

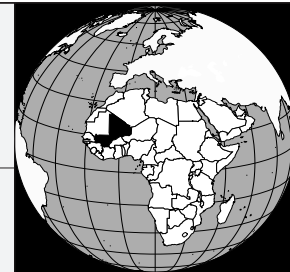


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7. Mali



Statistics

GENERAL

Population

- The total population of Mali is approximately 11.8 million.¹
- The average annual population growth rate between 1995 and 2000 was estimated to be 3%.²
- Women comprise 51.2% of the population.³
- In 1995, 27% of the population resided in urban areas.⁴

Territory

- Mali covers an area of 1,241,238 square kilometers.⁵

Economy

- In 1997, the estimated per capita gross national product (GNP) was U.S.\$260.⁶
- Between 1990 and 1997, the average annual growth rate of the gross domestic product (GDP) was 3.3%.⁷
- Approximately 30% of the population have access to primary health care.⁸
- In 1997, the government allocated 6.2% of the national budget to the health sector.⁹

Employment

- In 1997, women comprised 46% of the workforce, compared to 47% in 1980.¹⁰
- The distribution of women in the different sectors of the economy was as follows: 75% in agriculture, 21% in services, and 4% in industry.¹¹
- In 1994, 9.5 % of the workers in cities and 1% of the workers in rural areas were unemployed. The unemployment rate of men was twice that of women.¹²

WOMEN'S STATUS

- In 1997, the average life expectancy for women was 49.7 years, compared to 46.4 for men.¹³
- The adult illiteracy rate was 77% for women, compared to 61% for men.¹⁴
- 44% of married women live in polygamous unions.¹⁵
- The average age at first marriage for women aged 25 to 49 was 16.¹⁶ In rural areas, the average age at first marriage was 15.8, compared to 17.5 years in Bamako.¹⁷

FEMALE MINORS AND ADOLESCENTS

- Approximately 46% of the population is under 15 years of age.¹⁸
- In 1997, primary school enrollment for school-aged girls was 19%, compared to 32% for boys. In secondary school, it was 5% for girls and 10% for boys.¹⁹
- The fertility rate of adolescents aged 15 to 19 was estimated at 199 per 1,000.²⁰
- In 1996, adolescents aged 15 to 19 contributed 14% of the total fertility rate.²¹
- The female circumcision/female genital mutilation (FC/FGM) prevalence rate is estimated to be 94% for the country as a whole, with slight variation between cities and rural areas (95% and 96% respectively).²² The types of FC/FGM practiced are clitoridectomy (52%), circumcision (47%), and infibulation (less than 1%).²³
- The average age for FC/FGM is 6.3 years.²⁴ In recent years, the FC/FGM age declined from 8.8 years among women aged 45 to 49, to 4.3 years among girls aged 15 to 19.²⁵

MATERNAL HEALTH

- The average total fertility rate (TFR) is estimated to be 6.7 children per woman. In cities the TFR is 5.4, compared to 7.3 in rural areas.²⁶
- Maternal mortality was estimated at 577 deaths per 100,000 live births between 1989 and 1996.²⁷
- Infant mortality is estimated at 149 deaths per 1,000 live births.²⁸
- Approximately 24% of births are assisted by trained birth attendants.²⁹
- The average age at first birth for women aged 25 to 49 is estimated to be 18.8 years of age.³⁰

CONTRACEPTION AND ABORTION

- Contraceptive prevalence for all methods combined (traditional and modern) is estimated at 79% and at 5% for modern methods.³¹
- Of those using modern methods, 3.4% use the birth control pill, 0.3% use intrauterine devices, 0.2% use injectables, 0.7% use condoms, and 0.2% have been sterilized.³²
- Abortion is the cause of one out of 20 maternal deaths.³³

HIV/AIDS AND OTHER STIS

- In 1997, the number of HIV-positive adults was estimated at 84,000, or 1.67% of the adult population.³⁴
- Among HIV-positive adults, the number of HIV-positive women was estimated at 42,000.³⁵
- Since the beginning of the epidemic, 44,000 confirmed cases of AIDS have been recorded.³⁶
- In 1997, there were an estimated 4,800 HIV-positive children and 33,000 orphans due to AIDS.³⁷
- Only 2% of the women who participated in the 1995-96 Demographic and Health Survey reported they were suffering from a sexually transmissible infection.³⁸

ENDNOTES

1. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION, at 70 (1998).
2. *Id.*
3. RÉPUBLIQUE DU MALI, UNICEF, ANALYSE DE LA SITUATION DES ENFANTS ET DES FEMMES AU MALI, at 10 (July 1997).
4. THE STATE OF WORLD POPULATION, *supra* note 1, at 24.
5. ANALYSE DE LA SITUATION DES ENFANTS ET DES FEMMES AU MALI, *supra* note 3, at 10.
6. WORLD BANK, WORLD DEVELOPMENT REPORT, at 190 (1998/99).
7. *Id.*, at 210.
8. THE STATE OF WORLD POPULATION, *supra* note 1, at 70.
9. PLAN DECENNAL DE DÉVELOPPEMENT SANITAIRE ET SOCIAL, 1998 – 2007, at 37.
10. WORLD DEVELOPMENT REPORT, *supra* note 6, at 194.
11. UNITED NATIONS, THE WORLD'S WOMEN, at 147 (1995).
12. ANALYSE DE LA SITUATION DES ENFANTS ET DES FEMMES AU MALI, *supra* note 3, at 19.
13. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.
14. WORLD DEVELOPMENT REPORT, *supra* note 6, at 192.
15. CELLULE DE PLANIFICATION ET DE STATISTIQUE, MINISTÈRE DE LA SANTÉ, DE LA SOLIDARITÉ ET DES PERSONNES AGÉES, DIRECTION NATIONALE DE LA STATISTIQUE ET DE L'INFORMATIQUE, ET MACRO INTERNATIONAL INC., ENQUÊTE DÉMOGRAPHIQUE ET DE SANTÉ 1995-1996, at 89 (1996) [hereinafter, 1995 – 96 DHS].
16. *Id.*, at 93.
17. *Id.*
18. MINISTÈRE DE L'ÉCONOMIE, DU PLAN ET DE L'INTÉGRATION, DÉCLARATION DE LA POLITIQUE NATIONALE DE POPULATION DU MALI, at 9 (May 8, 1991) [hereinafter, POLITIQUE NATIONALE DE POPULATION].
19. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.
20. *Id.*
21. 1995 – 96 DHS, *supra* note 15, at 57.
22. *Id.*, at 185.
23. *Id.*
24. *Id.*, at 189.

25. *Id.*

26. *Id.*, at 42.

27. *Id.*, at 181.

28. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.

29. *Id.*, at 70.

30. 1995 – 96 DHS, *supra* note 15, at 56.

31. *Id.*, at 68.

32. *Id.*

33. ANALYSE DE LA SITUATION DES ENFANTS ET DES FEMMES AU MALI, *supra* note 3, at 30.

34. UNAIDS, REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC, at 65 (June 1998).

35. *Id.*

36. *Id.*, at 68.

37. *Id.*, at 65.

38. 1995 – 96 DHS, *supra* note 15, at 208. This figure is probably not high because asymptomatic infections have been inadequately reported and because of the general reticence of the persons participating in the survey to admit to having an STI.

I. Introduction

The Republic of Mali (Mali), a constitutional democracy, adopted its most recent Constitution in 1991, with a few minor amendments the following year.¹ In 1958, Mali—then called French Sudan—became a member of the French Community and, as such, enjoyed complete internal autonomy while still under colonial authority.² In 1959, French Sudan joined Senegal to form the Federation of Mali, which gained independence within the French Community on June 20, 1960.³ Senegal later withdrew from the federation, and soon after, French Sudan obtained its complete independence to become the Republic of Mali.⁴

Mr. Modibo Keita, who had been president of the Federation of Mali, became the first president of the new republic.⁵ Mr. Keita quickly proclaimed a single-party system, and pursued a socialist policy that led to extensive nationalization of private property.⁶ Mali established close connections with the Soviet Union and other communist countries.⁷

These ties to more powerful nations could not, however, prevent economic deterioration that in turn led to political agitation. In 1968, the Military Committee for National Liberation (CMLN), a group of military officers under Lieutenant Moussa Traore, overthrew Keita's civilian government.⁸ The military government was ousted in 1976,⁹ when elections were held following the adoption of a new constitution—yet Traore remained in power, winning 99% of the vote.¹⁰ His presidency came to an end only in 1991, when strong protest movements and civil unrest weakened his regime, and another military coup overthrew him.¹¹

The Transition Committee for the People's Welfare, under the leadership of Lieutenant Colonel Amadou Toumani Toure ran the country from March 1991 until June 1992. At that time, President Alpha Oumar Konare, who was democratically elected, took office; he was reelected in May 1997, and is now in his second term.¹² In 1994, he appointed the prime minister, Ibrahima Boubacar Keita.¹³ Although there are many political parties that operate freely in Mali, it is the party in power, the Alliance for Democracy in Mali (ADEMA), that dominates the National Assembly.¹⁴

Mali's total population is estimated at 11.8 million,¹⁵ with women making up 51.2% of the population.¹⁶ The principal religions practiced in Mali are Islam (90%), traditional beliefs (9%), and Christianity (1%).¹⁷ The main ethnic groups are the Mende (50%), the Peul (17%), the Mossi (12%), the Songhai (6%), the Tuareg and the Moors (10%).¹⁸ French is the official language, but 80% of the population speak Bambara.¹⁹

Administratively, Mali is divided into eight regions and one district. With the recent decentralization, the country also has

49 *cercles* comprising 701 communes, which are in turn divided into villages and neighborhoods.²⁰

II. Setting the Stage: The Legal and Political Framework

To understand the various laws and policies affecting women's reproductive rights in Mali, it is necessary to examine the country's legal and political systems. Without this background, it is difficult to determine the manner in which laws and policies are enacted, interpreted, modified, and challenged. The passage and enforcement of laws often involve specific formal procedures. Policy enactments, however, are not subject to such processes.

A. THE STRUCTURE OF GOVERNMENT

The Constitution of the Republic of Mali (the Constitution) was adopted in 1991 and amended by referendum in 1992.²¹ It proclaims Mali "an independent, sovereign, indivisible, democratic, secular, and social republic."²² The Constitution establishes three branches of government: executive, legislative, and judicial.

