

Female Genital Mutilation in Mali: Insights from a statistical analysis



Acknowledgements

The preparation of this data brief was led by Claudia Cappa and Colleen Murray, with inputs from Munkhbadar Judger (Data and Analytics Section, UNICEF Headquarters), Lisa Fleming (independent consultant) and Daniela Luciani (UNICEF Mali).

Suggested citation

United Nations Children's Fund, *Female Genital Mutilation in Mali: Insights from a statistical analysis*, UNICEF, New York, 2022.

Data sources

Data on female genital mutilation are drawn from Demographic and Health Surveys in 1995, 2001, 2006, 2012-2013 and 2018. Demographic data are from the United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2019*, Online edition, 2019.





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Female genital mutilation in the global development agenda

Female genital mutilation (FGM) is a violation of human rights. Every girl and woman has the right to be protected from this harmful practice, a manifestation of entrenched gender inequality with devastating consequences. FGM is now firmly on the global development agenda, most prominently through its inclusion in Sustainable Development Goal (SDG) target 5.3, which aims to eliminate the practice by 2030.



SDG 5



Achieve gender equality and empower all women and girls

TARGET 5.3

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

INDICATOR 5.3.2

Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation



In Mali, **nearly 8 million** girls and women have undergone FGM



Overall, **89 per cent** of girls and women aged 15 to 49 years have been subjected to the practice



Fewer than one in five girls and women in Mali think **FGM should stop**, and opposition is even lower among boys and men. Opposition is most common in the regions where FGM is rarely practised, and among those with higher levels of education

KEY FACTS

about FGM

Levels of FGM are high among girls and women from **diverse backgrounds:** Place of residence, education and wealth appear to have little influence. However, prevalence does vary by **ethnicity:** FGM is universal among several ethnic groups in Mali, but is far less common among the Sonraï and Touareg/Bélla



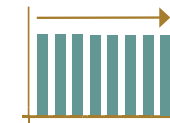
The SDG target of eliminating FGM by 2030 does not appear within reach for Mali. If current trends continue, around **9 in 10 girls** will still be subjected to the practice by 2030

Most FGM in Mali is performed by **traditional practitioners.**

The most severe form of the practice, in which the vaginal opening is sewn closed, is experienced by a minority of the population but is found in all regions where FGM is practised



FGM is most likely to occur **before the age of 5.** There is some evidence that the circumstances around FGM are changing, with a trend towards performing the practice at **younger ages**

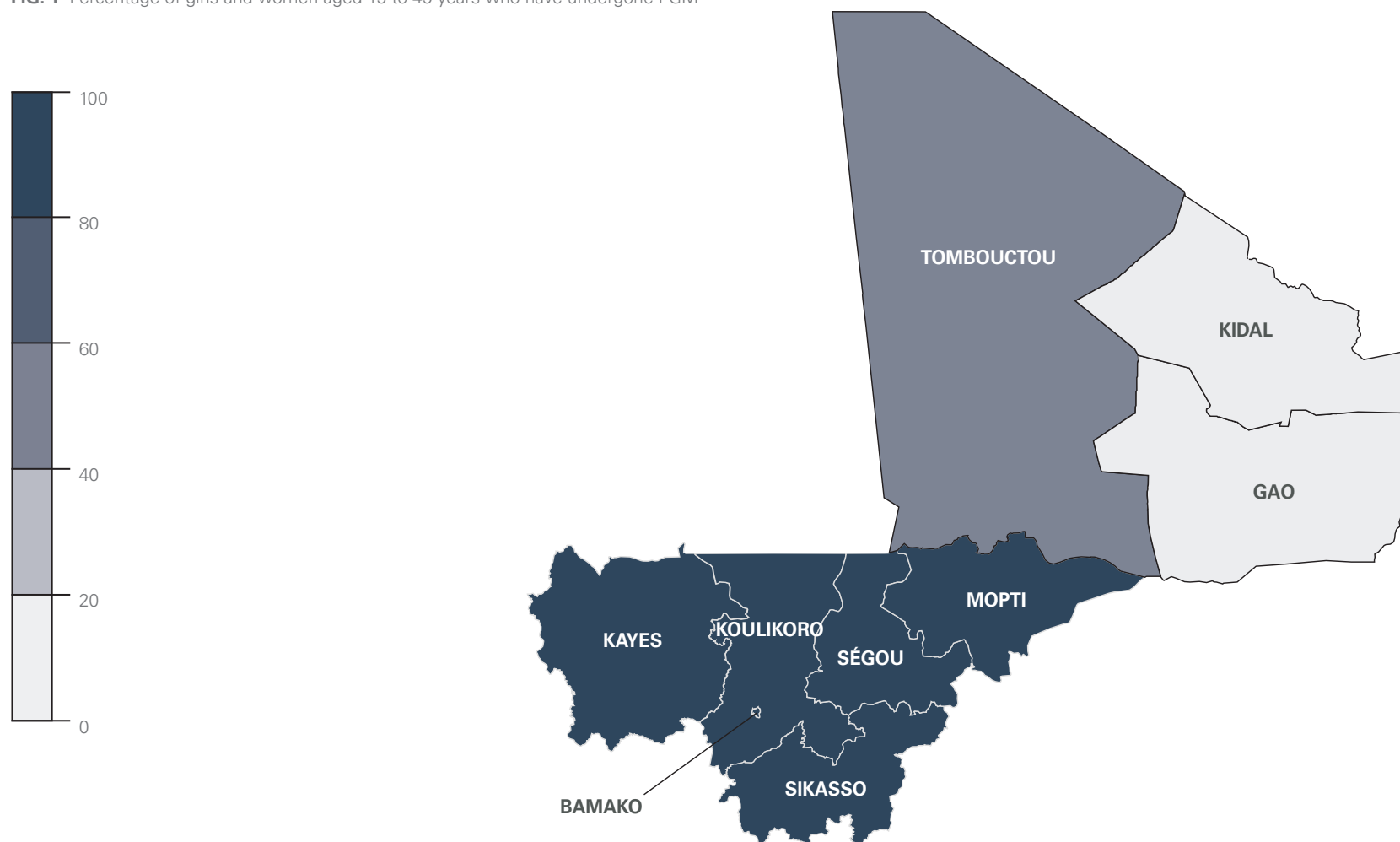


The prevalence of FGM has **remained steady** for at least the last five decades

Current levels of FGM

Mali is home to nearly 8 million girls and women who have experienced FGM. Overall, 89 per cent of girls and women aged 15 to 49 years have undergone the practice, ranging from 96 per cent in Sikasso region to 1 per cent or less in Gao and Kidal

FIG. 1 Percentage of girls and women aged 15 to 49 years who have undergone FGM

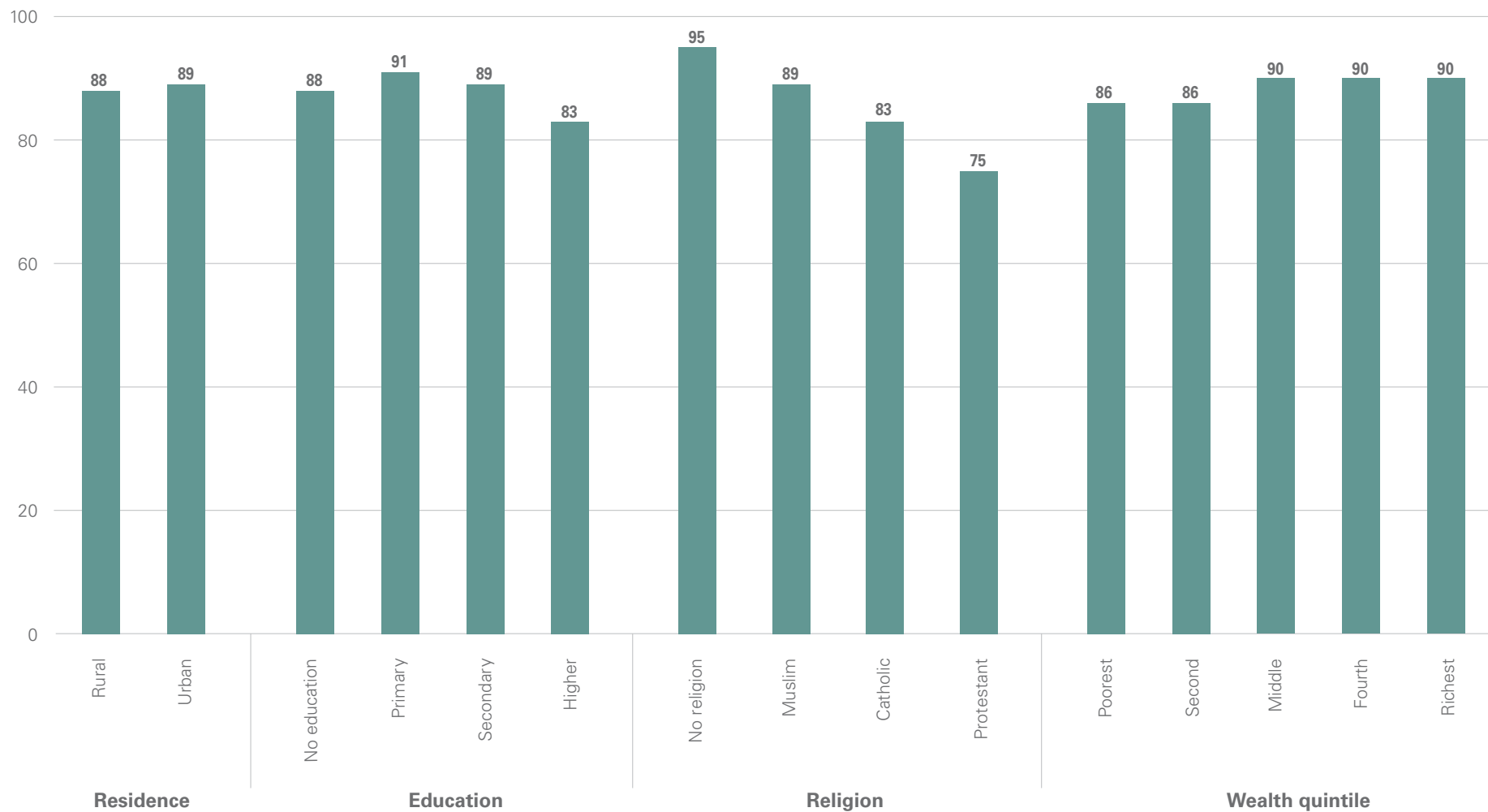


Notes: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. Data for Kidal reflect the situation in urban areas only, due to challenges in accessing rural areas during data collection.



