

Mali

2018 Demographic and Health Survey

Key Findings





This report presents the key findings from the sixth Demographic and Health Survey in Mali (2018 EDSM-VI) implemented by *l'Institut National de la Statistique* (INSTAT) in close collaboration with the *Cellule de Planification et de Statistique Secteur Santé-Développement Social et Promotion de la Famille* (CPS/SS-DS-PF). The funding for the 2018 EDSM-VI was provided by the United States Agency for International Development (USAID) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance for population and health surveys in countries worldwide.

Additional information about the 2018 EDSM-VI may be obtained from *l'Institut National de la Statistique* (INSTAT), Avenue du Mali, Hamdallaye ACI 2000; Telephone: (223) 20 22 24 55/(223) 20 22 48 73, Fax: (223) 20 22 71 45 - CNPE: 20 23 54 82; NIF: 084115843-C; E-mail: cnpe.mail@africone.net.ml; or the *Cellule de Planification et de Statistique Secteur Santé-Développement Social et Promotion de la Famille* (CPS/SS-DS-PF); B.P. 232, Bamako, Mali, Telephone: (223) 20 73 31 41.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: +1-301-407-6500; Fax: +1-301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

Recommended citation:

Institut National de la Statistique (INSTAT) and ICF. 2019. *2018 Mali Demographic and Health Survey Key Findings*. Rockville, Maryland, USA. INSTAT and ICF.

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ABOUT THE 2018 EDSM-VI

The 2018 Mali Demographic and Health Survey (*l'Enquête Démographique et de Santé du Mali*, or EDSM-VI) is a national survey designed to provide data for monitoring the population and health situation in Mali. The 2018 EDSM-VI is the sixth Demographic and Health Survey conducted in Mali since 1987, and the objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, HIV/AIDS and other sexually transmitted infections (STIs), and malaria prevention and prevalence. Anemia testing was carried out during the survey in order to estimate the prevalence of this condition among children under five and women age 15-49. Adult and maternal mortality have been estimated using data from the 2018 EDSM-VI. The prevalence of female genital cutting (FGC) has also been estimated among women age 15-49 and girls age 0-14 using 2018 EDSM-VI data.

Who participated in the survey?

A nationally representative sample of 10,519 women age 15-49 in 9,510 selected households and 4,618 men age 15-59 in half of the selected households were interviewed. This represents a response rate of 98% of women and 96% of men. The sample design for the 2018 EDSM-VI provides reliable estimates at the national level, for urban and rural areas, for each of the 8 regions* and Bamako.

**It should be noted that in the Kidal region, given the difficulties accessing the rural populations and security problems, only the urban area could be surveyed. Consequently, the indicators presented in this report only reflect the urban situation in Kidal region. NB: the Tombouctou, Gao, and Kidal regions were excluded from the 2012-2013 EDSM-V and the 2015 Mali Malaria Indicator Survey.*



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

The average household size in Mali is 5.8 members. Seventeen percent of households are headed by women. More than half of the household population (52%) are children under age 15.

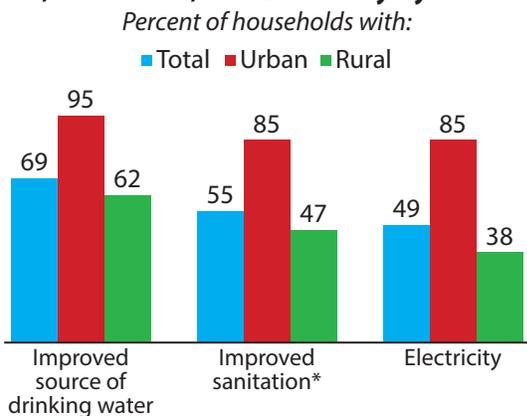
Water, Sanitation, and Electricity

Nearly 7 in 10 households have access to an improved source of drinking water (95% of urban households, compared to 62% of rural households). More than half of households (55%) use improved sanitation, including improved shared and non-shared sanitation facilities. More than one-third of households (35%) use an unimproved facility, and 9% have no facility. Almost half of households (49%) have electricity. Urban households are more than twice as likely as rural households to have electricity (85% versus 38%).



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Water, Sanitation, and Electricity by Residence



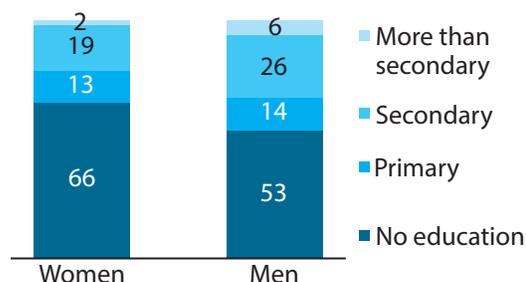
*Including any improved sanitation facility, whether shared or not by other households

Education

Two-thirds of women age 15-49 (66%) have no education, compared to 53% of men. Only 2% of women and 6% of men have more than secondary education. Twenty-eight percent of women and 47% of men are literate.

