gender Index score (46.0) is below that of most other countries in the region: Ghana (56.6), Senegal (52.2), Benin (49.9), Cote d'Ivoire (48.9), Togo (48.6), Burkina Faso (48.6), Sierra Leone (47.6), and Liberia (47.3).<sup>63</sup>

# FGM/C: National and Regional Trends

## National Prevalence

According to the DHS 2018, the overall prevalence of FGM/C among women aged 15–49 in Mali is 88.6%.<sup>64</sup> There appears to be a downward trend in the prevalence of FGM/C in Mali, as the prevalence in 1995/1996 was 93.7%;<sup>65</sup> however, this is a slight trend over such a period of time.

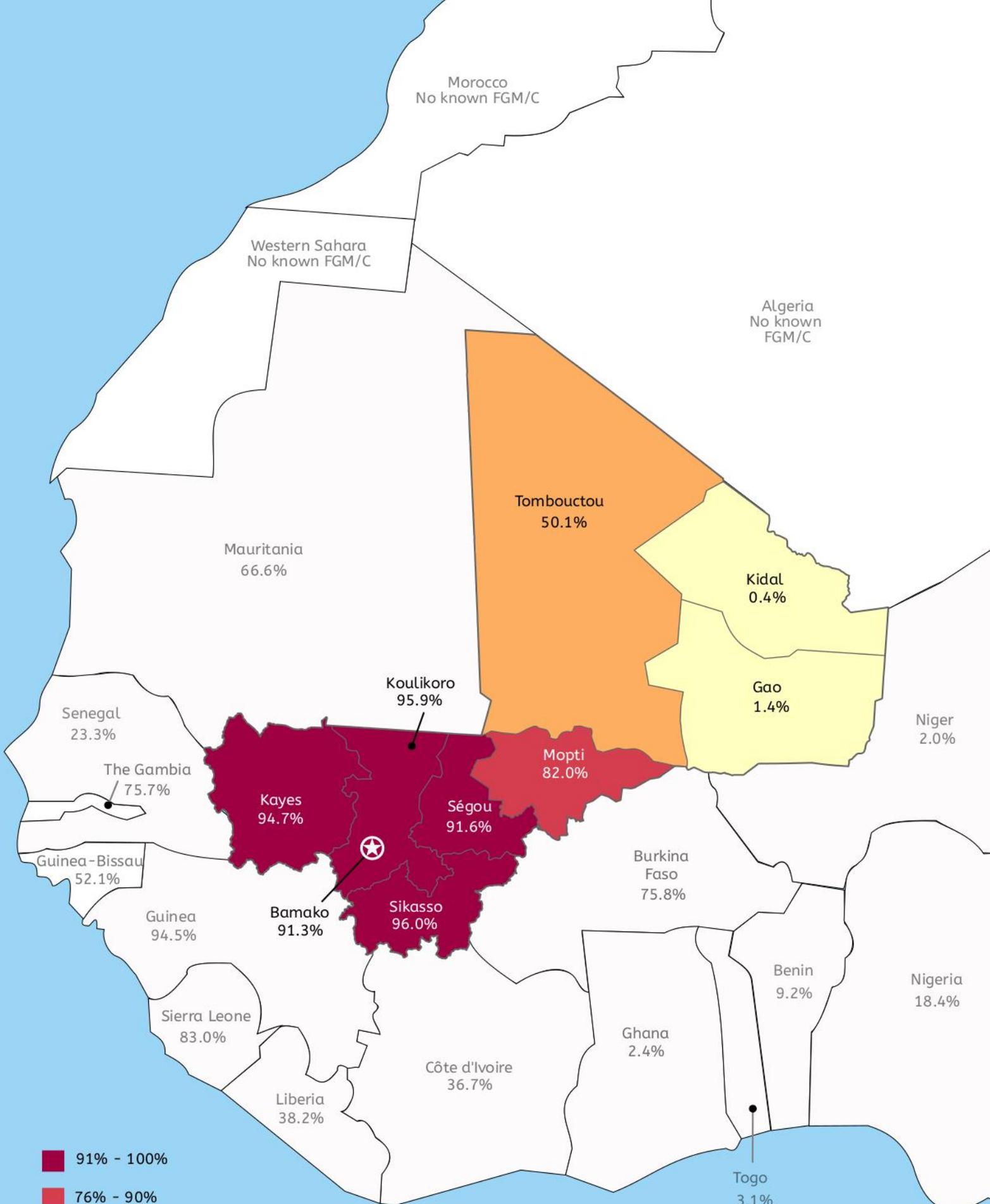


**Figure 2: Prevalence of FGM/C in Mali over the period 1995 to 2020<sup>66</sup>**

## Prevalence According to Region

The prevalence of FGM/C varies significantly from region to region in Mali (Figure 3). Prevalence is between 80% and 90% in the south, 50.1% in Tombouctou (the north-west), and less than 2% in the north-east, although the north-eastern figures are based on small sample sizes and are not, therefore, completely reliable.<sup>67</sup>

**Figure 3 (following page): Prevalence of FGM/C in Mali, according to region<sup>68</sup>**



As shown in Table 1, between 1995/1996 and 2018, there were decreases in prevalence in the south of the country, although in Sikasso and Ségou, those reductions were not significant.

Although prevalence has decreased overall, the DHS 2012–13 data show a decrease in prevalence between 2006 and 2012/2013 in all southern regions except Mopti, followed by an increase between 2012/2013 and 2018 in all southern regions except Mopti (in which the prevalence has fluctuated from survey to survey) and Kayes (in which the prevalence only dropped between 2006 and 2012/2013).<sup>69</sup> It is unclear whether this dip was a statistical anomaly, a result of differences in research methods for the DHS 2012–13, or due to other factors, such as socio-political changes within Mali that affected FGM/C reporting.

Region	1995/1996	2006	2012/2013	2018
Koulikoro	99.3%	97.4%	94.3%	95.9%
Bamako	95.3%	92.6%	90.4%	91.3%
Kayes	98.6%	98.3%	94.7%	94.7%
Mopti	88.3%	75.4%	88.4%	82.0%
Ségou	93.9%	92.2%	89.2%	91.6%
Sikasso	96.6%	94.7%	90.9%	96.0%

**Table 1: Prevalence of FGM/C in certain regions of Mali for the years 1995/1996, 2006, 2012/2013 and 2018<sup>70</sup>**

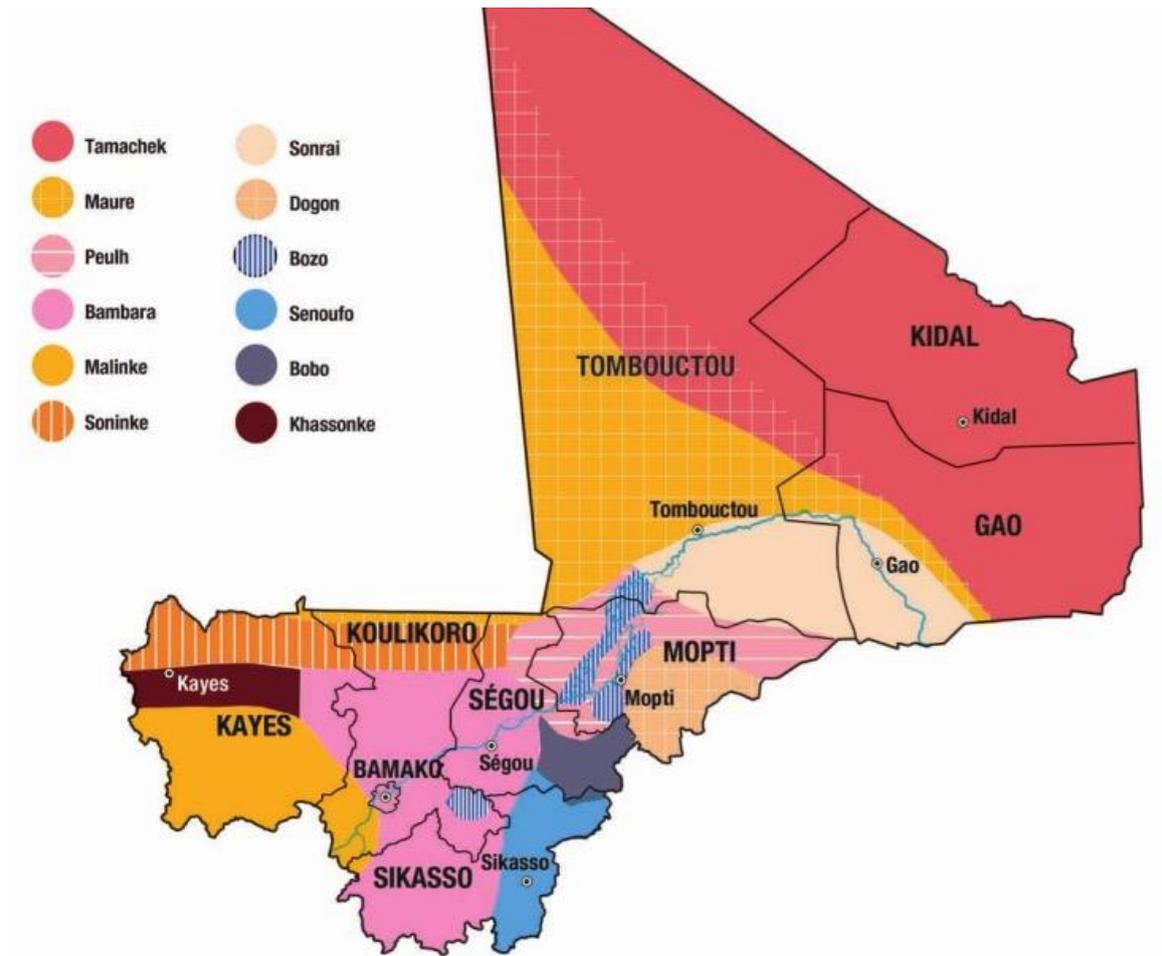
Due to small or non-existent samples from the north-eastern regions of the country – Kidal and Gao – no conclusions about trends in those regions can be drawn from the DHS surveys.

One study<sup>71</sup> concluded that a small increase in prevalence in Tombouctou between 2006 (44%) and 2018 (50.1%) may be due to ongoing conflict, which has resulted in the displacement of practising populations within Mali and the disruption of government services and civil-society prevention programmes. This research further highlights the links between insecurity and FGM/C.

## Prevalence According to Ethnic Group

The geography of the country and the distribution of ethnic groups within it helps explain the distinct variations in prevalence between regions.

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.



**Figure 4: Geographical distribution of ethnic groups across Mali**

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.

The prevalence data that follow are divided according to ethnic group. It should be noted that these data are from the DHS 2012–13, as FGM/C prevalence was not mapped according to ethnic group for the DHS 2018.

