

## Perceptions of the Population Regarding the Practice of Excision in Five Districts of the Cscm-U From May to September 2022-Mali

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### Abstract

### Original Research Article

Female genital mutilation (FGM/C) remains a major public health issue, particularly in sub-Saharan Africa. In Mali, prevalence remains high despite decades of interventions. This exploratory qualitative study aimed to understand community perceptions of FGM/C and propose context-adapted strategies for its prevention. The study was conducted from May to September 2022 in five university-affiliated community health centers in Mali. Data were collected through semi-structured individual interviews (n=300), focus group discussions (n=100), and interviews with community leaders, institutional actors, and healthcare providers. A thematic analysis based on Braun and Clarke's framework was performed. Findings indicate that most community members still support the continuation of FGM/C, viewing it as a deeply rooted social norm linked to tradition, religion, and control of female sexuality. Community leaders and healthcare providers are generally more supportive of abandonment, although some favor medicalization. Traditional excisers continue the practice despite training efforts. NGOs mainly rely on awareness-raising and legal enforcement strategies. The study highlights a gap between anti-FGM policies and sociocultural realities. It emphasizes the need for community-based approaches that incorporate local beliefs and behavioral models such as the Health Belief Model. Reorienting strategies toward health promotion and stronger community engagement appears crucial for sustainable change.

**Keywords:** FGM/C, female circumcision, perceptions, qualitative study, Mali, tradition, public health, social norms.

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## INTRODUCTION

Female genital mutilation (FGM/C) remains a major public health problem ten years after the United Nations General Assembly adopted a resolution on its elimination (Organization, 2008). Female genital mutilation (FGM) is a harmful traditional practice that involves the partial or total removal of external female genitalia or other damage to the female genitalia for non-medical reasons (Deguet *et al.*, 2024).

It is estimated that more than 200 million girls and women alive today have undergone female genital mutilation in countries where the practice is concentrated. In addition, each year, an estimated 3

million girls are at risk of undergoing female genital mutilation, the majority of whom are circumcised before the age of 15. Although there has been an overall decline in the prevalence of FGM over the past three decades, not all countries have made progress and the pace of decline has been uneven. The practice is mainly concentrated in the western, eastern and northeastern regions of Africa, as well as in regions such as some countries in the Middle East and Asia (United Nations Children's Fund, 2024).

In Mali, according to the Demographic and Health Survey (DHS VI), about nine out of ten women aged 15-49 (89%) and 73% of girls aged 0-14 are circumcised. In most regions, almost all women are

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circumcised, as for example in Kayes (95 per cent), Koulikoro (96 per cent), Sikasso and Ségou (96 per cent and 92 per cent, respectively) or in the district of Bamako (91 per cent) (INSTAT, n.d.). A comparison of the results of the demographic and health surveys (DHS) carried out from 1995-1996 to 2018 shows no change in the practice of excision (Coulibaly *et al.*, 1996; CPS/MS *et al.*, 2001, 2006; CPS/SSDSPF *et al.*, 2013; INSTAT *et al.*, 2024).

In WHO policy and within the framework of the UN's Sustainable Development Goals, the global community has set itself the goal of abandoning the practice of female genital mutilation by 2030, based on raising awareness among communities, health personnel, community leaders and States to follow up on consensus and laws (UN, 2024; World Health Organization, 2025).

Despite the efforts taken at the national and international levels to eradicate it, it is important to know what factors are likely to explain the persistence of the practice of female circumcision. We asked ourselves about the perception of the population on excision and their opinion for its fight. Are the populations, despite their efforts, still in favour of the practice of excision? What social representations do they make about strategies to combat the practice of excision?

## Objectives

The aim was to understand the population's perception of excision despite the efforts of NGOs. Propose solutions for the fight against FGM/C.

## METHODOLOGY

### Study Type

This was an exploratory qualitative study using semi-structured individual interviews and focus groups, with a thematic analysis approach aimed at exploring communities' perceptions, attitudes and practices regarding FGM. This study was reported in accordance with the criteria COREQ (Consolidated Criteria for Reporting Qualitative Research) (Tong *et al.*, 2007).