1. Executive Branch

Executive authority lies with the president of the Republic (the President), who is elected for a five-year term. He is directly elected by popular vote, and there is universal suffrage. In the event that one candidate fails to receive a majority on the first ballot, a runoff election is held.²³ The President may only hold office for two terms.²⁴ As head of state, the President defends the Constitution and embodies national unity. He is the guarantor of national independence, territorial integrity, and compliance with international treaties and agreements.²⁵ The President sees to it that the administration operates well, and ensures continuity of the government.²⁶

The President appoints the Prime Minister,²⁷ and, with his advice, goes on to appoint the other members of the government.²⁸ The President presides over the Council of Ministers,²⁹ and, after consulting the Prime Minister and the Chairman of the National Assembly, can even dissolve the National Assembly.³⁰ If this occurs, general elections must be held no sooner than 21 days and no later than 40 days after dissolution.³¹

The powers of the President also include the following: commander of the armed forces;³² the right of pardon;³³ the authority to name high civil servants, army officers,³⁴ and members of the Supreme Court;³⁵ and the authority to appoint ambassadors.³⁶ In addition, after deliberation in the Council of Ministers, the President can decree a state of siege

or emergency.³⁷ Only the National Assembly, however, has the power to authorize an extension of these decrees beyond 10 days.³⁸ The President has exceptional powers that he can exercise when the institutions of the republic, national sovereignty, territorial integrity, or the implementation of international agreements are imminently threatened, or when there is an interruption in the regular operation of the constitutional authorities.³⁹ To exercise these powers, however, he must consult with the Prime Minister and with the chairmen of the National Assembly, the High Council of Territorial Communities, and the Constitutional Court.⁴⁰

Upon the proposal of the Cabinet and the National Assembly, and after obtaining the opinion of the Constitutional Court, the President may submit to referendum any issue of national interest, or any bill regarding the administration's organization or aimed at authorizing ratification of a treaty that would affect national institutions.⁴¹ The President can also issue regulatory provisions with regard to issues that do not fall within the jurisdiction of the legislative branch.⁴²

In order to carry out its program, or in areas determined by law, the Executive may request parliament for authorization to issue executive orders for a limited time period in areas usually within the legislature's domain.⁴³ These orders are issued in the Council of Ministers after consultation with the Supreme Court,⁴⁴ but unless the National Assembly has ratified them, the orders become obsolete at the expiration of the period of time specified in the enabling act.⁴⁵

The Executive sets and administers national policy and commands the armed forces.⁴⁶ The Prime Minister is head of the Cabinet,⁴⁷ and as such, ensures enforcement of the laws. He has the authority to make regulatory provisions, except for orders and decrees that must be signed by the President.⁴⁸ The Prime Minister is also responsible for carrying out national defense policy.⁴⁹

2. Legislative Branch

Legislative power lies in the National Assembly, a single-chamber parliament⁵⁰ whose members are called deputies and are elected to five-year terms.⁵¹ The National Assembly approves legislation by a simple majority.⁵² Organic laws, however, are enacted under the following conditions: a bill submitted for deliberation and vote to the National Assembly must allow a 15-day waiting period; an absolute majority of Assembly members must adopt the law; and the Constitutional Court must ensure that the adopted law complies with the Constitution.⁵³

The National Assembly has the power to legislate in most areas, including civil rights and criminal, educational, and national budgetary matters.⁵⁴ The laws the National Assembly

adopts are sent to the Executive for the President to enact within 15 days (eight in an emergency).⁵⁵ Within this time period, the President may request the National Assembly to review the law, and the Assembly is obligated to do so.⁵⁶

The National Assembly may hold the Cabinet accountable by voting a motion of censure, a motion that is admissible only if signed by one-tenth of the deputies.⁵⁷ Two-thirds of the National Assembly must approve a censure motion for it to be adopted.⁵⁸ When a motion of censure is adopted, the Prime Minister is required to present the Cabinet's resignation to the President.⁵⁹

3. Judicial Branch

Under Mali's Constitution, judicial power is autonomous from executive and legislative power.⁶⁰ The President, with the assistance of the High Magistracy Council, is responsible for guaranteeing this autonomy.⁶¹

The Constitutional Court judges the constitutionality of laws and guarantees fundamental human rights and civil liberties.⁶² As the body that regulates national institutions and the activities of the administration,⁶³ it has an obligation to rule on: the constitutionality of organic laws before their enactment; the internal regulations of the National Assembly, the High Council of the Territorial Communities, and the Economic, Social, and Cultural Council before their implementation; conflicts of attribution between governmental institutions; and the legality of legislative elections and referenda.⁶⁴ The Constitutional Court's nine members are called counselors. The President, the Chairman of the National Assembly, and the High Magistracy Council each appoint three counselors, who serve seven-year terms that may be renewed once.⁶⁵

The Supreme Court has three divisions: the judicial division, the administrative division, and the auditing division.⁶⁶ The judicial division is the highest authority for all decisions in civil, commercial, social, and criminal cases throughout the country.⁶⁷ The litigation chamber of the administrative division presides over all appeals of decisions rendered by lower administrative courts.⁶⁸ The auditing division oversees public accounts, monitors the financial management of certain administrative officials, and verifies the budgets in public accounting matters. It also examines the financial and accounting management of organizations with legal status and financial autonomy in which the government or public communities have an interest.⁶⁹

Below the Supreme Court, there are three Courts of Appeal that sit in Bamako, Kayes, and Mopti, respectively.⁷⁰ The Court of Appeal includes a civil chamber (that also hears customary cases), a commercial chamber, a social chamber, a minor-offense chamber, a special chamber for minors, and a

criminal chamber that issues indictments in criminal cases.⁷¹ The Court of Appeal has jurisdiction over all appeals from the lower courts, including the courts of first instance, the justices of the peace with expanded jurisdiction, the commercial courts, the labor courts, the administrative courts, and the children's courts.⁷² There is a children's court, a commercial court, and an administrative court in the judicial jurisdiction of each court of appeal.⁷³ When they rule on a customary case, the courts of first instance and the justices of the peace with expanded jurisdiction are assisted by two magistrate's assistants that assess the parties' customs.⁷⁴ There is also an Assize Court within each court of appeal. It has jurisdiction to hear all criminal offenses sent to it by the criminal court.

The High Court of Justice has jurisdiction over cases involving the President and ministers whom the National Assembly has charged with high treason or criminal actions or offenses committed in the exercise of their duties.⁷⁵ The National Assembly designates the members of the High Court of Justice.⁷⁶

The Constitution also establishes two institutions with an advisory role: the High Council of the Territorial Communities, and the Economic, Social, and Cultural Council.⁷⁷ The High Council of the Territorial Communities' mission is first to study and then to give a reasoned opinion on any local and regional development policy. It can make proposals to the administration on any issue that concerns environmental protection and the improvement of citizens' quality of life.⁷⁸ The High Council of the Territorial Communities has its headquarters in Bamako, and its members, elected for five-year terms by indirect vote, hold the title of national counselors.⁷⁹ The chairman of the High Council of the Territorial Communities and that of the National Assembly can call a joint session of the deputies and national counselors on local and regional issues of national interest.⁸⁰

The Economic, Social, and Cultural Council has jurisdiction over all the aspects of economic, social, and cultural development.⁸¹ It publishes an annual report of civil society's expectations, needs, and problems, accompanied by guidelines and proposals for the President, his Cabinet, and the National Assembly.⁸² The Economic, Social, and Cultural Council must be consulted about any financing bill, planning project, or economic, social, and cultural program, as well as all legislative provisions of a fiscal, economic, social, and cultural nature.⁸³

B. SOURCES OF LAW

Laws that affect women's legal status in Mali—including their reproductive rights—derive from a variety of sources, both international and domestic.

1. International Sources of Law

Several international human rights treaties recognize and promote specific reproductive rights. Because they are legally binding on governments, these international instruments impose specific obligations to protect and advance these rights. In Mali, as soon as legally ratified or endorsed treaties or agreements are issued, they override national laws, as long as, in cases of bilateral agreements, they are also enforced by the other party.⁸⁴

Mali is a signatory to, *inter alia*, the African Charter on Human and People's Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social, and Cultural Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination against Women.⁸⁵

2. Domestic Sources of Law

Mali's legal system is a civil-law system, and statutory law is the main source of law. The Constitution protects certain fundamental human rights and civil liberties, including: "the right to life, security, and integrity of the person."⁸⁶ It also stipulates that "any discrimination based on social origin, color, language, race, gender, religion, and public opinion is prohibited."⁸⁷ Other constitutional provisions recognize the universal right to education,⁸⁸ the right of all citizens to employment,⁸⁹ and the right to a healthy environment.⁹⁰

Despite the abolition of the customary courts at the beginning of the 1960s, the adoption of new legislative acts and the reorganization of the legal system resulted in the incorporation of customary principles and Islamic standards into national statutory law that are applicable throughout the country.⁹¹ Thus, some laws have a strong customary basis, and lawsuits related to inheritance are always decided by judges, assisted by magistrate's assistants, whose job is to assess the customs of the parties. It is the executive authority that has enacted most statutory laws since 1969, either by decree or by executive order.⁹²

III. Examining Reproductive Health and Rights

In Mali, issues of reproductive health and rights are addressed in the context of the country's health and population policies. Thus, an understanding of reproductive rights in Mali must be based on an examination of the documents that set forth these policies.

A. HEALTH LAWS AND POLICIES

1. Objectives of the Health Policy

Mali's health care strategy is based upon the primary health

care concept adopted at the Alma-Ata world conference in 1978.⁹³ Its fundamental objective was to provide universal health care by the year 2000. The government has faced several obstacles in meeting this objective: the small portion of the national budget allocated to the health sector; the dispersion of the population in the northern part of the country; and the high percentage of the population with health risks.⁹⁴ This primary health care policy, which was adopted by Mali in 1979, aimed to meet the population's basic needs by bringing the people as close as possible to health care facilities. Women have played a central role in implementing this policy, as they represent the majority of community health employees.

In 1991, the government's Sectoral Health and Population Policy Statement created the community health associations in which women have since played such an active role. Mali's health policy is based on the principle of universality in which health is a fundamental right for every citizen—a right that can only be attained by the joint efforts of the government, the communities, and the individual.⁹⁵ Although the health policy's priorities focus on rural and suburban areas, disease prevention, promotion of healthful living conditions, and family welfare,⁹⁶ its main objective is, simply, to achieve optimal health for everyone as soon as possible. To realize this objective, the following short-term goals must be achieved:⁹⁷

- Improving the population's health status by reducing maternal and infant mortality and morbidity;
- Extending health care coverage;
- Integrating the public health policy into the country's socio-economic development to make the health system viable and efficient.