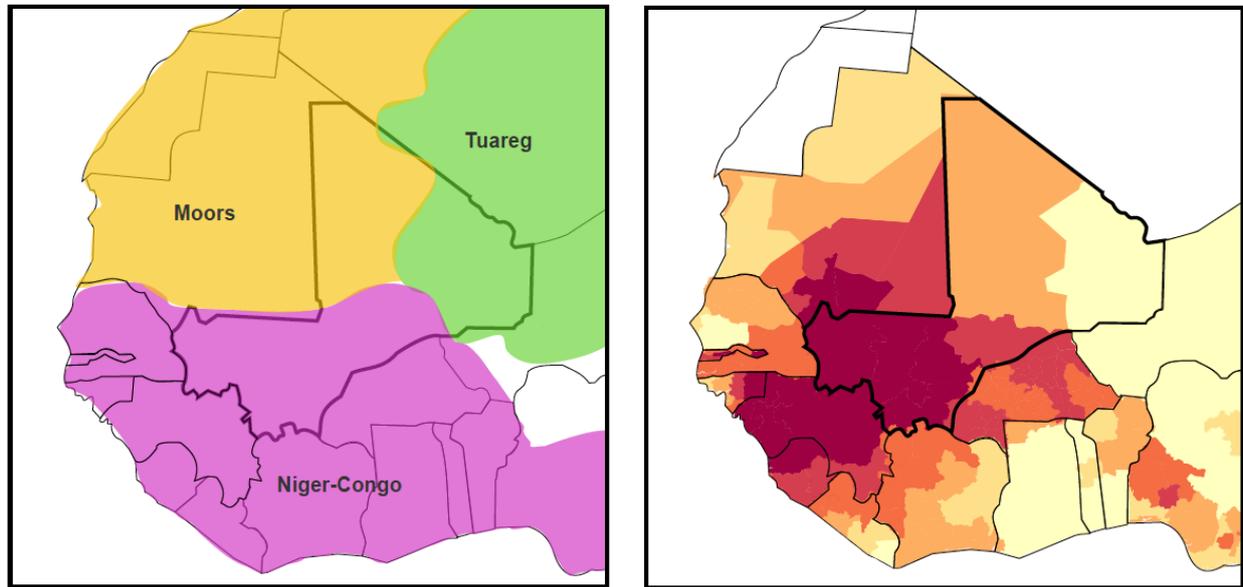
<b>Ethnic Group</b>	<b>FGM/C Prevalence<sup>72</sup></b>	<b>Predominant Region of Residence in Mali (Overall Prevalence in Region)</b>
Sarakolé/Soninké/Marka	96.0%	Kayes (94.7%) Koulikoro (95.9%)
Bambara	95.0%	Bamako (91.3%) Ségou (91.6%) Sikasso (96%) Kayes (94.7%)
Peulh	93.1%	Mopti (82%) Ségou (91.6%)
Malinké	92.4%	Bamako (91.3%) Kayes (94.7%)
Dogon	90.0%	Mopti (82%)
Sénoufo/Minianka	87.0%	Sikasso (96%) Ségou (91.6%)
Bobo	63.5%	Ségou (91.6%)
Tamachek/Bélla	62.7%	Tombouctou (50.1%) Kidal (minimal) Gao (minimal)
Sonraï	59.5%	Tombouctou (50.1%) Gao (minimal)
Mauré	Do not practise FGM/C	Nomadic herders – move between Mali and Mauritania. Tombouctou, Gao
Bozo	No current data	Mopti (82%) Tombouctou (50.1%)
Khassonke	No current data	Kayes (94.7%)

***Table 2: Prevalence of FGM/C in ethnic groups in Mali; region in which ethnic group is largely found***

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.

Ethnic groups can also be mapped across national borders. When the groups are aligned with the prevalence of FGM/C in the areas in which they largely reside, a further connection between ethnicity and prevalence can be seen.

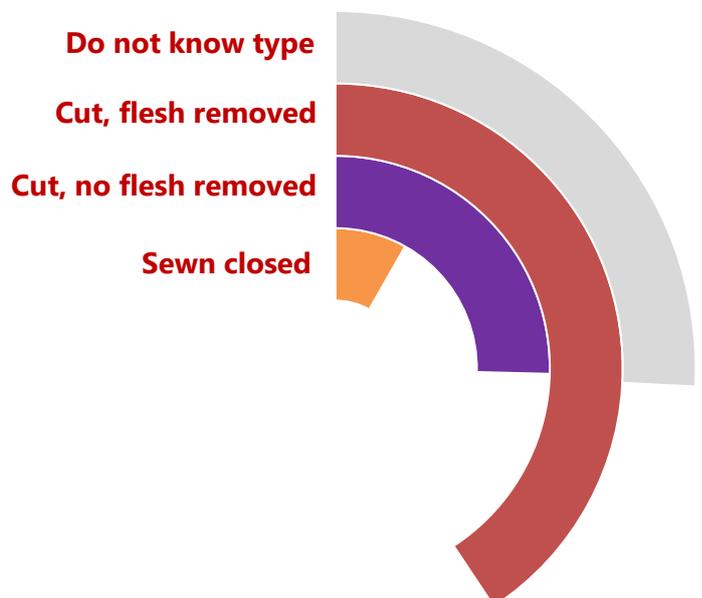


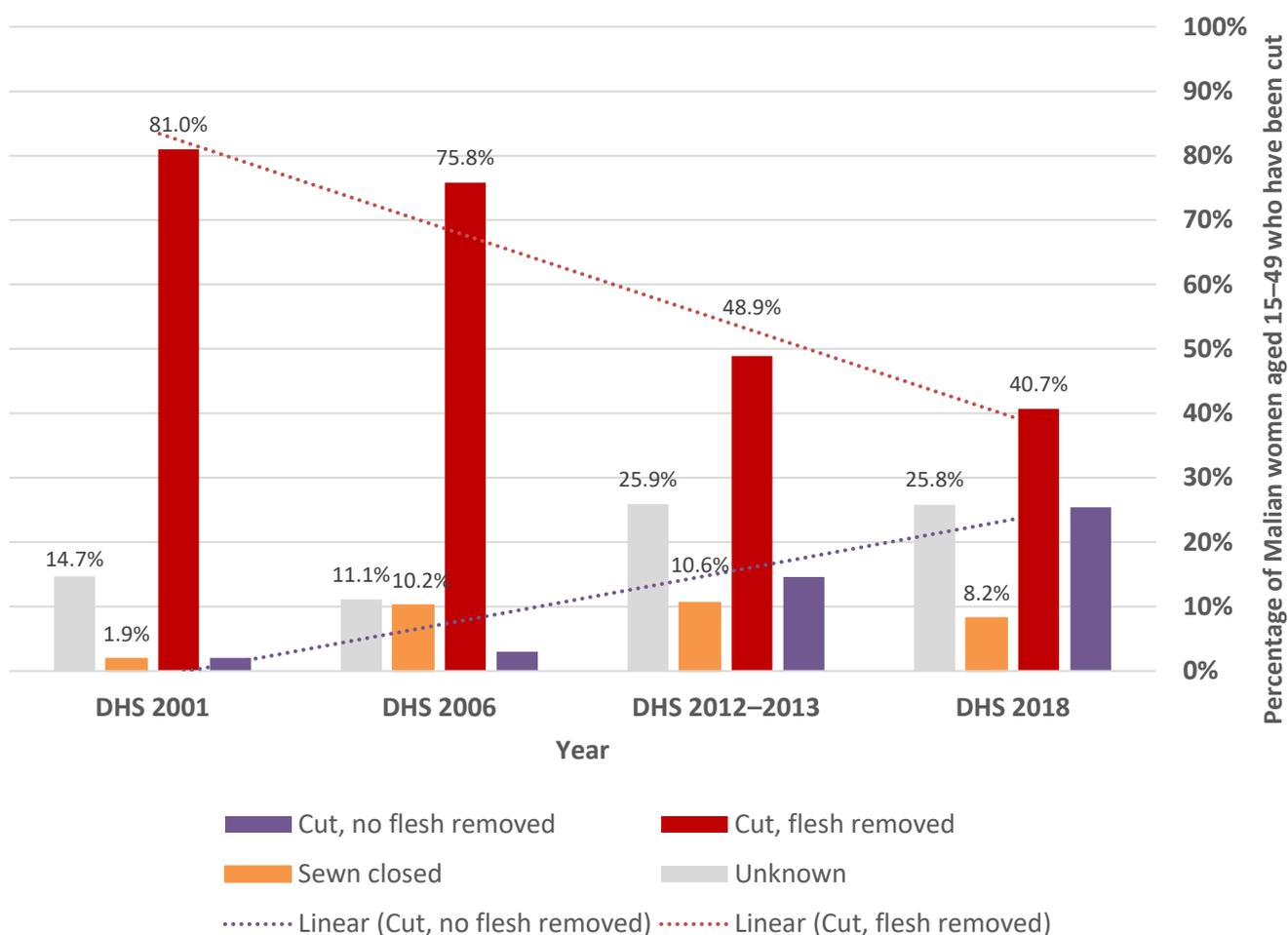
**Figure 5: Prevalence of FGM across Mali’s borders into neighbouring countries, where similar ethnic communities reside on both sides of the border**

As shown in Figure 5, prevalence figures in north-eastern Mali are similar to those in neighbouring Niger and Algeria, where incidences of FGM/C are very low and the population is dominantly Tuareg. Likewise, prevalence is known to be high in many of the communities populated by Niger-Congo speaking peoples, including those in southern Mali, Burkina Faso, Guinea, Sierra Leone and The Gambia.

## Types of Cutting

The DHS surveys for 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%).<sup>73</sup> It should be noted that 25.8% of Malian women aged 15–49 do not know what type of FGM/C they experienced.<sup>74</sup>





**Figure 6: Types of cutting undergone by women in Mali aged 15–49 for the years 2001, 2006, 2012/2013 and 2018<sup>75</sup>**

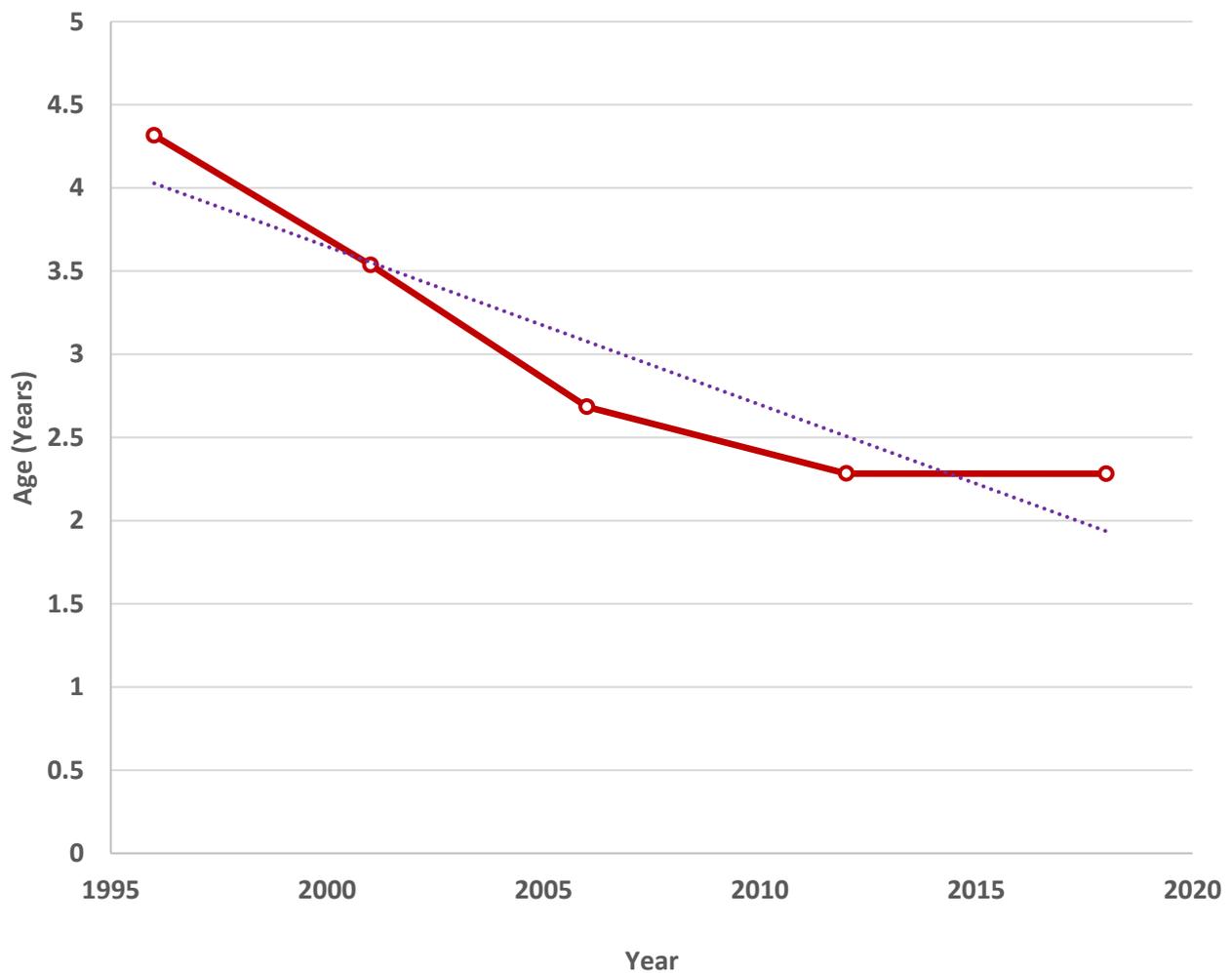
At first glance, the data suggests a decrease in the percentage of women who experienced ‘cut, flesh removed’ over the period 2001 to 2018 and a corresponding increase in those reporting ‘cut, no flesh removed’ and ‘sewn closed’. On closer analysis, at least some of the changes in the data seem to be more driven by an increase in the percentage of women who don’t know what type of cut they experienced. It may be argued, therefore, that the apparent change in the type of cutting is actually an increase in uncertainty among women about the types of FGM/C they have experienced.<sup>76</sup>