### Location and period of study

The study took place from May to September 2022 in five university community health areas (CSCom-U) in Mali: CSCom-U of Banconi (Health District of Commune I of Bamako), CSCom-U of Koniakary (Health District of Kayes, first region), CSCom-U of Ségué (Health District of Kolokani, second region), CSCom-U of Kononbougou (Health District of Barouéli, Ségou region), CSCom-U of Sanoubougou (Sikasso Health District, third region)

These sites have been selected to reflect geographical, socio-cultural and health diversity.

### Participants and sampling strategy

Purposive sampling was used to recruit a variety of participants who were relevant to the objectives of the study.

### Individual interviews (general population)

In each health area, 60 participants were recruited, for a total of 300 individual interviews conducted at home.

### Focus groups

Two focus groups were carried out per health area: a group of women and a group of young men. Each group included 10 participants, for a total of 100 participants. The groups were formed in a homogeneous way in order to promote free expression.

### Community actors

Individual interviews were conducted with: members of ASACO (2 women and 2 men per site, i.e. n = 20), religious and customary leaders (1 imam, 1 neighbourhood/village chief or councillor, 1 Christian religious representative or equivalent, i.e. n = 15), traditional circumcisers (n = 4; absent in two health areas)

### Health Workforce

In each CSCom-U: the Technical Director of the centre (DTC), two maternity staff (one with the most seniority and another with at least two years of experience), two staff members from the infirmary (according to the same criteria) That is a total of n = 25.

### Institutional actors

Interviews were conducted with national actors involved in the fight against FGM (n = 8), including: National Office of Reproductive Health (ONASR), National Gender-Based Violence Programme (PNVBG-MPFEF), UNICEF, Plan International Mali, APDF, ASDAP, AMSOPT, a representative of the justice sector

### Data collection

Data were collected using semi-structured interview guides, developed from the literature and study objectives.

The interviews were conducted by residents in Family Medicine and Community Medicine, previously trained in qualitative research methods. No prior relationship existed between the investigators and the participants.

The interviews were conducted in French or local languages according to the participants' preferences and were then transcribed. The average duration of the interviews and focus groups varied between 30 and 90 minutes.

### Data analysis

The data analysis was carried out using a thematic approach (Braun & Clarke, 2006).

The data was coded using QDA Miner software, with support from Excel (Office 365) for data organization. The coding was done inductively and iteratively.

#### The main themes explored were:

- Perceptions of excision
- attitudes towards abandonment
- Proposed solutions for its eradication

A triangulation of data sources (individual interviews, focus groups, institutional actors) was carried out to strengthen the validity of the results. Data saturation was reached during the collection.

#### Methodological rigor

The credibility of the results was ensured by:

- triangulation of data sources
- the diversity of participants
- Collaborative data analysis
- Achieving data saturation

#### Ethical considerations

Particular attention was paid to the respect of ethical principles.

Participants were informed of the objectives of the study, how to participate and their right to withdraw at any time. Written informed consent was obtained prior to each interview.

For minor participants (15 to 17 years old), consent was obtained in addition to the consent of parents or legal guardians.

The anonymity and confidentiality of the information collected have been strictly respected.

## RESULTS

### *The opinion of users of health services on the practice of female circumcision*

Users were always very much in favour of the practice of female circumcision. More than half of the users reported that excision does not cause fertility complications. Most of the respondents reported that this practice should be maintained because it remains a foundation of our tradition (religion and culture). And for this they opted for the training of circumcisers in order to avoid complications:

*"If we can't do without them, then let's choose some of them and train them on the right way to do it. It's better than giving up."*

#### Community Leaders

The community leaders were the village chief or one of his councillors, the members of ASACO and the mayor. A total of 27 individuals were interviewed. From the analysis of their opinions on the practice, most of them were in favor of abandonment. They all mentioned

the weight of religion and the word tradition as essential factors that push individuals to practice. Those who are in favour of practice suggest that we find a new way of doing practice.