To accelerate this policy's implementation, the government adopted a fourfold strategy: transforming the health pyramid from a hierarchical and administrative structure to a more functional one that differentiates between operational, support, and guideline levels; ensuring the ongoing availability and accessibility of essential drugs (only these essential drugs will be dispensed in public and community health facilities); strengthening community participation in managing the system, with individuals, households, and communities taking their own health care in hand; and mobilizing the necessary resources to finance the health system, including recovery of costs in health facilities.⁹⁸

Although the implementation of Mali's health policy has achieved encouraging results, health care problems persist. Notably, the rate of morbidity and mortality remains high, particularly among maternal and infant populations. Infectious, parasitic, and nutritional diseases continue to affect the popu-

lation as a whole.⁹⁹ Faced with this situation, the government has embarked upon a series of sectorial and institutional policy reforms intended to promote its goal of universal health care. For example, it aims to raise the percentage of children vaccinated before the age of one from 25% to 80%; to double the percentage of monitored pregnancies to approximately 60%; and to monitor the growth of children younger than age two.¹⁰⁰

Mali has adopted the concept of reproductive health as defined by the 1994 International Conference on Population and Development.¹⁰¹ This concept includes a range of health care measures aimed at mothers and children in order to reduce maternal and infant mortality and morbidity, and thereby promote family welfare.¹⁰² In order to implement the reproductive health approach, the Ministry of Health, Solidarity and the Elderly's Family and Community Health Division has adopted the following missions:¹⁰³

- Giving top priority to maternal and infant health;
- Creating institutions capable of significantly reducing maternal and infant mortality and morbidity;
- Coordinating all activities related to promoting the health of mothers and children, individuals, and communities;
- Integrating family planning into overall health care in order to reduce the risk of pregnancies that are spaced too close together;
- Coordinating and monitoring family health activities more closely;
- Assessing and adapting these standards to the evolving medical and social environment;
- Raising awareness of health personnel on the issues of pediatrics, obstetrics and gynecology, as well as health and nutritional education.

The Ministry of Health was created at the time of Mali's independence in 1960, and has been renamed the Ministry of Health, Solidarity, and the Elderly. It includes a general secretariat that manages a planning and statistics unit, a national welfare department, and a national public health department.

2. Infrastructure of Health Services

Before the implementation of the new health and population policy, health services covered only the 40% of the population that is located within a 15-kilometer radius of health facilities. The policy has made it possible to broaden participation in health resource planning and management. As members of Community Health Associations (ASACO), individuals can create and manage community health centers (CSCOM) and revitalized associative health centers (CSA). The new poli-

cies provide for the population's involvement in the management of the *cerle* health centers through the management board.

By February 1998, five years after this policy was first implemented, there were 347 CSCOM and health centers whose mission was to provide a minimum package of health services. Among other things, these services focus on preventing and fighting targeted diseases, providing prenatal and postnatal care, family planning, assisted childbirth, and monitoring healthy children, which includes preventing and fighting malnutrition and promoting hygiene.¹⁰⁴

Hospitals in Mali are at the apex of the health care pyramid, and are classified into secondary, regional, and national hospitals. There are eight hospitals throughout the entire country, one health center per *cerle*, CSCOMs in communes, and CSAs in regional districts.¹⁰⁵ The government has begun to restructure the hospital sector by raising the status of national hospitals to that of public institutions with budgetary autonomy. Furthermore, convinced that privatizing health care services will make it possible to increase health care coverage and quality, the government has taken steps to promote the development of the private sector.

Health care personnel consist of the following: 582 doctors, or one doctor per 15,785 inhabitants; 235 pharmacists, or one pharmacist for 39,093 inhabitants; 32 dentists; 928 health technicians; 398 midwives; and 953 nurses who have obtained a two-year degree.¹⁰⁶

3. Financing the Health Sector

i. The Health Budget

The increase in the health budget as a proportion of the national budget illustrates the government's newfound commitment to health and the high priority it has given to this sector in recent years. It also demonstrates the interest of the government's partners in financing health costs by allocating targeted funds to this sector.

Health expenditures for 1997 were 9.1 billion CFA francs (U.S.\$14,483,296.73), or about 6.2% of the country's overall budget.¹⁰⁷ This sum includes spending on health personnel and essential medicines, but does not include expenditures on investments, which are financed by foreign partners, pension funds or joint health costs.

ii. Cost of Health Services

According to data published in the document "MALI, Profile of Poverty," the share of household spending on health care is 2.3%, a figure that includes medicine, fees for services in public- and private-sector health facilities, and costs related to traditional medicine. Health care spending for 1997 was 28.75 billion CFA francs (U.S.\$45,757,667.16). Household spending on

health can be broken down as follows: 77% for modern medicines; 14% for traditional pharmacopoeia; 7% for service-related fees; and 2% for other informal services.

The government subsidizes public health care services, but services are not free, with the exception of vaccinations, such as the PEV [extended vaccination program], and the treatment of some transmissible infections.¹⁰⁸ The government has set the terms for public participation in primary health care financing while making certain that the cost of this participation neither limits people's access to health care, nor compromises the development of services. According to the relevant regulations, health care is free for children up to 12 years of age, and for pregnant women. However, Decree No. 240 of the Ministry of Health, Solidarity, and the Elderly, which sets the nation's health care costs, does not provide for free health care in other circumstances.¹⁰⁹ The fee payment for family planning services is 100 CFA francs (U.S.\$0.16) per visit, and 500 CFA francs (U.S.\$0.80) for a membership card.¹¹⁰

The second level of health care centers in the health pyramid is financed either entirely by the government or by the government and its partners, depending on the type of spending. According to the community health centers' financing guidelines, operating expenses are mainly the community's responsibility. The government subsidizes some of the preventive services offered, but this spending varies according to the size of the population covered by the centers. Despite the fact that some services, such as vaccines or on-the-job training of health workers, are not included in cost calculations at the health-center level, recurrent costs for these services and health care are about U.S.\$1 per inhabitant and per year before amortization.¹¹¹ Depending on the size of the population that the center covers, costs per inhabitant can vary greatly, but remain within reasonable limits.¹¹²

iii. The Development of the Social Welfare System

In 1993, the government adopted a national solidarity policy aimed at preventing the exclusion and marginalization of underprivileged groups. This policy is geared toward promoting justice and sharing in order to strengthen national solidarity, and focuses on the welfare of the disadvantaged and impoverished.¹¹³ Within the context of this solidarity policy, the government embarked upon a new approach to establish a bona fide and efficient social welfare system that concerns the entire population, both urban and rural. This system operates through mutual funds that provide a social safety net and a source of financing for their members. This program can play a decisive role in preventing exclusion by providing better access to health care, education and culture to the country's most vulnerable populations, and by strengthening social cohesion. The

government has adopted the following laws and regulations to establish the framework for this program:

- Act No. 96-022 of February 21, 1996, which regulates the mutual fund system in Mali;
- Decree No. 96-136 P-RM of May 2, 1996, which establishes the conditions for investing and depositing in mutual funds;
- Decree No. 96-137 P-RM of May 2, 1996, which establishes the necessary statutes for the mutual funds.

Another form of health financing is found at the community health level. This system, which is limited to services available in primary health care organizations, mainly involves membership cards that offer reduced prices. Cards may also be used for reproductive health services.¹¹⁴

4. Regulation of Health Care Providers

Private practice of health care is legal in Mali.¹¹⁵ Any individual or legal entity, individually or in a group, may practice medicine,¹¹⁶ provided they abide by the following legal requirements for health care providers:¹¹⁷ they must have Malian nationality or citizenship in a nation that grants reciprocity to Malians; be over 21 years of age; hold a nationally-recognized degree that permits the practice of health care, or any other equivalent degree; possess strong moral standards; and be registered in the appropriate professional association.¹¹⁸ In addition, members of the health care profession must demonstrate integrity, independence, and prudence.¹¹⁹ They are required to comply with professional confidentiality and the duties and obligations as delineated in their professional code of ethics.¹²⁰

Doctors, and dental surgeons must be registered with the National Medical Association.¹²¹ In order to be a member of the Association, an individual must hold a government-recognized medical degree, or an equivalent degree, which entitles him or her to practice medicine or dentistry.¹²² The Penal Code prohibits the illegal practice of medicine or dentistry.¹²³ There is also a National Association of Pharmacists¹²⁴ and an Association of Midwives.¹²⁵ The pharmacology¹²⁶ and midwifery¹²⁷ professions are regulated, and may be practiced under certain conditions. The issue of forming a national association of nurses is under consideration.

Decree No. 94-282 determines the conditions for traditional practitioners to open private consulting and traditional care offices, herbalist's stores, or traditional-medicine producing facilities.¹²⁸

5. Patients' Rights

Mali's Penal Code does not stipulate any specific penalties for medical negligence or carelessness. Some of its general articles, however, can be applied to protect a patient's rights in terms of medical care. For example, the Penal Code stipulates

that: "Anyone who, through carelessness, imprudence, lack of attention, negligence or noncompliance with regulations, involuntarily strikes, causes injury, or spreads disease to another person, shall be punished by imprisonment of three months to two years and/or a fine of 20,000 (U.S.\$31.84) to 300,000 CFA francs (U.S.\$477.56)."¹²⁹

The Code further stipulates that "Anyone who voluntarily administers substances or performs procedures or operations on a person that result in, or might result in, illness or an incapacity to work shall be punished by six months to three years in prison, with an optional fine of 20,000 (U.S.\$31.84) to 200,000 CFA francs (U.S.\$318.38) and a one- to 10-year residence ban.¹³⁰ The act is still punishable even if the patient has given his/her consent. If illness or permanent disability results, the penalty shall be five to 10 years of forced labor. A one- to 10-year residence ban also may be invoked.¹³¹ If the action causes death, the penalty shall be five to 20 years of forced labor and an optional one- to 20-year residence ban."¹³²

Generally, patients' rights are guaranteed by the regulation of the health care profession's ethical behavior. The medical profession's Code of Ethics stipulates that: "The Code's provisions hold for every doctor or dental surgeon registered in the National Medical Association. Any violation of these provisions comes under the disciplinary jurisdiction of the Association Board, in addition to all legal action brought against the offenders."¹³³

