

# Female Genital Mutilation/Cutting in Mali and Mauritania

BSPS 2016

# What is FGM/C and why is it important?

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*“Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”<sup>1</sup>*

- When referring to FGM/C, we acknowledge that this is a **normative and culturally-bound** practice that is hard to discuss without taking an (implicitly) subjective view
- FGM/C can lead to serious, and in some cases life-threatening complications
- It is also considered by many individuals and institutions to be a significant **public health and human rights** issue

# What do we know?

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In over 30 countries, more than 200 million women and girls who are alive today have undergone FGM/C <sup>1</sup>

- Most of these are in North, West, and Central Africa
- But beyond broad estimates, there is limited quantitative research
- Most quantitative research carries out a cross-sectional analysis of a single country to describe prevalence rates <sup>2</sup>
- As well as the socio-demographic characteristics of women and girls who have undergone FGM/C <sup>2</sup>
  - Again, this is almost always a snapshot for one country at one point in time

## Aims of this research

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We study two neighbouring West African countries:  
Mali and Mauritania

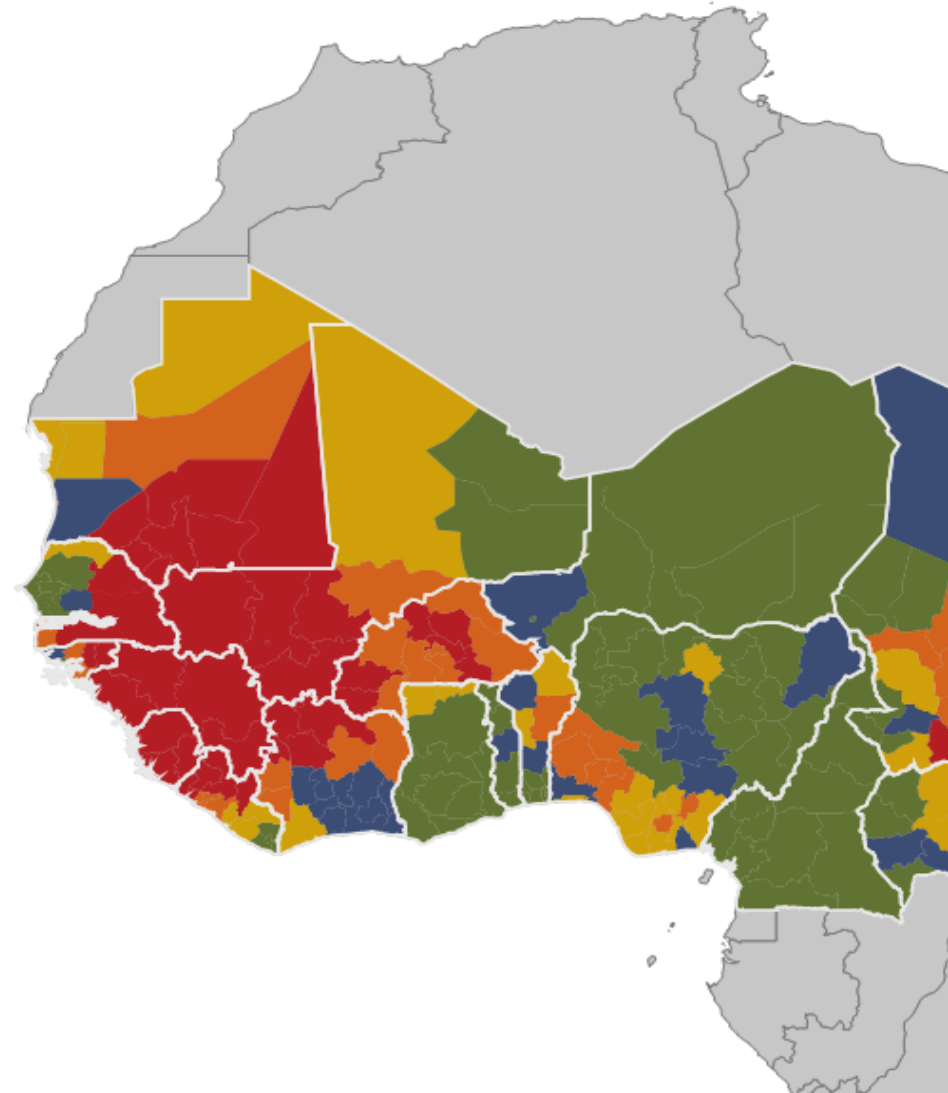
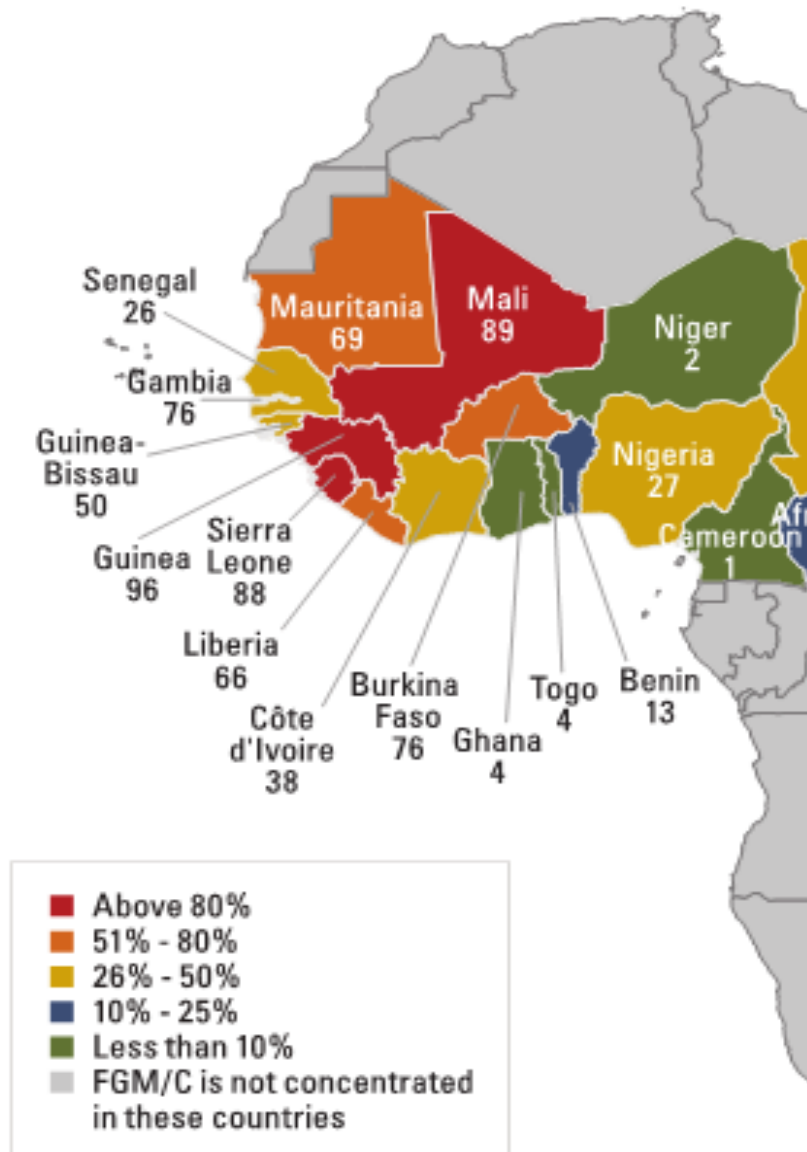
Our research questions are:

- What are the long-term trends in FGM/C practices in Mali and Mauritania?
- Have national policies reduced FGM/C practices in Mauritania?
  - As compared with Mali, which is a similar context, except that Mali did not introduce prohibitive legislation in 2005

There is a lack of research that attempts to address similar questions relating to FGM/C

# Prevalence

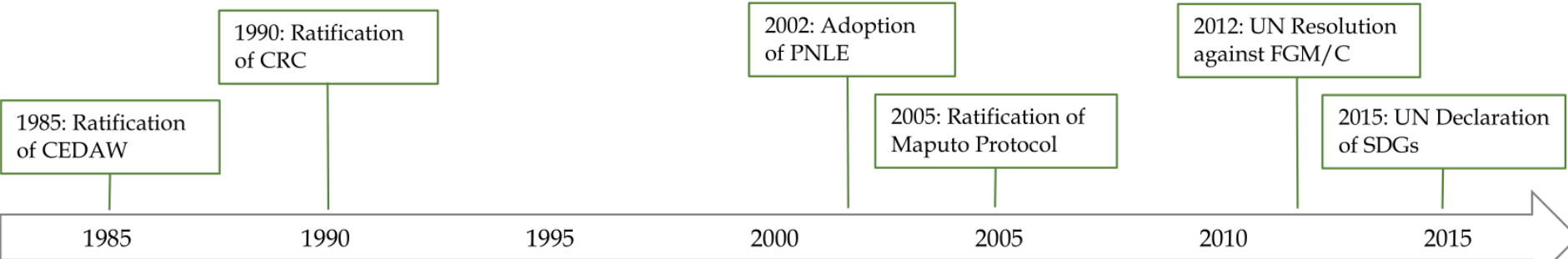
The % of women 15-49 who have undergone FGM/C