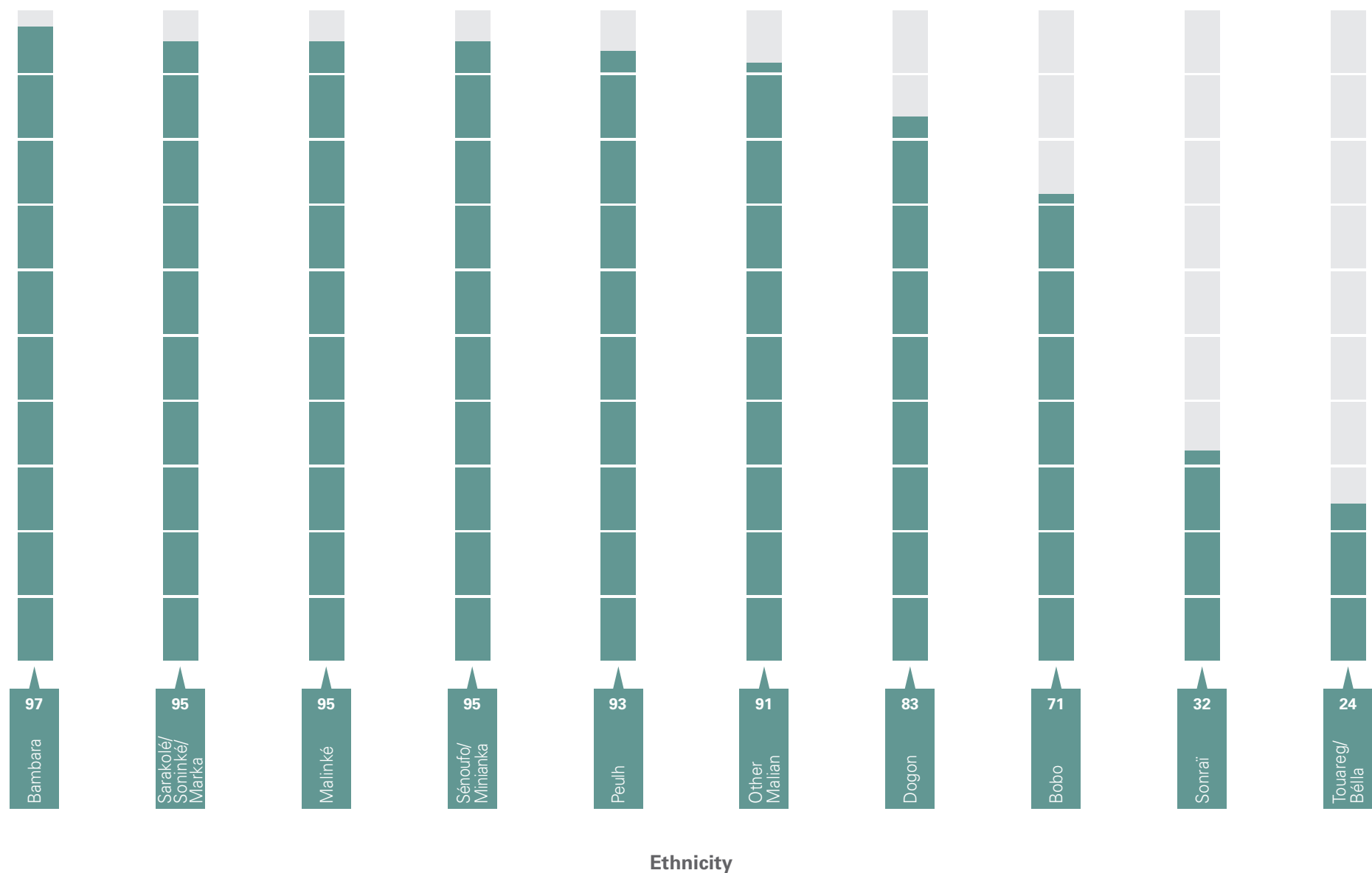
Levels of FGM are consistently high among girls and women from diverse backgrounds: Place of residence, education and wealth appear to have little bearing on the practice of FGM, although religious beliefs do

FIG. 2 Percentage of girls and women aged 15 to 49 years who have undergone FGM



Substantial variation is found in FGM prevalence by ethnicity: The practice is universal among several ethnic groups in Mali, but is far less common among the Sonrai and Touareg/Bélla

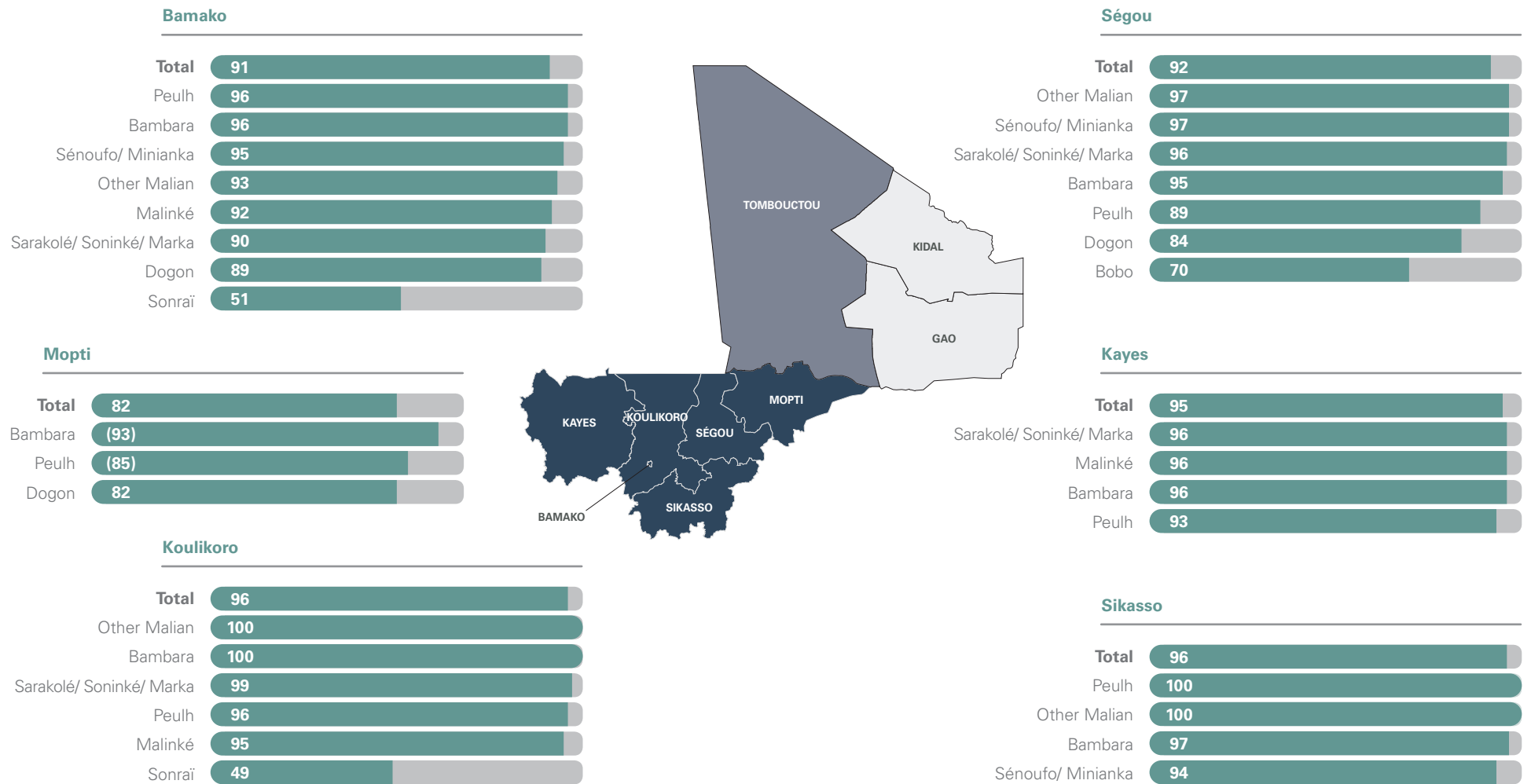
FIG. 3 Percentage of girls and women aged 15 to 49 years who have undergone FGM



Differences in FGM prevalence by region appear strongly correlated with the presence or absence of ethnic groups that commonly practise it

In southern regions, where the practice affects nearly all girls and women, levels are high across ethnic groups. The Sonraï population is a notable exception; half of Sonraï girls are cut, even in regions where the practice is nearly universal

