

# “THIS IS NOT MY FATHERLAND”. FEMALE GENITAL MUTILATION/CUTTING IN THE CONTEXT OF MIGRATION: NARRATIVES OF NIGERIAN WOMEN ASYLUM SEEKERS

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## ABSTRACT

This paper presents the results of a qualitative research study conducted with nine women asylum seekers from southern Nigeria and residents of the city of Perugia who have undergone the practice of Female Genital Mutilation/Cutting (The common acronym is FGM/C) in Nigeria. The survey explores the migratory and life experiences of these women, and how they live while managing their migratory identities, in order to understand how the migration process affects the system of opinions, attitudes and meanings related to FGM/C as experienced by Nigerian women who were interviewed using a transnational perspective and a gender-sensitive approach.

**Keywords:** Female Genital Mutilation/Cutting. Migration. Transnationalism.

## 1 INTRODUCTION

This paper presents the results of a qualitative research study conducted with nine women asylum seekers from southern Nigeria and residents of the city of Perugia who have undergone the practice of Female Genital Mutilation/Cutting (The common acronym is FGM/C) in Nigeria. The survey explores the migratory and life experiences of these women, and how they live while managing their migratory identities, in order to understand how the migration process affects the system of opinions, attitudes and meanings related to FGM/C as experienced by Nigerian women who were interviewed using a transnational perspective and a gender-sensitive approach.

On arrival into a new social context and following contact with the culture of the host country, over time there is a tendency on the part of migrants to assimilate the structures and mod-

els of the society into which they are accepted. Migrants try to relocate their cultural and symbolic categories within the new context<sup>1</sup>. Hence, emigration and social assimilation in a different socio-cultural environment create an impact as migrants reconsider their so-called ‘traditional’ models. In relation to cutting practices, it has been reported in several studies<sup>2</sup> that the attitudes

1 Fortunata Piselli, *Il network sociale nell'analisi dei movimenti migratori*, “Studi Emigrazione”, Vol. XXXIV, n. 125, 1997, pp. 2-16.

2 Sara Johnsdotter-Birgitta Essén, *Salute sessuale tra giovani donne somale in Svezia: convivere con ideologie sessuali conflittuali determinate dalla cultura*, in *Corpi e simboli. Immigrazione, sessualità e mutilazioni genitali femminili in Europa*, a cura di Aldo Morrone-Pietro Vulpiani, Armando Editore, Roma 2004, pp. 183-202; Sara Johnsdotter, *Persistence of tradition or reassessment of cultural practices in exile? Discourses on female circumcision among and about Swedish Somalis*, in *Trans-cultural bodies: female genital cutting in global context*, eds. Ylva Hernuld-Bettina Shell-Duncan, Rutgers University Press, New Brunswick 2007, pp.

of immigrants towards the practice are subject to change and are influenced by the host country's values; in particular, there is evidence that the higher the level of integration within the new social reality the stronger the propensity to abandon the practice.

With reference to the phenomenon of negation or rejection of the practice in migration contexts of new residence, the identified factors that may influence this attitude are manifold: increased awareness of the health problems associated with the practice, the recognition of the pain and psychological trauma experienced<sup>3</sup>, less social pressure from the community<sup>4</sup>, sense of diversity from uncircumcised peers<sup>5</sup>, the social condemnation of the practices in the new environment<sup>6</sup> and the deterrent effect of laws and penalties which have evolved against the practice<sup>7</sup>. All these factors detected amidst the traditionally practising communities have encouraged the definition of genital mutilation/cutting as a “*tradition in transition*”<sup>8</sup> in the countries of new residence.

107-134; Carla Pasquinelli, *Infibulazione, Il corpo violato*, Maltemi, Roma 2007; Ilaria Simonelli-M. Giovanna Caccialupi, *Le mutilazioni genitali femminili. Rappresentazioni sociali e approcci sociosanitari*, Prospettive Sociali e Sanitarie, “i Quid”, n. 11, Istituto per la Ricerca Sociale, Milano 2014.

- 3 Inger Lise Lien-Jon Håkon Schultz, *Internalizing knowledge and changing attitudes to female genital cutting/mutilation*, “Obstetrics and Gynecology International”, Vol. 2013, 2013, pp. 1-10.
- 4 Abdi A. Gele-Elise B. Johansen-Johanne Sundby, *When female circumcision comes to the West: Attitudes toward the practice among Somali Immigrants in Oslo*, “BioMed Central Public Health”, Vol. 12, n. 697, 2012, pp. 1-10.
- 5 Sara Johnsdotter, *Somali in Western exile: reassessing female circumcision in the light of Islamic teaching*, “Journal of Muslim Minority Affairs”, Vol. 23, n. 2, 2003, pp. 361-373.
- 6 Sara Johnsdotter-Kontie Moussa-Aje Carlbom-Rishan Aregai-Birgitta Essén, “*Never my daughters*”: a qualitative study regarding attitude change toward female genital cutting among Ethiopian and Eritrean families in Sweden, “Health Care for Women International”, Vol. 30, n. 1-2, 2009, pp. 114-133; Linda Morison-Ahmed Dirir-Sada Elmi-Jama Warsame-Shamis Dirir, *How experiences and attitudes relating to female circumcision vary according to age on arrival in Britain: a study among young Somalis in London*, “Ethnicity and Health”, Vol. 9, n. 1, 2004, pp. 75-100.
- 7 Rigmor C. Berg-Eva Deninson, *A tradition in transition: factors perpetuating and hindering the continuance of female genital mutilation cutting (FGM/C) summarized in a systematic review*, “Health Care for Women International”, Vol. 34, 2013, pp. 837-859.
- 8 Rigmor C. Berg-Eva Deninson, *A tradition in transition...cit.*, pp. 837-859.

With regard to the terminology, the reference term adopted has become Female Genital Mutilation/Cutting (FGM/C). This tendency is favoured since it reflects a more sensitive and less judgemental approach that sustains the guiding principle on which rests the whole construct of the survey presented here. In addition, the expression FGM/C helps to keep in mind the aspect of the violation of the woman's body. In the following pages we will use other terms such as circumcision and cutting to respect the traditional terminology used in practising communities and used by the interviewed women themselves, the term excision is used to define the specific type.

### 1.1 THEORETICAL FRAMEWORK OF FEMALE GENITAL MUTILATION/CUTTING

The term *Female Genital Mutilation/Cutting* represents a set of procedures which include the partial or total removal of the external female genitalia and/or damage to these organs for non-therapeutic reasons<sup>9</sup>. The World Health Organization (WHO) has classified the different procedures in four types and their respective sub-types which differ in the extent of the invasive surgery and related complications. Type I consists of the partial or total removal of the clitoris and/or the prepuce. This procedure is also known as clitoridectomy, while in Muslim countries it is known as *sunnah* (“tradition”) which falls within the WHO subcategory “Ia” and which entails only the removal of the prepuce. Type II, also known as excision, is a more brutal genital modification compared to the previous one and consists of the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III is infibulation, known as “*pharaonic circumcision*” in Sudan, while in Egypt it is known as “*Sudanese circumcision*”: after the removal of parts of the external genitalia, with or without excision of the clitoris, as in Type II, the two surfaces of the labia majora are sewn together; in rural environments rudimentary means are employed (such as acacia thorns, razor blades, broken glass) while in healthcare or paramedical facilities sutures are used. The suturing is carried out so as to leave only a very small residual orifice (as large as a millet or rice grain) to allow the

<sup>9</sup> World Health Organization, *Eliminating female genital mutilation: an interagency statement UN-AIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO, WHO Publications*, Geneva 2008.

passage of urine and menstrual blood<sup>10</sup>. This is the most invasive and destructive form of genital modification; due to its severity, women subjected to it risk severe consequences for their physical and mental health. Finally, there is Type IV which is defined as “non-classified”, it covers all other practices harmful to female genitalia with no therapeutic purposes.

According to the latest data presented by the United Nations Children’s Fund (UNICEF), it is estimated that in the world there are 200 million women and girls who have undergone some form of female genital modification<sup>11</sup>, while every year 3.6 million children are likely to be subjected to the practice<sup>12</sup>.

Such customs are widespread mainly in Africa where they were observed in 28 countries, involving vast and heterogeneous territories inhabited by communities with diverse languages, cultures and religions. This area includes the entire sub-Saharan region, from Mauritania and Senegal in the west, to the Horn of Africa countries (Somalia, Ethiopia, Eritrea and Djibouti) in the east; in the north the area includes Egypt, while in the south it extends to Tanzania and touches Mozambique. Genital mutilation/cutting is also practised in some countries of the Persian Gulf (Iraqi Kurdistan, Yemen, Oman, United Arab Emirates), and although limited to minority groups, it has been observed in South America (including some Amazon indigenous communities), in India (in the Dawoodi Bohra community) and in the Far East (Indonesia and Malaysia). In recent years, as a result of migration trends towards developed countries, the phenomenon has become evident also in New Zealand, Australia, Europe and North America.

Individual African countries where these customs prevail are distinguished by the type and dissemination of the practice. As for the type, infibulation is mainly concentrated in East Africa, while excision and circumcision are widespread mainly in West African countries.

As for dissemination throughout African countries, the available estimates show a very diverse incidence among women and girls aged be-

tween 15 and 49 years of age<sup>13</sup>. In some countries rates are high such as in Somalia (98%), Guinea (96%), Egypt (91%), Eritrea (83%) and Ethiopia (74%). While in other countries the incidence is lower but still shows significant values, for example in Ivory Coast (38%), Senegal (26%), Nigeria (25%), Kenya (21%). Finally, there is a low incidence in countries such as Ghana (4%), Togo (4%), Niger (2%) and Cameroon (1%). For each country attention must be given to the sub-regional and local dimensions in order to obtain a comprehensive and accurate picture. In most countries the practice of FGM/C is not present homogeneously throughout the country but varies according to geographical areas and the resident communities. These differences are generally more pronounced in countries that have a lower national incidence than in countries with a high or almost total incidence rate. According to the latest surveys in Nigeria, the country of origin of the women surveyed, given an average incidence of 25%, there is a dissemination rate of 60% in the southern regions against a value of 10% in the northern regions<sup>14</sup>. Specifically, the highest rates are recorded in the south-west areas of the country in Osun State (77%) and Ebonyi State (74%). In the south-east, the state which stands out significantly was Imo State (68%) and as regards the southern areas, the data shows 41.6% for Edo State and 40.3% for Delta State. In the north, the Kano State area shows a value of 41%<sup>15</sup>.