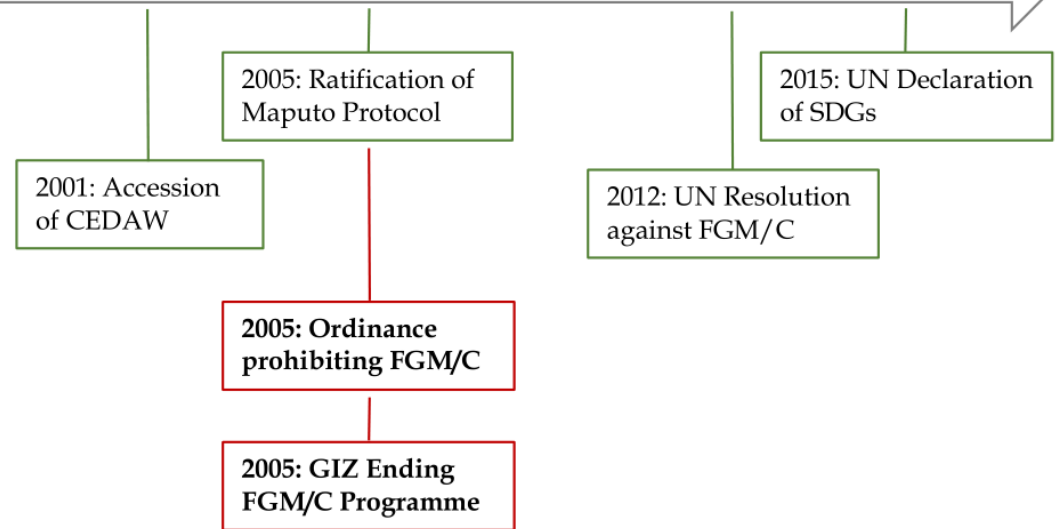
# Mauritania introduces a significant policy in 2005



