

MALI

Capital

Bamako

Ethnic Groups

Bambara 33.3%, Fulani (Peuhl) 13.3%, Sarakole/Soninke/Marka 9.8%, Senufo/Manianka 9.6%, Malinke 8.8%, Dogon 8.7%, Sonrai 5.9%, Bobo 2.1%, Tuareg/Bella 1.7%, other Malian 6%, other 0.7%

Languages

French (official), Bambara 46.3%, Peuhl/Foulfoulbe 9.4%, Dogon 7.2%, Maraka/Soninke 6.4%, Malinke 5.6%, Sonrhai/Djerma 5.6%, Minianka 4.3%, Tamacheq 3.5%, Senufo 2.6%, Bobo 2.1%, other 6.3%, unspecified 0.7%

Religions

Muslim 93.9%, Christian 2.8%, animist 0.7%, none 2.5%

Population

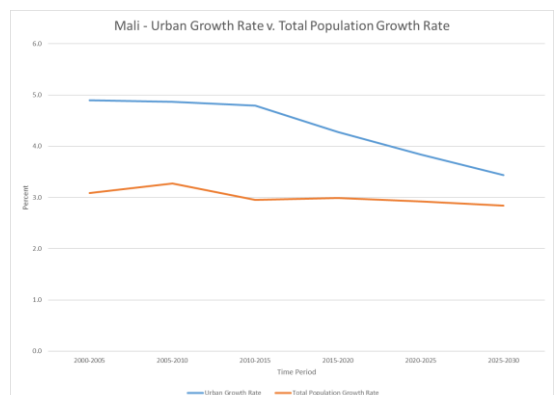
Total: 21.4 million
Median age: 16 years
Population growth rate: 2.93%
Urban: 46.2%
Rural 53.8%

Fertility

Birth rate: 40.54 births/1,000 population
Total fertility rate: 5.45 children born/woman
Sex ratio of population: 0.95 male(s)/female

Mortality

Death rate: 8.3 deaths/1,000 population
Life expectancy at birth: 62.81 years
Maternal mortality rate: 562 deaths/100,000 live births
Infant mortality rate: 58.99 deaths/1,000 live births



MALI

Migration

Net migration rate: -2.99 migrants/1,000 population

Health

Current health expenditure: 4.3% of GDP

Physician density: 0.13 physicians/1,000 population

Adult obesity: 8.6%

Alcohol consumption per capita: 0.6 liters of pure alcohol

Education

Education expenditures: 4.4% of GDP

Literacy: 35.5%

Population Distribution

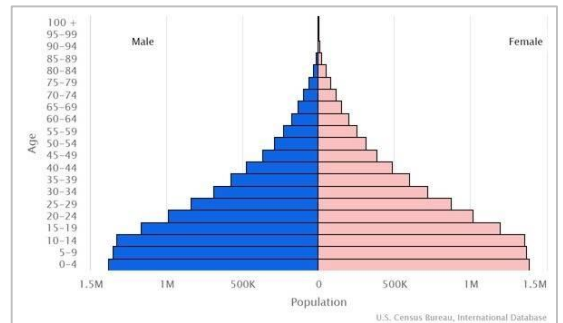
the overwhelming majority of the population lives in the southern half of the country, with greater density along the border with Burkina Faso

Demographic Profile

Mali's total population is expected to double by 2035; its capital Bamako is one of the fastest-growing cities in Africa. A young age structure, a declining mortality rate, and a sustained high total fertility rate of 5.5 children per woman – the fourth highest in the world, as of 2022 – ensure continued rapid population growth for the foreseeable future. Significant outmigration only marginally tempers this growth. Despite decreases, Mali's infant, child, and maternal mortality rates remain among the highest in Sub-Saharan Africa because of limited access to and adoption of family planning, early childbearing, short birth intervals, the prevalence of female genital cutting, infrequent use of skilled birth attendants, and a lack of emergency obstetrical and neonatal care.

Mali's high total fertility rate has been virtually unchanged for decades, as a result of the ongoing preference for large families, early childbearing, the lack of female education and empowerment, poverty, and extremely low contraceptive use. Slowing Mali's population growth by lowering its birth rate will be essential for poverty reduction, improving food security, and developing human capital and the economy.

Age Structure



Population Distribution