The presence and spread of excision practices within the territories are also distinguished above all in relation to the socio-cultural adherences and social norms that regulate community life. By way of illustration, in Nigeria, taking into account only the main ethnic groups, the practices are found with different rates of incidence among the Yoruba (55%), the Igbo (45%) and the Hausa (19%) and are found with a lower value in the Fulani population (13%)<sup>16</sup>.

13 UNICEF, *The state of the world’s children 2015: executive summary*, Unicef Publications, New York 2014, pp. 84-89.

14 UNICEF, *Nigeria. Statistical profile on female genital mutilation/cutting*, Unicef Publication, New York 2013, p. 2.

15 National Population Commission-ICF Macro, *Nigeria Demographic and Health Survey*, National Population Commission and ICF Macro, 2013 Abuja, pp. 348-351; U.S. State Department, *Female Genital Mutilation (FGM) or Female Genital Cutting (FGC): Individual Country Reports - Nigeria*, available at: <<http://2001-2009.state.gov/g/wi/rls/rep/crfgm/10106.htm>>. (accessed 23 April 2016).

16 National Population Commission, ICF Macro, *Nigeria Demographic and Health Survey...cit.*, pp. 348-351.

10 Comfort Momoh, *Female genital mutilation*, in *Female genital mutilation*, ed. by Comfort Momoh, Radcliffe Publishing, Oxon 2006, pp. 5-12.

11 UNICEF, *Female genital mutilation/cutting: a global concern*, Unicef Publications, New York 2016, p. 2.

12 UNICEF, *Female genital mutilation/cutting: what might the future hold?*, Unicef Publications, New York 2014, p. 2.

## 1.2 SIGNIFICANCE AND MOTIVATIONS FOR MUTILATION/CUTTING PRACTICES

These practices belong to traditions that are deeply rooted in the communities that perpetuate them and therefore they imply important social, economic and cultural significance. It is not easy to understand the many reasons behind FGM/C practices that determine their promulgation and support within the community. When asking why these practices are carried out, it is possible to reply by stating that:

There is no simple answer to this question. People have different and multiple reasons. Female circumcision is practiced by people of many ethnicities and various religious backgrounds, including Muslims, Christians, and Jews, as well as followers of traditional African religions. For some it is a rite of passage. For others it is not. Some consider it aesthetically pleasing. For others, it is mostly related to morality or sexuality.<sup>17</sup>

In different situations, the act of cutting is seen as an initiation ritual, which not only determines the transition of social status, but also distinguishes between outsider and insider status in relation to the group and the community. Genital modification, when ritualised, sanctions the passage from childhood to adulthood and also becomes a test of courage that aims to prepare the child to bear physical pain without external manifestations<sup>18</sup>. Physical suffering experienced during genital intervention is preferred to the ostracism which afflicts girls who have not been operated and therefore the event is accepted as a natural transition in the life of a woman. Such suffering is offset by the achievement of a new social status that generates pride for the family<sup>19</sup>.

Differences are also found with regard to the timing of the operation, which changes accord-

ing to the community of membership, the type of modification and the symbolic meaning attributed to the practice. Whereas in some communities the age for the ritual is socially predetermined, in others it is linked to the occurrence of specific events such as first menstruation, physical development or marriage. In general, clitoridectomy and excision are practised in the period of early infancy (between the 3rd and 40th day after birth) and between the ages of 4 and 14 years<sup>20</sup>, the latter being associated with the moment of puberty. As confirmed by the Nigerian women surveyed, excision is performed on the 7th day of life among the Ibo and Ishan, but it can occur at the time of marriage or during the first pregnancy, as in the Ibo and Aboh tribes<sup>21</sup>.

Another dimension to consider is the association with religion; in fact, there are significant interesting differences. The practice of female genital cutting is common to different beliefs and religious affiliations and its origin predates the spread of the major monotheistic religions; moreover, it is not prescribed in the holy texts. Yet, in countries like Mali, Guinea and Eritrea the belief is widespread that modifications of the external genitals are a religious obligation<sup>22</sup> which, as a rite of purification, allows women to pray in a proper manner. Although it is not possible to find a direct relationship between religions and genital modification practices, in many countries the incidence of excision/mutilation among the Muslim population is higher<sup>23</sup> than the incidence found among women of Christian, Jewish and Animist faiths. But with regard to Nigeria, excision is more frequent among Christians<sup>24</sup> (60% of women are excised compared with 20% of Muslims), and only 15% of Nigerian women consider it to be required by their religion<sup>25</sup>.

17 Ellen Gruenbaum, *The female circumcision controversy: an anthropological perspective*, University of Pennsylvania Press, Philadelphia 2001, p. 33.

18 Aud Talle, *Female circumcision in Africa and beyond: the anthropology of difficult issue*, in *Trans-cultural bodies*, ...cit., pp. 91-106; Hanny Lightfoot-Klein, *Prisoners of ritual: an odyssey into female genital circumcision in Africa*, Haworth Press, New York 1989, p. 46; Lyda Favali, *Fra leggi e modelli ancestrali: prime osservazioni sulle mutilazioni genitali in Eritrea*, Giappichelli, Torino 2002, pp. 51-52.

19 Efua Dorkenoo-Scilla Elworthy, *Female genital mutilation: proposals for change*, Zed, London 1992, p. 26.

20 Raqiya Haji Dualeh Abdalla, *Sisters in Affliction. Circumcision and infibulations of women in Africa*, Zed Press, London 1982, p. 11.

21 Berhane Ras-Work, *Female genital mutilation*, in *Sexual mutilations. A human tragedy*, eds. George Denniston-Marilyn Fayre Milos, Springer Science, New York 1997, pp. 137-152.

22 Janice Boddy, *Body Politics: continuing the anti-circumcision crusade*, “Medical Anthropology Quarterly”, Vol. 5, n. 1, 1991, pp. 15-17.

23 Stanley Yoder-Shane Khan, *Numbers of circumcised in Africa: the production of a total*, DHS Working Papers n. 39, Macro International, Calverton 2008, p. 31.

24 National Population Commission-ICF Macro, op. cit., p. 349.

25 UNICEF, *The state of the world's children 2015...cit.*, p. 87; UNICEF, *Nigeria. Statistical profile...cit.*, p. 3.

### 1.3 MIGRATION AND MUTILATION/CUTTING

The large migration flows, which increasingly affect the shores of the Mediterranean, also concern Italy, which since the 1980s has become a territory of both destination and transit to other European countries. Over the last decade, the flows towards Italy have been characterised by a significant increase in the impact of women on the overall migrant population. On January 1, 2015, in fact, women accounted for 52.7% of the total of foreign residents, totalling 5,014,437<sup>26</sup>. Regarding migration of African origin in Italy, according to the latest national data available, at the end of 2014, just over 1 million people were identified as of African origin<sup>27</sup> with male presence at the aggregate level of 58%. From recent overall figures, it can be seen that the more prevalent “model” among African migrants envisages a long-term immigration project with a gender bias in favour of men, who tend to play the breadwinner role.

Yet Italy has been affected by a structural change in the African immigrant population which has become more numerous in recent years with an increasingly more balanced gender mix<sup>28</sup> (of course with some exceptions). For example, the Nigerian and Ethiopian communities in Italy have always been distinguished by a greater female presence and the role of breadwinner is more typical of women than men. The feminisation of migration has had considerable effects, mainly contributing to greater stability of migrant groups and transformation of the “*demographic collective in a population*”<sup>29</sup>. This finding is attributable to the process of normalisation within the migrant population, with a substantial balance between men and women<sup>30</sup>,

26 ISTAT (national institute for statistics) data, 1 January 2015, <http://demo.istat.it/strasa2015/index.html> (accessed 3 May 2016).

27 ISTAT data, 31 December 2014, <http://demo.istat.it/str2014/index.html>, (accessed 3 May 2016).

28 Aderanti Adepoju, *Trends in international migration in and from Africa*, in *International migration prospects and policies in a global market*, eds. Douglas Massey-Edward Taylor, Oxford University Press, Oxford 2004; Giovanna Campani, *Gender and Migration in Italy: State of the Art*, Femipol – University of Florence, Working Paper No. 6 – WP4, Firenze 2007.

29 Istituto Regionale di Ricerca della Lombardia (IRER), *Indagine sulla presenza nel territorio lombardo di popolazione a rischio in relazione alla salute sessuale e riproduttiva e alle mutilazioni genitali femminili*, IRER, Milano 2010, p. 5.

30 Maurizio Ambrosini, *Sociologia delle migrazioni*, Il Mulino, Bologna 2011.

a process that has been favoured both by family reunification, made possible by 1990 legislation<sup>31</sup>, and by the birth and education of children in Italy. So migration is no longer the preserve of the male component, in fact, the growing presence of females is recognised as a salient feature of contemporary international mobility processes<sup>32</sup>. This change is important because it sheds new light on the composition of migration flows and this new mobility indicates that roles and gender dynamics play an important part in the functioning of global migration<sup>33</sup>, specifically, the renegotiation of roles and family relations.

This current situation, characterised by the increase in migratory flows from the African continent and the relevant increasing feminisation, therefore obliges us to acknowledge that the phenomenon of Female Genital Mutilation/Cutting is now present in the countries of immigration destination and new residence. It is precisely in line with this awareness that this study has been undertaken. We can no longer consider it a tradition to be analysed solely in the cultural and social context of origin, but as a practice which has relocated to new areas together with the belief systems and attitudes related to it; it thus becomes urgent to undertake a new analysis with a cross-cultural and transnational perspective<sup>34</sup>.

### 1.4 THE FGM/C PHENOMENON IN ITALY AND PERUGIA: LAW 7/2006

In Italy there has been attention and interest in the phenomenon of female genital mutilation/cutting since the 1980s, years which saw the first manifestations of female migration from Africa. With the steady increase of this migration to-

31 Law n. 39 - 28 February 1990, in “Gazzetta Ufficiale”, n. 49, 28 February 1990. At: <http://www.gazzettaufficiale.it/eli/id/1990/02/28/090G0075/sg>, (accessed 5 May 2016).

