

**Gaëlle Catherine Vanderstichelen**

**(2022104267)**

**TRAINEESHIP REPORT**

**2C Humanitarian Action, Cooperation  
and Development**

**Universidade Fernando Pessoa (UFP)**

**Porto, 2024**

# Traineeship Report

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**2C Humanitarian Action, Cooperation  
and Development**

Signature of the student:



Work presented to Universidade Fernando Pessoa  
as part of the requirement for the attainment of the degree of  
Master in Humanitarian Action, Cooperation and Development,  
under the supervision of **Professor Isabel Silva**.

**Universidade Fernando Pessoa (UFP)**

**Porto, 2024**

Institution and location of the traineeship:

Doctors of the World Belgium (DoTW) –  
International Operations Department

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## Abstract

This internship report presents an overview of my experience and learning throughout a six-month internship at Doctors of the World Belgium in the International Operations Department. The primary objectives of this internship were to gain experience and practical insight into the humanitarian field and to apply the theoretical knowledge acquired through the Humanitarian Action, Cooperation, and Development Master at Universidade Fernando Pessoa. This report presents the organization and its main activities, projects, and thematics. The tasks undertaken include project monitoring, report and project proposal reviewing, and support for meetings. The challenges faced and strategies to overcome them are also described. Through this internship, I had the opportunity to work with the international operations department and mainly focused on projects in Sahel countries such as Mali and Niger. The conclusion highlights the key takeaways from this internship experience. Overall, this internship provided a valuable learning opportunity, enhanced my understanding of humanitarian work, and gave me a rewarding first work experience. This internship report also contains a scientific article titled: “Bridging Perspectives: Investigating Cultural and Sociocultural Drivers of Female Genital Mutilation in Mali and Male Engagement”.

**Keywords:** Doctors of the World Belgium, International Operations Department, internship, humanitarian health, scientific article.

## Abstract

Este relatório de estágio apresenta uma visão geral da minha experiência e aprendizagem ao longo de um estágio de seis meses nos Médicos do Mundo Bélgica, no Departamento de Operações Internacionais. Os principais objetivos deste estágio foram ganhar experiência e conhecimentos práticos na área humanitária e aplicar os conhecimentos teóricos adquiridos no Mestrado em Ação Humanitária, Cooperação e Desenvolvimento da Universidade Fernando Pessoa. Este relatório apresenta a organização e as suas principais actividades, projetos e temáticas. As tarefas desenvolvidas incluem o acompanhamento de projetos, a revisão de relatórios e propostas de projetos e o apoio a reuniões. São também descritos os desafios enfrentados e as estratégias para os ultrapassar. Através deste estágio, tive a oportunidade de trabalhar com o departamento de operações internacionais e centrei-me principalmente em projetos em países do Sahel, como o Mali e o Níger. A conclusão destaca as principais conclusões desta experiência de estágio. De um modo geral, este estágio proporcionou uma valiosa oportunidade de aprendizagem, melhorou a minha compreensão do trabalho humanitário e deu-me uma primeira experiência de trabalho gratificante. Este relatório de estágio também contém um artigo científico intitulado: "Bridging Perspectives: Investigando os fatores culturais e socioculturais da mutilação genital feminina no Mali e o envolvimento masculino".

**Palavras-chave:** Médicos do Mundo Bélgica, Departamento de Operações Internacionais, estágio, saúde humanitária, artigo científico.

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# Table of Contents

<b>ABSTRACT .....</b>	<b>4</b>
<b>ABSTRACT .....</b>	<b>5</b>
<b>ACKNOWLEDGMENTS .....</b>	<b>6</b>
<b>TABLE OF CONTENTS .....</b>	<b>7</b>
<b>TABLE OF FIGURES.....</b>	<b>9</b>
<b>ABBREVIATION LIST .....</b>	<b>10</b>
<b>CHAPTER I. INTRODUCTION.....</b>	<b>11</b>
<b>CHAPTER II. CONCEPTS AND DEFINITIONS.....</b>	<b>13</b>
1. <b>THEORY OF CHANGE (TOC).....</b>	<b>13</b>
2. <b>THE FIVE THEMES OF DOCTORS OF THE WORLD .....</b>	<b>13</b>
a. <i>Conflict and Crisis (C&amp;C).....</i>	<i>13</i>
b. <i>Sexual and Reproductive Health and Rights (SRHR) .....</i>	<i>13</i>
c. <i>Refugees and Migrants .....</i>	<i>14</i>
d. <i>Risk Reduction.....</i>	<i>14</i>
e. <i>One Health (OH) - health, environment, and animal health .....</i>	<i>14</i>
3. <b>THE TRANSVERSAL THEMES OF DOCTORS OF THE WORLD .....</b>	<b>15</b>
<b>CHAPTER III. THE INTERNSHIP .....</b>	<b>16</b>
1. <b>CONTEXT OF THE INTERNSHIP .....</b>	<b>16</b>
a. <i>Doctors of the World Belgium (DoTW) .....</i>	<i>16</i>
b. <i>Trainee at Doctors of the World Belgium .....</i>	<i>18</i>
2. <b>ANALYSIS AND INTERPRETATION .....</b>	<b>21</b>
a. <i>Analysis of the tasks.....</i>	<i>21</i>
b. <i>Difficulties encountered .....</i>	<i>21</i>
c. <i>Skills acquired through the internship.....</i>	<i>23</i>
3. <b>CULTURAL DIFFERENCES .....</b>	<b>24</b>
<b>CHAPTER IV. CONCLUSION.....</b>	<b>25</b>
<b>CHAPTER V. BIBLIOGRAPHY .....</b>	<b>26</b>
<b>CHAPTER VI. SCIENTIFIC ARTICLE.....</b>	<b>27</b>
<b>ABSTRACT .....</b>	<b>29</b>
<b>TABLE OF CONTENTS .....</b>	<b>30</b>
<b>TABLE OF FIGURES.....</b>	<b>31</b>

<b>ABBREVIATION LIST .....</b>	<b>32</b>
<b>INTRODUCTION.....</b>	<b>33</b>
BACKGROUND AND RELEVANCE.....	33
RESEARCH QUESTION, OBJECTIVES, AND GOALS .....	35
<b>METHODS.....</b>	<b>36</b>
RESEARCH NATURE, TYPE, AND DESIGN.....	36
DATA COLLECTION AND DATA SELECTION .....	36
DATA ANALYSIS.....	38
VALIDITY AND RELIABILITY .....	39
ETHICAL APPROVAL AND FUNDING SOURCE .....	39
<b>RESULTS .....</b>	<b>40</b>
CULTURAL AND SOCIOCULTURAL DRIVERS BEHIND THE PREVALENCE OF FEMALE GENITAL MUTILATION IN MALI .....	46
<i>Female genital mutilation trends in Mali - The situation in Mali.....</i>	<i>46</i>
<i>Overview of the general cultural and sociocultural drivers of female genital mutilation .....</i>	<i>47</i>
<i>Cultural and sociocultural drivers of female genital mutilation specific to Mali .....</i>	<i>49</i>
THE INFLUENCE OF THE ENGAGEMENT OF MEN AND BOYS ON THE DRIVERS OF FEMALE GENITAL MUTILATION .....	52
<i>Male attitudes regarding female genital mutilation.....</i>	<i>52</i>
<i>Why engage men and boys in the abandonment of female genital mutilation .....</i>	<i>52</i>
<i>How to engage men and boys in the abandonment of female genital mutilation.....</i>	<i>54</i>
<b>DISCUSSION.....</b>	<b>56</b>
STRENGTHS AND WEAKNESSES.....	58
RECOMMENDATIONS FOR RESEARCH AND PRACTICE .....	59
<b>CONCLUSION.....</b>	<b>61</b>
<b>BIBLIOGRAPHY.....</b>	<b>63</b>

# Table of Figures

<b>FIGURE 1.</b> PERCENTAGE OF GIRLS AND WOMEN AGED 15 TO 49 YEARS WHO HAVE UNDERGONE FGM BY REGION (UNICEF, 2020).....	34
<b>FIGURE 2.</b> PRISMA FLOW DIAGRAM OF THE REVIEW ARTICLE SELECTION.....	40
<b>TABLE 1.</b> LITERATURE SEARCH THROUGH PUBMED .....	37
<b>TABLE 2.</b> LITERATURE SEARCH THROUGH GOOGLE SCHOLAR.....	37
<b>TABLE 3.</b> SUMMARY OF THE LITERATURE IN THE REVIEW. ....	41

## Abbreviation list

<b>BHA</b>	Bureau for Humanitarian Assistance
<b>C&amp;C</b>	Conflict and Crisis
<b>DGD</b>	Directorate General for Development cooperation and humanitarian aid (in Belgium)
<b>DOI</b>	International Operations Department (Département des Opérations Internationales)
<b>DoTW</b>	Doctors of the World (MdM — Médecins du Monde)
<b>DRC</b>	Democratic Republic of Congo
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations
<b>EP</b>	Equipe Pays (Country Teams)
<b>EU</b>	European Union
<b>GBV</b>	Gender-Based Violence
<b>HR</b>	Human Resources
<b>NGO</b>	Non-Governmental Organization
<b>OH</b>	One Health
<b>OO</b>	Operational Officer
<b>RR</b>	Risk Reduction
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>TOC</b>	Theory of Change
<b>UFP</b>	University Fernando Pessoa

## Chapter I. Introduction

This report describes my internship at Doctors of the World Belgium in the context of my master's in Humanitarian Action, Cooperation, and Development at the University Fernando Pessoa (UFP). This internship took place from September 4th, 2023, to February 29th, 2024, at the offices of Doctors of the World Belgium in Brussels. This report will serve as a thesis for this master's and will also include a scientific article.

The world of humanitarian aid has always been of great interest to me. In my previous studies, which were not oriented specifically toward the humanitarian field, I always did the best I could to link this field with what I was working on. The motivation behind this internship was the possibility of discovering how the humanitarian world works in practice and gaining experience and knowledge in this department.

The objectives of this internship were the following: gaining experience in this line of work, discovering more precisely how humanitarian work is done in practice, and getting real insights into the functioning of an international humanitarian organization. This internship also allowed me to gain experience and see in practice the link between the health field, on which my bachelor's and first master's were focused, and the humanitarian field and their application in practice.

The faculty had internship opportunities available for the students, which were interesting. However, I preferred to search for an internship on my own for two reasons. First, because I already had a pretty specific idea of the field in which I wanted to do my internship, and second, because I preferred an internship in my home country or near my home country, I preferred to try to find something on my own. Still, searching for this internship took work. I had concrete ideas regarding the internship type I wanted. I searched on many websites of organizations working in my field of interest and sent many applications. I already knew a little about Doctors of the World as an international organization working in the health department, and of course, it was one of the websites I consulted when looking for an internship. At first, I saw an opportunity for another internship in that same organization. However, I was not a match for the profile they were looking for. Nevertheless, they had another internship opportunity for me

at the international operations department. This position matched my internship expectations even more, and I was very excited to start this internship.

Once I secured my position for an internship at Doctors of the World Belgium, some administrative and logistical points had to be considered and dealt with. First, even though the internship was in my home country, it was over two hours away from my home, so I had to find an apartment in Brussels to live in during my internship. Despite the high demand in Brussels, I found an apartment close to the Doctors of the World office in Brussels. Another point that had to be dealt with was the provision of a convention for my internship. The internship at Doctors of the World was under a convention and required the signature of both the faculty and Doctors of the World. I requested a convention at the beginning of July; however, I received the necessary document one week after the beginning of my internship, which forced me to delay the start of my internship by one week. This issue will be more elaborated on in a later chapter.

## Chapter II. Concepts and definitions

### 1. Theory of change (ToC)

The Theory of Change was defined by ACODEV (2020), the French- and German-speaking Belgian Federation of Development Cooperation Associations, as “the ideas and assumptions (‘theories’) that people and organizations have about how change happens.” Its implementation into the practice is in the form of a “framework for all stages of reflection, action and attribution of meaning when actors in non-governmental cooperation consciously intervene in processes of social change”. Through this process, the ToC allows a continuous interrogation of how change can happen, and the elements involved in this mechanism (ACODEV, 2020).

