

Female Genital Mutilation/Cutting in Mali

Female Genital Mutilation/Cutting in Mali
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- France, Office for the Protection of Refugees and Stateless persons (OFPRA), Information, Documentation and Research Division (DIDR)
- Switzerland, State Secretariat for Migration (SEM), Division Analysis and Services
- The Netherlands, Immigration and Naturalisation Service, Office for Country Information and Language Analysis (OCILA)

It must be noted that the review carried out by the mentioned departments, experts or organisations contributes to the overall quality of the report but does not necessarily imply their formal endorsement of the final report, which is the full responsibility of EUAA.





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Disclaimer

This report was written according to the [EASO COI Report Methodology \(2019\)](#). The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

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The drafting of this report was finalised on 2 May 2022. Some additional information was added during the finalisation phase in response to feedback received during the quality control process, until 19 May 2022. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the [Introduction](#).





Glossary and abbreviations

CEDAW	Committee on the Elimination of All Forms of Discrimination against Women
DHS	Demographic and Health Survey
EU	European Union
FGC	Female Genital Cutting
FGM/C	Female Genital Mutilation/Circumcision or Cutting
WHO	World Health Organization
UNHCR	United Nations High Commissioner for Refugees





Introduction

The purpose of this report is to provide relevant context information in view of the assessment of international protection status determination, including refugee status and subsidiary protection.

The report provides background information and mapping of FGM/C practices and trends at national and regional level in Mali. While relying on the last Demographic and Health Survey (DHS) in 2018,¹ as a starting point, the report complements, contrasts and/or corroborates it with more recent studies and research carried out and published mostly in the period 2017 - 2022.

The report provides details on the legal and policy framework, national statistics, trends and prevalence of the practice, societal attitudes and drivers of FGM/C and information on FGM/C performers as well as types of FGM/C. Finally, the report looks into the role of national and international organisations and NGOs, as well as into consequences and treatment of women not undergoing FGM/C.

Methodology

The reference period is from 2017 to April 2022. The information gathered is a result of desk research and of an interview with and input from an expert², until 2 May 2022. Some limited additional information was added during the finalisation of this report in response to feedback received during the quality control process, until 19 May 2022.

This report is produced in line with the [EASO COI Report Methodology \(2019\)](#) and the [EASO COI Writing and Referencing Style Guide \(2019\)](#).

Methodological choice of sources and dataset limitations

The 2018 Demographic and Health Survey (DHS) is a national survey. It is the sixth Demographic and Health Survey that has taken place in Mali since 1987. Its aim is to provide data for monitoring the population and health situation in Mali and more specifically to provide reliable estimates on issues such as fertility levels, marriage, sexual activity, childhood, maternal mortality and FGM/C.³

¹ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018 [Demographic and Health Survey of Mali 2018], Août 2019, [url](#)

² The expert interviewed is a social scientist. Their area of focus are the links between gender, health and protection issues with a regional focus on Sub-Saharan Africa and expertise on FGM. The expert has over ten years of research experience and has written and published a number of relevant articles. The expert conducted field study and interviews in Southern Mali in 2020 on FGM. The information provided here by the expert is based on this field study and interviews they conducted, which did not include women not having undergone FGM.

³ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 1





The DHS collected a ‘nationally representative sample’ and interviewed 10 519 women aged between 15-49 years in 9 510 households, and 4 618 men aged between 15-59 in half of the selected households.⁴ These households were from urban and rural areas as well as from all of Mali’s regions (for Kidal only the urban section was covered) and from Bamako. The collection of data took place in the period between 6 August and 18 November 2018.⁵ There was a response rate of 98 % of women and 96 % of men.⁶

The 2018 DHS does not provide data or information on the attitudes/perceived advantages towards FGM/C section. The last DHS which included information on this topic was in 2006. The DHS does not use the same typology of FGM as the WHO.⁷

28 Too Many, when referring to datasets on FGM/C, including the DHS, noted that ‘some results of these surveys 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.’⁸ Furthermore, for the region of Kidal only the urban section was covered, given the difficulties of access to rural populations and security issues.⁹

Another source used in the report was the 2022 UNICEF FGM in Mali: Insights from a statistical analysis. UNICEF provided relevant information and analyses on understanding and detecting FGM/C trends, prevalence and determining factors. The data on FGM/C were drawn from Demographic and Health Surveys in 1995, 2001, 2006, 2012-2013 and 2018, while the demographic data were from the United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2019, Online edition, 2019. Since this source included information from five different DHS, its findings were used to outline long-term variations and trends on FGM/C in Mali.¹⁰

Defining the terms of reference

The terms of reference of this report were built based on internal and EU+ countries surveys and consultations and on the relevant most recent literature on the topic. Terms of reference for this report can be found in [Annex 2: Terms of Reference](#).

⁴ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 1

⁵ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 1

⁶ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 1

⁷ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 9

⁸ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 9

⁹ Mali, INSTAT et al, Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 1

¹⁰ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#). UNICEF noted the following on the data included for the statistical analysis: ‘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.’. Source: UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 25





Collecting information

The information in this report resulted from extensive desk research of public electronic sources until 2 May 2022, which were consulted within the time frame and the scope of the research. It also drew on an interview with an expert conducted by EUAA for the purposes of the report in May 2022 (see [Sources](#)). All these sources were duly referenced and described.

The sources used are referenced in the [Annex 1: Bibliography](#). Wherever information could not be found within the timeframes for drafting this report after carefully consulting a range of sources, this is stated in the report.

Quality control

To ensure that the authors respected the [EASO COI Report Methodology](#) and that the Terms of Reference were comprehensively addressed, a review was carried out by COI specialists from the countries and organisations listed as reviewers in the Acknowledgements section. All comments made by the reviewers were taken into consideration and almost all of them were implemented in the final draft of this report, which was finalised on 19 May 2022. EUAA also performed the final quality review and editing of the text.

Sources

In accordance with EASO COI methodology, a range of different published documentary sources have been consulted on relevant topics for this report. These include reports by international organisations, think tanks, academic publications and specialised sources covering Mali; COI reports by governments; information from civil society, advocacy groups, humanitarian organisations, and NGOs; reports produced by various bodies of the United Nations; Malian, international and regionally-based media.

In addition to using publicly available documentary sources, one oral source (expert) was contacted for this report. The expert interviewed is a social scientist, with focus in the links between gender, health and protection issues with a regional focus on Sub-Saharan Africa and expertise on FGM and wishes to stay anonymous for security reasons. The expert has over ten years of research experience and has written and published a number of relevant articles. The expert conducted field study and interviews in Southern Mali in 2020 on FGM/C. The information provided here by the expert is based on this field study and interviews they conducted, which did not include women not having undergone FGM/C. The source was interviewed in May 2022. See [Bibliography](#) for additional details.

Structure and use of the report

The report is divided into six parts: a general introductory part and five chapters focusing on specific aspects related to FGM/C in Mali. After introducing the topic in the Malian context, the report goes on in the second chapter to address the legal framework in force. The third chapter engages with available national statistics, while also highlighting prevalence and trends.





The fourth chapter examines societal attitudes towards FGM/C in Mali, as well as drivers of the practice. The fifth chapter looks into the role of national/international organisations and NGOs and the sixth chapter addresses consequences and treatment of women and girls refusing to undergo FGM/C.