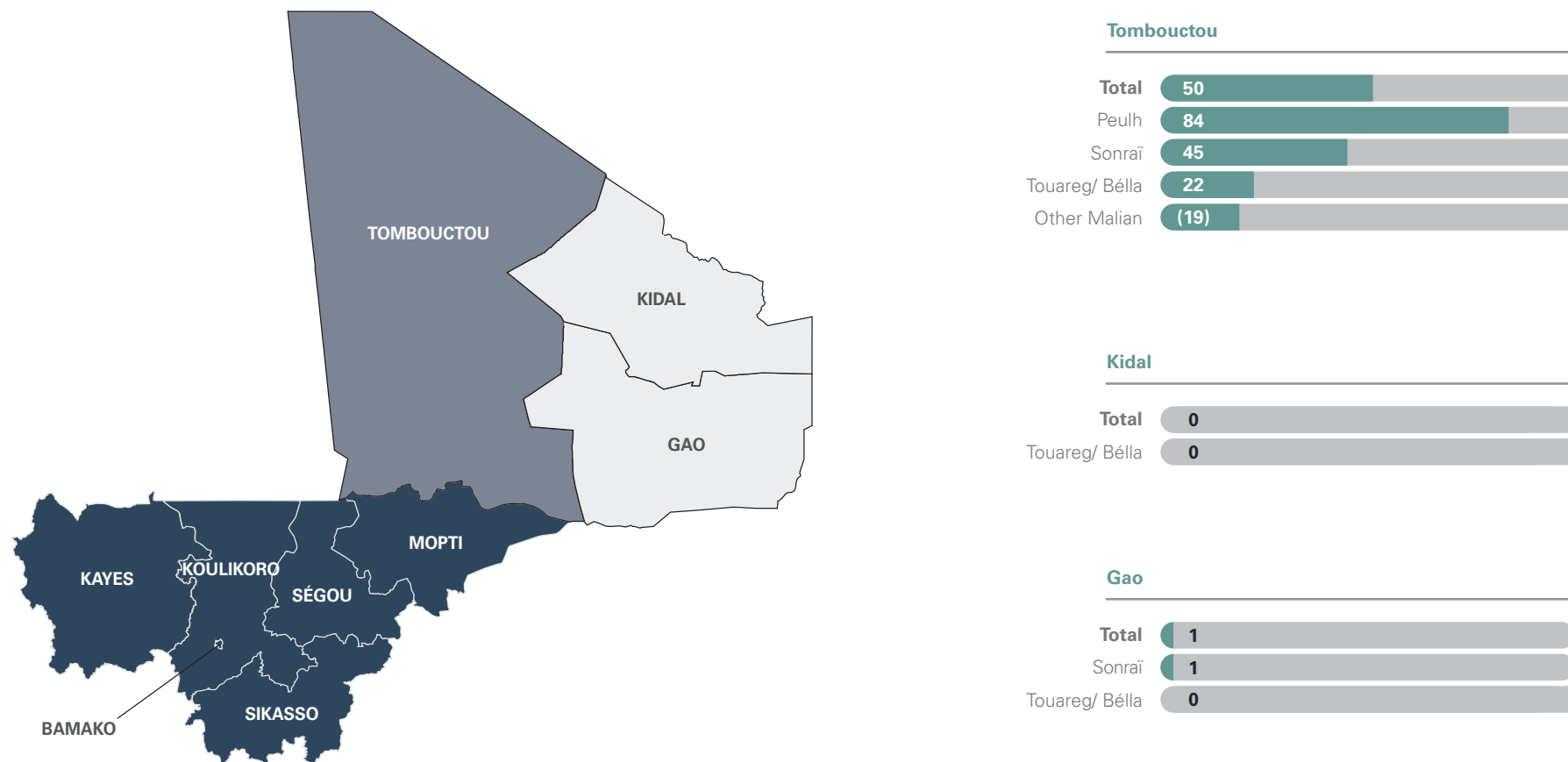
FIG. 4a Percentage of girls and women aged 15 to 49 years who have undergone FGM



Notes: Values presented here are based on at least 25 unweighted cases. Data for some ethnic groups are suppressed due to insufficient numbers of cases to perform the analysis.

Toumbouctou has the most variation in FGM prevalence among ethnic groups, while other regions in the northern part of the country have more uniform levels

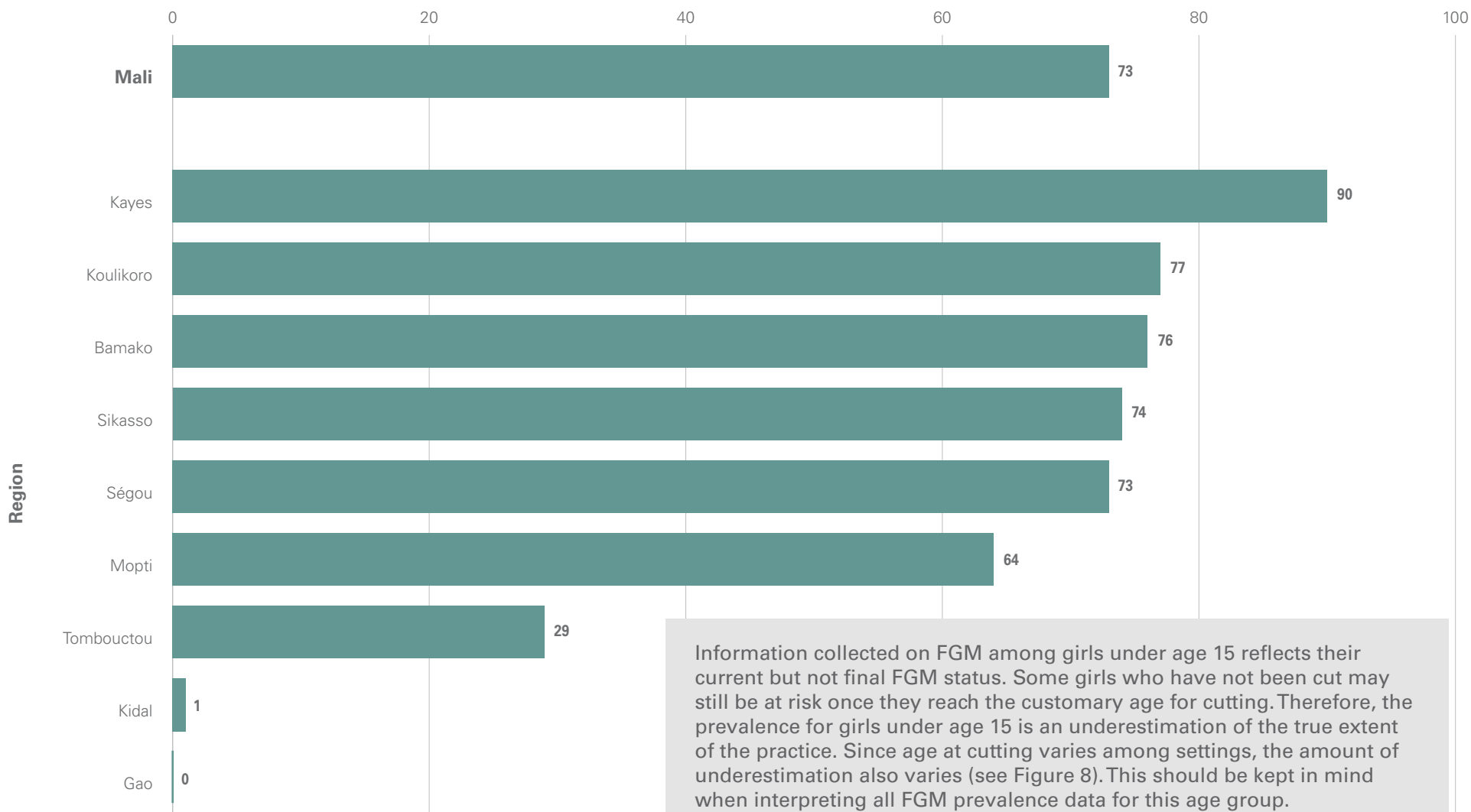
FIG. 4b Percentage of girls and women aged 15 to 49 years who have undergone FGM



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some ethnic groups are suppressed due to insufficient numbers of cases to perform the analysis. Data for Kidal reflect the situation in urban areas only, due to challenges in accessing rural areas during data collection.

Nearly three quarters of girls under the age of 15 in Mali have undergone FGM

FIG. 5 Percentage of girls aged 0 to 14 years who have undergone FGM



Information collected on FGM among girls under age 15 reflects their current but not final FGM status. Some girls who have not been cut may still be at risk once they reach the customary age for cutting. Therefore, the prevalence for girls under age 15 is an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies (see Figure 8). This should be kept in mind when interpreting all FGM prevalence data for this age group.