### 2. The five themes of Doctors of the World

#### a. Conflict and Crisis (C&C)

The organization Doctors of the World Belgium provides humanitarian aid in emergencies, such as armed conflicts, disease outbreaks, and natural disasters, which often result in humanitarian crises and the collapse of healthcare systems in the affected areas. For instance, in 2022, the organization provided healthcare and nutritional support for the victims of the crisis in Mali, facing droughts and growing political and security instability. Through their project, DoTW provided care for over 200,000 healthcare consultations and over 18,000 acute malnutrition cases (MdM-BE, 2022).

#### b. Sexual and Reproductive Health and Rights (SRHR)

Together with its partners, Doctors of the World Belgium focuses on the access to sexual and reproductive health and rights of its beneficiaries. This topic concerns both men and women, however DoTW puts the emphasis on women and girls, who are at higher risk of experiencing barriers. Nevertheless, the organization provides care to any person (men, women, LGBTQIA+) regardless of their gender identity or sexual orientation. The organization’s actions include actions toward the defense of the right to safe pregnancy and childbirth, access to contraception, and safe abortion. Through their approach, DoTW aims to provide their

beneficiaries with the possibility to make their own decisions when it comes to their sexual and reproductive health, in addition to giving them access to care (MdM-BE, 2022).

### c. Refugees and Migrants

Doctors of the World Belgium provides refugees and migrants with medical and psychological support. These populations often face difficulties to access care through their migration journeys and face repressive and discriminatory migration policies. Some of the organization's international actions include, for instance, the provision of medical and psychological support for migrants in Agadez in Niger, with 2,900 migrants receiving psychomedical support in 2022 (MdM-BE, 2022).

### d. Risk Reduction

Doctors of the World Belgium focuses on the concept of harm reduction for people at risk, such as homeless people, undocumented migrants, drug addicts, sex workers, etc. The organization's actions aim to avoid that these people's situation or identity do not raise stigmatization or rejection issues. To do so, in addition to the provision of care, the organization offers solutions adapted to their needs. It works towards removing the daily legal, moral, and social obstacles these populations encounter, which contribute to their exclusion (MdM-BE, 2022).

### e. One Health (OH) - health, environment, and animal health

With the increasing influence of climate change on health and the fact that the efforts of the health sector only on the matter do not suffice, Doctors of the World intervenes through the establishment of a One Health approach. This approach aims at a holistic intervention, coordinated and coherent that focuses on the three following aspects: human health, animal health and environmental health. Thus, the One Health approach considers the zoonosis diseases (transmissible between animals and humans), their emergence, antimicrobial resistance, food safety, and the environmental degradation resulting from human activities and climate change. The organization implemented actions in the Democratic Republic of Congo (DRC) and Niger, where 60% of human infectious diseases are from animal sources, 40% of the world's food crop losses are caused by plant diseases and/or crop pests, and 20% of global livestock production losses are linked to animal diseases (MdM-BE, 2022).

### 3. The transversal themes of Doctors of the World

In addition to their five main themes, the organization Doctors of the World Belgium also has the following transversal themes that are implemented in all of their interventions: mental health, the fight against gender-based violence (GBV), inequality and discrimination, vulnerable children and teenagers (MdM-BE, 2022).

The mental health transversal theme concerns homeless people, people living in zones facing conflicts or wars, victims of natural disasters or the consequences of climate change. Through their actions, in addition to providing mental health care and psychological support, the organization is also involved in mental health advocacy actions (MdM-BE, 2022).

Regarding the fight against GBV, inequalities and discrimination, the actions are directed towards refugees, the victims of sexual violence through their migratory journey or discriminated people due to their sexual orientation. Every project developed by the organization carefully takes into consideration the questions regarding gender. Actions directed towards GBV ensure medical, social, psychological, and legal care for the victims of GBV (MdM-BE, 2022).

Through their interventions, the organization encounters many children and teenagers who are in situations of vulnerability, such as suffering from malnutrition, victims of sexual violence, or non-accompanied minors living in the streets. In 2022, 5 million children and young people were on the migratory routes in northern and western Africa. Doctors of the World Belgium, therefore, advocates for the rights of these populations and puts them at the center of numerous activities (MdM-BE, 2022).

## Chapter III. The internship

### 1. Context of the internship

#### a. Doctors of the World Belgium (DoTW)

The international human rights organization Doctors of the World Belgium (DoTW), also known as Médecins du Monde Belgique (MdM), was created on February 1st, 1980 (Doctors of the World, n.d.(a); MdM, n.d.(b)). Its purpose is to provide emergency as well as long-term medical care to vulnerable populations across the world. The organization focuses on empowering local communities and establishing sustainable, robust healthcare infrastructures (Doctors of the World, n.d.(a)). At its creation, the organization set itself with a threefold objective: to go where others do not, to testify of the situations they witness, and to work voluntarily (MdM, n.d.(a)). Through its work, the non-governmental organization (NGO) became a pioneer of humanitarian assistance. On March 31, 1990, DoTW supported the adoption of a European Charter for Humanitarian Action (MdM, n.d.(a)).

Doctors of the World works around three pillars: caring, changing, and witnessing. The first pillar, caring, focuses on providing access to healthcare to the populations that need it. The second pillar, changing, demonstrates that the organization wants to go further than providing humanitarian assistance, but it also aims at making a difference in the long term. The last pillar, witnessing, indicates that DoTW, through their work and field experiences, aims at testifying of the humanitarian situations they observe through facts and numbers (MdM, n.d.(b)).

The projects implemented by DoTW have five main themes: Conflict and Crisis (C&C), Sexual and Reproductive Health and Rights (SRHR), Refugees and Migrants, Harm Reduction and People at Risk, and One Health - health, environment, and animal health; and uses the Theory of Change (ToC) methodology (MdM, n.d.(b)). Both the ToC and the five themes are explained in Chapter I. Concepts and Definitions.

This NGO follows five central values throughout its operations: social justice, empowerment/autonomisation of populations, independence, commitment, and balance. Social justice refers to the notion of equality regarding healthcare access, respect for fundamental rights, and collective solidarity. The concept of empowerment refers to the contribution of DoTW in vulnerable populations so that they can act in their social environment and be

autonomous regarding their health and assert their rights. The organization is independent of political, religious, or financial powers and thus chooses its projects and working methods. The NGO engages to support the populations in their willingness for social change. DoTW searches for a balance between here and there, emergency and long-term projects, and public and private financing (MdM, n.d.(b)). DoTW also vigorously defends financial transparency (MdM, n.d.(b)).

As part of an international network, Doctors of the World Belgium is one of the 17 chapters connected by a common charter. The 16 other chapters of DoTW are in Germany, Argentina, Canada, Spain, the United States, France, Greece, Italy, Japan, Luxembourg, the Netherlands, Portugal, the United Kingdom, Sweden, Switzerland, and Turkey (MdM, n.d.(b)). The Belgian DoTW office was established in 1997, and in 1999, it became an independent delegation. In 2002, in addition to its domestic project, the organization launched its first international project in the north of Mali and later in 2002 in the Democratic Republic of Congo (DRC) (MdM, n.d.(a)).

Doctors of the World Belgium has both domestic projects and international humanitarian projects. Their domestic projects focus on dental care and collaboration with specialists and hospitals, mobile consultations, care centers and medical outposts, mobile teams in centers for the homeless, integrated health centers, assistance for women in precarious situations, and access to health care for migrants (MdM, n.d.(c)). The International Operations Department (DOI), where this internship took place, has projects in 11 countries in Europe, Africa, and the Middle East. These countries include Benin, Bosnie-Herzégovine, Burkina Faso, Croatia, Mali, Morocco, Niger, Democratic Republic of Congo (DRC), Syria, Tunisia, and Yemen (MdM, n.d.(d)). These international projects cover the main themes presented in Chapter I. Concepts and definitions.

The International Operations Department (DOI) at Doctors of the World Belgium is a small department and, through this internship, accounted for five people, not including the interns. Pilar Martinez is the Director of the International Operations Department. Alongside her is one Desk responsible for Sahel countries, two Operational Officers (OO) (one for the Sahel countries and one for the other countries), and one Grant Manager. Throughout the year, two trainees work with the DOI staff. The department is not huge but works in constant

collaboration with every other department at the headquarters in Brussels, and most importantly, it collaborates continuously with the people in the field.

The Desk's role is to act as a link between the field and headquarters and the various departments at the headquarters. They will closely follow everything that happens in the projects of the countries they are responsible for, participate in security-related matters, and proofread the documents produced by the field. Every decision concerning their countries has to go through them. The Desk works in close collaboration with their Operational Officer, who supports them in their work, sets the deadlines for the people on the field, and makes sure people respect them. The Grant Manager is responsible for the link with the partner organizations and funding agencies.

#### b. Trainee at Doctors of the World Belgium

Upon my arrival in the International Operations Department of Doctors of the World Belgium, I was assigned two direct supervisors who would supervise my work daily. As the second intern who was already present when I arrived was working closely with the Director of the Department, Pilar Martinez, I was assigned to the Desk (Aliénor Ader) and Operational Officer (Thaïs Escobedo) for the Sahel countries. My role was to support my supervisors, the Desk and Operational Officer of the Sahel countries, in their daily work. They assigned me most of the work I had to do, supervised it, and were the people I turned to in case of questions. Later, during my internship, the intern who arrived before me in the department finished her internship. As I got more comfortable with the organization and its functioning, the Director of the International Operations Department started coming to me for several tasks as well. Towards the end of my internship, my daily activities consisted of supporting the work of my two first supervisors, Aliénor Ader and Thaïs Escobedo, and the Director of the International Operations Department, Pilar Martinez. I was then answering to three people.

My schedule was the following: I worked from Monday to Friday every day from 9:00 a.m. until 5:00 p.m. I was entitled to work from home two days per week. Those days were not scheduled in advance. I would ask my supervisors for their permission, and it would be decided according to the amount of work and the ability to do it remotely, together with my supervisors. Upon my arrival at the organization, I was given a work computer with access to an email address and the organization's documents. I was also given a computer mouse, a laptop charger,

and a computer case to protect it. I was also given a badge to exit the building after 5:00 p.m. when the doors were closed and to use the printer.

When signing the convention at the beginning of the internship, I was informed that I was allowed 1.5 days off for every completed internship month.

The work I was entrusted with throughout my internship can be divided into four categories.

*1. Project monitoring and donor strategies:*

Most of my workload resided in this category.

I assisted the International Operations Desk in the management of humanitarian, development, and advocacy projects in Niger, Tunisia, Mali, the Democratic Republic of Congo, and the Balkans, and possibly in Benin and Burkina Faso, which are countries where partner organizations are established. As I was primarily working with the Desk and Operational Officer of the Sahel Countries, I mostly worked on projects concerning Niger and Mali, as well as Benin and Burkina Faso. As part of this management process, 1-hour meetings called EP Mali and EP Niger (EP = Equipe Pays or Country Team) took place every week on Tuesday morning. These meetings consisted of a reunion with the general coordinator of the country concerned (who attended remotely through Microsoft Teams), one person from each department at the headquarters (Logistics, Human Resources, Finance, Health), and the Desk and Operational Officer of the country concerned. During these meetings, we would review current activities and projects and share the necessary information with the other departments. It allows for smooth communication and provides an update and summary of each department's activities regarding the country concerned. During those meetings, I would take notes of all the information shared to keep track of it. Once the meeting was over, I was responsible for consolidating my notes with those from the Desk and sharing consolidated notes with those involved in the meeting.

Another task in this category was the support of the Desk, the Operational Officer, and the projects coordinator in the development and submission of project proposals to various funding agencies such as the European Civil Protection and Humanitarian Aid Operations in the European Union (ECHO), Directorate General for Development cooperation and humanitarian aid in the Belgian government (DGD), or the Bureau for Humanitarian Assistance in the United States (BHA). I had different roles in this task. I proofread the work sent by the people on the field to the headquarters and checked the spelling and the sentence formulation. I also made sure the document was coherent. For example, when it was a project proposal for BHA, we would receive the document in French from the field, which had to be translated in English to

be submitted to BHA. In this case, I would translate the document and help proofread the English document in the same way as for the French project proposals. I also supported my supervisors in redacting and reviewing documents such as intermediary and final project reports, concept notes, endorsements, etc., in the same ways as for project proposals.

The Operational Officer allowed me to follow her management in monitoring deadlines and the production of retroplannings.