Map

Figure 1. Map of Mali



UN, Mali - Map No. 4231 Rev. 4, February 2020 [url](#)





1. General information on Female Genital Mutilation/Cutting in Mali

For 2019, under the Gender Development Index category, Mali ranked at the lowest human development group, while UN Women stated that ‘the status of women in Mali is still at a low level’.¹¹ In 2019, the UN Human Rights Council reported that ‘practices that are harmful to women and girls, such as [...] female genital mutilation, are still widespread’ in Mali.¹²

UNICEF noted in 2022 that approximately eight million girls and women had undergone FGM/C in Mali.¹³ As of 2018, 89 % in total of girls and women aged between 15 and 49 years had undergone FGM/C, with 92 % of them having done so before the age of 10.¹⁴ Furthermore, 73 % of the girls aged between 0 and 14 years had undergone FGM, with the majority having done so between the ages of zero to five years.¹⁵ According to UNICEF, ‘the prevalence of FGM has remained steady for at least the last five decades’ and less than one in five girls and women in Mali were in favour of stopping FGM/C, with numbers even lower among men.¹⁶

Among the 89 % of women aged 15-49 who underwent FGM/C there were significant variations per region.¹⁷ In 2020, Mali’s population was 20 250 834, out of which 10 105 660 were women.¹⁸

¹¹ UNDP, 2020 Human Development Report, 2020, [url](#), p. 358; UN Women Africa, Mali, Women in Mali, n.d., [url](#)

¹² UN, Human Rights Council, Situation of human rights in Mali. Report of the Independent Expert on the situation of human rights in Mali, A/HRC/40/77, 21 January 2019, [url](#), para. 51

¹³ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 3

¹⁴ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

¹⁵ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 345 ; Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

¹⁶ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 3

¹⁷ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 352

¹⁸ World Bank (the), Population, total – Mali, 2020, [url](#); World Bank (the), Population, female – Mali, 2020, [url](#)





2. The Legal Framework

2.1. National legislation: Constitution, Penal Code

There is no mention of female genital mutilation/cutting in Mali's Constitution (1992).¹⁹ Similarly, in Mali's Penal/Criminal Code (Loi n° 01-079 du 20 août 2001 portant Code pénal), there is no mention of female genital mutilation/cutting.²⁰

Different sources reported that there was no national legislation in Mali that specifically criminalised the practice of FGM/C.²¹ However, the World Bank and the organisation 28 Too Many²² noted that Article 207 of the Penal Code could be relevant to FGM/C:²³

'Any individual who voluntarily assaults, wounds or commits any other act of violence and the result of such violence is injury or incapacity for work for more than 20 days, shall be punishable with a term of imprisonment ranging from one to five years and a fine of 20,000 to 500,000 FCFA. If there has been premeditation or ambush the sentence will range from five to ten years' imprisonment. When the violence, injury or beatings have been followed by mutilation, amputation, deprivation of use of a limb or sense, blindness, loss of an eye or other infirmities or diseases, the offence shall be punishable with a term of imprisonment ranging from five to ten years imprisonment. If there has been premeditation, the offence shall be punishable with a term of imprisonment ranging from five to twenty years' imprisonment. Where the blows, wounds or violence specified above have been committed by the offender on the occasion or in the practice of their profession, the perpetrator shall be suspended from their profession for a period ranging from five to ten years. In the case provided for in paragraphs 2, 3 and 4, a judicial injunction to ban the perpetrator from a particular place may be pronounced for a period of one to ten years.'²⁴

¹⁹ Mali, Constitution du 25 février 1992, 13 January 2017, [url](#)

²⁰ Mali, Droit Afrique, Mali Code pénal, Loi n°01-79 du 20 août 2001, 20 August 2001, [url](#)

²¹ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 2; UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37; UNICEF, Female genital mutilation country profiles, Mali, updated January 2020, [url](#), p. 1; USDOS, Country Reports on Human Rights Practices for 2021 - Mali, 12 April 2022, [url](#), p. 25; Freedom House, Freedom in the World 2022, February 2022, [url](#); UNFPA and Equality Now, Use of the multi-sectoral approach to ending gender-based violence and Female Genital Mutilation in Africa, December 2021, [url](#), p. 10

²² 28 Too Many is an organization established in 2010, with the aim to undertake research and provide knowledge and tools to those working to end FGM in the countries in Africa where it is practised and across the diaspora worldwide. Source: 28 Too Many, About, n.d., [url](#)

²³ World Bank (the), Compendium of International and National Legal Frameworks on Female Genital Mutilation, sixth edition, February 2022, [url](#), pp. 57-58; 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 3

²⁴ World Bank (the), Compendium of International and National Legal Frameworks on Female Genital Mutilation, sixth edition, February 2022, [url](#), pp. 57-58





28 Too Many further stated that Article 202 of the Penal Code could also be relevant to FGM/C since it criminalises and punishes, along with Article 207, individuals causing “blows, wounds or committing voluntary violence” on another’.²⁵

The United Nations Population Fund (UNFPA) noted that the provisions in the Mali Penal Code that ban voluntarily cutting, injuring or committing any violence against a person (Articles 208–210), could be interpreted to be relevant with regards to FGM/C.²⁶ Experts of the Committee on the Elimination of Discrimination against Women who visited Mali in December 2018 reported that, according to lawyers that they consulted with, there were certain provisions of the Criminal Code relating to assault, violence and torture (Articles 202, 208 and 209) which could be relevant in cases of FGM/C. However, the courts were bound by the principle of the strict application of criminal law which does not allow the punishment of acts that are not expressly criminalised under the law.²⁷

For implementation of the above-mentioned legal framework, please see section [2.3 Implementation and enforcement of the law](#).

The 2011 Personal and Family Code states, according to 28 Too Many, that ‘Article 5 of the Code forbids “the impairment of a person’s physical integrity, even in the context of a religious or traditional practice, when this is harmful to the person’s health”’.²⁸

Circular Letter No. 0019/MSPAS-SG of 7 January 1999²⁹ of the Ministry of Health prohibits the practice of FGM/C in health facilities. More specifically, it states:

‘given the role of institutions in preserving the health of populations, the practice of FGM/C cannot be tolerated. Therefore, I urge you and your staff to take appropriate measures for sanitary purposes under your moral and technical responsibility’.³⁰

UNFPA states that no actual sanctions for persons practising FGM/C in healthcare facilities in Mali are foreseen in the Circular Letter,³¹ and both the Committee on the Elimination of

²⁵ 28 too Many, Mali: The law and FGM, September 2018, [url](#), p. 3

²⁶ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37

²⁷ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 15

²⁸ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 33

²⁹ It has to be noted that the original text of the Circular Letter could not be found

³⁰ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37

³¹ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37





Discrimination against Women (CEDAW)³² and UNFPA reported that it was not strictly enforced.³³ 28 Too Many noted that the Circular Letter remained in force.³⁴

2.1.1. Failed legal initiatives

In the period 2002-2017, the Malian government proposed bills to prohibit FGM/C and gender-based violence on several occasions; however, the draft bills were not adopted due to the opposition of religious leaders,³⁵ namely in 2002 when the Ministries of Health and for the Advancement of Women, Children and Families in Mali proposed a law against FGM/C, which was blocked in Parliament by Islamic clerics,³⁶ or in 2009, when a proposal for a law against FGM/C submitted to the National Assembly was dismissed.³⁷

In July 2017, a draft law against gender-based violence, which included a part on FGM/C, was submitted to the Ministry for the Advancement of Women, Children and Families to present to the National Assembly for approval.³⁸ On this draft law, UNFPA stated that it included a component on FGM/C, while 28 Too Many noted that it prohibited the practice.³⁹ According to Amnesty International, this draft law codified different crimes of sexual violence in addition to rape and aimed at combatting all types of gender-based violence, such as physical, psychological, sexual or economic violence, including punishing participation or complicity in female genital mutilation/cutting.⁴⁰ In December 2020, the government of Mali abandoned the draft bill due to pressure from religious leaders.⁴¹

In April 2021, Equality Now, the Institute for Human Rights and Development in Africa (IHRDA), the Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (AMSOPT) and the Association pour le Progrès et la Défense des Droits des Femmes (APDF) jointly filed a case against Mali at the Economic Community of West African States (ECOWAS)

³² 'The Committee on the Elimination of Discrimination against Women (CEDAW) is the body of independent experts that monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women. The CEDAW Committee consists of 23 experts on women's rights from around the world.'. Source: UN OHCHR, Committee on the Elimination of Discrimination against Women, n.d., [url](#)

³³ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37; UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 16

³⁴ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 4

³⁵ UN OHCHR, Mali: Failure to criminalise FGM a violation of women's fundamental rights – UN experts, 24 June 2020, [url](#)

³⁶ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37

³⁷ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37

³⁸ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37; 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 4

³⁹ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37; 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 4

⁴⁰ AI, Mali. Crimes without convictions. Analysis of the judicial response to conflict-related crimes in Central Mali, 13 April 2022, [url](#), p. 21

⁴¹ Maliweb, Mali : le gouvernement sursoit à l'adoption de l'avant-projet de loi sur la VBG, 4 January 2021, [url](#); DW, Mali: the rights of women put to the test by the religious, 12 January 2021, [url](#)



Court of Justice in Abuja, Nigeria. The four women's rights organisations denounced the lack of legal and policy framework that criminalises FGM/C in Mali.⁴²

