STUDY ON FEMALE GENITAL MUTILATION IN TIMBUKTU, MALI, HUMANITARIAN

GBV in Mali

Population: 21,602,668

Proportion of women: 50%

- 49% of women (15-49) have experienced emotional, physical and/or sexual violence
- 68% have never sought help and never told anyone
- 49% of girls are married/in union before the age of 18 and 16% before the age of 15: child marriage

Mali has not yet legislated against the practice of FGM and GBV

Insecurity and resurgence of GBV cases: 9540 in 2021 vs 6605 in 2020: increase of 44%
- **9 in 10 women (89%)** have undergone Female Genital Mutilation

- **3 in 4 women (74%)** before the age of 5 years old

Disparities according to region and ethnicity:

- Kayes: 95%
- Koulikoro: 96%
- Sikasso: 96%
- Segou: 92%
- Bamako: 91%
- Timbuktu: 50%
- Gao and Kidal: 1%; <1%
PERCEPTION and PRACTICES OF FGM

FGM acceptance rate still high in Mali

76% of women and 74% of men declared that the practice of FGM must continue

70% of women and 68% of men believe that FGM is a religious necessity

Person who carried out the FGM:

FGM are carried out mainly by traditional circumcisers:

- 94% of girls aged 0-14
- 89% of women aged 15-49
Humanitarian/Security Context
- Population movements: inter-community conflicts in neighboring regions
- Consequences of floods
- Closure of several schools since 2012 due to the security situation
- Persistent insecurity: protection risks for civilians, limits access to basic social services and humanitarian access to the populations

The prevalence of FGM increased from 44% to 50%.

What explains this situation?

Could it be because of the humanitarian and security situation in the Timbuktu region?
Objectives of the study:

1- Study FGM in the context of a humanitarian and security crisis

2- Improve knowledge on the practice of FGM

3- Support the public authorities for better coordination of activities to fight against HP through decision-making based on up-to-date and quality evidence

4- Support advocacy for a return of development actors to Timbuktu: Humanitarian/Development/Peace Nexus
METHODOLOGY

Quantitative part:
Use and analysis of data from the 2006 and 2018 Demographic and Health Surveys (EDSM)

Qualitative part:
In-depth individual interviews and focus groups.

Individual Interviews

*Key informants:* local authorities, community leaders, religious leaders, NGO officials, government technical service officers (health, gender) and traditional circumcisers.

Focus Group: groups of women and men.

Urban and Rural settings
Factors associated with increased FGM prevalence:
Socio demographic characteristics
- Rural
- Ethnicities: Sonrhai, Fulani, Tuareg and Arabs
- Low level of education (86% women and 70% men)
- Decreased standard of living

Knowledge of FGM in Timbuktu
- The majority of women and men aged 15-49 know about FGM

Practice of FGM among girls aged 0-14 in Timbuktu
- The risk for the daughters of a woman FGM increased from 50 times (2006) to 75 times (2018). Tendency to the perpetuation of the mother-to-daughter phenomenon.
RESULTS: QUALITATIVE

Religious Requirements
- Muslim leaders are opposed to the abandonment of FGM
- Purifies the woman
- Allows the woman to remain faithful to her husband: recommended by Islam

Respect for Tradition
- Initiation of the young girl to the status of woman
- Means of decreasing sensuality and sexual activity of women
- Facilitates the social integration of the girl because it conforms to social norms
Factors associated with increased FGM prevalence

- **Security and Occupation of Jihadists:** Absence of the State and development actors

- **Demographic:** Population mixing, Population displacement

- **Economic:** Poverty of traditional circumcisers

- **Less awareness/communication campaign and FGM monitoring program**
RECOMMENDATIONS

1. Develop / implement laws, policies and sustainable strategies, projects and programs supported by the state budget / Support local actors.
2. Ensure the implementation of the Action Plan for the Timbuktu region: TFP Round Table.
3. Closely monitoring the evolution of the prevalence of female circumcision in Timbuktu: studies, research, GBV database.
4. Promote the reintegration of traditional circumcisers: creation of IGA.
5. Strengthen the presence of the State and its partners to ensure the safety of populations and Nexus HDP.
6. Strengthen economic activities, awareness/prevention and response to the FGM.
Thank you for your attention