Education

Percent distribution of women and men age 15-49 by highest level of education attained



Ownership of Goods

Nearly 9 in 10 households have a mobile phone (89%). Fewer households own a radio (64%) or a television (43%). A motorcycle or scooter is the most popular means of transport, owned by 55% of households. Urban households are more likely than rural households to own all of these assets. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

FERTILITY AND ITS DETERMINANTS

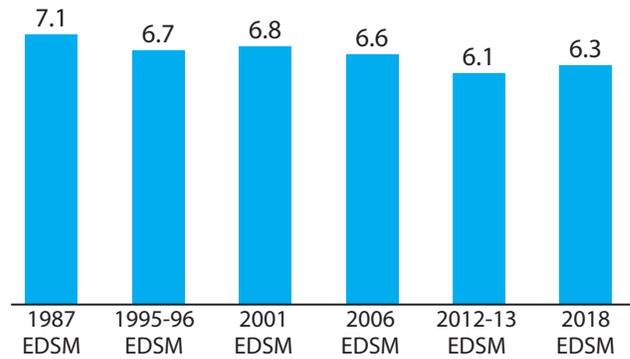
Total Fertility Rate

Women in Mali have an average of 6.3 children. Since 1987, fertility has decreased from 7.1 children per woman to 6.3 in 2018.

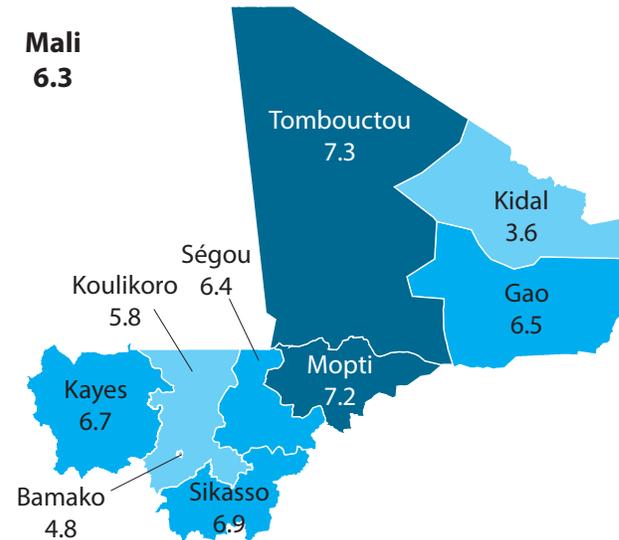
The average number of children varies by residence; women in rural areas have almost two more children than women in urban areas (6.8 versus 4.9 children per woman). Fertility also varies by region, from 3.6 children per woman in Kidal region and 4.8 children per woman in Bamako to a maximum of 7.3 children per woman in Tombouctou region.

Fertility decreases as a woman's level of education increases; women with secondary or higher education have an average of 4.5 children, compared to 6.8 children for women with no education. Fertility also varies depending on the wealth of the respondent's household.* Women living in the poorest households have an average of 7.5 children, compared to 4.6 children for women living in the wealthiest households.

Trends in Fertility
Births per woman for the three-year period before the survey

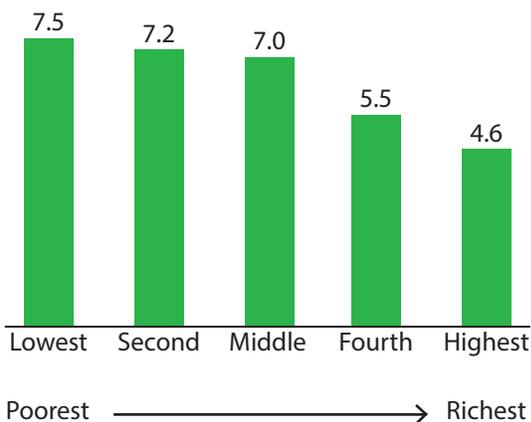


Total Fertility Rate by Region
Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



*In the 2018 EDSM-VI, wealth of families is calculated through characteristics of the dwelling and household assets collected from DHS surveys – i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Sexual Intercourse, First Marriage, and First Birth

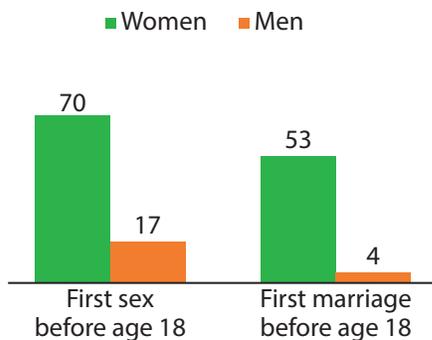
Malian women begin sexual activity 4.5 years before men. The median age at first sexual intercourse for women age 25-49 is 16.5 years, compared to 21.0 years among men age 25-49. Seven in ten women (70%) begin sexual activity before age 18, which is more than four times the proportion of men (17%).

Women in Mali get married nearly one year after sexual initiation at age 17.8. Malian men marry much later than women. More than 10 times as many women are married by age 18 than men (53% versus 4%).

A year and a half after marriage, Malian women have their first birth. The median age at first birth is 19.2 years among women age 25-49. Women in Kayes region have their first birth four years earlier than women in Kidal region (median ages 18.2 and 24.2 years, respectively).

First Sex and First Marriage Before the Age of 18

Percent of women and men age 25-49 who have sex before the age of 18 and percent who first married before the age of 18



Teenage Childbearing

More than 1 in 3 adolescent women age 15-19 (36%) are already mothers (30%) or are pregnant with their first child (6%). Regionally, teenage childbearing ranges from almost half of adolescent women in Kayes (49%) to 22% of adolescent women in Kidal region. Teenage childbearing decreases with increased education. Twenty-two percent of women age 15-19 with secondary education or more are mothers or are pregnant for the first time, compared to 46% of young women without education.

Polygamy

Thirty-seven percent of women and 19% of men age 15-49 are in polygamous unions. Polygamy is most common in the regions of Kayes and Sikasso.