2.2 International obligations

The organisation 28 Too Many reported that Mali has signed and ratified a number of international and regional conventions 'that provide a strong basis for the characterisation of FGM as a violation of international human rights', including:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) ratified on 10 September 1985
- International Covenant on Civil and Political Rights (ICCPR), acceded on 16 July 1974
- International Covenant on Economic, Social and Cultural Rights (ICESCR), acceded on 16 July 1974
- Convention on the Rights of the Child (CRC) 1989, signed and ratified in 1990, with reservation on Article 16
- Convention Against Torture & Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) (CTOCIDTP), acceded in 1999⁴³
- Universal Declaration of Human Rights (UDHR), which is mentioned in the 1992 Constitution.⁴⁴

Relevant regional conventions that Mali has signed and ratified include:

- African Charter on the Rights and Welfare of the Child, ratified on 3 June 1998
- Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of the Women in Africa (the Maputo Protocol), ratified on 13 January 2005
- African Charter on Human and People's Rights (the Banjul Charter), Mali, ratified on 21 December 1981⁴⁵
- African Youth Charter.⁴⁶

By signing and/or ratifying these treaties, Mali is legally obliged to work towards the implementation of the provisions, whose aim includes the eradication of FGM/C.⁴⁷ 28 Too Many noted that, despite Mali having signed many international and regional treaties that

⁴² Equality Now, Women's Rights Organizations Challenge Mali's Lack of Anti FGM Law at The ECOWAS Court of Justice, 12 April 2021, [url](#); RFI, Women's rights groups take Mali to regional court over inaction against FGM, 12 April 2021, [url](#); Reuters, Mali's failure to ban FGM challenged in West Africa's top court, 12 April 2021, [url](#)

⁴³ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 10; 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 31; UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 23

⁴⁴ Mali, Constitution du 25 février 1992, 13 January 2017, [url](#), p. 2

⁴⁵ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 10; 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 31; UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 23

⁴⁶ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 23

⁴⁷ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 31



protect women and girls from gender-based violence and harmful practices, ‘there is weak implementation...’.⁴⁸ More specifically, different sources reported that there was no national legislation in Mali that specifically criminalised the practice of FGM/C.⁴⁹

2.3 Implementation and enforcement of the law

Considering that there is no law explicitly prohibiting FGM/C in Mali,⁵⁰ no information could be found on the implementation and enforcement of a law banning FGM/C in the context of Mali. 28 Too Many further explained in 2018 that, linked to the absence of a law banning FGM/C, there was a limited number of publicly reported prosecutions or court proceedings related to FGM/C.⁵¹ In a joined 2016 report, the organization International Federation for Human Rights (FIDH) noted that, with regards to lodging complaints concerning FGM/C, [informal translation] ‘many challenges remain, including the stigmatization of complainants’.⁵² 28 Too Many also underlined a ‘lack of evidence that other national legislation has been used’ to prosecute those performing FGM/C and noted a ‘generally weak implementation and enforcement of both international and regional instruments that are meant to protect women and girls’.⁵³

UNFPA reported a court case which referred to Articles 208-210 of the Penal Code, that ban voluntarily cutting, injuring or committing any violence against a person. The case concerned the death of a two-and-a-half-year-old girl who died ‘as a result of FGM’. The girl’s father reported the case to the police and this case went to court in 2013 in Kayes.⁵⁴ No further information could be found on the outcome of this case.

⁴⁸ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 8

⁴⁹ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 2; UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37; UNICEF, Female genital mutilation country profiles, Mali, updated January 2020, [url](#), p. 1; USDOS, Country Reports on Human Rights Practices for 2021 - Mali, 12 April 2022, [url](#), p. 25; Freedom House, Freedom in the World 2022, February 2022, [url](#); UNFPA and Equality Now, Use of the multi-sectoral approach to ending gender-based violence and Female Genital Mutilation in Africa, December 2021, [url](#), p. 10

⁵⁰ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 2; UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37; UNICEF, Female genital mutilation country profiles, Mali, updated January 2020, [url](#), p. 1; USDOS, Country Reports on Human Rights Practices for 2021 - Mali, 12 April 2022, [url](#), p. 25; Freedom House, Freedom in the World 2022, February 2022, [url](#); UNFPA and Equality Now, Use of the multi-sectoral approach to ending gender-based violence and Female Genital Mutilation in Africa, December 2021, [url](#), p. 10

⁵¹ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 6

⁵² FIDH et al., L’application de la Convention sur l’Élimination de toutes les formes de Discrimination à l’Égard des Femmes. Rapport alternatif aux 6^{ème} et 7^{ème} Rapports Périodiques du Gouvernement du Mali, [Application of the Convention on the Elimination of All Forms of Discrimination against Women. Alternative Report to the 6th and 7th Periodic Reports of the Government of Mali], Juin 2016, [url](#), p. 18

⁵³ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 6

⁵⁴ UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa, January 2018, [url](#), p. 37



2.4 National programmes, policies, action plans against FGM/C

In 2020, Mali had a budget line and funding against FGM/C.⁵⁵ According to the organisation 28 Too Many, the main government body in Mali responsible for gender issues, including the elimination of FGM/C, is the Ministry for the Advancement of Women, Children and Families. The National Action Committee for the Abandonment of Practices Harmful to the Health of Women and Children (*Comité National d'Action pour l'Abandon des Pratiques Néfastes*), which was established in 1999, and the National Programme for the Fight against Excision (*Programme National de Lutte pour l'abandon de l'Excision*) (PNLE), established in 2002, are responsible for the coordination of the work to end FGM/C.⁵⁶ The National Programme's purpose was to serve as a 'platform for all stakeholders throughout the country'. As part of the Programme, focal points and Local Action Committees were installed.⁵⁷ Its main focus was to coordinate, monitor and evaluate policy and strategies to prevent FGM/C. CEDAW reported in December 2019 that, according to the government of Mali, the National Programme addressed more than 1 080 cases of complications from FGM/C and resulted in the abandonment of the practice by more than 8 000 practitioners in approximately 1 200 villages, with the support of some religious leaders.⁵⁸

In 2010, a national policy for the elimination of FGM/C was prepared in Mali alongside with national action plans for the periods 2010–2014 and 2015–2019.⁵⁹ No information on the outcomes of the policy or national plans could be found in the sources and time frame of research for the purpose of this report.

In addition, the Ministry for the Advancement of Women, Children and Families developed a strategic communication plan for the elimination of FGM/C for the period 2016–2018, as well as a national communication strategy on gender-based violence for 2018–2027, where the issue of FGM/C was included. Public awareness campaigns against FGM/C took place and schools were provided with what was described as 'model lessons' on FGM/C.⁶⁰

Overall, CEDAW noted in December 2019 that Mali had 'made many efforts to prevent female genital mutilation/cutting, including through the implementation of policies and programmes and the establishment of structures and bodies'.⁶¹ However, it highlighted that the policies

⁵⁵ UNFPA and UNICEF, Policy Brief, Enabling environments for eliminating Female Genital Mutilation, Towards a Comprehensive and Multisectoral Approach, 2020, [url](#), p. 8

⁵⁶ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 6

⁵⁷ UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Country Case Studies. Annual Report 2020, September 2021, [url](#), p. 57

⁵⁸ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 34

⁵⁹ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 35

⁶⁰ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 35

⁶¹ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 34



and programmes adopted and implemented were not particularly effective and quoted UN agencies stating that the programmes in place, specifically those meant to provide support to victims, ‘were inadequate despite the efforts made and the support of the international community’.⁶² Individuals suffering in the aftermath of FGM/C had to pay to receive healthcare in public hospitals, while the same type of healthcare was free of charge in centres operated by NGOs.⁶³ The source further reported that the National Program against FGM/C lacked human, material and financial resources, as well as coordination in its implementation, in particular between the central and local authorities.⁶⁴ Awareness-raising efforts were not sufficiently targeting the individuals or groups who were in favour of FGM/C, such as religious leaders, according to CEDAW, while the geographical coverage of awareness-raising measures remained limited.⁶⁵

3. Statistics and prevalence

3.1 Datasets

Two of the main sources widely used when researching data on FGM/C are the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS) by UNICEF.⁶⁶ Until the end of the drafting period for this report, on 2 May 2022, the latest available Multiple Indicator Cluster Survey (MICS) by UNICEF on Mali was the 2015 Survey.⁶⁷ The latest available Demographic and Health Survey (DHS) for Mali was the 2018 Report, published in August 2019 in French, with a summary of key findings available also in English.⁶⁸ Out of these two main sources, this report used the data of the 2018 DHS, in order to outline the prevalence of FGM/C in Mali, since it provided the most up-to-date information. Another source used in the report was the 2022 UNICEF FGM in Mali: Insights from a statistical analysis, with data from Demographic and Health Surveys in 1995, 2001, 2006, 2012-2013 and 2018.⁶⁹ For more information on methodological choice of sources, including dataset limitations, see [Methodological choice of sources and dataset limitations](#).