A physician's primary duty is respect for life and the human person in all circumstances.¹³⁴ He or she must assist and care for all patients with the same dedication and without any discrimination,¹³⁵ and is prohibited from practicing medicine under conditions that might compromise the quality of health care.¹³⁶ Professional confidentiality is required of every doctor, unless the law provides an exemption.¹³⁷ A doctor or dental surgeon is prohibited from all acts that might discredit the profession, especially fraudulent practices related to charlatanism.¹³⁸ Any doctor or dental surgeon who introduces a new or insufficiently tested diagnostic procedure or treatment to the medical profession commits a reprehensible act unless care is taken to warn his or her colleagues of the potential dangers.¹³⁹ A doctor or dental surgeon who misleads colleagues or clientele by presenting an insufficiently proven procedure as beneficial and safe commits a serious offense.¹⁴⁰

The pharmacist's professional Code of Ethics also stipulates that adherence to its provisions is required of any person registered in the National Association of Pharmacists.¹⁴¹ In all circumstances, a pharmacist's primary duty is to respect life and the human person.¹⁴² He or she must refrain from any action that might discredit the profession,¹⁴³ and from issuing a false

medical certificate.¹⁴⁴ He or she is also required to maintain professional confidentiality.¹⁴⁵

Finally, the professional Code of Ethics for midwives similarly stipulates that all midwives registered in the Association must adhere to its clauses.¹⁴⁶ Again, the midwife's primary duty is respect for life and the human person in all circumstances.¹⁴⁷ He or she must assist and care for all patients with the same dedication and without any discrimination.¹⁴⁸ Furthermore, he or she must refrain from any actions that might discredit the profession,¹⁴⁹ and is required to maintain professional confidentiality.¹⁵⁰

B. POPULATION AND FAMILY PLANNING

1. The Population and Family Planning Policy

Since 1960, the government has implemented economic and social policies designed to improve the quality of life in Mali by providing education and training, food and nutrition, health and housing. These efforts, however, have not always had the desired effect. There are several factors to explain why: the economic crisis that has enveloped the country since 1980; the perennial drought; the intensification of desertification; the landlocked nature of the country and its lack of linking infrastructure.¹⁵¹

Since 1972, the government has focused its population programs mainly on spacing of births to safeguard maternal and child health. The family planning campaign was further bolstered when, in 1991, Mali adopted a National Population Policy Statement. This document was based on the following principles: the importance of protecting the family; the right of couples and individuals to decide freely and responsibly the number and spacing of their children; respect for the fundamental rights of children; and the need to integrate women into the development process.¹⁵²

The National Population Policy is considered to be an integral part of Mali's overall development policy. The Population Policy is based on 10 intermediate objectives aimed at improving the nation's quality of life:¹⁵³

- Managing population growth;
- Reducing morbidity and mortality;
- Redistributing the population geographically;
- Incorporating the issue of international migration into the development strategy;
- Integrating women into development;
- Improving the living conditions of children and adolescents;
- Promoting human resources;
- Meeting the population's food needs;

- Protecting and preserving renewable natural resources;
- Expanding socio-demographic knowledge.

In order to attain these objectives, the government has proposed several strategies, specifically:¹⁵⁴

- Accelerating the development process;
- Regulating fertility to adapt it to socio-economic development;
- Raising people's awareness about the detrimental effects of early marriage;
- Expanding access to family planning in order to raise its prevalence rate to 60% between now and 2020;
- Protecting adolescents against early and unwanted pregnancies;
- Raising awareness about the advantages of responsible parenthood;
- Improving the national health care coverage rate to more than 80% between now and the year 2020;
- Combating traditional practices that have harmful effects on girls' health, such as female genital mutilation;
- Preventing the spread of AIDS and other sexually transmissible infections;
- Developing and strengthening traditional medicine;
- Liberating women from the need to obtain their spouse's consent;
- Developing laws to protect children against all forms of exploitation;
- Completing a general population census every 10 years.

The government has the help of planning and monitoring bodies, implementing agencies, and programming and coordinating agencies to carry out the population policy.¹⁵⁵ The planning and monitoring bodies are the Regional Development Committee and the national planning commissions, specifically the National Human Resources and Population Commission, the Planning Management Committee, the Economic and Social Council, and the Higher Planning Council.¹⁵⁶ With regard to the implementing bodies, there are: specialized agencies responsible for carrying out specific tasks to attain the objectives identified for each area; regional implementing agencies that focus on implementing population programs at the local level; private sector, non-governmental organizations; and other partners working in the area of development in Mali. All these entities contribute, along with the government, to the implementation of the National Population Policy.¹⁵⁷

The Ministry of Planning ensures that the elements of the

National Population Policy are incorporated into national plans and development programs. The Population Study and Activity Coordinating Group (GECRPOP), which has become the National Population Program Coordinating Office (BUNACOP), implements, monitors, and coordinates the policy. This office also serves as an advisory body to the planning council for population activities and has branches at the regional, *cercle*, commune, and district level.¹⁵⁸

2. Government Delivery of Family Planning Services

In Mali, the concept of family planning incorporates a range of measures and resources to regulate fertility, provide education, and treat sexually transmissible infections. These are made available to couples and individuals to help reduce maternal and infant mortality and morbidity, and thereby promote family welfare.¹⁵⁹

The Ministry of Health, Solidarity and the Elderly has entrusted the National Public Health Department's Family and Community Health Division with the implementation of the National Family Planning Program. This division is responsible for the design, implementation, and coordination of all maternal health and family planning activities throughout the country.¹⁶⁰ Family planning services have been integrated into maternal and infant health services since the adoption of the primary health care strategy in 1978.¹⁶¹ They are available in the eight administrative regions and in the Bamako district, but not in every health facility in each region. Only 11 localities currently provide family planning services. In 1990, the Ministry of Public Health and Social Affairs embarked upon a community-based distribution and social marketing pilot project that offered supplemental family planning services in rural areas and some urban areas.

Despite the government's efforts, studies show that the use of family planning services in Mali remains low. Even if the problems of supply and quality of services are addressed, there are still cultural obstacles in the way of increased practice of family planning.¹⁶² In order to extend family planning prevalence, the Ministry of Health established a community-based contraceptive distribution program in 1991 that uses local workers both to raise awareness about and to distribute contraceptives. Women represent more than half these community workers.

3. Services Provided by NGOs and the Private Sector

The contribution of non-governmental organizations (NGOs) to family planning efforts in Mali cannot be ignored. The Ministry of Health often turns to NGOs to implement its policies and programs in remote areas of the country. Indeed, the Department of Health depends on them to attain these objectives. Thus, NGOs are an essential element used by the

government to implement its population strategy. In contrast to government services, which tend to use standardized procedures regardless of the particular services provided, NGOs are innovators in their fields. In addition, NGOs are particularly well-suited to provide services in peripheral areas of the country (districts, villages, and, rarely *cercles*), which are often underserved by public services.¹⁶³

The idea is for NGOs working in the periphery to develop community-based distribution programs.¹⁶⁴ Toward this end, in 1993, the Family Health Division organized a workshop on how to decentralize family planning services. It also developed a manual to standardize methodologies, programs, and product costs throughout the country so that NGOs and government family planning services could all use the same language. Public services and NGOs have jointly participated in training agents who in turn lead community awareness-raising sessions in order to communicate their messages more effectively.

C. CONTRACEPTION

1. Prevalence

Despite public and private efforts with regard to family planning, contraceptive prevalence remains low in Mali. According to the 1995-96 Demographic and Health Survey (1995-96 DHS), 18% of women had used a contraceptive method at one time or another,¹⁶⁵ but only 8% were using one at the time of the survey. Of these, 3% used a traditional or "folk" method, and 5% used a modern method.¹⁶⁶ In general, contraceptive methods can be grouped into three categories: modern methods, including the birth control pill, the coil or IUD, injectables, vaginal methods (e.g., spermicides, diaphragm, foam, gels), condoms, female sterilization, male sterilization and implants (Norplant®); traditional methods, especially periodic abstinence and withdrawal; and so-called "folk" methods, like amulets, herbs, and roots.¹⁶⁷

Knowledge of contraception, and in particular, modern contraception, has broadened considerably in recent years. In fact, according to the first Demographic and Health Survey (DHS-I) in 1987, only 28% of women and 54% of men had heard of even one modern method. On the other hand, according to the 1995-96 DHS, 68% of women and 86% of men stated they knew of at least one contraceptive method and, in almost the same proportion, 65% of women and 84% of men knew of a modern method.¹⁶⁸

The public health sector is the preferred sector for obtaining contraceptives. Most women who use contraceptives obtain them from public health facilities (52%), mainly health centers (39%) and hospitals (12%). The private sector is in second place, with about one quarter of users (26%) obtaining contraceptives

there, mainly from pharmacists (22%).¹⁶⁹

2. Legal Status of Contraceptives

No method of contraception is prohibited in Mali and no law prohibits the use of contraceptives. In 1971, a presidential order endorsed contraceptives as a method of family planning. Prior to 1992, a married woman could not use contraceptives without her husband's permission. A January 25, 1992 circular letter, however, entitled Malian women to obtain contraceptives without their husbands' consent.¹⁷⁰

3. Regulation of Information on Contraception

The 1920 French law prohibiting incitement to abortion and contraceptive propaganda was superseded by a 1972 order authorizing birth control information. The government encourages certain types of information related to contraception. Radio and television play an important role in the dissemination of family planning information in general, as well as on the different contraceptive methods in particular. The 1995–96 DHS showed that roughly the same percentage of men and women (16% and 17% respectively) had heard a message about family planning on the radio during the month prior to the survey.¹⁷¹

D. ABORTION

1. Prevalence

The Penal Code defines abortion as an act that “consists of using methods or substances to induce the premature expulsion of a fetus, regardless of the time during pregnancy when this expulsion is induced.”¹⁷² The text specifies that abortion involves a child who has not yet been born and is characterized as such even if the fetus is born alive or survives the abortive procedure.¹⁷³ According to UNICEF, abortion is the cause of one out of 20 maternal deaths in Mali.¹⁷⁴

2. Legal Status of Abortion

The Penal Code does not explicitly recognize any grounds for abortion. The law prohibiting abortion does not allow for any exception, regardless of the circumstances and conditions in which the pregnancy occurred, or its consequences. The various professional codes of ethics in the health fields, as well as certain passages in the National Population Policy Statement, however, favor a more liberal interpretation of the Penal Code. Specifically, they find permission in the clause that deems that there is no crime or offense when a state of necessity or a legitimate act of self-defense, or the defense of another person, necessitates a homicide, injuries, violence, or blows.¹⁷⁵

3. Requirements for Obtaining a Legal Abortion

These conditions apply only in cases of immediate necessity, when the continued pregnancy would threaten the woman's

life or health. A physician's primary duty is respect for life and the human person in every circumstance.¹⁷⁶ A doctor can inform the family, or when that is not possible, a person close to the patient, when there is a fatal prognosis.¹⁷⁷ In the case of a minor or disabled person, the doctor must obtain the opinion of the person's legal representative. In case of an emergency, when it is impossible for the doctor to obtain this opinion in a timely fashion, the required care may be given.¹⁷⁸ The text does not specify whether the doctor is required to have the consent of interested persons. The doctor does, however, have an obligation to use all the means at his disposal to save the person. When a patient refuses, the doctor may withhold care under certain conditions.¹⁷⁹

4. Policies Related to Abortion

The National Population Policy Statement notes that the sharp increase in recent years of clandestine abortions and other practices constitutes an urgent social crisis.¹⁸⁰ Thus, the statement cites the crucial need to promote family planning to regulate fertility and help promote family welfare. The government has proposed several strategies, including:¹⁸¹

- Protecting adolescents against early and unwanted pregnancies;
- Making the population aware of the benefits of responsible parenting;
- Maintaining the ban on abortion as a birth control method, but allowing it in specific cases, such as to preserve the health of the woman and child.

