



COUNTRY PROFILE:
FGM IN MALI

SEPTEMBER 2014

28 TOOMANY

FGM...
let's end it.

EXECUTIVE SUMMARY

This Country Profile provides comprehensive information on FGM in Mali. The report 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. The purpose of this report is to enable those committed to ending FGM to shape their own policies and practice to create positive, sustainable change.

In Mali the percentage of girls and women who have undergone FGM is 91.4% (DHS, 2013). This rate has increased from 85.2% in the DHS 2006 survey, though the northern regions were not included in the 2013 report. The adjusted figure for 2006 showing prevalence excluding the northern regions to make it comparable to 2013 is 92%. Thus, when only comparing the regions surveyed in both reports, the rate of FGM has declined slightly. Prevalence of FGM is only marginally higher among those residing in rural areas (91.8%) than in urban areas (90.5%) (DHS, 2013). Rates of FGM are highest in the western and southern regions of Kayes, Sikasso, Koulikoro and Bamako, and lowest in the north eastern regions of Kidal and Gao. FGM in Mali is a social norm. Reasons for practising FGM include: social recognition, hygiene, more pleasure for the man, better marriage opportunity, a belief that it is a religious requirement, ensuring virginity and 'other' reasons. FGM is practised by religious and non-religious Malians. The country has a large Muslim majority, who have a prevalence rate of 92.8%. Christians practise FGM at 65.2%, Animists 77.2%, and non-religious Malians at 91% (though these last two groups are minorities).

The DHS surveys for Mali do not use the WHO defined Types (I, II, III, IV) of FGM for classification. Instead, women aged 15-49 reported 'cut flesh removed' at 48.9%, 'nick, no flesh removed' at 14.6%, 'sewn closed' 10.6% and 'don't know/missing' at 25.9%. 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 daughters aged 0-14 is highest in the Sikasso region at 23%, and the Kayes region is lowest at 10%. There is also worrying data that women without FGM themselves have had 15% of their daughters cut, and 38% of those were sewn closed (DHS, 2013). FGM is carried out primarily by a traditional excisor. Most girls and women with FGM in Mali are cut under the age of 5 (73%). The age group 5-9 is 14.6%, ages 10-14 6.7%, 15+ 0.4% and 'unknown' is 5.3%.

The majority of Malians have knowledge of FGM; 98.3% of women are aware of the practice and 98.8% of men (DHS, 2013). On continuing the practice of FGM, 76.0% of women were in favour, and 69.5% of men (DHS, 2006). When surveyed, most 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 in and of itself.

There are numerous INGOs and NGOs working to eradicate FGM using a variety of strategies, including: a harmful traditional practices (HTP) approach, addressing health risks of FGM, educating excisors and offering alternative income, rights-based approach and media campaigns. A comprehensive overview of these organisations is included in this report. To highlight a few success stories, the NGO Tagne visits villages with an anatomical model, teaching community members about female reproductive health and the dangers of FGM. Sini Sanuman works with excisors 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 theatres, TV, radio, and publications. Media campaigns appear to prove 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 (Portant Code Des Personnes et de la Famille, 2011(PNLE)) declared that FGM should be prohibited under the Penal Code, though enforcement remains an issue. The 2011 Personal and Family Code should also cover harmful traditional practices. NGOs including RML/MGF and Plan-Mali are working to produce petitions for new legislation.

We propose measures relating to:

- 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 girl's lives.
- Sustainable funding. This is an issue across the third sector; for Mali, maintaining funding is a particular challenge as the government continues to deal with 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 is low in Mali; by gaining an education, Malians are better able to understand health information, and the consequences of FGM. Education changes their views of continuing FGM.
- Improving access to health facilities and in managing health complications of FGM. Mali's healthcare system requires continued improvement, and we encourage the government and other organisations to sustain their programmes, which have shown success.
- Increased advocacy and lobbying.
- 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 FBOs to act as agents of change and be proactive in ending FGM
- Increased collaborative projects and networking, with support from the PNLE
- Further research

Cover photograph: Bozo girl in Bamako, 2007 ©Ferdinand Reus