32 Stephen Castels-Mark Miller, *The age of migration: international population movements in the modern world*, Palgrave Macmillan, New York 2003; Kalid Koser-Helma Lulz, *The new migration in Europe. Social construction and social realities*, Macmillan press, London 1998.

33 Philip Kretsedemas-Jorge Capetillo-Ponce-Glenn Jacobs, *Migrant Marginality: A Transnational Perspective*, Routledge, New York 2014.

34 LOCCHI, Maria Chiara. Brief reflections on legal pluralism as a key paradigm of contemporary law in highly differentiated western societies. *Revista Brasileira de Direito*, [S.l.], v. 10, n. 2, p. 74-84, fev. 2015. Accessed: <https://seer.imes.edu.br/index.php/revistadireito/article/view/635>

wards Italy, and the reaction to the proposal (rejected) for the alternative symbolic rite, advanced in 2004 by the Centre for FGM prevention and treatment at the Careggi University Hospital in Florence<sup>35</sup>, and in line with EU provisions<sup>36</sup>, the Italian Parliament decided to introduce a new offence into the Criminal Code.

In January 2006 the Official Journal of the Italian Republic published Law no. 7 *Provisions concerning the prevention and prohibition of female genital mutilation*<sup>37</sup>. This *ad hoc* legislation introduces and regulates two independent criminal offences: the crime of female genital mutilation and the crime of genital injury, introduced as part of previous personal injury legislation and covered by the Criminal Code in two new articles, Art. 583b and Art. 583c. The penalties are very severe and include imprisonment from three to seven years. The legislation determines that the provisions also apply if the act is committed abroad (principle of extraterritoriality). In the relevant parliamentary debate, the article which provided for the granting of refugee status to women and their daughters who flee their country to escape FGM was not approved. Yet, according to recent data presented by the United Nations High Commissioner for Refugees (UNHCR), there has been a significant increase in the number of women in

Italy seeking asylum from countries with cutting traditions - the greatest flows recorded are from Nigeria, Eritrea and Egypt<sup>38</sup> - and requests for asylum in 2013 amounted to 2,225. Italy is now the fourth country in Europe by number of requests received after Germany, Sweden and the Netherlands.

The adoption of provisions aimed at regulating the practice has led to several concerns about the suitability and effectiveness of these instruments. The World Health Organisation has declared that the adoption of laws against female genital mutilation is one of the most controversial aspects of the movement for the eradication of the practice. It has been proven that laws alone are not enough to promote social change, especially when they are imposed from above *ex abrupto*, without providing for the real involvement of the communities concerned and in the absence of a plurality of attitudes which could testify to some willingness on the part of the community to question their customary legal structure. In these situations social norms tend to outweigh the national law. Therefore, new laws, instead of defeating the practice, can push it underground, encouraging both the lowering of the age at which girls are subjected to it and reducing community recognition of the ritual values associated with the practice so as to avoid, or limit, the risk of prosecution<sup>39</sup>.

In 2007 the region of Umbria was reported by the Ministry of Health as a *target* territory for the protection and prevention of Female Genital Mutilation/Cutting given its inclusion in the group of thirteen Italian regions in which the phenomenon was recorded<sup>40</sup>. However, in the

35 For details, see: Omar Abdulkadir-Lucrezia Catania, *Ferite per sempre. Le mutilazioni genitali femminili e la proposta del rito simbolico alternativo*, DeriveApprodi, Roma 2005.

36 See, for example, Els Leye, *Strategies for FGM prevention in Europe*, in *Female genital mutilation*, ed. by Comfort Momoh, Radcliffe Publishing, Oxon 2006, pp. 73- 94.

37 Law n. 7 - 9 January 2006, *Dispositions regarding the prevention and prohibition of female genital mutilation practices*, in “Gazzetta Ufficiale”, n. 14, 18 January 2006. Italy, as well as several other European countries have enacted specific laws to ban the practice: Sweden (1982), Norway (1995), United Kingdom (2003), Spain (2003), Belgium (2001), Austria (2002), Denmark (2003). For details, see: European Institute for Gender Equality (EIGE), *Study to map the current situation and trends of female genital mutilation in 27 EU Member States (MS) and Croatia*, UE publication, 2013; Anika Rahman-Nahid Toubia, *Female Genital Mutilation: a guide to laws and policies worldwide*, Zed Books, Londra 2000. Since the early Nineties many African countries have enacted laws against female genital mutilation, such as: Egypt (2008), Ethiopia (2004), Benin (2003) Burkina Faso (1996), Côte d’Ivoire (1998), Eritrea (2007), Djibouti (1995), Ghana (1994), Guinea (2002), Kenya (2001), Niger (2003) Nigeria (2015), Senegal (1999), South Africa (2005), Tanzania (1998), Togo (1998). See, <http://www.npwj.org/it/GHR/Risorse.html-0> (accessed 14 May 2016).

38 UNHCR, *Too much pain: Female Genital Mutilation & Asylum in the European Union. A statistical update (March 2014)*, UNHCR, 2014; UNHCR, *Too much pain: Female Genital Mutilation & Asylum in the European Union. A statistical overview*, UNHCR, 2013.

39 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), *Female genital mutilation and legislation*, GIZ, January 2011; UNICEF, *Changing a harmful social convention: female genital mutilation/cutting*, Innocenti Digest, Unicef, Firenze 2005.

40 Ministry of Health, Department of Prevention and Communication, Directorate General of Health Prevention, *Review of the services provided at regional level for women and girls who have undergone female genital mutilation (Fgm)*, Rome, 29 May 2007. Other regions reported by the Ministry are: Valle d’Aosta, Lombardy, Provincia Autonoma di Bolzano, Friuli Venezia Giulia, Liguria, Emilia Romagna, Marche, Lazio, Abruzzo, Puglia, Sardinia. In 2008 the Ministry of Health published the guidelines for healthcare professionals on the issue of female genital mutilation.

same document it was stated that the phenomenon was “almost entirely absent” in Umbria<sup>41</sup>. Nevertheless, the inclusion of the region in this ministerial study led to the creation of the first regional level work group for cutting practices, attended by representatives of the social and health services and funds were allocated for the implementation of the first, and so far only, research project on the topic undertaken in this territory<sup>42</sup>.

In August 2014, the press gave wide coverage<sup>43</sup> to an arrest in the province of Perugia, later converted to house-arrest, of two Nigerian parents accused of having subjected their two daughters aged 4 and 10 years to “infibulation” (this is the word used by the newspapers). In addition, in early 2015, another couple, again of Nigerian origin, asked the doctor who was treating their daughter where they could go to have the child circumcised<sup>44</sup>. These local episodes confirm that the FGM/C phenomenon is certainly present, but also that it is covered by a cloak of secrecy which is difficult to intercept and disrupt. Following certain statements recorded during the interviews conducted in the course of my doctoral research, it can be said that the phenomenon is present in this region and it exists in Perugia. Recently the Umbria region has begun working on the issue and in 2015 the *Umbria reference centre for the study and prevention of female genital mutilation*<sup>45</sup> was established.

## 1.5 RESEARCH METHODOLOGY

The complexity of the phenomenon under investigation, as well as the necessary sensitivity or delicacy in approaching the topic, has encouraged the adoption of qualitative tools for the handling of the relevant *field research* here interpreted as an environment within which to implement an “ethnology meeting ground”<sup>46</sup> where the subject

41 Ministry of Health, op. cit., p. 62.

42 Fondazione Celli (ed. by), *Mutilazioni genitali e salute riproduttiva della donna immigrata in Umbria*, Centro Stampa Giunta Regionale Umbra, Perugia 2014.

43 See, <http://www.umbria24.it/perugia-infibulazione-su-due-bambine-ai-domiciliari-coppia-di-nigeriani/307280.html>, news 7 August 2014, (accessed 29 April 2016).

44 I owe this information to the Cidis Association which in spring 2015 was managing the welcome of this family in the Perugia area.

45 The newly-established Centre aims to promote and create a national network of scholars and experts on the topic of female genital mutilation.

46 Marc Augé, *Straniero a me stesso. Tutte le mie vite di etnologo*, Bollati Boringhieri, Torino 2011, p. 54.

phenomenon may be observed beyond the restrictions of the migrant local residence context. In this study, as a prerequisite for understanding, it was our intention to allow the women free expression as active and central subjects, protagonists of the African diaspora and cutting practices, in order to develop a *vision from within* of the people encountered. In the words of Emmanuel Levinas, we tried to give them voices and faces, as opposed to the usual vision of these women as a mere “objects” of investigation and therefore left unheard.

This paper analyses the life stories of nine Nigerian women asylum seekers and residents of Perugia who have undergone the experience of FGM/C in their country of origin. The survey, conducted in English, was undertaken between March and July 2015 according to the in-depth semi-structured interview method. A focus group was also established with sixteen Nigerian women, asylum seekers waiting for their claim outcomes from the competent authorities. The women involved in the survey were aged between 19 and 45, originating from Southern Nigeria, specifically from the Edo, Ondo and Lagos states; all are Christians. In order to guarantee and protect their anonymity, the interviews are identified by a code.

The semi-structured interview procedure has allowed the women plenty of scope to talk freely about themselves and their experiences within the interview rapport. This was necessary given that the words and experiences, the world view and life stories of the subjects interviewed are central to an understanding of the social context under investigation. The interviews were transcribed *verbatim*, retaining all grammatical inaccuracies with the intention of retaining as well as possible the expressiveness of oral rendition.

The interpretative summary of the texts exhibits a *thick description*, recalling a well-known concept of the anthropologist, Clifford Geertz<sup>47</sup> i.e. a “dense” description enriched with the meanings and interpretations of the social and cultural phenomenon investigated. To give more space and weight to the words of the women encountered, we have chosen to insert interview transcript *in vivo* fragments throughout the study in order to capture and render the semantic richness expressed in the body of the text.

47 Concept theorized by Clifford Geertz as opposed to *thin description*, namely a superficial description deprived of meaning and interpretation. For details, see, Clifford Geertz, *The interpretation of cultures: selected essays*, Basic Books, New York 1973.

