

# MALI FGM/C COUNTRY PROFILE

(source: UNICEF, Mali DHS 1995/96, 2001)

## OVERVIEW OF FEMALE GENITAL MUTILATION / CUTTING\*:

\* For linguistic convenience words such as *circumcise* and *circumcised* are used in the text as synonyms of the term *cut*.

Female genital mutilation/cutting is "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons."<sup>1</sup> It is estimated that more than 130 million girls and women alive today have undergone FGM/C, primarily in Africa and, to a lesser extent, in some countries in the Middle East<sup>ii</sup>.

FGM/C is a fundamental violation of women's and girls' rights. It violates the rights to health and to physical integrity, to be protected from harmful traditional practices, to be free from injury, abuse and degrading treatment. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decisions about their bodies.

Many international treaties and conventions condemn harmful traditional practices. Among these are the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the African Charter on the Rights and Welfare of the Child, the African Charter on Human and People's Rights and the Additional

Protocol on Women's Rights (Maputo protocol), and the European Convention on Human Rights.

FGM/C continues to be practiced for a variety of reasons. Most often, women cite custom and tradition as a main cause for their support of the practice. Other reasons cited by women include religious demands, cleanliness/hygiene, virginity/morality, and better marriage prospects<sup>iii</sup>.

FGM/C is an extreme example of discrimination based on sex. Often used as a way to control women's sexuality, the practice of FGM/C is closely associated with girls' marriageability<sup>iv</sup>. Mothers choose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned or disgraced.

FGM/C is routinely traumatic. It is often performed in poor sanitary conditions by traditional practitioners. The immediate and long-term health consequences vary according to the procedure performed. Immediate complications include excruciating pain, shock, urine retention, ulceration of the genital regions and injury to

the adjacent tissue. Other complications include septicaemia (blood poisoning), infertility and obstructed labour. Haemorrhaging and infection have caused death<sup>v</sup>.

<sup>i</sup> WHO, UNICEF and UNFPA (1997), *Female Genital Mutilation: A joint statement*, World Health Organization, Geneva, pp. 1-2.

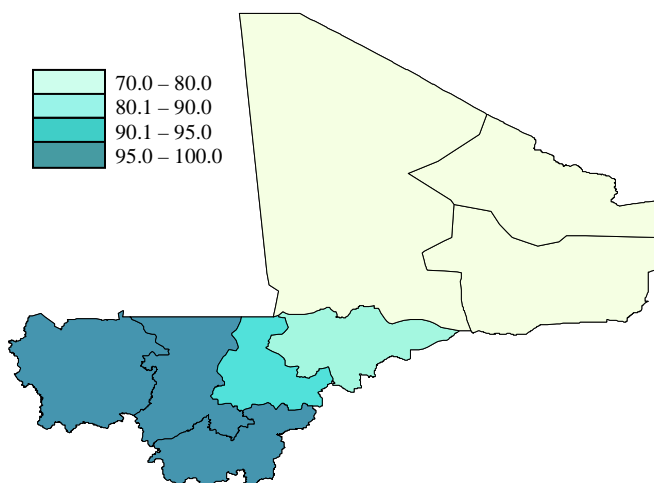
<sup>ii</sup> WHO (2000), 'Female Genital Mutilation', Fact Sheet No. 241. Accessed on the Web at <http://www.who.int/mediacentre/factsheets/fs241/en/> (21 Oct. 2005).

<sup>iii</sup> Yoder, P. Stanley, Noureddine Abderrahim, and Arlinda Zhuzhuni (2004), *DHS Comparative Reports No. 7: Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis*, ORC Macro, Calverton, Maryland (USA).

<sup>iv</sup> Mackie, Gerry (1996), 'Ending Footbinding and Infibulation: A Convention Account', *American Sociological Review*, Vol. 61, No. 6, p. 1009.

<sup>v</sup> WHO (1997), *op. cit.*

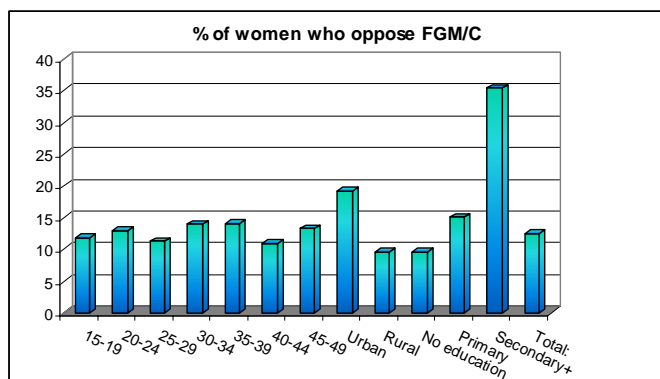
## FGM/C is a widespread practice in Mali -- 92% of women have undergone some form of circumcision:



While there is slight decrease of 2% in overall prevalence rates (from 94% in 1995), 92% of women aged 15-49 have undergone some form of FGM/C in Mali. The practice generally varies little across religious, ethnic, and geographic lines.

FGM/C prevalence rates are lowest among women in the North. This includes particularly the Tamboctou and Gao regions, which are also most sparsely populated. Genital cutting is most widespread in the regions of Bamako and Koulikoro, where prevalence rates reach 99%. The practice varies across ethnic lines from 41% among Sonrai women, to 98% among Barbara and Malinke women.