Among girls aged 0–14, 11.4% have been ‘sewn closed’. The highest prevalence of ‘sewn closed’ is in Bamako, where 23.1% of girls have been infibulated. 13.6% have experienced infibulation in Koulikoro, 15.0% in Mopti, 9.9% in Sikasso, 8.6% in Ségou, and 9.4% in Tombouctou.<sup>77</sup>

## 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.<sup>78</sup>

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.<sup>79</sup>



**Figure 7: Mean age of cutting of girls under five years of age in Mali, 1995–2020<sup>80</sup>**

## 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.*

It should be noted that 8.2% of women do not know who they were cut by, likely because they were cut at young ages.<sup>81</sup>

## Factors that Influence FGM/C Prevalence

**Place of Residence:** In the DHS 1995–96, the prevalence of FGM/C among women aged 15–49 who lived in rural areas was 95.6%, compared to 89.8% of those who lived in urban areas.<sup>82</sup> By 2018, this had equalised: urban prevalence was 89.2%, compared to 88.4% in rural areas.<sup>83</sup>

**Socio-Economic Status:** There is no significant difference in the prevalence of cutting among women from different wealth quintiles, which indicates that socio-economic status is not a driver of FGM/C in Mali.

**Education:** There is very little correlation between the prevalence of FGM/C and education levels. The data suggest slightly higher rates of practice among women who have no formal education than among those with tertiary-level educations.

**Early Marriage:** The median age of first marriage in 2018 was 17.8 years.<sup>84</sup> This is an increase from 16 years in 1995/1996.<sup>85</sup> 50% of girls are married before the age of 18, and 18% are married before the age of 15.<sup>86</sup> However, our analysis suggests that, in Mali, there is no significant difference in age of marriage between women who have been cut and those who have not.

**Gender-Based Violence:** Rates of GBV are high in Mali. 43.3% of women aged 15–49 report experiencing physical violence since the age of 15,<sup>87</sup> and many ever-married women report experiencing physical (36.8%) or sexual (11.8%) violence from their intimate partners.<sup>88</sup> These figures have increased from 2006, when intimate partner violence (*IPV*) was found to have been experienced by 21.1% of women.<sup>89</sup> This is likely the result of increased reporting, rather than increased prevalence. Women who have been cut are more likely to experience physical violence (many report being slapped or experiencing bruises from their husbands' actions).<sup>90</sup>

## Health Consequences of FGM/C

**Complications After Cutting:** The DHS 2018 did not ask about complications of FGM/C among girls who had been cut. However, previous surveys asked this question of mothers reporting on their daughters' experiences. The DHS 2006 found that 14.9% of girls aged 0–14 who had been cut suffered excessive bleeding, 13.7% had difficulty urinating or retaining urine; 5.9% had genital swelling; and 13.7% got an infection. 27.8% had at least one complication.<sup>91</sup>

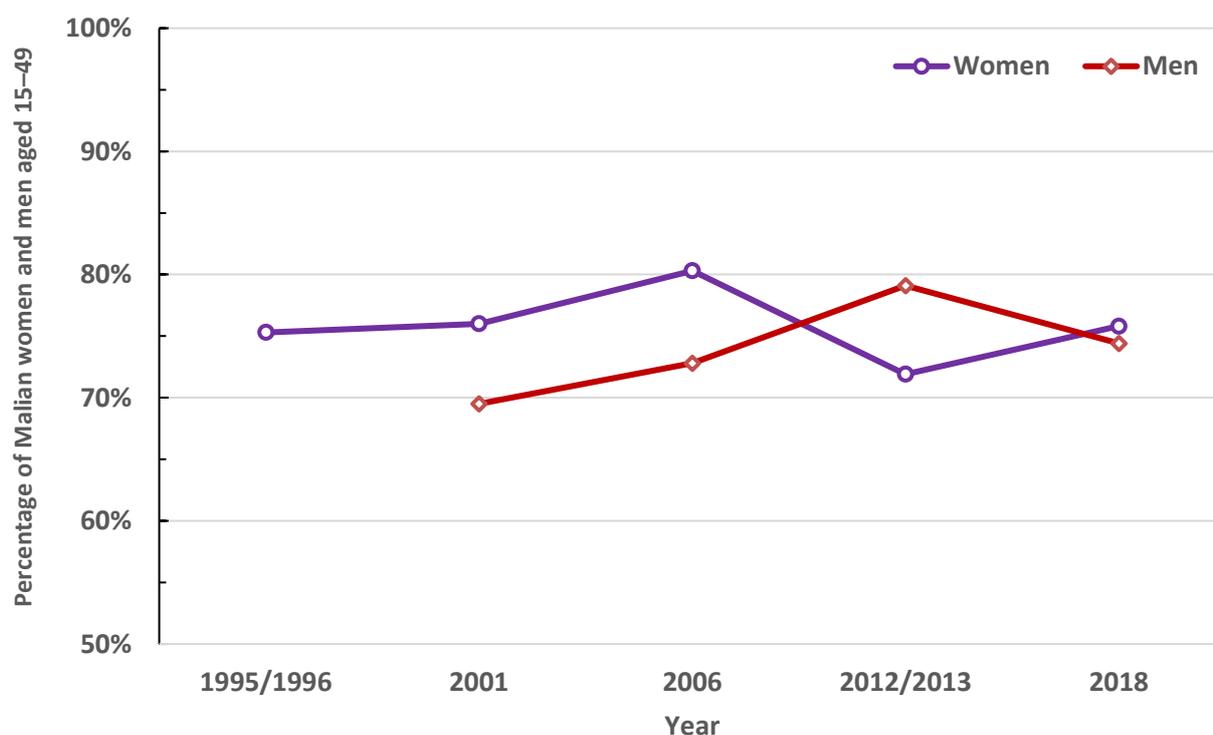
**Maternal Health Complications:** 91.9% of women in Mali report complications in delivery, which include prolonged labour, convulsions, haemorrhage and others. However, as 89% of women aged 15–49 years have been cut, it is difficult to determine if maternal health complications are the result of FGM/C or not.<sup>92</sup>

## Understanding and Attitudes

### Belief That FGM/C Should Continue

When the DHS surveys are conducted, men and women are routinely asked whether or not they think FGM/C should continue.

*Since the DHS 1995–96, there has been minimal change in attitudes towards the practice (see Figure 8). 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.<sup>93</sup>*



**Figure 8: Percentages over time of Malian women and men who believe FGM/C should continue<sup>94</sup>**

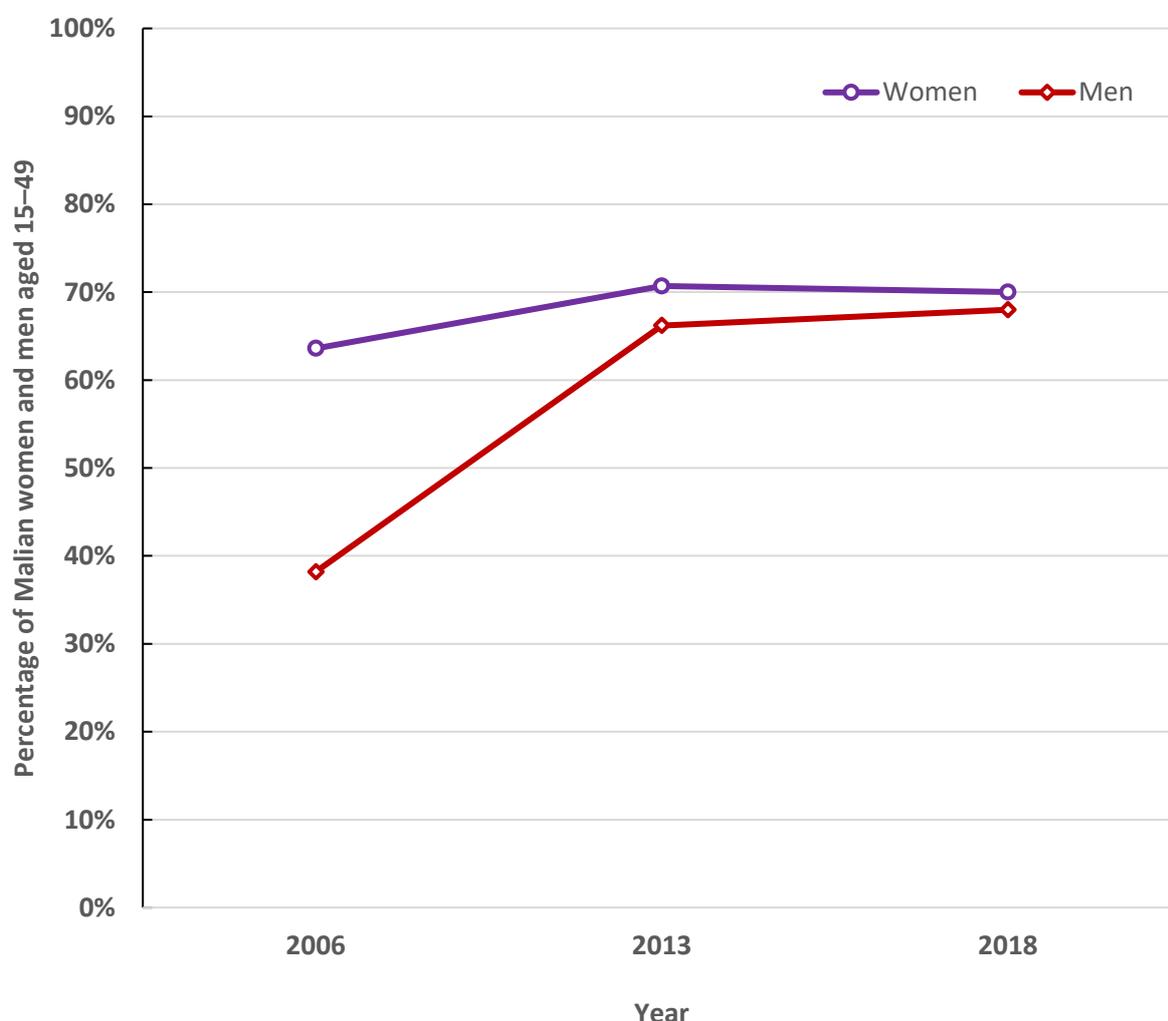
## Belief That FGM/C is a Religious Requirement

The DHS 2006 found that 63.6% of women and 38.2% of men (aged 15–49) in Mali believe FGM/C to be a requirement of their religion (although only 23.5% of women and 24.4% of men cited meeting the requirements of religion as a focal advantage of undergoing FGM/C).<sup>95</sup>

In the DHS 2012–13, those figures were 70.7% and 66.2% for women and men, respectively.<sup>96</sup>

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.<sup>97</sup>

*More research is necessary to understand why such a greater percentage of women, and especially men, now believe FGM/C to be a religious requirement.*