*"People don't see things the same way. I propose that we review the way of doing the practice and to train the circumcisers more... To raise awareness among men and women of childbearing age rather than us, old village chiefs who no longer give birth... "*

"Awareness should not stop, repetition is the soul of education, when you have to educate a human being, you must never stop. To give real examples during awareness-raising".

#### Religious leaders.

Among the religious leaders, all Muslims were in favor and all Christians against the practice of excision. The reasons given for pursuing in addition to religion, the aesthetic reason and the effect on the woman's sexual desire are mentioned.

*"Aesthetics because it's ugly to see a woman's clitoris that has not been excised. It contributes to the decrease of his sexual desire."*

#### Traditional circumcisers.

All traditional circumcisers agreed with the practice of excision and advocated type 1. These circumcisers have all received training on the fight against excision, yet this has not had an impact on their practice because they all continue to do so.

#### Health personnel

Most health workers were in favour or very much in favour of abandoning the practice, i.e. 3/4 of health workers. A third of the participants were in favour of the medicalisation of the practice of excision and more than half never raised awareness of the practice of excision.

#### NGOs

All the NGOs were in favour of the application of the law on the practice of excision. Their modes of action were to raise awareness among the population and health personnel.

## DISCUSSION

This study was carried out by listening to the groups of respondents, without any guidance or external influence, which is a strong point of the study. We have identified the perception - ideology of individuals and communities - to better understand this problem related to excision.

#### Public perception

Users of health services were in favour of continuing the practice of female circumcision, linking practice to religion and sometimes tradition. The

observation is that in the opinion of the population, this practice cannot be abandoned because it remains strongly linked to the very meaning of the existence of society. Quantitative studies support this statement. One of them is the evolution of practice in the various demographic health surveys (DHS) in Mali. For a struggle that began with NGOs about thirty years ago, the effect of this struggle is not as significant, because the prevalences for these five DHS 1998, 2002, 2006, 2013 and 2019 are respectively at 94%, 92%, 85%, 91%, 89%. This is despite the efforts of NGOs and the National Programme for the Fight against Excision (PNLE) which carry out actions at the national level. Tradition is more deeply rooted in society than religious reason because not all religions practice excision.

*"It's an old tradition; I'm in favour of maintaining it. It's a question of honor and the mark of our culture"* (urban group focus).

*"It's a tradition and so is religion (sex education). There is not only the sexual side, a decrease in sexual desire, the uncircumcised girl has a taste that makes men run after her; But there is also fear in front of the uncircumcised girl who comes to give birth. You are also called bilakoro muso"* (urban group focus)

*"The Tradition that dates back thousands of years cannot be abandoned in the easy way"* (Focus rural group).

Excision is therefore perceived as a cultural entity that has been strongly rooted for thousands of years and is necessary to reduce women's desire for certain sexual behaviours in society. This under a strong cover of religion and traditions. There is also a feeling of obligation to do this practice to have a place in society. The term "bilakoro" in Bambara supports these words because it means "small child in the sense of a kid or person who has fallen into the old practice (non-excision but remains an insult)"; confirming and accentuating the effect of religion on the old culture of populations which was not religious but rather pagan.

The effects of religious influence are also observed in the work of Abdulcadir *et al.*, who mentions that among girls and women aged 15 to 49, social acceptance and religion play a significant role.

Proposed solutions are, for example, medicalization or stopping at type I (partial removal of the clitoris)

Community leaders and clerics were in favor of abandoning female circumcision. To judge the place of religion and tradition in the reasons for female circumcision, we asked religious and community leaders to edify us on this issue. We note that the priests have spoken out on this issue by notifying that there is no link between excision and Christianity.

*"The act preceded the religion, and the latter notified it on the directives of the Prophet Mohamed (PBUH) not to cut everything."* Imam

*"Islam does not oblige it, but it is not contraindicated either."* Imam

Given these considerations, why does this practice persist in the name of religion? It appears that this thousand-year-old practice is more rooted in tradition than in religion. Individuals may sometimes invoke actions in the name of religion, even if they are aware that this is not verified, as there is no need to justify oneself before religious laws.