Sixteen Nigerian women living in Perugia participated in the *Focus Group* (FG). During the FG, held in English, a debate evolved which focused on the issue of female circumcision with the aim of exposing different opinions, interpretations and reactions. Precisely to facilitate the collection of information, a questionnaire was presented with 25 specific questions on the topic, *items*, also written in English. The FG was co-directed by the author and the Arci manager for immigration in Perugia. This decision was considered necessary in order to create a climate of serenity and confidence that favoured participation by the female asylum seekers.

## 2 LIFE STORIES

The following pages present the analysis of the life stories, experiences and opinions of the Nigerian women interviewed in Perugia, the city where they live today waiting for their asylum claim outcomes from the competent authorities. As already mentioned, interview excerpts have been used.

### 2.1 LIFE IN AFRICA, LIFE IN ITALY

The interviews begin with the story of life in Africa before departure, before the voyage to Europe and Italy. This exchange, on the one hand, “breaks the ice”, putting the interviewee at ease and establishing a rapport for interview dialogue, while on the other hand, helping the researcher and the reader to understand the world view of these women in relation to their origins. Childhood and adolescence, as told by the interviewed women, is a carefree period. Nevertheless, children also contribute to the economy of the family by taking on housework and labour in the fields. The family conditions are mostly characterised by poverty, often with limited schooling, although exceptions are possible. In fact, the level of education among the respondents is very low and only a few have had the opportunity to complete primary school. This element emerged forcefully during the focus groups and when requested to complete a multiple-choice questionnaire in English many of the participants said they did not know how to read or write.

A first common element that emerges in their stories is the absence of the father figure,

due to death or abandonment of the family, while at the same time there is evidence of strong bonds with different women; mothers, aunts and grandmothers. In fact, it is the women who look after the children, their needs and their education, as will emerge later. Among these female figures, one, in particular, appears frequently during the stories; she is not a member of the family and is called simply “the woman” or “the madam” and she offers to help the girl, to assist her education and supports her efforts to build a future:

I lost my father when I was 7 months old. I don't even know my father... Things was rough for my mother, she's taking care of my elder ones, so I decided to go. Somebody come to my mother and said they love the kind of person I am, if my mother will give me to them...to come and be staying with them they will take care of me in school, they will put me in school. So that's how I go to Benin city and was staying with the woman. (Int. 6)

These “madams” in fact, are members of criminal organisations who recruit young girls into trafficking and international sexual exploitation. It has been found by previous studies<sup>48</sup> that “The approach with potential victims is characterised as being a kind of personal approach and based on false promises”<sup>49</sup>. Young girls are attracted by the promise of a better future and the opportunity to continue their education and these aspirations are also viewed with favour by their families because they are perceived as

48 Adriana Bernardotti-Francesco Carchedi-Benedetta Ferone (a cura di), *Schiavitù emergenti: la tratta e lo sfruttamento delle donne nigeriane sul litorale Domitio*, Ediesse, Roma 2005; Emanuela Abbatecola, *L'altra donna. Immigrazione e prostituzione in contesti metropolitani*, FrancoAngeli, Milano 2006; Laura Maragnani-Isoke Aikpitanyi, *Le ragazze di Benin city: la tratta delle nuove schiave dalla Nigeria ai marciapiedi d'Italia*, Melatempo, Milano 2007; UNICRI- Associazione Parsec, *Trafficking of Nigerian girls in Italy. The data, the stories, the social services*, UNICRI, Roma 2010; Giuseppe Carrisi, *La fabbrica delle prostitute. Un viaggio nel mercato del sesso, dai villaggi della Nigeria ai marciapiedi italiani*, Newton Compton editori, Roma 2011; Vincenzo Castelli, *Il fenomeno della tratta in Italia*, in *Punto e a capo sulla tratta. Uno studio sulle forme di sfruttamento di esseri umani in Italia e sul sistema di interventi a tutela delle vittime*, a cura di Vincenzo Castelli, FrancoAngeli, Milano 2014, pp. 23-68.

49 Franco Prina, *La tratta e lo sfruttamento della prostituzione di minori e giovani donne nigeriane in Italia*, Department of Social Sciences - University of Turin, Torino 2003, p. 13.

the only chance to leave Nigeria in the hope of a comfortable life for the girl and her family. As expressed in the excerpt above, this new life typically begins with a first internal migration from the village of birth to the nearest town, in this case Lagos or Benin City, both cities in the south of the country. But when they become young women, they are ready to embark on a longer and more difficult journey within Africa:

so on a very good day she called me that now I have grown up to travel out, then I don't know where they were bringing me to, she said she wants to help me since I have been working for her, taking care of her children, doing sort of things for her, she wants to help, there is one man that want somebody, she said this country they are going to that place [she is referring to Libya], because I do...I was a stylist. (Int. n. 6).

Here then emerges the dramatic reality of the trip and this assistance which is most certainly not selfless: "she give me to somebody...so the person now take me to down to Libya, getting there she said that there is one place that she want to go and keep me, ... she said I will go to some area that girls is doing prostitution ...she told me "that is the money" I am going to pay to her." (Int. n. 6).

The "madam" can sometimes take on the role of a sponsor who provides financial guarantees for the journey to Europe<sup>50</sup>. Therefore, in undertaking this journey with the help of this "benefactor" in reality a debt has been contracted; it must be repaid and the expected method is prostitution - not the hairdresser work in which many of the girls have been trained and which they imagine will be their occupation upon reaching Libya and later Europe.

An important aspect in the trafficking of Nigerian women is the covert magical-religious attachment, namely that "element which at a symbolic and psychological level firmly subjugates the women and binds their destiny to the commitment undertaken, the debt incurred and, therefore, the will of Madame"<sup>51</sup>. It is a magical practice called voodoo or *juju*<sup>52</sup>. During the ritual, the woman is stripped, some locks of hair are

cut from the armpits and groin, pieces of nails are taken as well as a few drops of blood, usually from the wrist, in some cases, menstrual blood is collected<sup>53</sup>. The girl is made to swear that she will repay the entire amount of debt and will not report the "madam" to the police, once they arrive in Europe. The strength of these rituals and oaths expressed as warnings or threats is due to the belief system widespread among the people of Southern Nigeria. According to animist cults, if commitments made during the ritual are not maintained, one risks becoming a victim of evil that can lead to madness and death, not only for one's self but also for one's family.

The risk of being involved in trafficking and sexual exploitation is very high. There is concern and suspicion on the part of some social workers who follow the women interviewed that some of them can be "recruited" on reaching destination, if it has not already happened in Nigeria, for street or indoor prostitution thus capturing them into the thick mesh of sexual slavery. In addition, we must consider that according to some studies, 80% of Nigerian women in prostitution in Italy come from the states of Edo, Delta and Lagos with an age between 15 and 35 years<sup>54</sup>, exactly like the women interviewed.

If initially the trafficking routes were independently based on air-travel, over time there has been a change caused by multiple factors, in particular the increase of controls at airports. In fact, today we see the emergence of overland travel through Africa and sea crossings with landings in Spain or Sicily. This has meant that the sex-trade trafficking routes and those of the people smugglers, once distinct, are subsequently often intertwined. Therefore a new strategy for criminal organisations has emerged in which the recruitment phase is simplified since girls to be exploited are intercepted amongst the women who migrate in search of a better life.

The decision is due to poor employment opportunities in their own country and the need for economic independence that would allow them to establish themselves and then to be able to improve their living conditions and those of their families. The journey towards a rich north, or an

50 Ivi.

51 Franco Prina, op. cit., p. 16.

52 Gerrie Ter Haar (ed. by), *Imagining evil: witchcraft beliefs and accusations in contemporary Africa*, Africa World Press, Trenton 2007; Toyin Falola-Matthew M. Heaton (eds.), *Health, knowledge and belief systems in Africa*, Carolina Academic Press, Durham 2006.

53 Ivi.

54 Esohe Aghatise, *Trafficking for prostitution in Italy*. Concept paper presented at the "Expert Group Meeting on Trafficking in Women and Girls", 18-22 November 2002, Glen Cove, New York, p. 8. Osita Agbu, *Corruption and human trafficking: the Nigerian case*, "West Africa Review", Vol. 4, n. 1, 2003, pp. 1-13 (p. 7).

area portrayed as such, seems an opportunity to be seized without in fact knowing where one is going, even when the destination is a place like Libya, which cannot be drawn on maps anymore. “So one day one of his sister now told me that she want to enter this route to come to Libya, because I don’t know where they call Libya. I said what are they doing there? She said that there, if I should have work there they will pay me good salary.” (Int. n. 3)

When telling their stories, the women interviewed preferred not to dwell on the trip because of very painful memories of what they experienced during the crossing of the desert before and later the Mediterranean, except for a few short memories:

The stressful thing was that you have to pass through the desert not by air... I started the journey, it was not easy, it was hell on earth, you pass through the sun, you pass through the hardship, you sleep on the cold floor, when you get to Libya you find out that it’s not just easy. (Int. n. 1)

Once in Libya, in Tripoli, life is not easy, but for many an important role is played by the network of fellow countrymen, Nigerians, but also sub-Saharan Africans, met in that foreign land as a source of mutual help and support. The common origin creates a strong bond between people, a bond interpreted as that of a family:

We all are speaking the same language, so we are sisters, they take me to their house, I was living with them. (Int. n. 6)

When I get to Libya I have to locate Nigerian, my tribe, because it’s a tribal thing altogether, even in the outside Nigeria, I found my tribe I now explained things to them. (Int. n. 1)

In addition, as expressed by the women, it is essential to reconnect with each other “black woman and black man” (Int. n. 23) also those arriving from other areas of sub-Saharan Africa. This highlights the feeling of belonging to a larger community where sharing a common faith plays an important role. In some cases the place of contact and socialisation is precisely the church for Sunday mass. Interestingly, however, once they arrive in Italy, this need to establish contacts with the community of fellow countrymen or to create a network is not so prevalent. The women relate mainly with the others being hosted in the same asylum seekers’ hospitality facility. In fact, the focus group was attended by some women staying

in another facility located in the same city but unknown to each other, it was their first meeting. Only for a few the Church is still a place not only for worship but also for community socialisation.