**Figure 9: Percentages over time of Malian women and men who believe FGM/C is a religious requirement<sup>98</sup>**

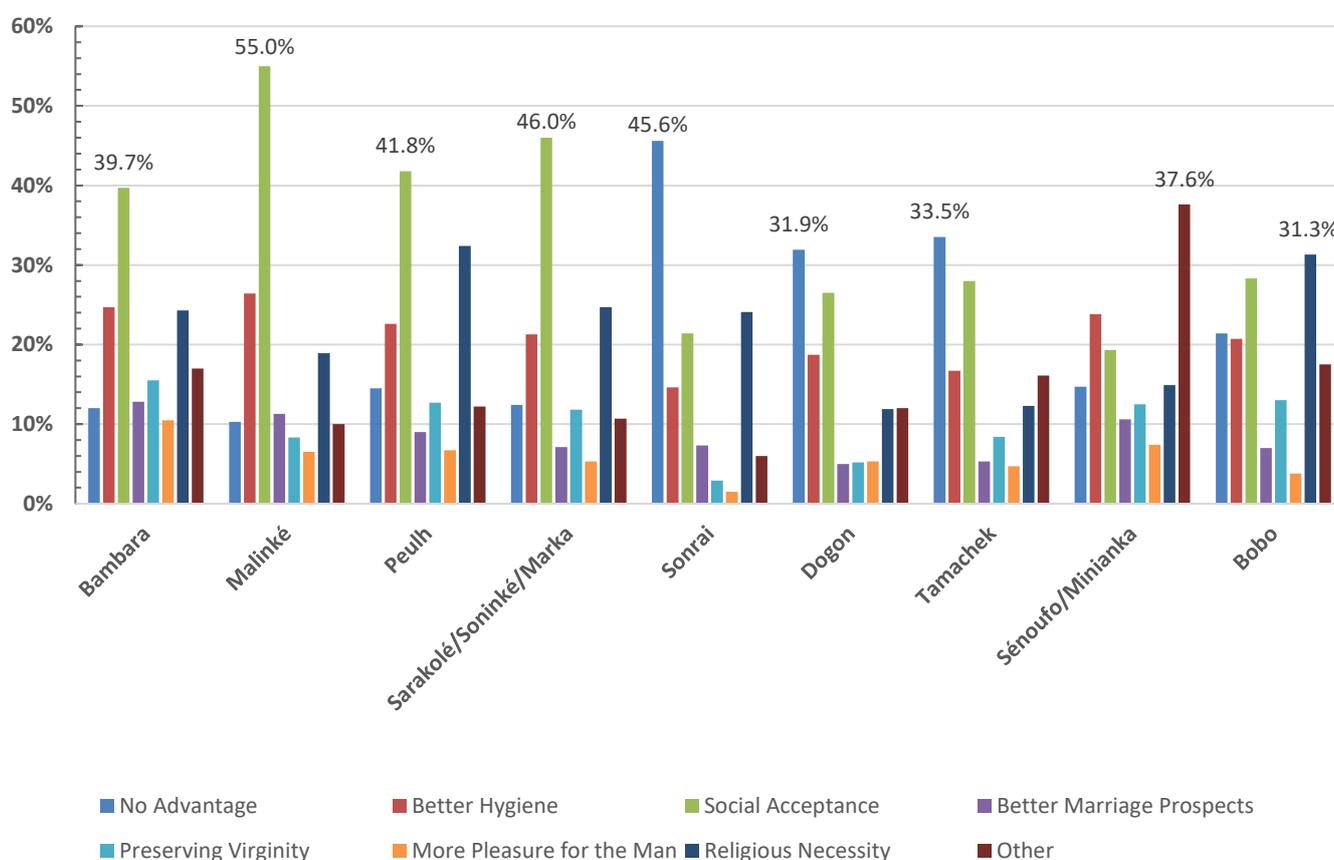
## Traditional Beliefs Among Ethnic Groups

One of the Mandingo group's (Bambara, Malinke, Sarakolé) traditional beliefs is that the practice of FGM/C removes *wanzo*, an evil force that is acquired at birth and resides in the clitoris.<sup>99</sup> By removing *wanzo*, a girl's fertility is increased and she is assured of the survival of her future children.<sup>100</sup>

Within the Dogon traditional belief system, children are born as part female and part male, and the clitoris must be cut to rid the girl of her masculinity and offer her blood to the earth, relieving her debt to it.<sup>101</sup>

Other drivers of FGM/C in Mali include the 'purification' of a woman by removing her clitoris, and social inclusion, because an uncut woman can be shamed by co-wives and her husband. In addition, the female genitalia are seen as ugly and dirty, so women are cut to increase aesthetics and, supposedly, hygiene. Finally, many women and girls are cut to 'reduce their libidos' and 'keep them faithful'.<sup>102</sup>

In the DHS 2006, women were asked what they perceived to be the advantages for girls of undergoing FGM/C. The options given included religious necessity, social acceptance, hygiene/cleanliness, better marriage prospects, preservation of virginity and increase of sexual pleasure for men. The most common response was 'social acceptance'. The results are shown in Figure 10, broken down according to the respondents' ethnic groups.<sup>103</sup>



**Figure 10: For each of the major ethnic groups in Mali, perceived advantages of FGM/C for girls, according to women<sup>104</sup>**

The most common response from Sonrai, Dogon and Tamachek women was 'no advantage'. As the Sonrai and Tamachek appear to practise FGM/C less frequently than other ethnic groups, this is logical. However, the prevalence of FGM/C among the Dogon is 90%, which suggests that many women choose FGM/C for their daughters despite believing it to be of no advantage to them. 'Religious necessity' was a frequent answer from all groups; however, Bobo women chose this response more frequently than any other reason, so programmes aimed at the Bobo should include a religious component, or support from religious leaders in the communities. The most common reason(s) given by Sénoufo/Minianka women fell outside of the given categories; it would be a worthwhile research project to discover what the drivers for cutting are in that ethnic group.

## The Impact on FGM/C Programme Design

In Mali, the influence of ethnicity and religion are important factors to consider when addressing FGM/C. As there is such a high percentage of people who believe that FGM/C is a religious requirement, engaging with faith leaders and faith communities is essential.

As discussed above, the prevalence of FGM/C varies widely between different ethnic groups. In the southern part of the country, prevalence is mostly above 90%, but in the north, it ranges from 50% to less than 2%.<sup>105</sup> To effectively respond to cutting in Mali, it is essential to understand variations in social norms between ethnic groups and to focus on areas of high prevalence, such as communities in southern Mali.

There has been minimal change in the prevalence of the practice at the national or regional levels since 1995/1996. The nature of the practice is changing, and the data show a trend towards a younger age of cutting. Traditional cutters are primarily responsible for conducting FGM/C in Mali. The data show that level of education, wealth quintile, and area of residence (rural or urban) do not have significant impacts on the practice of FGM/C. Women who undergo FGM/C are more likely to experience physical violence from their intimate partners, but are no more or less likely to experience other forms of GBV or be married at a young age than girls who have not been cut.<sup>106</sup>

# Sustainable Development Goals

The 2030 Agenda for Sustainable Development was adopted by all UN member states in 2015, following on from the Millennium Development Goals (MDGs).

17 Sustainable Development Goals (SDGs) make up a call to action for countries to work together to end poverty, improve health, reduce inequality and promote economic growth while taking care of the environment.<sup>107</sup>

The fifth SDG is specifically focused on gender equality, but there are a number of indicators throughout the SDGs that relate to gender. Equal Measures 2030 brought these indicators together to form the Gender Equality Index (GEI), a broader measure of gender empowerment. Mali is in the bottom 5% of countries on the GEI, with only Mauritania, Niger, Yemen, Congo, DR Congo and Chad ranking lower.<sup>108</sup>

Using a 0–100 scoring system, the GEI rates countries as ‘Excellent’ (90–100), ‘Good’ (80–89), ‘Fair’ (70–79), ‘Poor’ (60–69) or ‘Very Poor’ (59 and below). While much of sub-Saharan Africa falls within the ‘Very Poor’ category, Mali, at 46.0, scores below the West African average (48.5) and the average for sub-Saharan Africa (51.1) (see Table 3 below).

*This means that, by comparison, conditions for women in Mali are more challenging than the conditions for women in many parts of West Africa and across the wider continent.*<sup>109</sup>

Region/Country	Score (2019)
Global average	65.7 ('poor')
Sub-Saharan Africa	51.1 ('very poor')
West Africa <sup>110</sup>	48.5 ('very poor')
Mali	46.0 ('very poor')

**Table 3: Selected results from the 2019 Gender Equality Index<sup>111</sup>**

Furthermore, according to the SDG 2020 report, the COVID-19 pandemic has had a devastating impact on gender equality.<sup>112</sup> Unpaid labour demands for women have increased, as well as rates of GBV and, particularly, IPV.<sup>113</sup> Economic shock, school closures and interruptions to reproductive-health services have put up to ten million girls at risk of early marriage.<sup>114</sup>

*There are also reports of an increased rate of FGM/C as a result of the pandemic.<sup>115</sup> School closures and more time at home means increased availability of time for healing and, in some places, more time for cutters to go door to door to carry out FGM/C.<sup>116</sup>*

## SDG 5: Gender Equality

The fifth Sustainable Development Goal (SDG5) aims to ‘achieve gender equality and empower all women and girls’.<sup>117</sup> Within SDG5, there is a specific target for FGM/C (Target 5.3), which aims to ‘eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.’<sup>118</sup>

Across sub-Saharan Africa, the average percentage of girls and women aged 15–49 who had undergone FGM/C was 29.4% in 2015.<sup>119</sup> By 2020, this had reduced to 24.8%. However, at the last review, in 2018, the rate of FGM/C in Mali was 88.6% – well above the average for sub-Saharan Africa.<sup>120</sup>

*When Mali is compared to other countries in West Africa for which there are available data, it has the highest prevalence of FGM/C regionally.<sup>121</sup> To make progress on SDG5 Target 5.3 in sub-Saharan Africa and regionally in West Africa, it is essential to reduce the rate of FGM/C in Mali.*

Country	Rate of FGM	Year Data Collected
Mali	88.6%	2018
Cote d’Ivoire	36.7%	2016
Gambia	75.7%	2018
Ghana	2.4%	2018
Guinea-Bissau	52.1%	2019
Nigeria	19.5%	2018
Senegal	25.2%	2019
Sierra Leone	86.1%	2017
Togo	3.1%	2017

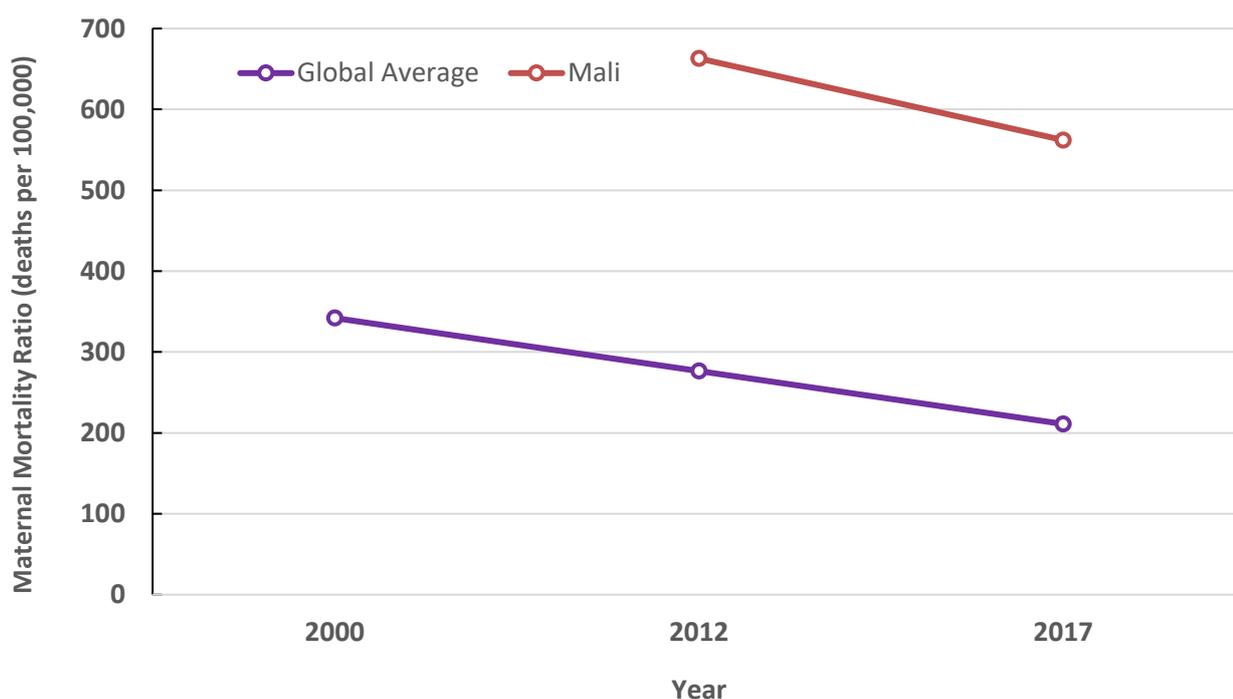
**Table 4: FGM/C Prevalence in West Africa<sup>122</sup>**

## SDG 3: Good Health and Well-Being

SDG3 aims to 'ensure healthy lives and promote well-being at all ages'. Target 3.1 aims to 'reduce the global maternal mortality ratio to less than 70 per 100,000 live births' by 2030.<sup>123</sup>

Globally, there has been substantial progress made towards this goal. The maternal mortality ratio (MMR) was reduced by 38% percent between 2000 and 2017, from 342 to 211 deaths per 100,000 live births worldwide. However, sub-Saharan Africa and Southern Asia account for about 86% of maternal deaths globally.

