



# FGM IN MALI: EXECUTIVE SUMMARY

December 2020

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FGM...  
let's end it.



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# COUNTRY PROFILE: FGM IN MALI

## EXECUTIVE SUMMARY

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This Country Profile provides comprehensive information on FGM in Mali. It details the current research on FGM and provides information on the political, anthropological and sociological contexts of FGM. It also includes an analysis of the current situation in Mali and reflects on how to improve anti-FGM programmes and accelerate the eradication of this harmful practice. Its purpose is to enable those committed to ending FGM to shape their own policies and practices to create positive, sustainable change.

**According to the 2012–2013 Demographic and Health Survey (DHS), in Mali the proportion of girls and women aged 15–49 who have undergone FGM is 91.4%.<sup>1</sup>**

This figure at first appears to have increased from the 85.2% found in the 2006 DHS; however, three northern regions of Mali were not included in the 2012–2013 report.<sup>2</sup> The adjusted figure for 2006 (excluding the northern regions, to make it comparable to 2012–2013) is 92%. **Thus, the prevalence has not changed significantly during that time.**

FGM is only marginally more common among Malian women aged 15–49 who reside in rural areas (91.8%) than among those in urban areas (90.5%). Prevalence is highest in the western and southern regions of Kayes, Sikasso, Koulikoro and Bamako, and lowest in the north-eastern regions of Kidal and Gao.<sup>3</sup>

FGM in Mali is a social norm. **The perceived benefits of practising** it include social recognition, hygiene, greater pleasure for the man, better marriage opportunities, the belief that it is a religious requirement and ensuring virginity, among others. FGM is practised by religious and non-religious Malians. The country has a large Muslim majority, among whom the prevalence is 92.8%. 65.2% of Christian women have undergone FGM, 77.2% of Animists and 91.4% of Malians with no religious affiliation (though these last two groups are minorities).<sup>4</sup>

**FGM is carried out primarily by traditional cutters. Most women with FGM in Mali were cut before the age of five (73% of women aged 15–49).** 14.6% were cut between the ages of five and nine, and 6.7% between the ages of ten and fourteen, and 0.4% after the age of 15 (5.3% did not know when they were cut).<sup>5</sup>

The DHS surveys for Mali do not classify **FGM types** using the World Health Organization's definitions (I, II, III, IV). Instead, women aged 15–49 report whether they have been 'cut, flesh removed' (48.9%), 'nicked, no flesh removed' (14.6%), 'sewn closed' (10.6%) or 'don't know/missing' (25.9%).<sup>6</sup> The 'don't know' category is possibly so high because of the early age at which girls are cut. Type III infibulation ('sewn closed') for girls aged 0–14 is most common in the Sikasso region at 26.2%, and least common in the Kayes region at 11%.<sup>7</sup> There is also worrying data

that, of girls who have been cut, 15.4% have mothers who have not undergone FGM themselves. 38.1% of those who were 'sewn closed' also had mothers who had not undergone FGM.<sup>8</sup>

The majority of Malians have **knowledge of FGM**: 98.3% of women aged 15–49 are aware of the practice, as are 98.8% of men aged 15–59.<sup>9</sup> Regarding **continuing the practice of FGM**, 71.9% of women aged 15–49 were in favour, a 78.9% of men.<sup>10</sup> When surveyed, more than half of individuals felt that there was **no benefit** in not performing FGM, indicating that this practice is a firmly embedded cultural custom that is viewed as a justified tradition.<sup>11</sup>

There are numerous international and local non-governmental organisations working to eradicate FGM using a variety of strategies, including addressing the harms and health risks of FGM, educating cutters and offering alternative sources of income, educating about the rights of women and girls, and media campaigns. A comprehensive overview of these organisations is included in this report. To highlight a few success stories, the organisation **TAGNE** visits villages with an anatomical model, teaching community members about female reproductive health and the dangers of FGM. **Sini Sanuman** works with cutters to encourage them to abandon their profession, and have thus far recorded 150 women who have stopped practising. **USAID** collaborates with religious networks and individuals to disassociate FGM from Islam. Finally, in 2009, there was a **mass communication strategy** to educate the public on FGM through theatre, TV, radio, and publications. Media campaigns are proving effective in Mali, which has a low literacy rate.

**There is currently no law specifically criminalising FGM in Mali. The Penal Code should be interpreted as covering FGM under its outlawing of grievous bodily harm.** The National Plan for the Eradication of FGM declared that FGM should be prohibited under the Penal Code, although enforcement remains an issue. The 2011 Personal and Family Code (Portant Code Des Personnes et de la Famille, 2011) also covers harmful traditional practices. NGOs including RML/MGF and Plan – Mali are working to produce petitions for new legislation.

## Recommendations to further reduce FGM in Mali

We propose the following measures:

- **Adopting culturally relevant programmes** – in Mali, this means tailoring projects to be mindful of social hierarchies and the authority that men and elders have in women's and girls' lives.
- **Sustainable funding** – this is an issue across the third sector, but for Mali maintaining funding is a particular challenge as the Government continues to deal with the conflict in the north.
- **Considering FGM within the Millennium Development Goals and post-MDG framework** – Mali has made progress towards achieving its MDGs, but will likely not reach all of its targets. Targets will need to be evaluated in the coming year as new goals are drafted.
- **Facilitating education** – literacy levels are low in Mali. By gaining an education, Malians are better able to understand health information and the consequences of FGM. Education will help to change views on continuing FGM.
- **Improving access to health facilities and management of health complications of FGM** – Mali's healthcare system requires continued improvement, and we encourage the Government and other organisations to sustain their programming, which has shown success.
- **Increased advocacy and lobbying**, particularly for the introduction of comprehensive anti-FGM laws.
- **The criminalisation of FGM and increased law enforcement** – Mali does not yet have a law criminalising FGM, though organisations and the Government continue to push for new legislation.
- **Fostering the further development of effective media campaigns**, such as the 2009 mass-communication strategy.
- **Encouraging faith-based organisations and leaders** to act as agents of change and be proactive in ending FGM.
- **Increased collaborative projects and networking**, with support from the Programme National de Lutte Contre la Pratique de l'Excision.
- **Further research** into FGM in particular Malian contexts.

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1 DHS 2012–2013, p.296.

2 DHS 2006, p.287.

3 DHS 2012–2013, p.295.

4 DHS 2006, p.297; DHS 2012–20113, p.295.

5 DHS 2012–2013, p.297.

6 DHS 2012–2013, pp.295–296.

7 DHS 2012–2013, p.300.

8 DHS 2012–2013, pp.299–301.

9 DHS 2012–2013, p.293.

10 DHS 2012–2013, p.303.

11 DHS 2006, pp.299–300.





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