### 2.1.1 THE ESCAPE

For all involved the arrival in Italy in August 2014 was by sea voyage with rubber dinghies or small boats following the resurgence of civil conflict in Libya in May 2014. Political instability and war have made departures from the Libyan coast to Italy more frequent and subject to fewer controls because of the lack of a central authority. The war has forced the departure of many African immigrants living in Libya, itself historically a country not just for transit but also a destination for African economic migrants<sup>55</sup>. But the situation, as reported by the United Nations<sup>56</sup>, has been aggravated by the spread of unlawful killings, attacks on civilians, arbitrary detentions, torture and violence against migrants and particularly against women by the many irregular militias in the area. The women interviewed also described how the daily situation was dangerous, they reported high risks of being subjected to rape and restrictions on the movement of women “women were restricted to going out, so many things...raping, victimization.” (Int. n. 1)

So the decision to escape, to leave Africa and come to Europe seems to be inevitable. In their stories the women recollected how they moved in the peripheral countryside areas, far from the city centre, waiting to set sail and risk their lives on the trip:

We now saw many plastic something like balloon [blow blow], they were pumping it, so that’s how they put me inside the boat and in that thing, first of all, they will first of all put girls inside that boat [...] That’s how I get to this place. (Int. n. 3)

Or in the words of another woman, who describes the role of Libyan soldiers who force people - the Africans - to set sail towards Italy:

55 Mattia Toaldo, *Libya’s migrant-smuggling highway: lessons for Europe*, “European Council on Foreign Relations” n. 147, 2015, p. 6.

56 United Nation Human Rights Council, *Investigating by the Office of the United Nation High Commissioner for Human Rights on Libya*, A/HRC/31/47, 2016, pp. 8-9. Available at: [http://www.ohchr.org/Documents/Countries/LY/A\\_HRC\\_31\\_47\\_E.pdf](http://www.ohchr.org/Documents/Countries/LY/A_HRC_31_47_E.pdf), (accessed 7 May 2016).

They now captured us and put us especially blacks in one place. The next day, they push us into the sea, they say go and die, you're blacks are meant to die. They even raped us, so many..... I don't want to talk about it. (Int. n. 1)

The stories vividly portray agitated moments of great fear and confusion about what to do or where to go, with a worsening and increasingly dangerous situation. With the outbreak of the conflict also the Libyans were leaving for Tunis. One girl was helped by the Libyan family for which she had worked as a maid: "She said: the only help I will give to you...people are running down to Italy. I said "where is Italy?" She said "it is a Europe country" (Int. n. 6). The moment for escape takes place with the complicity of the night and the story continues with the following words:

One night she [the employer] took me down to one place, I was hearing the sound of water, I asked her "where are we?", she said I shouldn't ask her and to enter any boat I see people entering, that's how I found myself here. In the mid-night, people were entering the boat, she said I should go. (Int. n. 6)

In telling these stories the women's voice are sometimes anguished. I understand that they do not want to remember the details of that trip, they speak with great difficulty of the experience that has seen them face so many threats and dangers, two of them were also pregnant. In 2014, according to available data, the number of refugees who crossed the Mediterranean to the Italian coast was 170,100 of which 9,000 originated from Nigeria, this latter figure doubled in 2015<sup>57</sup>. The maximum quota of asylum seekers assigned to the Umbria region is 1,554 people, of whom 1,181 in the province of Perugia. To date the province of Perugia hosts 970 asylum seekers, the rest are in the province of Terni, mainly from the following sub-Saharan countries: Nigeria, Ghana, Mali, Somalia and Ivory Coast<sup>58</sup>.

57 Ministry of the Interior, *Rapporto sull'accoglienza di migranti e rifugiati in Italia*, Roma, ottobre 2015, p. 5.

58 For details, see, <http://www.consiglio.regione.umbria.it/accoglienza-profughi-la-prima-commissione-ha-incontrato-i-prefetti-perugia-e-terni-affrontata-la>, (accessed 7 May 2016). See also: Cooperativa Sociale Perugia-ANCI (eds.), *Rifugiati in Umbria 2001-2012*, Perugia 2013, pp. 70-78. Available at: <http://www.perusiasociale.org/documenti/rapportoregionale2012.pdf>, (accessed 7 May 2016).

### 2.1.2 THE ARRIVAL IN ITALY

Once embarked on the journey, all the women eventually arrive in Italy, landing initially in Lampedusa, to be subsequently transferred to Umbria and Perugia where they enter the refugee reception system operated by the Commune and the associations in the area that organise accommodation in hotels and private apartments. They start their wait for the response to their right of asylum requests. The arrival in Italy is experienced with joy, salvation soothes their fears, after all, they are still alive and now there are those who take care of them: "I can say that Italy is the one that rescue me." (Int. n. 6); "I'm happy, I feel cared and loved for because they pay me, I can't even believe it, they give me a comfortable home, I feel secured." (Int. n. 1)

There is evident hope for a new life in Italy, a country for which they express gratitude but also an initial disorientation. It is certainly not easy to fit into a new environment and start over when you do not know the language, social customs and norms: "In the beginning I was surprised how I am going to cope in this country? I don't understand the language, I do not understand their things." (Int. n. 2)

Albeit with difficulty another issue arises, that of racism. In addressing this topic during the interviews there was a certain tendency to appease the researcher, i.e. the interviewees tended to respond in a manner which they thought would satisfy the interviewer's expectations. This likelihood is well known in social research, and therefore it must be taken into account. When asked if they have ever been victims of acts of racism, the interviewees evidently played down the reality of the situation by stating that the attention given to this issue is exaggerated, that people are always friendly and kind to them. Yet, in the course of conversation, stressing the confidentiality reserved for them and the non-judgmental attitude on the part of the listener, this veil fell and some women revealed that they were involved in racist incidents which occurred in everyday situations such as receiving insults while walking on the street or getting a rejection of their offer to yield their seat on the bus because it was supposedly dirty. Women are much more exposed to such phenomena of discrimination, and particularly migrant women. Precisely in relation to these processes scholars of *Gender Studies* have identified a

triple discrimination: migrant females suffer discrimination as women, as migrants and in relation to social class. They thus form what has been termed a “Trimurti of characters” that defines the role of immigrant women in the host society<sup>59</sup>. In addition, in our case, we can add the legal status as asylum seekers that relegates these women to a further state of social marginalisation due to the absence of personal documents and uncertainty about their chances of staying in the country.

Despite these incidents, all intend to remain in Italy and Perugia, they want to learn Italian and get a job that would enable them to live in dignity and be able to help their family in Nigeria with whom they keep in touch, for some even on a daily basis through social media and the Internet. These women now plan their future in Italy while waiting to see if they can stay or not. The latest available data relating to 2012 indicates that in the Umbria Region, only 20% of the refugees have gained the recognition of a form of protection, while the remaining 80% of the applications were rejected<sup>60</sup>.

## 2.2 THE PRACTICE OF CIRCUMCISION IN NIGERIA: “CIRCUMCISION IS BEAUTIFUL!”

### 2.2.1 THE SIGNIFICANCE OF THE PRACTICE

The dialogue with the Nigerian women now moves to the real focus of the research: cutting or female genital mutilation. As has been reported and as studied in anthropological literature within the context of initiatory rites of passage, genital circumcision is an ancient tradition for the practicing groups involved. Within the home-communities of the respondents interviewed, this ritual usually takes place within seven days of the child’s birth and is performed by a traditional midwife who has a special social status and, by virtue of her specific role in this task, receives payment in cash and in kind. In initiation ceremonies, the ritual assumes a fundamental symbolic value as an

act of passage that marks a change of status from child/teenager to adult woman and then defines membership within a particular group.

In this context, however, given the very young age of the girl, this aspect of rite of passage does not prevail. Therefore, these rituals are better categorised as acts of demarcation<sup>61</sup> through which are established gender and sexual identity making the distinction between male and female and establishing social gender differentiation. According to a widespread ancient belief, the baby has two souls, a sign of sexual ambiguity that must be corrected and redefined. In some communities in Nigeria, particularly in the states of Ekiti and Osun<sup>62</sup>, it is believed that the clitoris if not cut, can be dangerous for the baby, later causing insanity or even death. The same belief is associated with contact with the male genital organ that could result in the death of her husband. In general, it appears as if the clitoris and female genital organs are conceived as potentially threatening for individuals and communities, and therefore must be cut, controlled and repressed.

Recently we have witnessed the reduction of the ceremonial element in some communities, in part presumably linked to punitive legislation against the practices that discourages public display, together with increasing medicalisation, namely the tendency to delegate operations on female genitalia to doctors and health care workers in hospitals to overcome the most serious immediate harmful consequences of the practice. The latter circumstance is a reality in countries like Nigeria where, in recent years, there has been a high rate of medicalisation<sup>63</sup>. During the course of the interviews, the women related how doctors, considered as people of science and therefore occupying prominent social positions, today have a fundamental role in the family’s decision to circumcise their children or not: “It is the doctor who will decide whether I would do it or not... they have studied it, we have not studied, and they know the right thing to do.” (Int. n. 2)

The operations carried out by trained personnel at health facilities are in demand because they certainly reduce the risk of infections due to the poor hygiene which characterises the opera-

59 Caroline Brettell-Rita Simon, *Immigrant women: an introduction*, in *International migration: the female experience*, eds. Caroline Brettell-Rita Simon, Rowman and Allanheld, Totowa (NJ), 1986, pp. 3-20; Giovanna Campani, *Genere, etnia e classe: categorie interpretative e movimenti femministi*, in *Donne migranti. Verso nuovi percorsi formativi*, eds. Franco Cambi-Giovanna Campani-Simonetta Ulivieri, Ets, Pisa 2003, pp. 48-70.

60 Cooperativa Sociale Perugia-ANCI (eds.), op. cit., p. 76.

61 Pierre Bourdieu, *Il dominio maschile*, Feltrinelli, Milano 2014, pp. 34-35.

62 Mairo Usman Mandara, *Female genital mutilation in Nigeria*, “International Journal of Gynecology and Obstetrics”, n. 84, 2004, pp. 291-298.

63 UNICEF, *Female genital mutilation/cutting: a statistical overview...cit.*, pp. 42-45.

tion as performed in the bush or in the home by traditional operators. It should be stressed that medicalisation of the practice can contribute to its continuation and promote the mistaken belief that it is a legitimate medical procedure and, therefore, promote its social standardisation. In addition, this trend could lead some doctors to perpetuate the practice for reasons of professional advancement and profit<sup>64</sup>.