*The MMR in Mali was 663 deaths per 100,000 live births in 2012.<sup>124</sup> This reduced to 562 deaths per 100,000 live births in 2017 (the latest available data).<sup>125</sup> Although progress has been made in Mali, this is well above the global average of 211 deaths per 100,000 live births and slightly higher than the MMR for sub-Saharan Africa of 542 death per 100,000 live births (as at 2017).<sup>126</sup>*



**Figure 11: Maternal Mortality Ratio 2000 to 2017<sup>127</sup>**

FGM/C has a significant impact on maternal mortality and can cause serious complications during labour/delivery and postpartum. Greater risks of neonatal death, maternal death and fistula often follow FGM/C.<sup>128</sup> To make progress towards reducing maternal mortality, reducing the prevalence of FGM/C is crucial.

## SDG 4: Education

The fourth SDG is related to education and aims to 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'.<sup>129</sup>

Progress towards the education targets was slow before the COVID-19 pandemic, but that has set things back even further. The pandemic is projected to have an impact on minimum reading levels, causing an estimated 101 million children to fall behind the minimum proficiency level.<sup>130</sup>

In Mali, the influence of the pandemic is combined with the conflict in the north, which forced many schools to close. A significant proportion of those schools have not re-opened.<sup>131</sup>

*As a result of the conflict and the COVID-19 pandemic, many children in Mali are at risk of never returning to school, increasing the likelihood of child labour and child marriage.*

## The Impact on FGM/C

Access to quality education is often used as a proxy indicator for the empowerment of girls. In contexts where the prevalence of child marriage is high, such as Mali, a prioritisation of girls' education, especially secondary education, usually marks a shift in perspectives on gender equality. It also serves as a protective mechanism against early marriage.

FGM/C is known to have a negative impact on maternal health, increasing the likelihood of complications during delivery and of infant disability or death.<sup>132</sup> It is important to improve the quality of maternal-health services and for health workers to know how to respond to FGM/C-related complications during delivery and postpartum. This will improve maternal- and infant-health outcomes overall.

Finally, although this is not an obvious trend in Mali, the level of education a girl or woman has often changes how likely it is that she will undergo FGM/C. It is usually an inverse correlation: as girls'/women's levels of education increase, the prevalence of FGM/C decreases. Additionally, the higher the level of education a woman has received, the less likely she is to have her daughters cut.

For a summary of all 17 SDGs, please see our **Global Goals** document.

# Gender Norms

## Patriarchal Gender Norms

Patriarchal gender norms are built into the legal framework in Mali. In legislation known as the Family Code, the husband is named as the head of the household, responsible for the maintenance and protection of his household (Article 319). A wife is legally required to obey her husband (Article 316).<sup>133</sup>

Decision-making processes at both the household and community levels are traditional and patriarchal. Elder men are the traditional authorities. Although women have some influence on issues that affect women and children, they are not permitted to make or enforce decisions.<sup>134</sup>

Within the family, husbands make most decisions about healthcare, finances, livelihoods, education and employment outside the home. This plays out in women needing to seek permission to give birth in a health facility, use modern contraception or start a small business.<sup>135</sup>

Polygamy is common in Mali, and women report needing to navigate relationships with husbands and in-laws to secure a safe space within the family.<sup>136</sup>

Although in many cases the husband is the head of the household, the paternal grandmother or, in polygamous marriages, the eldest wife can hold significant decision-making power.<sup>137</sup> In a rapid gender analysis conducted by Care International and Promundo, it was found that, while a husband might control the food stores, the eldest wife or paternal grandmother often controls the distribution of food within the family.<sup>138</sup>

## Child Marriage

Mali has one of the highest rates of child marriage in the world: 52.6% of girls are married before the age of 18, and 18.3% are married before the age of 15.<sup>139</sup>

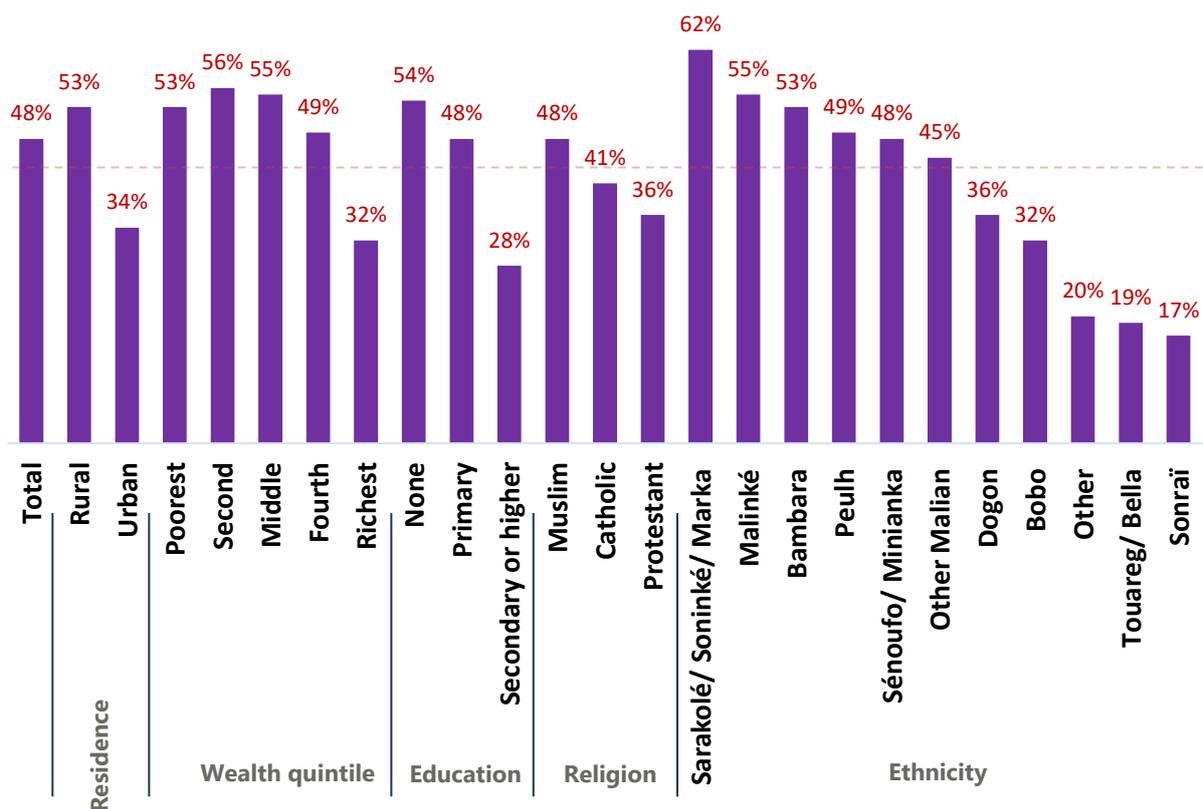
The legal minimum age for marriage is 16 years for girls and 18 years for boys (Article 281 of the Family Code).<sup>140</sup> If a person is at least 15 years old, they can enter into marriage if parental consent is given and permission is granted by a judge (Articles 281 and 284).<sup>141</sup> In cases where parents disagree, the father makes the final decision (Article 284).<sup>142</sup>

Child marriage and FGM/C often co-exist, and programmatic experts advise that, in contexts where they do co-exist, if only one practice is addressed, the other may continue or even increase.<sup>143</sup>

In a number of cohorts in Mali, the prevalence of girls who have experienced both child marriage and FGM/C exceeds 50% (see Figure 12). This is the case in all but the two richest wealth quintiles, in rural populations, and among women with no formal educations.<sup>144</sup>

Ethnicity is the main determining factor for rates of child marriage. Certain ethnic groups engage in the practice with lower frequency. For example, 62% of Sarakolé/Soninké/Marka women aged 18–49 in Mali have experienced both FGM/C and child marriage, while only 17% of Sonrai women have experienced both (see Figure 12).<sup>145</sup>

**The likelihood of experiencing FGM/C and child marriage exceeds 50 per cent across several population groups in Mali**



**Figure 12: Percentage of Malian women aged 18–49 who have experienced both child marriage and FGM/C (UNICEF; reproduced under Creative Commons Attribution–Non-Commercial 3.0 IGO)<sup>146</sup>**

When compared to other countries where FGM/C and child marriage co-exist, the rate in Mali is among the highest.<sup>147</sup>

## Gender Norms and Poverty

Key findings from a gender-focused analysis of an agricultural project in Mopti show that men control and manage household wealth, decide how to use family land and make decisions about the family’s subsistence. Men are the main producers of cash crops, while women produce crops for consumption. The average woman in a rural area works 15-hour days, while the average man in a rural area works 13-hour days.<sup>148</sup>

A qualitative study was conducted by Lees *et al.* on the Filets Sociaux (Jigisémèjiri) programme on cash transfers (CTs), which aims to reduce poverty.<sup>149</sup> CTs were provided predominantly to male heads of households, and these were found to be managed by the husbands. However, there was some involvement from their wives. The CTs were found to contribute to increased physical violence from husbands towards their wives because of tensions and disputes about how to use the resources. Women were prevented from working outside the home, and, although the CTs were reported to reduce household poverty and improve well-being, this benefit was primarily experienced by the men.<sup>150</sup>

## Gender Norms and Crises

Crises and economic hardship in Mali have reinforced patriarchal gender norms. The lack of available employment and reduced family resources have meant that families must make difficult decisions regarding education, healthcare and how to function as a family unit. In many cases, this has meant that girls cannot attend school and are required to contribute to household responsibilities from young ages. Boys are often unable to attend school, as well, and are required to contribute to income-generating activities for their families.<sup>151</sup>

*Mali is ranked sixth on the list of countries where it is hardest for girls to get educations.*

Only 38% of girls have completed primary school and less than 22.2% are literate.<sup>152</sup> Insecurity resulted in the closure of 1,051 schools in Central Mali (as of 2019), as well as night classes for women and girls.<sup>153</sup> School closures contribute to low educational-attainment rates for girls, but early and forced marriage is the main driver. Behind forced marriage are the patriarchal gender norms that are embedded in society, but these are exacerbated by poverty and economic pressures on households, from which families may seek relief through the cultural practice of dowry or bride price paid to a girl's family when she marries.