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FAMILY PLANNING

Current Use of Family Planning

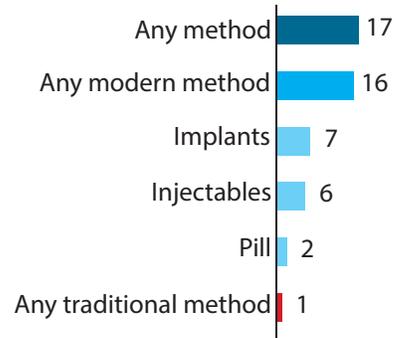
Overall, 17% of married women age 15-49 use any method of family planning – 16% use a modern method and 1% use a traditional method. Implants are the most popular modern method (7%), followed by injectables (6%) and the pill (2%).

More than one-third of sexually active, unmarried women age 15-49 use a modern method of family planning (36%). The most popular methods among sexually active, unmarried women are implants (24%), injectables (8%), and the pill (2%).

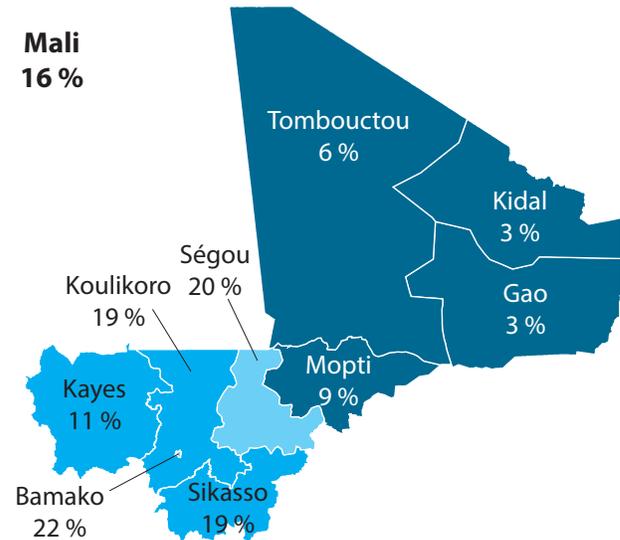
Use of modern methods of family planning among married women is higher in urban areas (21%) than in rural areas (15%). Likewise, the use of modern methods of family planning varies by region, from a low of 3% in Gao and Kidal regions to highs of 20% in Ségou region and 22% in Bamako.

The use of modern methods of family planning by married women has increased gradually over the last 30 years, from 1% in 1987 to 16% in 2018.

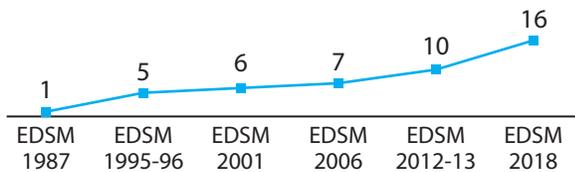
Family Planning
Percent of married women age 15-49 using family planning:



Current Use of Modern Methods by Region
Percent of married women age 15-49 using a modern method of family planning



Trends in Modern Family Planning Use
Percent of married women age 15-49 using a modern method of family planning



Demand for Family Planning

Three in ten married women age 15-49 (30%) want to delay childbearing for at least two years. Additionally, 12% of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Mali is 41%.

Demand for Family Planning Satisfied by Modern Methods

The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Mali 17% of married women use any family planning method, almost all of whom use a modern method. Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but who are not using family planning. Nearly one in four married women (24%) have an unmet need for family planning.

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Overall, 40% of the demand for family planning in Mali is satisfied by modern methods. Use of modern methods is higher among women with secondary or more education (60%) and among women living in the wealthiest households (54%).

Exposure to Family Planning Messages

In the month before the survey, 60% of women and 61% of men age 15-49 were not exposed to family planning messages via any media source, (e.g. radio, television, newspapers, magazines). Still, 32% of women and 29% of men heard a message about family planning on the radio.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. More than two-thirds (68%) of current users of modern contraceptive methods were informed of possible side effects or problems of their method, 65% were informed of other available family planning methods, and 60% were informed about what to do if they experience side effects.



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CHILDHOOD MORTALITY

Rates and Trends

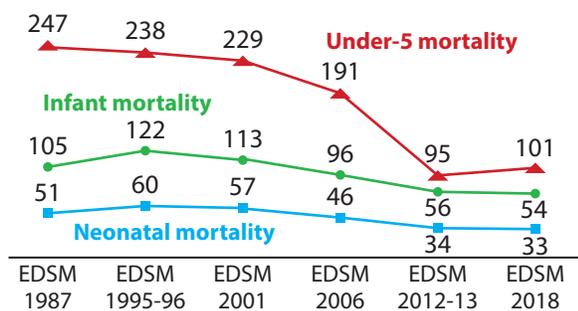
For the five-year period before the survey, the infant mortality rate (deaths to children before their first birthday) is 54 deaths per 1,000 live births. Most infant deaths occur during the first month of life: the neonatal mortality rate is 33 deaths per 1,000 live births. The under-5 mortality rate is 101 deaths per 1,000 live births. Childhood mortality is lower among children in urban areas compared to children in rural areas. Childhood mortality rates in Mali have declined over the past three decades.