The women we met are not used to talking about the practice of cutting or genital circumcision, often considered a taboo in their families and communities. In fact, except for some who said that they had spoken with their mothers on the subject, for the others the occasion of the interview was the first time they had faced the question: "We don't talk about it, no one has told me "let's talk about it" before." (Int. n. 2). While a further confirmation that cutting is not a topic of discussion among women emerged during the focus group, during which the participants realised that not all women have their genitals altered, as one of them subsequently reported: "I think everybody in the world does it, I don't know that it's a crime in some parts of the world [...] I never knew that it's not even existing anywhere! I never knew until yesterday, I was shocked." (Int. n. 1)

We can consider this statement as a possible effect of migration: the chance to meet and talk freely with other women, compatriots or otherwise, helped to initiate discussion on the issue and to acquire a different awareness about cutting. The findings suggest that not only is the subject itself seldom treated in the family or in the group but also that little or nothing is known about the experience or the views of other women. Information is scarce because opportunities for confrontation are lacking. The theme is not conceived as a theme of interest or a pressing issue; it is taken for granted that all women carry this distinguishing mark which is perceived as normal and natural because, as originally stated, it pertains to tradition:

It's a kind of not much a problem, it's not much anything, no discrimination...because we believe in, we assume that everyone that is from Nigeria that [is] circumcise, so we don't even talk about it. So yesterday [referring to the focus group] was actually the first [time] in my life I have this kind

of discussion about circumcision apart from my mum telling me the reason why they do it. I've not have any meeting or coming to talk about it, no. (Int. n. 8)

On the reasons for cutting women's genitals, all agree that it is a practice that belongs to tradition; it is a consolidated practice, handed down from mother to daughter as a commonly accepted inter-generational practice and as such is not called into question. Indeed the practice is considered as a duty to be fulfilled:

That's what they're doing in our tradition, according to our tradition, that is why she [referring to her mother] did the same thing to us. (Int. n. 3)

This is a normal thing they're doing...where I come from we see it as a homage, something you have to do. (Int. n. 1)

It's because our tradition, you must circumcise a child that's how we grow up in our family, all our family we are circumcised, so when we born our baby, our baby will be circumcised too. They must circumcise them...it's the law, so we cannot say no. (Int. n. 4)

But it is important to understand what is meant by "tradition", what is the precise motivation behind this act, deemed necessary, which modifies the body of women while still children. From the data collected, and extensive literature, it emerges that this cutting tradition is intended to regulate the woman's body, whose sexuality is perceived as a lustful instinct that must be subjugated, perceived as something immoral that can only be practised within marriage for reproductive purposes. In particular, as already explained the clitoris is considered by men to be an aggressive and menacing organ, as do women themselves who, through the act of cutting, avert the risks of infertility and promiscuity<sup>65</sup>:

It said that if a woman is not circumcised she would be...she will need sex every time, but if she is circumcised she would enjoy it without feeling anything, that's why I think it's good that I'm circumcised. (Int. n. 2)

Woman circumcision is good, that a woman that is not circumcision will be feeling scratch in her

64 WHO, *Global strategy to stop health-care providers from performing female genital mutilation*. UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, IOM, MWIA, WCPT, WMA, WHO Publications Geneva 2010.

65 The emphasis on female chastity is not solely due to the belief in the aggressive nature of women's sexuality, but it is concerned with the control of women's reproductive capacity and with the certainty of paternity associated with the retention of property and inheritance rights. See: Raqiya Haji Dualeh Abdalla, op. cit., p. 60.

private part [...] because any girl that is not circumcised will like men, will like sex. (Int. n. 3)

Such motivations are characterised by the importance attached to female sexuality in order to assure the protection of virginity and control of chastity, considered essential elements to ensure fitness for marriage and purity of the woman:

In Nigeria, there is this mentality that it's good to keep your virginity for your husband, if not for being a Christian, they say that it's a dignity, it's a prestige. Your husband will know you're a good woman. (Int. n. 9)

Most of the social contexts in which the practices of genital modification are commonplace are characterised by a patriarchal structure in which the role of women is subordinate, where their sexuality and virginity are under male control and on which depends the honour and respectability of the whole family. The cutting practices are therefore justified as a means of subduing the otherwise uncontrollable sexual desire of women and thus preventing premarital or extramarital sexual relations, thereby ensuring the fidelity of the wife who has to assume a modest sexual behaviour<sup>66</sup>. Otherwise, there is the risk of being stigmatised by society and by one's families:

In Nigeria if you're a married women and you sleep outside, if the people know, they will disgrace you, you'll go naked, they will disgrace you, they will even beat you up, they will chase you out, so that's our believe. (Int. n. 8)

The FGM/C phenomenon thus acts as a form of control of the body and sexuality that has serious physical and psychological consequences, as an act of subordination to male domination and an expression of gender inequality that assigns women a subordinate position in society. The regulation of sexuality and reproduction in women becomes a group expression of identity; women and their bodies are “the symbolic-cultural centre where societies register their moral system”<sup>67</sup>. The bodies of women are shaped within and across cultural and social affiliation dynamics, the body

66 Michel Erlich, *La femme blessée: essai sur les mutilations sexuelles féminines*, L'Harmattan, Paris 1986, p. 177; Esther Hicks *Infibulation. Female Mutilation in Islamic Northeastern Africa*, Transaction Publishers, New Jersey 1993, pp. 73-74.

67 Seyla Benhabib, *La rivendicazione dell'identità culturale. Eguaglianza e diversità nell'era globale*, Il Mulino, Bologna 2005, p. 119.

thus becomes a space of social construction in which social relations are enacted.

From the evidence, it is clear that the practice, in its rituals and in its execution, is typically a female activity, for women only, whereas the male remains on the sidelines if not altogether excluded. However, this does not necessarily mean that men are not taking part in the decisions to have their daughters cut, or complicit in the continuation of the practice. It is manifest, however, that it is women who take care of the preparations and who accompany the children to the ritual, during which they play the active role. Likewise, because of the well rooted and internalised social constraints, it is women who defend the continuation of the practice, required by families to protect their daughters, and assure them a future, since it is also this ritual that defines their social status within the community and their economic security as wives and mothers<sup>68</sup>. In fact, men would not marry an un-excised woman, considered an outcast from society and a potentially unfaithful wife<sup>69</sup>.

### 2.2.2 MARRIAGE AND BRIDE PRICE

Following on the previous discussion, it clearly emerges that genital cutting practices are closely associated with marriage because it is one of its fundamental preconditions; the operation which changes the female genitalia make the girl a future bride/wife and is therefore considered as a preliminary requirement for the wedding:

People they don't circumcise...they can't, they can't marry one man because one man will not be enough for them; say so many things that you will like to be sexing every time and no man will like to that especially in Nigeria. (Int. n. 1)

For if a woman has not been “purified” by the ritual operation she cannot marry and have children. It is a fundamental aspect in obtaining recognition of social status within the community,

68 Ellen Gruenbaum, *Reproductive Ritual and Social Reproduction: Female Circumcision and the Subordination of Women in Sudan*, in *Economy and Class in Sudan*, eds. Norman O'neill-Jay O'brien, Gower Publishing, Brookfield 1988, pp. 308-325.

69 Cecilia Gallotti, *Le Mgf come posta in gioco nei processi di cambiamento culturale, migranti nigeriane e servizi socio-sanitari in Emilia Romagna*, in *Migrazioni. Generi. Famiglie. Pratiche di escissione e dinamiche di cambiamento in alcuni contesti regionali*, eds. Daniela Carrillo-Nicola Pasini, FrancoAngeli, Milano 2009, pp. 185-265.

as well as a guarantee of economic security and thus a better life expectancy. In such contexts virginity becomes an important economic factor, as also the bride's dowry depends on it and it is therefore counted as part of the marriage transaction.

During one of the interviews we also had the presence of the husband of one of the interviewed women who, feeling personally involved on this issue, wanted to join the conversation by explaining clearly the function and meaning of *brideprice* in Edo State in Nigeria:

If I want to marry her, they [referring to the bride's parents] will ask me to come and pay the money for the bride price. The bride price simply stands for the money that they used to circumcise her. That is the respect and the honour of that circumcised. Then, if they have not circumcised her, the parents have to circumcise her [before the marriage], otherwise the bride price have no value. (Int. n. 7)

The dowry, defined as *brideprice* or *bride-wealth* by anthropologists<sup>70</sup>, is the amount in material and symbolic assets<sup>71</sup>, paid by the groom's family to that of the bride after the conclusion of marriage agreements. Through these agreements, the bride's family will be rewarded in exchange for the woman's virginity and fertility, as ensured by the cutting practice. It is clear that within these matrimonial conventions, female genital mutilation/cutting plays a central role whereby "women believed that men would not marry an uncut woman, and men believed that an uncut woman would not be a faithful partner in marriage"<sup>72</sup>.

In this complex system which combines various factors such as virginity, chastity, genital modification and the ability to procreate, we understand that the concern for ensuring a proper marriage and offspring is one of the major determinants of the continuation of the practice together with the related social pressures<sup>73</sup>:

70 Carla Pasquinelli, op. cit., pp. 94-103; Mila Busoni, *Il valore delle spose: beni e persone in antropologia economica*, Meltemi Editore, Roma, 2001.

71 Premarital exchange agreement provides for the transfer of goods and economic resources, as well as for the fundamental stipulation of family alliances and kinship relations.

72 Gerry Mackie, *Female Genital Cutting: the beginning of the end*, in *Female "circumcision" in Africa: culture, controversy and change*, eds. Bettina Shell-Duncan-Ylda Hernuld, Lynne Rienner, Boulder, 2000, pp. 253-282.