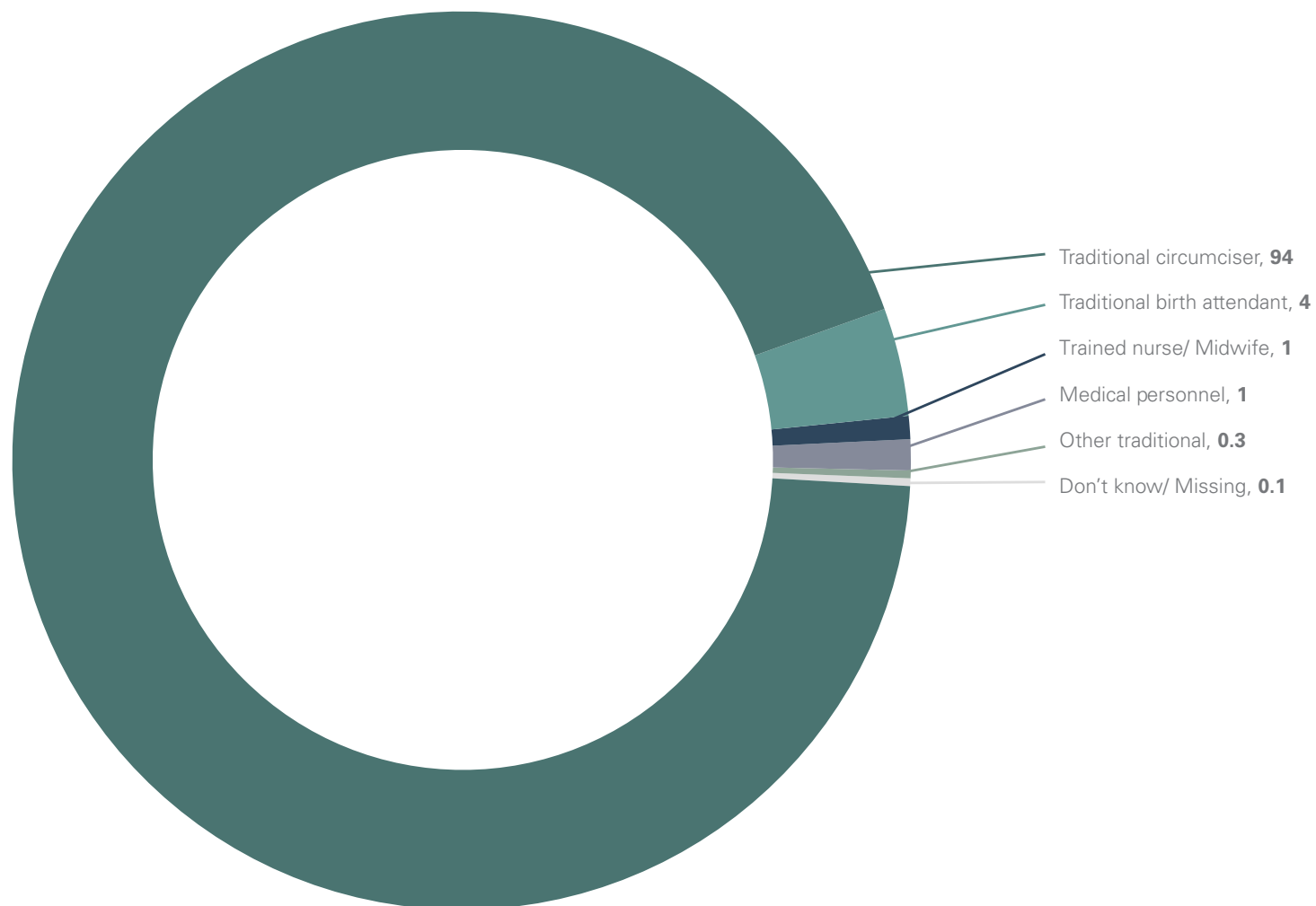
In Mali, the prevalence of FGM among girls increases substantially with age; while 56 per cent of girls under age 5 have undergone FGM, 86 per cent of girls aged 10 to 14 years have experienced the practice.

Note: Data for Kidal reflect the situation in urban areas only, due to challenges in accessing rural areas during data collection.

Circumstances around FGM

FGM in Mali is performed almost entirely by traditional practitioners

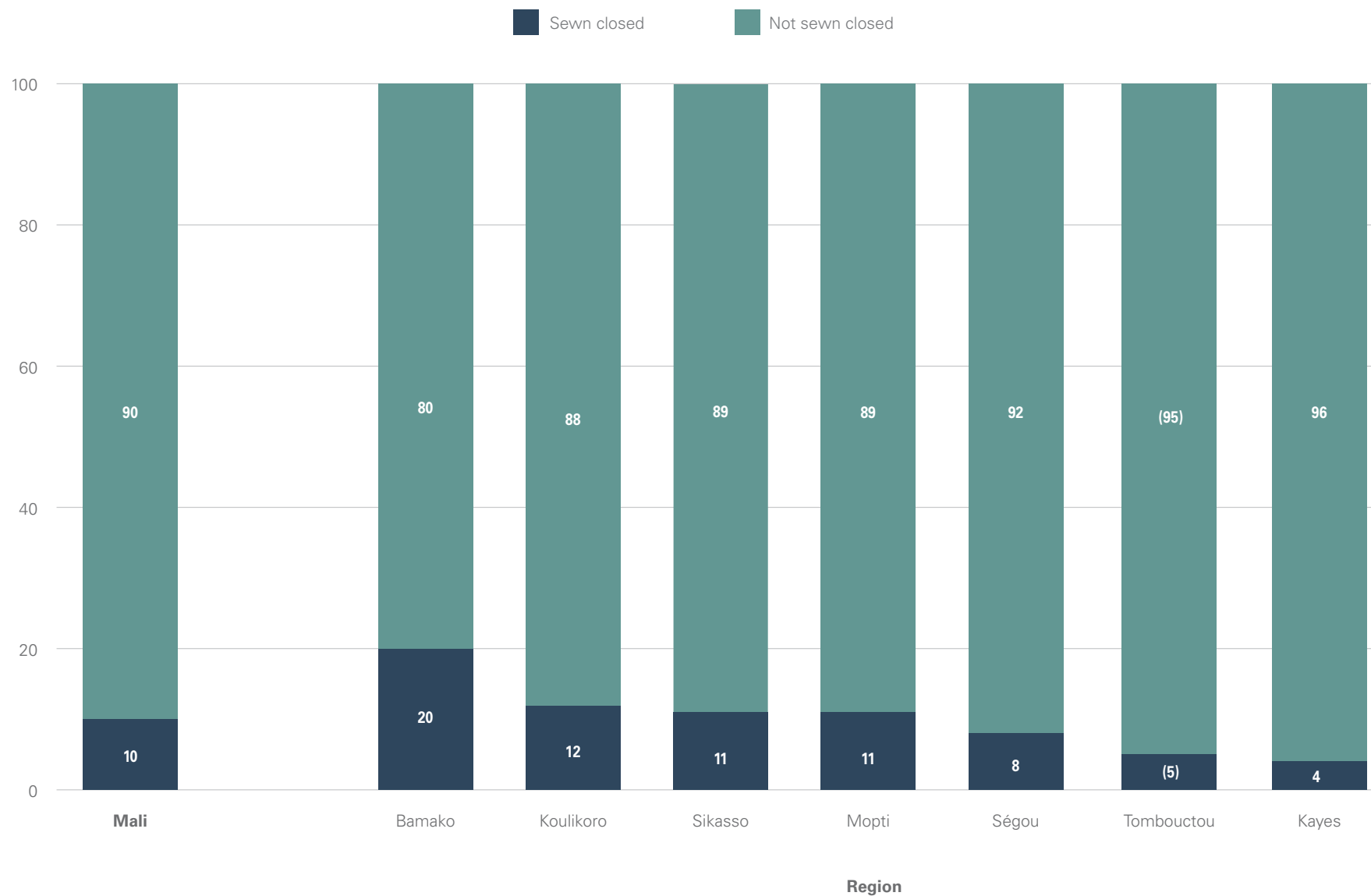
FIG. 6 Percentage distribution of girls aged 10 to 14 years who have undergone FGM, by practitioner



Note: Values do not add up to 100 per cent due to rounding.

The most severe form of FGM, in which the vaginal opening is sewn closed, is found in every region in which FGM is practised. Overall, it affects 1 in 10 girls who have been cut

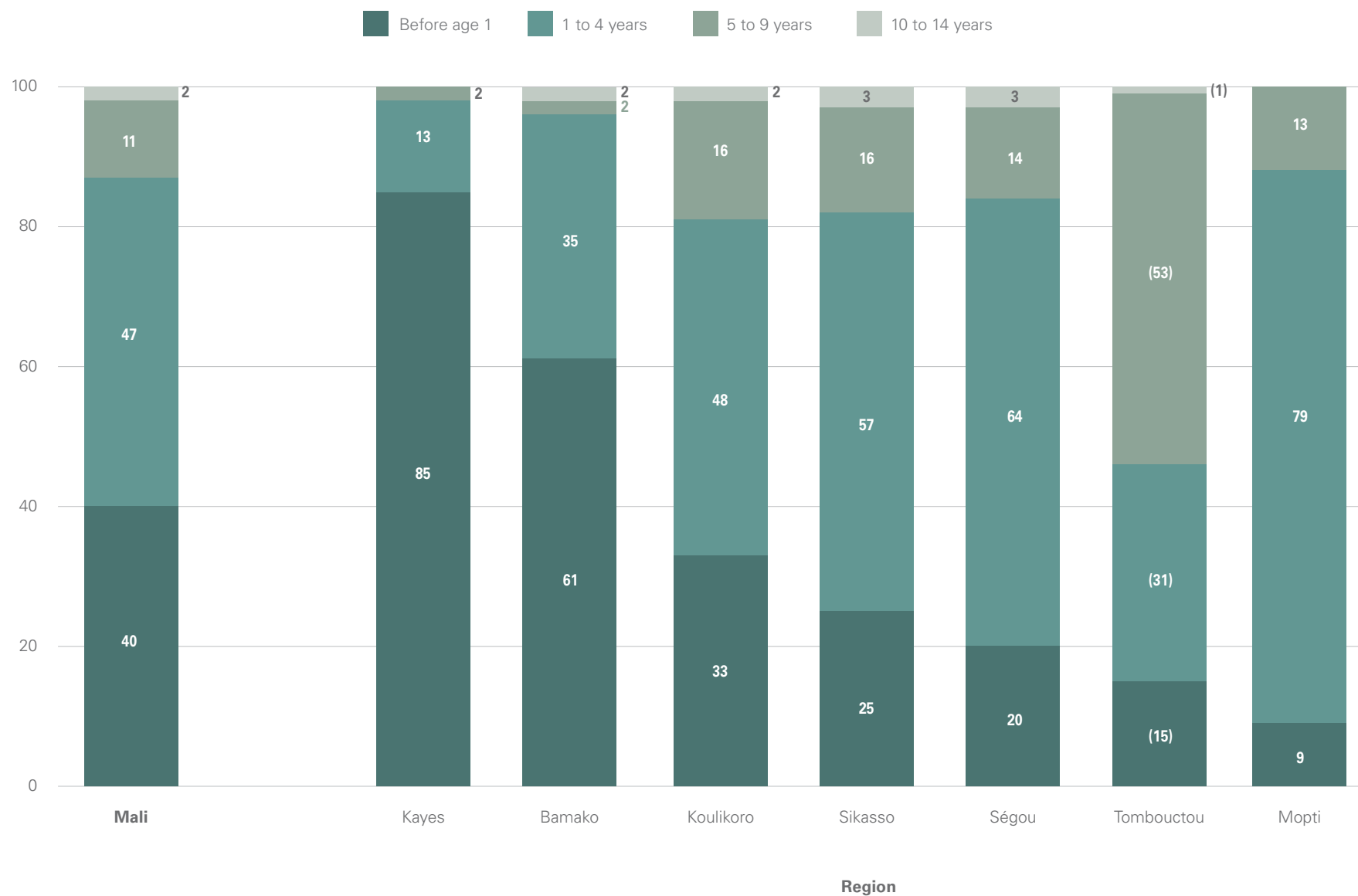
FIG. 7 Percentage distribution of girls aged 10 to 14 years who have undergone FGM, by type of FGM performed



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some regions are suppressed due to insufficient numbers of cases to perform the analysis.