There is, therefore, a contradiction between clauses in the Penal Code, on the one hand, which prohibit abortion under any circumstances, and the National Population Policy, on the other, which allows abortion for “therapeutic” reasons.

5. Penalties for Abortion

The Penal Code stipulates that “any voluntary abortion attempted or obtained in any manner whatsoever by a woman or a third party, even with the woman's consent, is punishable by one to five years of imprisonment and an optional fine of 20,000 (U.S.\$31.84) to 1,000,000 CFA francs (U.S.\$1,591.88) and a one- to 10-year residence ban.”¹⁸² Also under the Penal Code, doctors, health officers, midwives, dental surgeons, pharmacists and pharmacy students or employees, herbalists, truss manufacturers, surgical instrument merchants, male and female nurses, masseurs, or masseuses who have discussed, promoted, or used their resources to procure an abortion, are subject to punishment in accordance with Article 171 of the Penal Code. They may be suspended for at least five years, or permanently banned from practicing their professions.¹⁸³

Despite the high rate of clandestine abortions and the exist-

tence of extremely repressive laws, very few cases have been prosecuted due to the fact that abortion itself is rarely discussed, even when it results in a woman's death.

6. Regulation of Information on Abortion

The law prohibiting abortion also outlaws any action aimed at advertising abortion. Such action is also subject to punishment.

E. STERILIZATION

According to the 1995–96 DHS, 61.8% of men and 41.9% of women are aware of the existence of female sterilization. However, only 22.9% of men and 12.9% of women know there is also male sterilization.¹⁸⁴ Only 0.2% of women have used sterilization as a contraceptive method, though the rate is higher in the 40–44 age group.¹⁸⁵

Because of its irreversibility, as well as the constitutional and legal issues the practice raises, there are strict legal and ethical regulations regarding sterilization. Before the procedure can be performed, the patient must give his or her consent. If the patient is unable to express his or her will, the consent of a close relative is required.

F. FEMALE CIRCUMCISION/FEMALE GENITAL MUTILATION

1. Prevalence

The practice of female circumcision/female genital mutilation (FC/FGM) is widespread in Mali; it involves 94% of women of childbearing age.¹⁸⁶ It is practiced in all the regions, with the prevalence rate in cities as high as that in rural areas (95% in Bamako, 96% for the rural areas).¹⁸⁷ Only the towns of Tombouctou and Gao have low prevalence rates (9%). Religion does not seem to play an important role in the practice, since most women are circumcised regardless of their religion.¹⁸⁸ Ethnic identity, however, does seem to play an important role: only 17% of Tamacheck women and 48% of Sonrhai women are circumcised.¹⁸⁹

FC/FGM appears to be well entrenched in Malian culture: 80% of circumcised women want the practice to continue.¹⁹⁰ Among the reasons given, 61% cite custom and tradition, and 26% of these believe it is a good tradition;¹⁹¹ 16% mention religious necessity, 6% hygiene, and 5% believe the practice helps preserve virginity and morality.¹⁹²

Nevertheless, 13% of circumcised women think the practice should be stopped.¹⁹³ This figure reaches 53% when uncircumcised women are questioned: 45% of this sample mention medical complications as the reason; 30% believe it is a bad tradition; 14% say the practice can have negative effects on sexual desire, 13% believe the experience is painful; 5% that it is an assault on a woman's dignity; and 9% do not give a reason for putting an end to the practice.¹⁹⁴

A critical element of this issue that must be taken into account is the decreasing age of circumcision—it has declined from 8.8 years for women 45–49 years old (only 4% of whom were circumcised after the age of 15) to 6.7 years old for girls currently circumcised. With regard to the older circumcised girls in these surveys, 72% were circumcised between birth and four years of age.¹⁹⁵

2. Laws to Prevent FC/FGM

In Mali, there are no laws that explicitly prohibit FC/FGM. Certain texts, however, can be applied to fill this legal void. The Constitution, for example, stipulates that “the human person is sacred and inviolable. Every individual has the right to life, liberty, security, and integrity of person.”¹⁹⁶ In addition, acts of torture and abuse, and inhuman, cruel, degrading, or humiliating treatment are prohibited. “Any individual or any governmental official who is found guilty of these actions, either by his own initiative or under orders, will be punished in accordance with the law.”¹⁹⁷

In addition, the Penal Code stipulates that “any individual who voluntarily hits or causes injuries, or commits any other type of violence or assault that leads to illness or incapacity to work for more than 20 days, will be punished by imprisonment of one to five years and a fine of 20,000 (U.S.\$31.84) to 500,000 CFA francs...” (U.S.\$795.94)¹⁹⁸ When the crime is premeditated, the penalty is five to 10 years of forced labor.¹⁹⁹ When the violence, injuries, or battery result in mutilation, amputation, or other grave injury, the penalty is five to 10 years of forced labor.²⁰⁰ When the act is premeditated, the penalty is increased to five to 20 years of forced labor.²⁰¹

Article 171 punishes any person who administers insufficiently tested treatment and other practices harmful to health. It stipulates that “anyone who, without intending to cause death, voluntarily administers substances or performs acts upon a person that result, or may result, in illness or an incapacity to work, even with that person's consent, shall be punished with six months to three years of imprisonment, and an optional fine of 20,000 (U.S.\$31.84) to 200,000 CFA francs (U.S.\$318.38) and residence ban of one to 10 years.²⁰² If permanent illness or incapacity result, the penalty shall be five to 10 years of forced labor. A residence ban of five to 10 years will also be imposed.²⁰³ If death results, the penalty will be five to 20 years of forced labor and an optional one- to 20-year residence ban.”²⁰⁴

Some jurists argue, however, that these articles are not applicable in the case of FC/FGM because they require the element of intent. The injury must have been done consciously; that is the perpetrator must have been aware that the action was likely to harm the victim's bodily integrity. In addition, the

action must have been voluntary, and the perpetrator must have acted with an intent to harm the victim.²⁰⁵ These jurists agree, however, that Article 168 of the Penal Code is applicable in the case of FC/FGM because it does not require the element of intent. It stipulates that “anyone who, by carelessness, imprudence, lack of attention, negligence, or failure to comply with regulations, involuntarily strikes, injures or causes illness to another person, shall be punished by imprisonment of three months to two years and/or a fine of 20,000 (U.S.\$31.84) to 300,000 CFA francs (U.S.\$477.56).”²⁰⁶

The reality is that FC/FGM has never been prohibited in Mali and the legal system has no record of any tort concerning it, even when a death has resulted.²⁰⁷ Thus, this practice, which endangers the health of girls and women, seems to be perpetrated, if not with legal permission, at least with customary permission that guarantees the perpetrator’s impunity.²⁰⁸

3. Policies to Prevent FC/FGM

Once it became aware of FC/FGM’s negative effects, the government showed an interest in taking action to eliminate it.²⁰⁹ It is within this context that the Commissioner for the Advancement of Women created the National Committee to Eradicate Practices Harmful to the Health of Women and Children.²¹⁰ In June 1997, the Committee organized a national seminar to define a strategy for eradicating FC/FGM. This seminar led to the development of the 1998–2002 five-year plan of action.²¹¹

Government organizations, NGOs, and private associations, with the technical and financial support of international partner organizations, will implement the plan of action, which has been extended to 2007.²¹² The general objective of the plan’s first phase (from 1998 to 2002), is to limit the practice of FC/FGM throughout the entire country,²¹³ with specific objectives as follows:²¹⁴

- Creating a database on FC/FGM;
- Supporting the development and implementation of programs of action to prevent FC/FGM;
- Establishing working relationships with national and international organizations involved in the struggle against FC/FGM;
- Monitoring implementation of the national plan;
- Assessing the effectiveness of the plan of action.

The plan entails the use of several strategies, including: developing sectorial programs to prevent FC/FGM; lobbying against it at the national, regional and community levels; strengthening the role of NGOs, private associations, and civil society; coordinating various programs; providing education and training of human resources; developing information, education, and communication (IEC) materials; developing

research and action studies; and mobilizing resources.

Of all the practices harmful to the health of women and children, FC/FGM seems to pose the greatest challenge. Since 1980, several measures have been undertaken, and many thought the practice was slowly disappearing. A number of studies, however, categorically refute this belief. The fact that the perpetrators of FC/FGM can act with impunity because they are unlikely to be accused of wrongful conduct is a real dilemma. When the actual perpetrators are members of the victim’s family, the victim is unlikely to bring the matter to the attention of the appropriate authorities. Moreover, the consequences of such an accusation on the victim, the family, and society at large are unclear.