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Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



Under-5 Mortality by Background Characteristics

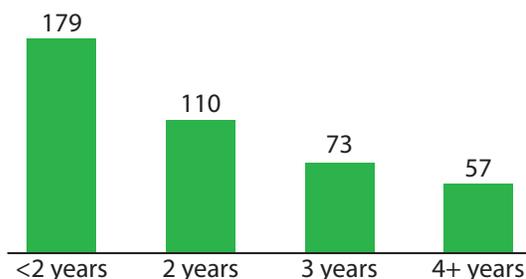
The under-5 mortality rate differs by region, mother's education, and wealth for the ten-year period before the survey. Regionally, under-5 mortality ranges from 20 deaths per 1,000 live births in Kidal region to 55 deaths per 1,000 live births in Bamako and 134 deaths per 1,000 live births in Ségou region. Children whose mothers have no education are more likely to die young than children whose mothers have at least a secondary education (120 and 63 deaths per 1,000 live births respectively). Under-5 mortality is higher among children in the poorest households compared to children in the wealthiest households (143 and 57 deaths per 1,000 live births respectively).

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Mali, the median birth interval is 32.1 months. Infants born less than two years after a previous birth have higher under-5 mortality rates (179 deaths per 1,000 live births) than do children born four or more years after a previous birth (57 deaths per 1,000 live births). Overall, 23% of children in Mali are born less than two years after a previous birth.

Under-Five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

Eight in ten women (80%) age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or *matrone*). The timing and quality of ANC are also important. Fewer than half of women (43%) make four or more ANC visits. For 36% of women their first ANC visit is in the first trimester, as recommended.

The effectiveness of antenatal care depends on the quality of the services provided during consultations. Half of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 95% had their blood pressure measured and 75% had a urine sample taken.

Delivery and Postnatal Care

Two in three births (67%) are delivered in a health facility, primarily in public sector facilities. Still, 1 in 3 births are delivered at home. Overall, 67% of births are assisted by a skilled provider, the majority by a nurse or midwife. Skilled assistance during delivery varies markedly by region, ranging from 25% in Kidal region to 98% in Bamako. Women with secondary or more education and those living in the wealthiest households are more likely to receive delivery assistance from a skilled provider.

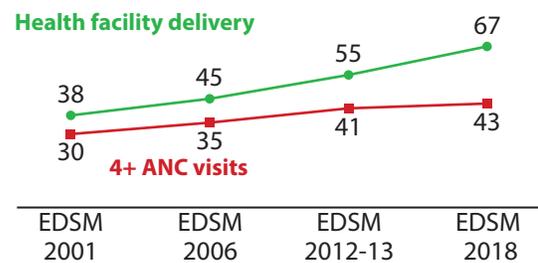
Postnatal care helps prevent complications after childbirth. More than half (56%) of new mothers age 15-49 receive a postnatal check within two days of delivery, while 40% did not have a postnatal check-up. Similarly, 54% of newborns receive a postnatal check within two days of birth, but 42% of newborns do not.

Trends in Maternal Health

Comparing the results of the 2018 EDSM-VI with those of previous surveys reveals a steady improvement in key indicators of maternal health. In 2018, 43% of women made four or more antenatal visits, an increase from 30% in 2001. Additionally, live births taking place in a health facility increased from 38% in 2001 to 67% (67%) in 2018.

Trends in Maternal Health Care

Percent of women age 15-49 who had a live birth in the five years before the survey and made 4 or more ANC visits and percent of births delivered in a health facility



Maternal Mortality

The 2018 EDSM-VI asked women about deaths of their sisters to determine maternal mortality. Maternal mortality includes deaths of women during pregnancy, delivery, and 42 days after delivery excluding deaths that were due to accidents or violence. In Mali, the maternal mortality ratio (MMR) is 325 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2018 MMR ranges from 245 to 405 deaths per 100,000 live births.

CHILD HEALTH

Vaccination Coverage

Basic vaccinations for children age 12-23 months include one dose each of BCG and measles vaccine and three doses each of DTC-HepB-Hib and polio vaccine. Fewer than half of children age 12-23 months (45%) received all eight basic vaccinations. Fourteen percent of children in Mali have not received any vaccines.

Basic vaccination coverage is slightly higher in urban areas (48%) than in rural areas (44%). Basic vaccination coverage varies by region, from a minimum of less than 1% in Kidal region, to 22% in Gao region and a maximum of 52% in Ségou region.

Basic vaccination coverage has increased from 32% of children who received all basic vaccinations in 1995-96 to a peak of 48% in 2006. Basic vaccination coverage decreased between 2006 and 2012-13, and increased to 45% in 2018.

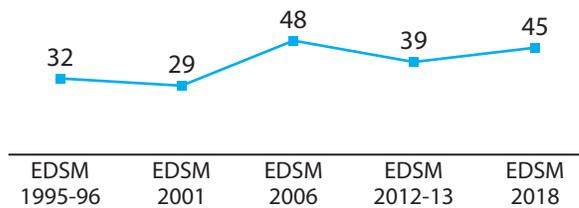
Childhood Illnesses

In the two weeks before the survey, 2% of children under five were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Among these children, treatment or advice was sought for 71%. Treatment or advice are most frequently sought from itinerant drug sellers and community health centers.

Seventeen percent of children under five had diarrhea in the two weeks before the survey. Diarrhea is most common among children age 6-23 months. Fewer than half of children with diarrhea (43%) received oral rehydration therapy (ORT), i.e. a sachet of oral rehydration solution, a recommended homemade solution, or an increase in fluids. Three in ten children under five with diarrhea (30%) received no treatment.