⁶² UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 37

⁶³ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 37

⁶⁴ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 38

⁶⁵ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 38

⁶⁶ UNICEF Data, Female genital mutilation (FGM), May 2022, [url](#)

⁶⁷ UNICEF, MICS, Surveys, filter by country, Mali, n.d., [url](#)

⁶⁸ DHS Program (the), Publications, Publications Search, filter by country, Mali, n.d., [url](#)

⁶⁹ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#)



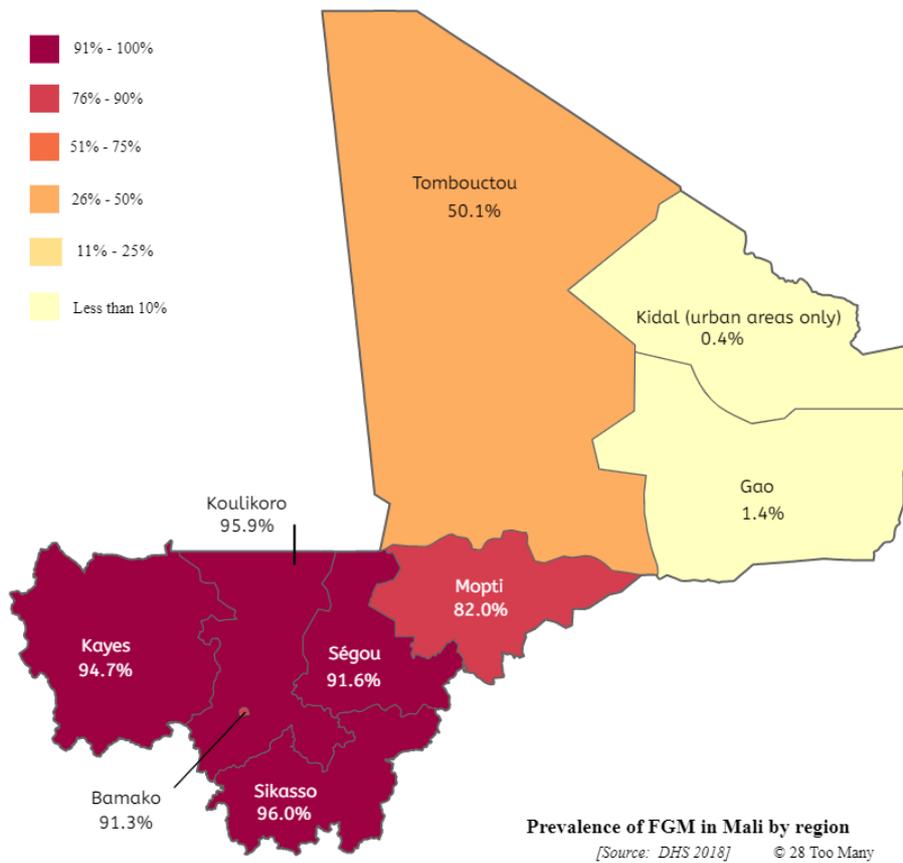
3.2 Prevalence and trends

Prevalence

The 2018 Mali DHS⁷⁰, which covered all the regions of Mali⁷¹, included information on the prevalence of FGM/C among women aged 15-49 and girls aged 0-14.⁷² In total 89 % of girls and women aged between 15 and 49 years had undergone the practice.⁷³ In addition, 73 % of the girls aged between 0 and 14 years had undergone FGM/C.⁷⁴

Geographic variations

Figure 2. Prevalence of FGM in Mali by region⁷⁵



⁷⁰ In French, l'Enquête Démographique et de Santé du Mali or EDSM-VI

⁷¹ Administratively, Mali is comprised of eight regions (Kayes, Koulikoro, Sikasso, Ségou, Mopti, Tombouctou, Kidal and Gao) and Bamako. Source: Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 1

⁷² Mali, INSTAT, and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 1; Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. xxi

⁷³ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 346

⁷⁴ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

⁷⁵ 28 Too Many, Prevalence of FGM in Mali by region [Source: DHS 2018], n.d., [url](#)



The map on FGM/C prevalence by 28 Too Many is based on the 2018 DHS findings and demonstrates the FGM/C prevalence by region in Mali. Among the 89 % of women aged 15-49 who underwent FGM/C there were significant variations per region. More specifically, 94.7 % had undergone FGM/C in Kayes, 91 % in Bamako, 95.9 % in Koulikoro, 96 % in Sikasso, 91.6 % in Ségou, 82 % in Mopti, 50.1 % in Tombouctou, 1.4 % in Gao and less than 1 % in Kidal, only in the urban areas.⁷⁶ Similarly, USDoS reported for 2021 that FGM/C was practiced widely throughout Mali and particularly in rural areas, with the exception of some northern areas.⁷⁷

Among girls aged 0-14 years, the prevalence varied by region: 89.7 % in Kayes, 76.5 % in Koulikoro, 76.1 % in Bamako, 73.8 % in Sikasso, 72.8 % in Ségou, 64.4 % in Mopti and 29 % in Tombouctou. No cases were found in Kidal and Gao.⁷⁸

Ethnic variations

The substantial regional variations are linked to the presence of different ethnicities (and subsequently to the extent to which each ethnicity practiced FGM/C) in the different regions.⁷⁹ 28 Too Many similarly noted that Mali had significant regional variations in prevalence, ranging from around 2 % to 98 %, linked to the country's diverse ethnic communities.⁸⁰ Both the Girl Generation, an Africa-led movement to end FGM, and USDoS noted that the low prevalence of FGM/C in the north of Mali (Tombouctou and Gao regions) was linked to the presence of Songhai, Tuareg and Moor ethnic groups who, in general, were not practicing any form of FGM/C.⁸¹

UNICEF described FGM/C as 'universal' among some ethnic groups, such as the Bambara, the Sarakolé/ Soninké/ Marka, the Malinké and the Sénoufo/ Minianka, but significantly less widespread among the Sonraï and the Touareg/Bélla.⁸²

Table 1 below shows the percentage of girls and women aged 15-49 years who have undergone FGM/C by ethnicity and geographical distribution in Mali. The percentage ranged from 97 % among the Bambara, to significantly lower numbers among the Touareg/Bélla (24 %) and the Sonraï (32 %).⁸³

⁷⁶ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 352

⁷⁷ USDOS, Country Reports on Human Rights Practices for 2021 - Mali, 12 April 2022, [url](#), p. 25

⁷⁸ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 353

⁷⁹ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 7; 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 40; France, OFPRA, Les mutilations génitales féminines, Situation depuis 2014, 17 Novembre 2016, [url](#), p. 4

⁸⁰ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 40

⁸¹ USDoS, Mali: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC), 1 June 2001, [url](#); Girl Generation (The), Mali, n.d., [url](#)

⁸² UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 7

⁸³ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 7



Table 1: Percentage of girls and women aged 15 to 49 years who have undergone FGM/C by ethnicity⁸⁴

Geographical distribution of ethnic groups	Ethnicity	Percentage of girls and women aged 15-49 years who have undergone FGM/C
Bamako, Sikasso, Segou, Kayes, Koulikoro	Bambara	97
Koulikoro, Kayes	Sarakolé/ Soninké/ Marka	95
Kayes, Koulikoro	Malinké	95
Sikasso, Segou	Sénoufo/ Minianka	95
Mopti, Segou	Peulh	93
n/a	Other Malian	91
Mopti	Dogon	83
Segou	Bobo	71
Gao, Tombouctou	Sonraï	32
Tombouctou, Kidal, Gao	T(o)uareg (Tamachek) ⁸⁵ / Bélla	24

⁸⁴ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 7; 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 21