A final task in this category was the creation of a mind map of the current projects of the organization in Niger and Mali. As my supervisor Aliénor Ader arrived in the organization shortly before I did, she needed a tool to show her an overview of the projects implemented in the countries she was responsible for. After discussing it, I created a mind map using Canva to summarize the current projects implemented in both countries by Doctors of the World Belgium. This mind map was organized according to the regions where the projects are implemented; it also included the name of the project, the name of the donor funding the project, the name of the partner organization, if there was any, the dates of the project, the reference number of the project and the various thematics addressed by the project.

*2. Monitoring/planning/capitalization:*

In support of missions, I participated in the development of activity planning tools and provided support for harmonized monitoring of field activities.

*3. Support for Human Resources (HR) tools:*

I supported my supervisor in their participation in HR tools, such as support in the revision of organization charts and supported missions in drafting job profiles.

*4. Support for meetings:*

As for the EPs, I participated in every meeting my supervisors had, such as inter-NGO meetings or donor-organized workshops, and took notes to keep track of them. I was also included in e-mail exchanges between the field and the headquarters and participated in those exchanges when needed or asked to ensure the links with the field teams.

I participated in International Operations Department meetings and external meetings and took notes to provide minutes of the meetings.

Throughout the internship, I had several opportunities to debrief my supervisors on the progress of my internship. During those meetings with Aliénor Ader and Thaïs Escobedo, they would provide feedback on my work, and I would have the opportunity to tell them how I was dealing with the workload. Through these meetings, my supervisors would also ask me which tasks interest me the most and where I would be more interested in gaining knowledge. These

meetings were an opportunity to exchange with my supervisors and to give feedback from both sides.

Halfway through the internship, I met with my HR manager. During this meeting, she asked me for feedback about my experience so far in the organization and if I had any good or bad feedback to provide regarding the organization, the department I worked in, my supervisors, and the people I worked with. The same meeting happened at the end of the internship.

## 2. Analysis and interpretation

### a. Analysis of the tasks

To complete the tasks assigned to me, I used the knowledge I earned from my bachelor's and master's, as well as my ability to cope and adapt. Upon my arrival, I was provided with documents and resources to help me understand the organization and how it works. Throughout the internship, I regularly went back to those documents to help me accomplish the tasks I was asked. In addition to those documents, I would receive clear explanations from my supervisors when asked to do a task, and in case I did not understand or did not know what to do, I could easily ask for clarification from my supervisor or collaborate with the other interns present in the department. I also had access to software and documents on a computer, such as DeepL or SharePoint of the organization, to assist me in the realization of my tasks.

### b. Difficulties encountered

As this six-month internship at Doctors of the World Belgium's headquarters was my first work experience and my first internship as part of my studies, naturally, I encountered a few difficulties.

The first difficulty was to understand how the organization operates. Before arriving at my internship, I researched the organization, how it works, and the various projects it undertakes, especially on an international level. However, despite all the research that can be done, you can never know how an organization truly works and all the daily tasks undertaken. Thus, even though I had prepared myself, there was a multitude of things to learn about their international projects and the organization's workings when I arrived. To deal with this, upon my arrival, I was given a lot of information to read, including project proposals, reports, and other internal

documents to guide me in learning about the organization. In cases where I had questions regarding the documents I was reading, my supervisors would regularly ask me if I had any questions. I really appreciated the ease with which I could turn to them with questions when I could not find the answer on my own.

The first week of my internship consisted of reading documents, learning how the organization works, and attending meetings in which my supervisors were required. When I arrived, several projects and discussions were underway. It was, therefore, challenging to understand everything directly during the various meetings I attended. To deal with this situation, I would take as many notes as possible during the meetings. Those notes would help me keep up with the enormous amount of information to keep track of, but also to write possible questions to ask my supervisors after the meetings regarding information needing to be understood.

Another important difficulty I encountered was regarding the numerous abbreviations used in the organization, whether it was in the documents, but also in the daily conversations between colleagues. Upon my arrival, I was given a list of abbreviations used in the organization. However, this list was not up to date and was incomplete. I tried to learn this list as soon as I could and took a paper version of it everywhere I went to be able to return to it when needed. Throughout my internship, I would add the missing abbreviations to have the most complete list possible to support my daily work and interactions. To do so, every time I would hear or see an abbreviation that was not in my initial list and that I did not already know, I would write it, and then I would later search for its meaning online or in documents I was provided with. In cases where I was unsure of the meaning of this abbreviation I had found or did not find its meaning; I would turn to my supervisors to ask them.

I have encountered a few stressful situations. Such situations would appear for me when I did not always know what to do on certain days of work, but also when trying to keep up with the constant flow of information. Given the enormous amount of information constantly shared throughout my internship, I would constantly take notes in a notebook of as much information as possible to keep track of everything. In order to organize my daily work, I would also make to-do lists in my notebook of the different tasks given to me. Doing so would help me organize my work and clarify it.

Another highly stressful situation was when I encountered issues to have the necessary convention between the organization and the university at the beginning of my internship. Indeed, the first day of my internship, initially scheduled for the first Monday in September, had to be delayed by a few days because I had problems obtaining my internship agreement from the university. The internship at Doctors of the World Belgium depended on an agreement, so from the moment I obtained the internship, I took steps to access this agreement at the university and sent it to them. However, as I did not receive it in time, I could not start on the date initially planned since I was not insured without this agreement. To fix this, I sent several emails to the university to obtain the necessary documents as soon as possible. However, due to this delay, the days scheduled for my introduction to the organization and the international operations department had passed, so my introduction to the organization was more complicated and more independent than expected.

### c. Skills acquired through the internship

This internship taught me many skills and offered me valuable insights into the functioning of a humanitarian organization. I had the chance to learn a lot about the functioning of Doctors of the World Belgium, not only regarding their international operations but also regarding their national programs. Throughout those six months, I got the opportunity to see and learn about many projects in the long term.

During my master's at UFP, I learned about the humanitarian world and its functioning. However, as courses are primarily theoretical, this internship gave me the opportunity to see how the theory I learned is applied in practice. I also acquired skills that can only be earned through application and experience.

As mentioned, during this internship, my primary supervisors were the Desk and Operational Officer for the Sahel countries. Working with them has allowed me to learn a great deal about the political and humanitarian context in the Sahel countries, more precisely, Niger and Mali.

Through this internship, I also acquired skills in humanitarian project management and coordination. I took part in day-to-day project management activities such as dealing with security issues, financial and human resources concerns, or logistics tasks. This internship also enabled me to learn about project coordination, writing project proposals, and writing reports

on various projects. The EP meetings were incredibly insightful regarding this wide range of responsibilities.

Finally, this internship taught me a lot about collaboration within the organization and with other external organizations. As part of the international operations department, we constantly collaborate and communicate with other departments, such as the finance, human resources, and logistics departments. Regarding collaboration with other organizations, DoTW collaborates with many other organizations to implement their projects, whether with other NGOs or with local partners in the countries where they operate. This experience has enhanced my ability to work effectively in dynamic environments and collaborate with diverse stakeholders to achieve common goals. Furthermore, DoTW offices are open spaces which promote collaboration and cooperation daily.

### 3. Cultural differences

Since starting university, I have been learning, working, and studying in English, so my knowledge is mainly in English. This was the first time I had the opportunity to apply my knowledge in a French-speaking context, which has enabled me to work in both English and French.

Doctors of the World Belgium, as an international humanitarian organization, is a very international workplace, with people from many different nationalities and cultural and professional backgrounds. At the time of my internship, the international operations department had only five employees, but there were already four different nationalities: Spanish, Italian, French, and Belgian. In that same department, there are also people from different professional backgrounds, including social studies and international law.

I really appreciated the opportunity to speak both English and French throughout my internship and hear many different languages, such as Dutch, Italian, and Spanish. It was also really lovely to learn about the cultural differences and the cultures of my colleagues during conversations over lunch breaks.

## Chapter IV. Conclusion

The objectives set for this internship in the International Operations Department at Doctors of the World Belgium were to gain experience in the humanitarian field and understand first-hand how humanitarian work is carried out, particularly on an international level and in humanitarian health. This internship did meet those objectives and even more. Through this internship, I gained valuable insight into the humanitarian field and tremendous knowledge of the field in which I wish to work. I learned about the functioning of an international organization in the health sector, got to exchange with people on an international level, and learned about the humanitarian world in a way only experience and practice can.

After completing this master's, I will start searching for a job. As I have two master's degrees in different fields, I am open to working either in humanitarian health or health policy. I have already been applying to several positions, mainly in Brussels, as I wish to start my career there. I am interested in many topics, whether in humanitarian health or health policy, so I am open to many possibilities.

This internship enabled me to apply the concepts I learned during my master's degree in Humanitarian Action, Cooperation and Development at UFP. The skills, such as project management and coordination, and the functioning of an international humanitarian organization, that I acquired through this internship will be precious in my future professional career. I am very grateful for this experience and will surely apply everything I learned through this master's and internship in my future career.

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## Chapter VI. Scientific Article

# Bridging Perspectives: Investigating Cultural and Sociocultural Drivers of Female Genital Mutilation in Mali and Male Engagement

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# Abstract

## Introduction:

This study aims to explore the research question: “*What are the cultural and sociocultural drivers behind the prevalence of female genital mutilation in Mali, and how does the engagement of men and boys influence these drivers?*”.

## Methods:

This integrative literature review combined the PubMed database with grey literature. It resulted in 11 publications included in this stand-alone literature review. Inclusion and exclusion criteria were applied, and data extraction followed a systematic analysis method to ensure the review’s validity and reliability.

## Results:

The results reveal Mali’s high prevalence and nearly universal recognition of FGM, which remains consistent across generations, lacking specific legislation in Mali. FGM is deeply rooted in cultural beliefs, associated with femininity and marriageability. Societal attitudes in Mali strongly support its continuation, with regional and ethnic variations influencing prevalence rates. Cultural and sociocultural factors driving FGM in Mali include women's empowerment, regional social conventions, religious beliefs, and gender and social norms. The results highlight men’s support for FGM, emphasizing the need to engage them through their various roles – such as fathers, future husbands, and community leaders – to address FGM. Strategies engaging men and boys, such as education and empowerment programs, are crucial for combating FGM and promoting behavior change toward its abandonment.

## Discussion and conclusion:

The review highlights the importance of understanding the cultural and sociocultural drivers of FGM in Mali and the importance of engaging men and boys in addressing FGM. It emphasizes the need for culturally sensitive interventions to challenge harmful norms and suggests tailored approaches such as educational programs and community-led initiatives, acknowledging the resistance to external interventions due to the practice’s cultural significance. Future research should explore regional variations in FGM attitudes and drivers and conduct empirical studies on the engagement of men and boys in Mali to develop effective strategies for FGM abandonment.