Most FGM in Mali is performed before the age of 5, and nearly all before adolescence

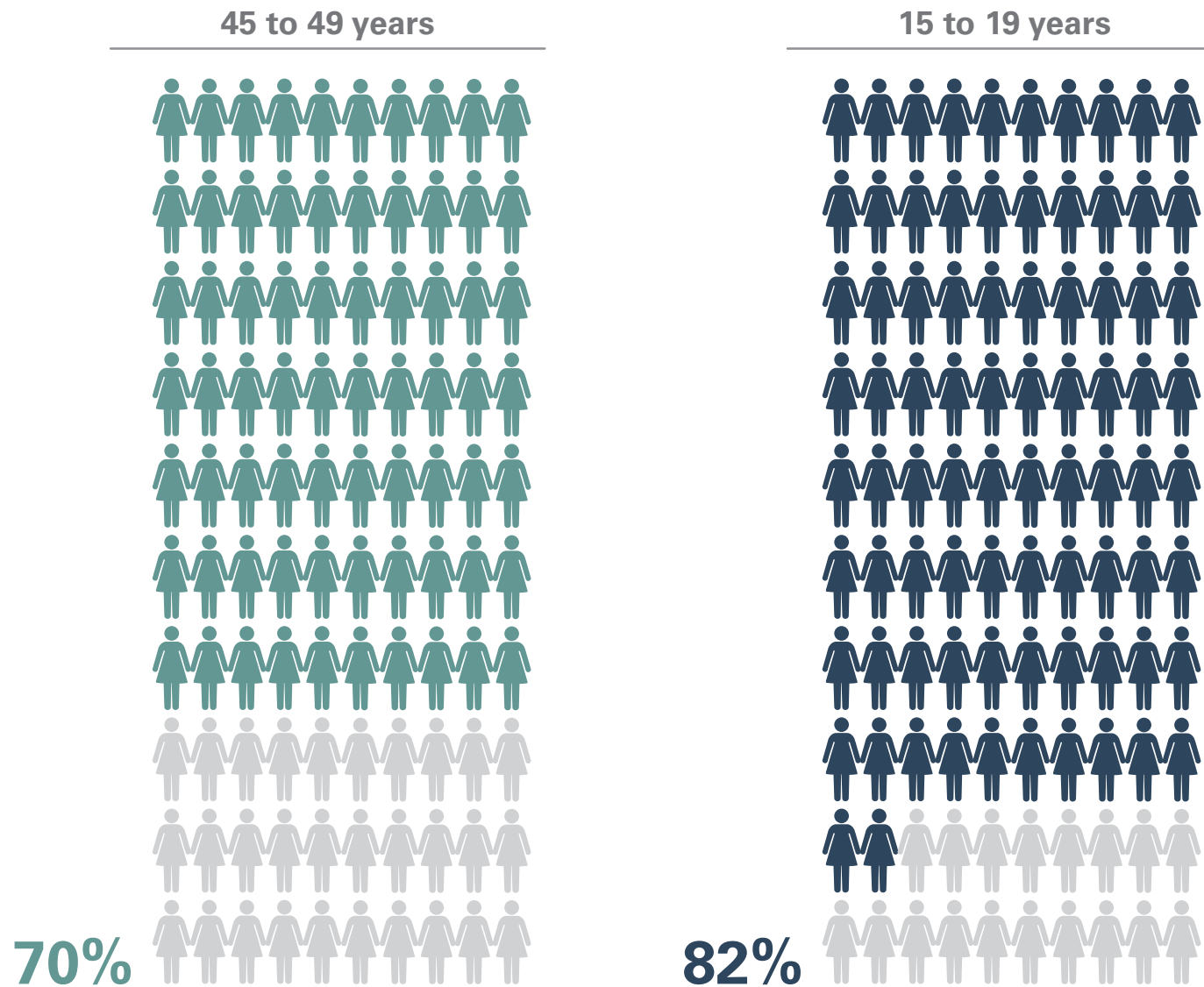
FIG. 8 Percentage distribution of girls 10 to 14 years who have experienced FGM, by age at cutting



Notes: Some values do not add up to 100 per cent due to rounding. Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some regions are suppressed due to insufficient numbers of cases to perform the analysis.

There appears to be a slight trend towards earlier cutting in Mali, with adolescents more likely than older women to have experienced FGM before age 5

FIG. 9 Percentage of women aged 45 to 49 years and adolescent girls aged 15 to 19 years who were cut before the age of 5, among those who underwent FGM

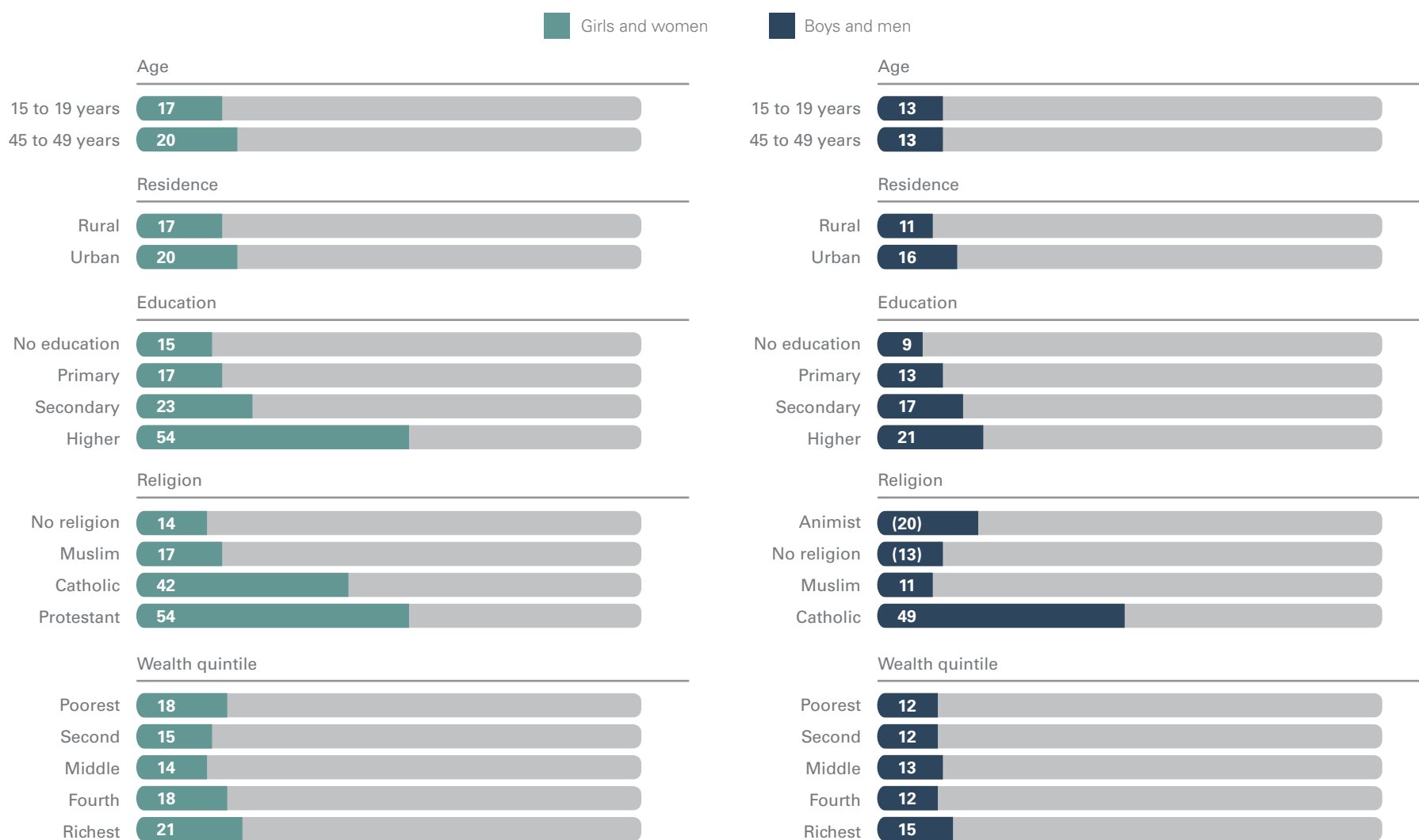




Attitudes towards the practice

Opposition to FGM is uncommon in Mali, although those with more education – especially women – and those who identify as Christian are more likely to believe the practice should be discontinued

