



Mali: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:

The most common forms of female genital mutilation (FGM) or female genital cutting (FGC) throughout Mali are Type I (commonly referred to as clitoridectomy) and Type II (commonly referred to as excision), despite the fact that Malian women's groups have been actively campaigning against this practice for over a decade. The more radical form, Type III (commonly referred to as infibulation), is practiced in some of the southern areas of the country.

The incidence of these procedures among the women varies very little by age, religion or level of education. A recent survey found that three-quarters of the women between the ages of 15 and 49 favored continuing this practice.

Incidence:

A United States Agency for International Development (USAID) funded Demographic and Health Survey of 9,704 women aged 15 to 49 in Mali was conducted in 1999 jointly by the Malian government and a private firm. The report put the percentage of women in this age range that had undergone one of these procedures at 93.7 percent.

The Commission for the Promotion of Women estimates that as many as 96 percent of women and girls living in rural areas and 92 percent of women and girls living in urban areas have been subjected to one of these procedures. Of the various forms, between 80 and 85 percent of the women affected have been subjected to Type I or Type II.

The practice crosses religious, ethnic, age and geographic lines. Only among the ethnic groups in the north of the country is the prevalence low. The Muslim Songhai, Tuareg and Moor populations, in general, do not practice any form. This accounts for the low prevalence in the northern regions of Tombouctou and Gao - 9.3 percent of the women. These areas are also the most sparsely populated.

The practice is found among more than 95 percent of the women and girls in the southern half of Mali, predominately populated by the Bambara, Soninke, Peul, Dogon and Senoufo ethnic groups. These groups include Muslims and Christians, as well as Animists. In Bamako and Koulikoro in southern Mali, the rates reported are 95.3 percent and 99.3 percent respectively.

The actual practice varies according to ethnic group. In the past this practice was part of the marriage ceremony, the procedure performed on girls aged 14 or 15. The custom has changed and the age lowered. Some groups excise girls at an early age between birth and five years of age. It is common to subject girls as young as 20 days old to the procedure. The rationale is that wounds heal more effectively at a very young age. According to the Population Council, 37 percent of girls undergo the procedure before they reach school age.

Malian girls and women can, however, undergo the procedure at all ages. In some groups, such as the Dogon in the region of Mopti and the Senoufo in the region of Sikasso, the girls are initiated with this procedure being part of the rites. It then becomes part of an age-group rite of passage to womanhood. Girls are excised as part of a celebrated puberty rite. They are then ready for marriage.

Attitudes and Beliefs:

This practice is so deeply rooted in tradition and culture that any challenge to it runs into strong social opposition and repercussions. Women who have not been subjected to one of the procedures or parents who refuse to subject their daughters to it face social pressures and potential ostracism from society. Often women who have not undergone the procedure cannot marry. Malian society considers an individual (male or female) to be a child until circumcised.

Some Bambara and Dogon believe that if the clitoris comes in contact with the baby's head during birth, the child will die. It is their deeply held belief that both the female and the male sex exist within each person at birth and it is necessary to rid the female body of vestiges of maleness to overcome any sexual ambiguity. The clitoris represents the male element in a young girl while the foreskin represents the female element in a young boy. Both must be removed to clearly demarcate the sex of the person.

Another extreme belief of the Bambara men is that upon entering an unexcised woman, a man could be killed by the secretion of a poison from the clitoris upon its contact with the penis. This folk belief acts as a rationale for clitoral excision.

Type I:

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

Type III:

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are then bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

Female traditional birth attendants (TBAs) perform the procedure. They normally earn US\$2-\$5 for each procedure performed, which creates an economic incentive to continue the practice. This, in a country where the annual per capita income is around US\$300.

A special saw-toothed knife is commonly used to perform the operation. TBAs in rural villages have little access to methods for sterilization of the knife or sanitary materials to deal with excessive bleeding. The risk of hemorrhage and infection is high. One Malian doctor estimated that only about four percent of the operations are performed in hospitals by health professionals. Unless performed in a hospital, anesthesia is generally not used.

In some areas of the country, extended families excise all of the girls. If the head of the family or an influential member opposes the procedure, the girls in that family may be spared. In response to older girls objecting to the procedure, some families are excising girls at a younger age.

Outreach Activities:

Outreach activities concerning this practice have been carried out for many years. The Centre Djoliba, a private humanitarian organization linked to the Catholic Church, has been working the longest on these activities. It focuses on scientific and applied research, training and interventions. Its Women's Program includes health information on the practice.

In 1984, the Comite Malien de Lutte Contres Les Pratiques Traditionnelles Nefastes (COMAPRAT) was established. It provided programs on the health effects of the practice for midwives, religious leaders, etc. It was later dissolved in the early 1990's following a change of government. However, a new association, the Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (AMSOPT), was formed. This is the National Committee of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC). It has undertaken instruction of youth and religious leaders throughout Mali about the effects of this practice. It has also held projects for excisors and their assistants.

AMSOPT identifies victims of this practice and gives them medical assistance. It also creates income-generating activities for excisors. In 1997, it provided information and communication sessions in a large number of villages on the harmful health consequences of the practice. Networking activities with village leaders, men, women and Imams to inform them about the harmful effects were carried out. Focal persons were trained in the zone of Kangaba. Retraining and refresher courses were given to 90 focal persons in the zone of Sanankoroba. AMSOPT uses materials such as charts, slides, anatomical models and films in its training process. Theatrical groups and the media are also used to get the message across.