⁸⁵ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 28



UNICEF further noted that variations by region ‘appear strongly correlated with the presence or absence of ethnic groups⁸⁶ that commonly practise it’.⁸⁷ For instance, the Bambara, one of the ethnicities that extensively practiced FGM/C, had a percentage of girls and women aged 15-49 who underwent FGM/C ranging between 100 % and 95 % in Kayes, Bamako, Koulikoro, Sikasso and Ségou. The Peulh had a percentage ranging between 100 % and 93 % in the same regions and in the capital city.⁸⁸ Another example is that in Bamako the percentage of girls and women who underwent FGM/C among the Peuhl was 96 % while among the Sonraï it was 51 %.⁸⁹

Age variations

In total 89 % of girls and women aged 15-49 years have undergone the practice.⁹⁰ 76 % of the women who underwent FGM/C did so before the age of 5, 16 % between the ages 5-9 years and 4 % between the ages 10-14, meaning that 92 % underwent FGM/C before the age of 10.⁹¹

73 % of the girls aged 0-14 years had undergone FGM/C.⁹² More specifically, according to information provided by the mother, most of the girls who underwent FGM/C did so before the age of 5, 34.2 % before turning 1 year old, 31.9 % between the age of 1 and 4 years, 5.2 % between 5 and 9 and only 0.4 % between 10 and 14. 0.9 % did not know and 27.3 % had not undergone FGM/C, adding up to a total of 100 %.⁹³

According to the 2018 DHS, a comparison between the age that women between 15-49 and girls between 0-14 reported having undergone FGM/C demonstrated that the percentage of girls having undergone FGM/C was slightly higher than that of women.⁹⁴

On the geographic distribution of the age variations, UNICEF noted that approximately three out of four girls under the age of 15 in Mali had undergone FGM/C. More specifically, 90 % of girls under 15 underwent FGM/C in Kayes, 77 % in Koulikoro, 76 % in Bamako, 74 % in Sikasso, 73 % in Ségou, 64 % in Mopti, 29 % in Tombouctou, 1 % in Kidal and 0 % in Gao.⁹⁵

⁸⁶ UNICEF highlighted the following limitations regarding the data used: the values in parentheses are based on at least 25 ‘unweighted’ cases. In addition, data for some ethnic groups are ‘suppressed’ due to insufficient numbers of cases to perform the analysis. Finally, data for Kidal are only on urban areas, due to difficulties accessing rural areas for data collection. Source: UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), pp. 8 - 9

⁸⁷ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 8

⁸⁸ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), pp. 8-9

⁸⁹ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 8 - 9

⁹⁰ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 346

⁹¹ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

⁹² Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

⁹³ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), pp. 353

⁹⁴ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 348

⁹⁵ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 10





Other variations

UNICEF, in a 2022 statistical analysis on FGM/C in Mali, which was based on data from four different DHS (for more information see [Methodological choice of sources and dataset limitations](#)), provided some more long-term information and comparisons on variations.

UNICEF noted that FGM/C remained high among girls and women from diverse backgrounds. Place of residence, education and financial situation did not appear to particularly affect the prevalence of the practice.⁹⁶ The percentage of girls and women aged 15-49 who underwent FGM/C in urban areas was very high in both rural and urban areas.⁹⁷ Similarly, there were small variations depending on the education level. Additionally, FGM/C was common across different religions.⁹⁸ 75 % of women and girls between 15-49 who underwent FGM/C were Protestant, 83 % Catholic, 89 % Muslim and 95 % of the women and girls were indicated as without religion.⁹⁹

⁹⁶ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 6

⁹⁷ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 6; 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 40

⁹⁸ It has to be noted that a breakdown by religion as a characteristic related to prevalence of FGM was not included in the 2018 DHS. It was included in previous DHS, such as in the 2012-2013 and the 2006. Source: Mali, CPS/MS, DNSI/MEIC et Macro International Inc., Enquête Démographique et de Santé du Mali 2006, Décembre 2007, [url](#); Mali, CPS/SSDSPF et al., Enquête Démographique et de Santé au Mali 2012-2013, Mai 2014, [url](#); Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#)

⁹⁹ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 6





Trends

According to the 2018 Demographic and Health Survey (DHS), there were small variations in the prevalence of FGM/C¹⁰⁰ from 1995/1996 to 2018 when the last DHS took place, with the prevalence being consistently above 85 %.¹⁰¹ USDoS reported for 2021 that FGM/C was practiced broadly by all religious and ethnic groups throughout Mali, with the exception of some northern areas.¹⁰²

As of 2020, 89 % of girls who underwent FGM/C were under five. Reasons for this change included the belief that wounds heal faster at an earlier age as well as the ability to conceal the practice among young girls. The source stressed that due to this reasoning, infants as young as 20 days had started undergoing FGM/C.¹⁰³ UNICEF noted in 2022 that there was a trend of earlier cutting in Mali, with adolescent women more likely to have experienced FGM/C before the age of five than older women. More specifically, 82 % of adolescent women aged 15-19 experienced FGM/C before the age of 5 compared to 70 % of women aged 45-49.¹⁰⁴

A joint UNFPA and UNICEF 2021 report highlighted that FGM/C historically was mostly practiced on girls between 14 to 15 years old to prepare them for marriage. That trend persisted in the Kayes region, as well as among Dogon and Senoufo ethnic groups where girls between 13 and 14 years were taken from school and underwent FGM/C in what is described as 'a rite of passage in preparation for marriage'. However, a change and decrease were observed regarding the average age of girls undergoing FGM/C.¹⁰⁵

¹⁰⁰ The DHS refers to FGM as Female Genital Cutting (FGC). For the purposes of this report, the practice is referred to as FGM following the World Health Organization's naming. For more information, see WHO, Female genital mutilation, 21 January 2022, [url](#)

¹⁰¹ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 346

¹⁰² USDoS, Country Reports on Human Rights Practices for 2021 - Mali, 12 April 2022, [url](#), p. 25

¹⁰³ UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Country Case Studies. Annual Report 2020, September 2021, [url](#), p. 57

¹⁰⁴ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 14

¹⁰⁵ UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Country Case Studies. Annual Report 2020, September 2021, [url](#), p. 57



3.3 Types and forms of FGM/C

The World Health Organization classifies FGM/C in four major types and in sub-types.¹⁰⁶

Table 2: WHO classification of FGM/C¹⁰⁷

Type I	I. Clitoridectomy: partial or total removal of the clitoris and/or the prepuce	I.a Removal of the clitoral hood or prepuce only
		I.b Removal of the clitoris with the prepuce
Type II	II. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora	II.a Removal of the labia minora only
		II.b Partial or total removal of the clitoris and the labia minora
		II.c Partial or total removal of the clitoris, the labia minora and the labia majora
Type III	III. Infibulation: narrowing of the vaginal orifice with creation of a covering seal by cutting and apposition of the labia minora and/or the labia majora, with or without excision of the clitoris	III.a Removal and apposition of the labia minora
		III.b Removal and apposition of the labia majora
Type IV	IV. All other harmful procedures to the female genitalia for non-medical purposes	For example, pricking, piercing, incising, scraping and cauterization

According to the 2018 DHS classification¹⁰⁸, among women aged 15-49 years, the most prevalent type of FGM/C in Mali was cut with flesh removed (41 %). 25 % of the women underwent a simple cut/nick without flesh removed, and 8 % underwent Type III/infibulation. 26 % of the women who had undergone FGM/C were not able to describe the type they had undergone.¹⁰⁹

¹⁰⁶ WHO, Sexual and Reproductive Health and Research (SRH), Types of female genital mutilation, n.d., [url](#)

¹⁰⁷ WHO, Eliminating Female genital mutilation – An Interagency Statement, 2008, [url](#), p. 24

¹⁰⁸ The DHS does not use the exact same classification of types of FGM/C as the WHO. Source: 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 9

¹⁰⁹ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 346



Among girls aged 0-14 years who had undergone FGM/C and more specifically infibulation, 11.4 % were sewn and closed and 88.6 % were not sewn and not closed.¹¹⁰

UNICEF reported in 2022 that the most severe form of FGM/C, in which the vaginal opening is sewn closed, can be encountered in every region of Mali where FGM/C is practised. Overall, this most severe form affects 1 in 10 girls who have undergone FGM/C in Mali.¹¹¹

Table 3: Percentage by region of girls aged 10-14 years who have undergone FGM/C, by type of FGM/C performed¹¹²