G. HIV/AIDS AND OTHER STIS

1. Prevalence

Mali does not yet figure among the countries most affected by the AIDS epidemic. Still, the epidemic’s spread since the appearance of the first case in 1984 is unsettling. According to the most recent UNAIDS report, the number of HIV-positive adults in 1997 was estimated at 84,000, or 1.67% of the population.²¹⁵ Among HIV-positive adults, the number of HIV-positive women was estimated at 42,000 women.²¹⁶ Mali recorded 4,800 HIV-positive children, and the number of orphans due to AIDS was estimated at 33,000.²¹⁷ Since the beginning of the epidemic, 44,000 cases of AIDS have been confirmed among adults and children.²¹⁸ Among prostitutes, the prevalence rate is roughly 60%. AIDS is a young person’s disease: almost two-thirds of the persons identified as HIV-positive in the various studies were between the ages of 20 and 35.²¹⁹

2. Laws Related to HIV/AIDS

There are no specific laws with regard to AIDS. However, the pandemic raises many legal issues, not only related to the protection of the virus carrier, but also to the protection of third parties at risk of contracting the disease. This issue is even more crucial for married women, due to the fact that cultural mores give these women few resources to protect themselves against sexually transmissible infections.

3. Laws Related to other STIs

As with AIDS, there are no specific laws in this area.

4. Programs Related to Prevention and Treatment of HIV/AIDS

The National AIDS Prevention Program is aimed at reducing the spread of STIs/HIV/AIDS by strengthening diagnostic capacities and blood transfusion safety; developing intersectoral collaboration in the struggle against AIDS; and organizing a united movement to prevent AIDS.²²⁰ The program’s implementation entailed creation of a special support

and counseling center for people living with HIV. NGOs and private associations play an active role in AIDS prevention within the national program, channeling special efforts toward IEC programs.

Policies regarding the treatment of HIV focus on the treatment and monitoring of HIV-positive individuals. In particular, the government plans to offer AIDS patients treatment for opportunistic diseases and to treat STIs with generic drugs sold at reduced prices in remote health facilities. In addition, it will offer counseling for HIV-positive persons in all cities and crossroads, as well as in counseling centers that guarantee anonymity and provide care that respects human dignity.²²¹

Despite government efforts, however, the spread of AIDS is progressing rapidly. Predictions based on simulation models have shown the number of persons infected with the virus doubling over the next five years—and these predictions have already been exceeded. If vigorous measures are not taken, the most pessimistic predictions are likely to be fulfilled; the number of cases will continue to increase until it reaches a threshold before it starts to decline. Thus, the health system will have to treat an ever-expanding number of AIDS patients.²²²

All persons infected with AIDS remain a part of their communities. Pursuant to the Constitution, they have the same rights to health and education, housing, justice and social protection as any other citizen. Their civil liberties may be restricted only within the context of respect for the law. Any infringement of these liberties is considered a human rights violation.

iv. Understanding the Exercise of Reproductive Rights: Women's Legal Status

Women's reproductive health and rights cannot be fully evaluated without investigating women's status within the society in which they live. Not only do laws relating to women's legal status reflect societal attitudes that affect reproductive rights, but such laws often have a direct impact on women's ability to exercise those rights.

The legal context of family life, women's access to education, and the laws and policies affecting their economic status can contribute to the promotion or the restriction of women's access to reproductive health care and their ability to make voluntary, informed decisions about such care. Laws regarding the age of first marriage can have a significant impact on young women's reproductive health. Furthermore, rape laws and oth-

ers related to sexual assault or domestic violence present significant rights issues and can also have direct consequences for women's health.

A. LEGAL GUARANTEES OF GENDER EQUALITY/ NON-DISCRIMINATION

The preamble to the Constitution cites the 1948 Universal Declaration of Human Rights and the 1981 African Charter on Human and People's Rights. It begins with a statement on human rights and duties: "All Malians are born free and have equal rights and duties. Any discrimination based on social origin, color, language, race, gender, religion, and political opinion is prohibited."²²³

B. RIGHTS WITHIN MARRIAGE

The adoption of the Marriage and Guardianship Code signified a virtual revolution for women; the customs and traditions that governed their lives until then had relegated them to an inferior status to men. This Code regulates all issues related to marriage, divorce, and child custody.²²⁴

1. Marriage Law

Marriage is secular in Mali,²²⁵ and is performed publicly before a registry official.²²⁶ Prospective spouses choose between polygamy and monogamy.²²⁷ When no preference is specified in the marriage certificate, judges assume the marriage is polygamous. Marriage can be contracted only between men over 18 years of age and women 15 and older, unless there is a dispensation from the Minister of Justice.²²⁸ Marriage contracts are either based upon a community property arrangement or a separation of property. Spouses who seek a community property marriage must specify it in the marriage contract.²²⁹

It is important to note that custom and tradition strongly influenced the development and adoption of the marriage code. Thus, the law recognizes the payment of bride-price.²³⁰ The amount paid varies depending upon whether the woman or girl to be married has entered into one or several marriages. A husband has the right to reclaim this sum of money upon divorce when the wife is at fault, and even when the fault is mutual. In the latter case, a judge determines the share of the bride-price the woman must repay.

One legacy of the French Civil Code is that civil marriages must take place prior to religious marriages.²³¹ One of the conditions for legitimacy of a marriage is that both spouses must give their consent; there is no marriage when there is no consent.²³² Wives acquire complete legal autonomy, even if the marriage contract or the law limits this autonomy.²³³ Wives are held responsible for managing the household.²³⁴

In polygamous marriages, each wife is entitled to her own

household, and the husband cannot use one wife's income for the others.²³⁵ Polyandry is prohibited.²³⁶ A man who opts for a monogamous marriage cannot enter into another marriage without either dissolving the first or securing his spouse's consent,²³⁷ even if he is the head of the family.²³⁸

Husbands choose the family's residence, and wives have the obligation to live with them.²³⁹ Wives owe obedience to their husbands, and husbands are obliged to protect their wives.²⁴⁰ Both spouses have the duty of respect, fidelity, assistance, and mutual support.²⁴¹

In reality, there is a large discrepancy between laws and practice. Forced marriages are still common. It is also the custom for religious marriages to take place before civil marriages; indeed, it is the principle of the law that becomes the exception. Some families celebrate only the religious marriage. This situation is detrimental to women because the law does not consider religious marriages to be legal, and the couple therefore is considered to be living in a common law marriage. With regard to bride-price and gifts, the limits established by law are never respected. In addition, bride-price amounts vary by region and ethnic group. Finally, the principle that holds that each wife must be granted a household is continually violated, with husbands requiring their wives to live together due to the husbands' prerogative as head of the family.

2. Divorce and Custody Law

i. Grounds for Divorce

Either spouse can petition for divorce on the following grounds: when adultery, abuse, or serious insults make marital life impossible; when one spouse is sentenced to a defamatory and afflictive penalty that strips him or her of his or her civil rights; when there is alcoholism; or when one spouse cannot fulfill his or her conjugal duties.²⁴² In addition, a woman can petition for divorce when her husband does not provide for her essential needs, or when he refuses to pay the bride-price at the end of the delay agreed to at the time of the marriage.²⁴³

ii. Alimony

The spouse against whom the divorce has been obtained is required to pay alimony when the other spouse is in need after the divorce.²⁴⁴ The judge may also award damages to the spouse who obtained the divorce and who petitioned for divorce.²⁴⁵

iii. Child Custody

Custody of the children is awarded to the spouse who obtained the divorce, except if it is in the children's interest that they be entrusted to the other spouse or a third party.²⁴⁶ In the latter case, the judge allocates an allowance for each child to cover the costs of support and education.²⁴⁷

In practice, although both men and women are entitled to

petition for divorce, it is women who most often do so. Women rarely get alimony, which is allocated only when the husband is exclusively at fault. Most divorces are declared as mutual fault, which makes it impossible for the woman to claim alimony or damages. With regard to custody of the children, generally if they are young, they are entrusted to the mother, unless she prefers the father to have custody. When the father is granted custody, the mother is rarely sentenced to pay child support.

C. ECONOMIC AND SOCIAL RIGHTS

1. Property Rights

Article 13 of the Constitution guarantees the right to property: "The right to property is guaranteed. This property can be expropriated only for public use for just, prior compensation." Article 14 protects freedom of enterprise within the scope of existing laws and regulations.

A woman who exercises complete legal autonomy may open a banking account in her own name when she has control over her own personal property or property she acquired through her own professional activity.²⁴⁸ This law seems to suggest that a woman who has means of income other than her own professional work is not entitled to have an account in her name. In fact, this is theoretically possible, and does not constitute a problem. In addition, a woman has the right to inherit land and real estate and put in her own name property she acquires as a gift, inheritance, or through her own purchase. In practice, the number of women who own real estate is limited, especially in rural areas, where customary land management excludes awarding land to women.²⁴⁹ In cities, although the acquisition of real estate does not pose any specific problems, it is rare for women to obtain any because of their lack of financial resources.

Rules of inheritance are governed by customs that are generally unfavorable to women. Some customs give no rights to women—who themselves are treated as items to be inherited.²⁵⁰ Other customs, including Christian customs, make no distinction between men and women. In such cases, the French Civil Code is applicable.

2. Labor Rights

According to the Labor Code, the term "worker" applies to any person, regardless of gender or nationality, who has made a commitment to carry out his or her professional activity, in exchange for compensation, under the management and authority of another person, called the employer.²⁵¹ Every citizen is guaranteed the right to work and training.²⁵² Furthermore, men and women have equality with regard to compensation for their work: there is equal pay for equal work for all workers regardless of origin, gender, age, and status.²⁵³ These principles are not only articulated in the civil service

statute,²⁵⁴ but also hold for workers in the professional private sector: men and women have the same rights, and are subject to the same obligations. With regard to workers in the commercial sector, prior to the adoption of the new Commercial Code, a married woman could not work in the commercial sector without her husband's consent.²⁵⁵

The various codes provide special provisions for certain types of vulnerable workers. For example, night work in industry is prohibited for women and children. Every day, women and children are entitled to a rest lasting at least 12 consecutive hours.²⁵⁶ In addition, the Labor Code grants a pregnant woman the right to suspend her work contract after giving her employer a 24-hour advance notice.²⁵⁷ She is also entitled to a 14-week maternity leave,²⁵⁸ during which she receives free health care and maintains her salary under the conditions established by the Social Contingency Code.²⁵⁹ For the first 15 months after giving birth, she has the right to take a nursing break at her workplace for one hour per workday.²⁶⁰ Finally, employing a pregnant woman in work that exceeds her strength, is dangerous, or might offend her own moral standards, is prohibited.²⁶¹

3. Access to Credit

Although there is no discrimination with regard to access to credit, women's weak purchasing power and lack of the loan guarantees required by banks leave them very little chance of obtaining credit. Judging by government programs, however, there is real political will to improve women's access to credit and income-generating activities. The Policy for the Advancement of Women, Children, and the Family, for example, aims "to assist in implementing economic advancement objectives by reducing women's poverty, strengthening their economic role, and facilitating their access to credit."²⁶² Some development partners working in this area, as well as many private associations and NGOs, share similar goals.