**Keywords:** Mali, Female Genital Mutilation (FGM), cultural and sociocultural drivers, engagement of men and boys.

# Table of Contents

<b>ABSTRACT .....</b>	<b>29</b>
<b>TABLE OF CONTENTS .....</b>	<b>30</b>
<b>ABBREVIATIONS .....</b>	<b>32</b>
<b>INTRODUCTION.....</b>	<b>33</b>
BACKGROUND AND RELEVANCE.....	33
RESEARCH QUESTION, OBJECTIVES, AND GOALS .....	35
<b>METHODS.....</b>	<b>36</b>
RESEARCH NATURE, TYPE, AND DESIGN .....	36
DATA COLLECTION AND DATA SELECTION .....	36
DATA ANALYSIS.....	38
VALIDITY AND RELIABILITY .....	39
ETHICAL APPROVAL AND FUNDING SOURCE .....	39
<b>RESULTS .....</b>	<b>40</b>
CULTURAL AND SOCIOCULTURAL DRIVERS BEHIND THE PREVALENCE OF FEMALE GENITAL MUTILATION IN MALI .....	46
<i>Female genital mutilation trends in Mali - The situation in Mali.....</i>	46
<i>Overview of the general cultural and sociocultural drivers of female genital mutilation .....</i>	47
<i>Cultural and sociocultural drivers of female genital mutilation specific to Mali .....</i>	49
THE INFLUENCE OF THE ENGAGEMENT OF MEN AND BOYS ON THE DRIVERS OF FEMALE GENITAL MUTILATION .....	52
<i>Male attitudes regarding female genital mutilation.....</i>	52
<i>Why engage men and boys in the abandonment of female genital mutilation .....</i>	52
<i>How to engage men and boys in the abandonment of female genital mutilation.....</i>	54
<b>DISCUSSION.....</b>	<b>56</b>
STRENGTHS AND WEAKNESSES.....	58
RECOMMENDATIONS FOR RESEARCH AND PRACTICE .....	59
<b>CONCLUSION .....</b>	<b>61</b>
<b>BIBLIOGRAPHY.....</b>	<b>63</b>

# Table of Figures

<b>FIGURE 1.</b> PERCENTAGE OF GIRLS AND WOMEN AGED 15 TO 49 YEARS WHO HAVE UNDERGONE FGM BY REGION (UNICEF, 2020).....	34
<b>FIGURE 2.</b> PRISMA FLOW DIAGRAM OF THE REVIEW ARTICLE SELECTION.....	40
<b>TABLE 1.</b> LITERATURE SEARCH THROUGH PUBMED.....	37
<b>TABLE 2.</b> LITERATURE SEARCH THROUGH GOOGLE SCHOLAR.....	37
<b>TABLE 3.</b> SUMMARY OF THE LITERATURE IN THE REVIEW. ....	41

## Abbreviation list

<b>DHS</b>	Demographic and Health Surveys
<b>EC</b>	European Commission
<b>FGM</b>	Female Genital Mutilation
<b>FGM/C</b>	Female Genital Mutilation and Cutting
<b>GBV</b>	Gender-Based Violence
<b>NGO</b>	Non-Governmental Organization
<b>OHCHR</b>	UN Human Rights Office
<b>PRISMA</b>	Preferred Reporting Items for Systematic Review
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNECA</b>	United Nations Economic Commission for Africa
<b>UNESCO</b>	United Nations Educational, Scientific, and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	UN Refugee Agency
<b>UNICEF</b>	United Nations International Children’s Emergency Fund
<b>UNIFEM</b>	United Nations Development Fund for Women
<b>WHO</b>	World Health Organization

# Introduction

## Background and relevance

The European Commission (EC) defines Gender-Based Violence (GBV) as “violence directed against a person because of that person’s gender or violence that affects persons of a particular gender disproportionately” (EC, n.d.(a)). Such violence can take several forms, including physical, sexual, psychological, economic harm, or suffering to women. The main victims of GBV are women and girls, and this includes Female Genital Mutilation (FGM) (EC, n.d.(a)).

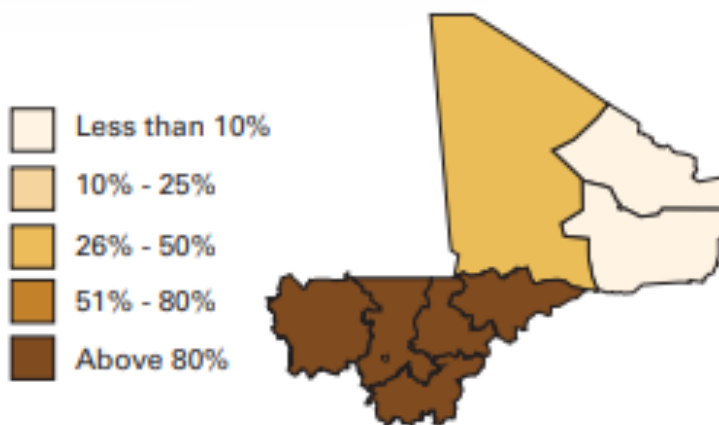
The World Health Organization (WHO, 2023) describes FGM as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”. FGM can be divided into four categories of classification: clitoridectomy (type I), excision (type II), infibulation (type III), and all other harmful procedures such as pricking, piercing, incising, scraping and cauterization (type IV) (OHCHR et al., 2008). Such practices have no health benefits to the girls or women who undergo these procedures, which are internationally recognized as a violation of their human rights. Other human rights are also disregarded through FGM, such as a person’s right to health, security and physical integrity, and their right to be free from torture and cruel, inhuman, or degrading treatment (WHO, 2023). The practice of FGM can have immediate and long-term complications and significant medical consequences for the health of the women and girls undergoing the procedures. Severe pain, excessive bleeding, genital tissue swelling, fever, infections, urinary problems, wound healing problems, shock, and even death are some of the immediate complications of FGM. The long-term complications of FGM include issues such as urinary, vaginal, menstrual, and/or sexual problems, scar tissue, increased risk of childbirth complications, need for later surgeries, and psychological problems (WHO, 2023).

According to the WHO (n.d.), female genital mutilation practices are documented in 30 countries, mainly in African Countries, Middle Eastern Countries, and Asian Countries, among which there are an estimated over 200 million girls and women alive today who have undergone FGM. Every year, there are an estimated 3 million girls who are at risk of FGM (WHO, n.d.).

Mali is a Sahelian country located in Western Africa. It has a low-income economy and a rapidly growing population, with a fertility rate of 5.88 children per woman registered in 2018 (The World Bank, 2023). Mali’s poverty situation is exacerbated by the security crisis and the political situation, which is generating large-scale population displacements, climate shocks (creating agriculture and food insecurity) and epidemics, and an unprecedented level of food and nutrition insecurity (The World Bank, 2023; European Civil Protection and Humanitarian Aid Operations, n.d.). The country has been experiencing conflict and political instability since 2012 following a military coup, and the northern regions are burdened by the occupation of armed groups (The World Bank, 2023). In 2023, there was an estimated number of 8.8 million people in need of humanitarian assistance in Mali, which represents approximately 42% of the total population, among which over 3.9 million Malians require humanitarian assistance directed towards protection, including human rights violations and sexual violence. The estimated number of 5.9 million in 2021 in need of humanitarian aid and 7.5 million in 2022 shows the country's increasing need for humanitarian assistance (European Civil Protection and Humanitarian Aid Operations, n.d.).

Mali has no national decree or legislation banning the practice of FGM, which results in a very high prevalence (9 out of 10 girls and women) (UNICEF, 2020). Approximately 89% of girls and women aged from 15 to 49 years old have undergone FGM in Mali. The country’s statistical profile on female genital mutilation states that “four in five adolescent girls who underwent FGM did so before the age of 5” (UNICEF, 2020, p.2). **Figure 1.** shows higher prevalence percentages in the south of the country, where the capital, Bamako, is also located.

**Figure 1.** Percentage of girls and women aged 15 to 49 years who have undergone FGM by region (UNICEF, 2020).



Mali's statistical profile on female genital mutilation shows that approximately three out of four Malians (men and women) support the continuation of FGM and that there is no evidence of a decline in the country's prevalence of FGM (UNICEF, 2020). The practice of FGM comes from longstanding traditions and pressured by the will to conform to social expectations. Recently, interventions to eliminate FGM have focused on challenging the norms that drive this tradition. Those interventions focus on education, the support of dialogue, and the facilitation of community commitments for collective abandonment (United Nations Children's Fund, 2023). United Nations Children's Fund (2023) states that "still, the potential influence of men in eliminating female genital mutilation is far from being realized". This report titled "Engaging Boys and Men to end female genital mutilation" demonstrates the pivotal role of men in reshaping expectations (United Nations Children's Fund, 2023, p.2).

## Research question, objectives, and goals

Through an integrative literature review, this article attempts to answer the following research question: *What are the cultural and sociocultural drivers behind the prevalence of female genital mutilation in Mali, and how does the engagement of men and boys influence these drivers?*

Through this research question, this article seeks to attain the following two objectives. First, it investigates the cultural and sociocultural drivers encouraging the practice of female genital mutilation in Mali. Then, it analyzes how the engagement of boys and men can influence the drivers identified in the first part of the research. In its conclusion, the article answers the research question and provides future research and practice recommendations.

## Methods

### Research nature, type, and design

This article is an integrative literature review that aims to examine, critically analyze, and synthesize relevant literature on the cultural and sociocultural drivers of female genital mutilations in Mali and the influence of engaging boys and men on FGM prevalence in a comprehensive manner. This review aims to analyze two general topics and results in the development of fresh viewpoints regarding the topic and directions for future research and practice. This stand-alone literature review describes the state of the literature regarding the topics of interest, which are the cultural and sociocultural drivers of FGM in Mali and the engagement of men and boys to reduce the prevalence of FGM. This stand-alone literature review outlines the data extracted through a textual narrative synthesis, which is achieved through a standard data extraction method (Xiao et al., 2017).

### Data collection and data selection

In this review, separate searches were conducted on the PubMed database to gather the data needed to answer the research question. *Table 1.* shows the different keywords used for the searches and the number of results on the PubMed database.

**Table 1.** Literature search through PubMed

<u>Database</u>	<u>Keywords</u>	<u>Number of articles found</u>
<b>PubMed</b>	Mali AND ( female genitalia mutilation or fgm or female circumcision or female genitalia cutting ) AND culture influence	3
	Mali AND ( female genitalia mutilation or fgm or female circumcision or female genitalia cutting ) AND ( determinants of health or social determinants )	16
	(( female genitalia mutilation or fgm or female circumcision or female genitalia cutting ) AND ( influence or impact or effect or affect ) AND ( engagement or involvement or participation )) AND (( boys[Title/Abstract] OR males[Title/Abstract] OR young men [Title/Abstract]))	65
	("Circumcision, Female"[Mesh] OR Female Genital Mutilation OR FGM) AND (("Motivation"[Mesh] OR "Culture"[Mesh]) AND ("Mali"[Mesh]))	10
	("male involvement" OR "men's involvement" OR "male engagement" OR "men's engagement") AND ("female genital mutilation" OR "female genital cutting")	4
	("male involvement" OR "men's involvement" OR "male engagement" OR "men's engagement" OR "male attitudes" OR "male perceptions") AND "female genital mutilation"	9

Two searches were also performed on Google Scholar to retrieve additional literature on the topic. **Table 2.** shows the keywords used for the searches and the number of results On Google Scholar.

**Table 2.** Literature search through Google Scholar

<u>Database</u>	<u>Keywords</u>	<u>Number of articles found</u>
<b>Google Scholar</b>	the cultural and sociocultural drivers behind the prevalence of female genital mutilation in Mali "Mali"	88
	engagement of influence the drivers for "female genital mutilation" "men and boys" "Mali"	32

In addition, grey literature was gathered through searches of reports and documents from international non-governmental organizations (NGOs) such as UNICEF and the World Health Organization, as well as Google searches. For this review, the search strategy used in the database was adapted to its format. Whenever possible, MeSH terms were used throughout the search.

This review's data and article selection process relied on the following inclusion and exclusion criteria. No language restrictions were applied. No date limitation was applied in the PubMed Search as it resulted in a manageable number of articles; however, the most recent data was preferred, especially regarding the prevalence and drivers of FGM in Mali. On the other hand, the filter “since 2020” was used in the first Google Scholar search to reduce the large number of articles found and focus on current trends. For the first part of the research question focusing on the drivers of FGM in Mali, an inclusion criterion was the focus on Mali, or studies that focused on several countries, including Mali. The articles focusing on the topic of matter in the research question were included, and to determine this, the articles were carefully screened through a predetermined protocol. Studies were excluded if they did not enable the answering of the research question.

After checking for duplicates through the studies gathered from the different searches performed on the databases, the screening of the study followed the subsequent protocol. First, the titles of all the articles gathered were screened to remove the ones that did not apply to this research. Then, the remaining articles' abstracts were considered while taking into account the set inclusion and exclusion criteria. When more than the abstract was needed to determine the article's relevance to the research, the article was glossed over to grasp a better overview of whether or not it would contribute to this research. The articles selected through this process then went through a full-text review. The same approach was used in the literature extracted from PubMed and the literature found through Google Scholar.

## Data analysis

The data analysis for this review followed a rigorous and standardized approach for all the publications to ensure the reliability and validity of the findings. Once the final set of publications was selected to be included in the review, the following characteristics of the publications were put into a table to have an overview of all the records: citation, context, methods, participants, aim and the main findings of the article. Then, the 11 publications underwent three readings. The first reading aimed at gaining a broad overview of what the articles focused on. The second reading consisted of highlighting information relevant to the search. Structured notes on each article were taken through the third and final reading. The notes from the third reading guided the structure of the results section. This comprehensive

data analysis approach allowed for a systematic and thorough examination of the literature, providing a robust foundation for the conclusions drawn in this review. The same approach was used in the literature extracted from PubMed and the literature found through Google Scholar.

## Validity and reliability

Validity and reliability are essential notions in any research. In this review, these concepts were ensured through several methods. A comprehensive search strategy was developed and implemented through the PubMed database to guarantee the review's validity. Several keyword combinations, using MeSH terms, were performed in the database to cover as many articles as possible. In addition to this, other article searches were also carried out on Google and Google Scholar to find additional articles.

