

Chapter 7

SURVEY ON THE EAST-AFRICAN FEMALE STUDENTS AT THE UNIVERSITY OF PADUA

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Abstract: In 2003, the University of Padua organized the E. Piscopia Cornaro outpatient obstetric clinic to assist female personnel. The Psychology Department's Working Group on Female Genital Mutilation (FGM), in collaboration with the Committee of Equal Opportunities, has initiated a project to distinguish sexually mutilated East-African female students who may be potential patients of the clinic. A health education program has been created to better inform all female students and to introduce mutilated students to the possibility of deinfibulation. Among the nine East-African students approached, four with African origins have never thought of reversing the operation. Those of mixed heritage are not mutilated. All nine exclude the possibility of a future child undergoing excision. Introductory conferences have been organized to promote greater understanding of the phenomenon of FGM.

INTRODUCTION

In 2003, the University of Padua organized the E. Piscopia Cornaro outpatient obstetric clinic through the Department of Gynecology and Human Reproduction in an effort to offer assistance to female personnel.

This provided an opportunity for the Padua Working Group on Female Genital Mutilation (FGM) of the Department of Psychology, in collaboration with the Committee for Equal Opportunity, to launch a new project to identify sexually mutilated East-African female students as potential patients of the clinic, to organize a health education program to increase general awareness, and to familiarize mutilated students with the possibility of deinfibulation.

An introductory conference was held, in collaboration with one of the women's residence halls, in an attempt to promote understanding of the phenomenon of FGM.

1. THE RESEARCH PLAN

The proposed survey forms a pilot study promoted by the University of Padua, the first institution to organize an outpatient obstetric clinic. With appropriate publicity, it could spread to other universities.

The delicate nature of the subject of the project created a number of problems, and the collection of information from the East-African female students immediately proved quite arduous.

Obtaining names of potential subjects directly from the university or connected institutions was impossible due to privacy issues. Upon enrollment, students are guaranteed that their personal information will be used only to support their academic careers.

A request for the opinion of the Bioethical Committee about how to proceed received no response. Equally fruitless was an official list of foreign students at the University of Padua; available female names of East-African origin were scarce and, in some cases, due to privacy issues or missing addresses, it was impossible to approach the girls. In others, embarrassment over the subject proved an obstacle against direct contact with the students and their availability for interview.

The most useful method for contacting the previously identified subjects (East-African female students at the university), therefore, was "word of mouth," passed along through acquaintances, friends, and family.

We succeeded in approaching nine girls, all of whom have since participated with interest and dedication, protected by guaranteed anonymity. One in particular has been especially enthusiastic, bringing her personal testimony to several discussions organized on the topic of FGM.

Data was collected through interviews, structured "ad hoc" in order to expand understanding of pre-determined categories: the area of generalities, those relative to knowledge and experience regarding FGM, sexual experience and birth, deinfibulation, opinions on the media's treatment of the issue, and the utility of conferences open to all students on the subject.

Analysis of the information collected from the semi-structured interviews was completed using a psychosocial perspective and a qualitative cultural approach aiming to form a universal significance of the phenomenon and its most representative aspects.

2. THE SAMPLE

The results obtained, shown in the Table (Appendix B), summarize the demographic data, life events, and opinions of the nine East-African students of the University of Padua, the average age of which is 29.2. Two come from Chad, three from Sudan, and four from Somalia. They have been in Italy for an average of over five years, although the period of residence in

Table 7-1. General characteristics of East-African female students at the University of Padua

(AA 2003/2004)

SUBJECTS (N = 9).

Variable	Modality	Subjects (N.)
Age (in years)	Under 30	4
	31 e +	5
Origin of parents	Euro/African	4
	East-African	5
Country of origin	Chad	2
	Sudan	3
	Somalia	4
Nationality	East-African	5
	Euro/African	4
Permanence in Italy (in years)	Fino ad 1	3
	5 e +	5
Diploma	RND	1
	University	2
	Middle or high school	7
Civil status	Nubile	8
	Married with a child	1
Clothing	Traditional	3
	Western	6
Circumcision type	Infibulation	4
	Not circumcised	5

Average age (in years): 29.2 ±

Ds = 0.65

Average stay in Italy: 4.8 ±

Ds = 0.52

RND = No Response

three cases was only one year. Four have a double nationality (Euro-African, belonging to mixed families), while the parents of the remaining five are both African. One married another Sudanese and has a child. Two hold diplomas from institutions in Africa.

An interesting mark of integration concerns clothing; four of the young women dress in traditional attire, while five choose Western style garments. All, though at different levels, were capable of understanding and expressing themselves in Italian.