Trends in Basic Vaccination Coverage

Percent of children age 12-23 months who received all 8 basic vaccinations



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FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Mali with 97% of children born in the two years before the survey ever breastfed. Nearly two-thirds (64%) were breastfed within the first hour of life. Twenty-four percent of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO and UNICEF recommend that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Forty percent of children under six months are exclusively breastfed.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Mali, 39% of children age 6-8 months are breastfed and receive complementary foods.

Use of Iodized Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. At the time of the 2018 EDSM-VI, interviewers asked for salt used for cooking. This salt was tested to determine its iodine content. In Mali, nearly 9 in 10 households (89%) in which salt was tested have iodized salt. This varies by region, from 2% in Kidal and Gao regions to 99% of households in Sikasso region.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, more than half of children age 6-23 months (60%) ate foods rich in vitamin A. Approximately two-thirds (68%) of children age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron is essential for cognitive development in children and low iron intake can contribute to anemia. Nearly one-fourth of children age 6-59 months (21%) received an iron supplement in the week before the survey, and 48% of children age 6-23 months ate iron-rich foods the day before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. In Mali, 28% of women took iron tablets for at least 90 days during their last pregnancy.



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NUTRITIONAL STATUS

Children's Nutritional Status

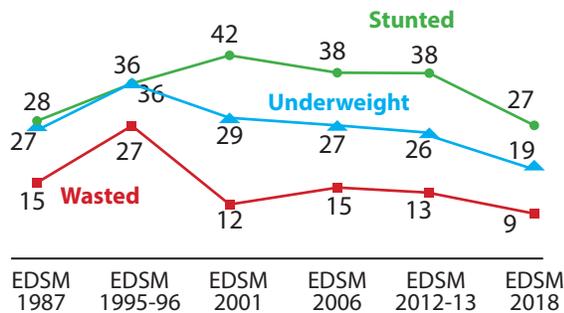
The 2018 EDSM-VI measures children's nutritional status by comparing height and weight measurements against an international reference standard. One in four children under five in Mali is stunted, or too short for their age. Stunting is an indication of chronic undernutrition. Stunting is highest in Gao region (33%) and lowest in Bamako (15%).

Overall, 9% of children under five are wasted (too thin for height), a sign of acute malnutrition. In addition, 19% of children under five are underweight, or too thin for their age.

From 2006 to 2018, the nutritional status of Malian children has improved.

Trends in Children's Nutritional Status

Percent of children under 5 who are malnourished

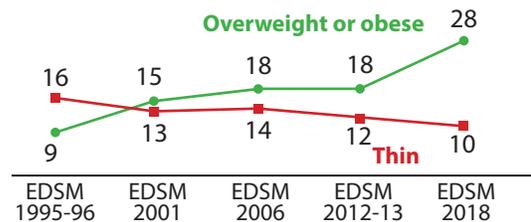


Women's Nutritional Status

The 2018 EDSM-VI also took weight and height measurements of women age 15-49. In Mali, 1 in 10 women age 15-49 is thin. Comparatively, 28% of women are overweight or obese. Overweight and obesity is highest in Kidal region (62%). Overweight and obesity has increased over the past 20 years, from 9% in 1995-96 to 28% in 2018.

Trends in Women's Nutritional Status

Percent of women age 15-49 who are:



Anemia

The 2018 EDSM-VI tested children and women in half of the surveyed households for anemia. More than 4 in 5 children age 6-59 months (82%) are anemic, most to a moderate degree. Anemia in children has remained at virtually the same level since 2001.

Nearly two-thirds of women age 15-49 (63%) are anemic, most to a mild or moderate degree. Anemia in women varies by region, lowest in Kidal region and Bamako (48%) to a high of 73% in Kayes region.

MALARIA

Mosquito Nets

Nine in ten households own at least one insecticide-treated net (ITN) and more than half of the households (55%) have at least one ITN for every two people in the household.

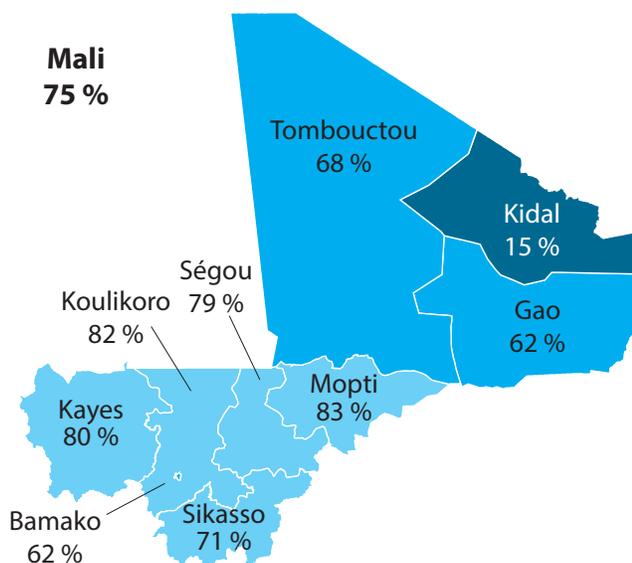
In Mali, 75% of people have access to an ITN, i.e. they could sleep under an ITN if each ITN in the household was used by up to two people. Access to an ITN varies by region, from a low of 15% in Kidal region to 83% in Mopti region.

Use of ITNs

Nearly three-quarters of people (73%) slept under an ITN the night before the survey. Children and pregnant women are most vulnerable to malaria. Seventy-nine percent of children under five and 84% of pregnant women slept under an ITN the night before the survey. Use of ITNs among these three groups is highest in Mopti region.