Furthermore, inclusion and exclusion criteria were identified to minimize selection bias; a standardized data extraction procedure was used to ensure consistency and accuracy across all the included publications. These procedures allowed for the evaluation of the methodological quality of the publications included, which enhanced the reliability of the findings. The approach to the selection of the publications and their data extraction ensured the quality and reliability of this review, thus providing a solid base for the discussion, conclusion, and recommendations drawn.

## Ethical approval and funding source

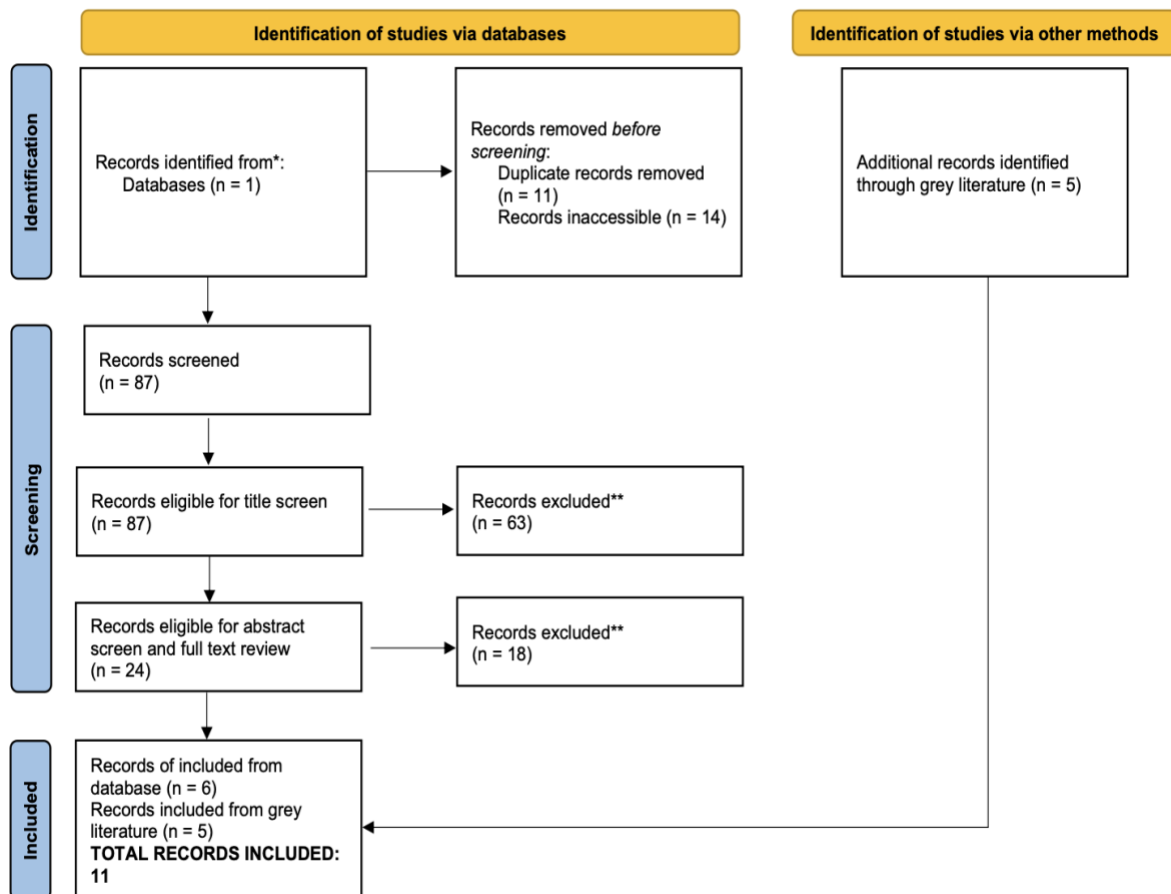
As this review relies on published studies, no ethical approval was required to perform this study. In addition, no funding source was used to complete this review. Respect for cultural norms and beliefs was also upheld, recognizing the delicate nature of discussing deeply the ingrained traditions behind the practice of FGM.

## Results

The database search resulted in a total of 87 articles eligible for screening. After a first screening through the titles, 63 articles were excluded, resulting in 24 articles being screened through abstract and full-text reviews. Of those 24 articles, 6 met the inclusion criteria and were thus included in this review. The search for grey literature resulted in 5 articles included in the review. This research yielded a sum of 11 articles incorporated into this review.

**Figure 2.** represents the Preferred Reporting Items for Systematic Review (PRISMA) Flow Diagram. The PRISMA Flow Diagram was used to report on the article selection process (Page et al., 2021). The literature included in the review was summarized in **Table 3.**, which includes each article's context, methods, participants, aim, and main results.

**Figure 2.** PRISMA Flow Diagram of the review article selection.



**Table 3.** Summary of the literature in the review.

	Context	Methods	Participants	Aim	Main results
<b>PubMed Literature</b>					
<b>Cetorelli et al. (2020)</b>	Mali, Mauritania	Quasi-experimental innovative research design using nationally representative survey data combined with difference-in-difference method and descriptive statistical methods	Data from two comparable household surveys <ul style="list-style-type: none"> <li>- Demographic and Health Surveys (DHS) 2012-2013 for Mali: 10,105 households</li> <li>- Multiple Indicator Cluster Survey (MICS) 2011 for Mauritania: 10,116 households</li> </ul> Used mother's reports of FGM/C status of living daughters aged under 15 to reconstruct trends in FGM/C prevalence by birth cohort and by year of FGM/C.	Address the gap in knowledge regarding the effectiveness of national policies contributing to the abandonment of FGM in Mali and Mauritania.	The study observed declining trends in both countries. In Mauritania, trends by year of FGM/C after 2005 showed a faster decline compared to Mali. However, despite the 2005 law in Mauritania, it did not significantly impact FGM/C prevalence, as indicated by the DID models. These findings underscore the limited impact of legal change alone on behavior, emphasizing the necessity of broader societal changes alongside legal measures. The study also highlights the importance of critically assessing the attribution of declines in FGM/C prevalence.
<b>Coll et al. (2022)</b>	Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Mali, Nigeria, Senegal and Togo from West and Central Africa, and Ethiopia, Kenya, and Tanzania from Eastern and Southern Africa.	Data from Demographic and Health Surveys (DHS) from 2010 to 2018; survey-based indicator; and double stratification.	<ul style="list-style-type: none"> <li>- Sample: 77,191 women aged 15-49 years with at least one daughter between 0-14 years.</li> <li>- Stratification: by empowerment levels in three different domains (decision-making, attitude of violence, and social independence) for each country.</li> </ul>	Investigate how mother's opinion on whether FGM/C should be continued and the practice of FGM/C among their daughters vary according to women's empowerment levels in 12 African countries.	The study highlights the strong connection between a mother's stance on FGM/C, her empowerment level, and the likelihood of her daughter undergoing FGM/C. We found that opposing FGM/C and higher empowerment were linked to lower rates of FGM/C among daughters. However, in countries where FGM/C is prevalent, a higher empowerment level among women supporting FGM/C was associated with more daughters undergoing the practice. This suggests that women's decision-making power can influence FGM/C continuation, even if they personally support it. The study underscores the importance of broader societal changes alongside individual empowerment to combat FGM/C effectively. Legal restrictions alone have shown limited effectiveness, indicating a need for strategies that address social norms and combine women's empowerment with wider societal shifts to reduce FGM/C prevalence.

Traineeship Report

<p>Dalal et al. (2018)</p>	<p>Egypt, Guinea, Kenya, Mali, Niger, Senegal, and Sierra Leone.</p>	<p>Cross-sectional analysis using data from women’s survey of the DHS through household interviews using same structured questionnaires and statistical analysis.</p>	<ul style="list-style-type: none"> <li>- Sample: adolescent girls 15-49 years both from rural and urban areas; total sample from the seven countries = 13,864; sample from Mali = 2791 (=21.1% of total women respondents)</li> <li>- Sampling procedure probability proportional to population size (PPS) based on the sizes of the state’s/region’s urban and rural populations (nationally representative samples).</li> </ul>	<p>Examine adolescent girls’ attitudes toward the continuation or discontinuation of FGM in association with the demographics in seven different countries in Africa.</p>	<p>In the seven countries examined, support for FGM among adolescent girls (15–19 years old) varied widely from 3% to 71%. Over 50% support was found in Egypt, Guinea, Mali, and Sierra Leone, while Senegal and Kenya had around 20% support. Only 3% supported FGM in Niger, but with many missing cases due to low prevalence. Adolescent girls from highly prevalent FGM countries were more supportive of its continuation, with media exposure showing a positive effect in reducing justification in Guinea, Kenya, Senegal, and Sierra Leone, but not in Mali. Lack of education, rural residence, and misinformation fuelled support for FGM, while economic status and education were highlighted as factors for attitude change. The study, though cross-sectional, underscores the need for tailored interventions based on country-specific data to effectively reduce and eliminate FGM, emphasizing education and media interventions, particularly targeting adolescent girls.</p>
<p>Desrumaux et al. (2014)</p>	<p>Mali (Kayes health district)</p>	<p>External project evaluation through institutional interviews in Kayes, Bamako and Paris, focus groups and individual interviews.</p>	<ul style="list-style-type: none"> <li>- Sample: 10 villages chosen according to their degree of progress in the process, ranging from abandonment to strong reluctance to the project, the ethnic groups making up the villages, and their distance from the town of Kayes.</li> <li>- 34 focus groups carried out</li> <li>- 465 people interviewed (low male participation)</li> </ul>	<p>Evaluation of the project “Protect the next generation” based on the social convention theory with a self-disciplinary effect</p>	<p>The evaluation highlights the need to strengthen the human rights-based approach for future phases of the project. While the first three phases have mainly targeted the "health" aspects of FGC, it is crucial to reintegrate rights into future communication and to strengthen the team's skills in this respect. The project aims to raise awareness of gender inequalities and promote women's rights, starting with the abandonment of female circumcision. This is seen as a first step towards greater gender equality and improved social status for women, fundamental for sustainable health.</p>

## Traineeship Report

<b>Koski et al. (2017)</b>	Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Guinea, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo, Ethiopia, Kenya, Tanzania, Uganda, Cameroon, Central African Republic, Chad, Swaziland, Egypt, and Yemen.	Data from DHS and statistical analysis (logistic regression).	<ul style="list-style-type: none"> <li>- DHS surveys target women between 15 and 49 years of age.</li> <li>- The study focuses on women born between 1965 and 2000 and examines trends over 3-year birth cohort in each country.</li> <li>- The DHS surveys for Mali are from 1995, 2001, 2006, 2012 and the country's sample size was 38,464.</li> </ul>	Examine the prevalence and severity of the practice of FGM across 22 countries.	The prevalence of FGM is decreasing in many countries, such as Cote d'Ivoire, Nigeria, Ethiopia, and Kenya, over the past 30 years. However, Mali and the Gambia have seen high and stable prevalence rates. While there is little evidence of significant changes in the severity of the procedures, some countries are seeing symbolic forms of FGM gaining traction. Most women who undergo FGM likely experience partial or total removal of the clitoris and labia, with infibulation still practiced in many areas. Women's self-reports of FGM status may not always accurately reflect the extent of their injuries, with studies showing a tendency to under-report. The drivers of the decline in FGM are uncertain, and there is a lack of high-quality evidence on effective interventions. Legislative bans have been challenging to enforce in areas with strong social support for FGM, like Egypt. Educational programs show promise in shifting attitudes, but their impact on reducing FGM prevalence needs further study. Variations in prevalence and trends across subgroups within countries highlight the need for targeted programs. FGM traditions also exist in countries with limited data, like Indonesia and Malaysia, and within immigrant communities in countries like the USA. The urgent need for well-planned interventions and rigorous evaluations is emphasized, especially as the 2030 Sustainable Development Goals deadline approaches.
<b>Koski et al. (2019)</b>	Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Egypt, Ethiopia, Gambia, Guinea, Kenya, Mali, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, Togo, Uganda, Yemen.	Data from DHS and statistical analysis.	<ul style="list-style-type: none"> <li>- DHS surveys include women between 15 and 49 years old and men between 15 and 59 years old.</li> <li>- The DHS surveys for Mali are from 2001 and 2012.</li> </ul>	Measure national-level trends in the prevalence of FGM/C in reported support for its continuation, and in the belief that the practice is a religious requirement over a 35-year period in 19 countries.	The prevalence of FGM/C and support for its continuation vary widely among countries, with some showing high rates alongside strong religious beliefs in its necessity, while others exhibit low prevalence and little support. Changes in attitudes seem linked to societal shifts, with larger shifts observed between survey waves rather than across birth cohorts. Efforts to reduce FGM/C prevalence, particularly in countries like Ethiopia, may inform strategies for others. Engaging religious authorities is crucial, as they play a significant role, as seen in programs in Ethiopia and Kenya. However, opposition from religious figures can hinder progress, emphasizing the need for context-specific approaches. Understanding evolving viewpoints is essential for developing effective interventions to mitigate the practice's harms.