## Mali



## Mauritania



Note: GIZ was specific to bordering regions in the south-east of Mauritania

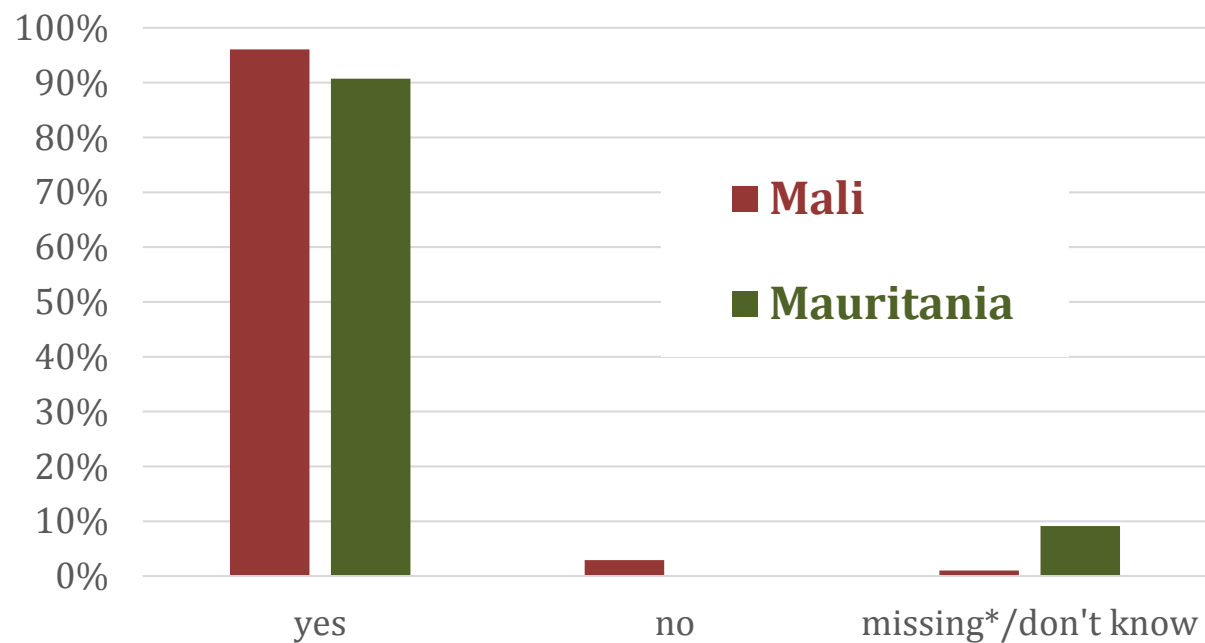
## Data and method

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- Data from DHS and MICS <sup>1</sup>
- Construct cohort trends in prevalence
  - Using women's reports of their daughter's FGM/C status
  - Plus information from birth history on year of birth
  - And covariates from individual and household questions
  - We also take account of survey design where relevant
- Carry out a difference-in-difference (DID) analysis to evaluate the impact of the 2005 policy

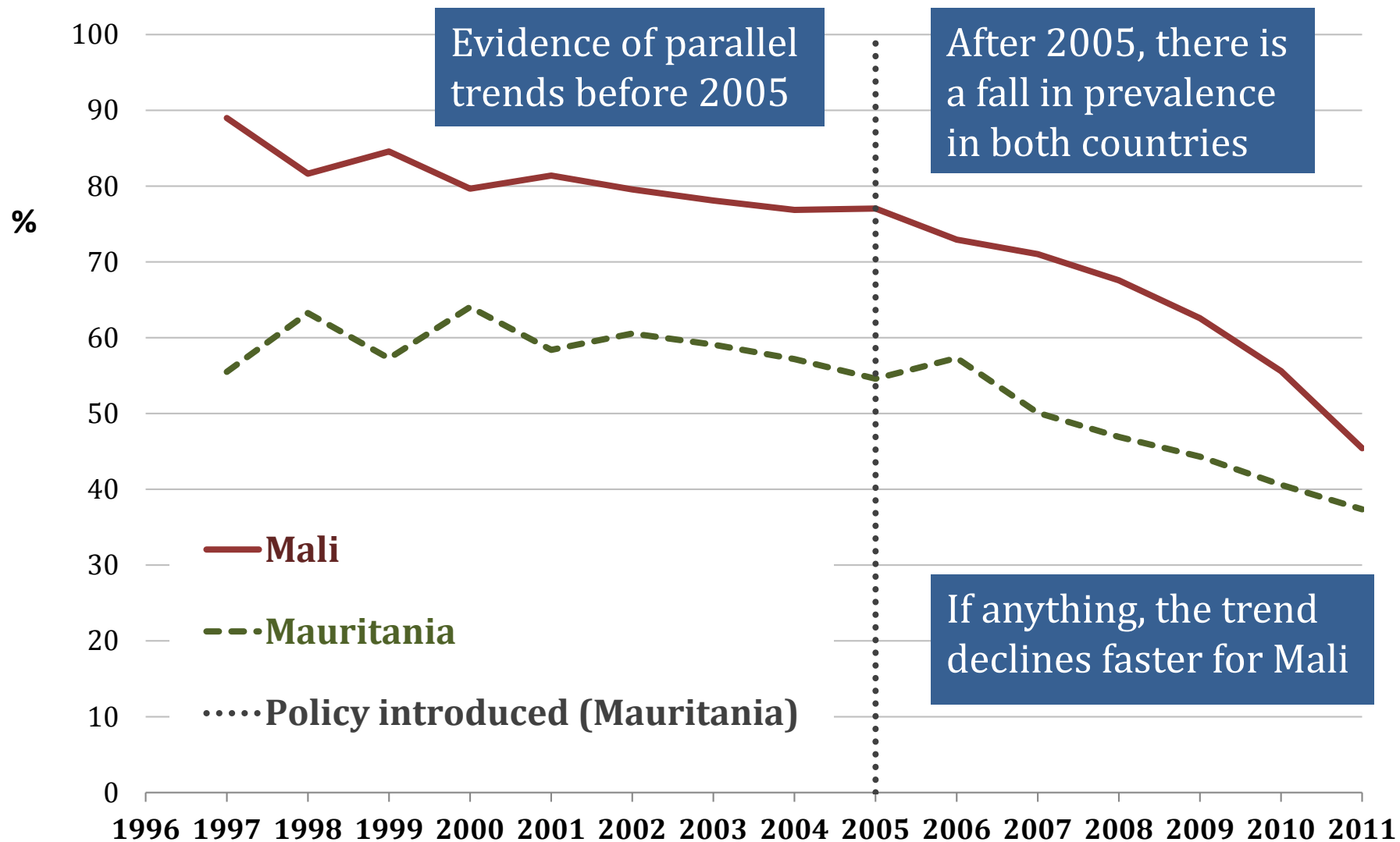
## FGM/C was carried out before age 5?