3. RESULTS

Socially, the students demonstrate a high level of integration; including those who, residing in the city for only a short period and continuing to experience difficulty and disorientation, are strongly optimistic about the future.

Four (out of five) were infibulated young East-Africans, knowledgeable and experienced regarding FGM, who respected the central theme of this project. None of the four girls with one Western parent were subjected to any form of FGM. This lack of direct experience, however, did not prevent their thorough knowledge and subsequent denunciation of the problem.

Among the infibulated subjects, one had undergone the operation twice: at age three, together with two elder sisters in her home, and alone at age five in a private clinic.

For the others, the intervention took place respectively at age six, age eight (alone in the home), and age ten (together with a cousin and a young aunt).

The infibulated girls have memories of both the intervention and the associated festivities traditional in the African context; all nine exclude the possibility of a future child undergoing excisory practices. In the interviews, breaching the subject of sexual experience was no simple matter; six women chose to avoid the question. Two openly declared never to have had sexual intercourse, and one would discuss the matter only in reference to the problems in relations with her husband, caused by the severity of infibulation undergone in a rural zone of Africa. This last case is the only woman to be married, with a child, and thus the only one to have faced birth and deinfibulation in Italy.

The question connected to the possibility of reversing the intervention solicited the highest degree of perplexity: three intact subjects were not familiar with even the meaning of the word or nature of the operation, while

those infibulated (currently remaining infibulated) maintain that a possible deinfibulation would bring substantial acceptance problems with family and acquaintances, and that the choice to undergo such an intervention must always be made with the involvement of one's partner.

All of the young women consider the possible organization of conferences on FGM with enthusiasm. All are convinced of their efficacy in raising awareness of the issue and in representing valid alternatives to the arguments of the mass media, which is often less objective and characterized by an alarmist interest in the matter.

4. COMMENTS

The interviews underwent a purely qualitative analysis, as they were numerically insufficient to facilitate statistical elaboration. Nevertheless, they allowed us to reconstruct meaningful life elements. The subjects taken into consideration represent an elite group, as demonstrated by their high levels of education and their opportunity to be educated abroad.

Unusual and surprising for Africa, we came across a case of an African girl whose father suggested deinfibulation (not later completed), and a case of a young woman who, born to African parents, is genitally intact and lives in a family that has abandoned the mutilation tradition for generations.

Every story contains noteworthy elements, but the most significant result is that all infibulated students are born to two African parents, while those intact are of mixed heritage (in Afro-European families). This applies both for a Western mother or father.

Other key observations concern direct experience of infibulation:

- In accounts of the operation endured, principal figures performing the infibulation are always women (not men).
- The memory of the infibulatory intervention does not fade with the passage of time: two of the girls interviewed (particularly one who had undergone the experience twice) did not hesitate to admit that they could "still feel the scissors cutting."
- The memory of the pain remains tangible, a sensation implacable over time; only one girl denies having suffered. This tendency, common in Africa, may be interpreted by Westerners as emphasizing the social significance of the practice.

The terminology used to indicate FGM changes with the subject. Students who have been integrated into Italian society for a longer period and those of Western rather than African origin speak spontaneously of "infibulation," while young Africans tend to refer to the phenomenon with the word "circumcision," more commonly used on their native continent.

Regarding deinfibulation, only one of the four infibulated subjects is now deinfibulated and is happy to be so. She alone is married and chose to be deinfibulated with her partner's agreement after marriage, in preparation for the birth of her child (birth is one of the circumstances in which deinfibulation is recommended), and for reasons associated with the difficulty of sexual intercourse with her husband. The other three, without apparent physical repercussions connected to their condition, prefer to postpone a decision about such an intervention to a future time, with the agreement of their partners. Only a mutual decision stands a chance against possible stigmatization of their family.

Suggesting a complete and effective knowledge of the phenomenon, and of the girl's respective understanding, we found that all subjects denied that religion was the basis for FGM.

5. CONCLUSION

Reviewing the phases of our survey and the results obtained, we succeeded in creating an outline of the situation in which an African girl finds herself when placed in a society, such as Padua, that is decidedly different from her original social context. The specifics collected largely succeeded in mitigating limitations created by the small number of subjects.

Among the various elements, there emerged an insistence, which may serve as a guide for future initiatives, on the need to speak consistently of the FGM problem. Our subjects also recognized the importance of raising awareness of the issue in order to eradicate it. In this sense, conferences on this topic are considered to be effective. It is also vital to recognize the importance of gradual steps (alternatives to infibulation) toward the eventual elimination of these practices.

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