Access to an ITN by region

Percent of the de facto household population which has access to an ITN in the household

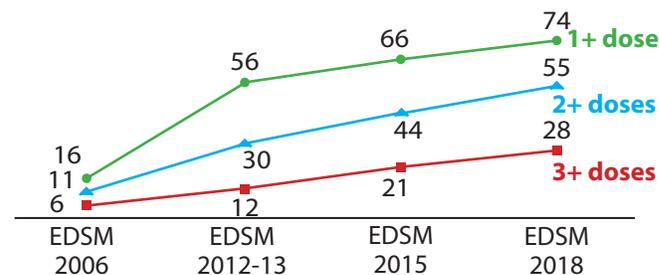


Intermittent Preventive Treatment of Pregnant Women (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive 3+ doses of SP/Fansidar or IPTp. Nearly 3 in 4 (74%) pregnant women receive one dose of SP/Fansidar, 55% receive two doses, and 28% receive 3+ doses of SP/Fansidar. The percent of women receiving SP/Fansidar has increased since 2006 when only 16% of women received at least one dose of SP/Fansidar.

Trends in Intermittent Preventive Treatment during Pregnancy (IPTp)

Percent of women age 15-49 with a live birth in past 2 years who received at least 1, 2, or 3 doses of SP/Fansidar



Malaria Prevalence

In the 2018 EDSDM-VI, children age 6-59 months were eligible for malaria testing using mRDTs. Nearly 1 in 5 children (19%) tested positive for malaria. Malaria prevalence varies across regions, from a minimum of 1% in Bamako to a maximum of 30% in the Sikasso region.

Malaria prevalence among children age 6-59 months has declined from 47% in 2012-13 to 19% in 2018.

Case Management of Malaria in Children

In the two weeks before the survey, 16% of children under five had fever, the primary symptom of malaria. Among these children, advice or treatment was sought for 53%, but only 16% had blood drawn from a finger or heel stick for testing.

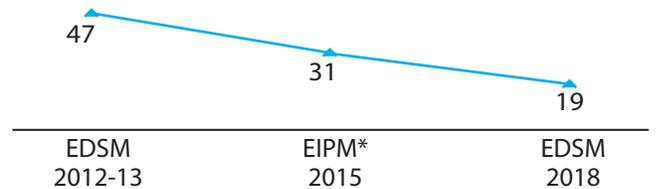
Treatment seeking for children with symptoms of malaria has remained relatively stable since 2006. Sixteen percent had blood taken from a finger or heel stick for testing, a slight increase from 12% in 2012-13.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Mali. Among children under five with fever in the two weeks before the survey who received an antimalarial, 31% received any ACT. Artesunate injection/IV (21%), Quinine (25%), and Amodiaquine (17%) were also frequently used.

Seasonal Malaria Chemoprevention

Seasonal Malaria Chemoprevention (SMC) in children age 3-59 months is recommended in sub-Saharan African countries. SMC consists of giving a therapeutic dose of sulfadoxine-pyrimethamine + amodiaquine (SP+AQ) to children during the malaria high transmission period. Half of children age 1-5 received at least one dose of SP+AQ during the 2017 rainy season to prevent malaria.

Trends in Malaria Prevalence
Percent of children age 6-59 months who tested positive for malaria by RDT



*Enquête sur les Indicateurs du Paludisme: Malaria Indicator Survey



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HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Knowledge of HIV Prevention Methods

More than half of women (57%) and 70% of men age 15-49 know using condoms and limiting sex to one uninfected partner can reduce the risk of HIV.

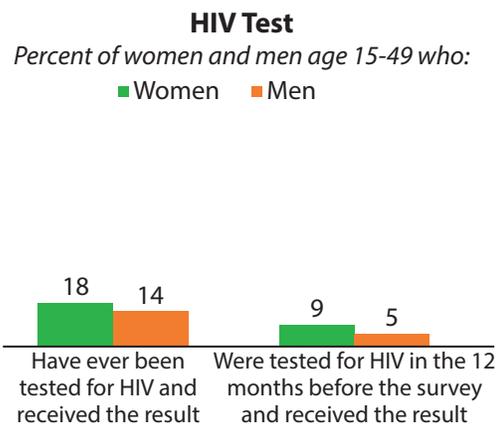
Nearly half of women (49%) and 38% of men know that HIV can be transmitted from mother to child during pregnancy, during birth, and by breastfeeding. Additionally, 38% of women and men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.

Multiple Sexual Partners

In Mali, 1% of women age 15-49 had 2+ sexual partners in the last 12 months, compared to 15% of men. Among those who had 2+ sexual partners, 5% of women and 11% of men used a condom during last sex.

HIV Testing

One-third of women (34%) and 51% of men age 15-49 know where to get an HIV test. Overall, 18% of women and 14% of men have ever been tested for HIV and received the results. Only 9% of women and 5% of men were tested for HIV and received the results in the last 12 months before the survey. Twelve percent of pregnant women age 15-49 received counseling on HIV and an HIV test during prenatal care, and received the result.