TYPE	Bamako	Koulikoro	Sikasso	Mopti	Ségou	Tombouctou	Kayes
Sewn closed	20	12	11	11	8	(5)	4
Not sewn closed	80	88	89	89	92	(95)	96

The highest percentage of girls aged 10-14 years having their vaginal opening sewn closed is found in Bamako, while the lowest in Kayes and subsequently the highest percentage of FGM/C not sewn closed is found in Kayes and the lowest in Bamako.¹¹³

3.4 FGM/C Performers

According to the 2018 DHS for Mali, for 91.5 % of the women aged 15-49, FGM/C was performed by a traditional practitioner, such as a traditional circumciser or a traditional birth attendant. For 98.6 % of the girls aged 0-14 years who underwent FGM/C, the performer was a traditional practitioner.¹¹⁴ Other categories of FGM/C performers included healthcare professionals (1.4 % and 0.3 %) for girls and women respectively, other traditional performers (0.3 % and 0.1 %), doctors (0.6 % and 0.2 %), nurse/midwife (0.8 % and 0.2 %) and unknown/missing (0.0 % and 8.2 %).¹¹⁵

¹¹⁰ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 354

¹¹¹ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 12

¹¹² UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 12. Also, values in Table 3 'are based on at least 25 unweighted cases, those based on 25 to 49 unweighted cases are shown in parentheses and data for some regions are suppressed due to insufficient numbers of cases to perform the analysis.'. Source: UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 12

¹¹³ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 12

¹¹⁴ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 354

¹¹⁵ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 354



28 Too Many noted in 2018 that in almost all the cases, FGM/C in Mali continued being performed by traditional practitioners and that medicalised FGM/C was not widespread.¹¹⁶ FGM/C was traditionally performed by women, elderly according to one source, who belonged to the blacksmith caste. These women were very familiar with traditional medicine and ‘were believed to have special powers to ensure a successful procedure’.¹¹⁷

Cross-border FGM/C

According to 28 Too Many, the absence of national legislation against FGM/C in Mali ‘gives families and cutters from neighbouring countries the opportunity to move across borders to avoid prosecution’. Mali shares borders with Burkina Faso, Côte d’Ivoire, Guinea, Mauritania, Niger and Senegal, countries with wide variations on FGM/C prevalence and implementation and enforcement of laws. While cross-border FGM/C was described as ‘an ongoing challenge across West Africa’, the source reported a lack of data on the number of women and girls across the region taken abroad to be cut and noted the absence of any provision against cross-border FGM/C in Mali’s Penal Code.¹¹⁸

4. Societal attitudes and drivers

4.1. Societal attitudes towards FGM/C

The 2018 DHS reported that three fourths of women and men were in favour of FGM/C being performed, while 18 % of women and 13 % of men were against the perpetuation of the practice. In addition, circumcised women were largely more in favour of the practice continuing (81 %) than non-circumcised ones (12 %).¹¹⁹ Similarly, UNICEF reported that opposition to FGM/C in Mali was not a regular phenomenon. It further noted that the percentage of Malians (girls, women, boys and men 15 to 49 years old) against the continuation of FGM/C was consistently low since 2001. More specifically, in 2001, 13 % of girls and women, and 18 % of boys and men were in favour of discontinuing FGM/C. In 2006, it was 16 % and 22 % respectively, and, in 2018, 17 % and 13 % respectively. The source also highlighted a slight increase in the percentage of girls and women against the continuation of FGM/C while the percentage of boys and men fluctuated.¹²⁰

¹¹⁶ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 4

¹¹⁷ Canada, ACIDI/CIDA, Mali: L’excision: un rite de passage en voi d’être dépassé, 2011, cited in: 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 44; Plan International, Tradition et droits. L’excision en Afrique de l’Ouest, [url](#), p. 36

¹¹⁸ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), pp. 4 - 5

¹¹⁹ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

¹²⁰ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 18



According to UNICEF, there is a direct correlation between regional prevalence of FGM/C and societal attitude towards the practice. The percentage of societal attitude against FGM/C is higher in the regions where FGM/C is not very prevalent. For instance, the percentage of opposition to FGM/C is highest in Kidal¹²¹ and Gao, with 95 % and 93 % respectively, where there is a 0 % and 1 % of FGM prevalence. On the other hand, the opposition to FGM/C is lower in Sikasso and Koulikoro (8 % and 16 %). These are regions with very high prevalence of FGM/C, both at 96 %.¹²²

The 2022 Bertelsmann Transformation Index (BTI) for Mali noted that, in January 2021, protests were organised by religious leaders who were against the criminalisation of FGM/C.¹²³ In addition, according to the UNFPA and UNICEF, for 2020, Mali was the only country in the Joint Program where religious leaders continued opposing the elimination of FGM/C.¹²⁴ Opposition from religious leaders was described as ‘one of the main obstacles to the adoption of the preliminary bill on gender-based violence, under which female genital mutilation is prohibited’. CEDAW noted that, in 2016, the Ministry for the Advancement of Women, Children and Families identified the High Islamic Council, the Malian Association for the Unity and Progress of Islam and the Malian Association of Qur’anic Schools as some of those opposed to the adoption of the 2017 law against gender-based violence, including female genital mutilation/cutting.¹²⁵

The 2006¹²⁶ DHS included information on opinions and beliefs towards FGM/C. Men and women were asked what were, in their opinion the advantages for a girl to undergo and to not undergo FGM/C.¹²⁷ Women indicated that the main and most important driver for undergoing FGM/C was social recognition (36.8 %), followed by, in order of prevalence, religious necessity (23.5 %), better hygiene (22.4 %), no advantage (17.4 %), other (15.8 %), preservation of virginity (11.7 %), better chances for marriage (9.6 %) and last, more pleasant for men (7.1 %).¹²⁸ Men indicated that the most important driver was religious necessity (24.7 %), no advantage (23 %), preservation of virginity (21.8 %), social recognition (19.4 %), other (18.5 %), better hygiene (14.3 %), better chance of marriage (5.1 %) and more pleasant for men (4.8 %).¹²⁹

According to an organisation interviewed in 2017 by the Belgian Country of Origin Information research unit, Cedoca, there were many parents in Mali opposing their daughters undergoing

¹²¹ To be noted that in Kidal this percentage reflects only the situation in urban areas. Source: UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 17

¹²² UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 17

¹²³ Bertelsmann Stiftung, BTI 2022 Country Report Mali, 23 February 2022, [url](#), p. 18

¹²⁴ UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Performance Report. Annual Report 2020, September 2021, [url](#), p. 40

¹²⁵ UN CEDAW, Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, 24 December 2019, [url](#), para. 47

¹²⁶ Information on perceived advantages/drivers of undergoing FGM was only provided at the 2006 DHS and not at the 2012-2013 or at the 2018 DHS. Source: Mali, CPS/SSDSPF et al., Enquête Démographique et de Santé au Mali 2012-2013, Mai 2014, [url](#); Mali, CPS/MS et al., Enquête Démographique et de Santé du Mali 2006, Décembre 2007, [url](#); Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#)

¹²⁷ Mali, CPS/MS et al., Enquête Démographique et de Santé du Mali 2006, Décembre 2007, [url](#), p. 296

¹²⁸ Mali, CPS/MS et al., Enquête Démographique et de Santé du Mali 2006, Décembre 2007, [url](#), p. 297

¹²⁹ Mali, CPS/MS et al., Enquête Démographique et de Santé du Mali 2006, Décembre 2007, [url](#), p. 298



FGM/C while another organisation noted an increasing number of parents opposing. More specifically, according to the organisation TAGNE, the consequences were not significant in areas covered by NGOs working against FGM/C. However, in some areas [informal translation] ‘there were pressures.’ A member of the organisation AMSOPT noted that [informal translation] ‘...the risk of this refusal is that it can cause a social divide in family relationships.’ They added that, in Malian culture, it is not the parents who decide what will happen to their children, it is the eldest in the family who makes the decisions.¹³⁰ Similarly, 28 Too Many reported that ‘anecdotally mothers-in-law and grandmothers are generally implicated in deciding on FGM’.¹³¹

Sociodemographic characteristics and attitude towards FGM/C

Regarding the attitude of women and men towards the continuation of FGM/C, the 2018 DHS noted that for those women in favour of continuing FGM/C there were no significant variations depending on age group or economic quintile. There were some variations depending on level of education and there were some significant variations depending on the region, with the lowest being 0 % in Kidal and 2.7 % in Gao and the highest 83 % in Sikasso. Where women were against continuation of FGM/C, the most significant variations were observed depending on the region, with the highest percentage being in Kidal 95 % and the lowest in Sikasso, 8 %. For men in favour of and against FGM/C, again the largest variations were observed depending on the region.¹³²

4.2. Drivers

According to UNICEF, ‘opposition to FGM is uncommon in Mali’. However, individuals who are more educated, especially women, and individuals who identify themselves as Christian, were more likely to be against the continuation of FGM/C.¹³³ More specifically, it appears that religion and education constitute the only two aspects where significant variations are observed in the attitude towards FGM/C depending on type of religion and on level of education. Age, place of residence and wealth quintile do not appear to significantly affect attitudes towards the continuation of FGM/C.¹³⁴

Below some more details on sociodemographic factors that can influence attitudes towards FGM/C.