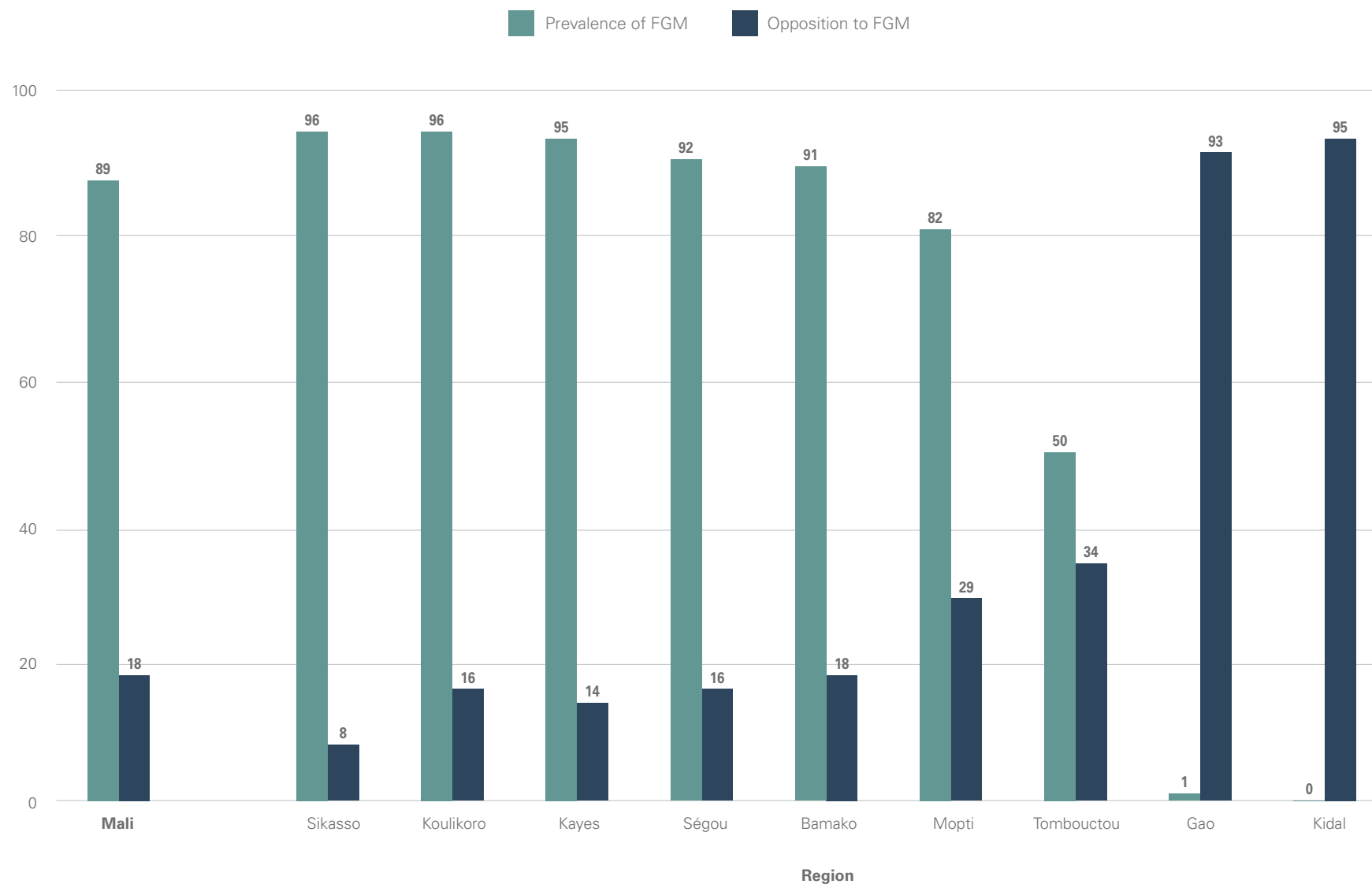
FIG. 10 Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and think the practice should be discontinued



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some groups are suppressed due to insufficient numbers of cases to perform the analysis.

Opposition to FGM is most common in regions where it is not widely practised

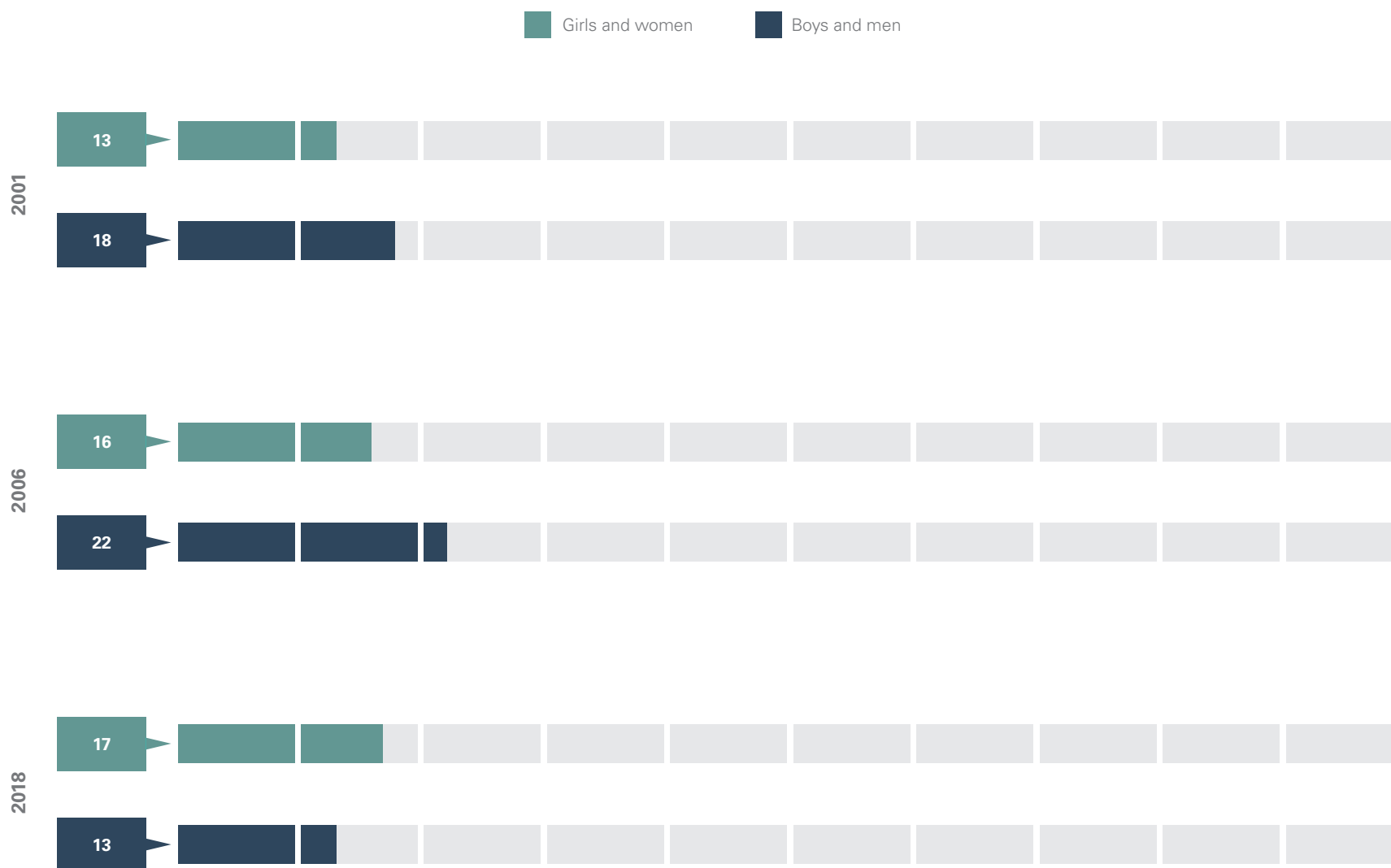
FIG. 11 Percentage of girls and women aged 15 to 49 years who have undergone FGM (prevalence), and percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should be discontinued (opposition)



Note: Data for Kidal reflect the situation in urban areas only, due to challenges in accessing rural areas during data collection.