73 Ellen Gruenbaum, *The female circumcision controversy...cit.*, p. 87.

In our culture, it's like every woman must marry, but if you don't marry people will laugh at you, if you're above 25, 26 and you did not marry, you're walking on the street someone insult you, if you come back to your home, your parents will make house uncomfortable for you, they will tell you your mates are married, you're here eating my food, go and marry, face your home, they will chase you away, you will be in pains, maybe you will commit suicide, some people will take their bags, they will leave, they will never come back again, because we believe in family that a married person have dignity. (Int. n. 1)

### 2.2.3 THE OPINION OF WOMEN: THE POWER OF TRADITION

What do the women interviewed think about the practice of mutilation or cutting of the external female genitalia? In light of the observations presented so far, it may not be surprising to discover that, in general, the practice is assessed positively by women, albeit sometimes judged to be painful "Female circumcision is good...is beautiful!" (Int. n. 3). Other respondents have been even more explicit on the subject:

I think it's good to circumcise a child when it is delivered, that is just what I think. For me if I deliver a child when it is 7 days old, I will find someone to help me do it because it's a normal thing to do. (Int. n. 5)

It's a good practice to circumcise your body [because] I can resist it [the urge of sex]. (Int. n. 6)

The women's stories do not manifest the negative effects usually associated with cutting<sup>74</sup>, this could be related to the fact that all have undergone the practice during their infancy, so they do not have those memories which are typically the source of trauma and mental disorder. Moreover, none of them has yet faced the moment of giving birth, considered by doctors to be a particularly difficult

74 For more information see: Dan Reisel-Sarah M. Creighton, *Long term health consequences of female genital mutilation (FGM)*, "Maturitas", Vol. 80, 2015, pp. 48-51; Peggy Mulongo-Sue Mcandrew-Caroline Hollins Martin, *Crossing borders: discussing the evidence relating to the mental health needs of women exposed to female genital mutilation*, "International Journal of Mental Health Nursing", n. 23, 2014, pp. 296-305; Rigmor C. Berg-Eva Denison-Atle Fretheim, *Psychological, social and sexual consequences of female genital mutilation/cutting (FGM/C): a systematic review of quantitative studies*, Report from Norwegian Knowledge Centre for the Health Services, n. 13, Oslo 2010.

time when it is possible to suffer complications due to the modification of the genitals. Another factor to consider is the extent of the excision, which in milder forms may not be so devastating, and may not have significant consequences for the health of the woman. Numerous studies<sup>75</sup> have found that women who have undergone genital modification do not lose sexual sensation and pleasure, thus showing a lack of correlation between genital modification and the effective control of female sexuality, as has been clearly stated: “It is clear that female sexuality is neither destroyed nor unaffected by female genital cutting. [As] reported in a study of Ibo people in Nigeria that clitoridectomy did not diminish a woman’s libido, contrary to the widespread belief that excision would affect sexual desire”<sup>76</sup>.

It is particularly on this aspect that some women express their concerns and criticise about the effectiveness of the practice as a control of sexuality citing personal experience:

Some people when they grow up, even if they circumcised them, they always have urge for sex. So to me I now come to understand that this thing is crazy, it’s not working. Like me, they circumcised me but I have feeling for sex, I can have sex anytime I want. (Int. n. 1)

In other accounts it emerges that cutting is considered important and the practice is judged favourably, but not to the extent that it guarantees the appropriate and compliant behaviour of the child. Therefore, a fundamental role is delegated to parents as educators of their children:

I said it’s the way you train your child. Some people say that when they don’t circumcise girl they will go like sex, sleep around but it’s the way you train your child that will make her want to sleep or not. (Int. n. 4)

So according to these women, it is necessary to educate one’s daughters on the importance of

<sup>75</sup> Carla Obermeyer, *The consequences of female circumcision for health and sexuality: An update on the evidence*, “Cult Health Sex”, n. 7, 2005, pp. 443–461; Id., *Female Genital Surgeries: the known, the unknown, and the unknowable*, “Medical Anthropology Quarterly”, Vol. 13, n. 1, 1999, pp. 79–106; Lucrezia Catania-Omar Abdulkadir- *et. al.*; *Pleasure and Orgasm in Women with Female Genital Mutilation/Cutting (FGM/C)*, “Journal of Sexual Medicine”, n. 4, 2007, pp. 1666–1678.

<sup>76</sup> Ellen Gruenbaum, *The female circumcision controversy...cit.*, p. 156.

virginity, to respect it and protect it regardless of genital cutting. Their behaviour in society depends on the education received and not only in relation to having been excised or not:

My mummy said that any female child that is not circumcised will like to go outside with man, she will do it, but if I advise her [referring to her future daughter] that any female child that is not circumcised needs to respect her virginity, she will did the same thing, she will respect herself [...] education is the best legacy for our children. (Int. n. 3)

However, what emerges is that these women have introjected the relevant meanings and beliefs based on the socio-cultural motivations, deeply rooted in their communities, that underlie the cutting practices and sustain their continuation. The key reference figures in this process are, once again, mothers and grandmothers. Many respondents defend the decision of their own mothers to subject them to cutting because they followed a well-established ritual tradition intended for a good purpose. When asked if they would themselves do it to their daughters, one of the interviewees replied:

I would love to do it to her, my mum did to me, this is what we do, I will do it, freely, because to me, I’m just thinking that it’s a normal thing, I think it’s nothing, to me, that’s what they’ve been doing, they do it to everybody so I would love to do it to my kids. (Int. n. 1)

In the life stories gathered and reported here, what emerges on several occasions are the strong contradictions in what is expressed about the practice and the personal opinions about it: the women are in favour of its continuation because it is deemed a good practice but at the same time, they do not understand its effectiveness. These positions are not false or unreliable, but they clearly testify to an initial questioning of the significance of cutting, on the choice to perpetuate it or not, and on how necessary it is. Taking into account the migratory context in which these women are now living their daily lives and planning their future, it is important to assess the impact of migration, in a changed social context, on their opinions, attitudes and behaviour towards cutting practices. It can be assumed that this dichotomy can evolve in two distinct orientations: on the one hand, it could exacerbate the positions in favour of

tradition while the other hand it may encourage a process of abandonment of the practice altogether. In particular, in the course of the migration experience, cutting practices may acquire relevance as an act of conservation of ethnic identity and social acceptance. Adhering to tradition meets the needs for a stable sense of collective belonging whereas a sense of insecurity and loss of their roots in the migrant context can push the members of diaspora communities to hold fast that value and normative system to which the cutting practice pertains. In the context of origin, family or community members, can exert pressure and influence on the “expatriates” to maintain and observe rituals and traditions; imperatives that are even more stringent in anticipation of a possible permanent return to the home country.

However, a different socio-cultural environment greatly influences the modes of practice and manifestation of the culture of origin by promoting a process of redefinition of traditional models and cultural and symbolic categories. On arrival into a new social context and following contact with the culture of the host country, over time there is a tendency on the part of migrants to assimilate the structures and models of the society into which they are accepted<sup>77</sup>. Women do play an important role in this contest which opposes modernity against tradition and identity transformations against cultural defences. The positions are still very mixed between those who support the practice and live out their traditions as a natural occurrence, a voluntary choice of which to be proud, and those who oppose the practice because they perceive it as a form of violence and oppression. It is women who are entrusted with the tasks of reproduction and transmission of cultures, for this they are defined as *cultural carriers*<sup>78</sup>. But in migration contexts, these values and categories are redefined and renegotiated precisely because cultures and what they bring are not static and watertight but dynamic and changing.

Women of the diaspora play an important role in the processes of maintaining transnational ties linking the society of origin with the host society. Such ties are in part economic, as represented by financial remittances, but they also en-

tail social and cultural remittances which convey to the family back home those emancipation-related values which have been part of their migration experience<sup>79</sup>. Women are therefore actors in the construction of new female identities which combine elements of the cultural heritage of origin with those that are being acquired in the host country:

it is women who, by tradition, education and knowledge know how to renew, or maintain, the threads of affective life, restoring meaning and value to gestures and rituals, reinterpreting the norms and cultural practices in everyday life. These are the roles that ensure, on one hand, the links with the past and the collective memory, and on the other, the integration of values and behaviour of the present, of the here and now<sup>80</sup>.

#### 2.2.4 “THIS IS NOT MY FATHERLAND”. THE IMPACT OF THE LAW HERE AND ELSEWHERE

With reference to the above scenario, a major role is given to the Italian legislation prohibiting genital mutilation. It becomes a decisive factor in the system of opinions and attitudes adopted by women towards cutting practices. On learning that the practice of genital excision is considered a criminal offence in Italy, both in the course of the interviews and during the focus group meetings, the initial reaction of the women was of amazement and dejection because none of them was aware of the legislation:

I was not comfortable, because I feel my kids, they belong to me, and I feel like they should experience some things like how we used to do it. it was real...shock! I think everybody in the world does it, I don't know that it's a crime in some parts of the world. I never knew until yesterday, I was shocked. (Int. n. 1)

It emerges from their words that they were totally unaware of the existence of the legislation and the related criminal offence due to lack of information about it from the institutions and reception personnel on arrival. This is despite the fact that the legislation itself provides for advice

<sup>77</sup> In relation to the impact of migration on the abandonment process of cutting practices, please refer to the texts cited in the footnotes 50-58.

<sup>78</sup> Floya Anthias-Nira Yuval-Davis, *Introduction*, in *Woman-Nation-State*, ed. by Floya Anthias-Nira Yuval-Davis, Macmillan, London 1989, pp. 1-15 (p. 9).

<sup>79</sup> Peggy Levitt, *Social remittances. Culture as a development tool*, Wellesley University Press, Wellesley (MA), 1996.