¹³⁰ Belgium, Cedoca, Mali. Les mutilations génitales féminines (MGF), 18 Juillet 2017, [url](#), p. 20

¹³¹ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 72

¹³² Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 356

¹³³ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 16

¹³⁴ UNICEF, Female Genital Mutilation in Mali: Insights from a statistical analysis, February 2022, [url](#), p. 16



Religion

According to the 2018 DHS survey, 70 % of women and 69 % of men aged 15-49 years believed that FGM/C was required by religion. The perceptions varied by region¹³⁵: while in Gao 6 % of women and 4 % of men believed that FGM/C was mandated by religion, in Sikasso 76 % of women and 78 % of men believed so.¹³⁶

According to an expert interviewed for the purposes of this report¹³⁷, drivers for FGM/C included religion and social pressure. The social perception is that if a girl or a woman had not undergone FGM/C their prayers would not reach God and therefore they were not real Muslims. This perception, according to the expert, could prove challenging in a community with strong religious elements.¹³⁸

A 2020 study by Population Council noted that one of the main drivers for FGM/C in the communities of Bobo in Koury, of the Senoufo in Finkolo and of the Bwaba in Boura was religion and what was perceived as religious pressure.¹³⁹

Education and financial situation of the mother

According to the 2018 DHS, the prevalence of FGM/C in girls was only slightly affected by the educational level of their mothers. In cases where the mother did not have any education, 72.6 % of the girls underwent FGM/C. In cases where the mother had attended primary school, the percentage was 73.7 % and where the mother had attended secondary or higher education, the prevalence was 71.8 %.¹⁴⁰ The variations were a bit more significant depending on which income quintile the mother belonged to. The highest percentage of girls aged 0-14 who underwent FGM/C had mothers who belonged to the fourth income quintile, so part of the highest income quintiles, while the lowest had mothers who belonged to the average quintile.¹⁴¹

Mother having undergone FGM/C

Another driver of FGM/C was whether the women themselves had undergone FGM/C. According to the 2018 DHS, circumcised women were more than three times likely to believe that FGM/C was required by religion (74 %) than non-circumcised ones (19 %). In addition,

¹³⁵ To be noted that there were significant variations in the numbers of the respondents between regions. For instance, in Sikasso 877 women and 671 men responded, while in Gao 84 and 74 respectively. Source: Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 355

¹³⁶ Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

¹³⁷ The expert interviewed is a social scientist. Their area of focus are the links between gender, health and protection issues with a regional focus on Sub-Saharan Africa and expertise on FGM. The expert has over ten years of research experience and has written and published a number of relevant articles. The expert conducted field study and interviews in Southern Mali in 2020 on FGM. The information provided here by the expert is based on this field study and interviews they conducted, which did not include women not having undergone FGM

¹³⁸ Interview with expert 1, 2 May 2022

¹³⁹ Wouango, J. et al., When and how does law effectively reduce the practice of female genital mutilation/cutting?, Population Council, 27 April 2020, [url](#), p. viii, pp. 42-46

¹⁴⁰ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 353

¹⁴¹ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 353



circumcised women were largely more in favour of the practice continuing (81 %) than non-circumcised ones (12 %).¹⁴² For girls aged between 0-14 years, the prevalence significantly varied based on whether their mother had undergone FGM/C: in cases where the mother had undergone FGM/C, 80 % of the girls also underwent FGM/C, while when the mother had not, 15 % of the girls underwent the practice.¹⁴³

Social pressure

Another driver for FGM/C, according to the expert interviewed, was social pressure and the perception that links FGM/C to purity, ‘cleanliness’ for women, which can have an impact on their marriage prospects. If a woman has not undergone FGM/C, her marriage prospects are limited since most men want to marry a woman who has undergone FGM/C.¹⁴⁴ Social pressure as a driver for FGM/C can also manifest in the treatment of a woman who has not undergone FGM/C, by her husband’s other wives if she is in a polygamous relationship. In this case, a woman who has not undergone FGM/C could be mocked, laughed at and ridiculed by her husband’s other wives.¹⁴⁵ The expert interviewed also indicated that an additional driver linked to FGM was the belief that ‘this was how things were always done’ in the previous generations until the present, meaning women had always undergone FGM/C in these communities.¹⁴⁶

5. Role of national and international organizations and NGOs

No information could be found, in the limits of this report, on formal/state protection mechanisms for the protection of women and girls against FGM/C such as shelters, or on reporting mechanisms against the practice.

According to 28 Too Many, there was a significant number of international as well as national and local organisations active in Mali, with a focus ranging from general health and reproductive rights, gender equality and improving women’s well-being to more specialised ones focusing on ending the practice of FGM/C.¹⁴⁷

¹⁴² Mali, INSTAT and ICF, 2018 Mali Demographic and Health Survey Key Findings, August 2019, [url](#), p. 15

¹⁴³ Mali, INSTAT et al., Enquête Démographique et de Santé au Mali 2018, Août 2019, [url](#), p. 348

¹⁴⁴ Interview with expert 1, 2 May 2022

¹⁴⁵ Interview with expert 1, 2 May 2022

¹⁴⁶ Interview with expert 1, 2 May 2022

¹⁴⁷ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), pp. 79 - 89



These international organisations included [Équilibres & Populations](#), [Helvetas Swiss Intercooperation \(HSI\)](#), [IAMANEH Suisse](#), [Plan International – Mali](#), Population Council – Mali, [Save The Children – Sweden](#), [Tostan](#), [UN Women](#), [UNICEF Mali](#), UNICEF-UNFPA Joint Programme – Mali (UNJP), [USAID](#) and other organisations.¹⁴⁸ The national and local organisations included [Aid for the Development of Traditional Medicine \(AIDEMET\)](#), Association Malienne pour le Suivi et L’Orientation des Pratiques Traditionnelles (AMSOPT), Appui à la Promotion des Aides Familiales (APAF), [Association pour le Progrès et la Défense des Droits des Femmes Maliennes \(APDF\)](#), [Association of Support in the Development of Activities of the Population \(ASDAP\)](#), [Association pour la promotion des Droits et pour le Bien-Être de l’Enfant et de la Famille \(APSEF\)](#), Comité d’Action pour les Droits de l’Enfant et de la Femme (CADEF), Centre Djoliba, [Développement Holistique Africa au Mali \(DHA\)](#), Groupe de Recherche, d’Étude, de Formation Femme Action (GREFFA), Musow-Jigi, Nyeta-Sira, Réseau de Lutte Contre les Mutilations Génitales Féminines (RML/MGF), [Sini Sanuman](#) and TAGNE.¹⁴⁹

In 2011, Mali joined the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation (UNJP).¹⁵⁰ UNICEF and UNFPA, through the UNJP, aim to ‘tackle female genital mutilation through interventions’, including collaboration with communities to transform social norms from within, as well as collaboration with governments to promote laws prohibiting FGM/C and to ensure girls’ access to services for child protection and sexual and reproductive health.¹⁵¹

UNFPA and UNICEF noted that, as of the 1990s, the government of Mali started collaborating with women’s organisations in order to strengthen what was described as ‘the ongoing advocacy’ against FGM/C. Despite the absence of a law against FGM/C, there were some advocacy instruments against FGM/C, such as the 1999 circular letter by the Ministry of Health that prohibited the practice of FGM/C in medical facilities.¹⁵² 28 Too Many observed in 2019 that NGOs had been working in Mali to stop FGM/C since the 1960s.¹⁵³ However, issues like infrastructure, lack of sustainable funding, the ongoing conflict in northern Mali, and support of FGM/C by some religious leaders continued to constitute challenges in stopping the practice.¹⁵⁴

UNICEF, in its 2021 Annual Report, highlighted that its campaign aiming to change harmful gender-social norms, promote girls’ education and gender equality in education, managed to prevent 445 FGM/C cases in Mali.¹⁵⁵

UNFPA and UNICEF reported that in 2020, through the Joint Programme, 317 new village communities in Kayes, Ségou and Koulikoro signed public declarations to eliminate FGM/C.