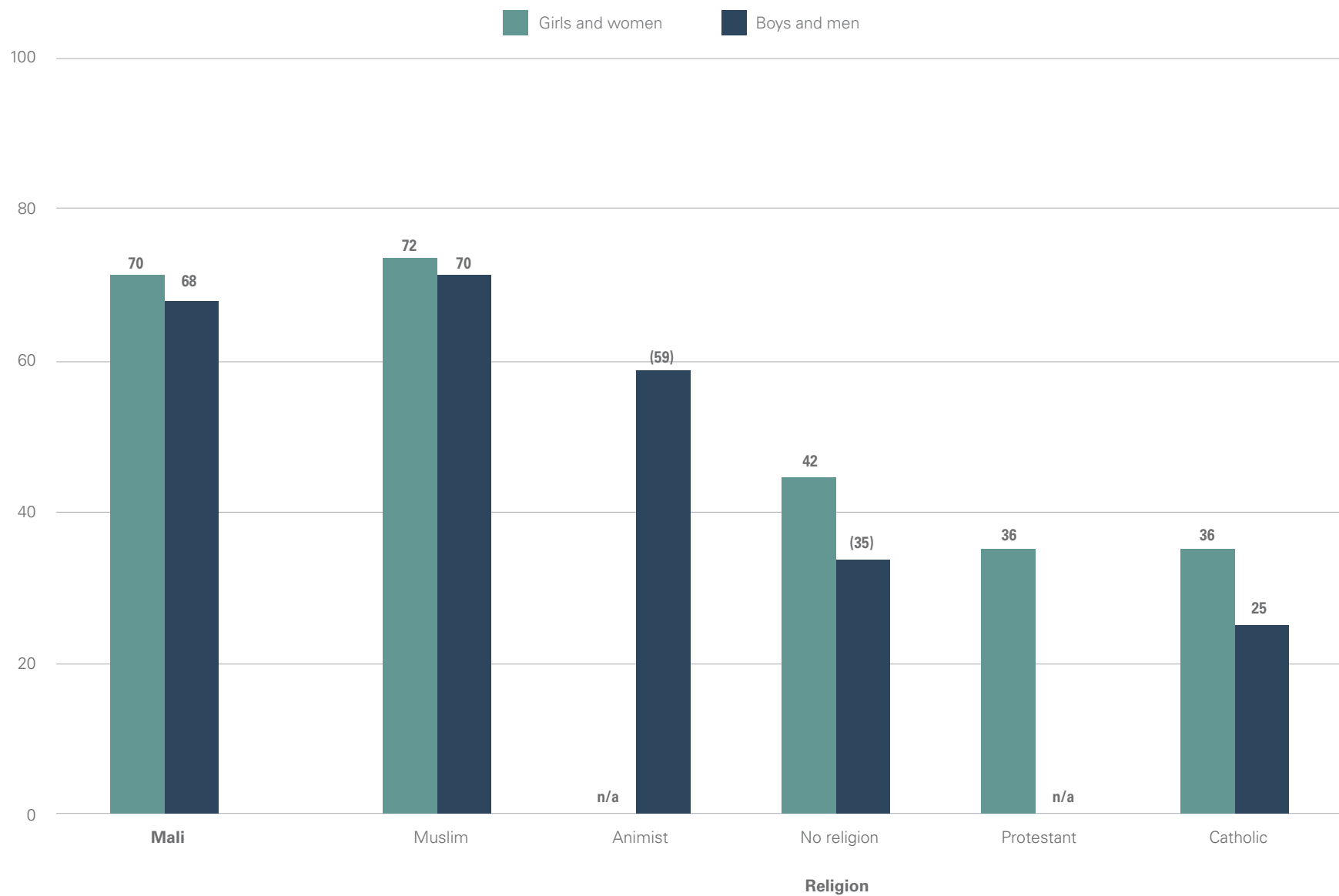
The percentage of Malians who believe FGM should be discontinued has remained low over the past two decades

FIG. 12 Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and think the practice should be discontinued



The belief that FGM is a religious obligation varies across faiths: Nearly three in four men and women who identify as Muslim believe FGM is required by religion while such a belief is less common among Christians

FIG. 13 Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and think the practice is required by religion

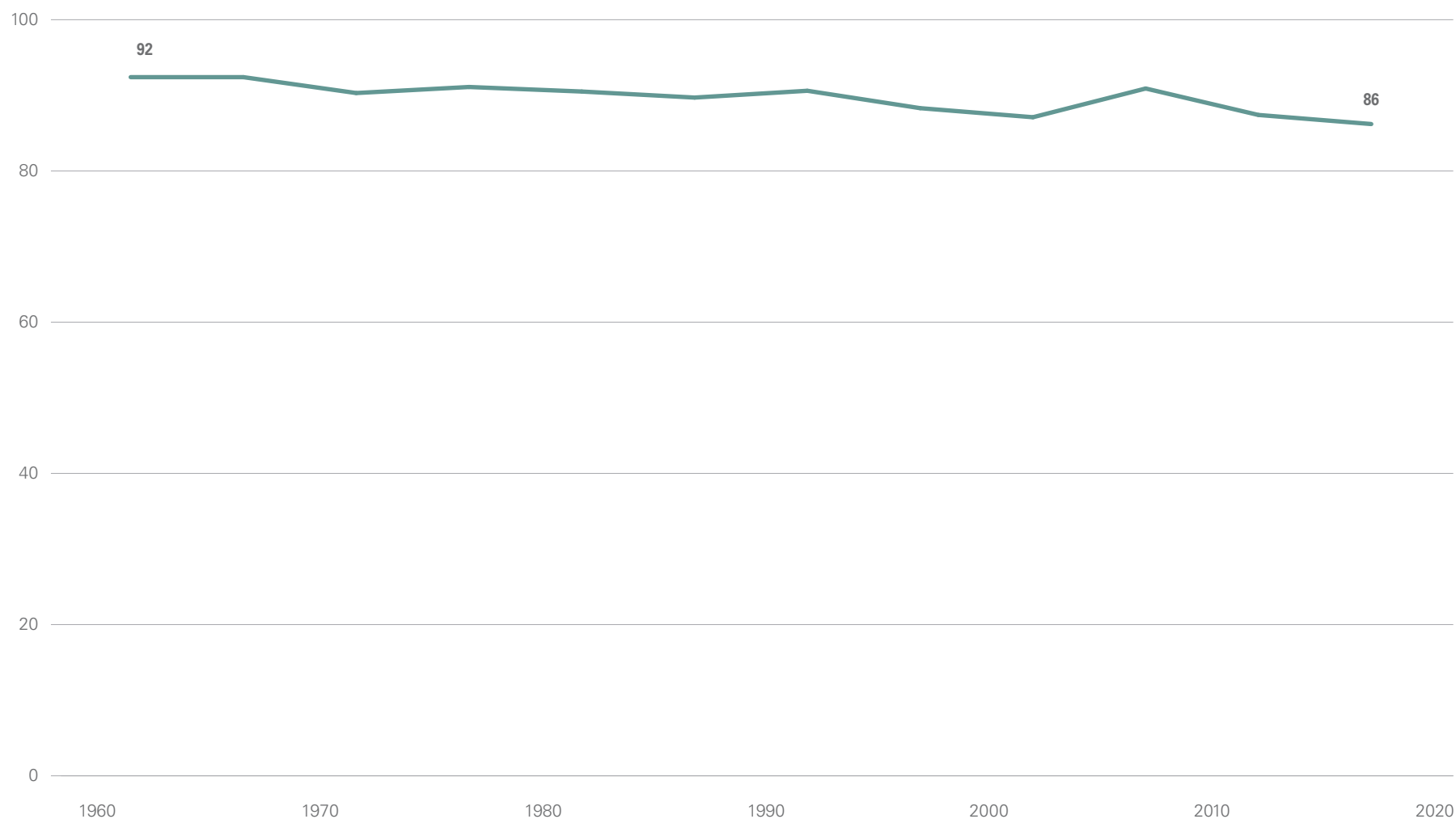


Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some groups are suppressed due to insufficient numbers of cases to perform the analysis.

Generational trends

The prevalence of FGM has remained steady, at about 90 per cent, for at least the last five decades

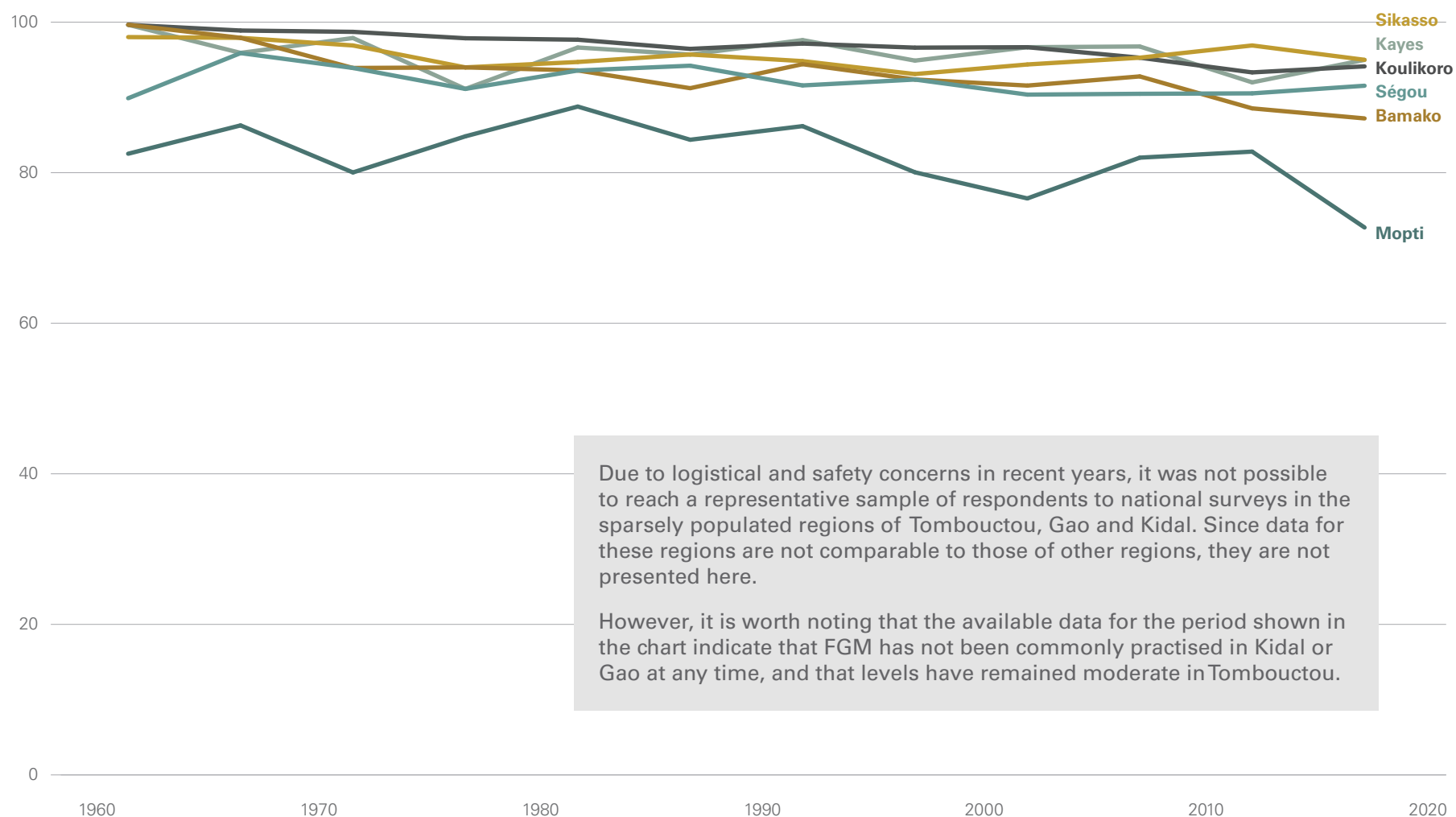
FIG. 14 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: Trends in the prevalence of FGM are calculated on the basis of all comparable survey data. See technical notes for details. The prevalence of FGM over the period shown in this figure has been reviewed alongside confidence intervals for each value. There are no statistically significant differences, including in the prevalence over the last ten years.

