# *Female Genital Cutting in home countries and among African immigrant populations: the case of Italy*

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## *Extended Abstract*

### *Female Genital Cutting and African international migrations*

Female genital cutting (FGC) is a common practice in many societies in the northern half of sub-Saharan Africa. It includes a range of operations that varies from a symbolic nicking of the clitoris to excision of tissue and partial closure of the vaginal area (infibulation) for non-medical reasons. Except for few countries with prevalence rates above 90 percent, FGC prevalence varies widely within countries by various groups. Ethnicity is a variable that provides a better explanation of the distribution of FGC within countries than other variables (as prevalence may be from 1 to 95 % in different ethnic group within the same country while distribution by religion or residence is uneven.

**Estimates of women with female genital cutting (FGC) in 27 countries in Africa with and without estimation from DHS surveys**

| | | Women 15-49 | | | Women 50 + | | | |
|---|---|---|---|---|---|---|---|---|
| | Year | FGC prevalence | Number of women | Number of women with FGC | FGC prevalence | Number of women | Number of women with FGC | Total number of women with FGC |
| Egypt | 2005 | 95,8 | 20.006.856 | 19.166.568 | 96,3 | 5.937.978 | 5.718.273 | 24.884.841 |
| Eritrea | 2002 | 88,7 | 983.997 | 872.805 | 95,0 | 246.637 | 234.305 | 1.107.110 |
| Northern Sudan | 1990 | 89,2 | 4.800.227 | 4.281.803 | 90,9 | 790.301 | 718.383 | 5.000.186 |
| Ethiopia | 2005 | 74,3 | 16.994.126 | 12.626.636 | 80,8 | 3.618.669 | 2.923.885 | 15.550.520 |
| Guinea | 2005 | 95,6 | 2.130.885 | 2.037.126 | 99,5 | 517.485 | 514.898 | 2.552.024 |
| Mali | 2001 | 91,6 | 2.189.091 | 2.005.207 | 91,0 | 600.597 | 546.543 | 2.551.751 |
| Burkina Faso | 2003 | 76,3 | 2.811.343 | 2.145.055 | 83,6 | 606.485 | 507.021 | 2.652.076 |
| Mauritania | 2001 | 71,3 | 626.994 | 447.047 | 68,6 | 128.451 | 88.117 | 535.164 |
| Senegal | 2005 | 28,2 | 2.846.213 | 802.632 | 30,6 | 599.599 | 183.477 | 986.109 |
| Côte d'Ivoire | 2005 | 41,7 | 4.166.873 | 1.737.586 | 45,0 | 892.183 | 401.482 | 2.139.068 |
| Chad | 2004 | 44,9 | 2.113.861 | 949.124 | 45,9 | 481.459 | 220.990 | 1.170.113 |
| (MICS) | 2000 | 35,6 | 894.997 | 318.619 | 41,9 | 259.695 | 108.812 | 427.431 |
| Nigeria | 2003 | 19,0 | 28.398.726 | 5.395.758 | 59,6 | 6.446.927 | 3.842.368 | 9.238.126 |
| Benin | 2001 | 16,8 | 1.590.292 | 267.169 | 23,7 | 329.972 | 78.203 | 345.372 |
| Ghana | 2003 | 5,4 | 5.248.882 | 283.440 | 7,9 | 1.107.078 | 87.459 | 370.899 |
| Niger | 2006 | 2,2 | 2.680.035 | 58.961 | 2,8 | 555.668 | 15.559 | 74.519 |
| Cameroon | 2004 | 1,4 | 4.003.302 | 56.046 | 2,4 | 894.837 | 21.476 | 77.522 |
| Kenya | 2003 | 32,2 | 8.179.346 | 2.633.749 | 47,7 | 1.471.077 | 701.704 | 3.335.453 |
| Tanzania | 2004 | 14,6 | 8.573.748 | 1.251.767 | 22,9 | 1.834.272 | 420.048 | 1.671.815 |
| Uganda | 2006 | 0,6 | 622.878 | 37.325 | 0,4 | 1.061.591 | 4.246 | 41.572 |
| The Gambia | 2007 | 55,0 | | | | | | 261.351 |
| Guinea Bissau | 2007 | 35,0 | | | | | | 158.663 |
| Liberia | 2007 | 45,0 | | | | | | 409.700 |
| Sierra Leone | 2007 | 60,0 | | | | | | 1.062.158 |
| Djibouti | 2007 | 90,0 | | | | | | 121.902 |
| Somalia | 2007 | 88,0 | | | | | | 2.240.417 |
| Togo | 1996 | 12,0 | | | | | | 139.827 |