<sup>80</sup> Graziella Favaro, *Per la famiglia, per sé, per i figli. Progetti, legami familiari e ruolo materno nella migrazione femminile*, in *Donne migranti...cit.*, pp. 443-462, (quotation on p. 445).

dissemination and the promotion of prevention and information activities for immigrants from countries with traditions of cutting upon their arrival at the Italian border or when processing the visa. Their frustration refers, in particular, to not being able to respect their traditions and therefore not being able to pass on to future children those values and educational models conceived as determinant for community cohesion and identity. As previously reported, those decisions fall on the entire extended family that can create pressure for the implementation of cutting rituals. Indeed, there is further evidence concerning the role of the family, in this case the future husband’s family with regard to relations with the future mother-in-law or sister in law. According to established social codes, the elderly are the endowed with enormous respect because they are considered a source of wisdom and custodians of the traditions. These roles must be respected to the same extent that the relationships within the inner family must be protected:

If I am in Nigeria, if she [her mother in law] say I should do it in Nigeria, [if] she wants to do it to her own grandchild, we will do it...she should go ahead because it’s her own grandchild...I don’t [have] any option because it’s not me that owns the child only. Because if I do not do it, she will go outside and say to people that my son’s wife didn’t respect me, she didn’t do this. (Int. n. 3)

But while there is a clear identification of the role of the family in Nigeria, there is also emphasis given to the role of the criminal law in Italy. In fact, all the women surveyed promptly declared their intention to comply with the regulations of the country in which they reside. A position that highlights the difference between wanting and having to adapt to the legal provisions generating a sense of resignation and impotence due to the fact of being in a foreign country, not being at home:

I will follow the law, the rules and regulation in Italy, if they are doing circumcision here, I will circumcise my child, but if they’re not doing circumcision, well, I don’t have any option, I will take what they said. If they say they will circumcise the girls I will allow them, if they say no, I don’t have any option, I will leave them, I don’t have any option, this is not my fatherland. (Int. n. 3)

And as reported by another interviewee:

I have to abide by the law, because I don’t want to have any problem with the law. So even if I don’t like it, but the law says don’t do this. Like the experience I having in Nigeria, if you want to go to some far places, you enter bike, motorbike, it’s not costly, but when I came to Italy...you have to buy ticket, 1.50 cents, so if I convert the money to Nigerian money, it’s costly, so if they catch you, you have to pay *multa*. So even if I don’t like it, I must do it, so I have to cope with the new things I’ve come to be. (Int. n. 8)

Also relevant to this effect are the following words that further underline the drive towards the adoption of appropriate behaviour required by the new life context in a spirit of adaptation:

If you cannot beat them you join them. Now we are in your country, all your rule we have to follow it. Italy don’t circumcise, so if I have a child here, I will not circumcise them because I have to follow the rules and regulations. We can’t beat you people, we have to join you people. (Int. n. 7)

The position taken by the Nigerian women is closely tied to their legal status as asylum seekers: they are all waiting for the outcome of the asylum application from the relevant authorities. Presumably this legal status has favoured the sudden rejection of a practice judged by them to be natural and traditional in order to comply with the rules and avoid problems with the Italian State, in particular the related risk of refusal of the asylum application. This is why the opinions expressed are characterised by contradictions based on the dichotomy favourable and contrary to the practice “because I don’t want to have any problem with the law.” (Int. n. 8). However, it must be emphasised that this distancing from the practice is not the result of a questioning of the reasons that are the basis of its perpetuation, such as the control of women, or the possible risks to health or the doubtful effectiveness of the practice; rather, it is the effect of fear of incurring penalties due to legislation that acts as a deterrent to the practice of cutting: “If there is a punishment, you will be afraid to do anything you want to do” (Int. n. 4). The opinion of women about female circumcision has not changed, for the respondents it is a good practice with positive results, with some exceptions, despite the presence of the law which has led them to distance themselves from it. This de-

tachment is manifest only in Italy, because if they were in Nigeria they would certainly follow the local traditions and social customs that regulate circumcision. We note in fact a superimposition of meanings regarding the use of the term “law”; whereas in Italy this word is associated with the state law, in Nigeria it has the meaning of customary law as sustained by tradition:

It's our law in Nigeria, you must circumcise a child. When a baby is born you must do it. (Int. n. 5)

It is our own rules I will do it because if I don't do it, I will have a problem with my family relations. (Int. n. 7)

But the migrant condition changes the outlook, the desire not to have problems in the country of new residence and the need to integrate into Italian society pushes them to take a stand even against the family in Nigeria and to reject the pressures for female circumcision. The condition of no longer living in the home country frees the migrant from slavishly following tradition or the wishes of the family:

I have already respect them [traditions], if I am there I will do what they [the family] say I should do, but since I am not there, I don't have any option to do what they say...It's not compulsory that I must do what my tradition wants since I am not in that country again [...] So she [referring to her mother in law] don't have right to question me because of this circumcision issue say why did I not do it or why did I not come back home and do it. No! She will never ask me, because if she ask me, I'll told her that if she was on my shoe, she will did the same thing. (Int. n. 3)

The women encountered manifest an interior personal division marked by processes of identity renegotiation and to some extent, a reworking of traditional models that can lead to that hybrid state of dual belonging as a result of migration, namely the ability to be “here” and “there” simultaneously<sup>81</sup> and to maintain a multiplicity and fluidity of ties with the society of origin by building strong social networks people are able to maintain stable distance relationships with community members in the country of origin and thus to build bridges between two contexts: the society of origin and the hosting society.

<sup>81</sup> Ralph Grillo-Bruno Riccio-Ruba Salih, *Here or there? Contrasting experiences of transnationalism: Moroccan and Senegalese in Italy*, CDE, Falmer 2000.

### 2.2.5 POSSIBLE CHANGES?

During the interviews, when focusing on the current situation in Nigeria, the subject of the presence or absence of changes *in loco* with reference to the issue of female circumcision was raised. The interviewees depicted their mother country as a place of constant change and turmoil. With reference to the issue of female circumcision, their perception is that of a reduction in the spread of the practice due both to information on health risks promoted by some doctors opposed to it and to the state ban on the practice in hospitals. Such statements in part reflect the available data published by UNICEF which indicates that the incidence rate at the national level has shown a decrease in recent years, but on the contrary, there has been increased recourse to the use of hospital facilities (the evolution of so-called medicalisation, see *above*).

The opinions of women are clear about how to activate a change in the phenomenon in Nigeria: according to them it can only come from above, i.e. government authority at the central level (Nigeria is a Federal Republic composed of 36 relatively autonomous states), or by traditional leaders, influential figures such as the Oba in Edo State<sup>82</sup> “In Nigeria, the only person that can do it [stop the practice] is just the Oba of Benin, the Oba of Benin. So if he say he don't want the law anymore, they change it.” (Int. n. 4)

A change from the bottom up is inconceivable. There is no evidence of an active role played by the local community in making a change: the people, or rather the families, would not independently abandon the practice if not driven by a political decision “I can't bring a change, because it's their tradition, I can't change it. Maybe when they will change the governor, so they will change the tradition” (Int. n. 4)

It will therefore be interesting to watch future developments given that the Abuja Federal Government, on 5 May 2015, adopted the first federal law that prohibits and punishes various forms of gender-based violence including the practice of female circumcision, thus adding Nigeria to a list of 24 African countries associated with the practice that have enacted legislation to counter it.

<sup>82</sup> Nigeria is based on the coexistence of two institutional frameworks: one relating to the democratically elected official institutions and the other one referring to the *chefferie* in which the local authority is regulated according to informal mechanisms of indirect representation.

The Nigerian law, *Violence Against Persons (Prohibition) Act*, provides for a maximum penalty of four years’ imprisonment and a fine of 200,000 naira (\$ 1,000) for whoever procures a circumcision. The promulgation of the law is one of the last acts signed by outgoing President Goodluck Jonathan, who was defeated in the last election in March 2015 by Mihammadu Buhari who took office to lead the country in late May of that year. An open question remains about the actual implementation of the legislation by the new president, a Muslim and originally from the north of the country. Among the interpretations advanced by scholars and practitioners from NGOs in the country on the initiative of now former President Jonathan is one that regards the law as a fleeting sign of good will towards the international community, enacted in the knowledge that it would remain a dead letter.

### 3 CONCLUSIONS

Through the life stories told in the voices of the protagonists we have come to know and understand other worlds so far away and yet so close. Projected into a new life and another context, these Nigerian women are questioning attitudes, models and traditions. Consequently, migration has an emancipatory potential for women within the family and society, both in the society of origin and that of arrival. Thus it becomes important to understand and study how migration processes have an impact on gender models, on gender inequalities and the roles assigned to women. The FGM/C phenomenon does not simply imply the act itself of genital mutilation/cutting of women’s bodies, but it must be understood and included within a macro-dimension that concerns the status of women *tout court* which, as noted, includes access to education and the recognition of human rights as well as the risk of trafficking and sexual exploitation of these same bodies.

Time will tell whether developing attitudes of detachment taken today towards the practice will be introjected and pursued, or if they are just a response to a temporary need due to the place of residence and the legal limbo concerning their current legal status. As already mentioned, this approach is strongly influenced by their legal status as asylum seekers and the Italian legislation on FGM/C. It may be that the presence of the

law has functioned as a deterrent or as a means to subtract themselves and their daughters from the practice, yet it is difficult to believe that the legislation alone is sufficient to halt the practice. The limits of the legislation are in fact evident due to both its considerable ineffectiveness (to date there has been only one case in brought to trial) and its high symbolic value that stigmatises and condemns cultural affiliation, the latter element appearing insufficient for a change of behaviour concerning the practices. It is likely that the legal framework has pushed cutting practices underground into clandestinity within the migrant community in Italy.

There is therefore the risk of the emergence of strong cultural prejudice leading to a breakdown between the different communities and groups. Thus it has become necessary to launch training and information initiatives based on dialogue and intercultural exchange capable of stimulating in Umbria, and specifically in Perugia, reflection and participatory action on the issue involving *in primis* communities associated with cutting practices. Civil society and institutions should also be called upon to contribute, with particular reference to all facilities as well as operators and professionals in various capacities involved in the activity of reception for asylum seekers, including law enforcement. It is evident that now is the appropriate time to promote structural measures on the phenomenon, paying attention to the macro issues affecting women, especially migrant women. In this process, a co-ordination role could be assigned to the *Umbria reference centre for the study and prevention of female genital mutilation* with the aim of making it a fruitful collector of ideas and projects to be implemented in the area, serving the local area and the communities that inhabit it.

*“Esta não é a minha pátria”. Mutilação/Corte Genital Feminino no contexto da migração: narrativas de mulheres nigerianas em busca de asilo*

**RESUMO**

Este artigo apresenta os resultados de pesquisa qualitativa realizada com nove mulheres solicitantes de asilo do sul da Nigéria e moradoras da cidade de Perugia, que foram submetidas à prática de Mutilação/Corte Genital Feminino na Nigéria. A pesquisa explora as experiências migratórias e de vida dessas mulheres, ao mesmo tempo em que gerenciam suas identidades migratórias, a fim de entender de que maneira o processo de migração afeta o sistema de opiniões, atitudes e significados relacionados à M/CGF como experimentado pelas mulheres nigerianas que foram entrevistadas, numa perspectiva transnacional e numa abordagem sensível ao gênero.

**Palavras-chave:** Mutilação/corte genital feminino. Migração. Transnacionalismo.

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