The regions in which FGM is concentrated have not seen a decline in the practice

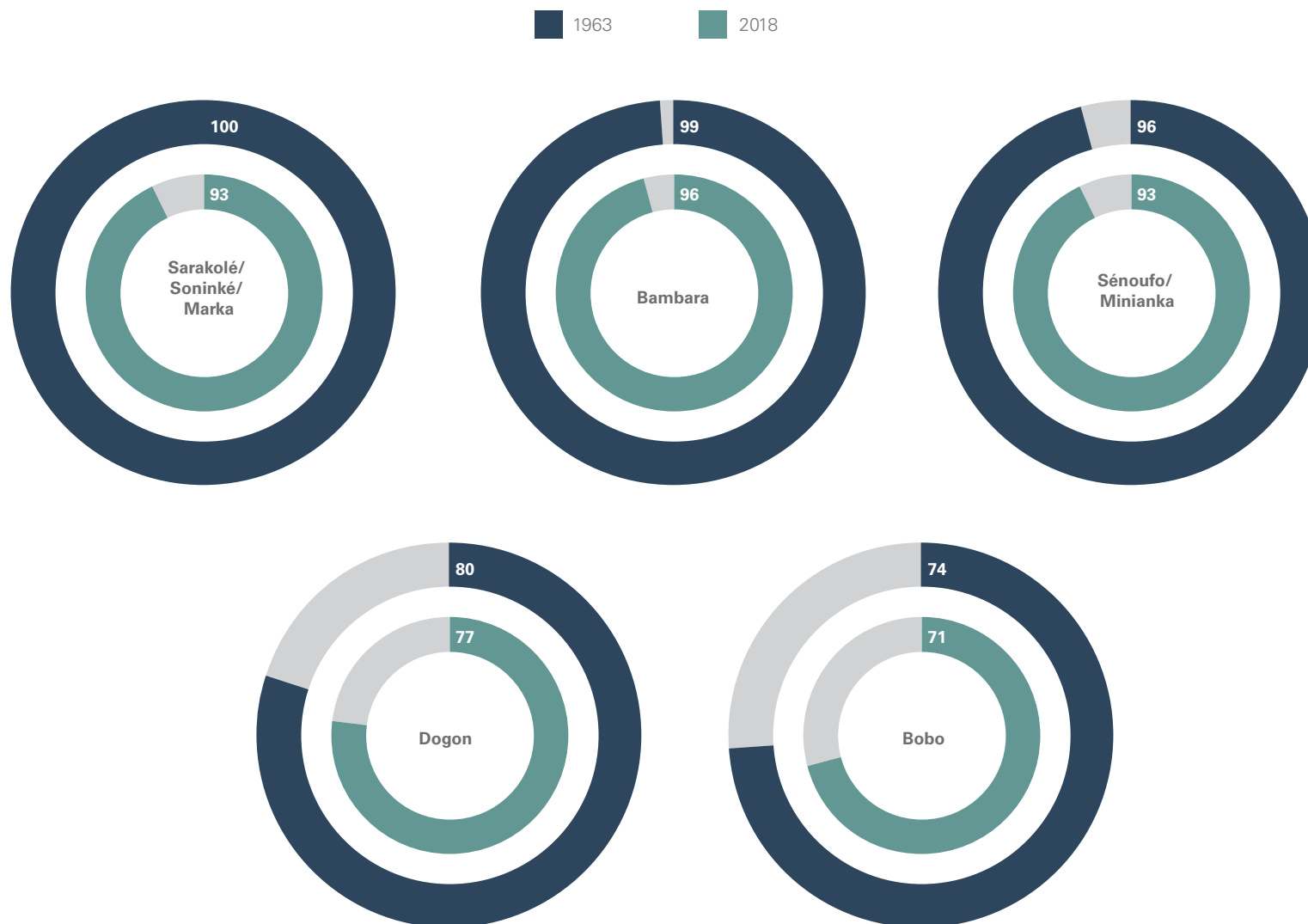
FIG. 15 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: Trends in the prevalence of FGM are calculated on the basis of all comparable survey data. See technical notes for details.

Among ethnic groups that commonly practise FGM, there has been very little decline in the practice

FIG. 16 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



Notes: Trends in the prevalence of FGM are calculated on the basis of all comparable survey data. See technical notes for details. Ethnic groups shown here are those in which the current prevalence of FGM is higher than 50 per cent.

Looking ahead to 2030



The SDG target of eliminating FGM by 2030 does not appear within reach for Mali



If current trends continue, 9 in 10 girls will still be subjected to FGM by 2030



Increases in population could put a growing number of girls at risk of experiencing this harmful practice



Substantial efforts will be required to change course and bring Mali on track to eliminate FGM



Mali's programmatic response to FGM

Mali's programme to end FGM seeks to respond to the multidimensional drivers and consequences of the practice. Evidence suggests that high levels of FGM persist in the country due to the absence of a legislative framework prohibiting the practice, pressure from religious leaders to maintain the status quo, and social sanctions for those who reject the practice. UNICEF and its partners have developed a new and innovative country programme for Mali (2020-2024) that includes, as one of its objectives, a change in social norms and gender norms surrounding FGM. The success of this approach will be measured by whether there is an increase in the proportion of women and men who believe that FGM should be eliminated. The Ministry of Promotion of Women, Children and Family leads the initiative, with contributions from line ministries, community-based, civil society and non-governmental organizations, and other UN agencies.

The programme relies on the following evidence-based strategies:

- 1. The design of approaches tailored to local contexts:** The practice of FGM and the factors that sustain it vary in different localities; they are also strongly linked to ethnicity, religious beliefs, traditional rites and gender stereotypes. Programmes are therefore grounded in a deep understanding of local dynamics in order to identify relevant and effective entry points for social change.
- 2. Leadership and coordination:** Ending FGM hinges on political will and close cooperation at the national, regional and local levels. The National Programme to End Gender-Based Violence, which addresses FGM, coordinates stakeholders, provides leadership and holds partners accountable. Advocacy efforts are targeting the adoption of a law on gender-based violence, drafted in 2017, in order to criminalize FGM and other types of violence. Advocacy is also directed to ensuring that Mali is honouring its international commitments on these issues.
- 3. Active community engagement:** The voices, opinions and local knowledge of children and young people themselves, along with other community members, are sought in all efforts to eliminate FGM. Ongoing dialogues with girls, women, boys and men to reflect upon the practice, discuss solutions and recognize challenges is an important first step. Such dialogues are carried out through a participatory and gender-sensitive process, reinforced by communication campaigns through the media and social networks. This process is followed up at the community level by local 'alert' committees, which are mobilized when FGM procedures are being planned or executed.
- 4. Girls' empowerment:** Special emphasis is placed on the empowerment of adolescent girls to help them build their capacity to promote changes in behaviour and social norms. Activities aim to develop life skills such as self-esteem and empathy, teaching young people to communicate constructively and effectively and to express their potential for change. In addition, both girls and boys are encouraged to play an active role in social mobilization and intergenerational dialogues as well as in student clubs where peers share information about the dangers of FGM.
- 5. Communication for development and gender transformative approaches:** Efforts are under way to challenge gender norms and sexist stereotypes in households, communities, schools and the media. The goals are to stem traditional beliefs about the need to control girls and women and to put an end to social impunity in the face of violence against them.
- 6. Quality services:** FGM-related services must effectively meet the needs of girls and be located in close proximity to those they are intended to serve. Girls and their families are encouraged to report incidents of FGM and to seek quality professional support to better cope with and resolve resulting physical or emotional trauma.

Technical notes

To assess the prevalence of FGM, this analysis used SDG indicator 5.3.2 – the proportion of girls and women aged 15 to 49 years who have undergone the practice.

The number of girls and women who have undergone FGM is calculated based on the population in 2019. Confidence intervals are not shown in this publication. Caution is therefore warranted in interpreting the results since apparent differences among groups may not be significant. Key message titles for figures were developed in light of the confidence intervals for all values. Where the title indicates a difference among groups, it has been confirmed as statistically significant.

Findings on the circumstances around FGM in Mali reflect data on girls aged 10 to 14 years. Since most FGM in Mali occurs before the age of 5, data on this age cohort provide information on cutting that has occurred relatively recently, whereas data on older women reflect cutting that occurred many decades ago. When evidence indicates a change in the circumstances around cutting among younger girls compared to older women, this is shown in a dedicated figure.

Trends in the prevalence of FGM in Figures 14 through 16 were calculated using data from the Mali Demographic and Health Surveys (DHS) in 1995, 2001, 2006, 2012-2013 and 2018. The DHS 2012-2013 was excluded from the calculation of the national trend line and the trends by ethnic group, since it was not conducted in the northern regions and thus is not nationally representative. This survey was also excluded from the trend calculation for the Mopti region, since portions of the region were inaccessible during the data collection for this survey. Trends for Tombouctou, Kidal and Gao are not shown, as noted on page 21, due to a lack of comparable data over time.





For information on the data in this publication:

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