¹⁴⁸ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), pp. 79 - 83

¹⁴⁹ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), pp. 84 - 89

¹⁵⁰ 28 Too Many, Mali: The law and FGM, September 2018, [url](#), p. 6

¹⁵¹ UNICEF, UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, June 2021, [url](#)

¹⁵² UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Country Case Studies. Annual Report 2020, September 2021, [url](#), p. 57

¹⁵³ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 72

¹⁵⁴ 28 Too Many, Country Profile: FGM in Mali, 2014, 2nd edition December 2020, [url](#), p. 90

¹⁵⁵ UNICEF, Country Office Annual Report 2021, Mali, n.d., [url](#), p. 5



Each village community had put in place what was described as an ‘early warning alert and respond’ community network in order to monitor cases of FGM/C following public declarations.¹⁵⁶ Through the community networks in Kayes, Koulikoro, Sikasso, Ségou and Bamako, 4 820 people (1 027 men, 2 791 women, 338 boys and 664 girls) participated in awareness-raising sessions.¹⁵⁷ In 2020, through these networks run by adolescent girls and young people, 165 girls aged 0-9 were prevented from undergoing FGM/C.¹⁵⁸

6. Consequences and treatment of women and girls refusing to undergo FGM/C

The organisation End FGM reported in 2018 that, according to Plan International¹⁵⁹, ‘the daughters of displaced families from the North (where FGM/C is not traditionally practiced)¹⁶⁰, but who are living amongst host communities in the South (where FGM/C is common), were being ostracised due to not being circumcised. This, in turn, led to families from the North feeling pressure to perform FGM/C on their daughters.’¹⁶¹

In July 2017, the Belgian country of origin information research unit, Cedoca, on the topic of the social consequences for girls who had not undergone FGM/C, noted that, according to a member of the organisation TAGNE, while the consequences on schooling and healthcare access for girls who had not undergone FGM/C were [informal translation] ‘insignificant’, there was the possibility of being socially stigmatised by some classmates. They added that in some villages, a girl who had not undergone FGM/C [informal translation] ‘will have serious problems with her husband; she can't get married’ and that a woman who had not undergone FGM/C [informal translation] ‘cannot become responsible for a family. To marry a non-excised is to be rejected by society.’¹⁶²

Similarly, Expert 1, interviewed on 2 May 2022 stated that with regards to marriage prospects, if a woman has not undergone FGM/C, her marriage prospects could be limited since most men want to marry a woman who has undergone it. In some extreme cases, if a man marries a

¹⁵⁶UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Performance Report. Annual Report 2020, September 2021, [url](#), p. 35

¹⁵⁷UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Performance Report. Annual Report 2020, September 2021, [url](#), p. 37

¹⁵⁸UNFPA - UNICEF, Joint Programme on the Elimination of Female Genital Mutilation, FGM elimination and COVID-19: Sustaining the momentum. Performance Report. Annual Report 2020, September 2021, [url](#), p. 35, 37

¹⁵⁹ The original report by Plan International containing this information could be found

¹⁶⁰ According to OECD, North in Mali consists of the regions of Tombouctou, Gao and Kidal. Source: OECD, Northern Mali at a glance, n.d., [url](#)

¹⁶¹ End FGM European Network, Briefing - FGM in a humanitarian context, August 2018, [url](#), p. 3

¹⁶² Belgium, Cedoca, Mali. Les mutilations génitales féminines (MGF), 18 Juillet 2017, [url](#), p. 20



woman who has not undergone FGM/C and he finds out after the marriage, he can repudiate and return her to her parents, which is considered very shameful for the family.¹⁶³

A member of the organisation Malian Association for the Monitoring and Orientation of Traditional Practices (*Association malienne pour le suivi et l'orientation des pratiques traditionnelles* - AMSOPT) interviewed by Cedoca in 2017 indicated that a girl who had not undergone FGM/C was considered [informal translation] 'impure, repugnant, she is treated as promiscuous' and is described with a derogatory term. They added that for a girl who had not undergone FGM/C, social integration was challenging because [informal translation] 'she will always be stigmatised and her chance of finding a husband is very slim because no man will want a non-circumcised woman.'¹⁶⁴

Malian journalist Seydou Koné noted that women not having undergone FGM/C faced social pressure and the [informal translation] 'weight of tradition', making it difficult not to comply.¹⁶⁵ Additionally, the expert interviewed in May 2022, noted that a woman who has not undergone FGM/C and who is in a polygamous relationship may be mocked, laughed at and ridiculed by her husband's other wives.¹⁶⁶

Parents who refuse to have their children undergo FGM/C [informal translation] 'risk being excluded by other members of the extended family because they will have challenged the authority of the family, challenged [...] the union of the family unit', AMSOPT noted.¹⁶⁷

Social pressure to undergo FGM/C

According to the expert interviewed in May 2022, one option for women who have not undergone FGM/C is to get married to someone outside their community, preferably who do not practice FGM/C, in which case the absence of FGM/C should not be an 'issue'. Alternatively, they could go to large cities and move out of rural areas. During the expert's field study, it was reported that there were women who had not undergone FGM/C and had already had children and who, because of the social pressure linked to FGM/C and of the perception of cleanliness and purity surrounding the practice of FGM/C, decided to undergo FGM/C as adults, due to the social pressure they were subject.¹⁶⁸

Another example of treatment of women who have not undergone FGM/C was, according to the expert interviewed, the case of a woman who reached out to healthcare workers to ask for guidance. Her husband's business was not successful, and he attributed that lack of success to the fact that his wife had not undergone FGM/C and the perception that she was therefore not pure, thus it was bringing bad luck to his business. This treatment was causing the woman distress and pushing her to undergo FGM/C.¹⁶⁹

¹⁶³ Interview with expert 1, 2 May 2022

¹⁶⁴ Belgium, Cedoca, Mali. Les mutilations génitales féminines (MGF), 18 Juillet 2017, [url](#), p. 20

¹⁶⁵ Koné, S., Au Mali, l'excision une plaie ouverte, 27 July 2014, [url](#)

¹⁶⁶ Interview with expert 1, 2 May 2022

¹⁶⁷ Belgium, Cedoca, Mali. Les mutilations génitales féminines (MGF), 18 Juillet 2017, [url](#), p. 20

¹⁶⁸ Interview with expert 1, 2 May 2022

¹⁶⁹ Interview with expert 1, 2 May 2022





The organisation Plan International Mali documented the case of a young girl from an internally displaced family in the Ségou Region. The girl had not undergone FGM/C and she and her family were living with a host family. According to the source, the host family, who practiced FGM/C, influenced the girl's father, by telling him that 'if it is not done, he will be an outcast in the community' and he was convinced that not having his daughter undergo FGM/C "would lead her to debauchery". Through external intervention, the girl's father was eventually convinced not to have her undergo FGM/C.¹⁷⁰

¹⁷⁰ Plan International, Meet the man fighting FGM in Mali, n.d., [url](#)





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Annex 2: Terms of Reference

Introduction and Methodology

1. General information on Female Genital Mutilation/Cutting in Mali
2. The legal framework
 - a. National legislation: Constitution, Penal Code
 - b. International obligations
 - c. Implementation and enforcement of the law
 - d. National programmes, policies, action plans against FGM/C
3. Statistics and prevalence
 - a. Datasets
 - b. Prevalence and trends
 - c. Types/forms of FGM/C
 - d. FGM/C Performers
4. Societal attitudes and drivers
 - a. Societal attitudes towards FGM/C
 - b. Drivers
5. Role of national and international organisations and NGOs
6. Consequences and treatment of women and girls refusing to undergo FGM/C