Source: P. S. Yoder and S. Khan (2008)

As in recent years a combination of economical, political, social and environmental factors induced a sustained migration of women from Africa to Europe, North America, and the Gulf states. FGC has therefore became an issue in growing number of countries for its diffusion among immigrant populations..

*Estimation of Female Genital Cutting prevalence among migrants*

Although the numbers of women coming from countries where the practice is spread, the prevalence of FGC of women in migration isn't reliable. In fact the more common estimation is based applying to the number of women the national estimates recorded in the home country or on experts opinions or reporting (Gallard 1995, Leye et al. 2006).

Even of based on a quantitative approach the former method can't be considered a good approximation because the prevalence changes among groups, but moreover it fails to consider the process of selection able to modify their characteristics as a groups. ). Social selection, migration network different migration patterns could imply a selection also in the prevalence of MFC that can be different from the general national level. Estimation based on medical professionals already tried in Italian setting (Menonna e Ortensi, 2007) have proved to be unreliable especially in the cases of excisions that don't cause any problem during pregnancy and delivery and can remain unnoticed to professional not previously trained..

*The Italian Survey: Data and Methods*

To provide a reliable estimation of FGC a module has been added to a survey carried out in order to analyze sexual and reproductive health of migrant women. The survey has been realized in 2010 in Lombardy, where live ¼ of the total Italian migrants. The survey is based on a representative sample of 2.000 women aged 15-49, 1.020 of which coming from African countries. The sampling quota has been defined on data deriving from the annual regional survey carried out by Regional Observatory on Migration. As one of the aim was the estimation of the prevalence of women with MGF, some nationality have had a higher sampling fraction. For example the 2011 women interviewed represented 4,9‰ of the target population as estimated at 1 July 2010, but this level was higher for some citizenships like Somalia (212,7‰), Eritrea (98,7‰) or Ethiopia (92,1‰). A procedure of data weighting followed the gathering of data. Every interview has therefore a weight inversely proportional to the ratio, distinct by country, between national sample size by age and the general female population by age and nationality. The final weight is therefore the result of three partial multiplier systems.
The questionnaire largely derived from DHS in order to enable comparisons with non-migrants. As in DHS module the questions about FGC in the Italian survey can be divided into four categories: 1) whether the respondent is circumcised or not; 2) what she remembers of her own experience of circumcision; 3) what she recalls of the experience of one of her daughters; and 4) the respondent's opinion about various aspects of FGC (benefits and drawbacks, how and why FGC should continue or not, etc.).

*Main results*

The first result was the estimation of the prevalence that for the Lombardy is 17,2% of African migrants of age 0-49 (about 21.000 cases). As migration in Lombardy has a high presence of women from non FGC counties the prevalence among all migrant women is less than 5%. The number of young girl at high risk of being mutilated is even less(1.3%). .

**Estimation of prevalence of FGC between migrants and of population of age 0-14 at risk of FGC in Lombardy (Italy), 2010**

| | ***Age 15-49*** | ***% over total African women of age 15-49*** | ***% over total foreign women of age 15-49*** |
|---|---|---|---|
| *African women with FGC* | 19.920 | 20,9 | 4,7 |
| *Total African women* | 95.495 | | |
| *Total foreign women* | 419.705 | | |
| | **Age 0-14** | ***% over total African women of age* 0-14** | ***% over total foreign women of age* 0-14** |
| *African women with FGC* | 1.410 | 4,9 | 1,3 |
| *African women at high risk of FGC* | 1.515 | 5,3 | 1,4 |
| *Total African women* | 28.690 | | |

| | | | |
|---|---|---|---|
| *Total foreign women* | 105.285 | | |
| | **Age 0-49** | ***% over total African women of age* 0-49** | ***% over total foreign women of age* 0-49** |
| *African women with FGC* | 21.330 | 17,2 | 4,1 |
| *African women at high risk of FGC* | 1.515 | 1,2 | 0,3 |
| *Total African women* | 124.185 | | |
| *Total foreign women* | *524.990* | | |