## Sexual and Gender-Based Violence

*Sexual and gender-based violence (SGBV) remains a subject that is not commonly discussed in Malian communities, and survivors of SGBV face high levels of stigmatisation.*<sup>154</sup>

SGBV in Mali occurs both in the home, in the form of IPV, and as a result of conflict and armed groups. Women, particularly unmarried women, and young girls are among the most vulnerable to violence from armed and jihadist groups, whereas drug traffickers appear to target young boys.<sup>155</sup> The capacity of survivors to seek out treatment and/or justice is limited by their dependence on their families (because of their lack of decision-making powers and patriarchal

gender norms), societal stigma, the normalisation of violence, and poor healthcare and justice infrastructures that cannot handle issues related to SGBV.<sup>156</sup>

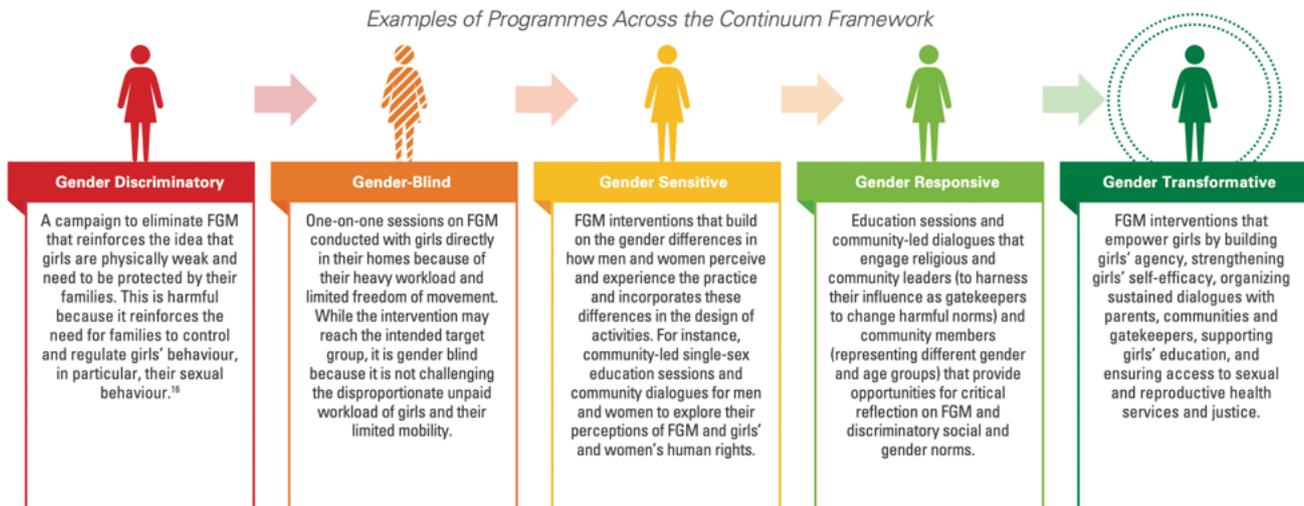
There are reports that some forms of SGBV associated with occupation by jihadist groups are lessening. However, IPV is reported to be increasing across the country. This is thought to be related to women being displaced and living with distant relatives.<sup>157</sup>

## The Impact on FGM/C Programme Design

We know that gender norms influence what decision-making powers women have, their abilities to access resources and support, and what spaces they have influence in. This means that FGM/C is also frequently motivated by patriarchal gender norms that attempt to control women’s sexualities, their bodies and how they are accepted in society and within the family.

To address this issue, when the UNFPA and UNICEF reviewed their work to eliminate FGM/C across 17 countries, they recommended a more explicit focus on the transformation of gender norms.<sup>158</sup>

Gender-transformative programming works to address the root causes of gender inequality and the power dynamics and structures that reinforce gender inequalities. According to a recent report by Orchid Project, ‘a gender-transformative approach is defined as one that actively examines, questions and changes harmful gender norms and power structures that give boys and men advantages over girls and women.’<sup>159</sup>



**Figure 13: The Gender Equity Continuum<sup>160</sup>**  
*(UNICEF; reproduced under Creative Commons Attribution–Non-Commercial 3.0 IGO)*

Programmatic responses to FGM/C exist on a continuum of gender-discriminatory to gender-transformative (see Figure 13).<sup>161</sup> Gender-transformative approaches to eliminating FGM/C include engaging men and boys to address patriarchal gender norms. This can be done through critical dialogue on masculinity, local change-agents who promote alternative gender norms, and opportunities for power-holders to consider and explore new norms.<sup>162</sup>

In the context of Mali, patriarchal gender norms demand engagement with men to reduce the practise of FGM/C. This would mean engaging with any men who have influence on girls' marriage prospects and futures and should include elders, fathers, uncles, older brothers and grandfathers.

Additionally, engagement in relation to gender norms should include religious and community leaders, as in certain parts of Mali FGM/C is seen as a religious requirement.

In Mali, paternal grandmothers and elder wives have significant influence in household decisions,<sup>163</sup> and this influence is also relevant to FGM/C. The most common reason given for practising FGM/C in Mali is social acceptance. There are many cases of children being cut against their parents' wishes by grandmothers or other female relatives.<sup>164</sup> The Grandmother Project, which works specifically with grandmothers to eradicate FGM/C, advises,

Older women and grandmothers play a very important role in most traditional communities, holding matriarchal power and are consulted on family affairs and conflict resolution. FGM/C and other harmful practices against girls are entrenched in cultural values, and grandmothers and elders are known to be the 'guardians' of such traditions.<sup>165</sup>

In Mali, especially, it is important to work with paternal grandmothers and the power structures that exist in Malian families to change perspectives on FGM/C.

Programmes that seek to address FGM/C will also need to consider a joint focus with child marriage, since those two issues are linked in many Malian communities.

Mali has a very low literacy rate, as only 35.5% of adults aged 15 and over are able to read.<sup>166</sup> Of women aged 15 and over, only 25.7% are able to read, and of women aged 65 and over, the figure reduces to 6.9%.<sup>167</sup> Any interventions that work to change gender norms and to create spaces for dialogue must consider literacy rates and take approaches that are accessible for women and girls without these skills.

Finally, research on gender norms and poverty in Mali has found that many women and girls find support through savings-and-loans groups.<sup>168</sup> This support can take the form of loans for healthcare needs, business loans for income-generating activities, or the development of leadership skills and self-confidence.<sup>169</sup> Spaces for women's economic empowerment have the potential to build resilience and give valuable opportunities for engaging in critical thinking around FGM/C and other issues related to gender norms.

This evidence calls for a more holistic approach to gender empowerment, rather than a narrow focus on the elimination of FGM/C.

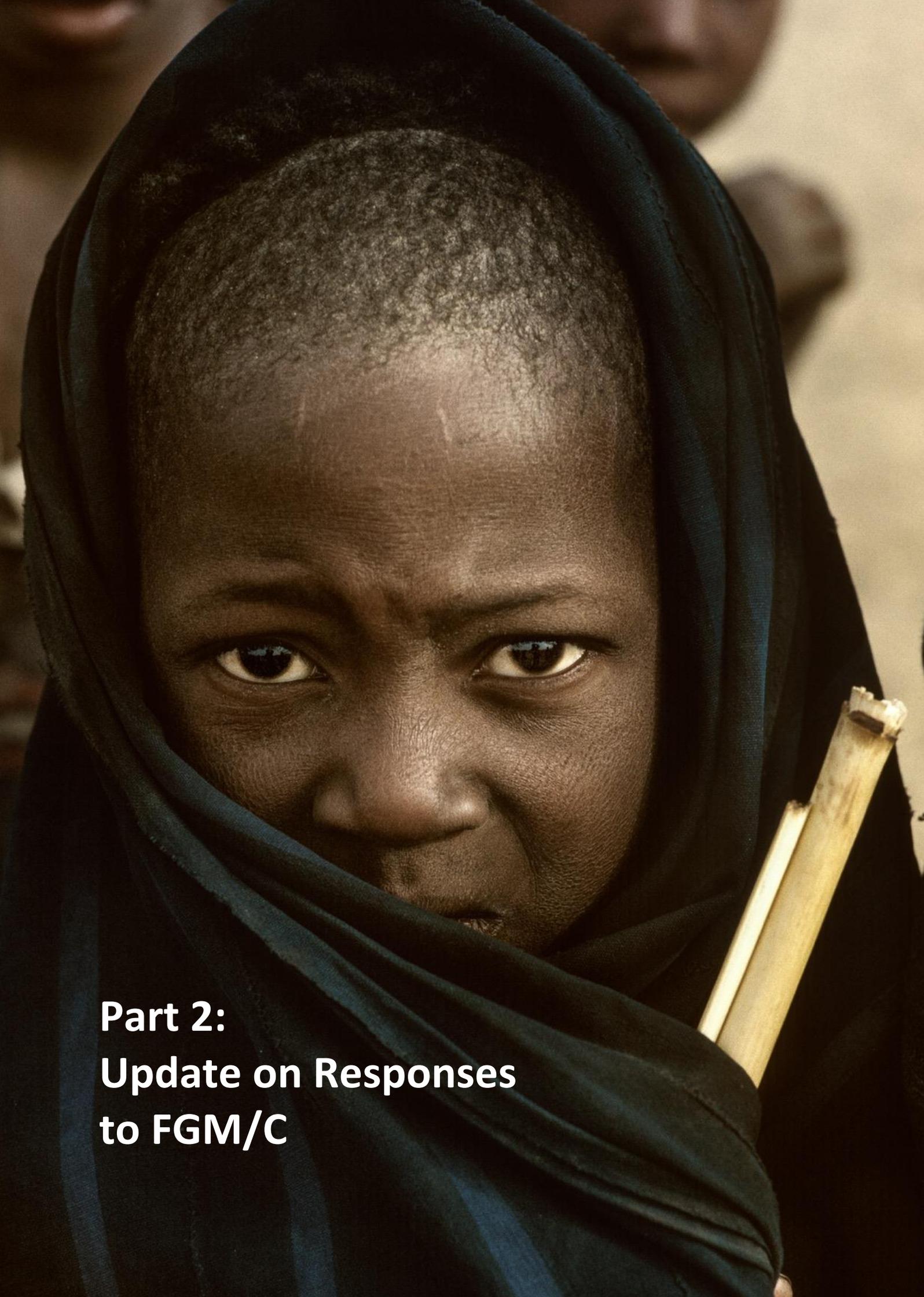
## Case Study: Returning Migrants Shift Social Norms in Mali<sup>170</sup>

Evidence from a study conducted in 2017 in Mali demonstrates that girls who live in villages with returning migrants are less likely to undergo FGM/C.

However, not all migrant experiences produce this result. It was found to be true when Malian migrants returned from Côte d'Ivoire, but not as strongly when migrants returned from European countries.

Returning migrants were more aware of the health consequences of FGM/C, were more supportive of a law against FGM/C and had witnessed women in a regionally comparable countries being socially included without being cut.

The study found that returning migrants from regionally comparable countries (in this case, West Africa) could have a positive impact as change agents, reducing the incidence of FGM/C in the localities they return to.



**Part 2:  
Update on Responses  
to FGM/C**

# Challenges

Part 1 of this report provided an update on the current situation and trends in Mali, which have implications for the response to FGM/C and how activists focus interventions to reduce the prevalence of the practice.

The following is a summary of the current situation and trends in FGM/C practise in Mali.

## 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 banning FGM/C 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 2%) 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 practise of FGM/C and 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.<sup>171</sup>

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.<sup>172</sup>

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.<sup>173</sup>

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.<sup>174</sup>

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.

# Responses

The following section contains examples of the different types of responses that have been put in place in each of the priority areas. This is not an exhaustive list, but a snapshot of interventions that are having an impact on FGM/C in Mali.

(For further details on organisations that are actively responding to FGM/C in Mali, see our 2014 Mali Country Profile, available [here](#).)

## A: Advocating for a Legal Framework

Of the 15 countries that make up ECOWAS, Sierra Leone<sup>175</sup> and Mali are the only two without laws that specifically ban FGM/C. A number of initiatives are seeking to address this by advocating for appropriate legislation.

### 1. Regional Advocacy

In 2019, the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (*UNJP*), together with the African Union (*AU*) and the Government of Burkina Faso, launched the **Ouagadougou Call to Action on Eliminating Female Genital Mutilation**.<sup>176</sup> The goal of this initiative is to strengthen the accountability of AU member states, using regional frameworks and a functional peer-review mechanism to monitor national-level actions to eliminate FGM/C.<sup>177</sup>

In June of the same year (2019), a call for action to eliminate child marriage and FGM/C in Africa was launched at a **regional conference in Cairo, Egypt**. It was attended by representatives of AU member states, UN agencies and civil associations.<sup>178</sup>

In June 2021, Egypt and Burkina Faso delivered a **Joint Statement on Accelerating Change on the Elimination of Female Genital Mutilation** at the 47<sup>th</sup> session of the Human Rights Council on behalf of more than 100 countries, UNFPA and UNICEF.<sup>179</sup> This statement called for the abandonment of FGM/C, but also the elimination of medicalised FGM/C, and expressed concern that medicalisation was rising in many places. It also called for a recommitment to the Ouagadougou Call to Action on Eliminating Female Genital Mutilation and the Cairo call to action for the elimination of child marriage and FGM/C in Africa.