4. Access to Education

The Constitution recognizes the right to education. It states: "Every citizen has the right to education. Public education is compulsory, free, and secular. The state recognizes private education if it is practiced under the conditions defined by law."²⁶³

Despite the egalitarian laws that exist in this area, the enrollment rate for girls remains extremely low, and only a few enter secondary schools or higher education.²⁶⁴ In 1997, the enrollment rate in primary school was 19% for school-aged girls, compared to 32% for boys. For secondary education, it was 5% for girls and 10% for boys.²⁶⁵ The government has established a girls' education bureau in the Ministry of Education to try to reduce the educational discrepancy between boys and girls.

Many private associations and NGOs are also involved in this area.

D. RIGHT TO PHYSICAL INTEGRITY

1. Rape

The Penal Code defines rape as "the act of having sexual relations with a person without that person's consent, either with or without violence."²⁶⁶ It is punishable by five to 20 years of forced labor, and a one- to five-year residence ban. If the rape was committed with the assistance of several persons, the perpetrator is subject to 20 years of forced labor and a five- to 20-year residence ban. The law does not include any provision on marital rape.

2. Indecent Assault

The Penal Code does not explicitly include any provisions on the crime of incest, but indecent assault committed by an older relative against a child younger than 15 years old, or against a minor older than 15 but younger than 21, is punished under the law.²⁶⁷ Furthermore, there may be no suspended sentences when an older relative or a person who has authority over the victim commits the rape.²⁶⁸

3. Kidnapping

The Penal Code punishes kidnapping of women by seducing them, without fraud, violence, or threats for the purpose of marrying them without their consent, with imprisonment of one to five years and an optional five- to 20-year residence ban.²⁶⁹ When a child younger than 15 years old is kidnapped, the penalty is five to 10 years of forced labor and an optional five- to 20-year residence ban.²⁷⁰

4. Domestic Violence

Although the Penal Code does not include explicit provisions on domestic violence, Article 166 punishes "any individual who voluntarily strikes, injures, or commits any other act of assault or battery, if this violence results in an illness or personal incapacity to work for more than 20 days. The penalty is one to five years in prison and a fine of 20,000 (U.S.\$31.84) to 500,000 CFA francs" (U.S.\$795.94).

Intentional or accidental homicides are also prohibited: "Blows, injuries, or voluntary acts of violence that were carried out without the intent to cause death but that caused it nevertheless shall be punished by five to 20 years of forced labor and an optional one- to 20-year residence ban."²⁷¹

5. Sexual Harassment

Sexual harassment is not specified as an offense in the Penal Code.

v. Focusing on the Rights of a Special Group: Female Minors and Adolescents

The reproductive health needs of adolescents are often unrecognized or neglected. Because early pregnancy has disastrous consequences for the health of mothers and their children, it is important to study the reproductive behavior of adolescents between the ages of 15 and 19. Mali's population is characterized by its youthfulness: 46% of the population is younger than 15 years old;²⁷² 19.3% of the population is between 15 and 24 years of age;²⁷³ and adolescents aged 15 to 19 contribute almost 14% to the total fertility rate.²⁷⁴ The 1995–96 DHS noted that 42% of adolescents had begun childbearing; 34% had already had one child and 8% were pregnant for the first time. It is therefore particularly important to meet the reproductive health needs of this group.

A. REPRODUCTIVE HEALTH OF FEMALE MINORS AND ADOLESCENTS

Almost 10% of women in Mali have begun childbearing by the age of 15. This percentage increases steadily and rapidly with age; at 17, 46% of women have already had one child or are pregnant, and at 19 more than two-thirds of women (69%) have already begun their reproductive lives. The large majority of these women have already had one child (63%).²⁷⁵ Early childbearing appears to be much more prevalent in rural than urban areas. In rural areas, 49% of adolescents have begun childbearing; in the city, the figure is only 30%.²⁷⁶

Early pregnancy is one of the causes of the high fertility rate in Mali. The children of mothers under 20 years of age are more likely to be affected by infant mortality (at a 25% to 53% higher rate) than mothers over 20.²⁷⁷ The gradual regulation of fertility thus constitutes one of the essential components of the National Population Policy. Proposed strategies include:²⁷⁸

- Raising the population's awareness about the detrimental effects of early marriage;
- Expanding access to contraceptives;
- Protecting adolescents against early pregnancy by giving girls universal access to education and introducing population issues in school and extra-curricular activities;
- Sensitizing the population about the advantages of responsible parenting;
- Organizing information, education, and communi-

cation (IEC) campaigns on pregnancy-related issues and the disadvantages of early pregnancy;

- Raising men's awareness about the benefits of family planning;
- Maintaining the prohibition on abortion as a birth control method, but allowing it in certain circumstances, such as preserving the life or health of women and children.

Adolescents have the same rights to maternal and infant health care and family planning services as other women.

B. FEMALE CIRCUMCISION/FEMALE GENITAL MUTILATION OF FEMALE MINORS AND ADOLESCENTS

The average age of female circumcision is 6.3 years. Age varies according to socio-demographic status. The 1995–96 DHS showed that two out of five women (41%) were circumcised prior to age four; 12% at 5–6 years of age; 10% at 7–8 years of age; and 10% at 9–10 years of age.²⁷⁹ Thus, three-quarters of the women were circumcised before the age of 11, and only 2% were circumcised at 15 or older.²⁸⁰ Finally, 17% of women do not know the age at which they were circumcised—which means they were circumcised when very young.²⁸¹ Female circumcisions performed at a young age are more common in cities (53% between 0–4 years of age) than in rural areas (36%), where the average age is 6.9 years.²⁸² Muslim women are circumcised relatively younger (6.0 years) than Christians (7.5 years) and animists (8.5 years).²⁸³

Given the practice's negative effects on the health of women and girls, the government has developed a national plan to eradicate FC/FGM by the year 2007. It established a National Action Committee to Eradicate Practices Harmful to the Health of Women and Children. This committee brings together governmental agencies, private organizations, and NGOs,²⁸⁴ (see section on FC/FGM above)

C. MARRIAGE OF FEMALE MINORS AND ADOLESCENTS

The age at first marriage or first sexual relationship has a significant effect on a woman's reproductive behavior, as well as on her reproductive health and social status. Generally, marriage of a minor results in early pregnancy. Early pregnancy, in turn, constitutes a significant risk factor in both the maternal mortality and school drop-out rate. It also constitutes a major risk factor for the children born to these young mothers. In light of these risks, Mali's legislature has expressly determined a minimum age at first marriage: under the Marriage and Guardianship Code, girls who have not reached the age of 15 may not enter into marriage.²⁸⁵ Marriages that take place before the age

of 15 must be granted dispensation by the Minister of Justice. Forced marriage is prohibited. The Code states: "There is no marriage when there is no consent."²⁸⁶

According to the 1995-96 DHS, women in Mali marry at a very young age. The percentage of women married before the age of 15 is very high (22%). Ninety-three percent of women aged 25-49 were already married by the age of 22. Almost all women (96%) were married by the age of 25.²⁸⁷ Among women aged 25 to 49, one out of two was already married by the age of 16.²⁸⁸ In addition, although women still marry quite young, there seems to be a trend toward older age at first marriage: the average age at first marriage has increased from 15.8 years of age for women of earlier generations (aged 45-49) to 16.3 for women of more recent generations (aged 20-24).²⁸⁹ There has also been a decline in very early marriages; although 23% of women aged 45-49 were already married at 15, the survey showed only 19% for women aged 20-24, with 16% of women aged 15-19 already married.²⁹⁰

D. EDUCATION FOR FEMALE MINORS AND ADOLESCENTS

Soon after obtaining sovereignty, Mali adopted a set of reforms in 1962 to meet the new requirements of its newly independent status. These reforms had a number of essential objectives, among them to provide universal and quality education and make school more relevant to life. Overall, efforts to increase the school enrollment rate were effective: the rate rose from 7% in 1960 to 19.2% in 1973-74. The increase, however, has not been the same for both sexes. The school enrollment rate for boys was much higher than for girls, and the number of educated boys was almost double that of girls. In addition, girls had recorded the highest drop-out rates and grade repetition.

Given women's economic and social role, the positive effect of education on life, and the fact that women comprise 51% of Mali's population, the Department of Education initiated an education project for girls in 1990. The project's objectives included:

- Increasing girls' enrollment rate in the first cycle of primary school;
- Increasing girls' graduation rate in the first cycle of primary school by improving the quality of their education and the content of the programs;
- Reducing grade repetition and the drop-out rate for girls;
- Improving women's participation as teachers in the first cycle of primary school.

Because the project lacked a permanent implementing agency, Decision No. 0882/SECEB of 1992 created the

National Girls' Education Agency. Under the aegis of the National Basic Education Department, the agency is responsible for developing and implementing a national policy in the area of girls' school enrollment.

E. SEXUALITY EDUCATION FOR FEMALE MINORS AND ADOLESCENTS

The purpose of the sexuality education policy is to sensitize adolescents about the dangers of early and unwanted pregnancy, especially by introducing population issues in school and extra-curricular activity. In practice, sexuality education consists of teaching a few concepts of reproductive biology in certain classes.

F. SEXUAL OFFENSES AGAINST FEMALE MINORS AND ADOLESCENTS

The law prohibits and punishes sexual crimes and offenses committed against minors. These include indecent assault, rape, incitement to debauchery, and trafficking.