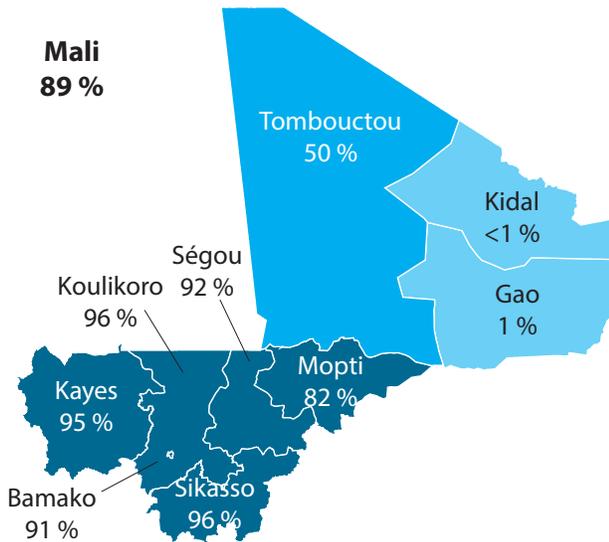
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FEMALE GENITAL CUTTING

Female Genital Cutting among Women age 15-49

In Mali, 89% of women age 15-49 are circumcised, varying from less than 2% in Gao and Kidal regions to more than 95% of women in Koulikoro and Sikasso regions.

Female Genital Cutting by Region
Percent of women age 15-49 who are cut



The vast majority of circumcised women were circumcised before the age of 15: 76% were circumcised before the age of five, 16% between the ages of 5-9, and 4% between the ages of 10-14. For 92% of circumcised women, the excision was performed by a traditional practitioner, such as a traditional circumciser or a traditional birth attendant.

Female Genital Cutting of Girls age 0-14

Nearly 3 in 4 girls age 0-14 (73%) are circumcised. For the vast majority of circumcised girls, circumcision was carried out between the ages of 0-5. For 99% of circumcised girls, circumcision was carried out by a traditional practitioner.

Attitudes Towards Female Genital Cutting

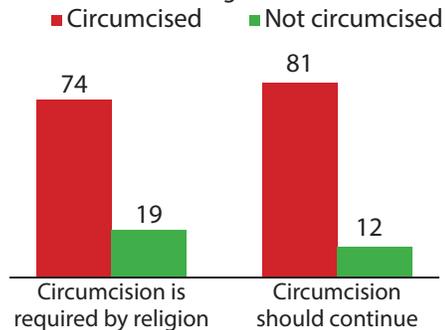
Overall, 70% of women and 69% of men age 15-49 think that female genital cutting (FGC) is required by religion. Opinions vary by region: 6% of women and 4% of men in Gao region think that FGC is required by religion, compared to 76% of women and 78% of men in Sikasso region.

Three-quarters of women and men think that FGC should continue, compared to 18% of women and 13% of men who think it should not continue. The more education a person has, the more likely he or she is to think that FGC should not continue.

Notably, circumcised women are more than three times as likely as non-circumcised women to think that FGC is required by religion (74% compared to 19%). Likewise, 81% of circumcised women think that FGC should continue, compared to 12% of non-circumcised women.

Opinion of FGC according to whether or not the woman is circumcised

Percent of women age 15-49 who think:



WOMEN'S EMPOWERMENT

Employment

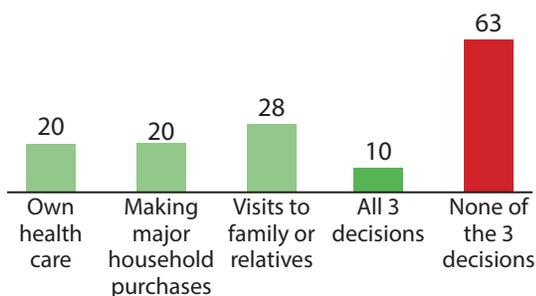
Sixty-one percent of married women age 15-49 were employed at any time in the past 12 months compared to 99% of men. Among those who worked, 61% of women and 52% of men were paid in cash. Still, 27% of women and 29% of men were not likely to be paid for their work.

Over four in five married women who are employed and earned cash make independent decisions on how to spend their earnings (83%), and 6% decide how to spend their earnings together with their spouse. Nearly 9 in 10 married working women earn less than their spouse.

Participation in Household Decisions

The 2018 EDSM-VI asked married women about their participation in household decisions, whether solely or jointly with their spouses. Fewer than 1 in 3 married women (28%) have decision making power about visiting their family or relatives, 20% about major household purchases, and 20% participate in decisions about their own healthcare. Only 10% of married women participate in all three decisions, and 63% do not participate in any of the three household decisions mentioned above.

Participation in Decision Making
Percent of married women age 15-49 who make decisions alone or jointly with their spouse



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Problems in Accessing Health Care

Nearly half (47%) of women age 15-49 report at least one problem accessing health care for themselves. The most common problem encountered is getting the money for treatment.

Attitudes toward Wife Beating

The 2018 EDSM-VI asked women and men age 15-49 if a husband is justified in beating his wife/partner for the following reasons: if she burns the food, if she argues with him, if she leaves without telling him, if she neglects the children or if she refuses to have sex with him. More than 3 in 4 women (79%) and nearly half of men (47%) agree that a husband is justified in beating his wife for at least one of these reasons. Both women and men are most likely to agree that wife beating is justified if the wife argues with her husband or if she refuses to have sex with him.

DOMESTIC VIOLENCE

Experience of Physical Violence

More than 2 in 5 women age 15-49 (43%) have ever experienced physical violence since age 15. In the past year, 1 in 5 women in Mali (20%) experienced physical violence. Women in Koulikoro region are most likely to have experienced violence in the past year (24%).

Experience of Sexual Violence

One woman in 8 (13%) have ever experienced sexual violence. Within the past year, 7% of women have experienced sexual violence. Recent sexual violence is highest in Kayes and Ségou regions (11% each).