The UNJP has been operating **one-stop centres for GBV** in Mali, which provide women with support for mobile courts and free healthcare.<sup>180</sup> If there were a law against FGM/C in Mali, these one-stop centres could also support women and girls who have been cut or who need support to flee forced cutting.

## 2. National Accountability Mechanisms

**The National Programme to Fight the Practice of Excision (PNLE)** was established in 2002 as part of the Ministry for the Promotion of Women, Children and the Family in Mali. The PLNE is responsible for the coordination of all actions to end FGM/C, including monitoring civil-society activities, developing national action plans and training healthcare workers.<sup>181</sup>

In addition to the PNLE, civil-society organisations have set up platforms for advocacy and discussion on the consequences of child marriage, FGM/C and other forms of GBV through the **Direction Régionale de la Promotion de la Femme, de l'Enfant et de la Famille**.

In 1999, the Government of Mali created **committees for the eradication of harmful practices** at the national, regional and local levels. These committees are formal advocacy-and-coordination mechanisms to bring together stakeholders from the government, civil society, NGOs and development partners.<sup>182</sup>

## 3. Developing a National Law Against FGM/C

A number of civil-society organisations and activists (as follows) have been involved in the campaign to develop a national law against FGM/C in Mali.

### **EqualityNow**<sup>183</sup>

EqualityNow is actively campaigning for a law against FGM/C in Mali and has partnered with the Institute for Human Rights and Development in Africa and other civil-society organisations in Mali to file a case with the ECOWAS Court of Justice. These organisations are calling for the Government of Mali to allow for the passage of a law banning FGM. They argue that not doing so puts the country in violation of the Maputo Protocol and CEDAW, international treaties that Mali is a signatory to.

### **Tagne**

Tagne is a local NGO that has used the arts, specifically poetry slams, to raise awareness about the need for a law to ban FGM/C in Mali. At events in January 2021, decision-makers made commitments to support the adoption of a law in parliament. These decision-makers included the governor of Koulikoro and the mayor of Kati, areas that have high rates of cutting.<sup>184</sup>

### **Health Policy Plus**

Health Policy Plus worked with anti-FGM/C activists in Mali to conduct stakeholder meetings with religious leaders, parliamentarians and other decision-makers, which resulted in the development of advocacy tools to assist in creating a unified message on FGM/C and the broader issue of GBV.

#### **4. Cross-Border Response**

In 2018, cross-border FGM/C was raised at the 44<sup>th</sup> Human Right Councils' Resolution and the international conference on FGM/C organised by the AU, UNFPA and UNICEF in Ouagadougou.<sup>185</sup>

The UNJP's operational focus on cross-border FGM/C in Phase II was concentrated on East Africa, but it was identified that cross-border FGM/C is occurring over the borders between Mali and Burkina Faso, Côte d'Ivoire, Guinea, Mauritania and Senegal.<sup>186</sup>

However, there is a lack of quantitative data about the scale and magnitude of the problem. UNFPA West and Central Africa Regional Office has engaged with ECOWAS on regional cross-border FGM/C in West Africa and commissioned research to better understand the issue.<sup>187</sup>

#### **Conclusion**

It is evident that significant pressure is being brought to bear on the Malian Government to enact legislation banning FGM/C. However, in the context of ongoing political instability, these efforts have yet to result in any significant change.

Continued regional advocacy is essential to mobilise political will, create mechanisms for accountability and respond to cross-border FGM/C between Mali and countries where laws differ.

## B: Targeting Interventions by Ethnicity and Geography

There are distinct differences in the prevalence of FGM/C in different parts of Mali. In every district in the south, FGM/C prevalence is between 82% and 96%, while the prevalence in Tombouctou is 50.1%, and, in the remote north-eastern areas, it appears to be minimal.<sup>188</sup>

When regional variations are mapped against the areas in which prominent ethnic groups mostly reside, there is a correlation between ethnic majority groups that practise FGM/C and the regional differences in prevalence.

A number of programmes in Mali that respond to FGM/C have targeted their interventions to focus on areas with the highest prevalence and where there are prominent ethnic groups who practise FGM/C.

In Phase III (2018–2021), the **UNJP** focused on the regions of Kayes (94.7% prevalence), Koulikoro (95.9%), Sikasso (96.0%), Ségou (91.6%), and the District of Bamako (91.3%), where the incidence of FGM/C and ethnic groups who practise cutting are concentrated.<sup>189</sup>

The **Spotlight Initiative** is working in the same five administrative regions as the UNJP (Kayes, Koulikoro, Sikasso, Ségou and the District of Bamako).<sup>190</sup>

Local organisations focus their efforts in one or more regions, but are still concentrated in areas where prevalence is highest. For example, **Association Malienne pour le Suivi et l’Orientation des Pratiques Traditionnelles** is a local NGO that operates in 252 villages in Kayes, 80 villages in Koulikoro, 20 villages in Dioila and 15 villages in Bougouni and coordinates a media response in Bamako.<sup>191</sup> **Association pour la Promotion des Droits et du Bien Être de la Famille** operates in Segou and Koulikoro.<sup>192</sup>

While current programming is focused on the areas with the highest prevalence, there is a lack of evidence as to how these initiatives are addressing the specific nature of the practice in terms of the drivers of it within each ethnic group.

### Conclusion

With such significant variations in FGM/C prevalence between regions in Mali, it is essential that programmes continue to target areas where FGM/C prevalence is highest. The overlap between geography and the dominant ethnic groups is clear from the data, and an understanding of the diverse ethnic drivers of the practice should inform programmatic responses. There is limited evidence as to how initiatives are engaging with different drivers, and this should be considered in future programming.

## C: Critical Engagement with Social and Gender Norms

A report commissioned by Orchid Project in 2021<sup>193</sup> recommends that programmes aiming to shift social and gender norms utilise a gender-transformative approach, which is defined as ‘one that actively examines, questions and changes harmful gender norms and power structures that give boys and men advantages over girls and women.’ In the report, Orchid Project recommends multi-level approaches (a socio-ecological model that situates individuals in their interpersonal, community, institutional and policy environments); using an intersectional perspective (recognising the links between genders and other forms of discrimination); engaging men and boys; and allowing sufficient time to truly change gender norms.<sup>194</sup>

One of the conclusions of the UNJP Phase III evaluation<sup>195</sup> was that, despite being gender-responsive, the UNJP should aim to include more gender-transformative approaches in the next phase of its work. The UNJP has made a commitment to integrate more gender-transformative approaches into the Phase IV proposal (2022–2025) and to develop metrics for measuring the effectiveness of these approaches.<sup>196</sup>

There are not yet any strong examples of gender-transformative approaches to engaging with patriarchal norms in Mali. However, a number of projects have engaged with social norms through change mechanisms such as critical dialogues and FGM/C-abandonment declarations. These programmes have had promising results and can be built on with gender-transformative approaches to engage more fully with gender norms.

### 1. Deutsche Gesellschaft für Internationale Zusammenarbeit (GTZ)<sup>197</sup>

GTZ has promoted an ‘intergenerational dialogue approach’ in Mali, Kenya and Guinea. This is a participatory approach to engaging members of the community, across generations, to promote behaviour change. By this approach, groups are brought together that span different generations, and discussions are facilitated to identify specific legal and health improvements that they feel are needed within their community. These are then shared at public meetings to develop actions in response to the identified needs. An evaluation of the approach was conducted in 2009 and found that 74% of respondents surveyed said they had taken steps to end FGM/C in their communities. 94% said they would not take their daughters to be cut.

### 2. Grandmother Project<sup>198</sup>

Although not operational in Mali, a similar approach to intergenerational dialogue was utilised in Senegal to engage grandmothers as change agents to shift social norms. Referred to as the Girls Holistic Development programme, the Grandmother Project engages grandmothers in dialogues with girls about issues related to child marriage, FGM/C, reproductive health and other relevant topics. A realist evaluation conducted by USAID found that 26.3% of girls in the intervention group were cut, compared to 56% in the control group. Girls reported feeling more involved in decision-making that affected them, and grandmothers felt like valued parts of the community and family structures.

Given the strong influence of elder wives and paternal grandmothers on decision-making related to girls and young women in Mali, this approach shows promise for shifting gender norms. A version of this approach should be used in the Malian context.

### **3. UNJP (UNFPA and UNICEF)**

The UNJP provides direct programmatic support to 17 countries, which are divided into three tiers classified by the number of women and girls affected by FGM/C and the extent to which there are policy and legislative environments conducive to ending FGM/C.

Mali is a Tier III country, which means that programming is focused on service delivery and community engagement. In Phase III (2018–2021), the UNJP focused on the regions of Kayes, Koulikoro, Sikasso, Ségou and the District of Bamako, where the prevalence of FGM/C and ethnic groups who practise cutting are concentrated. Community dialogues and education sessions about FGM/C and child marriage were conducted with 67,195 adolescents (26,205 in-school and 31,867 out-of-school boys and girls).<sup>199</sup> In an evaluation of Phase III, the UNJP found that 60,016 adolescent girls increased their knowledge and skills in relation to FGM/C prevention and post-care.<sup>200</sup>

The UNJP promotes changes in social norms through interventions that empower communities to critically reflect on FGM/C and understand its violations of girls' and women's rights while exploring the benefits of abandoning it. Within these times of critical reflection, the UNJP engages with 'opinion leaders and role models', such as community and religious leaders, as these people can influence changes in norms by taking public positions and acting as change agents.<sup>201</sup>

The tactics the UNJP employs to stimulate alternative social and gender norms are education sessions, community dialogues, value deliberations and organised diffusion. The goal is to lead people towards a collective public declaration of FGM/C abandonment. In 2020, 317 villages made public declarations of FGM/C abandonment and established community early-warning and alert committees to ensure the declarations were upheld.<sup>202</sup>

### **4. Malian Association for the Monitoring and Orientation of Traditional Practices (AMSOPT)<sup>203</sup>**

AMSOPT is supported by the UNJP and works in 252 villages in Kayes, 80 villages in Koulikoro, 20 villages in Dioila and 15 villages in Bougouni. Its work is focused on areas where FGM/C prevalence is greatest.

AMSOPT works in communities to shift social norms towards village-wide statements to abandon FGM/C.<sup>204</sup> The project trains peer educators to facilitate discussions on FGM/C. Thus far, 202 villages have made FGM/C-abandonment statements.

AMSOPT also supports women to join savings-and-loans groups as a means of gaining economic stability in the household.

## 5. Plan International

Plan International UK began its work in 1996 and, since then, has worked in over 200 villages across five regions of Mali. The organisation aims to eradicate FGM/C. Its projects mobilise change agents to work towards community declarations of FGM/C abandonment.<sup>205</sup>

Plan's response starts with an analysis of the root causes of FGM/C and its related trends. These include the beliefs that FGM/C is a religious requirement, that it is required for marriageability and that lowering the age of cutting reduces harm or unintended consequences. Once the major drivers are identified, Plan works with change agents who have influence in the community. In the Malian context, that includes paternal grandmothers and religious leaders.

Responses to FGM/C are context-specific, teaming up with the change agents through various mechanisms: using media, working with healthcare professionals and facilitating dialogues with the community on social and gender norms.<sup>206</sup>

## 6. Tostan

Tostan uses a three-year programme called the Community Empowerment Program (*CEP*) to empower communities through education on human rights, health, literacy and project management. The CEP includes 'organised diffusion' to share information from project participants within the community and outside of it. Central to the 'organised diffusion' approach are public declarations of abandonment of harmful practices, which include FGM/C, early marriage, etc.<sup>207</sup>

The Tostan programme has had strong, positive results in Senegal<sup>208</sup> and The Gambia and has led to FGM/C-abandonment declarations in over 8,000 communities.<sup>209</sup>

However, when the CEP was replicated in Mali, it faced some challenges.<sup>210</sup> The strongly patriarchal gender norms in Mali and the links there between ethnicity and FGM/C, which stem from traditions and beliefs about religious requirements, meant that the CEP, which focuses on hygiene, problem-solving, human rights and women's health, did not create as much change in beliefs and behaviours related to FGM/C as expected. In some cases, women were forbidden from participating by their husbands, and some male community members expressed hostility for not being included. Others dominated the discussions once they were included, feeling that the organisation was 'coming to fight against the traditional culture'.