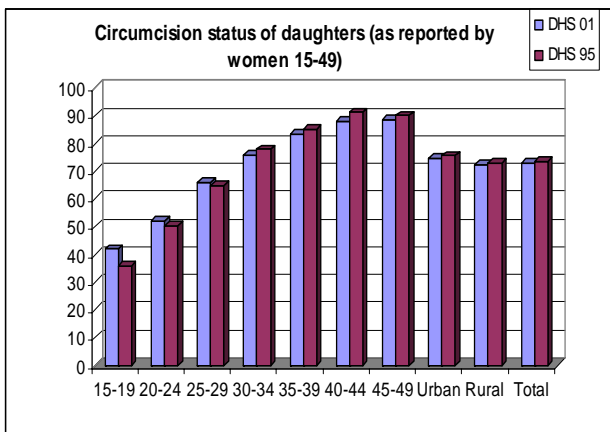
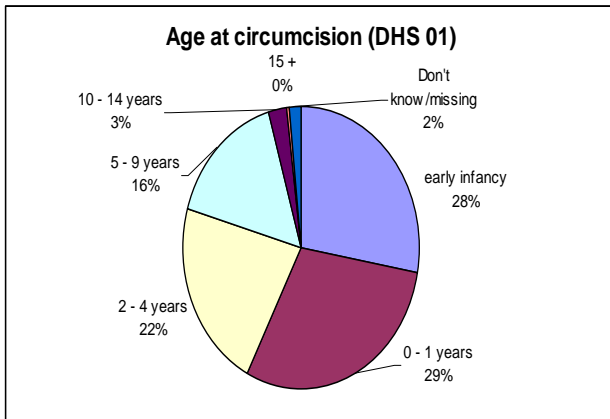
## Attitudes towards FGM/C:



The latest survey of attitudes toward FGM/C in Mali (2001) indicated 13% of women aged 15-49, who have heard of FGM/C, believed the practice should be discontinued. Urban and better-educated women were more likely to oppose the practice than rural and less-educated.

Over half of the women who favoured discontinuation of FGM/C have themselves not been circumcised (65.6%). Women who opposed the practice in Mali were also less likely to have at least one circumcised daughter, or intend to circumcise their daughter, compared to women who believed FGM/C should be continued.

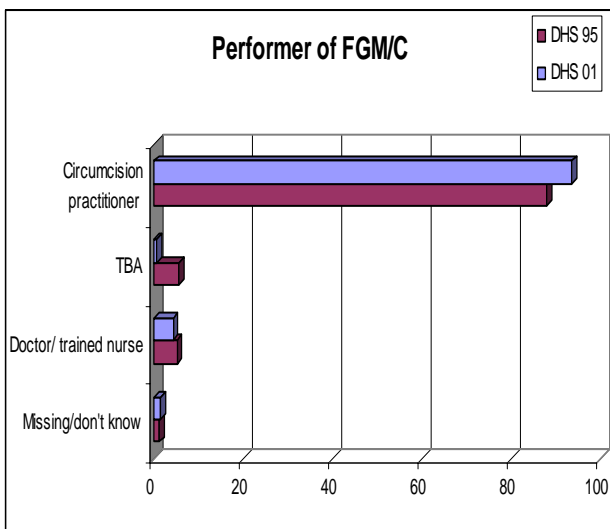
**Girls at risk – 73% of women aged 15 – 49 report at least one of their daughters has undergone some form of FGM/C, most of them in early infancy:**



Mali has one of the highest levels of infant girls undergoing some form of FGM/C. According to the latest DHS findings, over 50% of the girls who have undergone FGM/C were cut before the age of one. Religion seems to influence the age at which girls are subjected to the practice, with Muslim girls generally cut earlier compared to daughters of Christian women.

73% of women in Mali report on having at least one of their daughters circumcised. There are significant ethnic, regional, and religious differences, which mirror the patterns for the mothers. 47% of Christian women report having at least one of their daughters circumcised, compared to 72% of Muslim women. Mothers' educational level appears to influence the likelihood of a daughter being circumcised – 73% of the daughters of mothers without formal education are circumcised, compared to 66% of daughters of women with at least some secondary education. FGM/C prevalence rates for daughters are lowest among the Sonrai women (28%) and highest among Sarakole/Soninke/Marka women (88%). While it is encouraging to note that overall for every age group the level of circumcision among daughters is lower than that among mothers, 17% of mothers (with at least one living daughter) who at the time of the survey did not have their daughter circumcised report the intention to do so in the future.

**Performer of FGM/C:**



The involvement of medical personnel in the performance of FGM/C is often referred to as “medicalization” of the practice. While it is thought to decrease the negative health consequences of the procedure, UNICEF believes medicalization obscures the problems related to FGM/C, and prevents the development of effective and long-term solution for the abandonment of the practice.

In Mali, 94% of women report having been cut by a circumcision practitioner. This reflects a 6% increase from the previous findings in 1995. 4% of girls have undergone the operation in medical facilities or by medical personnel. 0.8% had the operation performed by a doctor, and 3.1% by a trained nurse or midwife. The performer of FGM/C for daughters mirrors the pattern for the respondents themselves.

For more information please contact:  
 United Nations Children’s Fund  
 Strategic Information Section/DPP, (212) 326 7557  
 Child Protection Section/PD, (212) 326 7352  
 3 UN Plaza, New York, NY 10017, USA

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