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## Trends by birth cohort - The % of women 15-49 who have undergone FGM/C



## Initial conclusions

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- Notable problems with data quality
  - e.g. with age and year of birth
- Nevertheless, we can construct reliable cohort trends
  - robust to different methods of estimation
- These trends show a decline in FGM/C
- But it looks like the policy had no significant impact

## Checking with a robust DID

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- › We run full models for all birth cohorts 1997-2011
  - These are not shown, but indicate that the policy had no impact
- › We then run models for 1997-99 vs 2006-08
  - **This ensures that all women who undergo FGM/C up to age 5 are included in the comparison**
  - We use three specifications:
    - a) DID with country and birth cohort fixed effects
    - b) ... adding region fixed effects
    - c) ... adding covariates

# DID regression results

	<b>Models 1996-98 vs 2006-08</b>		
	(a)	(b)	(c)
<b>Policy</b>			
No (ref. category)	-	-	-
Yes	<b>0.05</b>	<b>0.04</b>	<b>0.05</b>
<b>Place of residence</b>			
Urban (ref. Category)			-
Rural			-0.01
<b>Wealth</b>			
Poorest (ref. category)			-
Poorer			0.02
Middle			-0.04
Richer			-0.05
Richest			-0.06
<b>Education</b>			
No education (ref. category)			-
Some education			-0.04
<b>Country fixed effects</b>	yes	yes	yes
<b>Region fixed effects</b>	no	yes	yes
<b>Year of birth fixed effects</b>	yes	yes	yes

## Results

There is no significant impact of the 2005 policy on FGM/C prevalence in Mauritania

And no difference between any of the models

\*p<0.05 \*\*p<0.01 \*\*\*p<0.001

## Our initial conclusions are confirmed

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- It looks like there is a general decline in FGM/C prevalence **in both countries**
- But the 2005 policy in Mauritania seems to have had no (additional) impact
- How certain are we about this?
- And if we believe this result, then why did the policy have no impact on FGM/C prevalence?

