

A study of factors influencing Female Genital Mutilation among infants in Mali.

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Abstract

Introduction: *Female genital mutilation encompasses all procedures which entail partial or total removal of the external female genitalia for non-medical purposes (Molina-Gallego et al., 2021). Diouf and Nour (2020) indicated that there are four types of FGM including clitoridectomy, excision, infibulations, and type four which is unclassified. FGM has long been considered as a violation of sexual reproductive and health rights for both girls and women as this cultural practice is associated with high health implications such as excessive bleeding, difficulty in urine passing as well as death of new-borns. Nonetheless, female genital mutilation varies according to age amongst different tribes in Africa. In Mali, this cultural practice is commonly practised among infants before their first birthday. According to the United Nations International Children`s Emergency Fund (2018), approximately 75% of infant girls in Mali have endured a female genital mutilation practice, and this traditional practice has long been perceived as discriminatory, which interferes with the satisfaction of an infant`s fundamental rights in most African countries (Williams-Breault, 2018).*

The origins of female genital mutilation still remain unclear, though it has been acknowledged or documented in Egypt as early as 250 BC, as it was used to preserve a girl`s virginity and curtail premarital sex (Adetunji, 2018). Jeffreys (2014) discovered that although FGM practice had an indefinite origin, different scholars hold the belief that this cultural practice derived from traditional societies which have patriarchal structures. Female genital mutilation has long been practised, predominantly in most African countries during primitive eras, as it was performed among women between the ages of 15-49, but currently this cultural practice is prevalent among female infants (Garba et al., 2012). Kandela (1999) exposed that this cultural practice is performed among infants to remove the clitoris as an accepted procedure for cleansing, and for respect of cultural identity. However, the primary aim of this study is to study factors influencing female genital mutilation among infants in Mali.

Methodology: *The data which was utilized in this study was sourced from the 2018 Mali Demographic and Health Survey. The 2018 Mali Demographic and Health Survey is the 6th DHS conducted in Mali since 1987 and it is a national survey designed to provide data for monitoring population and health status for Malian population. The data was analysed using the Statistical Package for Social Sciences (SPSS) and three approaches namely univariate (frequency distribution), bivariate (Cross Tabulation and Chi-Square test) and multivariate*

(Binary Logistic Regression) analysis were employed. The significance differences were determined using $P < 0.05$.

Results: The study revealed that there is a strong association ($P < 0.00$) between FGM and employment status as majority of unemployed women who had their infants circumcised contributed highest percentages (63.7%) of having their infants circumcised. However, using binary logistic regression, it was observed that there is a strong relationship between female genital mutilation and women who were residing in Koulikoro ($P < 0.00$) as they were 14 times likely to have their infants mutilated compared to women who were residing in Bamako whereas women who were residing in Segou were 10 times likely to have their daughters circumcised compared to women who were residing in Bamako. In addition, based on the binary logistic regression, the study has shown that there is a strong relationship between women who were residing in Mopti ($P < 0.00$) as they were 3 times likely to have their infants circumcised compared to women who were residing in Bamako. The study also revealed that there is a strong correlation between female genital mutilation and never married women ($P < 0.00$) although never married women were less likely to have their infants circumcised.

Table 1. Binary Logistic Regression

Variables	B	Sig.	Exp (B)	95% C.I for EXP (B)	
				Upper	Lower
Age					
15-19	-0.233	0.586	0.792	0.343	1.830
20-24	-0.235	0.562	0.791	0.358	1.748
24-29	-0.068	0.865	0.934	0.426	2.049
30-34	-0.041	0.920	0.960	0.432	2.136
35-39	-0.049	0.906	0.952	0.422	2.151
40-44	-0.037	0.933	0.964	0.406	2.288
45-49	RC				
Female circumcision required by religion					
No	-0.220	0.555	0.803	0.387	1.666
Yes	-0.174	0.592	0.840	0.445	1.587
Don't know	RC				
Type of place of residence					
Urban	0.807	0.007	2.241	1.248	4.026
Rural	RC				
Religion					
Muslim	-1.543	0.031	0.214	0.053	0.868
Christian	-0.994	0.274	0.370	0.062	2.195
No religion	RC				
Highest Level of Education					
No education	0.990	0.069	2.690	0.924	7.832
Primary education	1.246	0.029	3.476	1.137	10.632
Secondary education	1.102	0.042	3.009	1.039	8.720
Higher education	RC				
Employment Status					
Unemployed	0.384	0.012	1.469	1.087	1.984
Employed	RC				
Wealth Index					
Poor	0.644	0.012	1.904	1.154	3.141

Middle	0.217	0.413	1.243	0.739	2.090
Rich	RC				
Region					
Kayes	-0.449	0.174	0.638	0.335	1.219
Koulikoro	2.648	0.000	14.122	6.630	30.080
Sikasso	0.636	0.026	1.889	1.078	3.311
Segou	2.346	0.000	10.442	4.831	22.571
Mopti	1.215	0.003	3.369	1.518	7.475
Toumbouctou	-0.258	0.690	0.773	0.218	2.737
Gao	0.244	0.872	1.276	0.065	24.936
Bamako	RC				
Marital Status					
Never Married	-1.658	0.004	0.190	0.061	0.591
Married	-1.428	0.008	0.240	0.083	0.694
Ever Married	RC				
Access to media					
No	-0.229	0.195	0.795	0.562	1.125
Yes	RC				
Sex of Head of Household					
Male	0.482	0.045	1.620	1.010	2.597
Female	RC				
Female circumcision: continue or be stopped					
Continued	1.166	0.067	3.209	0.923	11.159
Stopped	0.845	0.198	2.327	0.642	8.430
Depends	0.682	0.333	1.978	0.497	7.873
Don't know	RC				

Conclusion: *Female genital mutilation continues to remain a traditional practice which is deeply rooted in cultural standards and this traditional practice is observed as a social mark which promotes social cohesion and assist infants to be culturally accepted by their ancestors, hence majority of women have their infants circumcised. In Mali, the belief of practising FGM remains unquestioned, as women who do not take their infants to this traditional practice are seen as a disgrace within society. As such, majority of women are subjected to take their infants to FGM practice without considering health implications. Nonetheless, it remains unreasonable doubt that Malian government has to take applicable steps to implement resilient educational programs and policies to eradicate this cultural practice.*

In Mali and other African societies, women believe that female circumcision is a religious requirement and the disobedience of it can be associated with misfortune. As such, the use of African feminist perspective in elucidating the prevalence of female genital mutilation among infants played an important role in addressing how culture is attached to female genital mutilation. In furtherance, it has proven a hypothesis that majority of women who reside in rural areas were more likely to have their infants circumcised due to the fact that in most rural communities in Mali and other parts of Africa, the distribution of power is unbalanced, as majority of men have absolute power and control over women`s sexuality due to lack of socio-economic status.

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