## 7. Impact of Crises and Economic Instability on Gender Norms and FGM

When working to address gender and social norms, it is important to consider the living environments of households and communities and the factors that may influence or further embed patriarchal gender norms. Two of these factors are crises and economic instability, which serve to further embed patriarchal gender norms and traditional family systems. In economic crises, early marriage and marriageability become even more important than in times of economic security. However, times of instability and crisis also create opportunities to address gender norms.<sup>211</sup>

An assessment was conducted in 2019 of the PNLE.<sup>212</sup> The study recommended that interventions focused on gender norms firstly facilitate discussions about how communities are meeting their basic needs, such as accessing drinking water and basic social services, before engaging in further community dialogues to promote more equitable gender norms. These initial discussions serve as entry points because, if communities are focused on the urgency of meeting their basic needs, they will resist transformative changes in gender norms.

A gender analysis conducted by Care International in April 2020 recommends investing in mechanisms to strengthen the economic empowerment of women and girls, thereby reinforcing their resilience. Savings-and-loans groups, such as the Village Saving and Loan Association model, can serve as important spaces to develop leadership skills and the confidence to engage in other critical dialogues around gender norms.<sup>213</sup>

## **Conclusion**

There has been significant focus on social norms within FGM/C programming in Mali, and this is mainly being done in a gender-responsive way. Moving forward, interventions to reduce the incidence of FGM/C should take more gender-transformative approaches that 'actively examine, question and change harmful gender norms and power structures that give boys and men advantages over girls and women.'<sup>214</sup> By addressing the deeply embedded gender norms that perpetuate FGM/C, gender-transformative programmes provide opportunities for communities to shift power structures and consider more gender-equitable norms, including abandoning FGM/C.

## D: Promoting Attitude Change through Media and Education

Over the last 20 years, there has been minimal change in attitudes towards FGM/C in Mali. Beliefs and attitudes surrounding the practice are held strongly by those who support it. Promoting attitude change through media campaigns and traditional education mechanisms creates opportunities for more open and critical dialogues about FGM/C and, over time, can contribute to shifts in attitudes and beliefs.

### 1. Global Media Campaign to End FGM (GMC)<sup>215</sup>

In 2021, the GMC, together with the World Bank, launched an intensive media campaign, using jingles during some of the most popular television and radio shows. After six months, a company called 60 Decibels was contracted to conduct a 'flash study' to assess changes in attitudes and behaviours towards FGM/C in response to the campaign. 153 people who heard the jingles were surveyed. Of the respondents, 86% did not think FGM/C was necessary. 12% said they had changed their view on the necessity of FGM/C in the last year, and 83% of those respondents said they changed their minds in response to the media campaigns.

The central messages of the media campaign were the medical risks associated with FGM/C, major complications from the practice, human-rights violations associated with it, and the fact that FGM/C is not a religious requirement. These messages were delivered by activists and religious leaders. The messages that were most influential were the ones on medical risks and complications from the practice.

The UNFPA and the GMC have developed an anti-FGM/C media strategy to end FGM/C by 2030, focusing on The Gambia, Kenya, Nigeria, Somalia, Ethiopia and Mali. The campaigns will be led by local activists, religious leaders and healthcare professionals. One aim of the strategy is to reach 180 million people in 2022.

### 2. L'Association pour le Progrès et la Défense des Droits des Femmes (APDF)<sup>216</sup>

APDF provides training and capacity building in relation to FGM/C to female leaders in Mali, including parliamentarians, lawyers and paralegals. It aims to promote understanding of the Convention on the Rights of the Child. APDF organises roundtables with prominent leaders, both political and religious, to debate FGM/C and televises sketches to increase understanding of violence against women and harmful traditional practices. APDF also publishes a quarterly magazine called *Voix de la Femme*, which includes articles from different women and activists on FGM/C and GBV. APDF supports women to join savings-and-loans groups to improve their socio-economic standing in their households and communities. Additionally, the organisation extends invitations to excisors who have left cutting after FGM/C-abandonment declarations in their villages.

### **3. Management Sciences for Health (MSH) and Conseils et Appui pour l'Education a la Base (CAEB)<sup>217</sup>**

The Family Care International programme of MSH mobilises leaders and communities in Mopti to end FGM/C, child marriage and SGBV. MSH works in partnership with the Malian NGO CAEB. MSH and CAEB leverage the influence of political and religious leaders on public opinion, recruiting champions to make public statements against FGM/C and for the end of harmful practices, and promote sexual and reproductive rights for women and girls.

Community volunteers form protection teams to support survivors of FGM/C and SGBV, help them access medical, psychosocial and legal support services, and ensure that these services are provided in safe, respectful and confidential ways. These protection teams often intervene in FGM/C ceremonies.

### **4. Right To Play<sup>218</sup>**

Right To Play are using radio broadcasts, public announcements and at-home learning packages to promote remote learning. This has been especially important during the COVID-19 pandemic to curb the impact of lockdowns. Through remote learning, girls are able to continue their educations, but they are also exposed to messaging on child protection, child marriage and FGM/C.

The project is known as 'Jam Suka' and is supported by the Government of Canada. It operates in southern Mali. Since 2016, the project has supported 20,000 children with remote learning packages and reached 192,500 children with its broadcast messages.

### **5. Save the Children Sweden via Centre Djoliba (Local NGO)<sup>219</sup>**

Save the Children Sweden's main partner in Mali is Centre Djoliba, which works to respond to FGM/C. Save the Children Sweden and Centre Djoliba have been working in partnership for 23 years, and, over that time, Centre Djoliba has shifted from a health approach to a rights-based approach to anti-FGM/C activism. It has also increased its focus on establishing links with the national level to use its influence to advocate for a law against FGM/C.

Centre Djoliba provides training on FGM/C and promotes awareness of the consequences of it by running theatre groups, training teachers in secondary schools, training community and religious leaders and forming anti-FGM/C clubs. Centre Djoliba says that its work has contributed to FGM/C-abandonment declarations in 30 villages.

Centre Djoliba also coordinates a network of NGOs responding to FGM/C, which serves as a platform for coordinating actions and developing shared advocacy messages for national engagement.

### **6. Promotion of the Defense and Protection of the Rights of the Child and the Family (APSEF)<sup>220</sup>**

APSEF works to promote the health and rights of women and girls by addressing power imbalances within households and communities and responding to harmful cultural practices such as child marriage and FGM/C.

APSEF focuses its work on FGM/C in 18 villages in Segou and 30 villages in Koulikoro. Each of these areas has a high prevalence of FGM/C. The organisation's work focuses on the economic empowerment of women through savings-and-loans groups and aims to increase equality in the control of resources within the household. The projects promote increased understanding of FGM/C through education mechanisms, advocacy messaging to reduce the prevalence of the practice, and the training of peer educators to promote key messages.

## **7. Sini Sanuman<sup>221</sup>**

*Sini Sanuman* means 'healthy tomorrow' in Bambara, one of the main languages spoken in Mali. Sini Sanuman trains community health workers to promote increased understanding of the risks and consequences associated with FGM/C. Health education is provided to influential groups including religious leaders, women's groups, youth groups, health workers and excisors, and to individuals in one-to-one in-home visits. Messages are also shared through posters, billboards, and radio and TV programmes.

In addition to local-level health education, Sini Sanuman initiated the Pledge Against Excision, which, at the most recent count, had 68,000 signatures from political and religious leaders, partner organisations, village chiefs and other prominent stakeholders. This pledge was presented to the Parliamentary Commission against Violence against Women in 2015.

## **8. Programme National de Lutte contre l'Excision (PNLE)**

Through the PNLE, all healthcare workers receive training on FGM/C within their curricula. They are taught to understand and treat complications that arise from the practice.<sup>222</sup>

## **Conclusion**

By promoting an increased understanding of FGM/C and the risks and consequences of it, programmes that engage with the media and traditional education systems can provide the foundational knowledge that changes attitudes towards FGM/C. This knowledge can create spaces for increased dialogue and consideration of more gender-equitable norms (which are linked with ethnic drivers of the practice), in legal and policy environments that ban FGM/C.

## E: Engaging with Religious Leaders

Religious leaders hold significant power in Mali and have been instrumental in blocking the passage of a law against FGM/C through parliament. 70% of women and 68% of men believe that FGM/C is a religious requirement.<sup>223</sup> Engaging with religious leaders in Mali is essential to deconstruct the belief that FGM/C is a requirement of Islam and to enable the passage of a law that bans the practice.

### 1. UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (UNJP)<sup>224</sup>

The UNJP and the Global Media Campaign hosted a high-level panel discussion to stimulate debate on the need to end FGM/C in Mali. Over 100 participants attended, including leaders of civil-society organisations, activists, religious leaders and administrative authorities. The panel discussion was followed up with four days of training for activists, religious leaders and the media, to explore their different roles in the eradication of FGM/C.

The UNJP also supported two Malian religious leaders to participate in a regional meeting on FGM/C in Lagos, Nigeria in 2018. This meeting was an opportunity to share experiences from different countries responding to FGM/C.

### 2. Spotlight Initiative

The Spotlight Initiative is a partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls by 2030.<sup>225</sup>

In 2020, Spotlight supported the development of television and radio messages speaking out against violence, which were promoted by the President of the High Islamic Council, Cherif Madani Ousmane Haidara and a representative of the Episcopal Conference, Father Ferdinand Coulibaly.<sup>226</sup> These television and radio campaigns aired for two months, reaching an estimated 346,680 people. FGM/C was not the explicit focus of the campaign, but was included under the banner of GBV.

In Mali, the Spotlight Initiative is working in five areas that have a high prevalence of FGM/C (Kayes, Koulikoro, Sikasso, Ségou and the District of Bamako). This work is focused on transforming social norms by engaging with over 300 religious leaders. Spotlight also focuses on the accessibility of services for survivors of FGM/C, availability and reliability of data on FGM/C, and improvement of the legal framework to ban the practice.

### 3. The Girl Generation<sup>227</sup>

The Girl Generation was active in Mali from 2014 to 2019. In 2017, a meeting was facilitated with religious leaders and local NGOs to discuss FGM/C and to share examples of work that is responding to it. The former director of the PNLE, Mrs Josephine Keita, spoke about the harmful effects of FGM/C and complications from the practice. Malian religious leaders committed to organising a political debate and engaging with the IMAMA (The Association of Imams) to speak out about FGM/C in Friday prayers, much like was done in relation to HIV in the past.

#### **4. The Africa-Led Movement to End FGM/C<sup>228</sup>**

This programme is implemented by a consortium led by Options UK and including Amref Health Africa, ActionAid, Orchid Project, Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting and the University of Portsmouth. The programme will run from 2020 to 2025. It is initially being implemented in Kenya, with plans to scale up to five other countries, including Mali, by 2025. Proof of concept and evidence of impact will influence the scale-up to additional countries.

The programme employs various strategies to address social norms that relate to FGM/C:

- equipping change agents, which include girls, women, teachers and health professionals, to support changes in social norms at the individual and community levels;
- providing small grants to build the capacity of grassroots organisations led by youth that promote the rights of girls and women, and to scale up initiatives to end FGM/C;
- integrating FGM/C interventions into existing development programmes and focusing on training health professionals;
- utilising strategic media campaigns to convey messaging to end FGM/C; and
- advocating globally to secure additional commitments and resources and amplify the movement.

#### **Conclusion**

The belief that FGM/C is a religious requirement is deeply embedded in the minds of many Malian men and women. Without engagement with religious leaders, it will not be possible to shift this belief and de-link FGM/C and religion.



**Part 3:  
Next Steps**

# 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;
- 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.

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