Traineeship Report

<b>Grey Literature</b>					
<b>Leon-Himmelstine et al. (2022)</b>	Mali	Literature review	<ul style="list-style-type: none"> <li>- Focus on children and youth aged 0-19 years.</li> <li>- Particular attention to existing studies in five Malian regions of interest: Kayes, Koulikoro, Sikasso, Ségou, and Bamako) and regional and global literature.</li> </ul>	Examine the existing evidence on the drivers that explain the persistence of FGM/C, including the role of social norms, and the behavior change programmes/approaches to challenge FGM/C and child marriage in Mali.	The study highlights the following drivers for the persistence of FGM/C in Mali: perception of adolescent girls; the role of grandmothers, mothers, and other women of reproductive age; involvement of male relatives and members of the community; role models; social norms; religion; and covid-19. The study also points out three behavior change approaches to challenge FGM/C and child marriage in: engaging male community members; engaging female elders, including grandmothers and mothers; and sustained behavior change.
<b>UNICEF (2022)</b>	Mali	Data from DHS and statistical analysis.	<ul style="list-style-type: none"> <li>- DHS in 1995, 2001, 2006, 2012-2013, and 2018.</li> <li>- Use of Sustainable Development Goal (SDG) indicator 5.3.2 – the proportion of girls and women (15-49 years) who have undergone FGM.</li> <li>- The number of girls and women who have undergone FGM was calculated based on the population in 2019.</li> <li>- Findings on the circumstances around FGM in Mali specifically reflect data on girls aged 10 to 14 years.</li> </ul>	Assess the prevalence of FGM in Mali.	The publication provides information on FGM key facts including the current levels of FGM, the circumstances around the practice, and the attitudes towards it. The document also provides generational trends revealing the stable prevalence of FGM in the country for at least five decades with approximately 90 percent. The implication of the trends regarding the 2030 target to eliminate it are also examined. According to the article, the SDG target regarding FGM elimination by 2030 is out of reach for Mali and the analysis reveals that if the trends continue, 9 in 10 girls will still undergo the practice by that year.

## Traineeship Report

<b>United Nations Children's Fund (2023)</b>	No specific country specified	No information on the methods.	No information on the methods.	Report on engaging boys and men to end FGM.	The publication brings forward programmatic approaches to engaging boys and men at many levels: individual; interpersonal; community; institutional; and structural. The document stresses the importance of engaging men and boys as they can play a pivotal role and act as agents of change.
<b>Varol et al. (2015)</b>	Egypt, Yemen, Oman, Nigeria, North Sudan, Senegal, Guinea, Somalia, Gambia, Sierra Leone, Ghana, USA, Norway, Sweden, and Spain.	Systematic review of all publications between 2004 and 2014 exploring men's attitudes, beliefs, and behaviors regarding FGM.	<ul style="list-style-type: none"> <li>- 20 peer-reviewed articles: 9 quantitative surveys; 10 using qualitative interviews; and 1 mixed qualitative and quantitative study.</li> <li>- Focus on three main themes: men's perceptions of FGM; FGM as an issue for men; and influence of socio-demographic factors.</li> </ul>	Examine perceptions and attitudes of men towards FGM, and their perceived and actual role in the abandonment process.	The review underscores that social norms, especially around religious beliefs, and marriageability, strongly influence the persistence of FGM/C. Men's roles vary from passive acceptance to active promotion, often driven by family expectations. In some countries, more men than women desire an end to the practice. Effective strategies involve enabling communication among men and women and engaging religious leaders. Education plays a pivotal role, with higher levels correlating with support for abandonment. Tailored reproductive health services for men could enhance efforts. Collaboration between men's and women's programs, education, and addressing community priorities are crucial. Migration positively influences abandonment, suggesting improved living conditions reduce the perceived need for FGM/C. In the effort to end this harmful practice and protect future generations, community-led initiatives, backed by research and specific programs, show promise.
<b>WHO (2023)</b>	African Region	No information on the methods.	No information on the methods.	Provide an overview of the status of FGM in the African Region (March 2023).	From 2012 to 2020, approximately 35% of girls and women aged 15-49 in the African Region underwent FGM, with 16.7% of girls aged 0-14 also affected. Opposition to the continuation of FGM has been reported by around 72% of girls and women aged 15-49 between 2013 and 2021. In more than half of African countries with available data during this period, over 50% of surveyed individuals, including boys, girls, women, and men, were against the practice. The countries most affected include Guinea, Mali (88.6%), Sierra Leone, Eritrea, Burkina Faso, Gambia, Mauritania, Ethiopia, Guinea-Bissau, and Côte d'Ivoire. Cultural, religious, and social factors are the primary risk factors for FGM, emphasizing the need for tailored interventions. Health-care providers are urged not to perform any form of FGM, including infibulation, and should offer appropriate care to those affected, especially during childbirth for women with FGM-related complications.

In each subsection of the results, the data extracted from PubMed are first reported and followed by the data from the articles gathered through Google Scholar.

## Cultural and sociocultural drivers behind the prevalence of female genital mutilation in Mali

### Female genital mutilation trends in Mali - The situation in Mali

To better consider the drivers of this practice, it is first relevant to have a complete overview of the situation in the country of interest.

Mali stands out among the countries with the highest prevalence of female genital mutilation, with 91% of women aged 15 to 49 years estimated to have undergone FGM based on household survey data collected in 2012-2013. This prevalence appears consistent across age groups, ranging from 90% to 93% (Cetorelli et al., 2020). Koski et al. (2017) point out that the prevalence of FGM in the country has been high and stable for over 30 years. Data from another study by Coll et al. (2022) revealed that 75.9% of women in Mali had at least one daughter who had undergone female genital mutilation and cutting (FGM/C). Mali has the highest prevalence compared to the other countries in this study's dataset (Coll et al., 2022). The study from Koski et al. (2017) states that FGM/C remains nearly universal in Mali, with 90% or more of women born between the years of 1995 and 1997 reported undergoing some form of FGM. Over this period, the proportion of women reporting any form of the practice in the country has remained stable. That same study also highlights that in Mali, more than 20% of women did not know the extent of the procedure they had undergone (Koski et al., 2017). In 2019, another study from Koski et al. revealed that, in the most recent birth cohort, more than 85% of women reported having undergone FGM/C.

The study from Cetorelli et al. (2020) reported from their sample that 47% of the women aged 15-49 in Mali disclosed that all of their daughters had undergone FGM. Additionally, 24% of women in the same age group reported that some of their daughters were cut while others were not (Cetorelli et al., 2020).

It is noteworthy to highlight that Mali does not have specific legislation banning the practice of female genital mutilation (Cetorelli et al., 2020). Furthermore, Coll et al. (2022) underline the low effectiveness of legal institutions in countries where the prevalence of FGM/C among

young daughters is high, suggesting that legal measures alone may not suffice and expressing the need for broader social and cultural approaches.

In line with these results, grey literature from UNICEF (2022) reveals that in Mali, 8 million girls and women have undergone FGM/C procedures, which represents 89% of females aged 15 to 49 years.

Additionally, according to Leon-Himmelstine et al. (2022), the predominant form of FGM/C in Mali, impacting 41% of women and girls aged 15-49 years, is type II or excision, followed by type I at 25%, and 8% undergoing infibulation.

### Overview of the general cultural and sociocultural drivers of female genital mutilation

Before delving into the drivers for female genital mutilations and cutting in Mali precisely, this section will explore the drivers of FGM on a more general level.

FGM/C have historical roots in numerous cultures, with diverse interpretations and significance across different communities (Koski et al., 2019). Female genital mutilation and cutting are entrenched in cultural beliefs and societal norms passed down through generations, frequently associated with concepts of femininity and modesty; the practice is thought to safeguard virginity, decrease promiscuity, and enhance the marriage prospects of girls (Coll et al., 2022). In traditional communities, FGM/C has the potential to elevate the status of women, boosting their social identity and moral reputation within the society (Coll et al., 2022). Parents might worry that daughters who are not circumcised will encounter challenges in securing a suitable marriage (Coll et al., 2022).

A study by Dalal et al. (2018) identified social pressure and tradition as two important factors for the perpetuation of FGM, whereas religious beliefs appeared to have contradictory results. According to Dalal et al. (2018), while Islam was not a significant predictor of favorable attitudes towards FGM in Guinea, a majority believed that FGM was accepted by their religion. In Western Africa, Islam was a predictor except for Niger and Nigeria (Dalal et al., 2018). The same study highlights higher education as a significant factor linked to the decline of support in FGM continuation and empowerment as a crucial element in eradicating the practice (Dalal et al., 2018).

The study by Koski et al. (2017) analyzing the prevalence and severity of the practice of FGM across 22 countries showed that the reasons for the perpetuation of FGM/C differ, yet they are frequently bounded to social norms dictating female sexuality. The study reveals that it is commonly thought to decrease women's sexual desire, consequently reducing the chances of engaging in premarital or extramarital sexual behavior (Koski et al., 2017). This study also considers the concepts of symbolism and identity behind such procedures. It refers to the consideration of FGM/C as a marker of group identity, which symbolizes a girl's transition to adulthood, and highlights the intense social pressure to continue this practice among societies that believe it is necessary for group identity and marriageability (Koski et al., 2017).

Another study by Koski et al., from 2019, aims to measure national-level trends in the prevalence of FGM/C in reported support for its continuation and in the belief that the practice is a religious requirement over 35 years in 19 countries. According to this article, research indicates that genital tissue removal may signify a passage into adulthood, adherence to societal concepts of femininity and ethnic identity, as well as the control of sexual desire to uphold premarital virginity. In communities where FGM/C is customary, the social pressure to comply can be overwhelming, leading to concerns of exclusion and decreased chances of marriage if the procedure is not undergone (Koski et al., 2019). This study also focused on the link between FGM/C and religious beliefs and highlights the limited amount of research on religious views concerning FGM/C. The distinction between religious obligation and culturally encouraged practices can be unclear, given the diversity of religious teachings across communities (Koski et al., 2019). Whether individuals perceive the practice as religious may not depend on theology; nevertheless, the study highlights that FGM/C is commonly believed to be a religious practice, especially among highly prevalent countries (Koski et al., 2019). The article points out the significant implications for grasping the practice's context within communities and how it can guide efforts to reduce its prevalence (Koski et al., 2019).

In a Regional Fact Sheet on FGM in the African Region, the World Health Organization (2023) identifies the following most common risk factors associated with undergoing FGM/C or subjecting a girl to the procedure, which are firmly entrenched into cultural, religious, and social contexts:

- Social pressure to conform with peers.
- Perception of FGM/C as necessary for proper upbringing, preparing girls for adulthood and marriage.

- The belief that FGM/C diminishes women's sexual desire, safeguarding premarital virginity and preventing promiscuity.
- Association of FGM/C with the notion of cleanliness referring to hygiene, aesthetics, and morals, and which includes the idea that leaving the clitoris uncut could lead to excessive growth.
- Some women's rare belief that FGM/C improves male sexual pleasure and virility, and in some even rarer contexts, that it facilitates childbirth by increasing a woman's tolerance to childbirth pain through the pain of FGM/C.
- Belief that FGM/C is mandated or supported by religion, or facilitates adhering to religious expectations of sexual constraints.
- The notion that FGM/C is a significant cultural tradition and that it should not be argued or stopped, especially not by people who are not part of the community.