With regard to indecent assault, the Penal Code stipulates that: "Any act of indecent assault committed or attempted without violence on a child of either gender who is younger than 15 years of age is punishable by five to 10 years of forced labor and an optional one- to 20-year residence ban."²⁹¹ Further, "Any act of indecent assault committed or attempted with violence against individuals of either gender is punishable by the same penalties."²⁹² "If the crime was committed against a child under the age of 15, the perpetrator shall be sentenced to five to 20 years of forced labor and an optional one- to 20-year residence ban."²⁹³ "If the act of indecent assault was committed with the assistance of a third party or several persons, the penalty shall be five to 20 years of forced labor."²⁹⁴ "If those convicted of committing an act of indecent assault without violence on a minor older than 15 but younger than 20 are older relatives of the victim, are responsible for educating or supervising him/her, or are his/her paid servants, they are subject to three months to two years of imprisonment and/or a fine of 20,000 (U.S.\$31.84) to 200,000 CFA francs (U.S.\$318.38)."²⁹⁵

With regard to rape, the Penal Code stipulates: "Rape shall be punished by five to 20 years of forced labor and an optional one- to five-year residence ban."²⁹⁶ "If it was committed with the help of several persons or on a child younger than 15 years of age, the perpetrator shall be sentenced to 20 years of forced labor and a five- to 20-year residence ban; judges may not reduce the penalty to less than two years imprisonment, even if there are extenuating circumstances."²⁹⁷ "If the rape was committed with the two aggravating circumstances stated in the preceding paragraph, the penalty shall be forced labor for life."²⁹⁸

The Penal Code also prohibits the consummation of a cus-

tomary marriage if the bride is younger than 15 years of age. It states: "An individual who has performed or attempted to perform a sexual act as authorized by custom on a girl younger than 15 shall be punished by one to five years in prison, in addition to any penalties that he might incur for crimes or offenses committed during the same act."²⁹⁹ "Persons, including the parents, who have consciously provoked, or with knowledge aided or assisted the perpetrator in the actions that facilitated the crimes, shall be punished as accomplices."³⁰⁰

With regard to incitement to debauchery, the Penal Code provides: "Individuals of either gender who habitually incite, promote, or facilitate debauchery or corruption of youth to satisfy the passions of others; cause or lead a girl or a woman astray for purposes of debauchery, even with her consent; detain a person against her will in a house of ill-repute; or force her to become a prostitute, shall be punished with six months to three years of imprisonment, a fine of 20,000 (U.S.\$31.84) to 1,000,000 CFA francs (U.S.\$1,591.88) and an optional one- to 10-year residence ban."³⁰¹ "Anyone who has agreed to gain all or part of his/her means of existence from the prostitution of others shall be punished with one to three months of imprisonment and a fine of 20,000 (U.S.\$31.84) to 1,000,000 CFA francs (U.S.\$1,591.88). A five- to 10-year residence ban may also be pronounced."³⁰²

Finally, trafficking of persons is prohibited and punishable by penalties stipulated in the Penal Code.³⁰³ Committing the offense on a child younger than 15 years old constitutes an aggravating circumstance.

Aware of the special vulnerability of children, the government has developed a Children's Social Protection Code that will soon be introduced in the National Assembly for adoption. In this regard, the special case of female minors and adolescents should be taken into account.

ACRONYMS AND ABBREVIATIONS

AN-RM: National Assembly of the Republic of Mali

ASACO: Community Health Association

CSCOM: Community Health Center

EDS II: 2nd Demographic and Health Survey

PEV: Extended Vaccination Program

GARJ: Legal Reform Support Group

AJM: Association of Malian Jurists

CMT: Marriage and Guardianship Code

CP: Penal Code

CT: Labor Code

IEC: Information, Education, Communication

PRM: President of the Republic of Mali

NGO: Non-governmental organization

GECPPOP: Population Activities Coordinating and Reflection Study Group

BUNACOP: National Population Programs Coordinating Office

PNLS: National AIDS Prevention Program

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180. POLITIQUE NATIONALE DE POPULATION, *supra* note 94, at 26.
181. *Id.*, at 27–28.
182. PENAL CODE, Art. 170, ¶ 3.
183. *Id.*, Art. 172.
184. 1995–96 DHS, *supra* note 165, at 62.
185. *Id.*, at 67.
186. MINISTÈRE DE LA PROMOTION DE LA FEMME, DE L'ENFANT ET DE LA FAMILLE, PLAN NATIONAL D'ÉRADICATION DE L'EXCISION À L'HORIZON 2007, at 3 (July 29 1998) [hereinafter PLAN NATIONAL D'ÉRADICATION DE L'EXCISION].
187. *Id.*
188. *Id.*
189. *Id.*
190. *Id.*
191. *Id.*
192. *Id.*
193. *Id.*
194. *Id.*
195. *Id.*, at 4.
196. MALI CONST., TITLE I, Art. first.
197. *Id.*, TITLE I, Art. 3.
198. Penal Code, Art. 166.
199. *Id.*, Art. 166, ¶ 2.
200. *Id.*, Art. 166, ¶ 3.
201. *Id.*, Art. 166, ¶ 4.
202. *Id.*, Art. 171, ¶ 1.
203. *Id.*, Art. 171, ¶ 2.
204. *Id.*, Art. 171, ¶ 3.
205. Maître Soyate Maïga Diallo, Legal Reform Support Group, at 6.
206. *Id.*
207. PLAN NATIONAL D'ÉRADICATION DE L'EXCISION, *supra* note 186, at 5.
208. *Id.*, at 6.
209. *Id.*, at 2.
210. *Id.*, at 3.
211. *Id.*
212. *Id.*
213. *Id.*, at 6.
214. *Id.*
215. UNAIDS, REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC, at 65 (June 1998).
216. *Id.*
217. *Id.*
218. *Id.*, at 68.
219. Correspondence with Dr. Zeinab Diawara, Programme National de Lutte contre le SIDA, (September 27–29, 1993).
220. PLAN DÉCENNAL, *supra* note 104, at 46.
221. *Id.*
222. *Id.*
223. MALI CONST., TITLE I, Article 2.
224. Act No. 62-17/AN-RM of February 3, 1962 concerning the Marriage and Guardianship Code.
225. *Id.*, TITLE I, Chapter 1, Art. First.
226. *Id.*, TITLE I, Chapter VI, Art. 16.
227. *Id.*, TITLE I, Chapter VI, Art. 24.
228. *Id.*, TITLE I, Chapter II, Art. 4.
229. *Id.*, TITLE I, Chapter XI, Art. 44.
230. *Id.*, TITLE I, Chapter II, Art. 3.
231. *Id.*, TITLE I, Chapter III, Art. 6.
232. *Id.*, TITLE I, Chapter V, Art. 10.
233. *Id.*, TITLE I, Chapter VIII, Art. 36.
234. *Id.*, TITLE I, Chapter VIII, Art. 33.
235. *Id.*, TITLE I, Chapter VIII, Art. 35.
236. *Id.*, TITLE I, Chapter IV, Art. 7.
237. *Id.*
238. *Id.*, TITLE I, Chapter VIII, Art. 34.
239. *Id.*
240. *Id.*, TITLE I, Chapter VIII, Art. 32.
241. *Id.*
242. *Id.*, TITLE II, Chapter II, Art. 59.
243. *Id.*, TITLE II, Chapter II, Art. 60.
244. *Id.*, TITLE II, Chapter IV, Art. 82.
245. *Id.*, TITLE II, Chapter IV, Art. 84.
246. *Id.*, TITLE II, Chapter IV, Art. 86.
247. *Id.*, TITLE II, Chapter IV, Art. 87.
248. *Id.*, TITLE II, Chapter VIII, Art. 39.
249. GROUPE D'APPUI À LA RÉFORME JURIDIQUE, LA SITUATION DE LA FEMME DANS LE DROIT POSITIF MALIEN ET SES PERSPECTIVES D'ÉVOLUTION, at 34 (August 1995).
250. *Id.*, at 29.
251. Act No. 92-020 of September 23, 1992 concerning the Labor Code, TITLE I, Art. 1, ¶ 2.
252. *Id.*, TITLE I, Art. 4.
253. *Id.*, TITLE III, Chapter I, Art. 95.
254. Order No. 77-71/CM-LN of December 26, 1977 concerning the general civil service statute.
255. Act No. 92-002 of August 27, 1992 concerning the Commercial Code for storekeepers.
256. LABOR CODE, TITLE IV, Chapter II, Art. 186.
257. *Id.*, TITLE IV, Chapter II, Art. 178.
258. *Id.*, TITLE IV, Chapter II, Art. 179.
259. *Id.*, TITLE IV, Chapter II, Art. 182.
260. *Id.*, TITLE IV, Chapter II, Art. 184.
261. *Id.*, TITLE IV, Chapter II, Art. 185.
262. MINISTÈRE DE LA FEMME, DE L'ENFANT ET DE LA FAMILLE, POLITIQUE DE PROMOTION DE LA FEMME, DE L'ENFANT, ET DE LA FAMILLE, at 5 (October 1997).
263. MALI CONST., TITLE I, Art. 18.
264. Act No. 94-010 of March 24, 1994, reorganizing education, at 5 and 14.
265. THE STATE OF THE WORLD POPULATION, *supra* note 15, at 67 (1998).
266. PENAL CODE, Art. 181.
267. *Id.*, Art. 180.
268. *Id.*, Art. 181.
269. *Id.*, Art. 188.
270. *Id.*
271. *Id.*, Art. 163.
272. 1995 – 96 DHS, *supra* note 165, at 3.

273. UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA), RECOMMENDATION BY THE EXECUTIVE DIRECTOR FOR ASSISTANCE TO THE GOVERNMENT OF MALI, at 2 (April 2, 1992).
274. 1995–96 DHS, *supra* note 165, at 57.
275. *Id.*
276. *Id.*
277. POLITIQUE NATIONALE DE POPULATION, *supra* note 94, at 26.
278. *Id.*, at 27–28.
279. 1995–96 DHS, *supra* note 165, at 189.
280. *Id.*
281. *Id.*
282. *Id.*
283. *Id.*
284. PLAN NATIONAL D'ÉRADICATION DE L'EXCISION, *supra* note 186, at 3.
285. Marriage and Guardianship Code, *supra* note 224, TITLE I, Chapter III, Art. 4.
286. *Id.*, TITLE I, Chapter V, Art. 10.
287. 1995–96 DHS, *supra* note 165, at 92.
288. *Id.*
289. *Id.*
290. *Id.*
291. PENAL CODE, Art. 180, ¶ 2.
292. *Id.*, ¶ 3.
293. *Id.*, ¶ 4.
294. *Id.*, ¶ 5.
295. *Id.*, ¶ 6.
296. *Id.*, Art. 181, ¶ 2.
297. *Id.*, ¶ 3.
298. *Id.*, ¶ 4.
299. *Id.*, Art. 182, ¶ 1.
300. *Id.*, ¶ 2.
301. *Id.*, Art. 183, ¶ 1.
302. *Id.*, ¶ 2.
303. *Id.*, Arts. 189 and 190