



FEMALE GENITAL MUTILATION IN MALI

Country Information

Mali lies at the heart of Western Africa. One quarter of the country is part of the Sahara Desert. Some 10% of the country's 13 million inhabitants are nomads, 80 % are farmers. Roughly one in three Malians has access to health services and safe drinking water. The country's largest ethnic groups are the Bambara (who account for 32 % of the total), the Fulbe (14 %), the Senufo (12 %), the Soninké (9 %) and the Tuareg (7 %). The overwhelming majority of the population is Muslim. Almost half of the total population is less than 15 years old. The average life expectancy at birth is 49 years for women, and 47 years for men. The fertility rate is 6.8. Eight percent of women aged between 15 and 49 use contraceptives. On average, girls marry at the age of 16 and a half. Only 15 % of all women and 32 % of all men are able to read and write. Women account for 15 % of the total number of gainfully employed individuals.

Prevalence

In Mali, 92 % of all women between the ages of 15 and 49 have been subjected to FGM, irrespective of their regional, ethnic or religious affiliations. The rates of FGM are significantly lower only among the Sonrai (28 %), the Tamachek (32 %) and the Bozo (76 %). In half of all cases the clitoris is removed (Type I, see WHO classification); the other 50 % of women also sustain removal of the labia (Type II).

WHO Classification

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Depending on their ethnic background, girls are subjected to FGM at different ages, from an age of only a few days to 20 years. The age at which the mutilation is performed also depends on the importance attached to the practice. Among the Yéli-manté and the Dyala-Khasso in the Kayes region, for instance, girls are subjected to FGM at the onset of puberty, so that they are initiated to adulthood and can be handed over to their husbands. The practice is being performed on ever younger girls, and at present 77 % of girls are under the age of five when they undergo cutting. FGM is practised to preserve cultural traditions, to comply with what is thought to be a religious requirement and to control female sexuality. In areas in which almost all women have been mutilated, societal sanctions exert a pressure on individuals to continue the practice.

Formerly a decision was taken by the religious authorities, the village and family elders as well as the grandmothers, whether or not a girl was to be circumcised. Today the decision is more an individual one, and is largely in the hands of women. The circumcisers generally belong to the caste of the blacksmiths; some are midwives. Recently an increasing number of parents, particularly in the towns have been turning to medical personnel. While this so-called "medicalisation" might go some way to reducing health risks in the short term, the long-term damage and the human rights violation represented by FGM remain. In an open letter, medical staff were officially banned from conducting FGM in 1999, but no sanctions are imposed where the ban is ignored. Outside health stations, female genital mutilation is still performed by medical personnel.

FGM is still firmly anchored within Malian society. Three of every four women (76 %) stated that they were in favour of continuing FGM – mostly out of respect for tradition. There is little difference between the opinions of younger and older women. Although, in contrast to less educated mothers in rural areas, mothers in towns stated that they were

in favour of abandoning the practice, 80 % of them had already had their eldest daughter circumcised or were about to do so. In other words, critical attitudes do not equate with overcoming the practice.

Approaches

The Government of Mali picked up on the topic of FGM as far back as the nineteen sixties, and since the 1980s it has been tackling the practice with increasing fervour. In 1997, the National Committee to Overcome Harmful Traditional Practices was established, bringing together, the Ministry for the Promotion of Women, the Ministry of Health and several NGOs. The committee has developed a national action plan to fight FGM (1998 – 2005), which aimed to reduce the nationwide prevalence of FGM to 40%. It took as its entry points the alleged link between religion and FGM, the dilemma faced by women with regard to FGM, the lack of cooperation between NGOs and women's groups, and strategies to convince circumcisers to abandon their profession.

In 1999 the National Committee to Overcome Harmful Traditional Practices was replaced by the National Programme against Excision, which is currently working on a new national action plan for the years 2008 – 2012. The aim is to reduce the nationwide prevalence of FGM to 65 % by 2012. The national programme coordinates activities at strategic and political level and in 2005 hosted the meeting of the Inter-Africa Committee on Traditional Practices (IAC). It networks political and religious decision-makers and NGOs through awareness campaigns and regular network meetings.

Mali has signed most relevant international agreements and conventions on the rights of women and children. In 2005 it ratified the Maputo Protocol on the Rights of Women in Africa. For some time now work has been progressing on drafting an act of parliament, which will make FGM a punishable offence as it already is in other African states. In 2002 the Ministry for the Promotion of Women and the Ministry of Health submitted a pertinent legislative text. Although there is no link between Islam and female genital mutilation, religious leaders torpedoed the anti-FGM legislation in parliament at that time. Since 2002 members of parliament and the Islamic authorities have been informed increasingly about the harmful consequences of the practice, but the Malian government has not yet taken a clear stance on FGM, which is an obstacle to passing an appropriate act of parliament. Currently, a large number of women's groups and NGOs are working to put a stop to female genital mutilation. One of the pioneers in Mali is the Centre Djoliba, a documentation and training centre, which has been in existence since 1964. It conducts

awareness campaigns and studies and runs a database with publications on FGM. The Centre Djoliba also offers seminars / further training courses for the staff of municipal authorities and the health services along with the appropriate didactic materials. Finally, it coordinates a network of NGOs working to eliminate female genital mutilation.

The GTZ's supraregional project "Ending Female Genital Mutilation" supported various NGOs in the Fifth Region around Mopti and in Bamako between 2000 and 2003. Since April 2003, anti-FGM activities have been integrated into a GTZ primary education project, which has been working in schools in the Fifth Region since 1994. The measures aim to put FGM on the curriculum of grades five and six, and to incorporate it in secondary level education inside and outside schools in Mali. In cooperation with the Ministry of Education, the topics HIV/AIDS and FGM will be incorporated into the school curriculum. To allow them to integrate the topic of FGM in their work, teachers, education advisers, head teachers and representatives of women's and youth organisations are being trained in terms of subject matter and didactic skills; also, guidelines for educators are being devised. The discussion about female genital mutilation is being broadened to include the population, by initiating outside schools - parallel to the school-based activities - an exchange of views about family life, tradition and change. Intergenerational dialogue and discussion groups are getting communities involved. Local authorities and women's and youth groups play an important part.

Since 2006, Plan International e.V. has been supporting GTZ in integrating measures to overcome FGM into school and out-of-school education in Mali.

In November 2007 the supraregional project supported a meeting of religious leaders and scholars which focused on the issue of the legitimating of FGM by Islam. The debate was able to lay the foundations for further dialogue, and alliances were forged to foster the adoption of relevant legislation and the destigmatisation of uncircumcised women.

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