### Cultural and sociocultural drivers of female genital mutilation specific to Mali

Regarding societal attitudes, in 2006, approximately 70% of men aged 15 to 64 years in Mali expressed support for the continuation of the practice. In 2010, the same study reported that this support was reflected in 73% of women aged 15 to 49 (Cetorelli et al., 2020). Koski et al.'s study (2019) reports that in the most recent birth cohort, most women and men believe that the practice should continue, with 71% of women and 79% of men in Mali expressing support. Another study by Dalal et al. (2018) mentions that adolescent girls from highly FGM-prevalent countries, such as Mali, were found to be more supportive of continuing FGM than those from low-prevalence countries.

Another factor for the continuation of FGM/C that was considered is women's empowerment in the study by Coll et al. (2022). This study reveals that, in some countries, greater levels of empowerment among women supporting the practice were associated with a higher proportion of daughters undergoing the procedure. Furthermore, this trend was particularly notable among countries with higher prevalence rates of FGM/C, such as Mali, Guinea, and Ethiopia (Coll et al., 2022).

The article from Desrumaux et al. (2014) focuses on Mali and, more specifically, on the Kayes health district. This article describes that in the region of Kayes, FGM determines the marriage prospects of girls among different communities as well as their social integration and

recognition. The theory of social convention states that the choice of one family regarding FGM is interdependent with the practice of other families (Desmuraux et al., 2014). Indeed, the abandonment of FGM by a single family or a small group of families is disadvantageous for their daughters, as it reduces marriage prospects and increases the risk of rejection by the community (Desrumaux et al., 2014).

Koski et al. (2019) explain that the beliefs that FGM/C should continue and that it is a religious requirement are most often jointly held in countries with the highest prevalence of FGM/C, such as Egypt, Guinea, and Mali, who support the continuation of FGM/C and report that their faith requires it. According to their article, in Mali, 69% of women and 65% of men born in the most recent cohort reported that FGM is required by their religion (Koski et al., 2019).

The study by Cetorelli et al. (2020) stresses the need for broader changes across multiple domains to effectively combat FGM in Mali and Mauritania, the countries on which their study focused. Those domains of change include sociocultural, religious, educational, gender-based, organizational, and law enforcement changes (Cetorelli et al., 2020).

Indeed, in line with the results from the articles from PubMed, UNICEF (2022) reports that attitudes towards FGM/C in Mali reveal a prevailing lack of opposition, with less than one in five girls and women opposing the practice and even lower numbers among boys and men. WHO (2023) further examines the attitudes toward FGM in Mali, revealing that data indicates a decrease in opposition, reporting that statistics show 18% of girls and women in the African region were less inclined to oppose the practice's continuation between 2013 and 2021. Likewise, during the same period, 13% of boys and men in Mali were less likely to oppose the continuation of FGM (WHO, 2023).

Similarly to Koski et al. (2019), UNICEF (2022) also delved into the belief that FGM/C is a religious obligation. Their analysis describes that such belief varies across faiths, with nearly three in four individuals who identify as Muslim believing FGM/C is required by religion. In contrast, such a belief is less common among Christians (UNICEF, 2022).

Furthermore, UNICEF (2022) explores the regional variances in attitudes regarding the practice of FGM. According to them, opposition to the practice is most commonly found in regions where the practice is not widely prevalent, such as Gao, with a 93% opposition rate, and Kidal, with a 95% opposition rate, where the prevalence rates are 1% and 0%, respectively (UNICEF, 2022). UNICEF (2022) also explores the variations in FGM prevalence across ethnicities. FGM appears to be almost universal among numerous ethnic groups in Mali, yet it is notably less prevalent among the Sonraï and Touareg/Bélla. However, despite these

variations, there has been minimal decline in the prevalence of FGM/C among ethnic groups where it is commonly practiced (UNICEF, 2022).

Another relevant study is from Leon-Himmelstine et al. (2022), which provides five drivers and factors explaining the persistence of FGM in Mali and states that it is rooted in cultural, religious, and social norms. The first driver identified in this study is education. Evidence suggests a correlation between education level and opposition to FGM/C. For instance, 25% of women with secondary or higher education, compared to 14% with no education, believed FGM/C should not continue. Among men, 17% with secondary education or higher opposed the practice, compared to 9% without education society (Leon-Himmelstine et al., 2022). The second driver identified in the study is hygiene, aesthetics, and health. Some in Mali view the external female genitalia as unclean and unsightly. Additionally, there is a belief that FGM/C provides protection against HIV infection or reduces risky sexual behavior, although no evidence supports this claim society (Leon-Himmelstine et al., 2022). The following drivers in this study are gender norms and expectations. FGM/C aligns with social norms surrounding culture, tradition, and gender roles. It is seen as a rite of passage or initiation, ensuring marriageability, purity, and conformity to societal expectations society (Leon-Himmelstine et al., 2022). The fourth factor explored in the study is stigma. The study explains that fear of ridicule or rejection drives some families to continue FGM/C. Uncut women may face stigma, such as ‘bilakoro’ or ‘uncircumcised,’ associated with negative attributes such as ‘immature, childish, dirty, unlucky, unfaithful, or impure’ society (Leon-Himmelstine et al., 2022). The last driver presented is religion and symbolic systems. Among the Mande ethnic group, FGM/C is connected to a purified version of Islam. Despite some imams indicating it is not mandatory, but only recommended, religious beliefs contribute to its persistence. Religion also intersects with beliefs around fertility, offspring survival, and purification society (Leon-Himmelstine et al., 2022). The study outlines a survey conducted in three districts in Mali – Kayes, Diéma, and Yélimané – revealing that 49% of respondents viewed religion as the primary reason for perpetuating the practice. Participants of that same study noted that an uncut woman’s prayers are deemed unacceptable because she is considered ‘unclean’, leading to criticism and disapproval from peers in society (Leon-Himmelstine et al., 2022).

## The influence of the engagement of men and boys on the drivers of female genital mutilation

Dalal et al. (2018) stress the importance of changing attitudes towards FGM as the initial step in addressing the practice despite the challenges and psychological hurdles involved. Understanding demographic factors influencing attitudes toward FGM can inform strategies for promoting change. The study identifies decision-makers, community leaders, and religious figures as crucial players in influencing cultural beliefs surrounding FGM (Dalal et al., 2018).

### Male attitudes regarding female genital mutilation

Several studies mentioned in the first part of the results identified trends among men supporting the practice of FGM, such as Cetorelli et al. (2020), Koski et al. (2019), WHO (2023), and Leon-Himmelstine et al. (2022). Among these studies, it is stated that in 2006, around 70% of men aged 15 to 64 years in Mali expressed support for the continuation of FGM (Cetorelli et al., 2020). This trend is consistent with another study, with 79% of men in Mali showing support for the practice; this study additionally reveals that in Mali, there is a consistent trend of higher support for the practice among men (Koski et al., 2019). WHO (2023) reported that 13% of boys and men in Mali were less likely to oppose the continuation of FGM between 2013 and 2021. Moreover, among men, 17% with secondary education or higher opposed the practice, compared to 9% with no education (Leon-Himmelstine et al., 2022).

### Why engage men and boys in the abandonment of female genital mutilation

Several articles looked into the involvement of men and boys in the elimination of the practice of FGM.

United Nations Children's Fund (2023) states that addressing the social dynamics of FGM/C reveals its intrinsic gender-based nature, reinforcing norms that devalue girls. Despite this, the potential influence of men in eliminating FGM/C is yet to be fully realized (United Nations Children's Fund, 2023). The report underlines the pivotal role that men can play in various capacities - as community members who shape societal expectations, future husbands valuing

qualities in a partner, or fathers making important decisions regarding the practice's continuation into the next generation. According to the United Nations Children's Fund (2023, p.2), "boys and men can, and should, exert their influence in ending FGM". The report further explores the role of fathers as crucial agents of change. According to that same publication, merely believing that FGM/C should cease is insufficient for fathers; they must actively advocate for its elimination. United Nations Children's Fund (2023) describes that girls with both parents opposing FGM are at the lowest risk of undergoing the procedure. However, it appears that in case of disagreement among couples on the issue, the mother's opinion often determines whether a girl will undergo FGM/C (United Nations Children's Fund, 2023). Despite women currently holding more decision-making power regarding FGM/C, the role of the father remains significant. Girls may undergo FGM/C against their fathers' wishes because fathers either do not voice their opinions or do not perceive a role for themselves in what is seen as a 'woman's issue'. Men who are against FGM/C have the opportunity to be catalysts for change by openly expressing their opposition and advocating for its eradication (United Nations Children's Fund, 2023).

Leon-Himmelstine et al. (2022) explain how the decision to cut a girl is rarely individual but rather collective and influenced by various actors. Male community members, including fathers and other male family members, play a significant role in favoring and against the practice (Leon-Himmelstine et al., 2022).

The study by Varol et al. (2015) manifests the attribution of the persistence of FGM in Mali to the lack of open dialogue between genders, as well as the reluctance to discuss the matter openly. This study also highlights the significant role that men, as fathers, husbands, and community and religious leaders, may play in either perpetuating or challenging the practice. This study claims the lack of research on their influence on FGM practice (Varol et al., 2015). Finally, Varol et al. (2015) identify three factors for the perpetuation of FGM, among those are social obligation and marriageability, the passive and active roles of men, and the limited dialogue between genders. In this study, the authors refer to the social pressure to conform to the norms, which varies across communities, encompassing the notions of religious requirement, family honor through daughters' premarital virginity, and wives' marital fidelity, aesthetics, and rites of passage. Moreover, the article underlines the fear of exclusion from resources and opportunities, such as good marriage, as factors that further solidify the continuation of FGM. Regarding the passive and active roles of men, the review states that men are passively supporting such tradition by refusing to marry uncut women or actively initiating the practice (Varol et al., 2015). Concerning the limited dialogue between genders, the article

focuses on evidence from DHS data suggesting the lack of communication among men and women and among men themselves. It states that it is crucial for fostering dialogue and facilitating the abandonment process (Varol et al., 2015).

## How to engage men and boys in the abandonment of female genital mutilation

Men and boys can engage in the abandonment of FGM through different programmatic approaches. Individual-level approaches such as community dialogues, educational sessions, and life skills programs provide opportunities for men and boys to learn about human rights and the harms of FGM/C and critically reflect on its impact (United Nations Children's Fund, 2023). Community-level approaches can encourage alliances, coalitions, and networks of boys and men to speak out and take action against FGM/C (United Nations Children's Fund, 2023). Institutional-level approaches in which men who are service providers can advocate for access to comprehensive prevention, protection, and care services related to FGM/C are another form of approach where men engage in the abandonment of FGM. They can also challenge harmful social norms within their professional roles (United Nations Children's Fund, 2023).

Leon-Himmelstine et al. (2022) point out that male beliefs around female sexuality and marriage influence their support for the practice; thus, they emphasize the need to understand behavior change strategies targeting men and their implications for women's status. The study identifies the importance of considering interventions targeting changes in male attitudes towards FGM/C. These strategies would promote men marrying uncircumcised women, potentially resulting in the stigmatization and marginalization of circumcised women and girls (Leon-Himmelstine et al., 2022).

Varol et al. (2015) recommend four types of interventions engaging men and boys. The first type of intervention is educational initiatives – through schools, social media, mobile phone technology, sporting events, musicians, radio, theatre, and puppet shows – which would be effective strategies for building awareness (Varol et al., 2015). The study expresses how videos exhibiting the graphic impact of FGM have particularly resonated with men, shedding light on the suffering involved. Another strategy discussed in the article concerns men's empowerment and health literacy. Through such approaches, men should be empowered with health literacy to make informed decisions for themselves and their families (Varol et al., 2015). It also refers to men's involvement in sexual and reproductive health promotion programs. Such approaches

have shown positive outcomes, indicating their willingness to participate and concern for family welfare (Varol et al., 2015). The study mentions comprehensive programs involving men and women together. Collaboration between men's interventions, such as engaging men through "man-to-man" strategies that facilitate open discussions about personal health and issues, and women's interventions and education programs would enhance the abandonment process (Varol et al., 2015, p.12). Lastly, the review suggests community-led change approaches, in which some men advocate for change originating within their communities rather than through external organizations or government intervention (Varol et al., 2015).

## Discussion

This review aimed to answer the following research question: “*What are the cultural and sociocultural drivers behind the prevalence of female genital mutilation in Mali, and how does the engagement of men and boys influence these drivers?*” through two objectives. The first objective was to explore the cultural and sociocultural drivers for the practice of FGM in Mali. The second objective was to explore how the engagement of men and boys can influence the drivers of FGM.