Spousal Violence

Overall, 49% of married or separated women have ever experienced spousal violence, whether physical, sexual, or emotional. Within the past year, 34% of women experienced spousal violence. Spousal violence varies by region, from a low of 16% in Kidal region to a high of 58% in Ségou region.

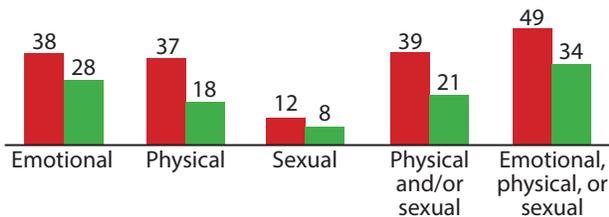
Help Seeking Behavior

Among women age 15-49 who have experienced physical or sexual violence, 19% sought help to stop the violence, and 12% did not seek help but told someone. Nevertheless, 68% of women who experienced violence never sought help or told anyone. Women sought help most frequently from their own family or the family of their husband/partner.

Spousal Violence

Percent of ever-married women who have experienced the following types of spousal violence

■ Ever ■ Past 12 months



DISABILITY

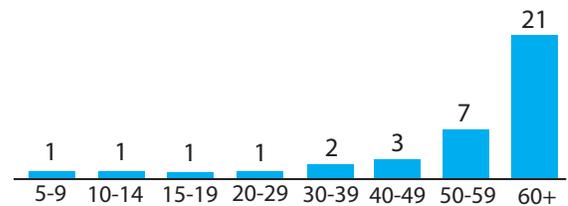
The 2018 EDSM-VI included questions about six domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age five and above.

Fourteen percent of the population have at least some difficulty in one of the six domains: 11% have some difficulty and 3% have a lot of difficulty or cannot function in at least one domain. Visual disabilities are the most common.

Disability increases with age: more than 20% of adults 60+ have a lot of difficulty or cannot function in at least one domain.

Disability by Age

Distribution (in %) of the de facto household population age 5 and above having a lot of difficulty or cannot function in at least 1 domain of disability



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INDICATORS

	Residence		
	Mali	Urban	Rural
Fertility			
Total fertility rate (number of births per woman)	6.3	4.9	6.8
Median age at first sexual intercourse for women age 25–49 (years)	16.5	17.1	16.3
Median age at first marriage for women age 25–49 (years)	17.8	19.0	17.4
Women age 15–19 who are mothers or currently pregnant (%)	36	25	40
Family Planning (among married women age 15–49)			
Current use of any method of family planning (%)	17	22	16
Current use of a modern method of family planning (%)	16	21	15
Unmet need for family planning ¹	24	21	25
Maternal Health (among women age 15–49)			
ANC visit with a skilled provider ² (%)	80	93	76
Births delivered in a health facility (%)	67	93	60
Births assisted by a skilled provider ² (%)	67	94	60
Child Health (among children age 12–23 months)			
Children who have received all basic vaccinations ³ (%)	45	48	44
Nutrition			
Children under five who are stunted (%)	27	17	29
Women age 15–49 who are overweight or obese (%)	28	43	22
Childhood Mortality (deaths per 1,000 live births)⁴			
Infant mortality	54	36	59
Under-5 mortality	101	61	111
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	90	85	91
Children under five who slept under an ITN the night before the survey (%)	79	68	82
Pregnant women who slept under an ITN the night before the survey (%)	84	73	87
HIV/AIDS			
Women age 15–49 who have been tested for HIV in past year & received results (%)	9	15	6
Men age 15–49 who have been tested for HIV in past year & received results (%)	5	10	3
FGC and Domestic Violence			
Women age 15–49 who are circumcised (%)	89	89	88
Girls age 0–14 who are circumcised (%)	73	74	72
Ever-married women age 15–49 who have ever experienced spousal physical, sexual, or emotional violence (%)	49	53	48

nc - no cases

¹Married women who do not want any more children (they wish to limit births) or who want to wait at least two years before their next birth (they want to space births) but who are not currently using a method of family planning are considered to have unmet family planning needs.

²Doctors, nurses, midwives, and *matrones*.

Region

Kayes	Koulikoro	Sikasso	Ségou	Mopti	Tombouctou	Gao	Kidal	Bamako
6.7	5.8	6.9	6.4	7.2	7.3	6.5	3.6	4.8
15.4	16.0	16.7	16.9	17.6	16.1	16.9	16.8	17.3
15.9	17.2	17.4	18.1	18.8	17.3	19.1	21.1	19.7
49	41	40	28	30	46	38	22	24
11	20	20	23	9	6	3	3	23
11	19	19	20	9	6	3	3	22
28	27	23	22	29	11	15	32	20
74	84	76	76	79	67	60	23	96
56	78	71	57	54	31	54	24	97
57	79	71	58	53	31	51	25	98
41	48	45	52	37	34	22	<1	48
26	25	32	29	30	30	33	27	15
19	29	18	27	24	35	22	62	46
69	49	67	73	63	79	47	17	34
131	108	111	134	130	131	78	20	55
92	94	88	90	95	84	74	21	84
85	83	76	83	86	76	65	20	64
88	91	80	88	92	70	77	(13)	70
6	10	4	11	5	1	9	2	16
7	4	7	1	3	1	6	<1	7
95	96	96	92	82	50	1	<1	91
90	77	74	73	64	29	nc	nc	76
50	57	46	58	23	24	39	16	57

³BCG, measles, three doses of DTC-HepB-Hib and three doses of polio (excluding polio vaccine given at birth).

⁴Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