More of interest is the prevalence within nationalities. Estimations show that the prevalence of FCG is lower than the level estimated for home countries (Nigeria being the only exception). Such a difference shows how migration involves a selection of people that has an effect also on FGC prevalence. The same selection happens for Nigerian women but it works at the contrary. Most Nigerian migrants comes from the south and particularly from the area of Benin City where the prevalence of FGC is over 50% rising among urban, wealthy and skilled women (National Population Commission (NPC) Nigeria and ICF Macro, 2009). This process of selection turns out to a prevalence of over 70% among Nigerian women in Lombardy against the 19% estimates among Nigerian non-migrants.

**Estimation for migrants with FGC and population of age 0-14 at risk in Lombardy (Italy) for main nationalities, 2010**

| Country | Women of age 15-49 with FGC | Girls of age 0-14 with FGC | Women of age 0-49 with FGC | Girls of age 0-14 at risk FGC | % Women of age 0-49 with FGC in Lombardy | % Women of age 0-49 with FGC at home country | Difference Home Country - Lombardy % |
|---|---|---|---|---|---|---|---|
| Egypt | 11.555 | 605 | 12.160 | 1.005 | 70,7 | 95,8 | +25,1 |
| Nigeria | 3.085 | 285 | 3.370 | 225 | 74,3 | 19,0 | -55,3 |
| Eritrea | 1.160 | 170 | 1.335 | 40 | 67,5 | 88,7 | +21,2 |
| Burkina Faso | 850 | 80 | 930 | 25 | 64,5 | 76,3 | +11,8 |
| Côte d'Ivoire | 805 | 45 | 850 | 55 | 21,7 | 41,7 | +20,0 |
| Ethiopia | 530 | 45 | 570 | .. | 56,5 | 74,3 | +17,8 |
| Senegal | 525 | .. | 525 | 25 | 6,7 | 28,2 | +21,5 |
| Somalia | 405 | 30 | 440 | 40 | 88,8 | 97,9 | +9,1 |
| Ghana | 160 | .. | 160 | .. | 3,4 | 5,4 | +2,0 |
| Other Countries | 845 | 150 | 990 | 100 | | | |
| Total | 19.920 | 1.410 | 21.330 | 1.515 | | | |

Woman in emigration have a broad knowledge of the phenomenon (more than 90% even between second generation- born in Italy). Women with FGC reported they have been submitted to this practice during infancy, most of them by traditional circumcision practitioner. Percentage below 50% of traditional circumcision practitioners are found only for Somalia and Egypt. The type of cutting is strongly related to the country of origin. The most common type between African migrants is the removal of clitoris while 30% of Somali had a complete infibulation. What is interesting is the rate of support of the practice among women and attitude about continuation. The proportion of women supporting the practice and willing to submit their daughters to it is very low, with partial exceptions for Nigerian and Somali. The first have higher rates of support of the practice than other nationalities, the latter would better like in a quite high percentage a symbolic ceremony. What is most interesting is that reason for support produced by are all related to social and public membership and to community sense of belonging. Benefits deriving from not being circumcised are all related to the personal wellbeing (sexual pleasure, avoiding pain and heath problem). Personal experience is the most important factor in driving attitudes and intention about FCG: women who are not circumcised are all unwilling to submit their daughter to FGC. Greater support for discontinuation of circumcision among immigrant women than in home countries suggests that the practice is likely to decline sharply in the future among second generation in emigration countries. Other characteristics relevant in home countries like age or education are less important within migrants.

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