Before the one-party state was overthrown, the women's arm of the party was very active informing women about the dangers of the practice and discouraging it. Since 1991, women's groups have continued this work and urged that the practice be outlawed altogether. However, up to now, the official government response has been to support campaigns against the practice but not to outlaw it.

In December 1996, the government formed a National Action Committee to promote the eradication of harmful health practices against women and children. The Committee's mandate is to develop coherent strategies leading to concrete action against practices that harm women and children. The Committee engages in activities of information and public awareness, including production of audio-visual materials; training; promotion of research; legislation reform; and support of non-governmental organizations (NGOs) that combat these harmful practices.

The National Action Committee is comprised of government representatives from each Ministry, as well as representatives from NGOs, associations, national health and science research institutions and the religious community. The Commissioner for the Promotion of Women heads this Committee. The National Action Committee has established regional committees in Mali's eight regions that formulate local-level action plans and implement programs as set by the Committee.

The Malian government's Commission for the Promotion of Women and the local Population Council office sponsored a national seminar on strategies to eradicate FGM/FGC in Mali from June 17-19, 1997. Approximately 100 people participated, including

the Malian Government Ministers of Health, Education, Justice and Tourism. The former National Assembly President, Ali Nouhoum Diallo, also attended and publicly called for a national law against these practices.

Strategies articulated at this seminar included a national law banning this practice in Mali; information and communication campaigns throughout the country; increased research on this practice and related medical and social implications; information and training for NGOs and government workers; the establishment of a center for the treatment of women who have undergone any of these procedures; the creation of a database for information on the practice; and the promotion of increased information exchange with other West African countries.

At this meeting, the Committee devised the first phase of the Plan of Action for the eradication of FGM/FGC by 2007. This phase is to take place between 1998 and 2002. It includes creation of the database on the practice in Mali; development and implementation of programs to eliminate the practice; and better coordination between national and international organizations.

There is widespread agreement within the government that this practice needs to be eradicated. Government regional offices support eradication efforts by NGOs and associations at the village level. The government supports regional cooperation and has plans to establish an international center in Mali for research and dissemination of information on the practices. Islamic religious leaders, however, remain opposed to ending the practice. These leaders play a prominent role in most communities in Mali. Some political leaders fear these religious leaders who oppose the practice.

Since 1991, two of the most active groups in efforts to inform people about the practice have been the Association for Promoting the Rights of Women (APDF) and the Action Committee for the Rights of Women and Children (CADEF). Their efforts, however, vary from region to region.

In Segou, APDF sponsored a project for "excisors" or the women who perform FGM/FGC. It focused on giving the excisors an alternative way to make a living. It also encouraged former excisors to train and provide information to other excisors. APDF, for example, has offered the use of a grinding mill to former and current excisors to increase the value of their agricultural products such as millet on the local market.

CADEF also conducts information campaigns in Segou. More people are starting to talk openly about this subject and fewer parents are excising their daughters. CADEF and other groups have established information campaigns in the southern towns of Sikasso and Bougouni.

The National Women's Organization (NOW) organizes conferences and study groups on this practice. Radio Mali disseminates information on this and other harmful traditional practices in its Women and Development Program. The United States based Population Council, with an office in Bamako, is funding research studies and providing technical assistance to the National Action Committee in combating all forms of FGM/FGC.

Other NGOs working in the campaign against this practice include the Association de Soutien au Developpement des Activites de Population (ASDAP); Association des Femmes Educatrices (AFEM); Association des Femmes Juristes du Mali (AJM); Health Organization for Population and Environment (HOPE); and Cooperative des Femmes pour l'Education, la Sante Familiale et l'Assainissement (COFESFA).

Until 1997, NGO focus was regional. Now NGOs are beginning to coordinate their efforts in combating this practice. They campaigned actively throughout 1998. In Bamako excisors turned over their knives in highly publicized ceremonies sponsored by AMSOPT.

Legal Status:

FGM/FGC is not specifically illegal in Mali. There are provisions in the Penal Code outlawing assault and grievous bodily harm, however, which might cover this practice. The government of Mali in its National Plan for the Eradication of FGM/FGC by 2007 has stated that this practice may be prohibited under Articles 166 and 171 of the Penal Code covering voluntary strikes or wounds and harmful experimental treatments, respectively.

If a girl were excised against the mother's will (by a relative such as a grandmother, mother-in-law or co-wife) the mother could press charges under these provisions of the Penal Code. However, this option is virtually never used because traditional respect for family ties precludes bringing relatives to court.

As a result of the recommendations made at the June 1997 national seminar, the government charged the National Action Committee to submit draft legislation making these practices illegal in Mali to the National Assembly. In October 1998, the Committee adopted a draft action plan against these practices for submission to the Ministerial Council. So far no law has been passed.

Protection:

An influential head of the family could protect the daughter or daughters of the family from this practice. However, there is usually pressure exerted from other members of the extended family to perform the procedure. Under Malian custom, even if a mother refused to allow her daughter to be excised, another member of the family could have it performed without the mother's

permission.

The government's policy until recently has been not to outlaw the practice. The rationale, according to some, was that girls who bled heavily after being excised might not be brought to the hospital for fear of legal repercussions and girls might bleed to death as a result if the practice was outlawed.

The Penal Code's provisions against assault and grievous bodily harm might provide some protection, although no attempts at prosecution for this practice have been reported. However, the legislation now being prepared to outlaw these practices should offer greater protection for those who oppose the practice.

Outreach groups working to eradicate the practice are only now starting to coordinate their activities in different regions of the country. Some have, in the past, provided shelter and intervention for women seeking to avoid this procedure, but there is no organized intervention available.

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