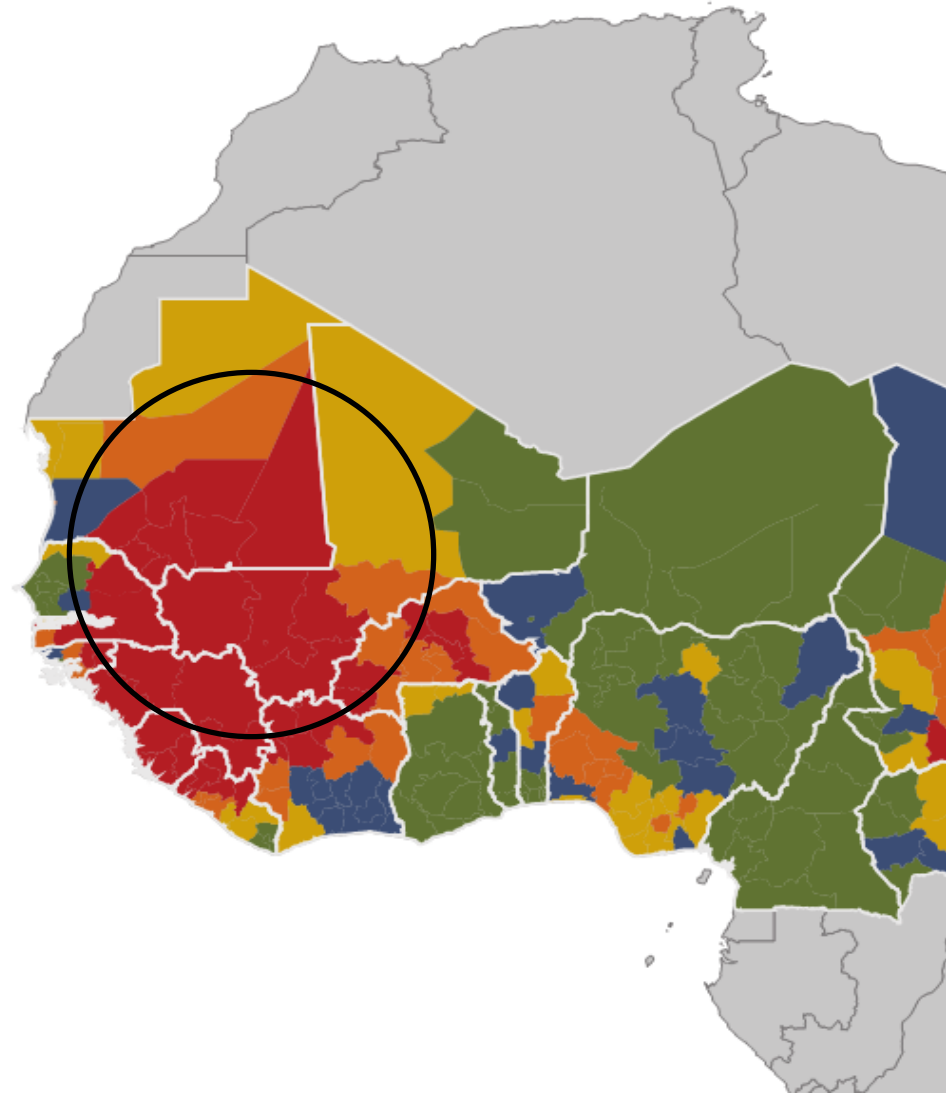
## Refining the analysis to **high prevalence border regions**

Checking the reliability of our evaluation using regional differences

Recall that there are differences between prevalence rates within Mali and Mauritania

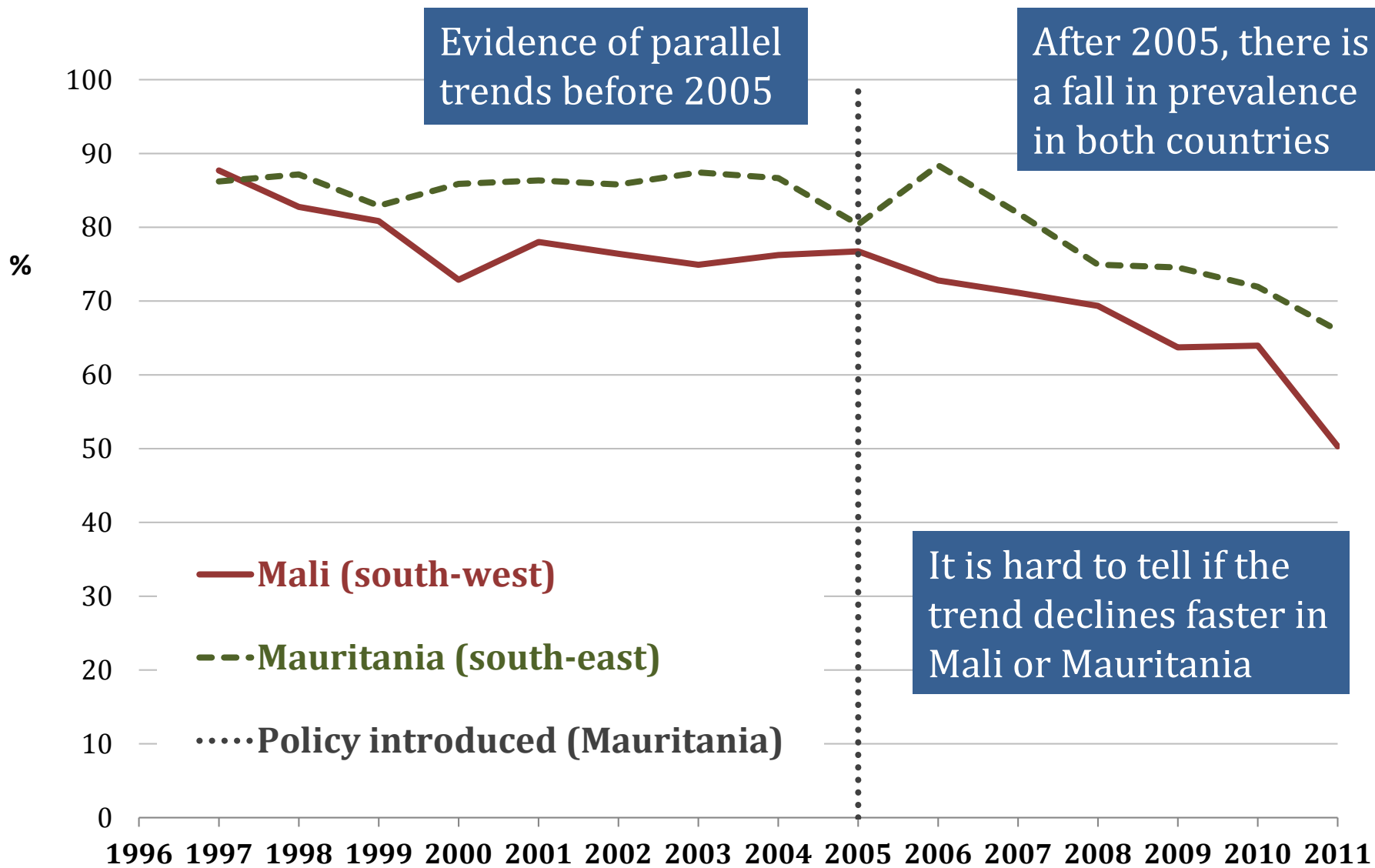
**Instead of analysing national trends, we focus on the high-prevalence bordering regions**