### **Perspective of solution.**

Our State, with the support of NGOs, is not making any significant efforts to combat FGM. According to studies by the EDS editions, it is obvious that this practice will persist for several more years. To increase the effectiveness of our efforts, it is imperative to change our current strategy, which is based primarily on communication, namely raising awareness and informing the population. By taking a community-based approach to addressing this health issue, as well as the Health Belief Model (Carpenter, 2010), and taking into account the testimonies of respondents and health personnel, we believe that awareness campaigns focused on promoting the health of individuals could be more effective in addition to standard control methods.

### **Limitations of the study**

The difficulties encountered were mainly to make people understand that our study was not an activity in favor of abandoning excision but rather to understand their perception of excision. Once this step had been taken, the respondents expressed their feelings. Given the sensitivity of the subject and its difficult approach in the community, we were confronted with difficulties such as the refusal of some service users as well as some community leaders to participate, putting forward as follows:

*"Participating in a study or debate on female circumcision is tantamount to disrespecting our ancestors and our religion."*

A clinical examination in addition to the question on the status of excision would judge the real status of women and girls. This review was not done in this study.

## **CONCLUSION**

As a result, opinions differ on abandoning the practice of female circumcision, despite the efforts made by NGOs to combat the practice for decades. The results of this study indicate that the population is not ready to give up this practice. The question arises as to whether the problem has been adequately addressed: can a thousand-year-old practice be abandoned in the space of 30 years? We believe that sometimes it is essential to

understand people in their environmental context. Given that the consequences of female circumcision can be very serious, depending on the type and technique used, wouldn't it be wise to start by reducing this risk of severity?

## BIBLIOGRAPHIC REFERENCE

1. World Health Organization. Eliminating female genital mutilation: inter-agency statement. <https://www.sidalc.net/search/Record/dig-unesdoc-ark:-48223-pf0000374011/Description>. Accessed March 15, 2025.
2. Deguette C, Liautard M, Garnier-Jardin C, Balençon M. Female genital mutilation among children and adolescents: from identification to care. *Perfect in Pediatrics*. 2024; 7(4):290-298.
3. National Institute of Statistics (INSTAT), Planning and Statistics Unit Health-Social Development and Family Promotion Sector (CPS/SS-DS-PF) and ICF. 2019. Mali Demographic and Health Survey 2018. Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF and ICF.
4. National Institute of Statistics (INSTAT), Planning and Statistics Unit Health-Social Development and Family Promotion Sector (CPS/SS-DS-PF) and ICF. 1996. Demographic and Health Survey in Mali 1996. Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF and ICF.
5. National Institute of Statistics (INSTAT), Planning and Statistics Unit Health-Social Development and Family Promotion Sector (CPS/SS-DS-PF) and ICF. 2001. Demographic and Health Survey in Mali 2001. Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF and ICF.
6. National Institute of Statistics (INSTAT), Planning and Statistics Unit Health-Social Development and Family Promotion Sector (CPS/SS-DS-PF) and ICF. 2012. Mali Demographic and Health Survey 2012. Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF and IC.
7. National Institute of Statistics (INSTAT), Planning and Statistics Unit Health-Social Development and Family Promotion Sector (CPS/SS-DS-PF) and ICF. 2006. Mali Demographic and Health Survey 2006. Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF and IC.
8. Abdulcadir J, Sachs Guedj N, Yaron M, editors. Female genital mutilation/cutting in children and adolescents: illustrated guide to diagnose, assess, inform and report. 2022. <https://library.oapen.org/handle/20.500.12657/54416>.
9. World Health Organization. WHO Guidelines on the Management of Complications of Female Genital Mutilation: Guidance Summary. 2016.
10. Female genital mutilation. Available on: <https://www.who.int/health-topics/female-genital-mutilation>
11. Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International journal for quality in health care*, 19(6), 349-357.
12. United Nations. Sustainable Development Goals. 2018.
13. Carpenter CJ. A Meta-Analysis of the Effectiveness of Health Belief Model Variables in Predicting Behavior. *Health Commun*. Nov 30, 2010; 25(8):661-9.