The records included in this review reveal that Mali has a strikingly high prevalence of female genital mutilation and the recognition of the practice as nearly universal in the country. This prevalence remains consistent across age groups, with FGM prevalence stable for over 30 years (Cetorelli et al., 2020; Koski et al., 2017; Coll et al., 2022; Koski et al., 2019; UNICEF, 2022). The intergenerational nature of the practice is also highlighted, with women reporting the continuity of the practice among their daughters (Cetorelli et al., 2020). Despite this prevalence, Mali lacks specific legislation against the practice, suggesting a need for broader social and cultural interventions alongside legal measures to address this entrenched issue (Cetorelli et al., 2020; Coll et al., 2022).

The practice of FGM/C is deeply entrenched in cultural beliefs and societal norms (Koski et al., 2019; Coll et al., 2022). The procedures, associated with femininity, modesty, and preservation of virginity, are often perceived to enhance marriage prospects and elevate women’s societal status (Coll et al., 2022; Koski et al., 2017; Koski et al., 2019; WHO, 2023). FGM/C is believed to decrease women’s sexual desire, aligning with social norms, and serves as a symbol of group identity and a rite of passage into adulthood, reinforcing its continuation; common risk factors include the perception of FGM/C as crucial for upbringing and marriage, notions of cleanliness and aesthetics, beliefs in its benefits for male sexual pleasure, childbirth preparation, and its status as an unquestioned cultural tradition, especially among outsiders (Coll et al., 2022; Koski et al., 2017; Koski et al., 2019; WHO, 2023). Intense social pressures and traditions perpetuate the practice, with religious beliefs sometimes contradictory and the unclear distinction between accepting or mandating the practice (Dalal et al., 2018; Koski et al., 2019; WHO, 2023). Higher education appears to be linked to reduced support of FGM/C, highlighting the importance of empowerment in combating this harmful tradition (Dalal et al., 2018).

In Mali specifically, societal attitudes towards FGM/C remain deeply established, with significant support for its continuation among men and intergenerational support among women (Cetorelli et al., 2020; Koski et al., 2019; Dalal et al., 2018; Coll et al., 2022; WHO, 2023; UNICEF, 2022). Regional variations are highlighted through higher opposition in some low-prevalence areas such as Gao and Kidal, and ethnic variations are indicated by lower prevalence among Sonraï and Touareg/Bélla ethnic groups (UNICEF, 2022). The cultural and sociocultural drivers of FGM in Mali identified through the literature include women’s empowerment (Coll et al., 2022), regional social conventions tying FGM to marriageability (Desrumaux et al., 2014; Leon-Himmelstine et al., 2022), beliefs that it is a religious requirement (Koski et al., 2019; Cetorelli et al., 2020; UNICEF, 2022; WHO, 2023; Leon-Himmelstine et al., 2022), social integration (Desrumaux et al., 2014; Leon-Himmelstine et al., 2022). The persistence of the practice in the country is influenced by education, hygiene beliefs, stigma, religion, and gender norms related to marriageability and purity (Desrumaux et al., 2014; Koski et al., 2019; Cetorelli et al., 2020; UNICEF, 2022; Leon-Himmelstine et al., 2022). The results exhibit identified trends of men supporting the practice (Cetorelli et al., 2020; Koski et al., 2019; WHO, 2023) and recognize the importance of engaging them – as fathers making decisions for their daughters, future husbands valuing certain qualities, community leaders, religious figures, and decision-makers – to address the social and cultural dynamics (United Nations Children’s Fund, 2023; Leon-Himmelstine et al., 2022; Varol et al., 2015). Men’s passive or active roles in supporting the practice are further unpacked as factors perpetuating FGM through social obligation and marriageability (Varol et al., 2015; United Nations Children’s Fund, 2023). To combat this, strategies involving men and boys can include educational initiatives, empowerment programs, involvement in sexual and reproductive health promotion, and community-led change approaches (United Nations Children’s Fund, 2023; Varol et al., 2015). The need for behavior change strategies – through strategies targeting men and boys to promote marrying uncircumcised women and promoting dialogue across genders – is stressed (Leon-Himmelstine et al., 2022; Varol et al., 2015; United Nations Children’s Fund, 2023). The results underscore the need for interventions aimed at shifting male attitudes and advocating for community-led change approaches; strategies to engage men and boys for FGM abandonment may include individual, community, and institutional level approaches such as educational initiatives, men empowerment, and health literacy, and comprehensive programs involving both men and women. These approaches would aim to foster open dialogue, challenge harmful social norms, and promote a shift towards the abandonment of

FGM (Leon-Himmelstine et al., 2022; United Nations Children’s Fund, 2023; Varol et al., 2015).

The recommendations for strategies and approaches involving the engagement of men and boys to influence the drivers of FGM that emerge from this review align with the evidence from the collaborative review of evidence on Men and Boys in Social Change and Gender Equality by Edström et al. (2015). This review offers a global view on the involvement of men and boys in social change, without a specific focus on Mali or female genital mutilation. However, in their fifth chapter, they focus on sexual health and rights, which refers to men’s involvement in the abandonment of FGM/C and states the support for the continuation of the practice by both genders. The review also highlights effective strategies involving men and boys in changing gender attitudes and practices, which include peer education, male advocates, media programs, workplace initiatives, and community-based programs. According to Edström et al. (2015), successful approaches are linked to gender-sensitive policies, use participatory methods to challenge harmful norms, emphasize action and ownership, and are complemented by awareness campaigns through various media channels such as community radio and public service announcements. These strategies aim to address existing gender inequalities, encourage critical reflection on rigid norms, and promote change at both individual and structural levels (Edström et al., 2015). This review demonstrates the relevance of strategies engaging men and boys specifically in the context of FGM in Mali but also highlights the need to fully comprehend the drivers of the practice in the country and the variations within the country.

## Strengths and weaknesses

This review exhibits various strengths and weaknesses worth considering. It covers a wide range of aspects related to the prevalence and drivers of FGM in Mali, including information on prevalence rates, cultural and sociocultural drivers, men’s roles, and strategies for abandonment. Drawing from various studies, reports, and sources, the review offers diverse perspectives and information on the topic, presenting it in a clear and organized manner with distinct subtitles for easy navigation. Additionally, the review addresses the research question by shedding light on important topics to combat FGM in Mali, such as the practice’s drivers and the potential for interventions through the engagement of men and boys.

However, the review has some limitations. As noted by Wright et al. (2007), the level of conclusions reached by a literature review cannot surpass that of the studies it includes. Since

this review relies on secondary sources such as existing studies and reports, it could benefit from primary sources to deepen its insights and bring new perspectives. The analysis of men's roles and strategies for engagement could be more in-depth, and accessing more reports and studies would have allowed for a more comprehensive exploration of the topic. The use of only one database and the limited access to articles and studies might have restricted the breadth of available literature to review. Another limitation of this review is its reliance on grey literature, which was not subjected to peer review. Some publications analyzed in this study did not rely on empirical data but rather on institutional viewpoints.

Despite our efforts to synthesize the findings of the included publications, the high level of heterogeneity observed among the articles prevented the conduct of a meta-analysis. The variability in study designs, participant characteristics, and methodologies across the included publications contributed to this heterogeneity.

## Recommendations for research and practice

The findings of this review raise practical implications for addressing the issue of FGM in Mali. Understanding the cultural and sociocultural drivers identified, such as the association of FGM with social norms, the concepts of femininity, purity and marriageability, and religious beliefs, can inform targeted interventions. The insights from this review can be used to develop culturally sensitive approaches when working with communities affected by FGM. To advance policy, interventions should involve collaboration with community leaders, decision-makers, and religious figures to challenge harmful norms and promote the abandonment of the practice. It is essential to understand and fully consider the deeply established cultural beliefs and societal norms surrounding the practice of FGM and to address those comprehensively and sensitively.

The review also sheds light on areas for further research. This highlights the need for research focusing on the development of comprehensive and sensitive approaches to address the cultural beliefs and social norms behind FGM, as well as research and studies on the effectiveness of such approaches, considering the context-specific nature of the practice and the necessity for culturally sensitive interventions. There is a need for studies focusing on the effectiveness of interventions – such as community-led approaches, educational initiatives, and empowerment programs – that engage men and boys in the abandonment of FGM in the Malian context, as

this review indicates their significant role in either perpetuating or challenging the practice. This review is based on secondary sources; further research should explore the main drivers of FGM in Mali through primary sources of information to identify the main areas of intervention in addressing the cultural and sociocultural drivers of FGM. Additionally, there is a gap in understanding the regional variances in attitudes regarding FGM. This highlights the need for empirical research on the regional and ethnic differences in FGM prevalence and the regional and ethnic variations in the drivers of FGM.

There is limited availability of empirical analysis on men's roles and strategies for engagement in FGM abandonment. Further research should delve into the nuances of men's attitudes and behaviors towards FGM, especially in Mali, where significant support for the practice among men was identified. Overall, the findings of this review suggest the need for multidimensional approaches that involve both men and women with a focus on cultural and sociocultural drivers to combat FGM in Mali and similar contexts effectively. To implement such approaches effectively, they should be based on context-specific research on FGM's cultural and sociocultural drivers, tailored to each context.

## Conclusion

In conclusion, this review has synthesized studies on the cultural and sociocultural drivers of female genital mutilation in Mali and the engagement of men and boys in the practice's abandonment. The data extracted from the 11 publications involved in this review revealed several key information. The prevalence of FGM in Mali is strikingly high and has remained stable for over 30 years. The practice is deeply rooted in cultural beliefs, perceived as a symbol of femininity, modesty, and virginity preservation, aimed at enhancing marriage prospects and elevating women's social status. Factors such as women's empowerment and regional social conventions are linking FGM to marriage prospects and religious beliefs, which contribute to its persistence. Ethnic variations exist and emphasize the complex interplay of cultural norms in perpetuating this practice. Men's roles in supporting or opposing FGM are significant. Studies reveal widespread support for the practice among both men and women, especially in highly prevalent FGM countries like Mali. Men's engagement in combating the practice is crucial, with strategies focusing on changing male attitudes and behaviors. Men are passively supporting the practice by refusing to marry uncut women or actively initiating the practice. Efforts to engage men and boys in FGM abandonment include educational initiatives, empowerment programs, and community-led approaches. These interventions challenge harmful social norms, promote dialogue, and empower men to advocate for change within Mali's cultural context.

The findings of this review are significant in that they shed light on the relevance and importance of engaging men and boys to influence the cultural and sociocultural drivers of FGM and the potential of their inclusion in strategies to fight the practice in countries like Mali, where their support for the practice is demonstrated. This review also contributes to the understanding of demographics and the many different drivers of the practice of FGM, especially in the Malian context.

This integrative literature review offers a thorough examination of FGM in Mali, exploring prevalence rates, cultural and sociocultural drivers, men's roles, and their possible engagement in strategies for FGM abandonment. It presents a diverse range of perspectives from various sources, organized clearly. However, it relies heavily on secondary sources, lacking primary studies for deeper insights. The analysis of men's roles and engagement strategies could be more comprehensive, and broader access to literature might have strengthened the review.

Another limitation is the inclusion of grey literature, which includes some non-empirical institutional viewpoints. Also, the heterogeneity among the studies precluded a meta-analysis due to variations in methodologies.

Suggestions for future actions encompass the necessity for comprehensive and culturally sensitive interventions engaging men and boys, including educational programs and community-driven initiatives. This is consistent with broader findings on men's involvement in societal change, proposing methods such as peer education and media campaigns. Policy implications emphasize the importance of collaborating with community leaders to confront detrimental norms while considering the resistance to external interventions, as the practice is considered a significant cultural tradition that people outside the community should not challenge. In terms of future research, there is a need to investigate the effectiveness of such interventions in Mali, but also to explore the regional discrepancies in FGM attitudes responsible for the regional and ethnic differences in prevalence, and more thorough empirical examinations of the potential engagement of men and boys in the specific context in Mali and regarding Mali's specific drivers for FGM. This review underscores the intricate nature of FGM in Mali and the crucial need for tailored, multi-faceted approaches to address this profoundly ingrained issue.

The relevance of FGM interventions and strategies in Mali has been known through its long-lasting high prevalence. The current interventions are insufficient to impact these trends and meet the goals for reducing the practice. It is essential to consider other approaches to tackle the practice of FGM in the country, and to do so, it is vital to conduct comprehensive research and studies on the topic, strategies, and their effectiveness in the country's context.

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