Those in the south-east of Mauritania and the south-west of Mali



# Trends for the **high prevalence border regions**

The % of women 15-49 who have undergone FGM/C



# DID regression results: **high prevalence border regions**

	<b>Models 1996-98 vs 2006-08</b>		
	(a)	(b)	(c)
<b>Policy</b>			
No (ref. category)	-	-	-
Yes	<b>0.07*</b>	<b>0.07*</b>	<b>0.07*</b>
<b>Place of residence</b>			
Urban (ref. Category)			-
Rural			0.01
<b>Wealth</b>			
Poorest (ref. category)			-
Poorer			0.00
Middle			-0.04
Richer			-0.06
Richest			-0.04
<b>Education</b>			
No education (ref. category)			-
Some education			-0.04
<b>Country fixed effects</b>	yes	yes	yes
<b>Region fixed effects</b>	no	yes	yes
<b>Year of birth fixed effects</b>	yes	yes	yes

## Results

There is some evidence of a significant **negative** impact of the 2005 policy on FGM/C prevalence in bordering regions of Mauritania

The fall in prevalence after 2005 is lower in regions that are covered by the policy

## Models:

(a) DID with country and birth cohort fixed effects

(b) ... adding region fixed effects

(c) ... adding covariates

\*p<0.05 \*\*p<0.01 \*\*\*p<0.001



## Discussion

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- There has been a general decline in FGM/C prevalence in Mali and Mauritania since 2000-2005
- But no apparent impact of specific policies that were implemented in Mauritania in 2005

- **Why did the policy have no impact on FGM/C prevalence?**

More research needed, but the policy may not have been implemented or enforced (*de jure vs de facto*)

- **Does this mean that FGM/C policies are not beneficial?**

No! But it does imply, at least for this Mauritanian policy, that the benefits are subtle. And it is hard to evaluate the benefits (past and present) without more research and new data collection.

# Recommendations

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- **We need to think carefully** when trying to attribute declines in FGM/C prevalence to the successful introduction of social policies
- For some countries **we can reconstruct reliable cohort trends**
- With these, **we can estimate the impact of policies** (if we make use of suitable evaluation methods)
- But **we need better data**, especially if we want to go beyond these approaches

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# THANK YOU FOR YOUR ATTENTION

**Acknowledgements:**

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We would also like to acknowledge the DHS and MICS data support teams  
for their assistance with this research.*

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# **APPENDIX**

# The nations and their regions

